# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Information</td>
<td>3</td>
</tr>
<tr>
<td>Catalogue Information</td>
<td>3</td>
</tr>
<tr>
<td>Tests Not in Catalogue</td>
<td>3</td>
</tr>
<tr>
<td>Reference Ranges</td>
<td>3</td>
</tr>
<tr>
<td>Specimen Receiving Location</td>
<td>3</td>
</tr>
<tr>
<td><strong>Blood Collection</strong></td>
<td>3</td>
</tr>
<tr>
<td>Out-Patient Blood Collection Location and Hours of Operation</td>
<td>3</td>
</tr>
<tr>
<td>In-Patient and Clinic Blood Collection</td>
<td>3</td>
</tr>
<tr>
<td><strong>Specimen Collection Information</strong></td>
<td>4</td>
</tr>
<tr>
<td>Venipuncture Policy</td>
<td>4</td>
</tr>
<tr>
<td>Collection and Handling Instructions</td>
<td>4</td>
</tr>
<tr>
<td>Blood Collection Under Special Circumstances</td>
<td>4</td>
</tr>
<tr>
<td>Transfusion Medicine - Specimen Collection Policy</td>
<td>4</td>
</tr>
<tr>
<td>Requisition Information</td>
<td>4</td>
</tr>
<tr>
<td>Requisitions and Supplies</td>
<td>5</td>
</tr>
<tr>
<td>Specimen Labeling</td>
<td>5</td>
</tr>
<tr>
<td>Frozen Specimens</td>
<td>6</td>
</tr>
<tr>
<td>Transport</td>
<td>6</td>
</tr>
<tr>
<td>Coagulation Testing</td>
<td>6</td>
</tr>
<tr>
<td>Safety</td>
<td>7</td>
</tr>
<tr>
<td><strong>Alphabetical Test Listing</strong></td>
<td>8</td>
</tr>
<tr>
<td><strong>Appendix A</strong></td>
<td>213</td>
</tr>
</tbody>
</table>
### General Information

#### Catalogue Information
This catalogue is developed by the Department of Pathology and Laboratory Medicine for all of our customers.

The Laboratory Test Catalogue may be viewed at: [http://www.cdha.nshealth.ca/pathology-laboratory-medicine](http://www.cdha.nshealth.ca/pathology-laboratory-medicine)

While every effort is made to keep the Laboratory Test Catalogue up to date, the electronic copy that resides on the document control system is the valid document. Any paper document labeled *Uncontrolled* must be verified against the electronic version prior to use.

#### Tests Not in Catalogue
Please contact **Bayers Road Blood Collection Service** at 454-1661 for information on tests not found in this catalogue. For inquiries outside of regular hours please call Laboratory Reporting and Inquiry at 473-2266.

#### Reference Ranges
Reference values and interpretive information are reported with test results. Inquiries should be directed to 473-2266.

#### Specimen Receiving Locations
For a list of locations where specimens for Pathology and Laboratory Medicine are received please visit: [http://www.cdha.nshealth.ca/pathology-laboratory-medicine/blood-collection-services/specimen-receiving-locations](http://www.cdha.nshealth.ca/pathology-laboratory-medicine/blood-collection-services/specimen-receiving-locations)

### Blood Collection

#### Out-Patient Blood Collection Locations and Hours of Operation
For a list of Nova Scotia Health Authority-Central Zone outpatient blood collection locations and hours of operation please consult the reverse side of any Pathology and Laboratory Medicine requisition or visit: [http://www.cdha.nshealth.ca/pathology-laboratory-medicine/blood-collection-services/location-hours-outpatient-blood-collection](http://www.cdha.nshealth.ca/pathology-laboratory-medicine/blood-collection-services/location-hours-outpatient-blood-collection)

#### In-Patient and Clinic Blood Collection
Specimen Collection Information

Veni puncture Policy
The Nova Scotia Health Authority-Central Zone Department of Pathology and Laboratory Medicine Venipuncture Policy can be viewed at: http://policy.nshealth.ca/Site_Published/DHA9/document_render.aspx?documentRender.IdType=6&documentRender.Generi cField=&documentRender.Id=47261. Section 15 includes specific instructions for collecting specimens for the Transfusion Medicine division of the Department of Pathology and Laboratory Medicine.

Collection, Handling and Transport Instructions
The specimens need to be properly collected, processed, packaged and transported in accordance with laboratory policies and procedures, in a timely manner and under conditions that will not compromise either the integrity of the specimen or patient confidentiality. Transportation must be compliant with the Transportation of Dangerous Goods (TDG) Act. Please ensure no patient information is visible when packaging specimens to be transported to the laboratory. Detailed information is included with each test listing.

It is essential that an adequate volume/quantity of specimen be submitted for analysis. Minimum volume/quantity information is provided in each catalogue listing whenever applicable.

Hemolyzed or lipemic specimens may alter certain test results and may be rejected.

Blood Collection under Special Circumstances
Physicians must complete the following consent form authorizing phlebotomy under special circumstances such as mastectomy, fistula, and blood draws from the foot: http://www.cdha.nshealth.ca/system/files/sites/116/documents/physicians-authority-draw-blood-under-special-circumstances.pdf

Transfusion Medicine - Specimen Collection Policy
Section 15 of the following general policy includes specific instructions for collecting specimens for the Transfusion Medicine division of the Department of Pathology and Laboratory Medicine.

Requisition Information
A Nova Scotia Health Authority-Central Zone requisition must be submitted with all specimens.

Requisition - minimum information to be supplied:
- Patient identification – a minimum of the patient’s full name, (whenever possible the legal name), and at least one additional unique and legible patient identifier. Information on the requisition must match information on the sample label. Please see the Specimen Labeling section below.
- Test(s) requested
- Authorized requestor’s information
- Additional physician’s information to receive a copy of report (when required)
- Clinical patient information when the laboratory test requires it, as determined by appropriate Division
PLM Laboratory Test Catalogue

- Type of specimen and the anatomic site of origin when appropriate
- Date of collection for all specimens
- Time of collection for breast tissue, blood and bodily fluid specimens e.g., blood, urine, synovial fluid, CSF etc.
- Patient’s gender and date of birth

Requisition - optimal information to be supplied:
- Collector identification – identification of the person that collected the specimen with full name or assigned Laboratory Information System username.
- Time of collection for specimens other than blood and bodily fluids e.g., tissues, swabs fine needle aspirations etc.
- Billing information if not being billed to Provincial Health Care System, e.g., citizen of another country
- Patient’s contact information
- NSHA patient’s current financial number
- Destination of the report for NSHA Inpatients & Clinic patients

Requisitions and Supplies
A number of different Department of Pathology and Laboratory Medicine requisitions and supplies are available from Nova Scotia Health Authority-Central Zone Customer Service by calling (902) 466-8070. Requisition reference numbers and fax request options can be viewed at: http://www.cdha.nshealth.ca/pathology-laboratory-medicine/blood-collection-services/how-obtain-laboratory-requisitions.

Specimen Labeling
Specimens must be clearly identified with a legible patient’s full name, whenever possible the legal name, and a minimum of one other identifier as listed below:
- Nova Scotia Health Authority inpatient and ambulatory patients – the medical record number assigned by Nova Scotia Health Authority.
- Referred-in specimens – the provincial health card number or unique identifier generated by the ordering location.
- For international travelers: Any other unique identifier associated with the individual will be accepted.
- Other unique identifiers associated with a patient include:
  - Registered health card equivalent
  - Passport number
  - NSHA invoice number
  - Private insurance policy number
  - Immigration number
  - Physician’s office’s patient chart number
- Exception: Unique codes in the case of anonymous testing may be used in place of legal name.
  No second unique identifier required.

All Transfusion Medicine specimens and retrievable specimens for other laboratory divisions that are unlabeled will be rejected.

If submitting multiple specimens on one patient, the collection date and/or time must be written.
on the specimen.
When submitting serum or plasma specimen types, indicate the specimen type on the label.

**Frozen Specimens**
Specimens need to be frozen if specifically indicated in the Instructions/Shipping requirements. When freezing is indicated, specimens should be frozen as soon as possible. Always freeze specimens in plastic (polypropylene) containers unless instructed otherwise. A frozen specimen may be rejected if received in a thawed state. Ensure frozen specimens are packed in order to maintain the frozen state during transport.
If more than one test is requested on a frozen specimen, split the sample prior to freezing and submit separately.

**Transport**
Please see instructions and shipping procedures under test name for specific requirements. Specimens collected at the HI Site should be delivered to HI Specimen Receiving Room 6509A. Specimens collected at VG Site should be delivered to VG Specimen Receiving, Mackenzie Building Room 126. Specimens collected off-site and referred to QEII HSC should be addressed to:
QEII HSC Specimen Receiving, McKenzie Building, Room 128, 5788 University Avenue
Halifax, Nova Scotia B3H 1V8

**Coagulation Testing**
Coagulation specimens are collected in 0.109M buffered sodium citrate tubes unless stated otherwise under the specific test in the catalogue.

Citrate tubes must be:
- completely filled or will be rejected
- sent to the laboratory as soon as possible after collection as testing is time sensitive
- transported at room temperature and cannot be packaged on ice or in the same container as other specimens on ice (rejected if received with ice)

Referral testing not in primary tube:
- Specimens must be double spun at centrifuge parameters that are validated for platelet poor plasma by following the steps below:

1. After centrifuging the primary container transfer all plasma into a secondary aliquot tube with the exception of a small layer near the buffy coat (5 mm of plasma).
2. Centrifuge the secondary container and then aliquot 1 ml of the platelet poor plasma into each of the required number of labeled polypropylene aliquot tubes (required number of aliquots is listed under each assay). Do not pipette or disturb the bottom 2 to 5 mm of plasma in the secondary container.
3. Freeze and send on dry ice so no thawing occurs during transport (rejected if received thawed).
Safety

All patients at Nova Scotia Health Authority are cared for using Routine Precautions. All blood specimens and body fluids are considered potentially infectious and therefore standard precautions should be used for all specimens at all times.

All specimens referred to Nova Scotia Health Authority-Central Zone from outside sources should be packaged and transported to the laboratory under conditions that comply with Workplace Hazardous Materials Information System (WHMIS) and Transportation of Dangerous Goods (TDG) Regulations. The TDG in its Regulations has listed organisms/diseases for which special packaging and labeling must be applied (ex: infectious substances).

All specimens should be properly sealed prior to being transported. Leaking containers pose a health hazard. Do not submit needles attached to syringes.

Nova Scotia Health Authority adheres to the following:
- WHMIS Act and Regulations
- TDG Act and Regulations
PLM Laboratory Test Catalogue

Nova Scotia Health Authority-Central Zone - Laboratory Test Catalogue

For information on laboratory tests not listed in this catalogue please phone Laboratory Reporting and Inquiry at 902-473-2266.

17 Beta Estradiol  see Estradiol
Division: Clinical Chemistry – Core

50 % Correction  see PT 50% Mix or PTT 50% Mix
Division: Hematopathology – Coagulation

11-Deoxycortisol Serum Compound “S”
Tube/Specimen: Gold Stoppered 5.0 mL SST
Referred Out: In-Common Laboratories
Instructions: Centrifuge at room temperature. Aliquot 1.0 mL serum into plastic vial. Freeze at once.
LIS Mnemonic: 11-Deoxy

1, 25 Dihydroxycholecalciferol  see Vitamin D (1, 25-Dihydroxy) Level
Referred Out: In-Common Laboratories

10, 11 Epoxide  see Carbamazepine-10, 11 Epoxide
Referred Out: In-Common Laboratories

72 hour Fecal Fat  see Fat, Fecal
Referred Out: In-Common Laboratories

5HIAA, 24-Hour Urine
Tube/Specimen: 24-hour urine collected in a container with 25 mL 6N HCL.
Referred Out: In-Common Laboratories
Instructions: Specimen required: 10 mL urine aliquot of well-mixed collection. The patient must have a diet free of avocados, bananas, tomatoes, plums, eggplant, hickory nuts, pineapple and mollusks for 2 days prior to and during collection. Patients should be off all medications for 3 days if possible. Record Total Volume of 24 hour urine on both the aliquot and the requisition. Refer to Appendix A for pH adjustment instructions.
Stability: 2 to 8°C (preferred) for 1 month and frozen for 90 days.
PLM Laboratory Test Catalogue

LIS Mnemonic: 5HIAA

21 Hydroxylase  see Adrenal Antibody
Referred Out: In-Common Laboratories

17 Hydroxyprogesterone (17 Alpha Hydroxyprogesterone)
Tube/Specimen: Gold Stoppered 5.0 mL SST
Referred Out: In-Common Laboratories
Instructions: Centrifuge at room temperature. Aliquot 1.0 mL serum into plastic vial. Freeze at once. Specimen may be thawed and refrozen once.
LIS Mnemonic: 17OH Prog

18S  see Mycology (18S)
Referred Out: The Hospital for Sick Children

AAA  see Adrenal Antibody
Referred Out: In-Common Laboratories

AAT  see Alpha-1-Anti-Trypsin
Division: Clinical Chemistry - Core

ABL kinase domain mutation  see Next Generation Sequencing-Myeloid Panel
Division: Molecular Diagnostics

ABO Antibody Titre
Tube/Specimen: Lavender Stoppered 6.0 mL EDTA x 2 tubes (BD# 367863)
Requisition: CD0001_0_CD0001_5_2019
Division: Transfusion Medicine
Instructions: Indicate on requisition if patient is undergoing pheresis and whether pre or post.
Comments: CC 85-079 Venipuncture for Blood Collection
Alternate Names: Anti A/Anti B Titre
Isohemagglutinin Titre

ABO Group and Rh Type
Tube/Specimen: Lavender stoppered 6.0 mL EDTA (BD# 367863)
Section: Management System\PLM\General\PLM Website\General\Test Catalogue\Doc#: 19453
Version: 120.0 Current
Effective Date: 4/15/2020
Page 9 of 214

The electronic copy that resides on the document control system is the valid document. Any paper document labeled Uncontrolled must be verified against the electronic version prior to use.
Uncontrolled When Printed
Absolute Neutrophil Count

Division: Hematopathology – Core
Alternate Names: ANC

AC Blood Sugar see Glucose AC, Plasma

Division: Clinical Chemistry - Core

ACA see Anti-Cardiac Muscle Antibody

Division: Immunopathology

ACE see Angiotensin Converting Enzyme, Plasma

Division: Clinical Chemistry - Core

Acetaminophen

Tube/Specimen: Plain Red Tube 6 or 10 mL
Requisition: CD0002
Division: Clinical Chemistry- Core
Alternate Names: Tylenol
LIS Mnemonic: ACET

Acetylcholine Receptor Antibodies
(Do not confuse with Ganglionic Acetylcholine Receptor Antibody)

Tube/Specimen: Gold Stoppered 5.0 mL SST
Referred Out: UBC Diagnostic Services Laboratory
Instructions: Centrifuge at room temperature. Aliquot 1.0 mL serum into plastic vial. Freeze at once. Do not accession for non-NSHA Central Zone Hospitals.

LIS Mnemonic: ACRAB
## Acetylcholinesterase, Plasma

**Tube/Specimen:** Light Green 4.5 mL Lithium heparin and gel for plasma separation  
**Requisition:** CD0002  
**Division:** Clinical Chemistry - Core  
**Alternate Names:** Cholinesterase  
**LIS Mnemonic:** CHE

## Acetylsalicylic Acid

**Division:** Clinical Chemistry - Core

## ACMA

**Division:** Immunopathology

## ACTH

**Tube/Specimen:** Plastic Lavender Stoppered (EDTA) 4mL on ice  
**Requisition:** CD0002  
**Division:** Clinical Chemistry - Core  
**Instructions:** Collect in plastic pre-chilled tubes and keep on ice.  
**Shipping:** Separate at 4°C. Transfer 1.0 mL plasma to pre-chilled plastic tube using a plastic pipette.  
**Alternate Names:** Adrenocorticotropic Hormone  
**LIS Mnemonic:** ACTH

## Activated Protein C Resistance (Do not order a Factor V)

**Division:** Hematopathology – Coagulation

## Acute Intermittent Porphyria gene mutation

**Tube/Specimen:** 4.0 mL EDTA Lavender stoppered tube  
**Peripheral blood:** 1 tube, minimum volume 1 mL. Stability – 14 days at 4°C.  
**Bone marrow:** 1 tube, minimum volume 1 mL. Stability – 14 days at 4°C.  
**Tissue:** Send in saline at 4°C, or frozen on dry ice. Stability – 12 hours in saline at 4°C, or 7 days frozen.  
**Alternatively, send fixed tissue in...**
paraffin block.
DNA: Stability – 3 months at 4°C or frozen.

Requisition: CD0046 or CD2573
Division: Molecular Diagnostics
Instructions: Blood/bone marrow must be kept at 4°C accompanied by requisition.
Any specimen referred from outside of NSHA Central Zone must also be accompanied by a printout of the CBC results, as it is important to know the white blood cell count prior to extracting the DNA.
If multiple Molecular Diagnostics tests are ordered, only 2 tubes of peripheral blood or 1 tube of bone marrow are necessary.

Alternate Names: AIP gene
PBGD gene
Porphyria gene mutation
HMBS
Hydroxymethylbilane Synthase gene

LIS Mnemonic: PBGD gene

Adams 13 Genetics Mutation
contact Hematology Coagulation lab for more information

Adams 13 Test Activity
(Do not confuse with Adams 13 Genetics Mutation Testing)

Tube/Specimen: Two 4.5 mL Sodium Citrate (light blue)
Referred Out: London HSC-Victoria Hospital
Instructions: Send to Esoteric Coagulation Lab for processing.
Comment: Test is not performed at the QEII. Referring hospitals are to send specimens directly to the referral site which performs the test to prevent delay in results.
LIS Mnemonic: MISC HEM

ADH see Copeptin

ADH (Anti-Diuretic Hormone) testing is no longer available at the QEII laboratory or any of the referral laboratories. Please refer to Copeptin testing as a surrogate for ADH.

Adrenal Antibody

Tube/Specimen: Gold Stoppered 5.0 mL SST
Referred Out: In-Common Laboratories
Instructions: Centrifuge at room temperature. Aliquot at least 1.0 mL serum into plastic vial. Freeze at once.
LIS Mnemonic: ADRAB

Adrenaline see Catecholamines, Total Plasma

Referred Out: In-Common Laboratories
The electronic copy that resides on the document control system is the valid document. Any paper document labeled Uncontrolled must be verified against the electronic version prior to use.

Uncontrolled When Printed
Alanine Aminotransferase, Plasma  
**see ALT, Plasma**

Division: Clinical Chemistry - Core

---

**Albumin, Fluid**

Tube/Specimen: 10.0 mL Body Fluid collected in sterile plastic screw top tubes
Requisition: CD0002
Division: Clinical Chemistry - Core
Shipping: If sending specimen from outside QEII HSC, transport at room temperature.
LIS Mnemonic: BF ALB

---

**Albumin, Plasma**

Tube/Specimen: Light Green 4.5 mL Lithium heparin and gel for plasma separation
Requisition: CD0002
Division: Clinical Chemistry – Core
LIS Mnemonic: ALB

---

**Albumin, Random Urine or 24-Hour Urine**

Tube/Specimen: Random collection (preferred) using a mid-stream technique to eliminate bacterial contamination or 24-hour urine collection in a plain container.
Requisition: CD0002
Division: Clinical Chemistry - Core
Instructions: Specimen required: 4 mL urine aliquot from well-mixed collection. Record the Total Volume of the 24-hour urine on both the specimen aliquot and the requisition.
Stability: Room temperature for 1 day, 2 to 8°C (preferred) for 7 days and frozen for 14 days.
Alternate Names: U ACR  
Albumin/Creatinine Ratio  
Microalbumin, Urine
LIS Mnemonics: U ACR  
U24 ALB

---

**Alcohol, Serum**

Tube/Specimen: Plain Red Tube 6 or 10 mL
Requisition: CD0002
Division: Clinical Chemistry - Core

---

The electronic copy that resides on the document control system is the valid document. Any paper document labeled **Uncontrolled** must be verified against the electronic version prior to use.  
**Uncontrolled When Printed**
Instructions: Use non-alcoholic solutions such as peroxidase, saline or warm water to clean venipuncture site. Do not use alcohol preparations.

Alternate Names: Ethanol
Ethyl Alcohol
ETOH

LIS Mnemonic: ALC

Aldosterone, Serum

Tube/Specimen: Gold topped SST tube

Indicate if patient was upright or recumbent (lying down) at time of collection. Keep at room temperature.

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature, aliquot and freeze the serum at -20°C or lower.
Do not accession for non-NSHA Central Zone Hospitals.

LIS Mnemonic: ALDOS S

Aldosterone, 24-Hour Urine

Tube/Specimen: 24-hour urine collected in plain 24 hour urine bottle

Referred Out: In-Common Laboratories

Instructions: Specimen required: 10 mL urine aliquot from well-mixed collection. Record Total Volume of the 24-hour urine on both the aliquot and requisition. Identify drugs administered within 2 weeks as some drugs have a low cross-reactivity in this assay.

Comments: Samples with Boric Acid are acceptable.
Do not accession for non-NSHA Central Zone Hospitals.

Stability: Room temperature for 2 days, 2 to 8°C (preferred) for 10 days and frozen for 3 weeks.

LIS Mnemonic: ALDOS U

ALK see Alkaline Phosphatase, Plasma

Division: Clinical Chemistry - Core

ALK FISH

Tube/Specimen: Tissue in paraffin block

Requisition: CD2573

Division: Molecular Diagnostics

Instructions: To be ordered only by a NSHA Central Zone pathologist.
Tissue: Send in saline at 4°C, or frozen on dry ice. Stability – 12 hours in saline at 4°C, or 7 days frozen.
RNA: Stability – 3 months frozen.

Requisition: CD0046 or CD2573
Division: Molecular Diagnostics

Instructions: Blood/bone marrow must be kept at 4°C, accompanied by requisition.
If multiple Molecular Diagnostics tests are ordered, only 2 tubes of peripheral blood or 1 tube of bone marrow are necessary.

Alternate Names: Translocation (2;5) t(2;5)

LIS Mnemonic: 2LAVDNA

---

**ALK PHOS**

see Alkaline Phosphatase, Plasma

Division: Clinical Chemistry – Core

---

**Alkaline Phosphatase, Bone**

see Bone Alkaline Phosphatase

Referred Out: Mayo Medical Laboratories

---

**Alkaline Phosphatase, Isoenzyme**

_Do not confuse with Bone Alkaline Phosphatase_

Tube/Specimen: Two gold topped SST tubes
Referred Out: In-Common Laboratories

Instructions: Centrifuge and aliquot 3.0 mL serum into a plastic vial. Freeze.
Do not accession for non-NSHA Central Zone Hospitals.

LIS Mnemonic: ALPISO

---

**Alkaline Phosphatase, Plasma**

Tube/Specimen: Light Green 4.5 mL Lithium heparin and gel for plasma separation
Requisition: CD0002
Alternate Names: ALP
ALK
ALK PHOS
Phosphatase, Alkaline

LIS Mnemonic: ALP

---

**ALP**

see Alkaline Phosphatase, Plasma

Division: Clinical Chemistry - Core

---

**Alpha Fetoprotein**

see AFP
Division: Clinical Chemistry - Core

---

**Alpha Galactosidase, Whole Blood**

**Tube/Specimen:** One 6 mL green topped Sodium or Lithium heparin tube, no gel separator  
Collect only Monday to Thursday before Noon.  
Contact Referred Out at 902-473-7237 before collection.

**Referred Out:** Genetique MedicaIe or the Hospital for Sick Children, Metabolic Diseases Laboratory

**Instructions:**  
Do Not Centrifuge.  
Do not accession for non-NSHA Central Zone Hospitals.  
Ship at room temperature same day of collection. **Time Sensitive.**

**LIS Mnemonic:** MISC REF

---

**Alpha Thalassemia, DNA Testing**

**Tube/Specimen:** Three lavender topped EDTA tubes

**Referred Out:** McMaster University Medical Centre

**Instructions:**  
Do Not Centrifuge.  
Ship at room temperature.

**LIS Mnemonic:** MISC HEM

---

**Alpha Thalassemia Screen** (see Hemoglobin Electrophoresis)

**Division:** Hematopathology - Immunology

---

**Alpha Tocopherol** (see Vitamin E Level)

**Referred Out:** In-Common Laboratories

---

**Alpha-1-Acid Glycoprotein**  
(Do not confuse with Alpha Glycoprotein Subunit)

**Tube/Specimen:** Gold topped SST tube

**Referred Out:** In-Common Laboratories

**Instructions:**  
Centrifuge at room temperature. Aliquot 1.0 mL serum into a plastic vial and freeze.

**LIS Mnemonic:** A1AGP

---

**Alpha-1-AntiTrypsin**

**Tube/Specimen:** Gold Stoppered 5.0 mL SST

**Requisition:** CD0002

**Division:** Clinical Chemistry - Core
Shipping: Separate serum within 5 hours of collection. Serum stable for 48 hours at 2 to 8°C. Freeze and send frozen serum, if longer.

LIS Mnemonic: AAT

---

**Alpha-1-Antitrypsin Mutation Analysis (Genotyping)**

*(Do not confuse with AAT Phenotyping)*

**Collect MONDAY ONLY!!** Notify referred-out Bench at 902-473-7237 that specimen is being collected.

Blood Collection: Patients have been directed to arrive at blood collection during the following times:

- **BRBC**: 7-10 am Monday only
- **Cobequid**: Collected to meet 10 am run Monday only
- **Dartmouth**: Collected to meet 10 am run Monday only
- **HICS**: 7-10 am Monday only
- **SCCS**: 7-10 am Monday only
- **STMB**: Collected to meet 10 am run Monday only
- **YGCS**: 7-10 am Monday only
- **WLBC**: Book appointment 7-9 am Monday only

Tube/SPECIMEN: One 6.0 mL Lavender topped EDTA tube

Referred Out: In-Common Laboratories

Instructions: Send whole blood. Send specimen in original collection tube. **Do not freeze.** Do not accession for non-NSHA Central Zone Hospitals.

LIS Mnemonic: AAT GENO

---

**Alpha-1-Antitrypsin Phenotyping, PI Typing**

Tube/SPECIMEN: Gold topped SST tube

Referred Out: Mayo Medical Laboratories

Instructions: Centrifuge at room temperature. Aliquot 1.0 mL serum into a plastic vial; freeze at once. **Do not accession for non-NSHA Central Zone Hospitals.**

LIS Mnemonic: AAT Pheno

---

**Alpha-2-Anti Plasmin**

Tube/SPECIMEN: 4.5 mL sodium citrate (light blue topped) tube

Referred Out: Hamilton General Hospital

Instructions: Send to Hematology Coagulation Lab for processing.

Comment: Test is not performed at the QEII. Referring hospitals are to send specimens directly to the referral site which performs the test to prevent delay in results.

LIS Mnemonic: Antiplasmn

---

**ALT, Plasma**
**PLM Laboratory Test Catalogue**

**ALUMINUM LEVEL**

**Tube/Specimen:** Light Green 4.5 mL Lithium heparin and gel for plasma separation

**Requisition:** CD0002

**Division:** Clinical Chemistry - Core

**Alternate Names:** Alanine Aminotransferase
SGPT

**LIS Mnemonic:** ALT

**Instructions:**

- Centrifuge at room temperature. Aliquot 3.0 mL plasma into a plastic transfer vial. *Freeze.*
- Do not accession for non-NSHA Central Zone Hospitals.

**AMONG**

**Tube/Specimen:** 6.0 mL Royal Blue Trace Element K2 EDTA tube (BD 368381)

**Referred Out:** In-Common Laboratories

**Instructions:**

- Centrifuge at room temperature. Aliquot 3.0 mL plasma into a plastic transfer vial. *Freeze.*
- Do not accession for non-NSHA Central Zone Hospitals.

**LIS Mnemonic:** Aluminum

---

**AMIKACIN LEVEL**

**Tube/Specimen:** Plain Red Tube 6 or 10 mL

**Requisition:** CD0432/CD0433

**Division:** Microbiology

**Instructions:**

- Do not take blood from catheter or from site of injection of the antibiotic. Take Pre blood specimen immediately before dose is administered.
- Take Post blood specimen 30 minutes after completion of intravenous dose or 60 minutes after an intramuscular dose is administered. The time specimen was collected (pre/post) should be indicated on the requisition and tubes.

**Note:** A Microbiologist must be consulted (902-473-6624). This test will be referred out by the Microbiology lab.

**Alternate Names:** Aminoglycoside Level

---

**AMINO ACID QUANTITATIVE PLASMA**

**Tube/Specimen:** 7.0 mL Lithium heparin (dark green) tube on ice.

**Referred Out:** JWK Metabolic Lab

**Instructions:**

- Patient fasting is preferred.
- Centrifuge at room temperature immediately or within 4 hours of collection if specimen is kept refrigerated.
- Aliquot 2.0 mL heparinized plasma into plastic vial.
- Refrigerate for up to 24 hours. If unable to ship within 24 hours, freeze and ship frozen. Otherwise ship same day with cold pack.

---

The electronic copy that resides on the document control system is the valid document. Any paper document labeled Uncontrolled must be verified against the electronic version prior to use.

*Uncontrolled When Printed*
Amino Acid, Quantitative, Random Urine or 24-Hour Urine

Tube/Specimen: Random urine collection must be a mid-stream technique to eliminate bacterial contamination. Timed (12-hour or 24-hour) specimens are also acceptable.

Referred Out: IWK Metabolic Lab

Instructions: Specimen required: 10 mL urine aliquot from well-mixed collection
Do not accession for non-NSHA Central Zone Hospitals; send directly to IWK Metabolic Lab
Sample should be accompanied by a Metabolic Investigation Form completed by the ordering physician.

Stability: Room temperature less than 2 days, 2 to 8˚C (preferred) for 3 days, frozen indefinitely.

LIS Mnemonic: AA PL QT

Amino Acid Screen, Qualitative, Random Urine or 24-Hour Urine

Tube/Specimen: Collection must be in a plain container; random using mid-stream technique to eliminate bacterial contamination. Timed 12-hour and 24-hour collections are also acceptable.

Referred Out: IWK Metabolic Lab

Instructions: Specimen required: 10 mL urine aliquot from well-mixed collection
Do not accession for non-NSHA Central Zone Hospitals; send directly to IWK Metabolic Lab
Sample should be accompanied by a Metabolic Investigation Form completed by the ordering physician.

Stability: Room temperature less than 2 days, 2 to 8˚C (preferred) for 3 days, frozen indefinitely.

LIS Mnemonic: Miscellaneous Referred-Out

Aminoglycoside Levels

see Gentamicin, or Tobramycin, or Vancomycin

Division: Clinical Chemistry - Core

Aminophylline

see Theophylline

Division: Clinical Chemistry - Core

Amiodarone Level

Tube/Specimen: Plain red topped tube

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature. Aliquot 1.0 mL serum into a plastic transfer vial. Freeze at once.
To monitor therapy, draw trough specimen prior to next dose.
Analysis includes Desethylamiodarone.

LIS Mnemonic: Amiod Lvl
Amitriptyline Level

**Test Details**

**Tube/Specimen:** Plain red topped tube

**Referred Out:** In-Common Laboratories

**Instructions:** Centrifuge at room temperature. Aliquot 1.0 mL serum into a plastic transfer vial. **Freeze.**

Do not accession for non-NSHA **Central Zone** Hospitals

**Note:** Royal Blue Trace Element SERUM tube (BD #368380) and Lavender topped EDTA plasma are also acceptable. **Indicate sample type on tube**

**LIS Mnemonic:** AMIT

AML1-ETO gene fusion

**Test Details**

**Tube/Specimen:** 4.0 mL EDTA Lavender stoppered tube(s)

Peripheral blood: Preferably 2 tubes, minimum volume 1 mL. Stability – 14 days at 4ºC

Bone marrow: 1 tube, minimum volume 1 mL. Stability – 14 days at 4ºC

Tissue: Send in saline at 4ºC, or frozen on dry ice. Stability – 12 hours in saline at 4ºC, or 7 days frozen

RNA: Stability – 3 months frozen.

**Requisition:** CD0046 or CD2573

**Division:** Molecular Diagnostics

**Instructions:** Blood/bone marrow must be kept at 4ºC, accompanied by requisition.

If multiple Molecular Diagnostics are ordered, only 2 tubes of peripheral blood or 1 tube of bone marrow are necessary.

**Alternate Names:** Translocation (8;21) t(8;21) RUNX1-RUNX1T1

**LIS Mnemonic:** 2LAVDNA

Ammonia, Plasma

**Test Details**

**Tube/Specimen:** 4.0 mL EDTA Lavender topped tube

**Requisition:** CD0002

**Division:** Clinical Chemistry - Core

**Instructions:** Tube must be filled to capacity.

Label tube with patient information with water proof ink, immediately immerse in slurry of ice and water and deliver to Processing area within 20 minutes.

Centrifuge at 4ºC and aliquot plasma within 30 minutes of collection.

Plasma aliquot must be kept on ice before analysis.

Plasma may be stored at 4ºC for up to 2 hours if necessary. Freeze if unable to immediately analyze.

**Shipping:** Plasma aliquot is stable for 15 minutes at 15 to 25ºC, 2 hours at 4 to 8ºC and 3 weeks frozen.

Freeze/thaw once.

**LIS Mnemonic:** AMMON

Amoebiasis – IHA

**Section:** Management System\PLM\General\PLM Website\General\Test Catalogue\

**Doc#:** 19453

**Version:** 120.0 Current
**Effective Date:** 4/15/2020

Page 21 of 214

The electronic copy that resides on the document control system is the valid document. Any paper document labeled **Uncontrolled** must be verified against the electronic version prior to use.

**Uncontrolled When Printed**
PLM Laboratory Test Catalogue

Tube/SPECIMEN: Gold Stoppered 5.0 mL SST
REQUISITION: CD0432/CD0433
DIVISION: Virology-Immunology
INSTRUCTIONS: Clinical data should be indicated on the requisition.
NOTE: This test will be referred out by the laboratory.
ALTERNATE NAMES: Amoebic Serum Hemagglutination

Amoebic Serum

Div: Virology-Immunology

Amylase and CEA, Pancreatic Cyst Fluid

 Tube/SPECIMEN: 1 mL Pancreatic Cyst Fluid collected in a sterile plastic screw top container
 REQUISITION: CD0002
 DIVISION: Clinical Chemistry - Core
 SHIPPING: If sending specimen from outside QEII HSC, transport refrigerated. Stable 72 hours refrigerated.
 LIS Mnemonic: PCF AMY and CEA

Amylase, Plasma

 Tube/SPECIMEN: Light Green 4.5 mL Lithium heparin and gel for plasma separation
 REQUISITION: CD0002
 DIVISION: Clinical Chemistry - Core
 Alternate Names: Diastase
 LIS Mnemonic: AMY

Amylase, Urine

 Tube/SPECIMEN: Timed urine collection (examples: 2-hour, 24-hour)
 REQUISITION: CD0002
 DIVISION: Clinical Chemistry - Core
 INSTRUCTIONS: Specimen required: 4 mL urine aliquot from well-mixed collection
 COMMENTS: Random collections are only available on pancreatic transplant patients.
 STABILITY: Room temperature 1 day, 2 to 8°C (preferred) for 7 days and frozen for 2 weeks.
 LIS Mnemonic: U AMY T
## ANA
see Anti-Nuclear Antibody

| Division: | Immunopathology |

## Anafranil
see Clomipramine

| Referred Out: | In-Common Laboratories |

## Anaplasma
see Hem Microorganism

| Division: | Hematopathology-Microscopy |

## ANC
see Absolute Neutrophil Count

| Division: | Hematopathology - Core |

## ANCA
see Vasculitis Panel

| Division: | Immunopathology |

### Androstenedione

| Tube/Specimen: | Gold Stoppered 5.0 mL SST |
| Requisition: | CD0002 |
| Division: | Clinical Chemistry - Core |
| Shipping: | Separate serum within 5 hours of collection. Serum stable for 24 hours at 2 to 8ºC. Freeze and send frozen serum, if longer. |
| Alternate Names: | Delta 4 Androstenedione |
| LIS Mnemonic: | ANDRO |

## ANF
see Anti-Nuclear Antibody

| Division: | Immunopathology |

### Angiotensin Converting Enzyme, Plasma

| Tube/Specimen: | Light Green 4.5 mL Lithium heparin and gel for plasma separation |
| Requisition: | CD0002 |
| Division: | Clinical Chemistry - Core |
| Shipping: | Plasma stable for 7 days at 2 to 8ºC. Frozen aliquots are acceptable. |
| Alternate Names: | ACE |

---

**Section:** Management System\PLM\General\PLM Website\General\Test Catalogue

**Doc#:** 19453

**Version:** 120.0 Current

**Effective Date:** 4/15/2020

Page 23 of 214

The electronic copy that resides on the document control system is the valid document. Any paper document labeled Uncontrolled must be verified against the electronic version prior to use.

Uncontrolled When Printed
PLM Laboratory Test Catalogue

LIS Mnemonic: ACE

Anti A / Anti B Titre
Division: Transfusion Medicine

see ABO Antibody Titre

Anti HCV
Division: Virology-Immunology

see Hepatitis C

Anti TTG
Division: Immunopathology

see Anti-Tissue Transglutaminase

Anti-Adrenal Antibody
Referred Out: In-Common Laboratories

see Adrenal Antibody

Anti-AMPA Receptor, Serum or CSF
Tube/Specimen: One Gold topped SST tube or 3.0 mL CSF
Referred Out: Mitogen Advanced Diagnostics
Instructions: Centrifuge at room temperature and aliquot at least 1.0 mL serum into plastic vial. Freeze. Do not accession for non-NSHA Central Zone Hospitals
Stability: 28 days frozen or refrigerated.
LIS Mnemonic: AMPA

Anti-Basement Membrane
Division: Immunopathology

see Anti-Pemphigoid Antibody

Antibody Screen
Division: Transfusion Medicine

see Indirect Antiglobulin Test

Anti-Borrelia Antibodies
Division: Virology-Immunology

see Lyme Antibodies

Anti-Cardiac Muscle Antibody
Tube/Specimen: Gold Stoppered 5.0 mL SST
Requisition: CD0002

The electronic copy that resides on the document control system is the valid document. Any paper document labeled Uncontrolled must be verified against the electronic version prior to use.

Uncontrolled When Printed
Anti-Cardiolipin Ab

Tube/Specimen: Gold Stoppered 5.0 mL SST
Requisition: CD0002
Comments: This is not the same as an antiphospholipid antibody. Anti-Cardiolipin belongs to Anti Phospholipid Family.
Alternate Names: Cardio Ab Cardiolipin Antibodies

Anti-CCP see Anti Cyclic Citrullinated Peptide

Anti-Centromere Antibody see Anti Nuclear AB, (ANA)

Anti-Centromere B see Anti Nuclear AB, (ANA)

Anti-Chromatin see Anti Nuclear AB, (ANA)

Anti-Cochlear Ab FORWARD see F68KD

Referred Out: Mayo Medical Laboratories

Anti-Cyclic Citrullinated Peptide

Tube/Specimen: Gold Stoppered 5.0 mL SST
Requisition: CD0002
Alternate Names: Anti-CCp CCP Cyclic Citrullinated Peptide Antibody
Anti-Depressant Level  

Physician must specify name of drugs

Anti-Diuretic Hormone (ADH, Vasopressin)  
see Copeptin

ADH testing is no longer available at the QEII laboratory or any of the referral laboratories. Please refer to Copeptin testing as a surrogate for ADH.

Anti-DNA Ab  
see Anti-Nuclear AB, (ANA)

Division:  
Immunopathology

Anti-Double Stranded DNA  
see Anti-ds DNA

Division:  
Immunopathology

Anti-DPPX (Dipeptidyl aminopeptidase-like 6), Serum or CSF

Tube/Specimen:  
Gold topped SST tube or 3.0 mL CSF

Referred Out:  
Mitogen Advanced Diagnostics

Instructions:  
Centrifuge at room temperature and aliquot at least 1.0 mL serum into plastic vial. Freeze. Do not accession for non-NSHA Central Zone Hospitals

Stability:  
28 days frozen or refrigerated.

LIS Mnemonic:  
DPPX
DPPX CSF

Anti-ds DNA  
see Anti-Nuclear AB, (ANA)

Division:  
Immunopathology

ANTI-ds DNA  
see Anti-Nuclear Ab

Division:  
Immunopathology

Anti-Endomysial A  
see Anti-Tissue Transglutaminase

Division:  
Immunopathology

Anti-GABAB Receptor, Serum or CSF

Tube/Specimen:  
Gold topped SST tube or 3.0 mL CSF

Referred Out:  
Mitogen Advanced Diagnostics

Instructions:  
Centrifuge at room temperature and aliquot at least 1.0 mL serum into plastic vial. Freeze. Do not accession for non-NSHA Central Zone Hospitals

Stability:  
28 days frozen or refrigerated.
### PLM Laboratory Test Catalogue

| LIS Mnemonic: | GABAB  
<table>
<thead>
<tr>
<th></th>
<th>GABABCSF</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Anti-GAD</strong></td>
<td><strong>see</strong> Vasculitis Panel</td>
</tr>
<tr>
<td>Tube/SPECimen:</td>
<td>Gold topped SST tube</td>
</tr>
<tr>
<td>Referred Out:</td>
<td>In-Common Laboratories</td>
</tr>
<tr>
<td>Instructions:</td>
<td>Centrifuge at room temperature and aliquot 2.0 mL of serum into plastic vial. <strong>Freeze immediately.</strong></td>
</tr>
<tr>
<td>LIS Mnemonic:</td>
<td>Anti-GAD</td>
</tr>
</tbody>
</table>

| **Anti-GBM Ab** | **see** Vasculitis Panel  |
| Division: | Immunopathology  |

| **Anti-Gliadin** | **see** Anti-Tissue Transglutaminase  |
| Division: | Immunopathology  |

| **Anti-Glomerular Basement** | **see** Vasculitis Panel  |
| Division: | Immunopathology  |

| **Anti-HMGCR Antibodies** | **see** Autoimmune Myopathy/Myositis Profile  |
| Referred Out: | Mitogen Advanced Diagnostics  |

| **Anti-Hu** | **see** Paraneoplastic Antibodies  |
| Referred Out: | Mitogen Advanced Diagnostics  |

| **Anti-Hu, CSF** | **see** Paraneoplastic Antibodies  |
| Referred Out: | Mitogen Advanced Diagnostics  |

| **Anti-Jo-1** | **see** Anti-Nuclear AB, (ANA)  |
| Division: | Immunopathology  |

| **Anti-LKM** | **see** Liver Kidney Microsomal Antibodies  |
| Referred Out: | In-Common Laboratories  |

| **Anti-MAG** | **see** Myelin Associated Glycoprotein Antibody  |
| Referred Out: | Mitogen Advanced Diagnostics  |

The electronic copy that resides on the document control system is the valid document. Any paper document labeled **Uncontrolled** must be verified against the electronic version prior to use.

**Uncontrolled When Printed**
Anti-MOG  
see Neuromyelitis Optica (NMO_IgG)

Referred Out: Mitogen Advanced Diagnostics

Antimicrobial Resistance and Nosocomial Infections (ARNI)  
(MRSA, VRE, ESBLs, Acinetobacter, C. difficile, Strep. Pneumoniae)

Tube/Specimen: Isolate, Susceptibility testing
Referred Out: Antimicrobial Resistance and Nosocomial Infections (ARNI)
Instructions: Shipped as Category B.

Anti-Microsomal Antibodies  
see Anti-thyroid Peroxidase Antibodies

Division: Clinical Chemistry – Core

Anti-Mitochondrial Ab

Tube/Specimen: Gold Stoppered 5.0 mL SST
Requisition: CD0002
Division: Immunopathology
Alternate Names: AMA

Anti-MPO  
see Vasculitis Panel

Division: Immunopathology

Anti-Mullerian Hormone

Tube/Specimen: Prior to Collection, patient must contact the Blood Collection Technical Specialist 902-473-6421 for collection arrangements. Plain red topped tube
Referred Out: Mayo Medical Laboratories
Instructions: Centrifuge at room temperature and aliquot serum into plastic vial. Freeze. Do not accession for non-NSHA Central Zone Hospitals
LIS Mnemonic: AMH

Anti-Mup44/NT5C1  
see Autoimmune Myopathy/Myositis Profile

Referred Out: Mitogen Advanced Diagnostics

Anti-MuSK (Muscle Specific Kinase) Antibody

Tube/Specimen: Gold topped SST tube
**Anti-NDNA**

- Referred Out: UBC Diagnostic Services Laboratory
- Instructions: Centrifuge at room temperature and aliquot 1.0 mL serum into plastic vial. **Freeze.**
  - Do not accession for non-NSHA *Central Zone* Hospitals
- Stability: 28 days frozen
- LIS Mnemonic: MUSK
- **Division:** Immunopathology
- **See:** Anti-ds DNA

**Anti-Neutrophil Cytoplasmic Ab**

- Referred Out: UBC Diagnostic Services Laboratory
- **See:** Vasculitis Panel
- **Division:** Immunopathology

**Anti-Nuclear Antibody (ANA)**

- **Tube/Specimen:** Gold Stoppered 5.0 mL SST
- **Requisition:** CD0002
- **Division:** Immunopathology
- **Note:** If anti-nuclear ab screen is negative no further test will be reported. If anti-nuclear ab screen is positive the following tests will be reported: Anti-ds DNA; Anti-Chromatin; Anti-Ribosomal P; Anti-SS-A/RO; Anti-SS-B/LA; Anti-Centromere B; Anti-Sm; Anti-Sn/RNP; Anti-RNP; Anti-Scl-70; Anti-JO-1
- **LIS Mnemonic:** ANA
- **Alternate Names:** ANF
  - Anti-Nuclear Factor
  - Nuclear Factor

**Anti-Nuclear Factor**

- **See:** Anti-Nuclear Antibody
- **Division:** Immunopathology

**Anti-Pancreatic Islet Cell Antibody**

- **Tube/Specimen:** Gold Stoppered 5.0 mL SST
- **Requisition:** CD0002
- **Division:** Immunopathology
- **Alternate Names:** APICA
  - Islet Cell AB

**Anti-Parietal Cell**

- **See:** Autoantibodies Panel
- **Referred Out:** In-Common Laboratories

---

The electronic copy that resides on the document control system is the valid document. Any paper document labeled Uncontrolled must be verified against the electronic version prior to use.

*Uncontrolled When Printed*
Anti-PC

see Autoantibodies Panel

Referred Out: In-Common Laboratories

Anti-Pemphigoid Antibody

Tube/Specimen: Gold Stoppered 5.0 mL SST
Requisition: CD0002
Division: Immunopathology
Alternate Names: Anti-Basement Membrane Antibody
Skin Basement Membrane Ab

Anti-Pemphigus Antibodies

Tube/Specimen: Gold Stoppered 5.0 mL SST
Requisition: CD0002
Division: Immunopathology
Alternate Names: Intercellular Skin Ab

Anti-Phospholipase A2 Receptor (Anti-PLA2R)

Tube/Specimen: Gold topped SST tube
Referred Out: Mitogen Advanced Diagnostics
Instructions: Centrifuge at room temperature and aliquot at least 1.0 mL serum into plastic vial. Freeze.
Do not accession for non-NSHA Central Zone Hospitals
CSF sample acceptable.
LIS Mnemonic: PLA2R

Anti-PLA2R

see Anti-Phospholipase A2 Receptor

Referred Out: Mitogen Advanced Diagnostics

Anti-Plasmin

see Alpha-2-Anti-Plasmin

Referred Out: Hamilton Regional Hospital

Anti-Platelet Antibody/Platelet Typing

Tube/Specimen: Seven 7.0 mL yellow topped ACD tubes or Nine 4.5 mL light blue topped sodium citrate tubes and one 10.0 mL red topped tube.
Referred Out: McMaster University HSC
Instructions: Send to Hematology Coagulation Lab for processing.

The electronic copy that resides on the document control system is the valid document. Any paper document labeled Uncontrolled must be verified against the electronic version prior to use.

Uncontrolled When Printed
LIS Mnemonic: Miscellaneous Hematology

---

**Anti-PR3**  
**see Vasculitis Panel**

Division: Immunopathology

---

**Anti-Proteinase 3**  
**see Vasculitis Panel**

Division: Immunopathology

---

**Anti-Retinal Autoantibody**

- Tube/Specimen: Two Gold topped SST or two Red topped tubes
- Referred Out: Mayo Medical Laboratories
- Instructions: Ensure Mayo Ocular Immunology Test Request form is completed by physician. Centrifuge and aliquot 5 mL serum (minimum volume is 3 mL) into a referred out aliquot tube. Do not accession for non-NSHA Central Zone Hospitals
- Stability: Refrigerated 7 days.
- LIS Mnemonic: Miscellaneous Referred Out

---

**Anti-Ri**  
**see Paraneoplastic Antibodies**

Referred Out: Mitogen Advanced Diagnostics

---

**Anti-Ri, CSF**  
**see Paraneoplastic Antibodies, CSF**

Referred Out: Mitogen Advanced Diagnostics

---

**Anti-Ribosomal P**  
**see Anti-Nuclear AB, (ANA)**

Division: Immunopathology

---

**Anti-RNP**  
**see Anti-Nuclear AB, (ANA)**

Division: Immunopathology

---

**Anti-Scl-70**  
**see Anti-Nuclear AB, (ANA)**

Division: Immunopathology

---

**Anti-Skeletal Muscle Antibody**

- Tube/Specimen: Gold Stoppered 5.0 mL SST
- Requisition: CD0002
Anti-Sm  
Division: Immunopathology
Alternate Names: ASKMA

see Anti-Nuclear AB, (ANA)

Anti-Sm/RNP  
Division: Immunopathology

see Anti-Nuclear AB, (ANA)

Anti-Sm/RNP  
Division: Immunopathology

see Anti-Nuclear AB, (ANA)

Anti-Sm/RNP  
Division: Immunopathology

see Anti-Nuclear AB, (ANA)

Anti-Sm/RNP  
Division: Immunopathology

see Anti-Nuclear AB, (ANA)

Anti-Sm/RNP  
Division: Immunopathology

see Anti-Nuclear AB, (ANA)

Anti-Sm/RNP  
Division: Immunopathology

see Anti-Nuclear AB, (ANA)

Anti-Sm/RNP  
Division: Immunopathology

see Anti-Nuclear AB, (ANA)

Anti-Sm/RNP  
Division: Immunopathology

see Anti-Nuclear AB, (ANA)

Anti-Sm/RNP  
Division: Immunopathology

see Anti-Nuclear AB, (ANA)

Anti-Sm/RNP  
Division: Immunopathology

see Anti-Nuclear AB, (ANA)

Anti-Sm/RNP  
Division: Immunopathology

see Anti-Nuclear AB, (ANA)

Anti-Sm/RNP  
Division: Immunopathology

see Anti-Nuclear AB, (ANA)

Anti-Sm/RNP  
Division: Immunopathology

see Anti-Nuclear AB, (ANA)

Anti-Sm/RNP  
Division: Immunopathology

see Anti-Nuclear AB, (ANA)

Anti-Sm/RNP  
Division: Immunopathology

see Anti-Nuclear AB, (ANA)

Anti-Sm/RNP  
Division: Immunopathology

see Anti-Nuclear AB, (ANA)

Anti-Sm/RNP  
Division: Immunopathology

see Anti-Nuclear AB, (ANA)

Anti-Sm/RNP  
Division: Immunopathology

see Anti-Nuclear AB, (ANA)

Anti-Sm/RNP  
Division: Immunopathology

see Anti-Nuclear AB, (ANA)

Anti-Sm/RNP  
Division: Immunopathology

see Anti-Nuclear AB, (ANA)

Anti-Sm/RNP  
Division: Immunopathology

see Anti-Nuclear AB, (ANA)

Anti-Sm/RNP  
Division: Immunopathology

see Anti-Nuclear AB, (ANA)

Anti-Sm/RNP  
Division: Immunopathology

see Anti-Nuclear AB, (ANA)

Anti-Sm/RNP  
Division: Immunopathology

see Anti-Nuclear AB, (ANA)

Anti-Sm/RNP  
Division: Immunopathology

see Anti-Nuclear AB, (ANA)

Anti-Sm/RNP  
Division: Immunopathology

see Anti-Nuclear AB, (ANA)

Anti-Sm/RNP  
Division: Immunopathology

see Anti-Nuclear AB, (ANA)

Anti-Sm/RNP  
Division: Immunopathology

see Anti-Nuclear AB, (ANA)

Anti-Sm/RNP  
Division: Immunopathology

see Anti-Nuclear AB, (ANA)

Anti-Sm/RNP  
Division: Immunopathology

see Anti-Nuclear AB, (ANA)
(AT)

Tube/Specimen: Light Blue Stoppered 2.7 mL buffered NA (sodium) citrate, must be a full draw
Requisition: CD0002
Division: Hematopathology - Coagulation
Referrals: Send 2 frozen aliquots of 1.0 mL platelet-poor plasma (see Coagulation Testing under Specimen Collection Information) in Polypropylene vials (12x75).
Alternate Names: Anti-Thrombin
Anti-Thrombin Activity
Anti-Thrombin III
Anti-Thrombin III Assay

Anti-Thyroglobulin Antibodies

Tube/Specimen: Gold Stoppered 5.0 mL SST
Requisition: CD0002
Division: Clinical Chemistry - Core
Comments: NSHA Central Zone: Anti-Thyroglobulin requests are automatically also assayed for Thyroglobulin and TSH. All other NSHA Zones: Anti-Thyroglobulin requests are automatically also assayed for Thyroglobulin.
Shipping: Separate serum within 5 hours of collection. Serum stable for 7 days at 2 to 8ºC. Freeze and send frozen serum, if longer.
Alternate Names: TAB-TA
Thyroglobulin Antibodies
Thyroid Antibodies-Thyroglobulin

LIS Mnemonic: TG (3 panel test) [for NSHA Central Zone]
TG and TGAB referred in [all other NSHA Zones]

Anti-Thyroid Antibodies see Anti-Thyroid Peroxidase Antibodies

Division: Clinical Chemistry - Core

Anti-Thyroid Peroxidase

Tube/Specimen: Gold Stoppered 5.0 mL SST
Requisition: CD0002
Division: Clinical Chemistry - Core
Shipping: Separate serum within 5 hours of collection. Serum stable for 2 days at 2 to 8ºC. Freeze and send frozen serum, if longer.
Alternate Names: Anti-Microsomal Antibodies
Anti-Thyroid Antibodies
Anti-TPO
Thyroid Antibodies

LIS Mnemonic: ANTI-TPO
TAB
Anti-Thyrotropin Receptor Antibody  see Thyroid Receptor Antibody

Referred Out: In-Common Laboratories

---

Anti-Tissue Transglutaminase

Tube/Specimen: Gold Stoppered 5.0 mL SST

Division: Immunopathology

Shipping: Separate serum and send frozen. Specimens can only be stored at 2 to 8°C for 24 hours.

Alternate Names: Anti-Endomysial A
Anti-TTG
TTG
Tissue Transglutaminase
Celiac Screen/Disease

---

Anti-Topoisomerase  see Anti-Nuclear Ab

Division: Immunopathology

---

Anti-TPO  see Anti-Thyroid Peroxidase Antibodies

Division: Clinical Chemistry - Core

---

Anti-Xa

Tube/Specimen: Light Blue Stoppered 2.7 mL buffered NA (sodium) citrate

Requisition: CD0002

Division: Hematopathology - Coagulation

Instructions: Requisition must indicate the type of LMWH the patient is receiving.

Referrals: Send 2 frozen aliquots of 1.0 mL platelet-poor plasma (see Coagulation Testing under Specimen Collection Information) in polypropylene vials (12x75).
Send on dry ice.

Alternate Names: Heparin XA

---

Anti-Yo  see Paraneoplastic Antibodies

Referred Out: Mitogen Advanced Diagnostics

---

Anti-Yo, CSF  see Paraneoplastic Antibodies, CSF

Referred Out: Mitogen Advanced Diagnostics
The electronic copy that resides on the document control system is the valid document. Any paper document labeled Uncontrolled must be verified against the electronic version prior to use.

Uncontrolled When Printed
PLM Laboratory Test Catalogue

Tube/Specimen: Hair collected closest to the scalp from 6 to 8 locations near the nape of the neck. If unable to weigh the hair, try to submit 1 to 2 heaping teaspoons (10 to 20 mL).

Referred Out: In-Common Laboratories

Instructions: Submit in a plastic bag. Bleach, dyes and rinses may interfere.

LIS Mnemonic: ARS H

Arsenic, Random Urine or 24-Hour, Inorganic

Tube/Specimen: Random collection using a mid-stream technique to eliminate bacterial contamination or 24-hour urine collection (preferred) in a plain container.

Referred Out: In-Common Laboratories

Instructions: Specimen required: 15 mL urine aliquot from well-mixed collection. Do not accession for non-NSHA Central Zone Hospitals. Avoid seafood consumption for five days prior to collection. Record Total Volume of the 24-hour urine on both the aliquot and requisition.

Stability: Room temperature 1 day, 2 to 8°C (preferred) for 3 months and frozen for 1 year.

LIS Mnemonic: INARS U INARSRU

Arsenic Whole Blood

Tube/Specimen: Royal Blue topped Trace Element K2 EDTA tube (BD# 368381)

Referred Out: In-Common Laboratories


LIS Mnemonic: ARS WB

ASA see Salicylates

Division: Clinical Chemistry - Core

ASCA see Saccharomyces cer Antibodies

Referred Out: In-Common Laboratories

Ascorbic Acid Level see Vitamin C

Referred Out: In-Common Laboratories

ASKMA see Anti-Skeletal Muscle Antibody

Division: Immunopathology

The electronic copy that resides on the document control system is the valid document. Any paper document labeled Uncontrolled must be verified against the electronic version prior to use.

Uncontrolled When Printed
ASOT
Division: Clinical Chemistry - Core

Aspartate Amino Transferase
Division: Clinical Chemistry - Core

Aspergillosis
Tube/Specimen: Gold Stoppered 5.0 mL SST
Requisition: CD0432/ CD0433
Division: Virology-Immunology
Note: Farmer’s Lung, Pigeon Serum Test, and Bird Antigen Testing not available.

Aspirin
Division: Clinical Chemistry - Core

ASR for Hip Recall
Referred Out: London HSC, Victoria Hospital

AST, Plasma
Tube/Specimen: Light Green 4.5 mL Lithium heparin and gel for plasma separation
Requisition: CD0002
Division: Clinical Chemistry - Core
Alternate Names: Aspartate Amino Transferase SGOT
LIS Mnemonic: AST

Australian Antibody
Division: Virology-Immunology

Australian Antigen
Division: Virology-Immunology

Autoantibodies Panel
Autoimmune Encephalitis

Tube/Specimen: One Gold topped SST tube or 3.0 mL CSF
Referred Out: Mitogen Advanced Diagnostics
Instructions: Centrifuge at room temperature and aliquot at least 1.0 mL of serum into plastic vial. Freeze. Do not accession for non-NSHA Central Zone Hospitals
Stability: 28 days frozen or refrigerated.
Note: Ordering physician must indicate the individual tests required, example, AMPA, NMDA, DPPX, VGKC or GABAB. Autoimmune Encephalitis panel is not an acceptable order request.
LIS Mnemonic: MISC REF (Only when individual tests not indicated, otherwise order each test with specific orderables)

Autoimmune Inflammatory Myopathy

see Autoimmune Myopathy/Myositis Profile

Autoimmune Muscle Disease Profile

see Autoimmune Myopathy/Myositis Profile

Autoimmune Myopathy/Myositis Profile

Tube/Specimen: Gold topped SST tube
Referred Out: Mitogen Advanced Diagnostics
Instructions: Aliquot at least 1.0 mL of serum. Freeze aliquot. Do not accession for non-NSHA Central Zone Hospitals
CSF sample acceptable.
Alternate Names: Anti-HMGCR
Anti-Mup44/NT5C1
Autoimmune Inflammatory Myopathy/Myositis Profile
Autoimmune Muscle Disease Profile
Muscle Autoimmune Myositis Panel
LIS Mnemonic: MYOSITIS

Autoimmune Retinopathy Panel

see Anti-Retinal Autoantibody (ARP)
Autoimmune Thrombocytopenia Purpura

Tube/Specimen: Seven 7.0 mL yellow topped ACD tubes or Nine 4.5 mL light blue topped sodium citrate tubes.

Referred Out: McMaster University HSC

Instructions: Send to Hematology Coagulation Lab for processing.

LIS Mnemonic: Miscellaneous Hematology

Aventyl see Amitriptyline

Referred Out: In-Common Laboratories

Babesia see Hem Microorganism

Division: Hematopathology-Microscopy

Barbiturate Screen

Tube/Specimen: Plain red topped tube

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature.
Aliquot 3.0 mL of serum into plastic transfer vial. Freeze.

LIS Mnemonic: BARBS

B Cell Counts

Tube/Specimen: Dark green stoppered 7.0 mL Lithium Heparin

Requisition: CD0002C

Division: Hematopathology - Flow Cytometry

Instructions: Specimens should arrive in the Flow Cytometry lab on the same day of collection however, must arrive within 24 hours of collection and no later than 14:00 hours on Fridays (or the day before a holiday). The requisition must accompany the specimen to the Flow laboratory.

Shipping: Maintain specimen at room temperature.

Alternate Name: CD19 TESTING

B-cell lymphoid clonality

Tube/Specimen: 4.0 mL EDTA Lavender stoppered tube(s)
- Peripheral blood: Preferably 2 tubes, minimum volume 1 mL. Stability – 14 days at 4°C
- Bone marrow: 1 tube, minimum volume 1 mL. Stability – 14 days at 4°C
- Tissue: Send in saline at 4°C, or frozen on dry ice. Stability – 12 hours in saline at 4°C, or 7 days frozen.
- Alternately, send fixed tissue in paraffin block.
- DNA: Stability – 3 months at 4°C or frozen

The electronic copy that resides on the document control system is the valid document. Any paper document labeled Uncontrolled must be verified against the electronic version prior to use.
The electronic copy that resides on the document control system is the valid document. Any paper document labeled Uncontrolled must be verified against the electronic version prior to use.

Requisition: CD0046 or CD2573

Division: Molecular Diagnostics

Instructions: Blood/bone marrow must be kept at 4°C, accompanied by requisition.
Any specimen referred from outside of NSHA Central Zone must also be accompanied by a printout of the CBC results, as it is important to know the white blood cell count prior to extracting the DNA.
If multiple Molecular Diagnostics tests are ordered, only 2 tubes of peripheral blood or 1 tube of bone marrow are necessary.

Alternate Names: Ig gene rearrangement
Ig heavy chain
Lymphoma protocol

LIS Mnemonic: 2LAVDNA

---

**BCL-1**

see BCL1-IGH gene fusion

---

**BCL1-IGH gene fusion**

Tube/Specimen: 4.0 mL EDTA Lavender stoppered tube(s)
Peripheral blood: 1 tube, minimum volume 1 mL. Stability – 14 days at 4°C
Bone marrow: 1 tube, minimum volume 1 mL. Stability – 14 days at 4°C
Tissue: Send in saline at 4°C, or frozen on dry ice. Stability – 12 hours in saline at 4°C, or 7 days frozen.
Alternatively, send fixed in paraffin block.
DNA: Stability – 3 months at 4°C or frozen.

Requisition: CD0046 or CD2573

Division: Molecular Diagnostics

Instructions: Blood/bone marrow must be kept at 4°C, accompanied by requisition.
Any specimen referred from outside of NSHA Central Zone must also be accompanied by a printout of the CBC results, as it is important to know the white blood cell count prior to extracting the DNA.
If multiple Molecular Diagnostics tests are ordered, only 2 tubes of peripheral blood or 1 tube of bone marrow are necessary.

Alternate Names: BCL-1
 t(11;14)
 Translocation (11;14)
 Cyclin-D1
 PRAD1

LIS Mnemonic: 2LAVDNA

---

**BCL-2**

see BCL2-IGH gene fusion

---

**BCL2-IGH gene fusion**

Tube/Specimen: 4.0 mL EDTA Lavender stoppered tube(s)
Peripheral blood: 1 tube, minimum volume 1 mL. Stability – 14 days at 4°C
Bone marrow: 1 tube, minimum volume 1 mL. Stability – 14 days at 4°C
Tissue: Send in saline at 4°C, or frozen on dry ice. Stability – 12 hours in saline at 4°C, or 7 days frozen.
Alternatively, send fixed in paraffin block.
DNA: Stability – 3 months at 4°C or frozen.

Requisition: CD0046 or CD2573
Division: Molecular Diagnostics

Instructions: Blood/bone marrow must be kept at 4°C, accompanied by requisition. Any specimen referred from outside of NSHA Central Zone must also be accompanied by a printout of the CBC results, as it is important to know the white blood cell count prior to extracting the DNA. If multiple Molecular Diagnostics tests are ordered, only 2 tubes of peripheral blood or 1 tube of bone marrow are necessary.

Alternate Names: BCL-2
(14;18)

LIS Mnemonic: 2LAVDNA

BCR-ABL gene fusion

Tube/Specimen:
- 4.0 mL EDTA Lavender stoppered tube(s)
  - Peripheral blood: Preferably 2 tubes, minimum volume 1 mL. Stability – 14 days at 4°C
  - Bone marrow: 1 tube, minimum volume 1 mL. Stability – 14 days at 4°C
  - Tissue: Send in saline at 4°C, or frozen on dry ice. Stability – 12 hours in saline at 4°C, or 7 days frozen
  - RNA: Stability – 3 months frozen

Requisition: CD0046 or CD2573
Division: Molecular Diagnostics

Instructions: Blood/bone marrow must be kept at 4°C, accompanied by requisition. If multiple Molecular Diagnostics tests are ordered, only 2 tubes of peripheral blood or 1 tube of bone marrow are necessary.

Alternate Names: Quantitative BCR/abl
Philadelphia chromosome
Translocation (9;22)

LIS Mnemonic: 2LAVDNA

BCR-ABL mutation

(Mutation Analysis of BCR-abl transcripts,
ABL Kinase domain mutation)

Division: Molecular Diagnostics

B-Ctx

see C-Telopeptide

Referred Out: In-Common Laboratories

Benzo dia ze pin e

see Clonazepam (Clonazepine)

Referred Out: In-Common Laboratories

Beryllium Lymphocyte Proliferation
(BoLPT)
The electronic copy that resides on the document control system is the valid document. Any paper document labeled Uncontrolled must be verified against the electronic version prior to use.

Uncontrolled When Printed

---

**PLM Laboratory Test Catalogue**

**Beta-2-Glycoprotein Antibody**

<table>
<thead>
<tr>
<th>Tube/Specimen:</th>
<th>One Gold topped SST tube</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referred Out:</td>
<td>In-Common Laboratories</td>
</tr>
<tr>
<td>Instructions:</td>
<td>Centrifuge at room temperature. Aliquot serum into one plastic vial for a minimum of 1.0 mL serum. Freeze at once. If specimen thaws, it is unsuitable for analysis. Do not accession for non-NSHA Central Zone Hospitals</td>
</tr>
<tr>
<td>LIS Mnemonic:</td>
<td>B2GLYAB</td>
</tr>
</tbody>
</table>

---

**Beta-2-Microglobulin, Serum**

<table>
<thead>
<tr>
<th>Tube/Specimen:</th>
<th>Gold Stoppered 5.0 mL SST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requisition:</td>
<td>CD0002</td>
</tr>
<tr>
<td>Division:</td>
<td>Clinical Chemistry - Core</td>
</tr>
<tr>
<td>Shipping:</td>
<td>Separate serum within 5 hours of collection. Serum stable for 7 days at 2 to 8°C. Freeze and send frozen serum, if longer.</td>
</tr>
<tr>
<td>LIS Mnemonic:</td>
<td>B2M</td>
</tr>
</tbody>
</table>

---

**Beta 2 Microglobulin, Urine**

<table>
<thead>
<tr>
<th>Tube/Specimen:</th>
<th>Random urine with pH adjusted to 6.0 to 8.0 within 30 minutes of collection.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referred Out:</td>
<td>In-Common Laboratories</td>
</tr>
<tr>
<td>Instructions:</td>
<td>Available at QE II VG site Blood Collection only. Aliquot and freeze. Do not accession for non-NSHA Central Zone Hospitals</td>
</tr>
<tr>
<td>LIS Mnemonic:</td>
<td>B2MG U</td>
</tr>
</tbody>
</table>

---

**Beta-Carotene**

see Carotene (β-Carotene)

| Referred Out: | In-Common Laboratories |
Beta-CrossLaps

Referred Out: In-Common Laboratories

Beta Hydroxybutyrate

Tube/Specimen: Gold topped SST tube
Referred Out: In-Common Laboratories
Instructions: Centrifuge at room temperature. Aliquot 1.0 mL of serum into plastic transfer vial. Freeze at once. Do not accession for non-NSHA Central Zone Hospitals
LIS Mnemonic: BHYB

Beta-Transferrin

β-Transferrin (includes β1-Transferrin and β2-Transferrin)

Tube/Specimen: Fluid specimen; indicate source
Referred Out: In-Common Laboratories
Instructions: Freeze. Do not accession for non-NSHA Central Zone Hospitals
LIS Mnemonic: BETATRANS

Bethesda (Factor VIII C Inhibitor)

see Factor VIII C Inhibitor
Division: Hematopathology - Coagulation

Bethesda (Factor IX Inhibitor)

see Factor IX Inhibitor
Division: Hematopathology - Coagulation

Bicarbonate, Plasma

Tube/Specimen: Light Green 4.5 mL Lithium heparin and gel for plasma separation
Requisition: CD0002
Division: Clinical Chemistry - Core
Comments: Specimens must be delivered to the laboratory within 2 hours of collection.
Shipping: Separate plasma within 2 hours of collection
Alternate Names: HCO3
TCO2
Total CO2
LIS Mnemonic: CO2
TOTAL CO2

The electronic copy that resides on the document control system is the valid document. Any paper document labeled Uncontrolled must be verified against the electronic version prior to use.

Uncontrolled When Printed
The electronic copy that resides on the document control system is the valid document. Any paper document labeled Uncontrolled must be verified against the electronic version prior to use.

Uncontrolled When Printed
PLM Laboratory Test Catalogue

Bilirubin Total, Plasma

Tube/Specimen: Light Green 4.5 mL Lithium heparin and gel for plasma separation
Requisition: CD0002
Division: Clinical Chemistry - Core
Alternate Names: Total Bilirubin
LIS Mnemonic: BILI T

Bioavailable Testosterone, Plasma/Serum

Tube/Specimen: a) NSHA Central Zone collection: Gold Stoppered 5.0 mL SST & Light Green 4.5 mL Lithium heparin and gel for plasma separation.
OR
b) Outside of NSHA Central Zone collection: Gold Stoppered 5.0 mL SST only.
Requisition: CD0002
Division: Clinical Chemistry - Core
Comments: Testing includes Bioavailable Testosterone, Testosterone, Albumin and Sex Hormone Binding Globulin.
Shipping: Outside of NSHA Central Zone collection: Separate serum within 5 hours of collection. Serum stable for 7 days at 2 to 8ºC. Freeze and send two 1.0 mL frozen serum aliquots. DO NOT SEND FROZEN PLASMA.
LIS Mnemonic: BA TEST

Biquin Level see Quinidine Level

Referred Out: In-Common Laboratories

Blastomycosis

Tube/Specimen: Gold Stoppered 5.0 mL SST
Requisition: CD0432/CD0433
Division: Microbiology-Immunology
Instructions: Clinical data should be indicated on the requisition.
Note: This test will be referred out by the laboratory.
PLM Laboratory Test Catalogue

Division: Microbiology

Comments: Used to detect aerobic and anaerobic bacteria, fungi and mycobacteria.

Alternate Names: Blood C&S
Culture & Sensitivity

Blood Film, Differential, Manual

Tube/Specimen: Lavender Stoppered 4.0 mL EDTA

Requisition: CD0002

Division: Hematopathology - Microscopy

Instructions: Any Differential ordered will have a slide reviewed.

Blood Gases, Arterial

Tube/Specimen: Pre-heparinized Blood Gas syringe on ice.
Maximum heparin ratio must be <10 IU/mL blood
Recommended volume: 1 mL
Minimum volume: 0.7 mL

Requisition: CD0021 REV 06-03

Division: Clinical Chemistry - Core

Comments: Ensure sample is mixed for at least 20 seconds to ensure proper mixing with heparin. If using syringe, remove needle; do not transport with needle attached; label barrel with patient information in waterproof ink, immerse in a slurry of ice and water and deliver to Processing Area immediately. The patient’s temperature and whether patient is receiving supplementary oxygen or room air must be indicated on the requisition. The Blood Gas should be analyzed within 30 minutes of collection.

Shipping: If sending specimen from outside QEII HSC, notify Laboratory at 902-473-6545 when specimen is in transport and when it is expected. Specimen must be kept cold but not frozen.

Alternate Names: Oxygen Content
Oxygen Saturation
Co-Oximetry

LIS Mnemonic: ABG

Blood Gases, Venous

Tube/Specimen: Pre-heparinized Blood Gas syringe on ice.
Maximum heparin ratio must be <10 IU/mL blood
Recommended volume: 1 mL
Minimum volume: 0.7 mL
Note: Venous blood gases are not available for collection at NSHA Outpatient Blood Collection sites.

Requisition: CD0021 REV 06-03

Division: Clinical Chemistry - Core

Comments: Ensure sample is mixed for at least 20 seconds to ensure proper mixing with heparin. If using syringe, remove needle; do not transport with needle attached; label barrel with patient information in waterproof ink, immerse in a slurry of ice and water and deliver to Processing Area immediately. The patient’s temperature and whether patient is receiving supplementary oxygen or room air must be indicated on the requisition. The Blood Gas should be analyzed within 30 minutes of collection.

The electronic copy that resides on the document control system is the valid document. Any paper document labeled Uncontrolled must be verified against the electronic version prior to use.

Uncontrolled When Printed
requisition. The Blood Gas should be analyzed within 30 minutes of collection.

Shipping: If sending specimen from outside QEII HSC, notify Laboratory at 902-473-6545 when specimen is in transport and when it is expected. Specimen must be kept cold but not frozen.

Alternate Names: Oxygen Content
Oxygen Saturation
Co-Oximetry

LIS Mnemonic: VBG

Blood Group and Rh Type see ABO Group and Rh Type
Division: Transfusion Medicine

Blood Porphyrians see Porphobilinogen Deaminase
Referred Out: In-Common Laboratories

Blood Sugar see Glucose AC, Plasma
Division: Clinical Chemistry - Core

Body Fluids see specific test for instructions.

Bone Alkaline Phosphatase (Bone Specific Alkaline Phosphatase)
Tube/Specimen: Gold topped SST tube
Referred Out: Mayo Medical Laboratories
Instructions: Centrifuge at room temperature.
Aliquot 1.0 mL of serum into plastic transfer vial. Freeze at once.
Do not accession for non-NSHA Central Zone Hospitals
LIS Mnemonic: Bone ALP

Bone Marrow Aspiration- Bedside Collection
Tube/Specimen: See Instructions
Requisition: CD0046
Division: Hematopathology-Microscopy
Instructions: For QEII patients: Phone 902-473-6667 to book a technologist to spread the films (available Mon-Fri 09:00-16:00 hours) and collect requested samples (Flow Cytometry, Molecular Diagnostics or Cytogenetics). Technologist is not available weekends or Holidays unless approved by Hematopathologist. A CBC and manual differential must be collected within 48 hours of the marrow collection.

Bone Marrow Aspiration- EDTA Collection

Section: Management System\PLM\General\PLM Website\General\Test Catalogue\ Doc#: 19453
Version: 120.0 Current
Effective Date: 4/15/2020
Page 47 of 214

The electronic copy that resides on the document control system is the valid document. Any paper document labeled Uncontrolled must be verified against the electronic version prior to use.

Uncontrolled When Printed
Please Note: Hematology Clinic and Dartmouth General Hospital are the only sites approved for EDTA collections.

Tube/Specimen: 2.0 mL EDTA tube
Requisition: CD0046
Division: Hematopathology-Microscopy

Instructions: EDTA Marrows must be received in lab by 16:30 (Monday to Friday only, excluding holidays). The Laboratory must be notified when sending an EDTA bone marrow (Phone 902-473-6667). A CBC and manual differential must be collected within 48 hours of the marrow collection.

---

Bone Marrow Biopsy

Requisition: CD0046
Division: Hematopathology - Microscopy
Instructions: Procedure is done when bone marrow aspiration is booked at 902-473-6667.

---

Bone Marrow for Cytogenetics

Tube/Specimen: Dark green stoppered containing Sodium Heparin 4 mL
Requisition: CD0046 and IWK Cytogenetics Requisition obtained from 902-428-8336.
Division: Hematopathology-Microscopy
Instructions: QEII patients for this procedure must be booked with Hematopathology at 902-473-6667. Notify IWK Lab at 902-428-8336 in advance when requesting this test.

---

Bordetella Pertussis Serology

Tube/Specimen: Gold Stoppered 5.0 mL SST
Requisition: CD0432/ CD0433
Division: Microbiology-Immunology

---

Borrelia Antibodies see Lyme Antibodies

Division: Virology-Immunology

---

Borrelia-Lyme see Lyme Antibodies

Division: Virology-Immunology

---

BR see CA 15-3

Division: Clinical Chemistry - Core

---

BRAF see Next Generation Sequencing – Solid Tumor panel
Breast Cancer Marker    see CA 15-3

Brucella Abortus Antibodies
Tube/Specimen: Gold Stopped 5.0 mL SST
Requisition: CD0432/ CD0433
Division: Virology-Immunology
Instructions: Convalescent specimen should be sent 10-14 days after acute specimen with a new requisition.

Bullous Pemphigoid    see Anti-Pemphigoid Antibody

BUN    see Urea, Plasma

C0    see Cyclosporine

C1 Esterase Inhibitor    see C1 Inactivator

C1 Esterase Inhibitor “Functional”
Tube/Specimen: Light blue topped Sodium Citrate tube
Referred Out: In-Common Laboratories
Instructions: Centrifuge at room temperature. Separate plasma. Freeze at once. Do not accession for non-NSHA Central Zone Hospitals
LIS Mnemonic: C1ESTF

C1 Inactivator
Tube/Specimen: Plain red topped tube (6 mL) (no serum separator)
Requisition: CD0002
PLM Laboratory Test Catalogue

Division: Clinical Chemistry - Immunology

Shipping: Ensure the specimen is allowed to clot for 30 minutes before centrifuging and removing the serum. Double centrifugation (after serum has been removed from plain red topped tube) is required to prevent red blood cells being present in the specimen. Two aliquot vials should be frozen and sent on dry ice.

Alternate Names: C1 Esterase Inhibitor

C1Q Complement Component

Tube/Specimen: Lavender topped K2EDTA tube.
Referred Out: In-Common Laboratories
Instructions: Centrifuge at room temperature. Aliquot platelet-poor plasma. Freeze at once; specimen unsuitable if thawed.
LIS Mnemonic: MISC REF

C2
Division: Clinical Chemistry - Toxicology

C282Y
Division: Molecular Diagnostics

C3 C4
Division: Clinical Chemistry - Core

CA
Division: Clinical Chemistry – Core

CA125
Tube/Specimen: Gold Stopped 5.0 mL SST
Requisition: CD0002
Division: Clinical Chemistry - Core
Shipping: Separate serum within 5 hours of collection. Serum stable for 7 days at 2 to 8°C. Freeze and send 1.0 mL frozen serum.
Alternate Names: Ovarian Cancer Antigen
LIS Mnemonic: CA 125

CA15-3

The electronic copy that resides on the document control system is the valid document. Any paper document labeled Uncontrolled must be verified against the electronic version prior to use.
PLM Laboratory Test Catalogue

 Tube/Specimen: Gold Stoppered 5.0 mL SST 
 Requisition: CD0002 
 Division: Clinical Chemistry - Core 
 Shipping: Separate serum within 5 hours of collection. Serum stable for 7 days at 2 to 8°C. Freeze and send frozen serum, if longer. 
 Alternate Names: Breast Cancer Marker BR 
 LIS Mnemonic: CA 15-3 

CA 19-9 Level 
 Tube/Specimen: Gold Stoppered 5.0 mL SST 
 Requisition: CD0002 
 Division: Clinical Chemistry – Core 
 Shipping: Separate serum within 5 hours of collection. Serum stable for 7 days at 2 to 8°C. Freeze and send frozen serum, if longer. 
 LIS Mnemonic: CA 19-9 Level 

Cadmium Level Whole Blood 
 Tube/Specimen: 6.0 mL Royal Blue Trace Element K2 EDTA tube (BD368381) 
 Referred Out: In-Common Laboratories 
 Instructions: Do Not Centrifuge! Refrigerate until shipping. Do not accession for non-NSHA Central Zone Hospitals 
 LIS Mnemonic: CAD WB 

Cadmium, Random Urine or 24-Hour Urine 
 Tube/Specimen: Random collection using a mid-stream technique to eliminate bacterial contamination or 24-hour urine collection (preferred) in a plain container. 
 Referred Out: In-Common Laboratories 
 Instructions: Specimen required: 15 mL urine aliquot from a well-mixed collection. Record Total Volume of the 24-hour urine on both the aliquot and the requisition. Do not accession for non-NSHA Central Zone Hospitals 
 Stability: Room temperature 1 day, 2 to 8°C (preferred) for 3 months and frozen for 1 year. 
 LIS Mnemonic: U CAD 24 U CAD 

Caffeine Level 
 Tube/Specimen: Plain red topped tube 

The electronic copy that resides on the document control system is the valid document. Any paper document labeled Uncontrolled must be verified against the electronic version prior to use. 
Uncontrolled When Printed
PLM Laboratory Test Catalogue

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature. Aliquot 1.0 mL (minimum 0.5 mL) of serum into plastic vial. Do not accession for non-NSHA Central Zone Hospitals. Ship refrigerated.

LIS Mnemonic: Caffeine Level CAFQ

Calcitonin

Tube/Specimen: Gold Stoppered 5.0 mL SST on ice

Requisition: CD0002

Division: Clinical Chemistry - Core

Instructions: Specimens for this determination should be collected in chilled tubes, kept on ice and delivered immediately to Laboratory Client Support Centre, 1st floor Mackenzie.

Shipping: Separate at 4°C. Freeze immediately and send 1.0 ml frozen serum. Thawed specimens are unacceptable.

Alternate Names: Thyrocalcitonin

LIS Mnemonic: CALCIT

Calcium, Ionized

Division: Clinical Chemistry - Core

Calcium, Plasma

Divison: Clinical Chemistry - Core

Calcium-Corrected Total, Plasma

Division: Clinical Chemistry - Core

Comment: Testing includes Albumin and Calcium, Plasma

Alternate Names: Corrected TCA

LIS Mnemonic: CORCA
PLM Laboratory Test Catalogue

Calcium, Random Urine or 24-Hour Urine

Tube/Specimen: Random collection using a mid-stream technique to eliminate bacterial contamination or 24-hour urine collection (preferred) in a plain container.

Requisition: CD0002

Division: Clinical Chemistry - Core

Instructions: Specimen required: 4 mL aliquot of pH adjusted and well-mixed collection. Record Total Volume of the 24-hour urine on both the aliquot and the requisition. Refer to Appendix A for pH adjustment instructions.

Comments: Testing includes Urine Creatinine. Calcium/Creatinine ratio will be calculated for random urine specimens.

Stability: Room temperature for 1 day, 2 to 8°C (preferred) for 7 days and frozen for 2 weeks.

LIS Mnemonic: U24 CA

Calculus Analysis

Tube/Specimen: State origin of calculus. Submit specimen in a clean container without preservative.

Referred Out: In-Common Laboratories

Instructions: Do not accession for non-NSHA Central Zone Hospitals

Ship at room temperature.

LIS Mnemonic: STONE

California Encephalitis see ARBO Virus

Division: Virology-Immunology

Calprotectin, Fecal

Tube/Specimen: Collect 10 g of feces/stool in plain screw-capped plastic container. Do not add preservative.

Referred Out: In-Common Laboratories

Instructions: Freeze sample.

Do not accession for non-NSHA Central Zone Hospitals

Stability: 5 days refrigerated; 1 month frozen.

LIS Mnemonic: CALP F

CALR (Calreticulin) Mutation see Next Generation Sequencing – Myeloid panel

Division: Molecular Diagnostics

cAMP see Cyclic AMP Urine and Serum
Cancer Associated Retinopathy Panel (CARP)
Referred Out: Mayo Medical Laboratories

Carbamazepine-10, 11 Epoxide
(Do not confuse with Carbamazepine)
Tube/Specimen: Collect one plain red topped tube
Referred Out: In-Common Laboratories
Instructions: Must indicate “Epoxide” on the requisition.
Aliquot 2.0 mL serum. Freeze.
Do not accession for non-NSHA Central Zone Hospitals
LIS Mnemonic: CARBEP

Carbamazepine
Tube/Specimen: Plain Red Tube 6 or 10 mL
Requisition: CD0002
Division: Clinical Chemistry - Core
Comments: Blood should be collected just prior to the next dose (trough collection). Specimens should not be collected until the blood concentration is at steady state (3-4 half-lives).
Note: These determinations can be done on micro samples. Send at least 0.2 mL of serum.
Alternate Names: Tegretol
LIS Mnemonic: CARB

Carbon Dioxide, Plasma see Bicarbonate, Plasma
Division: Clinical Chemistry - Core

Carbon Monoxide
Tube/Specimen: Dark green stoppered, lithium heparinized whole blood on ice (tube must be filled), or collected in a pre-heparinized Blood Gas syringe on ice. Maximum heparin ratio must be <10 IU/mL blood
Recommended volume: 1 mL
Minimum volume: 0.7 mL
Requisition: CD0021
Division: Clinical Chemistry - Core
Comments: If using syringe, remove needle; do not transport with needle attached. Label barrel or tube with patient information in water proof ink, immerse in a slurry of ice and water and deliver to Blood Gas Laboratory immediately.
Lithium Heparin Tube is very stable: Up to 2 days, on ice or not on ice.
Alternate Names: Carboxyhemoglobin
COHb

LIS Mnemonic: COHB

---

**Carboxyhemoglobin**

see Carbon Monoxide

Division: Clinical Chemistry - Core

---

**Carcinoembryonic Antigen**

see CEA

Division: Clinical Chemistry – Core

---

**Cardiac Enzymes**

see CK, Plasma or Lactic Dehydrogenase, Serum

Division: Clinical Chemistry – Core

---

**Cardio Ab**

see Anti-Cardiolipin Ab

Division: Immunopathology

---

**Cardiolipin Antibodies**

see Anti-Cardiolipin Ab

Division: Immunopathology

---

**Carnitine Free and Total**

Tube/Specimen: Collect one gold topped SST or plain red topped tube.

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature. Aliquot 1.0 mL serum into plastic vial. Freeze at once.

LIS Mnemonic: CARN F T

---

**Carotene (Beta-Carotene) (β-Carotene)**

Tube/Specimen: Collect two gold topped SST tubes. Wrap in foil to protect from light!

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature. Aliquot 4.0 mL serum into plastic vial. Wrap aliquot in foil to protect from light. Freeze at once.

LIS Mnemonic: Carotene

---

**Catecholamines, Total Plasma**

Tube/Specimen: Collect one lavender topped EDTA tube and place on ice.

Referred Out: In-Common Laboratories

Section: Management System\PLM\General\PLM Website\General\Test Catalogue\Doc#: 19453

Version: 120.0 Current
Effective Date: 4/15/2020
Page 55 of 214

The electronic copy that resides on the document control system is the valid document. Any paper document labeled Uncontrolled must be verified against the electronic version prior to use.

Uncontrolled When Printed
Catecholamine, 24-Hour Urine

Instructions: Sample must be centrifuged cold (4°C) and frozen within 1 hour of collection. Aliquot 1.0 mL of plasma into plastic vial. Freeze.
Do not accession for non-NSHA Central Zone Hospitals

LIS Mnemonic: Cats Plasma

---

CBC  see Profile, auto Diff

---

CBF beta-MYH11 gene fusion  see Inversion 16

---

CCP  see Anti-Cyclic Citrullinated Peptide

---

CD4 Cells, CD4 Cell Marker  see T Cell Subsets

---

CD19 TESTING  see B Cell Counts

---

CD34 TESTING  see Stem Cell Enumeration

---
CD55/59 TESTING
Division: Hematopathology – Flow Cytometry

---

**CEA**

Tube/Specimen: Gold Stoppered 5.0 mL SST
Requisition: CD0002
Division: Clinical Chemistry - Core
Shipping: Separate serum within 5 hours of collection. Serum stable for 7 days at 2 to 8°C. Freeze and send frozen serum, if longer.
Alternate Names: Carcinoembryonic Antigen
LIS Mnemonic: CEA

---

**CEA and Amylase, Pancreatic Cyst Fluid**

Tube/Specimen: 1 mL Pancreatic Cyst Fluid collected in a sterile plastic screw top container
Requisition: CD0002
Division: Clinical Chemistry - Core
Shipping: If sending specimen from outside QEII HSC, transport refrigerated.
Stability: 72 hours refrigerated
LIS Mnemonic: PCF CEA and AMY
Or
PCF AMY and CEA

---

**Celiac Screen/Disease**

Division: Immunopathology

---

**CellCept**

Division: Clinical Chemistry - Toxicology

---

**Cell Surface Markers**

Division: Hematopathology-Flow Cytometry

---

**Celontin**

Division: Clinical Chemistry - Core

---

**Cerebrospinal Fluid**
PLM Laboratory Test Catalogue

<table>
<thead>
<tr>
<th>Tube/Specimen:</th>
<th>Sterile plastic screw-top tubes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requisition:</td>
<td>QE 7850_12_05</td>
</tr>
<tr>
<td>Division:</td>
<td>Hematopathology - Core</td>
</tr>
<tr>
<td>Instructions:</td>
<td>Testing of CSF is conducted in various laboratory disciplines making it desirable for each laboratory to have a separate sample. Therefore, at least three (3) tubes should be collected. The tubes must be clearly numbered in order of collection. All samples are sent to the Hematopathology - Core lab. Specimens from Patients who are suspect or clinically diagnosed with CJD must follow NSHA Central Zone Policy and Procedure # IC 09-003.</td>
</tr>
<tr>
<td>Shipping:</td>
<td>If quantities are not met, it may not be possible to provide the requested test results. Amounts Required: Lumbar Puncture or Drain Lumbar Puncture- Microbiology: 1.5 mL; Clinical Chemistry - Core: 1.0 mL; Hematopathology - Core: 1.0 mL; Cytology: 1.0 mL</td>
</tr>
</tbody>
</table>

---

**Ceruloplasmin**

<table>
<thead>
<tr>
<th>Tube/Specimen:</th>
<th>Gold Stoppered 5.0 mL SST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requisition:</td>
<td>CD0002</td>
</tr>
<tr>
<td>Division:</td>
<td>Clinical Chemistry - Core</td>
</tr>
<tr>
<td>Shipping:</td>
<td>Separate serum within 5 hours of collection. Serum stable for 2 weeks at 2 to 8°C. Freeze and send frozen serum, if longer.</td>
</tr>
<tr>
<td>LIS Mnemonic:</td>
<td>CERULO</td>
</tr>
</tbody>
</table>

---

**CH50** see Complement CH50

Referred Out: In-Common Laboratories

---

**CHIC-2** see Hypereosinophilic Syndrome

Referred Out: Mayo Cytogenetics Laboratory

---

**Chicken Pox Titre** see Varicella Zoster Immune Status

Division: Virology-Immunology

---

**Chikungunya Virus** see ARBO Virus

Division: Virology-Immunology

---

**Chimerism Analysis for BMT**

<table>
<thead>
<tr>
<th>Tube/Specimen:</th>
<th>4.0 mL EDTA Lavender stoppered tube(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Peripheral blood: 1 tube, minimum volume 1 mL. Stability – 14 days at 4°C</td>
</tr>
<tr>
<td></td>
<td>Bone marrow: 1 tube, minimum volume 1 mL. Stability – 14 days at 4°C</td>
</tr>
<tr>
<td></td>
<td>Tissue: Send in saline at 4°C, or frozen on dry ice. Stability – 12 hours in saline at 4°C, or 7 days frozen DNA: Stability – 3 months at 4°C or frozen.</td>
</tr>
<tr>
<td>Requisition:</td>
<td>CD0046 or CD2573</td>
</tr>
</tbody>
</table>
PLM Laboratory Test Catalogue

Division: Molecular Diagnostics

Instructions: Blood/bone marrow must be kept at 4°C, accompanied by requisition. Any specimen referred from outside of NSHA Central Zone must also be accompanied by a printout of the CBC results, as it is important to know the white blood cell count prior to extracting the DNA. If multiple Molecular Diagnostics tests are ordered, only 2 tubes of peripheral blood or 1 tube of bone marrow are necessary.

Alternate Names: Pre-BMT Donor
Pre-BMT Recipient
Post-BMT
Post-BMT Recipient
STR
Short Tandem Repeats
VNTR
Variable Number Tandem Repeats

LIS Mnemonic: 2LAVDNA

Chlamydia PCR, Urine

Requisition: CD0432/CD0433

Division: Virology-Immunology

Instructions: 10 to 50 mL first catch urine (first part of the stream) collected in polypropylene container with no preservative

Comments: Patient must not have urinated during the previous 2 hours. This test is recommended for male patients. The preferred sample for females is a vaginal swab due to the decreased sensitivity of female urine.

Shipping: If sending specimen from outside QEII HSC, transport at room temperature within 24 hours of collection. Refrigerate specimen until time of transport.

Chloride, Plasma

Tube/Specimen: Light Green 4.5 mL Lithium heparin and gel for plasma separation

Requisition: CD0002

Division: Clinical Chemistry – Core

Comments: Specimens must be delivered to the laboratory within 2 hours of collection.

Shipping: Separate plasma within 2 hours of collection.

Alternate Names: Cl-

LIS Mnemonic: CL

Chloride, Stool see Fecal Electrolytes

Referred Out: In-Common Laboratories

Chloride, Random Urine or 24-Hour Urine

Tube/Specimen: Random collection using a mid-stream technique to eliminate bacterial contamination or 24-hour urine collection (preferred) in a plain
Requisition: CD0002
Division: Clinical Chemistry - Core
Instructions: Specimen required: 4 mL urine aliquot from well-mixed collection. Record the Total Volume of the 24-hour urine on both the aliquot and the requisition.
Comments: No reference ranges are provided for random urine.
Stability: Room temperature 1 day, 2 to 8°C (preferred) for 7 days and frozen for 2 weeks.
LIS Mnemonic: U24 CL

Cholesterol, Plasma
Tube/Specimen: Light Green 4.5 mL Lithium heparin and gel for plasma separation
Requisition: CD0002
Division: Clinical Chemistry - Core
Instructions: Patient fasting is at the discretion of the ordering physician and must be indicated on the requisition.
Alternate Names: Cholesterol Screen
Lipid Profile
Lipid Screen
Lipid Testing
LIS Mnemonic: CHOL

Cholesterol Crystals
Tube/Specimen: 10.0 mL Body Fluid collected in sterile plastic screw top tubes
Requisition: CD0002
Division: Clinical Chemistry - Core
Shipping: If sending specimen from outside QEII HSC, transport at room temperature.
LIS Mnemonic: BF CHOLCRY

Cholesterol Screen see Cholesterol, Plasma
Division: Clinical Chemistry - Core

Cholesterol, HDL see HDL-Cholesterol, Plasma
Division: Clinical Chemistry - Core

Cholesterol, LDL see LDL-Cholesterol, Plasma
The electronic copy that resides on the document control system is the valid document. Any paper document labeled Uncontrolled must be verified against the electronic version prior to use.

Uncontrolled When Printed
Aliquot plasma into plastic transfer vial; **Freeze**.
Do not accession for non-NSHA **Central Zone** Hospitals

**LIS Mnemonic:** CR P

---

**Chromium Random Urine**

**Tube/Specimen:** Collect a random urine sample and transfer to a metal-free container. Provide collection date. Indicate “Random”. Avoid seafood consumption for five days prior to collection.

**Referred Out:** In-Common Laboratories

**Instructions:** Ship at room temperature.
Do not accession for non-NSHA **Central Zone** Hospitals

**LIS Mnemonic:** CRRU

---

**Chromium Whole Blood**

**Tube/Specimen:** 6.0 mL Royal Blue Trace Element K2 EDTA tube (BD368381)

**Referred Out:** In-Common Laboratories

**Instructions:** **Do Not Centrifuge!**
Do not accession for non-NSHA **Central Zone** Hospitals

**LIS Mnemonic:** CR WB

---

**Chromogenic Factor IX**

see Factor Assay Chromogenic IX

**Division:** Hematopathology-Coagulation

---

**Chromogranin A**

**Tube/Specimen:** One lavender topped EDTA tube

**Referred Out:** In-Common Laboratories

**Instructions:** Centrifuge at room temperature.
Aliquot at least 1.0 mL plasma into a plastic vial.
**Freeze immediately.**
Specimen unsuitable if thawed.
Do not accession for non-NSHA **Central Zone** Hospitals

**LIS Mnemonic:** CGA

---

**Chromosomal Analysis**

**Tube/Specimen:** Dark green stoppered containing Sodium Heparin 4 mL

**Requisition:** IWK Cytogenetics Requisition

**Division:** Hematopathology - Microscopy

**Instructions:** Notify IWK Lab at 902-428-8336 in advance when requesting this test or to obtain requisition.
Chromosome Translocation t (11; 14)  see bcl-1 Gene fusion
Division: Molecular Diagnostics

Chromosome Translocation t (14; 18)  see bcl-2 Gene fusion
Division: Molecular Diagnostics

Citrate, 24-Hour Urine
Tube/Specimen: 24-hour urine collection in a plain container.
Requisition: CD0002
Division: Clinical Chemistry - Core
Instructions: Specimen required: 4 mL urine aliquot from well-mixed collection.
Patient must follow special diet provided by the Stone Clinic.
Record Total Volume of the 24-hour urine on both the aliquot and the requisition.
Stability: Room temperature 6 hours, 2 to 8°C (preferred) for 7 days and frozen for 2 weeks.
Alternate Names: Citric Acid
LIS Mnemonic: U24 CIT
            U CIT R [IWK samples only]

Citric Acid  see Citrate, Urine
Division: Clinical Chemistry – Core

CK, Plasma
Tube/Specimen: Light Green 4.5 mL Lithium heparin and gel for plasma separation
Requisition: CD0002
Division: Clinical Chemistry – Core
Alternate Names: Creatine Kinase
                CPK
                CKMB
                Cardiac Enzymes
LIS Mnemonic: CK

CK isoenzymes (CKMB)
Tube/Specimen: Gold topped SST tube.
Referred Out: In-Common Laboratories
Instructions: Centrifuge at room temperature

The electronic copy that resides on the document control system is the valid document. Any paper document labeled Uncontrolled must be verified against the electronic version prior to use.
Uncontrolled When Printed
Aliquot at least 0.5 mL serum and freeze.

LIS Mnemonic: MISC REF

---

**CL**

See Chloride, Plasma

**Clinical Bacteriology Referred Out Isolates: Special Bacteriology**

(Examples: Legionella, Bartonella ID, Bacterial Identifications)

**Tube/Specimen:** Isolate for identification/typing

**Referred Out:** National Microbiology Laboratory

**Instructions:** Shipped as Category B

---

**CLL MLPA**

**Tube/Specimen:** 4.0 mL EDTA Lavender stoppered tube(s) and one 7.0 mL Lithium Heparin Dark green stoppered tube

Peripheral blood: Preferably 2 tubes, minimum volume 1 mL. Stability – 24 hours at 4°C

Bone marrow: 1 tube, minimum volume 1 mL. Stability – 24 hours at 4°C

DNA: Stability – 3 months at 4°C or frozen.

**Requisition:** CD0046 or CD2573

**Division:** Molecular Diagnostics

**Instructions:** Blood/bone marrow must be kept at 4°C, accompanied by requisition. Any specimen referred from outside of NSHA Central Zone must also be accompanied by a printout of the CBC results, as it is important to know the white blood cell count prior to extracting the DNA. If multiple Molecular Diagnostics tests are ordered, only 2 tubes of peripheral blood or 1 tube of bone marrow are necessary.

**LIS Mnemonic:** MLPA

---

**Clobazam**

**Tube/Specimen:** Plain Red Tube 6 or 10 mL

**Requisition:** CD0002

**Division:** Clinical Chemistry - Toxicology

**Instructions:** This determination can be done on micro samples. Send at least 0.2 mL of serum for each test. Blood should be collected just prior to the next dose (trough collection).

**Note:** Routine monitoring includes quantitation of the active metabolite N-Desmethylclobazam.

**Alternate Names:** Frisium

**LIS Mnemonic:** CLOB

---

**Clomipramine Level**

**Tube/Specimen:** Royal Blue Trace Element SERUM tube (BD368380)

The electronic copy that resides on the document control system is the valid document. Any paper document labeled **Uncontrolled** must be verified against the electronic version prior to use.

**Uncontrolled When Printed**
The electronic copy that resides on the document control system is the valid document. Any paper document labeled "Uncontrolled" must be verified against the electronic version prior to use.

Uncontrolled When Printed
PLM Laboratory Test Catalogue

CMV Blood Culture  
see CMV PCR

Division: Virology-Immunology

CMV PCR

Tube/Specimen: Two Lavender stoppered 4.0 mL EDTA tubes
Requisition: CD0002
Division: Virology-Immunology
Instructions: Store whole blood at 2 to 25°C for no longer than 6 hours. Separate plasma by centrifuging at 3000g for 20 minutes. Separated plasma should be shipped at 2 to 8°C within 7 days.
Alternate Names: Cytomegalovirus Viral Load CMV Antigen

CMV Titre  
see CMV Antibody Screen

Division: Virology-Immunology

C Myc

Tube/Specimen: Bone Marrow in 7.0 mL green topped Sodium Heparin tube.
Referred Out: Mayo Cytogenetics Laboratory
Instructions: Hematopathology Molecular Lab will process sample.
LIS Mnemonic: Misc Hematology Referred-Out

CO2, Plasma  
see Bicarbonate, plasma

Division: Clinical Chemistry - Core

Coagulation Factor Assays

Tube/Specimen: 2 Light Blue Stoppered 2.7 mL buffered NA (sodium) citrate, must be a full draw
Requisition: CD0002
Division: Hematopathology - Coagulation
Comments: The Factors required must be indicated on the requisition.
Note: Send 2 frozen aliquots of 1.0 mL platelet-poor plasma (see Coagulation Testing under Specimen Collection Information) in polypropylene vials (12x75). Send on dry ice.
Exception: FXIII (Factor 13) is not performed at the QEII. Referring hospitals are to send sample directly to In-Common Laboratories.

Cobalt for Hip Recall  
see Metal Ions for Hip Recall

The electronic copy that resides on the document control system is the valid document. Any paper document labeled Uncontrolled must be verified against the electronic version prior to use.
Uncontrolled When Printed
Cobalt, Plasma

**Tube/Specimen:**
6.0 mL Royal Blue Trace Element K2 EDTA tube (BD368381)

**Referred Out:**
In-Common Laboratories

**Instructions:**
- Centrifuge.
- Aliquot plasma into plastic transfer vial. **Freeze.**
- Do not accession for non-NSHA *Central Zone* Hospitals

**LIS Mnemonic:**
COBP

---

Cobalt, Whole Blood

**Tube/Specimen:**
6.0 mL Royal Blue Trace Element K2 EDTA tube (BD368381)

**Referred Out:**
In-Common Laboratories

**Instructions:**
- Do Not Centrifuge!
- Do not freeze. Ship refrigerated.
- Do not accession for non-NSHA *Central Zone* Hospitals

**LIS Mnemonic:**
COB WB

---

Coccidioidomycoses Serology

**Tube/Specimen:**
Gold Stoppered 5.0 mL SST

**Requisition:**
CD0432/ CD0433

**Division:**
Virology-Immunology

**Instructions:**
Clinical data should be indicated on the requisition.

**Note:**
For Coccidioidomycoses cultures, see the “Microbiology User’s Manual”. This test will be referred out by the laboratory.

---

**COHb**

see Carbon Monoxide

**Division:**
Clinical Chemistry - Core

---

**Cold Agglutinin Test**

see Cold Agglutinin Titre

**Division:**
Transfusion Medicine

---

**Cold Agglutinin Titre**

**Tube/Specimen:**
One Plain Red topped tube (6 or 10 mL) or one Lavender topped EDTA tube, collected at 37°C

**Requisition:**
CD0001_05_2019

**Division:**
Transfusion Medicine
Instructions: Specimens must remain at 37°C throughout the procedure until they arrive in Transfusion Medicine. If specimen cannot arrive in the laboratory at 37°C then spin and separate serum or plasma before sending. Serum or plasma must be separated within 24 hours. Testing is batched and will be performed once per week. If required STAT, please call Transfusion Medicine.

Note: Thermal amplitudes are automatically done when Cold Agglutinin Titre results are greater than 640.

---

**Complement Serum (C3 and C4)**

**Tube/Specimen:** Gold Stoppered 5.0 mL SST  
**Requisition:** CD0002  
**Division:** Clinical Chemistry - Core  
**Comments:** Indicate on requisition, which Complement is requested.  
**Shipping:** Separate serum as soon as possible. Serum stable for 48 hours at 2 to 8°C. Freeze and send frozen serum, if longer.  
**Alternate Names:** C3 C4  
**LIS Mnemonic:** C3 C4 C3C4

---

**Complement CH50**

**Tube/Specimen:** Gold topped SST tube.  
**Referred Out:** In-Common Laboratories  
**Instructions:** Centrifuge at room temperature. Aliquot 2.0 mL serum into a plastic vial. Freeze at once.  
**Note:** Plasma is NOT suitable for analysis.  
**LIS Mnemonic:** CH50

---

**Compound “S”** see 11-Deoxycortisol  
**Referred Out:** In-Common Laboratories

---

**Coombs Test** see Direct Antiglobulin Test or Indirect  
**Division:** Transfusion Medicine

---

**Co-Oximetry** see Blood Gases  
**Division:** Clinical Chemistry - Core

---

**Copeptin**

**Tube/Specimen:** Light Green 4.5 mL Lithium heparin and gel for plasma separation
Copper Level

Tube/Specimen: 6.0 mL Royal Blue Trace Element K2 EDTA tube (BD368381)
Referred Out: In-Common Laboratories
Instructions: Centrifuge ASAP.
   Aliquot approximately 3.0 mL plasma into a plastic transfer vial. Freeze.
   Do not accession for non-NSHA Central Zone Hospitals
LIS Mnemonic: Copper

Copper, Random Urine or 24-Hour Urine

Tube/Specimen: Random collection (preferred) using a mid-stream technique to eliminate bacterial contamination or 24-hour urine collection in a plain container.
Referred Out: In-Common Laboratories
Instructions: Specimen required: 15 mL urine aliquot from well-mixed collection.
   Record Total Volume of the 24-hour urine on both the aliquot and the requisition.
   Avoid mineral supplements for 5 days.
   Do not accession for non-NSHA Central Zone Hospitals
Stability: Room temperature 1 day, 2 to 8°C (preferred) for 3 months and frozen for 1 year.
LIS Mnemonic: CU U 24

Coproporphyrin, 24 Hour Urine  see Porphyrin Screen, 24 Hour Urine

Cortisol, 24-Hour Urine

Tube/Specimen: 24-hour urine collection in a plain container.
Requisition: CD0002
Division: Clinical Chemistry - Core
Instructions: Specimen required: 4 mL urine aliquot from well-mixed collection.
   Record Total Volume of the 24-hour urine on both the aliquot and the requisition.
Stability: Room temperature for 1 day and 2 to 8°C (preferred) or frozen for 7 days.
LIS Mnemonic: U24 CORT
Cortisol, Serum
Tube/Specimen: Gold Stoppered 5.0 mL SST
Requisition: CD0002
Division: Clinical Chemistry - Core
Instructions: Specimens for cortisol should be collected at 0800.
Clinicians must indicate on the requisition form if this test is part of a Dexamethasone Suppression Test (DST) by writing ‘Cortisol – DST’ in the bottom space on the requisition. (June 6/17) These are to be accessioned as Cortisol (DST).
Shipping: Separate serum within 5 hours of collection. Serum stable for 14 days at 2 to 8°C. Freeze and send frozen serum, if longer.
LIS Mnemonic: CORT
CORT (DST) [post Dexamethasone Suppression Test only]

Coxiella Burnetii see Q-Fever
Division: Microbiology-Immunology

C-Peptide
Tube/Specimen: Gold Stoppered 5.0 mL SST
Requisition: CD0002
Division: Clinical Chemistry - Core
Instructions: Patients should fast 8 hours prior to collection.
Shipping: Serum stable for 48 hours at 2 to 8°C. Stable frozen for 3 months.
LIS Mnemonic: CPEP

CPK see CK, Plasma
Division: Clinical Chemistry - Core

C-Reactive Protein-HS (High Sensitivity), Plasma
Tube/Specimen: Light Green 4.5 mL Lithium heparin and gel for plasma separation
Requisition: CD0002
Division: Clinical Chemistry – Core
Alternate Names: CRP
High Sensitive CRP
LIS Mnemonic: CRP

Creatine Kinase see CK, Plasma
Division: Clinical Chemistry - Core
Creatinine Clearance, 24-Hour Urine or Timed Urine

Tube/Specimen: Submit both plasma and urine specimens (no preservative) as follows:
Plasma: Collect blood in Light Green 4.5 mL Lithium heparin and gel for plasma separation.

Requisition: CD0002
Division: Clinical Chemistry - Core
Instructions: Plasma specimen should be collected within 12 hours pre or post 24-hour urine collection.
Specimen required: 4 mL urine aliquot from well-mixed collection.
Record the duration of collection in hours (ex: 24 or 2 hour) on both the urine aliquot and the requisition.
Record the Total Volume of the 24-hour urine on both the aliquot and the requisition.
Indicate on requisition patient height (inches) and weight (pounds).
Stability: Room temperature for 1 day, 2 to 8ºC (preferred) for 7 days and frozen for 2 weeks.
LIS Mnemonic: U24 CRCL U CRCL T [timed sample only]

Creatinine, Fluids

Tube/Specimen: Submit only one of the following specimens:
Dialysate Fluid: 10.0 mL Dialysate Fluid collected in sterile plastic screw top tubes.
Miscellaneous Body Fluid: 10.0 mL Body Fluid collected in sterile plastic screw top tubes

Requisition: CD0002
Division: Clinical Chemistry - Core
Shipping: If sending specimen from outside QEII HSC, transport at room temperature.
LIS Mnemonic: DF CREAT BF CREAT

Creatinine, Plasma

Tube/Specimen: Light Green 4.5 mL Lithium heparin and gel for plasma separation

Requisition: CD0002
Division: Clinical Chemistry - Core
LIS Mnemonic: CREAT

Creatinine, Random Urine or 24-Hour Urine

Tube/Specimen: Random collection using a mid-stream technique to eliminate bacterial contamination or 24-hour urine (preferred) collection in a plain container.

Requisition: CD0002
Division: Clinical Chemistry - Core
Instructions: Specimen required: 4 mL urine aliquot from well-mixed collection.
Record Total Volume of 24-hour urine on both the aliquot and the requisition.
Stability: Room temperature for 1 day, 2 to 8°C (preferred) for 7 days and frozen for 2 weeks.

LIS Mnemonic: U24 CREAT
U CREAT

---

**Crithidia Luciliae**

see Anti-ds DNA

Division: Immunopathology

---

**Crossmatch**

see Type and Crossmatch

Division: Transfusion Medicine

---

**CRP, Plasma**

see C-Reactive Protein-HS (High Sensitivity)

Division: Clinical Chemistry - Core

---

**Cryofibrinogen**

Tube/Specimen: One 10.0 mL plain red topped tube at 37°C and two lavender topped EDTA tubes at 37°C.

Referred Out: Hamilton General Hospital

Instructions: Send to Esoteric Immunology Lab for processing. Keep samples at 37°C during transport.

LIS Mnemonic: MISC HEM

---

**Cryoglobulins at 37°C**

Tube/Specimen: 4 Plain Red Tubes (6 mL) or 2 Plain Red tubes (10 mL) collected at 37°C

Requisition: CD0002

Division: Clinical Chemistry – Immunology

Note: This test requires special handling hence is not offered at ESMH or MVMH. Please advise the patient to proceed to TOMH.

Instructions: Collect in pre-warmed tubes kept at 37°C. Maintain at 37°C throughout the procedure and transportation to the laboratory. Specimen stability at 37°C is a maximum of 4 hours from collection to centrifugation. If transport is greater than 4 hours, tubes should optimally be centrifuged at 37°C, double spun to remove any red cells, and separated within 4 hours. Once separated, transport serum at room temperature. Minimum 6mL serum is required.

---

**Cryptococcal Antigen**

Tube/Specimen: Cerebrospinal Fluid (CSF) is the preferred specimen. Serum separated from blood collected in a Gold Stoppered 5.0 mL SST tube is an acceptable alternate specimen.

Requisition: QE 7125

Division: Microbiology

Comments: This test is only performed on approval by a Microbiologist at 902-473-6624. Refer to "Microbiology User’s Manual" for collection procedures.
CSF Lactate  
see Lactate, Spinal Fluid

Referred Out: IWK Laboratory

C-Telopeptide (CTX)

Tube/Specimen: Lavender topped EDTA tube. **Patient must be fasting!**

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature. Aliquot 1.0 mL of plasma into a plastic vial. **Freeze** at once.

Do not accession for non-NSHA Central Zone Hospitals

LIS Mnemonic: CTELO

Culture & Sensitivity  
see Blood Cultures

Division: Microbiology

Comments: Refer to "Microbiology User’s Manual" for collection procedures

CYA  
see Cyclosporine

Division: Clinical Chemistry - Toxicology

Cyanide (Do not confuse with Thiocyanate)

Tube/Specimen: 4.0 mL lavender topped EDTA tube.

Referred Out: In-Common Laboratories

Instructions: **Do Not Centrifuge!** **Do Not Freeze!** Keep refrigerated. Send specimen in original collection tube.

Do not accession for non-NSHA Central Zone Hospitals

LIS Mnemonic: CYAN

Cyclic AMP Urine and Serum

Tube/Specimen: Urine and serum are required for testing. Serum must be drawn at time of urine collection. Gold topped SST tube and random urine sample.

Referred Out: Mayo Medical Laboratories

Instructions: Centrifuge gold topped tube at room temperature. Aliquot 1.0 mL serum into a plastic vial. Aliquot 13.0 mL of urine.

Do not accession for non-NSHA Central Zone Hospitals

LIS Mnemonic: cAMP
Cyclic-Citrullinated Peptide  
Division: Immunopathology

Cyclin-D1  
Division: Molecular Diagnostics

Cyclosporine  
Tube/Specimen: Lavender Stoppered 4.0 mL EDTA  
Requisition: CD0002  
Division: Clinical Chemistry - Toxicology  
Instructions: The time sample collected should be indicated on the requisition and tubes. Time of last medication should be indicated on the requisition. Cyclosporine can be ordered as C0 (trough, pre-dose) or C2 (peak, 2 hour post-dose).  
Shipping: Mix whole blood, transfer whole blood to a plastic tube. Freeze and send on dry ice.  
Alternate Names: Neoral  
Cyclosporine IV  
CYA  
Cyclosporine A  
C0 (Trough)  
C2 (Peak)  
LIS Mnemonic: CYA  
C0 hr (Trough)  
C2 hr (Peak)

Cyclosporine A  
Division: Clinical Chemistry - Toxicology

Cystatin C  
Tube/Specimen: Gold topped SST tube.  
Referred Out: In-Common Laboratories  
Instructions: Centrifuge at room temperature. Aliquot at least 1.0 mL serum into a plastic vial. Freeze at once.  
Note: Recollect if sample thaws.  
LIS Mnemonic: CYSTC

Cysticercosis - IFA and IHA  
Tube/Specimen: Gold Stoppered 5.0 mL SST  
Requisition: QE 7125
Cystine, Random Urine or 24-Hour Urine

Collection should be a mid-stream technique to minimize bacterial contamination. Timed specimens (12-hour or 24-hour) are accepted. Specimen required: 10 mL urine aliquot from well mixed collection.

Do not accession for non-NSHA Central Zone Hospitals; send directly to the IWK Metabolic Lab.

Room temperature for less than 2 hours, 2 to 8°C (preferred) for 3 days and frozen indefinitely.

LIS Mnemonic: U CYSTI U CYSTI 24

Cytogenetic Testing for IWK

see IWK Cytogenetics Testing

Referred Out: IWK Cytogenetics Lab

Cytomegalovirus Antibody

see CMV Antibody Screen

Division: Virology-Immunology

Cytomegalovirus IgM

see CMV Antibody Screen

Division: Virology-Immunology

Cytomegalovirus Viral Load

see CMV PCR

Division: Virology-Immunology

Cytotoxic Antibodies

see HLA Antibody Testing

Division: Hematopathology - Histocompatibility (HLA)

DADE

see PTT Dade

Division: Hematopathology - Coagulation

DAT

see Direct Antiglobulin Test

Division: Transfusion Medicine

D-Dimer

Section: Management System\PLM\General\PLM Website\General\Test Catalogue\ Doc#: 19453

Version: 120.0 Current
Effective Date: 4/15/2020
Page 75 of 214

The electronic copy that resides on the document control system is the valid document. Any paper document labeled Uncontrolled must be verified against the electronic version prior to use.

Uncontrolled When Printed
PLM Laboratory Test Catalogue

Tube/Specimen: Light Blue Stoppered 2.7 mL buffered NA (sodium) citrate, must be a full draw
Requisition: CD0002
Division: Hematopathology - Core
Instructions: Part of DIC screen
Referrals: Send 2 frozen aliquots of 1.0 mL platelet-poor plasma (see Coagulation Testing under Specimen Collection Information) in polypropylene vials (12x75).

Dehydroepiandrosterone see DHEA-S
Division: Clinical Chemistry - Core

Delta 4 Androstenedione see Androstenedione
Division: Clinical Chemistry - Core

Dengue Virus see ARBO Virus
Division: Virology-Immunology

Depakene see Valproate
Division: Clinical Chemistry - Core

Desethylamiodarone see Amiodarone Level
Referred Out: In-Common Laboratories

Desipramine see Imipramine Level
Referred Out: In-Common Laboratories

Desmethylclomipramine see Clomipramine Level
Referred Out: In-Common Laboratories

Desmethyldoxepin see Doxepin Level
Referred Out: In-Common Laboratories

Dexamethasone Suppression Test (DST) see Cortisol, Serum
Division: Clinical Chemistry - Core

DHEA-Unconjugated

The electronic copy that resides on the document control system is the valid document. Any paper document labeled Uncontrolled must be verified against the electronic version prior to use.
Uncontrolled When Printed
(Dehydroepiandrosterone unconjugated)

Tube/Specimen: Plain red topped tube or gold topped SST tube
Referred Out: Mayo Medical Laboratories
Instructions: Centrifuge at room temperature. Aliquot 1.0 mL of serum into plastic vial. **Freeze** at once. Do not accession for non-NSHA Central Zone Hospitals
Note: Make sure “unconjugated” is requested on requisition. Stable frozen for only 14 days.
LIS Mnemonic: DHEA UNCON

DHEA-S

Tube/Specimen: Gold Stoppered 5.0 mL SST
Requisition: CD0002
Division: Clinical Chemistry - Core
Instructions: DHEA-S is a replacement test for urinary 17-Ketosteroids.
Shipping: Separate serum within 5 hours of collection. Serum stable for 8 days at 2 to 8°C. Freeze and send frozen serum, if longer.
Alternate Names: Dehydroepiandrosterone Sulphate
LIS Mnemonic: DHEAS

DHEAS
(Patients under 11 years old ONLY)

Tube/Specimen: Gold topped SST tube
Referred Out: In-Common Laboratories
Instructions: Separate serum within 5 hours of collection. **Freeze** and send frozen serum.
Stability: Serum stable for 8 days at 2 to 8°C.
LIS Mnemonic: DHEAS

Dialysate Fluid

see specific test for instructions.

Division: Clinical Chemistry - Core

Diastase

see Amylase

Division: Clinical Chemistry - Core

DIC Screen
Includes D-Dimer, INR (PT), PTT, Fibrinogen and Thrombin Time
Differential WBC Count

Division: Hematopathology - Core

---

Differential, Manual

Division: Hematopathology - Microscopy

---

Digoxin

Tube/Specimen: Plain Red Tube 6 or 10 mL
Requisition: CD0002
Division: Clinical Chemistry - Core
Instructions: For informative results specimen should be taken just prior to medication, or 8 hours after the drug has been administered.
LIS Mnemonic: DIG

---

Dihydrohodamine (DHR)

Tube/Specimen: 5.0 mL green topped Sodium Heparin AND 5.0 mL green topped Sodium Heparin for a CONTROL from an unrelated healthy donor. Label the CONTROL as “Normal Control”.
Referred Out: Mayo Medical Laboratories
Instructions: Do Not Centrifuge!
Keep samples ambient.
Do not accession for non-NSHA Central Zone Hospitals
Stability: 48 hours
LIS Mnemonic: MISC REF

---

Dihydrotestosterone (DHT) includes Testosterone

Tube/Specimen: Plain red topped tube
Referred Out: In-Common Laboratories
Instructions: Centrifuge at room temperature.
Aliquot 3.0 mL of serum into plastic vial. Freeze at once.
Note: Results may be affected if specimen is thawed.
LIS Mnemonic: DHT

---

Dilantin

see Phenytoin
**Diphenylhydantoin**  
*see Phenytoin, Free*

**Referred Out:**  
In-Common Laboratories

---

**Diphtheria Antitoxin**

**Tube/Specimen:** Gold Stoppered 5.0 mL SST  
**Requisition:** CD0432/CD0433  
**Division:** Microbiology-Immunology  
**Instructions:** Clinical data should be indicated on the requisition.  
**Note:** This test will be referred out by the laboratory.

---

**Direct Antiglobulin Test**

**Tube/Specimen:** Lavender Stoppered 6.0 mL EDTA (BD# 367863)  
**Requisition:** CD0001_05_2019  
**Division:** Transfusion Medicine  
**Instructions:** Indicate on requisition date and time required.  
**Comments:** CC 85-079 Venipunctue for Blood Collection  
**Alternate Names:** DAT

---

**Direct Bilirubin**  
*see Bilirubin Direct, Plasma*

**Division:** Clinical Chemistry - Core

---

**DLI**  
*see Donor Lymphocyte Infusion*

**Division:** Hematopathology - Flow Cytometry

---

**Donor Lymphocyte Infusion**

**Tube/Specimen:** Lavender stoppered 4.0 mL EDTA  
**Requisition:** CD0002C  
**Division:** Hematopathology - Flow Cytometry  
**Instructions:** Specimens must arrive in the Flow Cytometry lab within 24 hours of collection and by 14:00 hours on Friday (or the day before a holiday). The volume of product collected is required on the requisition. The requisition must accompany the specimen to the Flow laboratory.  
**Shipping:** Maintain specimen at room temperature.
Dopamine, Urine

Division: Clinical Chemistry - Toxicology

see Catecholamines, Urine

---

Doxepin Level

Tube/Specimen: Royal Blue Trace Element SERUM tube (BD368380)
Referred Out: In-Common Laboratories
Instructions: Centrifuge at room temperature. 
Aliquot serum into plastic vial. Freeze.
Do not accession for non-NSHA Central Zone Hospitals

Note: Plain red topped (serum) and lavender topped EDTA (plasma) tubes are also acceptable; must indicate specimen type on tube.

LIS Mnemonic: DOX

---

Drug Levels
(Micro Mycobacteriology)

Tube/Specimen: Plain red topped
Referred Out: Infectious Disease Pharmacokinetics Laboratory
Instructions: Ship as Category B

---

Drugs of Abuse Screen, Random Urine

Tube/Specimen: Random collection using mid-stream technique to avoid bacterial contamination in a plain container.
Requisition: CD0002
Division: Clinical Chemistry – Toxicology
Instructions: Specimen required: 30 mL urine aliquot from well-mixed collection.
Comments: Testing includes cocaine metabolites, opiates, benzodiazepines, phencyclidines, amphetamines, cannabinoids and Ritalin. 
This test is done for medical purposes only; it will not be done for pre-employment, work related or legality issues.
Creatinine is added to check adulteration.
Stability: Room temperature for 1 day, 2 to 8°C (preferred) for 7 days and frozen for 2 weeks.

LIS Mnemonic: U DS MED

---

D’Xylose Tolerance Test

Two gold topped SST tubes; the first to be collected Fasting; the second to be drawn 1 hour post-D-Xylose drink.
Referred Out: In-Common Laboratories
Instructions: Centrifuge and aliquot serum in referred-out transfer vials. 
Freeze immediately.
Do not accession for non-NSHA Central Zone Hospitals
E+ see Electrolytes (Na, K), Plasma
Division: Clinical Chemistry - Core

E2 see Estradiol
Division: Clinical Chemistry - Core

Eastern Equine Encephalitis see ARBO Virus
Division: Virology-Immunology

EB Virus see Epstein - Barr virus Antibodies
Division: Virology-Immunology

Echinococcosis
Tube/Specimen: Gold Stoppered 5.0 mL SST
Requisition: QE 7125
Division: Virology-Immunology
Instructions: Clinical data should be indicated on the requisition.
Note: This test will be referred out by the laboratory.

Echinococcosis

eGFR, Plasma
Tube/Specimen: Light Green 4.5 mL Lithium heparin and gel for plasma separation
Requisition: CD0002
Division: Clinical Chemistry - Core
Instructions: Age and gender must be included.
Note: Multiply the adult (≥ 18 years) result by 1.159, if patient of African descent. eGFR should not be used when plasma creatinine is changing rapidly, in pregnancy, age less than 18, or for drug dosing; and should be interpreted with caution in extremes of body habitus eGFR <60 mL/min/1.73mE2 and/or Albumin to Creatinine Ratio (ACR) ≥ 3 mg/mmol for >3 months are diagnostic criterion for Chronic Kidney Disease (CKD).
For more information on CKD identification, management and referral:
Alternate Names: Estimated Glomerular Filtration Rate
LIS Mnemonic: eGFR
PLM Laboratory Test Catalogue

Ehrlichia see Hem Microorganism

Division: Hematopathology-Microscopy

Elastase, Stool see Fecal Elastase

Referred Out: In-Common Laboratories

Electrolytes (Na, K), Plasma

Tube/Specimen: Light Green 4.5 mL Lithium heparin and gel for plasma separation
Requisition: CD0002
Division: Clinical Chemistry – Core
Comments: Specimens must be delivered to the laboratory within 2 hours of collection. Testing for Electrolytes include Sodium (Na), Potassium (K).
Shipping: Separate plasma within 2 hours of collection.
Alternate Names: E+ Lytes
LIS Mnemonic: LYTES (NA, K)

Electrolytes, Urine

Tube/Specimen: 24-hour urine collection (preferred) or random collection; no preservative; refrigerate during collection.
Requisition: CD0002
Division: Clinical Chemistry - Core
Instructions: Amount required: 5 mL urine aliquot from well-mixed collection
Comments: This test includes Urine NA, Urine K and Urine Cl. Testing on 24 hour specimens includes Urine Creatinine.
Shipping: Transport at room temperature.
LIS Mnemonic: U24 LYTE U LYTE

Electrophoresis of Protein see Protein Electrophoresis, Serum

Division: Clinical Chemistry - Immunology

Emerging Bacterial Pathogens/ Pathogenic Neisseria, Syphillis, and Vaccine Preventable Bacterial Diseases

(Neisseria meningitides, Neisseria gonorrhoea, Haemophilus influenza, Bordetella)

Tube/Specimen: Isolate, Susceptibility Testing, Biotyping, Phenotyping, Legal Case Workup, Serology, Genotyping, Genetic Finger Typing, Molecular Detection

The electronic copy that resides on the document control system is the valid document. Any paper document labeled Uncontrolled must be verified against the electronic version prior to use.
### ENA Screen

**see; Anti-nuclear Antibody**

**Division:** Immunopathology

**Comments:** Testing includes antibodies to ENA, LA (or SSB), RO (or SSB), RNP, SM, SCL-70 and JO-

### Endomysial Antibody

**see; Tissue Transglutaminase**

**Division:** Immunopathology

### Enteric Diseases Program:

**Escherichia coli 0157**

**Tube/Specimen:** Isolate, Biotyping, Serotyping, Phage Typing, Pulse Field Gel Electrophoresis (PFGE), Toxin PCR, Other

**Referred Out:** National Microbiology Laboratory

**Instructions:** Shipped as Biological Substances Category B

### Enteric Diseases Program:

**Listeria monocytogenes**

**Tube/Specimen:** Isolate, Serotyping

**Referred Out:** National Microbiology Laboratory

**Instructions:** Shipped as Biological Substances Category B

### Enteric Diseases Program:

**Salmonella species**

**Tube/Specimen:** Isolate, Biotyping, Serotyping, Phage Typing, Pulse Field Gel Electrophoresis (PFGE), Toxin PCR, Tissue Culture Cytotoxicity Assay, Other

**Referred Out:** National Microbiology Laboratory

**Instructions:** Shipped as Biological Substances Category B (S. typhi, if isolated, may be sent as a Precautionary Category A)

### Enteric Diseases Program:

**Shigella species**

**Tube/Specimen:** Isolate, Biotyping, Serotyping, Phage Typing, Pulse Field Gel Electrophoresis (PFGE), Toxin PCR, Tissue Culture Cytotoxicity Assay, Other

**Referred Out:** National Microbiology Laboratory

**Instructions:** Shipped as Biological Substances Category B except S. dysenteriae which requires Category A

### Enterohemorrhagic Ecoli requests

<table>
<thead>
<tr>
<th>Section</th>
<th>Doc#</th>
<th>Version: 120.0 Current</th>
<th>Effective Date: 4/15/2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management System\PLM\General\PLM Website\General\Test Catalogue\</td>
<td>19453</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The electronic copy that resides on the document control system is the valid document. Any paper document labeled Uncontrolled must be verified against the electronic version prior to use.

Uncontrolled When Printed
PLM Laboratory Test Catalogue

Referred Out: IWK-Microbiology Lab
Instructions: Shipped as Biological Substance Category B.

---

**Eosinophil Count**

Tube/Specimen: Lavender Stoppered 4.0 mL EDTA
Requisition: CD0002
Division: Hematopathology – Core
Alternate Names: Total Eosinophil Count

---

**Eosinophil, Nasal Smear**

Tube/Specimen: Nasal smear
Requisition: CD0002
Division: Hematopathology - Microscopy
Instructions: Specimen is sent to Microbiology and prepared on slide; then sent to Microscopy to be stained and viewed.

---

**Eosinophil, Sputum**

Tube/Specimen: Collect in polypropylene container with no preservative.
Requisition: CD0002
Division: Hematopathology - Microscopy
Instructions: Specimen is sent to Microbiology and prepared on slide; then sent to Microscopy to be stained and viewed.

---

**Eosinophil, Random Urine or 24-Hour Urine**

Tube/Specimen: Random collection using a mid-stream technique to eliminate bacterial contamination or 24-hour urine collection in a plain container.
Requisition: CD0002
Division: Hematopathology – Microscopy
Instructions: Specimen required: 10 mL urine aliquot from a well-mixed collection.
Stability: Room temperature 2 hours and 2 to 8ºC (preferred) for 24 hours.
LIS Mnemonic: Eo US

---

**Epinephrine**  
*see Catecholamines, Total Plasma*

Referred Out: In-Common Laboratories

---

**Epinephrine, Urine**  
*see Catecholamines, Urine*
Division: Clinical Chemistry - Toxicology

Epival see Valproate
Division: Clinical Chemistry - Core

EPO see Erythropoietin
Division: Clinical Chemistry - Core

Epoxide Level 10, 11 see Carbamazepine-10, 11 Epoxide
Referred Out: In-Common Laboratories

Epstein - Barr virus
Tube/SPECIMEN: Gold Stoppered 5.0 mL SST
Requisition: CD0432/ CD0433
Division: Virology-Immunology
Comments: Clinical data should be indicated on the requisition.
Note: Tests available are EBV IgM, EBNA Antibody, and Mono Screen

Erythropoietin
Tube/SPECIMEN: Gold Stoppered 5.0 mL SST
Requisition: CD0002
Division: Clinical Chemistry - Core
Instructions: Since diurnal variation of erythropoietin exists, it is important to collect the samples at a consistent time of day. Morning samples taken between 7:30 am and 12:00 noon have been recommended. High circulating biotin levels may reduce results by more than 10% of the true value. Patients must discontinue any biotin supplement at least 3 days prior to testing.
Comments: EDTA tubes are unacceptable.
Shipping: Serum stable for 7 days at 2 to 8°C. Freeze and send frozen serum, if longer.
Alternate Names: EPO
LIS Mnemonic: EPO

ESR
Tube/SPECIMEN: Lavender Stoppered 4.0 mL EDTA
Requisition: CD0002

The electronic copy that resides on the document control system is the valid document. Any paper document labeled Uncontrolled must be verified against the electronic version prior to use.
Uncontrolled When Printed
### Estradiol

**Tube/Specimen:** Gold Stopped 5.0 mL SST  
**Requisition:** CD0002  
**Division:** Clinical Chemistry - Core  
**Shipping:** Separate serum within 5 hours of collection. Serum stable for 7 days at 2 to 8°C. Freeze and send frozen serum, if longer.  
**Alternate Names:** E2, 17 Beta Estradiol  
**LIS Mnemonic:** E2

### Ethanol

**Alternate Names:** see Alcohol, Serum  
**Division:** Clinical Chemistry - Core

### Ethosuximide Level

**Tube/Specimen:** Plain red topped tube.  
**Referred Out:** In-Common Laboratories  
**Instructions:** Centrifuge at room temperature. Aliquot 1.0 mL of serum into plastic vial.  
**LIS Mnemonic:** Ethosux

### Ethyl Alcohol

**Alternate Names:** see Alcohol, Serum  
**Division:** Clinical Chemistry - Core

### Ethylene Glycol

**Tube/Specimen:** Plain Red Tube 6 or 10 mL  
**Requisition:** CD0002  
**Division:** Clinical Chemistry - Toxicology  
**Comments:** Analysis includes quantitation of Glycolic Acid, the primary metabolite of Ethylene Glycol.  
**Alternate Names:** Glycolic Acid  
**LIS Mnemonic:** ETH GLY
**F68KD (hsp-70)**

**Tube/Specimen:** One gold topped SST tube  
**Referred Out:** Mayo Medical Laboratories  
**Instructions:** Centrifuge at room temperature. Aliquot at least 2.0 mL serum and freeze.  
**Stability:** Ambient – 48 hours; Refrigerated – 5 days; Frozen – 1 year  
**LIS Mnemonic:** F68KD

**Facioscapulohumeral Dystrophy (FSHD) DNA Testing**

**Tube/Specimen:** Two 10.0 mL Lavender topped EDTA tubes. **Do not collect on Thursday or Friday**  
**Referred Out:** Molecular Genetics Diagnostic Laboratory  
**Instructions:** Keep samples at room temperature. Send Children’s Hospital of Eastern Ontario (CHEO) Form and Consent Form with samples.  
**LIS Mnemonic:** Miscellaneous Referred-Out

**Factor Assays II, V, VII, X, VIIIc, IX, XI, XII**

**Tube/Specimen:** Single assay - 1 Light Blue Stoppered Tube 2.7 mL, must be a full draw.  
**Multiple assays - 3 Light Blue Stoppered Tubes 2.7 mL, must be a full draw.**  
**Requisition:** CD0002  
**Division:** Hematopathology - Coagulation  
**Comments:** Indicate Factors required on the requisition.  
**Referrals:** Send 2 frozen aliquots of 1.0 mL platelet-poor plasma for a single factor and add one aliquot for every additional factor ordered (see Coagulation Testing under Specimen Collection Information) in polypropylene vials (12x75).  
**Exception:** FXIII (Factor 13) is not performed at the QEII. Referring hospitals are to send sample directly to In-Common Laboratories.

**Factor Assay Chromogenic IX**

**Tube/Specimen:** Single assay - 1 Light Blue Stoppered Tube 2.7 mL, must be a full draw.  
**Requisition:** CD0002
Division: Hematopathology - Coagulation

Comments: Indicate Chromogenic Factor IX required on the requisition.

Referrals: Send 2 frozen aliquots of 1.0 mL platelet-poor plasma (see Coagulation Testing under Specimen Collection Information) in polypropylene vials (12x75).

Instruction: **Chromogenic FIX is only available to be ordered by Hematologists-all other orders will be cancelled.**

LIS Mnemonic: Chrom FIX

---

**Factor V Leiden Mutation**

Tube/Specimen: 4.0 mL EDTA Lavender stoppered - One tube sufficient for both FV and PT mutation
Peripheral blood: 1 tube, minimum volume 1 mL. Stability - 14 days at 4°C.
Bone marrow: 1 tube, minimum volume 1 mL. Stability - 14 days at 4°C.
Tissue: Send in saline at 4°C, or frozen on dry ice. Stability – 12 hours in saline at 4°C or 7 days frozen.
DNA: Stability – 3 months at 4°C or frozen.

Requisition: CD0046 or CD2573

Division: Molecular Diagnostics

Instructions: Blood/bone marrow must be kept at 4°C, accompanied by requisition.
If multiple Molecular Diagnostics tests are ordered, only 2 tubes of peripheral blood or 1 tube of bone marrow are necessary.

Alternate Names: FV gene mutation
FV G1691 A mutation

LIS Mnemonic: 2LAVDNA

---

**Factor VIII C Inhibitor**

Tube/Specimen: 2 Light Blue Stoppered 2.7 mL buffered NA (sodium) citrate, must be a full draw

Requisition: CD0002

Division: Hematopathology - Coagulation

Referrals: Send 4 frozen aliquots of 1.0 mL platelet-poor plasma (see Coagulation Testing under Specimen Collection Information) in polypropylene vials (12x75). Send on dry ice.

Alternate Names: Bethesda Assay
Bethesda Inhibitor
Bethesda (Factor VIII C)

---

**Factor IX Inhibitor**

Tube/Specimen: 2 Light Blue Stoppered 2.7 mL buffered NA (sodium) citrate, must be a full draw

Requisition: CD0002

Division: Hematopathology - Coagulation

Referrals: Send 4 frozen aliquots of 1.0 mL platelet-poor plasma (see Coagulation Testing under Specimen Collection Information) in polypropylene vials (12x75). Send on dry ice.
### Factor VIII Mutation

**Alternate Names:** Bethesda (Factor IX) Assay
Bethesda (Factor IX) Inhibitor

---

### Factor XIII Antigen or Activity

**Tube/Specimen:** 4.5 mL Light Blue topped Sodium Citrate tube

**Referred Out:** Hamilton General Hospital

**Instructions:** Send to Hematopathology Coagulation Lab for processing.

**LIS Mnemonic:** Miscellaneous Hematology

---

### Factor XIII Assay

**Tube/Specimen:** 4.5 mL Light Blue topped Sodium Citrate tube

**Referred Out:** Hamilton General Hospital (NSHA Central Zone specimens only, see comment)

**Instructions:** Send to Hematopathology Coagulation Lab for processing.
Do not accession for non-NSHA Central Zone Hospitals

**LIS Mnemonic:** FXIII or Factor XIII Assay

**Comment:** FXIII (Factor 13) is not performed at the QEII. Referring hospitals, outside of Central Zone, are to send specimens directly to Hamilton General Hospital.

---

### Farmer's Lung

**see Aspergillosis/Farmer's Lung**

**Division:** Virology-Immunology

---

### Fascioliasis – IFA

**Tube/Specimen:** Gold Stoppered 5.0 mL SST

**Requisition:** CD0432/ CD0433

**Division:** Virology-Immunology

**Instructions:** Clinical data should be indicated on the requisition.

**Note:** This test will be referred out by the laboratory.

---

### Fat, Fecal

**see Fecal Fat 72 Hour**

**Referred Out:** In-Common Laboratories
Fe
Division: Clinical Chemistry - Core

FE, Liver
see Iron Level Liver RO
Referred Out: In-Common Laboratories

Fecal Calprotectin
see Calprotectin, Fecal
Referred Out: In-Common Laboratories

Fecal Elastase
Tube/Specimen: 5.0g Random stool sample
Referred Out: In-Common Laboratories
Instructions: Send frozen.
Do not accession for non-NSHA Central Zone Hospitals
LIS Mnemonic: ELAS F

Fecal Electrolytes
(Includes Sodium and Potassium-may order individually)
Tube/Specimen: 5.0 mL Random stool sample in naturally liquid form. Formed stool is not acceptable.
Referred Out: In-Common Laboratories
Instructions: Send at room temperature.
Do not accession for non-NSHA Central Zone Hospitals
LIS Mnemonic: Fecal electrolytes

Fecal Fat 72 Hr
Tube/Specimen: Timed stool sample MUST be collected in approved containers. Containers such as metal cans are not acceptable. Approved stool collection containers may be obtained by calling the Referred-Out and Research Bench at 902-473-7237. 72 hour samples are preferred, but non-72 hour samples are accepted; actual time MUST be indicated.
Referred Out: In-Common Laboratories
Instructions: Do not accession for non-NSHA Central Zone Hospitals
Stable refrigerated for 180 days.
LIS Mnemonic: ST FAT

Fecal Osmolality
see Osmolality Fecal
Referred Out: In-Common Laboratories
Ferritin

Tube/Specimen: Gold Stoppered 5.0 mL SST
Requisition: CD0002
Division: Clinical Chemistry - Core
Shipping: Separate within 5 hours of collection. Serum stable for 7 days at 2 to 8°C. Freeze and send frozen serum, if longer.
LIS Mnemonic: FER

Fetal Hemoglobin (Hgb F)

Tube/Specimen: Lavender Stoppered 4.0 mL EDTA
Requisition: CD0002
Division: Hematopathology – Immunology
Alternate Names: Hemoglobin F

Fibrinogen

Tube/Specimen: Light Blue Stoppered 2.7 mL buffered sodium citrate, must be a full draw
Requisition: CD0002
Division: Hematopathology - Core
Instructions: Part of DIC Screen
Referrals: Send 2 frozen aliquots of 1.0 mL platelet-poor plasma (see Coagulation Testing under Specimen Collection Information) in polypropylene vials (12x75). Send on dry ice.

Filariasis – IFA

Tube/Specimen: Gold Stoppered 5.0 mL SST
Requisition: CD0432/ CD0433
Division: Virology-Immunology
Instructions: Clinical data should be indicated on the requisition.
Note: This test will be referred out by the laboratory.

FIP1P1/PDGFRa

see Hypereosinophilic Syndrome

Referred Out: Mayo Medical Laboratories

FISH for CLL

Tube/Specimen: 7.0 mL bone marrow specimen or green topped Sodium Heparin tube collected and processed by Hematopathology Molecular lab.
**Fitzgerald Factor (HMWK)**

**Tube/Specimen:** 4.5 mL light blue topped Sodium Citrate tube.  
**Referred Out:** Mayo Medical Laboratories  
**Instructions:** Call Hematopathology laboratory.  
**LIS Mnemonic:** Miscellaneous Hematology Referred Out

---

**FK 506**

**Tube/Specimen:** Lavender Stoppered 4.0 mL EDTA  
**Requisition:** CD0002  
**Division:** Clinical Chemistry - Toxicology  
**Instructions:** Trough whole blood should be collected before medication.  
Specimen should be in Lab by 1200 PM to be done the same day.  
The time sample collected should be indicated on the requisition and tubes.  
Time of last medication should be indicated on the requisition.  
**Comments:** Pre-dose (trough) specimen is required.  
**Shipping:** Mix whole blood, transfer whole blood to a plastic tube. Freeze and send on dry ice.  
**Note:** This determination can be done on micro samples when necessary.  
**Alternate Names:** Tacrolimus  
Tacrolimus  
**LIS Mnemonic:** TACRO

---

**Fletcher Factor (Prekallikrein)**

**Tube/Specimen:** 4.5 mL light blue topped Sodium Citrate tube.  
**Referred Out:** Mayo Medical Laboratories  
**Instructions:** Send to Hematopathology Coagulation Lab for processing.  
**Comment:** Test is not performed at the QEII. Referring hospitals are to send specimens directly to the referral site which performs the test to prevent delay in results.  
**LIS Mnemonic:** Fletcher
Flow Crossmatch
Referred Out: Immunology and Genetics Laboratory

Flow Cytometry
Division: Hematopathology – Flow Cytometry

see Leukemia and Lymphoma Screening

FLT3/NPM1
Tube/Specimen: 4.0 mL EDTA Lavender stoppered Tube(s)
Peripheral blood: Preferably 2 tubes, minimum volume 1 mL. Stability – 14 days at 4°C.
Bone marrow: 1 tube, minimum volume 1 mL. Stability – 14 days at 4°C.
Tissue: Send in saline at 4°C, or frozen on dry ice. Stability – 12 hours in saline at 4°C, or 7 days frozen.
DNA: Stability – 3 months at 4°C or frozen.

Requisition: CD0046 or CD2573
Division: Molecular Diagnostics

Instructions: Blood/bone marrow must be kept at 4°C, accompanied by requisition.
Any specimen referred from outside of NSHA Central Zone must also be accompanied by a printout of the CBC results, as it is important to know the white blood cell count prior to extracting the DNA.
If multiple Molecular Diagnostics tests are ordered, only 2 tubes of peripheral blood or 1 tube of bone marrow are necessary.

LIS Mnemonic: 2LAVDNA

Fluoxetine Level
Tube/Specimen: Plain red topped tube.

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature.
Aliquot serum in plastic vial. Freeze.
Do not accession for non-NSHA Central Zone Hospitals

Note: Royal Blue Trace Element SERUM tube (BD368380) and Lavender topped EDTA plasma tubes are also acceptable. Must indicate sample type on tube.

LIS Mnemonic: FLUOX

Folate, Red Cell
Tube/Specimen: Lavender Stoppered 4.0 mL EDTA

Requisition: CD0002
Division: Clinical Chemistry - Core

Shipping: Mix whole blood for 2 minutes (no longer than 5 minutes), aliquot 1.0 mL whole blood. Whole blood is stable for 2 days at 2 to 8 °C. Freeze and send 1 mL frozen whole blood.
Hematocrit value must be indicated on requisition.

Alternate Names: RBC Folate
Red Blood Cell Folate
The electronic copy that resides on the document control system is the valid document. Any paper document labeled Uncontrolled must be verified against the electronic version prior to use.

Uncontrolled When Printed
PLM Laboratory Test Catalogue

Tube/Specimen: Gold Stoppered 5.0 mL SST
Requisition: CD0002
Division: Clinical Chemistry - Core
Shipping: Separate serum within 5 hours of collection. Serum stable for 6 days at 2 to 8°C. Freeze and send frozen serum, if longer.
Alternate Names: Free Triiodothyronine
LIS Mnemonic: FT3 T3 FREE

Free T4
Division: Clinical Chemistry - Core

Free Triiodothyronine
Division: Clinical Chemistry – Core

Frisium
Division: Clinical Chemistry - Toxicology

Fructosamine
Tube/Specimen: Gold topped SST tube.
Referred Out: In-Common Laboratories
Instructions: Centrifuge at room temperature. Hemolyzed or icteric (jaundiced) samples are not acceptable. Aliquot 2.0 mL serum in plastic vial. Freeze at once.
LIS Mnemonic: Fructosam

FSH
Tube/Specimen: Gold Stoppered 5.0 mL SST
Requisition: CD0002
Division: Clinical Chemistry - Core
Shipping: Separate serum within 5 hours of collection. Serum stable for 7 days at 2 to 8°C. Freeze and send frozen serum, if longer.
Alternate Names: Follicle Stimulating Hormone
LIS Mnemonic: FSH

FSH MD
Division: Clinical Chemistry - Toxicology

The electronic copy that resides on the document control system is the valid document. Any paper document labeled Uncontrolled must be verified against the electronic version prior to use.
Uncontrolled When Printed
### PLM Laboratory Test Catalogue

**Referred Out:** Molecular Genetics Diagnostic Laboratory

<table>
<thead>
<tr>
<th>Test Description</th>
<th>Section</th>
<th>Status</th>
<th>Date</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FV G1691 A Mutation</strong></td>
<td>Management System</td>
<td>see Factor V Leiden Mutation</td>
<td>GL1740</td>
<td>120.0 Current</td>
</tr>
<tr>
<td>Division: Molecular Diagnostics</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>FV Gene Mutation</strong></td>
<td>Management System</td>
<td>see Factor V Leiden Mutation</td>
<td>GL1740</td>
<td>120.0 Current</td>
</tr>
<tr>
<td>Division: Molecular Diagnostics</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>FXIII</strong></td>
<td>Management System</td>
<td>see Factor XIII Assay</td>
<td>GL1740</td>
<td>120.0 Current</td>
</tr>
<tr>
<td>Referred Out: Hamilton General Hospital</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>G6PD</strong></td>
<td>Management System</td>
<td>see Glucose-6-Phosphate Dehydrogenase</td>
<td>GL1740</td>
<td>120.0 Current</td>
</tr>
<tr>
<td>Referred Out: In-Common Laboratories</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Gabapentin Level**

- **Tube/Specimen:** Plain red topped tube.
- **Referred Out:** In-Common Laboratories
- **Instructions:** Centrifuge at room temperature. Aliquot 2.0 mL serum in plastic referred-out tube. Freeze at once. Do not accession for non-NSHA Central Zone Hospitals
- **LIS Mnemonic:** GABA or Gabapentin RO

**Galactomannan Testing**

- **Tube/Specimen:** Gold Stoppered 5.0 mL SST or Bronchial Wash (BRW)/Lavage (BAL)
- **Requisition:** CD0002/CD0432/CD0433
- **Division:** Virology-Immunology
- **Instructions:** Specify test requested on the Microbiology requisition.
- **Comments:** Only one specimen of each type will be processed per week. The most recent collection will be processed. Testing is only approved for patients from Hematology, 8A, 8B, 6B, Transplant or ID. Any requests from other ordering locations will require director approval.
- **LIS Mnemonic:** GALACT
<table>
<thead>
<tr>
<th>Test Name</th>
<th>See Also</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gamma Globulins</td>
<td>see Immunoglobulins (GAM)</td>
</tr>
<tr>
<td><strong>Division:</strong> Clinical Chemistry - Core</td>
<td></td>
</tr>
<tr>
<td><strong>Gamma Glutamyl</strong></td>
<td>see Gamma GT, Plasma</td>
</tr>
<tr>
<td><strong>Division:</strong> Clinical Chemistry - Core</td>
<td></td>
</tr>
<tr>
<td>Gamma GT, Plasma</td>
<td></td>
</tr>
<tr>
<td><strong>Tube/Specimen:</strong> Light Green 4.5 mL Lithium heparin and gel for plasma separation</td>
<td></td>
</tr>
<tr>
<td><strong>Requisition:</strong> CD0002</td>
<td></td>
</tr>
<tr>
<td><strong>Division:</strong> Clinical Chemistry - Core</td>
<td></td>
</tr>
<tr>
<td><strong>Alternate Names:</strong></td>
<td></td>
</tr>
<tr>
<td>Gamma Glutamyl Transpeptidase</td>
<td></td>
</tr>
<tr>
<td>Gamma Glutamyltransferase</td>
<td></td>
</tr>
<tr>
<td>GGT</td>
<td></td>
</tr>
<tr>
<td><strong>LIS Mnemonic:</strong> GGT</td>
<td></td>
</tr>
<tr>
<td><strong>Ganglioside Antibody</strong></td>
<td>see GM1 Ganglioside Antibody or GQ1B IgG Antibody (Physician must specify)</td>
</tr>
<tr>
<td><strong>Referred Out:</strong> In-Common Laboratories</td>
<td></td>
</tr>
<tr>
<td><strong>Ganglioside GQ1B IgG Antibody</strong></td>
<td>see GQ1B IgG Antibody</td>
</tr>
<tr>
<td><strong>Referred Out:</strong> In-Common Laboratories</td>
<td></td>
</tr>
<tr>
<td><strong>Gastrin</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Tube/Specimen:</strong> Gold Stoppered 5.0 mL SST on ice</td>
<td></td>
</tr>
<tr>
<td><strong>Requisition:</strong> CD0002</td>
<td></td>
</tr>
<tr>
<td><strong>Division:</strong> Clinical Chemistry - Core</td>
<td></td>
</tr>
<tr>
<td><strong>Instructions:</strong> Patient must be fasting (12 hours or longer). High circulating biotin levels may reduce results by more than 10% of the true value. Patients must discontinue any biotin supplement at least 3 days prior to testing. Specimens collected at QEII HSC must be placed on ice and sent to the processing area immediately. Separate the serum from the cells in a refrigerated centrifuge if possible. Aliquot and freeze without delay.</td>
<td></td>
</tr>
<tr>
<td><strong>Shipping:</strong> Send 1.0 mL frozen serum. Thawed specimens are unacceptable.</td>
<td></td>
</tr>
<tr>
<td><strong>LIS Mnemonic:</strong> GAST</td>
<td></td>
</tr>
<tr>
<td><strong>Gene Rearrangements</strong></td>
<td>see specific test (bcl-1, bcl-2, BCR/abl)</td>
</tr>
<tr>
<td><strong>Division:</strong> Molecular Diagnostics</td>
<td></td>
</tr>
<tr>
<td><strong>Genetic Testing for C282Y</strong></td>
<td>see Hemochromatosis</td>
</tr>
</tbody>
</table>

The electronic copy that resides on the document control system is the valid document. Any paper document labeled Uncontrolled must be verified against the electronic version prior to use.

Uncontrolled When Printed
Gen Probe AMTD, CSF and Tissue  
(Amplified Mycobacterium Tuberculosis Detection)

Tube/Specimen: CSF or Tissue  
Referred Out: Central Public Health Lab  
Instructions: Shipped as Biological Substances Category B or may also be sent as Category A.

Gentamicin Level

Tube/Specimen: Plain Red Tube 6 or 10 mL  
Requisition: CD0002  
Division: Clinical Chemistry - Core  
Comments: Gentamicin may be administered using 2 dosing strategies:
If Gentamicin is administered once daily (much larger than traditional doses) for patients who have good renal function and have no other exclusions, eg. Endocarditis, dialysis, surgical prophylaxis, burns (>20%), only pre specimens are required. Take Pre (trough) blood specimen 6 hours before next dose is administered.  
If Gentamicin is administered more often (q8 – 12 hours), both pre and post specimens are required. Take Post (peak) blood specimen 30 minutes after completion of intravenous dose or 60 minutes after an intramuscular dose is administered. Take Pre (trough) blood specimen 30 minutes before next dose is administered.  
The time specimen was collected (pre/post) should be indicated on the requisition and tubes.  
For information call the laboratory at 902-473-6886.

Alternate Names: Aminoglycoside Level  
LIS Mnemonic: GENT PRE  
GENT POST  
GENT TNS

GGT  
see Gamma GT, Plasma

Division: Clinical Chemistry - Core

GH  
see HGH

Division: Clinical Chemistry - Core

GH-RH  
see Growth Hormone-Releasing Hormone

Referred Out: Mayo Medical Laboratories

Gleevec Blood Monitoring

Tube/Specimen: 4.0 mL Green topped Sodium Heparin tube.  
Do not collect Friday or after 1:00 pm!  
Keep on ice.

Referred Out: Warnex Medical Laboratories
PLM Laboratory Test Catalogue

Instructions: Send Gleevec Blood Monitoring Form along with sample.
LIS Mnemonic: Misc. Referred-Out

---

Globulin

see Protein Total and Albumin Plasma

Division: Clinical Chemistry - Core

---

Glucagon

Tube/Specimen: Patient must be fasting! Collect two 4 mL or one 6 mL chilled lavender topped EDTA tube(s). Place on ice.
Referred Out: In-Common Laboratories
Instructions: Centrifuge at 4°C. Aliquot 2.0 mL plasma in plastic vial. Freeze immediately. Do not accession for non-NSHA Central Zone Hospitals
LIS Mnemonic: Glucagon RO

---

Glucose-6-Phosphate Dehydrogenase (G6PD)

Tube/Specimen: 4.5 mL lavender topped EDTA tube.
Referred Out: In-Common Laboratories
Instructions: Keep refrigerated. Do NOT freeze. Do not accession for non-NSHA Central Zone Hospitals
LIS Mnemonic: G6PD

---

Glucose AC, Plasma

Tube/Specimen: Light Green 4.5 mL Lithium heparin and gel for plasma separation
Requisition: CD0002
Division: Clinical Chemistry - Core
Instructions: Specimens must be delivered to the laboratory within 2 hours of collection. Check off AC Glucose on the requisition. Patient should be fasting for at least 8 hours.
Alternate Names: AC Blood Sugar
Blood Sugar
LIS Mnemonic: GLU AC

---

Glucose Challenge Test, Plasma

Tube/Specimen: Light Green 4.5 mL Lithium heparin and gel for plasma separation
Requisition: CD0002

The electronic copy that resides on the document control system is the valid document. Any paper document labeled Uncontrolled must be verified against the electronic version prior to use.

Uncontrolled When Printed
**Instructions:**

Give the patient 50 grams glucose drink. Specimen is collected one (1) hour after the drink is finished.

**Note:**

This test is for pregnant patients. The patient must not be fasting.

**Alternate Names:**

1-hour GCT

**LIS Mnemonic:**

1 HR GCT

TRUTOL

---

### Glucose, Fluids

**Tube/Specimen:**

Submit only one of the following specimens:

- Spinal Fluid: 1.0 mL Spinal Fluid collected in sterile plastic screw top tubes;
- Dialysate Fluid: 10 mL Dialysate Fluid collected in sterile plastic screw top tubes;
- Miscellaneous Body Fluid: 10.0 mL Body Fluid collected in sterile plastic screw top tubes

**Requisition:**

CD0002

**Division:**

Clinical Chemistry - Core

**Shipping:**

If sending specimen from outside QEII HSC, transport at room temperature.

**LIS Mnemonic:**

CSF GLU

DF GLU

BF GLU

---

### Glucose PC, Plasma

**Tube/Specimen:**

Light Green 4.5 mL Lithium heparin and gel for plasma separation

**Requisition:**

CD0002

**Division:**

Clinical Chemistry - Core

**Instructions:**

Specimens must be delivered to the laboratory within 2 hours of collection.

In order to ensure that timed determinations are taken properly, please give Blood Collection Service at least 30 minutes prior notice. Blood Collection does not take appointments after 1530 hours.

Check off PC Glucose on the requisition.

**Alternate Names:**

Sugar PC

**LIS Mnemonic:**

GLU PC

GLU PC 2HR

---

### Glucose Profile, Plasma

**Tube/Specimen:**

Light Green 4.5 mL Lithium heparin and gel for plasma separation

**Requisition:**

CD0002

**Division:**

Clinical Chemistry - Core

**Instructions:**

Drawn four times over a 24 hour period 1 hr AC & 2 hr PC breakfast 1 hr AC & 2 hr PC

**LIS Mnemonic:**

GLU AC
Glucose Random, Plasma

Tube/Specimen: Light Green 4.5 mL Lithium heparin and gel for plasma separation
Requisition: CD0002
Division: Clinical Chemistry - Core
LIS Mnemonic: GLU R

Glucose Tolerance Test (GDM), Plasma

Tube/Specimen: Light Green 4.5 mL Lithium heparin and gel for plasma separation
Requisition: CD0002
Division: Clinical Chemistry - Core
Instructions: For glucose tolerance testing for gestational diabetes mellitus (GDM) three specimens will be drawn: fasting, 60 minutes and 120 minutes after the patient has finished the glucose drink. Specimens must be labeled with collection times.

Comments: Patient Preparation:
Fasting and post dosage specimens are required. Patients must be fasting 8 hours. Collect fasting specimen. Patient is given the 75 g glucose drink immediately after taking the fasting glucose blood sample.

Alternate Names: GTT
GTT2
LIS Mnemonic: GTT2GDM
2HR GTT GDM

Glucose Tolerance Test (Non-GDM), Plasma

Tube/Specimen: Light Green 4.5 mL Lithium heparin and gel for plasma separation
Requisition: CD0002
Division: Clinical Chemistry - Core
Instructions: For oral glucose tolerance on everyone except pregnant females, only 2 specimens will be drawn, the fasting specimen and a specimen 120 minutes after the patient has finished glucose drink. Specimens must be labeled with collection times.

Comments: Patient Preparation:
Fasting and post dosage specimens are required. Patients must be fasting 8 hours. Collect fasting specimen. Patient is given the 75 g glucose drink immediately after taking the fasting glucose blood sample.

Note: This test is for non-pregnant females. For pregnant females see Glucose Tolerance Test (GDM), Plasma.

Alternate Names: GTT
GTT2
LIS Mnemonic: GTT2
2HR GTT NON GDM
PLM Laboratory Test Catalogue

Glucose, Urine
Random and 24-hour Urine Glucose testing no longer offered as of February 4, 2019

Glycolic Acid
see Ethylene Glycol
Division: Clinical Chemistry - Toxicology

Glycosylated Hemoglobin
see Hemoglobin A1C
Division: Clinical Chemistry - Immunology

GM1 Ganglioside Antibody
(Do Not Confuse with GQ1B IgG Antibody)
Tube/Specimen: Plain red topped tube. Gold topped SST tubes are not acceptable.
Referred Out: In-Common Laboratories
Instructions: Transfer 1.0 mL serum in each of two plastic vials. Freeze immediately. Do not accession for non-NSHA Central Zone Hospitals
LIS Mnemonic: GM1AB

Gonadotropin Releasing Hormone
(Gn-RH)
(Do Not Confuse with GH-RH)
Tube/Specimen: Two gold topped SST tubes.
Referred Out: Mayo Medical Laboratories
Instructions: Aliquot 3.0 mL serum in plastic vial. Freeze immediately. If the specimen thaws, it is unsuitable for analysis. Do not accession for non-NSHA Central Zone Hospitals
LIS Mnemonic: FGNRH

GP (Surface Glycoprotein Analysis-GP IbIX and IIbIIIa)
Tube/Specimen: One 4.5 mL light blue topped Sodium Citrate or one 7.0 mL yellow topped ACD tube.
Referred Out: McMaster University HSC
Instructions: Send to Hematopathology Coagulation lab for processing. Store and ship at room temperature.
LIS Mnemonic: MISC HEM

GQ1B IgG Antibody
(Do Not Confuse with GM1 Ganglioside Antibody)
Tube/Specimen: Gold topped SST tube.

The electronic copy that resides on the document control system is the valid document. Any paper document labeled Uncontrolled must be verified against the electronic version prior to use.
Uncontrolled When Printed
Referred Out: In-Common Laboratories

Instructions: Aliquot serum and Freeze.
Do not accession for non-NSHA Central Zone Hospitals

Stability: 21 days frozen.

LIS Mnemonic: GQ1BAB or GQ1B IgG Antibody

Group and Crossmatch see Type and Crossmatch
Division: Transfusion Medicine

Group and Type see ABO Group and Rh Type
Division: Transfusion Medicine

Growth Hormone see HGH
Division: Clinical Chemistry - Core

Growth Hormone Releasing Hormone (GH-RH)
(Do Not Confuse with Gn-RH)
Tube/Specimen: Two gold topped SST tubes.
Referred Out: Mayo Medical Laboratories
Instructions: Aliquot 3.0 mL serum into plastic vial. Freeze immediately.
If the specimen thaws, it is unsuitable for analysis.
Do not accession for non-NSHA Central Zone Hospitals
LIS Mnemonic: FIRGH

GTT see Glucose Tolerance Test, Plasma
Division: Clinical Chemistry - Core

GTT2 see Glucose Tolerance Test, Plasma
Division: Clinical Chemistry - Core

H Prep see Hemoglobin H
Division: Hematopathology - Immunology

H Pylori see Helicobacter Pylori Stool Antigen
Division: Microbiology

The electronic copy that resides on the document control system is the valid document. Any paper document labeled Uncontrolled must be verified against the electronic version prior to use.
Uncontrolled When Printed
Note: After Nov 1, 2016 Helicobacter pylori serology will no longer be performed. Stool antigen testing is the preferred testing method. If active infection is suspected please submit a fresh stool in a sterile container.

---

**H63D**  see Hemochromatosis

**Division:** Molecular Diagnostics

---

**Haemophilus influenza**

**Routine typing from sterile sites or questionable outbreaks**

**Tube/Specimen:** Isolate, Typing
**Referred Out:** IWK Microbiology Lab
**Instructions:** Shipped as Biological Substances Category B Porter service for delivery

---

**Haptoglobin**

**Tube/Specimen:** Gold Stoppered 5.0 mL SST
**Requisition:** CD0002
**Division:** Clinical Chemistry - Core
**Shipping:** Separate serum within 5 hours of collection. Serum stable for 7 days at 2 to 8°C. Freeze and send frozen serum, if longer.
**LIS Mnemonic:** HAPTO

---

**HAV**  see Hepatitis A Testing

**Division:** Virology-Immunology

---

**Hb**  see Profile

**Division:** Hematopathology - Core

---

**HB s Ab**  see Hepatitis B Testing

**Division:** Virology-Immunology

---

**HB s Ag**  see Hepatitis B Testing

**Division:** Virology-Immunology

---

**HB Surface Ab**  see Hepatitis B Testing

**Division:** Virology-Immunology
<table>
<thead>
<tr>
<th>Test</th>
<th>Description</th>
<th>Division</th>
</tr>
</thead>
<tbody>
<tr>
<td>HB Surface Ag</td>
<td>see Hepatitis B Testing</td>
<td>Virology-Immunology</td>
</tr>
<tr>
<td>HBeAb</td>
<td>see Hepatitis B Testing</td>
<td>Virology-Immunology</td>
</tr>
<tr>
<td>HBV DNA</td>
<td>see Hepatitis B Testing</td>
<td>Virology-Immunology</td>
</tr>
<tr>
<td>HCG (Quant), Plasma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tube/Specimen</td>
<td>Light Green 4.5 mL Lithium heparin and gel for plasma separation</td>
<td></td>
</tr>
<tr>
<td>Requisition</td>
<td>CD0002</td>
<td></td>
</tr>
<tr>
<td>Division</td>
<td>Clinical Chemistry - Core</td>
<td></td>
</tr>
<tr>
<td>Shipping</td>
<td>Separate plasma within 5 hours of collection. Plasma stable at 2 to 8°C for 7 days. Freeze and send frozen plasma, if longer.</td>
<td></td>
</tr>
<tr>
<td>Alternate Names</td>
<td>Chorionic Gonadotropin Beta-Subunit, HCG-Beta Subunit, Human Chorionic Gonadotropin</td>
<td></td>
</tr>
<tr>
<td>LIS Mnemonic</td>
<td>HCG, BHCG QUANT</td>
<td></td>
</tr>
<tr>
<td>HCG Beta Subunit</td>
<td>see HCG (Quant), Plasma</td>
<td>Clinical Chemistry - Core</td>
</tr>
<tr>
<td>HCO3, Plasma</td>
<td>see Bicarbonate, Plasma</td>
<td>Clinical Chemistry - Core</td>
</tr>
<tr>
<td>HCT</td>
<td>see Profile</td>
<td>Hematopathology - Core</td>
</tr>
<tr>
<td>HCV Antibody</td>
<td>see Hepatitis C</td>
<td>Virology-Immunology</td>
</tr>
<tr>
<td>HCV PCR</td>
<td>see Hepatitis C</td>
<td>Virology-Immunology</td>
</tr>
</tbody>
</table>
HCV RIBA  see Hepatitis C
Division: Virology-Immunology

HCV RNA  see Hepatitis C
Division: Virology-Immunology

HCV Viral Load  see Hepatitis C
Division: Virology-Immunology

HDL-Cholesterol, Plasma
Tube/Specimen: Light Green 4.5 mL Lithium heparin and gel for plasma separation
Requisition: CD0002
Division: Clinical Chemistry - Core
Instructions: Patient fasting is at the discretion of the ordering physician and must be indicated on the requisition.
Alternate Names: High Density Lipoprotein Cholesterol
LIS Mnemonic: HDL

Heat Shock Protein  see F68KD
Referred Out: Mayo Medical Laboratories

Heavy Metal Testing  see Trace Element Panels
Referred Out: London HSC-Victoria Hospital

Heinz Bodies
Tube/Specimen: Lavender Stoppered 4.0 mL EDTA
Requisition: CD0002
Division: Hematopathology - Core

Helicobacter Pylori Stool Antigen
Tube/Specimen: Stool in sterile container.
Referred Out: IWK Microbiology Lab
Instructions: Send to VG Microbiology lab with original requisition. Microbiology will refer tests out.
Refrigerate at 2 to 8ºC.
If stool cannot be submitted to the laboratory within 72 hours, the specimen should be frozen at -20ºC.
Note: As of Nov 1, 2016 Helicobacter pylori serology will no longer be performed. Stool antigen testing is the preferred testing method. If active infection is suspected please submit a fresh stool in a sterile container as explained here.

LIS Mnemonic: IWKHP

---

**Hem Microorganism**

**Tube/Specimen:** Lavender Stoppered 4.0 mL EDTA tube or 4 Thick and 4 Thin Smears

**Requisition:** CD0002

**Division:** Hematopathology – Microscopy

**Comments:** Analysis includes Thick & Thin Smear Review

**Instructions:** EDTA specimens are acceptable if received in the Core Lab within 4 hours of collection; otherwise 4 Thick and 4 Thin smears are required.

**Stability:** EDTA specimen: 4 hours at room temperature.

**Alternate Names:** Anaplasma Babesia Ehrlichia Microfilaria Trypanosoma

LIS Mnemonic: Hem Microorg

---

**Hematocrit**

see Profile

**Division:** Hematopathology - Core

---

**Hemochromatosis**

**Tube/Specimen:** Lavender Stoppered 4.0 mL EDTA (preferred)

Peripheral blood: 1 tube, minimum volume 1 mL. Stability – 14 days at 4 degrees Celsius.

Bone marrow: 1 tube, minimum volume 1 mL. Stability – 14 days at 4 degrees Celsius.

Tissue: Send in saline at 4 degrees Celsius, or frozen on dry ice. Stability – 12 hours in saline at 4 degrees Celsius, or 7 days frozen.

**Requisition:** CD0002 or CD2573

**Division:** Molecular Diagnostics

**Instructions:** Blood/bone marrow must be kept at 4 degrees Celsius, accompanied by requisition.

If multiple Molecular Diagnostics tests are ordered, only 2 tubes of peripheral blood or 1 tube of bone marrow are necessary.

**Alternate Names:** HLA-H HFE Human Leukocyte Antigen-H DNA Probe for Hemochromatosis Genetic Testing for C282Y C282Y C282Y H63D

LIS Mnemonic: HH
### Hemoglobin see Profile

| Division: | Hematopathology - Routine |

---

### Hemoglobin A1C

| Tube/Specimen: | Lavender Stoppered 4.0 mL EDTA |
| Requisition: | CD0002 |
| Division: | Clinical Chemistry - Immunology |
| Shipping: | Send whole blood at room temperature within 7 days of collection. |
| Alternate Names: | Glycosylated Hemoglobin Hgb AIC |

---

### Hemoglobin and Hematocrit, Body Fluid

| Tube/Specimen: | Lavender Stoppered 4.0 mL EDTA Jackson Pratt Drain or JP Drain |
| Requisition: | CD0002 |
| Division: | Hematopathology - Core |

---

### Hemoglobin Electrophoresis

| Tube/Specimen: | Lavender Stoppered 4.0 mL EDTA |
| Requisition: | CD0002 |
| Division: | Hematopathology – Immunology |
| Instructions: | Specimens must be analyzed within 7 days and stored between 2 to 8 degrees. Do not store at room temperature. |
| Alternate Names: | Thalassemia Screen Alpha Thalassemia Screen |

---

### Hemoglobin F see Fetal Hemoglobin

| Division: | Hematopathology - Immunology |

---

### Hemoglobin H

| Tube/Specimen: | Lavender Stoppered 4.0 mL EDTA |
| Requisition: | CD0002 |
| Division: | Hematopathology - Immunology |
| Instructions: | Specimens must be received in laboratory within 4 hours of collection and no later than 1500 hours. |
| Alternate Names: | H Prep |
Hemogram (i.e. Hb HCT WBC)  see Profile
Division:  Hematopathology - Core

Hemophilia A Inversion  see Hemophilia Carrier Testing
Division:  Molecular Diagnostics

Hemophilia and von Willebrand’s Disease Genotype
Tube/Specimen:  4.0 mL EDTA Lavender stoppered tube(s).
Peripheral blood:  Preferably 2 tubes, minimum volume 1 mL.  Stability – 14 days at 4°C.
DNA:  Stability – 3 months at 4°C or frozen.
Requisition:  CD0046 or CD2573
Division:  Molecular Diagnostics
Instructions:  Blood must be kept at 4°C, accompanied by requisition.
Send sample to Hematopathology Molecular lab who will refer it out to the National Inherited Bleeding Disorder Genotyping Laboratory at Queen’s University.
Alternate Names:  Hemophilia A inversion
Factor VIII mutation
LIS Mnemonic:  2LAVDNA

Hemophilia Carrier Testing
Tube/Specimen:  4.0 mL EDTA Lavender stoppered tube(s)
Peripheral blood:  Preferably 2 tubes, minimum volume 1 mL.  Stability – 14 days at 4°C.
DNA:  Stability – 3 months at 4°C or frozen.
Requisition:  CD0046 or CD2573
Division:  Molecular Diagnostics
Instructions:  Blood must be kept at 4°C, accompanied by requisition.
Send sample to Hematopathology Molecular lab who will refer it out to the National Inherited Bleeding Disorder Genotyping Laboratory at Queen’s University.
Alternate Names:  Hemophilia A inversion
Factor VIII mutation
LIS Mnemonic:  2LAVDNA

Hemosiderin, Random Urine or 24-Hour Urine
Tube/Specimen:  Random collection using a mid-stream technique to eliminate bacterial contamination or 24-hour urine collection (preferred) in a plain container.
Requisition:  CD0002
Division:  Hematopathology – Microscopy
Instructions:  Specimen required:  10 mL urine aliquot from well-mixed collection.

The electronic copy that resides on the document control system is the valid document. Any paper document labeled Uncontrolled must be verified against the electronic version prior to use.
Stability: Room temperature 2 hours and 2 to 8°C (preferred) for 24 hours.

LIS Mnemonic: U Hemosid

**Heparin Induced Thrombocytopenia (HIT)**

**Tube/Specimen:** Two Plain Red Tubes 6 or 10 mL (serum) and two Light Blue Stoppered 2.7 mL buffered NA (sodium) citrate, must be a full draw (plasma)

**Requisition:** CD0002

**Division:** Hematopathology - Coagulation

**Instructions:** If sending frozen aliquots please double spin and clearly indicate which aliquots are plasma and which aliquots are serum. Please send 4 frozen 1.0 mL aliquots of serum and 3 frozen 1.0 mL aliquots of platelet poor plasma. Send frozen on dry ice. A QE Heparin Induced Thrombocytopenia Questionnaire Form #5970 must be entirely completed and must accompany the specimens. Both serum and plasma specimens must be platelet poor.

**Comments:** Specimens anticoagulated with heparin are not suitable for testing with this assay and must not be used. Specimens may be referred out to McMaster University HSC.

**Alternate Names:** HIT

---

**Hepatitis A Antibody IgG**

**Division:** Virology-Immunology

---

**Hepatitis A Antibody IgM**

**Division:** Virology-Immunology

---

**Hepatitis A Immune Status**

**Division:** Virology-Immunology

---

**Hepatitis A Testing**

**Tube/Specimen:** Gold Stoppered 5.0 mL SST

**Requisition:** CD0432/CD0433

**Division:** Virology-Immunology

**Comments:** Clinical data should be indicated on requisition. Indicate whether immunity (IgG) or recent infection (IgM) is required.

---

**Hepatitis B Core Antibody**

**Division:** Virology-Immunology

**See:** Hepatitis B Testing
Hepatitis B Genotyping

Tube/Specimen: Gold Stoppered 5.0 mL SST
Requisition: CD0432/ CD0433
Division: Virology-Immunology
Instructions: Specify test requested on the Microbiology requisition. Clinical data must be indicated on the requisition.
Comments: This test will be referred out by the laboratory.
LIS Mnemonic: RO ROSER

Hepatitis B Surface Antibody

see Hepatitis B Testing

Division: Virology-Immunology

Hepatitis B Surface Antigen

see Hepatitis B Testing

Division: Virology-Immunology

Hepatitis B Testing

Tube/Specimen: Gold Stoppered 5.0 mL SST
Requisition: CD0432/ CD0433
Division: Virology-Immunology
Instructions: Specify test requested on the Microbiology requisition. Tests available are: Hepatitis B Surface Antibody and Antigen (Australian Antibody and Antigen), Hepatitis B Core Antibody, HBe Antibody and Antigen, Hepatitis B Viral Load, Hepatitis B DNA. For Occupational Health testing, request both HBsAb and HBsAg. For needle stick injury or prenatal screening, request HBsAg. For patients with no history, or are post vaccine or immunization or were exposed, request HBsAb. Clinical data must be indicated on the requisition.
Comments: Some tests will be referred out by the laboratory.

Hepatitis C

Tube/Specimen: Two Gold Stoppered 5.0 mL SST tubes
Requisition: CD0432/ CD0433
Division: Virology-Immunology
Instructions: Specimens for Hepatitis C testing must be centrifuged and separated within 6 hours.
Note: Other Hepatitis C tests available: HCV RNA, HCV PCR, HCV RIBA, and HCV Viral Load. If any of these tests are required it must be clearly indicated on the requisition. Also indicate if qualitative or quantitative testing is required.
Alternate Names: Non A Non B
Hepatitis C Resistance

Tube/Specimen: Lavender stoppered 4.0 mL EDTA tube
Requisition: Laboratory Requisition Form for NON-B.C. Patients Only
Division: Virology-Immunology
Shipping: Whole blood may be transported at 2 to 8ºC if it will be received within 24 hours. If not, separate plasma by centrifugation at 3000g for 20 minutes. Ship one 2mL aliquot at 2 to 8ºC if it will be received within 48 hours otherwise ship plasma frozen.
LIS Mnemonic: RO HEPCRES

H-2 neu FISH

Tube/Specimen: Tissue in paraffin block
Requisition: CD2573
Division: Molecular Diagnostics
Instructions: To be ordered only by a NSHA Central Zone pathologist.

Herpes Typing by Real Time

Tube/Specimen: CSF (0.5 mL sterile sample)
Requisition: CD0432/ CD0433
Division: Microbiology Epidemiology Lab

Heterophile Antibodies

Tube/Specimen: Gold Stoppered 5.0 mL SST
Requisition: CD0432/ CD0433
Division: Microbiology-Immunology
Instructions: Indicate patient age on requisition.
Alternate Names: Infectious Mononucleosis
Paul Bunnell
Mono
Monospot

Hexosaminidase, Alpha

Tube/Specimen: Contact Referred-Out bench at 902-473-7237
Instructions: Collection requirements dependent on disease. Joanne Wier, CPRI (519-858-2774) (Mar 12/2013)
<table>
<thead>
<tr>
<th>Test Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hexosaminidase, Beta</td>
<td>MALES and Non-pregnant Females: Plain red topped tube. Aliquot 2.0 mL serum in plastic vial. Freeze. Unsuitable if thawed. PREGNANT Females: Green topped heparinized tube. Do Not Centrifuge! Do Not Freeze!</td>
</tr>
<tr>
<td>Referred Out:</td>
<td>Hospital for Sick Children Metabolic Diseases Laboratory</td>
</tr>
<tr>
<td>Instructions:</td>
<td>Contact Referred-Out bench at 902-473-7237. Indicate if pregnant or on oral contraceptives. Indicate the Ethnicity/Race of the patient. Physician must complete applicable Sick Kids requisition for referral laboratory testing. If testing for Tay-Sachs Carrier Detection, submit completed Metabolic Diseases &amp; Genome Diagnostics for Tay-Sachs requisition, otherwise submit the Metabolic Disease-Lysosomal Enzyme requisition.</td>
</tr>
</tbody>
</table>

**HFE**

see Hemochromatosis

Division: Molecular Diagnostics

**Hgb A1C**

see Hemoglobin AIC

Division: Clinical Chemistry - Immunology

**HGH**

Tube/Specimen: Gold Stoppered 5.0 mL SST

Requisition: CD0002

Division: Clinical Chemistry - Core

Instructions: Patient must fast 8 hours and be at complete rest 30 minutes prior to collection. Indicate collection time on specimen.

Shipping: Freeze immediately and send 1.0 mL frozen serum.

Alternate Names: Human Growth Hormone GH Growth Hormone

LIS Mnemonic: GH

**High Density Lipoprotein**

see HDL-Cholesterol, Plasma

Division: Clinical Chemistry - Core

**High Sensitive CRP**

see C-Reactive Protein – HS (High Sensitivity), Plasma

Division: Clinical Chemistry - Core
## Hip Recall

**Referral Out:** Victoria Hospital, LHSC

## Histamine

**Tube/Specimen:** Collect Monday ONLY. Notify Referral-out bench at 902-473-7237 prior to collection; leave a message, if necessary. If collection is to be after 12 pm, please contact Referral-out bench to ensure specimen can be sent to In-Common Laboratories prior to the cut-off time. Lavender topped EDTA tube. Avoid hemolysis. Patient must not have Histamine rich foods (cheese, wine, red meats, spinach and tomatoes) within 5 hours of collection. Antihistamine drugs should not be taken within 48 hours of collection.

**Referral Out:** In-Common Laboratories

**Instructions:** Aliquot 1.0 mL plasma. **Freeze immediately.** Do not accession for non-NSHA Central Zone Hospitals

**Stability:** 7 days frozen.

**LIS Mnemonic:** Histamine

## Histone Antibodies

**Tube/Specimen:** Gold topped SST tube.

**Referral Out:** In-Common Laboratories

**Instructions:** Aliquot 1.0 mL serum. **Freeze immediately.**

**Note:** Ship frozen.

**LIS Mnemonic:** HISAB

## Histoplasma Capsulation

**Division:** Virology-Immunology

**Referral Out:** See Histoplasmosis

## Histoplasmen

**Division:** Virology-Immunology

**Referral Out:** See Histoplasmosis

## Histoplasmosis, Serology

**Tube/Specimen:** Gold Stoppered 5.0 mL SST

**Requisition:** CD0432/ CD0433

**Division:** Virology-Immunology

**Instructions:** Clinical data should be indicated on the requisition.

**Note:** For Histoplasmosis cultures, see the “Microbiology User’s Manual”. This test will be referred out by the laboratory.
HIV Genotyping and Drug Resistance

Tube/Specimen: Lavender stoppered 4.0 mL EDTA tube
Requisition: Laboratory Requisition Form for NON-B.C. Patients Only
Division: Virology-Immunology
Shipping: Whole blood may be transported at 2 to 25ºC if it will be received within 24 hours. If not, separate plasma by centrifugation at 3000g for 20 minutes. Ship one 2mL aliquot of plasma frozen.
LIS Mnemonic: RO HIVGDR

HIV Viral Load

see HIV-1 Viral Load

HIV-1 Viral Load

Tube/Specimen: Two Lavender Stoppered 4.0 mL EDTA tubes.
Requisition: CD 0432/CD 0433
Division: Virology-Immunology
Shipping: Whole blood may be transported at 2 to 25ºC if it will be received within 24 hours. If not, separate plasma by centrifugation at 1500 to 1600g for 20 minutes and ship two 2mL aliquots at 2 to 8ºC.
Alternate Names: HIV Viral Load

HIV-1/HIV-2

Tube/Specimen: Gold Stoppered 5.0 mL SST
Requisition: CD0432 / CD 0433
Division: Virology-Immunology
Alternate Names: AIDS Test
HTLV3
Human Immunodeficiency Virus

HLA-A

see HLA Typing Autoimmune

HLA Antibody Testing

Tube/Specimen: 1 x 6 mL Serum Tube (Plain Red top or aliquoted)
Division: Hematopathology – Histocompatibility (HLA)

Requisition: CD0004

Instructions: Complete recipient clinical history in the section provided on the requisition (Multi-Organ Transplant-Recipient Clinical History)

Shipping: Transport blood specimens at room temperature and protect from freezing. Specimens should arrive in the HLA laboratory within 96 hours of collection. Frozen serum specimens should be packed with sufficient dry ice/ice packs to arrive frozen. Specimens arriving after 3 pm on Friday will be processed the next business day.

Notes: Specimens and requisitions must be clearly labeled with 2 unique identifiers that can be matched (Full name and HCN or Medical Record Number). Phlebotomist must positively identify the patient, sign the requisition in the box provided, and include the date and time of collection. Specimens may not be accepted if the patient information, phlebotomist information and date and time of collection are incomplete.

Alternate Names: Cytotoxic Antibodies

PRA

---

**HLA-B**

see HLA Typing Autoimmune

Division: Hematopathology – Histocompatibility (HLA)

---

**HLA-B27**

see HLA Typing Autoimmune

Division: Hematopathology - Histocompatibility (HLA)

---

**HLA-B5701**

see HLA Typing Autoimmune

Division: Hematopathology - Histocompatibility (HLA)

---

**HLA-C**

see HLA Typing Autoimmune

Division: Hematopathology - Histocompatibility (HLA)

---

**HLA Crossmatch – Recipient**

Tube/Specimen: 4 x 6 mL ACD (Solution B) tubes (Yellow top) and 1 x 6 mL serum (Red top or aliquot)

Requisition: CD0004

Division: Hematopathology – Histocompatibility (HLA)

Instructions: By appointment only. Samples must be received in the HLA laboratory by 0900 on the scheduled crossmatch date. Samples received after 0900 may not be processed. Complete recipient information in the section provided on the requisition. (Multi-Organ Transplant – Recipient Clinical Information)

**KPD or CTR:** Please indicate if recipient is part of the Kidney Paired Exchange or Canadian Transplant Registry by checking the box provided and indicating the patient’s registry number.

Shipping: Transport blood specimens at room temperature and protect from freezing. Specimens should arrive in the HLA laboratory within 72 hours of collection.

Notes: Specimens and requisitions must be clearly labeled with 2 unique identifiers that can be matched (Full name and HCN or Medical Record Number). Phlebotomist must positively identify the patient, sign the requisition in the box provided, and include the date and time of collection. Specimens may not be accepted if the patient information, phlebotomist information and date and time of collection are incomplete.
HLA Crossmatch - Living Donor

- **Tube/Specimen:** 4 x 6 mL ACD (Solution B) tubes (Yellow top)
- **Requisition:** CD0004
- **Division:** Hematopathology - Histocompatibility (HLA)
- **Instructions:** By appointment only. Samples must be received in the HLA laboratory by 0900 on the scheduled crossmatch date. Samples received after 0900 may not be processed. Complete live donor information in the section provided on the requisition (Multi-Organ Transplant - Live Donor) **Live Donor:** Please indicate if donor is part of the Kidney Paired Exchange or Canadian Transplant Registry by checking the box provided and indicating the patient’s registry number.
- **Shipping:** Transport blood specimens at room temperature and protect from freezing. Specimens should arrive in the HLA laboratory within 72 hours of collection.
- **Notes:** Specimens and requisitions must be clearly labeled with 2 unique identifiers that can be matched (Full name and HCN or Medical Record Number) **Phlebotomist must** positively identify the patient, sign the requisition in the box provided, and include the date and time of collection. Specimens may not be accepted if the patient information, phlebotomist information and date and time of collection are incomplete.

HLA Deceased Donor Typing and Crossmatch

- **Tube/Specimen:** 8 x 6 mL ACD (Solution B) tubes (Yellow top) 2 x 4 mL EDTA tubes (Lavender top)
- **Requisition:** CD0004
- **Division:** Hematopathology - Histocompatibility (HLA)
- **Shipping:** Transport blood specimens at room temperature and protect from freezing. Typing specimens (EDTA) should arrive in the HLA laboratory within 7 days of collection. Crossmatch samples (ACD) should arrive in the HLA laboratory within 72 hours of collection. Complete the Deceased Donor information in the section provided on the requisition (Multi-Organ Transplant – Donor Information)
- **Notes:** Specimens and requisitions must be clearly labeled with 2 unique identifiers that can be matched (Full name and HCN or Medical Record Number) **Phlebotomist must** positively identify the patient, sign the requisition in the box provided, and include the date and time of collection. Specimens may not be accepted if the patient information, phlebotomist information and date and time of collection are incomplete.

HLA DQ see HLA Typing Autoimmune

- **Division:** Hematopathology - Histocompatibility (HLA)

HLA DR see HLA Typing Autoimmune

- **Division:** Hematopathology - Histocompatibility (HLA)

HLA Typing-Autoimmune

- **Tube/Specimen:** 2 x 4 mL EDTA tubes (Lavender top)
- **Requisition:** CD0004
- **Division:** Hematopathology - Histocompatibility (HLA)
PLM Laboratory Test Catalogue

Instructions: HLA B27 testing is limited to requests from rheumatologists, ophthalmologists and orthopedics only. HLA B5701 testing is limited to requests from the ID clinic only.

Shipping: Transport blood specimens at room temperature and protect from freezing. Specimens should arrive in the HLA laboratory within 7 days of collection. Specimens arriving after 3 pm on Friday will be processed the next business day.

Notes: Specimens and requisitions must be clearly labeled with 2 unique identifiers that can be matched (Full name and HCN or Medical Record Number). Phlebotomist must positively identify the patient and include the date and time of collection. Specimens may not be accepted if the patient information and date and time of collection are incomplete.

-----------------------------------------------------------------------------------------------------------------------------

HLA Typing- Bone MarrowRecipient and Donor (HLA-A, B, C, DR, DQ, DP)

Tube/Specimen: 2 x 4 mL EDTA tubes (Lavender top)
3 x 500 μL EDTA Microtainer tubes for pediatric patients under 1 year of age

Requisition: CD0004

Division: Hematopathology - Histocompatibility (HLA)

Instructions: BMT Donor Typing-Complete recipient information in the section provided on the requisition (Bone Marrow Transplant-Donor)

Shipping: Transport blood specimens at room temperature and protect from freezing. Specimens should arrive in the HLA laboratory within 7 days of collection. Specimens arriving after 3 pm on Friday will be processed the next business day.

Notes: Specimens and requisitions must be clearly labeled with 2 unique identifiers that can be matched (full name and HCN or Medical Record Number). For pediatric collections less than 4 mL, additional specimens may be requested by the laboratory if required. For difficult collections, or when clinically warranted, the laboratory may accept lower minimum specimen requirements. Contact the laboratory for further information. Phlebotomist must positively identify the patient, sign the requisition in the box provided, and include the date and time of collection. Specimens may not be accepted if the patient information, phlebotomist information and date and time of collection are incomplete.

-----------------------------------------------------------------------------------------------------------------------------

HLA Typing-Multi Organ Transplant Recipient and Donor (HLA-A, B, C, DR, DQ, DP)

Tube/Specimen: 2 x 4 mL EDTA tubes (Lavender top)
3 x 500 μL EDTA Microtainer tubes for pediatric patients under 1 year of age

Requisition: CD0004

Division: Hematopathology - Histocompatibility (HLA)

Instructions: Recipient Typing-Complete recipient clinical history in the section provided on the requisition (Multi-Organ Transplant-Recipient Clinical History) Donor Typing-Complete donor information in the section provided on the requisition (Multi-Organ Transplant-Donor Information) KPD or CTR: Please indicate if recipient and donor belong to the Kidney Paired Exchange or Canadian Transplant Registry by checking the box provided and indicating the patient’s registry number.

Shipping: Transport blood specimens at room temperature and protect from freezing. Specimens should arrive in the HLA laboratory within 7 days of collection. Specimens arriving after 3 pm on Friday will be processed the next business day.

Notes: Specimens and requisitions must be clearly labeled with 2 unique identifiers that can be matched (full name and HCN or Medical Record Number). For pediatric collections less than 4 mL, additional specimens may be requested by the laboratory if required. For difficult collections, or when clinically warranted, the laboratory may accept lower minimum specimen requirements. Contact the laboratory for further information. Phlebotomist must positively identify the patient, sign the requisition in the box provided, and include the date and time of collection. Specimens may not be accepted if the patient information, phlebotomist information and date and time of collection are incomplete.
The electronic copy that resides on the document control system is the valid document. Any paper document labeled Uncontrolled must be verified against the electronic version prior to use.

Uncontrolled When Printed
Human Growth Hormone  see HGH
Division:  Clinical Chemistry - Core

Human Immunodeficiency Virus  see HIV-1/HIV-2
Division:  Virology-Immunology

Human Leukocyte Antigen  see HLA Tissue Typing
Division:  Hematopathology – Histocompatibility (HLA)

Human Leukocyte Antigen-H  see Hemochromatosis
Division:  Molecular Diagnostics

Hydatid Disease – IHA (Echinococcosis)
Tube/Specimen:  Gold Stoppered 5.0 mL SST
Requisition:  QE 7125
Division:  Microbiology-Immunology
Note:  This test will be referred out by the laboratory.

Hydroxybutyrate  see Beta Hydroxybutyrate
Referred Out:  In-Common Laboratories

Hydroxymethylbilane Synthase Gene  see Acute Intermittent Porphyria gene mutation
Division:  Molecular Diagnostics

Hypereosinophilic Syndrome
Tube/Specimen:  Lavender topped EDTA tube (whole blood) or bone marrow sample.
Referred Out:  Mayo Medical Laboratories
Instructions:  Hematopathology Molecular lab will process sample.
LIS Mnemonic:  Misc. Hematology Referred Out

IDAT  see Indirect Antiglobulin Test
Division:  Transfusion Medicine
Idiopathic Thrombocytopenia Purpura (ITP)  see Autoimmune Thrombocytopenia Purpura

Referred Out: McMaster University HSC

IG gene rearrangement  see B-cell lymphoid clonality
Division: Molecular Diagnostics

IG Heavy Chain  see B-cell lymphoid clonality
Division: Molecular Diagnostics

IgA  see Immunoglobulins, (GAM)
Division: Clinical Chemistry – Core

IgD  see Immunoglobulin D
Referred Out: In-Common Laboratories

IgE
Tube/Specimen: Gold Stoppered 5.0 mL SST
Requisition: CD0002
Division: Clinical Chemistry - Core
Shipping: Separate serum within 5 hours of collection. Serum stable for 3 days at 2 to 8°C. Freeze and send frozen serum, if longer.
LIS Mnemonic: IGE

IGF-1  see Insulin Like Growth Factor
Division: Clinical Chemistry - Core

IgG  see Immunoglobulins, (GAM)
Division: Clinical Chemistry - Core

IgG 4 Subclass
Tube/Specimen: Gold topped SST tube.
Referred Out: In-Common Laboratories
Instructions: Centrifuge at room temperature. Aliquot 1.0 mL serum into plastic vial. Freeze at once.
LIS Mnemonic: IgG 4
IgG Subclasses (IgG 1, IgG 2, IgG 3)

Tube/Specimen: Gold topped SST tube.

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature. Aliquot 1.0 mL serum into plastic vial. Freeze at once.

LIS Mnemonic: IgG Sub

IgG/TCR Gene Rearrangement

Division: Molecular Diagnostics

Alternate Names: TCR Gene Rearrangement

IgM

see Immunoglobulins, (GAM)

Division: Clinical Chemistry - Core

IGRA

Tube/Specimen: IGRA are collected at the HI blood collection site using the 4 IGRA collection tubes. Each tube must be filled up to the 1 mL line. Do not collect tubes without a requisition. A copy of the requisition MUST accompany the blood. Clinic patients only may be collected at the Dickson blood collection site. Inpatients must also have the requisition filled out before collection and copy sent with the blood. Collection should take place Monday to Thursday before 1400 hours and not before a holiday.

Referred Out: St. John Regional Hospital

Instructions: Referal of samples for IGRA will be done by the Microbiology lab-3rd floor Mackenzie. Do not drop off in CSA. Do not refrigerate. Send as Category B specimen.

LIS Mnemonic: M IGRA

Imipramine Level

Tube/Specimen: Plain red topped tube.

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature. Aliquot serum into plastic vial. Freeze. Do not accession for non-NSHA Central Zone Hospitals

Note: Royal Blue Trace Element SERUM tubes (BD#368380) and lavender topped EDTA (plasma) tubes are acceptable. Must indicate specimen type on aliquot tube (serum or plasma).

LIS Mnemonic: IMIP

Immune Mediated Necrotizing Myopathy see Anti-HMGCR And Statin Related Myopathy
PLM Laboratory Test Catalogue

Referred Out: Mitogen Advanced Diagnostics

Immunodeficiency Testing

Tube/SPECIMEN: Dark green stoppered 7.0 mL Lithium Heparin
Requisition: CD0002C
Division: Hematopathology-Flow Cytometry
Instructions: Specimens should arrive in the Flow Cytometry lab on the same day of collection however, must arrive within 24 hours of collection and no later than 14:00 on Fridays (or the day before a holiday). The requisition must accompany the specimen to the Flow laboratory.
Shipping: Maintain specimen at room temperature.

Immunofibrinogen (Antigen)

Tube/SPECIMEN: 4.5 mL light blue topped Sodium Citrate tube.
Referred Out: Hamilton General Hospital
Instructions: Send to Hematopathology Coagulation lab for processing.
LIS Mnemonic: Miscellaneous Hematology

Immunoglobulin D

Tube/SPECIMEN: Gold topped SST tube.
Referred Out: In-Common Laboratories
Instructions: Centrifuge at room temperature. Aliquot 1.0 mL of serum into plastic vial. Freeze at once.
LIS Mnemonic: IGD

Immunoglobulins (GAM), Serum

Tube/SPECIMEN: Gold Stoppered 5.0 mL SST
Requisition: CD0002
Division: Clinical Chemistry - Core
Instructions: Separate serum within 5 hours of collection. Serum stable for 4 months at 2 to 8°C. Freeze and send frozen serum, if longer.
Alternate Names: Gamma Globulins
LIS Mnemonic: IMM

Immunoglobulins, Heavy see Immunoglobulins (GAM)

The electronic copy that resides on the document control system is the valid document. Any paper document labeled Uncontrolled must be verified against the electronic version prior to use.
Uncontrolled When Printed
Immunoglobulins, Free Light Chain

Tube/Specimen: Gold Stoppered 5.0 mL SST
Requisition: CD0002
Division: Clinical Chemistry - Immunology
Shipping: Separate serum and freeze. Send frozen serum on dry ice. Send as a separate aliquot with no other testing ordered.

Indirect Antiglobulin Test

Tube/Specimen: Lavender Stoppered 6.0 mL EDTA (BD# 367863)
Requisition: CD0001_05_2019
Division: Transfusion Medicine
Instructions: Indicate on requisition date and time required. Indicate pregnancy and transfusion history. Send copy of patient’s antibody card if patient has known antibodies.
Comments: CC 85-079 Venipuncture for Blood Collection
Note: Indirect Antiglobulin testing (Antibody Screen) valid for 96 hours.
Alternate Names: Antibody Screen
IDAT

Indirect Bilirubin see Bilirubin Indirect, Plasma

Division: Clinical Chemistry - Core

Infectious Mononucleosis see Heterophile Antibodies

Division: Microbiology-Immunology

Inhibitor (Non Specific) see Lupus Anticoagulant Screen

Division: Hematopathology - Coagulation

Inhibitor (Specific) see Factor VIII C Inhibitor

Division: Hematopathology - Coagulation

Inorganic Phosphorous see Phosphorous, Plasma

Division: Clinical Chemistry - Core

INR (PT)

Tube/Specimen: Light Blue Stoppered 2.7 mL buffered NA (sodium) citrate, must be a full draw

The electronic copy that resides on the document control system is the valid document. Any paper document labeled Uncontrolled must be verified against the electronic version prior to use.

Uncontrolled When Printed
PLM Laboratory Test Catalogue

Requisition: CD0002
Division: Hematopathology – Coagulation
Alternate Names: Prothrombin Time

Insulin

Tube/Specimen: Gold Stoppered 5.0 mL SST
Requisition: CD0002
Division: Clinical Chemistry - Core
Instructions: Patient should be fasting 8 hours prior to collection.
Shipping: Separate serum immediately. Serum stable for 7 days at -20 to -10°C. Freeze and send frozen serum.
LIS Mnemonic: INS

Insulin Antibodies

Tube/Specimen: Gold topped SST tube.
Referred Out: In-Common Laboratories Inc.
Instructions: Centrifuge at room temperature.
LIS Mnemonic: Insulin Ab

Insulin like Growth Factor-1

Tube/Specimen: Gold Stoppered 5.0 mL SST
Requisition: CD0002
Division: Clinical Chemistry – Core
Instructions: Specimen must be centrifuged immediately.
Shipping: Separate serum immediately. Serum stable for 24 hours at 2 to 8°C. Freeze and send frozen serum, if longer.
Alternate Names: IGF-1 Somatomedin-C
LIS Mnemonic: IGF-1

Intact PTH see Parathyroid Hormone Intact

Division: Clinical Chemistry - Core

Intercellular Skin Ab see Anti-Pemphigus Antibodies
**Interferon-beta Neutralizing Antibodies**

**Tube/Specimen:** Gold topped SST tube.

**Referred Out:** Neuro-Immunology Laboratories, UBC Hospital

**Instructions:** Centrifuge at room temperature. Aliquot 1.0 mL of serum. ** Freeze.** Do not accession for non-NSHA Central Zone Hospitals

**LIS Mnemonic:** NABS

---

**Intrinsic Factor Antibodies**

**Tube/Specimen:** Gold topped SST tube.

**Referred Out:** In-Common Laboratories

**Instructions:** Centrifuge at room temperature. Aliquot 3.0 mL of serum into plastic vial. ** Freeze at once.**

**LIS Mnemonic:** Intrins

---

**INV 16**

**Division:** Molecular Diagnostics

---

**Inversion 16**

**Tube/Specimen:** 4.0 mL EDTA Lavender stoppered tube(s)
- Peripheral blood: Preferably 2 tubes, minimum volume 1 mL. Stability – 14 days at 4°C.
- Bone marrow: 1 tube, minimum volume 1 mL. Stability – 14 days at 4°C.
- Tissue: Send in saline at 4°C, or frozen on dry ice. Stability – 12 hours in saline at 4°C, or 7 days frozen.
- RNA: Stability – 3 months frozen.

**Requisition:** CD0046 or CD2573

**Division:** Molecular Diagnostics

**Instructions:** Blood/bone marrow must be kept at 4°C, accompanied by requisition. If multiple Molecular Diagnostics tests are ordered, only 2 tubes of peripheral blood or 1 tube of bone marrow are necessary.

**Alternate Names:** INV 16
- CBF beta-MYH11 gene fusion

**LIS Mnemonic:** 2LAVDNA

---

**Iodine Plasma**

**Tube/Specimen:** 6.0 mL Royal Blue Trace Element K2 EDTA tube (BD368381).

**Referred Out:** In-Common Laboratories
**PLM Laboratory Test Catalogue**

Section: Management System\PLM\General\PLM Website\General\Test Catalogue\  
Doc#: 19453  
Version: 120.0 Current  
Effective Date: 4/15/2020  
Page 127 of 214

The electronic copy that resides on the document control system is the valid document. Any paper document labeled Uncontrolled must be verified against the electronic version prior to use.  
Uncontrolled When Printed

---

**Ionized Calcium, Serum**

Instructions:  
Centrifuge ASAP! Testing cannot be performed on whole blood.  
Aliquot plasma into plastic transfer vial. Keep refrigerated.  
Do not accession for non-NSHA Central Zone Hospitals

LIS Mnemonic: Iodine P

---

**Iron, Plasma**

Tube/Specimen: Gold Stoppered 5.0 mL SST tube, must be a full draw. Do not place on ice!

Requisition: CD0021

Division: Clinical Chemistry – Core

Instructions: Ideally no tourniquet should be used. Patient should not be allowed to exercise the forearm or pump fist.  
Samples should be centrifuged within 2 hours of collection. Post-spin specimens should be kept cold and unopened before analysis. If sample cannot be analyzed immediately, it can be stored unopened at 4°C up to 5 days.

Shipping: Transport spun samples on cold pack. Do not use dry ice. Do not freeze. Unspun samples must be received in lab within 30 minutes of collection.

LIS Mnemonic: ICA (SERUM)

---

**Iron Binding Capacity, Plasma**

see Iron, Plasma

Division: Clinical Chemistry - Core

---

**Iron Level Liver RO**

Tube/Specimen: Sample may be sent cold in paraffin block, formaldehyde or other preservative. Unpreserved specimens should be stored and sent frozen.

Referred Out: In-Common Laboratories

LIS Mnemonic: FE LIVER

---

**Islet Cell Antibody**  
see Anti-Pancreatic Islet Cell Antibody

Division: Immunopathology

---
PLM Laboratory Test Catalogue

Islet Transplant Program see PRA/LAS
Referred Out: University of Alberta

---

Isoelectric Focusing (IEF)
Tube/Specimen: 4.5 mL Lavender topped EDTA tube.
Referred Out: IWK Hematology Lab
Instructions: Send to Hematopathology Coagulation lab for processing.
LIS Mnemonic: Miscellaneous Hematology

---

Isoenzyme, Alkaline Phosphatase see Alkaline Phosphatase: Isoenzyme
Referred Out: In-Common Laboratories

---

Isohemagglutinin Titre see ABO Antibody Titre
Division: Transfusion Medicine

---

Isopropanol see Isopropyl Alcohol, Qualitative
Division: Clinical Chemistry - Toxicology

---

Isopropyl Alcohol, Qualitative
Tube/Specimen: Plain Red Tube 6 or 10 mL
Requisition: CD0002
Division: Clinical Chemistry - Toxicology
Instructions: Use non-alcoholic solutions such as peroxidase, saline or warm water to clean venipuncture site. Do not use alcohol preparations.
Alternate Names: Isopropanol
LIS Mnemonic: METHANOL FORMIC ACID ISOPROPANOL QUANTITATION

---

IWK Clinical Genomics
Tube/Specimen: As per requisition
Referred Out: IWK Clinical Genomics
Instructions: Do not accession. Keep sample at room temperature.
IWK Cytogenetics Testing

Tube/Specimen: As per requisition
Referred Out: IWK Cytogenetics Lab
Instructions: Do not accession. Keep sample at room temperature.

IWK Molecular Testing

Tube/Specimen: As per requisition
Referred Out: IWK Molecular Lab
Instructions: Do not accession. Keep samples at room temperature.

JAK2 (v6 7f)

see Jak2 gene mutation

Division: Molecular Diagnostics

JAK2 exon 12

see Next Generation Sequencing - Myeloid panel

Division: Molecular Diagnostics

Jak2 gene mutation

Tube/Specimen: Lavender Stopped 4.0 mL EDTA
Peripheral blood: 1 tube, minimum volume 1 mL. Stability – 14 days at 4°C.
Bone marrow: 1 tube, minimum volume 1 mL. Stability – 14 days at 4°C.
Tissue: Send in saline at 4°C, or frozen on dry ice. Stability – 12 hours in saline at 4°C, or 7 days frozen. Alternatively, send fixed tissue in paraffin block.
DNA: Stability – 3 months at 4°C or frozen.

Requisition: CD0046 or CD2573
Division: Molecular Diagnostics
Instructions: Blood/bone marrow must be kept at 4°C, accompanied by requisition. Any specimen referred from outside of NSHA-Central Zone must also be accompanied by a printout of the CBC results, as it is important to know the white blood cell count prior to extracting the DNA. If multiple Molecular Diagnostics tests are ordered, only 2 tubes of peripheral blood or 1 tube of bone marrow are necessary.

Alternate Names: Polycythemia vera
Thrombocythemia
JAK2 (v6 7f)

LIS Mnemonic: 2LAVDNA

Jo-1

see Anti-nuclear antibody

Division: Immunopathology
# PLM Laboratory Test Catalogue

<table>
<thead>
<tr>
<th>Test</th>
<th>Division</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joint Fluid</td>
<td>Hematopathology - Core</td>
<td></td>
</tr>
<tr>
<td><strong>K+</strong></td>
<td>Clinical Chemistry - Core</td>
<td></td>
</tr>
<tr>
<td>Keppra</td>
<td>In-Common Laboratories</td>
<td></td>
</tr>
<tr>
<td>Kidney Function Tests</td>
<td>Clinical Chemistry - Core</td>
<td></td>
</tr>
<tr>
<td>Kininogen</td>
<td>Hamilton General Hospital</td>
<td></td>
</tr>
<tr>
<td>KIT Asp816Val</td>
<td>Molecular Diagnostics</td>
<td></td>
</tr>
<tr>
<td>Kleihauer-Betke</td>
<td>IWK Hematology Lab</td>
<td>Not performed on Males.</td>
</tr>
<tr>
<td>KRAS</td>
<td>Molecular Diagnostics</td>
<td></td>
</tr>
<tr>
<td>LA</td>
<td>Immunopathology</td>
<td></td>
</tr>
<tr>
<td>Lactate Dehydrogenase</td>
<td>LD, Serum</td>
<td></td>
</tr>
</tbody>
</table>
Division: Clinical Chemistry – Core

Lactate, Plasma

Tube/Specimen: Grey topped Sodium Fluoride tube, completely filled and kept on ice. Lactate is also available in the Blood Gas panels; see Blood Gases.

Requisition: CD0002

Division: Clinical Chemistry - Core

Comments: Ensure sample is well mixed; invert minimum 8 times. Label tube with patient information with water proof ink, immerse in a slurry of ice and water and deliver to Processing area within 30 minutes.

Shipping: Separate plasma immediately and no longer than 60 minutes from collection. Plasma aliquot is stable for 8 hours at 15 to 25°C or 14 days at 4 to 8°C.

Alternate Names: Lactic Acid

LIS Mnemonic: VLACT

Lactate, Spinal Fluid

Tube/Specimen: One CSF (spinal fluid) tube.

Referred Out: IWK Core Lab

Instructions: Send on ice or ice pack to Referred-Out bench. Refrigerate until shipped: Do not freeze! Do not accession for non-NSHA Central Zone Hospitals; send directly to the IWK.

LIS Mnemonic: CSF Lact

Lactic Acid see Lactate, Plasma

Division: Clinical Chemistry - Core

Lactic Dehydrogenase see LD, Serum

Division: Clinical Chemistry - Core

Lactose Tolerance, Plasma

Tube/Specimen: Light Green 4.5 mL Lithium heparin and gel for plasma separation

Requisition: CD0002

Division: Clinical Chemistry - Core

Instructions: Collect bloods at 30, 60, 90, 120 and 180 minutes after patient has finished lactose drink. Specimens must be labeled with collection times.

Comments: Patient Preparation: Note: This test is not offered to patients who are ≤16 years of age. All outpatient requests must be booked in advance at one of the following blood collection sites:

Section: Management System\PLM\General\PLM Website\General\Test Catalogue\
Doc#: 19453

Version: 120.0 Current
Effective Date: 4/15/2020
Page 131 of 214

The electronic copy that resides on the document control system is the valid document. Any paper document labeled Uncontrolled must be verified against the electronic version prior to use.

Uncontrolled When Printed
HI Blood Collection: 902-473-2452
DGH Blood Collection: 902-465-8305
HCH Blood Collection: 902-792-2037
Fasting and post dosage specimens are required. If glucose result on fasting specimen is >11.0 mmol/L the test will not be continued. Patients must be fasting 8 hours.

Alternate Names: LTT
LIS Mnemonic: LTT3 3HR LTT

---

**Lamictal**

**see Lamotrigine**

Division: Clinical Chemistry - Toxicology

---

**Lamotrigine**

Tube/Specimen: Plain Red Tube 6 or 10 mL
Requisition: CD00002

Division: Clinical Chemistry - Toxicology

Instructions: These determinations can be done on micro samples. Send at least 0.2 mL of serum. Blood should be collected just prior to the next dose (trough collection). Specimens should not be collected until the blood concentration is at steady state (3-4 half-lives).

Alternate Names: Lamictal
LIS Mnemonic: LAMOT

---

**Latex Fixation**

**see Rheumatoid Factor**

Division: Clinical Chemistry - Core

---

**LATS**

**see Thyrotropin Binding Inhibitory Ig**

Referred Out: In-Common Laboratories

---

**LAV**

**see HIV-1/HIV-2**

Division: Virology-Immunology

---

**LD, Fluids**

Tube/Specimen: Miscellaneous Body Fluid: 10.0 mL Body Fluid in sterile plastic screw top tubes
Requisition: CD00002

Division: Clinical Chemistry - Core

Shipping: If sending specimen from outside QEII HSC, transport at room temperature.

Alternate Names: Lactate Dehydrogenase

---
LDH

LIS Mnemonic: BF LD

LD, Serum

Tube/Specimen: Gold Stoppered 5.0 mL SST
Requisition: CD0002
Division: Clinical Chemistry - Core
Instructions: Requests for testing will only be processed if clinical details are provided in brackets next to the LD request. The term ‘Do not cancel’ will not be accepted.
Alternate Names: Lactate Dehydrogenase LDH
LIS Mnemonic: LD

LDH see LD, Serum

Division: Clinical Chemistry - Core

LDL-Cholesterol, Plasma

Tube/Specimen: Light Green 4.5 mL Lithium heparin and gel for plasma separation
Requisition: CD0002
Division: Clinical Chemistry - Core
Instructions: Patient fasting is at the discretion of the ordering physician and must be indicated on the requisition.
Alternate Names: Cholesterol, LDL Low Density Lipoprotein Cholesterol
LIS Mnemonic: LDL D

LEAD Level RO

Tube/Specimen: Royal Blue Trace Element K2 EDTA tube (BD368381).
Referred Out: In-Common Laboratories
Instructions: Do Not Centrifuge! Cannot be tested on plasma. Ship refrigerated. Do not freeze.
Do not accession for non-NSHA Central Zone Hospitals
LIS Mnemonic: Lead only

Leishmaniasis – IFA

Tube/Specimen: Gold Stoppered 5.0 mL SST

The electronic copy that resides on the document control system is the valid document. Any paper document labeled Uncontrolled must be verified against the electronic version prior to use.
Leptospirosis PCR
Tube/Specimen: Sterile urine container, no preservative/Urine
Requisition: CD0002
Division: Virology-Immunology
Instructions: Clinical data should be indicated on the requisition.

Leptospirosis Serology
Tube/Specimen: Gold Stoppered 5.0 mL SST
Requisition: CD0002
Division: Virology-Immunology
Instructions: Clinical data should be indicated on the requisition.

Leukemia and Lymphoma Screening – Bone Marrow
Tube/Specimen: Dark green stoppered 7.0 mL Lithium Heparin
Requisition: CD0046
Division: Hematopathology-Bone Marrow
Instructions: Specimen to be collected at the same time as Bone Marrow Aspiration. Specimens should arrive in the Flow Cytometry lab on the same day of collection however, must arrive within 24 hours of collection and no later than 14:00 on Fridays (or the day before a holiday). Maintain specimen at room temperature. The requisition must accompany the specimen to the Flow laboratory.
Shipping: An unstained bone marrow slide, peripheral blood slide, patient diagnosis and a copy of the CBC results with differential and requisition must accompany all specimens collected outside the QEII VG site.
Note: For specimens collected outside of the QEII VG site please notify the Flow Cytometry laboratory (902-473-5549) in advance when requesting this test. Provide patient name, health card number and referral hospital contact information.

Leukemia and Lymphoma Screening – Lymph node, Tissue (including Fine Needle Aspirates), CSF and Body Fluids
Please note that these instructions refer only to the portion of the specimen that is being processed for cell surface marker analysis / flow cytometry testing; if the specimens need to be sent for histological, cytopathology, molecular or other specialized testing please ensure that proper collection procedures are followed as well for those tests. These instructions do not provide information on how to best partition the specimen for the different tests.
Tube/Specimen: Lymph Node/Tissue:
The portion of the lymph node or tissue specimen that is being submitted for cell surface marker / flow cytometry analysis is to be collected and immediately placed in RPMI 1640 medium.
PLM Laboratory Test Catalogue

**Leukemia and Lymphoma Screening – Peripheral Blood**

**Tube/Specimen:** Dark green stoppered 7.0 mL Lithium Heparin and Lavender stoppered 4.0 mL EDTA for CBC and Auto Differential  
**Requisition:** CD0002C  
**Division:** Hematopathology-Flow Cytometry  
**Instructions:** Specimens should arrive in the Flow Cytometry lab on the same day of collection however, must arrive within 24 hours of collection and no later than 14:00 on Fridays (or the day before a holiday). The requisition must accompany the specimen to the Flow laboratory.  
**Shipping:** Maintain specimen at room temperature. An unstained peripheral blood slide, copy of the CBC results with differential, patient diagnosis and requisition must accompany all specimens collected outside of the QEII VG site.  
**Note:** For specimens collected outside of the QEII VG site please notify the Flow Cytometry laboratory (902-473-5549) in advance when requesting this test. Provide patient name, health card number and referral hospital contact information.

**Levetiracetam**

**Tube/Specimen:** Plain red topped tube collected prior to next dose.  
**Referred Out:** In-Common Laboratories  
**Instructions:** Centrifuge at room temperature.  
Aliquot at least 1.0 mL serum. **Freeze.**  
Do not accession for non-NSHA Central Zone Hospitals  
**Note:** Plasma from EDTA, Sodium heparin or 3.2% Sodium citrate tubes is acceptable. Indicate sample type on aliquot tube if other than serum.
PLM Laboratory Test Catalogue

LIS Mnemonic: LEVET

----------------------------------------

**LH**

Tube/Specimen: Gold Stoppered 5.0 mL SST
Requisition: CD0002
Division: Clinical Chemistry – Core
Shipping: Separate serum within 5 hours of collection. Serum stable for 7 days at 2 to 8°C. Freeze and send frozen serum, if longer.
Alternate Names: Luteinizing Hormone
Pituitary Gonadotropins
LIS Mnemonic: LH

----------------------------------------

**Lipase, Plasma**

Tube/Specimen: Light Green 4.5 mL Lithium heparin and gel for plasma separation
Requisition: CD0002
Division: Clinical Chemistry - Core
Shipping: If sending specimen from outside QEII HSC transport frozen plasma on dry ice.
LIS Mnemonic: LIPASE

----------------------------------------

**Lipid Profile**

see Cholesterol, Plasma

Division: Clinical Chemistry - Core

----------------------------------------

**Lipid Screen**

see Cholesterol, Plasma

Division: Clinical Chemistry - Core

----------------------------------------

**Lipid Testing**

see Cholesterol, Plasma

Division: Clinical Chemistry - Core

----------------------------------------

**Lipoprotein (a) (LP(a))**

(Do not confuse with APO A1 or B)

Tube/Specimen: Gold topped SST tube. **Patient must be fasting for 12 hours.**
Referred Out: In-Common Laboratories
Instructions Centrifuge at room temperature **within 4 hours** of collection.
Aliquot 1.0 mL serum into plastic vial. **Freeze at once.**
Do not accession for non-NSHA Central Zone Hospitals
LIS Mnemonic: LPA
Lithium
Tube/Specimen: Plain Red Tube 6 or 10 mL
Requisition: CD0002
Division: Clinical Chemistry - Core
LIS Mnemonic: LI

Lithium, Whole Blood
(Do not confuse with Lithium, RBC-no longer available)
(Ordering physician must specify)
Tube/Specimen: Royal Blue Trace Element K2 EDTA tube (BD368381).
Referred Out: In-Common Laboratories
Instructions: Do Not Centrifuge! Cannot be tested on plasma.
            Ship refrigerated. Do not freeze.
            Do not accession for non-NSHA Central Zone Hospitals
LIS Mnemonic: LIWB

Liver FE, Liver Iron
see Iron Level Liver RO
Referred Out: In-Common Laboratories

Liver Kidney Microsomal Antibodies (LKM)
Tube/Specimen: Gold topped SST tube.
Referred Out: In-Common Laboratories
Instructions: Aliquot serum and freeze.
LIS Mnemonic: LKMAB

Long Acting Thyroid Stimulator (LATS)
see Thyrotropin Binding Inhibitory Ig
Referred Out: In-Common Laboratories

Long Chain Fatty Acid
see Very Long Chain Fatty Acid
Referred Out: In-Common Laboratories

Low Density Lipoprotein
see LDL-Cholesterol, Plasma
Division: Clinical Chemistry – Core

LTT
see Lactose Tolerance, Plasma
The electronic copy that resides on the document control system is the valid document. Any paper document labeled Uncontrolled must be verified against the electronic version prior to use.

Uncontrolled When Printed
Lytes  
see Electrolytes (Na, K), Plasma  
Division: Clinical Chemistry - Core

Lytes, Stool  
see Fecal Electrolytes  
Referred Out: In-Common Laboratories

Macroprolactin

Tube/Specimen: One gold topped SST tube  
Referred Out: In-Common Laboratories  
Instructions: Centrifuge at room temperature and aliquot serum into two separate aliquots of at least 1.0 mL each. Freeze!  
Do not accession for non-NSHA Central Zone Hospitals  
LIS Mnemonic: MACPROL

MAG  
see Myelin Associated Glycoprotein Antibody  
Referred Out: Mitogen Advanced Diagnostics

Magnesium, Plasma

Tube/Specimen: Light Green 4.5 mL Lithium heparin and gel for plasma separation  
Requisition: CD0002  
Division: Clinical Chemistry – Core  
LIS Mnemonic: MG

Magnesium, Random Urine or 24-Hour Urine

Tube/Specimen: Random collection using a mid-stream technique to eliminate bacterial contamination or 24-hour urine collection (preferred) in a plain container.  
Requisition: CD0002  
Division: Clinical Chemistry - Core  
Instructions: Specimen required: 4 mL urine aliquot from a pH adjusted and well-mixed collection. Record Total Volume of the 24-hour urine on both the aliquot and the requisition. Refer to Appendix A for pH adjustment instructions. It is not acceptable to add preservative to an aliquot.  
Stability: Room temperature 1 day, 2 to 8°C (preferred) for 7 days and frozen for 2 weeks.  
LIS Mnemonic: U24 Mg  
U Mg

Malarial Parasites

Section: Management System\PLM\General\PLM Website\General\Test Catalogue\  
Doc#: 19453  
Version: 120.0 Current  
Effective Date: 4/15/2020
Page 139 of 214

The electronic copy that resides on the document control system is the valid document. Any paper document labeled Uncontrolled must be verified against the electronic version prior to use.

Uncontrolled When Printed
Manganese, Plasma

 Tube/Specimen: 6.0 mL Royal Blue Trace Element K2 EDTA tube (BD368381)
 Referred Out: In-Common Laboratories
 Instructions: **Centrifuge ASAP!**
 Aliquot 3.0 mL plasma into plastic transfer vial. **Freeze.**
 Do not accession for non-NSHA Central Zone Hospitals

 LIS Mnemonic: MANGA P

-----------------------------------------------------------------------------------------------------------------------------

Manganese, Whole Blood

 Tube/Specimen: 6.0 mL Royal Blue Trace Element K2 EDTA tube (BD368381)
 Referred Out: In-Common Laboratories
 Instructions: **DO NOT Centrifuge!**
 Do not accession for non-NSHA Central Zone Hospitals

 LIS Mnemonic: MANGA WB

-----------------------------------------------------------------------------------------------------------------------------

Maprotiline Level

 Tube/Specimen: Plain red topped tube.
 Referred Out: In-Common Laboratories
 Instructions: Centrifuge at room temperature.
 Aliquot serum into plastic vial and **freeze.**
 Do not accession for non-NSHA Central Zone Hospitals

 Note: Royal Blue Trace Element SERUM tubes (BD368380) and lavender topped EDTA plasma tubes are acceptable; indicate sample type on tube.

 LIS Mnemonic: MAPROT

-----------------------------------------------------------------------------------------------------------------------------

Maternal Antibodies Collection

 Tube/Specimen: Gold topped SST tube.
 Referred Out: IWK Laboratory
 Instructions: Send directly to IWK refrigerated.

 LIS Mnemonic: MATSCRN
Measles Antibody
Tube/Specimen: Gold Stoppered 5.0 mL SST
Requisition: CD0432/ CD0433
Division: Virology-Immunology
Instructions: Indicate on requisition whether immune status (IgG) or recent infection (IgM) is required.
Alternate Names: Rubeola

Melanoma Associated Retinopathy Panel (MARP) see Anti-Retinal Autoantibody
Referred Out: Mayo Medical Laboratories

Mellaril see Thioridazine Level
Referred Out: In-Common Laboratories

Mercury
Tube/Specimen: Royal Blue Trace Element K2 EDTA tube (BD368381).
Referred Out: In-Common Laboratories
Instructions: Do Not Centrifuge; cannot be tested on plasma. Do Not Freeze. Ship refrigerated.
Do not accession for non-NSHA Central Zone Hospitals
LIS Mnemonic: Mercury

Mercury Level, Random Urine or 24-Hour Urine
Tube/Specimen: Random collection using a mid-stream technique to eliminate bacterial contamination or 24-hour urine collection (preferred) in a plain container.
Referred Out: In-Common Laboratories
Instructions: Specimen required: 15 mL urine aliquot from well-mixed collection. Record Total Volume of the 24-hour urine on both the aliquot and the requisition. Avoid seafood consumption for 5 days prior to collection. Do not accession for non-NSHA Central Zone Hospitals
Stability: Room temperature 1 day, 2 to 8°C (preferred) for 3 months and frozen for 1 year.
LIS Mnemonic: U Merc 24
U Merc

Metal Ions for Hip Recall
Tube/Specimen: Royal Blue Trace Element K2 EDTA tube (BD368381).
Metanephrines, 24 Hour Urine

 Tube/Specimen: 24 hour urine collected with 25 mL of 6 mol/L (6N) HCL. Refrigerate during collection.

 Referred Out: In-Common Laboratories

 Instructions: Specimen required: 50 mL urine aliquot of pH adjusted and well-mixed collection. Record Total Volume of the 24-hour urine on both the aliquot and the requisition. Patients should be off Methyldopa for 5 days prior to and during collection. Restrict caffeine, nicotine and alcohol 24 hours prior to and during collection. Refer to Appendix A for pH adjustment instructions.

 Stability: 2 to 8ºC for 2 months or frozen for 90 days.

 LIS Mnemonic: U24 Metan

 Metanephrines, Fractionated, Free Plasma

 Tube/Specimen: Lavender topped EDTA tube.

 Referred Out: Mayo Medical Laboratories

 Instructions: Centrifuge at room temperature. Aliquot at least 1.0 mL of plasma and freeze. Do not accession for non-NSHA Central Zone Hospitals

 LIS Mnemonic: PMET

 Met HB see Methemoglobin

 Division: Clinical Chemistry - Core

 Methanol

 Tube/Specimen: Plain Red Tube 6 or 10 mL

 Requisition: CD0002

 Division: Clinical Chemistry - Toxicology

 Instructions: Use non-alcoholic solutions such as peroxidase, saline or warm water to clean venipuncture site. Do not use alcohol preparations.

 Comments: Analysis includes quantitation of Formic Acid, the primary toxic metabolite of Methanol.

 Alternate Names: Methyl Alcohol
 Formic Acid

 LIS Mnemonic: METHANOL FORMIC ACID ISOPROPANOL QUANTITATION
Methemoglobin

**Tube/Specimen:** Dark green stoppered, lithium heparinized whole blood on ice (tube must be full).

**Requisition:** CD0021

**Division:** Clinical Chemistry - Core

**Comments:** If using syringe, remove needle; do not transport with needle attached. Label barrel or tube with patient information in waterproof ink, immerse in slurry of ice and water and deliver to Processing Area within 30 minutes.

**Shipping:** If sending specimen from outside QEII HSC, notify Laboratory at 473-4340 when specimen is in transport and when it is expected. Specimen must be kept cold but not frozen.

**Alternate Names:** Met Hb

**LIS Mnemonic:** METHB

Methotrexate

**Tube/Specimen:** Plain Red Stoppered 10 mL

**Requisition:** CD0002

**Division:** Clinical Chemistry - Core

**Instructions:** These determinations can be done on micro samples. Send at least 0.1 mL of serum for each. Blood should be collected at various time intervals, according to the protocol being used. Sample should be protected from the light (wrap the tube in tin foil).

**Alternate Names:** Celontin

**LIS Mnemonic:** MTX

Methyl Alcohol

**see Methanol**

**Division:** Clinical Chemistry - Toxicology

Methylmalonic Acid Quantitative

**Tube/Specimen:** Gold topped SST tube.

**Referred Out:** Mayo Medical Laboratories

**Instructions:** Centrifuge at room temperature. Aliquot 1.5 mL of serum into plastic vial and freeze at once. Do not accession for non-NSHA Central Zone Hospitals

**Stability:** 48 days frozen.

**LIS Mnemonic:** MMAS

MHA-TP

**see Syphilis Serology**

**Division:** Virology-Immunology
<table>
<thead>
<tr>
<th>Test Name</th>
<th>Reference Test</th>
<th>Division</th>
</tr>
</thead>
<tbody>
<tr>
<td>Microalbumin, Urine</td>
<td>see Albumin, Urine</td>
<td>Clinical Chemistry - Core</td>
</tr>
<tr>
<td>Microfilaria</td>
<td>see Hem Microorganism</td>
<td>Hematopathology-Microscopy</td>
</tr>
<tr>
<td>Microglobulin, Beta 2, Urine</td>
<td>see Beta 2 Microglobulin, Urine</td>
<td></td>
</tr>
<tr>
<td>Referred Out</td>
<td>In-Common Laboratories</td>
<td></td>
</tr>
<tr>
<td>Microsatellite Instability Testing</td>
<td>see MSI</td>
<td>Molecular Diagnostics</td>
</tr>
<tr>
<td>Mix (50-50)</td>
<td>see PT 50% Mix or PTT 50% Mix</td>
<td>Hematopathology - Coagulation</td>
</tr>
<tr>
<td>MLPA</td>
<td>see CLL MLPA</td>
<td>Molecular Diagnostics</td>
</tr>
<tr>
<td>MMF</td>
<td>see Mycophenylate</td>
<td>Clinical Chemistry - Toxicology</td>
</tr>
<tr>
<td>Mofetil</td>
<td>see Mycophenylate</td>
<td>Clinical Chemistry - Toxicology</td>
</tr>
<tr>
<td>Molecular Testing for IWK</td>
<td>see IWK Molecular Testing</td>
<td>IWK Molecular Laboratory</td>
</tr>
<tr>
<td>Mono</td>
<td>see Heterophile Antibodies</td>
<td>Microbiology-Immunology</td>
</tr>
<tr>
<td>Test Name</td>
<td>Alternate Name</td>
<td></td>
</tr>
<tr>
<td>-----------</td>
<td>----------------</td>
<td></td>
</tr>
<tr>
<td>Monosialoganglioside GM1 (IgM)</td>
<td>see GM1 Ganglioside Antibody</td>
<td></td>
</tr>
<tr>
<td>Referral:</td>
<td>In-Common Laboratories</td>
<td></td>
</tr>
<tr>
<td>Monospot</td>
<td>see Heterophile Antibodies</td>
<td></td>
</tr>
<tr>
<td>Division:</td>
<td>Microbiology-Immunology</td>
<td></td>
</tr>
<tr>
<td>MPA</td>
<td>see Mycophenolate</td>
<td></td>
</tr>
<tr>
<td>Division:</td>
<td>Clinical Chemistry - Toxicology</td>
<td></td>
</tr>
<tr>
<td>MPL</td>
<td>see Next Generation Sequencing – Myeloid panel</td>
<td></td>
</tr>
<tr>
<td>Division:</td>
<td>Molecular Diagnostics</td>
<td></td>
</tr>
<tr>
<td>MPL exon 10 mutation</td>
<td>see Next Generation Sequencing – Myeloid panel</td>
<td></td>
</tr>
<tr>
<td>Division:</td>
<td>Molecular Diagnostics</td>
<td></td>
</tr>
<tr>
<td>MSI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tube/Specimen:</td>
<td>Tissue in paraffin block.</td>
<td></td>
</tr>
<tr>
<td>Requisition:</td>
<td>CD2573</td>
<td></td>
</tr>
<tr>
<td>Division:</td>
<td>Molecular Diagnostics</td>
<td></td>
</tr>
<tr>
<td>Instructions:</td>
<td>To be ordered only by a NSHA Central Zone pathologist.</td>
<td></td>
</tr>
<tr>
<td>Alternate Names:</td>
<td>Microsatellite instability testing</td>
<td></td>
</tr>
<tr>
<td>MTHFR gene mutation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tube/Specimen:</td>
<td>4.0 mL EDTA Lavender stoppered tube</td>
<td></td>
</tr>
<tr>
<td>Peripheral blood:</td>
<td>1 tube, minimum volume 1 mL. Stability – 14 days at 4°C.</td>
<td></td>
</tr>
<tr>
<td>Bone marrow:</td>
<td>1 tube, minimum volume 1 mL. Stability – 14 days at 4°C.</td>
<td></td>
</tr>
<tr>
<td>Tissue:</td>
<td>Send in saline at 4°C, or frozen on dry ice. Stability – 12 hours in saline at 4°C, or 7 days frozen. Alternatively, send fixed tissue in paraffin block.</td>
<td></td>
</tr>
<tr>
<td>DNA:</td>
<td>Stability – 3 months at 4°C or frozen.</td>
<td></td>
</tr>
<tr>
<td>Requisition:</td>
<td>CD0046 or CD2573</td>
<td></td>
</tr>
<tr>
<td>Division:</td>
<td>Molecular Diagnostics</td>
<td></td>
</tr>
<tr>
<td>Instructions:</td>
<td>Blood/bone marrow must be kept at 4°C, accompanied by requisition. Any specimen referred from outside of NSHA Central Zone must also be accompanied by a printout of the CBC results, as it is important to know the white blood cell count prior to extracting the DNA. If multiple Molecular Diagnostics tests are ordered, only 2 tubes of peripheral blood or 1 tube of bone marrow are necessary.</td>
<td></td>
</tr>
<tr>
<td>Alternate Names:</td>
<td>Methylenetetrahydrofolate reductase</td>
<td></td>
</tr>
<tr>
<td>LIS Mnemonic:</td>
<td>MTHFR GENE</td>
<td></td>
</tr>
</tbody>
</table>
Mucopolysaccharide Screen, Urine (Polysaccharide Screen) (Acid Mucopolysaccharide)

Tube/Specimen: Collect a random urine sample; avoid first morning collection.

Referred Out: In-Common Laboratories

Instructions: Aliquot 5 mL of well mixed urine; freeze.
Do not accession for non-NSHA Central Zone Hospitals

Note: Provide age, gender and clinical history to facilitate interpretation of analytical findings and recommendation for further testing or consultation.

LIS Mnemonic: U MU CO

Muscle Autoimmune Myositis Panel  
see Autoimmune Myopathy/Myositis Profile

Referred Out: Mitogen Advanced Diagnostics

MuSK  
(Muscle Specific Kinase Autoantibody)  
see Anti - MUSK

Referred Out: Mayo Medical Laboratories

Mutation analysis of BCR-abl transcripts  
see Next Generation Sequencing-Myeloid Panel  
(BCR-ABL Mutation, ABL Kinase domain mutation)

Division: Molecular Diagnostics

Mycobacteriology Referred-out Identification, M. leprae request, Susceptibility, Genotyping Services

Tube/Specimen: Isolate or Mgit Suspension, Identification, M. leprae testing request (skin scraping slides and or tissues on slide or block)

Referred Out: National Reference Centre for Mycobacteriology (NRCM)

Instructions: Susceptibility, Genotyping Services M. tuberculosis (MTB) shipped with Category A requirements
Non MTB shipped as Biological Substances Category B
Remaining shipped as Exempt Human Specimens
National Reference Centre for Mycobacteriology (NRCM) requisition

Mycobacteriology Referred-out specimens for Mycobacterium leprae (skin scraping slides and or Tissue on slide or block)

Tube/Specimen: Skin scraping slides and or tissues on slide or block

Referred Out: NHDP

Instructions: Shipped as Exempt Human Specimens
National Hansen’s Disease Programs (NHDP) requisition

LIS Mnemonic: ROSP
Mycology (Sporothrix, Coccidioides immitis, Cryptococcus, Histoplasma capsulatum, Blastomyces dermatitidis, Aspergillosis)

Tube/Specimen: Isolate
Referral Out: National Centre for Mycology
Instructions: Primarily shipped as Biological Substances category B. If classified as Category A, appropriate handling occurs. Specimens are shipped mainly for identification, confirmation of identification or susceptibility.

Mycology (18S)

Tube/Specimen: Isolate
Referral Out: The Hospital for Sick Children
Instructions: Primarily shipped as Biological Substances category B. If classified as Category A, appropriate handling occurs. Specimens are shipped mainly for identification, confirmation of identification or susceptibility.

Mycophenylate

Tube/Specimen: Lavender Stoppered 4.0 mL EDTA
Requisition: CD0002
Division: Clinical Chemistry - Toxicology
Instructions: This determination can be done on micro samples when necessary.
Comments: Pre-dose specimen is required.
Alternate Names: MPA
MMF
CellCept
Mofetil
LIS Mnemonic: MYCO

Mycoplasma Pneumoniae IgM

Tube/Specimen: Gold Stoppered 5.0 mL SST
Requisition: CD0432/CD0433
Division: Virology-Immunology
Note: This test will be referred out by the laboratory.

MYD88 see Next Generation Sequencing – Myeloid panel

Division: Molecular Diagnostics

Myelin Associated Glycoprotein (MAG) Antibody

Tube/Specimen: Gold topped SST tube.
Myelin Oligodendrocyte Glycoprotein (MOG) Antibody

Referred Out: Mitogen Advanced Diagnostics

Instructions: Centrifuge at room temperature. Aliquot serum and freeze. Do not accession for non-NSHA Central Zone Hospitals

Stability: 30 days.

LIS Mnemonic: MAG

----------------------------------------
Myelin Oligodendrocyte Glycoprotein see Neuromyelitis Optica (NMO_IgG)

Referred Out: Mitogen Advanced Diagnostics

Myeloma Screen, Serum & Plasma

Tube/Specimen: Gold Stoppered 5.0 mL SST & Light Green 4.5 mL Lithium heparin and gel for plasma separation

Requisition: CD0002

Division: Clinical Chemistry - Immunology

Note: This is a care set, used for ordering convenience, composed of the following 3 assays: Immunoglobulins (GAM), Total Protein, and Protein Electrophoresis. Please see separate listings for each of these in this catalogue for details.

LIS Mnemonic: MYELOMA SCREEN

----------------------------------------
Mysoline see Primidone Level

Referred Out: In-Common Laboratories

----------------------------------------
N-Acetylprocainamide see Procainamide/NAPA Level

Referred Out: In-Common Laboratories

----------------------------------------
N-Methylhistamine, Random Urine or 24-Hour Urine

Tube/Specimen: Random collection using a mid-stream technique to eliminate bacterial contamination or 24-hour urine collection (preferred) in a plain container. Refrigerate during collection.

Referred Out: In-Common Laboratories

Instructions: Specimen required: 5 mL urine aliquot of well-mixed collection. Record Total Volume of the 24-hour urine on both the aliquot and the requisition. Do not accession for non-NSHA Central Zone Hospitals

Stability: Room temperature for 1 day, 2 to 8°C for 8 days or frozen for 14 days.

LIS Mnemonic: NMHS U
NMHS_U24
PLM Laboratory Test Catalogue

N-Telopeptide (NTX), Random Urine  see Telopeptide-N (NTX), Random Urine
Referred Out:  In-Common Laboratories

N-Telopeptide (NTX), 24 Hour Urine  see Telopeptide-N (NTX), 24 Hour Urine
Referred Out:  In-Common Laboratories

Na+  see Electrolytes (Na, K), Plasma
Division:  Clinical Chemistry - Core

NABS  see Interferon beta Neutralizing Antibodies
Referred Out:  Neuro-Immunology Laboratories

Nasopharyngeal aspirate for Bordetella pertussis (Culture or PCR)
Tube/Specimen:  Nasopharyngeal aspirate
Referred Out:  IWK Microbiology Lab
Instructions:  Shipped as Biological Substances B.

Neonatal Autoimmune Thrombocytopenia
Tube/Specimen:  From Mother and Father:  Seven (7.0 mL) yellow topped ACD tubes or nine (4.5 mL) light blue topped sodium citrate tubes and one plain red topped tube.
From Baby:  One (2.0 mL) lavender topped EDTA tube.
Referred Out:  McMaster University HSC
Instructions:  Send to Hematopathology Coagulation lab for processing.
LIS Mnemonic:  Miscellaneous Hematology

Neoral  see Cyclosporine
Division:  Clinical Chemistry - Toxicology

Neuromyelitis Optica (NMO_IgG), CSF
Tube/Specimen:  Minimum 1.0 mL CSF.
Referred Out:  Mitogen Advanced Diagnostics
Instructions:  Aliquot in plastic vial.  Freeze at once.
Do not accession or refer for non-NSHA Central Zone Hospitals
Letter with clinical information and reason for testing are to accompany specimens to referral lab.
LIS Mnemonic:  NMOFC

The electronic copy that resides on the document control system is the valid document. Any paper document labeled Uncontrolled must be verified against the electronic version prior to use.
Uncontrolled When Printed
Neuromyelitis Optica (NMO_IgG), Serum

Tube/Specimen: Gold topped SST tube.

Referred Out: Mitogen Advanced Diagnostics

Instructions: Centrifuge at room temperature. Aliquot 2.0 mL serum into plastic vial. Freeze. Do not accession or refer for non-NSHA Central Zone Hospitals. Letter with clinical information and reason for testing are to accompany specimens to referral lab.

Stability: 28 days frozen or refrigerated

LIS Mnemonic: NMO

Neurontin see Gabapentin Level

Referred Out: In-Common Laboratories

Neutrophil Oxidative Burst see Dihydrohodamine (DHR)

Referred Out: Mayo Medical Laboratories

Next Generation Sequencing – Myeloid Panel

Tube/Specimen: 4.0 mL EDTA Lavender stoppered tube

Peripheral blood: 1 tube, minimum volume 1 mL. Stability – 14 days at 4°C.
Bone marrow: 1 tube, minimum volume 1 mL. Stability – 14 days at 4°C.
Tissue: Send in saline at 4°C, or frozen on dry ice. Stability – 12 hours in saline at 4°C, or 7 days frozen.
DNA: Stability – 3 months at 4°C or frozen.

Requisition: CD0046 or CD2573

Division: Molecular Diagnostics

Instructions: Blood/bone marrow must be kept at 4°C, accompanied by requisition. Any specimen referred from outside of NSHA Central Zone must also be accompanied by a printout of the CBC results, as it is important to know the white blood cell count prior to extracting the DNA. If multiple Molecular Diagnostics tests are ordered, only 2 tubes of peripheral blood or 1 tube of bone marrow are necessary.

Alternate Names: ABL Kinase domain mutation
BCR-ABL Mutation
CALR
JAK2 exon 12
KIT Asp816Val
MPL
MPL exon 10 mutation
Mutation Analysis of BCR-abl transcripts
MYD88
NGS
QBCRA-Mutation Analysis
TP53 mutation

LIS Mnemonic: 2LAVDNA
Next Generation Sequencing - Solid Tumor Panel

Tube/Specimen: Tissue in paraffin block.
Requisition: CD2573
Division: Molecular Diagnostics
Instructions: To be ordered only by a NSHA Central Zone pathologist.
Alternate Names: BRAF, KRAS, Lung Molecular Panel

NGS see Next Generation Sequencing-Myeloid Panel
Division: Molecular Diagnostics

Niacin see Vitamin B3
Referred Out: In-Common Laboratories

Nicotinic Acetylcholine Receptor Antibody see Acetylcholine Receptor Antibodies
Referred Out: Mitogen Advanced Diagnostics

NMDA (NR1) Receptor Antibody, Serum or CSF
Tube/Specimen: Gold topped SST tube or 3.0 mL CSF
Referred Out: Mitogen Advanced Diagnostics
Instructions: Centrifuge at room temperature and aliquot at least 1.0 mL serum into plastic vial. Freeze. Do not accession for non-NSHA Central Zone Hospitals
Stability: 28 days frozen or refrigerated.
LIS Mnemonic: NMDA NMDA CSF

Non A Non B see Hepatitis C
Division: Virology-Immunology

Noradrenaline see Catecholamines, Total Plasma
Referred Out: In-Common Laboratories

Nordoxepin see Doxepin Level
Referred Out: In-Common Laboratories
Norepinephrine  
see Catecholamines, Total Plasma
Referred Out: In-Common Laboratories

Norepinephrine, Urine  
see Catecholamines, Urine
Division: Clinical Chemistry - Toxicology

Norfluoxetine  
see Fluoxetine Level
Referred Out: In-Common Laboratories

Nortriptyline  
see Amitriptyline
Referred Out: In-Common Laboratories

NTX  
see Telopeptide-N
Referred Out: In-Common Laboratories

Nuclear Factor  
see Anti-Nuclear Antibody
Division: Immunopathology

Occult Blood, Stool
Tube/Specimen: Random stool collection
Requisition: CD0002
Division: Clinical Chemistry - Core
Instructions: Amount Required: Smear of stool on hemoccult card
Comments: Specimen is smeared on hemoccult card by patient or nursing staff. Specimens in other containers will not be accepted. Patients should follow a high fiber diet for 3 days prior to and during collection. All meats, turnip, horseradish, gravy, meat drippings, iron pills and vitamin C preparations should be restricted.
LIS Mnemonic: ST OB

Oligoclonal Bands
Tube/Specimen: Minimum 1.0 mL CSF and gold topped SST tube, ideally collected at the same time, but no more than 48 hours apart. Both samples are required for testing.
Referred Out: In-Common Laboratories
Instructions: Centrifuge, aliquot and freeze at least 1.0 mL serum. Freeze at least 1.0 mL CSF. Do not accession for non-NSHA Central Zone Hospitals. Testing includes immunoglobulins.
LIS Mnemonic: Oligo

Organic Acid Analysis, Urine

Tube/Specimen: 10.0 mL random urine. Collection should be a “clean catch” technique to minimize bacterial contamination.
Referred Out: IWK Metabolic Lab
Instructions: Freeze. Timed specimens are accepted (8-hour, 12-hour or 24-hour collections) Do not accession for non-NSHA Central Zone Hospitals; send directly to the IWK Metabolic Lab
LIS Mnemonic: ORGAT

Osmolality, Fecal

Tube/Specimen: 5.0 mL random stool sample in naturally liquid form.
Referred Out: In-Common Laboratories
Instructions: Formed stool not acceptable. Do not accession for non-NSHA Central Zone Hospitals
LIS Mnemonic: OSMO F

Osmolality, Plasma

Tube/Specimen: Light Green 4.5 mL Lithium heparin and gel for plasma separation
Requisition: CD0002
Division: Clinical Chemistry - Core
LIS Mnemonic: OSMO

Osmolality, Random or 24-Hour Urine

Tube/Specimen: Random collection using mid-stream technique to eliminate bacterial contamination in a plain container (preferred), or 24-hour urine collection in a plain container.
Requisition: CD0002
Division: Clinical Chemistry - Core
Instructions: Specimen required: 4 mL urine aliquot from well-mixed collection
Stability: Room temperature for 3 hours, 2 to 8°C (preferred) for 7 days and frozen for 2 weeks.
LIS Mnemonic: U OSMO U24 OSMO

Osteocalcin

Tube/Specimen: Gold topped SST tube.
Ovarian Cancer Antigen

**See CA125**

**Division:** Clinical Chemistry - Core

---

Oxalate, 24-Hour Urine

**Tube/Specimen:** 24-hour urine collection in a plain container. Refrigerate during collection.

**Requisition:** CD0002

**Division:** Clinical Chemistry - Core

**Instructions:** Specimen required: 4 mL urine aliquot of pH adjusted and well-mixed collection. Record Total Volume of the 24-hour urine on both the specimen aliquot and requisition. Patients should refrain from taking excessive amounts of Vitamin C or from consuming Vitamin C rich food for at least 48 hours prior to urine collection. Refer to Appendix A for pH adjustment instructions.

**Stability:** Room temperature for 1 hour, 2 to 8°C (preferred) for 7 days (pH<3.0) and frozen for 2 weeks (pH<3.0).

**LIS Mnemonic:** U24 OXA

---

Oxygen Content

**See Blood Gases**

**Division:** Clinical Chemistry - Core

---

Oxygen Saturation

**See Blood Gases**

**Division:** Clinical Chemistry - Core

---

Pancreatic Cyst Fluid for Amylase and CEA

**See Amylase and CEA, Pancreatic Cyst Fluid and CEA and Amylase, Pancreatic Cyst Fluid**

**Division:** Clinical Chemistry - Core

---

Pancreatic Polypeptide

**Tube/Specimen:** Patient must be fasting 8 hours prior to collection. Two lavender topped EDTA tubes. Keep cold on ice!

**Referred Out:** Mayo Medical Laboratories

**Instructions:** Centrifuge (refrigerated centrifuge is not required), aliquot 3.0 mL plasma in plastic vial and freeze immediately. Do not accession or refer for non-NSHA Central Zone Hospitals
PLM Laboratory Test Catalogue

LIS Mnemonic: HPP

Paraneoplastic Antibodies, Serum (Includes anti Ri, Yo, Hu)
Tube/Specimen: Two gold topped SST tubes.
Referred Out: Mitogen Advanced Diagnostics
Instructions: Centrifuge at room temperature. Aliquot 3.0 mL serum into plastic vial. **Freeze at once.** Do not accession for non-NSHA Central Zone Hospitals
Stability: 28 days frozen or refrigerated.
LIS Mnemonic: PNP Ab

Paraneoplastic Antibodies, CSF (Includes anti Ri, Yo, Hu)
Tube/Specimen: Minimum 2.0 mL CSF
Referred Out: Mitogen Advanced Diagnostics
Instructions: Aliquot at least 2.0 mL CSF into plastic vial. **Freeze at once.** Do not accession or refer for non-NSHA Central Zone Hospitals
Stability: 28 days frozen or refrigerated.
LIS Mnemonic: PNP CSF

Parasite Identification
Tube/Specimen: Organism for identification
Referred Out: Nova Scotia Museum of Natural History
Instructions: Shipped as Category B.

Parathyroid Hormone Intact
Tube/Specimen: 4.0 mL EDTA Lavender
Requisition: CD0002
Division: Clinical Chemistry - Core
Shipping: Plasma can be stored for 48 hours at 2 to 8°C. Freeze and send frozen plasma, if longer.
Alternate Names: Intact PTH
LIS Mnemonic: PTH

Parathyroid Hormone Related Peptide
see PTH Related Peptide

Parathyroid Hormone Related Protein

The electronic copy that resides on the document control system is the valid document. Any paper document labeled Uncontrolled must be verified against the electronic version prior to use.
Uncontrolled When Printed
PLM Laboratory Test Catalogue

Referred Out: In-Common Laboratories

Paroxetine Level

Tube/Specimen: Plain red topped tube.
Referred Out: In-Common Laboratories
Instructions: Centrifuge at room temperature. Aliquot serum into plastic vial and freeze. Do not accession for non-NSHA Central Zone Hospitals
Note: Royal Blue Trace Element SERUM tube (BD368380) and lavender topped EDTA plasma tubes also acceptable. Indicate sample type on aliquot tube.
LIS Mnemonic: PAROX

Paroxysmal Nocturnal Hemoglobinuria

Tube/Specimen: Lavender stoppered 4.0 mL EDTA
Requisition: CD0002C
Division: Hematopathology – Flow Cytometry
Instructions: Specimen must arrive in Flow Cytometry within 24 hours of collection and no later than 14:00 on Fridays (or day before Holiday). The requisition must accompany the specimen to the Flow laboratory.
Note: Please notify Flow Cytometry lab at 902-473-5549 when requesting this test.
Alternate Names: PNH CD55/59 Testing

Partial Thromboplastin Time  see PTT

Division: Hematopathology - Core

Parvovirus B19 Antibody

Tube/Specimen: Gold Stoppered 5.0 mL SST
Requisition: CD0432/ CD0433
Division: Virology-Immunology
Comments: In investigating a viral exanthem, rubella and measles serology should also be requested.
Instructions: Indicate on the requisition if immunity (IgG) or recent infection (IgM) is required.

Paul Bunnell  see Heterophile Antibodies

Division: Microbiology-Immunology

The electronic copy that resides on the document control system is the valid document. Any paper document labeled Uncontrolled must be verified against the electronic version prior to use.
Uncontrolled When Printed
Paxil
see Paroxetine Level

Referred Out: In-Common Laboratories

PBG, Random Urine
see Porphyrin Precursors, Random Urine

Referred Out: In-Common Laboratories

PBG Deaminase
see Porphobilinogen Deaminase

Referred Out: In-Common Laboratories

PCT
see Porphyria

Referred Out: University of Texas Medical Branch-Division of Human Nutrition

Pemphigoid Antibody
see Anti-Pemphigoid Antibody

Division: Immunopathology

Peripheral Smear

Division: Hematopathology - Microscopy
Comments: Can be done with Profile

PFA
see Platelet Function Assay

Division: Hematopathology - Coagulation

pH, Body Fluid

Tube/Specimen: Body Fluid collected anaerobically in a pre-heparinized Blood gas syringe on ice.
Maximum heparin ratio must be <10 IU/mL fluid
Recommended volume: 1 mL
Minimum volume: 0.7 mL

Requisition: CD0002
Division: Clinical Chemistry - Core
Instructions: Do not transport with needle attached. Label barrel with patient information in waterproof ink, immerse in a slurry of ice water and deliver to Processing Area immediately. Indicate fluid type on requisition.
Shipping: Specimen must be kept cold but not frozen.
LIS Mnemonic: BF PH

pH, Urine
see Urinalysis (including microscopic examination if required)
PLM Laboratory Test Catalogue

Division: Clinical Chemistry - Core
Comments: Urine pH is available by dipstick analysis as part of routine urinalysis.

-----------------------------------------------------------------------------------------------------------------------------

**Phenobarbital**

Tube/Specimen: Plain Red Tube 6 or 10 mL
Requisition: CD0002
Division: Clinical Chemistry - Core
Instructions: These determinations can be done on micro samples. Send at least 0.5 mL of serum for each.
Blood should be collected just prior to the next dose (trough collection).
Specimens should not be collected until the blood concentration is a steady state (3–4 half-lives).

LIS Mnemonic: PHENO

-----------------------------------------------------------------------------------------------------------------------------

**Phenytoin**

Tube/Specimen: Plain Red Tube 6 or 10 mL
Requisition: CD0002
Division: Clinical Chemistry - Core
Instructions: Blood should be collected just prior to next dose (trough collection).
Specimens should not be collected until the blood concentration is at a steady state (3–4 half-lives).
Alternate Names: Dilantin

LIS Mnemonic: PHENY

-----------------------------------------------------------------------------------------------------------------------------

**Phenytoin, Free**
*(Do Not Confuse with Phenytoin)*

Tube/Specimen: Plain red topped tube. Physician’s order MUST state “Free” or “HPLC”.
Referral Out: In-Common Laboratories
Instructions: Centrifuge at room temperature and aliquot at least 1.0 mL serum into a plastic vial.
Do not accession for non-NSHA Central Zone Hospitals
Stability: One month refrigerated or 6 months frozen. Specimen may be re-frozen once.

LIS Mnemonic: FRDIL

-----------------------------------------------------------------------------------------------------------------------------

**Philadelphia Chromosome**
*see BCR/abl Translocation (RT PCR)*

Division: Molecular Diagnostics

-----------------------------------------------------------------------------------------------------------------------------

**Phosphatase, Alkaline**
*see Alkaline Phosphatase, Plasma*

Division: Clinical Chemistry - Core
The electronic copy that resides on the document control system is the valid document. Any paper document labeled Uncontrolled must be verified against the electronic version prior to use.
Plasma Cell Proliferative Disorders (MM FISH)

Tube/Specimen: 1 to 2 mL Bone Marrow in green topped Sodium Heparin tube.
Referred Out: Mayo Medical Laboratories
Instructions: Hematopathology Molecular lab will process sample.
LIS Mnemonic: Miscellaneous Hematology Referred Out

Plasma Hemoglobin

Tube/Specimen: Dark green stoppered lithium heparin tube
Requisition: CD0002
Division: Hematopathology - Core
Shipping: Send whole blood to the laboratory within three hours of collection. If shipping is delayed, double-spin and freeze the plasma. Send the frozen sample on dry ice.

Plasminogen

Tube/Specimen: Light Blue topped Sodium Citrate tube.
Referred Out: Hamilton General Hospital
Instructions: Send copy of requisition and specimen to Hematopathology Coagulation lab for processing.
Comment: Test is not performed at the QEII. Referring hospitals are to send specimens directly to the referral site which performs the test to prevent delay in results.
LIS Mnemonic: Plasminogen

Plasminogen Activator Inhibitor

Tube/Specimen: Light Blue topped Sodium Citrate tube. Patient should not be on anticoagulant therapy.
Referred Out: Mayo Medical Laboratories
Instructions: Send copy of requisition and sample to Hematopathology Coagulation lab for processing.
Comment: Test is not performed at the QEII. Referring hospitals are to send specimens directly to the referral site which performs the test to prevent delay in results.
LIS Mnemonic: PAI

Platelet Aggregation

Requisition: CD0002
Division: Hematopathology - Coagulation
Instructions: Prior arrangements for analysis must be made with Hematology Lab phone 902-473-4059 by an approved Hematologist. Blood is taken under supervision of Advanced Coagulation Technologist. Lab must know all patients’ medication for past 10 days.
PLM Laboratory Test Catalogue

Platelet Count  see Profile
Division: Hematopathology - Core

Platelet function Assay
Tube/Specimen: Two light-blue stoppered 4 mL glass Sodium Citrate tubes must be a full draw. Collection must follow a Non-additive tube. A CBC must also be ordered. Keep specimens at room temperature.
Division: Hematopathology - Coagulation
Instructions: Samples must be received within three (3) hours of collection. Traumatic draws should be avoided.
Test is available Monday to Friday until 1600 hours.
Comments: Patient medications and bleeding/bruising history should be listed on separate lab questionnaire.
Call Coagulation Lab at 902-473-4059 for copy of questionnaire.
Alternate Names: PFA

Platelet Function Studies  see Platelet Aggregation
Division: Hematopathology - Coagulation

Platelet Typing  see Anti-Platelet Antibody
Referred Out: McMaster University Health Sciences Centre

PML-RAR gene fusion
Tube/Specimen: 4.0 mL EDTA Lavender stoppered tube(s)
Peripheral blood: Preferably 2 tubes, minimum volume 1 mL. Stability – 14 days at 4°C.
Bone marrow: 1 tube, minimum volume 1 mL. Stability – 14 days at 4°C.
Tissue: Send in saline at 4°C, or frozen on dry ice. Stability – 12 hours in saline at 4°C, or 7 days frozen.
RNA: Stability – 3 months frozen.
Requisition: CD0046 or CD2573
Division: Molecular Diagnostics
Instructions: Blood/bone marrow must be kept at 4°C, accompanied by requisition.
If multiple Molecular Diagnostics tests are ordered, only 2 tubes of peripheral blood or 1 tube of bone marrow are necessary.
Alternate Names: RAR alpha
Retinoic acid receptor
Translocation (15; 17) t (15;17)
LIS Mnemonic: 2LAVDNA

Pneumococcal Typing
(Blood, CSF, Sterile site isolates)
Tube/Specimen: Blood, CSF, sterile site isolates.

The electronic copy that resides on the document control system is the valid document. Any paper document labeled Uncontrolled must be verified against the electronic version prior to use.
Uncontrolled When Printed
Referrer Out: National Microbiology Laboratory
Instructions: Shipped as Category B.

Pneumonia Protocol  see Mycoplasma Pneumoniae C.F. Titre
Division:  Virology-Immunology

PNH  see Paroxysmal Nocturnal Hemoglobinuria
Division:  Hematopathology – Flow Cytometry

PNP Antibodies  see Paraneoplastic Antibodies and Paraneoplastic Antibodies, CSF
PNP Antibodies, CSF
Referrer Out: Mitogen Advanced Diagnostics

PO4  see Phosphorus, Plasma
Division:  Clinical Chemistry - Core

Polycythemia Vera  see Jak2 gene mutation
Division:  Molecular Diagnostics

Polysaccharide Screen  see Mucopolysaccharide Screen
Referrer Out: In-Common Laboratories

Porphybilinogen Deaminase
(Blood Porphyrins, ALA Dehydratase, Uro-1-Synthetase,
Hydroxymethylbilane Synthase (Do Not Confuse with Hydroxymethylbilane Synthase Gene))
Tube/Specimen:  Dark green topped Lithium Heparin tube wrapped in foil to protect from light and a lavender topped EDTA tube.
Referrer Out:  In-Common Laboratories
Instructions:  Send dark green topped heparinized tube wrapped in foil to the Referred-out bench; Do Not Centrifuge!
Send lavender topped EDTA tube to Hematopathology – Core lab for a hematocrit.
Do not freeze.
Do not accession for non-NSHA Central Zone Hospitals
LIS Mnemonic:  PBGD

Porphyria
(Porphyria for PCT)
(Do Not Confuse with Porphyrin Screen or Porphyrin Precursors)
Tube/Specimen:  Dark green topped Lithium Heparin tube wrapped in foil to protect from light and a lavender topped EDTA tube.
Instructions:  

Protect from light!

Send lavender topped EDTA tube to Hematopathology – Core lab for a hematocrit.

Transfer 1 mL of whole blood from the dark green topped heparinized tube into a plastic vial. Mix to avoid separation of cells and plasma and place in the freezer on its side. Centrifuge the remainder of the blood, then aliquot plasma into a plastic vial and freeze immediately.

Do not accession for non-NSHA Central Zone Hospitals

LIS Mnemonic: POR PCT

---

**Porphyrs, Blood**

Physician must specify, see Porphobilinogen or Protoporphyrin

Referred Out: In-Common Laboratories

---

**Porphyrin Precursors, Random Urine or 24-Hour Urine**

*Do Not Confuse with Porphyria*

Tube/Specimen: Protect from light and refrigerate!

Random collection (preferred) using a mid-stream technique to eliminate bacterial contamination or 24-hour urine collection in a plain container.

Referred Out: In-Common Laboratories

Instructions: Specimen required: 20 mL aliquot of well-mixed urine covered in foil to protect from light.

Do not accession for non-NSHA Central Zone Hospitals

Stability: Refrigerated 2 days; frozen 1 month

LIS Mnemonic: PBGRU

U24 PBG

---

**Porphyrin Screen, 24-Hour Urine**

*Do Not Confuse with Porphyria*

Tube/Specimen: 24-hour urine collection in container with Sodium Carbonate

Protect from light and refrigerate during and after collection!

Referred Out: In-Common Laboratories

Instructions: Specimen required: 20 mL aliquot of well-mixed urine covered in foil to protect from light.

Record total volume.

Preservative MUST be added and sample frozen within 2 days of collection.

Do not accession for non-NSHA Central Zone Hospitals

Stability: Refrigerated 2 days; frozen 1 month (Apr 26/16)

LIS Mnemonic: PORPHS U

---

**Porphyrin Screen, Stool**

Tube/Specimen: 50g stool in a sterile container.

Protect from light!

Referred Out: In-Common Laboratories

---
PLM Laboratory Test Catalogue

Instructions: **Freeze.**
Do not accession for non-NSHA Central Zone Hospitals

LIS Mnemonic: ST Porph

---

**Post-BMT**

see Chimerism Analysis for BMT

Division: Molecular Diagnostics

---

**Post-BMT recipient**

see Chimerism Analysis for BMT

Division: Molecular Diagnostics

---

**Post Transfusion Purpura**

Tube/Specimen: Seven (7.0 mL) Yellow topped ACD tubes or nine (4.5 mL) Light Blue topped Sodium Citrate tubes and one (10.0 mL) Red topped tube.

Referred Out: McMaster University HSC

Instructions: Send to Hematopathology Coagulation lab for processing. Do not accession for non-NSHA Central Zone Hospitals

---

**Potassium, Fluids**

Tube/Specimen: Miscellaneous Body Fluid: 10.0 mL Body Fluid collected in sterile plastic screw top tubes

Requisition: CD0002

Division: Clinical Chemistry - Core

Shipping: If sending specimen from outside QEII HSC, transport at room temperature.

LIS Mnemonic: BF K

---

**Potassium, Plasma**

see Electrolytes (Na, K), Plasma

Division: Clinical Chemistry - Core

---

**Potassium, Stool**

see Fecal Electrolytes

Referred Out: In-Common Laboratories

---

**Potassium, Random Urine or 24-Hour Urine**

Tube/Specimen: Random collection using a mid-stream technique to eliminate bacterial contamination or 24-hour urine (preferred) collection in a plain container.

Requisition: CD0002

Division: Clinical Chemistry - Core
Instructions: Specimen required: 4 mL urine aliquot from well-mixed collection
Record Total Volume of the 24-hour urine on both the aliquot and the requisition.

Stability: Room temperature for 1 day, 2 to 8ºC (preferred) for 7 days and frozen for 2 weeks.

LIS Mnemonic: U24 K
U K

PRA

see HLA Antibody Screening

Division: Hematopathology – Histocompatibility (HLA)

PRA/LAS
(Islet Transplant Program ONLY)

Tube/Specimen: Gold-topped SST tube.
Referred Out: University of Alberta
Instructions: Do Not Accession.
Centrifuge 15 minutes at 3000 rpm.
Aliquot all serum into plastic transport tube. Label with patient’s full name, HCN and date and time of collection.
Freeze at -20ºC or lower (-70ºC is preferred).

PRAD1

see BCL1-IGH gene fusion

Division: Molecular Diagnostics

Prealbumin, Serum

Tube/Specimen: Gold Stoppered 5.0 mL SST
Requisition: CD0002
Division: Clinical Chemistry - Core
LIS Mnemonic: PREALB

Pre-BMT donor

see Chimerism Analysis for BMT

Division: Molecular Diagnostics

Pre-BMT recipient

see Chimerism Analysis for BMT

Division: Molecular Diagnostics

Pregnancy, Urine

Qualitative urine HCG (urine pregnancy) testing will no longer be offered as of Feb 4, 2019

Prekallikrein

see Fletcher Factor
PLM Laboratory Test Catalogue

Referred Out: Hamilton General Hospital

PRENAT

Tube/SPECIMEN: Lavender topped EDTA tube.
Referred Out: IWK
Instructions: Send directly to IWK refrigerated. Do not send to Referred-out and Research bench.
LIS Mnemonic: PRENAT

Primidone Level

Tube/SPECIMEN: Plain Red topped tube.
Referred Out: In-Common Laboratories
Instructions: Centrifuge at room temperature. Aliquot 0.5 mL of serum into a plastic vial. Freeze. Do not accession for non-NSHA Central Zone Hospitals
LIS Mnemonic: Prim

Procarbamamide/NAPA Levels

Tube/SPECIMEN: Plain Red topped tube.
Referred Out: In-Common Laboratories
Instructions: Centrifuge at room temperature. Aliquot 1.0 mL of serum into a plastic vial. Freeze. Do not accession for non-NSHA Central Zone Hospitals
LIS Mnemonic: Proc/NAPA

Profile, auto Diff

Tube/SPECIMEN: Lavender Stoppered 4.0 mL EDTA
Requisition: CD0002
Division: Hematopathology - Core
Comments: Testing includes automated Differential WBC Count, Hematocrit (HCT), Hemoglobin (HB), Platelet Count, Red Cell Count, WBC.
Note: Differentials are automatically performed on every profile. If there are concerns then a manual differential will be performed.
LIS Mnemonic: CBC, CBC Auto Diff, CBC WAM, Profile Auto Diff, Profile, P

Profile, Manual Differential

Tube/SPECIMEN: Lavender Stoppered 4.0 mL EDTA

Section: Management System\PLM\General\PLM Website\General\Test Catalogue\  Doc#: 19453
Version: 120.0 Current
Effective Date: 4/15/2020
Page 166 of 214

The electronic copy that resides on the document control system is the valid document. Any paper document labeled Uncontrolled must be verified against the electronic version prior to use.

Uncontrolled When Printed
Requisition: CD0002
Division: Hematopathology – Microscopy
Comments: Testing includes CBC.
LIS Mnemonic: PM

Profile, No Diff

Tube/Specimen: Lavender Stoppered 4.0 mL EDTA
Requisition: CD0002
Division: Hematopathology - Core
Comments: *Request available for NSHA Central Zone Inpatient Services and Clinics only*
Testing includes Hematocrit (HCT), Hemoglobin (HB), Platelet Count, Red Cell Count and WBC.
LIS Mnemonic: CBCND, CBC No Auto Diff, Profile No Diff, PND

Progestosterone

Tube/Specimen: Gold Stoppered 5.0 mL SST
Requisition: CD0002
Division: Clinical Chemistry - Core
Comments: This test must not be confused with 17-Hydroxyprogesterone.
Shipping: Separate serum within 5 hours of collection. Serum stable when removed from gel separator for 10 days at 2 to 8°C. Freeze and send frozen serum, if longer.
Progestosterone sample must be poured off from gel barrier primary SST tubes into an aliquot tube. Serum remaining in gel barrier SST tubes have shown decreases in progestosterone levels.
LIS Mnemonic: PROG

Proinsulin

Tube/Specimen: Gold Stoppered 5.0 mL SST
Referred Out: In-Common Laboratories
Instructions: Fasting collection.
Centrifuge at 4°C.
Aliquot 1.0 mL of serum into a plastic vial. Store and send frozen.
LIS Mnemonic: Proinsulin

Prolactin

Tube/Specimen: Gold Stoppered 5.0 mL SST
Requisition: CD0002

The electronic copy that resides on the document control system is the valid document. Any paper document labeled Uncontrolled must be verified against the electronic version prior to use.
Uncontrolled When Printed
Prostatic Specific Antigen  
Division: Clinical Chemistry - Core

Protein C Activity
Tube/Specimen: Light Blue Stoppered 2.7 mL buffered NA (sodium) citrate, must be a full draw
Requisition: CD0002
Division: Hematopathology - Coagulation
Referrals: Send 2 frozen aliquots of 1.0 mL platelet-poor plasma (see Coagulation Testing under Specimen Collection Information) in polypropylene vials (12x75).

Protein C Resistance (Screening test for Factor V Leiden – do not order a Factor V)
Tube/Specimen: Light Blue Stoppered 2.7 mL buffered NA (sodium) citrate, must be a full draw
Requisition: CD0002
Division: Hematopathology - Coagulation
Referrals: Send 2 frozen aliquots of 1.0 mL platelet-poor plasma (see Coagulation Testing under Specimen Collection Information) in polypropylene vials (12x75).
Alternate Names: Activated Protein C Resistance

Protein Electrophoresis
Tube/Specimen: a) NSHA Central Zone collection: Gold Stoppered 5.0 mL SST & Light Green 4.5 mL Lithium heparin and gel for plasma separation.
OR
b) Outside of NSHA Central Zone collection: Gold Stoppered 5.0 mL SST only.
Requisition: CD0002
Division: Clinical Chemistry - Immunology
Comments: Testing includes Total Protein and Protein Electrophoresis.
Shipping: Outside of NSHA Central Zone collection: Separate and send 2 frozen aliquots of serum from Gold stoppered 5.0 mL SST. **DO NOT SEND FROZEN PLASMA**
Alternate Names: Electrophoresis of Protein

Protein S (Free)
Tube/Specimen: Light Blue Stoppered 2.7 mL buffered NA (sodium) citrate, must be a full draw
The electronic copy that resides on the document control system is the valid document. Any paper document labeled Uncontrolled must be verified against the electronic version prior to use.

Uncontrolled When Printed
**Prothrombin gene mutation**

Tube/Specimen: 4.0 mL EDTA Lavender stoppered - One tube sufficient for both FV and PT mutation
- Peripheral blood: 1 tube, minimum volume 1 mL. Stability – 14 days at 4°C.
- Bone marrow: 1 tube, minimum volume 1 mL. Stability – 14 days at 4°C.
- Tissue: Send in saline at 4°C, or frozen on dry ice. Stability – 12 hours in saline at 4°C, or 7 days frozen.
- DNA: Stability – 3 months at 4°C or frozen.

Requisition: CD0046 or CD2573

Division: Molecular Diagnostics

Instructions: Blood/bone marrow must be kept at 4°C, accompanied by requisition.
If multiple Molecular Diagnostics tests are ordered, only 2 tubes of peripheral blood or 1 tube of bone marrow are necessary.

Alternate Names: PT 20210 mutation

LIS Mnemonic: 2LAVDNA

---

**Prothrombin Time**

**see INR (PT)**

Division: Hematopathology - Core

---

**Protoporphyrin, Erythrocyte/Free**

*(Do Not Confuse with Zinc Protoporphyrins)*

Tube/Specimen: Two Lavender topped EDTA tubes. **Protect from light!**

Referred Out: In-Common Laboratories

Instructions: **Do Not Centrifuge!**
Send one lavender topped tube to Hematopathology – Core lab for CBC; Hematocrit result required.
Refrigerate.

Stability: Whole blood refrigerated – 2 weeks; frozen – 2 months.

LIS Mnemonic: MISC REF & CBC

---

**Protriptyline Level**

Tube/Specimen: Plain red topped tube.

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature.
Aliquot serum into plastic vial and **freeze**.
Do not accession for non-NSHA Central Zone Hospitals

Note: Royal Blue Trace Element SERUM tube (BD368380) and lavender topped EDTA plasma tubes also acceptable. Indicate sample type on aliquot tube.

LIS Mnemonic: PROTR

---

**Proviral HIV DNA V3 Genotyping**

Tube/Specimen: 4.0 mL Lavender topped EDTA tube.
Referred Out: BC Centre for Excellence
Requisition: CD0432/CD0433
Shipping: Whole blood may be transported at 2 to 25°C to be received within 24 hours. Do not centrifuge specimen!
LIS Mnemonic: RO HIVPROVIRAL

Prozac
Referred Out: In-Common Laboratories

PSA
Tube/Specimen: Gold Stoppered 5.0 mL SST
Requisition: CD0002
Division: Clinical Chemistry - Core
Shipping: Separate serum within 5 hours of collection. Serum stable for 24 hours at 2 to 8°C. Freeze and send frozen serum, if longer.
Alternate Names: Prostate Specific Antigen
LIS Mnemonic: PSA

PSA, Free
Tube/Specimen: Gold Stoppered 5.0 mL SST
Requisition: CD0002
Division: Clinical Chemistry - Core
Shipping: Separate serum within 5 hours of collection. Serum stable for 24 hours at 2 to 8°C. Freeze and send frozen serum, if longer. Include age of patient.
Alternate Names: Free Prostate Specific Antigen
LIS Mnemonic: FPSA

Pseudocholinesterase
Division: Clinical Chemistry – Core

Pseudocholinesterase Phenotyping
Referred Out: In-Common Laboratories

PT
Division: Hematopathology - Core

The electronic copy that resides on the document control system is the valid document. Any paper document labeled Uncontrolled must be verified against the electronic version prior to use.
Uncontrolled When Printed
PT 20210 mutation  
see Prothrombin Gene Mutation

Division: Molecular Diagnostics

---

PT 50% Mix

Tube/Specimen: Light Blue Stoppered 2.7 mL buffered NA (sodium) citrate, must be a full draw
Requisition: CD0002
Division: Hematopathology - Coagulation
Instructions: This test is done only when the INR (PT) is abnormal.

---

PTH Intact  
see Parathyroid Hormone Intact

Division: Clinical Chemistry - Core

---

PTH Related Peptide

Tube/Specimen: Green topped Sodium Heparin tube, BD#366480. Lithium Heparin tubes are NOT acceptable.
Referred Out: In-Common Laboratories
Instructions: Centrifuge at room temperature. Aliquot 1.0 mL plasma into plastic vial and freeze at once. Record primary tube type (i.e. Sodium Heparin) on the aliquot label. Do not accession for non-NSHA Central Zone Hospitals
Stability: Room temperature and refrigerated – 7 days; frozen – 28 days.
LIS Mnemonic: PTHRP

---

PTP Antibody Testing  
see Post Transfusion Purpura

Referred Out: McMaster University HSC

---

PTT

Tube/Specimen: Light Blue Stoppered 2.7 mL buffered NA (sodium) citrate, must be a full draw
Requisition: CD0002
Division: Hematopathology - Core
Instructions: Indicate on requisition if patient is on any anticoagulants.
Alternate Names: Partial Thromboplastin Time

---

PTT 50% Mix

Tube/Specimen: Light Blue Stoppered 2.7 mL buffered NA (sodium) citrate, must be a full draw
Requisition: CD0002
Division: Hematopathology - Coagulation
Instructions: This test is done only when the PTT is abnormal.

---

**PTT Dade**

Tube/Specimen: Light Blue Stoppered 2.7 mL buffered NA (sodium) citrate, must be a full draw

---

**Pyridoxal Phosphate**  
**Pyridoxic Acid**  
**Pyridoxine**

Referrals: Send 2 frozen aliquots of 1.0 mL platelet-poor plasma (see Coagulation Testing under Specimen Collection Information) in polypropylene vials (12x75).

Alternate Names: Dade

---

**Pyruvate**  
(Do Not Confuse with Pyruvate Kinase)

Tube/Specimen: Collectors MUST call Clinical Chemistry (VG 473-4340; HI 473-4843) for instructions prior to collection. Samples must be collected at QEII and received at either the HI Stat Lab or VG Core Lab within 30 minutes of collection. Green topped Lithium Heparin whole blood tube. Place on ice!

---

**Pyruvate Kinase, Whole Blood**

Tube/Specimen: Yellow topped ACD tube. Keep refrigerated!

---

**Q-Fever**

Section: Management System\PLM\General\PLM Website\General\Test Catalogue\Doc#: 19453  
Version: 120.0 Current  
Effective Date: 4/15/2020  
Page 173 of 214

The electronic copy that resides on the document control system is the valid document. Any paper document labeled Uncontrolled must be verified against the electronic version prior to use.

Uncontrolled When Printed
 Tube/Specimen: Gold Stopped 5.0 mL SST
Requisition: CD0432/ CD0433
Division: Microbiology-Immunology
Comments: This test will be referred out be the laboratory.
Alternate Names: Coxiella Burnetii

QBCRA – Mutation Analysis see Next Generation Sequencing-Myeloid Panel
Division: Molecular Diagnostics

QuantiFERON®-TB Gold see IGRA
Referred Out: St. John Regional Hospital

Quantitative BCR/abl see BCR-ABL gene fusion
Division: Molecular Diagnostics

Quinidine Level
Tube/Specimen: Plain Red topped tube.
Referred Out: In-Common Laboratories
Instructions: Centrifuge at room temperature.
Aliquot 1.0 mL of serum into a plastic vial.
LIS Mnemonic: Quinid

RA Titre see Rheumatoid Factor
Division: Clinical Chemistry - Core

Rapamycin see Sirolimus
Division: Clinical Chemistry - Toxicology

RAR alpha see PML-RAR gene fusion
Division: Molecular Diagnostics

RARa see PML – RAR gene fusion
Division: Molecular Diagnostics
RAST Tests (Allergy Testing)

Tube/Specimen: Gold topped SST tube. A copy of the RAST requisition MUST accompany the specimen.

Referred Out: IWK

Instructions: Centrifuge at room temperature. Aliquot at least 2.0 mL of serum into a plastic vial. A copy of the RAST requisition MUST accompany the specimen. Do Not Freeze. Do not accession for non-NSHA Central Zone Hospitals; send directly to IWK lab.

LIS Mnemonic: RAST Tests

RBC Folate

Division: Clinical Chemistry - Core

RBC (Red Blood Cell) Mineral Analysis (Do Not Confuse with Trace Elements)

Tube/Specimen: Two Royal Blue topped Potassium EDTA tubes (BD368381) provided in the Doctor’s Data kit. Collect with 22 gauge needle or greater. Patient must complete credit card information on Doctor’s Data requisition inside kit. A receipt will be sent to the patient from Doctor’s Data. If kits are not available, call the Referred-out bench at 902-473-7237 to have some sent.

Referred Out: Doctor’s Data

Instructions: Centrifuge at room temperature for 20 minutes. Remove the plasma and buffy coat and discard. Leave the cells in the bottom of the tubes and reseal with original caps and parafilm. Minimum 2 mL of cells required. Refrigerate until shipment. Do not freeze! Do not accession for non-NSHA Central Zone Hospitals

LIS Mnemonic: RBC MA

Reagin Screen Test

Division: Virology-Immunology

Red Blood Cell Folate

Division: Clinical Chemistry - Core

Red Cell Antigen Typing

Tube/Specimen: Lavender Stoppered 6.0 mL EDTA (BD# 367863)

Requisition: CD0001_05_2019

Division: Transfusion Medicine

Instructions: Indicate on requisition diagnosis, pregnancy and transfusion history in last 3 months.
Send copy of patient’s antibody card if patient has known antibodies.

Comments: CC 85-079 Venipuncture for Blood Collection
Alternate Names: Lewis Antigen Typing

Red Cell Count
Division: Hematopathology – Core

Red Cell Folate
Division: Clinical Chemistry – Core

Red Cell Survival
Division: Molecular Diagnostics
Comments: This determination is done by Nuclear Medicine. Phone 902-473-7510 to make arrangements.

Reducing Substances, Stool
Tube/Specimen: 3g of random, loose stool.
Referred Out: Mayo Medical Laboratories
Instructions: Freeze immediately!
Do not accession for non-NSHA Central Zone Hospitals
Note: Specimens from timed collections (24, 48, and 72 hour) or formed stool are not acceptable.
Stability: Frozen – 7 days
LIS Mnemonic: ST Reduce

Renin, Plasma
Tube/Specimen: Two lavender topped EDTA tubes. Indicate on requisition patient’s position during collection; upright or lying down.
Note: If both the Aldosterone and Renin are requested collect one gold topped SST tube and two lavender topped EDTA tubes.
Referred Out: In-Common Laboratories
Instructions: Keep at room temperature.
Centrifuge immediately, aliquot 2.5 mL plasma and freeze.
Do not accession for non-NSHA Central Zone Hospitals.
LIS Mnemonic: REN

Reptilase Test
Tube/Specimen: Light blue topped Sodium Citrate tube.
Referred Out: Hamilton General Hospital
PLM Laboratory Test Catalogue

Instructions: Send to Hematopathology Coagulation lab for processing.

LIS Mnemonic: REPTILASE

---

**Reticulocyte Count**

Tube/Specimen: Lavender Stoppered 4.0 mL EDTA
Requisition: CD0002
Division: Hematopathology - Core
Comments: Profile must be ordered with test.

---

**Retinoic Acid Receptor** see PML-RAR gene fusion
Division: Molecular Diagnostics

---

**Retinoic Acid Receptor Alpha** see PML – RAR gene fusion
Division: Molecular Diagnostics

---

**Retinol** see Vitamin A
Referred Out: In-Common Laboratories

---

**Reverse T3 (Reverse Triiodothyronine, RT3, T3 Reverse)**

Tube/Specimen: Gold topped SST tube.
Referred Out: In-Common Laboratories
Instructions: Aliquot 2.0 mL serum. Freeze. Do not accession for non-NSHA Central Zone Hospitals
Stability: Frozen - 28 days; room temperature/refrigerated - 7 days.
LIS Mnemonic: REVT3

---

**RF Quantitative** see Rheumatoid Factor, Quantitative
Division: Clinical Chemistry - Core

---

**Rheumatoid Factor, Quantitative**

Tube/Specimen: Gold Stoppered 5.0 mL SST
Requisition: CD0002
Division: Clinical Chemistry - Core
Instructions: Separate serum within 5 hours of collection.
Stability: Serum stable for 2 days at 2 to 8°C. Freeze and send serum frozen, if longer.
Alternate Names: RF Quantitative
LIS Mnemonic: RFQ

**Riboflavin**  
see Vitamin B2

Referred Out: In-Common Laboratories

**Rivotril**  
see Clonazepam

Referred Out: In-Common Laboratories

**RNP**  
see Extractable-Nuclear Antibodies

Division: Immunopathology

**RO**  
see Extractable-Nuclear Antibodies

Division: Immunopathology

**Routine typing of Haemophilus influenza**  
**(From sterile sites or questionable outbreaks)**

Tube/Specimen: Isolate, typing
Referred Out: IWK
Instructions: Porter service for delivery. Shipped as Category B.

**RPR**  
see Syphilis Serology

Division: Virology-Immunology

**RST**  
see Syphilis Serology

Division: Virology-Immunology

**Rubella**

Tube/Specimen: Gold Stoppered 5.0 mL SST
Requisition: CD0432/ CD0433
Division: Virology-Immunology
Note: Indicate on requisition whether immune status (IgG) or recent infection (IgM) is required.
Rubeola see Measles Antibody
Division: Virology-Immunology

Saccharomyces cerevisiae Antibodies
S. cerevisiae Antibodies

Tube/SPECIMEN: Gold topped SST tube.
Referrred Out: In-Common Laboratories
Instructions: Centrifuge at room temperature.
Aliquot at least 1.0 mL serum and refrigerate.
Do not accession for non-NSHA Central Zone Hospitals
Stability: Refrigerated – 1 week.
LIS Mnemonic: ASCA

Salicylates

Tube/SPECIMEN: Plain Red Tube 6 or 10 mL
Requisition: CD0002
Division: Clinical Chemistry - Core
LIS Mnemonic: SAL

Schillings Test

Division: Molecular Diagnostics
Comments: Patient is sent to Nuclear Medicine 3rd Floor, ACC Building.

Schistosomiasis-IFA

Tube/SPECIMEN: Gold Stoppered 5.0 mL SST
Requisition: QE 7125
Division: Virology-Immunology
Instructions: Clinical data should be indicated on the requisition. Refer to "Microbiology User’s Manual" for collection procedures.
Note: This test will be referred out by the laboratory.

SCL-70 see Anti-Nuclear Antibody (ANA)
Sedimentation Rate  
Division: Hematopathology - Core

---

Selenium Level

Tube/Specimen: Royal Blue topped Trace Element K2 EDTA tube (BD368381).
Referred Out: In-Common Laboratories
Instructions: 
- Centrifuge ASAP!
- Aliquot 3.0 mL plasma into plastic transfer vial. Freeze at once!
- Do not accession for non-NSHA Central Zone Hospitals

LIS Mnemonic: Selenium

---

Sequencing

Tube/Specimen: Attenuated organism.
Referred Out: Molecular Cloning Laboratories (MCLAB)
Instructions: Shipped as Exempt Human Specimen

---

Serotonin Level

Tube/Specimen: Gold topped SST tube.
Referred Out: In-Common Laboratories
Instructions: 
- Centrifuge at room temperature.
- Aliquot 1.0 mL serum into each of two aliquots and freeze ASAP!

LIS Mnemonic: Serotonin

---

Serotonin, 24 Hour Urine

Tube/Specimen: 24-hour urine collected in a container with 30 mL 6N HCL as a preservative. Do Not Use Boric acid.
Referred Out: In-Common Laboratories
Instructions: 
- Specimen required: 10 mL urine from a well-mixed collection.
- Record Total Volume of 24-hour urine on both the aliquot and the requisition.
- A low tryptophan diet is recommended for 48 hours prior to collection.
- During this period, patient must abstain from avocados, bananas, coffee, plums, pineapple, tomatoes, walnuts, hickory nut, Mollusks, eggplant and medications such as aspirin, corticotropins, MAO inhibitors, phenacetin, catecholamines, reserpine and nicotine.
- Do not accession for non-NSHA Central Zone Hospitals

Stability: Room temperature for 2 days, 2 to 8°C (preferred) for 7 days and frozen for 6 months.

LIS Mnemonic: U24 SERO
<table>
<thead>
<tr>
<th>Test</th>
<th>Division</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serum Folate</td>
<td>Clinical Chemistry - Core</td>
</tr>
<tr>
<td>Sex Hormone Binding Globulin</td>
<td></td>
</tr>
<tr>
<td>Tube/Specimen</td>
<td>Gold Stoppered 5.0 mL SST</td>
</tr>
<tr>
<td>Requisition</td>
<td>CD0002</td>
</tr>
<tr>
<td>Division</td>
<td>Clinical Chemistry - Core</td>
</tr>
<tr>
<td>Shipping</td>
<td>Separate serum within 5 hours of collection. Serum stable for 8 days at 2 to 8°C. Freeze and send frozen serum, if longer.</td>
</tr>
<tr>
<td>LIS Mnemonic</td>
<td>SHBG LEVEL</td>
</tr>
<tr>
<td>Sezary Cells</td>
<td></td>
</tr>
<tr>
<td>Tube/Specimen</td>
<td>Lavender Stoppered 4.0 mL EDTA</td>
</tr>
<tr>
<td>Requisition</td>
<td>CD0002</td>
</tr>
<tr>
<td>Division</td>
<td>Hematopathology – Microscopy</td>
</tr>
<tr>
<td>Comments</td>
<td>Analysis must include a CBC, Auto Differential, and Manual Differential.</td>
</tr>
<tr>
<td>SGOT, Plasma</td>
<td>see Aspartate Aminotransferase (AST), Plasma</td>
</tr>
<tr>
<td>Division</td>
<td>Clinical Chemistry - Core</td>
</tr>
<tr>
<td>SGPT, Plasma</td>
<td>see Alanine Aminotransferase (ALT), Plasma</td>
</tr>
<tr>
<td>Division</td>
<td>Clinical Chemistry - Core</td>
</tr>
<tr>
<td>Short Tandem Repeats</td>
<td>see Chimerism Analysis for BMT (STR)</td>
</tr>
<tr>
<td>Division</td>
<td>Molecular Diagnostics</td>
</tr>
<tr>
<td>Sickle Cell Screen</td>
<td></td>
</tr>
<tr>
<td>Tube/Specimen</td>
<td>Lavender Stoppered 4.0 mL EDTA</td>
</tr>
<tr>
<td>Requisition</td>
<td>CD0002</td>
</tr>
<tr>
<td>Division</td>
<td>Hematopathology - Core</td>
</tr>
<tr>
<td>Sinequan</td>
<td>see Doxepin Level</td>
</tr>
<tr>
<td>Referred Out</td>
<td>In-Common Laboratories</td>
</tr>
</tbody>
</table>

The electronic copy that resides on the document control system is the valid document. Any paper document labeled **Uncontrolled** must be verified against the electronic version prior to use.

Uncontrolled When Printed
Sirolimus
Tube/Specimen: Lavender Stoppered 4.0 mL EDTA
Requisition: CD0002
Division: Clinical Chemistry - Toxicology
Instructions: Results are available same day for specimens received by 1200. This determination can be done on micro samples when necessary.
Comments: Pre-dose specimen is required.
Shipping: Specimens can be stored at 2 to 8°C for 24 hours; if over 24 hours, mix whole blood, transfer to a plastic tube, freeze and send frozen whole blood on dry ice.
Alternate Names: Rapamycin
LIS Mnemonic: SIRO

Skin Basement Membrane Ab see Anti-Pemphigoid Antibody
Division: Immunopathology

SM see ENA Screen
Division: Immunopathology

Sodium, Fluids
Tube/Specimen: Submit only one of the following specimens:
- 10.0 mL Dialysate Fluid collected in sterile plastic screw top tubes.
- Miscellaneous Body Fluid: 10.0 mL Body Fluid collected in sterile plastic screw top tubes
Requisition: CD0002
Division: Clinical Chemistry - Core
Shipping: If sending specimen from outside QEII HSC, transport at room temperature.
LIS Mnemonic: DF NA
BF NA

Sodium, Plasma see Electrolytes (Na, K), Plasma
Division: Clinical Chemistry - Core

Sodium, Stool see Fecal Electrolytes
Referred Out: In-Common Laboratories

Sodium, Random Urine or 24-Hour Urine
Tube/Specimen: Random collection using a mid-stream technique to eliminate bacterial contamination or 24-hour urine collection (preferred) in a plain
**Somatomedin-C**

**Division:** Clinical Chemistry - Core

**Directions:**

Section: Management System
Doc#: 19453

The electronic copy that resides on the document control system is the valid document. Any paper document labeled **Uncontrolled** must be verified against the electronic version prior to use.

Uncontrolled When Printed

---

**Specific Gravity, Fluid**

**Tube/Specimen:** 10.0 mL Body Fluid collected in sterile plastic screw top tubes

**Requisition:** CD0002

**Division:** Clinical Chemistry - Core

**Shipping:** If sending specimen from outside QEII HSC, transport at room temperature.

**LIS Mnemonic:** BF SG

---

**Specific Gravity, Random Urine**

**Tube/Specimen:** Random collection using a mid-stream technique to eliminate bacterial contamination in a plain container.

**Requisition:** CD0002

**Division:** Clinical Chemistry - Core

**Stability:** Room temperature for 1 day, 2 to 8°C (preferred) for 7 days and frozen for 2 weeks.

**LIS Mnemonic:** U SG

---

**Spinal Fluid**

**Division:** Hematopathology - Core

**Spinal Fluid Lactate**

**Referred Out:** In-Common Laboratories

---

**SSA**

**Division:** General

---

**PLM Laboratory Test Catalogue**

---

**PLM Website**

---

**Test Catalogue**

---

**Doc#:** 19453

**Version:** 120.0 Current

**Effective Date:** 4/15/2020

---

Page 183 of 214
<table>
<thead>
<tr>
<th>Section</th>
<th>Management System</th>
<th>PLM Website</th>
<th>Test Catalogue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doc#</td>
<td>19453</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Version</td>
<td>120.0 Current</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Effective Date</td>
<td>4/15/2020</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Page</td>
<td>184 of 214</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The electronic copy that resides on the document control system is the valid document. Any paper document labeled **Uncontrolled** must be verified against the electronic version prior to use.

**Uncontrolled When Printed**
Streptococcus, Group B

Tube/Specimen: Vaginal or rectal swabs for culture
Referred Out: IWK
Instructions: Shipped as Biological Substance Category B.

Sugar PC  
see Glucose PC, Plasma

Division: Clinical Chemistry - Core

Sulfonylurea

Tube/Specimen: Random urine; keep refrigerated.
Referred Out: Mayo Medical Laboratories
Instructions: Do not accession for non-NSHA Central Zone Hospitals
Stability: Refrigerated – 14 days; freeze sample before sending.
LIS Mnemonic: FSLFU

Surmontil  
see Trimipramine Level

Referred Out: In-Common Laboratories

Synovial Analysis

Tube/Specimen: Synovial Fluid
Requisition: CD0002
Division: Hematopathology - Core
Instructions: Amount required: 5 mL aliquot of synovial fluid collected in lavender stoppered 4.0 mL EDTA tube.
Comments: Indicate on requisition the site of aspiration and which test is requested. Options for testing include Gram Stain, Cell Count, and Crystals. Tests that are not individually requested will not be performed. Send immediately to Laboratory Client Support Services, 1st floor Mackenzie Building. Should be processed within 4 hours of collection.
Alternate Names: Joint Fluid
LIS Mnemonic: SF CT
SF CRY
ED SYNOVIAL [Emergency department care set]

Syphilis Serology

Tube/Specimen: Gold Stoppered 5.0 mL SST
Requisition: CD0432/ CD0433
Division: Virology-Immunology
Alternate Names: RPR, MHA – TP, RST, Reagin Screen Test, VDRL, TPPA

---
t(11:14) see BCL1-IGH gene fusion
Division: Molecular Diagnostics

---
t(14:18) see BCL2-IGH gene fusion
Division: Molecular Diagnostics

---
T(15:17) see PML-RAR gene fusion
Division: Molecular Diagnostics

---
t(2:5) see ALK-NPM gene fusion
Division: Molecular Diagnostics

---
t(4:11) see AF4-MLL gene fusion
Division: Molecular Diagnostics

---
t(8:21) see AML1-ETO gene fusion
Division: Molecular Diagnostics

---
T3, Free
Tube/Specimen: Gold Stoppered 5.0 mL SST
Requisition: CD0002
Division: Clinical Chemistry - Core
Shipping: Separate serum within 5 hours of collection. Serum stable for 6 days at 2 to 8°C. Freeze and send frozen serum, if longer
Alternate Names: Free Triiodothyronine
LIS Mnemonic: FT3, T3 FREE

---
T4, Free see Thyroxine, Free

The electronic copy that resides on the document control system is the valid document. Any paper document labeled Uncontrolled must be verified against the electronic version prior to use.

Uncontrolled When Printed
TAB (MA) see Anti-Thyroid Peroxidase Antibodies

TAB (TA) see Anti-Thyroglobulin Antibodies

Tacrolimus see FK 506

Taeniasis
Tube/Specimen: Gold Stoppered 5.0 mL SST
Requisition: QE 7125
Division: Virology-Immunology
Instructions: Clinical data should be indicated on the requisition.
Note: This test will be referred out by the laboratory.

T Cell Subsets
Tube/Specimen: Lavender stoppered 4.0 mL EDTA
Requisition: CD0002C
Division: Hematopathology - Flow Cytometry
Instructions: This test is offered Monday to Friday except Holidays. Blood must arrive in the Flow Cytometry lab within 24 hours of collection and by 14:00 hours on Friday (or the day before a holiday). The requisition must accompany the specimen to the Flow laboratory.
Shipping: Maintain specimen at room temperature. A copy of the CBC report (including WBC and lymphocyte percent/absolute count), patient diagnosis and requisition must accompany the specimen when collected outside of the QEII VG site.
Alternate Names: CD4 Cells
CD4 Cell Marker
CD8 counts

T-cell Gene Rearrangement see T-cell lymphoid clonality

The electronic copy that resides on the document control system is the valid document. Any paper document labeled Uncontrolled must be verified against the electronic version prior to use.
Uncontrolled When Printed
Division: Molecular Diagnostics

---

**T-cell lymphoid clonality**

 Tube/Specimen: 4.0 mL EDTA Lavender stoppered tube(s)
Peripheral blood: Preferably 2 tubes, minimum volume 1 mL. Stability – 14 days at 4°C.
Bone marrow: 1 tube, minimum volume 1 mL. Stability – 14 days at 4°C.
Tissue: Send in saline at 4°C, or frozen on dry ice. Stability – 12 hours in saline at 4°C, or 7 days frozen.
DNA: Stability – 3 months at 4°C or frozen.

Requisition: CD0046 or CD2573

Division: Molecular Diagnostics

Instructions: Blood/bone marrow must be kept at 4°C, accompanied by requisition.
Any specimen referred from outside of NSHA Central Zone must also be accompanied by a printout of the CBC results, as it is important to know the white blood cell count prior to extracting the DNA.
If multiple Molecular Diagnostics tests are ordered, only 2 tubes of peripheral blood or 1 tube of bone marrow are necessary.

Alternate Names: T-cell gene rearrangement
TCR beta chain
Lymphoma protocol

LIS Mnemonic: 2LAVDNA

---

**TCR beta chain**  see T-cell lymphoid clonality

Division: Molecular Diagnostics

---

**TCR Gene Rearrangement**  see IgG/TCR Gene Rearrangement Study

Division: Molecular Diagnostics

---

**Tegretol**  see Carbamazepine

Division: Clinical Chemistry - Core

---

**Tegretol Epoxide**  see Carbamazepine-10, 11 Epoxide

Referred Out: In-Common Laboratories

---

**Telopeptide-N (NTX), Random Urine**

 Tube/Specimen: Random urine from second morning urine collection.

 Referred Out: In-Common Laboratories

 Instructions: Prepare two 5.0 mL aliquots of well mixed urine. **Freeze.**
Sample unsuitable for analysis if thawed.
Do not accession for non-NSHA Central Zone Hospitals

---

The electronic copy that resides on the document control system is the valid document. Any paper document labeled Uncontrolled must be verified against the electronic version prior to use.

Uncontrolled When Printed
Telopeptide-N (NTX), 24-Hour Urine

LIS Mnemonic: NTELORU

**Tube/Specimen:** 24 hour urine collection.

**Referred Out:** In-Common Laboratories

**Instructions:**
- Record total volume (TV) of urine.
- Prepare two 5.0 mL aliquots of well mixed urine. **Freeze.**
- Sample unsuitable for analysis if thawed.
- Do not accession for non-NSHA Central Zone Hospitals

**Testosterone**

LIS Mnemonic: NTELO U

**Tube/Specimen:** Gold Stoppered 5.0 mL SST

**Requisition:** CD0002

**Division:** Clinical Chemistry - Core

**Shipping:** Separate serum within 5 hours of collection. Serum stable for 7 days at 2 to 8°C. Freeze and send frozen serum, if longer.

Thalassemia

see Hemoglobin Electrophoresis

**Division:** Hematopathology - Immunology

Thalassemia Screen

see Hemoglobin Electrophoresis

**Division:** Hematopathology - Immunology

**Thallium, Random Urine or 24-Hour Urine**

**Tube/Specimen:** Random collection (preferred) using a mid-stream technique to eliminate bacterial contamination in a plain container or 24-hour urine collection in a plain container.

**Referred Out:** In-Common Laboratories

**Instructions:**
- Specimen required: 15 mL urine aliquot from well-mixed collection.
- Record Total Volume of 24-hour urine on both the aliquot and the requisition.
- Do not accession for non-NSHA Central Zone Hospitals

**Stability:** Room temperature for 1 day, 2 to 8°C (preferred) for 3 months and frozen for 1 year.

**LIS Mnemonic:** U24 Thal U THAL

**Thallium, Whole Blood**
Theophylline

Tube/Specimen: Plain Red Tube 6 or 10 mL
Requisition: CD0002
Division: Clinical Chemistry - Core
Instructions: These determinations can be done on micro samples, send at least 0.5 mL of serum for each. Blood should be collected just prior to next dose and after a steady state concentration has been achieved (4-5 half-lives).
Alternate Names: Aminophylline
LIS Mnemonic: THEO

Thermal Amplitude see Cold Agglutinin Titre

Thiamine (Vitamin B1), plasma

Tube/Specimen: One 4.0 mL Lavender topped EDTA tube. Wrap in tinfoil within 1 hour of collection to protect from light.
Referred Out: In-Common Laboratories
Instructions: Centrifuge at room temperature
Aliquot 2.0 mL of plasma into plastic vial. Wrap in tinfoil to protect from light! Freeze immediately!
Do not accession for non-NSHA Central Zone Hospitals
Unsuitable if thawed.
Stability: 6 months
LIS Mnemonic: Thiam

Thiamine Whole Blood (Vitamin B1)

Tube/Specimen: One 4.0 mL Lavender topped EDTA tube collected after 12 to 14 hour fast. Wrap in tinfoil within 1 hour of collection to protect from light.
Referred Out: In-Common Laboratories
Instructions: Freeze whole blood!
Do not accession for non-NSHA Central Zone Hospitals
For deficiency testing
Stability: 14 days
LIS Mnemonic: VITB1 WB

The electronic copy that resides on the document control system is the valid document. Any paper document labeled Uncontrolled must be verified against the electronic version prior to use.

Uncontrolled When Printed
Thiocyanate Level
(Do not confuse with Cyanide)

Tube/Specimen: Gold topped SST tube.
Referred Out: In-Common Laboratories
Instructions: Centrifuge at room temperature
Aliquot at least 2.0 mL serum. Keep refrigerated.
Do not accession for non-NSHA Central Zone Hospitals
LIS Mnemonic: THIOCY

Thiopurine Metabolites
(TPMT Metabolite; Prometheus Thiopurine Metabolites)
(Do not confuse with Thiopurine Methyltransferase Phenotyping or Genotype)

Tube/Specimen: One 6.0 mL Lavender topped EDTA tube.
Referred Out: Mayo Medical Laboratories
Instructions: Do not centrifuge.
Do not accession for non-NSHA Central Zone Hospitals
Stability: Room temperature for 72 hours, refrigerated for 8 days.
LIS Mnemonic: MISC REF

Thiopurine Methyltransferase: Genotype
(TPMT Genotyping)
(Do not confuse with Thiopurine Methyltransferase Phenotyping or Thiopurine Metabolite)

Tube/Specimen: One Lavender topped EDTA tube. Notify Referred-Out bench prior to collection at 902-473-7237.
Referred Out: In-Common Laboratories
Instructions: Requisition MUST specify “Genotype”; otherwise order Thiopurine Methyltransferase: Phenotyping (TPMP)
Do not centrifuge.
Stability: Specimen must be received at the referral lab within 7 days of collection.
LIS Mnemonic: MISC REF

Thiopurine Methyltransferase: Phenotyping
(TPMT Phenotyping)
(Do not confuse with Thiopurine Methyltransferase Genotype or Thiopurine Metabolite)

Collect MONDAY ONLY!! Notify Referred-out bench prior to collection at 902-473-7237; leave a message if necessary.

Blood Collection: Patients have been directed to arrive at blood collection during the following times:
- **BRBC**: 7-10 am Monday only
- **Cobequid**: Collected to meet 10 am run Monday only
- **Dartmouth**: Collected to meet 10 am run Monday only
- **HICS**: 7-10 am Monday only

Section: Management System\PLM\General\PLM Website\General\Test Catalogue\
Doc#: 19453

The electronic copy that resides on the document control system is the valid document. Any paper document labeled **Uncontrolled** must be verified against the electronic version prior to use.

Uncontrolled When Printed
PLM Laboratory Test Catalogue

**Thioridazine Level**

**Tube/Specimen:** Plain red topped tube.

**Referred Out:** In-Common Laboratories

**Instructions:** Centrifuge at room temperature.
Aliquot at least 3.0 mL serum into plastic transfer vial. **Freeze at once.**

**LIS Mnemonic:** Thioridaz

**Thrombin Time**

**Tube/Specimen:** Light Blue Stoppered 2.7 mL buffered NA (sodium) citrate, must be a full draw

**Requisition:** CD0002

**Division:** Hematopathology - Core

**Referrals:** Send 2 frozen aliquots of 1.0 mL platelet-poor plasma (see Coagulation Testing under Specimen Collection Information) in polypropylene vials (12x75)

**Thrombocytopenia**

**see Jak2 gene mutation**

**Division:** Molecular Diagnostics

**Thrombopoietin**

**Tube/Specimen:** Gold topped SST tube.

**Referred Out:** Mayo Medical Laboratories

**Instructions:** Centrifuge at room temperature.
Aliquot at least 1.0 mL serum. **Freeze.**
Do not accession for non-NSHA Central Zone Hospitals

**Stability:** 30 days frozen.

**LIS Mnemonic:** FFTPO
Thrombotic Thrombocytopenia Purpura  
**see Adams-13 Testing**

Referred Out: London HSC-Victoria Hospital

---

**Thyrocalcitonin**  
**see Calcitonin**

Division: Clinical Chemistry - Core

---

**Thyroglobulin**

<table>
<thead>
<tr>
<th>Tube/Specimen:</th>
<th>Gold Stoppered 5.0 mL SST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requisition:</td>
<td>CD0002</td>
</tr>
<tr>
<td>Division:</td>
<td>Clinical Chemistry - Core</td>
</tr>
</tbody>
</table>

Comments:
- High circulating biotin levels may reduce results by more than 10% of the true value. Patients must discontinue any biotin supplement at least 3 days prior to testing.
- NSHA Central Zone: Thyroglobulin requests are automatically also assayed for TAB-TA and TSH.
- All other NSHA Zones: Thyroglobulin requests are automatically also assayed for TAB-TA.

Shipping: Separate serum within 5 hours of collection.

Stability: Serum stable for 72 hours at 2 to 8°C. Freeze and send frozen serum, if longer.

LIS Mnemonic: TG (3 panel test) [for NSHA Central Zone]
- TG and TGAB referred in [all other NSHA Zones]

---

**Thyroglobulin Antibodies**  
**see Anti-Thyroglobulin Antibodies**

Division: Clinical Chemistry - Core

---

**Thyroid Antibodies**  
**see Anti-Thyroid Peroxidase Antibodies**

Division: Clinical Chemistry - Core

---

**Thyroid Antibodies**  
**see Anti-Thyroglobulin Antibodies**

Division: Clinical Chemistry - Core

---

**Thyroid Function Tests**  
**see TSH**

Division: Clinical Chemistry - Core

---

**Thyroid Receptor Antibody**

<table>
<thead>
<tr>
<th>Tube/Specimen:</th>
<th>Gold topped SST tube.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referred Out:</td>
<td>In-Common Laboratories</td>
</tr>
<tr>
<td>Instructions:</td>
<td>Centrifuge at room temperature.</td>
</tr>
</tbody>
</table>

---

Section: Management System\PLM\General\PLM Website\General\Test Catalogue\ Doc#: 19453

Version: 120.0 Current
Effective Date: 4/15/2020

Page 193 of 214

The electronic copy that resides on the document control system is the valid document. Any paper document labeled Uncontrolled must be verified against the electronic version prior to use.

Uncontrolled When Printed
The electronic copy that resides on the document control system is the valid document. Any paper document labeled Uncontrolled must be verified against the electronic version prior to use.

Uncontrolled When Printed
(TBG)  
(Do not confuse with Thyrotropin Binding Inhibitory Ig-TBII)

<table>
<thead>
<tr>
<th>Tube/Specimen</th>
<th>Gold topped SST tube.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referred Out</td>
<td>In-Common Laboratories</td>
</tr>
<tr>
<td>Instructions</td>
<td>Centrifuge at room temperature. aliquot 1.0 mL serum into plastic transfer vial. Freeze at once.</td>
</tr>
<tr>
<td>LIS Mnemonic</td>
<td>TBG</td>
</tr>
</tbody>
</table>

---

**Thyroxine, Free**

<table>
<thead>
<tr>
<th>Tube/Specimen</th>
<th>Gold Stoppered 5.0 mL SST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requisition</td>
<td>CD0002</td>
</tr>
<tr>
<td>Division:</td>
<td>Clinical Chemistry - Core</td>
</tr>
<tr>
<td>Shipping:</td>
<td>Separate serum within 5 hours of collection. Serum stable for 6 days at 2 to 8°C. Freeze and send frozen serum, if longer.</td>
</tr>
<tr>
<td>Alternate Names</td>
<td>T4 Free</td>
</tr>
<tr>
<td></td>
<td>Free T4</td>
</tr>
<tr>
<td>LIS Mnemonic</td>
<td>FT4</td>
</tr>
<tr>
<td></td>
<td>T4 FREE</td>
</tr>
</tbody>
</table>

---

**Tissue Transglutaminase**

*see Anti-Tissue Transglutaminase*

| Division:            | Immunopathology           |

---

**Titanium for Hip Recall**

*see Metal Ions for Hip Recall*

| Referred Out         | London HSC-Victoria Hospital |

---

**Tobramycin Level**

<table>
<thead>
<tr>
<th>Tube/Specimen</th>
<th>Plain Red Tube 6 or 10 mL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requisition</td>
<td>CD0002</td>
</tr>
<tr>
<td>Division:</td>
<td>Clinical Chemistry - Core</td>
</tr>
</tbody>
</table>
| Comments:              | Tobramycin may be administered using 2 dosing strategies:  
If tobramycin is administered once daily (much larger than traditional doses) for patients who have good renal function and have no other exclusions, eg. Endocarditis, dialysis, surgical prophylaxis, burns (>20%), only pre specimens are required. Take Pre (trough) blood specimen 6 hours before next dose is administered.  
If tobramycin is administered more often (q8 – 12 hours), both pre and post specimens are required. Take Post (peak) blood specimen 30 minutes after completion of intravenous dose or 60 minutes after an intramuscular dose is administered. Take Pre (trough) blood specimen 30 minutes before next dose is administered.  
The time specimen was collected (pre/post) should be indicated on the requisition and tubes. For information call the laboratory at 902-473-6886. |
| Alternate Names        | Aminoglycoside Level      |
### Tofranil

**LIS Mnemonic:**
- TOB PRE
- TOB POST
- TOB TNS

**Referred Out:** In-Common Laboratories

**See:** Imipramine Level

### Total Bilirubin

**LIS Mnemonic:**
- TOB PRE
- TOB POST
- TOB TNS

**Division:** Clinical Chemistry - Core

**See:** Bilirubin Total, Plasma

### Total CO2, Plasma

**LIS Mnemonic:**
- TOB PRE
- TOB POST
- TOB TNS

**Division:** Clinical Chemistry - Core

**See:** Bicarbonate, plasma

### Total Eosinophil Count

**LIS Mnemonic:**
- TOB PRE
- TOB POST
- TOB TNS

**Division:** Hematopathology - Core

**See:** Eosinophil Count

### Total Iron Binding Capacity

**LIS Mnemonic:**
- TOB PRE
- TOB POST
- TOB TNS

**Division:** Clinical Chemistry - Core

**See:** Iron, Plasma

### Total Protein, Plasma

**LIS Mnemonic:**
- TOB PRE
- TOB POST
- TOB TNS

**Division:** Clinical Chemistry - Core

**See:** Protein Total, Plasma

### Total VDB

**LIS Mnemonic:**
- TOB PRE
- TOB POST
- TOB TNS

**Division:** Clinical Chemistry - Core

**See:** Bilirubin Total, Plasma

### Toxocariasis IFA & IHA

**Tube/Specimen:** Gold Stoppered 5.0 mL SST

**Requisition:** CD0432/ CD0433

**Division:** Virology - Immunology

**Instructions:** Clinical data should be indicated on the requisition.

**Note:** This test will be referred out by the laboratory.

### Toxoplasmosis

**Tube/Specimen:** Gold Stoppered 5.0 mL SST

**Requisition:** CD0432/ CD0433

The electronic copy that resides on the document control system is the valid document. Any paper document labeled Uncontrolled must be verified against the electronic version prior to use.

Uncontrolled When Printed
The electronic copy that resides on the document control system is the valid document. Any paper document labeled Uncontrolled must be verified against the electronic version prior to use.

Uncontrolled When Printed
Transferrin
Tube/Specimen: Gold Stoppered 5.0 mL SST
Requisition: CD0002
Division: Clinical Chemistry - Core
Shipping: Separate serum within 5 hours of collection.
Stability: Serum stable for 3 days at 2 to 8°C. Freeze and send frozen serum, if longer
LIS Mnemonic: TRF

Translocation (11:14)  see BCL1-IGH gene fusion
Division: Molecular Diagnostics

Translocation (14:18)  see BCL2-IGH gene fusion
Division: Molecular Diagnostics

Translocation (15:17)  see PML-RAR gene fusion
Division: Molecular Diagnostics

Translocation (2:5)  see ALK-NPM gene fusion
Division: Molecular Diagnostics

Translocation (4:11)  see AF4-MLL gene fusion
Division: Molecular Diagnostics

Translocation (8:21)  see AML1-ETO gene fusion
Division: Molecular Diagnostics

Translocation (9:22)  see BCR-ABL gene fusion
Division: Molecular Diagnostics

Trichinellosis
Tube/Specimen: Gold Stoppered 5.0 mL SST
Requisition: CD0432/ CD0433
Division: Microbiology-Immunology
PLM Laboratory Test Catalogue

Instructions: Clinical data should be indicated on the requisition.

Note: This test will be referred out by the laboratory.

Tricyclic Screen (TCA)  
Physician must specify name of drug(s)

Triglycerides, Fluids

Tube/Specimen: Miscellaneous Body Fluid: 10.0 mL Body Fluid collected in sterile plastic screw top tubes.

Requisition: CD0002

Division: Clinical Chemistry - Core

Shipping: If sending specimen from outside QEII HSC, transport at room temperature.

LIS Mnemonic: BF TRIG

Triglycerides, Plasma

Tube/Specimen: Light Green 4.5 mL Lithium heparin and gel for plasma separation

Requisition: CD0002

Division: Clinical Chemistry - Core

Instructions: Patient fasting is at the discretion of the ordering physician and must be indicated on the requisition.

LIS Mnemonic: TRIG

Triiodothyronine, Free  
see T3, Free

Division: Clinical Chemistry - Core

Trimipramine Level

Tube/Specimen: Royal Blue topped Trace Element SERUM tube (BD368380)

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature. Aliquot serum into plastic transfer vial. Freeze. Do not accession for non-NSHA Central Zone Hospitals

Note: Plain red topped tubes and lavender topped EDTA tubes are acceptable. Indicate serum or plasma on aliquot tube.

LIS Mnemonic: TRIMI

Triptil  
see Protriptyline Level

Referred Out: In-Common Laboratories

The electronic copy that resides on the document control system is the valid document. Any paper document labeled Uncontrolled must be verified against the electronic version prior to use.

Uncontrolled When Printed
Troponin T-HS (High Sensitivity), Plasma
Tube/Specimen: Light Green 4.5 mL Lithium heparin and gel for plasma separation
Requisition: CD0002
Division: Clinical Chemistry - Core
Shipping: Plasma stable for 72 hours at 2 to 8°C. Freeze and send frozen plasma, if longer.
LIS Mnemonic: TROP T HS

---

Trypanasoma see Hem Microorganism
Division: Hematopathology-Microscopy

---

Trypanosomiasis
Tube/Specimen: Gold Stoppered 5.0 mL SST
Requisition: CD0432/CD0433
Division: Microbiology-Immunology
Instructions: Clinical data should be indicated on the requisition.
Note: This test will be referred out by the laboratory.

---

Tryptase
Tube/Specimen: Gold topped SST tube. Sample should be collected one hour post-allergic reaction.
Referred Out: In-Common Laboratories
Instructions: Plasma is not acceptable. Centrifuge at room temperature. Aliquot 1.0 mL serum into plastic transfer vial. Freeze at once.
LIS Mnemonic: Tryptase

---

TSH
Tube/Specimen: Gold Stoppered 5.0 mL SST
Requisition: CD0002
Division: Clinical Chemistry - Core
Shipping: Separate serum within 5 hours of collection.
Stability: Serum stable for 7 days at 2 to 8°C. Freeze and send frozen serum, if longer.
Alternate Names: Thyroid Stimulating Hormone
LIS Mnemonic: TSH
TSH Receptor Antibody
Referral: In-Common Laboratories

see Thyroid Receptor Antibody

TSI
Referral: In-Common Laboratories

see Thyroid Stimulating Immunoglobulin

TTG
Division: Immunopathology

see Anti-Tissue Transglutaminase

TTP Assay
Referral: London HSC-Victoria Hospital

see Adams-13 Testing

Tylenol
Division: Clinical Chemistry - Core

see Acetaminophen

Type and Crossmatch
Tube/Specimen: Lavender Stoppered 6.0 mL EDTA (BD# 367863)
Requisition: CD0001_05_2019
Division: Transfusion Medicine
Instructions: Indicate on requisition number of units required, date and time required, ordering physician, planned procedure, pregnancy and transfusion history. Send copy of patient’s antibody card if patient has known antibodies.
Comments: CC 85-079 Venipuncture for Blood Collection
Notes: Type and Crossmatch testing valid for 96 hours. Do not send specimens from patients who have not consented to transfusion (i.e. Jehovah Witness).
Alternate Names: Group and Crossmatch Crossmatch

Type and Screen (ABO Group)
Tube/Specimen: Lavender Stoppered 6.0 mL EDTA (BD# 367863)
Requisition: CD0001_05_2019
Division: Transfusion Medicine
Instructions: Indicate on requisition date and time required, the planned procedure, transfusion and pregnancy history. Send copy of patient’s antibody card if patient has known antibodies.
Comments: CC 85-079 Venipuncture for Blood Collection
Notes: Type and Screen testing valid for 96 hours.
Unbound Calcium  
see Ionized Ca

Division: Clinical Chemistry - Core

Urate, 24-Hour Urine

Tube/Specimen: 24-hour urine collection in a plain container.

Requisition: CD0002

Division: Clinical Chemistry - Core

Instructions: pH entire 24 hour collection to >8.0 with 1M NaOH upon receipt; it is not acceptable to add preservative to an aliquot.
Specimen required: 4 mL urine aliquot from a pH adjusted and well-mixed collection.
Refer to Appendix A for pH adjustment instructions when multiple tests are required from the same 24-hour collection.
Record Total Volume of 24-hour urine on both the specimen aliquot and the requisition.

Stability: Room temperature for 1 hour, 2 to 8°C (preferred) for 7 days (pH>8.0) and frozen for 2 weeks (pH>8.0).

Alternate Names: Uric Acid Urine

LIS Mnemonic: U24 URIC ACID
U24 URATE

Urea Nitrogen, Plasma  
see Urea, Plasma

Division: Clinical Chemistry - Core

Urea Nitrogen, Urine  
see Urea, Urine

Division: Clinical Chemistry - Core

Urea, Fluids

Tube/Specimen: Submit only one of the following specimens:
Dialysate Fluid: 10.0 mL Dialysate Fluid collected in sterile plastic screw top tubes.
Miscellaneous Body Fluid: 10.0 mL Body Fluid collected in sterile plastic screw top tubes.

Requisition: CD0002

Division: Clinical Chemistry - Core

LIS Mnemonic: DF UREA
BF UREA

Urea, Plasma

Tube/Specimen: Light Green 4.5 mL Lithium heparin and gel for plasma separation

Requisition: CD0002

Division: Clinical Chemistry - Core
Alternate Names: BUN
Urea Nitrogen
LIS Mnemonic: UREA

Urea, Random Urine or 24-Hour Urine
Tube/Specimen: Random collection using a mid-stream technique to eliminate bacterial contamination or 24-hour urine collection (preferred) in a plain container.
Requisition: CD0002
Division: Clinical Chemistry - Core
Instructions: Specimen required: 4 mL urine aliquot from well-mixed collection.
Record Total Volume of the 24-hour urine on both the aliquot and the requisition.
Stability: Room temperature for 1 day, 2 to 8°C (preferred) for 7 days and frozen for 2 weeks.
Alternate Names: Urea Nitrogen, Urine
LIS Mnemonic: U24 UREA
U UREA

Uric Acid, Plasma
Tube/Specimen: Light Green 4.5 mL Lithium heparin and gel for plasma separation
Requisition: CD0002
Division: Clinical Chemistry - Core
LIS Mnemonic: URIC
URIC ACID

Uric Acid, Plasma on Ice
Tube/Specimen: Pre-chilled Light Green 4.5 mL Lithium heparin and gel for plasma separation
Requisition: CD0002
Division: Clinical Chemistry - Core
Comments: A pre-chilled Light Green 4.5 mL Lithium heparin and gel for plasma separation will be collected and promptly placed on ice. The iced specimen and its accompanying requisition will be sent to LCSC to be entered into LIS using the orderable: Uric Acid on Ice. The specimen will be spun in a refrigerated centrifuge; once centrifuged, the labeled tube will be placed back on ice and sent to either VG Core or HI Core as appropriate.
LIS Mnemonic: URIC ACID ON ICE

Uric Acid, Urine see Urate, Urine
Division: Clinical Chemistry - Core

Urinalysis (including microscopic examination if required)
The electronic copy that resides on the document control system is the valid document. Any paper document labeled Uncontrolled must be verified against the electronic version prior to use.

Uncontrolled When Printed
Valproic Acid

Division: Clinical Chemistry - Core

Alternate Names: Epival, Depakene

LIS Mnemonic: VAL

---

Vancomycin Level

Tube/Specimen: Plain Red Tube 6 or 10 mL

Requisition: CD0002

Division: Clinical Chemistry - Core

Instructions: Take Pre (trough) blood specimen immediately before dose is administered. Take Post (peak) blood specimen 2 hours after dose is administered. The time specimen was collected (pre/post) should be indicated on the requisition and tubes.

Comments: Post (peak) Vancomycin levels are only required in certain circumstances (e.g. changing renal function, poor response to therapy, resistant organism, and pharmacokinetic analysis). For information call the laboratory at 902-473-6886.

Alternate Names: Aminoglycoside Level

LIS Mnemonic: VAN PRE, VAN POST, VAN TNS

---

Variable Number Tandem Repeats (VNTR)

Division: Molecular Diagnostics

---

Varicella-Zoster Immune Status

Tube/Specimen: Gold Stoppered 5.0 mL SST

Requisition: QE 7125

Division: Virology-Immunology

Instructions: Requisition must indicate immune status.

Alternate Names: Chicken Pox Titre
Vasculitis Panel
(ANCA)
(Includes Anti-MPO, Anti-PR3, Anti-GBM)
Tube/Specimen: Gold Stoppered 5.0 mL SST
Requisition: CD0002
Division: Microbiology Immunology
Synonyms: ANCA, Anti-Neutrophil Cytoplasmic Antibody, Anti-GBM, Anti-Glomerular Basement Membrane, Anti-MPO, Anti-Myeloperoxidase, Anti-PR3, Anti-Proteinase 3
LIS Mnemonic: Vasc Pnl

Vasoactive Intestinal Polypeptide
(VIP)
Tube/Specimen: Lavender topped EDTA tube. Patient fasting status is preferred as levels may be increased otherwise.
Referred Out: Mayo Medical Laboratories
Instructions: Centrifuge and aliquot minimum 1 mL plasma into a plastic vial. Freeze at once. Do not accession for non-NSHA Central Zone Hospitals
Stability: Frozen 90 days.
LIS Mnemonic: VIP

Vasopressin see Copeptin
ADH (Anti-Diuretic Hormone/Vasopressin) testing is no longer available at the QEII laboratory or any of the referral laboratories. Please refer to Copeptin testing as a surrogate for ADH.

VDB see Bilirubin Direct, Plasma
Division: Clinical Chemistry - Core

VDRL see Syphilis Serology
Division: Virology-Immunology

Very Long Chain Fatty Acid
Tube/Specimen: Lavender topped EDTA tube. Patient must be fasting.
Referred Out: In-Common Laboratories
Instructions: Centrifuge at room temperature
Aliquot 2.0 mL of plasma into plastic vial. Freeze at once.
Serum from gold topped SST tube is acceptable; indicate sample type on aliquot.
Do not accession for non-NSHA Central Zone Hospitals
LIS Mnemonic: VLCFA
VIP

see Vasoactive Intestinal Polypeptide

Referred Out: Mayo Medical Laboratories

Viscosity, Serum

Tube/Specimen: Plain red topped tube kept at 37°C.

Referred Out: In-Common Laboratories

Instructions: Send to Esoteric Immunology Laboratory to be processed. Keep serum cold. **Do not freeze.** Do not accession for non-NSHA Central Zone Hospitals

LIS Mnemonic: VISC Serum

Vitamin A Level

Tube/Specimen: Plain red topped tube. **Protect from light!**

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature. Aliquot serum, **wrap in tinfoil to protect from light! Freeze!** Do not accession for non-NSHA Central Zone Hospitals

LIS Mnemonic: VIT A RO

Vitamin B1, Whole Blood

see Thiamine, Whole Blood

Referred Out: In-Common Laboratories

Vitamin B2 (Riboflavin)

Tube/Specimen: Lavender topped EDTA tube. **Protect from light!**

Referred Out: In-Common Laboratories

Instructions: Aliquot 2.0 mL of plasma into plastic vial. **Wrap in tinfoil to protect from light! Freeze immediately!** Do not accession for non-NSHA Central Zone Hospitals

LIS Mnemonic: VITB2

Vitamin B3 (Niacin)

Tube/Specimen: One 4.0 mL Lavender topped EDTA tube. **Wrap in tinfoil within 1 hour of collection to protect from light.**

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature. Aliquot 2.0 mL of plasma into plastic vial. **Wrap in tinfoil to protect from light! Freeze.** Do not accession for non-NSHA Central Zone Hospitals
The electronic copy that resides on the document control system is the valid document. Any paper document labeled Uncontrolled must be verified against the electronic version prior to use.

Uncontrolled When Printed
PLM Laboratory Test Catalogue

Division: Clinical Chemistry - Core
Comments: Assay measures both D2 and D3
Note: Vitamin D (1, 25 Dihydroxy) Level is a separate procedure that is referred out to In-Common Laboratories.
Stability: Serum is stable for 3 days at room temperature and 12 days at 2 to 8°C. Freeze and send frozen serum, if longer.
Alternate Names: Vitamin D (25 Hydroxy)
25 OH Vitamin D
Calcidiol
Vit D Level
Vit D 25 Level
Vitamin D3
LIS Mnemonic: VIT D 25 LEVEL
VIT D 25OH
VIT D LEVEL

Vitamin D (1, 25-dihydroxy) Level
Tube/Specimen: Gold topped SST tube.
Referred Out: In-Common Laboratories
Instructions: Centrifuge at room temperature.
Aliquot 1.0 mL serum into plastic transfer vial. Freeze at once!
Do not accession for non-NSHA Central Zone Hospitals
LIS Mnemonic: VIT D 1, 25

Vitamin E Level
Tube/Specimen: Gold topped SST tube. Wrap in tinfoil to protect from light.
Referred Out: In-Common Laboratories
Instructions: Centrifuge at room temperature.
Aliquot 2.0 mL serum into plastic transfer vial. Protect from light! Freeze at once!
Do not accession for non-NSHA Central Zone Hospitals
LIS Mnemonic: VIT E

VNTR see Chimerism Analysis for BMT
Division: Molecular Diagnostics

Voltage-gated Calcium Channel Antibody
Tube/Specimen: Gold topped SST tube.
Referred Out: In-Common Laboratories
Instructions: Aliquot at least 1.0 mL serum. Freeze!
Do not accession for non-NSHA Central Zone Hospitals

The electronic copy that resides on the document control system is the valid document. Any paper document labeled Uncontrolled must be verified against the electronic version prior to use.
Voltage-gated Potassium Channel Antibody (VGKC)

Tube/Specimen: Gold topped SST tube.
Referred Out: Mitogen Advanced Diagnostics
Instructions: Aliquot at least 1.0 mL serum. **Freeze!**
Do not accession for non-NSHA Central Zone Hospitals

LIS Mnemonic: VGKC

VonWillebrand Factor Multimer Assay

Tube/Specimen: Light blue topped sodium citrate tube.
Referred Out: Mayo Medical Laboratories
Instructions: Send sample and copy of requisition to Hematopathology Coagulation lab for processing.

Comment: Test is not performed at the QEII. Referring hospitals are to send specimens directly to the referral site which performs the test to prevent delay in results.

LIS Mnemonic: VWF Multimer Assay

VonWillebrand Workup

Tube/Specimen: 2 Light Blue Stoppered 2.7 mL buffered NA (sodium) citrate, must be a full draw
Requisition: CD0002
Division: Hematopathology - Coagulation
Comments: Testing includes VWF Activity, VWF Antigen, Factor VIII, and VWF Ristocetin Cofactor as a reflex test if required.

Referrals: Send 3 frozen aliquots of 1.0 mL platelet-poor plasma (see Coagulation Testing under Specimen Collection Information) in polypropylene vials (12x75).

Alternate Names: VWF, VWF Antigen, VWF Activity

Voriconazole Level

Tube/Specimen: Dark green topped (Lithium heparin) tube.
Requisition: CD0002
Division: Microbiology-Immunology
Instructions: A trough sample should be drawn into a dark green topped lithium heparin tube. **Minimum 1.0 mL plasma is required.**
The sample can be centrifuged at 4000g for 10 minutes, plasma separated and **shipped frozen if it will not arrive within 24 hours.**
The time specimen was collected (pre) should be indicated on the requisition and tubes.
Note: A Microbiologist must be consulted (902-473-6624). This test will be referred out by the Microbiology lab.

LIS Mnemonic: RO VORI

---

**Water Deprivation Test**

Referred Out: In-Common Laboratories

---

**WBC**

Division: Hematopathology - Core

---

**WBC Count and Differential, Body Fluid**

Tube/Specimen: Lavender Stoppered 4.0 mL EDTA

Requisition: CD0002

Division: Hematopathology - Core

Shipping: If sending specimen from outside QEII HSC, transport at room temperature.

---

**West Nile Virus IgM Antibody**

Tube/Specimen: Gold Stoppered 5.0 mL SST

Requisition: CD0432/ CD0433

Division: Virology-Immunology

Note: This test will be referred out by the laboratory.

Alternate Names: WNV

---

**West Nile Virus PCR**

Tube/Specimen: Lavender stoppered 4.0 mL EDTA

Requisition: CD0432/ CD0433

Division: Virology-Immunology

Note: PCR testing done primarily for the purpose of Donor Screening. For diagnosis, please consult a Microbiologist. This test will be referred out by the laboratory.

Instructions: Separate plasma by centrifugation at 1500 – 1600g X 20 minutes. Ship plasma frozen.

---

**Western Equine Encephalitis**

Division: Virology-Immunology
<table>
<thead>
<tr>
<th>Test</th>
<th>Category</th>
<th>Division</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WNV</strong></td>
<td>PLM Website Test Catalogue</td>
<td>Virology-Immunology</td>
</tr>
<tr>
<td><strong>Xylose Absorption Test</strong></td>
<td>PLM Website Test Catalogue</td>
<td></td>
</tr>
<tr>
<td><strong>Zarontin</strong></td>
<td>PLM Website Test Catalogue</td>
<td></td>
</tr>
<tr>
<td><strong>Zinc Level RO</strong></td>
<td>PLM Website Test Catalogue</td>
<td></td>
</tr>
<tr>
<td><strong>Zinc Protoporphyrin</strong></td>
<td>PLM Website Test Catalogue</td>
<td></td>
</tr>
</tbody>
</table>

**WNV**

**Division:** Virology-Immunology

**Xylose Absorption Test**

**See:** West Nile Virus IgM Antibody

**Referral:** In-Common Laboratories

**Zarontin**

**See:** Ethosuximide Level

**Referral:** In-Common Laboratories

**Zinc Level RO**

- **Tube/Specimen:** Royal Blue Trace Element K2 EDTA tube (BD368381)
- **Referral:** In-Common Laboratories
- **Instructions:**
  - Centrifuge ASAP!
  - Aliquot plasma into plastic transfer vial. **Freeze!**
  - Cannot be tested on whole blood.
  - Do not accession for non-NSHA Central Zone Hospitals
- **LIS Mnemonic:** Zinc

**Zinc Protoporphyrin**

*(Do not confuse with Free Erythrocyte Protoporphyrin)*

- **Tube/Specimen:** Royal Blue Trace Element K2 EDTA tube (BD368381).
- **Referral:** In-Common Laboratories
- **Instructions:**
  - **Do Not Centrifuge!**
  - Refrigerate.
  - Do not accession for non-NSHA Central Zone Hospitals
- **Stability:** 2 weeks refrigerated.
- **LIS Mnemonic:** ZPP

---

The electronic copy that resides on the document control system is the valid document. Any paper document labeled Uncontrolled must be verified against the electronic version prior to use.

Uncontrolled When Printed
APPENDIX A

1. 24 hour Urine processing for Calcium, Oxalate, Magnesium, Phosphorous

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>Mix specimen by inversion a minimum of ten times.</td>
</tr>
<tr>
<td>1.2</td>
<td>Aliquot all tests other than calcium, oxalate, magnesium, phosphorous and uric acid.</td>
</tr>
<tr>
<td>1.3</td>
<td>If uric acid is also ordered, divide the specimen into two equal parts. Use one part for the remainder of this procedure and place the other half aside for use with procedure 2.</td>
</tr>
<tr>
<td>1.4</td>
<td>Add 25mL of 6N HCl to the collection container. Add half if urine is halved.</td>
</tr>
<tr>
<td>1.5</td>
<td>Mix specimen by inversion a minimum of ten times and allow to sit for five minutes.</td>
</tr>
<tr>
<td>1.6</td>
<td>Measure urine pH.</td>
</tr>
<tr>
<td>1.7</td>
<td>If urine pH is less than or equal to 3, aliquot sample. If urine pH is greater than 3, add 3 drops 6N HCl (and mix sample by inversion a minimum of ten times. Measure pH. Repeat this step until a pH of less than 3 has been reached.</td>
</tr>
<tr>
<td>1.8</td>
<td>If uric acid is also ordered, proceed to Procedure 2: Processing for Uric Acid, using the other half of the sample set aside in step 1.3.</td>
</tr>
</tbody>
</table>

2. 24 hour Urine processing for Uric Acid

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1</td>
<td>Mix sample by inversion a minimum of ten times.</td>
</tr>
<tr>
<td>2.2</td>
<td>Aliquot all tests other than calcium, magnesium, phosphorous, oxalate and uric acid.</td>
</tr>
<tr>
<td>2.3</td>
<td>If calcium, magnesium, phosphorous and/or oxalate are also ordered, divide the sample into two equal parts. Use one part for the remainder of this procedure and place the other half aside for use with Procedure 1: Processing for Calcium, Oxalate, Magnesium, Phosphorous.</td>
</tr>
<tr>
<td>2.4</td>
<td>Add 25mL of 1N NaOH to the collection container. Add half if urine is halved.</td>
</tr>
<tr>
<td>2.5</td>
<td>Mix sample by inversion a minimum of ten times and allow to sit for five minutes.</td>
</tr>
<tr>
<td>2.6</td>
<td>Measure urine pH.</td>
</tr>
<tr>
<td>2.7</td>
<td>If urine pH is greater than or equal to 8, aliquot sample. If urine pH is less than 8, add 3 drops 1N NaOH and mix sample by inversion a minimum of ten times. Measure pH. Repeat this step until a pH of greater than 8 has been reached.</td>
</tr>
<tr>
<td>2.8</td>
<td>If calcium, magnesium, phosphorous and/or oxalate are also ordered, proceed to Procedure 1: Processing for Calcium, Oxalate, Magnesium, Phosphorous, using the other half of the sample set aside in step 2.3.</td>
</tr>
</tbody>
</table>
### 24 hour Urine processing for catecholamine, 5-Hydroxyindole acetic acid (5HIAA) and/or Metanephrine

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1</td>
<td>Mix sample by inversion a minimum of ten times.</td>
</tr>
<tr>
<td>3.2</td>
<td>Aliquot sample.</td>
</tr>
<tr>
<td>3.3</td>
<td>Measure urine pH.</td>
</tr>
<tr>
<td>3.4</td>
<td><strong>If:</strong>&lt;br&gt;• pH &lt;2&lt;br&gt;• pH &gt;4 and &lt;6 and received in original 24-hour acidified container <strong>within</strong> 8 hours from the end of collection&lt;br&gt;• pH &gt;4 and &lt;6 but received <strong>greater</strong> than 8 hours from the end of collection&lt;br&gt;• pH &gt;6 <strong>Then:</strong>&lt;br&gt;• Adjust pH by slowly adding 6N NaOH, one drop at a time, until the pH is between 2 and 4.&lt;br&gt;• Adjust pH by adding one drop of 6N HCL until the pH is between 2 and 4.&lt;br&gt;• Cancel testing&lt;br&gt;• Cancel testing</td>
</tr>
</tbody>
</table>