REGIONAL MEDICAL LABORATORY
1923 SOUTH UTICA AVENUE
TULSA, OKLAHOMA 74104-6502

Abnormal PT/PTT Analyzer

Order Name: **PT PTT AN**
Test Number: 1507500

TEST COMPONENTS	REV DATE:8/28/2003
Test Name:	**Methodology:**
Abnormal PT/PTT Analyzer	Multiple

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**46 mL**	**See Instructions**	**See Instructions**	**See Instructions**
Special Instructions:	**Please indicate anticoagulant therapy.** Please collect Twelve 3mL Sodium Citrate 3. 2% (Blue Top) tubes and One 10mL Clot tube (Tiger Top) and One 5mL EDTA (Lavender Top). Each Sodium Citrate blue top tube must be filled to the proper level, no hemolysis. Improperly filled tubes can give erroneous results. Whole blood must be transported to lab immediately. Citrated plasma must be filtered and frozen in 1 ml aliquots.			

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

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ABO Group & Rh Type

Order Name: **ABORH**
Test Number: 7301010

TEST COMPONENTS	REV DATE:1/4/2005
Test Name:	**Methodology:**
ABO Rh Interpretation	HA
Anti-A	HA
Anti-B	HA
Anti-D	HA
A1 Cells	HA
B Cells	HA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**7 mL (3.5)**	**Whole Blood**	**EDTA (Pink Top)**	**Room Temperature**
Alternate Specimen:	**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

TEST COMPONENTS	REV DATE:4/19/2006
Test Name:	**Methodology:**
Anti-A	HA
Anti-B	HA
Anti-A,B	HA
Anti-D	HA
Du	HA
ABO Rh Interpretation	HA

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

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

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Acetaminophen Quantitative

Order Name: **ACETAMIN**
Test Number: 4000050

TEST COMPONENTS	REV DATE:11/12/2003
Test Name:	**Methodology:**
Acetaminophen Quantitative	CEDIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special 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):	82003

Acetaminophen Screen Serum

Order Name: **ACETAM SC**
Test Number: 4302050

TEST COMPONENTS	REV DATE:5/12/2010
Test Name:	**Methodology:**
Acetaminophen Screen Serum	CEDIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Special 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):	80101

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Acetylcholine Receptor Binding Antibody

Order Name: **ACETY BND**
Test Number: 5500010

TEST COMPONENTS	REV DATE:8/15/2011
Test Name:	**Methodology:**
Acetylcholine Receptor Binding Antibody	RIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Alternate Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special 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

Acetylcholine Receptor Blocking Antibody

Order Name: **ACETY BLK**
Test Number: 5500020

TEST COMPONENTS	REV DATE:8/15/2011
Test Name:	**Methodology:**
Acetylcholine Receptor Blocking Antibody	RIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Alternate Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special 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:	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

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Acetylcholine Receptor Modulating Antibody

Order Name: **ACETY MOD**
Test Number: 5516500

TEST COMPONENTS	REV DATE:8/15/2011
Test Name:	**Methodology:**
Acetylcholine Receptor Modulating Antibody	RIA

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

GENERAL INFORMATION	
Testing Schedule:	Sun-Sat
Expected TAT:	4-5 Days
Clinical Use:	Confirming the diagnosis of myasthenia gravis. Modulating autoantibodies to AChR cause weakness by inhibiting or modulating binding to the receptors.
Cpt Code(s):	83519

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Acid Fast Bacilli (AFB) Culture and Smear

Order Name: **C AFB**
Test Number: 6000100

TEST COMPONENTS	REV DATE:8/26/2003
Test Name:	**Methodology:**
Acid Fast Bacilli (AFB) Culture and Smear	Culture

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**5 mL (3)**	**Sputum**	**Sterile Screwtop Container**	**Room Temperature**
Alternate Specimen:	**5 mL (3)**	**Tissue**	**Sterile Screwtop Container**	**Room Temperature**
	5 mL (3)	**Fluid**	**Sterile Screwtop Container**	**Room Temperature**
Special 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.			

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

Acid Fast Stain

Order Name: **C AF ST**
Test Number: 6200101

TEST COMPONENTS	REV DATE:8/26/2003
Test Name:	**Methodology:**
Acid Fast Stain	MC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**5 mL (3)**	**Slide**	**Slide Container**	**Room Temperature**
Alternate Specimen:	**5 mL (3)**	**Respiratory specimen**	**Sputum Collection Container**	**Room Temperature**

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

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ACTH (Adrenocorticotropic Hormone) Stimulation

Order Name: **ACTH STIM**
Test Number: 2002151

TEST COMPONENTS	REV DATE:8/22/2007
Test Name:	**Methodology:**
Cortisol Baseline	CIA
Cortisol 30 Minute Specimen	CIA
Cortisol 60 Minute Specimen	CIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**See Instructions**
Special Instructions:	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:	Stimulation test performed to assess adrenal reserve and investigate hypocortisolism. If performed by RML pathologist consult charge added (cpt 80500).
Notes:	Cortrosyn Stimulation. For more information on this test, access our "Specialized Tests" section.
Cpt Code(s):	82533x3, 80500

ACTH (Adrenocorticotropic Hormone), Plasma

Order Name: **ACTH P**
Test Number: 2022775

TEST COMPONENTS	REV DATE:12/5/2005
Test Name:	**Methodology:**
ACTH (Adrenocorticotropic Hormone), Plasma	CIA

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

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	1-3 Days
Cpt Code(s):	82024

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Actin (F-Actin) Smooth Muscle Antibody

Order Name: **ACTIN AB**
Test Number: 5700200

TEST COMPONENTS	REV DATE:9/30/2008
Test Name:	**Methodology:**
Actin (F-Actin) Smooth Muscle Antibody	ELISA

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

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

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Activated Partial Thromboplastin Time (aPTT)

Order Name: **PTT**
Test Number: 1500050

TEST COMPONENTS	REV DATE:12/26/2008
Test Name:	**Methodology:**
Activated Partial Thromboplastin Time (aPTT)	CLOT

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2.7 mL**	**Whole Blood**	**Sodium Citrate 3.2% (Blue Top)**	**Ambient whole blood or frozen aliquots**
Alternate Specimen:	**2.7 mL**	**Double Spun Plasma**	**Sterile, Capped Plastic Tube**	**Ambient whole blood or frozen aliquots**
Special 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 testing cannot be started within 4 hours of collection the specimen must be double spun then 1. 5 ml plasma aliquot from each tube into individual plastic aliquot tubes and freeze. **Do not pool aliquots together!** **Specimen Stability:** Un-Frozen specimens are only good for 4 hours. If the patient is on Heparin, Un-Frozen specimens are only good 2hrs.			

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

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Activated Protein C Resistance (APCR)

Order Name: **PROT C RES**
Test Number: 1507400

TEST COMPONENTS	REV DATE:9/9/2008
Test Name:	**Methodology:**
Activated Protein C Resistance (APCR)	CLOT

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2.7 mL**	**Whole Blood**	**Sodium Citrate 3.2% (Blue Top)**	**Ambient whole blood or frozen aliquots**
Alternate Specimen:	**2.7 mL**	**Double Spun Plasma**	**Sterile, Capped Plastic Tube**	**Ambient whole blood or frozen aliquots**
Special Instructions:	**Please indicate anticoagulant therapy.**Tubes must be filled to the proper level, no hemolysis. Improperly filled tubes can give erroneous results. Whole blood must be transported to lab immediately. If sending citrated plasma aliquots, they must be double spun then aliquot 1. 5 ml plasma from each tube into individual plastic aliquot tubes and freeze. **Do not pool aliquots together!**			

GENERAL INFORMATION	
Testing Schedule:	Tues, Thurs
Expected TAT:	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

TEST COMPONENTS	REV DATE:12/17/2010
Test Name:	**Methodology:**
Adenosine Deaminase	SPEC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Alternate Specimen:	**1 mL (0.5)**	**CSF (Cerebrospinal Fluid)**	**Sterile Screwtop Container**	**Refrigerated**
	1 mL (0.5)	**Pleural Fluid**	**Sterile Screwtop Container**	**Refrigerated**
Special Instructions:	Collect : 1 mL (0. 5 min) of Serum, Cerbrial Spinal Fluid, or Pleural Fluid. Stability: Ambient = 72hrs, Frozen = 30days , Refrigerated = 30days.			

GENERAL INFORMATION	
Testing Schedule:	Wednesdays
Expected TAT:	3-7 Days
Clinical Use:	Adenosine deaminase (ADA) is an endogenous tissue enzyme which is released into the serum in patients with many different types of malignancies and infections, including viral hepatitis, infectious mononucleosis, typhoid fever, and tuberculosis. It is the most useful single test in portal hypertension (ascites) associated with liver cirrhosis. In pleural fluid, elevated ADA levels are very commonly associated with tuberculosis, although increased ADA activity may be found in effusions due to a number of causes, including TB, bacterial infections, rheumatologic disease, and lymphoproliferative disorders. In CSF, ADA is elevated in cases of tuberculous meningitis.
Notes:	**Note specimen should be sent Refrigerated**
Cpt Code(s):	84311

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Adenovirus Antibodies

Order Name: **ADENO AB**
Test Number: 5564300

TEST COMPONENTS	REV DATE:6/6/2003
Test Name:	**Methodology:**
Adenovirus Antibody IgG	IFA
Adenovirus Antibody IgM	IFA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**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

TEST COMPONENTS	REV DATE:2/18/2011
Test Name:	**Methodology:**
Adenovirus Detection by PCR	PCR

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

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

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Aerobic Wound Culture and Stain

Order Name: **C WOUN RTS**
Test Number: 6000153

TEST COMPONENTS	REV DATE:8/26/2003
Test Name:	**Methodology:**
Aerobic Wound Culture and Stain	Culture

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL**	**Tissue**	**Sterile Screwtop Container**	**Room Temperature**
Alternate Specimen:	**1 mL**	**Fluid**	**Sterile Container**	**Room Temperature**
	1 mL	**Swab**	**Aerobic/ anerobic gel swab (blue) or aerobic/ anaerobic (gray) swab**	**Room Temperature**
Special Instructions:	Place swab in sterile transport (Culturette or Port-a-Cul). 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

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Alanine Transaminase (ALT)

Order Name: **ALT**
Test Number: 2004850

TEST COMPONENTS	REV DATE:6/10/2003
Test Name:	**Methodology:**
Alanine Transaminase (ALT)	Enzymatic

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special 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 certain liver diseases (viral hepatitis and cirrhosis) and heart disease.
Cpt Code(s):	84460

Albumin

Order Name: **ALBUMIN**
Test Number: 2000150

TEST COMPONENTS	REV DATE:6/10/2003
Test Name:	**Methodology:**
Albumin	BCG

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

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

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Albumin Fluid

Order Name: **SRS ALB**
Test Number: 2000325

TEST COMPONENTS	REV DATE:6/12/2003
Test Name:	**Methodology:**
Albumin Fluid	BCG

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Serous fluid**	**Sterile screwtop container**	**Refrigerated**
Special 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):	82040

Aldolase

Order Name: **ALDOLASE**
Test Number: 3600150

TEST COMPONENTS	REV DATE:8/19/2010
Test Name:	**Methodology:**
Aldolase	Enz

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 mL (0.2)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special Instructions:	Hemolyzed specimens are not acceptable. Allow specimen to clot completely at room temperature. Serum is the only acceptable specimen type for this assay. Stability: After separation from cells: Ambient: 8 hours; Refrigerated: 5 days; Frozen: 6 months			

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

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Aldosterone, 24-Hour Urine

Order Name: **ALDOS 24 U**
Test Number: 3808350

TEST COMPONENTS	REV DATE:2/26/2009
Test Name:	**Methodology:**
Aldosterone, 24-Hour Urine	RIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**5 mL (0.5)**	**Urine, 24-hour**	**24 hour Urine Container**	**Refrigerated**
Special Instructions:	Collect urine in a 24-hour urine container with 10 grams of boric acid or 25mL 6N HCL to maintain pH below 7. 5. Specimens preserved with HCl or acetic acid are acceptable for this test. Submit a 5mL(0. 5) urine aliquot from a well mixed 24-hour collection. Specimens without preservative are acceptable if frozen immediately after collection. Record total volume and collection time interval on transport tube and test request form.			

GENERAL INFORMATION	
Testing Schedule:	Mon, Thur
Expected TAT:	3-6 Days
Cpt Code(s):	82088

Aldosterone, Serum

Order Name: **ALDOS SER**
Test Number: 3800325

TEST COMPONENTS	REV DATE:8/12/2008
Test Name:	**Methodology:**
Aldosterone, Serum	RIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 mL (0.5)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Alternate Specimen:	**2 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special 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. Plasma is an unacceptable sample type. Stability: After separation from cells: Ambient: 4 hours; Refrigerated: 1 week; Frozen: 1 month.			

GENERAL INFORMATION	
Testing Schedule:	Sun-Sat
Expected TAT:	3-4 Days
Cpt Code(s):	82088

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Alkaline Phosphatase

Order Name: **ALK PHOS**
Test Number: 2000250

TEST COMPONENTS	REV DATE:6/18/2003
Test Name:	**Methodology:**
Alkaline Phosphatase	Enzymatic

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

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

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Alkaline Phosphatase Isoenzymes (ALP Isoenzymes)

Order Name: **ALK P ISOS**
Test Number: 5004000

TEST COMPONENTS	REV DATE:4/26/2011
Test Name:	**Methodology:**
Alkaline Phosphatase	EP
Intestine Isoenzyme	EP
Placental Isoenzyme	EP
Bone Isoenzyme	EP
Liver Isoenzyme	EP

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

GENERAL INFORMATION	
Testing Schedule:	Mon - Sat
Expected TAT:	3-4 Days
Clinical Use:	Useful in the assessment of bone, liver, and biliary tract diseases.
Cpt Code(s):	84075, 84080

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Alkaline Phosphatase, Bone Specific

Order Name: **ALK P BONE**
Test Number: 3656500

TEST COMPONENTS	REV DATE:11/5/2010
Test Name:	**Methodology:**
Alkaline Phosphatase, Bone Specific	IMMENZ

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

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

Allergic Bronchopulmonary Aspergillosis (ABPA) panel

Order Name: **ASPER F AB**
Test Number: 5506875

TEST COMPONENTS	REV DATE:11/29/2010
Test Name:	**Methodology:**
Aspergillus fumigatus IgG Antibodies	EIA
Aspergillus fumigaus Specific IgE	ImmunoCAP
Total Serum IgE	CIA

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

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	3-5 Days
Clinical Use:	ABPA is a hypersensitivty disease of the lungs caused by Aspergillus fumigatus. It is an important complication for patients with asthma and cystic fibrosis.
Cpt Code(s):	82785; 86003; 86606

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Allergic Bronchopulmonary Aspergillosis (ABPA) panel 2

Order Name: **ABPA 2**

Test Number: 5509225

TEST COMPONENTS	REV DATE:11/29/2010
Test Name:	**Methodology:**
Aspergillus fumigatus IgG Antibodies	EIA
Aspergillus fumigaus Specific IgE	ImmunoCAP
Total Serum IgE	CIA
Aspergillus Precipitins	Ouchterlony

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

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	3-5 Days
Clinical Use:	ABPA is a hypersensitivty disease of the lungs caused by Aspergillus fumigatus. It is an important complication for patients with asthma and cystic fibrosis.
Notes:	The ABPA 2 panel is the same as the basic ABPA panel with the addition of Aspergillus Precipitins. Recent reports have emphasized the importance of both the precipitin and quantitative IgG test for Aspergillus-specific antibodies.
Cpt Code(s):	86329, 86606, 86003, 82785

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Allergy Isohemagglutinins

Order Name: **ALLERGY IH**
Test Number: 7311600

TEST COMPONENTS	REV DATE:12/21/2007
Test Name:	**Methodology:**
ABO Rh Interpretation	HA
Anti A Interpretation	HA
Anti B Interpretation	HA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**7 mL (3.5)**	**Whole Blood**		**Room Temperature**
Alternate Specimen:	**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

Alpha 1 Antitrypsin

Order Name: **ALPH 1 ANT**
Test Number: 5000150

TEST COMPONENTS	REV DATE:6/11/2003
Test Name:	**Methodology:**
Alpha 1 Antitrypsin	NEPH

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

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	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 Subunit Gonadotropin

Order Name: **ALPHA SUB**
Test Number: 3638925

TEST COMPONENTS	REV DATE:6/5/2003
Test Name:	**Methodology:**
Alpha Subunit Gonadotropin	RIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**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

Alpha-1 Antitrypsin (AAT) Mutation Analysis

Order Name: **ALPH 1 MUT**
Test Number: 3805175

TEST COMPONENTS	REV DATE:10/22/2009
Test Name:	**Methodology:**
Alpha-1 Antitrypsin (AAT) Mutation Analysis	PCR

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**5 mL (2)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**
Alternate Specimen:	**5 mL (2)**	**Whole Blood**	**Sodium Heparin (Green Top)**	**Room Temperature**
Special Instructions:	Keep At Room Temperature or Refrigerated - DO NOT FREEZE !			

GENERAL INFORMATION	
Testing Schedule:	Sun-Sat
Expected TAT:	6-7 Days
Clinical Use:	Individuals who carry two copies (homozygous) for the Z allele are at a higher risk to develop liver disease and emphysema.
Cpt Code(s):	83891, 83900, 83909, 83912, 83892x2

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Alpha-Fetoprotein (AFP) Amniotic Fluid analysis & reflex

Order Name: **AFP AM FL**

Test Number: 3811175

TEST COMPONENTS	REV DATE:8/1/2007
Test Name:	**Methodology:**
Alpha-Fetoprotein (AFP), Amniotic Fluid	CIA
Alpha-Fetoprotein (AFP), Multple of Median	Calc
Acetylcholinesterase, Amniotic Fluid (Possible Reflex Test)	EP
Fetal Hemoglobin, Amniotic Fluid (Possible Reflex Test)	RID

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**20-30 mL**	**Amniotic Fluid**	**Sterile Screwtop Container**	**Room Temperature**
Special Instructions:	Required information: • Patient Diagnosis • EDD (Estimated Date of Delivery) • Gestational Age and method of determination: US or LMP **20-30 ml of amniotic fluid**in well labeled sterile screw top tubes. Avoid contaminating the fluid with blood (discard the first 2 cc collected; syringes not acceptable). **Gestational age (13-24 weeks) must be provided for interpretation of results.** Ship at room temperature. **DO NOT FREEZE.** SPECIMEN VIABILITY DECREASES DURING TRANSIT. SEND SPECIMEN TO TESTING LAB FOR VIABILITY DETERMINATION. DO NOT REJECT.			

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

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Alpha-fetoprotein (AFP) Serous Fluid

Order Name: **SRS AFP**
Test Number: 3620075

TEST COMPONENTS	REV DATE:10/5/2005
Test Name:	**Methodology:**
Alpha-fetoprotein (AFP) Serous Fluid	CIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Serous fluid**	**Sterile screwtop container**	**Refrigerated**
Special 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

TEST COMPONENTS	REV DATE:2/22/2011
Test Name:	**Methodology:**
Alpha-fetoprotein (AFP) Tumor Marker	CIA

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

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

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Aluminum, Random Urine

Order Name: **ALUMINUM U**
Test Number: 2001500

TEST COMPONENTS	REV DATE:11/23/2009
Test Name:	**Methodology:**
Aluminum, Random Urine	AS

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**7mL (2)**	**Urine, Random**	**Acid Washed, Trace Element Free Contatiner**	**Refrigerated**
Special 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

Aluminum, Serum

Order Name: **ALUMINUM**
Test Number: 3800750

TEST COMPONENTS	REV DATE:10/21/2010
Test Name:	**Methodology:**
Aluminum, Serum	ICP/MS

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 mL (0.5)**	**Serum**	**No Additive Clot (Royal Blue Top, Trace-Elements Free)**	**Room Temperature**
Special 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

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Amikacin

Order Name: **AMIKACIN**
Test Number: 4000645

TEST COMPONENTS	REV DATE:5/29/2009
Test Name:	**Methodology:**
Amikacin	FPIA

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

GENERAL INFORMATION	
Testing Schedule:	Mon - Sun
Expected TAT:	2-3 Days
Cpt Code(s):	80150

Amino Acid Analysis, Quantitative, Plasma

Order Name: **AA QN BL**
Test Number: 3617225

TEST COMPONENTS	REV DATE:7/5/2007
Test Name:	**Methodology:**
Amino Acid Analysis, Quantitative, Plasma	LC/MS

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 mL (0.5)**	**Plasma**	**Sodium Heparin (Green Top)**	**Frozen**
Alternate Specimen:	**2 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Frozen**
Special 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:	5-7 Days
Notes:	*Note: New Test Number: 3617225*
Cpt Code(s):	82139

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Amino Acid Analysis, Quantitative, Urine

Order Name: **AA QN UR**
Test Number: 3617455

TEST COMPONENTS	REV DATE:4/26/2011
Test Name:	**Methodology:**
Amino Acid Analysis, Quantitative, Urine	LC/MS

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**10mL (2mL)**	**Urine, 24-hour**	**24 hour Urine Container**	**Frozen**
Special 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

Amiodarone

Order Name: **AMIODARON**
Test Number: 3653300

TEST COMPONENTS	REV DATE:10/18/2007
Test Name:	**Methodology:**
Amiodarone	HPLC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**3 mL (0.8)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Special Instructions:	Do not use gel barrier tubes. Centrifuge and separate serum as soon as possible. **Protect specimen from light!** Stability: After separation from cells: Ambient: 1 month; Refrigerated: 6 weeks; Frozen: 6 weeks.			

GENERAL INFORMATION	
Testing Schedule:	Sun-Fri
Expected TAT:	2-3 Days
Notes:	**Protect specimen from light!**
Cpt Code(s):	80299X2

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Amitriptyline

Order Name: **AMITRIPTL**
Test Number: 4302455

TEST COMPONENTS	REV DATE:7/14/2005
Test Name:	**Methodology:**
Amitriptyline	LC-MS-MS

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**3 mL (1.5)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Special 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):	80152

AML, 11q23 Gene Rearrangement by FISH

Order Name: **AML 11Q23**
Test Number: 116225

TEST COMPONENTS	REV DATE:4/10/2009
Test Name:	**Methodology:**
AML, 11q23 Gene Rearrangement by FISH	FISH

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**5 mL (3)**	**Whole Blood**	**Sodium Heparin (Green Top)**	**Room Temperature**
Alternate Specimen:	**5 mL (3)**	**Bone Marrow**	**Sodium Heparin (Green Top)**	**Room Temperature**
Special Instructions:	Whole blood or Bone marrow 5mL (3mL min. Collected in a Dark Green Sodium Heparin tube. Keep specimen at room temperature.			

GENERAL INFORMATION	
Testing Schedule:	Sun-Sat
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
Cpt Code(s):	88271; 88275; 88291

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AML, AML1/ETO Translocation 8,21 by FISH

Order Name: **AML 8-21T**
Test Number: 116200

TEST COMPONENTS	REV DATE:4/10/2009
Test Name:	**Methodology:**
AML, AML1/ETO Translocation 8,21 by FISH	FISH

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**5 mL (3)**	**Whole Blood**	**Sodium Heparin (Green Top)**	**Room Temperature**
Alternate Specimen:	**5 mL (3)**	**Bone Marrow**	**Sodium Heparin (Green Top)**	**Room Temperature**
Special Instructions:	Whole blood or Bone marrow 5mL (3mL min. Collected in a Dark Green Sodium Heparin tube. Keep specimen at room temperature.			

GENERAL INFORMATION	
Testing Schedule:	Sun-Sat
Expected TAT:	3-5 Days
Clinical Use:	[t(8;21)(q22;q22)] Frequently observed karyotic abnormality associated with Acute Myeloid Leukemia (AML), especially FAB M2.
Cpt Code(s):	88271 (x2); 88275; 88291

AML, CBFB/MYH11, Inversion 16 by FISH

Order Name: **AML INV16**
Test Number: 116175

TEST COMPONENTS	REV DATE:4/10/2009
Test Name:	**Methodology:**
AML, CBFB/MYH11, Inversion 16 by FISH	FISH

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**5 mL (3)**	**Whole Blood**	**Sodium Heparin (Green Top)**	**Room Temperature**
Alternate Specimen:	**5 mL (3)**	**Bone Marrow**	**Sodium Heparin (Green Top)**	**Room Temperature**
Special Instructions:	Whole blood or Bone marrow 5mL (3mL min. Collected in a Dark Green Sodium Heparin tube. Keep specimen at room temperature.			

GENERAL INFORMATION	
Testing Schedule:	Sun-Sat
Expected TAT:	3-5 Days
Clinical Use:	[inv(16) or t(16;16)(p13;q22)]; inv(16), AML-M4 CBFB/MYH11 is associated with acute myeloid leukemia (FAB M4 Eo subtype)
Cpt Code(s):	88271; 88275; 88291

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AML, M3, PML/RARA by FISH

Order Name: **AML M3 FSH**
Test Number: 116025

TEST COMPONENTS	REV DATE:4/10/2009
Test Name:	**Methodology:**
AML, M3, PML/RARA by FISH	FISH

SPECIMEN REQIREMENTS

	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**3mL (2)**	**Whole Blood**	**Sodium Heparin (Green Top)**	**Room Temperature**
Alternate Specimen:	**3mL (2)**	**Bone Marrow**	**Sodium Heparin (Green Top)**	**Room Temperature**
Special Instructions:	5-3mL Whole blood or 3-2mL of Bone marrow in a dark green Sodium Heparin tube. Keep specimen at room temperature. Do not centrifuge.			

GENERAL INFORMATION

Testing Schedule:	As Needed
Expected TAT:	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).
Cpt Code(s):	88271x2, 88291, 88275

Ammonia

Order Name: **AMMONIA**
Test Number: 2000300

TEST COMPONENTS	REV DATE:6/18/2003
Test Name:	**Methodology:**
Ammonia	GLDH

SPECIMEN REQIREMENTS

	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**See Instructions**
Special 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 if > 2 hours before specimen can be tested.**			

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

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Amniotic Fluid Study Delta 450

Order Name: **DELTA A450**
Test Number: 2002000

TEST COMPONENTS	REV DATE:12/27/2007
Test Name:	**Methodology:**
Amniotic Fluid Study Delta 450	SPEC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**5 mL (2)**	**Amniotic Fluid**	**Sterile Screwtop Container**	**Refrigerated**
Special Instructions:	**Protect from light!** Wrap specimen with foil and place on ice. Deliver to lab immediately. Stability: Ambient= 2 days; Refrigerated= 1 week; Frozen= 1 year.			

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	1-3 days
Clinical Use:	The level of bilirubin in amniotic fluid is significant as an indicator of fetal erythroblastosis.
Cpt Code(s):	82143

Amylase

Order Name: **AMYLASE**
Test Number: 2000350

TEST COMPONENTS	REV DATE:6/18/2003
Test Name:	**Methodology:**
Amylase	CNPG3

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

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

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Amylase Serous Fluid

Order Name: **SRS AMYLSE**
Test Number: 3500050

TEST COMPONENTS	REV DATE:6/11/2003
Test Name:	**Methodology:**
Amylase Serous Fluid	CNPG3

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Serous fluid**	**Sterile screwtop container**	**Refrigerated**
Special 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

TEST COMPONENTS	REV DATE:6/10/2003
Test Name:	**Methodology:**
Amylase Urine Random	CNPG3

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Urine, Random**	**Sterile Urine container**	**Refrigerated**
Special 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

TEST COMPONENTS	REV DATE:2/5/2007
Test Name:	**Methodology:**
Amylase Urine IU/hour	
Amylase Urine Timed	CNPG3
Total Urine Volume	

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**			**Room Temperature**
Special 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

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Anaerobic Culture and Stain

Order Name: **C WOUN AN**
Test Number: 6000050

TEST COMPONENTS	REV DATE:8/26/2003
Test Name:	**Methodology:**
Anaerobic Culture and Stain	Culture

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 mL (1)**	**Tissue**	**Sterile Container**	**Room Temperature**
Alternate Specimen:	**2 mL (1)**	**Fluid**	**Sterile Container**	**Room Temperature**
	2 mL (1)	**Swab**	**Anaerobic Swab (Blue, Gel)**	**Room Temperature**
Special Instructions:	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

Androstenedione

Order Name: **ANDROSTEN**
Test Number: 3801250

TEST COMPONENTS	REV DATE:8/15/2011
Test Name:	**Methodology:**
Androstenedione	CIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 mL (0.3)**	**Serum**	**No Additive Clot (Red Top, No-Gel, Plastic)**	**Frozen**
Alternate Specimen:	**2 mL (0.3)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
	2 mL (0.3)	**Plasma**	**EDTA (Lavender Top)**	**Frozen**
Special Instructions:	Specimen should be collected between 6-10 a. m. Stability after separation from cells: Ambient= 24 hours, Refrigerated= 1 week, Frozen: 6 months.			

GENERAL INFORMATION	
Testing Schedule:	Sun-Sat
Expected TAT:	2-4 Days
Cpt Code(s):	82157

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Anemia Analyzer

Order Name: **ANEMIA AN**
Test Number: 110800

TEST COMPONENTS	REV DATE:5/10/2011
Test Name:	**Methodology:**
Anemia Analyzer Smear	MC
Complete Blood Count (CBC) with Automated Differential	FC
Immature Platelet Fraction	FC
Reticulocyte (Retic) Count	FC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**15 mL**	**Whole Blood**	**EDTA (lavender top) & Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special Instructions:	Collect one 5ml EDTA (Lavender) and one 10 ml Clot Activator SST (Red/Grey or Tiger). **For best results** Room temperature specimens should be tested within 12hrs, otherwise send Refrigerated. Refrigerated specimens can be tested up to 24hrs. Specimens received after 24hrs will not receive a 5 part differential. Specimens received greater than 48hrs old will be canceled.			

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	1 Day
Clinical Use:	This algorithm is used in the evaluation of newly encountered anemia. A CBC and reticulocyte count begin a cascade with the appropriate chemistry tests added as needed. The peripheral blood smear, the results of the biochemical tests and the patient clinical history is reviewed by a pathologist who issues an interpretive report.
Notes:	For more information on this Analyzer, access our "Specialized Tests" section of this guide for a complete listing of tests and CPT codes.
Cpt Code(s):	See the Test Notes Section of this test.

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Angiotensin Converting Enzyme (ACE)

Order Name: **ANGIOTEN**
Test Number: 3600160

TEST COMPONENTS	REV DATE:10/18/2007
Test Name:	**Methodology:**
Angiotensin Converting Enzyme (ACE)	Enz

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.2)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special Instructions:	Allow specimen to clot completely at room temperature. Separate serum from cells ASAP. Stability: After separation from cells: Ambient: 1 week; Refrigerated: 1 week; Frozen: 2 months. Plasma is not acceptable.			

GENERAL INFORMATION	
Testing Schedule:	Sun-Sat
Expected TAT:	2-3 Days
Cpt Code(s):	82164

Angiotensin Converting Enzyme (ACE), CSF

Order Name: **CSF ANGIOT**
Test Number: 804450

TEST COMPONENTS	REV DATE:2/28/2011
Test Name:	**Methodology:**
Angiotensin Converting Enzyme (ACE), CSF	KS

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.2)**	**CSF (Cerebrospinal Fluid)**	**Sterile Screwtop Container**	**Refrigerated**
Special 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

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Anti-Neutrophil Cytoplasmic Antibody (ANCA)

Order Name: **NEUT CY AB**
Test Number: 5565200

TEST COMPONENTS	REV DATE:8/19/2010
Test Name:	**Methodology:**
Anti-Neutrophil Cytoplasm Titer	IFA
Anti-Neutrophil Cytoplasmic Pattern	IFA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**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

TEST COMPONENTS	REV DATE:9/22/2006
Test Name:	**Methodology:**
Anti-Nuclear Antibody (ANA) Screen	IFA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**4.5mL**	**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 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.

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Anti-Nuclear Antibody (ANA) Screen

Order Name: **ANA SCR**
Test Number: 5500050

TEST COMPONENTS	REV DATE:8/26/2003
Test Name:	**Methodology:**
Anti-Nuclear Antibody (ANA) Screen	IFA

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

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	7 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

TEST COMPONENTS	REV DATE:7/14/2005
Test Name:	**Methodology:**
Anti-Nuclear Antibody (ANA) Serous Fluid	IFA

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

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	3 Days
Cpt Code(s):	86038

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

Order Name: **PARIETL AB**
Test Number: 5565300

TEST COMPONENTS	REV DATE:8/18/2008
Test Name:	**Methodology:**
Anti-Parietal Cell Antibody (APCA) Screen - Reflex to Titer	IFA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**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.
Notes:	For more information on this test, access our "Specialized Tests" section.
Cpt Code(s):	Screen 86255, If positive it will reflex to titer 86256

Anti-Streptolysin O Titer (ASO)

Order Name: **ASO**
Test Number: 5509550

TEST COMPONENTS	REV DATE:8/26/2003
Test Name:	**Methodology:**
Anti-Streptolysin O Titer (ASO)	NEPH

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**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

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Anti-Thrombin 3 (ATIII), Functional

Order Name: **THROM3 FUN**
Test Number: 1501825

TEST COMPONENTS	REV DATE:12/28/2006
Test Name:	**Methodology:**
Anti-Thrombin 3 (ATIII), Functional	Chrom

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2.7 mL**	**Whole Blood**	**Sodium Citrate 3.2% (Blue Top)**	**Ambient whole blood or frozen aliquots**
Alternate Specimen:	**2.7 mL**	**Double Spun Plasma**	**Sterile, Capped Plastic Tube**	**Ambient whole blood or frozen aliquots**
Special Instructions:	**Please indicate anticoagulant therapy.**Tubes must be filled to the proper level, no hemolysis. Improperly filled tubes can give erroneous results. Whole blood must be transported to lab immediately. If sending citrated plasma aliquots, they must be double spun then aliquot 1. 5 ml plasma from each tube into individual plastic aliquot tubes and freeze. **Do not pool aliquots together!**			

GENERAL INFORMATION	
Testing Schedule:	Tues, Thurs
Expected TAT:	2-4 Days
Clinical Use:	Antithrombin III is used to assess thrombotic risk.
Cpt Code(s):	85300

Anti-Thrombin 3 (ATIII)- Antigen

Order Name: **THROMB3 AG**
Test Number: 1500600

TEST COMPONENTS	REV DATE:12/28/2006
Test Name:	**Methodology:**
Anti-Thrombin 3 (ATIII)- Antigen	NEPH

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 mL (0.5)**	**Plasma**	**Sodium Citrate 3.2% (Blue Top)**	**Frozen**
Special Instructions:	Patient should abstain from anabolic steroids, gemfibrozil, warfarin (coumadin), heparin therapy, asparaginase, estrogens, gestodene, and oral contraceptives optimally for 3 days prior to specimen collection. Overnight fasting is preferred. Send citrated plasma aliquots. They must be double spun then aliquot 1. 5 ml plasma from each tube into individual plastic aliquot tubes and freeze. **Do not pool aliquots together!**Do not thaw.			

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	2-3 Days
Cpt Code(s):	85301

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Antibody Identification

Order Name: **ABID**
Test Number: 7302000

TEST COMPONENTS	REV DATE:6/6/2003
Test Name:	**Methodology:**
Antibody Identificaton Interp	GEL

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**7 mL (7)**	**Whole Blood**	**EDTA (Pink Top)**	**Room Temperature**
Alternate Specimen:	**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

TEST COMPONENTS	REV DATE:8/26/2003
Test Name:	**Methodology:**
Antibody Screen Interp	GEL

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**7 mL (3.5)**	**Whole Blood**	**EDTA (Pink Top)**	**Room Temperature**
Alternate Specimen:	**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

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Antibody Titer

Order Name: **AB TITER**
Test Number: 7002750

TEST COMPONENTS	REV DATE:6/12/2003
Test Name:	**Methodology:**
Antibody Titer	HA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**7 mL (3)**	**Whole Blood**	**EDTA (Pink Top)**	**Room Temperature**
Alternate Specimen:	**7 mL (3)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**
	7 mL (3)	**Serum**	**No Additive Clot (Red Top, No Gel-Plastic)**	**Room Temperature**

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

Antidiuretic Hormone (ADH) / Osmolality, Serum

Order Name: **ADH/OSMO**
Test Number: 3600235

TEST COMPONENTS	REV DATE:8/22/2007
Test Name:	**Methodology:**
Antidiuretic Hormone (ADH, Arginine Vasopressin, AVP)	RIA
Osmolality, Serum	FPD

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**See Instructions**	**Plasma & Serum**	**EDTA (lavender top) & Clot Activator SST (Red/Gray or Tiger Top)**	**See Instructions**
Special Instructions:	**Collect Both Serum and Plasma** ADH: 4mL (1. 1) EDTA Plasma, Frozen. Osmolality: 1mL (0. 2) Serum, Frozen preferred.			

GENERAL INFORMATION	
Testing Schedule:	Tue, Thr, Sat
Expected TAT:	See Individual Assays
Cpt Code(s):	See Individual Assays

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Antidiuretic Hormone (ADH, Arginine Vasopressin, AVP)

Order Name: **ADH/VAS**
Test Number: 3600225

TEST COMPONENTS	REV DATE:3/2/2009
Test Name:	**Methodology:**
Antidiuretic Hormone (ADH, Arginine Vasopressin, AVP)	RIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**6mL (2.1)**	**Plasma**	**EDTA (Lavender Top)**	**Frozen**
Special 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= 2 months.			

GENERAL INFORMATION	
Testing Schedule:	Tue, Fri
Expected TAT:	4-11 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

Apolipoprotein A1

Order Name: **APO A 1**
Test Number: 2015000

TEST COMPONENTS	REV DATE:8/26/2003
Test Name:	**Methodology:**
Apolipoprotein A1	Fixed Rate Nephelometry

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special Instructions:	Fasting for at least 12 hours is required.			

GENERAL INFORMATION	
Testing Schedule:	Mon, Wed, Fri
Expected TAT:	2-3 Days
Cpt Code(s):	82172

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Apolipoprotein A1 and B

Order Name: **APO A1 B**
Test Number: 2014950

TEST COMPONENTS	REV DATE:8/26/2003
Test Name:	**Methodology:**
Apolipoprotein A1 and B	Fixed Rate Nephelometry

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special Instructions:	Fasting for at least 12 hours is required.			

GENERAL INFORMATION	
Testing Schedule:	Mon, Wed, Fri
Expected TAT:	2-3 Days
Cpt Code(s):	82172X2

Apolipoprotein B

Order Name: **APO B**
Test Number: 2015050

TEST COMPONENTS	REV DATE:8/26/2003
Test Name:	**Methodology:**
Apolipoprotein B	Fixed Rate Nephelometry

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special Instructions:	Fasting for at least 12 hours is required.			

GENERAL INFORMATION	
Testing Schedule:	Mon, Wed, Fri
Expected TAT:	2-3 Days
Cpt Code(s):	82172

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Arsenic, 24-Hour Urine

Order Name: **ARSENIC U**
Test Number: 3809050

TEST COMPONENTS	REV DATE:5/16/2003
Test Name:	**Methodology:**
Arsenic, 24-Hour Urine	Inductively Coupled Plasma/Mass Spectrometry

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

GENERAL INFORMATION	
Testing Schedule:	Mon - Sat
Expected TAT:	3 Days
Cpt Code(s):	82175

Arsenic, Whole Blood

Order Name: **ARSENIC**
Test Number: 3806200

TEST COMPONENTS	REV DATE:4/27/2009
Test Name:	**Methodology:**
Arsenic, Whole Blood	ICP/MS

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**4 mL**	**Whole Blood**	**EDTA (Royal Blue Top/Trace Element Free)**	**Refrigerated**
Special 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.			

GENERAL INFORMATION	
Testing Schedule:	Tues - Sat
Expected TAT:	3-4 Days
Cpt Code(s):	82175

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Aspartate Transaminase (AST)

Order Name: **AST**
Test Number: 2004800

TEST COMPONENTS	REV DATE:6/18/2003
Test Name:	**Methodology:**
Aspartate Transaminase (AST)	Enzymatic

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special 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 liver disease.
Cpt Code(s):	84450

Aspergillus Antibody, CF (Serum)

Order Name: **ASPER CF**
Test Number: 5501200

TEST COMPONENTS	REV DATE:5/16/2003
Test Name:	**Methodology:**
Aspergillus Antibody, CF (Serum)	CF

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**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

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Atypical Pneumonia Antibodies

Order Name: **ATYP PNEUM**
Test Number: 5564200

TEST COMPONENTS	REV DATE:1/17/2011
Test Name:	**Methodology:**
Adenovirus IgG and IgM Antibodies	IFA
Chlamydia pneumoniae IgM Antibody	IFA
Chlamydia pneumoniae IgG Antibody	IFA
Influenza A/B IgG and IgM Antibodies	IFA
Legionella pneumophila 1-7 Antibody	IFA
Mycoplasma IgG IgM	IFA
RSV IgG and IgM Antibodies	IFA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**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; 86701X4; 86756X2; 86738X2.
Cpt Code(s):	Multiple

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Atypical Pneumonia, Non-Viral

Order Name: **ATYP PN NV**
Test Number: 5564850

TEST COMPONENTS	REV DATE:1/17/2011
Test Name:	**Methodology:**
Chlamydia pneumoniae IgM Antibody	IFA
Chlamydia pneumoniae IgG Antibody	IFA
Legionella pneumophila 1-7 Antibody	IFA
Mycoplasma IgG IgM	IFA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**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

TEST COMPONENTS	REV DATE:10/22/2010
Test Name:	**Methodology:**
Adenovirus IgG and IgM Antibodies	IFA
Influenza A/B IgG and IgM Antibodies	IFA
RSV IgG and IgM Antibodies	IFA

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

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

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Autohemolysis Screen

Order Name: **AUHEM SCR**
Test Number: 100400

TEST COMPONENTS	REV DATE:7/2/2003
Test Name:	**Methodology:**
Autohemolysis Screen	Visual

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

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

B-Cell Chronic Lymphocytic Leukemia profile by FISH

Order Name: **B CELL CLL**
Test Number: 115660

TEST COMPONENTS	REV DATE:11/16/2009
Test Name:	**Methodology:**
B-Cell Chronic Lymphocytic Leukemia profile by FISH	FISH

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**3 mL (2)**	**Whole Blood**	**Sodium Heparin (Green Top)**	**Room Temperature**
Alternate Specimen:	**3 mL (2)**	**Bone Marrow**	**Sodium Heparin (Green Top)**	**Room Temperature**
Special Instructions:	5-3mL Whole blood or 3-2mL of Bone marrow in a dark green Sodium Heparin tube. Keep specimen at room temperature. Do not centrifuge.			

GENERAL INFORMATION	
Testing Schedule:	As Needed
Expected TAT:	5 Days
Clinical Use:	[11qA/P, +12, 13q-, 17p-, 6q23 (MYB)] Useful for providing prognostic information in known diagnoses of B-cell chronic lymphocytic leukemia/small lymphocytic lymphoma (CLL/SLL).
Cpt Code(s):	88291, 88271x5, 88275x5

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B-Cell Gene Rearrangement PCR

Order Name: **BCELLGENE**
Test Number: 5616975

TEST COMPONENTS	REV DATE:9/22/2011
Test Name:	**Methodology:**
B-Cell Gene Rearrangement PCR	PCR

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**5mL (2.5mL)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**
Alternate Specimen:	**5mL (2.5mL)**	**Bone Marrow**	**EDTA (Lavender Top)**	**Room Temperature**
	5mL (2.5mL)	**Tissue**	**Paraffin Block**	**Room Temperature**
Special Instructions:	5mL (2. 5mL) EDTA Whole blood -or- 3mL (1mL) EDTA Bone Marrow -or- Paraffin Tissue block. Keep at room temperature! (DO NOT FREEZE). Frozen samples will be rejected.			

GENERAL INFORMATION	
Testing Schedule:	Sat.
Expected TAT:	5-12 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.
Cpt Code(s):	83890; 83909x3; 83898x3; 83912

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B-Cell Lymphoma profile by FISH

Order Name: **B CELL LYM**
Test Number: 115900

TEST COMPONENTS	REV DATE:12/1/2006
Test Name:	**Methodology:**
B-Cell Lymphoma profile by FISH	FISH

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**3 mL (2)**	**Whole Blood**	**Sodium Heparin (Green Top)**	**Room Temperature**
Alternate Specimen:	**3 mL (2)**	**Bone Marrow**	**Sodium Heparin (Green Top)**	**Room Temperature**
Special Instructions:	5-3mL Whole blood or 3-2mL of Bone marrow in a dark green Sodium Heparin tube. Keep specimen at room temperature. Do not centrifuge.			

GENERAL INFORMATION	
Testing Schedule:	As Needed
Expected TAT:	5 Days
Clinical Use:	[t(8;14), t(14;18), t(11;14)] Useful for diagnosing or excluding Burkitt lymphoma, follicular lymphoma, and mantle cell lymphoma.
Notes:	*{change in Cpt Codes Dec. 1, 2006}*
Cpt Code(s):	88271x7; 88275x3; 88291x3

Barbiturates Screen

Order Name: **BARB SC**
Test Number: 4301700

TEST COMPONENTS	REV DATE:6/10/2003
Test Name:	**Methodology:**
Barbiturates Screen	CEDIA

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

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

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Basic Metabolic Panel

Order Name: **CHEM 8**
Test Number: 2028100

TEST COMPONENTS	REV DATE:2/5/2008
Test Name:	**Methodology:**
Glucose	Hexokinase
Urea Nitrogen, Blood (BUN)	Urease/GLDH
Creatinine	KAP(Jaffe)
Sodium	ISE
Potassium Serum/Plasma	ISE
Chloride	ISE
Bicarbonate	Enz
Calcium	Arsenazo
Anion Gap Calculated	Calculation

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Special Instructions:	Specimen stability: Ambient 2 hours. Refrigerated 7 days.			

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

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BCR/ABL Gene Rearrangement, Quantitative PCR (t9,22)(Philadelphia Chromosome)

Order Name: **BCR GENE**

Test Number: 9101200

TEST COMPONENTS	REV DATE:11/11/2009
Test Name:	**Methodology:**
BCR-ABL t(9;22) fusion ratio	PCR
BCR-ABL:ABL Log Reduction ratio	PCR

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**5mL (2.5mL)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**
Alternate Specimen:	**5mL (2.5mL)**	**Bone Marrow**	**EDTA (Lavender Top)**	**Room Temperature**
Special Instructions:	5mL (2. 5mL) EDTA Whole blood -or- 3mL (1mL) EDTA Bone Marrow. Keep at room temperature! (DO NOT FREEZE). Frozen samples will be rejected.			

GENERAL INFORMATION	
Testing Schedule:	Mon-Sat
Expected TAT:	5 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):	83891; 83902x2; 83900; 83896x3; 83912

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BCR/ABL Qualitative FISH (Translocation 9,22)(Philadelphia Chromosome)

Order Name: **PHILA CHRO**
Test Number: 113275

TEST COMPONENTS	REV DATE:1/7/2008
Test Name:	**Methodology:**
BCR/ABL Qualitative FISH (Translocation 9,22)(Philadelphia Chromosome)	FISH

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**3 mL (2)**	**Bone Marrow**	**Sodium Heparin (Green Top)**	**Room Temperature**
Alternate Specimen:	**3 mL (2)**	**Whole Blood**	**Sodium Heparin (Green Top)**	**Room Temperature**
Special Instructions:	5-3mL Whole blood or 3-2mL of Bone marrow in a dark green Sodium Heparin tube. Keep specimen at room temperature. Do not centrifuge.			

GENERAL INFORMATION	
Testing Schedule:	As Needed
Expected TAT:	5 Days
Clinical Use:	CML/ALL, bcr/abl, [t(9,22)] 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.
Cpt Code(s):	88291, 88275, 88271x2

Benzodiazepines Screen

Order Name: **BENZ SC**
Test Number: 4301800

TEST COMPONENTS	REV DATE:6/10/2003
Test Name:	**Methodology:**
Benzodiazepines Screen	CEDIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Serum**	**Clot activator SST (Red/Gray or Tiger top)**	**Refrigerated**
Special 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):	80101

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Beta 2 Glycoprotein IgG and IgM Antibody

Order Name: **GPI BETA 2**
Test Number: 5565975

TEST COMPONENTS	REV DATE:6/6/2003
Test Name:	**Methodology:**
Beta 2 Glycoprotein IgG Antibody	EIA
Beta 2 Glycoprotein IgM Antibody	EIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**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 Hydroxybutyrate

Order Name: **BETA HYDRO**
Test Number: 2005825

TEST COMPONENTS	REV DATE:12/1/2005
Test Name:	**Methodology:**
Beta Hydroxybutyrate	Reflectance

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**
Alternate Specimen:	**2 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Room Temperature**
Special 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

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Beta-2, Transferrin

Order Name: **BETA-2 TRA**
Test Number: 3656675

TEST COMPONENTS	REV DATE:2/12/2009
Test Name:	**Methodology:**
Beta-2, Transferrin	IFE-EP

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**See Instructions**	**Serum and Fluid**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special Instructions:	**Collect BOTH Serum and Drainage Fluid.** 6mL(0. 5) Serum in clot tube and 2mL(1mL) of aural or nasal drainage fluid in sterile container. Properly label specimen type on each tube. Keep serum and drainage refrigerated. **Do Not send CSF specimens!** Specimen Stability: Ambient: 4 hours; Refrigerated: 3 days; Frozen: Unacceptable.			

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

Beta-2-Microglobulin, Random Urine

Order Name: **BETA 2 M U**
Test Number: 3807700

TEST COMPONENTS	REV DATE:5/16/2003
Test Name:	**Methodology:**
Beta-2-Microglobulin, Random Urine	Fixed Time Nephelometry

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL**	**Urine, Random**	**Sterile Screwtop Container**	**Refrigerated**
Special 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

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Beta-2-Microglobulin, Serum

Order Name: **BETA2 M S**
Test Number: 2005800

TEST COMPONENTS	REV DATE:5/16/2003
Test Name:	**Methodology:**
Beta-2-Microglobulin, Serum	Fixed Time Nephelometry

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

TEST COMPONENTS	REV DATE:5/28/2010
Test Name:	**Methodology:**
Bicarbonate	Enz

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Special Instructions:	Stability: Ambient 8 hours. Refrigerated 7 days.			

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

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Bile Acids, Fractionated and Total

Order Name: **BILE A F/T**
Test Number: 3650925

TEST COMPONENTS	REV DATE:5/16/2003
Test Name:	**Methodology:**
Bile Acids, Fractionated and Total	LC/MS/MS

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.2)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special Instructions:	After clot formation centrifuge sample and pour off serum into a transport tube. Store sample refrigerated. Overnight fasting is preferred.			

GENERAL INFORMATION	
Testing Schedule:	Tues, Thur
Expected TAT:	3-4 Days
Cpt Code(s):	83789

Bilirubin Direct

Order Name: **BILI DIR**
Test Number: 2000800

TEST COMPONENTS	REV DATE:11/12/2003
Test Name:	**Methodology:**
Bilirubin Direct	Diazo

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

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

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Bilirubin Total

Order Name: **BILI TOT**
Test Number: 2000950

TEST COMPONENTS	REV DATE:11/12/2003
Test Name:	**Methodology:**
Bilirubin Total	Jendrassik-Grof

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special 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

TEST COMPONENTS	REV DATE:6/10/2003
Test Name:	**Methodology:**
Bilirubin Total Fluid	Jendrassik-Grof

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Amniotic Fluid**	**Sterile screwtop container**	**Refrigerated**
Special Instructions:	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.
Cpt Code(s):	82247

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Bilirubin, Total And Direct

Order Name: **BILI T/D**
Test Number: 2001000

TEST COMPONENTS	REV DATE:6/10/2003
Test Name:	**Methodology:**
Bilirubin Direct	Diazo
Bilirubin Total	Jendrassik-Grof

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Special 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

BK Virus DNA, Quantitative PCR, CSF

Order Name: **BK VIRUS C**
Test Number: 5504825

TEST COMPONENTS	REV DATE:4/4/2011
Test Name:	**Methodology:**
BK Virus DNA, Quantitative PCR, CSF	PCR

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

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

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BK Virus DNA, Quantitative PCR, Plasma

Order Name: **BK VIRUS P**
Test Number: 5504325

TEST COMPONENTS	REV DATE:4/4/2011
Test Name:	**Methodology:**
BK Virus DNA, Quantitative PCR, Plasma	PCR

SPECIMEN REQIREMENTS

	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**3mL(0.3mL)**	**Plasma**	**EDTA (Lavender Top)**	**Frozen**
Special Instructions:	**This test is for EDTA Plasma Specimens only** Best if specimen is centrifuged and aliquot 3mL(0. 3mL) plasma into plastic aliquot tube and frozen within 2 hours of collection. Stability Room Temperature: 48hrs Refrigerated: 7days, Frozen: 30days. Unacceptable Specimens: Urine, CSF, Heparin Plasma specimens.			

GENERAL INFORMATION

Testing Schedule:	Sun-Sat
Expected TAT:	2-5 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

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BK Virus DNA, Quantitative PCR, Urine

Order Name: **BK VIRUS U**
Test Number: 5504425

TEST COMPONENTS	REV DATE:4/4/2011
Test Name:	**Methodology:**
BK Virus DNA, Quantitative PCR, Urine	PCR

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

GENERAL INFORMATION	
Testing Schedule:	Sun-Sat
Expected TAT:	2-5 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

Blastomyces Total Antibodies

Order Name: **BLASTO CF**
Test Number: 5501500

TEST COMPONENTS	REV DATE:6/17/2003
Test Name:	**Methodology:**
Blastomyces Total Antibodies	CF

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.3)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special 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

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Blood Culture - 1st Aerobic/Anaerobic

Order Name: **C BLD 1ST**
Test Number: 6000200

TEST COMPONENTS	REV DATE:6/12/2003
Test Name:	**Methodology:**
Blood Culture - 1st Aerobic/Anaerobic	Culture

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

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

Blood Culture for Acid Fast Bacilli (AFB)

Order Name: **C BLOOD AF**
Test Number: 6000120

TEST COMPONENTS	REV DATE:5/20/2003
Test Name:	**Methodology:**
Blood Culture for Acid Fast Bacilli (AFB)	Culture

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

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

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Blood Culture for fungus

Order Name: **C BLOOD FU**
Test Number: 6000310

TEST COMPONENTS	REV DATE:5/20/2003
Test Name:	**Methodology:**
Blood Culture for fungus	Culture

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**5 mL (3)**	**Bactec blood culture bottle**	**Bactec Myco/F Lytic Blood Culture Bottle (Red)**	**Room Temperature**
Special 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

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Blood Gases Arterial

Order Name: **BL GAS ART**
Test Number: 2000500

TEST COMPONENTS	REV DATE:6/11/2003
Test Name:	**Methodology:**
pH Blood Arterial (Gases)	
PCO2 Arterial Blood Gas	
Arterial Bicarbonate	
PO2 Arterial Blood Gas	
Arterial O2 Saturation	
O2 Liters / Minute	
% O2 Delivered	

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

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

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Bordetella pertussis Antigen by Fluorescent Ab

Order Name: **C PERT FA**
Test Number: 6100150

TEST COMPONENTS	REV DATE:1/13/2011
Test Name:	**Methodology:**
Bordetella pertussis Antigen by Fluorescent Ab	FA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 Swabs**	**Swab**	**Amies Blue Cap Swab in Charcoal Media**	**Room Temperature**
Special Instructions:	Patient should have a persistent cough. Two PNP blue cap Amies Swabs in Charcoal media is preferred.			

GENERAL INFORMATION	
Testing Schedule:	Sun-Sat
Expected TAT:	2-4 Days
Cpt Code(s):	87265

Bordetella pertussis Culture

Order Name: **C PERTUS**
Test Number: 6001556

TEST COMPONENTS	REV DATE:10/27/2010
Test Name:	**Methodology:**
Bordetella pertussis Culture	Cult

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 Swabs**	**Swab**	**Amies Blue Cap Swab in Charcoal Media**	**Room Temperature**
Special Instructions:	Patient should have a persistent cough. Two PNP blue cap Amies Swabs in Charcoal media is preferred. A nasal wash is also acceptable.			

GENERAL INFORMATION	
Testing Schedule:	Sun-Sat
Expected TAT:	7-14 Days
Cpt Code(s):	87070

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Bordetella pertussis IgG & IgA Antibodies (MAID)

Order Name: **BOR PER AB**
Test Number: 5568005

TEST COMPONENTS	REV DATE:2/20/2008
Test Name:	**Methodology:**
IgG pertussis toxin (PT)	MAID
IgA pertussis toxin (PT)	MAID
IgG filamentous hemagglutinin antigen (FHA)	MAID
IgA filamentous hemagglutinin antigen (FHA)	MAID

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

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

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Bordetella pertussis/parapertussis DNA, Qualitative Real-Time PCR

Order Name: **BOR P PCR**

Test Number: 5568100

TEST COMPONENTS	REV DATE:4/26/2011
Test Name:	**Methodology:**
Bordetella pertussis DNA	PCR
Bordetella parapertussis DNA	PCR

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**See Instructions**	**Swab**	**Flocked Flexible Mini-Tip Nasopharyngeal Swab**	**Refrigerated**
Alternate Specimen:	**See Instructions**	**Nasal Wash**	**Sterile Screwtop Container**	**Refrigerated**
Special Instructions:	USE ONE OF TWO COLLECTION METHODS: 1) **Universal Transport Media (UTM) with mini-Flocked Swab** (Comes as a kit: RML Supply# 50775). Collect a nasopharyngeal specimen leaving the swab in place for a few seconds to absorb secretions. Swab both nostrils. It would be optimum to use one swab per nostril. Place both swabs immediately into a single sterile common UTM container. - **KEEP REFRIGERATED** (Alternate Swab: AMIES Blue Cap Swab in UTM - Refrigerated.) 2) **Nasopharyngeal Aspirates** (Collect in the Physician's office): Flush each nostril with 1mL to 1. 5ml of Nonbacteriostatic Saline (pH 7. 0) - Collect the drainage from each nostril into a common sterile container. - **KEEP REFRIGERATED** **Caution:** DO NOT use Calcium Alginate Swabs as they will inhibit PCR testing. DO NOT put Swabs in Charcoal Transport Media. Specimen Stability: **Nasopharyngeal swab** Room temperature: 7 Day, Refrigerated: 7 Day, Frozen: 30 Day **Nasopharyngeal aspirate** Room temperature: 48 Hour, Refrigerated: 8 Day, Frozen: 30 Day			

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

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Brain Natriuretic Peptide (BNP)

Order Name: **BRAIN PEP**
Test Number: 2015175

TEST COMPONENTS	REV DATE:1/29/2004
Test Name:	**Methodology:**
Brain Natriuretic Peptide (BNP)	CIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Whole blood**	**EDTA (lavender top)**	**See Instructions**
Alternate Specimen:	**1 mL (0.5)**	**Plasma**	**EDTA (Lavender Top)**	**See Instructions**
Special 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

Bromide (Serum/Plasma)

Order Name: **BROMIDE**
Test Number: 4001050

TEST COMPONENTS	REV DATE:4/19/2006
Test Name:	**Methodology:**
Bromide (Serum/Plasma)	GC/MS

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

GENERAL INFORMATION	
Testing Schedule:	Once or twice a week, volume dependant.
Expected TAT:	5-10 Days
Cpt Code(s):	82491

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Brucella Antibodies, IgG & IgM

Order Name: **BRUCELA AB**
Test Number: 5554825

TEST COMPONENTS	REV DATE:2/27/2009
Test Name:	**Methodology:**
Brucella abortus IgG	ELISA
Brucella abortus IgM	ELISA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special Instructions:	Acute and convalescent specimens must be labeled as such; parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Please mark specimen plainly as acute or convalescent. Unacceptable specimens: Hemolyzed, lipemic, heat-inactivated, or contaminated specimens. Stability after separation from cells: Ambient= 2 days, Refrigerated= 2 weeks, Frozen= 1 year.			

GENERAL INFORMATION	
Testing Schedule:	Tue, Thr
Expected TAT:	2-8 Days
Cpt Code(s):	86622x2

Buffy Coat For Organisms

Order Name: **BUFFY ORG**
Test Number: 109500

TEST COMPONENTS	REV DATE:6/9/2003
Test Name:	**Methodology:**
Buffy Coat For Organisms	MC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**4 mL (2)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	1 Day
Notes:	Testing includes pathology interpretation.
Cpt Code(s):	80500; 87205

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

Order Name: **BURKI FISH**
Test Number: 117900

TEST COMPONENTS	REV DATE:7/13/2007
Test Name:	**Methodology:**
Burkitt's Lymphoma/NHL/ALL, IGH/MYC, t(8;14) by FISH	FISH

SPECIMEN REQIREMENTS

	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**3 mL (2)**	**Whole Blood**	**Sodium Heparin (Green Top)**	**Room Temperature**
Alternate Specimen:	**3 mL (2)**	**Bone Marrow**	**Sodium Heparin (Green Top)**	**Room Temperature**
Special Instructions:	5-3mL Whole blood or 3-2mL of Bone marrow in a dark green Sodium Heparin tube. Keep specimen at room temperature. Do not centrifuge.			

GENERAL INFORMATION

Testing Schedule:	As Needed
Expected TAT:	5 Days
Clinical Use:	Useful to diagnose Burkitt's type lymphoma and some cases of acute lymphoblastic leukemia.
Cpt Code(s):	88271 (x3); 88275; 88291

C Peptide

Order Name: **C PEPTIDE**
Test Number: 2015225

TEST COMPONENTS	REV DATE:2/22/2011
Test Name:	**Methodology:**
C Peptide	CIA

SPECIMEN REQIREMENTS

	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Frozen**
Alternate Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Special 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

TEST COMPONENTS	REV DATE:11/10/2003
Test Name:	**Methodology:**
C-Reactive Protein (CRP) Quant	Immunoturbidmetric

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

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

Order Name: **CARDIO CRP**
Test Number: 2023150

TEST COMPONENTS	REV DATE:8/26/2003
Test Name:	**Methodology:**
C-Reative Protein (CRP) High-Sensitive (Cardio CRP)	Immunoturbidmetric

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

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

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C1 Esterase Inhibitor, Functional, EIA

Order Name: **C1 ES FUN**
Test Number: 5515700

TEST COMPONENTS	REV DATE:7/14/2005
Test Name:	**Methodology:**
C1 Esterase Inhibitor, Functional, EIA	EIA

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

GENERAL INFORMATION	
Testing Schedule:	Tues, Fri
Expected TAT:	2-3 Days
Cpt Code(s):	86161

C1 Esterase Inhibitor, Quantitative

Order Name: **C1 ES QNT**
Test Number: 5569700

TEST COMPONENTS	REV DATE:6/6/2003
Test Name:	**Methodology:**
C1 Esterase Inhibitor, Quantitative	ID

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

TEST COMPONENTS	REV DATE:9/9/2008
Test Name:	**Methodology:**
C1q Complement Component	RIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Alternate Specimen:	**1mL (0.1)**	**Plasma**	**EDTA (Lavender Top)**	**Frozen**
Special Instructions:	Best if specimen is kept refrigerated until frozen. Stability: Ambient 2 days; Refrigerated 2 weeks; Frozen 1 month.			

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

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C2 Complement Component

Order Name: **C2 QN**
Test Number: 5000290

TEST COMPONENTS	REV DATE:3/2/2009
Test Name:	**Methodology:**
C2 Complement Component	RIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.15)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Special 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

C5 Complement Component

Order Name: **C5**
Test Number: 5000370

TEST COMPONENTS	REV DATE:8/26/2003
Test Name:	**Methodology:**
C5 Complement Component	RIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Special 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

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CA 125 & CA 125 HAMA Treated

Order Name: **CA125 HAMA**
Test Number: 3600665

TEST COMPONENTS	REV DATE:4/23/2008
Test Name:	**Methodology:**
CA 125 Assay	CIA
CA 125, HAMA Treated	Imm

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**Two 2mL(1mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special Instructions:	Allow to clot, then centrfuge and separate serum from cells ASAP. **Make TWO 2mL(1mL) Serum Aliquots - Keep Refrigerated!** Specimen Stability: Room temperature: Not Established Refrigerated: 1 Week Frozen: 1 Year			

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

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CA 125 Assay

Order Name: **CA125**
Test Number: 2015625

TEST COMPONENTS	REV DATE:5/8/2007
Test Name:	**Methodology:**
CA 125 Assay	CIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**See Instructions**
Special 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

TEST COMPONENTS	REV DATE:6/11/2003
Test Name:	**Methodology:**
CA 125, Serous Fluid	CIA

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

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

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CA 15-3 Assay

Order Name: **CA15-3**
Test Number: 2024000

TEST COMPONENTS	REV DATE:5/18/2006
Test Name:	**Methodology:**
CA 15-3 Assay	CIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**See Instructions**
Special 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

TEST COMPONENTS	REV DATE:2/22/2011
Test Name:	**Methodology:**
CA 19-9 (Carbohydrate Antigen 19-9)	CIA

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

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

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CA 27.29

Order Name: **CA27.29**
Test Number: 2024375

TEST COMPONENTS	REV DATE:2/22/2011
Test Name:	**Methodology:**
CA 27.29	Imm

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

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

Cadmium, Blood

Order Name: **CADMIUM B**
Test Number: 3650850

TEST COMPONENTS	REV DATE:8/4/2010
Test Name:	**Methodology:**
Cadmium, Blood	ICP/MS

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**4mL (0.5)**	**Whole Blood**	**EDTA (Royal Blue Top/Trace Element Free)**	**Room Temperature**
Special Instructions:	DO NOT ALIQUOT SPECIMEN. Diet, medication, and nutritional supplements may introduce interfering substances. Patients should be encouraged to discontinue nutritional supplements, vitamins, minerals, nonessential over-the-counter medications (upon the advice of their physician).			

GENERAL INFORMATION	
Testing Schedule:	Mon-Sat
Expected TAT:	2-4 Days
Cpt Code(s):	82300

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Calcitonin

Order Name: **CALCITONI**
Test Number: 3600550

TEST COMPONENTS	REV DATE:5/20/2009
Test Name:	**Methodology:**
Calcitonin	CIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 mL (1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Special Instructions:	Overnight fasting is preferred. **CRITICAL FROZEN.** Separate specimens must be submitted when multiple tests are ordered. Separate serum from cells ASAP and freeze. Stability: After separation from cells: Ambient: 2 hours; Refrigerated: Unacceptable; Frozen: 3 months. EDTA plasma and grossly hemolyzed or lipemic specimens are not acceptable.			

GENERAL INFORMATION	
Testing Schedule:	Sun-Sat
Expected TAT:	2-3 Days
Cpt Code(s):	82308

Calcium

Order Name: **CALCIUM**
Test Number: 2001150

TEST COMPONENTS	REV DATE:6/11/2003
Test Name:	**Methodology:**
Calcium	Arsenazo

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

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

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Calcium Ionized

Order Name: **CALCIUM IZ**
Test Number: 2020125

TEST COMPONENTS	REV DATE:6/10/2009
Test Name:	**Methodology:**
Calcium Ionized	
Calcium NL-corrected	
Calcium pH	

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**Full Tube**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special 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

TEST COMPONENTS	REV DATE:6/11/2003
Test Name:	**Methodology:**
Calcium Urine Random	Arsenazo

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Urine, Random**	**Sterile Urine container**	**Refrigerated**
Special 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

TEST COMPONENTS	REV DATE:6/11/2003
Test Name:	**Methodology:**
Calcium 24 Hour Urine mg/24hr	
Calcium 24 Hour Urine mg/dl	Arsenazo
Creatinine, Urine, 24 Hour	
Creatinine, Urine, mg/dL	KAP(Jaffe)
Total Urine Volume	

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

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

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Candida Antibody

Order Name: **CANDIDA AB**
Test Number: 5569300

TEST COMPONENTS	REV DATE:9/22/2006
Test Name:	**Methodology:**
Candida Antibody	ID

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

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

Carbamazepine (Tegretol)

Order Name: **TEGRETOL**
Test Number: 4004800

TEST COMPONENTS	REV DATE:6/18/2008
Test Name:	**Methodology:**
Carbamazepine (Tegretol)	EIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Special 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

TEST COMPONENTS	REV DATE:6/18/2008
Test Name:	**Methodology:**
Carbamazepine-Total	LC/MS/MS
Carbamazepine Metabolite	LC/MS/MS

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

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

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Carbamazepine, Free (Tegretol Free)

Order Name: **FREE CARBA**
Test Number: 4005400

TEST COMPONENTS	REV DATE:6/18/2008
Test Name:	**Methodology:**
Carbamazepine, Free (Tegretol Free)	FPIA

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

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

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Carbohydrate-Deficient Transferrin (CDT) (UltraQuant)

Order Name: **CDT ULTRAQ**
Test Number: 3661700

TEST COMPONENTS	REV DATE:6/16/2003
Test Name:	**Methodology:**
Carbohydrate-Deficient Transferrin (CDT) (UltraQuant)	NEPH

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special 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

Carboxyhemoglobin

Order Name: **CARBOXYHGB**
Test Number: 2001600

TEST COMPONENTS	REV DATE:6/10/2003
Test Name:	**Methodology:**
Carboxyhemoglobin	Hemoximeter

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 mL (1.0)**	**Whole blood**	**Lithium heparin (dark green top/no gel)**	**On Ice**
Alternate Specimen:	**2 mL (1.0)**	**Whole Blood**	**Sodium heparin (dark green top/no gel)**	**On Ice**
Special Instructions:	Put on ice. Deliver to lab immediately, test must be performed within 4 hours.			

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

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Carcinoembryonic Antigen (CEA)

Order Name: **CEA ABB**
Test Number: 4500425

TEST COMPONENTS	REV DATE:6/11/2003
Test Name:	**Methodology:**
Carcinoembryonic Antigen (CEA)	CIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Serum**	**Clot activator SST (Red/Gray or Tiger top)**	**See Instructions**
Special Instructions:	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

Carcinoembryonic Antigen (CEA), HAMA Treated

Order Name: **HAMA/CEA**
Test Number: 2015400

TEST COMPONENTS	REV DATE:11/10/2003
Test Name:	**Methodology:**
Carcinoembryonic Antigen (CEA)	CIA

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

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	1-5 days
Cpt Code(s):	82378

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Carcinoembryonic Antigen (CEA), Serous Fluid

Order Name: **SRS CEA**
Test Number: 4500675

TEST COMPONENTS	REV DATE:6/11/2003
Test Name:	**Methodology:**
Carcinoembryonic Antigen (CEA), Serous Fluid	CIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Serous fluid**	**Sterile screwtop container**	**See Instructions**
Special 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

TEST COMPONENTS	REV DATE:10/31/2007
Test Name:	**Methodology:**
Cardiolipin IgG Antibody	EIA
Cardiolipin IgM Antibody	EIA

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

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

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Cardiolipin Antibody, IgA

Order Name: **CARDIO IGA**
Test Number: 5574550

TEST COMPONENTS	REV DATE:3/3/2009
Test Name:	**Methodology:**
Cardiolipin Antibody, IgA	ELISA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1mL (0.15)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Alternate Specimen:	**1mL (0.15)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Special Instructions:	Unacceptable: Plasma and other body fluids. Heat-inactivated, Hemolyzed, Lipemic specimens. Separate serum 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:	Wed, Sat
Expected TAT:	2-3 Days
Clinical Use:	Patients with a prolonged aPTT may have Cardiolipin Antibody. Cardiolipin Antibody may be useful in identifying patients with an increased risk of thrombosis, recurrent spontaneous abortions, and phospholipid antibody syndrome. Cardiolipin Antibody may be elevated in patients with systemic lupus erythematosus (SLE) and related autoimmune disorders and vascular disease.
Cpt Code(s):	86147

Carnitine

Order Name: **CARNITINE**
Test Number: 3613200

TEST COMPONENTS	REV DATE:5/16/2003
Test Name:	**Methodology:**
Carnitine	Spectrophotometric

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

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Carotene

Order Name: **CAROTENE**
Test Number: 3600650

TEST COMPONENTS	REV DATE:10/18/2007
Test Name:	**Methodology:**
Carotene	SPEC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**3 mL (1.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Special Instructions:	Separate from cells as soon as possible after clotting. Send serum in an amber tube. If amber tube is not available, wrap tube in aluminum foil to protect from light. Overnight fasting is preferred. Stability: After separation from cells: Ambient: Unacceptable; Refrigerated: 4 hours; Frozen: 1 month. **CRITICAL- Protect from light during collection, storage, and shipping. Separate specimens must be submitted when multiple tests are ordered.**			

GENERAL INFORMATION	
Testing Schedule:	Tue-Sun
Expected TAT:	2-4 Days
Cpt Code(s):	82380

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Cat Scratch Disease Antibody (Bartonella)

Order Name: **CATSCRATCH**
Test Number: 5590000

TEST COMPONENTS	REV DATE:6/18/2004
Test Name:	**Methodology:**
Bartonella henselae Antibody IgM	IFA
Bartonella henselae Antibody IgG	IFA
Bartonella quintana Antibody IgG	IFA
Bartonella quintana Antibody IgM	IFA

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

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

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Catecholamines, Fractionated, 24-Hour Urine

Order Name: **CAT FRAC U**
Test Number: 3808550

TEST COMPONENTS	REV DATE:6/6/2011
Test Name:	**Methodology:**
Catecholamines, Fractionated, 24-Hour Urine	HPLC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**5 mL (2.5)**	**Urine, 24-hour**	**24 hour Urine Container**	**Refrigerated**
Special Instructions:	Adequate refrigeration is the most important aspect of specimen preservation. Preservation can be enhanced by adjusting the pH to 2-3 by adding an acid such as 6 mol/L HCl. Catecholamines are not stable above pH 7. The pH of such specimens must be adjusted by the addition of acid prior to transport. A pH less than 2 can cause assay interference. Mark collection duration and total volume on transport tube and test request form. **Stability: Ambient= N/A; Refrigerated= 1 month; Frozen= 6 months.** **Dietary Instructions:** Patient should avoid alcohol, coffee, tea, tobacco and strenuous exercise prior to collection.			

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

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Catecholamines, Fractionated, Plasma

Order Name: **CAT FRAC P**
Test Number: 3801400

TEST COMPONENTS	REV DATE:4/12/2011
Test Name:	**Methodology:**
Epinephrine	HPLC
Norepinephrine	HPLC
Dopamine, Plasma	HPLC
Catecholamines, Total	HPLC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**4 mL (2.5)**	**Plasma**	**Sodium Heparin (Green Top)**	**Frozen**
Alternate Specimen:	**4 mL (2.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Frozen**
Special Instructions:	**Separate Plasma from Cells ASAP and Freeze in plastic aliquot tube.** Specimen Stability: Room temperature: 6hrs, Refrigerated: 6hrs, Frozen: 30days. **Indicate Upright or Supine on the specimen.** Patients should be relaxed in either a supine or upright position before blood is drawn. States of anxiety and stress can cause fluctuations in the catecholamine levels. Draw specimen in a pre-chilled green-top vacutainer. Plasma should be seperated in a refrigerated centrifuge within 30 minutes of collection and then frozen immediately in a plastic vial. Patient should avoid alcohol, coffee, tea, tobacco and strenuous exercise prior to collection. **Overnight fasting is required.**			

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	3-4 Days
Cpt Code(s):	82384

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Catecholamines, Fractionated, Random Urine

Order Name: **CATECH R U**
Test Number: 3803010

TEST COMPONENTS	REV DATE:6/30/2010
Test Name:	**Methodology:**
Catecholamines, Fractionated, Random Urine	HPLC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**10 mL (5)**	**Urine, Random**	**Sterile Screwtop Container**	**Refrigerated**
Special Instructions:	After urine collection, add 0. 5-1. 0 g/L boric acid (or 6N HCl) to maintain a pH below 3. Urine without preservative is acceptable if pH is below 6 and the sample is shipped frozen. It is preferable for the patient to be off medications for three days prior to collection. However, common antihypertesives (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:	Mon - Sat
Expected TAT:	3 Days
Cpt Code(s):	82384; 82570

Catheter Tip Culture

Order Name: **C TIP RT**
Test Number: 6002008

TEST COMPONENTS	REV DATE:5/16/2003
Test Name:	**Methodology:**
Catheter Tip Culture	Culture

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:		**Catheter tip**	**Sterile Screwtop Container**	**Room Temperature**

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	4 Days
Clinical Use:	Identifies pathogens or confirms sterility
Cpt Code(s):	87070

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Celiac Disease Analyzer

Order Name: **CELIAC AN**
Test Number: 5537700

TEST COMPONENTS	REV DATE:1/7/2008
Test Name:	**Methodology:**
Tissue Transglutaminase IgA (IgA anti-tTG)	EIA
Gliadin Deamidated Antibody, IgA	EIA
Gliadin Deamidated Antibody, IgG	EIA
Immunoglobulin, IgA Quantitative	NEPH

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**4 mL (2)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special 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

TEST COMPONENTS	REV DATE:3/23/2011
Test Name:	**Methodology:**
Tissue Transglutaminase IgA (IgA anti-tTG)	EIA
Gliadin Deamidated Antibody, IgA	EIA
Gliadin Deamidated Antibody, IgG	EIA
Immunoglobulin, IgA Quantitative	NEPH

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

GENERAL INFORMATION	
Testing Schedule:	Mon, Wed
Expected TAT:	5-7 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

TEST COMPONENTS	REV DATE:7/29/2004
Test Name:	**Methodology:**
Tissue Transglutaminase IgA (IgA anti-tTG)	EIA
Gliadin Deamidated Antibody, IgA	EIA
Immunoglobulin, IgA Quantitative	NEPH

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

GENERAL INFORMATION	
Testing Schedule:	Mon, Wed
Expected TAT:	5-7 Days
Clinical Use:	Evaluation of Celiac Disease in pediatric patients less than 3 years of age. In toddlers, IgG anti-tTG is not reliable, and referral for a small bowel biopsy is recommended for those with serum IgA deficiency.
Notes:	Recent literature has reported that Celiac disease (CD) is a more common disorder in the United States than previously recognized.
Cpt Code(s):	83520x2; 82784

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Cell Mediated Immunity Panel

Order Name: **CELL MED P**
Test Number: 2940700

TEST COMPONENTS	REV DATE:1/22/2008
Test Name:	**Methodology:**
Complete Blood Count (CBC) with Automated Differential	FC
Lymphocyte Proliferation to Mitogens (Blastogenesis)	Cult
T and B Lymphocytes	FC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**See below**	**See Instructions**	**See Special Instructions**	**Room Temperature**
Special Instructions:	**Specimens must be at RML Main Laboratory by 3:30pm the same day of collection to be processed ASAP.** **COLLECT THE FOLLOWING SPECIMENS** **T/B Lymphocytes - by Flow** [#1] 6mL Whole Blood - Sodium Heparin (Green top) - Room Temperature [#2] 4mL Whole Blood EDTA (Lavender Top) Room Temperature **Complete Blood Count** [#3] 4mL(1) Whole Blood EDTA (Lavender Top) Room Temperature **Lymphocyte Stimulation by Mitogens** Patient Sample [#4] 10mL(5) Whole Blood - Sodium Heparin (Green top) - Room Temperature			

GENERAL INFORMATION	
Testing Schedule:	Assay Dependant
Expected TAT:	Assay Dependant
Cpt Code(s):	86353X3, 85025, (T/B Lymph codes for flow may vary)

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Cerebral Spinal Fluid (CSF) Count

Order Name: **CSF COUNT**
Test Number: 800075

TEST COMPONENTS	REV DATE:6/11/2003
Test Name:	**Methodology:**
Appearance of CSF	Visual
Color CSF	Visual
RBC Count on CSF	MC
WBC Count on CSF	MC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**3 mL (1)**	**CSF**	**Sterile Screwtop Plastic Container**	**Room Temperature**
Special 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

TEST COMPONENTS	REV DATE:5/17/2006
Test Name:	**Methodology:**
Ceruloplasmin	Fixed Time Nephelometry

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special Instructions:	Overnight fasting is preferred. Specimen stability: RT=3day; RF=2wk; FZ=3mo.			

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	2-3 Days
Cpt Code(s):	82390

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Chlamydia Differentiation Panel

Order Name: **CHLAM DIFF**
Test Number: 5571500

TEST COMPONENTS	REV DATE:6/9/2003
Test Name:	**Methodology:**
Chlamydia psittaci IgM	IFA
Chlamydia psittaci IgG	IFA
Chlamydia trachomatis IgM	IFA
Chlamydia trachomatis IgG	IFA
Chlamydia pneumonae IgG	IFA
Chlamydia pneumonae IgM	IFA

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

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	3 Days
Clinical Use:	C. pneumoniae, an important respiratory pathogen, C. psittaci, causes a respiratory illness in bird owners and possibly workers and C. trachomatis, causes urogenital infections. Positive serology must be interpreted with caution with consideration of clinical presentation.
Cpt Code(s):	86631X3;86632X3

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Chlamydia pneumoniae Antibody, IgG, IgM

Order Name: **CHLAM AB**
Test Number: 5571650

TEST COMPONENTS	REV DATE:6/9/2003
Test Name:	**Methodology:**
Chlamydia pneumoniae IgG Antibody	IFA
Chlamydia pneumoniae IgM Antibody	IFA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**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

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Chlamydia pneumoniae Culture

Order Name: **C CHLAM PN**
Test Number: 6000225

TEST COMPONENTS	REV DATE:6/14/2011
Test Name:	**Methodology:**
Chlamydia pneumoniae Culture	Cult

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**5mL (2mL)**	**Respiratory specimen**	**Universal Transport Media (UTM)**	**Refrigerated**
Alternate Specimen:	**5mL (2mL)**	**See Instructions**	**Viral Transport Media (VTM)**	**Refrigerated**
Special Instructions:	**Please Indicate Source on the Specimen!** **Specimen:** Nasopharyngeal aspirate, bronchoalveolar lavage (BAL), or throat swab refrigerated in UTM culture media immediately. **Stability:** Ambient: 1 hour; Refrigerated: 2 days; Frozen: Unacceptable. **Unacceptable Conditions:** Samples not in UTM or Viral culture media. Dry swabs, wood swabs, and calcium alginate swabs.			

GENERAL INFORMATION	
Testing Schedule:	Sun-Sat
Expected TAT:	7-9 days
Notes:	**Due to short refrigerated stability, please send in samples ASAP!**
Cpt Code(s):	87110; 87140

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Chlamydia Probe

Order Name: **CHLM PROBE**
Test Number: 5559980

TEST COMPONENTS	REV DATE:12/8/2010
Test Name:	**Methodology:**
Chlamydia Probe	BD Prb Tec

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**SWAB or 8mL(4mL)**	**Urogenital Swab**	**BD ProbeTec Pink(F) or Blue(M)**	**Refrigerated**
Alternate Specimen:	**SWAB or 8mL(4mL)**	**Urine, Random**	**Sterile Urine container**	**Refrigerated**
Special Instructions:	Urogenital Swab collection in BD ProbeTec kit, Keep Refrigerated. If urine is used, collect 8mL(4mL) fresh urine specimen in a Sterile Urine Container and refrigerate within 30 minutes.			

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	3 Days
Clinical Use:	Amplified Probe technique helps diagnose Chlamydia trachomatis infections.
Cpt Code(s):	87491

Chlamydia Psittaci Antibody

Order Name: **CHLAM PSIT**
Test Number: 5571525

TEST COMPONENTS	REV DATE:6/9/2003
Test Name:	**Methodology:**
Chlamydia psittaci IgG	IFA
Chlamydia psittaci IgM	IFA
Chlamydia Psittaci Interpretation	

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

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	3 Days
Clinical Use:	C. psittaci causes a respiratory illness which is usually found in pet bird owners or poultry industry owners. Interpret the serologic results in light of clinical history and presentation.
Cpt Code(s):	86631, 86632

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Chlamydia Species Antibody Panel, IgM, IgG, IgA

Order Name: **LGV AB**
Test Number: 5585525

TEST COMPONENTS	REV DATE:5/16/2003
Test Name:	**Methodology:**
Chlamydia Species Antibody Panel, IgM, IgG, IgA	Micro IFA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special Instructions:	Centrifuge and separate serum from clot within 4 hours of drawing.			

GENERAL INFORMATION	
Testing Schedule:	Mon - Sat
Expected TAT:	2-3 Days
Cpt Code(s):	86631

Chlamydia trachomatis Culture

Order Name: **C CHLAM TR**
Test Number: 6000575

TEST COMPONENTS	REV DATE:6/14/2011
Test Name:	**Methodology:**
Chlamydia trachomatis Culture	Cult

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**5mL (2mL)**	**See Instructions**	**Universal Transport Media (UTM)**	**Refrigerated**
Alternate Specimen:	**5mL (2mL)**	**See Instructions**	**Viral Transport Media (VTM)**	**Refrigerated**
Special Instructions:	**Please Indicate Source on the Specimen!** **Specimen:** Cervical, urethral, rectal, or eye swab. Preserve specimen refrigerated in Universal Transport Media (UTM) immediately. **Note:** Pediatric, newborns specimens: nasopharyngeal aspirate/washing/swab Preserved refrigerated in UTM. **Stability:** Ambient: 1 hour; Refrigerated: 2 days; Frozen: Unacceptable **Unacceptable Conditions:** Urine. Samples not collected in UTM media. Dry swabs, wood swabs, and calcium alginate swabs.			

GENERAL INFORMATION	
Testing Schedule:	Sun-Sat
Expected TAT:	3-4 days
Notes:	**Due to short refrigerated stability, please send in samples ASAP!**
Cpt Code(s):	87110; 87140

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Chloride

Order Name: **CHLORIDE**
Test Number: 2001750

TEST COMPONENTS	REV DATE:5/16/2003
Test Name:	**Methodology:**
Chloride	ISE

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Special Instructions:	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, 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

TEST COMPONENTS	REV DATE:6/9/2003
Test Name:	**Methodology:**
Chloride Spinal Fluid	ISE

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**0.5 mL (0.1)**	**CSF**	**Sterile screwtop container**	**See Instructions**
Special 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

TEST COMPONENTS	REV DATE:5/16/2003
Test Name:	**Methodology:**
Chloride Urine Random	ISE

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

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	1-2 days
Clinical Use:	Useful for monitoring kidney disease.
Cpt Code(s):	82436

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Chloride Urine Timed

Order Name: **CHLOR TM U**
Test Number: 3003175

TEST COMPONENTS	REV DATE:6/11/2003
Test Name:	**Methodology:**
Chloride 24 Hour Urine mm/24hr	
Chloride 24 Hour Urine mm/l	ISE
Creatinine, Urine, 24 Hour	
Creatinine, Urine, mg/dL	KAP(Jaffe)
Total Urine Volume	

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Urine, 24-hour**	**24 hour urine container**	**Refrigerated**
Special 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

Cholesterol, Direct LDL

Order Name: **LDL DIRECT**
Test Number: 3807950

TEST COMPONENTS	REV DATE:6/16/2003
Test Name:	**Methodology:**
Cholesterol, Direct LDL	Enzymatic

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**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

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Cholesterol, Serous Fluid

Order Name: **SRS CHOL**
Test Number: 3502200

TEST COMPONENTS	REV DATE:6/11/2003
Test Name:	**Methodology:**
Cholesterol, Serous Fluid	Enzymatic

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Serous fluid**	**Sterile screwtop container**	**Refrigerated**
Special 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

TEST COMPONENTS	REV DATE:11/12/2003
Test Name:	**Methodology:**
Cholesterol, Total Serum	Enzymatic

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special 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

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Cholinesterase, Plasma

Order Name: **CHOLINES P**
Test Number: 3600925

TEST COMPONENTS	REV DATE:7/1/2009
Test Name:	**Methodology:**
Cholinesterase, Plasma	KS

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**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

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Cholinesterase, RBC and Plasma

Order Name: **CHOLN RBC**
Test Number: 3805950

TEST COMPONENTS	REV DATE:7/1/2009
Test Name:	**Methodology:**
Cholinesterase RBC	KS
Cholinesterase Plasma	KS

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**See Instructions**	**Plasma & Whole Blood**	**EDTA (Lavender Top)**	**Refrigerated**
Special Instructions:	**Draw two lavender-top (EDTA) tubes.** Keep the first tube Whole Blood. Centrifuge the second tube and separate the Plasma into plastic aliquot tube. Keep both Whole Blood and Plasma Refrigerated. Preferred Volume: **5mL (1mL) EDTA Whole Blood and 4mL (0. 5mL) EDTA Plasma.**			

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	3-4 Days
Clinical Use:	True Cholinesterase (RBC and plasma) activity is decreased in individuals with exposure to organophosphorous insecticides. True Cholinesterase, found in erythrocytes and nerve tissue, is responsible for inactivating acetylcholinesterase at nerve endings. With decreased enzyme activity, patients may display a range of nervous system dysfunction. Analysis of RBC and serum or plasma activity is useful in monitoring exposure and recovery.
Cpt Code(s):	84282; 82480

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Cholinesterase, Serum

Order Name: **CHOLINES S**
Test Number: 3607775

TEST COMPONENTS	REV DATE:7/1/2009
Test Name:	**Methodology:**
Cholinesterase, Serum	KS

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**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

Cholinesterase, Serum, with Dibucaine Inhibition

Order Name: **PSEUDO/DI**
Test Number: 3608550

TEST COMPONENTS	REV DATE:7/1/2009
Test Name:	**Methodology:**
Cholinesterase Serum	KS
Dibucaine Number % inhibition	

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**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

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Chromium

Order Name: **CHROMI 24U**
Test Number: 3808900

TEST COMPONENTS	REV DATE:5/16/2003
Test Name:	**Methodology:**
Chromium	AA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**5 mL (0.5)**	**Urine, 24-hour**	**24 hour Urine Container**	**Refrigerated**

GENERAL INFORMATION	
Testing Schedule:	Wed
Expected TAT:	3-4 Days
Cpt Code(s):	82495

Chromogranin A

Order Name: **CHROMOGR A**
Test Number: 3803550

TEST COMPONENTS	REV DATE:8/6/2010
Test Name:	**Methodology:**
Chromogranin A	Imm

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.6)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Alternate Specimen:	**1 mL (0.6)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special Instructions:	Stability: After separation from cells: Ambient: 5 days; Refrigerated: 1 Week ; Frozen: 5 weeks. Unacceptable Conditions: Plasma, Hemolysis, Icteric or lipemic specimens.			

GENERAL INFORMATION	
Testing Schedule:	Tue-Sat
Expected TAT:	2-4 Days
Clinical Use:	Chromogranin A is a 49 kDa acidic protein that consists of 439 amino acids encoded on chromosome 14. Chromogranin A has been identified in a number of normal and neoplastic endocrine tissues. It was demonstrated that an elevated circulating chromogranin A level would be a marker of tumors of neuroendocrine origin. However, the most significant clinical use of chromogranin A is related to the diagnostic procedure in patients of pheochromocytoma. Chromogranin A is a very sensitive (83%) and highly specific (96%) marker in the evaluation of actual or suspected pheochromocytoma. Drugs commonly employed in the diagnosis or treatment of pheochromocytoma.
Cpt Code(s):	86316

REGIONAL MEDICAL LABORATORY
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Chromosome Analysis - Amniotic Fluid & AFP (Alpha-Fetoprotein) w/ Reflex

Order Name: **AFP/CHRM**

Test Number: 1003950

TEST COMPONENTS	REV DATE:8/1/2007
Test Name:	**Methodology:**
Chromosome Culture and Karyotype	Cult
Alpha-Fetoprotein (AFP), Amniotic Fluid	CIA
Alpha-Fetoprotein (AFP), Multple of Median	Calc
Acetylcholinesterase, Amniotic Fluid (Possible Reflex Test)	EP
Fetal Hemoglobin, Amniotic Fluid (Possible Reflex Test)	RID

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**20-30 mL**	**Amniotic Fluid**	**Sterile Screwtop Container**	**Room Temperature**
Special Instructions:	Required information: • Patient Diagnosis • EDD (Estimated Date of Delivery) • Gestational Age and method of determination: US or LMP **20-30 ml of amniotic fluid**in well labeled sterile screw top tubes. Avoid contaminating the fluid with blood (discard the first 2 cc collected; syringes not acceptable). **Gestational age (13-24 weeks) must be provided for interpretation of results.** Ship at room temperature. **DO NOT FREEZE.** SPECIMEN VIABILITY DECREASES DURING TRANSIT. SEND SPECIMEN TO TESTING LAB FOR VIABILITY DETERMINATION. DO NOT REJECT.			

GENERAL INFORMATION	
Testing Schedule:	Mon-Sat
Expected TAT:	AFP= 3-4 Days; Chromosomes= 10-15 Days
Clinical Use:	Amniotic fluid collected by amniocentesis performed during the second trimester, preferably at 13 to 24 weeks of gestation is the most common source of fetal cells for prenatal diagnosis. It is used to determine genetic cause for mental retardation, congenital anomalies, infertility, miscarriage, stillbirth, and ambiguous genitalia and Confirm or exclude the diagnosis of known chromosomal syndromes.
Notes:	**If the preliminary AFP is abnormal, reflexive Acetylcholinesterase testing is activated along with a Fetal Hemoglobin which is typically used to exclude the possibility fetal blood contamination.** See individual tests for cpt codes.
Cpt Code(s):	88269; 88235; 88280; 88291; 82106 (Chromosomes & AFP only)

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Chromosome Analysis - Lymph Node or Solid Tissue

Order Name: **CHROMO LYM**
Test Number: 114150

TEST COMPONENTS	REV DATE:6/13/2011
Test Name:	**Methodology:**
Chromosome Analysis - Lymph Node or Solid Tissue	Karyotype

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**5x5 mm**	**Tissue**	**RPMI Solution**	**Refrigerated**
Special 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 **Refrigerated (DO NOT 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:	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):	88237; 88264; 88291

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Chromosome Analysis - Products of Conception

Order Name: **CHROMO TX**
Test Number: 113500

TEST COMPONENTS	REV DATE:5/26/2005
Test Name:	**Methodology:**
Chromosome Analysis - Products of Conception	Culture, Microscopy, Karyotype

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:		**Tissue**	**RPMI Solution**	**Room Temperature**
Special 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

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Chromosome Analysis - Solid Tumor (Non-Lymphoma)

Order Name: **CHROMO ST**
Test Number: 116125

TEST COMPONENTS	REV DATE:6/13/2011
Test Name:	**Methodology:**
Chromosome Analysis - Solid Tumor (Non-Lymphoma)	Karyotype

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**5x5 mm**	**Tissue**	**RPMI Solution**	**Refrigerated**
Special 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 **Refrigerated (DO NOT 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:	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):	88239; 88264; 88291

Chromosome Analysis, Blood

Order Name: **CHROMO BLD**
Test Number: 113475

TEST COMPONENTS	REV DATE:2/16/2005
Test Name:	**Methodology:**
Chromosome Analysis, Blood	Culture, Microscopy, Karyotype

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**5 mL (3)**	**Whole Blood**	**Sodium Heparin (Green top)**	**Room Temperature**
Special 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

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Chromosome Analysis, Hematologic Malignancy

Order Name: **CHROMO HM**
Test Number: 113150

TEST COMPONENTS	REV DATE:6/22/2011
Test Name:	**Methodology:**
Chromosome Analysis, Hematologic Malignancy	Karyotype

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**3 mL (1.5)**	**Bone Marrow**	**Sodium Heparin (Green Top)**	**Room Temperature**
Alternate Specimen:	**3 mL (1.5)**	**Whole Blood**	**Sodium Heparin (Green Top)**	**Room Temperature**
Special Instructions:	Bone marrow 1-3 mL or whole blood 5-10 mL in Sodium Heparin Dark Green tube.			

GENERAL INFORMATION	
Testing Schedule:	Mon - Sun
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):	88237; 88264; 88291

Chromosome Analysis, High Resolution

Order Name: **CHROMO HI**
Test Number: 112875

TEST COMPONENTS	REV DATE:2/16/2005
Test Name:	**Methodology:**
Chromosome Analysis, High Resolution	Culture, Microscopy, Karyotype

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**5 mL (3)**	**Whole Blood**	**Sodium Heparin (Green top)**	**Room Temperature**
Special 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

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Chronic Urticaria Profile

Order Name: **CHRON URTI**
Test Number: 2938550

TEST COMPONENTS	REV DATE:6/7/2010
Test Name:	**Methodology:**
Thyroid Peroxidase Antibody (TPO Ab, Microsomal Ab)	EIA
Thyroglobulin Autoantibody (TG Ab)	EIA
Thyroid Stimulating Hormone (TSH)	CIA
CU Index - Chronic Urticaria Index (Anti-FceR)	Cul/Stim

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**6 mL (4mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special 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

Citrate, 24-Hour Urine

Order Name: **CITRIC U**
Test Number: 3808600

TEST COMPONENTS	REV DATE:6/11/2003
Test Name:	**Methodology:**
Citrate, 24-Hour Urine	

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**10 mL (1.5)**	**Urine, 24-hour**	**24 hour Urine Container**	**Refrigerated**

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	3-4 Days
Cpt Code(s):	82507; 81050

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CK Heart W/Troponin

Order Name: **CK HEART T**
Test Number: 2017925

TEST COMPONENTS	REV DATE:2/12/2009
Test Name:	**Methodology:**
CK CK-B Profile	
Troponin	CIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Special Instructions:	Please keep specimen refrigerated. Specimen stability: Ambient 8 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.

CLL/Lymphoma Leukemia Panel

Order Name: **CLL PANEL**
Test Number: 5512675

TEST COMPONENTS	REV DATE:6/11/2003
Test Name:	**Methodology:**
CLL/Lymphoma Leukemia Panel	FC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**3 mL**	**Whole Blood**	**EDTA (Lavender Top) and Lithium Heparin (Dark Green Top / No-GEL)**	**Room Temperature**
Special Instructions:	Collect one 4 mL EDTA (Lavender) and one 7 mL Lithium Heparin (green no gel) Store at room temperature and do not centrifuge. Deliver to Laboratory (flow cytometry) ASAP.			

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	3 Days
Clinical Use:	Lymphoma/ leukemia
Cpt Code(s):	88180X11

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Clonazepam

Order Name: **CLONAZEPA**
Test Number: 4001540

TEST COMPONENTS	REV DATE:7/14/2005
Test Name:	**Methodology:**
Clonazepam	HPLC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2.5 mL (1.2)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Frozen**
Special 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):	80154

Clostridium difficile Molecular Detection

Order Name: **C DIFF MOL**
Test Number: 6001200

TEST COMPONENTS	REV DATE:4/4/2011
Test Name:	**Methodology:**
Clostridium difficile Molecular Detection	LAMP

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**See Information**	**Stool, Random**	**ETM or Cary Blair container**	**Refrigerated**
Special Instructions:	Must be **Soft or Liquid Stool** in ETM or Cary Blair Container. STABILITY: 5 days Refrigerated 2-8'C (Un-Preserved Stool only viable for 24hrs at RoomTemperature). If testing cannot begin within 5 days then Freeze -20'C. **Note: Formed or Hard Specimens will be Rejected.**			

GENERAL INFORMATION	
Testing Schedule:	Sun-Sat
Expected TAT:	1-2 Days
Notes:	C. difficile detection by Isothermal DNA amplification probe.
Cpt Code(s):	87493

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Clostridium difficile Toxin by EIA

Order Name: **C CDIFF SC**
Test Number: 6000475

TEST COMPONENTS	REV DATE:4/7/2011
Test Name:	**Methodology:**
Clostridium difficile Toxin by EIA	EIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**See Instructions**	**Fecal/Stool**	**Sterile Screwtop Container**	**Frozen**
Special Instructions:	Please provide fresh Stool specimen in a sealable sterile container. Specimen can be kept refrigerated until tested. However your should Freeze Stool Specimen if test will not begin within 4 hours.			

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	1 Day
Clinical Use:	Reveals presence of Clostridium difficile toxin
Cpt Code(s):	87324

Clot Lysis

Order Name: **CLOT LYSIS**
Test Number: 1500700

TEST COMPONENTS	REV DATE:7/2/2003
Test Name:	**Methodology:**
Clot Lysis	Visual

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**4 mL**	**Unanticoagulated Whole Blood**	**See Special Collection Instructions**	**Room Temperature**
Special Instructions:	Must be collected at RML Tulsa, 1923 S. Utica Avenue. Contact client services to schedule testing.			

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	1 Day
Clinical Use:	With excessive fibrinolysis, fragmentation of clot occurs; this test is useful only in severe hyperfibrinolysis. Variants of this test have been used to monitor thrombolytic therapy. Related tests are the diluted whole blood clot lysis test and the euglobulin lysis test which are both more sensitive and require less time.
Cpt Code(s):	85175

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Clot Retraction

Order Name: **CLOT RETR**
Test Number: 1500750

TEST COMPONENTS	REV DATE:7/2/2003
Test Name:	**Methodology:**
Clot Retraction	Visual

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**4 mL**	**Unanticoagulated Whole Blood**	**See Special Collection Instructions**	**Room Temperature**
Special Instructions:	Must be collected at RML Tulsa, 1923 S. Utica Avenue. Contact client relations to schedule testing.			

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	1 Day
Clinical Use:	Clot retraction times are measured as an indicator of platelet dysfunction. The clot retraction time is a measure of platelet function; if there is poor platelet function, clot retraction will be poor or may fail to occur. The fibrinogen and hematocrit should be normal for this test to be valid.
Cpt Code(s):	85170

Clozapine (Clozaril)

Order Name: **CLOZAPINE**
Test Number: 4006865

TEST COMPONENTS	REV DATE:10/2/2007
Test Name:	**Methodology:**
Clozapine (Clozaril)	LC/MS/MS

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 mL (1)**	**Plasma**	**EDTA (Lavender Top)**	**Frozen**
Alternate Specimen:	**2 mL (1)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Frozen**
Special Instructions:	Optimal time to collect sample: 0. 5-1 hour before next oral dose at steady state. (Time to steady state: 3-5 days).			

GENERAL INFORMATION	
Testing Schedule:	Mon, Wed, Fri
Expected TAT:	3-4 Days
Cpt Code(s):	80154

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Cold Agglutinin Antibody

Order Name: **COLD AGG**
Test Number: 5500450

TEST COMPONENTS	REV DATE:8/30/2006
Test Name:	**Methodology:**
Cold Agglutinin Antibody	

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**See Instructions**
Special Instructions:	Allow blood to clot for 30 mins at 37 degrees C. Serum must be kept at 37 degrees C until separated from cells. Transport warm if not centrifuged. Fasting specimen preferred.			

GENERAL INFORMATION	
Testing Schedule:	Mon - Sat
Expected TAT:	7 Days
Clinical Use:	Cold agglutinin disease must be considered for all patients with acquired hemolytic anemia who have a positive direct antiglobulin test. Also suspected for patients with chronic liver disease, certain viral infections and Mycoplasma pneumoniae infection.
Notes:	Protein electrophoresis performed if cold agglutinin is positive. (84155; 84165; 80500).
Cpt Code(s):	86157

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Collagen Cross-Linked N-Telopeptide (NTx), Urine

Order Name: **OSTEOMARK**
Test Number: 3802200

TEST COMPONENTS	REV DATE:4/26/2011
Test Name:	**Methodology:**
Collagen Cross-Linked N-Telopeptide (NTx)	CIA
Creatinine, Random Urine	CIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 mL (1mL)**	**Urine, Random**	**Sterile Screwtop Container**	**Refrigerated**
Special Instructions:	**Collect the second morning void**, do not collect the first morning void. **Do not use preservatives**, Acidified specimen is not acceptable.			

GENERAL INFORMATION	
Testing Schedule:	Tues - Sat
Expected TAT:	3-4 Days
Clinical Use:	NTx is useful to assess bone resorption in patients with metabolic bone disease. The test is also useful in monitoring therapy to slow or halt osteoporotic bone loss. A decline of 30% or more of NTx over a six month period suggests effective therapy.
Cpt Code(s):	82523, 82570

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Collagen Type I C-Telopeptide(CTx)

Order Name: **C TELOPEP**
Test Number: 5572555

TEST COMPONENTS	REV DATE:8/6/2009
Test Name:	**Methodology:**
Collagen Type I C-Telopeptide(CTx)	ECIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Frozen**
Special 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

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Complement C3 and C4

Order Name: **C3/C4**
Test Number: 5002000

TEST COMPONENTS	REV DATE:8/26/2003
Test Name:	**Methodology:**
Complement C3, Serum	NEPH
Complement C4, Serum	NEPH

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**3 mL (1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Special Instructions:	Separate serum within one hour of time drawn and Freeze.			

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

TEST COMPONENTS	REV DATE:8/26/2003
Test Name:	**Methodology:**
Complement C3, Serum	NEPH

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

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	3 Days
Clinical Use:	Low levels may occur during infections, exacerbation of SLE and glomerulonephritis. Undetectable level suggests C3 deficiency.
Cpt Code(s):	86160

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Complement C4, Serum

Order Name: **C4**
Test Number: 5000350

TEST COMPONENTS	REV DATE:5/13/2010
Test Name:	**Methodology:**
Complement C4, Serum	NEPH

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2mL (1mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Special Instructions:	Separate serum within one hour of time drawn and Freeze. Stability: 7 days frozen.			

GENERAL INFORMATION	
Testing Schedule:	Sun-Thr
Expected TAT:	3 Days
Clinical Use:	Low levels may occur during infections, exacerbation of SLE and glomerulonephritis. Undetectable level suggests C4 deficiency.
Cpt Code(s):	86160

Complement, Total (CH50)

Order Name: **CH 50**
Test Number: 5569250

TEST COMPONENTS	REV DATE:5/13/2010
Test Name:	**Methodology:**
Complement, Total (CH50)	HA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**3mL (1mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Special Instructions:	Allow to Clot, then separate and pour off serum and freeze ASAP! Do not allow to thaw.			

GENERAL INFORMATION	
Testing Schedule:	Batched
Expected TAT:	7 Days
Clinical Use:	Low levels of total complement may occur during infection, exacerbation of SLE, exacerbation of hereditary angioedema and glomerulonephritis. Undetectable levels suggest possibility of a complement deficiency.
Cpt Code(s):	86162

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Complete Blood Count (CBC) with Automated Differential

Order Name: **CBC**

Test Number: 101301

TEST COMPONENTS	REV DATE:5/10/2011
Test Name:	**Methodology:**
White Blood Cell Count (WBC)	FC
Red Blood Cell Count (RBC)	FC
Hemoglobin (HGB)	FC
Hematocrit (HCT)	FC
Mean Corpuscular Volume (MCV)	FC
Mean Corpuscular Hemoglobin (MCH)	FC
Mean Corpuscular Hgb Concentration (MCHC)	FC
RBC Distribution Width (RDW)	FC
Platelet Count (PLT)	FC
Mean Platelet Volume (MPV)	FC
Absolute Neutrophil	FC
Absolute Lymphocyte	FC
Absolute Monocyte	FC
Absolute Eosinophil	FC
Absolute Basophil	FC
RDW - RBC Distribution-S	FC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**4 mL (1)**	**Whole Blood**	**EDTA (Lavender Top)**	**Refrigerated**
Special Instructions:	**For best results** Room temperature specimens should be tested within 12hrs, otherwise send Refrigerated. Refrigerated specimens can be tested up to 24hrs. Specimens received after 24hrs will not receive a 5 part differential. Specimens received greater than 48hrs old will be canceled.			

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	1 Day
Notes:	A manual differential will be performed at an additional cost if indicated.
Cpt Code(s):	85025

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Complete Blood Count (CBC) without Differential

Order Name: **CBC NO DIF**
Test Number: 101425

TEST COMPONENTS	REV DATE:5/10/2011
Test Name:	**Methodology:**
White Blood Cell Count (WBC)	FC
Red Blood Cell Count (RBC)	FC
Hemoglobin (HGB)	FC
Hematocrit (HCT)	FC
Mean Corpuscular Volume (MCV)	FC
Mean Corpuscular Hemoglobin (MCH)	FC
Mean Corpuscular Hgb Concentration (MCHC)	FC
RBC Distribution Width (RDW)	FC
Platelet Count (PLT)	FC
Mean Platelet Volume (MPV)	FC
RDW - RBC Distribution-S	FC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**4mL (1)**	**Whole Blood**	**EDTA (Lavender Top)**	**Refrigerated**
Special Instructions:	**For best results** Room temperature specimens should be tested within 12hrs, otherwise send Refrigerated. Refrigerated specimens can be tested up to 24hrs. Specimens received greater than 48hrs old will be canceled.			

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	1 Day
Cpt Code(s):	85027

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Complete Blood Count with Differential

Order Name: **CBC M DIFF**
Test Number: 108050

TEST COMPONENTS	REV DATE:5/10/2011
Test Name:	**Methodology:**
Complete Blood Count (CBC)	FC
WBC Differential Count, Manual	MC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**4 mL (1)**	**Whole Blood**	**EDTA (Lavender Top)**	**Refrigerated**
Alternate Specimen:	**4 mL (1)**	**Whole Blood**	**EDTA (Lavender) Microtainer/Bullet**	**Refrigerated**
Special Instructions:	**For best results** Room temperature specimens should be tested within 12hrs, otherwise send Refrigerated. Refrigerated specimens can be tested up to 24hrs. Specimens received after 24hrs will not receive a 5 part differential. Specimens received greater than 48hrs old will be canceled.			

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	1 Day
Clinical Use:	The white blood cell count is useful in the diagnosis and management of infection, inflammatory disorders, hematopoietic maligancies, evaluation of myelopoietic disorders, drug effects, and response to various cytotoxic agents. The differential count is performed to acquirefurther information concerning the above states and enables one to arrive at values for the bsolute value of discreet WBC population. Absolute values for individual cell populations are obtained froma combination of the WBC count and the % of each cell type from the differential.
Cpt Code(s):	85027, 85007

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Comprehensive Metabolic Panel

Order Name: **CHEM 14**
Test Number: 2028075

TEST COMPONENTS	REV DATE:12/11/2008
Test Name:	**Methodology:**
Glucose	Hexokinase
Urea Nitrogen, Blood (BUN)	Urease/GLDH
Creatinine	KAP(Jaffe)
Sodium	ISE
Potassium Serum/Plasma	ISE
Chloride	ISE
Bicarbonate	Enz
Anion Gap Calculated	Calculation
Calcium	Arsenazo
Aspartate Transaminase (AST)	Enzymatic
Alanine Transaminase (ALT)	Enzymatic
Alkaline Phosphatase	Enzymatic
Bilirubin Total	Jendrassik-Grof
Albumin	BCG
Protein Total	Biuret
Glomerular filtration rate	Calc

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special Instructions:	Specimen stability: Ambient 2 hours. Refrigerated 7 days.			

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	1-2 days
Clinical Use:	See detail tests.
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):	80053

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Copper Serum/Plasma

Order Name: **COPPER S/P**
Test Number: 3605025

TEST COMPONENTS	REV DATE:8/5/2010
Test Name:	**Methodology:**
Copper Serum/Plasma	AS

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Serum**	**No Additive Clot (Royal Blue Top, Trace-Elements Free)**	**Refrigerated**
Alternate Specimen:	**1 mL (0.5)**	**Plasma**	**EDTA (Royal Blue Top/Trace Element Free)**	**Refrigerated**
Special Instructions:	Patient should refrain from taking vitamins, mineral or herbal supplements at least one week prior to specimen collection. If making aliquots, please use metal free aliquot tubes.			

GENERAL INFORMATION	
Testing Schedule:	Sun-Thr (Reports 2-3 days after set up)
Expected TAT:	3-4 Days
Cpt Code(s):	82525

Copper, 24-Hour Urine

Order Name: **COPPER 24**
Test Number: 3600950

TEST COMPONENTS	REV DATE:8/5/2010
Test Name:	**Methodology:**
Copper, 24-Hour Urine	AS

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**7 mL (3)**	**Urine, 24-hour**	**24 hour Urine Container**	**Room Temperature**
Special Instructions:	Collect 24-hour urine in a 24-hour Trace Elements Free Urine container. Aliquot should be sent to reference lab also in a Trace Elements Free container. No Preservatives needed.			

GENERAL INFORMATION	
Testing Schedule:	Sun-Thu (Reports 4-5 days following set up)
Expected TAT:	7-12 Days
Cpt Code(s):	82525

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Corticotropin Releasing Hormone

Order Name: **CORTICOTRO**
Test Number: 3806125

TEST COMPONENTS	REV DATE:10/19/2009
Test Name:	**Methodology:**
Corticotropin Releasing Hormone	RIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**3 mL**	**Plasma**	**Sodium Heparin (Green Top)**	**Frozen**
Special Instructions:	Mix whole blood in sodium heparin tube thoroughly by inversion. Centrifuge immediately then separate 3mL of plasma into plastic aliquot tube Freeze immediately. Ship frozen. Do not thaw.			

GENERAL INFORMATION	
Testing Schedule:	2nd and 4th Wednesday of each month
Expected TAT:	5-10 Days
Clinical Use:	CRH concentrations are increased in the last two trimesters
Notes:	10/19/2009 - the PTH Cocktail tube is no longer required for collection of this assay. Please use Sodium Heparin Tubes.
Cpt Code(s):	83519

Cortisol AM

Order Name: **CORTISL A**
Test Number: 4500450

TEST COMPONENTS	REV DATE:12/8/2005
Test Name:	**Methodology:**
Cortisol AM	CIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special Instructions:	Specimen should be drawn at 0800, no later than 1000. Specimen stability: Ambient 8 hours. Refrigerated 7Days. Freeze for > 7 Days Stability.			

GENERAL INFORMATION	
Testing Schedule:	Sun - Fri
Expected TAT:	1-3 days
Clinical Use:	Used in evaluation of adrenal and pituitary function.
Cpt Code(s):	82533

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Cortisol PM

Order Name: **CORTISL P**
Test Number: 4500500

TEST COMPONENTS	REV DATE:12/8/2005
Test Name:	**Methodology:**
Cortisol PM	CIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special Instructions:	Specimen should be drawn at 1600, no later than 1800. 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, Free and Total, Serum or Plasma

Order Name: **CORT F & T**
Test Number: 4503300

TEST COMPONENTS	REV DATE:9/17/2008
Test Name:	**Methodology:**
Cortisol, Free and Total, Serum or Plasma	LC/MS/ED

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 mL (0.7)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Alternate Specimen:	**2 mL (0.7)**	**Plasma**	**EDTA (Lavender Top)**	**Refrigerated**
Special Instructions:	Grossly hemolyzed specimens are unacceptable.			

GENERAL INFORMATION	
Testing Schedule:	Sun, Wed
Expected TAT:	4-7 Days
Cpt Code(s):	82533; 82530

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Cortisol, Free, 24-Hour Urine

Order Name: **CORT FR U**
Test Number: 3602275

TEST COMPONENTS	REV DATE:6/7/2011
Test Name:	**Methodology:**
Cortisol, Free, 24-Hour Urine	TMS

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**5 mL (1)**	**Urine, 24-hour**	**24 hour Urine Container**	**Refrigerated**
Alternate Specimen:	**5 mL (1)**	**Urine, Random**	**Sterile Urine container**	**Refrigerated**
Special Instructions:	**Do Not Use Acid for Preservative!** Adequate refrigeration is the most important aspect of specimen preservation. Mark collection duration and total volume on transport tube and test request form. Stability: Ambient= Unacceptable; Refrigerated= 2 weeks; Frozen= 6 months.			

GENERAL INFORMATION	
Testing Schedule:	Sun-Sat
Expected TAT:	2-3 Days
Cpt Code(s):	82530

Cortisone, 24-Hour Urine

Order Name: **CORTSN 24U**
Test Number: 3808675

TEST COMPONENTS	REV DATE:3/8/2011
Test Name:	**Methodology:**
Cortisone, 24-Hour Urine	LC/MS/MS

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**10mL (2.1)**	**Urine, 24-hour**	**24 hour Urine Container**	**See Instructions**
Special Instructions:	Keep Urine Refrigerated during and after collection. **After collection mix well and freeze aliquot within 72 hrs.** Stability is Room temperature: 4hrs, Refrigerated: 72hrs, Frozen: 1yr. Collect urine in a 24-hour urine container with 10 grams of boric acid or keep urine refrigerated during collection if preservative is not used. Record 24-hour urine volume on test request form and urine vial. Random urine samples are acceptable, but reference ranges do not apply.			

GENERAL INFORMATION	
Testing Schedule:	Thur
Expected TAT:	3-4 Days
Cpt Code(s):	83789

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Coumadin/Warfarin Sensitivity (CYP2C9 & VKORC1) 3 Mutations

Order Name: **COUM POLYM**
Test Number: 2070050

TEST COMPONENTS	REV DATE:8/24/2009
Test Name:	**Methodology:**
CYP2C9 ALLELE #1	PCR
CYP2C9 ALLELE #2	PCR
VKORC1 ALLELE #1	PCR
VKORC1 ALLELE #2	PCR
Warfarin Sensitivity Interpretation	

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**4.5 mL (1mL)**	**EDTA Whole Blood**	**EDTA (Lavender Top)**	**Refrigerated**

GENERAL INFORMATION	
Testing Schedule:	Mon, Thu
Expected TAT:	5-7 Days
Clinical Use:	Coumadin/Warfarin Polymorphism: Identification of patient CYP2C9*2, CYP2C9*3, VKORC1 polymorphisms can help predict expected drug metabolism enzyme activity allowing clinicians to individualize drug treatment for each patient. Individualized therapy may assist patients by reducing adverse drug reactions and optimizing drug dose requirements.
Cpt Code(s):	83891, 83898x3, 83896x3, 83912

Coxsackie A Virus Antibodies - CSF

Order Name: **COX A CS**
Test Number: 5575325

TEST COMPONENTS	REV DATE:8/14/2007
Test Name:	**Methodology:**
Coxsackie A Virus Antibodies - CSF	CF

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 mL (1)**	**CSF (Cerebrospinal Fluid)**	**Sterile Screwtop Container**	**Refrigerated**

GENERAL INFORMATION	
Testing Schedule:	Mon-Fri
Expected TAT:	3-4 Days
Notes:	Coxsackie A types: 2,4,7,9,10,11
Cpt Code(s):	86658x6

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Coxsackie A Virus Antibody Panel - Serum

Order Name: **COX A SERM**
Test Number: 5500175

TEST COMPONENTS	REV DATE:8/14/2007
Test Name:	**Methodology:**
Coxsackie A Virus Antibody Panel - Serum	CF

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

GENERAL INFORMATION	
Testing Schedule:	Mon-Fri
Expected TAT:	3-5 Days
Notes:	Coxsackie A types: 2,4,7,9,10,11
Cpt Code(s):	86658x6

Coxsackie B Virus Antibodies - CSF

Order Name: **COX B CS**
Test Number: 5575250

TEST COMPONENTS	REV DATE:8/14/2007
Test Name:	**Methodology:**
Coxsackie B Virus Antibodies - CSF	CF

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 mL (1)**	**CSF (Cerebrospinal Fluid)**	**Sterile Screwtop Container**	**Refrigerated**

GENERAL INFORMATION	
Testing Schedule:	Mon-Fri
Expected TAT:	3-4 Days
Clinical Use:	Coxsackie B Types: 1-6
Cpt Code(s):	86658x6

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Coxsackie B Virus Antibody Panel - Serum

Order Name: **COXSA B A**
Test Number: 5502400

TEST COMPONENTS	REV DATE:8/14/2007
Test Name:	**Methodology:**
Coxsackie B Virus Antibody Panel - Serum	CF

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**

GENERAL INFORMATION	
Testing Schedule:	Mon, Wed, Fri
Expected TAT:	3-4 Days
Notes:	Coxsackie B types: 1-6
Cpt Code(s):	86658X6

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Creatine Kinase Isoenzymes (CK Isoenzymes)

Order Name: **ISOCPK REF**
Test Number: 5008150

TEST COMPONENTS	REV DATE:7/27/2011
Test Name:	**Methodology:**
Creatine Kinase BB Isoenzyme	EP
Creatine Kinase MM Isoenzyme	EP
Creatine Kinase MB Isoenzyme	EP
Creatine Kinase Total	EP

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 mL (1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Special Instructions:	**Allow specimen to clot, then separate and freeze serum aliquot ASAP!** Hemolyzed specimens are not acceptable. Stability: After separation from cells: Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 30 Days.			

GENERAL INFORMATION	
Testing Schedule:	Tue, Thr, Sun
Expected TAT:	5-8 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:	CK-MB and CK-BB are quite labile. Specimens should be frozen. Repeated freeze/thaw cycles destroy CK activity.
Cpt Code(s):	82552; 82550

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Creatine Phosphokinase

Order Name: **CPK**
Test Number: 2001950

TEST COMPONENTS	REV DATE:6/11/2003
Test Name:	**Methodology:**
Creatine Phosphokinase	IFCC;UV/NADH

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

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	1-2 days
Clinical Use:	A diagnostic test in the work-up of suspected Duchenne patients and other myopathies.
Cpt Code(s):	82550

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Creatinine

Order Name: **CREATININE**
Test Number: 2025050

TEST COMPONENTS	REV DATE:12/11/2008
Test Name:	**Methodology:**
Creatinine	KAP(Jaffe)

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special Instructions:	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. 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): **mL/Min.**
Cpt Code(s):	82565

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Creatinine Clearance Urine 24hr

Order Name: **CREA CL UR**
Test Number: 2028225

TEST COMPONENTS	REV DATE:8/14/2009
Test Name:	**Methodology:**
Creatinine Clearance	
Creatinine Serum	KAP(Jaffe)
Creatinine, Urine, 24 Hour	
Creatinine, Urine, mg/dL	KAP(Jaffe)
Total Urine Volume	

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**5 mL (1.0)**	**Urine and Serum**	**See Instructions**	**Refrigerated**
Special Instructions:	**Collect both: 24 hour Urine Container-and-** **Clot Activator SST (Red/Gray or Tiger Top)-or- Lithium Heparin PST (Light Green Top)** Serum or Plasma is needed for calculations in clearance results. Blood samples can be collected when 24hr urine container is returned. Refrigerate urine during and after collection. Urine can be collected with no preservative or 6 N HCL, Boric Acid and Sodium Carbonate are acceptable preservatives if collecting with another test. Record number of hours and volume in mL on the specimen container. Include height and weight of patient. Specimen stability: Ambient 24 hours. Refrigerated 7 days.			

GENERAL INFORMATION	
Testing Schedule:	Sun - Fri
Expected TAT:	1-2 days
Clinical Use:	Useful as an aid in monitoring renal function.
Cpt Code(s):	82575; 81050

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Creatinine, Serous Fluid

Order Name: **SRS CREAT**
Test Number: 2015850

TEST COMPONENTS	REV DATE:6/11/2003
Test Name:	**Methodology:**
Creatinine, Serous Fluid	KAP(Jaffe)

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Serous fluid**	**Sterile screwtop container**	**Refrigerated**
Special 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

TEST COMPONENTS	REV DATE:2/5/2008
Test Name:	**Methodology:**
Creatinine, Urine Random	KAP(Jaffe)

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Urine, Random**	**Sterile Urine container**	**Refrigerated**
Special 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

TEST COMPONENTS	REV DATE:5/20/2009
Test Name:	**Methodology:**
Creatinine, Urine, 24 Hour	
Creatinine, Urine, mg/dL	KAP(Jaffe)
Total Urine Volume	

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Urine, 24-hour**	**24 hour Urine Container**	**Refrigerated**
Special Instructions:	24 hour urine collection wtih no preservative. Record number of hours and volume in ML on the specimen container and any aliquots. Refrigerate urine during collection. 6 N HCL, Boric Acid and Sodium Carb are acceptable preservatives if collecting with another test that requires preservative. Specimen stability: Ambient 8 hours, Refrigerated 7 days.			

GENERAL INFORMATION	
Testing Schedule:	Sun - Fri
Expected TAT:	1-2 days
Clinical Use:	Useful as an aid in evaluating renal function.
Cpt Code(s):	82570; 81050

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Cryofibrinogen

Order Name: **CRYOFIBRIN**
Test Number: 5221675

TEST COMPONENTS	REV DATE:12/18/2008
Test Name:	**Methodology:**
Cryofibrinogen	PRECIP

SPECIMEN REQIREMENTS

	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**3mL (1mL)**	**Plasma**	**Sodium Citrate 3.2% (Blue Top)**	**See Instructions**
Special Instructions:	**Collect: Whole blood must be drawn in a pre-warmed (37°C) syringe and kept at 37°C.** Immediately after blood has been obtained, transfer specimen to a pre-warmed (37°C) 5 mL lt. blue (sodium citrate) tube and keep sample at 37°C. Specimen may be drawn directly into a pre-warmed collection tube and maintained at 37°C until centrifugation. Separate plasma from cells using a 37°C centrifuge, if possible. **Stability:** After separation from cells: Ambient: 1 week; Refrigerated: Unacceptable; Frozen: Unacceptable **Remarks:** Fasting specimen recommended. **Do not refrigerate or freeze at any time.** Proper collection and transport of specimen is critical to the outcome of the assay. Quantities less than 3 mL may affect the sensitivity of the assay.			

GENERAL INFORMATION

Testing Schedule:	Sun-Sat
Expected TAT:	4-5 days
Cpt Code(s):	82585

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Cryoglobulins

Order Name: **CRYOGLOB**
Test Number: 5500500

TEST COMPONENTS	REV DATE:11/15/2007
Test Name:	**Methodology:**
Cryoglobulins	PRECIP

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**3 mL (1)**	**Serum**	**No Additive Clot (Red Top, No-Gel, Plastic)**	**See Instructions**
Special 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).
Cpt Code(s):	82595

Cryptococcus Antibody

Order Name: **CRYPTO AB**
Test Number: 5521900

TEST COMPONENTS	REV DATE:5/16/2003
Test Name:	**Methodology:**
Cryptococcus Antibody	Tube Agglutination

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

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Cryptococcus antigen CSF

Order Name: **CSF CRYPTO**
Test Number: 6002150

TEST COMPONENTS	REV DATE:5/19/2003
Test Name:	**Methodology:**
Cryptococcus antigen CSF	AG

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**3 mL (1)**	**CSF**	**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):	86403

Cryptococcus Antigen Serology Screen

Order Name: **CRYPTO AG**
Test Number: 6002175

TEST COMPONENTS	REV DATE:7/14/2005
Test Name:	**Methodology:**
Cryptococcus Antigen Serology Screen	AG

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**4 mL (1)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Special 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):	86403

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Crystals, Synovial Fluid

Order Name: **CRYSTL SYN**
Test Number: 801850

TEST COMPONENTS	REV DATE:5/16/2003
Test Name:	**Methodology:**
Crystals, Synovial Fluid	MC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**3 mL (1)**	**Synovial Fluid**	**Sodium Heparin (Green Top-No Gel)**	**Room Temperature**
Special Instructions:	Note fluid type on request.			

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	1 Day
Cpt Code(s):	89060

Crystals, Urine

Order Name: **CRYSTALS U**
Test Number: 1000400

TEST COMPONENTS	REV DATE:6/9/2003
Test Name:	**Methodology:**
Crystals, Urine	MC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**10 mL (1)**	**Urine, Random**	**Sterile Screwtop Plastic Container**	**Room Temperature**
Special Instructions:	Early morning specimens preferred. Refrigerate or deliver to lab immediately.			

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	1 Day
Cpt Code(s):	81015

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CU Index - Chronic Urticaria Index (Anti-FceR)

Order Name: **CU INDEX**
Test Number: 5587555

TEST COMPONENTS	REV DATE:6/7/2010
Test Name:	**Methodology:**
CU Index - Chronic Urticaria Index (Anti-FceR)	Cul/Stim

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

Cyanide Whole Blood

Order Name: **CYANIDE**
Test Number: 4301650

TEST COMPONENTS	REV DATE:11/17/2008
Test Name:	**Methodology:**
Cyanide Whole Blood	SPEC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**4mL (2mL)**	**Whole Blood**	**Sodium Heparin (Green Top)**	**Room Temperature**
Alternate Specimen:	**4mL (2mL)**	**Whole Blood**	**Lithium Heparin (Dark Green Top / No-GEL)**	**Room Temperature**
Special Instructions:	Do not freeze or refrigerate. Do not use gel separation tubes.			

GENERAL INFORMATION	
Testing Schedule:	Sun-Sat
Expected TAT:	2-3 Days
Cpt Code(s):	82600

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Cyclic Adenosine Monophosphate (AMP), Random Urine

Order Name: **CYCL AM U**
Test Number: 3001900

TEST COMPONENTS	REV DATE:5/5/2008
Test Name:	**Methodology:**
Cyclic Adenosine Monophosphate (AMP), Random Urine	RIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**5 mL (1)**	**Urine, Random**	**Sterile Screwtop Container**	**Frozen**
Alternate Specimen:	**5 mL (1)**	**Urine, 24-hour**	**24 hour Urine Container**	**Frozen**
Special Instructions:	Preferred specimen - 5 mL urine aliquot from an unpreserved, well-mixed random specimen. 24-hour urine is also acceptable if collected in a container into which 10 mL 6M HCl has been added. Record total volume and collection time interval on aliquot tube. Stability: Ambient: 2 hours; Refrigerated: 24 hours; Frozen: 3 months.			

GENERAL INFORMATION	
Testing Schedule:	Sun
Expected TAT:	3-10 Days
Cpt Code(s):	82030

Cyclic Citrullinated Peptide Antibody (CCP Ab)

Order Name: **CCP AB**
Test Number: 5570175

TEST COMPONENTS	REV DATE:12/29/2005
Test Name:	**Methodology:**
Cyclic Citrullinated Peptide Antibody (CCP Ab)	EIA

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

GENERAL INFORMATION	
Testing Schedule:	Wed
Expected TAT:	7 Days
Clinical Use:	CCP Ab is a useful new diagnostic marker for rheumatoid arthritis.
Notes:	*{ Note: 2006 CPT Updated.}
Cpt Code(s):	86200

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Cyclosporine Level

Order Name: **CYCLOSPORN**
Test Number: 3604000

TEST COMPONENTS	REV DATE:4/9/2008
Test Name:	**Methodology:**
Cyclosporine Level	CEDIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 mL (1.0)**	**Whole Blood**	**EDTA (Lavender Top)**	**Refrigerated**
Special 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

TEST COMPONENTS	REV DATE:7/30/2008
Test Name:	**Methodology:**
Cyclosporine Level Peak	FPIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 mL (1.0)**	**Whole Blood**	**EDTA (Lavender Top)**	**Refrigerated**
Special Instructions:	Peak: draw 2 hours after medication. Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION	
Testing Schedule:	Twice Daily
Expected TAT:	1-2 days
Clinical Use:	This test is used to monitor blood concentration of Cyclosporine A.
Cpt Code(s):	80158

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Cyclosporine Level Trough

Order Name: **CYCLO TROU**
Test Number: 2015525

TEST COMPONENTS	REV DATE:7/30/2008
Test Name:	**Methodology:**
Cyclosporine Level Trough	FPIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 mL (1.0)**	**Whole Blood**	**EDTA (Lavender Top)**	**Refrigerated**
Special Instructions:	Trough: draw before next dose. Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION	
Testing Schedule:	Twice Daily
Expected TAT:	1-2 days
Clinical Use:	This test is used to monitor blood concentration of Cyclosporine A.
Cpt Code(s):	80158

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CYP2C19 Clopidogrel (Plavix) Genotype

Order Name: **CYP2C19GEN**
Test Number: 5572455

TEST COMPONENTS	REV DATE:3/7/2011
Test Name:	**Methodology:**
CYP2C19 Clopidogrel (Plavix) Genotype	PCR

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**4mL (2mL)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**
Special Instructions:	Stability= Ambient: 8 days, Refrigerated: 8 days, Frozen: Unacceptable.			

GENERAL INFORMATION	
Testing Schedule:	7 Days a week
Expected TAT:	2-4 Days
Clinical Use:	This assay detects the wild type allele (CYP2C19*1) as well as 5 common mutations in the CYP2C19 gene, CYP2C19*2 (c. 681G>A), CYP2C19*3 (p. W212X), CYP2C19*4 (c. 1A>G), CYP2C19*5 (p. R433W) and CYP2C19*17 (c. -806C>T). The first four mutations account for more than 99% of PM alleles in Asian populations and approximately 90% in Caucasians. The CYP2C19*17 variant is associated with the ultra-rapid metabolizer phenotype. It has also been shown to lead to enhanced response to clopidogrel and increased risk of bleeding (Circulation, vol. 121, pp. 512-8). CYP2C19 catalyzes the hydroxylation of a number of clinically important drugs, including omeprazole, proguanil, hexobarbital, imipramine and to a lesser extent, propranolol and diazepam. CYP2C19 loss-of- function alleles were shown to be associated with a higher rate of subsequent cardiovascular events among patients with an acute myocardial infarction and were receiving clopidogrel treatment (N Engl J Med. 2009;360:363-375).
Notes:	In patients receiving clopidogrel (Plavix) treatment, carriers of CYP2C19 loss-of-function alleles have significantly lower levels of active metabolite of the drug, leading to diminished platelet response to treatment and poorer cardiovascular outcomes (NEJM, vol.360, pp.354-62 and JAMA, vol.32, pp.849-57). Three to five percent of Caucasians and 13-23% of Asians carry two losses of function alleles that result in poor metabolizer (PM) phenotype for S-mephenytoin and other substrates. Cytochrome P450 2C19 (CYP2C19, S-mephenytoin 4-prime-hydroxylase) catalyzes the hydroxylation of a number of clinically important drugs, including omeprazole, proguanil, hexobarbital, imipramine and to a lesser extent, propranolol and diazepam.
Cpt Code(s):	83891, 83900, 83909, 83912, 83892x2, 83901x2, 83914x4

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Cystatin C

Order Name: **CYSTATIN C**
Test Number: 3623775

TEST COMPONENTS	REV DATE:2/28/2011
Test Name:	**Methodology:**
Cystatin C	NEPH

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1mL(0.5mL)**	**Plasma**	**Lithium Heparin PST (Green/Gray Top)**	**Refrigerated**
Alternate Specimen:	**1mL(0.5mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special Instructions:	Dietary Instructions: **Overnight fasting is preferred.** Collect blood in green-top heparin tube or a red-top, serum separator tube. Allow Serum to clot for 15 minutes. Centrifuge at 2500 rpm for 10 minutes. Aliquot serum or plasma ASAP and keep refrigerated. Specimen Stability: Room temperature: 24 Hours, Refrigerated: 7 Days, Frozen: 90 Days.			

GENERAL INFORMATION	
Testing Schedule:	Mondays Setup, Reports Wednesday Night.
Expected TAT:	4-10 Days
Clinical Use:	Cystatin C is a highly sensitive and specific marker of glomerular filtration rate (renal function). Cystatin C is independent of muscle mass, age, and body mass index. Cystatin C is also used to assess renal allograft function.
Cpt Code(s):	82610

Cystic Fibrosis Culture Panel

Order Name: **CF SPUTUM**
Test Number: 6002950

TEST COMPONENTS	REV DATE:7/2/2003
Test Name:	**Methodology:**
Cystic Fibrosis Culture Panel	Culture

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:		**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

TEST COMPONENTS	REV DATE:6/17/2008
Test Name:	**Methodology:**
Cystic Fibrosis, DNA Analysis	INV

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**5 (3) mL**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**
Special Instructions:	Include clinical indication for testing on the test request form. Please indicate the ethnicity of the patient. Keep specimen as whole blood at room temperature. Do not centrifuge, do not refrigerate. Specimen cannot be shared with other testing for risk of DNA contamination.			

GENERAL INFORMATION	
Testing Schedule:	Assay dependant
Expected TAT:	7-10 Days
Clinical Use:	Recommended Core Mutation Panel for General Population Cystic Fibrosis Carrier Screening
Notes:	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).
Cpt Code(s):	83891; 83900; 83896x46; 83912

Cysticercus Ab, ELISA

Order Name: **CYSTCERCOS**
Test Number: 5559200

TEST COMPONENTS	REV DATE:5/16/2003
Test Name:	**Methodology:**
Cysticercus Ab, ELISA	ELISA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**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

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Cystine, Quantitative, Random Urine

Order Name: **CYST QN U**
Test Number: 3808100

TEST COMPONENTS	REV DATE:5/16/2003
Test Name:	**Methodology:**
Cystine, Quantitative, Random Urine	

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 mL (0.5)**	**Urine, Random**	**Sterile Screwtop Container**	**Frozen**
Special 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

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Cytochrome P450 2D6 Genotype

Order Name: **CYP2D6 GEN**
Test Number: 5572355

TEST COMPONENTS	REV DATE:3/8/2010
Test Name:	**Methodology:**
Cytochrome P450 2D6 Genotype	PCR

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**5mL (3mL)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**
Special Instructions:	Store and ship at room temperature. Specimen Stability: Room temperature: 8 Days, Refrigerated: 8 Days, Frozen: Unacceptable.			

GENERAL INFORMATION	
Testing Schedule:	2 Days a week
Expected TAT:	6-10 days
Clinical Use:	The CYP2D6 gene product is responsible for the metabolism of many major drug groups including many antidepressants, neuroleptics, and cardiovascular drugs. Cytochrome 450 2D6 Genotype detects eight alleles associated with the poor metabolizer phenotype (PM). Patients with duplication of the CYP2D6 gene are ultraextensive metabolizers (UEM). Approximately 5-10% of Caucasian individuals express PM phenotype and the same percentage the UEM phenotype.
Notes:	Genetic polymorphisms in the drug-metabolizing genes are responsible for different metabolic profiles and thus inter-individual variation in responses to drugs and chemicals. The CYP2D6 gene encodes for a P450 enzyme, debrisquine hydroxylase, which is responsible for oxidative metabolism of various therapeutic agents, including antidepressants, neuroleptics, and cardiovascular drugs. Allelic variants in the CYP2D6 gene lead to metabolic polymorphisms of these drugs. 5-10% of Caucasian individuals (approximately 2% of Asians and 2-17% Africans) carry loss of function alleles that result in the poor metabolizer (PM) phenotype. The ultra-extensive metabolizer (UEM) phenotype, resulting from the duplication of the CYP2D6 gene, is present in up to 7% of Caucasians.
Cpt Code(s):	83891, 83900, 83909, 83912, 83892x3, 83914x8

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Cytomegalovirus (CMV) DNA, Quantitative

Order Name: **CMV QT PCR**
Test Number: 3800225

TEST COMPONENTS	REV DATE:10/11/2010
Test Name:	**Methodology:**
Cytomegalovirus (CMV) DNA, Quantitative	PCR

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1mL (0.5mL)**	**Plasma**	**EDTA (Lavender Top)**	**Refrigerated**
Alternate Specimen:	**1mL (0.5mL)**	**Whole Blood**	**EDTA (Lavender Top)**	**Refrigerated**
	1mL (0.5mL)	**Fluid**	**Sterile Screwtop Container**	**Refrigerated**
Special Instructions:	Alternate specimen types: Serum, Random urine, CSF or Amniotic fluid - Aliquot and keep refrigerated. Specimen Stability: Room temperature= 48 Hours; Refrigerated= 8 Days; Frozen= 1 Month. **Note*(Keep EDTA Whole Blood Refrigerated, Do Not Freeze!)**			

GENERAL INFORMATION	
Testing Schedule:	Mon-Fri
Expected TAT:	2-3 Days
Notes:	*(Note: 10/11/10 Minimum Volume changed to 0.5mL)*
Cpt Code(s):	87497

Cytomegalovirus Antibodies IgG and IgM

Order Name: **CMV G/M AB**
Test Number: 5502875

TEST COMPONENTS	REV DATE:3/13/2009
Test Name:	**Methodology:**
Cytomegalovirus IgG Antibody	EIA
Cytomegalovirus IgM Antibody	EIA

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

GENERAL INFORMATION	
Testing Schedule:	Tue, Thr
Expected TAT:	4 Days
Clinical Use:	Positive or negative serologic results must be interpreted cautiously in light of the clinical presentation and history of the patient.
Cpt Code(s):	86645; 86644

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Cytomegalovirus Culture, Rapid (CMV Shell Vial)

Order Name: **C CMV CUL**
Test Number: 6000725

TEST COMPONENTS	REV DATE:8/21/2008
Test Name:	**Methodology:**
Cytomegalovirus Culture, Rapid (CMV Shell Vial)	SV

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**10mL (1mL)**	**Urine, Random**	**Sterile Urine container**	**Refrigerated**
Special 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

D-Dimer, Quantitative

Order Name: **DDIMR QUAN**
Test Number: 1501625

TEST COMPONENTS	REV DATE:12/26/2008
Test Name:	**Methodology:**
D-Dimer, Quantitative	LIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2.7 mL**	**Whole Blood**	**Sodium Citrate 3.2% (Blue Top)**	**Ambient whole blood or frozen aliquots**
Alternate Specimen:	**2.7 mL**	**Double Spun Plasma**	**Sterile, Capped Plastic Tube**	**Ambient whole blood or frozen aliquots**
Special 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 testing cannot be started within 4 hours of collection the specimen must be double spun then 1. 5 ml plasma aliquot from each tube into individual plastic aliquot tubes and freeze. **Do not pool aliquots together!**			

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	1 Day
Clinical Use:	The D-Dimer test may be useful in the diagnosis of thrombosis, DIC, hyperfibrinolytic coagulopathies, and monitoring fibrinolytic therapy. The D-Dimer test is not subject to false positive results in the presence of heparin like the fibrin split products test. The D-Dimer may be decreased in patient on anticoagulant therapy.
Cpt Code(s):	85379

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Dehydroepiandrosterone Sulfate (DHEA S)

Order Name: **DHEA S**
Test Number: 2022725

TEST COMPONENTS	REV DATE:12/5/2005
Test Name:	**Methodology:**
Dehydroepiandrosterone Sulfate (DHEA S)	CIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Tiger Top)**	**Frozen**
Special 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

Delta Aminolevulinic Acid, 24 Hour Urine

Order Name: **DELT ALA24**
Test Number: 3809500

TEST COMPONENTS	REV DATE:9/9/2009
Test Name:	**Methodology:**
Delta Aminolevulinic Acid, 24 Hour Urine	KAP(Jaffe)

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 mL (0.6)**	**Urine, 24-hour**	**24 hour Urine Container**	**Refrigerated**
Special 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

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Dexamethasone

Order Name: **DEXAMETH**
Test Number: 3621100

TEST COMPONENTS	REV DATE:5/5/2008
Test Name:	**Methodology:**
Dexamethasone	LC/MS/MS

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.25)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Special 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

Dexamethasone Suppression

Order Name: **CORTISL DX**
Test Number: 4500725

TEST COMPONENTS	REV DATE:11/10/2003
Test Name:	**Methodology:**
Dexamethasone Suppression	CIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**See Instructions**
Special 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

TEST COMPONENTS	REV DATE:5/19/2003
Test Name:	**Methodology:**
Dialysis Fluid Culture	Culture

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**4 mL (1)**	**Dialysate fluid**	**Sterile Screwtop Container**	**Room Temperature**

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	4 Days
Clinical Use:	Checks sterility of dialysate
Cpt Code(s):	87070

Digoxin

Order Name: **DIGOXIN**
Test Number: 4500550

TEST COMPONENTS	REV DATE:11/12/2003
Test Name:	**Methodology:**
Digoxin	CIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special 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

TEST COMPONENTS	REV DATE:11/16/2009
Test Name:	**Methodology:**
Dihydrotestosterone	HPLC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1mL (0.6)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Special Instructions:	Separate serum from cells and freeze ASAP. Unacceptable Conditions: Hemolyzed or lipemic specimens. Stability after separation from cells: Ambient= 2 hours, Refrigerated= 24 hours, Frozen= 6 months.			

GENERAL INFORMATION	
Testing Schedule:	Mon, Wed, Sat
Expected TAT:	3-6 Days
Clinical Use:	DHT is a potent androgen derived from testosterone via 5-alpha-reductase activity. 5-alpha-reductase deficiency results in incompletely virilized males (phenotypic females). This diagnosis is supported by an elevated ratio of testosterone to DHT.
Notes:	(AKA: 5-a-Dihydrotestosterone)
Cpt Code(s):	82651

Dilantin (Phenytoin)

Order Name: **DILANTIN**
Test Number: 4002300

TEST COMPONENTS	REV DATE:6/11/2003
Test Name:	**Methodology:**
Dilantin (Phenytoin)	EIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special 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, Free (Phenytoin, Free)

Order Name: **DILAN FREE**
Test Number: 3804025

TEST COMPONENTS	REV DATE:9/3/2009
Test Name:	**Methodology:**
Dilantin, Free (Phenytoin, Free)	FPIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 mL (1.5)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Special Instructions:	Oral administration: Draw peak 1. 5 - 3. 0 hours (regular release) dosage and 4 - 12 hours (slow release) dosage. Fosphenytoin (Cerebyx) 2 hours following IV administration and 4 hour after IM. Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION	
Testing Schedule:	Mon-Sat
Expected TAT:	3-5 days
Clinical Use:	Useful for monitoring for appropriate therapeutic level and assessing toxicity.
Cpt Code(s):	80186

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Dilute Russell Viper Venom (DRVVT) Profile

Order Name: **DRVVT PROF**
Test Number: 1505975

TEST COMPONENTS	REV DATE:12/28/2006
Test Name:	**Methodology:**
Dilute Russel Viper Venom Screen	CLOT
DRVVT Screen 1:1 Mixture	CLOT
DRVVT Confirmation	CLOT
Dilute Russel Viper Venom Ratio	Calc

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2.7 mL**	**Whole Blood**	**Sodium Citrate 3.2% (Blue Top)**	**Ambient whole blood or frozen aliquots**
Alternate Specimen:	**2.7 mL**	**Double Spun Plasma**	**Sterile, Capped Plastic Tube**	**Ambient whole blood or frozen aliquots**
Special Instructions:	**Please indicate anticoagulant therapy.**Tubes must be filled to the proper level, no hemolysis. Improperly filled tubes can give erroneous results. Whole blood must be transported to lab immediately. If sending citrated plasma aliquots, they must be double spun then aliquot 1. 5 ml plasma from each tube into individual plastic aliquot tubes and freeze. **Do not pool aliquots together!**			

GENERAL INFORMATION	
Testing Schedule:	Tues, Thurs
Expected TAT:	2-4 Days
Clinical Use:	Used to determine Lupus Anticoagulant, which is associated with certain hypercoagulable states.
Cpt Code(s):	85613X2

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Diphtheria Antitoxoid Antibody

Order Name: **DIPTHERIA**
Test Number: 5515800

TEST COMPONENTS	REV DATE:6/16/2003
Test Name:	**Methodology:**
Diphtheria Antitoxoid Antibody	EIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.2)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special Instructions:	Blood samples should be allowed to clot naturally. Centrifuge and seperate the serum from the cells.			

GENERAL INFORMATION	
Testing Schedule:	Mon, Wed, Fri
Expected TAT:	2-3 Days
Cpt Code(s):	86648

Direct Coombs (Direct Antiglobulin Test)

Order Name: **DIR CMBS**
Test Number: 7301350

TEST COMPONENTS	REV DATE:6/11/2003
Test Name:	**Methodology:**
Direct Coombs Polyspecific	HA
Coombs Control Cells	HA
Direct Coombs Polyspecific Interpretation	HA

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

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	1 Day
Clinical Use:	The DAT is used to determine if red cells have been coated in vivo with immunoglobulin, complement, or both.
Notes:	If the polyspecific antiglobulin screen is positive this test reflexes to the specific testing for Anti-C3D and Anti-IgG at additional charge.
Cpt Code(s):	86880

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Disseminated Intravascular Coagulation (DIC) Profile

Order Name: **DIC PR**
Test Number: 1500855

TEST COMPONENTS	REV DATE:9/13/2010
Test Name:	**Methodology:**
Prothrombin Time (PT) and INR	CLOT
Activated Partial Thromboplastin Time (aPTT)	CLOT
Fibrinogen	CLOT
D-Dimer, Quantitative	LIA
Immature Platelet Fraction	FC
Reticulocyte (Retic) Count	FC
Platelet Count (for coagulation interpretation)	FC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**See Instructions**	**See Special Instructions**	**Sodium Citrate 3.2% (Blue Top) & EDTA (Lavender Top)**	**See Instructions**
Special Instructions:	**Coagulation-** Two: 2. 7mL Sodium Citrate 3. 2% (Blue Top) Tubes. (**Ambient whole blood or frozen aliquots.**) **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 testing cannot be started within 4 hours of collection the specimen must be double spun then 1. 5 ml plasma aliquot from each tube into individual plastic aliquot tubes and freeze. **Do not pool aliquots together!** Specimen Stability: Un-Frozen specimens are only good for 4 hours. **Hematology-** One: 4mL (1mL) EDTA (Lavender Top) Whole Blood (**Room Temperature**) Note: IPF level will not be reported on specimens > 24hrs old.			

GENERAL INFORMATION	
Testing Schedule:	
Expected TAT:	1 Day
Cpt Code(s):	85055, 85045, 85049, 85379, 85384, 85610, 85730

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DNA Autoantibodies, Single-Stranded DNA

Order Name: **DNA AB SS**
Test Number: 5510650

TEST COMPONENTS	REV DATE:6/17/2003
Test Name:	**Methodology:**
DNA Autoantibodies, Single-Stranded DNA	EIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.2)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special 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

DNA Double-Stranded Antibody (anti-ds DNA)

Order Name: **DNA AB**
Test Number: 5572000

TEST COMPONENTS	REV DATE:6/6/2003
Test Name:	**Methodology:**
DNA Double-Stranded Antibody (anti-ds DNA)	EIA

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

GENERAL INFORMATION	
Testing Schedule:	Mon, Wed
Expected TAT:	3 Days
Clinical Use:	Important autoantibody in SLE with a specificity of 95%. A sensitivity of over 70% in patient with active SLE.
Notes:	Positive or borderline results are confirmed with the Crithidia method.
Cpt Code(s):	86225

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DNase-B Antibody

Order Name: **DNASE B AB**
Test Number: 5500210

TEST COMPONENTS	REV DATE:3/2/2009
Test Name:	**Methodology:**
DNase-B Antibody	NEPH

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Serum**	**No Additive Clot (Red Top, No-Gel, Plastic)**	**Refrigerated**
Alternate Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special Instructions:	**Separate serum from cells ASAP.**Stability after separation from cells: Ambient: 2 days; Refrigerated: 2 weeks; Frozen: 1 year.			

GENERAL INFORMATION	
Testing Schedule:	Tue, Thr, Sat
Expected TAT:	2-4 Days
Clinical Use:	DNase-B Antibody is useful in patients with group A Streptococcal infection. DNase-B Antibody may persist for as long as three months. Comparison of titers of acute and convalescent specimens is useful for diagnosis of group A streptococcal infection.
Cpt Code(s):	86215

Dopamine, Plasma

Order Name: **DOPAMINE**
Test Number: 3602025

TEST COMPONENTS	REV DATE:6/26/2009
Test Name:	**Methodology:**
Dopamine, Plasma	HPLC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**4 mL (2)**	**Plasma**	**Sodium Heparin (Green Top)**	**Frozen**
Alternate Specimen:	**4 mL (2)**	**Plasma**	**Lithium Heparin PST (Green/Gray Top)**	**Frozen**
Special Instructions:	Patients should be relaxed in either a supine or upright position before blood is drawn. States of anxiety and stress can cause fluctuations in the catecholamine levels. Draw specimen in a pre-chilled green-top vacutainer.			

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	3-4 Days
Cpt Code(s):	82384

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Drug Screen Urine Infant/Maternal

Order Name: **UDS INFANT**
Test Number: 4313525

TEST COMPONENTS	REV DATE:6/11/2003
Test Name:	**Methodology:**
Amphetamines Screen Urine	CEDIA
Barbiturates Urine	CEDIA
Benzodiazepines Urine	CEDIA
Cocaine Urine	CEDIA
Creatinine, Urine Random	KAP(Jaffe)
Opiate Urine	CEDIA
Phencyclidine Screen Urine	CEDIA
Propoxyphen Urine	CEDIA
THC Metabolite Urine	CEDIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**30 mL (10)**	**Urine, Random**	**Sterile Urine container**	**Refrigerated**
Special Instructions:	Collect with chain of custody and special kit. Call lab at (918) 744-2500 for more information. **Keep refrigerated**. Specimen stability: Ambient 24 hours. Refrigerated 7 days.			

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	1-5 days
Clinical Use:	Used to evaluate drug abuse.
Cpt Code(s):	80101X10

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Drug Screen Urine, Clinical

Order Name: **UDS CLIN**
Test Number: 4313625

TEST COMPONENTS	REV DATE:6/11/2003
Test Name:	**Methodology:**
Acetaminophen Urine Qual	CEDIA
Amphetamines Screen Urine	CEDIA
Barbiturates Urine	CEDIA
Benzodiazepines Urine	CEDIA
Cocaine Urine	CEDIA
Creatinine, Urine Random	KAP(Jaffe)
Ethanol Urine	Enzymatic
Glucose Dipstick	Dry Chemistry
Methadone Screen Urine	CEDIA
Opiate Urine	CEDIA
Phencyclidine Screen Urine	CEDIA
Propoxyphen Urine	CEDIA
Salicylate Urine Qual	Color Test
THC Metabolite Urine	CEDIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**30 mL (10)**	**Urine, Random**	**Sterile Urine container**	**Refrigerated**
Special 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):	80101X12

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Drug Screen Urine, Industrial

Order Name: **UDS INDUST**
Test Number: 4505400

TEST COMPONENTS	REV DATE:2/25/2011
Test Name:	**Methodology:**
Drug Screen Urine, Industrial	GC/MS

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**35mL(15mL)**	**Urine, Random**	**COC-Urine Collection Kit**	**Refrigerated**
Special Instructions:	**Collect specimen in accordance with instructions on the Chain of Custody Kit** Workplace drug screen result reports must be reviewed by a Medical Review Officer, according to Oklahoma State Law. Please call Client Services at (918) 744-2500 or (800) 722-8077 for information regarding forensic drug testing.			

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	2-3 Days
Clinical Use:	Used for the detection for any of the following: Amphetamines, Methamphetamines, Barbiturates, Benzodiazepines, Cocaine- Benzoylecgonine, Methadone, Methaqualone, Opiates- morphine, codeine, 6-acetyl morphine, PCP- Phencyclidine, Propoxyphene, THC- metabolite.
Notes:	Court ordered drug screens will only be collected 8:30am to 4:00pm, Monday through Friday, on the 5th Floor of 1923 S. Utica. The client must have a court order or a certified copy when presenting for collection. A chain of custody form and a photo identification are required. The client must pay at the time of collection. All positive results are confirmed by GC/MS or LC/MS/MS.
Cpt Code(s):	80101x10

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Drug Screen, Blood

Order Name: **DRUG B SCR**
Test Number: 4300050

TEST COMPONENTS	REV DATE:1/28/2008
Test Name:	**Methodology:**
Acetaminophen Screen Serum	CEDIA
Barbiturates Screen	CEDIA
Benzodiazepines Screen	CEDIA
Ethanol Screen	Enzymatic
Salicylate Screen Blood	Color Test
Tricyclics, Screen	CEDIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 mL (1.0)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Special 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):	80101X6

Drug Screen, Gastric

Order Name: **DRUG G SCR**
Test Number: 4300060

TEST COMPONENTS	REV DATE:6/11/2003
Test Name:	**Methodology:**
Drug Screen, Gastric	IA, GC-FID

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**10 mL (3.0)**	**Gastric contents**	**Sterile screwtop container**	**See Instructions**
Special Instructions:	Ambient 3 days. Refrigerate or freeze if > 3 days.			

GENERAL INFORMATION	
Testing Schedule:	
Expected TAT:	5-10 days
Cpt Code(s):	80100

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Ear Culture and Stain

Order Name: **C EAR RTS**
Test Number: 6002007

TEST COMPONENTS	REV DATE:7/2/2003
Test Name:	**Methodology:**
Ear Culture and Stain	Culture

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:		**Swab**	**PNP Swab (Green Cap)**	**Room Temperature**

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	3 Days
Clinical Use:	Used to identify bacterial pathogens of the ear.
Cpt Code(s):	87070

EBV (Epstein Barr Virus) Panel

Order Name: **EB VIRUS**
Test Number: 5581200

TEST COMPONENTS	REV DATE:2/11/2010
Test Name:	**Methodology:**
Epstein Barr Virus, Viral Capsid Antibodies (EBV-VCA IgG & IgM Ab)	IFA
EBV (Epstein Barr Virus) Early Antigen (EA) Antibody	EIA
EBV (Epstein Barr Virus) Nuclear Antigen Antibody (EBNA)	EIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**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

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Echinococcus Granulosus Antibody (IgG)

Order Name: **ECHINO AB**
Test Number: 5538750

TEST COMPONENTS	REV DATE:1/9/2008
Test Name:	**Methodology:**
Echinococcus Granulosus Antibody (IgG)	ELISA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special Instructions:	Specimen Stability: Room temperature= 7 Day; Refrigerated= 14 Day; Frozen= 30 Day			

GENERAL INFORMATION	
Testing Schedule:	Thur
Expected TAT:	3-8 Days
Clinical Use:	Detection of serum antibodies to Echinococcus plays an important role in the diagnosis of hydatid disease, since infected individuals do not exhibit fecal shedding of Echinococcus eggs. Increasing antibody values between acute and convalescent specimens is considered evidence of recent or current infection. The frequency of a positive result for serum antibodies to Echinococcus is higher in patients with active cysts in the liver than in patients with hydatid cysts in the lung or calcified cysts. Serologic crossreactivity between Echinococcus and Cysticercus may occur.
Cpt Code(s):	86682

Echovirus Antibodies - CSF

Order Name: **ECHO CSF**
Test Number: 5502425

TEST COMPONENTS	REV DATE:8/28/2007
Test Name:	**Methodology:**
Echovirus Antibodies - CSF	CF

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**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

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Echovirus Antibody Panel, CF (Serum)

Order Name: **ECHOVI AB**
Test Number: 5504100

TEST COMPONENTS	REV DATE:8/28/2007
Test Name:	**Methodology:**
Echovirus Antibody Panel, CF (Serum)	CF

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**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

EGFR (Epidermal Growth Factor Receptor) Mutation Analysis (TK Domain)

Order Name: **EGFR MUTAT**
Test Number: 9103075

TEST COMPONENTS	REV DATE:9/21/2010
Test Name:	**Methodology:**
EGFR (Epidermal Growth Factor Receptor) Mutation Analysis (TK Domain)	PCR

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**Block**	**Tissue**	**Paraffin Block**	**Room Temperature**
Special 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:	Sets up Monday Reports following Thursday.
Expected TAT:	10-17 days
Clinical Use:	This is a DNA sequencing test to identify patients with those specific 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. We may also be able to identify novel mutations, and may be able to provide this test for other EGFR targeted drugs emerging from pharmaceutical pipelines.
Cpt Code(s):	83892, 83891, 83912, 83898x4, 83909x4, 83904x4

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Ehrlichia chaffeensis Antibody, CSF

Order Name: **CSF E CHAF**
Test Number: 5565275

TEST COMPONENTS	REV DATE:6/9/2003
Test Name:	**Methodology:**
Ehrlichia chaffeensis IgG Antibody, CSF	IFA
Ehrlichia chaffeensis IgM Antibody, CSF	IFA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL**	**CSF**	**Sterile Screwtop Container**	**Refrigerated**

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	3 Days
Clinical Use:	E. chaffeensis is a tick-borne disease common to the OK/ARK/MO/KS area. Peak titers will occur at 6 weeks after onset. Only 22% will be positive after 1 week, 68% after 2 weeks and 100% after 4 weeks.
Cpt Code(s):	86682X2

Ehrlichia chaffeensis Antibody, IgM, IgG

Order Name: **E CHAFF AB**
Test Number: 5565250

TEST COMPONENTS	REV DATE:6/9/2003
Test Name:	**Methodology:**
Ehrlichia chaffeensis IgG Antibody	IFA
Ehrlichia chaffeensis IgM Antibody	IFA

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

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	3 Days
Clinical Use:	E. chaffeensis is a tick-borne disease common to the OK/ARK/MO/KS area. Peak titers will occur at 6 weeks after onset. Only 22% will be positive after 1 week, 68% after 2 weeks and 100% after 4 weeks.
Cpt Code(s):	86666X2

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Electrolytes Panel

Order Name: **ELECT PNL**
Test Number: 2919175

TEST COMPONENTS	REV DATE:6/17/2003
Test Name:	**Methodology:**
Sodium	ISE
Potassium Serum/Plasma	ISE
Chloride	ISE
Bicarbonate	Enz
Anion Gap Calculated	Calculation

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special 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

TEST COMPONENTS	REV DATE:1/18/2011
Test Name:	**Methodology:**
Electrolytes, Feces	ISE

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**10gm (1gm)**	**Stool, 24 or 72-hour**	**Stool Specimen Container, Large for 24 or 72 hour Collections (White)**	**Frozen**
Alternate Specimen:	**10gm (1gm)**	**Stool, Random**	**Stool specimen container**	**Frozen**
Special Instructions:	10g(1g) aliquot from well-mixed, 24-hour or random stool in a clean unpreserved stool transport vial. **Indicate Collection duration on spcimen.** Stool must be liquid. **Do not add saline or water to liquefy specimen.** Unacceptable Conditions: Formed or viscous stool. Stability: Ambient= Unacceptable; Refrigerated= 1 week; Frozen= 1 month			

GENERAL INFORMATION	
Testing Schedule:	Tues, Thur
Expected TAT:	4 Days
Cpt Code(s):	82438; 84999; 84302

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Electrolytes, Urine Random

Order Name: **ELECT UR**
Test Number: 2012575

TEST COMPONENTS	REV DATE:6/11/2003
Test Name:	**Methodology:**
Chloride Urine Random	ISE
Potassium Urine Random	ISE
Sodium Urine Random	ISE

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Urine, Random**	**Sterile Urine container**	**Refrigerated**
Special 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

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Electrophoresis, Protein, CSF, with Total Protein

Order Name: **CSF ELECT**
Test Number: 5586625

TEST COMPONENTS	REV DATE:1/11/2010
Test Name:	**Methodology:**
Electrophoresis, Protein, CSF, with Total Protein	EP

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**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

ENA Screen

Order Name: **ENA SCR**
Test Number: 5570050

TEST COMPONENTS	REV DATE:7/15/2008
Test Name:	**Methodology:**
ENA Screen	EIA

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

GENERAL INFORMATION	
Testing Schedule:	Mon, Wed, Fri
Expected TAT:	7 Days
Clinical Use:	Screen for specific antibodies (e. g. anti-RNP anti-Sm, anti-SS-A/Ro, anti-SS-B/La, Jo-1, anti-Scl-70) associated with various mixed connective tissue diseases.
Notes:	Test includes: Ant-Sm, Anti-RNP, Anti-SSA/Ro, Anti-SSB/La, Jo-1, Anti-Scl-70.
Cpt Code(s):	86235

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Entamoeba histolytica Antibody (IgG)

Order Name: **E HISTO AB**
Test Number: 5584540

TEST COMPONENTS	REV DATE:2/23/2009
Test Name:	**Methodology:**
Entamoeba histolytica Antibody (IgG)	ELISA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.2)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special 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

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Enterovirus Antibody Panel (CSF)

Order Name: **CSF ENTERO**
Test Number: 5573150

TEST COMPONENTS	REV DATE:8/28/2007
Test Name:	**Methodology:**
Coxsackie A Virus Antibodies - CSF	CF
Coxsackie B Virus Antibodies - CSF	CF
Echovirus Antibodies - CSF	CF
Poliovirus Antibodies - CSF	CF

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**7 mL (3.5)**	**CSF (Cerebrospinal Fluid)**	**Sterile Screwtop Container**	**Refrigerated**
Special 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

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Enterovirus DNA PCR

Order Name: **CSF ENTPCR**
Test Number: 5586525

TEST COMPONENTS	REV DATE:2/23/2009
Test Name:	**Methodology:**
Enterovirus DNA PCR	PCR

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 mL (0.25mL)**	**CSF (Cerebrospinal Fluid)**	**Sterile Screwtop Container**	**Frozen**
Alternate Specimen:	**2 mL (0.25mL)**	**Plasma**	**EDTA (Lavender Top)**	**Frozen**
Special Instructions:	**Stability: Ambient= 1hr, Refrigerated= 24hrs, Frozen= 3mo.** Freeze CSF in a sterile container ASAP. Spin EDTA blood sample and remove plasma and freeze in plastic aliquot tube ASAP. **Please indicate the specimen source on the specimen and requisition.**			

GENERAL INFORMATION	
Testing Schedule:	Sun-Sat
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

Environmental Culture

Order Name: **C ENVIR**
Test Number: 6001650

TEST COMPONENTS	REV DATE:6/12/2003
Test Name:	**Methodology:**
Environmental Culture	Culture

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:		**See Instructions**	**See Instructions**	**Room Temperature**
Special Instructions:	Send liquid samples to be tested in sterile container. Alternately, the site may be swabbed with aerobic white swabs.			

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	4 Days
Clinical Use:	Identifies presence of bacteria on environmental objects
Cpt Code(s):	87070

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Eosinophil Count, Absolute

Order Name: **EOS CT ABS**
Test Number: 100050

TEST COMPONENTS	REV DATE:6/9/2003
Test Name:	**Methodology:**
Eosinophil Count, Absolute	FC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**4 mL (1)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**
Alternate Specimen:	**4 mL (1)**	**Whole Blood**	**EDTA (Lavender) Microtainer/Bullet**	**Room Temperature**

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: 107800

TEST COMPONENTS	REV DATE:6/20/2003
Test Name:	**Methodology:**
Eosinophil % For Eos Smear	
Epithelial For Eos Smear	
Neutrophil % For Eos Smear	

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:		**Nasal Smear**	**Glass Slides with Holder**	**Room Temperature**
Alternate Specimen:		**Nasal Swab**	**PNP Swab (Green Cap)**	**Room Temperature**
		sputum or bronchial washings	**Sterile Screwtop Plastic Container**	**Room Temperature**

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	1 Day
Cpt Code(s):	89190

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Eosinophil, Urine

Order Name: **EOS URINE**
Test Number: 1001600

TEST COMPONENTS	REV DATE:6/9/2003
Test Name:	**Methodology:**
Eosinophil, Urine	MC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**10 mL (1)**	**Urine, Random**	**Sterile Screwtop Plastic Container**	**Room Temperature**
Special Instructions:	Early morning specimens preferred. Refrigerate or deliver to lab immediately.			

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	1 Day
Cpt Code(s):	89050

Epstein Barr Virus DNA, Quantitative Real-Time PCR

Order Name: **EBV PCR QN**
Test Number: 5580775

TEST COMPONENTS	REV DATE:8/2/2010
Test Name:	**Methodology:**
Epstein Barr Virus DNA, Quantitative Real-Time PCR	PCR

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.3)**	**EDTA Whole Blood**	**EDTA (Lavender Top)**	**Refrigerated**
Alternate Specimen:	**1 mL (0.3)**	**Plasma**	**EDTA (Lavender Top)**	**Refrigerated**
	1 mL (0.3)	**CSF (Cerebrospinal Fluid)**	**Sterile Screwtop Container**	**Refrigerated**
Special Instructions:	Stability: **Whole Blood:** Room temperature: 48 Hours, Refrigerated: 8 Days, Frozen: N/A. **Plasma,CSF:** Room temperature: 48 Hours, Refrigerated: 8 Days, Frozen: 30 Days.			

GENERAL INFORMATION	
Testing Schedule:	Sun-Sat
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

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Epstein Barr Virus, Viral Capsid Antibodies (EBV-VCA IgG & IgM Ab)

Order Name: **VCA AB G/M**
Test Number: 5580925

TEST COMPONENTS	REV DATE:6/11/2003
Test Name:	**Methodology:**
EBV (Epstein Barr Virus) Anti Vca-G	
EBV (Epstein Barr Virus) Anti Vca-M	

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**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: 107000

TEST COMPONENTS	REV DATE:5/14/2010
Test Name:	**Methodology:**
Erythrocyte Sedimentation Rate (ESR) (Sed Rate)	Westergren

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**4mL (1.5mL)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**
Special Instructions:	Specimen must be tested within the first 24 hours of collection.			

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	1 Day
Clinical Use:	The erythrocyte sedimentation rate is used as a marker of tissue inflammation.
Cpt Code(s):	85652

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Erythropoietin (EPO)

Order Name: **ERYTHRO**
Test Number: 2022575

TEST COMPONENTS	REV DATE:12/6/2005
Test Name:	**Methodology:**
Erythropoietin (EPO)	CIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special 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. Serum separator tube (SST) (gold or red), allow specimen to clot fully, centrifuge, and refrigerate serum. **Serum Stability:** Refrigerated = 7Days; Frozen = 2Mo.			

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	1-3 Days
Cpt Code(s):	82668

Estradiol Serum

Order Name: **ESTRADIOL**
Test Number: 2006475

TEST COMPONENTS	REV DATE:2/22/2011
Test Name:	**Methodology:**
Estradiol Serum	CIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Special Instructions:	Specify age and sex on requisition. Specimen stability: Refrigerated 2 days. Frozen 2 months.			

GENERAL INFORMATION	
Testing Schedule:	Mon-Fri
Expected TAT:	1-3 days
Clinical Use:	Useful for evaluation of hypogonadism in the female, evaluation of estrogen producing tumors and feminization in males and in assessing ovarian status in in vitro fertilization patients.
Cpt Code(s):	82670

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Estradiol, Serum Ultra Sensitive (17 Beta-Estradiol, E2)

Order Name: **ULTR ESTRD**

Test Number: 3600375

TEST COMPONENTS	REV DATE:5/3/2011
Test Name:	**Methodology:**
Estradiol, Serum Ultra Sensitive (17 Beta-Estradiol, E2)	LC/MS/MS

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2.5 mL (0.2)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Special 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:	Estradiol-17b (E2) is the major bioactive estrogen produced in the ovary. Serum E2 is measured to determine the estrogen status of women, such as in some cases of amenorrhea, and as a guide to monitoring follicular development during induction of ovulation. E2 is also produced by the adrenal glands, and in males by the testes, as well as via peripheral conversion from testosterone. The assay has high sensitivity well suited to measurements in children.
Cpt Code(s):	82670

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Estriol, Serum

Order Name: **ESTRIOL**
Test Number: 3801500

TEST COMPONENTS	REV DATE:6/10/2010
Test Name:	**Methodology:**
Estriol, Serum	LC/MS/MS

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.3)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Special Instructions:	Preferred specimen is Serum from Red No-Gel clot tube.			

GENERAL INFORMATION	
Testing Schedule:	Tues-Thur, Sat
Expected TAT:	3 Days
Notes:	(Note: SST GEL TUBES and AMNIOTIC FLIUID - No Longer Acceptable! 6-14-2010)
Cpt Code(s):	82677

Estrogen

Order Name: **ESTROGEN**
Test Number: 2024025

TEST COMPONENTS	REV DATE:3/22/2007
Test Name:	**Methodology:**
Estrogen	RIA

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

GENERAL INFORMATION	
Testing Schedule:	Sun-Sat
Expected TAT:	3-4 days following set up
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

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Estrogens Fractionated

Order Name: **ESTROG FRA**
Test Number: 3618875

TEST COMPONENTS	REV DATE:6/10/2010
Test Name:	**Methodology:**
Estradiol, Serum Ultra Sensitive (17 Beta-Estradiol, E2)	LC/MS/MS
Estriol, Serum	LC/MS/MS
Estrone	LC/MS/MS

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**4 mL (1)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Special 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

Estrone

Order Name: **ESTRONE**
Test Number: 3605650

TEST COMPONENTS	REV DATE:3/19/2007
Test Name:	**Methodology:**
Estrone	LC/MS/MS

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2.5 mL (0.2)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Special 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

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Ethanol Screen

Order Name: **ETHANOL SC**
Test Number: 4301875

TEST COMPONENTS	REV DATE:5/23/2006
Test Name:	**Methodology:**
Ethanol Screen	Enzymatic

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Green/Gray Top)**	**Refrigerated**
Alternate Specimen:	**1 mL (0.5)**	**Serum**	**Clot activator SST (Red/Gray or Tiger top)**	**Refrigerated**
Special 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):	80101

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Ethosuximide (Zarontin)

Order Name: **ETHOSUXIM**
Test Number: 4002550

TEST COMPONENTS	REV DATE:12/15/2009
Test Name:	**Methodology:**
Ethosuximide (Zarontin)	EIA

SPECIMEN REQIREMENTS	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Alternate Specimen:	**1 mL (0.5)**	**Plasma**	**EDTA (Lavender Top)**	**Refrigerated**
	1 mL (0.5)	**Plasma**	**Sodium Heparin (Green Top)**	**Refrigerated**
Special Instructions:	**Do not use gel barrier tubes.**Optimum time to collect sample: 4 hours post oral dose			

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	2-3 Days
Clinical Use:	Ethosuximide is an anticonvulsant used to treat patients with petit mal, myoclonic, and akinetic seizures. Therapeutic drug monitoring is useful to optimize dose and avoid toxicity.
Cpt Code(s):	80168

Euglobulin Clot Lysis Time

Order Name: **EUG LYSIS**
Test Number: 1500950

TEST COMPONENTS	REV DATE:5/20/2009
Test Name:	**Methodology:**
Euglobulin Clot Lysis Time	

SPECIMEN REQIREMENTS	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 mL**	**Plasma**	**Sodium Citrate 3.2% (Blue Top)**	**Frozen**
Special Instructions:	To avoid release of plaminogen activator, do not massage vein vigorously, pump first excessively or leave tourniquet in place for a prolonged period. Double spin within 30 minutes after collection to get platelet-poor plasma and freeze. Ship specimens frozen on dry ice. Keep samples in a -60 to -80 degree C freezer if they cannot be shipped promptly. Prohibit exercise prior to drawing sample.			

GENERAL INFORMATION	
Testing Schedule:	Wed
Expected TAT:	3-4 Days
Cpt Code(s):	85360

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Eye Culture and Stain

Order Name: **C EYE RTS**
Test Number: 6002006

TEST COMPONENTS	REV DATE:7/2/2003
Test Name:	**Methodology:**
Eye Culture and Stain	Culture

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:		**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

TEST COMPONENTS	REV DATE:12/28/2006
Test Name:	**Methodology:**
Factor 10 (X) Assay	CLOT

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2.7 mL**	**Whole Blood**	**Sodium Citrate 3.2% (Blue Top)**	**Ambient whole blood or frozen aliquots**
Alternate Specimen:	**2.7 mL**	**Double Spun Plasma**	**Sterile, Capped Plastic Tube**	**Ambient whole blood or frozen aliquots**
Special Instructions:	**Please indicate anticoagulant therapy.**Tubes must be filled to the proper level, no hemolysis. Improperly filled tubes can give erroneous results. Whole blood must be transported to lab immediately. If sending citrated plasma aliquots, they must be double spun then aliquot 1. 5 ml plasma from each tube into individual plastic aliquot tubes and freeze. **Do not pool aliquots together!**			

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	1 Day
Clinical Use:	This assay measures the clotting ability of Factor 10. This assay is used to aid in the diagnosis of coagulation factor deficiencies that may present with menorrhagia, ecchymosis,central nervous system bleeding and excessive bleeding after childbirth.
Cpt Code(s):	85260

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Factor 10a (Xa) Inhibition, Low Molecular Weight Heparin (LMWH)

Order Name: **LMWHEPARIN**

Test Number: 1506175

TEST COMPONENTS	REV DATE:7/15/2008
Test Name:	**Methodology:**
Factor 10a (Xa) Inhibition, Low Molecular Weight Heparin (LMWH)	Chrom

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2.7 mL**	**Whole Blood**	**Sodium Citrate 3.2% (Blue Top)**	**Ambient whole blood or frozen aliquots**
Alternate Specimen:	**2.7 mL**	**Double Spun Plasma**	**Sterile, Capped Plastic Tube**	**Ambient whole blood or frozen aliquots**
Special Instructions:	**Please indicate anticoagulant therapy.** Should collect at 4 hours post subcutaneous injection. Tube must be filled to the proper level, no hemolysis. Improperly filled tubes can give erroneous results. Whole blood must be transported to lab within 1 hour 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!**			

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	1 Day
Clinical Use:	The assesment of the anti-Xa effect of heparin by this method gives a high sensitivity in detecting Low Molecular Weight Heparin levels.
Cpt Code(s):	85520

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Factor 10a (Xa) Inhibition, Unfractionated Heparin.

Order Name: **UNFRAC HEP**
Test Number: 1507100

TEST COMPONENTS	REV DATE:5/8/2007
Test Name:	**Methodology:**
Factor 10a (Xa) Inhibition, Unfractionated Heparin.	Chrom

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2.7 mL**	**Whole Blood**	**Sodium Citrate 3.2% (Blue Top)**	**Ambient whole blood or frozen aliquots**
Alternate Specimen:	**2.7 mL**	**Double Spun Plasma**	**Sterile, Capped Plastic Tube**	**Ambient whole blood or frozen aliquots**
Special 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 within 2 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!**			

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	1 Day
Clinical Use:	The assesment of the anti-Xa effect of heparin by this method gives a high sensitivity in detecting Unfractionated Heparin levels.
Cpt Code(s):	85520

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Factor 11 (XI) Assay

Order Name: **FACTOR 11**
Test Number: 1501300

TEST COMPONENTS	REV DATE:12/28/2006
Test Name:	**Methodology:**
Factor 11 (XI) Assay	CLOT

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2.7 mL**	**Whole Blood**	**Sodium Citrate 3.2% (Blue Top)**	**Room Temperature**
Alternate Specimen:	**2.7 mL**	**Double Spun Plasma**	**Sterile Screwtop Container**	**Room Temperature**
Special 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. **Do not pool aliquots together, DO NOT FREEZE!**			

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	1 Day
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.
Cpt Code(s):	85270

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Factor 12 (XII) Assay

Order Name: **FACTOR 12**
Test Number: 1501350

TEST COMPONENTS	REV DATE:12/28/2006
Test Name:	**Methodology:**
Factor 12 (XII) Assay	CLOT

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2.7 mL**	**Whole Blood**	**Sodium Citrate 3.2% (Blue Top)**	**Ambient whole blood or frozen aliquots**
Alternate Specimen:	**2.7 mL**	**Double Spun Plasma**	**Sterile, Capped Plastic Tube**	**Ambient whole blood or frozen aliquots**
Special Instructions:	**Please indicate anticoagulant therapy.**Tubes must be filled to the proper level, no hemolysis. Improperly filled tubes can give erroneous results. Whole blood must be transported to lab immediately. If sending citrated plasma aliquots, they must be double spun then aliquot 1. 5 ml plasma from each tube into individual plastic aliquot tubes and freeze. **Do not pool aliquots together!**			

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	1 Day
Clinical Use:	This assay measures the clotting abilityof Factor 12. This assay is used to aid in the diagnosis of coagulation deficiencies that are most ofter asymptomatic, rarely bleed and may even thrombose.
Cpt Code(s):	85280

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Factor 13 (XIII) Functional Assay

Order Name: **FACTOR 13**
Test Number: 1501425

TEST COMPONENTS	REV DATE:3/26/2010
Test Name:	**Methodology:**
Factor 13 (XIII) Functional Assay	Chrom

SPECIMEN REQIREMENTS

	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1.5mL (0.3)**	**Plasma**	**Sodium Citrate 3.2% (Blue Top)**	**Frozen**
Special Instructions:	Please indicate anticoagulant therapy. Tubes must be filled to the proper level, no hemolysis. Improperly filled tubes can give erroneous results. **Recommend quick-freezing the sample to keep coagulation Factor intact.** If sending citrated plasma aliquots, they must be double spun then aliquot 1. 5 ml plasma from each tube into individual plastic aliquot tubes and freeze. **Do not pool aliquots together!**			

GENERAL INFORMATION

Testing Schedule:	Sets up once a week
Expected TAT:	3-8 Days
Clinical Use:	Low Factor XIII levels ie. , <15% may cause a bleeding disorder and levels <2% have been associated with spontaneous intracranial hemorrhage.
Cpt Code(s):	85290

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Factor 2 (II) Assay

Order Name: **FACTOR 2**
Test Number: 1501000

TEST COMPONENTS	REV DATE:12/28/2006
Test Name:	**Methodology:**
Factor 2 (II) Assay	CLOT

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2.7 mL**	**Whole Blood**	**Sodium Citrate 3.2% (Blue Top) & EDTA (Lavender Top)**	**Ambient whole blood or frozen aliquots**
Alternate Specimen:	**2.7 mL**	**Double Spun Plasma**	**See Special Instructions**	**Ambient whole blood or frozen aliquots**
Special Instructions:	**Please indicate anticoagulant therapy.** Collect Two Sodium Citrate 3. 2% (Blue Top) tubes and One EDTA (Lavender Top) tube. Tubes must be filled to the proper level, no hemolysis. Improperly filled tubes can give erroneous results. Whole blood must be transported to lab immediately. If 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!** Keep EDTA (Lavender Top) tube as ambient whole blood, do not centrifuge.			

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	1 Day
Clinical Use:	This assay measures the clotting abilityof Factor 2. This assay is used to aid in the diagnosis of coagulation factor deficiencies that may present with postoperative bleeding, epistaxis, menorrhagia, and easy bruising.
Cpt Code(s):	85210

Factor 2 (II) Mutation Analysis (Prothrombin Gene Mutation 20210 Analysis)

Order Name: **FAC II MUT**
Test Number: 1515300

TEST COMPONENTS	REV DATE:10/19/2006
Test Name:	**Methodology:**
Factor 2 (II) Mutation Analysis (Prothrombin Gene Mutation 20210 Analysis)	INV

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**5 mL (3)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**
Special Instructions:	Keep specimen as whole blood at room temperature. Do not centrifuge, do not refrigerate. Specimen cannot be shared with other testing for risk of DNA contamination.			

GENERAL INFORMATION	
Testing Schedule:	Wednesdays
Expected TAT:	2-8 Days
Cpt Code(s):	83891, 83892x2, 83896x5, 83903, 83912, 83912-26

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Factor 5 (V) Assay

Order Name: **FACTOR 5**
Test Number: 1501050

TEST COMPONENTS	REV DATE:12/28/2006
Test Name:	**Methodology:**
Factor 5 (V) Assay	CLOT

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2.7 mL**	**Whole Blood**	**Sodium Citrate 3.2% (Blue Top) & EDTA (Lavender Top)**	**Ambient whole blood or frozen aliquots**
Alternate Specimen:	**2.7 mL**	**Double Spun Plasma**	**See Special Instructions**	**Ambient whole blood or frozen aliquots**
Special Instructions:	**Please indicate anticoagulant therapy.** Collect Two Sodium Citrate 3. 2% (Blue Top) tubes and One EDTA (Lavender Top) tube. Tubes must be filled to the proper level, no hemolysis. Improperly filled tubes can give erroneous results. Whole blood must be transported to lab immediately. If 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!** Keep EDTA (Lavender Top) tube as ambient whole blood, do not centrifuge.			

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	1 Day
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

TEST COMPONENTS	REV DATE:12/15/2009
Test Name:	**Methodology:**
Factor 5 (V) Leiden Mutation Analysis	INV

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**5 mL (3)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**
Alternate Specimen:	**5 mL (3)**	**Whole Blood**	**Sodium Citrate 3.2% (Blue Top) & EDTA (Lavender Top)**	**Room Temperature**
Special Instructions:	Keep EDTA specimen as whole blood at room temperature. Do not centrifuge, do not refrigerate. Specimen cannot be shared with other testing for risk of DNA contamination. (Note: Sodium Citrate 3. 2% blue top is not manditory specimen but can be useful in coag workup.)			

GENERAL INFORMATION	
Testing Schedule:	Wednesdays
Expected TAT:	2-8 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):	83891, 83892x2, 83896x5, 83903, 83912

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Factor 7 (VII) Assay

Order Name: **FACTOR 7**
Test Number: 1501100

TEST COMPONENTS	REV DATE:12/28/2006
Test Name:	**Methodology:**
Factor 7 (VII) Assay	CLOT

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2.7 mL**	**Whole Blood**	**Sodium Citrate 3.2% (Blue Top)**	**Ambient whole blood or frozen aliquots**
Alternate Specimen:	**2.7 mL**	**Double Spun Plasma**	**Sterile, Capped Plastic Tube**	**Ambient whole blood or frozen aliquots**
Special Instructions:	**Please indicate anticoagulant therapy.**Tubes must be filled to the proper level, no hemolysis. Improperly filled tubes can give erroneous results. Whole blood must be transported to lab immediately. If sending citrated plasma aliquots, they must be double spun then aliquot 1. 5 ml plasma from each tube into individual plastic aliquot tubes and freeze. **Do not pool aliquots together!**			

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	1 Day
Clinical Use:	This assay measures the clotting ability of Factor 7. This assay is used to aid in the diagnosis of coagulation deficiencies that may present with epistaxis, menorrhagia or cerebral hemorrhage,
Cpt Code(s):	85230

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Factor 8 (VIII) Assay

Order Name: **FACTOR 8**
Test Number: 1501150

TEST COMPONENTS	REV DATE:9/7/2010
Test Name:	**Methodology:**
Factor 8 (VIII) Assay	CLOT

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2.7 mL**	**Whole Blood**	**Sodium Citrate 3.2% (Blue Top)**	**Ambient whole blood or frozen aliquots**
Alternate Specimen:	**2.7 mL**	**Double Spun Plasma**	**Sterile, Capped Plastic Tube**	**Ambient whole blood or frozen aliquots**
Special 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 (within 3. 5 hours of collection or process specimen to Frozen aliquots). If sending citrated plasma aliquots, they must be double spun then aliquot 1. 5 ml plasma from each tube into individual plastic aliquot tubes and freeze. **Do not pool aliquots together!**			

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	1 Day
Clinical Use:	This assay measures the clotting ability of factor 8. This assay is used to aid in the diagnosis of hemophilia A, von Willebrand disease, aquired deficiencies or factor 8, the response to factor 8 preparations, and the quality control of factor 8 preparations.
Cpt Code(s):	85240

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Factor 8 (VIII) Inhibitor Assay

Order Name: **FAC 8 INHB**
Test Number: 1502300

TEST COMPONENTS	REV DATE:12/28/2006
Test Name:	**Methodology:**
Factor 8 (VIII) Inhibitor Assay	CLOT

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**6 mL**	**Whole Blood**	**Sodium Citrate 3.2% (Blue Top)**	**Ambient whole blood or frozen aliquots**
Alternate Specimen:	**6 mL**	**Double Spun Plasma**	**Sterile, Capped Plastic Tube**	**Ambient whole blood or frozen aliquots**
Special Instructions:	**Please indicate anticoagulant therapy.**Tubes must be filled to the proper level, no hemolysis. Improperly filled tubes can give erroneous results. Whole blood must be transported to lab immediately. If sending citrated plasma aliquots, they must be double spun then aliquot 1. 5 ml plasma from each tube into individual plastic aliquot tubes and freeze. **Do not pool aliquots together!**			

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	1 Day
Clinical Use:	Factor 8 inhibitors are most commonly found in patients with severe hemophilia A. This assay is usually used to document the presence of these inhibitors and to titer their levels prior to surgery or to follow the response to plasma exchange.
Notes:	Includes a pathology interpretation.
Cpt Code(s):	85335

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Factor 9 (IX) Assay

Order Name: **FACTOR 9**
Test Number: 1501200

TEST COMPONENTS	REV DATE:12/28/2006
Test Name:	**Methodology:**
Factor 9 (IX) Assay	CLOT

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2.7 mL**	**Whole Blood**	**Sodium Citrate 3.2% (Blue Top)**	**Ambient whole blood or frozen aliquots**
Alternate Specimen:	**2.7 mL**	**Double Spun Plasma**	**Sterile, Capped Plastic Tube**	**Ambient whole blood or frozen aliquots**
Special Instructions:	**Please indicate anticoagulant therapy.**Tubes must be filled to the proper level, no hemolysis. Improperly filled tubes can give erroneous results. Whole blood must be transported to lab immediately. If sending citrated plasma aliquots, they must be double spun then aliquot 1. 5 ml plasma from each tube into individual plastic aliquot tubes and freeze. **Do not pool aliquots together!**			

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	1 Day
Clinical Use:	This assay measures the clotting ability of factor 9. This assay is used to aid in the diagnosis and management of hemophilia B patients.
Cpt Code(s):	85250

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Factor Inhibitor Assay

Order Name: **FACTR INHB**
Test Number: 1502325

TEST COMPONENTS	REV DATE:12/28/2006
Test Name:	**Methodology:**
Factor Inhibitor Assay	CLOT

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**6 mL**	**Whole Blood**	**Sodium Citrate 3.2% (Blue Top)**	**Ambient whole blood or frozen aliquots**
Alternate Specimen:	**6 mL**	**Double Spun Plasma**	**Sterile, Capped Plastic Tube**	**Ambient whole blood or frozen aliquots**
Special 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!** Please list the suspected factor inhibitor.			

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	1 Day
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

TEST COMPONENTS	REV DATE:6/9/2003
Test Name:	**Methodology:**
Fat Analysis, Urine	MC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**10 mL (5)**	**Urine, Random**	**Sterile Screwtop Plastic Container**	**Room Temperature**
Special 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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Febrile Agglutinins (Widal, Salmonella typhi Antibodies)

Order Name: **FEBRIL AGG**

Test Number: 5508985

TEST COMPONENTS	REV DATE:9/1/2009
Test Name:	**Methodology:**
Salmonella typhi H type A Total Antibody	ImmDOT
Salmonella typhi H type B Total Antibody	ImmDOT
Salmonella typhi H type D Total Antibody	ImmDOT
Salmonella typhi O type D Total Antibody	ImmDOT
Salmonella typhi O type Vi Total Antibody	ImmDOT

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2mL (1mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Alternate Specimen:	**2mL (1mL)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Special Instructions:	Unacceptable Specimens: Heat-inactivated, lipemic, contaminated, hemolytic, icteric or turbid specimens.			

GENERAL INFORMATION	
Testing Schedule:	Wed, Fri
Expected TAT:	3-7 Days
Cpt Code(s):	86768x5

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Fecal Fat Qualitative

Order Name: **FAT QL FEC**
Test Number: 3501010

TEST COMPONENTS	REV DATE:5/16/2003
Test Name:	**Methodology:**
Fecal Fat Qualitative	Nile Blue

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Fecal/Stool**	**Stool specimen container**	**Refrigerated**
Special Instructions:	Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	1-3 days
Clinical Use:	Useful for the evaluation of persons with intestinal malabsorption and investigation of suspected laxative abuse.
Cpt Code(s):	82705

Fecal Lipids, Total (Quantitative)

Order Name: **FAT QN FEC**
Test Number: 3500990

TEST COMPONENTS	REV DATE:2/23/2009
Test Name:	**Methodology:**
Fecal Lipids, Total (Quantitative)	grav

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**20 gm**	**Fecal/Stool**	**Sterile Screwtop Container**	**Refrigerated**
Special 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:	Sun-Sat
Expected TAT:	3-4 Days
Cpt Code(s):	82710

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Felbamate (Felbatol)

Order Name: **FELBAMATE**
Test Number: 3657650

TEST COMPONENTS	REV DATE:7/20/2005
Test Name:	**Methodology:**
Felbamate (Felbatol)	HPLC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Special Instructions:	Do not use gel barrier tubes. Optimum time to collect sample: 1 hour before next dose.			

GENERAL INFORMATION	
Testing Schedule:	Tues, Thur
Expected TAT:	3-4 Days
Cpt Code(s):	80299

Fentanyl and Metabolite Quant, Urine

Order Name: **FENTANYL U**
Test Number: 3602125

TEST COMPONENTS	REV DATE:12/18/2008
Test Name:	**Methodology:**
Fentanyl and Metabolite Quant, Urine	LC/MS/MS

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**4 mL (2)**	**Urine, Random**	**Sterile Screwtop Container**	**Refrigerated**
Special 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):	83925

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Ferritin

Order Name: **FERRITIN**
Test Number: 4500800

TEST COMPONENTS	REV DATE:7/16/2008
Test Name:	**Methodology:**
Ferritin	CIA

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

TEST COMPONENTS	REV DATE:5/23/2003
Test Name:	**Methodology:**
Fetal Bleed Screen	HA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**7 mL (3.5)**	**Whole Blood**	**EDTA (Pink Top)**	**Room Temperature**
Alternate Specimen:	**7 mL (3.5)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**
Special Instructions:	Patient must be Rh neg(D and Du)			

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	1 Day
Clinical Use:	Used as the first step in determining the necessary dosage of Rh Immunglobulin to administer post delivery from an Rh negative mom with an Rh positive infant.
Notes:	If the fetal bleed screen is positive a Kleihauer-Betke Fetal Hemaglobin stain will be performed at an additional charge.
Cpt Code(s):	85461

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Fetal Fibronectin

Order Name: **FETAL FIBR**
Test Number: 101925

TEST COMPONENTS	REV DATE:4/11/2008
Test Name:	**Methodology:**
Fetal Fibronectin	SPI

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**See Instructions**	**Swab**	**Adeza FFN Kit**	**Refrigerated**
Special Instructions:	Use Full Term Adeza Biomedical Collection kit ONLY. (Kits available from Specimen Services. Store kits refrigerated) **1.** The specimen should be obtained from the posterior fornix of the vagina during a speculum examination. The polyester tipped swab provided in the collection kit should be inserted into the vagina and lightly rotated across the posterior fornix for approximately 10 seconds to absorb the cervicalvaginal secretions. **2.** Carefully remove the swab from the vagina and immerse the swab tip in the tube of buffer provided with the specimen collection kit. **3.** Break the shaft (at the score) even with the top of the tube. Align the shaft with the hole inside the tube cap and push down lightly over the shaft, sealing the tube. **4.** Label the tube with the patients name and any other identifying information required on the tube label. Patients with suspected or known placental abruption, placenta previa, or moderate or gross vaginal bleeding should not be tested for fetal fibronectin. **Rejection criteria:** Specimens not collected in Adeza kit, Swabs contaminated with lubricant, soap, disinfectant, or cream (e. g. K-Y Jelly(R) lubricant, Betadine(R), disinfectant, Monistat(R) cream), Room temp samples received greater than 8hrs after collection, Specimens received in expired transport.			

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: 101800

TEST COMPONENTS	REV DATE:10/16/2008
Test Name:	**Methodology:**
Fetal RBC's	MC
Estimated Fetal Blood Volume	Calculation
Rh Immune Globulin Recommended	Calculation

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**4 mL (1)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**

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 Quantiative by HPLC

Order Name: **HGB F HPLC**
Test Number: 5000855

TEST COMPONENTS	REV DATE:10/16/2008
Test Name:	**Methodology:**
Fetal Hemoglobin Quantiative by HPLC	HPLC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**5 mL (0.5)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**
Special 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

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Fetal Lung Maturity Ratio (FLM)

Order Name: **FLM RATIO**
Test Number: 2007425

TEST COMPONENTS	REV DATE:8/6/2003
Test Name:	**Methodology:**
Amniotic Fluid Appearance	
Fetal Lung Maturity	FPIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 mL (1.0)**	**Amniotic Fluid**	**Sterile Screwtop Container**	**Frozen**
Special Instructions:	Visibly icteric samples should not be used as bilirubin may interfere. Sent to reference lab. Specimen stability: Refrigerated 2 days. Frozen 2 months.			

GENERAL INFORMATION	
Testing Schedule:	
Expected TAT:	1-2 days
Clinical Use:	Used to predict fetal lung maturity.
Cpt Code(s):	83663

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Fibrinogen

Order Name: **FIBRINOGEN**
Test Number: 1501600

TEST COMPONENTS	REV DATE:12/26/2008
Test Name:	**Methodology:**
Fibrinogen	CLOT

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2.7 mL**	**Whole Blood**	**Sodium Citrate 3.2% (Blue Top)**	**Ambient whole blood or frozen aliquots**
Alternate Specimen:	**2.7 mL**	**Double Spun Plasma**	**Sterile, Capped Plastic Tube**	**Ambient whole blood or frozen aliquots**
Special 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 testing cannot be started within 4 hours of collection the specimen must be double spun then 1. 5 ml plasma aliquot from each tube into individual plastic aliquot tubes and freeze. **Do not pool aliquots together!** **Specimen Stability:** Un-Frozen specimens are only good for 4 hours.			

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

Flecainide (Tambocor)

Order Name: **TAMBOCOR**
Test Number: 3618200

TEST COMPONENTS	REV DATE:7/14/2005
Test Name:	**Methodology:**
Flecainide (Tambocor)	HPLC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**4 mL (1.5)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Special Instructions:	Do not use gel barrier tubes. Optimum time to collect sample: 1 hour before next dose.			

GENERAL INFORMATION	
Testing Schedule:	Mon, Wed, Fri
Expected TAT:	3-4 Days
Cpt Code(s):	80299

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Flow Cytometry

Order Name: **FLOW**
Test Number: 5603005

TEST COMPONENTS	REV DATE:6/11/2003
Test Name:	**Methodology:**
Flow Cytometry	FC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**3 mL**	**Whole Blood**	**EDTA (Lavender Top) and Lithium Heparin (Dark Green Top / No-GEL)**	**Room Temperature**
Special Instructions:	Collect 3 mL EDTA (Lavander) and 7 mL Lithium Heparin (green no gel); deliver to laboratory (flow cytometry) ASAP. Do NOT centrifuge or refrigerate.			

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	2 Days
Clinical Use:	To perform the immunophenotype of blood or tissue to assist in the evaluation for lymphoproliferative disease or immunocompetence.
Cpt Code(s):	test dependant

Flow Cytometry on Bone Marrow

Order Name: **FLOW BM**
Test Number: 5582550

TEST COMPONENTS	REV DATE:6/11/2003
Test Name:	**Methodology:**
Flow Cytometry on Bone Marrow	FC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL**	**Bone Marrow**	**EDTA (Lavender Top)**	**Room Temperature**

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	2 Days
Clinical Use:	Assist in the diagnosis of a lymphoproliferative disease.
Cpt Code(s):	test dependant

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Flow Cytometry on Peripheral Blood

Order Name: **FLOW PB**
Test Number: 5582600

TEST COMPONENTS	REV DATE:7/2/2003
Test Name:	**Methodology:**
Flow Cytometry on Peripheral Blood	FC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**See Special Instructions**	**Whole Blood**	**EDTA (Lavender Top) and Lithium Heparin (Dark Green Top / No-GEL)**	**Room Temperature**
Special Instructions:	Collect both 4. 5 mL Whole Blood EDTA (Lavander) and 5-7 mL whole blood in a Lithium Heparin (green no gel); Please deliver to laboratory (flow cytometry) asap. Test must begin with in 8 hrs of draw. Do not centrifuge or refrigerate.			

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	2 Days
Clinical Use:	Assist in the diagnosis of a lymphoproliferative disease.
Cpt Code(s):	Test Dependant

Fluorescent Treponemal Antibody-Absorption (FTA - ABS)

Order Name: **FTA**
Test Number: 5500700

TEST COMPONENTS	REV DATE:1/17/2011
Test Name:	**Methodology:**
Fluorescent Treponemal Antibody-Absorption (FTA - ABS)	SSI

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.2)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**

GENERAL INFORMATION	
Testing Schedule:	Mon - Sat
Expected TAT:	2-3 Days
Cpt Code(s):	86780

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Fluphenazine

Order Name: **FLUPHENAZ**
Test Number: 4000125

TEST COMPONENTS	REV DATE:10/22/2010
Test Name:	**Methodology:**
Fluphenazine	GC/MS

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**3mL (2.2mL)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Special Instructions:	Allow to clot, then promptly centrifuge and separate Serum into a plastic screw capped vial using approved guidelines. Optimal time to draw: 1-2 hr post oral dose at steady state.			

GENERAL INFORMATION	
Testing Schedule:	Tues, Thur
Expected TAT:	3-4 Days
Cpt Code(s):	84022

Folic Acid (Folate)

Order Name: **FOLIC ACID**
Test Number: 4500950

TEST COMPONENTS	REV DATE:10/25/2006
Test Name:	**Methodology:**
Folic Acid (Folate)	CIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**See Instructions**
Special 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)

Order Name: **FSH**
Test Number: 3601200

TEST COMPONENTS	REV DATE:2/15/2010
Test Name:	**Methodology:**
Follicle Stimulating Hormone (FSH)	CIA

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

GENERAL INFORMATION	
Testing Schedule:	Sun - Fri
Expected TAT:	1-3 days
Clinical Use:	Useful for evaluation of menstrual irregularities, work-up of patients with suspected hypogonadism, prediction of ovulation, evaluation of infertility and the diagnosis of pituitary disorders.
Cpt Code(s):	83001

Follicle Stimulating Hormone (FSH), Pediatrics

Order Name: **ULTRA FSH**
Test Number: 3601225

TEST COMPONENTS	REV DATE:3/3/2009
Test Name:	**Methodology:**
Follicle Stimulating Hormone (FSH), Pediatrics	ECIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.3)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special Instructions:	Allow specimen to clot completely at room temperature. Separate serum from cells ASAP. Unacceptable Conditions: Hemolyzed specimens. Stability after separation from cells: Ambient= 8 hours, Refrigerated= 2 weeks, Frozen= 6 months.			

GENERAL INFORMATION	
Testing Schedule:	Sun-Sat
Expected TAT:	2-3 Days
Clinical Use:	GnRH and FSH production ar regulated by negative feedback systems whereby low levels of gonadal hormones stimulate and high levels inhibit circulating FSH levels. Thus, high FSH levels indicate primary gonadal failure in patients with testicular or ovarian disorders. Conversely, low levels of serum FSH are indicative of pituitary or hypothalimic disease.
Cpt Code(s):	83001

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Follicle Stimulating Hormone (FSH), Urine

Order Name: **FSH 24 U**
Test Number: 3601175

TEST COMPONENTS	REV DATE:8/19/2010
Test Name:	**Methodology:**
Follicle Stimulating Hormone (FSH), Urine	CIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**25 mL**	**Urine, 24-hour**	**24 hour Urine Container**	**Refrigerated**
Special Instructions:	25 mL from a 24-hour urine collection. **At the start of collection add 10g of boric acid as preservative** Use 5g boric asic if patient is less than 10 years old. Mix well before taking 25-mL aliquot refrigerated in a plastic screw top sterile urine container. Patient's age, sex, and 24-hour volume are required on request form for processing.			

GENERAL INFORMATION	
Testing Schedule:	Mon-Fri
Expected TAT:	2-4 Days
Cpt Code(s):	83001

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

Order Name: **FOLLC FISH**
Test Number: 116975

TEST COMPONENTS	REV DATE:7/13/2007
Test Name:	**Methodology:**
Follicular Lymphoma, IGH/BCL2, t(14;18) by FISH	FISH

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**3 mL (2)**	**Whole Blood**	**Sodium Heparin (Green Top)**	**Room Temperature**
Alternate Specimen:	**3 mL (2)**	**Bone Marrow**	**Sodium Heparin (Green Top)**	**Room Temperature**
Special Instructions:	5-3mL Whole blood or 3-2mL of Bone marrow in a dark green Sodium Heparin tube. Keep specimen at room temperature. Do not centrifuge.			

GENERAL INFORMATION	
Testing Schedule:	As Needed
Expected TAT:	5 Days
Clinical Use:	Useful to diagnose follicular lymphoma (&gt75%) and some diffuse large B-cell lymphomas.
Cpt Code(s):	88271 (x2); 88275; 88291

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Forearm Ischemic Exercise Test

Order Name: **ISCHEMIC**
Test Number: 2001125

TEST COMPONENTS	REV DATE:6/24/2003
Test Name:	**Methodology:**
Forearm Ischemic Exercise Test	

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Plasma**	**Sodium flouride (gray top)**	**Refrigerated**
Special Instructions:	On ice to lab immediately. Call (918) 744-2500 to scheduled with chemistry. Mon - Fri, 0900-1300. Pathologist will assist with procedure at main lab.			

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	1-2 days
Clinical Use:	Useful as a screening test for defects in glycogenolysis and other defects on glycogen metabolism such as myophoserylase deficiency.
Notes:	Lactate and ammonia are drawn simultaneously at different intervals. For more information on this test, access our "Specialized Tests" section.
Cpt Code(s):	83605x5; 82140x5; 80500

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Fragile X PCR Screen with Reflex

Order Name: **FRAGILE X**
Test Number: 116475

TEST COMPONENTS	REV DATE:6/17/2010
Test Name:	**Methodology:**
Fragile X PCR Screen	PCR
Fragile X Southern Blot (If Reflexed)	SB

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**5 mL (3)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**
Special Instructions:	Keep EDTA whole blood at room temperature. Do not centrifuge or aliquot of specimen. Do not share specimen with other tests. Specimen Stability: 8 Days at room temperature.			

GENERAL INFORMATION	
Testing Schedule:	Sun-Sat
Expected TAT:	3-5 Days
Clinical Use:	A physician may recommend testing if a woman who is planning a pregnancy has a family history of fragile X syndrome or mental retardation or if she shows possible symptoms of fragile X syndrome.
Notes:	PCR screen results may reflex to Southern Blot Analysis Fragile X PCR Screen - cpt codes: 83891, 83900, 83898, 83909x2, 83912 Fragile X Southern Blot - cpt codes: 83891, 83892x2, 83894, 83896, 83897, 83912 *(2-22-2010)*
Cpt Code(s):	See Notes

Fructosamine

Order Name: **FRUCTOSAME**
Test Number: 3610025

TEST COMPONENTS	REV DATE:5/16/2003
Test Name:	**Methodology:**
Fructosamine	Colorimetric

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

GENERAL INFORMATION	
Testing Schedule:	Tues - Sat
Expected TAT:	3-4 Days
Cpt Code(s):	82985

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Fungal Stain

Order Name: **C FUNG ST**
Test Number: 6000710

TEST COMPONENTS		REV DATE:7/2/2003
Test Name:	**Methodology:**	
Fungal Stain	Culture	

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:		**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

TEST COMPONENTS		REV DATE:6/12/2003
Test Name:	**Methodology:**	
Fungus Culture	Culture	

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:		**Sputum**	**Sterile Screwtop Container**	**Room Temperature**
Alternate Specimen:		**Tissue**	**Sterile Screwtop Container**	**Room Temperature**
		Fluid	**Sterile Screwtop Container**	**Room Temperature**
Special Instructions:	Collect sputum, tissues, or fluids in sterile container; lesions in culturette			

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	28 Days
Clinical Use:	Determines yeast or fungal infections
Cpt Code(s):	87102

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Fungus Culture for Skin, Hair or Nails

Order Name: **C FUNGUS 2**
Test Number: 6000325

TEST COMPONENTS	REV DATE:6/12/2003
Test Name:	**Methodology:**
Fungus Culture for Skin, Hair or Nails	Culture

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:		**Skin Scrappings**	**Sterile container**	**Room Temperature**
Alternate Specimen:		**Clippings, cuttings, scrapings**	**Sterile container**	**Room Temperature**
Special 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

Gabapentin, Plasma

Order Name: **GABAPENTIN**
Test Number: 3658100

TEST COMPONENTS	REV DATE:6/7/2011
Test Name:	**Methodology:**
Gabapentin, Plasma	HPLC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2mL (1.5)**	**Plasma**	**EDTA (Lavender Top)**	**Room Temperature**
Alternate Specimen:	**2mL (1.5)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Room Temperature**
Special 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):	80299

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Galactose 1 Phosphate

Order Name: **GAL1PHOS**
Test Number: 3703875

TEST COMPONENTS	REV DATE:11/9/2007
Test Name:	**Methodology:**
Galactose 1 Phosphate	SPEC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**5 mL (4)**	**See Instructions**	**Sodium Heparin (Green Top)**	**Frozen**
Special Instructions:	**READ THIS BEFORE COLLECTION! - Sample must be processed within 4hrs of collection.** If your location cannot process the sample please send patient to RML main lab for collection. Samples collected off site must be processed within 4hrs of collection. **PROCESSING INSTRUCTIONS:** 1. Draw blood in a Sodium Heparin (green-top) tube. 2. Take 2mL aliquot of whole blood into plastic pour off tube and centrifuge for 10 minutes at 2,000 rpm. 3. Carefully pull off the plasma and buffy coat layers from the aliquot with pipette. 4. Add a cold 0. 9% saline solution to the cells (about 2 times the volume of cells). 5. Mix gently by inversion and centrifuge again for 10 minutes at 2,000 rpm. 6. Carefully pull off and discard the saline from the top of the cells with pipette. 7. Repeat the wash steps (3-5) 2 more times. 8. After the final centrifugation, Carefully pull off and discard the saline with pipette and a thin layer of the top cells. 9. Immediately freeze the washed, packed cells (red cell pellet from step 7) and send specimen frozen in plastic vial.			

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	3-5 Days
Clinical Use:	Confirmatory test used in determining Galactosemia, a hereditary autosomal recessive disorder.
Notes:	**Call RML before collecting specimen.**
Cpt Code(s):	84378

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Galactose-1-Phosphate Uridyltransferase (GPUT)

Order Name: **GALACTO 1**
Test Number: 2009400

TEST COMPONENTS	REV DATE:6/16/2003
Test Name:	**Methodology:**
Galactose-1-Phosphate Uridyltransferase (GPUT)	

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**5 mL (2)**	**Whole Blood**	**EDTA (Lavender top)**	**Refrigerated**
Special Instructions:	Do not freeze. Specify age and sex on test request form.			

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	3 Days
Clinical Use:	This is a Quantitative measurement of the enzyme GPUT.
Notes:	* This is Not GALACTOSE 1 PHOSPHATE see order name GAL 1 PHOS.
Cpt Code(s):	82775

Gamma Glutamyl Transferase (GGT)

Order Name: **GGT**
Test Number: 2002100

TEST COMPONENTS	REV DATE:6/5/2003
Test Name:	**Methodology:**
Gamma Glutamyl Transferase (GGT)	Enzymatic

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Special 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

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Ganglioside GM-1 Antibodies (IgG and IgM), EIA

Order Name: **GM1 GANGLI**
Test Number: 5565950

TEST COMPONENTS	REV DATE:5/6/2009
Test Name:	**Methodology:**
Ganglioside GM-1 Antibodies (IgG and IgM), EIA	EIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.2)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special Instructions:	Overnight fasting is preferred.			

GENERAL INFORMATION	
Testing Schedule:	Mon, Tues, Thur
Expected TAT:	5 Days
Clinical Use:	Ganglioside GM-1 Antibody IgG is associated with the Guillain-Barre syndrome, particularly the acute motor axonal neuropathy variant. Antibody IgM is associated with chronic multifocal motor neuropathy.
Cpt Code(s):	83520X2

Gardnerella Culture

Order Name: **G VAG CUL**
Test Number: 6002075

TEST COMPONENTS	REV DATE:8/13/2010
Test Name:	**Methodology:**
Gardnerella Culture	Cult

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:		**Swab**	**Aerobic Swab (White Cap)**	**Room Temperature**
Alternate Specimen:		**Swab**	**Anaerobic Gel Swab (Blue Cap)**	**Room Temperature**
Special 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

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GC/Chlamydia Probe

Order Name: **GC/CHL PRB**
Test Number: 5560330

TEST COMPONENTS	REV DATE:12/8/2010
Test Name:	**Methodology:**
Chlamydia Probe	BD Prb Tec
Neisseria Gonorrhea Probe	BD Prb Tec

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**SWAB or 8mL(4mL)**	**Urogenital Swab**	**BD ProbeTec Pink(F) or Blue(M)**	**Refrigerated**
Alternate Specimen:	**SWAB or 8mL(4mL)**	**Urine, Random**	**Sterile Urine container**	**Refrigerated**
Special Instructions:	Urogenital Swab collection in BD ProbeTec kit, Keep Refrigerated. If urine is used, collect 8mL(4mL) fresh urine specimen in a Sterile Urine Container and refrigerate within 30 minutes.			

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	3 Days
Clinical Use:	Amplified Probe technique helps diagnose Neisseria gonorrhoea and Chlamydia trachomatis infections.
Notes:	Sexually Transmitted Disease
Cpt Code(s):	87491; 87591

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Gentamicin

Order Name: **GENTAMICIN**
Test Number: 4002800

TEST COMPONENTS	REV DATE:6/11/2003
Test Name:	**Methodology:**
Gentamicin	EMIT

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special 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

TEST COMPONENTS	REV DATE:6/11/2003
Test Name:	**Methodology:**
Gentamicin Peak	EMIT

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special Instructions:	Peak: draw 30 minutes to 1 hour after IV infusion. 1 hour after IM dose. Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	1-2 days
Clinical Use:	Used to monitor antimicrobials levels in treated patients.
Cpt Code(s):	80170

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Gentamicin Trough

Order Name: **GENTA TROU**
Test Number: 4003900

TEST COMPONENTS	REV DATE:6/11/2003
Test Name:	**Methodology:**
Gentamicin Trough	EMIT

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Special 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

Gliadan Deamidated Antibody, IgA and IgG

Order Name: **GLIADIN A**
Test Number: 5558560

TEST COMPONENTS	REV DATE:3/23/2011
Test Name:	**Methodology:**
Gliadan Deamidated Antibody, IgA and IgG	EIA

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

GENERAL INFORMATION	
Testing Schedule:	Thur
Expected TAT:	7 Days
Clinical Use:	Assist in diagnosis of celiac disease; however, interpret results with caution due to the propensity of assay false positives. Useful to monitor diet compliance in celiac patients.
Cpt Code(s):	83516x2

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Gliadin Deamidated Antibody, IgA

Order Name: **GLIAD IGA**
Test Number: 5537575

TEST COMPONENTS	REV DATE:3/23/2011
Test Name:	**Methodology:**
Gliadin Deamidated Antibody, IgA	EIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1.0 mL (0.5)**	**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):	83516

Gliadin Deamidated Antibody, IgG

Order Name: **GLIAD IGG**
Test Number: 5537550

TEST COMPONENTS	REV DATE:3/23/2011
Test Name:	**Methodology:**
Gliadin Deamidated Antibody, IgG	EIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1.0 mL (0.5)**	**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):	83516

REGIONAL MEDICAL LABORATORY
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Glomerular Basement Membrane Antibody (GBM Ab)

Order Name: **GBM AB**
Test Number: 5564400

TEST COMPONENTS	REV DATE:8/19/2010
Test Name:	**Methodology:**
Glomerular Basement Membrane Antibody (GBM Ab)	EIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**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):	86256

Glucagon

Order Name: **GLUCAGON**
Test Number: 2007000

TEST COMPONENTS	REV DATE:11/3/2010
Test Name:	**Methodology:**
Glucagon	RIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**3 mL (1.1)**	**Plasma**	**EDTA (Lavender Top)**	**Frozen**
Special Instructions:	Overnight fasting is required. Stability: Room temperature: 7 Days, Refrigerated: 7 Days, Frozen: 28 Days			

GENERAL INFORMATION	
Testing Schedule:	Tues, Fri
Expected TAT:	5 Days
Cpt Code(s):	82943

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Glucose

Order Name: **GLUCOSE**
Test Number: 2002240

TEST COMPONENTS	REV DATE:11/12/2003
Test Name:	**Methodology:**
Glucose	Hexokinase

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Plasma**	**Sodium fluoride (gray top)**	**Refrigerated**
Alternate Specimen:	**1 mL (0.5)**	**Plasma**	**Lithium heparin PST (light green top)**	**Refrigerated**
	1 mL (0.5)	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special Instructions:	Lithium heparin and clot tube must be spun within 2 hours for the integrity of the specimen. Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	1-2 days
Clinical Use:	Glucose measurements are used in the diagnosis and treatment of carbohydrate metabolism disorders including diabetes mellitus, neonatal hypoglycemia and idiopathic hypoglycemia and pancreatic islet cell carcinoma.
Cpt Code(s):	82947

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Glucose 4 PM

Order Name: **GLUC 4 PM**
Test Number: 2002275

TEST COMPONENTS	REV DATE:6/11/2003
Test Name:	**Methodology:**
Glucose 4 PM	Hexokinase

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Plasma**	**Sodium fluoride (gray top)**	**Refrigerated**
Alternate Specimen:	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
	1 mL (0.5)	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special Instructions:	Lithium heparin and clot tube must be spun within 2 hours for the integrity of the specimen. Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	1-2 days
Clinical Use:	Glucose measurements are used in the diagnosis and treatment of carbohydrate metabolism disorders including diabetes mellitus, neonatal hypoglycemia and idiopathic hypoglycemia and pancreatic islet cell carcinoma.
Cpt Code(s):	82947

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Glucose Fasting

Order Name: **GLUC FAST**
Test Number: 2002150

TEST COMPONENTS	REV DATE:6/11/2003
Test Name:	**Methodology:**
Glucose Fasting	Hexokinase

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Plasma**	**Sodium fluoride (gray top)**	**Refrigerated**
Alternate Specimen:	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
	1 mL (0.5)	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special 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

TEST COMPONENTS	REV DATE:6/11/2003
Test Name:	**Methodology:**
Glucose Serous Fluid	Hexokinase

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Serous fluid**	**Sterile screwtop container**	**Refrigerated**
Special 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

REGIONAL MEDICAL LABORATORY
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Glucose Spinal Fluid

Order Name: **CSF GLUC**
Test Number: 3500600

TEST COMPONENTS	REV DATE:5/16/2003
Test Name:	**Methodology:**
Glucose Spinal Fluid	Hexokinase

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**0.5 mL (0.1)**	**CSF**	**Sterile screwtop container**	**See Instructions**
Special Instructions:	Patient should be informed, relaxed and properly positioned for lumbar puncture. Blood glucose is needed also, ideally it should drawn 2 hours before the lumbar puncture. Deliver to lab immediately. Specimen stability: Ambient 6 hours. Refrigerated 24 hours.			

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	1-2 days
Clinical Use:	Useful in diagnosing meningitis, helps to distinguish bacterial versus viral meningitis.
Cpt Code(s):	82945

Glucose Synovial Fluid

Order Name: **SYN GLUC**
Test Number: 3500800

TEST COMPONENTS	REV DATE:5/16/2003
Test Name:	**Methodology:**
Glucose Synovial Fluid	Hexokinase

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

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	1-2 days
Clinical Use:	Synovial fluid. See blood glucose.
Cpt Code(s):	82945

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Glucose Tolerance (1 Hour Only) Glucola

Order Name: **GLUC 1 HR**
Test Number: 2012650

TEST COMPONENTS	REV DATE:5/11/2011
Test Name:	**Methodology:**
Glucose Tolerance (1 Hour Only) Glucola	Hexokinase

SPECIMEN REQIREMENTS

	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Plasma**	**Sodium fluoride (gray top)**	**Refrigerated**
Alternate Specimen:	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
	1 mL (0.5)	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special Instructions:	If the patient is not pregnant please use **Glucose Tolerance (2 Hour Only)** order name **GLUC 2 HR**. Fasting is not necessary. Preferably performed at 28 weeks gestation. Give 50 grams of glucola. Draw 1 hour after glucola load. Lithium heparin and clot tube must be spun within 2 hours for the integrity of the specimen. Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION

Testing Schedule:	Daily
Expected TAT:	1-2 days
Clinical Use:	This is the screening test for gestational diabetes. It should only be performed on pregnant females. The reference ranges and interpretive data contain the established reference ranges, interpretive data, and criteria for confirming diagnosis of gestational diabetes. The glucola dosing is 50g.
Cpt Code(s):	82950

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Glucose Tolerance (2 Hour Only) Glucola

Order Name: **GLUC 2 HR**
Test Number: 2002250

TEST COMPONENTS	REV DATE:5/11/2011
Test Name:	**Methodology:**
Glucose Tolerance (2 Hour Only) Glucola	Hexokinase

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Plasma**	**Sodium Floride (Gray)**	**Refrigerated**
Alternate Specimen:	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
	1 mL (0.5)	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special Instructions:	According to the American Diabetes Association, Collect specimen 2 hours after the patient ingests 75 grams of Glucola. Lithium heparin and clot tube must be spun within 2 hours for the integrity of the specimen. **If doctor instructs the patient to ingest a Normal Meal, then orde GLUC 2HRPC Glucose Tolerance (2 Hour Only) Post Prandial.** Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	1-2 days
Clinical Use:	Criteria for Diagnosis of Diabetes from the American Diabetes Association recommends Random plasma glucose >200 mg/dl with symptoms (polyuria, polydypsia, and unexplained weight loss) repeated to confirm on subsequent day, or Fasting plasma glucose >126 mg/dl repeated to confirm, or 2-hr plasma glucose >200 mg/dl post 75g glucose challenge repeated to confirm.
Notes:	Glucose measurements are used in the diagnosis and treatment of carbohydrate metabolism disorders including diabetes mellitus, neonatal hypoglycemia and idiopathic hypoglycemia and pancreatic islet cell carcinoma.
Cpt Code(s):	82950

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Glucose Tolerance (2 Hour Only) Post Prandial

Order Name: **GLUC 2HRPC**
Test Number: 2002200

TEST COMPONENTS	REV DATE:5/4/2007
Test Name:	**Methodology:**
Glucose Tolerance (2 Hour Only) Post Prandial	Hexokinase

SPECIMEN REQIREMENTS	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Plasma**	**Sodium Floride (Gray)**	**Refrigerated**
Alternate Specimen:	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
	1 mL (0.5)	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special Instructions:	This test should only be used if the patient has been instructed by their physician to have glucose testing 2 hours after patient has ingested a normal meal. **If doctor instructs the patient to ingest Glucola, then order GLUC 2 HR Glucose 2 Hour Only.** Lithium heparin and clot tube must be spun within 2 hours for the integrity of the specimen. Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	1-2 days
Clinical Use:	Criteria for Diagnosis of Diabetes from the American Diabetes Association recommends Random plasma glucose >200 mg/dl with symptoms (polyuria, polydypsia, and unexplained weight loss) repeated to confirm on subsequent day, or Fasting plasma glucose >126 mg/dl repeated to confirm, or 2-hr plasma glucose >200 mg/dl post 75g glucose challenge repeated to confirm.
Notes:	Glucose measurements are used in the diagnosis and treatment of carbohydrate metabolism disorders including diabetes mellitus, neonatal hypoglycemia and idiopathic hypoglycemia and pancreatic islet cell carcinoma.
Cpt Code(s):	82947

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Glucose Tolerance (2 Hour) w/90 minute, w/o Urine

Order Name: **GTT 2 HR**
Test Number: 2016800

TEST COMPONENTS	REV DATE:5/11/2011
Test Name:	**Methodology:**
Glucose Fasting	Hexokinase
Glucose 0.5 Hour Tolerance	Hexokinase
Glucose 1 Hour Tolerance	Hexokinase
Glucose 1.5 Hour Tolerance	Hexokinase
Glucose 2 Hour Tolerance	Hexokinase

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Plasma**	**Sodium fluoride (gray top)**	**Refrigerated**
Alternate Specimen:	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
	1 mL (0.5)	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special Instructions:	Fasting overnight and during test. Patient may have water. Draw fasting specimen. Adults: Give 75 grams of glucola. Children: Adjusted amount of glucola to be calculated by lab. Call (918) 744-2500. Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	1-2 days
Clinical Use:	Criteria for Diagnosis of Diabetes from the American Diabetes Association recommends Random plasma glucose >200 mg/dl with symptoms (polyuria, polydypsia, and unexplained weight loss) repeated to confirm on subsequent day, or Fasting plasma glucose >126 mg/dl repeated to confirm, or 2hr plasma glucose >200 mg/dl post 75g glucose challenge repeated to confirm.
Notes:	For more information on this test, access our "Specialized Tests" section.
Cpt Code(s):	82951; 82952X2

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Glucose Tolerance (3 Hour) Gestational Diabetes Panel

Order Name: **GTT PREG**

Test Number: 2023550

TEST COMPONENTS	REV DATE:5/11/2011
Test Name:	**Methodology:**
Gestational Fasting Glucose	Hexokinase
Gestational 1hr Glucose	Hexokinase
Gestational 2hr Glucose	Hexokinase
Gestational 3hr Glucose	Hexokinase

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 mL (0.5)**	**Plasma**	**Sodium fluoride (gray top)**	**Refrigerated**
Alternate Specimen:	**2 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
	2 mL (0.5)	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special Instructions:	If the patient is not pregnant please use **Glucose Tolerance (2 Hour Only)**order name **GLUC 2 HR**. Must schedule collection Monday thru Friday from 8am to 12pm. Overnight fasting required. Nothing by mouth except water during testing. Collect a full Sodium fluoride (gray top) tube to for each time interval. **2mL (0. 5) of Plasma is required for each glucose interval.** Collect and label a baseline gray top tube for the Fasting Glucose. Then give the patient 100 grams Glucola. Collect and label a gray top for 1 hour, 2 hours and 3 hour interals after the ingestion of the Glucola. Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	1-2 days
Clinical Use:	Used in diagnosing gestational diabetes, and to predict perinatal morbidity, risk of fetal abnormality and perinatal mortality.
Notes:	For more information on this test, access our "Specialized Tests" section.
Cpt Code(s):	82951; 82952

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Glucose Tolerance (3 Hour) w/o Urine

Order Name: **GTT 3 HR**
Test Number: 2006700

TEST COMPONENTS	REV DATE:5/11/2011
Test Name:	**Methodology:**
Glucose Fasting	Hexokinase
Glucose 0.5 Hour Tolerance	Hexokinase
Glucose 1 Hour Tolerance	Hexokinase
Glucose 2 Hour Tolerance	Hexokinase
Glucose 3 Hour Tolerance	Hexokinase

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Plasma**	**Sodium fluoride (gray top)**	**Refrigerated**
Alternate Specimen:	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
	1 mL (0.5)	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special 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 Pane**lrder 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

TEST COMPONENTS	REV DATE:5/11/2011
Test Name:	**Methodology:**
Glucose Fasting	Hexokinase
Glucose 0.5 Hour Tolerance	Hexokinase
Glucose 1 Hour Tolerance	Hexokinase
Glucose 2 Hour Tolerance	Hexokinase
Glucose 3 Hour Tolerance	Hexokinase
Glucose 4 Hour Tolerance	Hexokinase

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Plasma**	**Sodium fluoride (gray top)**	**Refrigerated**
Special Instructions:	Fasting overnight and during test; Patient may have water. Draw fasting specimen. Adults: Give 75 grams of glucola. Children: Adjusted amount of glucola to be calculated by lab. Call (918) 744-2500. Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	1-2 days
Clinical Use:	There are no established guidelines, reference ranges or criteria, for the evaluation of a three hour or four hour specimen following a four hour glucose challenge.
Notes:	For more information on this test, access our "Specialized Tests" section.
Cpt Code(s):	82951; 82952x3

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Glucose Tolerance (5 Hour) w/o Urine

Order Name: **GTT 5 HR**
Test Number: 2002425

TEST COMPONENTS	REV DATE:5/11/2011
Test Name:	**Methodology:**
Glucose Fasting	Hexokinase
Glucose 0.5 Hour Tolerance	Hexokinase
Glucose 1 Hour Tolerance	Hexokinase
Glucose 2 Hour Tolerance	Hexokinase
Glucose 3 Hour Tolerance	Hexokinase
Glucose 4 Hour Tolerance	Hexokinase
Glucose 5 Hour Tolerance	Hexokinase

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Plasma**	**Sodium fluoride (gray top)**	**Refrigerated**
Special Instructions:	Fasting overnight and during test. Patient may have water. Draw fasting specimen. Adults: Give 75 grams of glucola. Children: Adjusted amount of glucola to be calculated by lab. Call (918) 744-2500. Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	1-2 days
Clinical Use:	There are no established guidelines, reference ranges or criteria, for the evaluation of a three hour, four hour or five hour specimen following a five hour glucose challenge.
Notes:	For more information on this test, access our "Specialized Tests" section.
Cpt Code(s):	82951; 82952x4

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Glucose Tolerance (6 Hour) w/o Urine

Order Name: **GTT 6 HR**
Test Number: 2002525

TEST COMPONENTS	REV DATE:5/11/2011
Test Name:	**Methodology:**
Glucose Fasting	Hexokinase
Glucose 0.5 Hour Tolerance	Hexokinase
Glucose 1 Hour Tolerance	Hexokinase
Glucose 2 Hour Tolerance	Hexokinase
Glucose 3 Hour Tolerance	Hexokinase
Glucose 4 Hour Tolerance	Hexokinase
Glucose 5 Hour Tolerance	Hexokinase
Glucose 6 Hour Tolerance	Hexokinase

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Plasma**	**Sodium fluoride (gray top)**	**Refrigerated**
Special Instructions:	Fasting overnight and during test. Patient may have water. Draw fasting specimen. Adults: Give 75 grams of glucola. Children: Adjusted amount of glucola to be calculated by lab. Call (918) 744-2500. Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	1-2 days
Clinical Use:	There are no established guidelines, reference ranges or criteria, for the evaluation of a three hour, four hour, five hour or six hour specimen following a six hour glucose challenge.
Notes:	For more information on this test, access our "Specialized Tests" section.
Cpt Code(s):	82951; 82952x5

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Glucose Urine Random

Order Name: **GLUCOSE RU**
Test Number: 3003225

TEST COMPONENTS	REV DATE:6/11/2003
Test Name:	**Methodology:**
Glucose Urine Random	Hexokinase

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**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

TEST COMPONENTS	REV DATE:8/6/2003
Test Name:	**Methodology:**
Creatinine, Urine, 24 Hour	
Creatinine, Urine, mg/dL	KAP(Jaffe)
Glucose 24 Hour Urine mg/dl	Hexokinase
Glucose 24 Hour Urine mg/hr	
Total Urine Volume	

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Urine, 24hr.**	**24hr urine container**	**Refrigerated**
Special Instructions:	Timed urine collection. Record number of hours and volume in ml on the specimen container. Keep refrigerated.			

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	1-2 days
Clinical Use:	Used with non diabetic patients whose urine tests positive for reducing substances
Cpt Code(s):	82945; 81050

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Glucose-6-Phosphate Dehydrogenase (G6PD)

Order Name: **G6PD**
Test Number: 2003750

TEST COMPONENTS	REV DATE:2/22/2011
Test Name:	**Methodology:**
Glucose-6-Phosphate Dehydrogenase (G6PD)	E-RBC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**3 mL (2)**	**Whole Blood**	**EDTA (Lavender Top)**	**Refrigerated**
Special 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

TEST COMPONENTS	REV DATE:1/5/2011
Test Name:	**Methodology:**
Glutamic Acid Decarboxylase-65 Autoantibodies	RBA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1mL (0.2mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Special Instructions:	Stability: Room temperature: 8 hours, Refrigerated: 7 Days Frozen: 6 Months.			

GENERAL INFORMATION	
Testing Schedule:	Mon, Wed, Fri
Expected TAT:	3-5 Days
Cpt Code(s):	83519

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Gonococcus Screen

Order Name: **C GC**
Test Number: 6000350

TEST COMPONENTS	REV DATE:5/4/2011
Test Name:	**Methodology:**
Gonococcus Screen	Cult

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**See Instructions**	**Swab**	**Aerobic Swab (White Cap)**	**Room Temperature**
Special 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

Gram Stain STAT

Order Name: **STATGRAM**
Test Number: 6000700

TEST COMPONENTS	REV DATE:7/2/2003
Test Name:	**Methodology:**
Gram Stain STAT	MC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:		**Slide or Specimen**	**Slide container**	**Room Temperature**
Alternate Specimen:		**Culture**	**Sterile container or swab**	**Room Temperature**
		Fluid	**Sterile container**	**Room Temperature**
Special 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.
Cpt Code(s):	

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Group A Streptococcus Culture

Order Name: **C STREP A**
Test Number: 6000250

TEST COMPONENTS	REV DATE:6/10/2003
Test Name:	**Methodology:**
Group A Streptococcus Culture	Culture

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:		**Any Swab**	**Double Tipped Aerobic Swab (Red)**	**Room Temperature**
Special 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

TEST COMPONENTS	REV DATE:6/9/2003
Test Name:	**Methodology:**
Group B Streptococcus Culture	Culture

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:		**Swab**	**Aerobic Swab (White Cap)**	**Room Temperature**
Special Instructions:	Swab vagina, cervix, and/or rectum.			

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	2 Days
Clinical Use:	Detects Group B Streptococcus (GBS)
Cpt Code(s):	87081

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Growth Hormone (HGH), Human (Recombinant)

Order Name: **GH R**
Test Number: 2022685

TEST COMPONENTS	REV DATE:8/29/2011
Test Name:	**Methodology:**
Growth Hormone (HGH), Human (Recombinant)	CIA

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

Haemophilus influenza Type B Antibody (IgG)

Order Name: **H FLU B AB**
Test Number: 3807800

TEST COMPONENTS	REV DATE:8/15/2011
Test Name:	**Methodology:**
Haemophilus influenza Type B Antibody (IgG)	ELISA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**4 mL (0.2)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Special 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

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Haemophilus influenzae (Urine/CSF)

Order Name: **H INFLU AG**
Test Number: 5700100

TEST COMPONENTS	REV DATE:8/18/2008
Test Name:	**Methodology:**
Haemophilus influenzae (Urine/CSF)	LA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2mL (0.6mL)**	**Urine, Random**	**Sterile Urine container**	**Refrigerated**
Alternate Specimen:	**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

Ham's Test

Order Name: **HAM'S TEST**
Test Number: 102000

TEST COMPONENTS	REV DATE:6/12/2003
Test Name:	**Methodology:**
Ham's Test	Visual

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**10 mL**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**
Special Instructions:	Collect normal control at the same time the patient is collected. If the collection occurs in the physician's office, it is the responsibility of that office to collect a specimen from a normal person. The control must be collected using the same specimen requirements as the patient sample. NO HEMOLYSIS.			

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	1 Day
Clinical Use:	Used in the diagnosis of paroxysmal nocturnal hemoglobinuria and or myelodysplasia.
Notes:	Must be scheduled in advance with Hematology. (918) 744-2500, (800) 722-8077.
Cpt Code(s):	85475

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Haptoglobin

Order Name: **HAPTOGLOBN**
Test Number: 5000700

TEST COMPONENTS	REV DATE:4/27/2011
Test Name:	**Methodology:**
Haptoglobin	SPEC

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

hCG Qualitative: Beta-subunit Human Chorionic Gonadotropin

Order Name: **HCG PREG**
Test Number: 3601450

TEST COMPONENTS	REV DATE:5/19/2010
Test Name:	**Methodology:**
hCG Qualitative: Beta-subunit Human Chorionic Gonadotropin	CIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2mL (1mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special Instructions:	**Specimen must be in original tube. No pour-off tubes.** Specimen stability: Ambient 8 hours. Refrigerated 48 hours. Freeze if not tested within 48 hours.			

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	1-2 days
Clinical Use:	Useful for diagnosis of pregnancy, investigation of suspected ectopic pregnancy and monitoring in vitro fertilization patients.
Notes:	Serum only
Cpt Code(s):	84703

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hCG Quantitative: Beta-subunit Human Chorionic Gonadotropin

Order Name: **HCG QUANT**
Test Number: 3601425

TEST COMPONENTS	REV DATE:5/19/2010
Test Name:	**Methodology:**
hCG Quantitative: Beta-subunit Human Chorionic Gonadotropin	CIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2mL(1mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special Instructions:	**Specimen must be in original tube. No pour-off tubes.** Specimen stability: Ambient 8 hours. Refrigerated 48 hours. Freeze if not tested within 48 hours.			

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	1-3 days
Clinical Use:	Useful for diagnosis of pregnancy, investigation of suspected ectopic pregnancy and monitoring in vitro fertilization patients.
Notes:	Serum only.
Cpt Code(s):	84702

hCG, Urine Qualitative Pregnancy Test

Order Name: **PREG U**
Test Number: 1001120

TEST COMPONENTS	REV DATE:5/16/2003
Test Name:	**Methodology:**
hCG, Urine Qualitative Pregnancy Test	ID

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**10 mL (1)**	**Urine, Random**	**Sterile Screwtop Plastic Container**	**Room Temperature**
Special Instructions:	Early morning specimen preferred. Refrigerate or deliver to lab immediately.			

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):	84703

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HDL Cholesterol

Order Name: **HDL TEST**
Test Number: 2001810

TEST COMPONENTS	REV DATE:6/17/2003
Test Name:	**Methodology:**
HDL Cholesterol	Enzymatic

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special 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 (60 mg/dl correlate with decreased risk of CHD and are considered protective.
Cpt Code(s):	83718

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Health Services Immunity Panel

Order Name: **HS IMMUNE**
Test Number: 5569975

TEST COMPONENTS	REV DATE:9/21/2010
Test Name:	**Methodology:**
Hepatitis B Surface Antibody, IgG	CIA
Rubella Antibody	EIA
Rubeola Immunity (IgG)	EIA
Mumps Immunity (IgG)	EIA
Varicella Zoster Immunity (IgG)	EIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**5mL (3mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**

GENERAL INFORMATION	
Testing Schedule:	Assay Depentant
Expected TAT:	1-3 Days
Clinical Use:	This test is designed for providing the immunity status for healthcare workers or medical students requiring immunity records.
Cpt Code(s):	86706, 86762, 86765, 86735, 86787

Heavy Metal Screen Hair

Order Name: **METAL/HAIR**
Test Number: 3809450

TEST COMPONENTS	REV DATE:6/16/2004
Test Name:	**Methodology:**
Heavy Metal Screen Hair	Graphite Furnace Atomic Absorbtion Spectroscopy

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**500mg**	**See Instructions**	**See Instructions**	**Room Temperature**
Special 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	
Testing Schedule:	
Expected TAT:	5-7 Days
Notes:	Tests for heavy metals Arsenic, Cadmium, Chromium, Lead, Mercury.
Cpt Code(s):	80103, 82175, 82300, 82495, 83655, 83825.

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Heavy Metals Panel, 24-Hour Urine

Order Name: **METAL S U**
Test Number: 3809100

TEST COMPONENTS	REV DATE:9/23/2008
Test Name:	**Methodology:**
Heavy Metals Panel, 24-Hour Urine	ICP/MS

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**7 mL**	**Urine, 24-hour**	**24 Hour Urine Acid Washed Container**	**Refrigerated**
Special Instructions:	Collect specimen in 24-hour acid washed urine container. To avoid contamination, do not measure 24-hour volume. **Do not pour off unless you have specific acid washed aliquot tubes. Send entire 24-hour acid washed urine container to main lab for processing.** Patient should refrain from eating seafood, or taking mineral and herbal supplements for at least three days prior to specimen collection.			

GENERAL INFORMATION	
Testing Schedule:	Mon - Sat
Expected TAT:	3 Days
Clinical Use:	Panel includes: Arsenic, Mercury, Lead, Creatinine.
Cpt Code(s):	83015; 81050

Heavy Metals Panel, Random Urine

Order Name: **METAL U RA**
Test Number: 3810350

TEST COMPONENTS	REV DATE:9/23/2008
Test Name:	**Methodology:**
Heavy Metals Panel, Random Urine	ICP/MS

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**10 mL (3.5)**	**Urine, Random**	**See Instructions**	**Refrigerated**
Special Instructions:	Collect in an Acid Washed, Trace Element Free container. Patient should refrain from eating seafood at least three days prior to specimen collection.			

GENERAL INFORMATION	
Testing Schedule:	Mon - Sat
Expected TAT:	4 Days
Clinical Use:	Panel includes: Arsenic, Mercury, Lead, Creatinine.
Cpt Code(s):	82175; 83825; 83655; 82570

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Heavy Metals Panel, Whole Blood

Order Name: **METAL SC**
Test Number: 3806310

TEST COMPONENTS	REV DATE:4/27/2009
Test Name:	**Methodology:**
Arsenic, Whole Blood	ICP/MS
Mercury, Whole Blood	ICP/MS
Lead, Whole Blood (Venous)	ICP/MS

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2mL(1.5)**	**Whole Blood**	**EDTA (Royal Blue Top/Trace Element Free)**	**Room Temperature**
Special 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.			

GENERAL INFORMATION	
Testing Schedule:	Mon-Sat
Expected TAT:	2-4 Days
Cpt Code(s):	82175; 83825; 83655

Heinz Bodies

Order Name: **HEINZ BODY**
Test Number: 102050

TEST COMPONENTS	REV DATE:6/12/2003
Test Name:	**Methodology:**
Heinz Bodies	IHC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**4 mL (2)**	**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 A**
Test Number: 5577750

TEST COMPONENTS	REV DATE:6/10/2003
Test Name:	**Methodology:**
Helicobacter Pylori Antibody, IgG	EIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**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

TEST COMPONENTS	REV DATE:10/14/2008
Test Name:	**Methodology:**
Helicobacter pylori Antigen Detection Stool	EIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1-3 g**	**Stool, Random**	**Stool specimen container**	**Frozen**
Special Instructions:	Collect 0. 5 mL of liquid/semi-solid stool or 20 mm diameter solid stool and transfer to properly labelled sterile leakproof container. Do not place stool in preservative,transport media or swab. Watery, diarrheal stool is not acceptable. Specimen Stability= Room temperature: 24hr, Refrigerated: 72hr, Frozen: >72hr.			

GENERAL INFORMATION	
Testing Schedule:	Sets up 5 days a week.
Expected TAT:	2-5 Days
Clinical Use:	Antimicrobials, proton pump inhibitors, and bismuth preparations inhibit H. pylori and ingestion prior to testing may cause false negative results. If a negative result is obtained for a patient ingesting these compounds within two weeks prior to performing this test, it may be a false negative result and the test should be repeated on a new specimen obtained two weeks after discontinuing treatment.
Cpt Code(s):	87338

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Helicobacter pylori Culture

Order Name: **C H PYLORI**
Test Number: 6002009

TEST COMPONENTS	REV DATE:5/16/2003
Test Name:	**Methodology:**
Helicobacter pylori Culture	Culture

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:		**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

Hematocrit (HCT)

Order Name: **HCT DET**
Test Number: 102100

TEST COMPONENTS	REV DATE:6/12/2003
Test Name:	**Methodology:**
Hematocrit (HCT)	FC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**4 mL (1)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**
Alternate Specimen:	**4 mL (1)**	**Whole Blood**	**EDTA (Lavender) Microtainer/Bullet**	**Room Temperature**

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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Hematopathology Consult, Blood Smear Review

Order Name: **PBS RML**
Test Number: 2904600

TEST COMPONENTS	REV DATE:10/9/2009
Test Name:	**Methodology:**
Complete Blood Count (CBC) with Automated Differential	FC
Immature Platelet Fraction	FC
Peripherial Blood Smear Eval	
Reticulocyte (Retic) Count	FC
WBC Differential Count, Manual	MC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**4 mL (1)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**
Alternate Specimen:	**4 mL (1)**	**Peripheral Blood Smears**	**Glass Slides with Holder**	**Room Temperature**
	4 mL (1)	**Whole Blood**	**EDTA (Lavender) Microtainer/Bullet**	**Room Temperature**

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	1-2 Days
Notes:	Provide patient history as available. Testing includes CBC, IPF, Manual Differential, Retic Count and pathologist interpretation. If this testing is performed at your laboratory please send these results with the smears and the lavender tube. If the question is anemia, consider ordering an Anemia Analyzer with the algorythmic reflex ordering of the appropriate chemistry tests.
Cpt Code(s):	85027, 85045, 85007, 80502, 85055

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Hemoglobin (HGB)

Order Name: **HGB**
Test Number: 102150

TEST COMPONENTS	REV DATE:6/20/2003
Test Name:	**Methodology:**
Hemoglobin (HGB)	FC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**4 mL (1)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**
Alternate Specimen:	**4 mL (1)**	**Whole Blood**	**EDTA (Lavender) Microtainer/Bullet**	**Room Temperature**

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	1 Day
Clinical Use:	Hemoglobin levels are performed in order to determine the oxygen carrying capacity of blood, and to assess anemia, polycythemia, and their response to therapy. Decreased hemoglobin is caused by anemia of all types. Hemoglobin concentration is also decreased with fluid reconsititution, edematous states, and pregnancy.
Cpt Code(s):	85018

Hemoglobin A1C (Glycosylated)

Order Name: **A1C**
Test Number: 2009300

TEST COMPONENTS	REV DATE:7/8/2003
Test Name:	**Methodology:**
Hemoglobin A1C (Glycosylated)	HPLC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Whole blood**	**EDTA (lavender top)**	**Refrigerated**
Special Instructions:	Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION	
Testing Schedule:	Sun - Fri
Expected TAT:	1-2 days
Clinical Use:	Useful for assessing the average blood glucose level for the two months preceding the assay.
Cpt Code(s):	83036

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Hemoglobin Electrophoresis

Order Name: **HGB ELECT**
Test Number: 5000775

TEST COMPONENTS	REV DATE:6/4/2010
Test Name:	**Methodology:**
Hemoglobin Electrophoresis	AGHEP

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**5 mL (4.5)**	**Whole Blood**	**EDTA (Lavender Top)**	**Refrigerated**
Special Instructions:	Please provide a full tube for best results. Specimen stability: Ambient 24 hours, refrigerated > 24 hours.			

GENERAL INFORMATION	
Testing Schedule:	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 varients. See test "HGBOP HPLC" for more information.
Cpt Code(s):	83020; 80500

Hemoglobin/Hematocrit (HGB/HCT)

Order Name: **HGB HCT**
Test Number: 102225

TEST COMPONENTS	REV DATE:6/20/2003
Test Name:	**Methodology:**
Hematocrit (HCT)	FC
Hemoglobin (HGB)	FC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**4 mL (1)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**
Alternate Specimen:	**4 mL (1)**	**Whole Blood**	**EDTA (Lavender) Microtainer/Bullet**	**Room Temperature**

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	1 Day
Clinical Use:	Hemoglobin levels are performed in order to determine the oxygen carrying capacity of blood, and to assess anemia, polycythemia, and their response to therapy. Decreased hemoglobin is caused by anemia of all types. Hemoglobin concentration is also decreased with fluid reconsititution, edematous states, and pregnancy.
Cpt Code(s):	85014, 85018

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Hemoglobinopathy Evaluation by HPLC

Order Name: **HGBOP HPLC**
Test Number: 105575

TEST COMPONENTS	REV DATE:10/12/2010
Test Name:	**Methodology:**
Red Blood Cell Count	
Hemoglobin	
Hematocrit	
Hemoglobin A1	HPLC
Hemoglobin A2	HPLC
Fetal Hemoglobin	HPLC
Abnormal Hemoglobins	HPLC
Interpretation	

SPECIMEN REQIREMENTS	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**5 mL (0.5)**	**Whole Blood**	**EDTA (Lavender Top)**	**Refrigerated**
Alternate Specimen:	**5 mL (0.5)**	**Whole Blood**	**Sodium Heparin (Green Top)**	**Refrigerated**
Special 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

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Hemosiderin, Urine

Order Name: **HEMOSDRN U**
Test Number: 1000750

TEST COMPONENTS	REV DATE:6/9/2003
Test Name:	**Methodology:**
Hemosiderin, Urine	MC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**10 mL (5)**	**Urine, Random**	**Sterile Screwtop Plastic Container**	**Room Temperature**
Special 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

TEST COMPONENTS	REV DATE:5/22/2008
Test Name:	**Methodology:**
Heparin Induced Platelet Antibody	ELISA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Special 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

TEST COMPONENTS	REV DATE:6/17/2003
Test Name:	**Methodology:**
Alanine Transaminase (ALT)	Enzymatic
Albumin	BCG
Alkaline Phosphatase	Enzymatic
Aspartate Transaminase (AST)	Enzymatic
Bilirubin Direct	Diazo
Bilirubin Total	Jendrassik-Grof
Protein Total	Biuret

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special 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):	80076

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Hepatitis A Antibody (HAV), IgM

Order Name: **HEP A M AB**
Test Number: 3603500

TEST COMPONENTS	REV DATE:6/27/2007
Test Name:	**Methodology:**
Hepatitis A Antibody (HAV), IgM	CIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**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 B Core IgM Antibody

Order Name: **HEP BCOR M**
Test Number: 5553650

TEST COMPONENTS	REV DATE:6/27/2007
Test Name:	**Methodology:**
Hepatitis B Core IgM Antibody	CIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**5 mL (2)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special Instructions:	Absoulte minimum is 2 mL serum or plasma. Specimen stability: Room Temp = 8 hours; Refrigerated = 7 days.			

GENERAL INFORMATION	
Testing Schedule:	Sun-Fri
Expected TAT:	1-2 Days
Clinical Use:	Useful in the diagnosis of Hepatitis B infection and differentiating between acute and chronic Hepatitis B infection when used in conjunction with Hepatitis B core IgG.
Notes:	Click here for interpretive data page for Hepatitis testing in our Specialized Testing section.
Cpt Code(s):	86705

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Hepatitis B Core Total Antibody

Order Name: **HEP BCOR T**
Test Number: 3603250

TEST COMPONENTS	REV DATE:5/16/2003
Test Name:	**Methodology:**
Hepatitis B Core Total Antibody	EIA

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

GENERAL INFORMATION	
Testing Schedule:	Tues - Sat
Expected TAT:	2-3 Days
Cpt Code(s):	86704

Hepatitis B Surface Antibody, IgG

Order Name: **HEP AB BS**
Test Number: 3611850

TEST COMPONENTS	REV DATE:6/27/2007
Test Name:	**Methodology:**
Hepatitis B Surface Antibody, IgG	CIA

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

TEST COMPONENTS	REV DATE:6/27/2007
Test Name:	**Methodology:**
Hepatitis B Surface Antigen	CIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special 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 B Virus DNA UltraQuant

Order Name: **HEP B PCR**
Test Number: 5592525

TEST COMPONENTS	REV DATE:5/17/2007
Test Name:	**Methodology:**
Hepatitis B Virus DNA UltraQuant	PCR

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 mL (1)**	**Plasma**	**EDTA (Lavender Top)**	**Frozen**
Alternate Specimen:	**2 mL (1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Special Instructions:	Centrifuge specimen and separate plasma from cells, then transfer plasma to capped sterile, plastic, aliquot tubes. **Freeze plasma within 2 hours of collection!**			

GENERAL INFORMATION	
Testing Schedule:	Tues - Sat
Expected TAT:	3-6 Days
Clinical Use:	Quantitates Hepatitis B Virus DNA down to 0. 01 pg/mL for establishment of a baseline and to monitor viral load. The most important test for determining the efficacy of antiviral treatment is quantitative HBV DNA monitoring. HBV DNA testing is useful in detecting potential disease transmission from prospective donors and for post-transplantation monitoring. Although HBeAg is considered an indirect monitor of viral replication, high viral replication may occur without circulating HBeAg, due to mutations of the virus preventing the production of HBeAg.
Cpt Code(s):	87517

Hepatitis Be Antibody

Order Name: **HEP BE AB**
Test Number: 5502910

TEST COMPONENTS	REV DATE:5/16/2003
Test Name:	**Methodology:**
Hepatitis Be Antibody	EIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.2)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	2-3 Days
Cpt Code(s):	86707

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Hepatitis Be Antigen

Order Name: **HEP BE AG**
Test Number: 3602920

TEST COMPONENTS	REV DATE:5/16/2003
Test Name:	**Methodology:**
Hepatitis Be Antigen	EIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.3)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	2-3 Days
Cpt Code(s):	87350

Hepatitis C Antibody (HCV Ab)

Order Name: **HEP C AB**
Test Number: 5590850

TEST COMPONENTS	REV DATE:6/27/2007
Test Name:	**Methodology:**
Hepatitis C Antibody (HCV Ab)	CIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**4 mL (2)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special 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, Viral RNA, LiPA

Order Name: **HCV GENO**
Test Number: 5594650

TEST COMPONENTS	REV DATE:11/8/2007
Test Name:	**Methodology:**
Hepatitis C Genotype, Viral RNA, LiPA	LIPA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**6 mL**	**Plasma**	**EDTA (Lavender Top)**	**Frozen**
Special Instructions:	**6mL EDTA Plasma - Separated into Two 3mL EDTA Plasma Frozen Aliquots.** Centrifuge specimen and separate plasma from cells, then transfer 3mL plasma into two sterile, plastic, aliquot tubes. (Minimum volume two 2mL aliquots). **Freeze plasma within 2 hours of collection!**			

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	7 Days
Clinical Use:	HCV RNA viral genotype is used to predict the likelihood of therapeutic response and determine duration of treatment.
Cpt Code(s):	87902

Hepatitis C Qualitative PCR (LOD 50 IU/mL)

Order Name: **HCV QL PCR**
Test Number: 5597425

TEST COMPONENTS	REV DATE:11/8/2007
Test Name:	**Methodology:**
Hepatitis C Qualitative PCR (LOD 50 IU/mL)	PCR

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**4 mL**	**Plasma**	**EDTA (Lavender Top)**	**Frozen**
Special Instructions:	**4mL EDTA Plasma - Separated into Two 2mL EDTA Plasma Frozen Aliquots.** Centrifuge specimen and separate plasma from cells, then transfer 2mL plasma into two sterile, plastic, aliquot tubes. (minimum volume: 0. 6mL). **Freeze plasma within 2 hours of collection!**			

GENERAL INFORMATION	
Testing Schedule:	Mon-Sat
Expected TAT:	4-5 Days
Clinical Use:	Confirmation of infection of HCV.
Notes:	This assay has a lower limit of detection (LOD) of 50 IU/mL.
Cpt Code(s):	87521

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Hepatitis C Quantitative bDNA/TMA (LOD 10 IU/mL) w/ reflex Genotyping

Order Name: **HCV Q+GENO**

Test Number: 5594675

TEST COMPONENTS	REV DATE:11/8/2007
Test Name:	**Methodology:**
HCV bDNA Quantitative IU/mL	bDNA
HCV bDNA Quantitative Log IU/mL	bDNA
HCV Qualitative TMA (Reflex ordered only)	TMA
Hepatitis C Genotype, Viral RNA, LiPA	LIPA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**6 mL**	**Plasma**	**EDTA (Lavender Top)**	**Frozen**
Special Instructions:	**6mL EDTA Plasma - Separated into Two 3mL EDTA Plasma Frozen Aliquots.** Centrifuge specimen and separate plasma from cells, then transfer 3mL plasma into two sterile, plastic, aliquot tubes. (Minimum volume two 2mL aliquots). **Freeze plasma within 2 hours of collection!**			

GENERAL INFORMATION	
Testing Schedule:	Assay Dependant
Expected TAT:	7 Days
Clinical Use:	HCV RNA viral genotype is used to predict the likelihood of therapeutic response and determine duration of treatment.
Notes:	**HCV genotype testing will be performed only if an HCV viral load is detected via bDNA/TMA testing.** The initial bDNA/TMA test combination assay is recommended by RML as the preferred assay for determining viral load, prognosis and monitoring therapy of the patient. The bDNA Linear range is 615 - 7,700,000 IU/mL. bDNA levels 615 IU/mL from this test code will automatically reflex to qualitative HCV TMA at no extra charge. The TMA linear range is 10-7,500 IU/mL.
Cpt Code(s):	Initial code: 87522 (possible additional code: 87902)

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Hepatitis C Quantitative Viral Load, bDNA/TMA (LOD 10 IU/mL) - (RML Preferred)

Order Name: **HCV BDNA**

Test Number: 5592935

TEST COMPONENTS	REV DATE:5/9/2011
Test Name:	**Methodology:**
HCV bDNA Quantitative IU/mL	bDNA
HCV bDNA Quantitative Log IU/mL	bDNA
HCV Qualitative TMA (Reflex ordered only)	TMA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**6mL (3mL)**	**Plasma**	**EDTA (Lavender Top)**	**Frozen**
Special Instructions:	**6mL EDTA Plasma - Separated into Two 3mL EDTA Plasma Frozen Aliquots.** Centrifuge specimen and separate plasma from cells, then transfer 3mL plasma into two sterile, plastic, aliquot tubes. (Minimum volume two 2mL aliquots). **Freeze plasma within 2 hours of collection!**			

GENERAL INFORMATION	
Testing Schedule:	Tue
Expected TAT:	3-8 Days
Clinical Use:	**The bDNA/TMA test combination assay is recommended by RML as the preferred assay for determining viral load, prognosis and monitoring therapy of the patient.** The bDNA Linear range is 615 - 7,700,000 IU/mL. bDNA levels 615 IU/mL from this test code will automatically reflex to qualitative HCV TMA at no extra charge. The qualitative TMA linear range is 10-7,500 IU/mL.
Notes:	**This bDNA/TMA assay has an effective lower limit of detection (LOD) of 10 IU/mL.**
Cpt Code(s):	87522

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Hepatitis C Quantitative Viral Load, PCR (LOD 43 IU/mL)

Order Name: **HCV QT PCR**

Test Number: 5593950

TEST COMPONENTS	REV DATE:5/9/2011
Test Name:	**Methodology:**
HCV PCR Quantitative IU/mL	PCR
HCV PCR Quantitative Log IU/mL	PCR

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**6mL (3mL)**	**Plasma**	**EDTA (Lavender Top)**	**Frozen**
Special Instructions:	**6mL EDTA Plasma - Separated into Two 2. 5mL to 3. 0mL EDTA Plasma Frozen Aliquots.** Centrifuge specimen and separate plasma from cells, then transfer 2. 5mL plasma into two sterile, plastic, aliquot tubes. **Freeze plasma within 2 hours of collection!**			

GENERAL INFORMATION	
Testing Schedule:	Mon - Sat
Expected TAT:	4 Days
Clinical Use:	To determine the viral load of HCV. Linear Range of 43-69,000,000 IU/mL.
Notes:	This assay has a lower limit of detection (LOD) of 43 IU/mL
Cpt Code(s):	87522

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Hepatitis C Quantitative Viral Load, Ultralow, TMA (LOD 5 IU/mL)

Order Name: **HCV TMA**

Test Number: 5593925

TEST COMPONENTS	REV DATE:11/8/2007
Test Name:	**Methodology:**
HCV TMA Quantitative IU/mL	TMA
HCV TMA Quantitative Log IU/mL	TMA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**4 mL**	**Plasma**	**EDTA (Lavender Top)**	**Frozen**
Special Instructions:	**4mL EDTA Plasma - Separated into Two 2mL EDTA Plasma Frozen Aliquots.** Centrifuge specimen and separate plasma from cells, then transfer 2mL plasma into two sterile, plastic, aliquot tubes. (Minimum volume 0. 6mL) **Freeze plasma within 2 hours of collection!**			

GENERAL INFORMATION	
Testing Schedule:	Mon-Fri
Expected TAT:	2-3 Days
Clinical Use:	Quantitative RNA by TMA is useful in confirming HCV infection assessing prognosis (prior to the initiation of therapy), prescribing individualized therapy, predicting response to therapy, and monitoring response to therapy.
Notes:	**This assay has a lower limit of detection (LOD) of 5 IU/mL.** The test has a linear range from 5 IU/mL to 7500 IU/mL. The detection of Hepatitis C viral RNA is based upon reverse transcription of viral RNA followed by transcription-mediated amplification (TMA).
Cpt Code(s):	87522

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Hepatitis Delta Antigen

Order Name: **HEP DEL AG**
Test Number: 5591425

TEST COMPONENTS	REV DATE:5/5/2009
Test Name:	**Methodology:**
Hepatitis Delta Antigen	EIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special Instructions:	Serum should be removed from cells promptly after collection and transferred to a plastic tube.			

GENERAL INFORMATION	
Testing Schedule:	Mon
Expected TAT:	3-8 Days
Clinical Use:	HDV infection occurs only in association with HBV infection. Acute HDV infection reflects either HDV acquisition at the time of acute HBV infection (coinfection), or recent exposure to HDV in a patient with chronic HBV infection (superinfection). HDV antigen is detected transiently during the early phase of acute HDV infection, but typically disappears as HDV-specific antibodies arise.
Cpt Code(s):	87380

Hepatitis Delta IgM Antibody

Order Name: **HEP DELTA**
Test Number: 5516450

TEST COMPONENTS	REV DATE:5/5/2009
Test Name:	**Methodology:**
Hepatitis Delta IgM Antibody	EIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**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.
Cpt Code(s):	

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Hepatitis E Antibodies IgM & IgG

Order Name: **HEP E AB**
Test Number: 3603480

TEST COMPONENTS	REV DATE:2/15/2006
Test Name:	**Methodology:**
Hepatitis E Antibodies IgM & IgG	EIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.2)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Special 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

Hepatitis E Antibody IgM

Order Name: **HEP E IGM**
Test Number: 3606275

TEST COMPONENTS	REV DATE:2/15/2006
Test Name:	**Methodology:**
Hepatitis E Antibody IgM	EIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Special 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

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Hepatitis Panel, Dialysis

Order Name: **DIAL HEP**
Test Number: 3612100

TEST COMPONENTS	REV DATE:8/15/2006
Test Name:	**Methodology:**
Hepatitis B Surface Antibody, IgG	CIA
Hepatitis B Surface Antigen	CIA
Hepatitis C Antibody (HCV Ab)	CIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**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

TEST COMPONENTS	REV DATE:8/14/2006
Test Name:	**Methodology:**
Hepatitis A Antibody (HAV), IgM	CIA
Hepatitis B Core IgM	CIA
Hepatitis B Surface Antigen	CIA
Hepatitis C Antibody (HCV Ab)	CIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**3 mL**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special 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, 87340, 86803, 86209

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HEPTIMAX (TM)

Order Name: **HEPTIMAX**
Test Number: 5562075

TEST COMPONENTS	REV DATE:3/1/2010
Test Name:	**Methodology:**
HEPTIMAX (TM)	PCR/TMA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**5mL (3mL)**	**Plasma**	**EDTA (Lavender Top)**	**Frozen**
Special Instructions:	Centrifuge specimen and separate plasma from cells, then transfer plasma to capped sterile, plastic, aliquot tubes. **Freeze plasma within 2 hours of collection!**			

GENERAL INFORMATION	
Testing Schedule:	Mon - Sat
Expected TAT:	4 Days
Clinical Use:	This HCV RNA test measures the level of hepatitis C virus (HCV) circulating in blood. To predict response to antiviral therapy and differentiate lack of therapeutic response from partial therapeutic response. If the HCV RNA level is below 50 IU/mL, then the sample is assayed again using the TMA method. The reportable range is 5 to 69,000,000 IU/mL.
Cpt Code(s):	87522

Hereditary Hemochromatosis DNA Mutation Analysis

Order Name: **HEMOCH DNA**
Test Number: 5574075

TEST COMPONENTS	REV DATE:3/5/2009
Test Name:	**Methodology:**
Hereditary Hemochromatosis DNA Mutation Analysis	PCR

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**5 mL (3)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**

GENERAL INFORMATION	
Testing Schedule:	Sun-Sat
Expected TAT:	7-13 Days
Clinical Use:	Hereditary Hemochromatosis is an autosomal recessive disease that results in an abnormal build-up of iron in the body. The C282Y and H63D are among the most common mutations in patients with hereditary hemochromatosis. Penetrance of the mutations (phenotypic disease), including by individuals with compound heterozygous mutations, is variable.
Cpt Code(s):	83891, 83900, 83892x2, 83909, 83912

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Herpes Select 1 & 2 Antibody IgG

Order Name: **HERPESELEC**
Test Number: 3630375

TEST COMPONENTS	REV DATE:3/6/2009
Test Name:	**Methodology:**
HSV 1 IgG	EIA
HSV 2 IgG	EIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 mL (1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special Instructions:	Specimen stability: Ambient 8 hours, Refrigerated > 8 hours.			

GENERAL INFORMATION	
Testing Schedule:	Tue - Thur
Expected TAT:	7 Days
Clinical Use:	To determine the HSV type to which the patient had been exposed, HSV1 and/or 2 or neither.
Cpt Code(s):	86695X2

Herpes Simplex Antibodies

Order Name: **HERPE1/2MG**
Test Number: 5563985

TEST COMPONENTS	REV DATE:4/20/2009
Test Name:	**Methodology:**
Herpes Simplex 1 and 2 IgM Antibody	EIA
Herpes Simplex 1 IgG Antibody	EIA
Herpes Simplex 2 IgG Antibody	EIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**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

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Herpes Simplex Culture

Order Name: **C HERPES**
Test Number: 6000455

TEST COMPONENTS	REV DATE:9/12/2011
Test Name:	**Methodology:**
Herpes Simplex Culture	SV

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**See Instructions**	**Swab**	**Viral Transport Media**	**Refrigerated**
Special 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:	Final in 2-3 Days
Clinical Use:	Detects Herpes Simplex infections
Cpt Code(s):	87254x2

Herpes Simplex Virus Typing

Order Name: **HERPES TYP**
Test Number: 6002200

TEST COMPONENTS	REV DATE:7/2/2003
Test Name:	**Methodology:**
Herpes simplex typing 1	
Herpes simplex typing 2	

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:		**Slides from lession**	**Slide container**	**Room Temperature**
Special 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

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Herpes Simplex Virus, Type 1 and 2 DNA, PCR

Order Name: **CSF HSVPCR**
Test Number: 5586600

TEST COMPONENTS	REV DATE:1/14/2011
Test Name:	**Methodology:**
Herpes Simplex Virus, Type 1 DNA	PCR
Herpes Simplex Virus, Type 2 DNA	PCR

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.3)**	**CSF (Cerebrospinal Fluid)**	**Sterile Screwtop Container**	**Refrigerated**
Alternate Specimen:	**1 mL (0.3)**	**Plasma**	**EDTA (Lavender Top)**	**Refrigerated**
	1 mL (0.3)	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special Instructions:	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. Swab specimens collected in M4 media are acceptable. Specimen Stability: Room temperature = 48 hours; Refrigerated = 1 Week; Frozen = 1 Month.			

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

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Herpesvirus 6 (HHV-6) Antibody, IgG

Order Name: **HERP 6 AB**
Test Number: 5594115

TEST COMPONENTS	REV DATE:4/27/2009
Test Name:	**Methodology:**
Herpesvirus 6 IgG	ELISA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special 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

Histamine, 24-Hour Urine

Order Name: **HISTAMI U**
Test Number: 3808750

TEST COMPONENTS	REV DATE:11/29/2007
Test Name:	**Methodology:**
Histamine, 24-Hour Urine	EIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**4 mL (2)**	**Urine, 24-hour**	**24 hour Urine Container**	**Refrigerated**
Special 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

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Histamine, Plasma

Order Name: **HISTAMIN**
Test Number: 3630650

TEST COMPONENTS	REV DATE:11/29/2007
Test Name:	**Methodology:**
Histamine, Plasma	EIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.2)**	**Plasma**	**EDTA (Lavender Top)**	**Frozen**
Special Instructions:	Centrifuge immediately and freeze in plastic vial. Avoid taking antihistamines, oral corticosteroids and substances which block H2 receptors 24 hours prior to collection. Specimen Stability: Room temperature= 24 Hour; Refrigerated= 24 Hour; Frozen= 7 Day.			

GENERAL INFORMATION	
Testing Schedule:	Tues, Fri
Expected TAT:	3 Days
Clinical Use:	Histamine is a mediator of the allergic response. Histamine release causes itching, flushing, hives, vomiting, syncope, and even shock. In addition, some patients with gastric carcinoids may exhibit high concentrations of Histamine.
Cpt Code(s):	83088

Histone Antibodies

Order Name: **HISTONE AB**
Test Number: 5564350

TEST COMPONENTS	REV DATE:6/7/2011
Test Name:	**Methodology:**
Histone Antibodies	ELISA

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

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Histoplasma Antibody, Complement Fixation

Order Name: **HISTO CF**
Test Number: 5522700

TEST COMPONENTS	REV DATE:5/16/2003
Test Name:	**Methodology:**
Histoplasma Antibody, Complement Fixation	CF

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**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

HIV Type 1/O/2 Antibodies

Order Name: **HIV 1/O/2**
Test Number: 5670000

TEST COMPONENTS	REV DATE:11/6/2006
Test Name:	**Methodology:**
HIV Type 1/O/2 Antibodies	CIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**4 mL (1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special 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

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HIV-1 Antibody, Western Blot

Order Name: **WESTRN BLT**
Test Number: 5512375

TEST COMPONENTS	REV DATE:5/16/2003
Test Name:	**Methodology:**
HIV-1 Antibody, Western Blot	WB

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.2)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**

GENERAL INFORMATION	
Testing Schedule:	Mon - Sat
Expected TAT:	2-3 Days
Cpt Code(s):	86689

HIV-1 Antigen (p24), Qualitative

Order Name: **P24 AG**
Test Number: 3805700

TEST COMPONENTS	REV DATE:6/17/2003
Test Name:	**Methodology:**
HIV-1 Antigen (p24), Qualitative	EIA (Antigen Capture)

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**4 mL (1.8)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Special Instructions:	Centrifuge specimen and separate serum from cells, then transfer serum to capped sterile, plastic, aliquot tubes and freeze. Do not ship in glass tubes.			

GENERAL INFORMATION	
Testing Schedule:	Wed, Fri
Expected TAT:	2-3 Days
Clinical Use:	Indicates active HIV replication. Tends to be positive prior to seroconversion and with advanced disease. Relatively insensitive.
Cpt Code(s):	87390

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HIV-1 Genotyping

Order Name: **HIV GENOTY**
Test Number: 9102575

TEST COMPONENTS	REV DATE:6/13/2008
Test Name:	**Methodology:**
Protease Gene Mutations	PCR
Reverse Transcriptase Mutations	PCR

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 mL (0.6)**	**Plasma**	**EDTA (Lavender Top)**	**Frozen**
Special Instructions:	Centrifuge specimen and separate plasma from cells, then transfer plasma to capped sterile, plastic, aliquot tubes. **Freeze plasma within 2 hours of collection!**			

GENERAL INFORMATION	
Testing Schedule:	Mon-Fri
Expected TAT:	7-10 Days
Clinical Use:	Used in monitoring HIV drug resistance.
Cpt Code(s):	87901

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HIV-1 Genotyping with Virtual Phenotype

Order Name: **HIV VPHENO**
Test Number: 3621050

TEST COMPONENTS	REV DATE:6/13/2008
Test Name:	**Methodology:**
Protease Gene Mutations	PCR
Reverse Transcriptase Mutations	PCR
Virtual Phenotyping for Drug Resistance	PCR

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 mL (0.6)**	**Plasma**	**EDTA (Lavender Top)**	**Frozen**
Special Instructions:	Centrifuge specimen and separate plasma from cells, then transfer plasma to capped sterile, plastic, aliquot tubes. **Freeze plasma within 2 hours of collection!**			

GENERAL INFORMATION	
Testing Schedule:	Mon-Fri
Expected TAT:	7-10 Days
Clinical Use:	Despite medical advances, up to 50% of HIV-1 infected individuals continue to experience combination treatment failure. Such failures may be due to viral drug resistance or sub-inhibitory drug levels. Phenotyping can predict HIV-1 drug resistance, guide selection of effective antiretroviral drugs, and monitor transmission of drug-resistant HIV-1.
Cpt Code(s):	87901, 87900

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HIV-1 RNA, Qualitative PCR

Order Name: **HIV QL PCR**
Test Number: 5595325

TEST COMPONENTS	REV DATE:5/14/2010
Test Name:	**Methodology:**
HIV-1 RNA, Qualitative PCR	PCR

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**3 mL (0.5)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**
Special Instructions:	**Do Not Freeze or Refrigerate, Store at Room temperature**Freshly drawn blood should be collected in an EDTA tube. Do not aliquot or perform additional testing prior to shipment.			

GENERAL INFORMATION	
Testing Schedule:	Mon, Wed, Fri
Expected TAT:	3 Days
Clinical Use:	To diagnose infection. (Level of detection 4 copies/mL)
Cpt Code(s):	87535

HIV-1 RNA, Quantitative bDNA (RML Recommended)

Order Name: **HIV BDNA**
Test Number: 5595350

TEST COMPONENTS	REV DATE:11/1/2007
Test Name:	**Methodology:**
HIV-1 RNA, Quantitative bDNA (RML Recommended)	bDNA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 mL (1)**	**Plasma**	**EDTA (Lavender Top)**	**Frozen**
Special Instructions:	Centrifuge specimen and separate plasma from cells, then transfer plasma to capped sterile, plastic, aliquot tubes. **Freeze plasma within 2 hours of collection!**			

GENERAL INFORMATION	
Testing Schedule:	Mon - Sat
Expected TAT:	5-8 Days
Clinical Use:	Determine the Viral load of Patient. **Linear range is 75 - 500,000 copies/mL.**Used for determining prognosis and monitoring therapy.
Notes:	**RML Recommended!**
Cpt Code(s):	87536

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HIV-1 RNA, Quantitative PCR

Order Name: **HIV QT PCR**
Test Number: 5595435

TEST COMPONENTS	REV DATE:3/7/2011
Test Name:	**Methodology:**
HIV-1 RNA, Quantitative PCR	PCR

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**3 (1.1) mL**	**Plasma**	**EDTA (Lavender Top)**	**Frozen**
Special Instructions:	Centrifuge specimen and separate plasma from cells, then transfer plasma to capped sterile, plastic, aliquot tubes. **Freeze plasma within 2 hours of collection!**			

GENERAL INFORMATION	
Testing Schedule:	Mon-Sat
Expected TAT:	2-3 Days
Clinical Use:	Determine viral load of patient. **Linear range is 20 - 10,000,000 copies/mL.** Used for determining prognosis and monitoring therapy.
Notes:	*(new expanded range PCR assay)
Cpt Code(s):	87536

HLA A,B Typing

Order Name: **HLA AB**
Test Number: 7109150

TEST COMPONENTS	REV DATE:11/5/2008
Test Name:	**Methodology:**
HLA A,B Typing	Mol-HLA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**20mL (10mL)**	**Whole Blood**	**ACD Solution A or B (Yellow Top)**	**Room Temperature**
Alternate Specimen:	**20mL (10mL)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**
Special Instructions:	Stability: Room Temperature - 48-72 Hours			

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	5-7 Days
Cpt Code(s):	83891x2, 83894x2, 83896x130, 83898x2, 83912x2

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HLA A,B,C Typing

Order Name: **HLA ABC**
Test Number: 7109175

TEST COMPONENTS	REV DATE:11/5/2008
Test Name:	**Methodology:**
HLA A,B,C Typing	Mol-HLA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**20mL (10mL)**	**Whole Blood**	**ACD Solution A or B (Yellow Top)**	**Room Temperature**
Alternate Specimen:	**20mL (10mL)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**
Special Instructions:	Stability: Room Temperature - 48-72 Hours			

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	5-7 Days
Clinical Use:	This test can be used to identify bone marrow donors who are HLA genotypic matches with the intended recipient.
Cpt Code(s):	83891x3, 83894x3, 83896x195, 83898x3, 83912x3

HLA A,B,C,DR Typing

Order Name: **HLA ABCDR**
Test Number: 7109200

TEST COMPONENTS	REV DATE:11/5/2008
Test Name:	**Methodology:**
HLA A,B,C,DR Typing	Mol-HLA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**30mL (15mL)**	**Whole Blood**	**ACD Solution A or B (Yellow Top)**	**Room Temperature**
Alternate Specimen:	**30mL (15mL)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**
Special Instructions:	Stability: Room Temperature - 48-72 Hours			

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	5-7 Days
Clinical Use:	This is the most comprehensive panel used to identify bone marrow donors who are HLA genotypic matches with the intended recipient.
Cpt Code(s):	83891x5, 83894x5, 83896x325, 83898x5, 83912x5

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HLA A2 Typing

Order Name: **HLA A2**
Test Number: 7109135

TEST COMPONENTS	REV DATE:11/5/2008
Test Name:	**Methodology:**
HLA A2 Typing	Mol-HLA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**14mL (5mL)**	**Whole Blood**	**ACD Solution A or B (Yellow Top)**	**Room Temperature**
Alternate Specimen:	**14mL (5mL)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**
Special Instructions:	Stability: Room Temperature - 48-72 Hours			

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	5-7 Days
Cpt Code(s):	83891, 83894, 83896x65, 83898, 83912

HLA A29 Typing

Order Name: **HLA A29**
Test Number: 5580025

TEST COMPONENTS	REV DATE:11/5/2008
Test Name:	**Methodology:**
HLA A29 Typing	Mol-HLA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**14mL (5mL)**	**Whole Blood**	**ACD Solution A or B (Yellow Top)**	**Room Temperature**
Alternate Specimen:	**14mL (5mL)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**
Special Instructions:	Stability: Room Temperature - 48-72 Hours			

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	5-7 Days
Cpt Code(s):	83891, 83894, 83896x65, 83898, 83912

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HLA B27 Antigen

Order Name: **HLA B27**
Test Number: 5580000

TEST COMPONENTS	REV DATE:5/19/2006
Test Name:	**Methodology:**
HLA B27 Antigen	FC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**See special instructions**	**Whole Blood**	**EDTA (Lavender Top) and Lithium Heparin (Dark Green Top / No-GEL)**	**Room Temperature**
Special Instructions:	**Deliver to laboratory (flow cytometry) ASAP.Do NOT centrifuge or refrigerate; collect Monday through Friday only. Specimen must be in lab by Friday afternoon or collect sample on Monday. Instructions:Collect One 4ml EDTA (lavender) -AND- One 7ml Lithium Heparin (green no gel).**			

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	2 Days
Clinical Use:	Assist in the diagnosis of ankylosing spondylitis.
Cpt Code(s):	86812

HLA C Typing

Order Name: **HLA C**
Test Number: 7109225

TEST COMPONENTS	REV DATE:11/5/2008
Test Name:	**Methodology:**
HLA C Typing	Mol-HLA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**14mL (5mL)**	**Whole Blood**	**ACD Solution A (Yellow Top - Glass)**	**Room Temperature**
Alternate Specimen:	**14mL (5mL)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**
Special Instructions:	Stability: Room Temperature - 48-72 Hours			

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	5-7 Days
Cpt Code(s):	83891, 83894, 83896x65, 83898, 83912

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HLA DQ2 - DQ8 Typing

Order Name: **HLA DQ2/8**
Test Number: 7109325

TEST COMPONENTS	REV DATE:11/5/2008
Test Name:	**Methodology:**
HLA DQ2 - DQ8 Typing	Mol-HLA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**14mL (5mL)**	**Whole Blood**	**ACD Solution A or B (Yellow Top)**	**Room Temperature**
Alternate Specimen:	**14mL (5mL)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**
Special Instructions:	Sample must remain at room temperature. Sample is stable for 72 hours.			

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	4-6 Days
Clinical Use:	The absence of HLA antigens DQ2 and DQ8 can be very helpful in ruling out the diagnosis of celiac disease in patients that have indeterminate serology results. Absences of HLA DQ2/DQ8 antigens can indicate with a 95%-100% probability that celiac disease is not involved.
Cpt Code(s):	83891, 83894, 83896x65, 83898, 83912

HLA DR Typing

Order Name: **HLA DR**
Test Number: 7109250

TEST COMPONENTS	REV DATE:11/5/2008
Test Name:	**Methodology:**
HLA DR Typing	Mol-HLA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**20mL (10mL)**	**Whole Blood**	**ACD Solution A or B (Yellow Top)**	**Room Temperature**
Alternate Specimen:	**20mL (10mL)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**
Special Instructions:	Stability: Room Temperature - 48-72 Hours			

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	5-7 Days
Cpt Code(s):	83891x2, 83894x2, 83896x130, 83898x2, 83912x2

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Homocysteine

Order Name: **HOMOCYS**
Test Number: 2004575

TEST COMPONENTS	REV DATE:12/12/2005
Test Name:	**Methodology:**
Homocysteine	CIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 mL (1.0)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Frozen**
Alternate Specimen:	**2 mL (1.0)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
	2 mL (1.0)	**Plasma**	**EDTA (lavender top)**	**Frozen**
Special 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

Homocysteine, Total, Urine

Order Name: **HOMOCYST U**
Test Number: 3631525

TEST COMPONENTS	REV DATE:12/14/2009
Test Name:	**Methodology:**
Homocysteine, Total, Urine	FPIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**Two Samples**	**Urine, Random**	**Sterile Screwtop Container**	**Frozen**
Special Instructions:	**Fasting for 10 hours is recommended.** From one thoroughly mixed Random Urine, divide into two sterile containers: (#1) 5mL(2. 5mL) in sterile screwcap container for Homocystine AND (#2) 5mL(2. 5mL) in sterile screwcap container for Creatinine testing. **Freeze immediately -** send both samples together.			

GENERAL INFORMATION	
Testing Schedule:	Mon, Wed, Fri
Expected TAT:	3-4 Days
Cpt Code(s):	83090; 82570

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Homovanillic Acid, 24-Hour Urine

Order Name: **HVA**
Test Number: 3618150

TEST COMPONENTS	REV DATE:5/16/2003
Test Name:	**Methodology:**
Homovanillic Acid, 24-Hour Urine	

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**10 mL**	**Urine, 24-hour**	**24 hour Urine Container**	**Refrigerated**
Special Instructions:	Collect 24-hour urine in a 24-hour urine container with 15 g of boric acid or 25 mL of 6N HCl to maintain a pH below 3. Urine without preservative is acceptable if pH is below 6 and the sample is shipped frozen. Record 24-hour urine volume on test request form and urine vial. It is preferable for the patient to be off medications for three days prior to collection. However, common antihypertensives (diuretics, ACE inhibitors, calcium channel blockers, alpha and beta blockers) cause minimal or no interference. Patient should avoid alcohol, coffee, tea, tobacco and strenuous exercise prior to collection.			

GENERAL INFORMATION	
Testing Schedule:	Tues-Wed, Fri-Sat
Expected TAT:	3 Days
Cpt Code(s):	83150; 82565

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HPV (Human Papillomavirus), 16/18 Genotype

Order Name: **HPV 16/18**
Test Number: 1516350

TEST COMPONENTS	REV DATE:7/30/2007
Test Name:	**Methodology:**
HPV (Human Papillomavirus), 16/18 Genotype	INV

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**See Below**	**Tissue**	**SurePath Liquid Pap Container (Pap Prep)**	**Room Temperature**
Alternate Specimen:	**See Below**	**Tissue**	**CytoRich Preservative Vial**	**Room Temperature**
Special Instructions:	The SurePath Prep Preservative Vial and Rover Cervical Brush are available upon request. Additional Rover Endocervical brushes are also available. The SurePath Preservative Vial should be labeled with the patient's name. The cervix brush should be inserted into the endocervical canal. Apply gentle pressure until the bristles form against the cervix. Maintaining gentle pressure, hold the stem between the thumb and forefinger and rotate the brush Five times in a clockwise direction. Gently remove the brush from the endocervical canal and disconnect the entire brush head from the stem and place it into the CytoRich preservative vial. Cap and label the vial with the patients name. If the endocervical brush is used, it should also be disconnected and placed into the same CytoRich preservative vial as the cervix brush. The endocervical brush should never be used by itself.			

GENERAL INFORMATION	
Testing Schedule:	Mon, Tue & 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):	83912, 83891, 83903X2, 83892X4, 83896X10

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HPV (Human Papillomavirus), High Risk typing

Order Name: **HPVPAPHI**
Test Number: 5522575

TEST COMPONENTS	REV DATE:7/30/2007
Test Name:	**Methodology:**
HPV (Human Papillomavirus), High Risk typing	INV

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**See Below**	**Tissue**	**SurePath Liquid Pap Container (Pap Prep)**	**Room Temperature**
Alternate Specimen:	**See Below**	**Tissue**	**CytoRich Preservative Vial**	**Room Temperature**
Special Instructions:	The SurePath Prep Preservative Vial and Rover Cervical Brush are available upon request. Additional Rover Endocervical brushes are also available. The SurePath Preservative Vial should be labeled with the patient's name. The cervix brush should be inserted into the endocervical canal. Apply gentle pressure until the bristles form against the cervix. Maintaining gentle pressure, hold the stem between the thumb and forefinger and rotate the brush Five times in a clockwise direction. Gently remove the brush from the endocervical canal and disconnect the entire brush head from the stem and place it into the CytoRich preservative vial. Cap and label the vial with the patients name. If the endocervical brush is used, it should also be disconnected and placed into the same CytoRich preservative vial as the cervix brush. The endocervical brush should never be used by itself.			

GENERAL INFORMATION	
Testing Schedule:	Mon, Tue & Thr
Expected TAT:	2-5 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):	87621

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

Order Name: **HPV 16RFLX**

Test Number: 1516355

TEST COMPONENTS	REV DATE:7/30/2007
Test Name:	**Methodology:**
HPV (Human Papillomavirus), High Risk typing	INV

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**See Below**	**Tissue**	**SurePath Liquid Pap Container (Pap Prep)**	**Room Temperature**
Alternate Specimen:	**See Below**	**Tissue**	**CytoRich Preservative Vial**	**Room Temperature**
Special Instructions:	The SurePath Prep Preservative Vial and Rover Cervical Brush are available upon request. Additional Rover Endocervical brushes are also available. The SurePath Preservative Vial should be labeled with the patient's name. The cervix brush should be inserted into the endocervical canal. Apply gentle pressure until the bristles form against the cervix. Maintaining gentle pressure, hold the stem between the thumb and forefinger and rotate the brush Five times in a clockwise direction. Gently remove the brush from the endocervical canal and disconnect the entire brush head from the stem and place it into the CytoRich preservative vial. Cap and label the vial with the patients name. If the endocervical brush is used, it should also be disconnected and placed into the same CytoRich preservative vial as the cervix brush. The endocervical brush should never be used by itself.			

GENERAL INFORMATION	
Testing Schedule:	Mon, Tue & 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.
Notes:	Initial testing HPV High Risk typing only (cpt: 87621) Possible reflex to HPV 16/18 genotype (cpt: 83912, 83891, 83903X2, 83892X4, 83896X10)
Cpt Code(s):	See Test Notes

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HPV (Human Papillomavirus), Hybrid Capture II

Order Name: **HPVPAPPREP**
Test Number: 5522475

TEST COMPONENTS	REV DATE:6/16/2003
Test Name:	**Methodology:**
HPV (Human Papillomavirus), Hybrid Capture II	DNA Hybridization

SPECIMEN REQIREMENTS

	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**See Instructions**	**Tissue**	**SurePath Liquid Pap Container (Pap Prep)**	**Room Temperature**
Alternate Specimen:	**See Instructions**	**CytoRich Preservative Vial**	**See Instructions**	**Room Temperature**
Special Instructions:	The SurePath Prep Preservative Vial and Rover Cervical Brush are available upon request. In additional a Rover Endocervical brush is also available. The SurePath Preservative Vial should be labeled with the patient's name. The cervix brush should be inserted into the endocervical canal. Apply gentle pressure until the bristles form against the cervix. Maintaining gentle pressure, hold the stem between the thumb and forefinger and rotate the brush Five times in a clockwise direction. Gently remove the brush from the endocervical canal and disconnect the entire brush head from the stem and place it into the CytoRich preservative vial. Cap and label the vial with the patients name. If the endocervical brush is used, it should also be disconnected and placed into the same CytoRich preservative vial as the cervix brush. The endocervical brush should never be used by itself.			

GENERAL INFORMATION

Testing Schedule:	Mon - Fri
Expected TAT:	5-7 Days
Cpt Code(s):	87621x2

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HTLV I/II Antibody, EIA (Positives Reflexed to Western Blot)

Order Name: **HTLV-I/II**

Test Number: 3535875

TEST COMPONENTS	REV DATE:3/10/2010
Test Name:	**Methodology:**
HTLV I/II Antibody Screen	EIA
HTLV I/II Confirmation Western Blot	WB

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Alternate Specimen:	**2mL (0.5)**	**Plasma**	**EDTA (Lavender Top)**	**Refrigerated**
	2mL (0.5)	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Special Instructions:	Stability after separation from cells: **Ambient= No Longer acceptable, Refrigerated= 1 week, Frozen= Indefinitely** (avoid repeated freeze/thaw cycles). Lipemic, severly h0emolyzed specimens, heat inactivated specimens and specimens containing particulate material are not acceptable.			

GENERAL INFORMATION	
Testing Schedule:	Mon, Wed, Fri
Expected TAT:	2-4 Days
Notes:	Positive Human T-Lymphotropic Virus Types I/II Antibodies will reflex to HTLV I/II western blot.
Cpt Code(s):	86790, (western blot 86689)

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HTLV I/II DNA, Qualitative PCR

Order Name: **HTLV PCR**
Test Number: 9107250

TEST COMPONENTS	REV DATE:1/8/2008
Test Name:	**Methodology:**
HTLV I/II DNA, Qualitative PCR	PCR

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 mL (0.5)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**
Alternate Specimen:	**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

Hu Antibody - Neuronal Nuclear Antibody

Order Name: **HU ANTIBDY**
Test Number: 5582775

TEST COMPONENTS	REV DATE:7/1/2003
Test Name:	**Methodology:**
Hu Antibody - Neuronal Nuclear Antibody	EIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**3 mL (1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special Instructions:	Keep Refrigerated!			

GENERAL INFORMATION	
Testing Schedule:	Mon, Tue, Thr
Expected TAT:	4-5 Days
Notes:	A positive Antibody screen will confirm by Western Blot and reflex to a titer.
Cpt Code(s):	86255; Blot 84181; and Titer 86256

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Hypercoagulation Analyzer

Order Name: **HYPRCOAGAN**
Test Number: 1506500

TEST COMPONENTS	REV DATE:12/17/2008
Test Name:	**Methodology:**
Hypercoagulation Analyzer	

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**65 mL**	**Whole Blood**	**See Instructions**	**See Instructions**
Special Instructions:	**Please list the patient's anticoagulant** Please Collect the following tubes: **Fifteen** (2. 7mL) 3. 2% Sodium Citrate (Blue Top) tubes, **Two** (4. 7mL) EDTA (Lavender Top) tubes, **One** (7mL) lithium heparin (green top) tube (on ice or frozen pour off aliquot) and **One** (10mL) Clot Activator SST (Red/Gray Top) tube. Tubes must be filled to the proper level, no hemolysis. Improperly filled tubes can give erroneous results. Whole blood must be transported to lab immediately. If submitting only Citrated plasma, plasma must be double spun and frozen in 1. 5 ml aliquots. **Do not pool plasma from multiple tubes!**			

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

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Hypersensitivity Pneumonitis Screen

Order Name: **HYP PNEUM**
Test Number: 5507380

TEST COMPONENTS	REV DATE:10/20/2010
Test Name:	**Methodology:**
Hypersensitivity Pneumonitis Screen	ID

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**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

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Hypoglycemic Panel Qualitative (Sulfonylureas, Meglitinides)

Order Name: **HYPOGLYC P**

Test Number: 4008600

TEST COMPONENTS	REV DATE:9/26/2011
Test Name:	**Methodology:**
Chlorpropamide	LC/MS/MS
Tolazamide	LC/MS/MS
Glyburide	LC/MS/MS
Acetohexamide	LC/MS/MS
Tolbutamide	LC/MS/MS
Glipizide	LC/MS/MS
Glimepiride	LC/MS/MS
Nateglinide	LC/MS/MS
Repaglinide	LC/MS/MS

SPECIMEN REQIREMENTS

	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2mL(0.5)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Room Temperature**
Alternate Specimen:	**2mL(0.5)**	**Plasma**	**EDTA (Lavender Top)**	**Room Temperature**
Special Instructions:	Rejection Criteria Polymer gel separation tube (SST or PST). STABILITY: Room temperature= 7 Days, Refrigerated= 7 Days, Frozen= 4 Months Promptly centrifuge and separate Serum or Plasma into a plastic aliquot tube.			

GENERAL INFORMATION

Testing Schedule:	Tue, Thr
Expected TAT:	5-10 Days
Clinical Use:	For use as a Clinical and Diagnostic Aid.
Notes:	Trade names: Amaryl®, DiaBeta®, Diabinese®, Dymelor®, Glucotrol®, Glynase®, Meglitinides, Micronase®, Orinase®, Prandin®, Starlix®, Sulfonylureas, Tolinase®.
Cpt Code(s):	83788

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Hypotonia Panel (DMPK, PWS, SMA)

Order Name: **HYPOTON P**
Test Number: 5594975

TEST COMPONENTS	REV DATE:1/23/2009
Test Name:	**Methodology:**
Myotonic Dystrophy (DMPK)	PCR
Prader-Willi syndrome DNA (PWS)	DNA-Meth
Spinal muscular atrophy (SMA)	PCR

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**5mL (3mL)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**

GENERAL INFORMATION	
Testing Schedule:	Mon-Fri
Expected TAT:	2-3 Weeks
Cpt Code(s):	83890; 83892x9; 83894x6; 83896x2; 83898x21; 83903x5; 83912

IgD, Serum

Order Name: **IGD**
Test Number: 3611225

TEST COMPONENTS	REV DATE:9/1/2006
Test Name:	**Methodology:**
IgD, Serum	RIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**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 & Thr}
Expected TAT:	3-4 Days
Cpt Code(s):	82784

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IGF Binding Protein-3 (IGFBP-3)

Order Name: **IGF-3**
Test Number: 3602480

TEST COMPONENTS	REV DATE:1/17/2011
Test Name:	**Methodology:**
IGF Binding Protein-3 (IGFBP-3)	Imm

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special Instructions:	Specimen best kept frozen, but can be sent to RML main lab refrigerated.			

GENERAL INFORMATION	
Testing Schedule:	Tues- Sat
Expected TAT:	3-5 Days
Cpt Code(s):	83519

IGF-I (Somatomedin-C)

Order Name: **IGF-1**
Test Number: 2022625

TEST COMPONENTS	REV DATE:1/10/2006
Test Name:	**Methodology:**
IGF-I (Somatomedin-C)	CIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.4)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Special Instructions:	Serum separator tube (SST) (gold or red), allow specimen to clot fully, centrifuge, remove and freeze serum. **Serum stability:** Refrigerated = 24hrs. ; Frozen = 1Mo.			

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	1-3 Days
Cpt Code(s):	84305

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IGF-II (Insulin Like Growth Factor II)

Order Name: **INSLIN GF2**
Test Number: 3620625

TEST COMPONENTS	REV DATE:4/21/2010
Test Name:	**Methodology:**
IGF-II (Insulin Like Growth Factor II)	RIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1.5 mL (0.5)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Frozen**
Special Instructions:	Allow the blood to clot, then centrifuge the sample, separate and freeze serum. Avoid hemolysis. Avoid lipemia. Overnight fasting is prefered.			

GENERAL INFORMATION	
Testing Schedule:	Wed, Fri
Expected TAT:	2-8 Days from set up
Notes:	METHODOLOGY: Radioimmunassay after Acid-Alcohol extraction
Cpt Code(s):	83519

Imipramine

Order Name: **IMIPRAMIN**
Test Number: 4302400

TEST COMPONENTS	REV DATE:7/14/2005
Test Name:	**Methodology:**
Imipramine	HPLC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**3 mL (1.5)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Special 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):	80174

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Immature Platelet Fraction

Order Name: **IPF LEVEL**
Test Number: 100475

TEST COMPONENTS	REV DATE:6/25/2009
Test Name:	**Methodology:**
Immature Platelet Fraction	FC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**4 mL (1)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**
Special Instructions:	IPF level will not be reported on specimens > 24hrs old.			

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

TEST COMPONENTS	REV DATE:6/2/2011
Test Name:	**Methodology:**
Immune Cell Function Assay (ImmuKnow®)	CIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**3mL (0.5)**	**Whole Blood**	**Sodium Heparin (Green Top)**	**Room Temperature**
Special Instructions:	**Collect Monday - Thursday Only!**LIVE LYMPHOCYTES REQUIRED. **Keep Room Temperature** Do not refrigerate or freeze. The specimen must reach our reference testing laboratory within 30 hours of collection. **Specimens must be collected and sent to RML main lab before 3pm the same day of collection.** **For Collection Outside the Tulsa Area**- Please make arrangements before collection to insure the specimen can be transported to RML Main Laboratory for processing to send specimen to the performing laboratory the SAME DAY of Collection. Call the RML Main Lab Processing to let them know when a Specimen is on the way (918) 744-3131 x17398.			

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

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Immune Complex Detection by C1q Binding

Order Name: **C1Q BINDIN**
Test Number: 5500520

TEST COMPONENTS	REV DATE:7/14/2005
Test Name:	**Methodology:**
Immune Complex Detection by C1q Binding	IMMUNO DIFFUSION

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

GENERAL INFORMATION	
Testing Schedule:	Tues, Thur
Expected TAT:	2-3 Days
Cpt Code(s):	86332

Immune Complex Detection by Raji Cell

Order Name: **RAJI CELL**
Test Number: 5500420

TEST COMPONENTS	REV DATE:7/14/2005
Test Name:	**Methodology:**
Immune Complex Detection by Raji Cell	ELISA

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

GENERAL INFORMATION	
Testing Schedule:	Tues, Thur
Expected TAT:	2-3 Days
Cpt Code(s):	86332

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Immune Complexes
(Circulating Immune Complexes, CIC)

Order Name: **IMM COMPL**
Test Number: 5569800

TEST COMPONENTS	REV DATE:3/30/2007
Test Name:	**Methodology:**
Immune Complex Detection by C1q Binding	IMMUNO DIFFUSION
Immune Complex Detection by Raji Cell	ELISA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**3 mL**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Frozen**
Special Instructions:	Freeze serum within one hour of time drawn. With multiple tests, submit a separate tube for each test. Do not use gel barrier tubes. Do not submit the sample in a glass tube. Do not thaw. Send Three 1 mL aliquots of serum Frozen.			

GENERAL INFORMATION	
Testing Schedule:	Fri
Expected TAT:	7 Days
Clinical Use:	A combination of assays for immune complexes that have high sensitivity as well as detecting CIC of various sizes.
Cpt Code(s):	86332x2

Immunofixation Serum with Interpretation

Order Name: **S IMMUNO**
Test Number: 5510600

TEST COMPONENTS	REV DATE:12/17/2009
Test Name:	**Methodology:**
Immunofixation Serum with Interpretation	IEP

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1.5mL (1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**

GENERAL INFORMATION	
Testing Schedule:	Mon - Sat
Expected TAT:	1-3 days
Cpt Code(s):	86334 (86334-26)

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Immunofixation Urine with Interpretation

Order Name: **U IMMUNO**
Test Number: 5521550

TEST COMPONENTS	REV DATE:7/19/2011
Test Name:	**Methodology:**
Immunofixation Urine with Interpretation	IFE-EP

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**20mL (10)**	**Urine, Random**	**Sterile Urine container**	**Refrigerated**

GENERAL INFORMATION	
Testing Schedule:	Mon - Sat
Expected TAT:	1-3 Days
Cpt Code(s):	86335 (86335-26)

Immunoglobulin A, Secretory (sIgA)

Order Name: **IGA SECRE**
Test Number: 5570200

TEST COMPONENTS	REV DATE:6/12/2003
Test Name:	**Methodology:**
Immunoglobulin A, Secretory (sIgA)	NEPH

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**5 mL (1)**	**Saliva**	**Sterile Screwtop Container**	**Refrigerated**

GENERAL INFORMATION	
Testing Schedule:	Fri
Expected TAT:	7 Days
Clinical Use:	Detection of sIgA deficiency in saliva. A serum IgA deficiency generally equates to a sIgA deficiency.
Cpt Code(s):	86329

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Immunoglobulin IgE

Order Name: **IGE**
Test Number: 2020850

TEST COMPONENTS	REV DATE:6/1/2005
Test Name:	**Methodology:**
Total Serum IgE	CIA

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

Order Name: **IGG**
Test Number: 5001150

TEST COMPONENTS	REV DATE:6/10/2003
Test Name:	**Methodology:**
Immunoglobulin IgG	NEPH

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**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

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Immunoglobulin IgG Subclasses

Order Name: **IGG SUBCL**
Test Number: 5580250

TEST COMPONENTS	REV DATE:6/10/2003
Test Name:	**Methodology:**
Immunoglobulin IgG	NEPH
Immunoglobulin IgG1	ID
Immunoglobulin IgG2	ID
Immunoglobulin IgG3	ID
Immunoglobulin IgG4	ID

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

GENERAL INFORMATION	
Testing Schedule:	Fri
Expected TAT:	7 Days
Clinical Use:	Useful for the detection of IgG subclass deficiencies.
Cpt Code(s):	82787X4

Immunoglobulin IgG, CSF

Order Name: **CSF IGG**
Test Number: 3500765

TEST COMPONENTS	REV DATE:11/18/2010
Test Name:	**Methodology:**
Immunoglobulin IgG, CSF	NEPH

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1mL (0.4mL)**	**CSF (Cerebrospinal Fluid)**	**Sterile Screwtop Container**	**Refrigerated**
Special 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

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Immunoglobulin IgM

Order Name: **IGM**
Test Number: 5001200

TEST COMPONENTS	REV DATE:6/10/2003
Test Name:	**Methodology:**
Immunoglobulin IgM	NEPH

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**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

Immunoglobulin, IgA Quantitative

Order Name: **IGA**
Test Number: 5001100

TEST COMPONENTS	REV DATE:6/10/2003
Test Name:	**Methodology:**
Immunoglobulin, IgA Quantitative	NEPH

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**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

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India Ink for Yeast

Order Name: **C INDIA PR**
Test Number: 6000500

TEST COMPONENTS	REV DATE:5/19/2003
Test Name:	**Methodology:**
India Ink for Yeast	MC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**3 mL (1)**	**CSF**	**Sterile Screwtop Container**	**Refrigerated**

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	1 Day
Clinical Use:	Reveals presence of Crytococcus neoformans in CSF
Cpt Code(s):	87210

Inflammatory Bowel Disease Panel (Crohn's disease)

Order Name: **IBD PANEL**
Test Number: 2905565

TEST COMPONENTS	REV DATE:2/13/2008
Test Name:	**Methodology:**
Anti-Neutrophil Cytoplasmic Antibody (ANCA)	IFA
Saccharomyces cerevisiae Antibodies (ASCA) (IgA, IgG)	ELISA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**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

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Influenza A and B Screen

Order Name: **C A/B FLU**
Test Number: 6003125

TEST COMPONENTS	REV DATE:11/3/2010
Test Name:	**Methodology:**
Influenza A Screen	EIA
Influenza B Screen	EIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**See Instructions**	**Swab**	**Flocked Flexible Mini-Tip Nasopharyngeal Swab**	**Refrigerated**
Alternate Specimen:	**See Instructions**	**Saline nasal wash**	**Sterile Screwtop Container**	**Refrigerated**
Special Instructions:	The preferred specimen is **Universal Transport Media (UTM) with mini-Flocked Swab** (Comes as a kit: RML Supply# 50775), BD Viral Transport Media (VTM) or M5. Swabs in saline are only acceptable for up to 8 hours. Keep swabs refrigerated (room temperature stability is only 24hrs). For Saline nasal wash: Use bulbous syringe to dispense 2 ml saline into nasal passages. Aspirate at least 1mL back into syringe and transfer to sterile container. **Note: Green cap minitip Swab is No Longer Acceptable** Also not acceptable are swabs in M4, M4-RT, Liquid Amies-D, Amies Clear, Modified or Liquid Stuart's and Remel M6 transport media. *(the green cap minitip swab has liquid stuart's)*			

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	1 Day
Cpt Code(s):	87804x2

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Influenza A by PCR

Order Name: **FLU A PCR**
Test Number: 5565570

TEST COMPONENTS	REV DATE:2/18/2011
Test Name:	**Methodology:**
Influenza A by PCR	PCR

SPECIMEN REQIREMENTS

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

GENERAL INFORMATION

Testing Schedule:	Mon, Wed, Fri
Expected TAT:	1-3
Clinical Use:	Qualitative detection of Influenza A by PCR (Polymerase Chain Reaction).
Cpt Code(s):	87798

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Influenza A H1N1 by RT-PCR

Order Name: **H1N1 PCR**
Test Number: 6010300

TEST COMPONENTS	REV DATE:4/27/2011
Test Name:	**Methodology:**
Influenza A RNA	PCR
Influenza H1 Gene	PCR

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**3mL(0.35)**	**Nasal swab**	**Flocked Flexible Mini-Tip Nasopharyngeal Swab**	**Refrigerated**
Alternate Specimen:	**3mL(0.35)**	**Nasal Wash**	**Viral Transport Media**	**Refrigerated**
Special Instructions:	**Preferred Specimen**: Nasopharyngeal mini-Flocked Swab (Comes as a kit: RML Supply# 50775) in BD Viral Transport Media (VTM) (M4) or (M6); or 3mL(0. 35mL) Nasal Aspirate in Universal Transport Media (UTM). Use only sterile swabs: Dacron, nylon, or rayon with plastic shafts. **DO NOT USE calcium alginate swabs** [06/22/2010: Throat Swabs are no longer acceptable.]			

GENERAL INFORMATION	
Testing Schedule:	Mon-Sun
Expected TAT:	3-4 Days
Notes:	This assay aids in the detection and differentiation of seasonal influenza A virus infection and infection by the 2009 H1N1 influenza virus. The test uses PCR technology to target two separate regions of the hemagglutinin gene of the 2009 H1N1 influenza virus to differentiate it from the seasonal human influenza A virus.
Cpt Code(s):	87502

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Influenza A Screen

Order Name: **C FLUA SC**
Test Number: 6001875

TEST COMPONENTS	REV DATE:9/30/2010
Test Name:	**Methodology:**
Influenza A Screen	EIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**See Instructions**	**Nasal swab**	**Flocked Flexible Mini-Tip Nasopharyngeal Swab**	**Refrigerated**
Alternate Specimen:	**See Instructions**	**Saline nasal wash**	**Sterile Screwtop Container**	**Refrigerated**
Special Instructions:	The preferred specimen is **Universal Transport Media (UTM) with mini-Flocked Swab** (Comes as a kit: RML Supply# 50775), BD Viral Transport Media (VTM) or M5. Swabs in saline are only acceptable for up to 8 hours. Keep swabs refrigerated (room temperature stability is only 24hrs). For Saline nasal wash: Use bulbous syringe to dispense 2 ml saline into nasal passages. Aspirate at least 1mL back into syringe and transfer to sterile container. **Note:** M4, M4-RT, Liquid Amies-D, Amies Clear, Modified or Liquid Stuart's and Remel M6 transport media are **No Longer Acceptable** (the green cap minitip has liquid stuart's).			

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	1 Day
Clinical Use:	This test screens for the presence of Influenza virus A ONLY.
Cpt Code(s):	87804

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Influenza B by PCR

Order Name: **FLU B PCR**
Test Number: 5565580

TEST COMPONENTS	REV DATE:2/18/2011
Test Name:	**Methodology:**
Influenza B by PCR	PCR

SPECIMEN REQIREMENTS

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

GENERAL INFORMATION

Testing Schedule:	Mon, Wed, Fri
Expected TAT:	1-3 Days
Clinical Use:	Qualitative detection of Influenza B by PCR (Polymerase Chain Reaction).
Cpt Code(s):	87798

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Influenza B Screen

Order Name: **C INFLU B**
Test Number: 6001975

TEST COMPONENTS	REV DATE:9/30/2010
Test Name:	**Methodology:**
Influenza B Screen	EIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**See Instructions**	**Nasal swab**	**Flocked Flexible Mini-Tip Nasopharyngeal Swab**	**Refrigerated**
Alternate Specimen:	**See Instructions**	**Nasal Wash**	**Sterile Screwtop Container**	**Refrigerated**
Special Instructions:	The preferred specimen is **Universal Transport Media (UTM) with mini-Flocked Swab** (Comes as a kit: RML Supply# 50775), BD Viral Transport Media (VTM) or M5. Swabs in saline are only acceptable for up to 8 hours. Keep swabs refrigerated (room temperature stability is only 24hrs). For Saline nasal wash: Use bulbous syringe to dispense 2 ml saline into nasal passages. Aspirate at least 1mL back into syringe and transfer to sterile container. **Note:** M4, M4-RT, Liquid Amies-D, Amies Clear, Modified or Liquid Stuart's and Remel M6 transport media are **No Longer Acceptable** (the green cap minitip has liquid stuart's).			

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	1 Day
Clinical Use:	This test screens for the presence of Influenza virus B ONLY.
Cpt Code(s):	87804

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Influenza Type A IgM, IgG Serology

Order Name: **INFLU A**
Test Number: 5564600

TEST COMPONENTS	REV DATE:10/22/2010
Test Name:	**Methodology:**
Influenza Interpretation	
Influenza Type A IgG	IFA
Influenza Type A IgM	IFA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**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

Influenza Type B IgM, IgG Serology

Order Name: **INFLU B**
Test Number: 5564650

TEST COMPONENTS	REV DATE:10/22/2010
Test Name:	**Methodology:**
Influenza Interpretation	
Influenza Type B IgG	IFA
Influenza Type B IgM	IFA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**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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Inhibin A

Order Name: **INHIBIN A**
Test Number: 3622375

TEST COMPONENTS	REV DATE:6/30/2010
Test Name:	**Methodology:**
Inhibin A	ELISA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**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

Inhibin B

Order Name: **INHIBIN B**
Test Number: 3656615

TEST COMPONENTS	REV DATE:8/15/2011
Test Name:	**Methodology:**
Inhibin B	ELISA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 mL (0.2)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Special Instructions:	Stability: After separation from cells: Ambient: Unacceptable; Refrigerated: 48 hours; Frozen 1 month.			

GENERAL INFORMATION	
Testing Schedule:	Wed
Expected TAT:	2-8 Days
Cpt Code(s):	83520

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Inhibitor Screen

Order Name: **INHIB SCRN**
Test Number: 1501650

TEST COMPONENTS	REV DATE:12/28/2006
Test Name:	**Methodology:**
Inhibitor Screen	CLOT

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**24 mL**	**Whole Blood**	**Sodium Citrate 3.2% (Blue Top)**	**Ambient whole blood or frozen aliquots**
Alternate Specimen:	**24 mL**	**Double Spun Plasma**	**Sterile, Capped Plastic Tube**	**Ambient whole blood or frozen aliquots**
Special Instructions:	**Please indicate anticoagulant therapy.** Collect 6-8 Sodium Citrate 3. 2% (Blue Top) tubes. 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!** 5 to 6 aliquots are necessary for testing.			

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:	Testing includes a pathology interpretation.
Cpt Code(s):	multiple

Insect or Arthropod Identification

Order Name: **INSECT ID**
Test Number: 6001000

TEST COMPONENTS	REV DATE:8/8/2003
Test Name:	**Methodology:**
Insect or Arthropod Identification	MC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:		**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

TEST COMPONENTS	REV DATE:3/3/2009
Test Name:	**Methodology:**
Insulin Antibody	RIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Frozen**
Alternate Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Special 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

Insulin Free and Total

Order Name: **INSULIN FR**
Test Number: 3601855

TEST COMPONENTS	REV DATE:5/26/2009
Test Name:	**Methodology:**
Free Insulin	CIA
Total Insulin	CIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 mL (1.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Alternate Specimen:	**2 mL (1.1)**	**Plasma**	**EDTA (Lavender Top)**	**Refrigerated**
Special Instructions:	Fasting specimen is preferred. Reference intervals established for fasting specimens. Hemolyzed or heparinized specimens are not acceptable. Stability after separation from cells: Ambient= 8 hours, Refrigerated=: 1 week, Frozen= 1 month.			

GENERAL INFORMATION	
Testing Schedule:	Mon, Thr
Expected TAT:	3-6 Days
Cpt Code(s):	83525, 83527

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Insulin Resistance Test

Order Name: **INSULIN R**
Test Number: 2006775

TEST COMPONENTS	REV DATE:6/11/2003
Test Name:	**Methodology:**
Fasting Glucose Insuline Tolerance	Hexokinase
Fasting Insulin for Tolerance	CIA
Glucose 2 Hour Insuline Tolerance	Hexokinase
Insulin 2 hour for Tolerance	CIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Serum and Plasma**	**Sodium fluoride (gray) and Clot activator SST (gold top)**	**Refrigerated**
Special 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

TEST COMPONENTS	REV DATE:4/7/2010
Test Name:	**Methodology:**
Insulin, Serum	CIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2mL (0.5mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Special 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, Wed, Fri
Expected TAT:	1-3 days
Clinical Use:	Useful for the determination of insulin levels. Along with proinsulin and C-peptide measurements it may be useful in the diagnosis of insulinoma. May also be used in the management of diabetes mellitus.
Cpt Code(s):	83525

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Interleukin 28 B (IL28B) AccuType(R)

Order Name: **IL28B GENO**
Test Number: 9103400

TEST COMPONENTS	REV DATE:9/1/2011
Test Name:	**Methodology:**
IL28B SNP rs1297860	PCR
IL28B Interpretation	

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**5mL(2mL)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**
Special Instructions:	Specimen Stability: Room temperature: 8 days, Refrigerated: 8 days, Frozen: Do not freeze.			

GENERAL INFORMATION	
Testing Schedule:	Sun,Tue,Thr
Expected TAT:	3-5 Days from set up.
Clinical Use:	The C polymorphism in rs12979860 is strongly associated with a two-fold greater sustained virological response in European, African American, and Hispanic populations. Knowledge of host genotype patients infected with HCV will aid in the clinical decision to initiate treatment with PegIFN and RBV (a 48 week course of interferon and ribavirin which has limited efficacy and is often poorly tolerated due to side effects that prevent patients from finishing treatment).
Notes:	This assay detects the rs12979860C/T variant upstream of the IL28B gene. The presence of cytosine (C) is associated with an approximate two-fold improved response rate across ethnicites compared to thymine (T) at the same position. Approximately 70% of Caucasians, 40% of African-Americans and 95% of Asians carry at least one copy of the rs12979860C variant allele. To detect the rs12979860C/T variant, a region upstream of the IL28B gene is amplified by polymerase chain reaction (PCR), followed by detection on a real-time PCR platform using an allelic discrimination method.
Cpt Code(s):	83891, 83896x2, 83898, 83912

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Interleukin-6

Order Name: **INTERLEU-6**
Test Number: 111300

TEST COMPONENTS	REV DATE:6/17/2003
Test Name:	**Methodology:**
Interleukin-6	EIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.3)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Special Instructions:	Do not thaw			

GENERAL INFORMATION	
Testing Schedule:	Fri
Expected TAT:	5 Days
Cpt Code(s):	84235

Intrinsic Factor Blocking Antibody

Order Name: **INT BL AB**
Test Number: 5590600

TEST COMPONENTS	REV DATE:12/11/2006
Test Name:	**Methodology:**
Intrinsic Factor Blocking Antibody	RIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**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
Notes:	For more information on this test, access our "Specialized Tests" section.
Cpt Code(s):	86340

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Iodine, Urine

Order Name: **IODINE UR**
Test Number: 4003950

TEST COMPONENTS	REV DATE:8/6/2009
Test Name:	**Methodology:**
Iodine, Urine	ICP/MS

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**10 mL (2)**	**Urine, 24-hour**	**Sterile Screwtop Container**	**Refrigerated**
Special 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

Iontophoresis (Sweat Test)

Order Name: **SWEAT TEST**
Test Number: 2005225

TEST COMPONENTS	REV DATE:6/24/2003
Test Name:	**Methodology:**
Sweat Chloride	Coulometric
Sweat Collection Weight	

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**100 ul (40 ul)**	**Sweat**	**Wescor collection device**	**See Instructions**
Special 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

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Iron

Order Name: **IRON TEST**
Test Number: 4501050

TEST COMPONENTS	REV DATE:7/2/2003
Test Name:	**Methodology:**
Iron	TPTZ

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**See Instructions**
Alternate Specimen:	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**See Instructions**
Special Instructions:	For ongoing iron determinations on a patient. The sample should be obtained at approximately the same time each day. The concentration may vary 30% thouroughout the day. Specimen stability: Ambient 4 days. Refrigerated 7 days.			

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	1-2 days
Clinical Use:	Useful for diagnosis of iron deficiency and iron overload disorders such as hemochromatosis.
Cpt Code(s):	83540

Iron Group

Order Name: **IRON GRP**
Test Number: 2019150

TEST COMPONENTS	REV DATE:8/31/2010
Test Name:	**Methodology:**
Iron	TPTZ
Total Iron Binding Capacity	TPTZ
Ferritin	CIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**3 mL (1.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special 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 Stain, Peripheral Blood

Order Name: **IRON ST PB**
Test Number: 102700

TEST COMPONENTS	REV DATE:5/16/2003
Test Name:	**Methodology:**
Iron Stain, Peripheral Blood	IHC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 Slides**	**Whole Blood**	**Glass Slides with Holder**	**Room Temperature**
Alternate Specimen:	**2 Slides**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	1-2 Days
Cpt Code(s):	85536

Islet Cell Antibody, IgG

Order Name: **ISLET AB**
Test Number: 3805675

TEST COMPONENTS	REV DATE:8/31/2011
Test Name:	**Methodology:**
Islet Cell Antibody, IgG	IFA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**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

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Islet Cell Antigen 512 Autoantibodies

Order Name: **ISLET AG**
Test Number: 3809750

TEST COMPONENTS	REV DATE:8/31/2011
Test Name:	**Methodology:**
Islet Cell Antigen 512 Autoantibodies	RBA

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

GENERAL INFORMATION	
Testing Schedule:	Tue, Fri
Expected TAT:	4-6 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

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JAK2 Mutation (V617F) Analysis

Order Name: **JAK 2 CELL**
Test Number: 5572375

TEST COMPONENTS	REV DATE:9/8/2009
Test Name:	**Methodology:**
JAK 2 Mutation	Leumeta
JAK 2 Mutation Exon 12	Leumeta
JAK 2 Mutation Exon 13	Leumeta

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**6mL (4mL)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**
Alternate Specimen:	**6mL (4mL)**	**Bone Marrow**	**EDTA (Lavender Top)**	**Room Temperature**
	6mL (4mL)	**Bone Marrow**	**Sodium Heparin (Green Top)**	**Room Temperature**
Special Instructions:	**Sept. 8th 2009 - The preferred specimen for JAK 2 Mutation is:** 6mL(4mL) **Peripheral Whole Blood** in **EDTA** Lavender top tube. Please **keep specimens at room temperature** and do not centrifuge. - or - 3mL(2mL) **Bone marrow** in **EDTA** Lavender top tube. If part of a Bone marrow work up the JAK 2 Mutation can be performed on **Sodium Heparin** green top tube provided there is adequate volume of aspirate to share with the cytogenetics. Please keep specimens at room temperature and do not centrifuge. **NOTE: Information regarding draw time and date is required on the sample to ensure the stability of the sample can be maintained. Specimen integrity will be determined at the performing laboratory.**			

GENERAL INFORMATION	
Testing Schedule:	Sun-Sat
Expected TAT:	3-7 Days
Clinical Use:	Myeloproliferative disorders (MPDs) are clonal hematopoietic stem cell malignancies characterized by excessive production of blood cells by hematopoietic precursors. In addition to thrombotic and hemorrhagic complications, leukemic transformation can occur. The main members of MPD are Polycythemia Vera (PV), Essential Thrombocythemia (ET) and Idiopathic Myelofibrosis (MF). The molecular pathogenesis of most MPDs is unknown. This V617F mutation leads to constituitive tyrosine phosphorylation activity that promotes cytokine activity and induces erythrocytosis. The V617F mutation in JAK2 is a dominant gain-of function mutation that contributes to the expansion of the myeloproliferative disorder clone. JAK2 exon 12 mutations define a distinctive myeloproliferative syndrome.
Notes:	**September 8th 2009, Specimen collection update** **Due to the complex nature of testing, the performing laboratory would prefer to receive JAK 2 Mutation specimens as Peripheral Whole Blood or Bone Marrow. They will evaluate specimens for stability and process them for testing.**
Cpt Code(s):	83891; 83902; 83898 (x3); 83904; 83912

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JC Polyoma Virus DNA, Qualitative PCR, CSF

Order Name: **JC VIRUS C**
Test Number: 5575525

TEST COMPONENTS	REV DATE:4/4/2011
Test Name:	**Methodology:**
JC Polyoma Virus DNA, Qualitative PCR, CSF	PCR

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

GENERAL INFORMATION	
Testing Schedule:	Sun-Sat
Expected TAT:	2-5 Days
Clinical Use:	JC Virus is the cause of progressive multifocal leukoencephalopathy (PML), a severe demyelinating disease of the central nervous system. PML is a particular concern for individuals infected with the human immunodeficiency virus. The detection of JC virus DNA is based upon the real-time PCR amplification and detection of specific JC virus genomic sequences from total DNA extracted from the specimen.
Cpt Code(s):	87798

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JC Polyoma Virus DNA, Qualitative PCR, Plasma

Order Name: **JC VIRUS P**
Test Number: 5575425

TEST COMPONENTS	REV DATE:4/4/2011
Test Name:	**Methodology:**
JC Polyoma Virus DNA, Qualitative PCR, Plasma	PCR

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**3mL(0.3mL)**	**Plasma**	**EDTA (Lavender Top)**	**Frozen**
Special Instructions:	**This is for EDTA Plasma specimens only.** Best if specimen is centrifuged and aliquot 3mL(0. 3mL) plasma into plastic aliquot tube and frozen within 2 hours of collection. Stability: Ambient: 48 hours; Refrigerated: 7 days; Frozen: 30 days. Unacceptable Specimens: Urine, CSF, Heparin Plasma specimens.			

GENERAL INFORMATION	
Testing Schedule:	Sun-Sat
Expected TAT:	2-5 Days
Clinical Use:	JC Virus is the cause of progressive multifocal leukoencephalopathy (PML), a severe demyelinating disease of the central nervous system. PML is a particular concern for individuals infected with the human immunodeficiency virus. The detection of JC virus DNA is based upon the real-time PCR amplification and detection of specific JC virus genomic sequences from total DNA extracted from the specimen.
Cpt Code(s):	87798

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JC Polyoma Virus DNA, Qualitative PCR, Urine

Order Name: **JC VIRUS U**
Test Number: 5575475

TEST COMPONENTS	REV DATE:4/4/2011
Test Name:	**Methodology:**
JC Polyoma Virus DNA, Qualitative PCR, Urine	PCR

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

GENERAL INFORMATION	
Testing Schedule:	Sun-Sat
Expected TAT:	2-5 Days
Clinical Use:	JC Virus is the cause of progressive multifocal leukoencephalopathy (PML), a severe demyelinating disease of the central nervous system. PML is a particular concern for individuals infected with the human immunodeficiency virus. The detection of JC virus DNA is based upon the real-time PCR amplification and detection of specific JC virus genomic sequences from total DNA extracted from the specimen.
Cpt Code(s):	87798

Jo-1 Antibody

Order Name: **JO-1 AB**
Test Number: 3805375

TEST COMPONENTS	REV DATE:9/3/2010
Test Name:	**Methodology:**
Jo-1 Antibody	EIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special Instructions:	Overnight fasting is preferred.			

GENERAL INFORMATION	
Testing Schedule:	Mon, Wed, Fri
Expected TAT:	3-4 Days
Cpt Code(s):	86235

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Ketones

Order Name: **KETONES**
Test Number: 2000075

TEST COMPONENTS	REV DATE:6/11/2003
Test Name:	**Methodology:**
Ketones	Dry Chemistry

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Special Instructions:	Keep specimen capped prior to testing and during testing. Refrigerate if testing is to be delayed.			

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 Stone Analysis

Order Name: **STONE ANY**
Test Number: 9101850

TEST COMPONENTS	REV DATE:10/18/2007
Test Name:	**Methodology:**
Kidney Stone Analysis	

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**n/a**	**Stone**	**Sterile Screwtop Container**	**Room Temperature**
Special 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

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KOH Prep for Fungus

Order Name: **C KOH PR**
Test Number: 6300100

TEST COMPONENTS	REV DATE:7/2/2003
Test Name:	**Methodology:**
KOH Prep for Fungus	MC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:		**See Instructions**	**See Instructions**	**Room Temperature**
Special Instructions:	Send tissue scraping or nail cuttings in sterile cup. Send wet prep in sterile saline.			

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	1 Day
Clinical Use:	Reveals fungal elements in tissue samples; assists in detecting vaginosis in wet prep samples.
Cpt Code(s):	87220

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KRAS Mutation Analysis (K-ras)

Order Name: **KRAS MUTAT**
Test Number: 9100025

TEST COMPONENTS	REV DATE:9/22/2011
Test Name:	**Methodology:**
KRAS Mutation Analysis (K-ras)	PCR

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**See Below**	**Tissue**	**Paraffin Block**	**Room Temperature**
Special 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:	Mon, Thr
Expected TAT:	11-13 Days
Clinical Use:	Activating Ras mutations can be found in human malignancies with overall frequency of 15-20%. A high incidence of Ras gene mutations has been reported in 80-90% malignant tumors of the pancreas, 30-60% in colon rectal carcinomas, and in 18-30% of hematopoietic neoplasia of myeloid origin. Ras proteins were shown to influence proliferation, differentiation, transformation, and apoptosis by relaying mitogenic and growth signals into the cytoplasma and the nucleolus. Mutations leading to an amino acid substitution at positions 12,13 and 61 are the most common in naturally occurring neoplasms and are frequent in adenocarcinomas of the pancreas, colon, and certain types of hematological malignancies.
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 must be ordered on the patient's current encounter specific to the ordering physician and client account.
Cpt Code(s):	83891, 83892x2, 83898x2, 83904x4, 83909x2, 83912

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Lactate

Order Name: **LACTATE**
Test Number: 2003800

TEST COMPONENTS	REV DATE:6/11/2003
Test Name:	**Methodology:**
Lactate	Colorimetric

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Plasma**	**Sodium fluoride (gray)**	**See Instructions**
Special 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

TEST COMPONENTS	REV DATE:8/6/2003
Test Name:	**Methodology:**
Lactate Dehydrogenase (LDH)	Lactate-Pyruvate (NAD)

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Special 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

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Lactic Acid Spinal Fluid

Order Name: **CSF LACTIC**
Test Number: 3500650

TEST COMPONENTS	REV DATE:6/11/2003
Test Name:	**Methodology:**
Lactic Acid Spinal Fluid	Colorimetric

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**0.5 mL (0.1)**	**CSF**	**Sterile screwtop container**	**See Instructions**
Special Instructions:	Patient should be informed, relaxed and properly positioned for lumbar puncture. Specimen must be on ice. Deliver to lab immediately.			

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	1-2 days
Clinical Use:	Used to differentiate bacterial from other types of meningitis. Elevated in cerebral infarct, cerebral hemorrhage and hepatic encaphalopathy.
Cpt Code(s):	83605

Lactic Dehydrogenase Isoenzymes (LD Isoenzymes)

Order Name: **LDH ISOENZ**
Test Number: 2019500

TEST COMPONENTS	REV DATE:11/29/2007
Test Name:	**Methodology:**
Lactic Dehydrogenase Isoenzymes (LD Isoenzymes)	EP

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 mL (1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Room Temperature**
Special Instructions:	Do not freeze. Keep specimen room temperature. Hemolyzed specimens are not acceptable.			

GENERAL INFORMATION	
Testing Schedule:	Tue, Thr, Sat
Expected TAT:	3-4 Days
Cpt Code(s):	83615; 83625

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Lactoferrin Detection, EIA (Stool)

Order Name: **FEC LACTOF**
Test Number: 6002550

TEST COMPONENTS	REV DATE:1/11/2011
Test Name:	**Methodology:**
Lactoferrin Detection, EIA (Stool)	EIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1mL/1g**	**Stool, Random**	**Sterile Screwtop Container**	**Room Temperature**
Special Instructions:	1mL Liquid Stool or 1g(0. 5g) Solid Stool - Collect undiluted feces in clean, dry, Airtight sterile leak proof container, keep Room temperature or Refrigerated. Do not add fixative or preservative. Stool in Transport Media, Preservatives or Formalin is Not Acceptable. Stool from Breast Fed infants is Not Acceptable.			

GENERAL INFORMATION	
Testing Schedule:	Mon-Fri
Expected TAT:	1-3 Days
Clinical Use:	Human lactoferrin, a major component of leukocytes, is present during an inflammatory response. Diarrheal diseases can be classified into inflammatory and non-inflammatory diarrhea. Non-inflammatory diarrheas include those caused by viruses and most parasites and are for the most part, effectively treated with simple oral rehydration therapy. Inflammatory diarrheas tend to be more serious and need to be followed up by more extensive testing. In inflammatory diarrheas, fecal leukocytes are found in the stool in large numbers. Pathogens such as *Shigella, Salmonella, Campylobacter and Clostridium difficile* are example of organisms that may cause an inflammatory response.
Notes:	This test may also help distinguish between inflammatory bowel disease such as ulcerative colitis and Crohn's disease, and active irritable bowel syndrome, which doe not cause intestinal inflammation. The fecal lactoferrin test has an advantage over the determination of fecal leukocytes by microscopy. The microscopy method has disadvantages such as no standardization and degradation of the cells in the stool by lysis during storage. Lactoferrin is very stable and is not degraded during infections by the toxins of pathogens such as *C. difficile*. A positive test indicates elevated levels of lactoferrin released from fecal leukocytes as a marker of intestinal inflammation.
Cpt Code(s):	83630

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Lactose Tolerance

Order Name: **LACTOS TOL**
Test Number: 2003300

TEST COMPONENTS	REV DATE:5/11/2011
Test Name:	**Methodology:**
Lactose Fasting	Colormetric
Lactose 0.5 Hour Tolerance	Colorimetric
Lactose 1 Hour Tolerance	Colorimetric
Lactose 2 Hour Tolerance	Colorimetric
Lactose 3 Hour Tolerance	Colorimetric

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Plasma**		**See Instructions**
Special Instructions:	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

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Lambert-Eaton Syndrome Antibody Panel

Order Name: **LAMB EATON**
Test Number: 5503125

TEST COMPONENTS	REV DATE:3/31/2011
Test Name:	**Methodology:**
Voltage-Gated Calcium Channel (VGCC) Antibody Assay	RBA
Acetylcholine Receptor Binding Antibody	RIA
Acetylcholine Receptor Modulating Antibody	RBA
Striated Muscle Antibody Screen	IFA
Striated Muscle Antibody Titer	IFA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**4mL (2mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Alternate Specimen:	**4mL (2mL)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Special Instructions:	Minimum volume for pediatric collection: 1mL. Stability: Room temperature: 8Hours Refrigerated: 14Days Frozen: 30Days.			

GENERAL INFORMATION	
Testing Schedule:	Assay Dependant
Expected TAT:	5-8 Days
Clinical Use:	Lambert Eaton myasthenic syndrome is a paraneoplastic phenomena associated with small cell lung cancer. There is a decrease of voltage-gated calcium channels on presynaptic nerve terminals due to an auto-antibody reactive with the channels. There is an associated proximal muscle weakness and often coexisting thyroid autoimmune disease and vitiligo.
Cpt Code(s):	86255, 83519x3

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Lamotrigine

Order Name: **LAMOTRIGIN**
Test Number: 4310575

TEST COMPONENTS	REV DATE:10/18/2007
Test Name:	**Methodology:**
Lamotrigine	HPLC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Alternate Specimen:	**1 mL (0.5)**	**Plasma**	**EDTA (Lavender Top)**	**Refrigerated**
Special Instructions:	Draw 1/2-1 hour before next dose at steady state. Do not use gel barrier tubes. Stability: After separation from cells: Ambient: 1 month; Refrigerated: 6 weeks; Frozen: 6 months.			

GENERAL INFORMATION	
Testing Schedule:	Mon-Fri
Expected TAT:	2-4 Days
Cpt Code(s):	80299

Latex Allergy IgE

Order Name: **LATEX IGE**
Test Number: 5610780

TEST COMPONENTS	REV DATE:10/11/2006
Test Name:	**Methodology:**
Latex Allergy IgE	ICAP

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.3)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**

GENERAL INFORMATION	
Testing Schedule:	Mon - Sat
Expected TAT:	2-3 Days
Clinical Use:	This test can be used to detect a general allergy to all latex products.
Notes:	Tests for Latex Hevea braziliensis (K82) the Non-ammoniated, **Buffered Latex** collected in a pH buffer then separated by ultracentrifugation; contains the most native latex proteins.
Cpt Code(s):	86003

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Latex Allergy Panel

Order Name: **LATEXRAST3**
Test Number: 5573975

TEST COMPONENTS	REV DATE:6/16/2010
Test Name:	**Methodology:**
Ammoniated Latex (AL)	RIA
Non-Ammoniated (Buffered) Latex (NAL)	RIA
Latex Glove	RIA

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

GENERAL INFORMATION	
Testing Schedule:	Set up on Tuesday, Reports Wednesday evening.
Expected TAT:	3-9 Days
Clinical Use:	Used by Allergists to detect the specific type of Latex that can cause an allergic immune response.
Notes:	Includes the specific forms of latex: **Ammoniated Latex**- latex used to manufacture dipped latex products such as gloves and condoms. **Buffered Latex**- Non-Ammoniated latex collected in a pH buffer then separated by ultracentrifugation; contains the most native latex proteins. **Latex gloves**- An aqueous extract prepared from a commercial latex exam glove.
Cpt Code(s):	86003x3

LDH Serous Fluid

Order Name: **SRS LDH**
Test Number: 3500250

TEST COMPONENTS	REV DATE:6/11/2003
Test Name:	**Methodology:**
LDH Serous Fluid	Lactate - Pyruvate (NAD)

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Serous fluid**	**Sterile screwtop container**	**Refrigerated**
Special 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

TEST COMPONENTS	REV DATE:6/10/2003
Test Name:	**Methodology:**
LDH Spinal Fluid	Lactate - Pyruvate (NAD)

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**0.5mL (0.1)**	**CSF**	**Sterile screwtop container**	**See Instructions**
Special 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

TEST COMPONENTS	REV DATE:6/11/2003
Test Name:	**Methodology:**
LDH Synovial Fluid	Lactate - Pyruvate (NAD)

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

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	1-2 days
Clinical Use:	LD may be useful in diagnosing liver disease and conditions causing hemolysis
Cpt Code(s):	83615

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Lead, Blood (Whole Blood)

Order Name: **LEAD**
Test Number: 3601650

TEST COMPONENTS	REV DATE:12/2/2009
Test Name:	**Methodology:**
Lead, Blood (Whole Blood)	GC/MS

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 mL (1)**	**Whole Blood**	**EDTA (Royal Blue Top/Trace Element Free)**	**Room Temperature**
Alternate Specimen:	**2 mL (1)**	**EDTA Whole Blood**	**Becton-Dickinson MicroGuard EDTA Pink-Top**	**Room Temperature**
Special Instructions:	**The best specimen for lead testing on children is EDTA whole blood.** Whole blood should be collected in royal blue-top (EDTA) evacuated tubes with negligible trace element levels. **Pediatric use Becton-Dickinson MicroGuard Pink-Top.**			

GENERAL INFORMATION	
Testing Schedule:	Sun-Thr
Expected TAT:	6-10 Days
Notes:	**The State will require that the patient have an EDTA whole blood specimen collected so that accurate numerical results are obtained.**
Cpt Code(s):	83655

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Lead, Serum or Plasma

Order Name: **LEAD SERUM**
Test Number: 3603775

TEST COMPONENTS	REV DATE:8/30/2006
Test Name:	**Methodology:**
Lead, Serum or Plasma	GC/MS

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 mL (0.5)**	**Serum**	**No Additive Clot (Royal Blue Top, Trace-Elements Free)**	**Room Temperature**
Alternate Specimen:	**2 mL (0.5)**	**Plasma**	**EDTA (Royal Blue Top/Trace Element Free)**	**Room Temperature**
Special 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

Legionella Antibody

Order Name: **LEGIONELLA**
Test Number: 5564700

TEST COMPONENTS	REV DATE:6/10/2003
Test Name:	**Methodology:**
Legionella Antibody	IFA

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

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	3 Days
Clinical Use:	Evidence of a recent or current exposure to Legionella pneumonophilia. A Legionella titer must rise to equal to or greater than 1:128 to be considered significant.
Cpt Code(s):	86713

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Legionella pneumophila Antigen Urine

Order Name: **LEGION AGU**
Test Number: 3806575

TEST COMPONENTS	REV DATE:5/19/2003
Test Name:	**Methodology:**
Legionella pneumophila Antigen Urine	EIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**3 mL (1)**	**Urine, Random**	**Sterile Screwtop Container**	**Refrigerated**
Special 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

TEST COMPONENTS	REV DATE:7/2/2003
Test Name:	**Methodology:**
Legionella Screen	DFA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL**	**Respiratory specimen**	**Sterile Screwtop Container**	**Refrigerated**

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	3 Days
Clinical Use:	Detects Legionella sp. in respiratory specimens. Sensitivity is not as good as the urinary antigen test. We highly recommend LEGION AGU as a superior test.
Cpt Code(s):	87278

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Leptin

Order Name: **LEPTIN**
Test Number: 5518675

TEST COMPONENTS	REV DATE:9/6/2011
Test Name:	**Methodology:**
Leptin	ECIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1mL (0.2mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special 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

Leptospira Antibody

Order Name: **LEPTOSP AB**
Test Number: 5525210

TEST COMPONENTS	REV DATE:2/24/2009
Test Name:	**Methodology:**
Leptospira Antibody	HA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1mL (0.2)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special Instructions:	Allow specimen to clot at room temperature and then centrifuge. Separate serum from cells as soon as possible. Refrigerate at 2-8 degrees C.			

GENERAL INFORMATION	
Testing Schedule:	Mon-Fri
Expected TAT:	2-5 Days
Cpt Code(s):	86720

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Leukocyte Alkaline Phosphatase (LAP), Peripheral Blood

Order Name: **LAP PB**
Test Number: 102900

TEST COMPONENTS	REV DATE:6/20/2003
Test Name:	**Methodology:**
Leukocyte Alkaline Phosphatase (LAP), Peripheral Blood	IHC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**5 mL, 4 Slides (2)**	**Whole Blood**	**Sodium Heparin (Green Top-No Gel)**	**See Instructions**
Alternate Specimen:	**5 mL, 4 Slides (2)**	**Fingerstick Slides**	**Glass Slide with Holder**	**See Instructions**
Special Instructions:	Ambient and light protected			

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	1-2 Days
Clinical Use:	Low scores in patients with neutrophilileukocytosis indicate the likelihood of chronic granulocytic leukemia.
Notes:	Testing includes a pathology interpretation.
Cpt Code(s):	85540; 80500

Levetiracetam (Keppra)

Order Name: **LEVETIRACE**
Test Number: 3658525

TEST COMPONENTS	REV DATE:10/6/2009
Test Name:	**Methodology:**
Levetiracetam (Keppra)	HPLC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1mL (0.5)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Alternate Specimen:	**1mL (0.5)**	**Plasma**	**EDTA (Lavender Top)**	**Refrigerated**
Special Instructions:	Do not use Gel separation tubes.			

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	4-5 Days
Cpt Code(s):	80299

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Levofloxacin Level

Order Name: **LEVOFLOXCN**
Test Number: 4005775

TEST COMPONENTS				REV DATE:8/29/2006
Test Name:			**Methodology:**	
Levofloxacin Level			BIO	

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**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

Lidocaine (Xylocaine)

Order Name: **LIDOCAINE**
Test Number: 3603900

TEST COMPONENTS				REV DATE:7/14/2005
Test Name:			**Methodology:**	
Lidocaine (Xylocaine)				

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.2)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Special 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

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Light Chains (Kappa & Lambda) Serum, Quantitative

Order Name: **LIGHT CH S**
Test Number: 5007550

TEST COMPONENTS	REV DATE:6/4/2007
Test Name:	**Methodology:**
Kappa Light Chains Serum	NEPH
Lambda Light Chains Serum	NEPH

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 mL (1)**			**Refrigerated**

GENERAL INFORMATION	
Testing Schedule:	Mon - Sat
Expected TAT:	1-3 Days
Cpt Code(s):	83883X2

Light Chains (Kappa & Lambda) Urine, Quantitative

Order Name: **LIGHT CH U**
Test Number: 2051750

TEST COMPONENTS	REV DATE:7/19/2011
Test Name:	**Methodology:**
Kappa Light Chains Urine	NEPH
Lambda Light Chains Urine	NEPH

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**15mL (1)**	**Urine, 24-hour**	**24 hour Urine Container**	**Refrigerated**
Special 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

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Light Chains, Free with Ratio, (Kappa/Lambda) Serum

Order Name: **FREE LIGHT**
Test Number: 5006075

TEST COMPONENTS	REV DATE:6/4/2007
Test Name:	**Methodology:**
Free Kappa Light Chains	NEPH
Free Lambda Light Chains	NEPH
Free Kappa/Lambda Light Chains Ratio	Calc

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 mL (1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special Instructions:	Specimen Stability - Room temperature= 1wk; Refrigerated= 3wk; Frozen= 3mo.			

GENERAL INFORMATION	
Testing Schedule:	Mon - Sat
Expected TAT:	1-3 Days
Cpt Code(s):	83883x2

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Limulus Amebocyte Lysate (LAL) Assay, Quantitative

Order Name: **LIMULUS**
Test Number: 5541800

TEST COMPONENTS	REV DATE:4/27/2009
Test Name:	**Methodology:**
Specimen Type	
Diluent	
Pharmacopoeia Endotoxin Limit	
Limulus Lysate 1	Chrom
Limulus Lysate 2	Chrom
Limulus Lysate 3	Chrom
Limulus Lysate 4	Chrom

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**4mL(3mL)**	**Aqueous Fluids**	**Sterile Screwtop Container**	**Frozen**
Special Instructions:	Aqueous Fluids used in patient management. Identify diluent and endotoxin limit of specimen (not needed for water). CRITICAL FROZEN. Additional specimens must be submitted when multiple tests are ordered.			

GENERAL INFORMATION	
Testing Schedule:	Varies
Expected TAT:	12-13 Days
Cpt Code(s):	87999

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Lipase

Order Name: **LIPASE**
Test Number: 2004000

TEST COMPONENTS	REV DATE:6/17/2003
Test Name:	**Methodology:**
Lipase	COUL

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

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	1-2 days
Clinical Use:	Useful for the evaluation of patients suspected of having acute pancreatitis and intestinal obstruction.
Cpt Code(s):	83690

Lipase Serous Fluid

Order Name: **SRS LIPASE**
Test Number: 2004025

TEST COMPONENTS	REV DATE:6/11/2003
Test Name:	**Methodology:**
Lipase Serous Fluid	Enzymatic/Colorimetric

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

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	1-2 days
Clinical Use:	Useful for the evaluation of patients suspected of having acute pancreatitis and intestinal obstruction.
Cpt Code(s):	83690

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Lipid Group

Order Name: **LIPID GRP**
Test Number: 2019100

TEST COMPONENTS	REV DATE:6/17/2003
Test Name:	**Methodology:**
Calculated LDL Test	
Cholesterol Total/HDL Test	Calculation
Cholesterol, Total Serum	Enzymatic
HDL Cholesterol	Enzymatic
Triglycerides	Glycerol Phosphate Oxidase

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special Instructions:	Fasting 12 hours. Stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	1-2 days
Clinical Use:	See detail tests.
Cpt Code(s):	80061

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Lipid Group w/Direct LDL

Order Name: **LIP DR LDL**
Test Number: 2012900

TEST COMPONENTS	REV DATE:6/11/2003
Test Name:	**Methodology:**
Cholesterol, Direct LDL	Enzymatic
Cholesterol, Total Serum	Enzymatic
Cholesterol-HDL	Enzymatic
Triglycerides	Glycerol Phosphate Oxidase

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 mL (1.0)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate Specimen:	**2 mL (1.0)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special Instructions:	Sent to reference lab.			

GENERAL INFORMATION	
Testing Schedule:	Mon, Wed, Fri
Expected TAT:	3-4 days
Cpt Code(s):	82465; 84478; 83718; 83721

Lipoprotein (a)

Order Name: **LIPOPROT A**
Test Number: 2020875

TEST COMPONENTS	REV DATE:11/23/2009
Test Name:	**Methodology:**
Lipoprotein (a)	IMMP

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special Instructions:	Fasting for at least 12 hours is required.			

GENERAL INFORMATION	
Testing Schedule:	Tues-Sun
Expected TAT:	4-5 Days
Clinical Use:	Elevated concentrations of Lp(a) are associated with increased risk of coronary artery disease.
Cpt Code(s):	83695

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Lipoprotein Electrophoresis

Order Name: **LIPO PEP**
Test Number: 5004625

TEST COMPONENTS	REV DATE:6/13/2008
Test Name:	**Methodology:**
Lipoprotein Electrophoresis	EP

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

GENERAL INFORMATION	
Testing Schedule:	Mon, Wed, Fri
Expected TAT:	3-4 Days
Notes:	Panel includes: • Cholesterol, Total • Triglycerides, Serum • Chylomicrons • Beta Lipoproteins • Pre-Beta Lipoproteins • Alpha Lipoproteins • Serum Appearance • Interpretation
Cpt Code(s):	82465, 82664, 84478

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Listeria Antibody

Order Name: **LISTERIA**
Test Number: 5512250

TEST COMPONENTS	REV DATE:6/17/2003
Test Name:	**Methodology:**
Listeria Antibody	CF

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.3)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special Instructions:	Stability: Frozen - 12 Months, Refrigerated - 14 Days, Room Temperature - 72 Hours.			

GENERAL INFORMATION	
Testing Schedule:	Sun-Sat
Expected TAT:	3-5 Days
Cpt Code(s):	86723

Lithium

Order Name: **LITHIUM**
Test Number: 4003050

TEST COMPONENTS	REV DATE:11/10/2003
Test Name:	**Methodology:**
Lithium	Substituted Porphyrin

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special 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-Kidney Microsome - 1 Antibody, IgG

Order Name: **LIV-KID AB**
Test Number: 3606775

TEST COMPONENTS	REV DATE:9/17/2008
Test Name:	**Methodology:**
Liver-Kidney Microsome - 1 Antibody, IgG	ELISA

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

Lorazepam (Ativan)

Order Name: **LORAZEPAM**
Test Number: 3611975

TEST COMPONENTS	REV DATE:4/24/2006
Test Name:	**Methodology:**
Lorazepam (Ativan)	HPLC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**4 mL (2)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Special Instructions:	**Do not use GEL Seperated tubes.**			

GENERAL INFORMATION	
Testing Schedule:	Sun-Sat
Expected TAT:	3-5 Days
Cpt Code(s):	80154

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Luetinizing Hormone (LH), Serum

Order Name: **LH**
Test Number: 3601750

TEST COMPONENTS	REV DATE:11/10/2003
Test Name:	**Methodology:**
Luetinizing Hormone (LH), Serum	CIA

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

GENERAL INFORMATION	
Testing Schedule:	Sun - Fri
Expected TAT:	1-2 days
Clinical Use:	Useful as an adjunct in the evaluation of menstrual irregularities, work-up of patients with suspected hypogonadism, prediction of ovulation, evaluation of infertility and the diagnosis of pituitary disorders.
Cpt Code(s):	83002

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Lupus Anticoagulant Analyzer

Order Name: **LUP ANT AN**
Test Number: 1506300

TEST COMPONENTS	REV DATE:3/18/2010
Test Name:	**Methodology:**
Cardiolipin Antibodies, IgM and IgG	EIA
Prothrombin Time (PT) and INR	CLOT
Activated Partial Thromboplastin Time (aPTT)	CLOT
Lupus Anticoagulant PTT	CLOT
Beta 2 Glycoprotein IgG and IgM Antibody	EIA
Pathology Report	

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**See Instructions**	**See Instructions**	**Sodium Citrate 3.2% (Blue Top) and Clot Activator SST (Red/Gray or Tiger Top)**	**See Instructions**
Special Instructions:	**Please list anticoagulant therapy.** Collect: **Twelve** 2. 7mL Sodium Citrate Blue top tubes and **One** 10mL Tiger top clot tube. Each blue top tube must be filled to the proper level, no hemolysis. Improperly filled tubes can give erroneous results. Whole blood must be transported to lab immediately. If sending citrated plasma aliquots, they must be double spun then aliquot 1. 5 ml plasma from each tube into individual plastic aliquot tubes and freeze. **Do not pool aliquots together!**			

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

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Lupus Anticoagulant Profile

Order Name: **LUPUS ANTI**
Test Number: 1506550

TEST COMPONENTS	REV DATE:1/31/2011
Test Name:	**Methodology:**
Activated Partial Thromboplastin Time (aPTT)	CLOT
Lupus Anticoagulant PTT Screen	CLOT
Prothrombin Time	CLOT
International Normalized Ratio (INR)	CLOT

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**24 mL**	**Whole Blood**	**Sodium Citrate 3.2% (Blue Top)**	**Ambient whole blood or frozen aliquots**
Alternate Specimen:	**24 mL**	**Double Spun Plasma**	**Sterile, Capped Plastic Tube**	**Ambient whole blood or frozen aliquots**
Special Instructions:	**Please list anticoagulant therapy.**Collect: 6-8 (2. 7mL) Sodium Citrate Blue top tubes. Each tube must be filled to the proper level, no hemolysis. Improperly filled tubes can give erroneous results. Whole blood must be transported to lab immediately. If sending citrated plasma aliquots, they must be double spun then aliquot 1. 5 ml plasma from each tube into individual plastic aliquot tubes and freeze. **Do not pool aliquots together!**			

GENERAL INFORMATION	
Testing Schedule:	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

TEST COMPONENTS	REV DATE:1/17/2011
Test Name:	**Methodology:**
Lupus Anticoagulant-Hexagonal Phospholipid Neutralization	CLOT

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 mL (0.5)**	**Whole Blood**	**Sodium Citrate 3.2% (Blue Top)**	**Frozen**
Alternate Specimen:	**2 mL (0.5)**	**Double Spun Plasma**	**Sterile, Capped Plastic Tube**	**Frozen**
Special Instructions:	**Please indicate anticoagulant therapy.** Collect Two 2. 7mL Sodium Citrate 3. 2% (Blue Top) tubes. Tubes must be filled to the proper level, no hemolysis. Improperly filled tubes can give erroneous results. Whole blood must be transported to lab immediately. If sending citrated plasma aliquots, they must be double spun then aliquot 1. 5 ml plasma from each tube into individual plastic aliquot tubes and freeze. **Do not pool aliquots together!**			

GENERAL INFORMATION	
Testing Schedule:	Tues, Thur
Expected TAT:	3-4 Days
Cpt Code(s):	85598

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Lupus Panel (SLE)

Order Name: **LUPUS PNL**
Test Number: 5500380

TEST COMPONENTS	REV DATE:4/21/2009
Test Name:	**Methodology:**
Anti-Nuclear Antibody (ANA) Screen	IFA
Complement C3 and C4	NEPH
DNA Double-Stranded Antibody (anti-ds DNA)	EIA
ENA Screen	EIA
Lupus Panel Interpretation	

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**4 mL (2)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**See Instructions**
Special Instructions:	Centrifuge and separate serum- aliquot into two 1 mL samples. Refrigerate one and freeze one.			

GENERAL INFORMATION	
Testing Schedule:	Monday - Friday with ENA peformed on Friday.
Expected TAT:	Assay dependant
Clinical Use:	To assist in the diagnosis and monitoring of SLE.
Cpt Code(s):	86235; 86225; 86038; 86160x2

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Luteinizing Hormone Serum/Follicle Stimulating Hormone (LH/FSH)

Order Name: **LH/FSH**
Test Number: 2009150

TEST COMPONENTS	REV DATE:7/23/2004
Test Name:	**Methodology:**
Follicle Stimulating Hormone (FSH)	CIA
Luetinizing Hormone (LH), Serum	CIA

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

TEST COMPONENTS	REV DATE:6/12/2003
Test Name:	**Methodology:**
Lyme IgG CSF	IFA
Lyme IgM CSF	IFA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 mL CSF**	**CSF**	**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

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Lyme Antibody (Polyvalent)

Order Name: **LYME EIA**
Test Number: 5570800

TEST COMPONENTS	REV DATE:5/11/2007
Test Name:	**Methodology:**
Lyme Antibody (Polyvalent)	EIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**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

Lyme Disease (Borrelia spp) DNA Qualitative, Blood

Order Name: **LYME PCR**
Test Number: 3622100

TEST COMPONENTS	REV DATE:8/30/2011
Test Name:	**Methodology:**
Lyme Disease (Borrelia spp) DNA Qualitative, Blood	PCR

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**4.5 mL (0.5)**	**Whole Blood**	**EDTA (Lavender Top)**	**Refrigerated**
Special Instructions:	Specimen Stability: Room temperature: 48 Hours, Refrigerated: 7 Days, Frozen: Unacceptable.			

GENERAL INFORMATION	
Testing Schedule:	Mon-Sun
Expected TAT:	3-5 Days
Clinical Use:	The diagnosis of Lyme Disease is most often made by clinical examination combined with evidence of tick bite or exposure in endemic areas. Amplification of Borrelia genomic DNA from blood, fluids or tissue can support the diagnosis.
Cpt Code(s):	87801

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Lymphocyte Proliferation to Antigens

Order Name: **LYM AG PRO**
Test Number: 5600570

TEST COMPONENTS	REV DATE:6/6/2011
Test Name:	**Methodology:**
Lymphocyte Proliferation to Antigens	Cult

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**10 mL (5.0)**	**Whole Blood**	**Sodium Heparin (Green Top)**	**Room Temperature**
Special Instructions:	**Collect Monday-Wednesday only, No weekends or Holidays -** Before Collection Call RML Processing at 744-3131 x17398. **Patient Specimen: 10 mL (5. 0) Whole Blood from Sodium Heparin (Green Top) Non-Gel tubes. Keep Room Temperature!** The Specimen Must Reach RML Main Lab by 3:30pm Same Day of collection so it can be sent to testing laboratory within 30hrs. of collection. **Control Specimen:** Please collect a separate Sodium Heparin tube from a non-related healthy individual clearly marked as Control. This is to used to detect any reduced immune response caused during shipment of the patient sample.			

GENERAL INFORMATION	
Testing Schedule:	Mon -Thurs.
Expected TAT:	12-14 Days
Clinical Use:	Testing Immunocompetency by stimulation from Candida and Tetanus Antigens.
Cpt Code(s):	86353x2

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Lymphocyte Proliferation to Mitogens (Blastogenesis)

Order Name: **LYM MIT PR**
Test Number: 5500565

TEST COMPONENTS	REV DATE:6/6/2011
Test Name:	**Methodology:**
Lymphocyte Proliferation to Mitogens (Blastogenesis)	Cult

SPECIMEN REQIREMENTS

	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**10 mL (5.0)**	**Whole Blood**	**Sodium Heparin (Green Top)**	**Room Temperature**
Special Instructions:	**Collect Monday-Wednesday only, No weekends or Holidays -** Before Collection Call RML Processing at 744-3131 x17398. **Patient Specimen: 10 mL (5. 0) Whole Blood from Sodium Heparin (Green Top) Non-Gel tubes. Keep Room Temperature!** The Specimen Must Reach RML Main Lab by 3:30pm Same Day of collection so it can be sent to testing laboratory within 30hrs. of collection. **Control Specimen:** Please collect a separate Sodium Heparin tube from a non-related healthy individual clearly marked as Control. This is to used to detect any reduced immune response caused during shipment of the patient sample.			

GENERAL INFORMATION

Testing Schedule:	Mon - Thurs.
Expected TAT:	12-14 Days
Clinical Use:	Testing Immunocompetency by stimulation from PHA, ConA and PWM mitogens.
Cpt Code(s):	86353x3

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Lymphocyte Proliferation, Antigens & Mitogens

Order Name: **LYM AG/MIT**
Test Number: 5600590

TEST COMPONENTS	REV DATE:6/6/2011
Test Name:	**Methodology:**
Lymphocyte Proliferation, Antigens & Mitogens	Cult

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**10 mL (5.0)**	**Whole Blood**	**Sodium Heparin (Green Top)**	**Room Temperature**
Special Instructions:	**Collect Monday-Wednesday only, No weekends or Holidays -** Before Collection Call RML Processing at 744-3131 x17398. **Patient Specimen: 10 mL (5. 0) Whole Blood from Sodium Heparin (Green Top) Non-Gel tubes. Keep Room Temperature!** The Specimen Must Reach RML Main Lab by 3:30pm Same Day of collection so it can be sent to testing laboratory within 30hrs. of collection. **Control Specimen:** Please collect a separate Sodium Heparin tube from a non-related healthy individual clearly marked as Control. This is to used to detect any reduced immune response caused during shipment of the patient sample.			

GENERAL INFORMATION	
Testing Schedule:	Mon - Thurs.
Expected TAT:	12-14 Days
Clinical Use:	Testing Immunocompetency by stimulation from PHA, ConA adn PWM Mitogens, also Candida and Tetanus Antigens.
Cpt Code(s):	86353x5

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Lysozyme, Serum

Order Name: **MURAMIDASE**
Test Number: 3611450

TEST COMPONENTS	REV DATE:5/16/2003
Test Name:	**Methodology:**
Lysozyme, Serum	RIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.2)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special Instructions:	Avoid freezing and thawing. Do not send plasma.			

GENERAL INFORMATION	
Testing Schedule:	Mon, Wed, Fri
Expected TAT:	2-3 Days
Cpt Code(s):	85549

Magnesium

Order Name: **MAGNESIUM**
Test Number: 2004100

TEST COMPONENTS	REV DATE:6/17/2003
Test Name:	**Methodology:**
Magnesium	Colorimetric

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special 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, 24-Hour Urine

Order Name: **MAG 24 U**
Test Number: 3808800

TEST COMPONENTS	REV DATE:3/18/2011
Test Name:	**Methodology:**
Magnesium, 24-Hour Urine	AA-HPLC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2mL (1mL)**	**Urine, 24-hour**	**24 hour Urine Container**	**Refrigerated**
Special Instructions:	Collect urine with 25 mL of 6N HCl to maintain a pH below 3. Record 24-hour urine volume on test request form and urine vial.			

GENERAL INFORMATION	
Testing Schedule:	Tues - Fri
Expected TAT:	3-4 Days
Cpt Code(s):	83735; 82570

Manganese, Serum or Plasma

Order Name: **MANGANESE**
Test Number: 3610650

TEST COMPONENTS	REV DATE:3/22/2010
Test Name:	**Methodology:**
Manganese, Serum or Plasma	AS

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2mL (1mL)**	**Serum**	**No Additive Clot (Royal Blue Top, Trace-Elements Free)**	**Refrigerated**
Alternate Specimen:	**2mL (1mL)**	**Plasma**	**EDTA (Royal Blue Top/Trace Element Free)**	**Refrigerated**
Special 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

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

Order Name: **MANTL FISH**
Test Number: 116800

TEST COMPONENTS	REV DATE:7/13/2007
Test Name:	**Methodology:**
Mantle Cell Lymphoma, IGH/CCND1, t(11;14) by FISH	FISH

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**3 mL (2)**	**Whole Blood**	**Sodium Heparin (Green Top)**	**Room Temperature**
Alternate Specimen:	**3 mL (2)**	**Bone Marrow**	**Sodium Heparin (Green Top)**	**Room Temperature**
Special Instructions:	5-3mL Whole blood or 3-2mL of Bone marrow in a dark green Sodium Heparin tube. Keep specimen at room temperature. Do not centrifuge.			

GENERAL INFORMATION	
Testing Schedule:	As Needed
Expected TAT:	5 Days
Clinical Use:	Useful to detect classical translocation in Mantle cell lymphoma.
Cpt Code(s):	88271 (x2); 88275; 88291

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Maternal Serum Screen 3 (Triple Screen)

Order Name: **AFP MAT PR**
Test Number: 3810900

TEST COMPONENTS	REV DATE:3/17/2008
Test Name:	**Methodology:**
Maternal Serum Screen 3 (Triple Screen)	

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special Instructions:	**The optimal gestational age for collection is 16-18 weeks.** The below information is required for accurate result interpretation: • Maternal date of birth: • Maternal weight: • Maternal race: • Maternal insulin-dependant diabetes status: • History of Neural Tube Defects: • History of Downs Syndrome: • Number of fetuses: • Estimated Date of Delivery (EDD): • Method of EDD determination:US/LMP/PE:			

GENERAL INFORMATION	
Testing Schedule:	Mon - Sat
Expected TAT:	2-3 Days
Clinical Use:	The maternal serum biochemical triple screen is used for prenatal screening of Down syndrome (DS) (Trisomy 21), Edward's syndrome (Trisomy 18), and open neural tube defects (ONTD) and ventral abdominal wall defects. **These risks can only be calculated for gestational ages between 1522. 9 weeks. The optimal collection time is at 16-18 weeks gestation.** Establishing risk for fetal DS, using the maternal serum biochemical triple screen, has been found to improve the detection rate (55-65%) with a false positive rate (5%). Normal AFP concentrations do not ensure birth of a normal infant; AFP screening has a false negative rate of 12%, and 21% for anencephaly and open spina bifida, respectively. In addition, 2-3% of newborns have some type of physical or mental defect, many of which may be undetectable with current prenatal diagnostic procedures.
Notes:	Risk assessment for Neural Tube Defect (NTD), Down Syndrome (DS), and Trisomy 18 by calculating the MoM of the following components: • Serum Alpha-Fetoprotein (AFP) • Serum Human Chorionic Gonadotropin (hCG) • Serum Free Estriol (uE3)
Cpt Code(s):	82677; 84702; 82105

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Maternal Serum Screen 4 (Quad Screen)

Order Name: **MAT SCR 4**
Test Number: 3622300

TEST COMPONENTS	REV DATE:5/15/2008
Test Name:	**Methodology:**
Maternal Serum Screen 4 (Quad Screen)	EIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**3 mL (1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special Instructions:	**The optimal gestational age for collection is 16-18 weeks.** The below information is required for accurate result interpretation: • Maternal date of birth: • Maternal weight: • Maternal race: • Maternal insulin-dependant diabetes status: • History of Neural Tube Defects: • History of Downs Syndrome: • Number of fetuses: • Estimated Date of Delivery (EDD): • Method of EDD determination:US/LMP/PE:			

GENERAL INFORMATION	
Testing Schedule:	Mon - Sat
Expected TAT:	2-3 Days
Clinical Use:	The maternal serum biochemical quad screen is used for prenatal screening of Down syndrome (DS) (Trisomy 21), Edward's syndrome (Trisomy 18), and open neural tube defects (ONTD) and ventral abdominal wall defects. **These risks can only be calculated for gestational ages between 15-22. 9 weeks. The optimal collection time is at 16-18 weeks gestation.**
Notes:	Risk assessment for Neural Tube Defect (NTD), Down Syndrome (DS), and Trisomy 18 by calculating the MoM of the following components: • Serum Alpha-Fetoprotein (AFP) • Serum Human Chorionic Gonadotropin (hCG) • Serum Free Estriol (uE3) • Dimeric Inhibin A
Cpt Code(s):	82677; 84702; 82105; 86336

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Maternal Serum Screen 5 (Penta Screen)

Order Name: **MAT SCR 5**
Test Number: 3622400

TEST COMPONENTS	REV DATE:5/15/2008
Test Name:	**Methodology:**
Maternal Serum Screen 5 (Penta Screen)	EIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**4 mL (1.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special Instructions:	**The optimal gestational age for collection is 16-18 weeks.** The below information is required for accurate result interpretation: • Maternal date of birth: • Maternal weight: • Maternal race: • Maternal insulin-dependant diabetes status: • History of Neural Tube Defects: • History of Downs Syndrome: • Number of fetuses: • Estimated Date of Delivery (EDD): • Method of EDD determination:US/LMP/PE:			

GENERAL INFORMATION	
Testing Schedule:	Mon - Sat
Expected TAT:	2-3 Days
Clinical Use:	The maternal serum biochemical quad screen is used for prenatal screening of Down syndrome (DS) (Trisomy 21), Edward's syndrome (Trisomy 18), and open neural tube defects (ONTD) and ventral abdominal wall defects. **These risks can only be calculated for gestational ages between 15-22. 9 weeks. The optimal collection time is at 16-18 weeks gestation.**
Notes:	Risk assessment for Neural Tube Defect (NTD), Down Syndrome (DS), and Trisomy 18 by calculating the MoM of the following components: • Serum Alpha-Fetoprotein (AFP) • Serum Human Chorionic Gonadotropin (hCG) • Serum Free Estriol (uE3) • Dimeric Inhibin A • Invasive Trophoblast Ag (ITA) MoM [aka: Hyperglycosylated hCG (h-hCG)]
Cpt Code(s):	82677; 84702; 82105; 86336; 82397

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Maternal Serum Screen, First Trimester

Order Name: **MAT FIRST**
Test Number: 3635275

TEST COMPONENTS	REV DATE:3/17/2008
Test Name:	**Methodology:**
Maternal Screen First Trimester Results	Imm
Sonographer Information	Calc

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 mL (1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special Instructions:	**The optimal gestational age for collection is 9-13 weeks gestation.** The below information is required for accurate result interpretation: Mothers Date of Birth Wieght (lbs) Race Insulin Dependent Diabetic Number fetuses History of Neural Tube Defects: History of Downs Syndrome: EDD by Ultrasound Ultrasound Date Date of Draw * Crown Rump Length (mm) * Nuchal Translucency (mm) * Sonographer name * Certification Number (*Note: Crown Rump Length, Nuchal Translucency, Sonographer Name & Certification number are required information in order to receive a MoM NT (Multple of Median for the Nuchal Translucency). If not provided the screen will be reported without the MoM NT findings.)			

GENERAL INFORMATION	
Testing Schedule:	Tue-Fri
Expected TAT:	3-4 Days
Clinical Use:	To screen for Down Syndrome and Trisomy 18 during 9 to 13 weeks gestation. Tests for: * Age Based Risk Down Syndrome * Screen Based Down Syndrome Risk * Risk For Trisomy 18 * Calculated Gestational Age * Pregnancy Assoc. plasma protein (PAPP-A) MoM * Invasive Trophoblast Ag (ITA) MoM [aka: Hyperglycosylated hCG (h-hCG)] * Nuchal Translucency (NT) MoM
Cpt Code(s):	82397, 84163

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Mercury, Whole Blood

Order Name: **MERCURY**
Test Number: 3806250

TEST COMPONENTS	REV DATE:4/27/2009
Test Name:	**Methodology:**
Mercury, Whole Blood	ICP/MS

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

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	3-4 Days
Cpt Code(s):	83825

Metanephrines, Plasma (Free)

Order Name: **METANEPH P**
Test Number: 3804325

TEST COMPONENTS	REV DATE:8/15/2011
Test Name:	**Methodology:**
Metanephrines, Plasma (Free)	HPLC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**4 mL (1.5)**	**Plasma**	**EDTA (Lavender Top)**	**Frozen**
Special Instructions:	**Remove plasma from cells and freeze ASAP.** Separate specimens must be submitted when multiple tests are ordered. **Unacceptable Specimens:** Grossly hemolyzed, ambient, or refrigerated specimens. Stability after separation from cells: Ambient= Unacceptable; Refrigerated= Unacceptable; Frozen= 1 month. **Patient Preparation:** Discontinue epinephrine and epinephrine-like drugs at least one week before obtaining the specimen. The patient must refrain from using acetaminophen for 72 hours before the specimen is drawn. The patient must refrain from using caffeine, medications, and tobacco; and from drinking coffee, tea, or alcoholic beverages for at least four hours before the specimen is drawn. Collect the sample after the patient has had 15 minutes rest in a supine position. An overnight fast prior to sample collection is recommended.			

GENERAL INFORMATION	
Testing Schedule:	Sun, Tue-Sat
Expected TAT:	2-6 Days
Notes:	Test includes: Metanephrine, Normetanephrine and Interpretation.
Cpt Code(s):	83835

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Metanephrines, Random Urine

Order Name: **METAN R U**
Test Number: 3804215

TEST COMPONENTS	REV DATE:4/1/2009
Test Name:	**Methodology:**
Metanephrines, Random Urine	HPLC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**10 mL**	**Urine, Random**	**Sterile Screwtop Container**	**Refrigerated**
Special Instructions:	Collect specimen in a screw top urine container. After urine collection, add 6N HCl to maintain a pH below 3. Urine without preservative is acceptable if kept refrigerated during collection or if pH is below 6 and the sample is shipped frozen. Record patients age 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 tobacco, tea and coffee three days prior to specimen collection. Medications which are alpha agonists (Aldomet), alpha blockers (Dibenzyline) should be avoided 18-24 hours prior to specimen collection.			

GENERAL INFORMATION	
Testing Schedule:	Mon - Sat
Expected TAT:	3 Days
Notes:	Note: Use of Boric Acid is no longer acceptable.
Cpt Code(s):	83835; 82570

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Metanephrines, Urine 24-Hour

Order Name: **METANEPH U**
Test Number: 3800350

TEST COMPONENTS	REV DATE:6/7/2011
Test Name:	**Methodology:**
Metanephrines, Urine 24-Hour	GC/MS

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**5 mL (1.5)**	**Urine, 24-hour**	**24 hour Urine Container**	**Refrigerated**
Special Instructions:	Adequate refrigeration is the most important aspect of specimen preservation. Preservation can be helped by adding 25mL 6N HCL. A pH lower than 2 may cause assay interference. Mark collection duration and total volume on transport tube and test request form. Stability: Ambient= Unacceptable; Refrigerated= 2 weeks; Frozen= 1 month.			

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

Methemalbumin, Serum or Plasma

Order Name: **METHEMALB**
Test Number: 5000710

TEST COMPONENTS	REV DATE:8/26/2003
Test Name:	**Methodology:**
Methemalbumin, Serum or Plasma	Spectrophotometry Solid Phase

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**4 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Special Instructions:	Send specimen at room temperature to lab for processing.			

GENERAL INFORMATION	
Testing Schedule:	Mon
Expected TAT:	3-4 Days
Cpt Code(s):	83857

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Methemoglobin

Order Name: **MET HGB**
Test Number: 2004200

TEST COMPONENTS	REV DATE:6/17/2003
Test Name:	**Methodology:**
Methemoglobin	Hemoximeter

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 mL (1.0)**	**Whole blood**	**Lithium heparin (dark green top / no gel)**	**See Instructions**
Alternate Specimen:	**2 mL (1.0)**	**Whole Blood**	**Sodium heparin (dark green top / no gel)**	**See Instructions**
Special 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

TEST COMPONENTS	REV DATE:6/7/2011
Test Name:	**Methodology:**
Methylmalonic Acid	TMS

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**3 mL (1.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Alternate Specimen:	**3 mL (1.5)**	**Plasma**	**EDTA (Lavender Top)**	**Frozen**
Special Instructions:	Allow serum to clot then centrifuge and remove serum or plasma from cells within 2 hours of collection. Stability: After separation from cells: Ambient: Unacceptable; Refrigerated: 4 days; Frozen: 1 month. Unacceptable Specimens: Grossly hemolyzed or lipemic specimens.			

GENERAL INFORMATION	
Testing Schedule:	Sun-Sat
Expected TAT:	2-3 Days
Notes:	For more information on this test, access our "Specialized Tests" section.
Cpt Code(s):	83921

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Methylmalonic Acid, Urine

Order Name: **METHYLMA U**
Test Number: 4505300

TEST COMPONENTS	REV DATE:2/5/2007
Test Name:	**Methodology:**
Methylmalonic Acid, Urine	GC/MS

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**5 mL (1)**	**Urine, Random**	**Sterile Screwtop Container**	**Frozen**
Special Instructions:	Can also be 24hr collection. Do not use preservatives.			

GENERAL INFORMATION	
Testing Schedule:	Wed
Expected TAT:	3 Days
Cpt Code(s):	83921; 82570

Microalbumin Urine Random

Order Name: **MICRALUR**
Test Number: 2022200

TEST COMPONENTS	REV DATE:6/11/2003
Test Name:	**Methodology:**
Creatinine, Urine, mg/dL	KAP(Jaffe)
Microalbuminuria Urine Random mg/l	Immunoturbidimetry

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Urine, Random**	**Sterile Urine container**	**Refrigerated**
Special 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

TEST COMPONENTS	REV DATE:6/13/2003
Test Name:	**Methodology:**
Creatinine, Urine, mg/dL	KAP(Jaffe)
Microalbuminuria 24 Hour Urine mg/24hr	
Microalbuminuria 24 Hour Urine mg/l	Immunoturbidimetry
Total Urine Volume	

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Urine, 24-hour**	**24 hour urine container**	**Refrigerated**
Special Instructions:	24 hour urine collection. No preservative. Record number of hours and volume in ml on the specimen container. **Keep refrigerated**. Specimen stability: Ambient 24 hours. Refrigerated 7 days.			

GENERAL INFORMATION	
Testing Schedule:	Sun - Fri
Expected TAT:	1-2 days
Clinical Use:	Useful for diabetic patients to assess the potential for early onset of nephropathy.
Cpt Code(s):	82043

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Microdeletion Syndrome Detection, by FISH

Order Name: **PRADR FISH**
Test Number: 5590525

TEST COMPONENTS	REV DATE:6/16/2003
Test Name:	**Methodology:**
Microdeletion Syndrome Detection, by FISH	FISH

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**5 mL (2)**	**Whole Blood**	**Sodium Heparin (Green top)**	**Room Temperature**
Special 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

Mitochondrial Antibody Screen - Reflex to Titer

Order Name: **MITOCH AB**
Test Number: 5564250

TEST COMPONENTS	REV DATE:8/18/2008
Test Name:	**Methodology:**
Mitochondrial Antibody Screen - Reflex to Titer	IFA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**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 (ELISA)

Order Name: **MITOCH M2**
Test Number: 5574400

TEST COMPONENTS	REV DATE:4/29/2011
Test Name:	**Methodology:**
Mitochondrial M2 Antibody, IgG (ELISA)	ELISA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.3)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special Instructions:	Separate serum from cells into plastic Aliquot tube ASAP. 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:	Mitochondrial Antibody is present in approximately 95% of patients with primary biliary cirrhosis (PBC). Mitochondrial M2 Antibody has an even higher specificity for PBC.
Cpt Code(s):	83516

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Mononucleosis (EBV) Analyzer

Order Name: **MONO AN**
Test Number: 5545275

TEST COMPONENTS	REV DATE:5/25/2011
Test Name:	**Methodology:**
Mononucleosis (EBV) Analyzer	DA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**Two 1mL Aliquots**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special Instructions:	Separate serum specimen into 2 aliquots, labeling one for the monospot screen and the other for possible EBV Serology. Keep specimens refrigerated.			

GENERAL INFORMATION	
Testing Schedule:	Mon, Wed, Fri
Expected TAT:	1-3 Days
Clinical Use:	For the evaluation of Mononucleosis caused by the Epstein Barr Virus. If the monospot screen is negative, the following serology tests for Epstein Barr Virus will be implemented at an additional charge: EBV (Epstein Barr Virus), Viral Capsid Antibodies (EBV-VCA IgG & IgM Ab) EBV (Epstein Barr Virus), Early Antigen (EA) Antibody EBV (Epstein Barr Virus), Nuclear Antigen Antibody (EBNA)
Notes:	For more information on this Analyzer, access our "Specialized Tests" section of this guide for a complete listing of tests and CPT codes.
Cpt Code(s):	86308 (if reflexed: 86665X2, 86663, 86664)

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Monospot Test (Mono Test)

Order Name: **MONO TEST**
Test Number: 5504950

TEST COMPONENTS	REV DATE:8/27/2010
Test Name:	**Methodology:**
Monospot Test (Mono Test)	DA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Alternate Specimen:	**1 mL**	**Plasma**	**EDTA (Lavender Top)**	**Refrigerated**
	1 mL	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Special Instructions:	Test specimen ASAP. Stability: RT=10hrs, RF=48hrs, Freeze if not tested within 48 hours.			

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	1 Day
Clinical Use:	Diagnosis of Mononucleosis. Suggest performing an EBV panel if the monospot test is negative.
Cpt Code(s):	86308

Motor Neuropathy Basic Panel

Order Name: **MOTRNEUR 1**
Test Number: 5583575

TEST COMPONENTS	REV DATE:6/10/2003
Test Name:	**Methodology:**
Motor Neuropathy Basic Panel	EIA

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

GENERAL INFORMATION	
Testing Schedule:	Mon, Tue, Thr
Expected TAT:	4-5 Days
Notes:	CONTAINS: GM1 Ab IgG/M; Asialo-GM1 Ab IgG/M; GD1b IgG/M; MAG IgM and MAG-SGPG IgM.
Cpt Code(s):	83520x8

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Motor Neuropathy Basic Panel + GD1a

Order Name: **MOTRNEUR 2**
Test Number: 5583675

TEST COMPONENTS	REV DATE:6/16/2003
Test Name:	**Methodology:**
Motor Neuropathy Basic Panel + GD1a	EIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**3 mL (1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special Instructions:	Keep Refrigerated!			

GENERAL INFORMATION	
Testing Schedule:	Mon, Tue, Thur
Expected TAT:	4-5 Days
Notes:	CONTAINS: GM1 Ab IgG/M; Asialo-GM1 Ab IgG/M; GD1b IgG/M; MAG IgM and MAG-SGPG I; PLUS GD1a Ab IgG/M
Cpt Code(s):	83520x10

Motor Neuropathy Basic Panel + GQ1b

Order Name: **MOTRNEUR 3**
Test Number: 5583725

TEST COMPONENTS	REV DATE:6/16/2003
Test Name:	**Methodology:**
Motor Neuropathy Basic Panel + GQ1b	EIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**3 mL (1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special Instructions:	Keep Refrigerated!			

GENERAL INFORMATION	
Testing Schedule:	Mon, Tue, Thur
Expected TAT:	4-5 Days
Notes:	CONTAINS: GM1 Ab IgG/M; Asialo-GM1 Ab IgG/M; GD1b IgG/M; MAG IgM and MAG-SGPG IgM; PLUS GQ1B IgG.
Cpt Code(s):	83520x9

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Motor Neuropathy Panel + GD1a & GQ1b

Order Name: **MOTRNEUR 4**
Test Number: 5583765

TEST COMPONENTS	REV DATE:6/16/2003
Test Name:	**Methodology:**
Motor Neuropathy Panel + GD1a & GQ1b	EIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**3 mL (1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special Instructions:	Keep Refrigerated!			

GENERAL INFORMATION	
Testing Schedule:	Mon, Tue, Thur
Expected TAT:	4-5 Days
Notes:	CONTAINS: GM1 Ab IgG/M; Asialo-Gb IgG/M; GD1b IgG/M; MAG IgM and MAG-SGPG IgM; PLUS GD1a Ab IgG/M & GQ1b IgG.
Cpt Code(s):	83520x11

Motor-Sensory Neuropathy 1

Order Name: **MOTR/SENS1**
Test Number: 5563725

TEST COMPONENTS	REV DATE:2/7/2008
Test Name:	**Methodology:**
Motor-Sensory Neuropathy 1	EIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**5 mL (3)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special Instructions:	Keep Refrigerated			

GENERAL INFORMATION	
Testing Schedule:	Assay Dependant
Expected TAT:	4-5 Days
Notes:	CONTAINS: GM1 Ab IgG/M; Asialo-GM1 Ab IgG/M; GD1b IgG/M; MAG IgM and MAG-SGPG IgM AND HU ANTIBODY.
Cpt Code(s):	83520x8, 86255

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Motor-Sensory Neuropathy 2

Order Name: **MOTR/SENS2**
Test Number: 5563735

TEST COMPONENTS	REV DATE:2/7/2008
Test Name:	**Methodology:**
Motor-Sensory Neuropathy 2	EIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**5 mL (3)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special Instructions:	Keep Refrigerated			

GENERAL INFORMATION	
Testing Schedule:	Assay Dependant
Expected TAT:	4-5 Days
Notes:	CONTAINS: GM1 Ab IgG/M; Asialo-GM1 Ab IgG/M; GD1b IgG/M; MAG IgM and MAG-SGPG IgM AND HU, RI AND YO ANTIBODY.
Cpt Code(s):	83520x8, 86255x3

MRSA (Methicillin Resistant Staphylococcus aureus)

Order Name: **C MRSA**
Test Number: 6002050

TEST COMPONENTS	REV DATE:5/10/2011
Test Name:	**Methodology:**
MRSA (Methicillin Resistant Staphylococcus aureus)	Cult

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**Swab**	**Swab**	**Aerobic Swab (White Cap)**	**Room Temperature**
Special Instructions:	Swab anterior nares, perineal region or directly from suspected area. other skin sources or throat are also acceptable. Other swabs are acceptable, including Aimes Gel Swab.			

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	3 Days
Clinical Use:	Confirms presence or absence of methicillan resistant Staph aureus
Notes:	Set up on Chromogenic Agar to facilitate identification.
Cpt Code(s):	87081

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MTHFR, DNA Mutation Analysis (C677T & A1298C) [methylenetetrahydrofolate reductase]

Order Name: **MTHFR**

Test Number: 1515625

TEST COMPONENTS	REV DATE:10/19/2006
Test Name:	**Methodology:**
MTHFR, DNA Mutation Analysis (C677T & A1298C) [methylenetetrahydrofolate reductase]	INV

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**5 (3) mL**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**
Special Instructions:	Keep specimen as whole blood at room temperature. Do not centrifuge, do not refrigerate. Specimen cannot be shared with other testing for risk of DNA contamination.			

GENERAL INFORMATION	
Testing Schedule:	Wednesdays
Expected TAT:	2-8 Days
Clinical Use:	The Methylenetetrahydrofolate Reductase (MTHFR) enzyme plays a major role in homocysteine metabolism and contains several known polymorphisms(C677T and A1298C). This mutation is reported to reduce MTHFR activity, resulting in hyperhomocysteinemia. This condition is a risk factor for cardiovascular disease, increased risk for arterial and venous thrombosis, and an increased risk for obstetrical complications.
Cpt Code(s):	83891; 83912; 83903x2; 83892x4; 83896x10; 83912-26

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Multiple Myeloma, FISH (13q-, 17p-, rea 14q32)

Order Name: **MULT MYELO**
Test Number: 115585

TEST COMPONENTS	REV DATE:3/11/2008
Test Name:	**Methodology:**
Multiple Myeloma, FISH (13q-, 17p-, rea 14q32)	FISH

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**3 mL (2)**	**Whole Blood**	**Sodium Heparin (Green Top)**	**Room Temperature**
Alternate Specimen:	**3 mL (2)**	**Bone Marrow**	**Sodium Heparin (Green Top)**	**Room Temperature**
Special Instructions:	5-3mL Whole blood or 3-2mL of Bone marrow in a dark green Sodium Heparin tube. Keep specimen at room temperature. Do not centrifuge.			

GENERAL INFORMATION	
Testing Schedule:	As Needed
Expected TAT:	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 (13q-, 14q rearrangements and 17p-). Interphase FISH studies can enhance the detection rate and complement conventional cytogenetic techniques.
Cpt Code(s):	88271x4, 88275x3, 88291

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Multiple Sclerosis Panel

Order Name: **MULT SC P**
Test Number: 5551560

TEST COMPONENTS	REV DATE:6/29/2010
Test Name:	**Methodology:**
Multiple Sclerosis Panel	Assay Dep

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**4 mL**	**CSF & Serum**	**Sterile Screwtop Container and Clot Activator SST**	**Refrigerated**
Special Instructions:	**4 mL Serum and CSF.**(Minimum volume: 2mL CSF, 1. 5mL Serum) It is preferred that the collection date and time be the same for both the CSF and Serum. This panel requires both CSF and serum. Client can draw serum up to 48 hours after the CSF tap, however it is not recommended. Clients must be called when no serum has been supplied. If client cannot send patient serum, the IgG Synthesis Rate portion of this panel cannot be performed. CSF must be crystalline clear.			

GENERAL INFORMATION	
Testing Schedule:	Assay dependant.
Expected TAT:	3-6 Days
Clinical Use:	Patients with Multiple Sclerosis (MS) have multiple, scarred areas of the brain. Symptoms can initially be mild but typically lead to relapsing or progressive incapacitating neuromotor dysfunction.
Notes:	Panel components: **Oligoclonal Bands (IgG), CSF** **IgG Synthesis Rate/Index, CSF** **Myelin Basic Protein, Serum**
Cpt Code(s):	82040; 82042; 82784x2; 83873; 83916

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Mumps IgM and IgG Antibodies

Order Name: **MUMPS AB**
Test Number: 5564750

TEST COMPONENTS	REV DATE:5/14/2009
Test Name:	**Methodology:**
Mumps IgG	EIA
Mumps IgM	IFA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**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 of mumps.
Cpt Code(s):	86735X2

Myasthenia Gravis Panel 1

Order Name: **MYAS GRAV1**
Test Number: 5551325

TEST COMPONENTS	REV DATE:6/11/2007
Test Name:	**Methodology:**
Acetylcholine Receptor Binding Antibody	RIA
Striated Muscle Antibody	IFA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 (0.4) mL**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Special Instructions:	Specimen should be collected in a Non-Gel clot tube.			

GENERAL INFORMATION	
Testing Schedule:	Mon - Sat
Expected TAT:	4-5 Days
Clinical Use:	Myasthenia Gravis is a neurological disorder characterized by a decrease in acetylcholine receptors. Patients exhibit skeletal muscle weakness and fatigability.
Cpt Code(s):	86255; 83519

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Myasthenia Gravis Panel 2

Order Name: **ACETY BBM**
Test Number: 5500250

TEST COMPONENTS	REV DATE:8/15/2011
Test Name:	**Methodology:**
Acetylcholine Receptor Binding Antibody	RIA
Acetylcholine Receptor Blocking Antibody	RIA
Acetylcholine Receptor Modulating Antibody	RIA

SPECIMEN REQIREMENTS

	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 mL (1.5)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Alternate Specimen:	**2 mL (1.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special Instructions:	SST Clot tubes acceptable, however it is best if collected in non-gel clot tubes. Specimen stability: Room temperature: 2 hours; Refrigerated: 2 weeks; Frozen: 1 year.			

GENERAL INFORMATION

Testing Schedule:	Sun-Sat
Expected TAT:	4-6 Days
Clinical Use:	Myastenia Gravis is a neurological disorder characterized by a decrease in acetylcholine receptors. Patients exhibit skeletal muscle weakness and fatigability. Approximately 80% of patients with Myastenia Gravis, excluding ocular involvement only, have detectable acetylcholine receptor antibody.
Cpt Code(s):	83519x3

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Mycobacterium tuberculosis (CSF & Fluids) PCR

Order Name: **TB PCR CSF**
Test Number: 6004150

TEST COMPONENTS	REV DATE:8/13/2007
Test Name:	**Methodology:**
Mycobacterium tuberculosis (CSF & Fluids) PCR	PCR

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**3 mL (1)**	**CSF (Cerebrospinal Fluid)**	**Sterile Screwtop Container**	**Refrigerated**
Alternate Specimen:	**3 mL (1)**	**Urine, First Void Clean Catch**	**Sterile Screwtop Container**	**Refrigerated**
Special Instructions:	3 mL(1 mL min) CSF or First void clean catch urine or Urine with no preservative. Keep refrigerated In a sterile crew-capped container. **Alternate Specimens:** Random urine or Random clean catch urine or Catheterized urine or Fresh (unfixed) tissue or Tissue biopsy or Amniotic fluid or Fluid or Cyst fluid or Gastric fluid or Pericardial fluid or Peritoneal fluid or Pleural fluid or Synovial fluid or Vitreous fluid. **Tissue:** Collect aseptically as much as possible, up to 2 grams. Specimen must be kept moist with transport media, saline, broth or buffer. Tissues fixed in formalin or paraffin blocks are NOT acceptable. **Fluids:** Collect aseptically, as much as possible, up to 150 mL (2 mL min). **Gastric Lavage Fluids:** Collect 5-10 mL of an early morning specimen, before food or water intake, in a sterile container without preservative. Adjust to normal pH with 100 mg of sodium carbonate within 4 hours of collection. Unneutralized specimens are not acceptable. Separate specimens collected on 3 consective days are recommended.			

GENERAL INFORMATION	
Testing Schedule:	Sun-Sat
Expected TAT:	2-5 Days
Clinical Use:	This is an amplified method used to detect Mycobacterium tuberculosis complex nucleic acid in the raw specimen. It is used to aid the physician in the rapid diagnosis and treatment of a possible tuberculosis infection. A negative result does not rule out disease. Results should be supported by additional alternate testing.
Cpt Code(s):	87556

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Mycobacterium tuberculosis (Respiratory) PCR

Order Name: **TB PCR RES**
Test Number: 6004250

TEST COMPONENTS	REV DATE:8/13/2007
Test Name:	**Methodology:**
Mycobacterium tuberculosis (Respiratory) PCR	PCR

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**7 mL (2)**	**Bronchial lavage/wash**	**Sterile Screwtop Container**	**Refrigerated**
Alternate Specimen:	**7 mL (2)**	**Sputum**	**Sterile Screwtop Container**	**Refrigerated**
	7 mL (2)	**Tracheal lavage/wash**	**Sterile Screwtop Container**	**Refrigerated**
Special Instructions:	7mL(2mL) Bronchial lavage/wash, Tracheal lavage/wash or Sputum. 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
Cpt Code(s):	87556

Mycophenolic Acid

Order Name: **MYCOPHEN A**
Test Number: 3630000

TEST COMPONENTS	REV DATE:4/27/2009
Test Name:	**Methodology:**
Mycophenolic Acid	HPLC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.6)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Alternate Specimen:	**1 mL (0.6)**	**Plasma**	**EDTA (Lavender Top)**	**Refrigerated**
Special 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):	80299

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Mycoplasma pneumoniae Antibody

Order Name: **MYCOPLA AB**
Test Number: 5564800

TEST COMPONENTS	REV DATE:6/12/2003
Test Name:	**Methodology:**
Mycoplasma IgG	IFA
Mycoplasma IgM	IFA
Mycoplasma Interpretation	

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**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

TEST COMPONENTS	REV DATE:10/27/2008
Test Name:	**Methodology:**
Mycoplasma pneumoniae Culture	Cult

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2mL (1mL)**	**Respiratory specimen**	**Sterile Screwtop Container**	**Frozen**
Special Instructions:	**Please Indicate Source on the Specimen!** **Specimen:** Throat swab, sputum, or other respiratory specimen, CSF, brain tissue, lung tissue, pericardial fluid, joint fluid, or vesicle swab in Mycoplasma Frozen in M4 transport media. For fluid specimens minimum volume 1 mL. **Stability:** Ambient: 8 hours; Refrigerated: 24 hours; Frozen: (-70°C) 1 month. **Unacceptable Conditions:** Genital specimens. Dry swabs, wood swabs, and calcium alginate swabs. M4 RT (room temp) is unacceptable transport media.			

GENERAL INFORMATION	
Testing Schedule:	Sun-Sat
Expected TAT:	26-30 days
Clinical Use:	Detects Mycoplasman pneumoniae in respiratory specimens.
Cpt Code(s):	87109

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Myelin Associated Glycoprotein IgM (MAG IgM) Antibody

Order Name: **MAG IGM**
Test Number: 5523200

TEST COMPONENTS	REV DATE:4/22/2009
Test Name:	**Methodology:**
Myelin Associated Glycoprotein IgM (MAG IgM) Antibody	EIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.2)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special Instructions:	Avoid hemolysis. Overnight fasting is preferred.			

GENERAL INFORMATION	
Testing Schedule:	Tue, Thur
Expected TAT:	2-3 Days
Clinical Use:	High concentrations of IgM MAG autoantibodies are found in approximately 50% of patients with peripheral neuropathies accompanied by IgM monoclonal gammopathies. Lower concentrations of MAG IgM autoantibodies can also be found in patients with inflammatory neuropathies, multiple sclerosis, systemic lupus erythematosus and healthy individuals.
Cpt Code(s):	83520

Myelin Associated Glycoprotein IgM (MAG-SGPG) Antibody

Order Name: **SGPG AB**
Test Number: 3660850

TEST COMPONENTS	REV DATE:6/12/2007
Test Name:	**Methodology:**
Myelin Associated Glycoprotein IgM (MAG-SGPG) Antibody	EIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.2)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**

GENERAL INFORMATION	
Testing Schedule:	Tue, Thr
Expected TAT:	3-8 Days
Clinical Use:	MAG-SGPG Ab (IgM) is useful in detecting antibodies associated with autoimmune peripheral neuropathy.
Cpt Code(s):	83520

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Myelin Basic Protein (MBP)

Order Name: **MYELN PRO**
Test Number: 3601950

TEST COMPONENTS	REV DATE:6/18/2004
Test Name:	**Methodology:**
Myelin Basic Protein (MBP)	RIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1.2 mL (0.5)**	**CSF**	**Sterile Screwtop Container**	**Refrigerated**

GENERAL INFORMATION	
Testing Schedule:	Mon, Wed, Fri
Expected TAT:	3-4 Days
Cpt Code(s):	83873

Myeloid Disorders Profile by FISH

Order Name: **MYELOID PR**
Test Number: 115525

TEST COMPONENTS	REV DATE:4/2/2008
Test Name:	**Methodology:**
Myeloid Disorders Profile by FISH	FISH

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**3 mL (2)**	**Bone Marrow**	**Sodium Heparin (Green Top)**	**Room Temperature**
Alternate Specimen:	**3 mL (2)**	**Whole Blood**	**Sodium Heparin (Green Top)**	**Room Temperature**
Special Instructions:	5-3mL Whole blood or 3-2mL of Bone marrow in a dark green Sodium Heparin tube. Keep specimen at room temperature. Do not centrifuge.			

GENERAL INFORMATION	
Testing Schedule:	As Needed
Expected TAT:	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.
Cpt Code(s):	88271x6; 88275x3; 88291

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Myeloperoxidase Antibody (MPO)

Order Name: **MPO AB**
Test Number: 5551850

TEST COMPONENTS	REV DATE:6/18/2004
Test Name:	**Methodology:**
Myeloperoxidase Antibody (MPO)	EIA

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

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	3 Days
Clinical Use:	Associated with P-ANCA and thus specific ANCA-associated vasculitides (e. g. microvascular polyangitis)
Cpt Code(s):	83520

Myoglobin Urine

Order Name: **MYOGLOBN U**
Test Number: 3001050

TEST COMPONENTS	REV DATE:1/24/2011
Test Name:	**Methodology:**
Myoglobin Urine	L-FR NEPH

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**3mL(1mL)**	**Urine, Random**	**Sterile Urine container**	**Frozen**
Special Instructions:	First Morning void clean catch urine or Random clean catch urine. **No preservative!** Stability Room temperature: Unacceptable, Refrigerated: 48 Hours, Frozen: 30 Days.			

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	1-3 days
Clinical Use:	Useful for confirming the presence of a myopathy associated with injury to skeletal or cardiac muscle, metabolic disease and renal failure.
Cpt Code(s):	83874

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Myoglobin, Serum

Order Name: **MYOGLOBIN**
Test Number: 2004240

TEST COMPONENTS	REV DATE:9/13/2011
Test Name:	**Methodology:**
Myoglobin, Serum	QE-CIA

SPECIMEN REQIREMENTS

	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.2)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Alternate Specimen:	**1 mL (0.2)**	**Plasma**	**EDTA (Lavender Top)**	**Refrigerated**
	1 mL (0.2)	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Special Instructions:	Allow specimen to clot completely at Room Temp before centrifuging. Separate serum or plasma from cells ASAP (w/in 2hrs of collection). Stability (collection to initiation of testing): 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

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Myositis Profile

Order Name: **MYOSI PROF**
Test Number: 5513230

TEST COMPONENTS	REV DATE:10/29/2010
Test Name:	**Methodology:**
PL-7 Autoantibodies	RIPA
PL-12 Autoantibodies	RIPA
Mi-2 Autoantibodies	RIPA
Ku Autoantibodies	RIPA
EJ Autoantibodies	RIPA
OJ Autoantibodies	RIPA
SRP Autoantibodies	RIPA
Jo-1 Autoantibodies	EIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**6 mL (2)**	**Serum**	**No Additive Clot (Red Top, No-Gel, Plastic)**	**Refrigerated**
Special Instructions:	6mL Serum from **Non-Gel Clot tube** separated into **Two 3mL aliquots.** Keep specimen refrigerated. Stability: Ambient= 7 Day(s), Refrigerated= 14 Day(s), Frozen= 2 Month(s).			

GENERAL INFORMATION	
Testing Schedule:	Tuedays
Expected TAT:	16-22 Days
Cpt Code(s):	83516x5, 86235x3

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Myotonic Dystrophy (DMPK)

Order Name: **MYOTON DYS**
Test Number: 5594800

TEST COMPONENTS	REV DATE:1/23/2009
Test Name:	**Methodology:**
Myotonic Dystrophy (DMPK)	PCR

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**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):	83890, 83894x2, 83896X2, 83897X2, 83898X5, 83903X5, 83912

N-Methylhistamine, 24Hr Urine

Order Name: **N-METHYLHI**
Test Number: 3811100

TEST COMPONENTS	REV DATE:7/31/2003
Test Name:	**Methodology:**
N-Methylhistamine, 24Hr Urine	Liquid Chromatography-Tandem Mass Spectroscopy

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**50mL (5)**	**Urine, 24-hour**	**24 hour Urine Container**	**Refrigerated**
Special Instructions:	24Hr urine collection. Keep refrigerated during collection. Preservatives are not necessary, but is compatible with 50% Acetic Acid, Boric Acid or Thymol.			

GENERAL INFORMATION	
Testing Schedule:	Mon, Thur
Expected TAT:	3-6 Days
Cpt Code(s):	83789

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Narcolepsy - HLA Typing

Order Name: **HLA NARCO**
Test Number: 9108975

TEST COMPONENTS	REV DATE:12/8/2008
Test Name:	**Methodology:**
Narcolepsy - HLA Typing	Mol-HLA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**5 mL (3)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**
Special Instructions:	**Specimen Stability:** Room temperature: 1 Week Refrigerated: 1 Week Frozen: Unacceptable			

GENERAL INFORMATION	
Testing Schedule:	Mon-Fri
Expected TAT:	10-11 Days
Cpt Code(s):	83891, 83896x30, 83900, 83901x2, 83912

Nasal Culture

Order Name: **C NASAL RT**
Test Number: 6002011

TEST COMPONENTS	REV DATE:6/9/2003
Test Name:	**Methodology:**
Nasal Culture	Culture

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:		**Nasal swab**	**PNP Swab (Green Cap)**	**Room Temperature**

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	3 Days
Clinical Use:	Identifies upper respiratory pathogens
Cpt Code(s):	87070

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Neisseria Gonorrhea Probe

Order Name: **GC PROBE**
Test Number: 5960180

TEST COMPONENTS	REV DATE:12/8/2010
Test Name:	**Methodology:**
Neisseria Gonorrhea Probe	BD Prb Tec

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**SWAB or 8mL(4mL)**	**Urogenital Swab**	**BD ProbeTec Pink(F) or Blue(M)**	**Refrigerated**
Alternate Specimen:	**SWAB or 8mL(4mL)**	**Urine, Random**	**Sterile Urine container**	**Refrigerated**
Special Instructions:	Urogenital Swab collection in BD ProbeTec kit, Keep Refrigerated. If urine is used, collect 8mL(4mL) fresh urine specimen in a Sterile Urine Container and refrigerate within 30 minutes.			

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	3 Days
Clinical Use:	Amplified Probe technique helps diagnose Neisseria gonorrhea infection.
Cpt Code(s):	87591

Neisseria meningitidis Antigens (Urine/CSF)

Order Name: **NEISS MENI**
Test Number: 5700000

TEST COMPONENTS	REV DATE:8/18/2008
Test Name:	**Methodology:**
Neisseria meningitidis Antigens (Urine/CSF)	LA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2mL (0.6mL)**	**Urine, Random**	**Sterile Urine container**	**Refrigerated**
Alternate Specimen:	**2mL (0.6mL)**	**CSF (Cerebrospinal Fluid)**	**Sterile Screwtop Container**	**Refrigerated**

GENERAL INFORMATION	
Testing Schedule:	Sun-Sat
Expected TAT:	1-2 Days
Clinical Use:	Tests for serotypes C/W135, A/Y, B
Cpt Code(s):	87899x3

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Neisseria Meningitidis IgG Vaccine Response

Order Name: **NEIS M VAC**
Test Number: 5513425

TEST COMPONENTS	REV DATE:4/21/2006
Test Name:	**Methodology:**
Neisseria Meningitidis IgG Vaccine Response	MAID

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special Instructions:	**Please indicate Pre or Post Vaccine innoculation**Specimen stability: Ambient= 1 Week; Refrigerated= 1 Month; Frozen= 1 Year.			

GENERAL INFORMATION	
Testing Schedule:	Once a week, volume dependant.
Expected TAT:	4-10 Days
Clinical Use:	This assay measures serum IgG antibodies recognizing polysaccharide antigens from the four Neisseria meningitidis serogroups included in the licensed meningococcal vaccine. The meningococcal vaccine response is best evaluated by testing pre-vaccination and post-vaccination samples in parallel. A two-fold or greater increase for at least two serogroups is expected when comparing post-vaccination to pre-vaccination results. N. meningitidis IgG levels peak approximately one month post-vaccination, but decline markedly by two years.
Notes:	Testing includes the following Serogroups: Serogroup A, Serogroup C, Serogroup Y and Serogroup W-135.
Cpt Code(s):	86741x4

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Neuron Specific Enolase (NSE)

Order Name: **NEUR ENOLS**
Test Number: 5590650

TEST COMPONENTS	REV DATE:12/12/2008
Test Name:	**Methodology:**
Neuron Specific Enolase (NSE)	ELISA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.2)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Special 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

Neutrophil Adhesion Panel

Order Name: **NEUTR ADHE**
Test Number: 5605650

TEST COMPONENTS	REV DATE:3/2/2010
Test Name:	**Methodology:**
Neutrophil Adhesion Panel	FC
Pathologist ID For Flow Cytomt	

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**3 mL**	**Whole Blood**	**EDTA (Lavender Top) & Lithium Heparin (Dark Green Top / No-GEL)**	**See Instructions**
Special Instructions:	Collect One Lithium Heparin (green no gel) and One EDTA (Lavender) store at room temperature. Do not centrifuge. Deliver to Immunology ASAP.			

GENERAL INFORMATION	
Testing Schedule:	Mon - Thur
Expected TAT:	3 Days
Clinical Use:	Evaluation for the presence of adhesion molecules which are important in the attachment and migration of inflammatory cells.
Cpt Code(s):	88184, 88185X11, 88188

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Neutrophil Membrane Antibody

Order Name: **NEUTRO AB**
Test Number: 5565160

TEST COMPONENTS	REV DATE:2/26/2009
Test Name:	**Methodology:**
Neutrophil Membrane Antibody	FC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**3 mL (0.5)**	**Serum**	**No Additive Clot (Red Top, No-Gel, Plastic)**	**Frozen**
Alternate Specimen:	**3 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Special 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

Neutrophil Oxidative Index (NOI, Chemiluminescence)

Order Name: **CHEMILUMIN**
Test Number: 5569200

TEST COMPONENTS	REV DATE:5/12/2009
Test Name:	**Methodology:**
Particulate Stimulation	FC
Soluble Stimulate	FC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**See Insrtructions**	**Whole Blood**	**EDTA (Lavender Top) & Lithium Heparin (Dark Green Top / No-GEL)**	**Room Temperature**
Special Instructions:	**Collect both 4mL EDTA Lavender and 7mL Lithium Heparin no gel**Deliver to laboratory (flow cytometry) ASAP (Before 2pm and within 8hrs of collection). Do NOT centrifuge or refrigerate.			

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	2 days
Clinical Use:	Neutrophil metabolic killing function.
Cpt Code(s):	88184; 88187; 88185x2

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Niacin and Metabolites (Vitamin B3)

Order Name: **NIACIN**
Test Number: 2750000

TEST COMPONENTS	REV DATE:7/29/2011
Test Name:	**Methodology:**
Nicotinic Acid	LC/MS/MS
Nicotinamide	LC/MS/MS
Nicotinuric Acid	LC/MS/MS

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2mL (0.4)**	**Plasma**	**EDTA (Lavender Top)**	**Refrigerated**
Special Instructions:	Spin Separate from cells ASAP. Keep Refrigerated - **Do Not use Gel separation tubes** STABILITY: Room temperature: 24 Hours, Refrigerated: 7 Days, Frozen: 30 Days. Sodium Heparin or Lithium Specimens are Not Acceptable.			

GENERAL INFORMATION	
Testing Schedule:	Tue,Thr
Expected TAT:	5-9 days
Cpt Code(s):	84591

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Nickel, Random Urine

Order Name: **NICKEL U**
Test Number: 3808875

TEST COMPONENTS	REV DATE:1/31/2006
Test Name:	**Methodology:**
Nickel, Random Urine	ICP/MS

SPECIMEN REQIREMENTS

	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**7 mL (5)**	**Urine, Random**	**See Instructions**	**Refrigerated**
Special Instructions:	Wash hands before sample collection. Wipe hand dry with lint free paper towel. Do not use recycled paper. Collect 7 mL aliquot of the second morning urine in an acid-washed polypropylene or polyethylene collection container. Use powderless gloves to pour sample into acid-washed shipping container, if needed, Cap securely and ship refrigerated (2-10 C). For clinical monitoring, collect second voided AM urine. For industrial monitoring, collect urine preshift. Patient should refrain from taking mineral supplements at least three days prior to sample collection			

GENERAL INFORMATION

Testing Schedule:	Sets up: Mon-Fri am Reports: Thu-Mon pm
Expected TAT:	5-7 Days
Clinical Use:	Nickel toxicity is associated with allergy, asthma, urticaria, erythema multiforme, contact dermatitis, and hand eczema.
Cpt Code(s):	83885

Nickel, Serum

Order Name: **NICKEL BL**
Test Number: 4003100

TEST COMPONENTS	REV DATE:3/3/2009
Test Name:	**Methodology:**
Nickel, Serum	ICP/MS

SPECIMEN REQIREMENTS

	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 mL (0.5)**	**Serum**	**EDTA (Royal Blue Top/Trace Element Free)**	**Room Temperature**
Special Instructions:	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.			

GENERAL INFORMATION

Testing Schedule:	Mon-Sat
Expected TAT:	2-4 Days
Notes:	**No Plasma Samples as of 03/03/09**
Cpt Code(s):	83885

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Nicotine and Metabolite, Quantitative, Random Urine

Order Name: **NICOTINE U**
Test Number: 4312325

TEST COMPONENTS	REV DATE:2/11/2008
Test Name:	**Methodology:**
Nicotine Quantitative, Urine	GC/MS
Cotinine Quantitative, metabolite, Urine	GC/MS

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**5 mL (2.5)**	**Urine, Random**	**Sterile Urine container**	**Frozen**
Alternate Specimen:	**5 mL (2.5)**	**Urine, Random**	**Sterile Screwtop Container**	**Frozen**
Special Instructions:	Specimen Stability: Room Temperature= 72Hrs; Refrigerated= 2Wks; Frozen= 1Mo.			

GENERAL INFORMATION	
Testing Schedule:	Mon, Wed, Fri
Expected TAT:	5-8 Days
Cpt Code(s):	83887

Nonspecific Esterase, Bone Marrow

Order Name: **NS ESTE BM**
Test Number: 103800

TEST COMPONENTS	REV DATE:6/20/2003
Test Name:	**Methodology:**
Nonspecific Esterase, Bone Marrow	IHC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 Slides**	**Bone Marrow**	**Glass Slides with Holder**	**Room Temperature**
Alternate Specimen:	**2 Slides**	**Bone Marrow**	**Sodium Citrate 3.2%**	**Room Temperature**

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	1-2 Days, no weekends or holidays
Clinical Use:	Classification of certain acute leukemias.
Cpt Code(s):	88319

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Nonspecific Esterase, Peripheral Blood

Order Name: **NS ESTE PB**
Test Number: 103850

TEST COMPONENTS	REV DATE:6/20/2003
Test Name:	**Methodology:**
Nonspecific Esterase, Peripheral Blood	IHC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**5 mL (1)**	**Peripheral Blood Smears**	**Glass Slides with Holder**	**Room Temperature**
Alternate Specimen:	**5 mL (1)**	**Whole Blood**	**EDTA(Lavender Top)**	**Room Temperature**
	5 mL (1)	**Whole Blood**	**Heparin(Green Top - No Gel)**	**Room Temperature**

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	1-2 Days, no weekends or holidays
Clinical Use:	Classification of certain acute leukemias.
Cpt Code(s):	88319

Norpace (Disopyramide)

Order Name: **NORPACE**
Test Number: 4003260

TEST COMPONENTS	REV DATE:7/14/2005
Test Name:	**Methodology:**
Norpace (Disopyramide)	EIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Special Instructions:	Do not use gel barrier tubes.			

GENERAL INFORMATION	
Testing Schedule:	Mon - Sat
Expected TAT:	2-3 Days
Cpt Code(s):	80299

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Nortriptyline (Aventyl)

Order Name: **NORTRIPTL**
Test Number: 4006150

TEST COMPONENTS	REV DATE:7/14/2005
Test Name:	**Methodology:**
Nortriptyline (Aventyl)	LC-MS-MS

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**3 mL (1.5)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Special 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):	80182

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Occult Blood - Automated Immunochemical Fecal Occult Blood Test (iFOBT)

Order Name: **ICT OCCULT**

Test Number: 3510285

TEST COMPONENTS	REV DATE:2/11/2011
Test Name:	**Methodology:**
Occult Blood - Automated Immunochemical Fecal Occult Blood Test (iFOBT)	iFOBT

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 Kit**	**Stool, Random**	**ICT Dowel Probe Kit**	**Room Temperature**
Alternate Specimen:	**1 Kit**	**Stool, Random**	**Sterile Screwtop Container**	**Room Temperature**
Special Instructions:	Submit a single stool specimen collected on dowel of provided collection device. ICT devices are acceptable up to 14 days after collection, **keep refrigerated at 2-8 C if delay is anticipated** For more information concerning the collection and kit refer to this test in our Specialized Testing section. Please contact your Sales Representative or Client Services if you have not received the new collection device.			

GENERAL INFORMATION	
Testing Schedule:	Sun-Sat
Expected TAT:	1-2 Days
Clinical Use:	The automated fecal occult blood test detects the presence of human hemoglobin using a photometric reading of the presence of an antibody-antigen complex. This immuno-chemical test provides several advantages over the old guaiac method which include ease of collection, reduction in the number of samples needed, no dietary restrictions, increased specificity for human hemoglobin and detection of hemoglobin from the colon or rectal area only.
Notes:	No special diet needed. If upper GI bleed is suspected, a traditional stool guaiac tests should be performed (OCC BL 1,2,3) The ICT OCCULT is specific for human hemoglobin from the colon or rectal area only for the detection of colorectal cancer, or lower GI bleeding.
Cpt Code(s):	82274

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Occult Blood X1

Order Name: **OCC BL 1**
Test Number: 3510000

TEST COMPONENTS	REV DATE:2/11/2011
Test Name:	**Methodology:**
Occult Blood X1	GUAIAC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**0.5 mL (0.1)**	**Stool, Random**	**Fecal Occult Blood Card**	**Room Temperature**
Special 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

TEST COMPONENTS	REV DATE:2/11/2011
Test Name:	**Methodology:**
Occult blood #1 Screen	GUAIAC
Occult blood #2	GUAIAC

SPECIMEN REQIREMENTS

	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**0.5 mL (0.1)**	**Stool, Random**	**Fecal Occult Blood Card**	**Room Temperature**
Special Instructions:	**Specimens cards should be collected on consecutive bowel movements.** **SPECIAL DIET REQUIRED**: Do not eat red meat, any blood-containing food, cantaloupe, uncooked broccoli, turnip, radish, or horseradish for 3 days prior to the test. Some medications may interfere with this test. These include vitamin C and aspirin. The health care provider should be consulted regarding medication changes that may be necessary. Medication should not be stopped or decreased without consulting the health care provider. **The patient's full name and date/time of collection should be noted on the cards.**			

GENERAL INFORMATION

Testing Schedule:	Daily
Expected TAT:	1 Day
Clinical Use:	Colon cancer screening
Cpt Code(s):	82270

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Occult Blood x3

Order Name: **OCC BL 3**
Test Number: 3501340

TEST COMPONENTS	REV DATE:2/11/2011
Test Name:	**Methodology:**
Occult blood #1 Screen	GUAIAC
Occult blood #2	GUAIAC
Occult blood #3	GUAIAC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**0.5 mL (0.1)**	**Stool, Random**	**Fecal Occult Blood Card**	**Room Temperature**
Special Instructions:	**Specimens cards should be collected on consecutive bowel movements.** **SPECIAL DIET REQUIRED**: Do not eat red meat, any blood-containing food, cantaloupe, uncooked broccoli, turnip, radish, or horseradish for 3 days prior to the test. Some medications may interfere with this test. These include vitamin C and aspirin. The health care provider should be consulted regarding medication changes that may be necessary. Medication should not be stopped or decreased without consulting the health care provider. **The patient's full name and date/time of collection should be noted on the cards.**			

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	1 Day
Clinical Use:	Colon cancer screening
Cpt Code(s):	82270

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Occult Blood, Gastric Contents

Order Name: **GASTRCULT**
Test Number: 3510080

TEST COMPONENTS	REV DATE:2/11/2011
Test Name:	**Methodology:**
Occult Blood, Gastric Contents	GUAIAC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**3 mL (1)**	**See Instructions**	**Sterile Screwtop Container**	**Refrigerated**
Special 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

Oligoclonal Bands IgG

Order Name: **OLIGO CSF**
Test Number: 804040

TEST COMPONENTS	REV DATE:6/18/2004
Test Name:	**Methodology:**
Oligoclonal Bands IgG	Isolectric Focusing

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL ea.**	**CSF & Serum**	**Sterile Screwtop Container & Red/Gray clot**	**Refrigerated**
Special Instructions:	**1mL of CSF and Serum.** It is preferred that the collection date and time be the same for both the CSF and Serum. Client can draw serum up to 48 hours after the CSF tap, however it is not recommended. Clients must be called when no serum has been supplied. If client cannot send patient serum, only then will the CSF be tested with control serum.			

GENERAL INFORMATION	
Testing Schedule:	Mon - Sat
Expected TAT:	2-3 Days
Clinical Use:	Oligoclonal bands are present in the CSF of more than 85% of patients with clinically definite multiple sclerosis (MS). To distinguish between oligoclonal bands in the CSF due to a peripheral gammopathy and oligoclonal bands due to local production in the CNS, serum and CSF should be tested simultaneously. Oligoclonal bands can however be observed in a variety of other diseases, e. g. , subacute sclerosing panencephalitis, inflammatory polyneuropathy, CNS lupus, and brain tumors and infarctions.
Cpt Code(s):	83916

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Opiates, Expanded Urine

Order Name: **OPIATE GCU**
Test Number: 4318525

TEST COMPONENTS	REV DATE:1/28/2011
Test Name:	**Methodology:**
Codeine	GC/MS
Hydrocodone	GC/MS
Oxycodone	GC/MS
Morphine	GC/MS
Hydromorphone	GC/MS
Oxymorphone	GC/MS

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**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):	83925

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Organic Acids Serum/Plasma

Order Name: **ORG ACID P**
Test Number: 3607575

TEST COMPONENTS	REV DATE:8/26/2011
Test Name:	**Methodology:**
Organic Acids Serum/Plasma	GC/MS

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Alternate Specimen:	**2 mL (0.5)**	**Plasma**	**EDTA (Lavender Top)**	**Frozen**
Special 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

Organic Acids, Urine

Order Name: **ORG A S U**
Test Number: 3000825

TEST COMPONENTS	REV DATE:12/5/2007
Test Name:	**Methodology:**
Organic Acids, Urine	GC/MS

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**10 mL (3)**	**Urine, Random**	**Sterile Screwtop Container**	**Frozen**
Special 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

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Organism Identification

Order Name: **C ORG ID**
Test Number: 6001750

TEST COMPONENTS				REV DATE:5/16/2003
Test Name:			**Methodology:**	
Organism Identification			Culture	

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:		**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

Organophosphate Pesticides, Serum or Plasma

Order Name: **ORGAPH PES**
Test Number: 4300990

TEST COMPONENTS				REV DATE:9/23/2009
Test Name:			**Methodology:**	
Organophosphate Pesticides, Serum or Plasma			HPLC	

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**4 mL (2.2)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Frozen**
Alternate Specimen:	**4 mL (2.2)**	**Plasma**	**EDTA (Lavender Top)**	**Frozen**
Special Instructions:	Centrifuge, separate and freeze specimen as soon as possible.			

GENERAL INFORMATION	
Testing Schedule:	As Needed
Expected TAT:	3-7 Days
Cpt Code(s):	82492

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Orotic Acid, Urine

Order Name: **OROTIC A U**
Test Number: 3000875

TEST COMPONENTS	REV DATE:2/5/2007
Test Name:	**Methodology:**
Orotic Acid, Urine	COUL

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**10 mL (3)**	**Urine, Random**	**Sterile Screwtop Container**	**Frozen**
Special 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

Osmolality Fecal

Order Name: **OSMO FEC**
Test Number: 3502020

TEST COMPONENTS	REV DATE:7/26/2010
Test Name:	**Methodology:**
Osmolality Fecal	FPD

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 mL (1.0)**	**Stool, Random**	**Stool specimen container**	**Refrigerated**
Special Instructions:	Specimen must be in liquid form. A stool osmo is used in conjuction with a serum osmo to calculate an osmotic gap. Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	1-5 days
Clinical Use:	Useful for diagnosis of factitious diarrhea (where patient adds water to stool to simulate diarrhea).
Cpt Code(s):	84999

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Osmolality Serum

Order Name: **OSMO**
Test Number: 2004300

TEST COMPONENTS	REV DATE:6/11/2003
Test Name:	**Methodology:**
Osmolality Serum	Freezing Point

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

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	1-2 days
Clinical Use:	Used in the investigation of hyponatremia and potential poisoning.
Cpt Code(s):	83930

Osmolality Urine

Order Name: **OSMO U**
Test Number: 3001100

TEST COMPONENTS	REV DATE:5/16/2003
Test Name:	**Methodology:**
Osmolality Urine	Freezing Point

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 mL (1.0)**	**Urine, Random**	**Sterile Urine container**	**Refrigerated**
Special Instructions:	Fresh 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 for assessing the concentrating ability of the kidney.
Cpt Code(s):	83935

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Osmolality, Serum

Order Name: **OSMO/ADH**
Test Number: 3600240

TEST COMPONENTS	REV DATE:8/22/2007
Test Name:	**Methodology:**
Osmolality, Serum	FPD

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.2)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Special Instructions:	Specimen Stability: Room temperature= 1 Week; Refrigerated= 1 Week; Frozen= 4 Weeks			

GENERAL INFORMATION	
Testing Schedule:	Tue, Thr, Sat
Expected TAT:	2-3 Days
Clinical Use:	Serum Osmolality assesses fluid and electrolyte balance by measuring the moles of a nonelectrolyte substance dissolved per kilogram of pure water.
Cpt Code(s):	83930

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Osteocalcin, Human (Bone Gla Protein, BGP)

Order Name: **OSTEOCALCI**
Test Number: 3801550

TEST COMPONENTS	REV DATE:5/10/2010
Test Name:	**Methodology:**
Osteocalcin, Human (Bone Gla Protein, BGP)	ECIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1mL (0.5)**	**Serum**	**No Additive Clot (Red Top, No-Gel, Plastic)**	**Frozen**
Alternate Specimen:	**1mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Special Instructions:	Avoid hemolysis. Avoid lipemia. Overnight fasting is preferred. **Do Not collect if patient has received BIOTIN (Vitamin B7) within 8hrs!** Allow blood to clot at room temperature then centrifuge immediately to separate the serum from the cells. **Freeze as soon as possible!** Specimen Stability: Room temperature: n/a; Refrigerated: 24 Hours; Frozen: 21days.			

GENERAL INFORMATION	
Testing Schedule:	Sun, Tue, Thr
Expected TAT:	2-3 Days from set up.
Clinical Use:	Osteocalcin, the most abundant non-collagen protein in bone matrix, is a bone-specific, calcium binding protein. Serum osteocalcin levels are related to the rate of bone turnover in various disorders of bone metabolism, e. g. osteoporosis, primary and secondary hyperparathyroidism, and Paget's disease.
Notes:	Osteocalcin, N-MID
Cpt Code(s):	83519

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Outpatient Organism Susceptibility

Order Name: **OP SUS**
Test Number: 6001800

TEST COMPONENTS	REV DATE:6/5/2003
Test Name:	**Methodology:**
Outpatient Organism Susceptibility	Culture

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:		**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

TEST COMPONENTS	REV DATE:6/12/2009
Test Name:	**Methodology:**
Ovarian Antibody	IFA
Ovarian Antibody Reflex to Titer	IFA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**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)

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Oxalate, 24-Hour Urine

Order Name: **OXALATE U**
Test Number: 3808300

TEST COMPONENTS	REV DATE:3/4/2010
Test Name:	**Methodology:**
Oxalate, 24-Hour Urine	SPEC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**10 mL (2)**	**Urine, 24-hour**	**24 hour Urine Container**	**Refrigerated**
Special Instructions:	Collect urine with 25 mL of 6N HCl to maintain a pH below 3. Mix well before aliquotting. (Urine can be collected without preservative if kept refrigerated during and after collection.)			

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	3-4 Days
Cpt Code(s):	83945; 82570

Oxcarbazepine as Metabolite, Serum or Plasma

Order Name: **TRILEPTAL**
Test Number: 3638130

TEST COMPONENTS	REV DATE:4/19/2006
Test Name:	**Methodology:**
Oxcarbazepine as Metabolite, Serum or Plasma	HPLC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 mL (0.1)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Special Instructions:	**Please collect a Red Non-Gel clot tube.** Specimen stability: 3 days room temperature; 2 weeks refrigerated; 2 months frozen.			

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	3-4 Days
Cpt Code(s):	80299

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Pancreatic Elastase, Fecal

Order Name: **STOOL ELAS**
Test Number: 3502350

TEST COMPONENTS	REV DATE:4/23/2009
Test Name:	**Methodology:**
Pancreatic Elastase, Fecal	ELISA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 gram**	**Stool, Random**	**Sterile Screwtop Container**	**Frozen**
Special Instructions:	Need approximately 1 gram of random formed stool sample. Freeze immediately. Stability: Ambient= 4 hours; Refrigerated= 3 days; Frozen= 1 year.			

GENERAL INFORMATION	
Testing Schedule:	Mon, Wed, Fri
Expected TAT:	2-5 days
Cpt Code(s):	82656

Pancreatic Polypeptide

Order Name: **PANC POLY**
Test Number: 2051350

TEST COMPONENTS	REV DATE:5/16/2003
Test Name:	**Methodology:**
Pancreatic Polypeptide	RIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 mL (0.6)**	**Plasma**	**EDTA (Lavender Top)**	**Frozen**
Special 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

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Parasite Screen - Stool (Giardia, Cryptosporidium)

Order Name: **C PARA SC**
Test Number: 6060200

TEST COMPONENTS	REV DATE:1/9/2009
Test Name:	**Methodology:**
Parasite Screen - Stool (Giardia, Cryptosporidium)	EIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**3 grams**	**Stool, Random**	**Formalin in Screwtop Container**	**Room Temperature**
Special Instructions:	**Stool in formalin screwtop container.**			

GENERAL INFORMATION	
Testing Schedule:	Sun-Sat
Expected TAT:	1-3 Days
Clinical Use:	Testing includes specific antigen testing for for Giardia lamblia and Cryptosporidium sp.
Notes:	Refer to the Mircrobiology page in the Specimen Collection section of our service guide for more information on Stool Collection Containers.
Cpt Code(s):	87328, 87329

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Parasite Smear with Interpretaion

Order Name: **PARASIT BL**
Test Number: 103250

TEST COMPONENTS	REV DATE:8/16/2010
Test Name:	**Methodology:**
Parasite Smear with Interpretaion	MC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**4 mL (1)**	**Whole Blood**	**EDTA (Lavender Top)**	**Refrigerated**
Alternate Specimen:	**4 mL (1)**	**Peripheral Blood Smears**	**Glass Slides with Holder**	**Refrigerated**
	4 mL (1)	**Whole Blood**	**EDTA (Lavender) Microtainer/Bullet**	**Refrigerated**
Special Instructions:	Specimen is best collected before chills. Please prepare slides as soon as possible following collection. Keep whole blood refrigerated.			

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	1-2 Days
Clinical Use:	Identification of blood parasites, usually malaria.
Notes:	Testing includes a pathology interpretation.
Cpt Code(s):	87207; 80500

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Paroxysmal Nocturnal Hemoglobinuria (PNH)(CD55/CD59), Pi-Linked Antigens (FLAER)

Order Name: **CD55/CD59**

Test Number: 126100

TEST COMPONENTS	REV DATE:4/8/2011
Test Name:	**Methodology:**
CD55/CD59, Pi-Linked Antigens (FLAER)	FC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**6mL (3mL)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**
Alternate Specimen:	**6mL (3mL)**	**Whole Blood**	**ACD Solution B (Yellow Top - Glass)**	**Room Temperature**
Special Instructions:	**Best if collected Monday - Thursday.** Send the specimen to the RML main lab ASAP on the same day of collection to maintain optimal stability. Keep sample as Whole Blood at Room Temperature. Stability: Room Temperature 72hrs, Refrigeratated n/a, Frozen n/a.			

GENERAL INFORMATION	
Testing Schedule:	Sun-Sat
Expected TAT:	3-5 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.
Notes:	This high sensitivity and quantitative flow cytometry assay is used in the diagnosis and follow-up monitoring of patients with paroxysmal nocturnal hemoglobinuria (PNH). Markers evaluated are FLAER, CD14, CD16, CD24, CD55, and CD59 with CD33, CD45 and glycophorin A used for gating. Granulocytes, monocytes and erythrocytes (RBCs) are evaluated separately. The assay can detect glycosylphosphatidylinositol (GPI)-deficient cell populations down to a level of 0.01%.
Cpt Code(s):	88184, 88185x8, 88188

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Parvovirus B-19 IgG and IgM

Order Name: **PARVO B19**
Test Number: 5574700

TEST COMPONENTS	REV DATE:3/2/2009
Test Name:	**Methodology:**
Parvovirus B19 Titer IgG	ELISA
Parvovirus B19 Titer IgM	ELISA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.2)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Alternate Specimen:	**1 mL (0.2)**	**Plasma**	**EDTA (Lavender Top)**	**Refrigerated**
Special Instructions:	Separate serum or plasma from cells ASAP. 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= 2 days, Refrigerated= 2 weeks, Frozen= 1 year (avoid repeated freeze/thaw cycles).			

GENERAL INFORMATION	
Testing Schedule:	Sun-Sat
Expected TAT:	2-4 Days
Clinical Use:	For the detection of IgM and IgG anti-parvovirus B19 antibodies to aid in diagnosing erythema infections, parvovirus B19 aplastic crisis and other parovirus B19 related diseases.
Cpt Code(s):	86747X2

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Parvovirus B19 DNA, PCR

Order Name: **PARVO DNA**
Test Number: 3613425

TEST COMPONENTS	REV DATE:3/3/2009
Test Name:	**Methodology:**
Parvovirus B19 DNA, PCR	PCR

SPECIMEN REQIREMENTS

	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.25)**	**Plasma**	**EDTA (Lavender Top)**	**Frozen**
Alternate Specimen:	**1 mL (0.25)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
	1 mL (0.25)	**Fluid**	**Sterile, Capped Plastic Tube**	**Frozen**
Special Instructions:	**Please indicate source on specimen.** Plasma or Serum - Centrifuge specimen within 3 hours of collection, separate and freeze immediately. CSF, bronchoalveolar lavage (BAL), ocular fluid, amniotic fluid, or synovial fluid collected aseptically per established clinical procedure, placed in a sterile plastic tube and frozen. Do not allow freeze-thaw cycle to occur. Fresh tissue, snap frozen, acceptable on dry ice. Stability: Ambient= 8 hours (excludes tissue), Refrigerated= 3 days (excludes tissue), Frozen= 6 months.			

GENERAL INFORMATION

Testing Schedule:	Mon, Wed, Fri
Expected TAT:	2-5 Days
Cpt Code(s):	87798

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PCB (Polychlorinated Biphenyls), Serum or Plasma

Order Name: **PCB**
Test Number: 3607050

TEST COMPONENTS	REV DATE:3/21/2011
Test Name:	**Methodology:**
PCB (Polychlorinated Biphenyls), Serum or Plasma	GC/MS

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**4mL (1.2mL)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Room Temperature**
Alternate Specimen:	**4mL (1.2mL)**	**Plasma**	**EDTA (Lavender Top)**	**Room Temperature**
Special Instructions:	Promptly centrifuge and separate Serum or Plasma into a plastic screw capped vial using approved guidelines. **Rejection Criteria:** Polymer gel separation tube (SST or PST).			

GENERAL INFORMATION	
Testing Schedule:	Mon-Thur
Expected TAT:	4-7 Days
Cpt Code(s):	82441

Penicillin Level

Order Name: **PENICIL**
Test Number: 4001350

TEST COMPONENTS	REV DATE:8/29/2006
Test Name:	**Methodology:**
Penicillin Level	BIO

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Special Instructions:	Specimens collected just before or within 15 minutes of the next dose represent the TROUGH levels. Specimens obtained within 15-30 minutes after the end of I. V. infusion or 45-60 minutes after an IM injection or 90 minutes after oral intake represent the PEAK levels.			

GENERAL INFORMATION	
Testing Schedule:	Mon-Fri
Expected TAT:	3-4 Days
Cpt Code(s):	80299

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Peroxidase Stain, Bone Marrow

Order Name: **PEROX BM**
Test Number: 104150

TEST COMPONENTS	REV DATE:5/16/2003
Test Name:	**Methodology:**
Peroxidase Stain, Bone Marrow	IHC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 Slides**	**Bone Marrow**	**Glass Slides with Holder**	**Room Temperature**
Alternate Specimen:	**2 Slides**	**Bone Marrow**	**Sodium Citrate 3.2%**	**Room Temperature**
	2 Slides	**Bone Marrow**	**EDTA (Lavender Top)**	**Room Temperature**

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	1-2 Days
Cpt Code(s):	88319

Peroxidase Stain, Peripheral Blood

Order Name: **PEROX PB**
Test Number: 104200

TEST COMPONENTS	REV DATE:5/16/2003
Test Name:	**Methodology:**
Peroxidase Stain, Peripheral Blood	IHC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 Slides**	**Peripheral Blood Smears**	**Glass Slides with Holder**	**Room Temperature**
Alternate Specimen:	**2 Slides**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**
	2 Slides	**Whole Blood**	**Heparin(Green Top - No Gel)**	**Room Temperature**

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	1-2 Days
Cpt Code(s):	88319

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Persantine (Dipyridamole), Serum or Plasma

Order Name: **PERSANTIN**
Test Number: 3635050

TEST COMPONENTS	REV DATE:8/11/2008
Test Name:	**Methodology:**
Persantine (Dipyridamole), Serum or Plasma	HPLC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 mL (1)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Alternate Specimen:	**2 mL (1)**	**Plasma**	**EDTA (Lavender Top)**	**Refrigerated**
Special Instructions:	**Do not use gel separation tubes.**			

GENERAL INFORMATION	
Testing Schedule:	Mon, Thur
Expected TAT:	3-5 Days
Cpt Code(s):	80299

pH Blood Venous

Order Name: **PH VENOUS**
Test Number: 2005625

TEST COMPONENTS	REV DATE:6/11/2003
Test Name:	**Methodology:**
pH Blood Venous	

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Whole blood**	**Blood gas syringe**	**See Instructions**
Special Instructions:	Patient should be at rest. Fill tube completely or use a blood gas syringe. Place specimen on ice and deliver to lab immediately. **Specimen stability: 1 hour on ice.**			

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	1-2 days
Clinical Use:	Useful in assessing acid-base balance.
Cpt Code(s):	82800

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pH Serous Fluid

Order Name: **SRS PH**
Test Number: 3500350

TEST COMPONENTS	REV DATE:6/11/2003
Test Name:	**Methodology:**
pH Serous Fluid	

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Serous fluid**	**Sterile screwtop container**	**See Instructions**
Special 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

TEST COMPONENTS	REV DATE:5/16/2003
Test Name:	**Methodology:**
pH Stool	Dry Chemistry/pH INDICATOR STICKS

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**10 mL (5)**	**Fecal/Stool**	**Stool specimen container**	**Refrigerated**
Special Instructions:	Fresh (			

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	1-3 days
Clinical Use:	Useful in diagnosis of carbohydrate malabsorption (usually
Cpt Code(s):	83986

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Phenobarbital

Order Name: **PHENOBARB**
Test Number: 4003300

TEST COMPONENTS	REV DATE:8/6/2003
Test Name:	**Methodology:**
Phenobarbital	EIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Special 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):	80184

Phenobarbital, Free, Serum or Plasma

Order Name: **PHENOB FR**
Test Number: 3804075

TEST COMPONENTS	REV DATE:8/6/2003
Test Name:	**Methodology:**
Phenobarbital, Free, Serum or Plasma	HPLC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Alternate Specimen:	**1 mL**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	3-4 Days
Cpt Code(s):	80184

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Phenylalanine

Order Name: **PHENYLALA**
Test Number: 3609475

TEST COMPONENTS	REV DATE:5/16/2003
Test Name:	**Methodology:**
Phenylalanine	HPLC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 mL**	**Plasma**	**Sodium Heparin (Green top)**	**Frozen**
Special Instructions:	Separate plasma within 30 minutes of draw. Freeze immediately after separating from cells. Do not thaw. Provide patient age (required for correct reference range), sex, a brief clinical history, tentative diagnosis, and the therapy over the last three days (drugs, X-ray, infant formula, diet). Patient age is required for correct reference range.			

GENERAL INFORMATION	
Testing Schedule:	Mon, Wed - Fri, Sun
Expected TAT:	6 Days
Cpt Code(s):	84030

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Pheochromocytoma Evaluation

Order Name: **PHEOCHROMO**
Test Number: 3630645

TEST COMPONENTS	REV DATE:2/5/2007
Test Name:	**Methodology:**
Pheochromocytoma Evaluation	HPLC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**10 mL**	**Urine, 24-hour**	**24 hour Urine Container**	**Refrigerated**
Special Instructions:	Collect 24-hour urine with 15 g of boric acid or 25 mL of 6N HCl to maintain a pH below 3. Urine without preservative is acceptable if pH is below 6 and the sample is shipped frozen. Record 24-hour urine volume on test request form and urine vial. **NOTE:** It is preferable for the patient to be off medications for three days prior to collection. Patient should avoid tobacco, tea, coffee, for three days prior to specimen collection. Common antihypertensives (diuretics, ACE inhibitors, calcium channel blockers, alpha and beta blockers) cause minimal or no interference. Medications which are alpha agonists (Aldomet), alpha blockers (Dibenzyline) should be avoided 18-24 hours prior to specimen collection.			

GENERAL INFORMATION	
Testing Schedule:	Mon - Sat
Expected TAT:	3 Days
Clinical Use:	Pheochromocytoma is a tumor of the adrenal gland associated with headaches, cyclic changes in blood pressure, sweating, and other symptoms. Pheochromocytomas produce catecholamines and metanephrine.
Notes:	Catecholamines, Total Catecholamine/Creatinine Ratio Metanephrines, Total Metanephrine/Creatinine Ratio Creatinine
Cpt Code(s):	82382; 82570; 83835

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Phosphatidylserine Antibodies (IgG, IgA, IgM)

Order Name: **PHOS SERIN**
Test Number: 5503950

TEST COMPONENTS	REV DATE:3/11/2009
Test Name:	**Methodology:**
Phosphatidylserine IgG	EIA
Phosphatidylserine IgA	EIA
Phosphatidylserine IgM	EIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Plasma**	**Sodium Citrate 3.2% (Blue Top)**	**Frozen**
Alternate Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Special 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

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Phospholipids, Serum

Order Name: **PHOSLIPID**
Test Number: 3611500

TEST COMPONENTS	REV DATE:2/24/2009
Test Name:	**Methodology:**
Phospholipids, Serum	SPEC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.2)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Alternate Specimen:	**1 mL (0.2)**	**Plasma**	**EDTA (Lavender Top)**	**Refrigerated**
	1 mL (0.2)	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Special Instructions:	Allow Serum to clot completely at room temperature 3O minutes, then separate serum or plasma from cells ASAP! Stability after separation from cells: Ambient: 8 hours; Refrigerated: 1 month; Frozen: 1 month.			

GENERAL INFORMATION	
Testing Schedule:	Sun-Sat
Expected TAT:	2-3 Days
Cpt Code(s):	84311

Phosphorus

Order Name: **PHOSPHORUS**
Test Number: 2004400

TEST COMPONENTS	REV DATE:6/11/2003
Test Name:	**Methodology:**
Phosphorus	Phosphomolybdate Complex

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Special 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

TEST COMPONENTS	REV DATE:6/11/2003
Test Name:	**Methodology:**
Phosphorus Urine Random	Phosphomolybdate Complex

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Urine, Random**	**Sterile Urine container**	**Refrigerated**
Special Instructions:	Random urine collection. Diurnal variation exists. Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	1-2 days
Clinical Use:	Useful in the diagnosis and treatment of various disorders including parathyroid gland and kidney diseases and vitamin D imbalance.
Cpt Code(s):	84105

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Phosphorus Urine Timed

Order Name: **PHOS TM U**
Test Number: 3006225

TEST COMPONENTS	REV DATE:2/5/2007
Test Name:	**Methodology:**
Creatinine, Urine, 24 Hour	
Creatinine, Urine, mg/dL	KAP(Jaffe)
Phosphorus 24 Hour Urine mg/24hr	
Phosphorus Urine mg/dl	Phosphomolybdate Complex
Total Urine Volume	

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Urine, 24-hour**		**Refrigerated**
Special 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

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Pinworm Exam

Order Name: **C PINWORM**
Test Number: 6000600

TEST COMPONENTS	REV DATE:7/2/2003
Test Name:	**Methodology:**
Pinworm Exam	MC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:		**Swube paddle**	**Swube Paddle**	**Room Temperature**
Alternate Specimen:		**Clear cellophane tape**	**Clear**	**Room Temperature**
Special Instructions:	Taken with SWUBE (Sticky) Paddle. Best taken in middle of the night when eggs are laid on the rectal area of patient.			

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	2 Days
Clinical Use:	Detects presence of Enterobius vermicularis (pinworm) larvae
Cpt Code(s):	87172

PLAC-2 (Lipoprotein A Phospholipase A2)

Order Name: **PLAC 2**
Test Number: 2003975

TEST COMPONENTS	REV DATE:6/22/2009
Test Name:	**Methodology:**
PLAC-2 (Lipoprotein A Phospholipase A2)	Imm

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Alternate Specimen:	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Special Instructions:	Specimen must be spun and stored refrigerated.			

GENERAL INFORMATION	
Testing Schedule:	Fridays
Expected TAT:	1-7 Days
Clinical Use:	Used to determine patients with increased risk for cardiovascular events including myocardial infarction and ischemic stroke.
Cpt Code(s):	83698

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Plasma Hemoglobin

Order Name: **PLASMA HGB**
Test Number: 2004550

TEST COMPONENTS	REV DATE:6/11/2003
Test Name:	**Methodology:**
Plasma Hemoglobin	Spectrophotometric

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**See Instructions**
Special Instructions:	Spin immediately and separate plasma. Freeze if testing is going to be delay. Send to lab immediately.			

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

Order Name: **PLAS ACT I**
Test Number: 1504400

TEST COMPONENTS	REV DATE:3/4/2010
Test Name:	**Methodology:**
Plasminogen Activator Inhibitor-1	EIA

SPECIMEN REQIREMENTS

	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 mL (0.5)**	**Whole Blood**	**Sodium Citrate 3.2% (Blue Top)**	**Ambient whole blood or frozen aliquots**
Alternate Specimen:	**2 mL (0.5)**	**Double Spun Plasma**	**Sterile, Capped Plastic Tube**	**Ambient whole blood or frozen aliquots**
Special Instructions:	**Please indicate anticoagulant therapy.**Tubes must be filled to the proper level, no hemolysis. Improperly filled tubes can give erroneous results. Whole blood must be transported to lab immediately. If sending citrated plasma aliquots, they must be double spun then aliquot 1. 5 ml plasma from each tube into individual plastic aliquot tubes and freeze. **Do not pool aliquots together!**			

GENERAL INFORMATION

Testing Schedule:	Mon, Wed, Thr
Expected TAT:	5-9 Days
Clinical Use:	Plasminogen Activator Inhibitor-1 Antigen: Elevated levels of PAI-1 are associated with risk of thrombotic stroke, myocardial infarction, venous thrombosis, diabetes and pregnancy. Platelet contamination of a test sample will tend to falsely elevate results.
Notes:	Increased activity is associated with increased risk of arterial thrombosis, such as with unexplained premature myocardial infarction. As an acute phase reactant, the activity is increased after an acute event. Studies suggest PAI-1 may be a prognostic marker in early stage breast cancer.
Cpt Code(s):	85415

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Plasminogen Activator Inhibitor-1 (PAI-1) 4G/5G Polymorphism

Order Name: **PLAS ACT G**

Test Number: 1517000

TEST COMPONENTS	REV DATE:8/24/2009
Test Name:	**Methodology:**
Plasminogen Activator Inhibitor-1 (PAI-1) 4G/5G Polymorphism	PCR

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**5 mL (3)**	**EDTA Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**

GENERAL INFORMATION	
Testing Schedule:	Thursday
Expected TAT:	8-15 Days
Clinical Use:	The PAI-1 4G/5G polymorphism is a single nucleotide deletion/insertion in the promoter of the PAI-1 gene, which produces two alleles containing either four (4G) or five (5G) consecutive guanosines. It has been reported that individuals carrying two 4G alleles (4G/4G) may have higher PAI-1 plasma levels than 5G allele carriers (genotypes 4G/5G and 5G/5G). Higher PAI-1 levels may be associated with depressed fibrinolytic activity and increased thrombotic risk. Zoller et al. (Thromb Haemost [1998] 79,802-7) have reported approximate 4-fold increases in the risk of pulmonary embolism among subjects with hereditary protein S deficiency who were homozygous for the 4G allele.
Notes:	The 4G/5G polymorphism is detected by polymerase chain reaction (PCR) amplification of a portion of the promoter of the PAI-1 gene, followed by single nucleotide primer extension, and detection of fluorescent extension products on an automated DNA sequencer. Since genetic variation and other problems can affect the accuracy of direct mutation testing, the results of this testing should always be interpreted in the light of clinical and familial data.
Cpt Code(s):	83891, 83898, 83909, 83912, 83914, 83892x3

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Platelet Aggregation Profile

Order Name: **PLT AGG**
Test Number: 1501910

TEST COMPONENTS	REV DATE:10/4/2010
Test Name:	**Methodology:**
Platelet Aggregation, ADP	AGG
Platelet Aggregation, Epinephrine	AGG
Platelet Aggregation, Ristocetin High	AGG
Platelet Aggregation, Arachadonic Acid	AGG
Platelet Aggregation, Collagen	AGG
Platelet Count for Agglutination	FC
Pathology Report	

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**See Instructions**	**Whole Blood**	**Sodium Citrate 3.2% (Blue Top) & EDTA (Lavender Top)**	**Room Temperature**
Special 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 Tubes:**(2. 7mL) **3. 2% Sodium Citrate** - Blue top. **- One Tube:**(4. 5mL) **EDTA** - Lavender top. **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

REGIONAL MEDICAL LABORATORY
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Platelet Aggregation Profile Expanded

Order Name: **PLT AGG EX**
Test Number: 1501920

TEST COMPONENTS	REV DATE:10/4/2010
Test Name:	**Methodology:**
Platelet Aggregation, ADP	AGG
Platelet Aggregation, Arachadonic Acid	AGG
Platelet Aggregation, Collagen	AGG
Platelet Aggregation, Epinephrine	AGG
Platelet Aggregation, Ristocetin High	AGG
Platelet Aggregation, Ristocetin Low	AGG
Platelet Count for Agglutination	FC
Pathology Report	

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**See Instructions**	**Whole Blood**	**Sodium Citrate 3.2% (Blue Top) & EDTA (Lavender Top)**	**Room Temperature**
Special 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 Tubes:** (2. 7mL) **3. 2% Sodium Citrate** - Blue top. **- One Tube:** (4. 5mL) **EDTA** - Lavender top. **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

TEST COMPONENTS	REV DATE:11/3/2010
Test Name:	**Methodology:**
Platelet Autoantibody	ELISA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**5 mL (3)**	**Whole Blood**	**EDTA (Lavender Top)**	**Refrigerated**
Special Instructions:	**Effective Nov. 3rd 2010** **All Collections Must Be Scheduled for Collection!** Contact: Immunology (918)744-2553 x15511 or Immunology Manager x15788. Due to specimen integrity and stability reasons, this will **ONLY be Collected at the RML Main Laboratory - Monday through Thursday. . !** Please make this a Separate Specimen, **Keep specimen as Whole Blood and Refrigerated (2-8'C), Do Not Centrifuge!** Transport specimen directly to Lab Section ASAP with Ice but Not Directly On-Ice - **Do Not Freeze!** Testing must begin within 24hrs. (Note: Special processing of the sample will be performed within the performing laboratory section. Hemolyzed, Icteric and Lipemic specimens will yield false results and will not be tested.)			

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

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Platelet Count (PLT)

Order Name: **PLT**
Test Number: 104400

TEST COMPONENTS	REV DATE:5/14/2010
Test Name:	**Methodology:**
Platelet Count (PLT)	FC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**4mL (0.5mL)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**
Alternate Specimen:	**4mL (0.5mL)**	**Whole Blood**	**EDTA (Lavender) Microtainer/Bullet**	**Room Temperature**
Special Instructions:	Mix tube well after collection to avoid clots. Stability: 48hrs Refrigerated. Alternate specimen: 0. 5mL EDTA Microtainer.			

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

REGIONAL MEDICAL LABORATORY
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Platelet Function Studies

Order Name: **PLT FUN**
Test Number: 1506325

TEST COMPONENTS	REV DATE:12/10/2008
Test Name:	**Methodology:**
Platelet Function, ADP	PFA
Platelet Function, Epinephrine	PFA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**6 mL**	**Whole Blood**	**Sodium Citrate 3.2% (Blue Top)**	**Room Temperature**
Special Instructions:	Please write on request if patient is receiving aspirin. Two 2. 7 mL blue top. Specimen must be tested within 4 hrs. of collection. Do not refrigerate! **NOTE: If collected at a location other than the main lab, DO NOT Spin, Filter or Freeze specimens!** Patient should have PLT > 150,000 and HCT > 35% for accuracy.			

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

REGIONAL MEDICAL LABORATORY
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Platelet Refractory Antibody

Order Name: **PLT REFAB**
Test Number: 5577425

TEST COMPONENTS	REV DATE:3/11/2010
Test Name:	**Methodology:**
Platelet Refractory Antibody	ELISA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2mL (0.2)**	**Plasma**	**EDTA (Lavender Top)**	**Refrigerated**
Alternate Specimen:	**2mL (0.2)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special 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

PM-1 Antibody

Order Name: **PM-1 AB**
Test Number: 3806050

TEST COMPONENTS	REV DATE:8/26/2010
Test Name:	**Methodology:**
PM-1 Antibody	ID

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

GENERAL INFORMATION	
Testing Schedule:	Sun-Thurs reports 4 days following setup
Expected TAT:	5-8 Days
Cpt Code(s):	86235

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PML/RARA t(15;17), Quantitative PCR

Order Name: **PML RARA**
Test Number: 5616800

TEST COMPONENTS	REV DATE:11/11/2009
Test Name:	**Methodology:**
PML/RARA t(15;17), Quantitative PCR	PCR

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**5mL (2.5mL)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**
Alternate Specimen:	**5mL (2.5mL)**	**Bone Marrow**	**EDTA (Lavender Top)**	**Room Temperature**
Special Instructions:	5mL (2. 5mL) EDTA Whole blood -or- 3mL (1mL) EDTA Bone Marrow. Keep at room temperature! (DO NOT FREEZE). Frozen samples will be rejected.			

GENERAL INFORMATION	
Testing Schedule:	Mon.
Expected TAT:	7-12 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.
Notes:	*{ Note: 2006 CPT Updated.}
Cpt Code(s):	83891; 83898; 83896x2; 83902x2; 83912; 83900

Pneumococcal AB Post Vaccine

Order Name: **PNEUM POST**
Test Number: 5575550

TEST COMPONENTS	REV DATE:5/16/2003
Test Name:	**Methodology:**
Pneumococcal AB Post Vaccine	

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

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	5-7 Days
Cpt Code(s):	86609X12

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Pneumococcal AB Pre Vaccine

Order Name: **PNEUM PRE**
Test Number: 5575600

TEST COMPONENTS				REV DATE:5/16/2003
Test Name:			**Methodology:**	
Pneumococcal AB Pre Vaccine				

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

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	5-7 Days
Cpt Code(s):	86609X12

Pneumocystis carinii Screen

Order Name: **C P CAR SC**
Test Number: 6001625

TEST COMPONENTS				REV DATE:7/2/2003
Test Name:			**Methodology:**	
Pneumocystis carinii Screen			DFA	

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**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

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Poliovirus Antibodies

Order Name: **POLIO ABS**
Test Number: 5510015

TEST COMPONENTS	REV DATE:6/17/2003
Test Name:	**Methodology:**
Poliovirus Antibodies	IFA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**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

Poliovirus Antibodies - CSF

Order Name: **POLIO CSF**
Test Number: 5502475

TEST COMPONENTS	REV DATE:8/14/2007
Test Name:	**Methodology:**
Poliovirus Antibodies - CSF	CF

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**CSF (Cerebrospinal Fluid)**	**Sterile Screwtop Container**	**Refrigerated**

GENERAL INFORMATION	
Testing Schedule:	Mon-Fri
Expected TAT:	3-4 Days
Cpt Code(s):	86658x3

REGIONAL MEDICAL LABORATORY
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TULSA, OKLAHOMA 74104-6502

Porphobilinogen, Quantitative, 24-Hour Urine

Order Name: **PBG QN U**
Test Number: 3001210

TEST COMPONENTS	REV DATE:6/20/2011
Test Name:	**Methodology:**
Porphobilinogen, Quantitative, 24-Hour Urine	COLO

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**10 mL (2)**	**Urine, 24-hour**	**24 hour Urine Container**	**Refrigerated**
Special Instructions:	**Do Not Use Acid** for Preservative. Keep collection jug refrigerate during and after collection. 24-hour total volume must be provided on the test request form. **Wrap tube in aluminum foil or use amber tube to protect from light.** If needed the jug can be alkalinized with sodium carbonate (5g Na2CO3) to a pH of 6-7.			

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	3-4 Days
Clinical Use:	Urinary Porphobilinogen is the first step in the diagnosis of acute intermittent prophyria (AIP). AIP is an autosomal dominant disorder characterized by deficiency of porphobilinogen deaminase. An acute attack usually includes gastrointestinal disturbance and neuropsychiatric disorders.
Cpt Code(s):	84110

Porphobilinogen, Quantitative, Random Urine

Order Name: **PBG QT U**
Test Number: 3005800

TEST COMPONENTS	REV DATE:5/16/2003
Test Name:	**Methodology:**
Porphobilinogen, Quantitative, Random Urine	Colorimetric

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**10 mL (2)**	**Urine, Random**	**Sterile Screwtop Container**	**Frozen**
Special Instructions:	Do not use preservatives. Wrap tube in aluminum foil to protect from light.			

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	3-4 Days
Cpt Code(s):	84110

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Porphyrins Fractionated Quant. and Porphobilinogen, 24-Hour Urine

Order Name: **PORPH 24 U**
Test Number: 3808400

TEST COMPONENTS	REV DATE:6/10/2003
Test Name:	**Methodology:**
Porphyrins Fractionated Quant. and Porphobilinogen, 24-Hour Urine	HPLC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**12 mL (3)**	**Urine, 24-hour**	**24 hour Urine Container**	**Refrigerated**
Special Instructions:	Refrigerate during and after collection. 24-hour total volume must be provided on the test request form. Wrap tube in aluminum foil or use amber tube to protect from light.			

GENERAL INFORMATION	
Testing Schedule:	Mon-Thr, Fri
Expected TAT:	2-3 Days
Cpt Code(s):	84120; 84110

Porphyrins Fractionated Quantitative, Random Urine

Order Name: **PORPH SCR**
Test Number: 3805850

TEST COMPONENTS	REV DATE:6/10/2003
Test Name:	**Methodology:**
Porphyrins Fractionated Quantitative, Random Urine	HPLC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 mL (1)**	**Urine, Random**	**Sterile Screwtop Container**	**Refrigerated**
Special Instructions:	Refrigerate after collection. Wrap tube in aluminum foil or use amber tube to protect from light.			

GENERAL INFORMATION	
Testing Schedule:	Tues-Sun
Expected TAT:	4 Days
Cpt Code(s):	84119

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Porphyrins, Total, Serum

Order Name: **PORPH SER**
Test Number: 3812550

TEST COMPONENTS	REV DATE:10/21/2009
Test Name:	**Methodology:**
Porphyrins Total, Serum	SF
Porphyrins Interpretation	

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 mL (1)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Frozen**
Special Instructions:	CRITICAL - Protect from light during collection, storage, and shipment. Wrap in foil ASAP to protect from light. Do Not collect in gel separation tubes. Stability after separation from cells: Ambient=N/A, Refrigerated= 4 days, Frozen= 1 month. Transport in amber tubes may not be sufficient protection to prevent destruction of porphyrins.			

GENERAL INFORMATION	
Testing Schedule:	Tue, Thu
Expected TAT:	2-5 Days
Clinical Use:	Useful for evaluation of cutaneous photosensitivity to rule out porphyrin disorders, particularly erythropoietic protoporphyria. The best specimen for evaluation of suspected porphyria cutanea tarda (PCT) is a urine specimen. Continued monitoring of PCT with serum is an acceptable practice. Evaluation of neurologic and/or psychiatric symptoms associated with suspected acute porphyria (such as acute intermittent porphyria) requires Porphobilinogen (PBG), Urine.
Notes:	Protoporphyrin is extremely light sensitive, whereas uroporphyrin and coproporphyrin are much less so. Specimens from patients with suspected erythropoietic protoporphyria should be carefully protected from exposure to light.
Cpt Code(s):	84311

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Potassium Serum/Plasma

Order Name: **POTASSIUM**
Test Number: 2004600

TEST COMPONENTS	REV DATE:6/17/2003
Test Name:	**Methodology:**
Potassium Serum/Plasma	ISE

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

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

TEST COMPONENTS	REV DATE:5/16/2003
Test Name:	**Methodology:**
Potassium Urine Random	ISE

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Urine, Random**	**Sterile Urine container**	**Refrigerated**
Special 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

TEST COMPONENTS	REV DATE:6/11/2003
Test Name:	**Methodology:**
Creatinine, Urine, 24 Hour	
Creatinine, Urine, mg/dL	KAP(Jaffe)
Potassium 24 Hour Urine mm/24hr	ISE
Potassium 24 Hour Urine mm/l	
Total Urine Volume	

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Urine, 24-hour**	**24 hour urine container**	**Refrigerated**
Special Instructions:	Timed urine collection. No preservative. Record number of hours and volume in ml on the specimen container. **Keep refrigerated**. Specimen stability: Ambient 24 hours. Refrigerated 7 days.			

GENERAL INFORMATION	
Testing Schedule:	Sun - Fri
Expected TAT:	1-2 days
Clinical Use:	Used to evaluate electrolyte balance and acid-base balance.
Cpt Code(s):	84133; 81050

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Potassium, Feces

Order Name: **POTAS FEC**
Test Number: 3503125

TEST COMPONENTS	REV DATE:5/16/2003
Test Name:	**Methodology:**
Potassium, Feces	Ion Specific Electrode

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**10 gm**	**Fecal/Stool**	**Sterile Screwtop Container**	**Frozen**
Special 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.			

GENERAL INFORMATION	
Testing Schedule:	Tues, Thur
Expected TAT:	5 Days
Cpt Code(s):	82190

Prader-Willi syndrome DNA (PWS)

Order Name: **PRADR DNA**
Test Number: 5591575

TEST COMPONENTS	REV DATE:1/23/2009
Test Name:	**Methodology:**
Prader-Willi syndrome DNA (PWS)	DNA-Meth

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**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):	83890. 83892X6, 83894x2, 83898X10, 83912

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Pre Albumin

Order Name: **PRE ALB**
Test Number: 3603830

TEST COMPONENTS	REV DATE:11/10/2003
Test Name:	**Methodology:**
Pre Albumin	Turbodimetric

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

TEST COMPONENTS	REV DATE:6/24/2010
Test Name:	**Methodology:**
Pregabalin (Lyrica), Serum or Plasma	GC/MS

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1mL(0.5mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Alternate Specimen:	**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):	82542

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Pregabalin (Lyrica), urine

Order Name: **PREGABAL U**
Test Number: 2025625

TEST COMPONENTS	REV DATE:6/24/2010
Test Name:	**Methodology:**
Pregabalin (Lyrica), urine	GC/MS

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**10mL(1mL)**	**Urine, Random**	**Sterile Urine container**	**Refrigerated**

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	5 days
Cpt Code(s):	82542

Prenatal 8 Profile

Order Name: **PRENATAL 8**
Test Number: 2953400

TEST COMPONENTS	REV DATE:7/31/2003
Test Name:	**Methodology:**
Complete Blood Count (CBC) with Automated Differential	FC
RPR (Rapid Plasma Reagin)	CF
Rubella Antibody	EIA
Hepatitis B Surface Antigen	CIA
ABO Group & Rh Type	HA
Antibody Screen to RBC Antigens (Indirect Coombs)	GEL

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**See Instructions**	**See Instructions**	**See Instructions**	**Room Temperature**
Special Instructions:	This profile requires the collection of several specimen types. Please collect one of each of the following specimens: One 7mL EDTA Pink top. One 5mL EDTA Lavender top. One 10mL SST Clot Tube (Tiger top).			

GENERAL INFORMATION	
Testing Schedule:	Test dependant
Expected TAT:	2-4 Days
Cpt Code(s):	85025; 86592; 87340; 86900; 86850; 80055

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Prenatal Screen, AneuVision(R) by FISH (13,18,21)

Order Name: **PRENATFISH**
Test Number: 112985

TEST COMPONENTS	REV DATE:8/9/2010
Test Name:	**Methodology:**
Prenatal Screen, AneuVision(R) by FISH (13,18,21)	FISH

SPECIMEN REQIREMENTS

	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**10-20 mL**	**Amniotic Fluid**	**Sterile Screwtop Container**	**Room Temperature**
Special Instructions:	Required information: • Patient Diagnosis • EDD (Estimated Date of Delivery) • Gestational Age and method of determination: US or LMP			

GENERAL INFORMATION

Testing Schedule:	Mon-Sat
Expected TAT:	3-4 Days
Clinical Use:	Sensitivity of this conventional chromosome analysis method is best for larger chromosomal aberrations. Methods that utilize molecular probes (eg, fluorescence in situ hybridization [FISH]) may be required to detect smaller, subtler, changes. The advantage of chromosome analysis, however, is that specimens can be screened for multiple cytogenetic abnormalities, whereas molecular methods require a suspicion or knowledge of the specific abnormality at the time of testing so that the appropriate probe(s) can be used.
Cpt Code(s):	88271x5, 88274x2; 88291

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Procainamide

Order Name: **PROCAINAMI**
Test Number: 4004050

TEST COMPONENTS		REV DATE:7/14/2005
Test Name:	**Methodology:**	
Procainamide	FPIA	
N-Acetyl Procainamide	FPIA	
Pa + Napa		

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Special Instructions:	Draw specimen immediately before next dose. Sent to reference lab. Specimen stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	1-2 days
Clinical Use:	Used to evaluate and monitor drug levels.
Cpt Code(s):	80192

Progesterone

Order Name: **PROGESTER**
Test Number: 2007800

TEST COMPONENTS		REV DATE:2/22/2011
Test Name:	**Methodology:**	
Progesterone	CIA	

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.6)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Special Instructions:	Specimen stability: Ambient 8 hours. Refrigerated 48 hours. Freeze if it will not be tested within 48 hours. Specify age, sex, and menopausal status on test request form.			

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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Prograf (FK506)

Order Name: **PROGRAF**
Test Number: 4503275

TEST COMPONENTS	REV DATE:5/11/2005
Test Name:	**Methodology:**
Prograf (FK506)	MEIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Whole blood**	**EDTA (lavender top)**	**Room Temperature**
Special Instructions:	To be drawn 12 hours after dose for 12 hour trough or 24 hour after dose for 24 hour trough. Stability: Ambient 3 days. Refrigerated up to 14 days. Frozen >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

TEST COMPONENTS	REV DATE:2/24/2009
Test Name:	**Methodology:**
Proinsulin	TS-EIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.2)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Alternate Specimen:	**1 mL (0.2)**	**Plasma**	**EDTA (Lavender Top)**	**Refrigerated**
Special 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: 1 week; Frozen: 3 months			

GENERAL INFORMATION	
Testing Schedule:	Tue, Thur
Expected TAT:	2-7 Days
Cpt Code(s):	84206

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Prolactin

Order Name: **PROLACTIN**
Test Number: 3602400

TEST COMPONENTS	REV DATE:11/28/2007
Test Name:	**Methodology:**
Prolactin	CIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 mL (1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special Instructions:	Specimen stability: Ambient 8 hours, Refrigerated 1 week, Frozen 1 week.			

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

Properdin Factor B (C3 Proactivator)

Order Name: **FACTOR B**
Test Number: 5000475

TEST COMPONENTS	REV DATE:5/16/2003
Test Name:	**Methodology:**
Properdin Factor B (C3 Proactivator)	Rate Nephelometry (BEHRING)

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special Instructions:	Avoid hemolysis. Overnight fasting is preferred.			

GENERAL INFORMATION	
Testing Schedule:	Mon, Tues, Thur
Expected TAT:	2-3 Days
Cpt Code(s):	83883

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Prostaglandins D2 Urine

Order Name: **PROSTAD2 U**
Test Number: 3805100

TEST COMPONENTS	REV DATE:5/16/2003
Test Name:	**Methodology:**
Prostaglandins D2 Urine	RIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**10 mL (5)**	**Urine, 24-hour**	**24 hour Urine Container**	**Frozen**
Special Instructions:	Collect urine without preservative. Record 24-hour urine volume on test request form and urine vial. Aspirin, Indomethacin, and some other medications strongly suppress the production and release of Prostaglandins.			

GENERAL INFORMATION	
Testing Schedule:	As Needed
Expected TAT:	2-9 Days
Cpt Code(s):	84150

Prostate Specific Antigen (PSA), Equimolar

Order Name: **PSA EQ**
Test Number: 2012225

TEST COMPONENTS	REV DATE:8/4/2004
Test Name:	**Methodology:**
Prostate Specific Antigen (PSA), Equimolar	CIA

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

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Prostate Specific Antigen (PSA), Free and Total

Order Name: **PSA FREE**
Test Number: 2001575

TEST COMPONENTS	REV DATE:1/28/2008
Test Name:	**Methodology:**
Free PSA	CIA
Total PSA	CIA
% Free PSA	Calc

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

Prostate Specific Antigen (PSA), Ultrasensitive

Order Name: **ULTRA PSA**
Test Number: 3602325

TEST COMPONENTS	REV DATE:3/3/2009
Test Name:	**Methodology:**
Prostate Specific Antigen (PSA), Ultrasensitive	ECIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Alternate Specimen:	**1 mL (0.5)**	**Plasma**	**EDTA (Lavender Top)**	**Refrigerated**
	1 mL (0.5)	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Special 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

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Prostate Specific Antigen, HAMA Treated

Order Name: **HAMA/PSA**
Test Number: 3615435

TEST COMPONENTS	REV DATE:11/10/2003
Test Name:	**Methodology:**
2012000	
3602525	

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special Instructions:	Stability: Ambient 8 hours. Refrigerated 48 hours. Freeze if > 48 hours.			

GENERAL INFORMATION	
Testing Schedule:	Sun - Fri
Expected TAT:	1-5 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

Prostatic Acid Phosphatase (PAP)

Order Name: **ACID PHS P**
Test Number: 2000275

TEST COMPONENTS	REV DATE:10/17/2007
Test Name:	**Methodology:**
Prostatic Acid Phosphatase (PAP)	EIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.3)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Special Instructions:	Draw before rectal examination or biopsy procedure. Stability: Room temperature= 24hrs, Refrigerated= 24hrs, Frozen= 4wks.			

GENERAL INFORMATION	
Testing Schedule:	Mon, Wed, Fri
Expected TAT:	2-3 Days
Notes:	Microparticle EIA
Cpt Code(s):	84066

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Protein C Antigen

Order Name: **PROT C AG**
Test Number: 1503250

TEST COMPONENTS	REV DATE:4/14/2008
Test Name:	**Methodology:**
Protein C Antigen	EIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.4)**	**Whole Blood**	**Sodium Citrate 3.2% (Blue Top)**	**Ambient whole blood or frozen aliquots**
Alternate Specimen:	**1 mL (0.4)**	**Double Spun Plasma**	**Sterile, Capped Plastic Tube**	**Ambient whole blood or frozen aliquots**
Special Instructions:	**Please indicate anticoagulant therapy.**Tubes must be filled to the proper level, no hemolysis. Improperly filled tubes can give erroneous results. Whole blood must be transported to lab immediately. If sending citrated plasma aliquots, they must be double spun then aliquot 1. 5 ml plasma from each tube into individual plastic aliquot tubes and freeze. **Do not pool aliquots together!**Do not thaw. Hemolyzed specimens are not acceptable.			

GENERAL INFORMATION	
Testing Schedule:	Tues - Sat
Expected TAT:	2-3 Days
Clinical Use:	Protein C Antigen levels may be decreased with congenital deficiency, treatment with oral anticoagulants, liver disease, DIC, and post-surgery.
Cpt Code(s):	85302

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Protein C, Functional

Order Name: **PROT C FUN**
Test Number: 1506000

TEST COMPONENTS	REV DATE:12/28/2006
Test Name:	**Methodology:**
Protein C, Functional	CLOT

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2.7 mL**	**Whole Blood**	**Sodium Citrate 3.2% (Blue Top)**	**Ambient whole blood or frozen aliquots**
Alternate Specimen:	**2.7 mL**	**Double Spun Plasma**	**Sterile, Capped Plastic Tube**	**Ambient whole blood or frozen aliquots**
Special Instructions:	**Please indicate anticoagulant therapy.**Tubes must be filled to the proper level, no hemolysis. Improperly filled tubes can give erroneous results. Whole blood must be transported to lab immediately. If sending citrated plasma aliquots, they must be double spun then aliquot 1. 5 ml plasma from each tube into individual plastic aliquot tubes and freeze. **Do not pool aliquots together!**			

GENERAL INFORMATION	
Testing Schedule:	Tues, Thurs
Expected TAT:	2-4 Days
Clinical Use:	Protein C is a major regulator of the coagulation process. The clinical interest in Protein C levels is due to Protein C deficiencies, both acquired and congenital. Acquired deficiencies are found in hepatic disorders, in DIC and during oral anticoagulant therapy. Congenital Protein C deficiencies are characterized by recurrent venous thrombosis.
Cpt Code(s):	85303

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Protein CSF

Order Name: **CSF PROT**
Test Number: 3500725

TEST COMPONENTS	REV DATE:6/11/2003
Test Name:	**Methodology:**
Protein CSF	Pyrogallol Red

SPECIMEN REQIREMENTS	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**0.5 mL (0.1)**	**CSF**	**Sterile screwtop container**	**See Instructions**
Special 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):	84155

Protein Electrophoresis - 24hr Urine (Analyzer)

Order Name: **PEPU 24 AN**
Test Number: 5008175

TEST COMPONENTS	REV DATE:7/19/2011
Test Name:	**Methodology:**
Protein Electrophoresis - 24hr Urine (Analyzer)	EP

SPECIMEN REQIREMENTS	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**20 mL (10)**	**Urine, 24-hour**	**24 hour Urine Container**	**Refrigerated**
Special Instructions:	Collect a 24hr urine with no preservative. Please note total volume on 24hr collection container along with any and all pour off aliquots.			

GENERAL INFORMATION	
Testing Schedule:	Mon - Sat
Expected TAT:	2 Days
Clinical Use:	Useful in determining urine protein abnormalities, including Bence Jones protein.
Notes:	For more information on this Analyzer, access our "Specialized Tests" section of this guide for a complete listing of tests and CPT codes.
Cpt Code(s):	84156; 84166; (80500 or 84166-26) Initial testing only.

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Protein Electrophoresis - 24hr Urine (without reflex testing)

Order Name: **PEP U 24**

Test Number: 5002575

TEST COMPONENTS	REV DATE:8/17/2007
Test Name:	**Methodology:**
Protein Urine Timed	
Urine Electrophoresis: Quant	EP
Urine Electrophoresis: Quant	EP

SPECIMEN REQIREMENTS

	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**10 mL**	**Urine, 24-hour**	**24 hour Urine Container**	**Refrigerated**
Special 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)

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Protein Electrophoresis - Random Urine (Analyzer)

Order Name: **PEPU AN**
Test Number: 5004450

TEST COMPONENTS	REV DATE:7/19/2011
Test Name:	**Methodology:**
Protein Electrophoresis - Random Urine (Analyzer)	EP

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**20 mL (10)**	**Urine, Random**	**Sterile Urine container**	**Refrigerated**
Special 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

TEST COMPONENTS	REV DATE:8/17/2007
Test Name:	**Methodology:**

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**10 mL**	**Urine, Random**	**Sterile Urine container**	**Refrigerated**
Special 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)

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Protein Electrophoresis - Serum (Analyzer)

Order Name: **PEP AN**
Test Number: 5004425

TEST COMPONENTS	REV DATE:6/17/2008
Test Name:	**Methodology:**
Protein Electrophoresis - Serum (Analyzer)	EP

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

GENERAL INFORMATION	
Testing Schedule:	Mon - Sat
Expected TAT:	1-3 Days
Clinical Use:	Initial testing: Protein Electrophoresis; Total Protein; Serum Free Light Chains (Kappa/Lambda); Pathologist Interpretation
Notes:	For more information on this Analyzer, access our "Specialized Tests" section of this guide for a complete listing of tests and CPT codes.
Cpt Code(s):	84155; 84165; 83883x2, (80500 or 8416526) Initial testing only.

Protein Electrophoresis - Serum (without reflex testing)

Order Name: **PEP NO AN**
Test Number: 5002125

TEST COMPONENTS	REV DATE:8/17/2007
Test Name:	**Methodology:**
Protein Electrophoresis - Serum (without reflex testing)	EP

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**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)

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Protein Fluid Timed

Order Name: **PROT TM FL**
Test Number: 3003025

TEST COMPONENTS	REV DATE:6/11/2003
Test Name:	**Methodology:**
Protein 24 Hour Fluid mg/24hr	
Protein 24 Hour Fluid mg/dl	Biuret

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Fluid**	**24 hour urine container**	**Refrigerated**
Special 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

TEST COMPONENTS	REV DATE:10/29/2010
Test Name:	**Methodology:**
Protein S Antigen, Free	IMMTb

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1mL (0.5)**	**Whole Blood**	**Sodium Citrate 3.2% (Blue Top)**	**Ambient whole blood or frozen aliquots**
Alternate Specimen:	**1mL (0.5)**	**Double Spun Plasma**	**Sodium Citrate 3.2% (Blue Top)**	**Ambient whole blood or frozen aliquots**
Special Instructions:	**Please indicate anticoagulant therapy.** Collect properly filled Sodium Citrate 3. 2% (Blue Top) tube. **Whole blood must reach RML for processing within 4 hours of collection** If sending citrated plasma aliquots, they must be double spun then aliquot 1. 5 ml plasma from each tube into individual plastic aliquot tubes and freeze. **Do not pool aliquots together!** Do not thaw. Hemolyzed specimens are not acceptable.			

GENERAL INFORMATION	
Testing Schedule:	Mon, Wed, Fri
Expected TAT:	3-5 Days
Clinical Use:	Free Protein S is intended for quantitative determination of free Protein S using an Immuno-turbidimetric method.
Cpt Code(s):	85306

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Protein S Antigen, Total

Order Name: **PROT S AG**
Test Number: 1503400

TEST COMPONENTS	REV DATE:10/29/2010
Test Name:	**Methodology:**
Protein S Antigen, Total	MLP

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1mL (0.5)**	**Whole Blood**	**Sodium Citrate 3.2% (Blue Top)**	**Ambient whole blood or frozen aliquots**
Alternate Specimen:	**1mL (0.5)**	**Double Spun Plasma**	**Sodium Citrate 3.2% (Blue Top)**	**Ambient whole blood or frozen aliquots**
Special Instructions:	**Please indicate anticoagulant therapy.** Collect properly filled Sodium Citrate 3. 2% (Blue Top) tube. **Whole blood must reach RML for processing within 4 hours of collection** If sending citrated plasma aliquots, they must be double spun then aliquot 1. 5 ml plasma from each tube into individual plastic aliquot tubes and freeze. **Do not pool aliquots together!** Do not thaw. Hemolyzed specimens are not acceptable.			

GENERAL INFORMATION	
Testing Schedule:	Mon, Wed, Fri
Expected TAT:	3-5 Days
Clinical Use:	Antigen testing is appropriate when a functional activity deficiency is present. If low, Total Protein S Antigen assesses the Protein S deficiency as Type I or III (IIa).
Cpt Code(s):	85305

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Protein S, Functional

Order Name: **PROT S FUN**
Test Number: 1506100

TEST COMPONENTS	REV DATE:10/29/2010
Test Name:	**Methodology:**
Protein S, Functional	CLOT

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2.7 mL**	**Whole Blood**	**Sodium Citrate 3.2% (Blue Top)**	**Ambient whole blood or frozen aliquots**
Alternate Specimen:	**2.7 mL**	**Double Spun Plasma**	**Sterile, Capped Plastic Tube**	**Ambient whole blood or frozen aliquots**
Special Instructions:	**Please indicate anticoagulant therapy.** Collect properly filled Sodium Citrate 3. 2% (Blue Top) tube. **Whole blood must reach RML for processing within 4 hours of collection** If sending citrated plasma aliquots, they must be double spun then aliquot 1. 5 ml plasma from each tube into individual plastic aliquot tubes and freeze. **Do not pool aliquots together!** Do not thaw. Hemolyzed specimens are not acceptable.			

GENERAL INFORMATION	
Testing Schedule:	Tues, Thurs
Expected TAT:	2-4 Days
Clinical Use:	Protein S has an essential anticoagulant function. A congenital or acquired deficiency of Protein S increases the risk of thrombo-embolism. Congenital deficiencies are divided into 3 types, based on levels of both total and free Protein S Antigen, and on the activity level of Protein S. Protein S can also be decreased in hepatic disorders, inflamatory syndromes and oral anticoagulant therapy.
Cpt Code(s):	85306

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Protein Serous Fluid

Order Name: **SRS PROT**
Test Number: 3500450

TEST COMPONENTS	REV DATE:6/11/2003
Test Name:	**Methodology:**
Protein Serous Fluid	Biuret

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

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	1-2 days
Clinical Use:	Used in evaluating protein nutritional status and protein altering diseases.
Cpt Code(s):	84155

Protein Synovial Fluid

Order Name: **SYN PROT**
Test Number: 3500900

TEST COMPONENTS	REV DATE:6/11/2003
Test Name:	**Methodology:**
Protein Synovial Fluid	Biuret

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

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	1-2 days
Clinical Use:	Used in evaluating protein nutritional status and protein altering diseases.
Cpt Code(s):	84155

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Protein Total

Order Name: **PROT TOT**
Test Number: 2004700

TEST COMPONENTS	REV DATE:6/17/2003
Test Name:	**Methodology:**
Protein Total	Biuret

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

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	1-2 days
Clinical Use:	Used in evaluating protein nutritional status and protein altering diseases.
Cpt Code(s):	84155

Protein Urine Random

Order Name: **PROT R U**
Test Number: 3001950

TEST COMPONENTS	REV DATE:6/11/2003
Test Name:	**Methodology:**
Protein Urine Random	Pyrogallol Red

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Urine, Random**	**Sterile Urine container**	**Refrigerated**
Special 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

TEST COMPONENTS	REV DATE:2/5/2007
Test Name:	**Methodology:**
Creatinine, Urine, 24 Hour	
Creatinine, Urine, mg/dL	KAP(Jaffe)
Protein 24 Hour Urine mg/24hr	
Protein 24 Hour Urine mg/dl	Pyrogallol Red
Total Urine Volume	

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Urine, 24-hour**		**Refrigerated**
Special 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

Proteinase-3 Antibody (PR3 Ab)

Order Name: **PR-3 AB**
Test Number: 5551900

TEST COMPONENTS	REV DATE:8/19/2010
Test Name:	**Methodology:**
Proteinase-3 Antibody (PR3 Ab)	EIA

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

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	3 Days
Clinical Use:	ANCA that produces a cyoplasmic pattern (C-ANCA) and associated with ANCA-associated vasculitides (e. g. Wegener's granulomatosis).
Cpt Code(s):	83520

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Prothrombin Time (PT) and INR

Order Name: **PT**
Test Number: 1500350

TEST COMPONENTS	REV DATE:12/26/2008
Test Name:	**Methodology:**
International Normalized Ratio (INR)	CLOT
Prothrombin Time	CLOT

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2.7 mL**	**Whole Blood**	**Sodium Citrate 3.2% (Blue Top)**	**Ambient whole blood or frozen aliquots**
Alternate Specimen:	**2.7 mL**	**Double Spun Plasma**	**Sterile, Capped Plastic Tube**	**Ambient whole blood or frozen aliquots**
Special 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 testing cannot be started within 4 hours of collection the specimen must be double spun then 1. 5 ml plasma aliquot from each tube into individual plastic aliquot tubes and freeze. **Do not pool aliquots together!**			

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	1 Day
Clinical Use:	This test is often used to monitor warfarin (coumadin) effect. It may also be used to screen for hemostatic dysfunction involving the extrinsic system as a result of liver disease, vitamin K deficiency, factor deficiency or DIC.
Cpt Code(s):	85610

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PTH Intact Analyzer

Order Name: **PTH**
Test Number: 5577075

TEST COMPONENTS	REV DATE:11/3/2006
Test Name:	**Methodology:**
Calcium	Arsenazo
PTH Intact	CIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5) Plasma & 3 mL (2.0) Serum**	**Plasma & Serum**	**EDTA (lavender top) & Clot Activator SST (Red/Gray or Tiger Top)**	**See Instructions**
Special Instructions:	Collect Both EDTA Lavender and Clot Activator SST (Red/Gray or Tiger Top). EDTA plasma stable 8 hours at room temperature, refrigerated 72 hours and frozen 1 month. If submitting aliquot tubes, please mark tubes correctly with EDTA Plasma and Serum. Serum for calcium can be used from serum collected with other general chemistry tests.			

GENERAL INFORMATION	
Testing Schedule:	Mon, Wed, Fri
Expected TAT:	1-3 days
Clinical Use:	Useful in the differential diagnosis of hypercalcemia and parathyroid disorders.
Notes:	This analyzer has a result driven interpretative comment included in the report that is specific for this individual. For more information on this Analyzer, access our "Specialized Tests" section of this guide for a complete listing of tests and CPT codes.
Cpt Code(s):	See the Test Notes Section of this test.

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PTH-Related Protein (PTH-RP)

Order Name: **PTH R PROT**
Test Number: 5559700

TEST COMPONENTS	REV DATE:2/15/2011
Test Name:	**Methodology:**
PTH-Related Protein (PTH-RP)	Imm

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1mL (0.3)**	**Plasma**	**Sodium Heparin (Green Top)**	**See Instructions**
Special Instructions:	**Preferred Specimen:** 1mL (0. 3) Plasma - from Regular **Sodium Heparin tube Green Top**Tube. Centrifuge and Separate Plasma into a plastic Aliquot tube ASAP! Specimen Stability: Room Temperature: 7 days, Refrigerated: 7 days, Frozen: 28days. **Note:** Lithium Heparin Tubes are Not Acceptable. The PTH Cocktail tube is no longer required.			

GENERAL INFORMATION	
Testing Schedule:	Sets up 4 days a week.
Expected TAT:	5-6 Days
Notes:	Refrigerated Sodium Heparin is fine, Frozen offers the longest stability.
Cpt Code(s):	83519

Purkinje Cell (Yo) Antibody Screen with Reflex to Titer

Order Name: **YO ANTIBDY**
Test Number: 5563125

TEST COMPONENTS	REV DATE:6/12/2007
Test Name:	**Methodology:**
Purkinje Cell (Yo) Antibody Screen with Reflex to Titer	IFA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.3)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**

GENERAL INFORMATION	
Testing Schedule:	Mon, Wed, Fri
Expected TAT:	2-3 Days
Cpt Code(s):	86255; (titer 86256)

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Pyruvate

Order Name: **PYRUVAT RF**
Test Number: 3630350

TEST COMPONENTS	REV DATE:5/30/2008
Test Name:	**Methodology:**
Pyruvate	Enz

SPECIMEN REQIREMENTS

	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**4 mL (2)**	**See Instructions**	**EDTA (Lavender Top)**	**Frozen**

Special Instructions: Collection preferred at 5th floor drawsite in main lab. Collect with a pre-chilled EDTA Lavender top tube. Specimen must be placed on ice and deliver to chemistry immediately for processing. Specimen must be processed within 5 minutes of the collection.
INSTRUCTIONS:

- Collect full 4. 5mL EDTA Lavender whole blood tube.
- Immediately mix 4mL EDTA whole blood with 4mL ice cold 7% (or 8%) Perchloric Acid.
- Let mixture stand for 10 minutes; then, centrifuge to separate.
- Transfer the supernatant fluid into plastic pour off tube for Testing - FREEZE !

For Optimum Stability submit Supernatant - Frozen
If you cannot Freeze specimen keep supernatant Refrigerated 2-8 'C.

Pediatric or Minimum collection requirements: Use 2mL EDTA whole blood with 2mL ice cold 7% (or 8%) Perchloric Acid. Please specify on the pour off tube the volumes of blood and Perchloric Acid used.

GENERAL INFORMATION

Testing Schedule:	Mon, Wed
Expected TAT:	5 - 6 days
Clinical Use:	Useful for work-up cases of nonspherocytic hemolytic anemia and for a family work-up to determine inheritance pattern (PK deficiency is autosomal recessive) for genetic counseling.
Cpt Code(s):	84210

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Q Fever (Coxiella burnetii) Antibody IgG, Phase I & II by IFA

Order Name: **Q FEV 1-2**

Test Number: 5558990

TEST COMPONENTS	REV DATE:4/27/2009
Test Name:	**Methodology:**
Q-Fever Phase I, IgG	IFA
Q-Fever Phase II, IgG	IFA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1mL (0.15mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special Instructions:	Separate serum from cells ASAP. Acute and convalescent specimens should be labeled as such; parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Please mark specimen plainly as **acute** and **convalescent**. Stability after separation from cells: Ambient= 2 days, Refrigerated= 2 weeks, Frozen= 1 year (avoid repeated freeze/thaw cycles).			

GENERAL INFORMATION	
Testing Schedule:	Tue, Fri
Expected TAT:	2-6 Days
Clinical Use:	Single phase II IgG titers of 1:256 and greater are considered evidence of C. burnetii infection at some time prior to the date of the serum specimen. Phase I antibody titers of 1:16 and greater are consistent with chronic infection or convalescent phase of Q-fever.
Cpt Code(s):	86638x2

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Quinidine

Order Name: **QUINIDINE**
Test Number: 4004325

TEST COMPONENTS	REV DATE:6/16/2009
Test Name:	**Methodology:**
Quinidine	FPIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1mL (0.5)**	**Plasma**	**Lithium Heparin (Dark Green Top / No-GEL)**	**Frozen**
Alternate Specimen:	**1mL (0.5)**	**Plasma**	**Sodium Heparin (Green Top)**	**Frozen**
	1mL (0.5)	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Frozen**
Special Instructions:	Draw specimen immediately before next dose. **Do not collect in Gel Separation tube!** Keep specimen refrigerated until frozen. Specimen stability: Ambient 8 hours, Refrigerated 24 hours, Frozen 1 month.			

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

RA Factor (Rheumatoid Factor)

Order Name: **RA FACTOR**
Test Number: 5572775

TEST COMPONENTS	REV DATE:11/18/2003
Test Name:	**Methodology:**
RA Factor (Rheumatoid Factor)	NEPH

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**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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Rapid Strep A screen (Strep Throat)

Order Name: **C RAP A SC**
Test Number: 6001700

TEST COMPONENTS	REV DATE:12/17/2010
Test Name:	**Methodology:**
Rapid Strep A screen (Strep Throat)	EIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**N/A**	**Swab**	**Double Tipped Aerobic Swab (Red)**	**Room Temperature**
Alternate Specimen:	**N/A**	**Swab**	**Aerobic Swab (White Cap)**	**Room Temperature**

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

RBC Antigen Typing

Order Name: **AG TYP X1**
Test Number: 7001100

TEST COMPONENTS	REV DATE:5/16/2003
Test Name:	**Methodology:**
Red Blood Cell Antigen	HA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**7 mL (3.5mL)**	**Whole Blood**	**EDTA (Pink Top)**	**Room Temperature**
Alternate Specimen:	**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 with Hematocrit

Order Name: **RBC FOLATE**
Test Number: 3803500

TEST COMPONENTS	REV DATE:1/15/2010
Test Name:	**Methodology:**
RBC Folate with Hematocrit	CIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**4.5mL**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**
Special Instructions:	Send **Full EDTA WHOLE BLOOD Tube - KEEP ROOM TEMPERATURE**Both the Folate and HCT will be performed on this tube at the reference laboratory. Suggest not to share the RBC Folate sample with a CBC sample. **ALTERNATE:** 1mL Frozen (EDTA) Whole Blood (Pediatric 0. 2mL) in a plastic, screw-capped vial. **Note:** HCT testing cannot be performed on a refrigerated or frozen specimen. A default HCT result will be used for calculation of the RBC folate value. **DO NOT THAW FROZEN SAMPLES**. **Light Protection:** Folate is light sensitive. It is recommended to minimize exposure to light during sample handling and storage.			

GENERAL INFORMATION	
Testing Schedule:	Tue-Sat
Expected TAT:	2-4 Days
Cpt Code(s):	82747

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RBC Osmotic Fragility

Order Name: **FRAGILITY**
Test Number: 104740

TEST COMPONENTS	REV DATE:12/16/2009
Test Name:	**Methodology:**
RBC Osmotic Fragility	SPEC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**See Instructions**	**Whole Blood**	**Sodium Heparin (Green Top)**	**Refrigerated**
Alternate Specimen:	**See Instructions**	**Whole Blood**	**Lithium Heparin (Dark Green Top / No-GEL)**	**Refrigerated**
Special Instructions:	**Collect only Monday through Wednesday.**Collect one full 5mL Heparin Whole Blood (Sodium or Lithium Green top) from the patient, PLUS Two unfixed blood smears. Do not transfer blood to other containers. . **Samples must be received within 24 hours of collection; testing must be performed within 48 hours of collection.** Stability			

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

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Reducing Substances Fecal

Order Name: **RE SUB FEC**
Test Number: 3501050

TEST COMPONENTS	REV DATE:6/11/2003
Test Name:	**Methodology:**
Fecal Sugar After Hydrolysis	
Fecal Sugar Before Hydrolysis	

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**5 mL (3)**	**Fecal/Stool**	**Stool specimen container**	**See Instructions**
Special Instructions:	Fresh (			

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

Reducing Substances, Urine

Order Name: **RE SUB U**
Test Number: 1001450

TEST COMPONENTS	REV DATE:6/9/2003
Test Name:	**Methodology:**
Reducing Substances, Urine	Visual

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**10 mL (1)**	**Urine, Random**	**Sterile Screwtop Plastic Container**	**Room Temperature**
Special Instructions:	Refrigerate or deliver to lab immediately.			

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	1 Day
Cpt Code(s):	81002

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Renal Profile

Order Name: **RENAL PR**
Test Number: 2028525

TEST COMPONENTS	REV DATE:5/17/2010
Test Name:	**Methodology:**
Albumin	BCG
Bicarbonate	Enz
Calcium	Arsenazo
Chloride	ISE
Creatinine	KAP(Jaffe)
Glucose	Hexokinase
Phosphorus	Phosphomolybdate Complex
Potassium Serum/Plasma	ISE
Sodium	ISE
Urea Nitrogen, Blood (BUN)	Urease/GLDH

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special Instructions:	Stability: Ambient 8 hours. Refrigerated 3 days.			

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	1-2 days
Clinical Use:	See detail test
Cpt Code(s):	80069

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Renin Activity, Plasma

Order Name: **RENIN ACT**
Test Number: 3802425

TEST COMPONENTS	REV DATE:2/11/2011
Test Name:	**Methodology:**
Renin Activity, Plasma	RIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**3mL (0.6)**	**Plasma**	**EDTA (Lavender Top)**	**Frozen**
Special Instructions:	**CRITICAL FROZEN** - Separate specimens must be submitted when multiple tests are ordered. **Do not refrigerate.** Do not collect in refrigerated tubes. Refrigeration will cause cryoactivation to occur and prorenin will convert to renin causing falsley high renin activity results. **Separate plasma from cells and freeze immediately.** **Unacceptable Specimens:** Serum. Specimens collected in heparin, citrate, or oxalate. Refrigerated specimens. **Stability:** After separation from cells: **Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 1 month.** **Preferable Upright Specimen:** 1. Specimen should be obtained before noon. The patient should be upright (seated or standing) for at least two hours. 2. Normal sodium diet (100-200 mEq/day) for at least three days. 3. Take no medications known to affect renin-aldosterone system. **For Supine Specimens:** 1. Specimen should be obtained between 8 a. m. and 10 a. m. after at least two hours in supine position. 2. Normal sodium diet (100-200 mEq/day) for at least three days. 3. Take no medications known to affect renin-aldosterone system.			

GENERAL INFORMATION	
Testing Schedule:	Sun-Sat
Expected TAT:	2-4 Days
Clinical Use:	Renin is a proteolytic enzyme produced by the kidney in response to stimulation of renal beta-adrenergic receptors or by circulating catecholamines. Erect posture, exercise, sodium depletion, hemorrhage, and low cardiac output all increase renin secretion via one or more pathways. The measurement of plasma renin activity (PRA) is useful in evaluating hypertension. A normal or high PRA rules out primary aldosteronism, whereas a normal or low PRA helps rule out renal hypertension. Additionally, an elevated PRA may indicate renovascular hypertension due to renal artery stenosis.
Cpt Code(s):	84244

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Respiratory Culture and Stain

Order Name: **C RESP RTS**
Test Number: 6002001

TEST COMPONENTS	REV DATE:7/2/2003
Test Name:	**Methodology:**
Respiratory Culture and Stain	Culture

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**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 with Reflex

Order Name: **VRESP3 EIA**
Test Number: 6060525

TEST COMPONENTS	REV DATE:11/19/2010
Test Name:	**Methodology:**
Influenza A Screen	EIA
Influenza B Screen	EIA
Respiratory Syncytial Virus Detection	EIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**4 mL (2)**	**Swab**	**Flocked Flexible Mini-Tip Nasopharyngeal Swab**	**Refrigerated**
Alternate Specimen:	**4 mL (2)**	**Nasal Wash**	**Sterile Screwtop Container**	**Refrigerated**
	4 mL (2)	**Bronchial lavage/wash**	**Sterile Screwtop Container**	**Refrigerated**
Special Instructions:	The preferred specimen is **Universal Transport Media (UTM) with mini-Flocked Swab** (Comes as a kit: RML Supply# 50775), BD Viral Transport Media (VTM) or M5. Keep swabs Refrigerated (2-8'C) or Frozen in UTM or other viral transport if a delay in reaching the lab is anticipated (Room Temperature is Not Recommended). For Saline nasal wash: Use bulbous syringe to dispense 2 ml saline into nasal passages. Aspirate at least 1mL back into syringe and transfer to sterile container. **Note: Green cap minitip Swab is No Longer Acceptable.** Also not acceptable are swabs in M4, M4-RT, Liquid Amies-D, Amies Clear, Modified or Liquid Stuart's and Remel M6 transport media. *(the green cap minitip swab has liquid stuart's)*			

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	1-2 Days
Clinical Use:	This IEA screens for the presence of three most common respiratory viruses. Influenza A & B; and Respiratory Syncytial Virus (RSV).
Notes:	If negative for the quick EIA screen, DFA will test for the presence of Adenovirus; Influenza A & B; Parainfluenza 1, 2 & 3; and Respiratory Syncytial Virus (RSV). Possible additional CPT codes: 87260, 87276, 87275, 87279x3, 87280
Cpt Code(s):	87804x2, 87807

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Respiratory Syncytial Virus Detection

Order Name: **C RSV SC**
Test Number: 6001850

TEST COMPONENTS	REV DATE:11/19/2010
Test Name:	**Methodology:**
Respiratory Syncytial Virus Detection	EIA

SPECIMEN REQIREMENTS

	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**3 mL (1)**	**Swab**	**Flocked Flexible Mini-Tip Nasopharyngeal Swab**	**Refrigerated**
Alternate Specimen:	**3 mL (1)**	**Nasal Wash**	**Sterile Screwtop Container**	**Refrigerated**
	3 mL (1)	**Bronchial lavage/wash**	**Sterile Screwtop Container**	**Refrigerated**
Special Instructions:	The preferred specimen is **Universal Transport Media (UTM) with mini-Flocked Swab** (Comes as a kit: RML Supply# 50775), BD Viral Transport Media (VTM) or M5. Keep swabs Refrigerated (2-8'C) or Frozen in UTM or other viral transport if a delay in reaching the lab is anticipated (Room Temperature is Not Recommended). For Saline nasal wash: Use bulbous syringe to dispense 2 ml saline into nasal passages. Aspirate at least 1mL back into syringe and transfer to sterile container. **Green cap minitip Swab is Acceptable as alternate swab type.**			

GENERAL INFORMATION

Testing Schedule:	Daily
Expected TAT:	1 Day
Clinical Use:	Detects presence of Respiratory Syncitial virus
Cpt Code(s):	87807

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Respiratory Syncytial Virus IgM, IgG Serology (RSV Ab)

Order Name: **RSV AB**

Test Number: 5565000

TEST COMPONENTS	REV DATE:10/22/2010
Test Name:	**Methodology:**
Respiratory Sync Virus IgG	IFA
Respiratory Sync Virus IgM	IFA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**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

TEST COMPONENTS	REV DATE:11/19/2010
Test Name:	**Methodology:**
Respiratory Syncytial Virus with Culture if Indicated	EIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**3 mL (1)**	**Swab**	**Flocked Flexible Mini-Tip Nasopharyngeal Swab**	**Refrigerated**
Alternate Specimen:	**3 mL (1)**	**Nasal Wash**	**Sterile Screwtop Container**	**Refrigerated**
	3 mL (1)	**Bronchial lavage/wash**	**Sterile Screwtop Container**	**Refrigerated**
Special Instructions:	The preferred specimen is **Universal Transport Media (UTM) with mini-Flocked Swab** (Comes as a kit: RML Supply# 50775), BD Viral Transport Media (VTM) or M5. Keep swabs Refrigerated (2-8'C) or Frozen in UTM or other viral transport if a delay in reaching the lab is anticipated (Room Temperature is Not Recommended). For Saline nasal wash: Use bulbous syringe to dispense 2 ml saline into nasal passages. Aspirate at least 1mL back into syringe and transfer to sterile container. **Note: Green cap minitip Swab is No Longer Acceptable.** Also not acceptable are swabs in M4, M4-RT, Liquid Amies-D, Amies Clear, Modified or Liquid Stuart's and Remel M6 transport media. *(the green cap minitip swab has liquid stuart's)*			

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	1 Day
Clinical Use:	Detects presence of Respiratory Syncitial virus; viral culture is performed if screen is negative.
Cpt Code(s):	87807

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Respiratory Virus Panel by PCR

Order Name: **VRESP PCR**
Test Number: 5568555

TEST COMPONENTS	REV DATE:2/21/2011
Test Name:	**Methodology:**
Adenovirus Detection by PCR	PCR
Influenza A by PCR	PCR
Influenza B by PCR	PCR
RSV (Respiratory Syncytial Virus) Detection by PCR	PCR

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

GENERAL INFORMATION	
Testing Schedule:	Mon, Wed, Fri
Expected TAT:	1-3 Days
Clinical Use:	Qualitative detection of Adenovirus, Influenza A,B and RSV (Respiratory Syncytial Virus) 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):	87798x4

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Respiratory Virus Pediatric Panel 3

Order Name: **VRESP3 DFA**
Test Number: 6060100

TEST COMPONENTS	REV DATE:11/19/2010
Test Name:	**Methodology:**
Influenza A	DFA
Influenza B	DFA
Respiratory Syncytial Virus (RSV)	DFA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**4 mL (2)**	**Swab**	**Flocked Flexible Mini-Tip Nasopharyngeal Swab**	**Refrigerated**
Alternate Specimen:	**4 mL (2)**	**Nasal Wash**	**Sterile Screwtop Container**	**Refrigerated**
	4 mL (2)	**Bronchial lavage/wash**	**Sterile Screwtop Container**	**Refrigerated**
Special Instructions:	The preferred specimen is **Universal Transport Media (UTM) with mini-Flocked Swab** (Comes as a kit: RML Supply# 50775), BD Viral Transport Media (VTM) or M5. Keep swabs Refrigerated (2-8'C) or Frozen in UTM or other viral transport if a delay in reaching the lab is anticipated (Room Temperature is Not Recommended). For Saline nasal wash: Use bulbous syringe to dispense 2 ml saline into nasal passages. Aspirate at least 1mL back into syringe and transfer to sterile container. **Note: Green cap minitip Swab is No Longer Acceptable.** Also not acceptable are swabs in M4, M4-RT, Liquid Amies-D, Amies Clear, Modified or Liquid Stuart's and Remel M6 transport media. *(the green cap minitip swab has liquid stuart's)*			

GENERAL INFORMATION	
Testing Schedule:	Sun-Thr
Expected TAT:	2-3 Days
Clinical Use:	This DFA identifies the presence of Influenza A & B and Respiratory Syncytial Virus (RSV) common for pediatric patients.
Cpt Code(s):	87276; 87275; 87280

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Respiratory Virus Screen

Order Name: **VRESP DFA**
Test Number: 6060010

TEST COMPONENTS	REV DATE:11/19/2010
Test Name:	**Methodology:**
Respiratory Virus Screen	DFA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**4 mL (2)**	**Swab**	**Flocked Flexible Mini-Tip Nasopharyngeal Swab**	**Refrigerated**
Alternate Specimen:	**4 mL (2)**	**Nasal Wash**	**Sterile Screwtop Container**	**Refrigerated**
	4 mL (2)	**Bronchial lavage/wash**	**Sterile Screwtop Container**	**Refrigerated**
Special Instructions:	The preferred specimen is **Universal Transport Media (UTM) with mini-Flocked Swab** (Comes as a kit: RML Supply# 50775), BD Viral Transport Media (VTM) or M5. Keep swabs Refrigerated (2-8'C) or Frozen in UTM or other viral transport if a delay in reaching the lab is anticipated (Room Temperature is Not Recommended). For Saline nasal wash: Use bulbous syringe to dispense 2 ml saline into nasal passages. Aspirate at least 1mL back into syringe and transfer to sterile container. **Note: Green cap minitip Swab is No Longer Acceptable.** Also not acceptable are swabs in M4, M4-RT, Liquid Amies-D, Amies Clear, Modified or Liquid Stuart's and Remel M6 transport media. *(the green cap minitip swab has liquid stuart's)*			

GENERAL INFORMATION	
Testing Schedule:	Sun-Thr
Expected TAT:	2-3 Days
Clinical Use:	This DFA screens for the presence of Adenovirus; Influenza A & B; Parainfluenza 1, 2 & 3; and Respiratory Syncytial Virus (RSV).
Notes:	If positive additional testing will be performed for indentification at an additional charge. Possible additional CPT codes: 87260, 87276, 87275, 87279x3, 87280
Cpt Code(s):	87300

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Reticulocyte (Retic) Count

Order Name: **RETIC**
Test Number: 111800

TEST COMPONENTS	REV DATE:6/27/2003
Test Name:	**Methodology:**
Absolute Retic Count	FC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**4 mL (1)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**
Alternate Specimen:	**4 mL (1)**	**Whole Blood**	**EDTA (Lavender) Microtainer/Bullet**	**Room Temperature**

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

TEST COMPONENTS	REV DATE:7/2/2003
Test Name:	**Methodology:**
Rh Immune Globulin	PROD

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:				**Refrigerated**
Special 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

TEST COMPONENTS	REV DATE:5/22/2003
Test Name:	**Methodology:**
Rh Phenotype Big C	HA
Rh Phenotype Big D	HA
Rh Phenotype Big E	HA
Rh Phenotype Little C	HA
Rh Phenotype Little E	HA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**7 mL (3.5mL)**	**Whole Blood**	**EDTA (Pink Top)**	**Room Temperature**
Alternate Specimen:	**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

Ri Antibody - Neuronal Nuclear Antibody

Order Name: **RI ANTIBDY**
Test Number: 5586475

TEST COMPONENTS	REV DATE:7/1/2003
Test Name:	**Methodology:**
Ri Antibody - Neuronal Nuclear Antibody	EIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**3 mL (1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special Instructions:	Keep Refrigerated!			

GENERAL INFORMATION	
Testing Schedule:	Mon, Tue, Thr
Expected TAT:	4-5 Days
Notes:	A positive Antibody screen will confirm by Western Blot and reflex to a titer.
Cpt Code(s):	86255; Blot 84181; and Titer 86256

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Ribosomal P Antibody

Order Name: **ANTI-RPP**
Test Number: 5590425

TEST COMPONENTS	REV DATE:2/24/2009
Test Name:	**Methodology:**
Ribosomal P Antibody	MAID

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1mL (0.2)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special 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

Ristocetin Cofactor

Order Name: **RISTOC COF**
Test Number: 1502200

TEST COMPONENTS	REV DATE:3/2/2009
Test Name:	**Methodology:**
Ristocetin Cofactor	Plt Agg

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 mL (1)**	**Plasma**	**Sodium Citrate 3.2% (Blue Top)**	**Frozen**
Special Instructions:	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

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Ristocetin Platelet Aggregation (High and Low)

Order Name: **RIPA AGG**
Test Number: 1501930

TEST COMPONENTS	REV DATE:10/4/2010
Test Name:	**Methodology:**
Platelet Aggregation, Ristocetin High	AGG
Platelet Aggregation, Ristocetin Low	AGG
Platelet Count for Agglutination	FC
Pathology Report	

SPECIMEN REQIREMENTS

	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**See Instructions**	**Whole Blood**	**Sodium Citrate 3.2% (Blue Top) & EDTA (Lavender Top)**	**Room Temperature**

Special 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 hoursbefore collection.

Collect Both:
- Four Tubes:(2. 7mL) **3. 2% Sodium Citrate** - Blue top.
- One Tube:(4. 5mL) **EDTA** - Lavender top.

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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RNP (Ribonuclear Protein) Antibody (Anti-RNP)

Order Name: **ANTI RNP**
Test Number: 5572100

TEST COMPONENTS	REV DATE:9/3/2010
Test Name:	**Methodology:**
RNP (Ribonuclear Protein) Antibody (Anti-RNP)	ELISA

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

GENERAL INFORMATION	
Testing Schedule:	Mon
Expected TAT:	7 Days
Clinical Use:	Marker antibody for mixed connective tissue disease disorders. Found in 30-40% of SLE patients.
Cpt Code(s):	86235

Rocky Mountain Spotted Fever (RMSF)

Order Name: **RMSF IFA**
Test Number: 5553875

TEST COMPONENTS	REV DATE:6/10/2003
Test Name:	**Methodology:**
Rocky Mountain Spotted Fever IgG Antibody	IFA
Rocky Mountain Spotted Fever IgM Antibody	IFA

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

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	3 Days
Clinical Use:	Assist in the diagnosis of Rocky Mountain Spotted Fever. The patient may not seroconvert until 10 days after onset of illness.
Cpt Code(s):	86757X2

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Rocky Mountain Spotted Fever (RMSF) / Ehrlichiosis Analyzer

Order Name: **RMSF/EH AN**
Test Number: 5581950

TEST COMPONENTS	REV DATE:6/11/2003
Test Name:	**Methodology:**
Rocky Mountain Spotted Fever (RMSF) / Ehrlichiosis Analyzer	IFA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**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) CSF

Order Name: **CSF RMSF**
Test Number: 5560225

TEST COMPONENTS	REV DATE:6/10/2003
Test Name:	**Methodology:**
Rocky Mountain Spotted Fever IgG, CSF	IFA
Rocky Mountain Spotted Fever IgM, CSF	IFA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL**	**CSF**	**Sterile Screwtop Container**	**Refrigerated**

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	3 Days
Clinical Use:	Assist in the diagnosis of tick born meningitis.
Cpt Code(s):	86757X2

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Rotavirus Screen

Order Name: **C ROTA SC**
Test Number: 6100250

TEST COMPONENTS	REV DATE:7/2/2003
Test Name:	**Methodology:**
Rotavirus Screen	EIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**3mL**	**Fecal/Stool**	**Stool Specimen Container, Small for Random Collection (Gray)**	**Refrigerated**

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	1 Day
Clinical Use:	Detects rotavirus in stool
Cpt Code(s):	87425

Routine CSF Culture and Stain

Order Name: **C CSF RTS**
Test Number: 6002004

TEST COMPONENTS	REV DATE:7/2/2003
Test Name:	**Methodology:**
Routine CSF Culture and Stain	Culture

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**3 mL (1)**	**CSF**	**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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RPR (Rapid Plasma Reagin)

Order Name: **RPR**
Test Number: 5500600

TEST COMPONENTS	REV DATE:10/16/2007
Test Name:	**Methodology:**
RPR (Rapid Plasma Reagin)	CF

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

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	3 Days
Clinical Use:	A non-treponemal test which screens for syphilis. A positive is always confirmed by a treponemal tests (e. g. FTA).
Cpt Code(s):	86592

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RSV (Respiratory Syncytial Virus) Detection by PCR

Order Name: **RSV PCR**
Test Number: 5565560

TEST COMPONENTS	REV DATE:2/18/2011
Test Name:	**Methodology:**
RSV (Respiratory Syncytial Virus) Detection by PCR	PCR

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

GENERAL INFORMATION	
Testing Schedule:	Mon, Wed, Fri
Expected TAT:	1-3 Days
Clinical Use:	Qualitative detection of RSV (Respiratory Syncytial Virus) by PCR (Polymerase Chain Reaction).
Cpt Code(s):	87798

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Rubella Antibody

Order Name: **RUBELLA AB**
Test Number: 5518900

TEST COMPONENTS	REV DATE:5/16/2003
Test Name:	**Methodology:**
Rubella Antibody IgG	EIA
Rubella Antibody Interpretation	

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**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

TEST COMPONENTS	REV DATE:6/16/2004
Test Name:	**Methodology:**
Rubeola IgG	EIA
Rubeola IgM	IFA

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

GENERAL INFORMATION	
Testing Schedule:	Test Volume Dependant
Expected TAT:	1 -3 Days
Clinical Use:	Diagnosis of a recent, current or past exposure to Rubeola.
Cpt Code(s):	86765x2

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Rubeola Immunity (IgG)

Order Name: **HS RUBEOLA**
Test Number: 5571225

TEST COMPONENTS	REV DATE:9/21/2010
Test Name:	**Methodology:**
Rubeola Immunity (IgG)	EIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**4.5 mL (1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	3 Days
Clinical Use:	Determine the of immunity to the Rubeola virus.
Cpt Code(s):	86765

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Saccharomyces cerevisiae Antibodies (ASCA) (IgA)

Order Name: **ASCA IGA**
Test Number: 3630225

TEST COMPONENTS	REV DATE:2/13/2008
Test Name:	**Methodology:**
Saccharomyces cerevisiae Antibodies (ASCA) (IgA)	ELISA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 (0.3) mL**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**

GENERAL INFORMATION	
Testing Schedule:	Sets up 3 day a week
Expected TAT:	3-5 Days
Clinical Use:	Antibodies to Saccharormyces cerevisiae are found in approximately 75% of patients with Crohn's disease, 15% of patients with ulcerative colitis, and 5% of the healthy population. High titers of antibody increase the likelihood of disease, and specifically Crohn's disease, and are associated with more aggressive disease.
Cpt Code(s):	86671

Saccharomyces cerevisiae Antibodies (ASCA) (IgA, IgG)

Order Name: **ASCA G/A**
Test Number: 3630525

TEST COMPONENTS	REV DATE:2/13/2008
Test Name:	**Methodology:**
Saccharomyces cerevisiae Antibodies (ASCA) (IgA)	ELISA
Saccharomyces cerevisiae Antibodies (ASCA) (IgG)	ELISA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**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

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Saccharomyces cerevisiae Antibodies (ASCA) (IgG)

Order Name: **ASCA IGG**
Test Number: 3630200

TEST COMPONENTS	REV DATE:2/13/2008
Test Name:	**Methodology:**
Saccharomyces cerevisiae Antibodies (ASCA) (IgG)	ELISA

SPECIMEN REQIREMENTS	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 (0.3) mL**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**

GENERAL INFORMATION	
Testing Schedule:	Sets up 3 day a week.
Expected TAT:	3-5 Days
Clinical Use:	Antibodies to Saccharormyces cerevisiae are found in approximately 75% of patients with Crohn's disease, 15% of patients with ulcerative colitis, and 5% of the healthy population. High titers of antibody increase the likelihood of disease, and specifically Crohn's disease, and are associated with more aggressive disease.
Cpt Code(s):	86671

Salicylate Qualitative

Order Name: **SALIC SC**
Test Number: 4302025

TEST COMPONENTS	REV DATE:6/17/2003
Test Name:	**Methodology:**
Salicylate Qualitative	Color Test

SPECIMEN REQIREMENTS	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special 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):	80101

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Salicylate Quantitative

Order Name: **SALICYLATE**
Test Number: 4004550

TEST COMPONENTS	REV DATE:6/17/2003
Test Name:	**Methodology:**
Salicylate Quantitative	Enzymatic

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Plasma**	**Lithium heparin PST (light green top)**	**Refrigerated**
Alternate Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special 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):	80196

Schistosoma Antibody (IgG)

Order Name: **SCHIST IGG**
Test Number: 5566775

TEST COMPONENTS	REV DATE:3/5/2008
Test Name:	**Methodology:**
Schistosoma Antibody (IgG)	FMI

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**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

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

Order Name: **SCL 70 AB**
Test Number: 5564050

TEST COMPONENTS	REV DATE:9/3/2010
Test Name:	**Methodology:**
Scleroderma Antibody, (Scl-70), Topoisomerase I Ab	EIA

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

GENERAL INFORMATION	
Testing Schedule:	Mon
Expected TAT:	7 Days
Clinical Use:	Present in 20-40% of patients with diffuse scleroderma and 20% of patients with limited scleroderma.
Cpt Code(s):	86235

Secretin (Gastrin)

Order Name: **GASTRIN**
Test Number: 3601300

TEST COMPONENTS	REV DATE:10/18/2007
Test Name:	**Methodology:**
Secretin (Gastrin)	RIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.3)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Special Instructions:	>b>CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Ten-hour fasting recommended.			

GENERAL INFORMATION	
Testing Schedule:	Mon-Sat
Expected TAT:	2-3 Days
Cpt Code(s):	82941

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Selenium, Serum/Plasma

Order Name: **SELENIUM**
Test Number: 3610600

TEST COMPONENTS	REV DATE:8/12/2009
Test Name:	**Methodology:**
Selenium, Serum/Plasma	ICP/MS

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 mL (0.5)**	**Serum**	**No Additive Clot (Royal Blue Top, Trace-Elements Free)**	**Room Temperature**
Alternate Specimen:	**2 mL (0.5)**	**Plasma**	**EDTA (Royal Blue Top/Trace Element Free)**	**Room Temperature**
Special 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

Sensory Neuropathy panel 1

Order Name: **SENS NEUR1**
Test Number: 5562825

TEST COMPONENTS	REV DATE:6/12/2007
Test Name:	**Methodology:**
Hu Antibody - Neuronal Nuclear Antibody	EIA
Myelin Associated Glycoprotein IgM (MAG IgM) Antibody	EIA
Myelin Associated Glycoprotein IgM (MAG-SGPG) Antibody	EIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**5 mL (1.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**

GENERAL INFORMATION	
Testing Schedule:	Assay Dependant
Expected TAT:	3-8 Days
Cpt Code(s):	See components

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Sensory Neuropathy panel 2

Order Name: **SENS NEUR2**
Test Number: 5563825

TEST COMPONENTS	REV DATE:6/12/2007
Test Name:	**Methodology:**
Hu Antibody - Neuronal Nuclear Antibody	EIA
Ri Antibody - Neuronal Nuclear Antibody	EIA
Purkinje Cell (Yo) Antibody Screen with Reflex to Titer	IFA
Myelin Associated Glycoprotein IgM (MAG IgM) Antibody	EIA
Myelin Associated Glycoprotein IgM (MAG-SGPG) Antibody	EIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**6 mL (2)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**

GENERAL INFORMATION	
Testing Schedule:	See Components
Expected TAT:	3-8 Days
Cpt Code(s):	See Components

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

Order Name: **SEROTON U**

Test Number: 3808450

TEST COMPONENTS	REV DATE:12/5/2007
Test Name:	**Methodology:**
Serotonin 5-HIAA, 24-Hour Urine (5-Hydroxyindoleacetic Acid)	HPLC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**5 mL (1.5)**	**Urine, 24-hour**	**24 hour Urine Container**	**Refrigerated**
Special Instructions:	Refrigeration is the most important aspect of specimen preservation. Preservation can be helped by adding 25mL 6N HCL. Mark collection duration and total volume on transport tube and test request form. Stability: Ambient= Unacceptable; Refrigerated= 1 week; Frozen= 2 weeks. Patients should abstain, if possible, from medications, over-the-counter drugs, and herbal remedies for at least 72 hours prior to the test. Foods rich in serotonin (avocados, bananas, eggplant, pineapple, plums, tomatoes, walnuts) and medications that may affect metabolism of serotonin must be avoided at least 72 hours before and during collection of urine for HIAA.			

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	3-4 Days
Cpt Code(s):	83497

Serotonin 5-HIAA, Random Urine (5-Hydroxyindoleacetic Acid)

Order Name: **SEROTON RU**

Test Number: 3806380

TEST COMPONENTS	REV DATE:2/5/2007
Test Name:	**Methodology:**
Serotonin 5-HIAA, Random Urine (5-Hydroxyindoleacetic Acid)	HPLC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**10 mL (5)**	**Urine, Random**	**Sterile Screwtop Container**	**Refrigerated**
Special Instructions:	After urine collection, add 0. 5-1. 0 g/L boric acid (or 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 patient's age on test request.			

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	3-4 Days
Cpt Code(s):	83497; 82570

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Serotonin Release Assay (SRA), Unfractionated Heparin (UFH), (HIT)

Order Name: **SEROTON RA**

Test Number: 5578775

TEST COMPONENTS	REV DATE:3/14/2011
Test Name:	**Methodology:**
UFH SRA Result	INTERP
SRA UFH Low Dose 0.1 IU/ML	RBA
SRA UFH Low Dose 0.5 IU/ML	RBA
SRA UFH High Dose 100 IU/ML	RBA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.4 mL)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Frozen**
Special Instructions:	**Preferred Speciimen:** Allow serum to clot then centrifuge and freeze 1 mL serum in a plastic aliquot tube ASAP. Specimen Stability: Room temperature: 24hrs, Refrigerated: 48hrs, Frozen: 6mo.			

GENERAL INFORMATION	
Testing Schedule:	Five Days a week, reports 2-3 days following.
Expected TAT:	3-4 Days
Clinical Use:	Useful in the evaluation of Heparin Induced Thrombocytopenia (HIT).
Cpt Code(s):	86022

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Serotonin, Blood

Order Name: **SEROTON B**
Test Number: 3602470

TEST COMPONENTS	REV DATE:4/9/2007
Test Name:	**Methodology:**
Serotonin, Blood	HPLC

SPECIMEN REQIREMENTS

	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**4 mL (1)**	**Whole Blood**	**See Instructions**	**Frozen**
Special Instructions:	**Collect specimen using Serotonin Blood kit.** Draw blood into the EDTA Vaccutainer tube from the kit. After drawing the blood, mix well and immediately transfer the whole blood into the enclosed **Red Capped** aliquot tube which contains 35 mg of Ascorbic Acid. Mix well and freeze immediately. **Ship frozen.** Patient should avoid avocado, banana, tomato, plum, walnut, pineapple, and eggplant. Patient should also avoid tobacco, tea and coffee three days prior to specimen collection.			

GENERAL INFORMATION

Testing Schedule:	Mon, Tue, Thr.
Expected TAT:	3-6 Days
Cpt Code(s):	84260

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Serous Fluid, Routine Exam

Order Name: **SRS COUNT**
Test Number: 800700

TEST COMPONENTS	REV DATE:6/9/2003
Test Name:	**Methodology:**
Appearance of Fluid	Visual
Color Fluid	Visual
Fluid Type For Serous Fluid	
RBC Fluid	MC
Specific Gravity Fluid	
WBC Fluid	MC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**3 mL (1)**	**Body Fluid**	**EDTA (Lavender Top)**	**Room Temperature**
Special Instructions:	Body Fluid except for CSF, semen and synovial. Note fluid type on request.			

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	1 Day
Cpt Code(s):	89051

Sex Hormone Binding Globulin

Order Name: **SEX HOR BG**
Test Number: 5507200

TEST COMPONENTS	REV DATE:5/16/2003
Test Name:	**Methodology:**
Sex Hormone Binding Globulin	ICMA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.4)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special Instructions:	Specify age and sex on test request form.			

GENERAL INFORMATION	
Testing Schedule:	Tues-Thur
Expected TAT:	3-4 Days
Cpt Code(s):	84270

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Shiga Toxin types 1 and 2

Order Name: **SHIGA TX**
Test Number: 3504650

TEST COMPONENTS	REV DATE:3/9/2011
Test Name:	**Methodology:**
Shiga Toxin type 1	IC
Shiga Toxin type 2	IC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**See Instructions**	**Stool, Random**	**ETM or Cary Blair container**	**Refrigerated**
Alternate Specimen:	**See Instructions**	**Stool, Random**	**Parapak**	**Refrigerated**
Special Instructions:	Stool should be placed in modified Cary-Blair Para-Pak Culture Media within 2 hours of collection and kept refrigerated. (PARA-PAK C&S available from lab stores.)			

GENERAL INFORMATION	
Testing Schedule:	Sun-Sat
Expected TAT:	2-3 Days
Clinical Use:	This test is a immunochromatographic rapid test for the qualitative detection of Shiga toxins 1 and 2 (also called Verotoxins) produced by *E. coli* in cultures derived from clinical stool specimens. This test used in conjunction with the patient's clinical symptoms and other laboratory tests to aid in the diagnosis of diseases caused by enterohemorrhagic *E. coli* (EHEC) infections.
Notes:	Refer to the Mircrobiology page in the Specimen Collection section of our service guide for more information on Stool Collection Containers.
Cpt Code(s):	87015, 87899, 87899-59

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Sickle Cell Solubility Test

Order Name: **SICKL SCRN**
Test Number: 105700

TEST COMPONENTS		REV DATE:7/2/2003
Test Name:	**Methodology:**	
Sickle Cell Solubility Test	Solubility	

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**4mL (1)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**
Alternate Specimen:	**4mL (1)**	**Whole Blood**	**EDTA (Lavender) Microtainer/Bullet**	**Room Temperature**

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	1 Day
Clinical Use:	Used to confirm Hemoglobin S when an S band is found on hemoglobin electropheresis.
Cpt Code(s):	85660

Sirolimus (Rapamycin)

Order Name: **SIROLIMUS**
Test Number: 3658510

TEST COMPONENTS		REV DATE:12/29/2005
Test Name:	**Methodology:**	
Sirolimus (Rapamycin)	LC-MS-MS	

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**3 mL (2)**	**Whole Blood**	**EDTA (Lavender top)**	**Refrigerated**
Special Instructions:	Ship and store refrigerated. Shipping at ambient temperature (			

GENERAL INFORMATION	
Testing Schedule:	Mon - Sun
Expected TAT:	3-4 Days
Notes:	**{ Note: 2006 CPT Updated.}*
Cpt Code(s):	80195

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Sjogrens SSA/SSB Antibodies (Anti-Ro / Anti-LA)

Order Name: **SJOGRENS**
Test Number: 5508860

TEST COMPONENTS	REV DATE:2/5/2009
Test Name:	**Methodology:**
Sjogrens SSA	EIA
Sjogrens SSB	EIA

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

GENERAL INFORMATION	
Testing Schedule:	Mon
Expected TAT:	7 Days
Clinical Use:	SSA (Anti-Ro) and SSB (Anti-LA) antibodies are reported to be in the majority of patients with Sjogren's Syndrome (SS) and a majority of patients with SS secondary to RA or SLE.
Cpt Code(s):	86235X2

Smith Antibody (Sm Antibody, Anti-Smith)

Order Name: **ANTI SMITH**
Test Number: 5510450

TEST COMPONENTS	REV DATE:9/3/2010
Test Name:	**Methodology:**
Smith Antibody (Sm Antibody, Anti-Smith)	EIA

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

GENERAL INFORMATION	
Testing Schedule:	Mon
Expected TAT:	7 Days
Clinical Use:	Diagnostic for SLE (99% specificity) but only found in 20-30% of patients with SLE and most particularly Afro-Americans.
Cpt Code(s):	86235

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Smooth Muscle Antibody Screen - Reflex to Titer

Order Name: **SM MUSC AB**
Test Number: 5565350

TEST COMPONENTS	REV DATE:8/18/2008
Test Name:	**Methodology:**
Smooth Muscle Antibody Screen - Reflex to Titer	IFA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1.0 mL**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	3 Days
Clinical Use:	Smooth muscle antibody is in high titers (>/= 1:160) in approximately 97% of patients with autoimmune chronic active hepatitis.
Cpt Code(s):	Screen 86255, If positive it will reflex to titer 86256

Sodium

Order Name: **SODIUM**
Test Number: 2005000

TEST COMPONENTS	REV DATE:6/17/2003
Test Name:	**Methodology:**
Sodium	ISE

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special Instructions:	Stability: Ambient 8 hours. Refrigerated 48 hours.			

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	1-2 days
Clinical Use:	Useful in monitoring metabolic processes, pituitary function, adrenal function, hydration, proper body pH and regulation of appropriate heart and muscle functions.
Cpt Code(s):	84295

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Sodium Urine Random

Order Name: **SODIUM R U**
Test Number: 3001550

TEST COMPONENTS	REV DATE:6/11/2003
Test Name:	**Methodology:**
Sodium Urine Random	ISE

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Urine, Random**	**Sterile Urine container**	**Refrigerated**
Special 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

TEST COMPONENTS	REV DATE:6/11/2003
Test Name:	**Methodology:**
Creatinine, Urine, 24 Hour	
Creatinine, Urine, mg/dL	KAP(Jaffe)
Sodium 24 Hour Urine	ISE
Sodium Urine mm/l	
Total Urine Volume	

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Urine, 24-hour**	**24 hour urine container**	**Refrigerated**
Special Instructions:	Timed urine collection. No preservative. Record number of hours and volume in ml on the specimen container. **Keep refrigerated**. Specimen stability: Ambient 24 hours. Refrigerated 7 days.			

GENERAL INFORMATION	
Testing Schedule:	Sun - Fri
Expected TAT:	1-2 days
Clinical Use:	Used to evaluate electrolyte balance, acute renal failure, acute oliguria and differential diagnosis of hyponatremia.
Cpt Code(s):	84300; 81050

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Sodium, Feces

Order Name: **SODIUM FEC**
Test Number: 3503100

TEST COMPONENTS	REV DATE:6/16/2003
Test Name:	**Methodology:**
Sodium, Feces	ISE

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**10 gm**	**Fecal/Stool**	**Sterile Screwtop Container**	**Frozen**
Special 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.			

GENERAL INFORMATION	
Testing Schedule:	Tues, Thur
Expected TAT:	5 Days
Cpt Code(s):	82190

Soluble Liver Antigen (SLA) IgG Antibody, ELISA

Order Name: **SOLUB LIV**
Test Number: 5579200

TEST COMPONENTS	REV DATE:2/2/2007
Test Name:	**Methodology:**
Soluble Liver Antigen (SLA) IgG Antibody, ELISA	ELISA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**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

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Soluble Transferrin Receptor

Order Name: **SOLUBL TRN**
Test Number: 3604710

TEST COMPONENTS	REV DATE:3/3/2009
Test Name:	**Methodology:**
Soluble Transferrin Receptor	IMMTb

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.3)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Alternate Specimen:	**1 mL (0.3)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
	1 mL (0.3)	**Plasma**	**EDTA (Lavender Top)**	**Refrigerated**
Special Instructions:	Serum should be separated immediately from clot. Unacceptable: Severely hemolyzed, icteric, lipemic specimens. Aavoid repeated freeze-thaw cycles. Stability: After separation from cells: Ambient= 4 hours, Refrigerated= 1 week, Frozen= 1 month.			

GENERAL INFORMATION	
Testing Schedule:	Sun-Sat
Expected TAT:	2-3 Days
Clinical Use:	Elevated sTfR values are found in anemia of chronic disease (ACD), iron deficiency anemia (IDA), polycythemia, hemolytic anemia, thalassemia, hereditary spherocytosis, sickle cell and megaloblastic anemia, myelodysplastic syndrome and vitamin B12 deficiency. Elevated sTfR concentrations occur during pregnancy when there is a deficiency of functional iron.
Cpt Code(s):	84238

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Spinal muscular atrophy (SMA)

Order Name: **SPINAL MA**
Test Number: 5593965

TEST COMPONENTS	REV DATE:1/23/2009
Test Name:	**Methodology:**
Spinal muscular atrophy (SMA)	PCR

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**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):	83890, 83892x3, 83894x2, 83898x6, 83912

St. Louis Encephalitis Virus IgG and IgM

Order Name: **ST LOUIS A**
Test Number: 5507175

TEST COMPONENTS	REV DATE:7/16/2008
Test Name:	**Methodology:**
St. Louis Encephalitis Virus IgG and IgM	IFA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special Instructions:	Stability: Room temperature: 48 Hour; Refrigerated: 2 Weeks; Frozen: 6 Months.			

GENERAL INFORMATION	
Testing Schedule:	Tues - Sat
Expected TAT:	2-5 Days
Clinical Use:	IgG titers >=1:16 are suggestive of exposure while the presence of IgM indicates recent infection. Human infections are seasonal, from mid- to late-summer, occurring throughout the southern, southwestern, and west central states. Strong crossreactivity may be seen with other Group B arboviruses (Flavivirus) including Dengue, Japanese Encephalitis, Rio Bravo, Powassan, and Yellow Fever.
Cpt Code(s):	86653 x 2

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Statin Group

Order Name: **STATIN GRP**
Test Number: 2939100

TEST COMPONENTS	REV DATE:6/17/2003
Test Name:	**Methodology:**
Aspartate Transaminase (AST)	Enzymatic
Cholesterol, Total Serum	Enzymatic
Creatine Phosphokinase	IFCC;UV/NADH

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special Instructions:	Fasting 12 hours. Stability: Ambient 8 hours. Refrigerated 7 days.			

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	1-2 days
Cpt Code(s):	84450; 82550; 82465

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Statin Plus Group

Order Name: **STATIN PLS**
Test Number: 2939150

TEST COMPONENTS	REV DATE:6/17/2003
Test Name:	**Methodology:**
Aspartate Transaminase (AST)	Enzymatic
Calculated LDL Test	
Cholesterol, Total Serum	Enzymatic
Cholesterol-HDL	Enzymatic
Creatine Phosphokinase	IFCC;UV/NADH
Triglycerides	Glycerol Phosphate Oxidase

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate Specimen:	**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

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Stone Risk Analysis

Order Name: **STONE RISK**
Test Number: 9003000

TEST COMPONENTS	REV DATE:9/13/2011
Test Name:	**Methodology:**
Stone Risk Analysis	AA-HPLC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**60mL (30) Each**	**Urine, 24-hour**	**Stone Risk Urine Container**	**See Instructions**

Special Instructions: **Must use a Quest 24hr urine container specific for Stone Formation**Available from main lab processing.

- 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 in the large orange collection container, **tighten the cap on the container and mix contents in the container vigorously for one minute.** (A good mix will assure accurate test results.)
- Complete the Urologic Stone Risk Diagnostic Patient Information Form.

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.

If Processing Specimen Offsite from RML Main Lab:
The two white aliquot vials must be filled within two to four hours of completion of 24-hour collection. **Fill and cap vials one at a time with 50-60mL urine from collection jug.** Cap both vials tightly, write patients name on each vial and place in zip-lock bags provided (do not remove absorbent sheets).

GENERAL INFORMATION

Testing Schedule: Mon-Sat

Expected TAT: 7-10 Days (Graph to follow a week later)

Clinical Use: Risk assesment in Kidney Stone development by the following analysis:

METABOLIC

- CALCIUM
- OXALATE
- URIC ACID
- CITRATE
- pH
- TOTAL VOL

ENVIRONMENTAL

- SODIUM
- SULFITE
- PHOSPHORUS
- MAGNESIUM

SUPERSATURATION

- CALCIUM OXALATE
- BRUSHITE
- SODIUM URATES
- STRUVITE
- URIC ACID SATURATE
- AMMONIUM
- POTASIUM
- CRATININE

INTERPRETATION

- PATIENT CONDITION
- SUPERSATURATION INDEX
- SUSPECTED PROBLEM
- COMMENTS:

Notes: 82360; 81005; 82140; 82340; 82507; 82570; 83735; 83945; 84105

Cpt Code(s): See Test Notes

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Stool Culture for Bacterial Pathogens

Order Name: **C STOOL RT**
Test Number: 6002450

TEST COMPONENTS	REV DATE:3/9/2011
Test Name:	**Methodology:**
Stool Culture for Bacterial Pathogens	Cult

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**3mL**	**Stool, Random**	**ETM or Cary Blair container**	**Refrigerated**
Alternate Specimen:	**3mL**	**Stool, Random**	**Parapak**	**Refrigerated**
Special Instructions:	Collect fresh stool in ETM (red cap) or Cary Blair container - Add enough stool to fill container to indicator line within 2 hours of collection and keep refrigerated.			

GENERAL INFORMATION	
Testing Schedule:	Sunday - Saturday
Expected TAT:	1-3 Days
Clinical Use:	Detection of Bacterial Pathogens in Stool including Shiga Toxin.
Notes:	Refer to the Mircrobiology page in the Specimen Collection section of our service guide for more information on Stool Collection Containers.
Cpt Code(s):	87045; 87046, 87015, 87899X2

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Stool for Polysegmented Neutrophils

Order Name: **STOOL POLY**
Test Number: 3501625

TEST COMPONENTS	REV DATE:1/9/2009
Test Name:	**Methodology:**
Eosinophil stool	MC
Stool for polys	MC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:		**Fecal/Stool**	**Stool Specimen Container, Small for Random Collection (Gray)**	**Room Temperature**
Special Instructions:	Collect stool in tightly sealed container			

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	1 Day
Clinical Use:	Reveals presence of white blood cells in stool
Notes:	Refer to the Mircrobiology page in the Specimen Collection section of our service guide for more information on Stool Collection Containers.
Cpt Code(s):	87205

Streptococcus pneumoniae Antigen (Urine/CSF)

Order Name: **STREP P AG**
Test Number: 5700150

TEST COMPONENTS	REV DATE:8/18/2008
Test Name:	**Methodology:**
Streptococcus pneumoniae Antigen (Urine/CSF)	LA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2mL (0.6mL)**	**Urine, Random**	**Sterile Urine container**	**Refrigerated**
Alternate Specimen:	**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

REGIONAL MEDICAL LABORATORY
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Streptozyme Antibody Screen Reflex to Titer

Order Name: **STREPTOZYM**
Test Number: 5519625

TEST COMPONENTS	REV DATE:8/24/2009
Test Name:	**Methodology:**
Streptozyme Antibody Screen	HA
Streptozyme Antobody Titer	HA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.1)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Alternate Specimen:	**1 mL (0.1)**	**Plasma**	**EDTA (Lavender Top)**	**Refrigerated**
Special 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)

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Striated Muscle Antibody

Order Name: **STRIAT AB**
Test Number: 3805400

TEST COMPONENTS	REV DATE:3/31/2011
Test Name:	**Methodology:**
Striated Muscle Antibody Screen	IFA
Striated Muscle Antibody Titer	IFA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 (0.2) mL**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Alternate Specimen:	**1 (0.2) mL**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**

GENERAL INFORMATION	
Testing Schedule:	Mon - Sat
Expected TAT:	2-4 Days
Clinical Use:	Striated Muscle Antibody is more commonly detected in patients over age 60 years with myasthenia gravis than in younger patients. There is a strong correlation between the presence of Striated Muscle Antibody and thymoma in patients with myasthenia gravis.
Cpt Code(s):	86255

Sucrose Hemolysis

Order Name: **SUCR HEMOL**
Test Number: 106050

TEST COMPONENTS	REV DATE:6/27/2003
Test Name:	**Methodology:**
Sucrose Hemolysis	Visual

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**6 mL**	**Whole Blood**	**Sodium Citrate 3.2% (Blue Top)**	**Room Temperature**
Special Instructions:	Collect normal control at the same time the patient is collected. Control must be collected using the same specimen requirements as the patient. Specimen must arrive at RML Tulsa, 1923 S. Utica Ave. by noon.			

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	1 Day
Clinical Use:	Screening for paroxysmal nocturnal hemoglobinuria.
Notes:	Contact hematology to schedule testing.
Cpt Code(s):	86940

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Sulfhemoglobin

Order Name: **SULFHEMGLB**
Test Number: 3631925

TEST COMPONENTS	REV DATE:6/17/2003
Test Name:	**Methodology:**
Sulfhemoglobin	Hemoximeter

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 mL (1.0)**	**Whole blood**	**Lithium heparin (dark green top / no gel)**	**See Instructions**
Alternate Specimen:	**2 mL (1.0)**	**Whole blood**	**Sodium heparin (dark green top / no gel)**	**See Instructions**
Special Instructions:	Specimen must be on ice after collection. Stability: 4 hours on ice. **Deliver to lab immediately!Specimen stability: 4 hours on ice.**			

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	1-2 days
Clinical Use:	Useful for the diagnosis of sulfhemoglobinemia.
Cpt Code(s):	83060

Sulfonamides (Sulfas)

Order Name: **SULFONAMI**
Test Number: 4004760

TEST COMPONENTS	REV DATE:7/13/2011
Test Name:	**Methodology:**
Sulfonamides (Sulfas)	SPEC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1mL (0.5)**	**Serum**	**No Additive Clot (Red Top, No-Gel, Plastic)**	**Room Temperature**
Alternate Specimen:	**1mL (0.5)**	**Plasma**	**EDTA (Lavender Top)**	**Room Temperature**
Special 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

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Synovial Fluid Routine Exam

Order Name: **SYN COUNT**
Test Number: 814000

TEST COMPONENTS	REV DATE:5/16/2003
Test Name:	**Methodology:**
Appearance	Visual
Color	Visual
Crystals, Synovial Fluid	MC
RBC Count	MC
Viscosity	Visual
WBC Count	MC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**3 mL (1)**	**Synovial Fluid**	**Sodium Heparin (Green Top-No Gel)**	**Room Temperature**

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	1 Day
Notes:	Result includes a manual differential.
Cpt Code(s):	89051

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T And B Lymphocytes

Order Name: **T/B LYMPHS**
Test Number: 5603250

TEST COMPONENTS	REV DATE:6/12/2003
Test Name:	**Methodology:**
CBC - WBC/Lymphocyte %	FC
T and B Lymphocytes	FC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**See Special Instructions**	**Whole Blood**	**EDTA (Lavender Top) and Lithium Heparin (Dark Green Top / No-GEL)**	**Room Temperature**
Special Instructions:	Need One 4. 5 mL EDTA (Lavender) and One 5 mL Lithium Heparin (Green No Gel), can use either if necessary; Keep at Room Temperature. Do NOT centrifuge! Deliver to Hematology or Flow Cytometry ASAP.			

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	2 Days
Clinical Use:	Immunophenotype of patient's lymphocytes
Cpt Code(s):	818026X7

T Helper and Suppressor Cells (CD4/CD8)

Order Name: **T HELP/SUP**
Test Number: 5603200

TEST COMPONENTS	REV DATE:7/3/2008
Test Name:	**Methodology:**
T Helper and Suppressor Lymphs	FC
T4 Lymphocytes	FC
T8 Lymphs	FC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**See Special Instructions**	**Whole Blood**	**EDTA (Lavender Top) & Lithium Heparin (Dark Green Top / No-GEL)**	**Room Temperature**
Special Instructions:	One 4 mL EDTA (Lavender) and One 5 mL Lithium Heparin (green top no gel), do NOT centrifuge or refrigerate. Deliver to laboratory ASAP.			

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

TEST COMPONENTS	REV DATE:3/12/2009
Test Name:	**Methodology:**
T Helper Cells	FC
T4 Lymphocytes	FC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**See Special Instructions**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**
Special Instructions:	One 4. 5 mL EDTA (Lavender) Do NOT centrifuge or refrigerate. Deliver to laboratory ASAP. **DO NOT COLLECT FOR THIS TEST ON SATURDAY**			

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	2 Days
Clinical Use:	Marker for level of immunocompetence
Cpt Code(s):	86361

T-Cell Receptor Gene Rearrangement, PCR/TTGE

Order Name: **T GENE PCR**
Test Number: 5604025

TEST COMPONENTS	REV DATE:9/22/2011
Test Name:	**Methodology:**
T-Cell Receptor Gene Rearrangement, PCR/TTGE	PCR

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**5mL (2.5mL)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**
Alternate Specimen:	**5mL (2.5mL)**	**Bone Marrow**	**EDTA (Lavender Top)**	**Room Temperature**
	5mL (2.5mL)	**Tissue**	**Paraffin Block**	**Room Temperature**
Special Instructions:	5mL (2. 5mL) EDTA Whole blood -or- 3mL (1mL) EDTA Bone Marrow -or- Paraffin Tissue block. Keep at room temperature! (DO NOT FREEZE). Frozen samples will be rejected.			

GENERAL INFORMATION	
Testing Schedule:	Mon
Expected TAT:	5 Days
Cpt Code(s):	83891; 83898x2; 83909x2; 83912

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T3 (Triiodothyronine) Reverse

Order Name: **REVERSE T3**
Test Number: 2010915

TEST COMPONENTS	REV DATE:5/12/2010
Test Name:	**Methodology:**
T3 (Triiodothyronine) Reverse	RIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.3)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Alternate Specimen:	**1 mL (0.3)**	**Plasma**	**EDTA (Lavender Top)**	**Refrigerated**
Special Instructions:	Allow serum to clot. Separate Serum or Plasma from cells ASAP. Stability After separation from cells: Ambient= 24 hours; Refrigerated= 1 week; Frozen= 3 months.			

GENERAL INFORMATION	
Testing Schedule:	Tue-Fri
Expected TAT:	2-5 Days
Cpt Code(s):	84482

T4 Neonatal

Order Name: **NEONAT T4**
Test Number: 4501200

TEST COMPONENTS	REV DATE:11/10/2003
Test Name:	**Methodology:**
T4 Neonatal	CIA

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

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T4, Free, Direct Dialysis

Order Name: **T4 FREE DD**
Test Number: 3653475

TEST COMPONENTS	REV DATE:11/30/2006
Test Name:	**Methodology:**
T4, Free, Direct Dialysis	RIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 mL (0.2)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**

GENERAL INFORMATION	
Testing Schedule:	Sun-Fri
Expected TAT:	3 Days
Cpt Code(s):	84439

Testosterone- Free, Total and Bioavailable

Order Name: **TESTOS GRP**
Test Number: 3666100

TEST COMPONENTS	REV DATE:7/21/2009
Test Name:	**Methodology:**
Testosterone- Free, Total and Bioavailable	LC/MS/MS

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2.8 mL (1.3)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Special Instructions:	Specify age and sex on test request form. Grossly hemolyzed specimens are unacceptable. **Collect in a Red Non-Gel clot tube.**			

GENERAL INFORMATION	
Testing Schedule:	Mon - Sat
Expected TAT:	6-10 Days
Clinical Use:	Helpful in assessing testicular function in males and managing hirsutism, virilization in females.
Cpt Code(s):	84403; 84270; 82040

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Testosterone- Free, Total, and SHBG

Order Name: **TESTOS FR**
Test Number: 3605075

TEST COMPONENTS	REV DATE:12/13/2010
Test Name:	**Methodology:**
Testosterone, Total	LC/MS/MS
Testosterone, Free	Tr/Eq/Dial
Sex Hormone Binding Globulin	ICMA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**3mL (2mL)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Special Instructions:	**Please collect in a Red Non-Gel clot tube.**			

GENERAL INFORMATION	
Testing Schedule:	
Expected TAT:	6-10 Days
Clinical Use:	Helpful in assessing testicular function in males and managing hirsutism, virilization in females.
Notes:	November 22, 2010 - the performing laboratory, is no longer reporting the Percent Free Testosterone. It it still being performed and used in the determination of Free Testosterone.
Cpt Code(s):	84403; 84402; 84270

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Testosterone- Total

Order Name: **TESTOS TO**
Test Number: 3602650

TEST COMPONENTS	REV DATE:8/24/2005
Test Name:	**Methodology:**
Testosterone- Total	CIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**See Instructions**
Alternate Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**See Instructions**
Special Instructions:	**Serum from No Additive Clot (Red No-Gel) is the preferred sample type.** Serum from Gel Clot Activator SST only acceptable for Males over age 12. **Specimen Stability:** Ambient 8 hours. Refrigerated 48 hours. Frozen if testing to be performed after 48 hours.			

GENERAL INFORMATION	
Testing Schedule:	Sun - Fri
Expected TAT:	1-3 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:	This test is not recommended for Women or Children. Please see **[ULTRA TEST] Testosterone- Total (For Women and Children).**
Cpt Code(s):	84403

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Testosterone- Total (For Women and Children under 12yr)

Order Name: **ULTRA TEST**
Test Number: 3602775

TEST COMPONENTS	REV DATE:8/24/2005
Test Name:	**Methodology:**
Testosterone- Total (For Women and Children under 12yr)	LC/MS/MS

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 mL (0.5)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Special Instructions:	Specify age and sex on test request form. **Please collect in a Red Non-Gel clot tube.**			

GENERAL INFORMATION	
Testing Schedule:	Sun-Sat
Expected TAT:	3 Days
Clinical Use:	Helpful in assessing testicular function in male and managing hirsutism, virilization in females.
Cpt Code(s):	84403

Tetanus Antitoxoid Antibody IgG

Order Name: **TETANUS A**
Test Number: 3807000

TEST COMPONENTS	REV DATE:10/18/2007
Test Name:	**Methodology:**
Tetanus Antitoxoid Antibody IgG	MAFD

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.15)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special 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

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Theophylline

Order Name: **THEOPHYLLI**
Test Number: 4005050

TEST COMPONENTS	REV DATE:6/17/2003
Test Name:	**Methodology:**
Theophylline	EIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special 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

TEST COMPONENTS	REV DATE:1/20/2011
Test Name:	**Methodology:**
Thiocyanate, Serum/Plasma	COLO

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**3mL(1.5)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Alternate Specimen:	**3mL(1.5)**	**Plasma**	**EDTA (Lavender Top)**	**Refrigerated**
Special 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

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Thorazine (Chlorpromazine) Serum

Order Name: **THORAZINE**
Test Number: 2008650

TEST COMPONENTS	REV DATE:7/14/2005
Test Name:	**Methodology:**
Thorazine (Chlorpromazine) Serum	Liquid Chromatography, Tandem Mass Spectrometry

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**4 mL (2)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Frozen**
Special 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):	80299

Throat Culture

Order Name: **C THROAT RT**
Test Number: 6002003

TEST COMPONENTS	REV DATE:5/16/2003
Test Name:	**Methodology:**
Throat Culture	Culture

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:		**Swab**	**Aerobic Swab (White Cap)**	**Room Temperature**

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	2 Days
Clinical Use:	Identifies oral pathogens that cause pharyngitis.
Cpt Code(s):	87070

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Thyroglobulin and Thyroglobulin Antibody

Order Name: **THYROGLOB**
Test Number: 3608010

TEST COMPONENTS	REV DATE:3/1/2007
Test Name:	**Methodology:**
Thyroglobulin and Thyroglobulin Antibody	ICMA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 mL**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Frozen**
Special Instructions:	Collect blood in a red-top tube containing no additives and allow the blood to clot according to your laboratory procedures ensuring that the sample integrity is maintained. Centrifuge the sample and then separate the serum into a plastic tube. Specimen stablilty: Room temperature: 2 Weeks; Refrigerated: 2 Weeks; Frozen: 2 Months.			

GENERAL INFORMATION	
Testing Schedule:	Tues - Sat
Expected TAT:	3-4 Days
Cpt Code(s):	86800; 84432

Thyroglobulin Autoantibody (TG Ab)

Order Name: **THYRO A A**
Test Number: 3612480

TEST COMPONENTS	REV DATE:6/11/2003
Test Name:	**Methodology:**
Thyroglobulin Autoantibody (TG Ab)	EIA

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

GENERAL INFORMATION	
Testing Schedule:	Wed
Expected TAT:	7 Days
Clinical Use:	Present in sera of patients with thyroid disorders such as Hashimoto's disease (76%-100%), primary myxedema (72%), hyperthyroidism (33%), adenoma (28%) and pernicious anemia (27%).
Cpt Code(s):	86800

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Thyroid Analyzer

Order Name: **THYROID AN**
Test Number: 4502350

TEST COMPONENTS	REV DATE:11/10/2003
Test Name:	**Methodology:**
Thyroid Stimulating Hormone (TSH)	CIA

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

Order Name: **THYRO AB**
Test Number: 3612580

TEST COMPONENTS	REV DATE:8/16/2006
Test Name:	**Methodology:**
Thyroglobulin Autoantibody (TG Ab)	EIA
Thyroid Peroxidase Antibody (TPO Ab, Microsomal Ab)	EIA

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

GENERAL INFORMATION	
Testing Schedule:	Tues
Expected TAT:	7 Days
Clinical Use:	Combined testing for autoantibodies to thyroglobulin and thyroid peroxidase to detect almost all goitrous thyroiditis (e. g. Hashimoto's), atrophic thyroiditis (e. g. myxedema) and 70-90% of Grave's Disease.
Cpt Code(s):	86800, 86376

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Thyroid Hormone Binding Ratio

Order Name: **T3UPTAKE**
Test Number: 4502700

TEST COMPONENTS	REV DATE:11/10/2003
Test Name:	**Methodology:**
Thyroid Hormone Binding Ratio	CIA

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

TEST COMPONENTS	REV DATE:9/12/2007
Test Name:	**Methodology:**
Thyroid Peroxidase Antibody (TPO Ab, Microsomal Ab)	EIA

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

GENERAL INFORMATION	
Testing Schedule:	Mon, Wed, Fri
Expected TAT:	2-4 Days
Clinical Use:	TPO antibody is present in 57-74% of patients with Grave's Disease, 99-100% of Hashimoto's and idiopathic myxedema, 19% with differentiated thyroid cancer and none reported in patients with subacute thyroiditis.
Cpt Code(s):	86800

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Thyroid Stimulating Hormone (TSH)

Order Name: **TSH**
Test Number: 4501925

TEST COMPONENTS	REV DATE:4/16/2009
Test Name:	**Methodology:**
Thyroid Stimulating Hormone (TSH)	CIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Alternate Specimen:	**2 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Special 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

TEST COMPONENTS	REV DATE:5/9/2011
Test Name:	**Methodology:**
Thyroid Stimulating Hormone Receptor Antibody (TRAb)	ECIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1mL (0.3)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Special Instructions:	**Critical Frozen - Allow serum to clot and Freeze ASAP.** Separate specimens must be submitted when multiple tests are ordered. Unacceptable Conditions: Plasma. Grossly hemolyzed or lipemic specimens. Stability: Ambient= 24 hours; Refrigerated= 3 days; Frozen= 1 month.			

GENERAL INFORMATION	
Testing Schedule:	Sun-Sat
Expected TAT:	2-3 Days
Notes:	Positive results are consistent with autoimmune thyroid disease.
Cpt Code(s):	83520

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Thyroid Stimulating Immunoglobulin (TSI)

Order Name: **THY ST IG**
Test Number: 3603200

TEST COMPONENTS	REV DATE:10/18/2007
Test Name:	**Methodology:**
Thyroid Stimulating Immunoglobulin (TSI)	BIO

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.7)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special Instructions:	Stability: After separation from cells: Ambient: 2 hours; Refrigerated: 6 days; Frozen: 3 months.			

GENERAL INFORMATION	
Testing Schedule:	Mon, Tue, Thu, Sat
Expected TAT:	4-5 Days
Cpt Code(s):	84445

Thyroxine (T4)

Order Name: **T4**
Test Number: 4502650

TEST COMPONENTS	REV DATE:11/10/2003
Test Name:	**Methodology:**
Thyroxine (T4)	CIA

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

GENERAL INFORMATION	
Testing Schedule:	Sun - Fri
Expected TAT:	1-2 days
Clinical Use:	Useful for diagnosing thyroid or pituitary dysfunction.
Cpt Code(s):	84436

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Thyroxine (T4), Free

Order Name: **FREE T4**
Test Number: 4502550

TEST COMPONENTS	REV DATE:5/20/2010
Test Name:	**Methodology:**
Thyroxine (T4), Free	CIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Alternate Specimen:	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Special 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

TEST COMPONENTS	REV DATE:5/16/2003
Test Name:	**Methodology:**
Thyroxine Binding Globulin (TBG)	RIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.2)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**

GENERAL INFORMATION	
Testing Schedule:	Tues, Thur, Sat
Expected TAT:	3-4 Days
Cpt Code(s):	84442

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Thyroxine Index (T7), Free

Order Name: **T7 FTI**
Test Number: 4502750

TEST COMPONENTS				REV DATE:11/10/2003
Test Name:			**Methodology:**	
Thyroxine Index (T7), Free			Calculation	

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

GENERAL INFORMATION	
Testing Schedule:	Sun - Fri
Expected TAT:	1-3 days
Cpt Code(s):	

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Tickborne Disease Panel

Order Name: **TICK PANEL**
Test Number: 5571750

TEST COMPONENTS	REV DATE:5/11/2007
Test Name:	**Methodology:**
Ehrlichia chaffeensis Antibody, IgM, IgG	IFA
Rocky Mountain Spotted Fever (RMSF)	IFA
Tularemia Antibody	LA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**3 mL**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**See Instructions**
Special Instructions:	Allow 15-30 minutes for specimen to clot. **Keep serum refrigerated until processed** However due to the shortened stability for the Tularemia Antibody, it is preferred if a 1mL aliquot of serum is placed into a plastic pour off tube and frozen for this test. Please see Tularemia Antibody test for details. Tularemia Specimen Stability: Room temperature= Unacceptable; Refrigerated= 48 Hours; Frozen= 7 Days.			

GENERAL INFORMATION	
Testing Schedule:	Assay Dependant
Expected TAT:	3-5 Days
Clinical Use:	**E. chaffeensis** - A tick-borne disease common to the OK/ARK/MO/KS area. Peak titers will occur at 6 weeks after onset. Only 22% will be positive after 1 week, 68% after 2 weeks and 100% after 4 weeks. **Rocky Mountain Spotted Fever**- To assist in the diagnosis of RMSF. Patients may not seroconvert until 10 days after onset of illness. **Tularemia Antibody** - Diagnosis of exposure to Francisella tularensis.
Cpt Code(s):	See Individual components

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Tickborne Disease Panel (with Lyme Antibody)

Order Name: **TICK/LYME**
Test Number: 5571775

TEST COMPONENTS	REV DATE:5/11/2007
Test Name:	**Methodology:**
Ehrlichia chaffeensis Antibody, IgM, IgG	IFA
Rocky Mountain Spotted Fever (RMSF)	IFA
Tularemia Antibody	LA
Lyme Antibody (Polyvalent)	EIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**4 mL**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**See Instructions**
Special Instructions:	Allow 15-30 minutes for specimen to clot. **Keep serum refrigerated until processed.**However due to the shortened stability for the Tularemia Antibody, it is preferred if a 1mL aliquot of serum is placed into a plastic pour off tube and frozen for this test. Please see Tularemia Antibody test for details. Tularemia Specimen Stability: Room temperature= Unacceptable; Refrigerated= 48 Hours; Frozen= 7 Days.			

GENERAL INFORMATION	
Testing Schedule:	Assay Dependant
Expected TAT:	3-5 Days
Clinical Use:	**E. chaffeensis** - A tick-borne disease common to the OK/ARK/MO/KS area. Peak titers will occur at 6 weeks after onset. Only 22% will be positive after 1 week, 68% after 2 weeks and 100% after 4 weeks. **Rocky Mountain Spotted Fever**- To assist in the diagnosis of RMSF. Patients may not seroconvert until 10 days after onset of illness. **Tularemia Antibody** - Diagnosis of exposure to Francisella tularensis. **Lyme Antibody** - All positives or borderline results are confirmed with western blot. Serology may not be positive until 2-4 weeks after onset of erythema migrans.
Cpt Code(s):	See Individual Components

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Tissue Transglutaminase IgA (IgA anti-tTG)

Order Name: **TISTRANGL**
Test Number: 5537525

TEST COMPONENTS	REV DATE:3/24/2010
Test Name:	**Methodology:**
Tissue Transglutaminase IgA (IgA anti-tTG)	EIA

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

GENERAL INFORMATION	
Testing Schedule:	Thur
Expected TAT:	7 Days
Clinical Use:	An important marker in the diagnosis of Celiac disease and monitoring diet compliance.
Cpt Code(s):	83516

Tissue Transglutaminase IgG (IgG anti-tTG)

Order Name: **TISTRN IGG**
Test Number: 5536025

TEST COMPONENTS	REV DATE:1/7/2008
Test Name:	**Methodology:**
Tissue Transglutaminase IgG (IgG anti-tTG)	EIA

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

GENERAL INFORMATION	
Testing Schedule:	Tue-Sat
Expected TAT:	3-5 Days
Clinical Use:	Tissue Transglutaminase Antibody, IgG is useful in diagnosing gluten-sensitive enteropathies, such as celiac sprue, and an associated skin condition, dermatitis herpetiformis in patients who are IgA-deficient. The test also provides support for gluten-sensitive enteropathies beyond IgA the test.
Cpt Code(s):	83516

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Tobramycin

Order Name: **TOBRAMYCIN**
Test Number: 4005550

TEST COMPONENTS	REV DATE:6/17/2003
Test Name:	**Methodology:**
Tobramycin	EIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special 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

TEST COMPONENTS	REV DATE:6/17/2003
Test Name:	**Methodology:**
Tobramycin Peak	EIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special 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

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Tobramycin Trough

Order Name: **TOBRA TROU**
Test Number: 4005650

TEST COMPONENTS	REV DATE:6/17/2003
Test Name:	**Methodology:**
Tobramycin Trough	EIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special 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

Topiramate

Order Name: **TOPIRAMATE**
Test Number: 4505125

TEST COMPONENTS	REV DATE:6/16/2008
Test Name:	**Methodology:**
Topiramate	FPIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Alternate Specimen:	**1 mL (0.5)**	**Plasma**	**Sodium Heparin (Green Top)**	**Refrigerated**
Special Instructions:	**Separate serum or plasma from cells ASAP. Avoid use of separator tubes and gels.** Draw peak 2-4 hours after dose or trough 0. 5-1 hour before dose or at steady state. **Please collect in Red Non-Gel clot tube.** Stability: After separation from cells: Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 4 weeks.			

GENERAL INFORMATION	
Testing Schedule:	Mon-Fri
Expected TAT:	2-4 Days
Cpt Code(s):	80201

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Torch Panel

Order Name: **TORCH**
Test Number: 5592125

TEST COMPONENTS	REV DATE:4/21/2009
Test Name:	**Methodology:**
Rubella IgG and IgM Antibodies	EIA
Toxoplasma IgM	EIA
Toxoplasma IgG	EIA
Cytomegalovirus IgM Antibody	EIA
Cytomegalovirus IgG Antibody	EIA
Herpes Simplex 1 and 2 IgM Antibody	EIA
Herpes Simplex 1 IgG Antibody	EIA
Herpes Simplex 2 IgG Antibody	EIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 mL**	**Cord Blood Serum**	**Clot Activator SST (Gold Bullet)**	**Refrigerated**
Alternate Specimen:	**2 mL**	**Serum**	**Clot Activator SST (Gold Bullet)**	**Refrigerated**
	2 mL	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special Instructions:	Plasma not acceptable.			

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	3 - 5 Days
Clinical Use:	To assist in the diagnosis of infections caused by TORCH organisms.
Notes:	Cpt Codes: 86762x2, 86777; 86778, 86644, 86645, 86694, 86695, 86696
Cpt Code(s):	Multiple codes, please see Test Notes.

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Total Iron Binding Capacity

Order Name: **%SAT/TIBC**
Test Number: 4501400

TEST COMPONENTS	REV DATE:7/2/2003
Test Name:	**Methodology:**
Total Iron Binding Capacity	
UIBC	
% Saturation TIBC	

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Alternate Specimen:	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Special Instructions:	Stability: Ambient 8 hours. Refrigerated 48 hours. Freeze if > 48 hours.			

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	1-2 days
Clinical Use:	Useful for diagnosis of iron deficiency and iron overload disorders such as hemochromatosis.
Notes:	Iron test is required for calculation.
Cpt Code(s):	83550

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Total Parenteral Nutrition PNL

Order Name: **TPN**
Test Number: 2013475

TEST COMPONENTS	REV DATE:6/17/2003
Test Name:	**Methodology:**
Albumin	BCG
Calcium	Arsenazo
Electrolytes Panel	See detail tests.
Glucose	Hexokinase
Magnesium	Colorimetric
Phosphorus	Phosphomolybdate Complex
Protein Total	Biuret
Urea Nitrogen, Blood (BUN)	Urease/GLDH

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	1-2 days
Notes:	Tests bill at detail: 82947; 84520; 80051; 84155; 82040; 84100; 83735; 82310.
Cpt Code(s):	Multiple

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Toxoplasma Antibodies

Order Name: **TOXO AB**
Test Number: 5505625

TEST COMPONENTS	REV DATE:6/10/2003
Test Name:	**Methodology:**
Toxoplasma IgG	EIA
Toxoplasma IgM	EIA

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

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	7 Days
Clinical Use:	Assist in the diagnosis of Toxoplasmosis
Cpt Code(s):	86777; 86778

Toxoplasma Antibodies on CSF

Order Name: **CSF TOXO A**
Test Number: 5590450

TEST COMPONENTS	REV DATE:6/10/2003
Test Name:	**Methodology:**
Toxoplasma IgG, CSF	IFA
Toxoplasma IgM, CSF	IFA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**3 mL (1)**	**CSF**	**Sterile Screwtop Container**	**Refrigerated**

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	2 Days
Clinical Use:	Assist in the diagnosis of Toxoplasmosis meningitis
Cpt Code(s):	86777; 86778

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Transferrin

Order Name: **TRANFERIN**
Test Number: 5001825

TEST COMPONENTS	REV DATE:6/11/2003
Test Name:	**Methodology:**
Transferrin	SPECT

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

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	1-3 days
Clinical Use:	Used for diagnosis of Iron deficiency and for protein nutritional status assessment.
Cpt Code(s):	84466

Transferrin

Order Name: **TRANFERIN**
Test Number: 5001825

TEST COMPONENTS	REV DATE:6/11/2003
Test Name:	**Methodology:**
Transferrin	SPECT

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

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	1-3 days
Clinical Use:	Used for diagnosis of Iron deficiency and for protein nutritional status assessment.
Cpt Code(s):	84466

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Treponema pallidum Ab, Particle Agglutination

Order Name: **TPPA**
Test Number: 5501065

TEST COMPONENTS	REV DATE:1/17/2011
Test Name:	**Methodology:**
Treponema pallidum Ab, Particle Agglutination	PA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special Instructions:	Specimen Stability= Room temperature: 7 Days, Refrigerated: 7 Days, Frozen: 30 Days			

GENERAL INFORMATION	
Testing Schedule:	Sets up 2 days a week.
Expected TAT:	3-6 Days
Clinical Use:	The TP-PA test is designed to be used as an aid in the confirmation of antibodies to the treponemal organisms that cause syphilis. Other diseases such as yaws or pinta give positive results.
Cpt Code(s):	86780

Treponema Pallidum Antibody, IFA

Order Name: **CSF FTA**
Test Number: 3806350

TEST COMPONENTS	REV DATE:7/29/2011
Test Name:	**Methodology:**
Treponema Pallidum Antibody, IFA	IFA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.1)**	**CSF (Cerebrospinal Fluid)**	**Sterile Screwtop Container**	**Refrigerated**
Special Instructions:	**Specimen Stability= Room temperature: N/A, Refrigerated: 7 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

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Trichomonas Antigen

Order Name: **TRICH AG**
Test Number: 2915460

TEST COMPONENTS	REV DATE:1/20/2011
Test Name:	**Methodology:**
Trichomonas Antigen	EIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**See Instructions**	**Swab**	**Genital-Vaginal Swab**	**Refrigerated**
Alternate Specimen:	**See Instructions**	**See Instructions**	**Wet prep saline**	**Refrigerated**
Special Instructions:	Culture Swab with liquid Stuarts Media, or Saline from a Wet Prep tube. Keep Refrigerated (4-5'C) Stability: Room Temperature: 24hrs, Refrigerated: 36hrs, Frozen (-20'C): 36hrs. Samples contaminated with preparations containing iodine or by the immediate use of vaginal lubricants are not recommended.			

GENERAL INFORMATION	
Testing Schedule:	1-2 Days
Expected TAT:	Sun-Sat
Cpt Code(s):	87808

Tricyclics Screen

Order Name: **TRICYCL SC**
Test Number: 4301775

TEST COMPONENTS	REV DATE:7/14/2005
Test Name:	**Methodology:**
Tricyclics Screen	EIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Special 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):	80101

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Triglyceride Serous Fluid

Order Name: **SRS TRIG**
Test Number: 3502150

TEST COMPONENTS	REV DATE:6/11/2003
Test Name:	**Methodology:**
Triglyceride Serous Fluid	Glycerol Phosphate Oxidase

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Serous fluid**	**Sterile screwtop container**	**Refrigerated**
Special 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

TEST COMPONENTS	REV DATE:6/17/2003
Test Name:	**Methodology:**
Triglycerides	Glycerol Phosphate Oxidase

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special Instructions:	Fasting 12 hours.			

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	1-2 days
Clinical Use:	Useful for evaluation of risk for cardiovascular disease and in evaluation of hyperlipidemia.
Cpt Code(s):	84478

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Triglycerides Lipo-Electrophoresis

Order Name: **TRIG REF L**
Test Number: 5004700

TEST COMPONENTS	REV DATE:6/5/2003
Test Name:	**Methodology:**
Triglycerides Lipo-Electrophoresis	Enzymatic

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.4)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special Instructions:	Fasting for at least 12 hours is required.			

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	3-4 Days
Cpt Code(s):	84478

Triiodothyronine (T3), Free

Order Name: **T3 FREE**
Test Number: 3606325

TEST COMPONENTS	REV DATE:5/20/2010
Test Name:	**Methodology:**
Triiodothyronine (T3), Free	CIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Alternate Specimen:	**1mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Special 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

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Triiodothyronine (T3), Total

Order Name: **T3 TOT**
Test Number: 4502600

TEST COMPONENTS	REV DATE:3/11/2010
Test Name:	**Methodology:**
Triiodothyronine (T3), Total	CIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Alternate Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Special 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

Trimipramine (Surmontil)

Order Name: **TRIMIPRAM**
Test Number: 2051450

TEST COMPONENTS	REV DATE:7/14/2005
Test Name:	**Methodology:**
Trimipramine (Surmontil)	LC-MS-MS

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**3 mL (1.5)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Frozen**
Special Instructions:	Separate from cells as soon as possible after clotting. Do not use gel barrier tubes. 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):	80299

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Troponin

Order Name: **TROPONIN**
Test Number: 2005925

TEST COMPONENTS	REV DATE:2/11/2009
Test Name:	**Methodology:**
Troponin	CIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Special Instructions:	Please keep specimen refrigerated. Specimen stability: Ambient 8 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

Trypanosoma Cruzi Ab Panel, IFA (Chagas Disease)

Order Name: **CHAGAS AB**
Test Number: 5567200

TEST COMPONENTS	REV DATE:5/16/2003
Test Name:	**Methodology:**
Trypanosoma Cruzi Ab Panel, IFA (Chagas Disease)	IFA

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

GENERAL INFORMATION	
Testing Schedule:	Mon, Wed
Expected TAT:	3-4 Days
Cpt Code(s):	86753

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Trypsin (Trypsinogen)

Order Name: **TRYPSIN**
Test Number: 3658575

TEST COMPONENTS	REV DATE:5/4/2011
Test Name:	**Methodology:**
Trypsin (Trypsinogen)	RIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Special Instructions:	**Refrigerated or Frozen Aliquot Preferred.**Hemolysis and Lipemia is unacceptable. Posted stability: Room temperature= 7 days, Refrigerated= 7 days, Frozen= 28 days.			

GENERAL INFORMATION	
Testing Schedule:	Tues, Thur
Expected TAT:	3-5 Days
Clinical Use:	Trypsin (or trypsinogen) is considered a specific indicator of pancreatic damage. Increased values over the determined normal range may indicate inflammatory pancreatic condition.
Cpt Code(s):	83519

Tryptase

Order Name: **TRYPTASE**
Test Number: 3658550

TEST COMPONENTS	REV DATE:6/16/2008
Test Name:	**Methodology:**
Tryptase	FPIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Frozen**
Alternate Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Special Instructions:	Separate serum from cells as soon as possible. Stability: Ambient: 2 days; Refrigerated: 5 days; Frozen: 1 month.			

GENERAL INFORMATION	
Testing Schedule:	Mon, Wed, Fri
Expected TAT:	2-4 Days
Cpt Code(s):	83520

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Tryptic Activity

Order Name: **TRYPSN ACT**
Test Number: 3501055

TEST COMPONENTS	REV DATE:6/17/2003
Test Name:	**Methodology:**
Tryptic Activity	
Tryptic Activity Titer	

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**5 mL (2)**	**Fecal/Stool**	**Stool specimen container**	**Room Temperature**
Special Instructions:	Collect fresh random stool specimen in the morning. **Send to lab immediately!**			

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	1-3 days
Clinical Use:	Useful as an aid in the evaluation of pancreatic function and in the diagnosis of chronic pancreatitis and fibrocystic disease.
Cpt Code(s):	83519

Tularemia Antibody

Order Name: **TULAREM AB**
Test Number: 5570900

TEST COMPONENTS	REV DATE:5/11/2007
Test Name:	**Methodology:**
Tularemia Antibody	LA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Special Instructions:	Allow 15-30 minutes for specimen to clot. Centrifuge and aliquot 1mL serum into plastic pour off tube and freeze. Specimen Stability: Room temperature= Unacceptable; Refrigerated= 48 Hours; Frozen= 7 Days.			

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	3 Days
Clinical Use:	Diagnosis of exposure to Francisella tularensis.
Cpt Code(s):	86668

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Typhus Fever (Rickettsia typhi IgM,IgG Antibody)

Order Name: **TYPHUS FEV**
Test Number: 3805300

TEST COMPONENTS	REV DATE:11/24/2009
Test Name:	**Methodology:**
Typhus fever IgG	IFA
Typhus fever IgM	IFA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 mL (0.15)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special Instructions:	Stability: After separation from cells: Ambient: 2 days; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)			

GENERAL INFORMATION	
Testing Schedule:	Tue, Fri
Expected TAT:	3-6 Days
Clinical Use:	These tests are for antibodies to *Rickettsia typhi*. Any antibody reactivity to Rickettsia typhi antigen should, however, also be considered group-reactive for the Typhus Fever group (*Rickettsia prowazekii*). Seroconversion between acute and convalescent sera is considered strong evidence of recent infection. The best evidence for infection is a significant change (fourfold difference in titer) on two appropriately timed specimens, where both tests are done in the same laboratory at the same time. While the presence of IgM antibodies suggests current or recent infection, low levels of IgM antibodies may occasionally persist for more than 12 months post-infection.
Cpt Code(s):	86757X2

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Tyrosine

Order Name: **TYROSINE**
Test Number: 3609450

TEST COMPONENTS	REV DATE:6/16/2003
Test Name:	**Methodology:**
Tyrosine	HPLC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 mL**	**Plasma**	**Sodium Heparin (Green top)**	**Frozen**
Special 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

Tyrosine Urine, Random

Order Name: **TYROSINE U**
Test Number: 1002000

TEST COMPONENTS	REV DATE:5/16/2003
Test Name:	**Methodology:**
Tyrosine Urine, Random	Visual

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**10 mL (1)**	**Urine, Random**	**Sterile Screwtop Plastic Container**	**Room Temperature**
Special Instructions:	Earyl morning specimen preferred. Refrigerate or deliver to lab immediately.			

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

TEST COMPONENTS	REV DATE:2/5/2007
Test Name:	**Methodology:**
Creatinine Serum	KAP(Jaffe)
Creatinine, Urine, 24 Hour	
Creatinine, Urine, mg/dL	KAP(Jaffe)
Total Urine Volume	
Urea Clearance	
Urea Serum	
Urea, Urine, 24 Hour	
Urea, Urine, mg/dL	Ur/GLDH

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Urine, 24-hour**		**Refrigerated**
Special Instructions:	24 hour urine collection. No preservative. Record number of hours and volume in ml on the specimen container. Include height and weight of patient. Draw serum or plasma for urea within the collection time. Blood specimens drawn within 2 hours before or after collection are acceptable. Refrigerate urine during collection. Specimen stability: Ambient 24 hours. Refrigerated 7 days.			

GENERAL INFORMATION	
Testing Schedule:	Sun - Fri
Expected TAT:	1-2 days
Clinical Use:	Useful as an aid in evaluating renal function.
Cpt Code(s):	84545

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Urea Nitrogen Serous Fluid

Order Name: **SRS UREA N**
Test Number: 2015800

TEST COMPONENTS	REV DATE:6/11/2003
Test Name:	**Methodology:**
Urea Nitrogen Serous Fluid	Urease/GLDH

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Serous fluid**	**Sterile screwtop container**	**Refrigerated**
Special 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

TEST COMPONENTS	REV DATE:6/11/2003
Test Name:	**Methodology:**
Urea Nitrogen Urine Random	Urease/GLDH

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Urine, Random**	**Sterile Urine container**	**Refrigerated**
Special 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

TEST COMPONENTS	REV DATE:9/27/2007
Test Name:	**Methodology:**
Creatinine, Urine, 24 Hour	
Creatinine, Urine, mg/dL	KAP(Jaffe)
Total Urine Volume	
Urea, Urine, 24 Hour	
Urea, Urine, mg/dL	Ur/GLDH

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Urine, 24-hour**	**24 hour Urine Container**	**Refrigerated**
Special Instructions:	Timed urine collection. No preservative. Record number of hours and volume in ml on the specimen container. Specimen stability: Ambient 24 hours. Refrigerated 7 days.			

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	1-2 days
Clinical Use:	Useful as an aid in diagnosing renal function.
Cpt Code(s):	84540; 81050

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Urea Nitrogen, Blood (Arterial)

Order Name: **ART BUN**
Test Number: 2015650

TEST COMPONENTS	REV DATE:6/17/2003
Test Name:	**Methodology:**
Urea Nitrogen, Blood (Arterial)	Urease/GLDH

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special 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

TEST COMPONENTS	REV DATE:6/17/2003
Test Name:	**Methodology:**
Urea Nitrogen, Blood (BUN)	Urease/GLDH

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate Specimen:	**1 mL (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 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

TEST COMPONENTS	REV DATE:6/17/2003
Test Name:	**Methodology:**
Urea Nitrogen, Blood Post Dialysis	Urease/GLDH

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special 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

TEST COMPONENTS	REV DATE:10/27/2008
Test Name:	**Methodology:**
Ureaplasma urealyticum & Mycoplasma hominis Culture	Cult

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**See Below**	**See Instructions**	**See Instructions**	**Frozen**
Special Instructions:	**Please Indicate Source on the Specimen!** **Collect:** Urine, urethral or cervical swab, semen, biopsy tissue, or body fluid, CSF, tracheal, or nasopharyngeal aspirate frozen in M4 transport media. **Transport:** Specimen in frozen in M4 transport media to RML. **Stability:** Ambient: 8 hours; Refrigerated: 48 hours in Mycoplasma/Ureaplasma transport media; Frozen: 1 month (-70°C) **Unacceptable Conditions:** M4 RT (room temp), swabs in culturettes, Nonpatient specimens, and dry swabs.			

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	7 Days
Clinical Use:	This culture will recover both Mycoplasma hominis and Ureaplasma urealyticum, if present.
Notes:	No environmental cultures performed. This testing is not suitable for determining mycoplasma contamination in any cell line or tissue culture.
Cpt Code(s):	87109

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Uric Acid

Order Name: **URIC ACID**
Test Number: 2005750

TEST COMPONENTS	REV DATE:6/17/2003
Test Name:	**Methodology:**
Uric Acid	Uricase

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Alternate Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special 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

TEST COMPONENTS	REV DATE:6/11/2003
Test Name:	**Methodology:**
Uric Acid Synovial Fluid	Uricase

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Synovial Fluid**	**Sterile screwtop container**	**Refrigerated**
Special 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

TEST COMPONENTS	REV DATE:6/11/2003
Test Name:	**Methodology:**
Uric Acid Urine Random	Uricase

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Urine, Random**	**Sterile Urine container**	**Refrigerated**
Special 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

TEST COMPONENTS	REV DATE:2/5/2007
Test Name:	**Methodology:**
Creatinine, Urine, 24 Hour	
Creatinine, Urine, mg/dL	KAP(Jaffe)
Total Urine Volume	
Uric Acid 24 Hour Urine mg/24hr	
Uric Acid 24 Hour Urine mg/dL	Uricase

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Urine, 24-hour**		**Refrigerated**
Special 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

TEST COMPONENTS	REV DATE:5/4/2009
Test Name:	**Methodology:**
Appearance	Visual
Bilirubin	Colormetric
Glucose	Colormetric
Hemoglobin	Colormetric
Ketones	Colormetric
Leukocyte Esterase	Colormetric
Nitrites	Colormetric
pH Urine	Colormetric
Protein	Colormetric
Specific Gravity	Colormetric
RBC per high power field	MC
WBC per high power field	MC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**10 mL (4)**	**Urine, Random**		**Refrigerated**
Special Instructions:	Early morning specimen preferred. Refrigerate specimen after collection. **NOTE:** New instrumentation requires a minimum volume of 4mL for testing. Urinalysis Specimen Stability: 12hrs Refrigerated (12-24hr Reported with disclaimer).			

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	1 Day
Clinical Use:	Urinalysis is performed as a routine health screen in the evaluation of patients with suspected renal dysfunction, urinary tract disease, urinary tract infection, diabetes, prenatal evaluation, and many other conditions.
Cpt Code(s):	81003

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Urinalysis with Microscopic Exam if Indicated

Order Name: **UA ROUTINE**
Test Number: 1003000

TEST COMPONENTS	REV DATE:5/4/2009
Test Name:	**Methodology:**
Bilirubin	Colormetric
Glucose	Colormetric
Hemoglobin	Colormetric
Ketones	Colormetric
Leukocyte Esterase	Colormetric
Nitrites	Colormetric
pH Urine	Colormetric
Protein	Colormetric
Specific Gravity	Colormetric

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**10 mL (4)**	**Urine, Random**		**Refrigerated**
Special Instructions:	Early morning specimen preferred. Use clean catch instructions. Refrigerate specimen after collection. **NOTE:** New instrumentation requires a minimum volume of 4mL for testing. Urinalysis Specimen Stability: 12hrs Refrigerated (12-24hr Reported with disclaimer).			

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	1 Day
Clinical Use:	Urinalysis is performed as a routine health screen, in the evaluation of patients with suspected renal dysfunction, urinary tract disease, urinary tract infection, diabetes, prenatal evaluation, and many other conditions.
Notes:	If only routine urinalysis is performed, the cpt code 81003 will be used. If a microscopic exam is performed the cpt code 81001 will be used instead.
Cpt Code(s):	See Test Notes.

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Urinalysis with Microscopic Exam and Possible Culture

Order Name: **UA MIC CII**

Test Number: 804100

TEST COMPONENTS	REV DATE:5/4/2009
Test Name:	**Methodology:**
Appearance	Visual
Bilirubin	Colormetric
Glucose	Colormetric
Hemoglobin	Colormetric
Ketones	Colormetric
Leukocyte Esterase	Colormetric
Nitrites	Colormetric
pH Urine	Colormetric
Protein	Colormetric
RBC per high power field	MC
Specific Gravity	Colormetric
WBC per high power field	MC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**10 mL (4)**	**Urine, Random**		**Refrigerated**
Special Instructions:	Use clean catch instructions. Refrigerate specimen after collection. If only routine urinalysis done CPT is 81003; if microscopic performed CPT is 81001. **NOTE:** New instrumentation requires a minimum volume of 4mL for testing. Urinalysis Specimen Stability: 12hrs Refrigerated (12-24hr Reported with disclaimer).			

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	1 Day
Clinical Use:	Urinalysis is performed as a routine health screen, in the evaluation of patients with suspected renal dysfunction, urinary tract disease, urinary tract infection, diabetes, prenatal evaluation, and many other conditions.
Cpt Code(s):	81001

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Urinalysis with Possible Microscopic Exam and Possible Culture

Order Name: **UA W/CII**

Test Number: 1002500

TEST COMPONENTS	REV DATE:5/4/2009
Test Name:	**Methodology:**
Bilirubin	Colormetric
Glucose	Colormetric
Hemoglobin	Colormetric
Ketones	Colormetric
Leukocyte Esterase	Colormetric
Nitrites	Colormetric
pH Urine	Colormetric
Protein	Colormetric
Specific Gravity	Colormetric

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**10 mL (4)**	**Urine, Random**		**Refrigerated**
Special Instructions:	Use clean catch instructions. Refrigerate specimen after collection. If only routine urinalysis done CPT is 81003; if microscopic performed CPT is 81001. **NOTE:** New instrumentation requires a minimum volume of 4mL for testing. Urinalysis Specimen Stability: 12hrs Refrigerated (12-24hr Reported with disclaimer).			

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	1 Day
Clinical Use:	Urinalysis is performed as a routine health screen, in the evaluation of patients with suspected renal dysfunction, urinary tract disease, urinary tract infection, diabetes, prenatal evaluation, and many other conditions.
Notes:	For more information on this Analyzer, access our "Specialized Tests" section of this guide for a complete listing of tests and CPT codes.
Cpt Code(s):	See the Test Notes Section of this test.

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Urine Culture

Order Name: **C URINE RT**
Test Number: 6002002

TEST COMPONENTS	REV DATE:5/19/2003
Test Name:	**Methodology:**
Urine Culture	Culture

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**3 mL (1)**	**Urine, Random**	**Sterile Screwtop Container**	**Refrigerated**

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	2 Days
Clinical Use:	Identifies urinary tract pathogens
Cpt Code(s):	87086

Urogenital Culture

Order Name: **C UROG RTS**
Test Number: 6002005

TEST COMPONENTS	REV DATE:6/12/2003
Test Name:	**Methodology:**
Urogenital Culture	Culture

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:		**Swab**	**Aerobic Swab (White Cap)**	**Room Temperature**

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	4 Days
Clinical Use:	Identifies urogenital bacterial pathogens
Cpt Code(s):	87070

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Vaginosis Profile from Swab (basic)

Order Name: **VAG PROF**
Test Number: 2915425

TEST COMPONENTS	REV DATE:7/21/2011
Test Name:	**Methodology:**
Ph of vaginal discharge	
Whiff test	Amine
Gram stain	MC
Trichomonas Microscopic Examination	MC
Vaginal Yeast Examination	MC
Clue Cell Examination	MC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**See Instructions**	**Swab**	**Sterile Saline**	**Room Temperature**
Special Instructions:	Obtain specimen from mucosal surface and place swab in saline tube. Samples contaminated with preparations containing iodine or by the immediate prior use of vaginal lubricants are not recommended.			

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	1 Day
Clinical Use:	Determines bacterial vaginosis or yeast vaginitis
Cpt Code(s):	83986; 82120; 87210; 87205

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Vaginosis Profile from Swab (with Trichomonas Antigen)

Order Name: **V PROF SWB**

Test Number: 2915445

TEST COMPONENTS	REV DATE:7/21/2011
Test Name:	**Methodology:**
Whiff test	Amine
Gram Stain	MC
Trichomonas Antigen	EIA
Vaginal Yeast Examination	MC
Clue Cell Examination	MC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**See Instructions**	**Swab**	**BBL Red top culturette in Amies media (double swab)**	**See Instructions**
Alternate Specimen:	**See Instructions**	**Swab**	**BBL White top culturette swab (double swab)**	**See Instructions**
Special Instructions:	Collect BBL Red top culturette in Amies media (double swab) or BBL White top culturette (double swab preferred) **Specimen Stability: 24hrs Room Temperature or 36hrs Refrigerated (Do Not Freeze).** Samples contaminated with preparations containing iodine or by the immediate prior use of vaginal lubricants are not recommended. **BBL Blue top swabs are Not Acceptable.**			

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

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Valproic Acid

Order Name: **VALPROIC**
Test Number: 4005800

TEST COMPONENTS	REV DATE:6/11/2003
Test Name:	**Methodology:**
Valproic Acid	EIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Refrigerated**
Special 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

TEST COMPONENTS	REV DATE:2/12/2009
Test Name:	**Methodology:**
Valproic Acid, Free	FPIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**3 mL (1)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Refrigerated**
Special Instructions:	Do not use gel separation clot tubes.			

GENERAL INFORMATION	
Testing Schedule:	Mon-Sat
Expected TAT:	3-4 Days
Clinical Use:	Valproic acid is used as an anticonvulsant to treat certain types of seizures, to prevent migrane headaches, and to treat various psychiatric illnesses such as bipolar disorder and aggression. Drugs that compete for protein-binding sites with Valproic Acid, can increase the concentration of Valproic Acid. Measurement of the free concentration is useful if toxicity is suspected.
Cpt Code(s):	80164

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Vancomycin (Random Level)

Order Name: **VANCOMYCIN**
Test Number: 4005780

TEST COMPONENTS	REV DATE:9/17/2010
Test Name:	**Methodology:**
Vancomycin (Random Level)	EMIT

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Frozen**
Special 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

TEST COMPONENTS	REV DATE:5/16/2003
Test Name:	**Methodology:**
Vancomycin Peak	EMIT

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Frozen**
Special Instructions:	Peak: draw specimen 60 minutes after a 1hour infusion. Separate from cells and freeze immediately.			

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

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Vancomycin Trough

Order Name: **VANCO TROU**
Test Number: 4005950

TEST COMPONENTS	REV DATE:1/10/2006
Test Name:	**Methodology:**
Vancomycin Trough	EMIT

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Frozen**
Special Instructions:	Trough: draw specimen immediately preceding next dose. Separate from cells and freeze immediately.			

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

Vancomyocin-Resistant Enterococcus Screen (VRE)

Order Name: **C VRE SCR**
Test Number: 6002125

TEST COMPONENTS	REV DATE:7/2/2003
Test Name:	**Methodology:**
Vancomyocin-Resistant Enterococcus Screen (VRE)	Culture

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:		**Rectal swab**	**Aerobic Swab (White Cap)**	**Room Temperature**

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	3 Days
Clinical Use:	Confirms presence or absence of vancomycin resistant Enterococcus sp.
Cpt Code(s):	87081

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VAP Cholesterol Lipid Panel

Order Name: **VAP TEST**
Test Number: 2024900

TEST COMPONENTS	REV DATE:4/25/2011
Test Name:	**Methodology:**
VAP Cholesterol Breakdown & Risk Assessment	Atherotech
Homocysteine	CIA
C-Reative Protein (CRP) High-Sensitive (Cardio CRP)	Immunoturbidmetric

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**See Special Instructions**	**See Special Instructions**	**See Special Instructions**	**See Instructions**
Special Instructions:	Overnight fasting is preferred but not required. Please colect three seperate tubes for this panel. **(1) VAP Cholesterol** - One **7-10mL Serum Clot Activator SST (Red or Tiger Top)**- Centrifuge, keep Serum Refrigerated. **(2) Homocysteine** - One **6mL Lithium Heparin Green tube**- Centrifuge, **pour off 2mL (1mL) Plasma and Freeze Immediately!** **(3) C-Reative Protein** - One **7-10mL Serum Clot Activator SST (Red or Tiger Top)**- Centrifuge, keep Serum refrigerated. Freshly drawn serum is preferred and should be used within the same day of collection.			

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	Assay Dependant
Cpt Code(s):	86141; 83090; 84478; 83701

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Varicella Zoster IgG and IgM, CSF

Order Name: **CSF VZ G/M**
Test Number: 3504500

TEST COMPONENTS	REV DATE:5/19/2003
Test Name:	**Methodology:**
Varacella Zoster CSF IgG	IFA
Varacella Zoster CSF IgM	IFA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**3 mL (1)**	**CSF**	**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

TEST COMPONENTS	REV DATE:9/12/2011
Test Name:	**Methodology:**
Varicella zoster virus (VZV) Culture	SV

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**See Instructions**	**Swab**	**Viral Transport Media**	**Refrigerated**
Special 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

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Varicella-Zoster Antibody IgG and IgM, Serum

Order Name: **VAR ZOS AB**
Test Number: 5565100

TEST COMPONENTS	REV DATE:6/10/2003
Test Name:	**Methodology:**
Varicella Zoster Antibody IgG	EIA
Varicella Zoster Antibody IgM	IFA

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

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	2 Days
Clinical Use:	Assist in diagnosis of exposure to Varicella Zoster.
Cpt Code(s):	86787X2

Vasoactive Intestinal Polypeptide (VIP)

Order Name: **VAS PEPTI**
Test Number: 3703800

TEST COMPONENTS	REV DATE:6/8/2011
Test Name:	**Methodology:**
Vasoactive Intestinal Polypeptide (VIP)	RIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**3 mL (1.1)**	**Plasma**	**EDTA (Lavender Top)**	**Frozen**
Special Instructions:	**Preferred Frozen Specimen** Separate specimens must be submitted when multiple tests are ordered. **Immediately centrifuge, separate plasma from cells and freeze ASAP!** Unacceptable Conditions: Nonfrozen or hemolyzed specimens. Stability after separation from cells: Ambient= Unacceptable, Refrigerated= 7 days, Frozen= 28 days.			

GENERAL INFORMATION	
Testing Schedule:	Tue, Fri
Expected TAT:	5-8 Days
Clinical Use:	VIP is a neurotransmitter. VIP-secreting tumors, most commonly found in the tail of the pancreas, can cause secretory diarrhea. In children, the tumors are ganglioneuromas or ganglioneuroblastomas and commonly occur in the adrenal glands.
Cpt Code(s):	84586

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VDRL (Treponema pallidum) CSF Screen

Order Name: **CSF VDRL**
Test Number: 3703925

TEST COMPONENTS	REV DATE:1/24/2011
Test Name:	**Methodology:**
VDRL (Treponema pallidum) CSF Screen	Floc

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1mL (0.5)**	**CSF (Cerebrospinal Fluid)**	**Sterile Screwtop Container**	**Refrigerated**
Special Instructions:	Stability: Ambient= 4 days, Refrigerated= 2 weeks, Frozen= 30 days (avoid repeated freeze/thaw cycles).			

GENERAL INFORMATION	
Testing Schedule:	Tue, Thr, Sat
Expected TAT:	2-5 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

Virus Culture

Order Name: **C VIRUS**
Test Number: 6000450

TEST COMPONENTS	REV DATE:6/12/2003
Test Name:	**Methodology:**
Virus Culture	Culture

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:		**See Instructions**	**See Instructions**	**Refrigerated**
Special Instructions:	Send swab from suspected area. Suspected virus should be noted on order. No special preparation needed. All specimens for virus culture should be kept cold; culturette is preferred transport method; for fluids use sterile screwtop container.			

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	14 Days
Clinical Use:	Detects viral infections
Cpt Code(s):	87252

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Viscosity, Serum

Order Name: **VISCOSITY**
Test Number: 2005770

TEST COMPONENTS	REV DATE:3/2/2009
Test Name:	**Methodology:**
Viscosity, Serum	Visc

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 mL (1)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Frozen**
Special 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

Vitamin A (Retinol, Retinyl Palmitate)

Order Name: **VIT A**
Test Number: 3000425

TEST COMPONENTS	REV DATE:12/5/2007
Test Name:	**Methodology:**
Vitamin A - Retinol	HPLC
Vitamin A - Retinyl Palmitate	HPLC
Vitamin A Interpretation	

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.2)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Alternate Specimen:	**1 mL (0.2)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Frozen**
	1 mL (0.2)	**Plasma**	**Sodium Heparin (Green Top)**	**Frozen**
Special Instructions:	**Protect from light during collection, storage, and shipment**Patient should not consume alcohol for one day prior to blood draw. Avoid hemolysis. Specimen stability after separation from cells: Ambient= Unacceptable; Refrigerated= 1 month; Frozen= 1 year.			

GENERAL INFORMATION	
Testing Schedule:	Sun, Tue-Sat
Expected TAT:	2-4 days
Cpt Code(s):	84590

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Vitamin B 12

Order Name: **VIT B 12**
Test Number: 4500900

TEST COMPONENTS	REV DATE:6/11/2004
Test Name:	**Methodology:**
Vitamin B 12	CIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**See Instructions**
Special Instructions:	Non hemolyzed serum. Freeze if not tested within 48hrs. Specimen stability: Ambient 8 hours. Refrigerated 48 hours.			

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

TEST COMPONENTS	REV DATE:11/10/2003
Test Name:	**Methodology:**
Folic Acid (Folate)	CIA
Vitamin B 12	CIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**See Instructions**
Special Instructions:	Non hemolyzed serum. Specimen stability: Ambient 8 hours. Refrigerated 48 hours.			

GENERAL INFORMATION	
Testing Schedule:	Sun - Fri
Expected TAT:	1-3 days
Cpt Code(s):	82607; 82746

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Vitamin B 12 Binding Capacity, Unsaturated (Transcobalamin)

Order Name: **BNDCP B12**
Test Number: 3603670

TEST COMPONENTS	REV DATE:6/18/2003
Test Name:	**Methodology:**
Vitamin B 12 Binding Capacity, Unsaturated (Transcobalamin)	Radiobinding Assay

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**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

Vitamin B1, (Thiamine) Whole Blood

Order Name: **THIAMINE**
Test Number: 3603380

TEST COMPONENTS	REV DATE:3/17/2008
Test Name:	**Methodology:**
Vitamin B1, (Thiamine) Whole Blood	HPLC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**3 mL (0.7)**	**Whole Blood**	**EDTA (Lavender Top)**	**Frozen**
Alternate Specimen:	**3 mL (0.7)**	**Whole Blood**	**Sodium Heparin (Green Top)**	**Frozen**
Special Instructions:	**CRITICAL FROZEN.** Separate specimens must be submitted when multiple tests are ordered. **Protect from light during collection, storage, and shipment.** Collect and freeze 3mL EDTA Whole Blood. Unacceptable Specimens: Nonfrozen specimens. Specimens not protected from light. Stability: Ambient: Unacceptable; Refrigerated: 4 hours; Frozen: 6 months (-20°C).			

GENERAL INFORMATION	
Testing Schedule:	Mon-Sat
Expected TAT:	3-5 Days
Cpt Code(s):	84425

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Vitamin B2 (Riboflavin)

Order Name: **VITAMIN B2**
Test Number: 3603665

TEST COMPONENTS	REV DATE:10/14/2008
Test Name:	**Methodology:**
Vitamin B2 (Riboflavin)	HPLC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 mL (0.5)**	**Plasma**	**EDTA (Lavender Top)**	**Frozen**
Special Instructions:	**CRITICAL FROZEN.** Separate specimens must be submitted when multiple tests are requested. **Wrap tube in aluminum foil to protect from light!** Unacceptable Conditions: Non-light protected, Hemolyzed and lipemic specimens. Stability: Ambient= 4 hours; Refrigerated= 24 hours; Frozen= 1 month.			

GENERAL INFORMATION	
Testing Schedule:	Varies
Expected TAT:	5-8 Days
Cpt Code(s):	84252

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Vitamin B6

Order Name: **VIT B6**
Test Number: 3603660

TEST COMPONENTS	REV DATE:11/19/2010
Test Name:	**Methodology:**
Vitamin B6	HPLC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.5)**	**Plasma**	**Lithium Heparin PST (Light Green Top)**	**Frozen**
Alternate Specimen:	**1 mL (0.5)**	**Plasma**	**Sodium Heparin (Green Top)**	**Frozen**
	1 mL (0.5)	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Frozen**
Special Instructions:	**Note: EDTA Plasma is No Longer Acceptable specimen type**(Specimens collected in EDTA yield a higher concentration of the biologically active form of vitamin B6, therefore EDTA is not acceptable.) **Collect the specimen after an overnight fast** Collect in a **Light Protected** Sodium or Lithium **Heparin plasma separator tube**. Serum (plain red) is also acceptable. Please separate Plasma from cells and **Freeze 1mL(0. 5) of plasma in light protected plastic aliquot tube ASAP**. Make sure that patient information is both above and below light protection. **CRITICAL FROZEN.** Separate specimens must be submitted when multiple tests are ordered. **Protect from light during collection, storage, and shipment.** **Unacceptable Specimens**: EDTA Plasma, Non-frozen specimens, Not Light Protected, Improperly Labels Specimens. Stability: After separation from cells: Ambient: Unacceptable; Refrigerated: 4 hours; Frozen: 2 months.			

GENERAL INFORMATION	
Testing Schedule:	Sun-Sat
Expected TAT:	2-4 Days
Clinical Use:	Vitamin B6 is a cofactor in many metabolic pathways including heme synthesis. Vitamin B6 deficiency may be observed in patients with metabolic disorders, secondary to therapeutic drug use, or alcoholism. Deficiency affects the function of the immune system.
Cpt Code(s):	84207

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Vitamin C

Order Name: **VITAMIN C**
Test Number: 3603700

TEST COMPONENTS	REV DATE:7/23/2008
Test Name:	**Methodology:**
Vitamin C	CE

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 mL (1)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Frozen**
Special Instructions:	Keep frozen, do not thaw. Overnight fasting is preferred. Patient should refrain from taking vitamin supplements 24 hours prior to collection. Wrap tube in aluminum foil. **Protect from light.**			

GENERAL INFORMATION	
Testing Schedule:	Mon-Thr (reports three days after set up)
Expected TAT:	4-6 Days
Cpt Code(s):	82180

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Vitamin D, 1,25-Dihydroxy (Vit D 1-25-DOH)

Order Name: **VIT D1-25**
Test Number: 3603730

TEST COMPONENTS	REV DATE:8/4/2011
Test Name:	**Methodology:**
Vitamin D, 1,25-Dihydroxy (Vit D 1-25-DOH)	RIA

SPECIMEN REQIREMENTS

	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**3mL (1mL)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Alternate Specimen:	**3mL (1mL)**	**Plasma**	**EDTA (Lavender Top)**	**Frozen**
Special Instructions:	Preferred transport temperature is Frozen. Refrigerated specimens are acceptable within the refrigerated stability range of 1 week. **Stability: After separation from cells: Ambient: 3 days; Refrigerated: 1 week; Frozen: 6 months.** *(Note: If ordering both Vitamin D 25-OH and Vitamin D 1-25DOH then separate serum into two individual aliquots and freeze. See collection instructions for Vitamin D 25-Hydroxy.)			

GENERAL INFORMATION

Testing Schedule:	Sun-Sat
Expected TAT:	3-4 Days
Clinical Use:	Vitamin D originating from dietary and endogenous sources is converted to 25-hydroxyvitamin D in the liver, and subsequently to 1-25 Dihydroxy vitamin D in the kidney. Deficiencies of 1-25 Dihydroxy vitamin D, the most active form, cause hypocalcemia, osteomalacia, and related disorders. Measurement is useful in: differentiating primary hyperparathyroidism from hypercalcemia of cancer; distinguishing between vitamin D dependent and vitamin D resistant rickets; monitoring vitamin D status of patients with chronic renal disease; and, assessing compliance to therapy.
Cpt Code(s):	82652

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Vitamin D, 25-Hydroxy Total (Vit D 25-OH)

Order Name: **VIT D TOTL**
Test Number: 2023925

TEST COMPONENTS	REV DATE:8/15/2011
Test Name:	**Methodology:**
Vitamin D, 25-Hydroxy Total (Vit D 25-OH)	CIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1mL (0.3)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Alternate Specimen:	**1mL (0.3)**	**Plasma**	**EDTA (Lavender Top)**	**Frozen**
Special Instructions:	Preferred transport temperature is Frozen. Refrigerated specimens are acceptable within the refrigerated stability range of 1 week. **Specimen Stability: Room temperature= Not acceptable, Refrigerated= 7 days, Frozen= 6 months.** *(Note: If ordering both Vitamin D 25-OH and Vitamin D 1-25DOH then separate serum into two individual aliquots and freeze. See collection instructions for Vitamin D 1-25 Dihydroxy.)			

GENERAL INFORMATION	
Testing Schedule:	Mon-Fri
Expected TAT:	2-3 Days
Clinical Use:	Measurement of serum 25-OH vitamin D concentrations provide a good index of circulating vitamin D activity in patients not suffering from renal disease. Lower than normal 25-OH vitamin D levels can result from a dietary deficiency, poor absorption of the vitamin or impaired metabolism of the sterol in the liver. A 25-OH vitamin D deficiency can lead to bone diseases such as rickets and osteomalacia. Above normal levels can lead to hypercalcemia.
Notes:	This assay reports the sum total of 25-OH Vitamin D3 and 25-OH Vitamin D2.
Cpt Code(s):	82306

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Vitamin E (Tocopherol)

Order Name: **VITAMIN E**
Test Number: 3604800

TEST COMPONENTS	REV DATE:10/18/2007
Test Name:	**Methodology:**
Vitamin E (Tocopherol)	HPLC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.2)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Special 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.** Stability: After separation from cells: Ambient: Unacceptable; Refrigerated: 1 month; Frozen: 1 year (-20°C).			

GENERAL INFORMATION	
Testing Schedule:	Sun, Tue-Sat
Expected TAT:	2-4 Days
Cpt Code(s):	84446

Vitamin K

Order Name: **VITAMIN K**
Test Number: 3603630

TEST COMPONENTS	REV DATE:6/8/2011
Test Name:	**Methodology:**
Vitamin K	HPLC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**3 mL (1.2)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Frozen**
Alternate Specimen:	**3 mL (1.2)**	**Plasma**	**EDTA (Lavender Top)**	**Frozen**
Special 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, Tue-Sat
Expected TAT:	3-6 Days
Cpt Code(s):	84597

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VMA (Vanillylmandelic Acid), 24-Hour Urine

Order Name: **VMA**
Test Number: 3609850

TEST COMPONENTS	REV DATE:5/31/2011
Test Name:	**Methodology:**
VMA (Vanillylmandelic Acid), 24-Hour Urine	HPLC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**5 mL (1.5)**	**Urine, 24-hour**	**24 hour Urine Container**	**Refrigerated**
Special Instructions:	Refrigeration is the preferred method of preservation. Preservation can be helped by adding 25mL 6N HCL. Mark collection duration and total volume on transport tube and test request form. Stability: Ambient= Unacceptable; Refrigerated= 1 week; Frozen= 2 weeks.			

GENERAL INFORMATION	
Testing Schedule:	Sun, Tue-Sat
Expected TAT:	2-4 Days
Clinical Use:	Urinary vanillylmandelic acid (VMA) is the end product of catecholamine metabolism and reflects catecholamine production by chromaffin cells of the adrenal medulla or by the sympathetic nervous system. Pheochromocytomas are rare tumors of the chromaffin cells located in or near the adrenal glands. These tumors are diagnosed on the basis of elevated levels of urinary metanephrines, urinary VMA, and plasma and/or urine catecholamines. Measurement of homovanillic acid (HVA) has little value in identifying patients with pheochromocytoma, but differentiates neuroblastoma. Neuroblastomas are malignant tumors of children, occurring usually before two years of age; both VMA and HVA levels help in diagnosing these tumors. Gangliomas are rare, benign, well-differentiated tumors in young adults and are associated with excess production of catecholamines and metabolites.
Cpt Code(s):	84585, 82570

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VMA (Vanillylmandelic Acid), Random Urine

Order Name: **VMA RANDOM**
Test Number: 3805925

TEST COMPONENTS	REV DATE:2/5/2007
Test Name:	**Methodology:**
VMA (Vanillylmandelic Acid), Random Urine	HPLC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**10 mL**	**Urine, Random**	**Sterile Screwtop Container**	**Refrigerated**
Special Instructions:	After urine collection, add 0. 5-1. 0 g/L boric acid (or 6N HCl) to maintain a pH below 3. Urine without preservative is acceptable if frozen immediately following collection. 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:	Mon - Sat
Expected TAT:	3 Days
Cpt Code(s):	84585; 82570

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Voltage-Gated Calcium Channel (VGCC) Antibody Assay

Order Name: **CALCHANIGG**
Test Number: 5502375

TEST COMPONENTS	REV DATE:3/31/2011
Test Name:	**Methodology:**
Voltage-Gated Calcium Channel (VGCC) Antibody Assay	RIA

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 mL (1.5)**	**Serum**	**Clot Activator SST (Red/Gray or Tiger Top)**	**Refrigerated**
Special Instructions:	Stability: Frozen - 2 Months, Refrigerated - 14 Days, Room Temperature - 7 Days			

GENERAL INFORMATION	
Testing Schedule:	Tues
Expected TAT:	7 Days
Clinical Use:	Voltage-gated calcium channel (VGCC) autoantibodies are characteristic of Lambert-Eaton Myasthenic Syndrome (LEMS) with or without small-cell lung cancer. VGCC autoantibodies are also found, albeit less frequently and generally in low amounts, in paraneoplastic disease associated with lung, ovarian or breast carcinomas; in carcinomas (without LEMS or other paraneoplastic syndrome) and occasionally in neurological diseases such as amyotrophic lateral sclerosis (frequency of ~23%). This assay detects P-type VGCC autoantibodies using omega-conotoxin M toxin (omega-conotoxin MVIIC).
Cpt Code(s):	83519

Von Willebrand Antigen, Multimeric Analysis

Order Name: **VON W MULT**
Test Number: 1502250

TEST COMPONENTS	REV DATE:8/26/2003
Test Name:	**Methodology:**
Von Willebrand Antigen, Multimeric Analysis	EP

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1 mL (0.2)**	**Plasma**	**Sodium Citrate 3.2% (Blue Top)**	**Ambient whole blood or frozen aliquots**
Special Instructions:	If not sending whole blood, centrifuge and freeze in 2mL aliquots. Send an aliquot for each test of VonWillibrand panel that is ordered.			

GENERAL INFORMATION	
Testing Schedule:	Tues, Thur
Expected TAT:	3-4 Days
Cpt Code(s):	85247

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Von Willebrand Factor Antigen

Order Name: **VON WIL AG**
Test Number: 5502200

TEST COMPONENTS	REV DATE:5/4/2004
Test Name:	**Methodology:**
Von Willebrand Factor Antigen	Immuno-Turbidimetric Assay

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 mL (1)**	**Plasma**	**Sodium Citrate 3.2% (Blue Top)**	**Frozen**
Special Instructions:	Do not thaw. Hemolyzed specimens are not acceptable. Overnight fasting is preferred.			

GENERAL INFORMATION	
Testing Schedule:	Tues - Fri
Expected TAT:	3-4 Days
Cpt Code(s):	85246

von Willebrand Factor Cleaving Protease (ADAMTS-13) Activity, with Reflex

Order Name: **VON W PRT**
Test Number: 1509250

TEST COMPONENTS	REV DATE:1/17/2011
Test Name:	**Methodology:**
von Willebrand Factor Cleaving Protease (ADAMTS-13) Activity, with Reflex	Imm

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**1mL (0.5)**	**Plasma**	**Sodium Citrate 3.2% (Blue Top)**	**Frozen**
Special Instructions:	1mL(0. 5) Plasma, Sodium Citrate (light blue-top) Frozen			

GENERAL INFORMATION	
Testing Schedule:	Tue, Thr
Expected TAT:	5-7 Days
Clinical Use:	For the diagnosis of thrombotic thrombocytopenic purpura (TTP).
Notes:	This test will Reflex to **von Willebrand Factor Protease Inhibitor** for an additional cost, when activity levels are less than or equal to 40 Percent.
Cpt Code(s):	85397 (if Reflex 85335)

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von willibrand panel

Order Name: **VONWIL PNL**
Test Number: 3658900

TEST COMPONENTS	REV DATE:6/27/2009
Test Name:	**Methodology:**
Factor 8 (VIII) Assay	CLOT
Ristocetin Cofactor	Plt Agg
Von Willebrand Antigen, Multimeric Analysis	EP
Von Willebrand Factor Antigen	Immuno-Turbidimetric Assay

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**See Instructions**	**Plasma**	**Sodium Citrate 3.2% (Blue Top)**	**Frozen**
Special 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

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WBC Differential Count, Manual

Order Name: **DF**
Test Number: 101510

TEST COMPONENTS	REV DATE:7/10/2003
Test Name:	**Methodology:**
WBC Differential Count, Manual	MC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**4 mL (1)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**
Alternate Specimen:	**4 mL (1)**	**Peripheral Blood Smears**	**Glass Slide with Holder**	**Room Temperature**
	4 mL (1)	**Whole Blood**	**EDTA (Lavender) Microtainer/Bullet**	**Room Temperature**

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	1 Day
Clinical Use:	The white blood cell count is useful in the diagnosis and management of infection, inflammatory disorders, hematopoietic maligancies, evaluation of myelopoietic disorders, drug effects, and response to various cytotoxic agents. The differential count is performed to acquirefurther information concerning the above states and enables one to arrive at values for the bsolute value of discreet WBC population. Absolute values for individual cell populations are obtained froma combination of the WBC count and the % of each cell type from the differential.
Notes:	Microscopic examination includes enumeration of white blood cell populations and cellular morphology.
Cpt Code(s):	85007

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West Nile Antibodies IgG and IgM

Order Name: **WEST NILE**
Test Number: 3609525

TEST COMPONENTS	REV DATE:9/3/2008
Test Name:	**Methodology:**
West Nile Antibodies IgG	EIA
West Nile Antibodies IgM	EIA

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

Wet Prep for Yeast and Trichomonas

Order Name: **C WET PR**
Test Number: 6000650

TEST COMPONENTS	REV DATE:6/18/2003
Test Name:	**Methodology:**
Wet Prep for Yeast and Trichomonas	MC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**See Instructions**	**Swab**	**Wet prep saline**	**Room Temperature**
Special Instructions:	Swab in sterile saline; For Trichomonas and Yeast			

GENERAL INFORMATION	
Testing Schedule:	Daily
Expected TAT:	1 Day
Clinical Use:	Determines yeast vaginitis and/or trichomoniasis
Cpt Code(s):	87210

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Xylose Absorbtion Test

Order Name: **XYLOSE**
Test Number: 2052200

TEST COMPONENTS	REV DATE:4/17/2009
Test Name:	**Methodology:**
Xylose Absorbtion Test	COUL

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**See Instructions**		**See Instructions**	**Refrigerated**

Special Instructions: * (For Xylose and Collection Supplies - Contact Main RML Lab 744-2500 Processing x17398 or Chemistry Department x15514)

Whole Blood: 2 mL(0. 6 mL)-Fluoride oxalate (gray-top)
Urine: 5 mL(1 mL)-Fluoride oxalate (gray top)

PLEASE READ ALL INSTRUCTIONS BEFORE STARTING THE COLLECTION!

If additional tests are ordered, please submit a separate specimen

1.) At the start of the test, have the patient empty the bladder completely and discard the urine. Some physicians recommend checking a fasting urine and/or a blood sample for non-specific interferences. If requested, retain an aliquot of the urine and collect a blood specimen at this time.

2.) Give 25 grams of D(+)-xylose (or 5 grams if so specified by the physician) dissolved in 250 mL water followed immediately by an additional 250 mL water to ensure a urine flow of at least 60 mL/hour. For children, give 0. 5 g xylose/kg of body weight up to 25 g, reducing the amount of water accordingly.

3.) **NOTE AND RECORD STARTING TIME OF THE TEST AND THE AMOUNT OF XYLOSE GIVEN.**

4.) **Collect a Whole blood specimen at 2 hours after the start of the test.**

5.) **Collect all urine specimens voided during the next 5-hour period**, including the final 5-hour void in the same container. Keep container refrigerated during collection.

6.) **Mix total urine collection thoroughly measure Total Volume and aliquot.** Aliquot urine into an empty gray-top blood collection tube. The oxalate/fluoride will serve as a preservative for the urine. (If gray-top tube is glass, please transfer the preserved urine aliquot to a plastic tube before shipping. Please mark Plastic Aliquot tube of contents, ie: 5mL oxalate preserved urine.

GENERAL INFORMATION	
Testing Schedule:	Tues, Thur
Expected TAT:	3-4 days
Clinical Use:	Use for the evaluation of possible enterogenous malabsorption syndromes; test for functional integrity of the jejunum.
Cpt Code(s):	84620 X 2

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Y Chromosome Microdeletion DNA Analysis

Order Name: **CHROMO Y**
Test Number: 113455

TEST COMPONENTS	REV DATE:7/26/2007
Test Name:	**Methodology:**
Y Chromosome Microdeletion DNA Analysis	PCR

SPECIMEN REQIREMENTS

	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**5 mL (3)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**
Special 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):	83891; 83900; 83901x18; 83894; 83912

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Yeast Culture

Order Name: **C YEAST**
Test Number: 6002525

TEST COMPONENTS	REV DATE:7/20/2011
Test Name:	**Methodology:**
Yeast Culture	Cult

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**See Instructions**	**Swab**	**BBL Swabs (any color) in bacterial transport media**	**See Instructions**
Alternate Specimen:	**See Instructions**	**Stool, Random**	**Sterile Screwtop Container**	**See Instructions**
	See Instructions	**Urine, Random**	**Sterile Urine container**	**See Instructions**
Special Instructions:	**Specimen Source needs to be indicated.** Acceptable Sources include genital, fecal, urine and oral cavity specimens (mouth, gums, throat, esophagus, tongue, teeth, etc.) **Sources of foley catheter tips, in viral transport, parasite parapaks are Not Acceptable.** Any color BBL swabs in bacterial transport media, ETM or Raw stool, Urine in or Monovettes are acceptable. **Specimen Stability: 24hrs Room Temperature or 36hrs Refrigerated (Do Not Freeze).**			

GENERAL INFORMATION	
Testing Schedule:	Sun-Sat
Expected TAT:	8 Days
Notes:	This test was developed as an alternative to the traditional fungal culture (C FUNGUS) which has turn around time approaching 4 weeks. Specimens are plated on chromogenic agar for ease of early identification and final reports are issued within 8 days. Susceptibilities will not be routine performed but would be available upon request.
Cpt Code(s):	87106

REGIONAL MEDICAL LABORATORY
1923 SOUTH UTICA AVENUE
TULSA, OKLAHOMA 74104-6502

Zinc Protoporphyrin (ZPP), Blood

Order Name: **ZPP REF**
Test Number: 3603835

TEST COMPONENTS	REV DATE:3/11/2010
Test Name:	**Methodology:**
Zinc Protoporphyrin (ZPP), Blood	H

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 mL**	**EDTA Whole Blood**	**EDTA (Royal Blue Top/Trace Element Free)**	**Refrigerated**
Alternate Specimen:	**2 mL**	**EDTA Whole Blood**	**EDTA (Lavender Top)**	**Refrigerated**
Special Instructions:	**Wrap tube in foil to protect specimen from light!** Failure to submit a light protected sample will result in cancellation. Specimen Stability= Room temperature: 5Days, Refrigerated: 30Days, Frozen: Unacceptable.			

GENERAL INFORMATION	
Testing Schedule:	Mon-Fri
Expected TAT:	3-5 Days
Clinical Use:	Exposure Monitoring
Cpt Code(s):	84202

REGIONAL MEDICAL LABORATORY
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Zinc, Serum or Plasma

Order Name: **ZINC**
Test Number: 3603800

TEST COMPONENTS	REV DATE:1/27/2011
Test Name:	**Methodology:**
Zinc, Serum or Plasma	ICP/MS

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**2 mL (0.5)**	**Serum**	**No Additive Clot (Royal Blue Top, Trace-Elements Free)**	**Room Temperature**
Alternate Specimen:	**2 mL (0.5)**	**Plasma**	**EDTA (Royal Blue Top/Trace Element Free)**	**Room Temperature**
Special Instructions:	**Patients should refrain from taking vitamins or mineral supplements at least three days prior to specimen collection.** Allow 20-30min for Serum to clot. **Centrifuge specimen and pour off serum or plasma into an Trace Element-Free Transport Tube ASAP.** Please Indicate Specimen type on Transport Tube. Unacceptable Specimens: Separator tubes or gels. Hemolyzed specimens. Stability: If the specimen is drawn and stored in the appropriate container, the trace element values do not change with time.			

GENERAL INFORMATION	
Testing Schedule:	Mon-Sat
Expected TAT:	2-3 Days
Cpt Code(s):	84630

Zonisamide (Zonegran)

Order Name: **ZONEGRAN**
Test Number: 3653225

TEST COMPONENTS	REV DATE:2/26/2009
Test Name:	**Methodology:**
Zonisamide (Zonegran)	HPLC

SPECIMEN REQIREMENTS				
	Specimen Volume(min)	Specimen Type	Specimen Container	Transport Environment
Preferred Specimen:	**3 mL (0.8)**	**Serum**	**Clot Activator (Red Top, No-Gel)**	**Room Temperature**
Special Instructions:	Separate serum or plasma from cells ASAP. Stability: After separation from cells: Ambient: 6 weeks; Refrigerated: 6 weeks; Frozen: 6 weeks. Unacceptable Specimen: Gel Separator tubes.			

GENERAL INFORMATION	
Testing Schedule:	Mon - Fri
Expected TAT:	2-5 Days
Cpt Code(s):	80299