

TITLE: Laboratory Test Reference Ranges	Doc #: 40243
Section: Management System\PLM\General\PLM	Version: 80.0 Current
Website\General\Test Reference Ranges\	
Document Owner: PI Website	Effective Date: 10/11/2023
Final Approval:	Review Date: 10/11/2024

<u>Always</u> refer to the laboratory report for appropriate reference ranges at the time of analysis.

This document lists the test reference ranges that were established for the analysis methodologies used only by Nova Scotia Health Central Zone (CZ) Department of Pathology and Laboratory Medicine facilities.

Anatomical Pathology Blood Tests									
Name of Test	Specimen	Units	Low	High	Critical				
Anti-Cardiac Muscle Antibody	Serum (SST)	Qualitative	N/A	N/A	N/A				
Anti-Skeletal Muscle Antibody	Serum (SST)	Qualitative	N/A	N/A	N/A				
Anti-Pemphigoid Antibody	Serum (SST)	Qualitative	N/A	N/A	N/A				
Anti-Pancreatic Islet Cell Antibody	Serum (SST)	Qualitative	N/A	N/A	N/A				
Anti-Smooth Muscle Antibody	Serum (SST)	Qualitative	N/A	N/A	N/A				
Anti-Liver Kidney Microsomal Antibody	Serum (SST)	Qualitative	N/A	N/A	N/A				

		Clinical	Chemis	stry Blood Tests	5			
Name of Test	Gender	Age	Units	Low	High	Critical		
Acetaminophen	M/F	>0min	µmol/L			>350		
	Interpretive							
	Therapeutic							
				hew nomogram.				
			can be fals	ely low for patients unde	ergoing treatment of N	-		
	acetylcystei	ne (NAC).						
Adrenocorticotropic	M/F	>0min	pmol/L	2.3	10.1			
hormone				ropic Hormone (ACTH)	reference ranges are b	based on		
(ACTH)	samples col		to 10 AM.					
Albumin	M/F	0-1yr	g/L	25	46			
		>1yr		35	50			
Alcohol	M/F	>0min	mmol/L	None Detected		>54		
	Interpretive Data: The method is intended for clinical purposes only. Medical-legal							
				gas chromatographic m	ethod for confirmation	of results.		
Alkaline	M/F	0-15d	U/L	90	273			
Phosphatase	M/F	15d-1yr		134	518			
(ALP)	M/F	1-10yr		156	369			
	M/F	10-13yr		141	460			
	M	13-15yr		127	517			
	F	13-15yr		62	280			
	М	15-17yr		89	365			
	F	15-17yr		54	128			
	М	17-19yr		59	164			
	F	17-19yr		48	95			
	M/F	>19yr		38	150			
Alanine	M/F	0-1yr	U/L	0	32			
Aminotransferase	M/F	1-19yr		0	24			
(ALT)	М	>19yr		0	54			

Page 1 of 40

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.



ay be elevated amylase comple creatitis. By utiliz nin nmol/L Note: Stated re nin U/L Reference valu	4 3 1 18 3 2 3 20 20 20 20 20 3 1.4 1.5 1.6	52 reference intervals for	non ylase is not
n - µg/L n - µg/L th h - th h - tr yr yr Jr 5d U/L 5d U/L 5d U/L 5d U/L 5d U/L 5d U/L 5d awylase is les ay be elevated amylase comple creatitis. By utiliz nin nmol/L Note: Stated re nin U/L Reference valu	1.00 1.00 Not es 4 3 1 18 20 20 20 20 20 11 18 3 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 3 20 20 20 20 20 20 20 20 20 20 21 32 33 20 34 35 36 20 21 22 </th <th>1.90 tablished 275 148 21 8 72 10 22 50 101 125 c in acute pancreatitis that amylase. The most commobulin. This elevated amylase may be detered and the second second</th> <th>non ylase is not</th>	1.90 tablished 275 148 21 8 72 10 22 50 101 125 c in acute pancreatitis that amylase. The most commobulin. This elevated amylase may be detered and the second	non ylase is not
n - µg/L h - µg/L h - h - r yr yr bin µmol/L 5d U/L 5d U/L 5d U/L 5d U/L 5d U/L 5d Stated reserves anylase comple creatitis. By utiliz in nmol/L Note: Stated reserves Reference valu	Not es 4 3 1 18 3 20 3 20 20 20 20 20 3 14 1.5 1.6 1.7 1.8 1.9	275 148 21 148 21 8 72 10 22 50 101 125 c in acute pancreatitis that anylase. The most commobulin. This elevated any acroamylase may be deter 10.8 14.3 dults. 52 reference intervals for	non ylase is not
th h - th h - r yr yr yr bin µmol/L 5d U/L 5d U/L 5d U/L 5d U/L 5d Amylase is less ay be elevated amylase comple creatitis. By utiliz hin nmol/L Note: Stated re- hin U/L Reference valu	4 3 1 18 3 2 3 20 20 20 20 20 3 1.4 1.5 1.6	275 148 21 8 72 10 22 50 101 125 cin acute pancreatitis that amylase. The most commobulin. This elevated amylase may be determed anylase ma	non ylase is not
h - th h - r yr yr jr jr jr jr jd U/L d- th -1yr jyr Amylase is lest any be elevated amylase comple creatitis. By utiliz nin nmol/L Note: Stated re nin U/L Reference valu	3 1 18 3 2 3 20 20 20 20 20 20 20 14 1.4	148 21 8 72 10 22 50 101 125 c in acute pancreatitis that amylase. The most commobulin. This elevated amylase may be detered anylase may be detered anylase may be detered at 10.8 10.8 14.3 52 reference intervals for	non ylase is not
th h - r yr yr hin µmol/L 5d U/L 5d U/L 5d U/L 5d ch th -1yr byr yr Amylase is lest anylase comple creatitis. By utiliz hin nmol/L Note: Stated re hin U/L Reference valu	3 1 18 3 2 3 20 20 20 20 20 20 20 14 1.4	148 21 8 72 10 22 50 101 125 c in acute pancreatitis that amylase. The most commobulin. This elevated amylase may be detered anylase may be detered anylase may be detered at 10.8 10.8 14.3 52 reference intervals for	non ylase is not
h - r yr yr hin µmol/L 5d U/L 5d U/L 5d J- th -1yr Amylase is lest ay be elevated amylase comple creatitis. By utiliz hin nmol/L Note: Stated re- hin U/L Reference valu	3 1 18 3 2 3 20 20 20 20 20 20 20 20 3 20 21 22 3 20 21 22 33 20 21 22 33 34 <t< td=""><td>21 8 72 10 22 50 101 125 c in acute pancreatitis that amylase. The most commobulin. This elevated amylase may be detered and the second seco</td><td>non ylase is no</td></t<>	21 8 72 10 22 50 101 125 c in acute pancreatitis that amylase. The most commobulin. This elevated amylase may be detered and the second seco	non ylase is no
r µr yr µmol/L 5d U/L 5d U/L 5d J- th -1yr 9yr 9yr Amylase is lest ay be elevated amylase comple creatitis. By utiliz in nmol/L Note: Stated re- in U/L Reference valu	3 1 18 3 2 3 20 20 20 20 20 20 20 20 3 20 21 22 3 20 21 22 33 20 21 22 33 34 <t< td=""><td>21 8 72 10 22 50 101 125 c in acute pancreatitis that amylase. The most commobulin. This elevated amylase may be detered and the second seco</td><td>non ylase is not</td></t<>	21 8 72 10 22 50 101 125 c in acute pancreatitis that amylase. The most commobulin. This elevated amylase may be detered and the second seco	non ylase is not
yr yr hin µmol/L 5d U/L 5d U/L 5d 4 5d 5d 5d 5d 5d 5d 5d 5d 5d 5d	1 18 3 20 30 21 22 1.4 1.4 1.4 1.4 8 ues are for adults. The	8 72 10 22 50 101 125 c in acute pancreatitis that amylase. The most commobulin. This elevated amylase may be determined amylase may be det	non ylase is not
yr hin µmol/L 5d U/L 5d U/L d- 1/L -1yr 1/L ayr 1/L ay be elevated 1/L amylase comple 1/L creatitis. By utilization 1/L Note: Stated reading 1/L Reference value 1/L	1 18 3 20 30 21 22 1.4 1.4 1.4 1.4 8 ues are for adults. The	8 72 10 22 50 101 125 c in acute pancreatitis that amylase. The most commobulin. This elevated amylase may be determined amylase may be det	non ylase is not
hin µmol/L 5d U/L 5d U/L 5d J- th -1yr 2yr 2yr yr Amylase is less ay be elevated amylase comple creatitis. By utiliz hin nmol/L Note: Stated re- hin U/L Reference valu	18 3 2 3 20 20 20 20 s sensitive and specific in patients with macroa exed with an immunogle zing plasma lipase, ma 1.4 1.5 1.6	72 10 22 50 101 125 c in acute pancreatitis that amylase. The most commobulin. This elevated amylacroamylase may be determined and the second sec	non ylase is not
5d U/L d- th -1yr -1yr -1yr byr -1yr ary be elevated amylase comple creatitis. By utilization nin nmol/L Note: Stated regime nin U/L Reference value	3 20 20 20 20 s sensitive and specific in patients with macroa exed with an immunogle zing plasma lipase, ma 1.4<	10 22 50 101 125 c in acute pancreatitis that amylase. The most commobulin. This elevated amylase may be determined and the second	non ylase is not
d- th -1yr Dyr Amylase is lest ay be elevated amylase comple creatitis. By utiliz nin nmol/L Note: Stated re nin U/L Reference valu	2 3 20 20 s sensitive and specific in patients with macroa exed with an immunogle zing plasma lipase, ma 1.4 1.4 eference range is for ac 8 ues are for adults. The	22 50 101 125 c in acute pancreatitis that amylase. The most commo bulin. This elevated amy icroamylase may be deter 10.8 14.3 dults. 52 reference intervals for	non ylase is not
th -1yr Dyr yr Amylase is lest ay be elevated amylase comple creatitis. By utiliz nin nmol/L Note: Stated re nin U/L Reference valu	3 20 20 s sensitive and specific in patients with macroa exed with an immunogle zing plasma lipase, ma 1.4 1.4 eference range is for ac 8 ues are for adults. The	50 101 125 c in acute pancreatitis that amylase. The most commo bulin. This elevated amy icroamylase may be deter 10.8 14.3 dults. 52 reference intervals for	non ylase is not
-1yr yr yr Amylase is lest ay be elevated amylase comple creatitis. By utiliz nin nmol/L Note: Stated re nin U/L Reference value	20 20 s sensitive and specific in patients with macroa exed with an immunogle zing plasma lipase, ma 1.4 1.4 eference range is for ac 8 ues are for adults. The	101 125 c in acute pancreatitis that anylase. The most commodulin. This elevated any be determined anylase may be determined an	non ylase is not
Amylase is less ay be elevated amylase comple creatitis. By utiliz nin nmol/L Note: Stated re nin U/L Reference valu	20 20 s sensitive and specific in patients with macroa exed with an immunogle zing plasma lipase, ma 1.4 1.4 eference range is for ac 8 ues are for adults. The	101 125 c in acute pancreatitis that anylase. The most commodulin. This elevated any be determined anylase may be determined an	non ylase is not
Amylase is les ay be elevated amylase comple creatitis. By utiliz nin nmol/L Note: Stated re nin U/L Reference valu	20 s sensitive and specific in patients with macroa exed with an immunogle zing plasma lipase, ma 1.4 1.4 eference range is for ac 8 ues are for adults. The	125c in acute pancreatitis thatamylase. The most commodulin. This elevated amylaceamylase may be detected10.810.814.3dults.52reference intervals for	non ylase is not
Amylase is lest ay be elevated amylase comple creatitis. By utilization nin nmol/L Note: Stated reation nin U/L Reference value	s sensitive and specific in patients with macroa exed with an immunogle zing plasma lipase, ma 1.4 1.4 eference range is for ac 8 ues are for adults. The	c in acute pancreatitis that amylase. The most commo obulin. This elevated amy icroamylase may be deter 10.8 14.3 dults. 52 reference intervals for	non ylase is not
ay be elevated amylase comple creatitis. By utiliz nin nmol/L Note: Stated re nin U/L Reference valu	in patients with macroa exed with an immunogle zing plasma lipase, ma 1.4 1.4 eference range is for ac 8 ues are for adults. The	amylase. The most commo obulin. This elevated amy icroamylase may be deter 10.8 14.3 dults. 52 reference intervals for	non ylase is not
amylase comple creatitis. By utiliz nin nmol/L Note: Stated re nin U/L Reference valu	exed with an immunogle zing plasma lipase, ma 1.4 1.4 eference range is for ac 8 ues are for adults. The	bulin. This elevated amy croamylase may be detern 10.8 14.3 dults. 52 reference intervals for	ylase is not
reatitis. By utiliz nin nmol/L Note: Stated re nin U/L Reference valu	zing plasma lipase, ma 1.4 1.4 eference range is for ac 8 ues are for adults. The	10.8 10.8 14.3 dults. 52 reference intervals for	
nin nmol/L Note: Stated re nin U/L Reference valu	1.4 1.4 eference range is for ac 8 ues are for adults. The	10.8 14.3 dults. 52 reference intervals for	ermined.
Note: Stated re nin U/L Reference valu	1.4 eference range is for ac 8 ues are for adults. The	14.3 dults. 52 reference intervals for	-
nin U/L Reference valu	eference range is for ac 8 Jues are for adults. The	dults. 52 reference intervals for	-
nin U/L Reference valu	8 Jes are for adults. The	52 reference intervals for	-
Reference valu	ues are for adults. The	reference intervals for	
		dulte Diacma	
	% higher than that of a		1
	ACE) is significantly re	duced in patients on	
J., Vasotec and			
nin	5	15	
nin IU/mL		<6	
		· - ·	
yr g/L	0.16	1.24	
<u>2yr</u>	0.48	1.25	4
	0.49	1.73	4
		1.26	
0yr	0.53	1.82	
yr	0.64	1.82	
	32	162	
		67	
5d U/L	20		7
5d U/L	20 5	45	
5d U/L 1yr		45	
5d U/L 1yr	5	45	
	ioyr Dyr 2yr ioyr Dyr 5d U/L	Oyr 0.54 yr 0.17 2yr 0.51 ö0yr 0.53 Oyr 0.64 5d U/L 32 ·1yr 20	Oyr 0.54 1.63 yr 0.17 1.20 2yr 0.51 1.26 60yr 0.53 1.82 0yr 0.64 1.82 5d U/L 32 162 1yr 20 67

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.



		Clinical	Chemi	stry Blood	Tests		
Name of Test	Gender	Age	Units	Low		High	Critical
	If required,	the conversi	ion factor fr	s 95 th percentil om Internationa I by 0.08475=n	al System o	of Measurement (SI) to
		ed by 1000					
Bicarbonate	M/F	0-15d	mmol/L	5		20	<10 or >40
	M/F	15d-1yr		10		24	
	M/F	1-5yr		14		24	
	M/F	5-15yr		17		26	
	M	15-19yr		18		28	_
	F	15-19yr		17		26	_
	M/F	>19yr		22		31	
Bilirubin, direct	M/F	0-15d	µmol/L	0.0		12.0	_
		>15d	1/1	0.0		8.5	
Bilirubin, indirect	M/F	0-19yr	µmol/L	0.0	Not estab		
		>19yr		0.0		17.9	
Bilirubin, total	M/F	Newborn	µmol/L	Age of	_	Full-term	
				Newborn	Prematur		
				< 24 hours	< 136.8	< 102.6	
				< 48 hours	< 205.2	< 171.0	
				2- 5d 5-7d	< 256.5	< 205.2 < 171.0	
				7-15d	< 256.5	established	
				7-150	INOL	established	
		15d -		0.0		14.9	
		18yr					
		>18yr		0.0		20.4	
BF pH	published g	uidelines. A	pH of <7.3	0 in pleural fluid		terpret in the light c cate certain patholo	
C-peptide	M/F	Omin-		ant effusion.	Not estab	lichod	
C-peptide		1wk	pmol/L		NUL ESIAD	lisneu	
		>1wk		260		1730	
Calcium	M/F	0-1yr	mmol/L	2.13		2.74	<1.70 or
Odicium	101/1	1-19yr	IIIIIO// E	2.13		2.63	>3.25
		>19yr		2.20		2.60	× 0.20
	Interpretive		erence rand		mples fron	n ambulatory patier	nts
	Recumbent Total Calciu (baseline al with very lo suspected of	: 0.10 mmol ım (TCa) ca bumin = 40 w or high all disorders of	/L lower. n be adjuste g/L). The re oumin conce calcium hor	ed higher by 0. eliability of adju entrations. TCa	2 mmol/L v stment for a without ac vever, whe	vith decreased albu albumin deteriorate djustment is sufficie n the albumin level	min by 10 g/L es in patients ent in most and/or pH are
Calcium, Ionized	M/F	>0min	mmol/L	1.03		1.23	<0.75 or >1.60
testing includes: pH	M/F	>0min		7.35		7.45	<7.20 or
Calcium, Ionized (7.4)	M/F	>0min	mmol/L	1.03		1.23	>7.60 <0.75 or >1.60

Doc#: 40243 Page 3 of 40

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.

		Clinical	Chemi	stry Blood Test	S	
Name of Test	Gender	Age	Units	Low	High	Critical
	Interpretive					
				l Ionized Calcium with	· · · · · · · · · · · · · · · · · · ·	1
Calcitonin	M	>0min	pg/mL		11	
	F			<	:7	
Carbamazepine	M/F	>0min	µmol/L			>75
	clinically ind decision ma	range: 17- entration: >6 ermination c licated in mo king, the test	4 umol/L of the Carba ost patients <u>st should be</u>	amazepine-10, 11-epox . However, if its level is e specifically ordered.		to clinical
Carboxyhemoglobin	M/F	>0min	%			>20.0
(COHB)	Interpretive <1.5 (non-si <10.0 (smol >20.0 (Toxic >50.0 (Letha	mokers) kers) c)				
CA 125	M/È	>0min	U/mL	0.0	35.0	
CA 15-3	M/F	>0min	U/mL	0.0	31.3	
	screening. I	t may be us	eful for follo	not sufficiently sensitive w up of known breast o	cancer.	for cancer
CA 19-9	M/F	>0min	U/mL	0.0 not sufficiently sensitive	37.0	
	follow-up of secretors of	known cane	cers. Howey	be seen in some benigr ver, individuals who are with Ca19-9, a change	e Lewis A/B negative a	e non-
Carcinoembryonic	significant if M/F	>0min	µg/L		0.40/	
Antigen	M/F Interpretive	>0min e Data: Nor	µg/L n-Smokers:	less than or equal to 5.		
Antigen (CEA)	M/F Interpretive This test is r	>0min e Data: Nor not sufficien	µg/L n-Smokers: tly sensitive	less than or equal to 5. or specific for cancer	screening.	
Antigen (CEA) Ceruloplasmin	M/F Interpretive This test is i M/F	>0min e Data: Nor not sufficien >0min	μg/L n-Smokers: tly sensitive mg/L	less than or equal to 5. or specific for cancer 200	screening. 600	
Antigen (CEA) Ceruloplasmin Chloride	M/F Interpretive This test is n M/F M/F	>0min e Data: Nor not sufficien >0min >1yr	μg/L h-Smokers: tly sensitive mg/L mmol/L	less than or equal to 5. or specific for cancer 200 100	screening. 600 110	
Antigen (CEA) Ceruloplasmin	M/F Interpretive This test is i M/F	>0min e Data: Nor not sufficien >0min >1yr 0-18yr	μg/L n-Smokers: tly sensitive mg/L	less than or equal to 5. or specific for cancer 200	screening. 600	
Antigen (CEA) Ceruloplasmin Chloride	M/F Interpretive This test is in M/F M/F M/F Interpretive 0-18yr: The stated of risk relative Practice Up exceeded, r abnormal lin >18yr: Stated cut-of cardiovascut the most record	>0min e Data: Nor not sufficien >0min >1yr 0-18yr >18yr e Data: cut-off value to dyslipide date on Dys epeat testin nits is recom	<u>μg/L</u> n-Smokers: tly sensitive mg/L mmol/L mmol/L es are the cl mia and ath slipidemia in g with a fas nmended. e the clinica (CVD). For of the Can	less than or equal to 5. e or specific for cancer 200 100 0.00 inical decision limits for nerosclerosis, based or of Children and Adolesce sting sample and review al decision limits for adu details on treatment in adian Cardiovascular S	screening. 600 110 4.40 5.20 r pediatric patients with a the 2022 Canadian Cl ents recommendations v of these guidelines fo ult patients with interme itiation and targets, ple Society Guidelines for th	acceptable inical . If limits are r borderline to ediate risk for ase refer to ne
Antigen (CEA) <u>Ceruloplasmin</u> <u>Chloride</u> Cholesterol	M/F Interpretive This test is in M/F M/F M/F Interpretive 0-18yr: The stated of risk relative Practice Up exceeded, r abnormal lin ≥18yr: Stated cut-of cardiovascut the most reof Managemen	>0min e Data: Nor hot sufficien >0min >1yr 0-18yr >18yr e Data: cut-off value to dyslipide date on Dys epeat testin nits is recon off values ar lar disease cent version of of Dyslipide	<u>μg/L</u> n-Smokers: tly sensitive mg/L mmol/L mmol/L es are the cl mia and ath slipidemia in g with a fas nmended. e the clinica (CVD). For of the Can demia for th	less than or equal to 5. e or specific for cancer 200 100 0.00 inical decision limits for erosclerosis, based or children and Adolesce ting sample and review al decision limits for adu details on treatment in adian Cardiovascular S e Prevention of Cardio	screening. 600 110 4.40 5.20 r pediatric patients with a the 2022 Canadian Cl ents recommendations v of these guidelines for ult patients with interme itiation and targets, ple Society Guidelines for the vascular Disease in the	acceptable inical . If limits are r borderline to ediate risk for ase refer to ne
Antigen (CEA) Ceruloplasmin Chloride	M/F Interpretive This test is in M/F M/F M/F Interpretive 0-18yr: The stated of risk relative Practice Up exceeded, r abnormal lin >18yr: Stated cut-of cardiovascut the most record	>0min e Data: Nor not sufficien >0min >1yr 0-18yr >18yr e Data: cut-off value to dyslipide date on Dys epeat testin nits is recom	<u>μg/L</u> n-Smokers: tly sensitive mg/L mmol/L mmol/L es are the cl mia and ath slipidemia in g with a fas nmended. e the clinica (CVD). For of the Can	less than or equal to 5. e or specific for cancer 200 100 0.00 inical decision limits for nerosclerosis, based or of Children and Adolesce sting sample and review al decision limits for adu details on treatment in adian Cardiovascular S	screening. 600 110 4.40 5.20 r pediatric patients with a the 2022 Canadian Cl ents recommendations v of these guidelines fo ult patients with interme itiation and targets, ple Society Guidelines for th	acceptable inical . If limits are r borderline to ediate risk for ase refer to ne

Doc#: 40243 Page 4 of 40

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.



		Clinica	Chemi	stry Blood Test	S					
Name of Test	Gender	Age	Units	Low	High	Critical				
	M	>19yr		4500	12669					
	F			3000	10928	_				
Chylomicrons	M/F	>0min			Absent					
Cortisol	M/F	>0min	nmol/L							
	Interpretive									
	Until 9:30 a		nmol/L							
	p	m: 79-478	nmol/L							
		disease is		spected, an AM cortisc	ol result of <240nmol/L	. cannot				
Cortisol (DST)	M/F	>0min	nmol/L		Not established					
()	Interpretive			L						
			ollowing a D	examethasone Suppre	ession Test.					
			5							
Creatine Kinase	М	>0min	U/L	30	300					
(CK)	F			30	200					
	Interpretive	Data:								
	•		tlv increase	plasma Creatine Kinas	se (CK) activity. CK ac	tivity in the				
	Exercise can significantly increase plasma Creatine Kinase (CK) activity. CK activity in the black population is approximately 2 times that of the white/Asian population. Statin treatment									
		can cause elevation of CK activity.								
			-	eference ranges have	not been established	for children.				
Creatinine	M/F	0-15d	µmol/L	29	82	>400				
	M/F	15d-2yr		9	32					
	M/F	2-5yr		18	38					
	M/F	5-12yr		27	54					
	M/F	12-15yr		40	72					
	М	15-19yr		55	96					
	F	15-19yr		43	74					
	М	>19yr		64	104					
	F	>19yr		49	90					
C-Reactive Protein	M/F	>0min	mg/L	0.00	7.99					
CRP	Interpretive	e Data:	. 0							
	>8mg/L is c	onsistent w	ith acute ph	ase response to inflam	mation					
	Cardiovasc									
	Low Risk: <	1 mg/l								
	Average Ris		-							
	High Risk: >			1	-					
Digoxin	M/F	>0min	nmol/L			>3.00				
	Interpretive									
	Therapeutic									
				tially life-threatening.						
				nia, hypomagnesemia,						
	0		arrected for	patients undergoing tre	eatment with digibind (antibody				
Debudroentendrotten	fragment the			0.00	4.00					
Dehydroepiandrosterone sulfate	М	6mth-1yr	µmol/L	0.20	4.80	_				
(DHEAS)		1-6yr	-	0.10	3.20	_				
(=·· = /		6-9yr	-	0.10	4.10	_				
		9-13yr	4	0.90	7.30	_				
		13-16yr	4	1.50	12.50	_				
		16-19yr		3.40	18.20					

Doc#: 40243 Page 5 of 40

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.



		Clinical	Chemi	stry Blood Test	S							
Name of Test	Gender	Age	Units	Low	High	Critical						
		19-35yr		4.60	16.10							
		35-55yr		3.70	13.10							
		55-65yr		1.30	9.80							
		65-70yr		6.20	7.70							
		>70yr		6.20	7.70							
	F	6mth-1yr		0.20	4.80							
		1-6yr		0.10	3.20							
		6-9yr		0.10	4.10							
		9-13yr		0.90	7.30							
		13-16yr		1.50	12.50							
		16-19yr		4.00	15.50							
		19-45yr		2.00	13.90							
		45-55yr		1.50	7.70							
		55-65yr		0.80	4.90							
		65-70yr		0.90	2.10							
		>70yr		0.90	2.10							
	Interpretive	e Data:										
	Ages 5-14 y	vears: Refer	ence range	e is based on children w	ho are pre-pubertal.	If the child has						
	achieved pu	uberty, value	s may be	higher by at least twice	the upper limit stated	on this report.						
	Ages 15-69	years: Refe	rence rang	ge is based on the assu	mption that the individ	dual has						
	achieved pu											
				stated ranges are for th	nose aged up to 70 ye	ears; ranges						
				er individuals.								
				cumented: When patient								
	documented we are unable to provide a reference range due to the specificity of the reference											
	range relate					1						
Erythropoietin	M/F	>0min	IU/L	4.3	29.0							
	Interpretive											
				ant erythropoietin, anal	ysis may not be valid	and reference						
	ranges are			s may reduce results by	mara than 100/ of th	a trua valua						
				tin supplement at least 3								
Estimated	M/F	>=18yr										
Glomerular		>=10y1										
Filtration Rate	Interpretive	e Data:		·								
(eGFR)	Stage of Kid	dney Diseas	<u>e eGFR</u>	Description								
	1		>=90	Normal or High								
	2		60-89	Mildly Decreased								
	3a		45-59	Mildly to Moderately De								
	3b		30-44	Moderately to Severely	/ Decreased							
	4		15-29	Severely Decreased								
	5		<15	Kidney Failure								
				ed when plasma creatini								
		for drug dos	sing, and s	hould be interpreted with	h caution in extremes	of body						
	habitus.											
				or Albumin to Creatinine		g/mmol for >3						
				Chronic Kidney Diseas								
			eter to the	latest Kidney Disease: I	mproving Global Out	comes						
						For more information, refer to the latest Kidney Disease: Improving Global Outcomes (KDIGO) guidelines.						
	I Mate: Daile				t does not use a race	a a affi a la st						

Doc#: 40243 Page 6 of 40

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.



		Clinical		stry Blood Test	ts	
Name of Test	Gender	Age	Units	Low	High	Critical
Estradiol	М	>0min	pmol/L	40	162	
(E2)	F			Post-Menopausal: no	ot on HR: <37-103	
					on HR: <37-529	
				Follicular: 77-921		
				Midcycle: 139-2382		
				Luteal: 77-1145		
				ges based on post-pul		1
Ferritin	M/F	0-4d	µg/L		tablished	
		4-15d		100.0	717.0	
		15d-		14.0	647.0	
		6mth				
		6mth-1yr		8.0	182.0	
		1-5yr		5.0	100.0	
		5-14yr		14.0	79.0	_
	M	14-16yr		13.0	83.0	_
		16-19yr		11.0	172.0	_
		>19yr		22.0	300.0	_
	F	14-19yr		5.5	67.0	_
		>19yr		6.5	204.0	
					ence mild/moderate elev	ations may
	be seen in i					
Folate, Serum	M/F	0-5d	nmol/L		tablished	_
		5d-1yr			23.9	_
		1-3yr			•8.7	_
		3-6yr			27.0	_
		6-8yr			29.7	_
		8-12yr			25.9	-
		12-14yr			27.0	-
		14-19yr			18.0	-
Falliala atimulating	N 4	>19yr	11.1/1	7.0	47.0	
Follicle-stimulating hormone	M F	>0min	IU/L	1.0 Follicular: 3.0	12.0	-
(FSH)	Г	>0min)-9.0 5-16.7	
(101)					-5.5	
				Postmenopausal: 27		
	Interpretive	Data: Dof	aronco Pon			
Gamma-Glutamyl	M/F	0-15d	U/L	ges based on post-pul 23	219	
Transferase	IVI/ [15d-1yr	0/L	8	127	-
(GGT)		1-11yr		6	16	-
		11-19yr		7	21	-
		>19yr		0	49	-
	Interpretive		r is inducib	•	ienytoin and phenobarb	ital and
					of liver disease until dru	
				ingestion of alcoholic		9 400 10 1010
Gastrin	M/F	>0min	ng/L	13	115	
Caotin				e for FASTING sample		1
					y more than 10% of the	true value.
				in supplement at least		

Doc#: 40243 Page 7 of 40

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.



Manage of Treet				stry Blood Tests					
Name of Test	Gender	Age	Units	Low	High	Critical			
Gentamicin	M/F	>0min	mg/L			Pre:			
						>3.00			
						Post:			
						>12.00			
						Random:			
						>3.00			
	Interpretive	e Data:							
	Divided Dai								
	POST Leve	l: 5-8 mg/L	(3-5 for UTI	or when used for syner	gy for gram positive	organisms)			
	Once Daily	Therapy: 6	hour PRE: ·	<1mg/L					
Glucose, AC	M/F	>0min	mmol/L	3.8	6.0	<2.5			
						or			
						≤16yr >15.			
						or			
						>16yr >25.			
	Interpretive	Data: AC	= Ante Cibu	ım (Specimen was draw	n before eating.)				
		For full diagnostic workup of diabetes mellitus and achieving glycemic control in pati known diabetes, please refer to the most recent version of the Diabetes Canada Clin							
	Practice Gu	idelines.							
Glucose, PC	M/F	>0min	mmol/L	No established range		<2.5			
					-	or			
						≤16yr >15.			
						or			
						>16yr >25			
				m (Specimen was draw		g.)			
	For full diag	nostic work etes, please	up of diabe	m (Specimen was draw tes mellitus and achieving most recent version of	ng glycemic control in	g.) n patients with			
Glucose, Random	For full diag known diab	nostic work etes, please	up of diabe	tes mellitus and achievi	ng glycemic control in	g.) n patients with			
Glucose, Random	For full diag known diab Practice Gu	nostic work etes, please idelines.	up of diabe refer to the	tes mellitus and achievi e most recent version of	ng glycemic control ir the Diabetes Canad	g.) n patients with a Clinical			
Glucose, Random	For full diag known diab Practice Gu	nostic work etes, please idelines.	up of diabe refer to the	tes mellitus and achievi e most recent version of	ng glycemic control ir the Diabetes Canad	g.) n patients with a Clinical <2.5 or			
Glucose, Random	For full diag known diab Practice Gu	nostic work etes, please idelines.	up of diabe refer to the	tes mellitus and achievi e most recent version of	ng glycemic control ir the Diabetes Canad	g.) n patients with a Clinical <2.5 or			
Glucose, Random	For full diag known diabo Practice Gu M/F	nostic work etes, please idelines. >0min	up of diabe refer to the	tes mellitus and achievi e most recent version of	ng glycemic control ir the Diabetes Canad	g.) n patients with a Clinical <2.5 or ≤16yr >15. or			
Glucose, Random	For full diag known diab Practice Gu M/F	nostic work etes, please idelines. >0min > 0min	up of diabe e refer to the mmol/L	tes mellitus and achievi e most recent version of 3.8	ng glycemic control ir the Diabetes Canad 7.8	g.) n patients with a Clinical <2.5 or ≤16yr >15.0 or >16yr >25			
Glucose, Random	For full diag known diab Practice Gu M/F Interpretive For full diag	nostic work etes, please idelines. >0min >0min • Data: nostic work	up of diabe e refer to the mmol/L up of diabe	tes mellitus and achievi e most recent version of 3.8 tes mellitus and achievi	ng glycemic control ir the Diabetes Canad 7.8 ng glycemic control ir	g.) n patients with a Clinical <2.5 or ≤16yr >15.' or >16yr >25 n patients with			
Glucose, Random	For full diag known diab Practice Gu M/F Interpretive For full diag	nostic work etes, please idelines. >0min >0min • Data: nostic work	up of diabe e refer to the mmol/L up of diabe	tes mellitus and achievi e most recent version of 3.8	ng glycemic control ir the Diabetes Canad 7.8 ng glycemic control ir	g.) n patients with a Clinical <2.5 or ≤16yr >15. or >16yr >25 n patients with			
	For full diag known diab Practice Gu M/F Interpretive For full diag	nostic work etes, please idelines. >0min > Data: nostic work etes, please	up of diabe e refer to the mmol/L up of diabe	tes mellitus and achievi e most recent version of 3.8 tes mellitus and achievi	ng glycemic control ir the Diabetes Canad 7.8 ng glycemic control ir	g.) n patients with a Clinical <2.5 or ≤16yr >15. or >16yr >25 n patients with			
Glucose, Random	For full diag known diab Practice Gu M/F Interpretive For full diag known diab	nostic work etes, please idelines. >0min > Data: nostic work etes, please	up of diabe e refer to the mmol/L up of diabe	tes mellitus and achievi e most recent version of 3.8 tes mellitus and achievi	ng glycemic control in the Diabetes Canad 7.8 ng glycemic control in the Diabetes Canad	g.) n patients with a Clinical <2.5 or ≤16yr >15. or >16yr >25 n patients with			
	For full diag known diab Practice Gu M/F Interpretive For full diag known diab Practice Gu	nostic work etes, please idelines. >0min >0min > Data: nostic work etes, please idelines.	up of diabe e refer to the mmol/L up of diabe e refer to the	tes mellitus and achievi e most recent version of 3.8 tes mellitus and achievi e most recent version of	ng glycemic control in the Diabetes Canad 7.8 ng glycemic control in the Diabetes Canad	g.) n patients with a Clinical <2.5 or ≤16yr >15. or >16yr >25 n patients with			
Growth Hormone	For full diag known diab Practice Gu M/F Interpretive For full diag known diab Practice Gu M F	nostic work etes, please idelines. >0min > Data: nostic work etes, please idelines. >0min	up of diabe e refer to the mmol/L up of diabe e refer to the µg/L	tes mellitus and achievi e most recent version of 3.8 tes mellitus and achievi e most recent version of <3.	ng glycemic control ir the Diabetes Canad 7.8 ng glycemic control ir the Diabetes Canad 00 00	g.) n patients with a Clinical <2.5 or ≤16yr >15. or >16yr >25 n patients with a Clinical			
Growth Hormone	For full diag known diab Practice Gu M/F Interpretive For full diag known diab Practice Gu M F Interpretive	nostic work etes, please idelines. >0min • Data: nostic work etes, please idelines. >0min • Data: Note	up of diabe e refer to the mmol/L up of diabe e refer to the µg/L e that rando	tes mellitus and achievi e most recent version of 3.8 tes mellitus and achievi e most recent version of <3. <3.	ng glycemic control ir the Diabetes Canad 7.8 ng glycemic control ir the Diabetes Canad 00 00 00 00 00	g.) n patients with a Clinical <2.5 or ≤16yr >15. or >16yr >25 n patients with a Clinical 			
Growth Hormone	For full diag known diab Practice Gu M/F Interpretive For full diag known diab Practice Gu M F Interpretive levels in nor stimulation f	nostic work etes, please idelines. >0min • Data: nostic work etes, please idelines. >0min • Data: Note mal and dis	up of diabe e refer to the mmol/L up of diabe e refer to the µg/L e that rando seased pop eded to eva	tes mellitus and achievi e most recent version of 3.8 tes mellitus and achievi e most recent version of <a achieve<="" href="https://www.single.com/achieve</td><td>ng glycemic control in
the Diabetes Canad
7.8
ng glycemic control in
the Diabetes Canad
00
00
00
00
00
00
00
00
00
00
00
00
00</td><td>g.)
n patients with
a Clinical
<2.5
or
≤16yr >15.
or
>16yr >25
n patients with
a Clinical
inadequate, a
n and
ncy. Also state</td></tr><tr><td>Growth Hormone</td><td>For full diag
known diab
Practice Gu
M/F
Interpretive
For full diag
known diab
Practice Gu
M
F
Interpretive
levels in nor
stimulation f</td><td>nostic work
etes, please
idelines.
>0min
• Data:
nostic work
etes, please
idelines.
>0min
• Data: Note
mal and dis</td><td>up of diabe
e refer to the
mmol/L
up of diabe
e refer to the
µg/L
e that rando
seased pop
eded to eva</td><td>tes mellitus and achievi
e most recent version of
3.8
tes mellitus and achievi
e most recent version of
<td>ng glycemic control in the Diabetes Canad 7.8 ng glycemic control in the Diabetes Canad 00 00 00 00 00 00 00 00 00 00 00 00 00</td><td>g.) n patients with a Clinical <2.5 or ≤16yr >15. or >16yr >25 n patients with a Clinical inadequate, a n and ncy. Also state</td>	ng glycemic control in the Diabetes Canad 7.8 ng glycemic control in the Diabetes Canad 00 00 00 00 00 00 00 00 00 00 00 00 00	g.) n patients with a Clinical <2.5 or ≤16yr >15. or >16yr >25 n patients with a Clinical inadequate, a n and ncy. Also state			
Growth Hormone	For full diag known diab Practice Gu M/F Interpretive For full diag known diab Practice Gu M F Interpretive levels in nor stimulation to reference le	nostic work etes, please idelines. >0min >0min • Data: note idelines. >0min • Data: Note mal and dis tests are ne vels do not	up of diabe e refer to the mmol/L up of diabe e refer to the µg/L e that rando seased pop eded to eva reflect varia	tes mellitus and achievi most recent version of 3.8 tes mellitus and achievi e most recent version of achievi achievi achievi achievi achievi achievi achievi ulations overlap. Theref	ng glycemic control in the Diabetes Canad 7.8 ng glycemic control in the Diabetes Canad 00 00 00 00 00 00 00 00 00 00 00 00 00	g.) n patients with a Clinical <2.5 or ≤16yr >15. or >16yr >25 n patients with a Clinical inadequate, a n and ncy. Also state			
Growth Hormone	For full diag known diab Practice Gu M/F Interpretive For full diag known diab Practice Gu M F Interpretive levels in nor stimulation f	nostic work etes, please idelines. >0min >0min e Data: nostic work etes, please idelines. >0min • Data: Note mal and dis tests are ne vels do not dic and puls	up of diabe e refer to the mmol/L up of diabe e refer to the µg/L e that rando seased pop eded to eva reflect varia	tes mellitus and achievia most recent version of 3.8 tes mellitus and achievia e most recent version of <a href="https://www.sciencemetric-sci</td><td>ng glycemic control in
the Diabetes Canad
7.8
ng glycemic control in
the Diabetes Canad
00
00
00
00
00
00
00
00
00
00
00
00
00</td><td>g.)
n patients with
a Clinical
<2.5
or
≤16yr >15.
or
>16yr >25
n patients with
a Clinical
inadequate, a
n and
ncy. Also state</td></tr><tr><td>Growth Hormone
(GH)</td><td>For full diag
known diab
Practice Gu
M/F
Interpretive
For full diag
known diab
Practice Gu
M
F
Interpretive
levels in nor
stimulation to
reference le
often episod</td><td>nostic work
etes, please
idelines.
>0min
>0min
e Data:
nostic work
etes, please
idelines.
>0min
e Data: Note
mal and dis
tests are ne
vels do not
dic and puls
0-18yr</td><td>up of diabe
e refer to the
mmol/L
up of diabe
e refer to the
µg/L
e that rando
seased pop
eded to eva
reflect varia
atile.</td><td>tes mellitus and achievi
most recent version of
3.8
tes mellitus and achievi
most recent version of
 https://www.achievi.org achievi.org <a achi<="" achievi.org"="" href="https://www.achievi.org" td=""><td>ng glycemic control in the Diabetes Canad 7.8 ng glycemic control in the Diabetes Canad 00 00 00 00 00 00 00 00 00 00 00 00 00</td><td>g.) n patients with a Clinical <2.5 or ≤16yr >15. or >16yr >25 n patients with a Clinical inadequate, a n and ncy. Also state</td>	ng glycemic control in the Diabetes Canad 7.8 ng glycemic control in the Diabetes Canad 00 00 00 00 00 00 00 00 00 00 00 00 00	g.) n patients with a Clinical <2.5 or ≤16yr >15. or >16yr >25 n patients with a Clinical inadequate, a n and ncy. Also state			
Growth Hormone (GH)	For full diag known diab Practice Gu M/F Interpretive For full diag known diab Practice Gu M F Interpretive levels in nor stimulation to reference le often episoo M	nostic work etes, please idelines. >0min >0min e Data: nostic work etes, please idelines. >0min e Data: Note mal and dis tests are ne vels do not dic and puls 0-18yr >18yr	up of diabe e refer to the mmol/L up of diabe e refer to the µg/L e that rando seased pop eded to eva reflect varia atile.	tes mellitus and achievia most recent version of 3.8 tes mellitus and achievia most recent version of <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3.	ng glycemic control in the Diabetes Canad 7.8 ng glycemic control in the Diabetes Canad 00 00 00 00 00 00 00 00 00 00 00 00 00	g.) n patients with a Clinical <2.5 or ≤16yr >15. or >16yr >25 n patients with a Clinical inadequate, a n and ncy. Also state			
Growth Hormone (GH)	For full diag known diab Practice Gu M/F Interpretive For full diag known diab Practice Gu M F Interpretive levels in nor stimulation f reference le often episod M M	nostic work etes, please idelines. >0min • Data: nostic work etes, please idelines. >0min • Data: Note mal and dis tests are ne vels do not dic and puls 0-18yr 0-18yr	up of diabe e refer to the mmol/L up of diabe e refer to the µg/L e that rando seased pop eded to eva reflect varia atile.	tes mellitus and achievia most recent version of 3.8 tes mellitus and achievia most recent version of <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <1. <1. <1. $\geq1.$ $\geq1.$ $\geq1.$ $\geq1.$ $\geq1.$ $\geq1.$	ng glycemic control in the Diabetes Canad 7.8 ng glycemic control in the Diabetes Canad 00 00 00 00 00 00 00 00 00 00 00 00 00	g.) n patients with a Clinical <2.5 or ≤16yr >15. or >16yr >25 n patients with a Clinical inadequate, a n and ncy. Also state			
Growth Hormone (GH)	For full diag known diab Practice Gu M/F Interpretive For full diag known diab Practice Gu M F Interpretive levels in nor stimulation f reference le often episod M M F	nostic work etes, please idelines. >0min >0min e Data: nostic work etes, please idelines. >0min >0min e Data: Note mal and dis tests are ne vels do not dic and puls 0-18yr >18yr >18yr	up of diabe e refer to the mmol/L up of diabe e refer to the µg/L e that rando seased pop eded to eva reflect varia atile.	tes mellitus and achievia most recent version of 3.8 tes mellitus and achievia most recent version of <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3. <3.	ng glycemic control in the Diabetes Canad 7.8 ng glycemic control in the Diabetes Canad 00 00 00 00 00 00 00 00 00 00 00 00 00	g.) n patients with a Clinical <2.5 or ≤16yr >15./ or >16yr >25 n patients with a Clinical inadequate, a n and ncy. Also state			

Doc#: 40243 Page 8 of 40

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.



		Clinical	Chemi	stry Blood Tests	5	
Name of Test	Gender	Age	Units	Low	High	Critical
				inical decision limits for		
				nerosclerosis, based on		
				Children and Adolesce		
				sting sample and review	of these guidelines to	or borderline to
	abnormal lir	nits is recor	nmended.			
	<u>>18yr</u> : Stated cut-c	off values ar	o the clinic	al decision limits for adu	It patients with interm	odiato rick for
				details on treatment ini		
				adian Cardiovascular S		
				e Prevention of Cardio		
Human	M/F	>0min	IU/L			
Chorionic						
Gonadotropin,	Interpretive					
Beta	Reference r					
(quantitative)				egnant Women: <5 IU/L		
	Post-Menop			<8 IU/L		
				hours for borderline hig	jn (5 - 25 IU/L) beta-H	uman
IgE	Chorionic G M/F	0-6yr	IU/mL		110	1
ige		6-15yr	10/IIIL	0	360	-
		>15yr		0	180	-
	Interpretive			ly; the likelihood of pred		ntihle
				s above 200 IU/mL	licting allergy in susce	puble
Insulin	M/F	0-1wk	pmol/L	Not esta	blished	
	,.	>1wk	P	<12		-
	Interpretive		ected range	of or FASTING samples		1
Insulin-Like Growth	Ň	0-4yr	µg/L	<12		
Factor-1 (IGF-1)		4-7yr	10	47	231	
		7-10yr		55	222	
(also known as		10-12yr		95	315	
Somatomedin-C)		12-14yr		95	460	
		14-16yr		211	512	
		16-19yr		57	426	
		19-22yr		105	346	
		22-25yr		107	367	_
		25-30yr		88	537	4
		30-35yr		41	246	4
		35-40yr		57	241	-
		40-45yr		43	209	-
		45-50yr		74	196	-
		50-55yr		55	248	-
		55-60yr		36	200	-
		60-65yr		51	187	-
		65-70yr		37 24	219 200	-
		70-80yr		17	323	-
		80-90yr		Not esta		-
	F	>90yr 0-4yr	µg/L	<2		-
		4-7yr	µy/L		248	-
	1	- iyi	<u> </u>		270	

Doc#: 40243 Page 9 of 40

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.



		Clinical	Chemi	stry Blood Test	S	
Name of Test	Gender	Age	Units	Low	High	Critical
		7-10yr		80	233	
		10-12yr		96	545	
		12-14yr		147	549	
		14-16yr		208	444	
		16-19yr		176	429	
		19-22yr		105	346	
		22-25yr		107	367	
		25-30yr		88	537	
		30-35yr		41	246	
		35-40yr		57	241	
		40-45yr		43	209	
		45-50yr		74	196	
		50-55yr		55	248	
		55-60yr		36	200	
		60-65yr		51	187	
		65-70yr		37	219	
		70-80yr		24	200	
		80-90yr		17	323	
		>90yr		Not est	ablished	
	Interpretiv					
				umented: When patien		
				ide a reference range	due to the specificity	of the reference
		ed to age an		0.00	00.00	
Iron	M/F	0d-14yr	µmol/L	2.80	22.90	
	M	14-19yr		5.50	30.00	
	F	14-19yr		3.50	29.00	
	M F	>19yr		9.00	31.30	
		>19yr	airaulatad i	7.00	30.40	with a peak
				ron level can show a 3 ot fasting or on iron sup		
				incorrect TIBC and %		
Lactate	M/F	>0min	mmol/L	0.50	2.20	>4.00
Lactate	M/F	0-15d	U/L	309	1222	24.00
Dehydrogenase	M/F	15d-1yr	0/2	163	452	
(LDH)	M/F	1-10yr		192	321	
()	M	10-15yr		170	283	
	F	10-15yr		157	272	-
	M/F	15-19yr		130	250	
	M/F	>19yr		120	230	
			should onl	y be used for follow up		ical
				n of suspected hemoly		
LDL Cholesterol	M/F	0-18yr	mmol/L	0.00	2.80	
(Calculated and	M/F					
Direct)		>18yr		0.00	3.50	
				the Netternet In - C. C.		
				the National Institutes		
				ewald LDL-C equation	when trigiycerides are	9 4.50 - 9.00
				0.50 and 1.50 mmol/L.		
		is directly m	easuieu.			

Doc#: 40243 Page 10 of 40 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**

Clinical Chemistry Blood Tests										
Name of Test	Gender	Age	Units	Low	High	Critical				
	<u>0-18yr</u> :									
		The stated cut-off values are the clinical decision limits for pediatric patients with acceptable								
		risk relative to dyslipidemia and atherosclerosis, based on the 2022 Canadian Clinical								
		Practice Update on Dyslipidemia in Children and Adolescents recommendations. If limits are								
		exceeded, repeat testing with a fasting sample and review of these guidelines for borderline to								
	abnormal lir	abnormal limits is recommended.								
	<u>>18yr</u> :	>18yr:								
					r adult patients with intern					
					ent initiation and targets, p					
					Ilar Society Guidelines for					
				e Prevention of Ca	ardiovascular Disease in t	he Adult.				
Lipase	M/F	0-19yr	U/L	4	39					
		>19yr		8	78					
Lithium	M/F	>0min	mmol/L			>2.20				
	Interpretive	e Data:	•	•	· · · ·					
)-1.20 mmo	I/L (trough concen	tration)					
	Toxic conce				,					
Luteinizing	М	>0min	IU/L	0.6	12.0					
Hormone	F			Follicular: 1.8-11	.8					
(LH)				Midcycle: 7.6-90	.0					
				Luteal: 0.6-14.0						
				Postmenopausal	(No HR): 10.0-62.0					
	Interpretive	e Data: Refe	erence Ran	ges based on post	-puberty					
Magnesium	M/F	0-15d	mmol/L	0.82	1.62	<0.40 and				
		15d-1yr		0.81	1.27	>3.00				
		1-19yr		0.86	1.17					
		>19yr		0.66	1.07					
Methemoglobin	M/F	>0min	%	0.0	1.5	>30.0				
Methotrexate	M/F	>0min	µmol/L							
(MTX)	Interpretive									
	Therapeutic									
				trexate treatment:						
	>10.00 µmc									
	>1.00 µmol/									
	>0.10 µmol/									
					dase (carboxypeptidase (
					ed for the Methotrexate le					
			e tested afte	r the patient stops	the glucarpidase therapy	for at least five				
	to seven da									
Non-HDL	M/F	0-18yr	mmol/L	0.00	3.10					
Cholesterol	M/F	>18yr		0.00	4.20					
	Interpretive	e Data:								
	<u>0-18yr</u> :									
					ts for pediatric patients wi					
					ed on the 2022 Canadian					
					lescents recommendation					
				sting sample and re	eview of these guidelines	tor borderline to				
	abnormal lir	nits is recor	nmended.							
	>18yr: Stated cut-off values are the clinical decision limits for adult patients with intermediate risk for									
	Stated cut-c	n values ar	e the clinica	a decision limits fo	r adult patients with intern	nediate risk for				

Doc#: 40243 Page 11 of 40

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.

		Clinica	Chemis	stry Blood Tes	ts		
Name of Test	Gender	Age	Units	Low	High	Critical	
					nitiation and targets, pl		
					Society Guidelines for		
		1			ovascular Disease in th	ne Adult.	
NT-proBNP							
	Interpretive						
				ambulatory care	// have a 000/ manuality		
				ptide values < 300 ng /e heart failure (CHF)	/L have a 99% negative	e predictive	
	value ioi ex	cluding acu	te congestiv	e fieart failure (CHF)			
	CHF is likel	v in natients	nresenting	with acute dyspnea a	at the following cut-off v	alues (in the	
	absence of			Man douto dyophod e			
				Brain Natriuretic Pept	ide >450 na/L		
				pro Brain Natriuretic F			
				Brain Natriuretic Pept			
	CHF is pos	sible for valu	ues in betwe	en the above cut-offs	s, but other diagnoses s	should to be	
	considered.	1			1		
Osmolality	M/F	>0min	mmol/Kg	283	292	<250 or	
						>325	
Parathyroid	M/F	0-6d	pmol/L		stablished		
Hormone, Intact		6d-1yr		0.7	9.4		
(iPTH)		1-9yr	-	1.7	6.7	_	
		9-17yr	-	2.3	9.3		
		17-19yr	-	1.7	6.4	_	
		>19yr		1.9	8.7		
Dhanah anh ital				ded to measure IPTH	on a morning fasting sa		
Phenobarbital	M/F	>0min	µmol/L			>250	
	Interpretive		ion				
	Therapeutic Infants and			/1			
	Adults:		6-172 µmol/				
	Toxic conce						
Phenytoin	M/F	>0min	µmol/L			>100	
-)	Interpretive						
	Therapeutic		40-80 µmol	/L			
			>119 µmol/				
					. For abnormal albumir		
					the reference range as	follows:	
	Corrected F	Phenytoin =	measured F	Phenytoin/(0.9(Albumi	n/40)+0.1)		
	T I	C		- U C (-)			
					s. Albumin testing shou	lia be requirea	
Dhocphorus	M/F	011 by physi 0-15d	mmol/L	calculation needs to b		<0.40 and	
Phosphorus	M/F	15d-1yr		<u> </u>	3.40	>3.50	
	M/F	1-5yr	-	1.38	2.12		
	M/F	5-13yr	4	1.33	1.92	-	
	M	13-16yr	-	1.14	1.99	-	
	F	13-16yr	-	1.02	1.79		
	M/F	16-19yr	1	0.95	1.62	-	
	M/F	>19yr	1	0.74	1.52	-1	
	141/1	, i o yi	1	0.1 f	1.02		

Doc#: 40243 Page 12 of 40

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.

		Clinical	Chemi	stry Blood Tests	5			
Name of Test	Gender	Age	Units	Low	High	Critical		
	Interpretive		sphorus ha	s a very strong biphasic		ues are		
				the late afternoon and p				
				I results may be outside		Ū		
Potassium	M/F	>0min	mmol/L	3.4	5.0	<2.8 or		
						>6.2		
	Interpretive	e Data: Refe	erence valu	es have not been estab	ished for patients that	are less than		
	1 year of ag							
				inges have been adjuste				
			•	om red blood cells prior				
Prealbumin	M/F	0-15d	mg/L	20	120			
		15d-1yr		50	240			
		1-13yr		120	260			
	M	13-19yr		180	350			
	M	>19yr		180	450			
	F	13-19yr		160	330			
	F	>19yr		160	380			
				only used for monitoring	the response to nutriti	onal support		
	in the acute	<i>.</i>						
Progesterone	M/F	>0min	nmol/L					
		e Data: Refe		ges based on post-pube	erty			
	Male:			2.0 nmol/L				
	Female: Follicular: 0.4 - 2.0 nmol/L							
	Luteal: 3.8 - 51.0 nmol/L							
		stmenopaus						
		st trimester:		468.0 nmol/L				
		ird trimester		303.0 nmol/L 771.0 nmol/L				
				sistent with ovulation = 2	0.0 pmol/l			
				ates ovulation is very lik				
Prolactin	M/F	0-4d	µg/L	Not esta				
FIOIdCuit	171/1	4-30d	µg/∟	12.6	212.8			
		30d-1yr		6.3	113.7	-		
		1-19yr		4.2	23.0			
	NA	,		3.5	19.4	-		
	M F	>19yr >19yr		5.2	27.0	-		
			ale referen	ce range is for non-preg				
Prostatic Specific	M/F	>0min	µg/L		3.00			
Antigen	Interpretive		µg/∟	0.00	5.00			
(PSA)			adian I Irolo	ogical Association guide	lines values greater			
				serial testing or Urology				
				0 0,	1 0			
		on the clinical context. Changes in PSA over time should be taken into consideration, and clinical actions based on a solitary PSA reading are						
	discouraged. Reference values are invalid in patients with an active or prior diagnosis of prostate cancer or in the setting of acute bacterial prostatitis.							
Prostatic Specific	M/F	>0min	µg/L		1			
Antigen, Free				t informative when PSA	is <4 µg/L (indicating			
(FPSA)				when PSA is >20 µg/L (
· - ·/				interpretation of the fPS				
DOA Free Dette			,					
PSA Free Ratio	M/F	>0min						

Doc#: 40243 Page 13 of 40 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.

		Clinical	Chemis	stry Blood Test	S		
Name of Test	Gender	Age	Units	Low	High	Critical	
	Interpretive	e Data: Pros	state cancer	can be excluded with	reasonable (90%) cont	fidence when	
		>4 and <20	µg/L and the	e Free PSA/PSA ratio i	s > 0.20.		
Protein, Total	M/F	>0min	g/L	64	83		
				slightly lower in recum	pent patients	1	
Salicylate	M/F	>0min	mmol/L			>2.2	
	Interpretive						
	Analgesia:		2-1.1 mmol/				
	Anti-inflamr Toxic (adult		7-2.2 mmol/ 6 mmol/L	/L			
	Toxic (addin Toxic (child		2 mmol/L				
Saturation (Iron)	M/F	>0min	2 mm0/L	14	55		
Gataration (non)				mochromatosis, plasm		0 umol/L and	
				iron overload states, th			
				ding capacity (TIBC), a			
				mended for this purpos			
Sex Hormone	M/F	0-18yr	nmol/L		ablished		
Binding Globulin				40.5	74.0	_	
(SHBG)	М	>18yr		13.5	71.0		
	F	>18yr		19.8	155.0		
	ļ	-					
Sodium	M/F	>0min	mmol/L	136	145	<120 or >160	
		s than 1 year					
	of age. Pseudohyponatremia may be caused by specimens with high proteins or I						
				2.50	7.40		
T3, Free	M/F	0-1yr	pmol/L	3.56	7.48	_	
		1-12yr		4.29	6.79	_	
	М	12-15yr		4.44	6.65		
		15-19yr		3.46	5.92	_	
		>19yr				_	
	F			2.89	5.65	-	
	-	12-15yr		2.89 3.84		-	
		12-15yr 15-19yr			5.65	-	
		15-19yr		3.84	5.65 6.06	-	
		15-19yr >19yr	ase note ch	3.84 3.55 2.89	5.65 6.06 5.70 5.65		
	Interpretive	15-19yr >19yr e Data: Plea		3.84 3.55	5.65 6.06 5.70 5.65 e ranges effective Dece	- - - ember 6 2019	
T4, Free	Interpretive	15-19yr >19yr e Data: Plea		3.84 3.55 2.89 ange in adult reference fective December 11 20	5.65 6.06 5.70 5.65 e ranges effective Dece	ember 6 2019	
T4, Free	Interpretive and children	15-19yr >19yr e Data: Plea n's reference	e ranges eff	3.84 3.55 2.89 ange in adult reference fective December 11 20	5.65 6.06 5.70 5.65 e ranges effective Dece 019.		
T4, Free	Interpretive and children	15-19yr >19yr e Data: Plea n's reference 0-5d 5-15d	e ranges eff	3.84 3.55 2.89 ange in adult reference ective December 11 20 Not esta	5.65 6.06 5.70 5.65 e ranges effective Dece 019. ablished 41.3	ember 6 2019	
T4, Free	Interpretive and children	15-19yr >19yr e Data: Plea n's reference 0-5d 5-15d 15-30d	e ranges eff	3.84 3.55 2.89 ange in adult reference fective December 11 20 Not esta 13.5 8.7	5.65 6.06 5.70 5.65 e ranges effective Dece 019. ablished 41.3 32.5	ember 6 2019	
T4, Free	Interpretive and children	15-19yr >19yr e Data: Plea n's reference 0-5d 5-15d 15-30d 30d-1yr	e ranges eff	3.84 3.55 2.89 ange in adult reference fective December 11 20 Not esta 13.5 8.7 11.4	5.65 6.06 5.70 5.65 e ranges effective Dece 019. ablished 41.3 32.5 21.9	ember 6 2019	
T4, Free	Interpretive and children	15-19yr >19yr e Data: Plean's reference 0-5d 5-15d 15-30d 30d-1yr 1-19yr	e ranges eff	3.84 3.55 2.89 ange in adult reference ective December 11 20 Not esta 13.5 8.7 11.4 11.4	5.65 6.06 5.70 5.65 e ranges effective Dece 019. ablished 41.3 32.5 21.9 17.6	- 	
	Interpretive and children M/F	15-19yr >19yr e Data: Plea n's reference 0-5d 5-15d 15-30d 30d-1yr 1-19yr >19yr	e ranges eff pmol/L	3.84 3.55 2.89 ange in adult reference rective December 11 20 Not esta 13.5 8.7 11.4 11.4 9.0	5.65 6.06 5.70 5.65 e ranges effective Dece 019. ablished 41.3 32.5 21.9 17.6 19.0	ember 6 2019	
T4, Free Testosterone	Interpretive and children M/F	15-19yr >19yr e Data: Plean's reference 0-5d 5-15d 15-30d 30d-1yr 1-19yr	e ranges eff	3.84 3.55 2.89 ange in adult reference rective December 11 20 Not esta 13.5 8.7 11.4 11.4 9.0 8.00	5.65 6.06 5.70 5.65 e ranges effective Dece 019. ablished 41.3 32.5 21.9 17.6 19.0 32.00		
	Interpretive and children M/F	15-19yr >19yr e Data: Plean's reference 0-5d 5-15d 15-30d 30d-1yr 1-19yr >19yr >0min	e ranges eff pmol/L nmol/L	3.84 3.55 2.89 ange in adult reference rective December 11 20 Not estr 13.5 8.7 11.4 11.4 9.0 8.00 0.40	5.65 6.06 5.70 5.65 e ranges effective Dece 019. ablished 41.3 32.5 21.9 17.6 19.0 32.00 1.85		
	Interpretive and children M/F M F Interpretive	15-19yr >19yr e Data: Plean's reference 0-5d 5-15d 15-30d 30d-1yr 1-19yr >19yr >0min	e ranges eff pmol/L nmol/L e reference	3.84 3.55 2.89 ange in adult reference rective December 11 20 Not esta 13.5 8.7 11.4 11.4 9.0 8.00	5.65 6.06 5.70 5.65 e ranges effective Dece 019. ablished 41.3 32.5 21.9 17.6 19.0 32.00 1.85 ouberty and is based	ember 6 2019	
Testosterone	Interpretive and children M/F M F Interpretive	15-19yr >19yr e Data: Plean's reference 0-5d 5-15d 15-30d 30d-1yr 1-19yr >19yr >0min	e ranges eff pmol/L nmol/L e reference	3.84 3.55 2.89 ange in adult reference ective December 11 20 Not esta 13.5 8.7 11.4 11.4 9.0 8.00 0.40 range applies to post-p	5.65 6.06 5.70 5.65 e ranges effective Dece 019. ablished 41.3 32.5 21.9 17.6 19.0 32.00 1.85 ouberty and is based	ember 6 2019	
Testosterone	Interpretive and children M/F M F Interpretive on a mornin	15-19yr >19yr e Data: Pleaning n's reference 0-5d 5-15d 15-30d 30d-1yr 1-19yr >19yr >0min e Data: Make ng sample, so	e ranges eff pmol/L nmol/L e reference ince levels	3.843.552.89ange in adult referenceective December 11 20Not esta13.58.711.411.49.08.000.40range applies to post-ptend to decline through	5.65 6.06 5.70 5.65 e ranges effective Dece 019. ablished 41.3 32.5 21.9 17.6 19.0 32.00 1.85 puberty and is based the day		

Doc#: 40243 Page 14 of 40

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.



		Clinical	Chemi	stry Blood Test	ts							
Name of Test	Gender	Age	Units	Low	High	Critical						
	Interpretive Data: Therapeutic: Children and adults: 45-110 µmol/L Neonatal apnea: 33-61 µmol/L Toxic concentration: >= 111 µmol/L											
Thyroglobulin High	$\begin{array}{c c c c c c c c c c c c c c c c c c c $											
Sensitivity	Interpretive Data: Note: Change in formulation of the High-Sensitivity Thyroglobulin (Tg-HS) assay occurred on December 21, 2022. Results that are < or = 0.2 ug/L are noted to be up to 35% higher compared to the previous formulation. A new baseline for thyroid cancer patient monitoring may need to be established.											
	carcinoma (indicates th interpreted conjunction	DTC). Whil lat recurren as per AT with other lobulin Antik	le a Tg-HS ce of DTC A guidelin clinical/ima	<0.2 ug/L or around < is unlikely, these rest is for management ging information, as yes	differentiated thyroid 50% increase in value esults should only be of thyroid cancer, in well as with results of ence can interfere with							
	Reference r Intact thyroi Athyrotic:	•	J/L									
Thyroglobulin Antibody	M/F	>0min	IU/mL	<	<40							
Thyroid Stimulating	M/F	0-4d	mIU/L		tablished	_						
Hormone		4d-6mth		0.73	4.77	-						
		6mth- 14yr		0.70	4.17							
		14-19yr		0.47	3.41	-						
		>19yr		0.35	4.30							
	Interpretive Data: <u>Female 16-55 years</u> : Thyroid Stimulating Hormone (TSH) reference range during pregnancy may be lower by up to 0.20 mIU/L of the lower limit and 1.00 mIU/L of the upper limit of stated reference range, particularly during the first trimester. Refer to American Thyroid Association (ATA) guidelines for more information.											
Tobramycin	M/F	>0min	mg/L			Pre: >3.00 Post: >12.00 Random: >3.00						
	Interpretive Data: NON - Cystic Fibrosis Patients Expected Values: Divided Daily Dose: PRE Level: <2 mg/L POST Level: 5-8 mg/L (4-6 UTI) Once Daily Therapy 6 hour PRE: <1 mg/L											
	Cystic Fibro	sis Patients	Expected V	Values:		Cystic Fibrosis Patients Expected Values:						

Doc#: 40243 Page 15 of 40

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.

		Clinical	Chemi	stry Bloc	od Tests	5			
Name of Test	Gender	Age	Units	Lo		High	Critical		
		2 hour post tobramycin (2 h after the end of the infusion): 18-20 mg/L 8 hour post tobramycin (8 h after the end of the infusion): 3-6 mg/L							
Total Iron Binding Capacity	M/F	>0min	µmol/L	43.	40	76.50			
Triglyceride	M/F	0-10yr	mmol/L	0.0)0	1.10			
	M/F	10-18yr		0.0)0	1.50			
	M/F	>18yr		0.0)0	1.70			
	Interpretive Data: 0-18yr: Note: The reference cut-off is for fasting triglyceride level. Triglyceride > 15.00 mmol/L can lead to abdominal pain and may be life- threatening due to chylomicron-induced pancreatitis. The stated cut-off values are the clinical decision limits for pediatric patients with acceptable risk relative to dyslipidemia and atherosclerosis, based on the 2022 Canadian Clinical Practice Update on Dyslipidemia in Children and Adolescents recommendations. If limits are exceeded, repeat testing with a fasting sample and review of these guidelines for borderline to abnormal limits is recommended. >18yr: Note: Triglyceride > 15.00 mmol/L can lead to abdominal pain and may be life- threatening due to chylomicron-induced pancreatitis. Interpretation of fasting triglyceride result: Normal: Normal: <1.70 mmol/L								
Troponin T	М	>0min	ng/L	ase in the Ac	<1		>50		
(High Sensitivity)	F				<	9			
	Interpretive H	igh Sensitiv Normal	Values (Male)	IT	S	uggested Time Interval Serial Testing 0, 3, 6 hours	s for		
					· · · · · · · · · · · · · · · · · · ·				
	A		e-in rdial Infarcti	on	Δ	Rule-out	tion		
	Acute Myocardial Infarction Acute Myocardial Infarction Result >50 ng/L Two (2) results with a difference of <15						of <15 ng/L part ovember 17,		
						nemistry 64:4 645- 655	(2018).		
Unsaturated Iron	<u>M</u>	>0min	µmol/L	12.		55.50			
Binding Capacity	F			12.	40	43.00			

Doc#: 40243 Page 16 of 40

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.



Clinical Chemistry Blood Tests							
Name of Test	Gender	Age	Units	Low	High	Critical	
Urea	M/F	0-15d	mmol/L	1.0	8.2	<16yr>25.0	
		15d-1yr		1.2	6.0	≥16yr>35.0	
		1-10yr		3.2	7.9		
	M	10-19yr		2.6	7.5		
	F	10-19yr		2.6	6.8		
	M/F	>19yr		2.5	9.2		
Uric Acid	M/F	0-15d	µmol/L	164	757		
		15d-1yr		94	377		
		1-12yr		106	289		
	M	12-19yr		156	454		
	F	12-19yr		153	349		
	M	>19yr		210	450		
	F	>19yr		150	360		
	taken during Note that fa	g an acute a Isely lower i	ttack. If on esults may	c acid level does not rul treatment for chronic go be seen in patients on	out, recommended le	evels are <360.	
Valproic Acid	M/F	>0min	µmol/L			>1400	
	Interpretive Therapeutic Toxic conce	range: 350		Ĺ			
Vancomycin	M/F	>0min	mg/L			Pre: >25.00 Post: >40.00 Random: >30.00	
	infection: 10 For CNS inf concentration Trough leve Staphylocoo rate; consid	ore-dose (tro 0-15 mg/L is fections, ost ons is closer els exceedin ccus aureus er an altern	recommen eomyelitis, to 15 mg/L g 15 mg/L a isolates wi ative agent	are associated with incre th vancomycin MIC ≥ 2 and ID consult.	including those due MRSA infections, the eased risk of nephro mg/L have a high tre	and type of to MRSA. e target trough toxicity.	
Vitamin B12	M/F	>0min	pmol/L	138	652		
	between 13	8 and 220 p	mol/L and I	eplacement for symptor nematological or neurol	•		
Vitamin D	M/F	>18yr	nmol/L				
	25.0-49.9 r 50.0-75.0 r >200.0 nm For children	ranges for <u>a</u> I/L: severe v Imol/L: vitan Imol/L: likely I/L: vitamin I's ranges, re	ritamin D de nin D deficie / vitamin D D toxicity p egister and	ency possible replete possible sign in:			
	nttps://app3	CCD.SICKKID	s.ca/caliper	/caliperlogin			
	1						

Doc#: 40243 Page 17 of 40 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**



Hematopathology Blood Tests							
Test Name	Gender	Age	Range	Critical			
Routine		· · · · · · · · · · · · · · · · · · ·					
WBC x 10 ⁹ /L	М	0-15 days	8.04 - 15.4	>100.00			
	F	0-15 days	8.16 – 14.56	>100.00			
	М	15 days – 1 month	7.8 – 15.91	>100.00			
	F	15 days – 1 month	8.36 - 14.42	>100.00			
	М	1 – 2 months	8.14 – 14.99	>100.00			
	F	1 – 2 months	7.05 – 14.68	>100.00			
	М	2 – 6 months	6.51 – 13.32	>100.00			
	F	2 – 6 months	6.0 – 13.25	>100.00			
	М	6 months – 2 years	5.98 – 13.51	>100.00			
	F	6 months – 2 years	6.48 – 13.02	>100.00			
	M	2 – 6 years	5.14 – 13.38	>100.00			
	F	2 – 6 years	4.86 – 13.18	>100.00			
	M	6 – 12 years	4.31 – 11.0	>100.00			
	F	6 – 12 years	4.27 – 11.4	>100.00			
	M	12 – 18 years	3.84 – 9.84	>100.00			
	F	12 – 18 years	4.19 – 9.43	>100.00			
	M	18 – 150 years	4.5 – 11	>100.00			
	F	18 – 150 years	4.5 - 11	>100.00			
RBC x 10 ¹² /L	М	0-15 days	4.1 – 5.55				
	F	0-15 days	4.12 – 5.74				
	М	15 days – 1 month	3.16 – 4.63				
	F	15 days – 1 month	3.32 – 4.8				
	Μ	1 – 2 months	3.02 – 4.22				
	F	1 – 2 months	2.93 – 3.87				
	М	2 – 6 months	3.43 – 4.8				
	F	2 – 6 months	3.45 – 4.75				
	M	6 months – 2 years	4.03 – 5.07				
	F	6 months – 2 years	3.97 – 5.01				
	M	2 – 6 years	3.89 – 4.97	-			
	F	2 – 6 years	3.84 - 4.92	4			
	M	6 – 12 years	3.96 - 5.03	4			
	F	6 – 12 years	3.9 - 4.96	4			
	M	12 – 18 years	4.00 - 6.00	4			
	F	12 – 18 years	3.70 - 5.20	4			
	M	18 – 150 years	4.5 - 6.5	4			
	F	18 – 150 years	3.8 - 5.8				
HGB g/L	M	0-15 days	139 - 191	<60			
	F	0-15 days	134 - 200	<60			
	М	15 days – 1 month	100 - 153	<60			
	F	15 days – 1 month	108 - 146	<60			
	М	1 – 2 months	89 - 127	<60			
	F	1 – 2 months	92 - 114	<60			
	М	2 – 6 months	96 - 124	<60			
	F	2 – 6 months	99 - 124	<60			

Doc#: 40243 Page 18 of 40

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.



Hematopathology Blood Tests								
Test Name	Gender	Age	Range	Critical				
	М	6 months – 2 years	101 - 125	<60				
	F	6 months – 2 years	102 - 127	<60				
	М	2 – 6 years	102 - 127	<60				
	F	2 – 6 years	102 - 127	<60				
	М	6 – 12 years	107 - 134	<60				
	F	6 – 12 years	106 - 132	<60				
	М	12 – 18 years	110 - 180	<60				
	F	12 – 18 years	105 - 150	<60				
	М	18 – 150 years	140 - 180	<60				
	F	18 – 150 years	120 - 160	<60				
HCT L/L	М	0-15 days	0.398 - 0.536					
	F	0-15 days	0.396 - 0.572					
	М	15 days – 1 month	0.305 - 0.450					
	F	15 days – 1 month	0.320 – 0.445					
	М	1 – 2 months	0.268 – 0.375					
	F	1 – 2 months	0.277 – 0.351					
	М	2 – 6 months	0.286 - 0.372					
	F	2 – 6 months	0.295 – 0.371					
	М	6 months – 2 years	0.308 - 0.378					
	F	6 months – 2 years	0.309 - 0.379					
	М	2 – 6 years	0.310 – 0.377					
	F	2 – 6 years	0.312 – 0.378					
	М	6 – 12 years	0.322 - 0.398					
	F	6 – 12 years	0.324 – 0.395					
	М	12 – 18 years	0.340 - 0.540					
	F	12 – 18 years	0.340 - 0.460					
	М	18 – 150 years	0.420 - 0.540					
	F	18 – 150 years	0.370 – 0.470					
MCV fL	М	0-15 days	91.3 – 103.1					
	F	0-15 days	92.7 – 106.4					
	M	15 days – 1 month	89.4 – 99.7					
	F	15 days – 1 month	90.1 – 103.0					
	M	1 - 2 months	84.3 - 94.2					
	F	1 - 2 months	83.4 - 96.4					
	M	2-6 months	74.1 - 87.5					
	F	2 – 6 months	74.8 - 88.3					
	M F	6 months – 2 years	<u>69.5 – 81.7</u> 71.3 82.6					
	F M	6 months – 2 years 2 – 6 years	<u>71.3 – 82.6</u> 71.3 – 84.0					
	F	2 - 6 years $2 - 6$ years	72.3 – 85.0					
	M	6 – 12 years	74.4 - 86.1					
				40243 Page 19 of 40				

Doc#: 40243 Page 19 of 40

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.



	Hem	natopathology B	lood Tests	
Test Name	Gender	Age	Range	Critical
	F	6 – 12 years	75.9 – 87.6	
	М	12 – 18 years	77.0 – 94.0	
	F	12 – 18 years	77.0 – 94.0	
	М	18 – 150 years	80.0 - 97.0	
	F	18 – 150 years	80.0 - 97.0	
MCH pg	М	0-15 days	31.3 – 35.6	
13	F	0-15 days	31.1 – 35.9	
	М	15 days – 1 month	29.9 – 34.1	
	F	15 days – 1 month	30.4 - 35.3	
	М	1 – 2 months	27.8 - 32.0	
	F	1 – 2 months	28.0 - 32.5	
	М	2 – 6 months	24.4 - 28.9	
	F	2 – 6 months	24.4 – 29.5	
	М	6 months – 2 years	22.7 – 27.2	
	F	6 months – 2 years	23.2 – 27.5	
	М	2 – 6 years	23.7 – 28.3	
	F	2 – 6 years	23.7 – 28.6	
	М	6 – 12 years	24.9 - 29.2	
	F	6 – 12 years	24.8 – 29.5	
	М	12 – 18 years	25.6 - 32.6	
	F	12 – 18 years	24.4 - 33.6	
	М	18 – 150 years	28.0 - 32.0	
	F	18 – 150 years	28.0 - 32.0	
MCHC g/L	М	0-15 days	330 – 357	
	F	0-15 days	334 – 354	
	M	15 days – 1 month	327 – 351	
	F	15 days – 1 month	332 – 350	
	M	1 – 2 months	323 – 348	
	F	1 – 2 months	325 – 349	
	M	2 – 6 months	319 – 344	
	F	2 – 6 months	321 – 344	
	M	6 months – 2 years	316 – 344	
	F	6 months – 2 years	319 – 342	
	М	2 – 6 years	320 – 347	
	F	2 – 6 years	318 – 346	
	M	6 – 12 years	322 – 349	
	F	6 – 12 years	318 – 346	
	M	12 – 18 years	318 – 360	
	F	12 – 18 years	310 - 353	
	M	18 – 150 years	315 – 350	
	F	18 – 150 years	315 - 350	
RDW %	M	0-15 days	14.8 - 17	
	F	0-15 days	14.6 - 17.3	
	M	15 days – 1 month	14.3 – 16.8	
	F	15 days – 1 month	14.4 - 16.2	
	M	1 - 2 months	13.8 - 16.1	
	F	1 - 2 months	13.6 - 15.8	
	М	2 – 6 months	12.4 – 15.3	

Doc#: 40243 Page 20 of 40

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.



	Hem	atopathology B	lood Tests	
Test Name	Gender	Age	Range	Critical
	F	2 – 6 months	12.2 – 14.3	
	М	6 months – 2 years	12.9 – 15.6	
	F	6 months – 2 years	12.7 – 15.1	
	М	2 – 6 years	12.5 – 14.9	
	F	2 – 6 years	12.4 – 14.9	
	M	6 – 12 years	12.3 – 14.1	
	F	6 – 12 years	12.2 – 14.4	
	M	12 – 18 years	11.0 – 15.0	
	F	12 – 18 years	11.0 – 15.0	
	M	18 – 150 years	11.5 – 14.5	
	F	18 – 150 years	11.5 – 14.5	
PLT x 10 ⁹ /L	M	0-15 days	218 – 419	<20
	F	0-15 days	144 – 449	<20
	M	15 days – 1 month	248 – 586	<20
	F	15 days – 1 month	279 - 571	<20
	M	1 – 2 months	229 – 562	<20
	F	1 – 2 months	331 – 597	<20
	M	2 – 6 months	244 – 529	<20
	F	2 – 6 months	247 – 580	<20
	M	6 months – 2 years	206 – 445	<20
	F	6 months – 2 years	214 – 459	<20
	M	2 – 6 years	202 - 403	<20
	F	2 – 6 years	189 - 394	<20
	M	6 – 12 years	206 - 369	<20
	F	6 – 12 years	199 – 367	<20
	M	12 – 18 years	130 – 400	<20
	F	12 – 18 years	130 - 400	<20
	M	18 – 150 years	150 - 350	<20
	F	18 – 150 years	150 - 350	<20
MPV fL	M	0-15 days	10.2 - 11.9	
	F	0-15 days	10.4 - 12.0	
	M	15 days – 1 month	10.1 - 12.1	
	F	15 days – 1 month	10.0 - 12.2	
	M	1 - 2 months	9.2 - 10.8	
	F	1 - 2 months	9.4 - 11.1	
	M	2 – 6 months	8.9 - 10.6	
	F M	2 – 6 months	9.0 - 10.9	
	F	6 months – 2 years	8.7 - 10.5	
	– F – M	6 months – 2 years 2 – 6 years	8.8 - 10.6 9.0 - 10.9	
	F	2 – 6 years 2 – 6 years	<u>9.0 – 10.9</u> 8.9 – 11.0	
	– F – M		9.2 – 11.4	
	F	6 – 12 years 6 – 12 years	9.2 - 11.4	
	Г М	12 – 12 years	<u>9.3 – 11.3</u> 8.0 – 12.0	
	F	12 – 18 years	8.0 - 12.0	
	Г М	12 – 18 years	9.0 - 12.5	
	F	18 – 150 years	9.0 - 12.5	
LYMPH %	M	0-15 days	33.7 – 67.6	

Doc#: 40243 Page 21 of 40

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.



	Hem	atopathology B	lood Tests	
Test Name	Gender	Age	Range	Critical
	F	0-15 days	24.9 - 68.5	
	М	15 days – 1 month	33.6 – 76.8	
	F	15 days – 1 month	31.9 – 82.7	
	М	1 – 2 months	42.5 – 85.7	
	F	1 – 2 months	37.8 – 86.7	
	М	2 – 6 months	40.7 – 83.7	
	F	2 – 6 months	30.4 - 85.6	
	M	6 months – 2 years	26.0 - 79.6	
	F	6 months – 2 years	27.4 – 79.9	
	M	2 – 6 years	18.4 – 66.6	
	F	2 – 6 years	18.1 – 68.6	
	М	6 – 12 years	15.5 – 56.6	
	F	6 – 12 years	16.7 – 57.8	_
	М	12 – 18 years	16.4 – 52.7	
	F	12 – 18 years	18.2 – 49.8	_
	М	18 – 150 years	15.0 – 41.0	-
	F	18 – 150 years	15.0 – 41.0	
MONO %	М	0-15 days	6.7 – 19.9	-
	F	0-15 days	5.2 – 20.6	-
	М	15 days – 1 month	4.3 – 18.3	-
	F	15 days – 1 month	5.6 – 13.8	-
	M	1 – 2 months	4.4 - 14.0	-
	F	1 – 2 months	3.8 – 15.5	-
	M	2 – 6 months	3.8 - 13.4	-
	F	2 – 6 months	3.8 - 12.6	-
	M	6 months – 2 years	4.4 – 13.4	-
	F	6 months – 2 years	3.8 - 12.8	-
	M	2 – 6 years	4.2 - 12.2	-
	F	2 – 6 years	4.2 - 11.4	-
	M	6 – 12 years	4.2 - 12.3	-
	F	6 – 12 years	4.2 - 11.3	-
	M	12 – 18 years	4.4 - 12.3	-
	F	12 – 18 years	4.1 - 10.9	-
	M	18 – 150 years	2.0 - 10.0	-
NEUT %	F M	18 – 150 years 0-15 days	<u>2.0 - 10.0</u> 20.2 - 46.2	
NEOT 78	F	0-15 days	15.2 - 66.1	-
	M	15 days – 1 month	14.0 - 54.6	-
	F	15 days – 1 month	10.6 - 57.3	-
	M	1 - 2 months	10.2 - 48.7	
	F	1 - 2 months	8.9 - 68.2	4
	M	2 - 6 months	10.9 - 47.8	1
	F	2 - 6 months	14.1 - 76.0	1
	M	6 months – 2 years	17.5 – 69.5	1
	F	6 months – 2 years	16.9 - 74.0	1
	M	2 – 6 years	22.4 - 69.0	1
	F	2 – 6 years	22.4 - 69.0	1
	M	6 – 12 years	28.6 - 74.5	1
<u>L</u>	111	0 12 yours	20.0 / 7.0	

Doc#: 40243 Page 22 of 40

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.



Hematopathology Blood Tests						
Test Name	Gender	Age	Range	Critical		
	F	6 – 12 years	29.8 – 71.4			
	М	12 – 18 years	32.5 – 74.7	1		
	F	12 – 18 years	39.0 - 73.6	1		
	М	18 – 150 years	45.0 - 70.0			
	F	18 – 150 years	45.0 - 70.0]		
EOS %	М	0-15 days	0.3 – 5.2			
	F	0-15 days	0.4 – 4.6			
	М	15 days – 1 month	0.2 – 5.4			
	F	15 days – 1 month	0.0 – 5.3			
	М	1 – 2 months	0.0 – 4.5			
	F	1 – 2 months	0.0 – 4.1			
	М	2 – 6 months	0.0 - 4.0			
	F	2 – 6 months	0.0 - 3.6	_		
	М	6 months – 2 years	0.0 – 3.7	_		
	F	6 months – 2 years	0.0 – 3.2	_		
	М	2 – 6 years	0.0 – 4.1			
	F	2 – 6 years	0.0 – 3.3			
	М	6 – 12 years	0.0 – 4.7			
	F	6 – 12 years	0.0 – 4.0			
	М	12 – 18 years	0.0 – 4.0			
	F	12 – 18 years	0.0 – 3.4	_		
	M	18 – 150 years	0.0 – 7.0	_		
	F	18 – 150 years	0.0 – 7.0			
BASO %	M	0-15 days	0.1 – 0.8	_		
	F	0-15 days	0.1 – 0.6	_		
	М	15 days – 2 months	0.0 – 0.6	4		
	F	15 days – 2 months	0.0 – 0.5	4		
	M	2 months - 6 years	0.0 - 0.6	4		
	F	2 months - 6 years	0.0 - 0.6	4		
	M	6 – 18 years	0.0 - 0.7	4		
	F	6 – 18 years	0.0 - 0.6	4		
	M	18 – 150 years	0.0 - 1.5	4		
	F	18 – 150 years	0.0 - 1.5			
IG %	M	0 -150 years	0-5	4		
	F	0 -150 years	0-5			
LYMPH Absolute x10 ⁹ /L	M	0-15 days	2.07 - 7.53	4		
	F	0-15 days	1.75 - 8.0	4		
	M	15 days – 1 month	2.11 - 8.38	4		
	F	15 days – 1 month	2.42 - 8.2	4		
	M	1 - 2 months	2.47 - 7.95	4		
	F	1 - 2 months	2.29 - 9.14	4		
	M	2-6 months	2.45 - 8.89	4		
	F	2 – 6 months	2.14 - 8.99	4		
	M	6 months – 2 years	1.56 - 7.83	4		
	F M	6 months – 2 years	1.52 - 8.09	4		
	F	2 – 6 years	1.13 - 5.52	1		
	Г М	2-6 years	1.25 - 5.77	4		
	IVI	6 – 12 years	0.97 – 3.96			

Doc#: 40243 Page 23 of 40

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.



Hematopathology Blood Tests						
Test Name	Gender	Age	Range	Critical		
	F	6 – 12 years	1.16 – 4.28			
	М	12 – 18 years	0.97 – 3.26			
	F	12 – 18 years	1.16 – 3.33			
	М	18 – 150 years	1.5 – 4.0			
	F	18 – 150 years	1.5 – 4.0			
MONO Absolute x10 ⁹ /L	М	0-15 days	0.52 – 1.77			
	F	0-15 days	0.57 – 1.72			
	M	15 days – 1 month	0.28 – 1.38			
	F	15 days – 1 month	0.42 – 1.21			
	M	1 – 2 months	0.28 – 1.05			
	F	1 – 2 months	0.28 – 1.21			
	M	2 – 6 months	0.28 – 1.07			
	F	2 – 6 months	0.24 – 1.17	_		
	M	6 months – 2 years	0.25 – 1.15	_		
	F	6 months – 2 years	0.26 – 1.08	_		
	M	2 – 6 years	0.19 – 0.94			
	F	2 – 6 years	0.24 – 0.92			
	M	6 – 12 years	0.19 – 0.85			
	F	6 – 12 years	0.19 – 0.81	_		
	M	12 – 18 years	0.18 – 0.78	_		
	F	12 – 18 years	0.19 – 0.72	_		
	M	18 – 150 years	0.1 – 0.9			
	F	18 – 150 years	0.1 – 0.9			
NEUT Absolute x10 ⁹ /L	М	0 – 15 days	1.6 – 6.06	<0.20		
	F	0 – 15 days	1.73 – 6.75			
	M	15 days – 1 month	1.18 – 5.45			
	F	15 days – 1 month	1.23 – 4.8			
	M	1 – 2 months	0.83 – 4.23			
	F	1 – 2 months	1.0 – 4.68			
	M	2 – 6 months	0.97 – 5.45	_		
	F	2 – 6 months	1.04 – 7.2	_		
	M	6 months – 2 years	1.19 – 7.21	_		
	F	6 months – 2 years	1.6 – 8.29	_		
	M	2 – 6 years	1.54 – 7.92			
	F	2 – 6 years	1.6 – 8.29			
	M	6 – 12 years	1.63 – 7.55	4		
	F	6 – 12 years	1.64 – 7.87	4		
	M	12 – 18 years	1.54 - 7.04	4		
	F	12 – 18 years	1.82 – 7.47	4		
	M	18 – 150 years	2.0 - 7.50	4		
	F	18 – 150 years	2.0 – 7.50			
EOS Absolute x10 ⁹ /L	М	0-15 days	0.12 – 0.66			
	F	0-15 days	0.09 - 0.64			
	М	15 days – 1 month	0.08 - 0.8	1		
	F	15 days – 1 month	0.06 - 0.75	1		
	М	1 – 2 months	0.05 – 0.57			

Doc#: 40243 Page 24 of 40

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.



Hematopathology Blood Tests						
Test Name	Gender	Age Range		Critical		
	F	1 – 2 months	0.04 - 0.63			
	М	2 – 6 months	0.03 - 0.61			
	F	2 – 6 months	0.02 - 0.74	-		
	М	6 months – 2 years	0.02 - 0.82	-		
	F	6 months – 2 years	0.02 - 0.58	-		
	М	2 – 6 years	0.03 – 0.53	-		
	F	2 – 6 years	0.03 - 0.46	-		
	М	6 – 12 years	0.03 - 0.52	-		
	F	6 – 12 years	0.03 - 0.47	-		
	M	12 – 18 years	0.04 - 0.38	-		
	F	12 – 18 years	0.02 - 0.32	-		
	M	18 – 150 years	0.0 - 0.5			
	F	18 – 150 years	0.0 - 0.5			
BASO Absolute x10 ⁹ /L	M	0-15 days	0.02 - 0.11			
	F	0-15 days	0.02 0.07	-		
	M	15 days – 1 month	0.02 - 0.07	-		
	F	15 days – 1 month	0.01 - 0.06	-		
				_		
	M	1 – 2 months	0.01 - 0.07	-		
	F	1 – 2 months	0.01 - 0.05	_		
	M	2 – 6 months	0.01 - 0.06	_		
	F	2 – 6 months	0.01 – 0.07	_		
	М	6 months – 6 years	0.01 - 0.06			
	F	6 months – 6 years	0.01 – 0.06			
	М	6 – 12 years	0.01 – 0.06			
	F	6 – 12 years	0.01 – 0.05			
	М	12 – 150 years	0 – 0.1			
	F	12 – 150 years	0 – 0.1			
IG Absolute x10 ⁹ /L	М	0-2 days	0 - 0.28			
	F	0-2 days	0 - 0.28	_		
	M F	2 days – 14 days	<u>0 - 0.27</u> 0 - 0.27	-		
	Г М	2 days – 14 days 14 days – 1 month	0 - 0.27	-		
	F	14 days – 1 month	0 - 0.22	-		
	М	1 – 3 months	0 - 0.09			
	F	1 – 3 months	0 - 0.09	-		
	M F	3 – 6 months	0-0.06	-		
	Г М	3 – 6 months 6 months – 2 years	<u>0 - 0.06</u> 0 - 0.14	-		
	F	6 months – 2 years	0 - 0.14	-		
	М	2 – 6 years	0 - 0.06			
	F	2 – 6 years	0 - 0.06			

Doc#: 40243 Page 25 of 40

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.



Hematopathology Blood Tests						
Test Name	Gender	Age	Range	Critical		
	M	6 – 12 years	0-0.04			
	F	6 – 12 years	0-0.04			
	М	12 – 16 years	0-0.03			
	F	12 – 16 years	0-0.03			
	М	16 – 150 years	0 - 0.09			
	F	16 – 150 years	0-0.09			
Retic %	М	0 – 4 days	3.47 – 5.4			
	F	0 – 4 days	3.47 – 5.4			
	М	4 days – 1 month	1.06 – 2.37			
	F	4 days – 1 month	1.06 – 2.37			
	М	1 – 2 months	2.12 – 3.47			
	F	1 – 2 months	2.12 – 3.47			
	М	2 – 6 months	1.55 – 2.7			
	F	2 – 6 months	1.55 – 2.7			
	М	6 months – 2 years	0.99 – 1.82			
	F	6 months – 2 years	0.99 – 1.82			
	М	2 – 6 years	0.82 – 1.45			
	F	2 – 6 years	0.82 – 1.45			
	М	6 – 12 years	0.98 – 1.94			
	F	6 – 12 years	0.98 – 1.94			
	М	12 – 18 years	0.90 – 1.49			
	F	12 – 18 years	0.90 – 1.49			
	М	18 – 150 years	0.50 – 1.46			
	F	18 – 150 years	0.56 – 1.52			
Retic Absolute x 10 ⁹ /L	М	0 – 4 days	147.5 – 216.4			
	F	0 – 4 days	147.5 – 216.4			
	М	4 days – 1 month	51.3 – 110.4			
	F	4 days – 1 month	51.3 – 110.4			
	М	1 – 2 months	51.8 – 77.9			
	F	1 – 2 months	51.8 – 77.9			
	М	2 – 6 months	48.2 – 88.2			
	F	2 – 6 months	48.2 - 88.2			
	М	6 months – 2 years	43.5 – 111.1			
	F	6 months – 2 years	43.5 – 111.1			
	М	2 – 6 years	36.4 - 68.0			
	F	2 – 6 years	36.4 - 68.0			
	М	6 – 12 years	42.4 – 70.2			
	F	6 – 12 years	42.4 – 70.2			
	М	12 – 18 years	41.6 – 65.1			
	F	12 – 18 years	41.6 – 65.1			
	М	18 – 150 years	26.1 – 96.7			
	F	18 – 150 years	28.8 – 94.1			



Hematopathology Blood Tests						
Test Name	Gender	Age	Range	Critical		
ESR	М	0 – 150	0 – 20 mm/hr			
	F	0 – 150	0 – 26 mm/hr			
Haptoglobin	M/F	>0min 0.47 – 2.03 g/L				
Plasma Hemoglobin	101/1	0 – 150 years	0 – 30 mg/dL			
Transferrin	M/F	>0min	1.81 – 3.31 g/L			
Coagulation			1101 0101 g/L			
INR		0 150	0.8 – 1.2	≥6.0		
PTT		0 – 150 0 – 150				
Thrombin Time		0 - 150	26 – 38 sec 11.0 - 18.0 sec	>80 (not on heparin)		
Dade PTT		0 - 150	21 – 33 sec			
Dade PTT D-Dimer		0 - 150	<500 ng/mL-			
D-Dimer		0 - 150	Negative			
Fibrinogen		0 – 150	2.15 - 4.79 g/L			
Manual INR		0 - 150	<u>2.15 - 4.79 g/∟</u> 0.8 - 1.2			
Manual PTT		0 - 150	28 – 40 sec			
Manual TT		0 - 150	14.4 – 22.4 sec			
FII		0 - 89 days	0.33 - 0.93 U/mL			
		89 days – 1 year	0.45 - 1.05 U/mL			
		1 - 6 years	0.71 - 1.16 U/mL			
		6 – 11 years	0.67 - 1.07 U/mL			
		11 – 16 years	0.61 - 1.04 U/mL			
		16 – 150	0.75 – 1.41 U/mL			
FV		0 - 89 days	0.45 - 1.45 U/mL			
		89 days – 1 year	0.48 - 1.32 U/mL			
		1 – 6 years	0.79 - 1.27 U/mL			
		6 – 11 years	0.63 - 1.16 U/mL			
		11 – 16 years	0.57 - 0.99 U/mL			
		16 – 150	0.54 – 1.47 U/mL			
FVII		0 – 150	0.50 – 1.63 U/mL			
FVIII		0 – 150	0.50 – 1.50 U/mL			
FIX		0 - 89 days	0.15 - 0.91 U/mL			
		89 days – 1 year	0.21 - 1.13 U/mL			
		1 – 6 years	0.47 - 1.04 U/mL			
		6 – 11 years	0.63 - 0.89 U/mL			
		11 – 16 years	0.59 - 1.22 U/mL			
		16 – 150	0.68 – 1.74 U/mL			
FX		0 - 89 days	0.19 - 0.79 U/mL			
		89 days – 1 year	0.35 - 1.07 U/mL			
		1 – 6 years	0.58 - 1.16 U/mL			
		6 – 11 years	0.55 - 1.01 U/mL			
		11 – 16 years	0.50 - 1.17 U/mL			
		16 – 150	0.53 – 1.57 U/mL			
FXI		0 - 89 days	0.23 - 0.87 U/mL			
		89 days – 1 year	0.41 - 0.97 U/mL			
		1 – 6 years	0.56 - 1.50 U/mL			
		6 – 11 years	0.52 - 1.20 U/mL			

Doc#: 40243 Page 27 of 40

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.



Hematopathology Blood Tests						
Test Name	Gender	Age	Range	Critical		
		11 – 16 years	0.50 - 0.97 U/mL			
		16 – 150	0.59 – 1.57 U/mL			
FXII		0 - 89 days	0.11 - 0.83 U/mL			
		89 days – 1 year	0.25 - 1.09 U/mL			
		1 – 6 years	0.64 - 1.29 U/mL			
		6 – 11 years	0.60 - 1.40 U/mL			
		11 – 16 years	0.34 - 1.37 U/mL			
		16 – 150	0.44 – 1.55 U/mL			
vWF Antigen (U/mL)		0 – 150	Blood Group:			
			O – 0.44-1.39			
			A , B , AB – 0.54-2.00			
vWF Ristocetin Cofactor	M/F	0 – 150	≥0.40 U/mL			
Protein C		0 - 89 days	0.2 – 0.64 U/mL			
		89 days - 1 year	0.4 – 0.92 U/mL			
		1 – 6 years	0.45 – 0.93 U/mL			
		6 – 11 years	0.55 – 1.11 U/mL			
		0 – 150	0.74 – 1.64 U/mL			
Protein S		0 - 89 days	0.23 - 0.88 U/mL			
		89 days - 1 year	0.56 - 1.28 U/mL			
		1 – 6 years	0.56 - 1.28 U/mL			
		6 – 11 years	0.43 – 1.24 U/mL			
	М	6 – 150	0.70 – 1.47 U/mL			
	F	6 – 150	0.55 – 1.47 U/mL			
AT		0 - 89 days	0.41 - 0.93 U/mL			
		89 days – 1 year	0.73 - 1.21 U/mL			
		1 – 6 years	0.82 - 1.39 U/mL			
		6 – 11 years	0.90 - 1.31 U/mL			
		11 – 16 years	0.77 - 1.32 U/mL			
		16 – 150	0.80 – 1.40 U/mL			
Lupus Anticoagulant Ratio		0 – 150	0.8 – 1.2			
PFA 200		>37 weeks up to	COL/EPI 61-108 sec COL/ADP 48-65 sec			
		2.5 years	COL/EPI 82-165 sec			
		2.5 years – 17 years	COL/ADP 70-110 sec			
		Adult (18+ years)	COL/EPI 80-152 sec			
			COL/ADP 60-116 sec			
Anti-Xa		0 – 150	* No therapeutic range.			
			Ballpark range is 0.5-			
			1.0 U/mL			
Immunology			l			
A1C (%)		0 – 150yr	4.6 - 5.9			
ASOT (IU/mL)	M/F	>0min	0.0 - 200.0			

Doc#: 40243 Page 28 of 40 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.



	Hematopathology Blood Tests							
Test Name	Gender	Age	Range	Critical				
	Normal va recent infe	Interpretive Data: Normal values can vary with the season of the year. Higher titres are suggestive of recent infection. A two-fold or greater rise in ASO titre over 2 to 4 weeks is indicative of a streptococcal infection.						
C3 (g/L)	M/F	>0min	0.80 - 1.64					
C4 (g/L)	M/F	>0min	0.140 - 0.350					
CRP (mg/L)	M/F	>0min	0.00 - 7.99					
	Cardiovas Low risk:		phase response to inflar :	nmation.				
IgA (g/L)	M/F	0 – 2mth	0.01 – 0.52					
- <u>-</u> - · (<u>-</u> /		2 – 3mth	0.03 - 0.47	1				
		3 – 4mth	0.05 - 0.46					
		4 – 5mth	0.04 - 0.73					
		5 – 6mth	0.08 – 0.83					
		6 – 7mth	0.08 - 0.67					
		7-10mth	0.11 – 0.90					
		10mth–1yr	0.16 – 0.83					
		1 – 2yr	0.14 - 1.05					
		2 – 3yr	0.14 – 1.22					
		3 – 4yr	0.22 – 1.57					
		4 – 6yr	0.25 - 1.52	-				
		6 – 9yr	0.33 - 2.00					
		9 – 11yr	0.45 - 2.34	-				
	Interpretiv	>11yr	0.95 – 3.59					
	Immunogle are often o elevations criteria. If a	obulin testing results m due to benign causes s , especially isolated to a plasma cell proliferati	uch as inflammation or i a single class, warrant c ive disorder is clinically s	linical evaluation for CRAB				
IgG (g/L)	M/F	0 – 2mth	2.40 - 8.60					
		2 – 3mth	1.90 - 5.80	4				
		3 – 4mth	1.70 - 5.60					
		4 – 5mth	1.90 - 5.40	-				
		5 – 6mth	1.60 – 7.80					
		6 – 7mth	2.10 – 6.70	1				
		7 - 10mth	2.10 - 8.60	4				
		10mth – 1yr	2.80 - 10.30	4				
		<u>1 – 2yr</u>	3.40 - 11.60	4				
		2 - 3yr	4.00 - 10.10	4				
		3 – 4yr	4.20 - 10.90	1				
		4 – 6yr	4.40 – 11.90	4				
		6 – 9yr	6.05 - 12.30	4				
		9 – 11yr	5.90 – 15.10					

Doc#: 40243 Page 29 of 40

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.



Hematopathology Blood Tests							
Test Name	Gender	Age	Range	Critical			
		>11yr	6.50 – 15.20				
	Interpretive Data:						
	Immunogl	obulin testing results m	nust be interpreted in the	e clinical context. Elevations			
	are often of	due to benign causes s	such as inflammation or i	infection. Unexplained			
	elevations	, especially isolated to	a single class, warrant of	clinical evaluation for CRAB			
	criteria. If	a plasma cell proliferat	ive disorder is clinically	suspected, you may			
				ible further investigations.			
IgM (g/L)	M/F	0 – 2mth	0.19 – 0.83				
		2 – 3mth	0.16 – 1.00				
		3 – 4mth	0.23 – 0.85				
		4 – 5mth	0.26 - 0.96				
		5 – 6mth	0.31 – 1.03	7			
		6 – 7mth	0.33 – 0.97				
		7 - 10mth	0.32 – 1.20				
		10mth –1yr	0.39 – 1.42				
		1 – 2yr	0.41 – 1.64				
		2 – 3yr	0.46 – 1.60				
		3 – 4yr	0.45 – 1.90				
		4 – 6yr	0.41 – 1.86				
		6 – 9yr	0.46 – 1.97				
		9 – 11yr	0.49 – 2.30				
	Interpreti	>11yr	0.46 – 3.04				
	are often of elevations criteria. If	due to benign causes s , especially isolated to a plasma cell proliferat	such as inflammation or i a single class, warrant of ive disorder is clinically	clinical evaluation for CRAB suspected, you may			
	contact C			ible further investigations.			
Free Kappa (mg/L) Free Lambda (mg/L)		0 – 150yr 0 – 150yr	3.30 - 19.40 5.71 - 26.30				
Free Kappa/Free Lambda		0 – 150yr 0 – 150yr	0.26 - 1.65				
Fiee Rappa/Fiee Lambua	Interpreti		0.20 - 1.00				
			clearance of both free k	appa and free lambda light			
			kappa light chains. The				
				renal disease should extend			
			0	ba:lambda ratio may be due			
			th a plasma cell dyscras				
				al impairment, clinical and			
	other labo	ratory findings.		-			
Rheumatoid Factor (IU/mL)	M/F	>0min	0.0 - 30.0				
	Interpreti						
		30.0 IU/mL					
		sitive: 30.0-50.0 IU/ml	-				
	Positive: >	50.0 IU/mL		1			
SPE - Albumin		0 – 150yr	36.0 - 49.0 g/L				
SPE – Alpha 1		0 – 150yr	2.0 - 3.7 g/L				
SPE – Alpha 2		0 – 150yr	4.7 - 8.5 g/L				
SPE – Beta 1		0 – 150yr	3.4 - 5.2 g/L				

Doc#: 40243 Page 30 of 40

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.



Hematopathology Blood Tests							
Test Name	Gender	Gender Age Range Critica					
SPE – Beta 2		0 – 150yr	2.1 - 4.7 g/L				
SPE – Gamma	0 – 150yr 5.9 - 14.5 g/L						
UPE			No reference range				
UIFE	No reference range						
M Protein Scan			No reference range				

Microbiology Blood Tests						
Name of Test	Specimen Type	Units	Low	High	Critical	
Lyme Disease Antibody Screen	Serum (SST)	Qualitative	NA	NA	NA	
Anti EBNA Serology	Serum (SST)	Qualitative	NA	NA	NA	
EBV IgM Serology	Serum (SST)	Qualitative	NA	NA	NA	
HTLV 1 and 2	Serum (SST)	Qualitative	NA	NA	NA	
Measles Antibody IgG	Serum (SST)	Qualitative	NA	NA	NA	
Measles Antibody IgM	Serum (SST)	Qualitative	NA	NA	NA	
Treponema Pallidum Pa	Serum (SST)	Qualitative	NA	NA	NA	
Mumps Antibody IgG	Serum (SST)	Qualitative	NA	NA	NA	
Mumps Antibody IgM	Serum (SST)	Qualitative	NA	NA	NA	
Parvovirus B19 IgG	Serum (SST)	Qualitative	NA	NA	NA	
Parvovirus B19 IgM	Serum (SST)	Qualitative	NA	NA	NA	
Rapid Plasma Reagin Titre	Serum (SST)	Titer	NA	NA	NA	
Varicella zoster Immune status	Serum (SST)	Qualitative	NA	NA	NA	
Cytomegalovirus Antibody IgM	Serum (SST)	Qualitative	NA	NA	NA	
CMV Antibody IgG	Serum (SST)	Qualitative	NA	NA	NA	
HIV 1 and 2 Screening Test	Serum (SST)	Qualitative	NA	NA	NA	
HIV Immunoblot Confirmatory	Serum (SST)	Qualitative	NA	NA	NA	
Hepatitis B Core Antibody	Serum (SST)	Qualitative	NA	NA	NA	
Hepatitis B Surface Antibody	Serum (SST)	Qualitative	NA	NA	NA	
Hepatitis B Surface Antigen	Serum (SST)	Qualitative	NA	NA	NA	
Hepatitis C Antibody	Serum (SST)	Qualitative	NA	NA	NA	
Hepatitis C Antibody RIBA Confirmation	Serum (SST)	Qualitative	NA	NA	NA	
Hepatitis C Genotyping	Serum (SST)	Qualitative	NA	NA	NA	
Hepatitis A Antibody IgM	Serum (SST)	Qualitative	NA	NA	NA	
Hepatitis A Antibody IgG	Serum (SST)	Qualitative	NA	NA	NA	
Rubella Antibody IgG	Serum (SST)	Qualitative	NA	NA	NA	
Rubella Antibody IgM	Serum (SST)	Qualitative	NA	NA	NA	
Syphilis Screening EIA	Serum (SST)	Qualitative	NA	NA	NA	
Toxoplasma Antibody IgG	Serum (SST)	Qualitative	NA	NA	NA	
Toxoplasma Antibody IgM	Serum (SST)	Qualitative	NA	NA	NA	
ANA	Serum (SST)	Qualitative	NA	NA	NA	
Anti-Cardiolipin IgG	Serum (SST)	GPL unit/mL	NA	NA	NA	
Anti-Cyclic Citrullinated Peptide	Serum (SST)	U/mL	NA	NA	NA	
Anti-Mitochondrial 2	Serum (SST)	Qualitative	NA	NA	NA	
Anti-Tissue Transglutaminase IgA	Serum (SST)	U/mL	NA	NA	NA	
Vasculitis Panel	Serum (SST)	AI	NA	NA	NA	

Doc#: 40243 Page 31 of 40 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**



Microbiology Blood Tests								
Name of Test Specimen Units Low High Critical Type Type								
Hepatitis C Viral Load	Serum (SST)	log IU/ml	NA	NA	NA			
HIV Viral Load	Plasma (EDTA)	Copies/mL	NA	NA	NA			
Cytomegalovirus Quantitative PCR	Plasma (EDTA)	IU/mL	NA	NA	NA			

	Clinical Chemistry Arterial Blood Gas Tests							
Name of Test	Specimen Type	Units	Low	High	Interpretive Data	Critical		
pΗ	Arterial Blood (Heparinized syringe)		7.35	7.45	pH, pCO2 and pO2 are calculated based on the default temperature at 37°C. When body temperature is higher than 37°C, the reported PO2 and PCO2 measured at 37°C will be lower than the actual values in the patient; the converse holds when body temperature is below 37°C.	<7.20 or >7.60		
PCO2	_	mmHg	35	45		<20 or >70		
PO2	_	mmHg	80	100		<60		
pH (cor)			7.35	7.45	Corrected pH, pCO2 and pO2 are calculated based on the patient actual body temperature.	<7.20 or >7.60		
pCO2 (cor)		mmHg	35	45		<20 or >70		
pO2 (cor)		mmHg	80	100		<60		
HCO3		mmol/L	21.0	28.0		<10.0 or >40.0		
Base Excess		mmol/L	-2.0	3.0				
O2 Saturation (SO2)		%	94	98	Hemoglobin oxygen saturation			
Total Hemoglobin		g/L	140 M 120 F	180 M 160 F	-	<60		

Doc#: 40243 Page 32 of 40 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.



	Clinical Chemistry Arterial Blood Gas Tests								
Name of Test	Specimen Type	Units	Low	High	Interpretive Data	Critical			
Carboxyhemoglobin (COHgb)		%			<1.5 (non- smokers) <10.0 (smokers) >20.0 (Toxic) >50.0 (Lethal)	>20.0			
Methemoglobin (METHgb)		%		1.5		>30.0			
Sodium		mmol/L	136	145		<120 or >160			
Potassium		mmol/L	3.4	5.0		<2.8 or >6.2			
Chloride		mmol/L	98	107					
Anion Gap			8	16					
Ionized Calcium		mmol/L	1.15	1.27	Reference values are for adults.	<0.75 or >1.60			
Glucose		mmol/L	3.8	7.8		≤16y <2.5 and >15.0 >16y <2.5 and >25.0			
Lactate		mmol/L	0.5	1.7		>4.0			

	Clinical Ch	nemistr	ry Venc	ous Blo	od Gas Tests	
Name of Test	Specimen Type	Units	Low	High	Interpretive Data	Critical
pΗ	Venous Blood (Heparinized syringe)		7.32	7.43	pH, pCO2 and pO2 are calculated based on the default temperature at 37°C. When body temperature is higher than 37°C, the reported PO2 and PCO2 measured at 37°C will be lower than the actual values in the patient; the converse holds when body temperature is below 37°C.	
PCO2		mmHg	38	50		
PO2		mmHg			Reference ranges are not established for venous blood	
pH (cor)			7.32	7.43	Corrected pH, pCO2 and pO2 are calculated based on the patient actual	

Doc#: 40243 Page 33 of 40 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.



	Clinical Cl	hemistr	y Venc	ous Blo	od Gas Tests	
Name of Test	Specimen Type	Units	Low	High	Interpretive Data	Critical
					body temperature.	
pCO2 (cor)		mmHg	38	50		
pO2 (cor)		mmHg			Reference ranges are not established for venous blood	
HCO3		mmol/L	22.0	29.0		<10.0 or >40.0
Base Excess		mmol/L			Reference ranges are not established for venous blood	
O2 Saturation (SO2)		%			Hemoglobin oxygen saturation Reference ranges are not established for venous blood	
Total Hemoglobin		g/L	140 M	180 M		<60
		Ũ	120 F	160 F	-	
Carboxyhemoglobin (COHgb)		%			<1.5 (non- smokers) <10.0 (smokers) >20.0 (Toxic) >50.0 (Lethal)	>20.0
Methemoglobin (METHgb)		%		1.5		>30.0
Sodium		mmol/L	136	145		<120 or >160
Potassium		mmol/L	3.4	5.0		<2.8 or >6.2
Chloride		mmol/L	98	107		
Anion Gap			8	16		
Ionized Calcium		mmol/L	1.15	1.27	Reference values are for adults.	<0.75 or >1.60
Glucose		mmol/L	3.8	7.8		≤16y <2.5 and >15.0 >16y <2.5 and >25.0
Lactate		mmol/L	0.5	2.2		>4.0

Clinical Chemistry Urine Tests							
Name of Test Specimen Gender Units Low High Critical Type							
Alb/Creat Ratio	Random	M/F	mg/mmol	/mmol <3.0 mg/mmol			
		Interpret	ive Data:				

Doc#: 40243 Page 34 of 40 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**



Clinical Chemistry Urine Tests									
Name of Test	Specimen Type	Gender	Units	Low	High	Critical			
		URINE A	LBUMIN/CREATI	NINE RATIO =	ALB/CREAT RA	TIO = (U ACR)			
			sly referred to as n		ia)				
			nildly increased: <						
				3.0-30.0 mg/mr					
				30.0 mg/mmol					
			information, refer		idney Disease: In	mproving Global			
	0411		s (KDIGO) guideli		10				
Amylase	24 Hr	M/F	U/Hr	0	16				
	& time a d			Natas	Calification of				
	timed		U/TV	Not es	tablished				
		Interpretive Data: Reference Values are for adults; reference ranges have not been established for children.							
Calcium	24 Hr	М	mmol/TV	0.0	7.4				
	&	F		0.0	6.8				
	random					uals consuming an			
			daily intake of 600						
				dults; referenc	e ranges have no	ot been established			
		for childre		1		1			
Calcium/Creatinine	Random	M/F	mmol/mmol	Not es	tablished				
Ratio		0-18yr							
		18-83yr			0.56				
		>83yr			tablished				
					e not been estab	lished for patients			
			s or >83 years of a						
Catecholamines:	24 Hr	M/F	nmol/TV	0.0	136.5				
Epinephrine		>18yr							
		M/F	µmol/mol urine	0-1yr: 0.0		-			
			creatinine	1-4yr: 0.0		-			
				4-11yr: 3.0					
				11-18yr: 2.0					
Ooto eh ele min e e	04.11-			>18yr: 0.0					
Catecholamines: Norepinephrine	24 Hr	M/F >18yr	nmol/TV	0	591				
		M/F	µmol/mol urine	0-1yr: 17.0					
			creatinine	1-4yr: 17.0					
				4-11yr: 18.0					
				11-18yr: 3.0					
	04.11	N //		>18yr: 0.0					
Catecholamines:	24 Hr	M/F	nmol/TV	392	2500				
Dopamine		>18yr		0.4 477					
		M/F	µmol/mol urine	0-1yr: 177.					
			creatinine	1-4yr: 59.0		4			
				4-11yr: 162.0	531.0				
				11-18yr: 89.0	332.0				
				>18yr: 0.0]			
Chloride	24 Hr &	M/F	mmol/TV	110	250				
	random	Interpret	ive Data: Referen	oco Valuos aro	for adults refere	nce ranges have			

Doc#: 40243 Page 35 of 40

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.

Clinical Chemistry Urine Tests								
Name of Test	Specimen Type	Gender	Units	Low	High	Critical		
		not been	established for ch	ildren.				
Citrate	24 Hr	M/F	mmol/TV	1.7				
			ive Data: Referer		for adults; refere	nce ranges have		
			established for ch			1		
Cortisol	24 hr	M/F	nmol/TV	12	486			
			ive Data: Referen		for adults; refere	nce ranges have		
0			established for ch					
Cortisol/Creatinine ratio	calculation		M/F ratio Not established					
Creatinine	24 Hr	M	mmol/TV	8.4	22.0			
	& timed	F		6.3	14.6			
			ive Data: Referer		for adults; refere	nce ranges have		
			established for ch			1		
Creatinine	24 Hr &	M/F	mL/min/1.73m2	70	138			
Clearance	timed	Interpretive Data: Reference range has not been established for children 0- 17 years. Creatinine clearance has not been corrected to reflect the patient's height and weight. It has been calculated with the assumption of a normalized body surface area of 1.73m2. eGFR based on Chronic Kidney Disease Epidemiology Collaboration (CKD-EPI) equation is more accurate in assessing patient's glomerular filtration function.						
Creatinine	24 Hr &	M/F	mL/min/BSA	70	138			
Clearance BSA	timed	-		· · · · ·		shed for children 0-		
corrected Magnesium	24 Hr &	and weig	Creatinine cleara ht provided with th face area. mmol/TV			the patient's height dized to 1.73m2		
Magneolam	random		ive Data: Referer			nce ranges have		
			established for ch			nee rangee nave		
Osmolality	24 Hr &	M/F	mmol/Kg	0-15yr: 50	0-15yr: 600			
	random	,.		≥16yr: 50	≥16yr: 1400			
Oxalate	24 Hr	М	µmol/TV	80	490			
		F		40	320			
		not been Very high Patients C rich foo	od for at least 48 h	ildren. tamin C) can in n taking excess jours prior to ur	terfere at levels of the second se	-		
Phosphorus	24 Hr &	M/F	mmol/L		tablished			
	random		ive Data: Referer					
		situation concentra M/F Interpret	and should be inte	erpreted in conj 13 nce Values are	unction with the	nt upon the clinical plasma phosphorus nce ranges have		
Potassium	24 Hr &	M/F	mmol/TV	25	125	<2 or >200		
r otassium	random	Interpret	ive Data: Referent established for ch	ce Values are				

Doc#: 40243 Page 36 of 40

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.



	C	linical	Chemistry U	Irine Test	S			
Name of Test	Specimen Type	Gender	Units	Low High		Critical		
Pro/Creat Ratio	Random	M/F	mg/mmol		<24			
		Interpretive Data: U PROT/CREAT RATIO = U PCR (Previously referred to as Proteinuria) For evaluation of preeclampsia in pregnant persons, the Society of Obstetricians and Gynaecologists of Canada (SOGC) recommends a cut-off of 30 mg/mmol.						
Protein	24 Hr &	30 mg/mi M/F	mol. mg/L	10	140			
	random	been esta 24 hour a 24 hour e This cut-o Disease o	ablished for childre at rest: 50 - 80 mg/ excretion: <300 mg off is recommende Outcomes Quality	en. /TV g/TV ed by the National Initiative (K/D	onal Kidney Found OOQI).	nce ranges have not lation - Kidney		
Sodium	24 Hr & random		mmol/TV ive Data: Referen established for ch		e for adults; refere	nce ranges have		
Urea	24 Hr &	M/F	mmol/TV	428	714			
	random	Interpretive Data: Reference Values are for adults; reference ranges have not been established for children.						
Uric Acid	24 Hr	M/F	mmol/TV	1.5	4.4			
			ive Data: Referent established for ch		e for adults; refere	nce ranges have		

Clinical Chemistry Urinalysis							
Name of Test	Specimen Type	Units	Low	High	Critical		
Color	random		Yellow	Dark Yellow			
Clarity	random		Clear				
Leukocyte Esterase	random	Leu/uL	Negative				
Occult Blood	random	Ery/uL	Negative				
Nitrite	random		Negative				
pН	random		5.0	8.0			
Specific Gravity	random		1.010	1.025			
Protein	random	g/L	Negative				
Glucose	random	mmol/L	Negative				
Ketones	random	mmol/L	Negative	Trace			
Urobilinogen	random	umol/L	3.2	16			
Bilirubin	random		Negative				

Interpretive Data: Urine examined for color, clarity and chemical analysis (by dipstick). Microscopic analysis will only be performed if urine is cloudy, turbid or if chemical analysis demonstrates an abnormality in color, blood, protein, leukocyte esterase or nitrite.

Note: Only elements that were seen microscopically will be appear on the report.

Non Squamous Epithelial	sediment	/LPF	None Seen		
Squamous Epithelial	sediment	/LPF	Male: None Female: None	Male: Few Female: Moderate	

Doc#: 40243 Page 37 of 40

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.



	Clinical Chemistry Urinalysis								
Name of Test	Specimen Type	Units	Low	High	Critical				
Hyaline Cast	sediment	/LPF	0	5					
Granular Cast	sediment	/LPF	None Seen						
Renal Tubular Cells Cast	sediment	/LPF	None Seen						
RBC Cast	sediment	/LPF	None Seen						
WBC Cast	sediment	/LPF	None Seen						
Crystal Cast	sediment	/LPF	None Seen						
Microorganism Cast	sediment	/LPF	None Seen						
Fatty Cast	sediment	/LPF	None Seen						
Waxy Cast	sediment	/LPF	None Seen						
Mixed Cast	sediment	/LPF	None Seen						
WBC	sediment	/HPF	0	5					
RBC	sediment	/HPF	0	3					
Bacteria	sediment	/HPF	None	Few					
Yeast	sediment	/HPF	None Seen						
Trichomonas	sediment	/HPF	None Seen						
Calcium Oxalate	sediment	/HPF	None Seen	Few					
Crystals									
Triple Phosphate Crystals	sediment	/HPF	None Seen						
Uric Acid Crystals	sediment	/HPF	None Seen	Few					
Calcium Phosphate Crystals	sediment	/HPF	None Seen	Few					
Cystine Crystals	sediment	/HPF	None Seen						
Leucine Crystals	sediment	/HPF	None Seen						
Tyrosine Crystals	sediment	/HPF	None Seen						
Atypical Crystals	sediment	/HPF	None Seen						
Amorphous Urate Crystals	sediment	/HPF	None Seen	Few					
Amorphous Phosphate Crystals	sediment	/HPF	None Seen	Few					
Oval Fat Bodies	sediment	/HPF	None Seen						
Cholesterol Crystals	sediment	/HPF	None Seen						
Sperm	sediment	/HPF	None Seen						

	Clinical Chemistry Stool Tests							
Name of Test	Specimen Type	Units	Low	High	Critical			
Occult Blood		presence or abse	negative at this test cannot be ence of gastrointestir					

Clinical Chemistry CSF Tests

Doc#: 40243 Page 38 of 40 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.



Name of Test	Specimen	Units	Low	High	Critical			
	Туре							
Glucose	CSF	mmol/L	0-6yr: 3.33	0-6yr: 4.44				
			>6yr: 2.22	>6yr: 3.89				
	Interpretive Data:	Interpretive Data: Spinal fluid (CSF) glucose concentration is about 60% that of plasma.						
	Approximately 2-4	hours are rec	quired for the CSF glue	cose to reflect any cha	ange in			
	plasma glucose.							
Lactate	CSF	mmol/L	2wk-18yr: 1.10	2wk-18yr: 2.80				
			>18yr: 1.10	>18yr: 2.40				
	Interpretive Data:	Results grea	ater than 3.90 mmol/L	are suggestive of bac	cterial			
	meningitis and low	er results sug	gestive of viral mening	gitis. CSF lactate cor	ncentrations			
	decrease after trea	atment with ar	ntibiotics; therefore, sp	ecimens should be c	ollected prior			
	to initiation of antib	oiotics.						
Protein, Total	CSF	g/L	Premature: 0.15	Premature: 1.30				
			Full term: 0.40	Full term: 1.20				
			0-1mth: 0.20	0-1mth: 0.80				
			>1mth: 0.15	>1mth: 0.45				

Clinical Chemistry Body Fluid Tests								
Name of Test	Specimen Type	Units	Low	High	Critical			
BF Albumin	Body Fluid	g/L	No reference range established					
BF Amylase	Body Fluid	U/L	No reference range established					
BF Bili T	Interpretive Data: No reference range has been established so interpretation is qualitative and thought to be positive for pancreatitis if >1250 U/L (10 times the plasma normal range). Body Fluid umol/L No reference range established							
	Interpretive Data: The test result should be integrated into the clinical context for interpretation. Elevated body fluid bilirubin is suggestive of an exudative fluid.							
BF Chylomicrons	Peritoneal Fluid Note:	Note: The specimen will also be tested for Triglyceride, therefore, see also BF Trig interpretive						
BF Creatinine	Body Fluid	umol/L	No reference range established					
BF Glucose	Body Fluid	mmol/L	No reference range established					
BF LD	Body Fluid	U/L	No reference range established					
BF Potassium	Body Fluid	mmol/L	No reference range established					
BF Sodium	Body Fluid	mmol/L	No reference range established					
BF TP	Body Fluid	g/L	No reference range established					
Name of Test	Specimen Type	Units	Low	High	Critical			

Doc#: 40243 Page 39 of 40

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.

Clinical Chemistry Body Fluid Tests							
BF Trig	Pleural Fluid	mmol/L	No reference range established				
	Peritoneal Fluid						
	Interpretive Data:						
	Pleural Fluid:						
	Triglyceride concentrations over 1.24 mmol/L are consistent with a chylous effusion.						
	Triglyceride concentrations below 0.57 mmol/L are usually not due to chylous effusions.						
	Peritoneal Fluid:						
	Triglyceride concentrations over 2.11 mmol/L are most consistent with chylous effusion.						
BF Urea	Body Fluid	mmol/L	No reference range established				
DF CRE mMperL	Dialysate Fluid	mmol/L	No reference range established				
DF CRE mMperTV		mmol/TV					
DF GLU per L	Dialysate Fluid	mmol/L	No reference range established				
DF GLU per TV		mmol/TV					
DF NA per L	Dialysate Fluid	mmol/L	No reference range established				
DF NA per TV		mmol/TV					
DF UREA per L	Dialysate Fluid	mmol/L	No reference range established				
DF UREA per TV		mmol/TV					
PCF Amylase	Pancreatic Cyst Fluid	U/L	No reference range established				
	Interpretive Data:						
	Concentration of greater than 250 U/L is nonspecific and occurs both in pseudocysts and some mucin-producing cystic neoplasms. Concentration of less than 250 U/L indicates a low risk of a pseudocyst and is more						
	consistent with cystic neoplasms.						
Synovial Analysis Crystals	Synovial fluid		NA				

Notes:

Qualitative = Result Positive or Negative NA = No Reference Range