TABLE OF CONTENTS

General Information……………………………………………………………………………… 3
Catalogue Information……………………………………………………………………………… 3
Tests Not in Catalogue……………………………………………………………………………… 3
Reference Ranges……………………………………………………………………………… 3
Specimen Receiving Location…………………………………………………………………… 3
Blood Collection………………………………………………………………………………….. 3
Out-Patient Blood Collection Location and Hours of Operation…………………………….. 3
In-Patient and Clinic Blood Collection………………………………………………………… 3
Specimen Collection Information………………………………………………………………… 4
Venipuncture Policy……………………………………………………………………………… 4
Collection and Handling Instructions…………………………………………………………… 4
Blood Collection Under Special Circumstances……………………………………………… 4
Blood Transfusion Services - Specimen Collection Policy…………………………………… 4
Requisition Information…………………………………………………………………………. 4
Requisitions and Supplies……………………………………………………………………… 5
Specimen Labeling……………………………………………………………………………… 5
Frozen Specimens………………………………………………………………………………… 6
Transport………………………………………………………………………………………… 6
Coagulation Testing……………………………………………………………………………… 6
Safety………………………………………………………………………………………………. 7
Alphabetical Test Listing……………………………………………………………………….. 8
Appendix A……………………………………………………………………………………….. 203
General Information

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

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

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

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

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

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

Blood Collection

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

In-Patient and Clinic Blood Collection
For information related to Nova Scotia Health Authority-Central Zone in-patient and clinic blood collection services please visit:
Specimen Collection Information

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

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

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

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

Blood Collection under Special Circumstances
Physicians must complete the following consent form authorizing phlebotomy under special circumstances such as mastectomy, fistula, and blood draws from the foot:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Nova Scotia Health Authority adheres to the following:

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

### 17 Beta Estradiol

**Division:** Clinical Chemistry – Core

**LIS Mnemonic:** 17Beta

### 50 % Correction

**Division:** Hematopathology – Coagulation

**LIS Mnemonic:** 50%Correction

### 11-Deoxycortisol Serum Compound “S”

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

**Referred Out:** In-Common Laboratories

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

**LIS Mnemonic:** 11-Deoxy

### 1, 25 Dihydroxycholecalciferol

**Referred Out:** In-Common Laboratories

**LIS Mnemonic:** 1,25Dihydroxy

### 10, 11 Epoxide

**Referred Out:** In-Common Laboratories

**LIS Mnemonic:** 10,11Epoxide

### 72 hour Fecal Fat

**Referred Out:** In-Common Laboratories

**LIS Mnemonic:** 72hourFecal

### 5HIAA, 24-Hour Urine

**Tube/Specimen:** 24-hour urine collected in a container with 25 mL 6N HCL.

**Referred Out:** In-Common Laboratories

**Instructions:** Specimen required: 10 mL urine aliquot of well-mixed collection. The patient must have a diet free of avocados, bananas, tomatoes, plums, eggplant, hickory nuts, pineapple and mollusks for 2 days prior to and during collection. Patients should be off all medications for 3 days if possible. Record Total Volume of 24 hour urine on both the aliquot and the requisition. Refer to Appendix A for pH adjustment instructions.

**Stability:** 2 to 8°C (preferred) for 1 month and frozen for 90 days.

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

**Uncontrolled When Printed**
### PLM Laboratory Test Catalogue

**LIS Mnemonic:** 5HIAA

<table>
<thead>
<tr>
<th>Test Description</th>
<th>Reference</th>
<th>Referred Out/Division</th>
</tr>
</thead>
<tbody>
<tr>
<td>21 Hydroxylase</td>
<td>see Adrenal Antibody</td>
<td>In-Common Laboratories</td>
</tr>
</tbody>
</table>

**17 Hydroxyprogesterone**

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

<table>
<thead>
<tr>
<th>Test Description</th>
<th>Reference</th>
<th>Referred Out/Division</th>
</tr>
</thead>
<tbody>
<tr>
<td>18S</td>
<td>see Mycology (18S)</td>
<td>The Hospital for Sick Children</td>
</tr>
</tbody>
</table>

### AAA

*Referred Out:* In-Common Laboratories

### AAT

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

### ABL kinase domain mutation

*Division:* Molecular Diagnostics  
*see Next Generation Sequencing-Myeloid Panel*

### ABO Antibody Titre

*Tube/Specimen:* Lavender Stoppered 6.0 mL EDTA x 2 tubes (BD# 367863)  
*Requisition:* CD0001_08_11  
*Division:* Blood Transfusion  
*Instructions:* Indicate on requisition if patient is undergoing pheresis and whether pre or post.  
*Comments:* CC 85-079 Venipuncture for Blood Collection  
*Alternate Names:* Anti A/Anti B Titre  
Isohemagglutinin Titre

### ABO Group and Rh Type

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

Acetylcholine Receptor Antibodies
(Do not confuse with Ganglionic Acetylcholine Receptor Antibody)
Tube/Specimen: Gold Stoppered 5.0 mL SST
Referred Out: UBC Diagnostic Services Laboratory
Instructions: Centrifuge at room temperature. Aliquot 2.0 mL serum into plastic vial. Freeze at once. Do not accession for non-NSHA Central Zone Hospitals.
LIS Mnemonic: ACRAB

Acid Mucopolysaccharide Screen
see Mucopolysaccharide Screen

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
Acetylcholinesterase, Plasma

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

Acetylsalicylic Acid  see Salicylates

Division: Clinical Chemistry - Core

ACMA  see Anti-Cardiac Muscle Antibody

Division: Immunopathology

ACTH

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

Activated Protein C Resistance  see Protein C Resistance (Screening test for Factor V Leiden)  Do not order a Factor V

Division: Hematopathology – Coagulation

Acute Intermittent Porphyria gene mutation

Tube/Specimen: 4.0 mL EDTA Lavender stoppered tube  
Peripheral blood: 1 tube, minimum volume 1 mL.  Stability – 14 days at 4 degrees Celsius.  
Bone marrow: 1 tube, minimum volume 1 mL.  Stability – 14 days at 4 degrees Celsius.  
Tissue: Send in saline at 4 degrees Celsius, or frozen on dry ice.  Stability – 12 hours in saline at 4 degrees Celsius, or 7 days frozen. Alternatively, send fixed tissue in paraffin block.
Requisition: CD0046 or CD2573
Division: Molecular Diagnostics
Instructions: Blood/bone marrow must be kept at 4 degrees Celsius, accompanied by requisition. Any specimen referred from outside of NSHA Central Zone must also be accompanied by a printout of the CBC results, as it is important to know the white blood cell count prior to extracting the DNA. If multiple Molecular Diagnostics tests are ordered, only 2 tubes of peripheral blood or 1 tube of bone marrow are necessary.

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

Adams 13 Genetics Mutation

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

Tube/Specimen: Two 4.5 mL Sodium Citrate (light blue)
Referred Out: London HSC-Victoria Hospital
Instructions: Send to Esoteric Coagulation Lab for processing.
LIS Mnemonic: MISC HEM

ADH

see Anti-Diuretic Hormone

Adrenal Antibody

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

Adrenaline

see Catecholamines, Total Plasma

Adrenocorticotropic Hormone

see ACTH

AEMA

see Endomysial Antibody

AF4-MLL gene fusion

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

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
Peripheral blood: Preferably 2 tubes, minimum volume 1 mL. Stability – 14 days at 4 °Celsius
Bone Marrow: 1 tube, minimum volume 1 mL. Stability – 14 days at 4 °Celsius
Tissue: Send in saline at 4 °Celsius, or frozen on dry ice. Stability – 12 hours in saline at 4 °Celsius, or 7 days frozen

Requisition: CD0046 or CD2573
Division: Molecular Diagnostics
Instructions: Blood/bone marrow must be kept at 4 °Celsius, accompanied by requisition. If multiple Molecular Diagnostics tests are ordered, only 2 tubes of peripheral blood or 1 tube of bone marrow are necessary.
Alternate Names: Translocation (4; 11) t(4;11)

---

**AFP**

Tube/Specimen: Gold Stoppered 5.0 mL SST
Requisition: CD0002
Division: Clinical Chemistry – Core
Shipping: Separate serum within 5 hours of collection. Serum stable for 7 days at 2 to 8°C. Freeze and send 1.0 mL frozen serum, if longer.
Alternate Names: Alpha Fetoprotein
LIS Mnemonic: AFP

---

**Aids Test**  
**see HIV-1/HIV-2**

Division: Virology-Immunology

---

**ALA, random urine**  
**see Porphyrin Precursors, random urine**

Referred Out: In-Common Laboratories

---

**ALA Dehydratase**  
**see Porphobilinogen Deaminase**

Referred Out: In-Common Laboratories

---

**Alanine Aminotransferase, Plasma**  
**see ALT, Plasma**

Division: Clinical Chemistry - Core

---

**Albumin, Fluid**

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

---

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

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

Uncontrolled When Printed
**Albumin, Plasma**

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

**Requisition:** CD0002

**Division:** Clinical Chemistry – Core

**LIS Mnemonic:** ALB

---

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

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

**Requisition:** CD0002

**Division:** Clinical Chemistry - Core

**Instructions:** Specimen required: 4 mL urine aliquot from well-mixed collection. Record the Total Volume of the 24-hour urine on both the specimen aliquot and the requisition.

**Stability:** Room temperature for 1 day, 2 to 8°C (preferred) for 7 days and frozen for 14 days.

**Alternate Names:** U ACR, Albumin/Creatinine Ratio, Microalbumin, Urine

**LIS Mnemonics:** U ACR, U24 ALB

---

**Alcohol, Serum**

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

**Requisition:** CD0002

**Division:** Clinical Chemistry - Core

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

**Alternate Names:** Ethanol, Ethyl Alcohol, ETOH

**LIS Mnemonic:** ALC

---

**Aldosterone, Serum**

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

**Referred Out:** In-Common Laboratories

**Instructions:** Centrifuge and freeze the serum at -20°C or lower. Do not accession for non-NSHA Central Zone Hospitals.
The electronic copy that resides on the document control system is the valid document. Any paper document labeled Uncontrolled must be verified against the electronic version prior to use.

Uncontrolled When Printed
Alkaline Phosphatase, Plasma

Tube/Specimen: Light Green 4.5 mL Lithium heparin and gel for plasma separation
Requisition: CD0002
Division: Clinical Chemistry - Core
Alternate Names: ALP, ALK, ALK PHOS, Phosphatase, Alkaline
LIS Mnemonic: ALP

ALK-NPM gene fusion

Tube/Specimen: 4.0 mL EDTA Lavender stoppered tube(s)
Peripheral blood: Preferably 2 tubes, minimum volume 1 mL. Stability – 14 days at 4 degrees Celsius
Bone marrow: 1 tube, minimum volume 1 mL. Stability – 14 days at 4 degrees Celsius
Tissue: Send in saline at 4 degrees Celsius, or frozen on dry ice. Stability – 12 hours in saline at 4 degrees Celsius, or 7 days frozen
Requisition: CD0046 or CD2573
Division: Molecular Diagnostics
Instructions: Blood/bone marrow must be kept at 4 degrees Celsius, accompanied by requisition. If multiple Molecular Diagnostics tests are ordered, only 2 tubes of peripheral blood or 1 tube of bone marrow are necessary.
Alternate Names: Translocation (2;5) t(2;5)

ALP

see Alkaline Phosphatase, Plasma

Division: Clinical Chemistry - Core

Alpha Fetoprotein

see AFP

Division: Clinical Chemistry - Core

Alpha Galactosidase, Whole Blood

Tube/Specimen: One 6 mL green topped Sodium or Lithium heparin tube.
Collect only Monday to Thursday before Noon.
Contact Referred Out at 902-473-7237 before collection.
Referred Out: Genetique Medicale
Instructions: Do Not Centrifuge.
Do not accession for non-NSHA Central Zone Hospitals.
Ship at room temperature same day of collection. Time Sensitive.
LIS Mnemonic: MISC REF

Alpha Thalassemia, DNA Testing

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

Tube/Specimen: Three lavender topped EDTA tubes
Referred Out: McMaster University Medical Centre
Instructions: Do Not Centrifuge.
              Ship at room temperature.
LIS Mnemonic: MISC HEM

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

Alpha Thalassemia Screen  see Hemoglobin Electrophoresis
Division: Hematopathology - Immunology

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

Alpha Tocopherol  see Vitamin E Level
Referred Out: In-Common Laboratories

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

Alpha-1-Acid Glycoprotein
(Do not confuse with Alpha Glycoprotein Subunit)
Tube/Specimen: Gold topped SST tube
Referred Out: In-Common Laboratories
Instructions: Centrifuge at room temperature. Aliquot 1.0 mL serum into a plastic vial and freeze.
LIS Mnemonic: A1AGP

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

Alpha-1-Antitrypsin
Tube/Specimen: Gold Stoppered 5.0 mL SST
Requisition: CD0002
Division: Clinical Chemistry - Core
Shipping: Separate serum within 5 hours of collection. Serum stable for 48 hours at 2 to 8ºC. Freeze and send frozen serum, if longer.
LIS Mnemonic: AAT

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

Alpha-1-Antitrypsin Mutation Analysis (Genotyping)
(Do not confuse with AAT Phenotyping)
Collect MONDAY ONLY!! Notify Referred-out Bench at 902-473-7237 that specimen is being collected.
Blood Collection: Patients have been directed to arrive at blood collection during the following times:

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

Tube/Specimen: One 6.0 mL Lavender topped EDTA tube
Referred Out: In-Common Laboratories
Instructions:  Send whole blood.  
Send specimen in original collection tube. 
**Do not freeze.**  
Do not accession for non-NSHA Central Zone Hospitals.

LIS Mnemonic:  MISC REF

---

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

 Tube/Specimen:  Gold topped SST tube  
 Referred Out:  Mayo Medical Laboratories  
 Instructions:  Centrifuge at room temperature. Aliquot 1.0 mL serum into a plastic vial; freeze at once. 
 Do not accession for non-NSHA Central Zone Hospitals.

LIS Mnemonic:  AAT Pheno

---

**Alpha-2-Anti Plasmin**

 Tube/Specimen:  4.5 mL sodium citrate (light blue topped) tube  
 Referred Out:  Hamilton General Hospital  
 Instructions:  Send to Hematology Coagulation Lab for processing.

LIS Mnemonic:  Antiplasmin

---

**ALT, Plasma**

 Tube/Specimen:  Light Green 4.5 mL Lithium heparin and gel for plasma separation  
 Requisition:  CD0002  
 Division:  Clinical Chemistry - Core  
 Alternate Names:  Alanine Aminotransferase 
 SGPT  
 LIS Mnemonic:  ALT

---

**Aluminum Level**

 Tube/Specimen:  6.0 mL Royal Blue Trace Element K2 EDTA tube (BD 368381)  
 Referred Out:  In-Common Laboratories  
 Instructions:  Centrifuge at room temperature. Aliquot 3.0 mL plasma into a plastic transfer vial. **Freeze.**  
 Do not accession for non-NSHA Central Zone Hospitals.

LIS Mnemonic:  Aluminum

---

**AMA**  
see Anti-Mitochondrial Antibodies

Division:  Immunopathology

---
AMH

Referred Out: Mayo Medical Laboratories

Amikacin Level

Tube/Specimen: Plain Red Tube 6 or 10 mL
Requisition: CD0432/CD0433
Division: Microbiology
Instructions: Do not take blood from catheter or from site of injection of the antibiotic. Take Pre blood specimen immediately before dose is administered. Take Post blood specimen 30 minutes after completion of intravenous dose or 60 minutes after an intramuscular dose is administered. The time specimen was collected (pre/post) should be indicated on the requisition and tubes.

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

Alternate Names: Aminoglycoside Level

Amino Acid Quantitative Plasma

Tube/Specimen: 7.0 mL Lithium heparin (dark green) tube
Referred Out: IWK Metabolic Lab
Instructions: Patient must be fasting.
Centrifuge at room temperature. Aliquot 2.0 mL heparinized plasma into plastic vial.
Refrigerate for up to 24 hours. If unable to ship within 24 hours, freeze and ship frozen. Otherwise ship same day with cold pack.
Do not accession for non-NSHA Central Zone Hospitals; send directly to IWK Metabolic Lab
Sample should be accompanied by a Metabolic Investigation Form completed by the ordering physician.

LIS Mnemonic: AA PL QT

Amino Acid, Quantitative, Random Urine

Tube/Specimen: Random urine collection must be a mid-stream technique to eliminate bacterial contamination.
Referred Out: IWK Metabolic Lab
Instructions: Specimen required: 10 mL urine aliquot from well-mixed collection
Do not accession for non-NSHA Central Zone Hospitals; send directly to IWK Metabolic Lab
Sample should be accompanied by a Metabolic Investigation Form completed by the ordering physician.

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

LIS Mnemonic: U AA

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

Tube/Specimen: Collection must be in a plain container; random using mid-stream technique to eliminate bacterial contamination. Timed 12-hour and 24-hour collections are also acceptable.
Referred Out: IWK Metabolic Lab
Instructions: Specimen required: 10 mL urine aliquot from well-mixed collection
Do not accession for non-NSHA Central Zone Hospitals; send directly to IWK Metabolic Lab
Sample should be accompanied by a Metabolic Investigation Form completed by the ordering physician.
PLM Laboratory Test Catalogue

### Aminoglycoside Levels

**Division:** Clinical Chemistry - Core

**LIS Mnemonic:** Miscellaneous Referred-Out

**Description:**
- **Stability:** Room temperature less than 2 days, 2 to 8°C (preferred) for 3 days, frozen indefinitely.
- **LIS Mnemonic:** Miscellaneous Referred-Out

**Test Details:**
- **Test Name:** Aminoglycoside Levels
- **Test Code:** see Gentamicin, or Tobramycin, or Vancomycin

**Analytical Method:**
- **Method Name:** Clinical Chemistry - Core

**Special Instructions:**
- **Tube/Specimen:** Plain red topped tube
- **Referred Out:** In-Common Laboratories
- **Instructions:** Centrifuge at room temperature. Aliquot 1.0 mL serum into a plastic transfer vial. **Freeze at once.**
- **Note:** To monitor therapy, draw trough specimen prior to next dose.

**LIS Mnemonic:** Amiod Lvl

### Aminophylline

**Division:** Clinical Chemistry - Core

**LIS Mnemonic:** see Theophylline

**Test Details:**
- **Test Name:** Aminophylline
- **Test Code:** see Theophylline

**Analytical Method:**
- **Method Name:** Clinical Chemistry - Core

**Special Instructions:**
- **Tube/Specimen:** Plain red topped tube
- **Referred Out:** In-Common Laboratories
- **Instructions:** Centrifuge at room temperature. Aliquot 1.0 mL serum into a plastic transfer vial. **Freeze.**
- **Note:** Do not accession for non-NSHA Central Zone Hospitals

**LIS Mnemonic:** AMIT

### Amiodarone Level

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

**Referred Out:** In-Common Laboratories

**Instructions:**
- **Centrifuge at room temperature. Aliquot 1.0 mL serum into a plastic transfer vial. **Freeze at once.**
- **Note:** Royal Blue Trace Element SERUM tube (BD #368380) and Lavender topped EDTA plasma are also acceptable. **Indicate sample type on tube**

**LIS Mnemonic:** Amiod Lvl

### Amitriptyline Level

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

**Referred Out:** In-Common Laboratories

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

**LIS Mnemonic:** AMIT

### AML1-ETO gene fusion

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

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

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

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

**Requisition:** CD0046 or CD2573

**Division:** Molecular Diagnostics

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

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

### Ammonia, Plasma

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

**Uncontrolled When Printed**
### Amoebiasis – IHA

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

---

### Amoebic Serum

**see Amoebiasis - IHA**

**Division:** Virology-Immunology

---

### AMPA-Receptor

**see Paraneoplastic Antibody**

**Referred Out:** Mayo Medical Laboratories

---

### Amylase and CEA, Pancreatic Cyst Fluid

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

---

### Amylase, Plasma
**Amylase, Urine**

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

---

**ANA**

see Anti-Nuclear Ab  
**Division:** Immunopathology

---

**Anafranil**

see Clomipramine  
**Referred Out:** In-Common Laboratories

---

**ANC**

see Absolute Neutrophil Count  
**Division:** Hematopathology - Core

---

**ANCA**

see Vasculitis Panel  
**Division:** Immunopathology

---

**Androstenedione**

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

Division: Immunopathology

Angiotensin Converting Enzyme, Plasma

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

Requisition: CD0002

Division: Clinical Chemistry - Core

Shipping: Plasma stable for 7 days at 2 to 8°C. Frozen aliquots are acceptable.

Alternate Names: ACE

LIS Mnemonic: ACE

Anti A / Anti B Titre  
see ABO Antibody Titre

Division: Blood Transfusion

Anti HCV  
see Hepatitis C

Division: Virology-Immunology

Anti TTG  
see Anti-Tissue Transglutaminase

Division: Immunopathology

Anti-Adrenal Antibody  
see Adrenal Antibody

Referred Out: In-Common Laboratories

Anti-Basement Membrane  
see Anti-Pemphigoid Antibody

Division: Immunopathology

Antibody Screen  
see Indirect Antiglobulin Test

Division: Blood Transfusion

Anti-Borreliac Antibodies  
see Lyme Antibodies

Division: Virology-Immunology

Anti-Cardiac Muscle Antibody

Tube/Specimen: Gold Stoppered 5.0 mL SST
The electronic copy that resides on the document control system is the valid document. Any paper document labeled Uncontrolled must be verified against the electronic version prior to use.

Uncontrolled When Printed

PLM Laboratory Test Catalogue

Requisition: CD0002
Division: Immunopathology
Alternate Names: ACMA
ACA

Anti-Cardiolipin Ab

<table>
<thead>
<tr>
<th>Tube/Specimen</th>
<th>Gold Stoppered 5.0 mL SST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requisition</td>
<td>CD0002</td>
</tr>
<tr>
<td>Division</td>
<td>Immunopathology</td>
</tr>
<tr>
<td>Comments</td>
<td>This is not the same as an antiphospholipid antibody. Anti-Cardiolipin belongs to Anti Phospholipid Family.</td>
</tr>
</tbody>
</table>
| Alternate Names | Cardio Ab  
Cardiolipin Antibodies |

Anti-CCP

see Anti Cyclic Citrullinated Peptide

Division: Immunopathology

Anti-Centromere Antibody

see Anti-Nuclear AB, (ANA)

Division: Immunopathology

Anti-Centromere B

see Anti-Nuclear AB, (ANA)

Division: Immunopathology

Anti-Chromatin

see Anti-Nuclear AB, (ANA)

Division: Immunopathology

Anti-Cochlear Ab FORWARD

see F68KD

Referred Out: Mayo Medical Laboratories

Anti-Cyclic Citrullinated Peptide

<table>
<thead>
<tr>
<th>Tube/Specimen</th>
<th>Gold Stoppered 5.0 mL SST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requisition</td>
<td>CD0002</td>
</tr>
<tr>
<td>Division</td>
<td>Immunopathology</td>
</tr>
</tbody>
</table>
| Alternate Names | Anti-CCp  
CCP  
Cyclic Citrullinated Peptide Antibody |

Anti-Depressant Level

Physician must specify name of drugs
Anti-Diuretic Hormone (ADH, Vasopressin)

Tube/Specimen: Two pre-chilled lavender topped EDTA tubes AND one light green PST tube

Referred Out: In-Common Laboratories

Instructions: Place lavender tubes on ice and send STAT to Central Accessioning. Centrifuge lavender tubes at 4°C and aliquot 5.0 mL plasma into two pre-chilled plastic vials. Freeze immediately. Centrifuge light green PST tube at room temperature and aliquot 2.0 mL for osmolality and send to Core Lab. Serum osmolality results are required for interpretation; send results with specimen. Do not accession for non-NSHA Central Zone Hospitals.

LIS Mnemonic: ADH

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

Division: Immunopathology

anti-Double Stranded DNA see Anti-ds DNA

Division: Immunopathology

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

Division: Immunopathology

anti-Id DNA see Anti-Nuclear Ab

Division: Immunopathology

Anti-Endomysial A see Anti-Tissue Transglutaminase

Division: Immunopathology

Anti-GAD

Tube/Specimen: Gold topped SST tube

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature and aliquot 2.0 mL of serum into plastic vial. Freeze immediately.

LIS Mnemonic: Anti-GAD

anti-GBM Ab see Vasculitis Panel

Division: Immunopathology

anti-Gliadin see Anti-Tissue Transglutaminase

Division: Immunopathology

anti-Glomerular Basement see Vasculitis Panel

Division: Immunopathology
Anti-HMGCR Antibodies

Tube/Specimen: Gold topped SST tube
Referred Out: Mitogen Advanced Diagnostics
Instructions: Centrifuge at room temperature and aliquot at least 1.0 mL of serum into plastic vial. Freeze. Do not accession for non-NSHA Central Zone Hospitals
Note: Complete the Autoantibody Test Requisition and send with sample
LIS Mnemonic: HMGCR

Anti-Hu

see Paraneoplastic Antibodies

Referred Out: Mayo Medical Laboratories

Anti-Hu, CSF

see Paraneoplastic Antibodies

Referred Out: Mayo Medical Laboratories

Anti-Jo-1

see Anti-Nuclear AB, (ANA)

Division: Immunopathology

Anti-LKM

see Liver Kidney Microsomal Antibodies

Referred Out: In-Common Laboratories

Anti-MAG

see Myelin Associated Glycoprotein Antibody

Referred Out: Mitogen Advanced Diagnostics

Anti-MOG

see Neuromyelitis Optica (NMO_IgG)

Referred Out: Mitogen Advanced Diagnostics

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

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

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

Anti-MPO see Vasculitis Panel
Division: Immunopathology

Anti-Mullerian Hormone

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

Anti-Mup44/NT5C1

Tube/Specimen: Gold topped SST tube
Referred Out: Mitogen Advanced Diagnostics
Instructions: Aliquot at least 1.0 mL serum and freeze. Do not accession for non-NSHA Central Zone Hospitals
CSF sample acceptable.
LIS Mnemonic: AMUP44

Anti-MuSK (Muscle Specific Kinase) Antibody

Tube/Specimen: Gold topped SST tube
Referred Out: UBC Diagnostic Services Laboratory
Instructions: Centrifuge at room temperature and aliquot serum into plastic vial. Freeze. Do not accession for non-NSHA Central Zone Hospitals
Stability: 28 days frozen
LIS Mnemonic: MUSK

Anti-NDNA see Anti-ds DNA
Division: Immunopathology
Anti-Neutrophil Cytoplasmic Ab
Division: Immunopathology
see Vasculitis Panel

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

Anti-Nuclear Factor
Division: Immunopathology
see Anti-Nuclear Ab

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

Anti-Parietal Cell
Division: Immunopathology
see Autoantibodies Panel
Referred Out: In-Common Laboratories

Anti-PC
Division: Immunopathology
see Autoantibodies Panel
Referred Out: In-Common Laboratories

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

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

Anti-Phospholipase A2 Receptor (Anti-PLA2R)
Tube/Specimen: Gold topped SST tube
Referred Out: Mitogen Advanced Diagnostics
Instructions: Centrifuge at room temperature and aliquot at least 1.0 mL serum into plastic vial. **Freeze.**
Do not accession for non-NSHA Central Zone Hospitals
CSF sample acceptable.
LIS Mnemonic: PLA2R

Anti-PLA2R see Anti-Phospholipase A2 Receptor
Referred Out: Mitogen Advanced Diagnostics

Anti-Plasmin see Alpha-2-Anti-Plasmin
Referred Out: Hamilton Regional Hospital

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

Anti-PR3 see Vasculitis Panel
Division: Immunopathology

Anti-Proteinase 3 see Vasculitis Panel
Division: Immunopathology

Anti-Ri see Paraneoplastic Antibodies
Referred Out: Mayo Medical Laboratories

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

Uncontrolled When Printed
<table>
<thead>
<tr>
<th>Test</th>
<th>Description</th>
<th>Referred Out</th>
<th>Division</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anti-Ri, CSF</td>
<td>see Paraneoplastic Antibodies, CSF</td>
<td>Mayo Medical Laboratories</td>
<td></td>
</tr>
<tr>
<td>Anti-Ribosomal P</td>
<td>see Anti-Nuclear AB, (ANA)</td>
<td></td>
<td>Immunopathology</td>
</tr>
<tr>
<td>Anti-RNP</td>
<td>see Anti-Nuclear AB, (ANA)</td>
<td></td>
<td>Immunopathology</td>
</tr>
<tr>
<td>Anti-Sci-70</td>
<td>see Anti-Nuclear AB, (ANA)</td>
<td></td>
<td>Immunopathology</td>
</tr>
<tr>
<td>Anti-Skeletal Muscle Antibody</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tube/Specimen:</td>
<td>Gold Stoppered 5.0 mL SST</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Requisition:</td>
<td>CD0002</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Division:</td>
<td>Immunopathology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alternate Names:</td>
<td>ASKMA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anti-Sm</td>
<td>see Anti-Nuclear AB, (ANA)</td>
<td></td>
<td>Immunopathology</td>
</tr>
<tr>
<td>Anti-Sm/RNP</td>
<td>see Anti-Nuclear AB, (ANA)</td>
<td></td>
<td>Immunopathology</td>
</tr>
<tr>
<td>Anti-SM</td>
<td>see Autoantibodies Panel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Referred Out:</td>
<td>In-Common Laboratories</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anti-SS-A/Ro</td>
<td>see Anti-Nuclear AB, (ANA)</td>
<td></td>
<td>Immunopathology</td>
</tr>
</tbody>
</table>
### Anti-SS-B/La

**Division:** Immunopathology

---

### Anti-Streptolysin "O" Titer

**Tube/Specimen:** Gold Stoppered 5.0 mL SST  
**Requisition:** CD0002  
**Division:** Clinical Chemistry - Core  
**Shipping:** Separate serum within 5 hours of collection. Serum stable for 48 hours at 2 to 8°C. Freeze and send frozen serum, if longer.  
**Alternate Names:** ASOT  
**LIS Mnemonic:** ASOT

---

### Anti-Thyroglobulin Antibodies

**Tube/Specimen:** Gold Stoppered 5.0 mL SST  
**Requisition:** CD0002  
**Division:** Clinical Chemistry - Core

**Comments:** NSHA Central Zone: Anti-Thyroglobulin requests are automatically also assayed for Thyroglobulin and TSH. All other NSHA Zones: Anti-Thyroglobulin requests are automatically also assayed for Thyroglobulin.  
**Shipping:** Separate serum within 5 hours of collection. Serum stable for 7 days at 2 to 8°C. Freeze and send frozen serum, if longer.  
**Alternate Names:** TAB-TA  
**LIS Mnemonic:** TG (3 panel test) [for NSHA Central Zone]  
**LIS Mnemonic:** TG and TGAB referred in [all other NSHA Zones]

---

### Anti-Thyroid Antibodies

**Division:** Clinical Chemistry - Core

---

### Anti-Thyroid Peroxidase

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

---

The electronic copy that resides on the document control system is the valid document. Any paper document labeled **Uncontrolled** must be verified against the electronic version prior to use.  
**Uncontrolled When Printed**
Anti-Thyrotropin Receptor Antibody  see Thyroid Receptor Antibody

Referred Out:  In-Common Laboratories

Anti-Tissue Transglutaminase

Tube/Specimen:  Gold Stopped 5.0 mL SST
Division:  Immunopathology
Shipping:  Separate serum and send frozen. Specimens can only be stored at 2 to 8°C for 24 hours.
Alternate Names:  Anti-Endomysial A
Anti-TTG
TTG
Tissue Transglutaminase
Celiac Screen/Disease

Anti-TPO  see Anti-Thyroid Peroxidase Antibodies

Division:  Clinical Chemistry - Core

Anti-Xa

Tube/Specimen:  Light Blue Stopped 2.7 mL buffered NA (sodium) citrate
Requisition:  CD0002
Division:  Hematopathology - Coagulation
Instructions:  Requisition must indicate the type of LMWH the patient is receiving.
Referrals:  Send 2 frozen aliquots of 1.0 mL platelet-poor plasma (see Coagulation Testing under Specimen Collection Information) in polypropylene vials (12x75).
      Send on dry ice.
Alternate Names:  Heparin XA

Anti-Yo  see Paraneoplastic Antibodies

Referred Out:  Mayo Medical Laboratories

Anti-Yo, CSF  see Paraneoplastic Antibodies, CSF

Referred Out:  Mayo Medical Laboratories

APA  see Autoantibodies Panel

Referred Out:  In-Common Laboratories
APICA  see Anti-Pancreatic Islet Cell Antibody
Division: Immunopathology

---

**Apolipoprotein A1**

*Tube/Specimen:* Lavender topped EDTA tube.
*Referred Out:* In-Common Laboratories
*Instructions:* **Centrifuge within 4 hours of collection.** Aliquot 2.0 mL of plasma into plastic vial. **Freeze at once.** Do not accession for non-NSHA Central Zone Hospitals
*LIS Mnemonic:* APO A1

---

**Apolipoprotein B**

*Tube/Specimen:* NSHA Central Zone: Light green Lithium Heparin tube. **Referrals:** 1.0 mL aliquot of frozen serum
*Requisition:* CD0002
*Division:* Clinical Chemistry - Core
*Shipping:* Spin within 4 hours of collection. Plasma stable for 3 days at 2 to 8°C. Frozen serum samples accepted.
*Alternate Names:* APO B
*LIS Mnemonic:* APO B

---

**ARBO Virus**

*Tube/Specimen:* Gold Stoppered 5.0 mL SST
*Requisition:* CD0432/CD0433
*Division:* Virology-Immunology Chikungunya Virus
*Instructions:* Clinical data should be indicated on the requisition.
*Alternate Names:* California Encephalitis
Dengue Virus
Eastern Equine Encephalitis
Western Equine Encephalitis
West Nile Virus

---

**Arsenic Level Hair**

*Tube/Specimen:* Hair collected closest to the scalp from 6 to 8 locations near the nape of the neck. If unable to weigh the hair, try to submit 1 to 2 heaping teaspoons (10 to 20 mL).
*Referred Out:* In-Common Laboratories
*Instructions:* Submit in a plastic bag. Bleach, dyes and rinses may interfere.
*LIS Mnemonic:* ARS H

---

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

*Version:* 111.0 Current
*Effective Date:* 11/7/2019
*Effective Date:* 11/7/2019
*Page:* 33 of 204

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**
Arsenic, Random Urine or 24-Hour, Inorganic

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

**Referred Out:** In-Common Laboratories

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

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

**LIS Mnemonic:** INARS U
INARS RU

Arsenic Whole Blood

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

**Referred Out:** In-Common Laboratories

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

**LIS Mnemonic:** ARS WB

ASA see Salicylates

**Division:** Clinical Chemistry - Core

ASCA see Saccharomyces cer Antibodies

**Referred Out:** In-Common Laboratories

Ascorbic Acid Level see Vitamin C

**Referred Out:** In-Common Laboratories

ASKMA see Anti-Skeletal Muscle Antibody

**Division:** Immunopathology

ASOT see Anti-Streptolysin "O" Titer

**Division:** Clinical Chemistry - Core

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

Uncontrolled When Printed
Aspartate Amino Transferase  
**see AST, Plasma**

Division: Clinical Chemistry - Core

---

**Aspergillosis**

Tube/Specimen: Gold Stoppered 5.0 mL SST

Requisition: CD0432/CD0433

Division: Virology - Immunology

Note: Farmer’s Lung, Pidgeon Serum Test, and Bird Antigen Testing not available.

---

**Aspirin**  
**see Salicylates**

Division: Clinical Chemistry - Core

---

**ASR for Hip Recall**  
**see Metal Ions for Hip Recall**

Referred Out: London HSC, Victoria Hospital

---

**AST, Plasma**

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

Requisition: CD0002

Division: Clinical Chemistry - Core

Alternate Names: Aspartate Amino Transferase SGOT

LIS Mnemonic: AST

---

**AT**  
**Anti-Thrombin (III)**

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

Requisition: CD0002

Division: Hematopathology - Coagulation

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

Alternate Names: Anti-Thrombin Anti-Thrombin Activity Anti-Thrombin III Anti-Thrombin III Assay

---

**Australian Antibody**  
**see Hepatitis B Testing**

Division: Virology - Immunology

---

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

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

Uncontrolled When Printed
**Australian Antigen**

**Division:** Virology-Immunology

**Autoantibodies Panel**

**Tube/Specimen:** Gold topped SST tube
**Referred Out:** In-Common Laboratories
**Instructions:** Aliquot serum and freeze.
**LIS Mnemonic:** AUTOAB

**Autoimmune Muscle Disease Profile**

**Referred Out:** Mitogen Advanced Diagnostics

**Autoimmune Myopathy/Myositis Profile**

**Tube/Specimen:** Gold topped SST tube
**Referred Out:** Mitogen Advanced Diagnostics
**Instructions:** Aliquot at least 1.0 mL of serum. Freeze aliquot.
Do not accession for non-NSHA Central Zone Hospitals
CSF sample acceptable.
Complete the Autoantibody Test Requisition and send with sample.
**LIS Mnemonic:** MYOSITIS

**Autoimmune Thrombocytopenia Purpura**

**Tube/Specimen:** Seven 7.0 mL yellow topped ACD tubes or Nine 4.5 mL light blue topped sodium citrate tubes.
**Referred Out:** McMaster University HSC
**Instructions:** Send to Hematology Coagulation Lab for processing.
**LIS Mnemonic:** Miscellaneous Hematology

**Aventyl**

**Referred Out:** In-Common Laboratories

**Barbiturate Screen**

**Tube/Specimen:** Plain red topped tube
**Referred Out:** In-Common Laboratories

---

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

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

LIS Mnemonic: BARBS

**B-cell lymphoid clonality**

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

**Requisition:** CD0046 or CD2573

**Division:** Molecular Diagnostics

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

**Alternate Names:**
- Ig gene rearrangement
- Ig heavy chain
- Lymphoma protocol

**BCL-1**

**see BCL1-IGH gene fusion**

**Division:** Molecular Diagnostics

---

**BCL1-IGH gene fusion**

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

**Requisition:** CD0046 or CD2573

**Division:** Molecular Diagnostics

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

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

---

**BCL-2**

**see BCL2-IGH gene fusion**

**Division:** Molecular Diagnostics

---

**BCL2-IGH gene fusion**

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

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

**Version:** 111.0 Current  
**Effective Date:** 11/7/2019  
Page 37 of 204

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**
**Bone marrow**:
- 1 tube, minimum volume 1 mL. Stability – 14 days at 4°C
- Send in saline at 4°C, or frozen on dry ice. Stability – 12 hours in saline at 4°C, or 7 days frozen. Alternatively, send fixed tissue in paraffin block.

**Requisition**: CD0046 or CD2573

**Division**: Molecular Diagnostics

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

**Alternate Names**: BCL-2
t(14;18)
Translocation (14;18)

---

**BCR-ABL Gene Fusion**

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

**Requisition**: CD0046 or CD2573

**Division**: Molecular Diagnostics

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

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

---

**BCR-ABL Mutation**

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

**Division**: Molecular Diagnostics

---

**B-Ctx**

**Referred Out**: In-Common Laboratories

---

**Benzodiazepine**

**Referred Out**: In-Common Laboratories

---

**Beryllium Lymphocyte Proliferation**

(BeLPT)

**Tube/Specimen**:
- Four 10.0 mL Dark Green BD 366480 glass tubes.
- Notify Referred-out bench at 902-473-7237 prior to collection.

**Referred Out**: Oak Ridge Associated Laboratories
PLM Laboratory Test Catalogue

Instructions: Collect Tuesday, Wednesday or Thursday before 11:00 ONLY!
Do Not Centrifuge!
Keep at room temperature.
Do not accession for non-NSHA Central Zone Hospitals

LIS Mnemonic: BELPT

---

**Beta-2-Glycoprotein Antibody**

**Tube/Specimen:** Two gold topped SST tubes

**Referred Out:** In-Common Laboratories

**Instructions:** Centrifuge at room temperature.
Aliquot 1.0 mL serum in each of three plastic vials for a total of 3.0 mL serum.
**Freeze** at once.
If specimen thaws, it is unsuitable for analysis.
Do not accession for non-NSHA Central Zone Hospitals

LIS Mnemonic: B2GLYAB

---

**Beta-2-Microglobulin, Serum**

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

**Requisition:** CD0002

**Division:** Clinical Chemistry - Core

**Shipping:** Separate serum within 5 hours of collection. Serum stable for 7 days at 2 to 8ºC. Freeze and send frozen serum, if longer.

LIS Mnemonic: B2M

---

**Beta 2 Microglobulin, Urine**

**Tube/Specimen:** Random urine with pH adjusted to 6.0 to 8.0 within 30 minutes of collection.

**Referred Out:** In-Common Laboratories

**Instructions:** Available at QE II VG site Blood Collection only.
Aliquot and **freeze**.
Do not accession for non-NSHA Central Zone Hospitals

LIS Mnemonic: B2MG U

---

**Beta-Carotene** see Carotene

**β-Carotene**

**Referred Out:** In-Common Laboratories

---

**Beta-CrossLaps** see C-Telopeptide

**Referred Out:** In-Common Laboratories

---

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

*Uncontrolled When Printed*
Beta Hydroxybutyrate

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

LIS Mnemonic: BHYB

Beta-Transferrin

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

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

LIS Mnemonic: BETATRANS

Bethesda (Factor VIII C Inhibitor) see Factor VIII C Inhibitor

Division: Hematopathology - Coagulation

Bethesda (Factor IX Inhibitor) see Factor IX Inhibitor

Division: Hematopathology - Coagulation

Bicarbonate, Plasma

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

Bile Acids/Bile Salts

Tube/Specimen: Gold topped SST tube
Referred Out: IWK Chemistry
**Bilirubin Direct, Plasma**

*Instructions:*
- Patient must be fasting a minimum of 12 hours.
- Centrifuge at room temperature within 2 hours of collection.
- Aliquot at least 0.5 mL of serum into plastic vial. Freeze at once.

*Stability:*
- Room temperature 24 hours, refrigerated 7 days, frozen 30 days.

*LIS Mnemonic:*
- BLET

---

**Bilirubin Indirect, Plasma**

*Instructions:*
- Total and Direct Bilirubin will be assayed, the Indirect Bilirubin will be calculated from the Total and Direct.

*Alternate Names:*
- Indirect Bilirubin

*LIS Mnemonic:*
- BILI I

---

**Bilirubin Total, Fluids**

*Instructions:*
- Total Bilirubin will also be assayed.

*Alternate Names:*
- Direct Bilirubin

*LIS Mnemonic:*
- BILI D

---

**Bilirubin Total, Plasma**

*Instructions:*
- Total Bilirubin will also be assayed.

*LIS Mnemonic:*
- BILI T
Bioavailable Testosterone, Plasma/Serum

**Tube/Specimen:**
- a) NSHA Central Zone collection: Gold Stoppered 5.0 mL SST & Light Green 4.5 mL Lithium heparin and gel for plasma separation.
- OR
- b) Outside of NSHA Central Zone collection: Gold Stoppered 5.0 mL SST only.

**Requisition:** CD0002

**Division:** Clinical Chemistry - Core

**Comments:** Testing includes Bioavailable Testosterone, Testosterone, Albumin and Sex Hormone Binding Globulin.

**Shipping:**
- Outside of NSHA Central Zone collection: Separate serum within 5 hours of collection. Serum stable for 7 days at 2 to 8°C. Freeze and send two 1.0 mL frozen serum aliquots. **DO NOT SEND FROZEN PLASMA.**

**LIS Mnemonic:** BA TEST

Biquin Level see Quinidine Level

**Referred Out:** In-Common Laboratories

Blastomycosis

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

**Requisition:** CD0432/CD0433

**Division:** Microbiology-Immunology

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

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

Blood C&S see Blood Cultures

**Division:** Microbiology

Blood Cultures

**Tube/Specimen:** Refer to "Microbiology User’s Manual" for collection procedures

**Requisition:** QE 7125

**Division:** Microbiology

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

**Alternate Names:** Blood C&S Culture & Sensitivity
Blood Film, Differential, Manual

Tube/Specimen: Lavender Stoppered 4.0 mL EDTA
Requisition: CD0002
Division: Hematopathology - Microscopy
Instructions: Any Differential ordered will have a slide reviewed.

Blood Gases, Arterial

Tube/Specimen: Pre-heparinized Blood Gas syringe on ice.
Maximum heparin ratio must be <10 IU/mL blood
Recommended volume: 1 mL
Minimum volume: 0.7 mL
Requisition: CD0021 REV 06-03
Division: Clinical Chemistry - Core
Comments: Ensure sample is mixed for at least 20 seconds to ensure proper mixing with heparin. If using syringe, remove needle; do not transport with needle attached; label barrel with patient information in waterproof ink, immerse in a slurry of ice and water and deliver to Processing Area immediately. The patient’s temperature and whether patient is receiving supplementary oxygen or room air must be indicated on the requisition. The Blood Gas should be analyzed within 30 minutes of collection.
Shipping: If sending specimen from outside QEII HSC, notify Laboratory at 902-473-6545 when specimen is in transport and when it is expected. Specimen must be kept cold but not frozen.
Alternate Names: Oxygen Content
Oxygen Saturation
Co-Oximetry
LIS Mnemonic: ABG

Blood Gases, Venous

Tube/Specimen: Pre-heparinized Blood Gas syringe on ice.
Maximum heparin ratio must be <10 IU/mL blood
Recommended volume: 1 mL
Minimum volume: 0.7 mL
Note: Venous blood gases are not available for collection at NSHA Outpatient Blood Collection sites.
Requisition: CD0021 REV 06-03
Division: Clinical Chemistry - Core
Comments: Ensure sample is mixed for at least 20 seconds to ensure proper mixing with heparin. If using syringe, remove needle; do not transport with needle attached; label barrel with patient information in waterproof ink, immerse in a slurry of ice and water and deliver to Processing Area immediately. The patient’s temperature and whether patient is receiving supplementary oxygen or room air must be indicated on the requisition. The Blood Gas should be analyzed within 30 minutes of collection.
Shipping: If sending specimen from outside QEII HSC, notify Laboratory at 902-473-6545 when specimen is in transport and when it is expected. Specimen must be kept cold but not frozen.
Alternate Names: Oxygen Content
Oxygen Saturation
Co-Oximetry
LIS Mnemonic: VBG

Blood Group and Rh Type
Division: Blood Transfusion

Blood Porphyrsins
Referrer Out: In-Common Laboratories

Blood Sugar
Division: Clinical Chemistry - Core

BMT
Division: Molecular Diagnostics

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

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

Bone Marrow Aspiration- EDTA Collection

Please Note: Hematology Clinic and Dartmouth General Hospital are the only sites approved for EDTA collections.
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
Breast Cancer Marker  
see CA 15-3

Division: Clinical Chemistry - Core

Brucella Abortus Antibodies

Tube/Specimen: Gold Stoppered 5.0 mL SST  
Requisition: CD0432/ CD0433

Division: Virology-Immunology

Instructions: Convalescent specimen should be sent 10-14 days after acute specimen with a new requisition.

Bullous Pemphigoid  
see Anti-Pemphigoid Antibody

Division: Immunopathology

BUN  
see Urea, Plasma

Division: Clinical Chemistry - Core

C0  
see Cyclosporine

Division: Clinical Chemistry - Toxicology

C1 Esterase Inhibitor  
see C1 Inactivator

Division: Clinical Chemistry - Immunology

C1 Esterase Inhibitor “Functional”

Tube/Specimen: Light blue topped Sodium Citrate tube  
Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature. Separate plasma. Freeze at once. Do not accession for non-NSHA Central Zone Hospitals

LIS Mnemonic: C1ESTF

C1 Inactivator

Tube/Specimen: Plain red topped tube (6 mL) (no serum separator)  
Requisition: CD0002

Division: Clinical Chemistry - Immunology

Shipping: Ensure the specimen is allowed to clot for 30 minutes before centrifuging and removing the serum. Double centrifugation (after serum has been removed from plain red topped tube) is required to prevent red blood cells being present in the specimen. Two aliquot vials should be frozen and sent on dry ice.
### C1Q Complement Component

**Tube/Specimen:** Lavender topped K2EDTA tube.

**Referred Out:** In-Common Laboratories

**Instructions:** Centrifuge at room temperature. Aliquot platelet-poor plasma. **Freeze** at once. Do not accession for non-NSHA **Central Zone** Hospitals

**LIS Mnemonic:** MISC REF

---

### C2

**See:** Cyclosporine

**Division:** Clinical Chemistry - Toxicology

---

### C282Y

**See:** Hemochromatosis

**Division:** Molecular Diagnostics

---

### C3 C4

**See:** Complement Serum (C3 C4)

**Division:** Clinical Chemistry - Core

---

### CA

**See:** Calcium, Plasma

**Division:** Clinical Chemistry - Core

---

### CA125

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

**Requisition:** CD0002

**Division:** Clinical Chemistry - Core

**Shipping:** Separate serum within 5 hours of collection. Serum stable for 7 days at 2 to 8°C. Freeze and send 1.0 mL frozen serum.

**Alternate Names:** Ovarian Cancer Antigen

**LIS Mnemonic:** CA 125

---

### CA15-3

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

**Requisition:** CD0002

**Division:** Clinical Chemistry - Core

**Shipping:** Separate serum within 5 hours of collection. Serum stable for 7 days at 2 to 8°C. Freeze and send frozen serum, if longer.
Alternate Names: Breast Cancer Marker
BR
LIS Mnemonic: CA 15-3

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

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

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

Caffeine Level
Tube/SPECIMEN: Plain red topped tube
Referred Out: In-Common Laboratories
Instructions: Centrifuge at room temperature.
Aliquot 1.0 mL (minimum 0.5 mL) of serum into plastic vial.
Do not accession for non-NSHA Central Zone Hospitals
Ship refrigerated
LIS Mnemonic: Caffeine Level
CAFQ
Calcitonin
Tube/SPECIMEN: Gold Stoppered 5.0 mL SST on ice
REQUISITION: CD0002
DIVISION: Clinical Chemistry - Core
INSTRUCTIONS: Specimens for this determination should be collected in chilled tubes, kept on ice and delivered immediately to Laboratory Client Support Centre, 1st floor Mackenzie.
SHIPPING: Separate at 4°C. Freeze immediately and send 1.0 ml frozen serum. Thawed specimens are unacceptable.
ALTERNATE NAMES: Thyrocalcitonin
LIS MNEMONIC: CALCIT

Calcium, Ionized
see Ionized Calcium, Serum

Calcium, Plasma
Tube/SPECIMEN: Light Green 4.5 mL Lithium heparin and gel for plasma separation
REQUISITION: CD0002
DIVISION: Clinical Chemistry - Core
ALTERNATE NAMES: CA
LIS MNEMONIC: CA

Calcium-Corrected Total, Plasma
Tube/SPECIMEN: Light Green 4.5 mL Lithium heparin and gel for plasma separation
REQUISITION: CD0002
DIVISION: Clinical Chemistry - Core
COMMENT: Testing includes Albumin and Calcium, Plasma
ALTERNATE NAMES: Corrected TCA
LIS MNEMONIC: CORCA

Calcium, Random Urine or 24-Hour Urine
Tube/SPECIMEN: Random collection using a mid-stream technique to eliminate bacterial contamination or 24-hour urine collection (preferred) in a plain container.
REQUISITION: CD0002
DIVISION: Clinical Chemistry - Core
INSTRUCTIONS: Specimen required: 4 mL aliquot of pH adjusted and well-mixed collection.
PLM Laboratory Test Catalogue

Record Total Volume of the 24-hour urine on both the aliquot and the requisition. Refer to Appendix A for pH adjustment instructions.

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

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

LIS Mnemonic: U24 CA

U CA

Calculus Analysis

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

Referred Out: In-Common Laboratories

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

Ship at room temperature.

LIS Mnemonic: STONE

California Encephalitis see ARBO Virus

Division: Virology-Immunology

Calprotectin, Fecal

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

Referred Out: In-Common Laboratories

Instructions: Freeze sample.

Do not accession for non-NSHA Central Zone Hospitals

Stability: 5 days refrigerated; 1 month frozen.

LIS Mnemonic: CALP F

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

Division: Molecular Diagnostics

cAMP see Cyclic AMP Urine and Serum

Referred Out: Mayo Medical Laboratories

Carbamazepine-10, 11 Epoxide (Do not confuse with Carbamazepine)

Tube/SPECIMEN: Collect one plain red topped tube

Referred Out: In-Common Laboratories

Instructions: Must indicate “Epoxide” on the requisition.
PLM Laboratory Test Catalogue

Aliquot 2.0 mL serum. **Freeze.**
Do not accession for non-NSHA Central Zone Hospitals

LIS Mnemonic: CARBEP

---

**Carbamazepine**

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

**Requisition:** CD0002

**Division:** Clinical Chemistry - Core

**Comments:** Blood should be collected just prior to the next dose (trough collection). Specimens should not be collected until the blood concentration is at steady state (3-4 half-lives).

**Note:** These determinations can be done on micro samples. Send at least 0.2 mL of serum.

**Alternate Names:** Tegretol

**LIS Mnemonic:** CARB

---

**Carbon Dioxide, Plasma see Bicarbonate, Plasma**

**Division:** Clinical Chemistry - Core

---

**Carbon Monoxide**

**Tube/Specimen:** Dark green stoppered, lithium heparinized whole blood on ice (tube must be filled), or collected in a pre-heparinized Blood Gas syringe on ice.

Maximum heparin ratio must be <10 IU/mL blood

Recommended volume: 1 mL

Minimum volume: 0.7 mL

**Requisition:** CD0021

**Division:** Clinical Chemistry - Core

**Comments:** If using syringe, remove needle; do not transport with needle attached. Label barrel or tube with patient information in water proof ink, immerse in a slurry of ice and water and deliver to Blood Gas Laboratory immediately.

Lithium Heparin Tube is very stable: Up to 2 days, on ice or not on ice.

**Alternate Names:** Carboxyhemoglobin

**LIS Mnemonic:** COHB

---

**Carboxyhemoglobin see Carbon Monoxide**

**Division:** Clinical Chemistry - Core

---

**Carcinoembryonic Antigen see CEA**

**Division:** Clinical Chemistry - Core

---

**Cardiac Enzymes see CK, Plasma or Lactic Dehydrogenase, Serum**

**Division:** Clinical Chemistry - Core

---
<table>
<thead>
<tr>
<th>Test</th>
<th>Division</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardio Ab</td>
<td>Immunopathology</td>
</tr>
<tr>
<td>Cardiolipin Antibodies</td>
<td>Immunopathology</td>
</tr>
<tr>
<td>Carnitine Free and Total</td>
<td></td>
</tr>
<tr>
<td>Carotene (Beta-Carotene)(β-Carotene)</td>
<td></td>
</tr>
<tr>
<td>Catecholamines, Total Plasma</td>
<td></td>
</tr>
<tr>
<td>Catecholamine, 24-Hour Urine</td>
<td></td>
</tr>
</tbody>
</table>

**Cardio Ab**

**see Anti-Cardiolipin Ab**

- **Division:** Immunopathology

**Cardiolipin Antibodies**

**see Anti-Cardiolipin Ab**

- **Division:** Immunopathology

**Carnitine Free and Total**

- **Tube/Specimen:** Collect one plain red topped tube.
- **Referred Out:** In-Common Laboratories
- **Instructions:** Centrifuge at room temperature. 
  Aliquot 1.0 mL serum into plastic vial. **Freeze** at once.
- **LIS Mnemonic:** CARN F T

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

- **Tube/Specimen:** Collect two gold topped SST tubes. **Wrap in foil to protect from light!**
- **Referred Out:** In-Common Laboratories
- **Instructions:** Centrifuge at room temperature. 
  Aliquot 4.0 mL serum into plastic vial. **Wrap aliquot in foil to protect from light. Freeze** at once.
- **LIS Mnemonic:** Carotene

**Catecholamines, Total Plasma**

- **Tube/Specimen:** Collect one lavender topped EDTA tube and **place on ice.**
- **Referred Out:** In-Common Laboratories
- **Instructions:** Sample must be centrifuged cold (4ºC) and frozen **within 1 hour of collection.**
  Aliquot 1.0 mL of plasma into plastic vial. **Freeze.**
  Do not accession for non-NSHA Central Zone Hospitals
- **LIS Mnemonic:** Cats Plasma

**Catecholamine, 24-Hour Urine**

- **Tube/Specimen:** 24-hour urine collection, preserved with 25 mL 6N HCL added to the bottle at the start of collection
- **Requisition:** CD0002
- **Division:** Clinical Chemistry - Toxicology
- **Instructions:** Specimen required: 30 mL urine aliquot from a pH adjusted and well-mixed collection. 
  Record the **Total Volume of the 24-hour urine on both the aliquot and the requisition.**
  Abstain from medications that affect catecholamine levels for 72 hours prior to collection. 
  Refer to Appendix A for pH adjustment instructions.
- **Stability:** Room temperature for 1 day (pH=2 to 4), 2 to 8ºC (preferred) for 7 days (pH=2 to 4) and frozen for 2 weeks (pH=2 to 4).
PLM Laboratory Test Catalogue

Alternate Names: Urinary Catecholamines
LIS Mnemonic: U24 CATS
          U CATS R [IWK Only]

CBC  see Profile, auto Diff
Division: Hematopathology - Core

CBF beta-MYH11 gene fusion  see Inversion 16
Division: Molecular Diagnostics

CCP  see Anti-Cyclic Citrullinated Peptide
Division: Immunopathology

CD4 Cells, CD4 Cell Marker  see T Cell Subsets
Division: Hematopathology - Flow Cytometry

CD55/59 TESTING  see Paroxysmal Nocturnal Hemoglobinuria
Division: Hematopathology – Flow Cytometry

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

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

Celiac Screen/Disease  see Anti-Tissue Transglutaminase
Section: Management System\PLM\General\PLM Website\General\Test Catalogue\ Version: 111.0 Current
Doc#: 19453 
Effective Date: 11/7/2019
Page 53 of 204

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
Cell Surface Markers - Bone Marrow

Tube/Specimen: Dark green stoppered 7.0 mL Lithium Heparin
Requisition: CD0046
Division: Hematopathology-Flow Cytometry

Shipping: Specimen to be collected at the same time as Bone Marrow Aspiration. Specimens should arrive in the Flow Cytometry lab on the same day of collection however, must arrive within 24 hours of collection and no later than 14:00 on Fridays (or the day before a holiday). Maintain specimen at room temperature.

Referral hospitals must submit an unstained bone marrow slide and peripheral blood slide with the specimen, a copy of the bone marrow analysis report and patient diagnosis, and a copy of the CBC results with differential. Indicate on requisition specimen is Bone Marrow.

Referral hospitals should notify Flow Cytometry Laboratory (902-473-5549) in advance when requesting this test. Provide patient name, health card, referral hospital and contact information.

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

Cell Surface Markers – Lymph node, Tissue (including Fine Needle Aspirates), CSF and Body Fluids

Please note that these instructions refer only to the portion of the specimen that is being processed for cell surface marker analysis / flow cytometry testing; if the specimens need to be sent for histological, cytopathology, molecular or other specialized testing please ensure that proper collection procedures are followed as well for those tests. These instructions do not provide information on how to best partition the specimen for the different tests.

Tube/Specimen: Lymph Node/Tissue:
The portion of the lymph node or tissue specimen that is being submitted for cell surface marker / flow cytometry analysis is to be collected and immediately placed in RPMI 1640 medium.

CSF:
Cerebrospinal fluid (CSF) specimens with a low number of cells can be collected without RPMI but need to be received by the Flow Cytometry Laboratory within 30 minutes after collection for adequate processing; if there is an expected delay in transport RPMI solution should be added.

Fluids:
Other body fluids including pleural and peritoneal fluids require the addition of RPMI only if the specimen is not being sent immediately to the laboratory.

Note: The time of collection and the time the RPMI solution is added should be indicated on the requisition. The amount of specimen and the amount of RPMI added to the fluid must be indicated on the requisition form.

Requisition: CD0002
Division: Hematopathology-Flow Cytometry
Instructions: Specimens collected at the QEII VG site are to be delivered by STAT porter immediately after collection directly to the Flow Cytometry Laboratory (Room 216 Mackenzie Building). Please call the Flow Cytometry Lab (902-473-5549) as well to notify that a specimen is on the way. Specimens should be received within 30 minutes or less after collection and in the laboratory no later than 15:00 to ensure processing/acceptable results. For urgent specimens collected after hours and on the weekend please contact the “Lymph Node Pathologist On-Call” through the operator / locating to facilitate the processing of the specimen.

Specimens collected outside the QEII VG site must be delivered to the lab as soon as possible to ensure optimal testing. Specimens should arrive no later than 24 hours after collection and be received in the laboratory no later than 15:00. Slides should accompany the specimen and the tissue type indicated on the requisition. A copy of the CBC results and differential should be sent if available.

Note: Referral hospitals must notify Flow Cytometry Laboratory (902-473-5549) in advance when requesting this test. Provide patient name, health card number, referral hospital and contact information.

Shipping: Specimens collected outside the QEII VG site may be shipped at room temperature. If the specimen is not shipped on the same day of collection it should be refrigerated at 2 to 8°Celsius. Please note that the specimen should already be placed in RPMI solution.

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

Cell Surface Markers - Peripheral Blood

Tube/Specimen: Dark green stoppered 7.0 mL Lithium Heparin and Lavender Stoppered 4.0 mL EDTA for CBC and Auto Differential
Requisition: CD0002
Division: Hematopathology-Flow Cytometry
Instructions: Specimens should arrive in the Flow Cytometry lab on the same day of collection however, must arrive within 24 hours of collection and no later than 14:00 on Fridays (or the day before a holiday).
Shipping: Maintain specimen at room temperature. Referral hospitals must submit an unstained peripheral blood slide with the specimen, a copy of the CBC results with differential and patient diagnosis. Indicate on requisition that specimen is peripheral blood.
Note: Referral hospitals should notify Flow Cytometry Laboratory (902-473-5549) in advance when requesting this test. Provide patient name, health card number, referral hospital and contact information.

CellCept
Division: Clinical Chemistry - Toxicology

Celontin
Division: Clinical Chemistry - Core

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

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

CH50
Division: In-Common Laboratories

CH50
Division: In-Common Laboratories

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

Uncontrolled When Printed
CHIC-2 see Hypereosinophilic Syndrome

Referred Out: Mayo Cytogenetics Laboratory

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

Chicken Pox Titre see Varicella Zoster Immune Status

Division: Virology-Immunology

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

Chikungunya Virus see ARBO Virus

Division: Virology-Immunology

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

Chimerism analysis for BMT

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

Requisition: CD0046 or CD2573

Division: Molecular Diagnostics

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

Alternate Names: Pre-BMT
BMT
Post-BMT
STR
VNTR

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

Chlamydia PCR, Urine

Requisition: CD0432/ CD0433

Division: Virology-Immunology

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

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

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

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

Chloride, Plasma

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

Requisition: CD0002

Division: Clinical Chemistry – Core

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

Shipping: Separate plasma within 2 hours of collection.
Alternate Names: Cl-
LIS Mnemonic: CL

Chloride, Stool  see Fecal Electrolytes

Referred Out: In-Common Laboratories

Chloride, Random Urine or 24-Hour Urine

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

Cholesterol, Plasma

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

Cholesterol Crystals

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

### Cholesterol Screen
- **Division:** Clinical Chemistry - Core
- **See:** Cholesterol, Plasma

### Cholesterol, HDL
- **Division:** Clinical Chemistry - Core
- **See:** HDL-Cholesterol, Plasma

### Cholesterol, LDL
- **Division:** Clinical Chemistry – Core
- **See:** LDL-Cholesterol, Plasma

### Cholinesterase
- **Division:** Clinical Chemistry – Core
- **See:** Acetylcholinesterase, Plasma

#### Cholinesterase Phenotyping
**(CHE Phenotyping)**
- **Tube/Specimen:** Collect one red topped tube. If patient has had surgery, collect specimen at least 24 hours post-surgery.
- **Referred Out:** In-Common Laboratories
- **Instructions:**
  - Plasma not acceptable.
  - Centrifuge at room temperature.
  - Aliquot 2.0 mL of serum into plastic vial. **Freeze** at once.
- **LIS Mnemonic:** CHE Pheno

### Chorionic Gonadotropin Beta-Subunit
- **Division:** Clinical Chemistry - Core
- **See:** HCG (Quant), Plasma

### Chrithidia Lucillae
- **Division:** Immunopathology
- **See:** Anti-Nuclear AB (ANA)

### Chromium 24 Hour Urine
- **Tube/Specimen:** Collect in plain 24 hour urine container. Collection date and 24 hour volume must be provided. Avoid seafood consumption for five days prior to collection.
- **Referred Out:** In-Common Laboratories
- **Instructions:**
  - Record total volume.
  - Aliquot 13.0 mL of 24 hour urine collection into a transport tube.
  - Ship at room temperature.
  - Do not accession for non-NSHA Central Zone Hospitals
- **LIS Mnemonic:** Miscellaneous Referred-Out

### Chromium for Hip Recall
- **See:** Metal Ions for Hip Recall

---

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

**Uncontrolled When Printed**
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.

Chromium Random Urine

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

Referred Out: In-Common Laboratories

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

LIS Mnemonic: CRRU

Chromium Plasma

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

Referred Out: In-Common Laboratories

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

LIS Mnemonic: CR P

Chromium Whole Blood

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

Referred Out: In-Common Laboratories

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

LIS Mnemonic: CR WB

Chromogenic Factor IX

see Factor Assay Chromogenic IX

Division: Hematopathology-Coagulation

Chromogranin A

Tube/Specimen: Two lavender topped EDTA tubes

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature. Aliquot at least 1.0 mL plasma in each of 2 separate plastic vials. Freeze immediately. Specimen unsuitable if thawed. Do not accession for non-NSHA Central Zone Hospitals

LIS Mnemonic: CGA
Chromosomal Analysis
Tube/Specimen: Dark green stoppered containing Sodium Heparin 4 mL
Requisition: IWK Cytogenetics Requisition
Division: Hematopathology - Microscopy
Instructions: Notify IWK Lab at 902-428-8336 in advance when requesting this test or to obtain requisition.
-----------------------------------------------------------------------------------------------------------------------------
Chromosome Translocation t (11; 14) see bcl-1 Gene fusion
Division: Molecular Diagnostics
-----------------------------------------------------------------------------------------------------------------------------
Chromosome Translocation t (14; 18) see bcl-2 Gene fusion
Division: Molecular Diagnostics
-----------------------------------------------------------------------------------------------------------------------------
Citrate, 24-Hour Urine
Tube/Specimen: 24-hour urine collection in a plain container.
Requisition: CD0002
Division: Clinical Chemistry - Core
Instructions: Specimen required: 4 mL urine aliquot from well-mixed collection. Patient must follow special diet provided by the Stone Clinic. Record Total Volume of the 24-hour urine on both the aliquot and the requisition.
Stability: Room temperature 6 hours, 2 to 8°C (preferred) for 7 days and frozen for 2 weeks.
Alternate Names: Citric Acid
LIS Mnemonic: U24 CIT
U CIT R [IWK samples only]
-----------------------------------------------------------------------------------------------------------------------------
Citric Acid see Citrate, Urine
Division: Clinical Chemistry - Core
-----------------------------------------------------------------------------------------------------------------------------
CK, Plasma
Tube/Specimen: Light Green 4.5 mL Lithium heparin and gel for plasma separation
Requisition: CD0002
Division: Clinical Chemistry – Core
Alternate Names: Creatine Kinase
CPK
CKMB
Cardiac Enzymes
LIS Mnemonic: CK
# PLM Laboratory Test Catalogue

## CK isoenzymes (CKMB)

<table>
<thead>
<tr>
<th>Tube/Specimen</th>
<th>Gold topped SST tube.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referred Out</td>
<td>In-Common Laboratories</td>
</tr>
<tr>
<td>Instructions</td>
<td>Centrifuge at room temperature. Aliquot at least 0.5 mL serum and freeze.</td>
</tr>
<tr>
<td>LIS Mnemonic</td>
<td>MISC REF</td>
</tr>
</tbody>
</table>

## CL (See Chloride, Plasma)

| Division             | Clinical Chemistry - Core |

## Clinical Bacteriology Referred Out Isolates: Special Bacteriology (e.g. Legionella, Bartonella ID, Bacterial Identifications)

<table>
<thead>
<tr>
<th>Tube/Specimen</th>
<th>Isolate for identification/typing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referred Out</td>
<td>National Microbiology Laboratory</td>
</tr>
<tr>
<td>Instructions</td>
<td>Shipped as Category B</td>
</tr>
</tbody>
</table>

## CLL MLPA

<table>
<thead>
<tr>
<th>Tube/Specimen</th>
<th>4.0 mL EDTA Lavender stoppered tube(s) (and one 7.0 mL Lithium Heparin Dark Green stoppered tube)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requisition</td>
<td>CD0046 or CD2573</td>
</tr>
<tr>
<td>Division</td>
<td>Molecular Diagnostics</td>
</tr>
<tr>
<td>Instructions</td>
<td>Blood/bone marrow must be kept at 4 degrees Celsius, accompanied by requisition. If multiple Molecular Diagnostics tests are ordered, only 2 tubes of peripheral blood or 1 tube of bone marrow are necessary.</td>
</tr>
</tbody>
</table>

## Clobazam

<table>
<thead>
<tr>
<th>Tube/Specimen</th>
<th>Plain Red Tube 6 or 10 mL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requisition</td>
<td>CD0002</td>
</tr>
<tr>
<td>Division</td>
<td>Clinical Chemistry - Toxicology</td>
</tr>
<tr>
<td>Instructions</td>
<td>This determination can be done on micro samples. Send at least 0.2 mL of serum for each test. Blood should be collected just prior to the next dose (trough collection).</td>
</tr>
<tr>
<td>Note</td>
<td>Routine monitoring includes quantitation of the active metabolite N-Desmethylclobazam.</td>
</tr>
<tr>
<td>Alternate Names</td>
<td>Frisium</td>
</tr>
<tr>
<td>LIS Mnemonic</td>
<td>CLOB</td>
</tr>
</tbody>
</table>

## Clomipramine Level

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

---

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

Tube/Specimen: Plain red topped tube.
Referred Out: In-Common Laboratories
Instructions: Centrifuge at room temperature. Aliquot 3.0 mL of serum into plastic vial. Freeze immediately. Do not accession for non-NSHA Central Zone Hospitals
LIS Mnemonic: CLONAZ

Clozapine  
(Clozaril)

Tube/Specimen: Royal Blue Stoppered (BD 368380, Trace Element Serum/Plasma) 2x6 mL
Requisition: CD0002
Division: Clinical Chemistry - Toxicology
Comments: Blood should be collected just prior to next dose (trough). Blood should not be collected until 7 days after the last dose change.
Shipping: If sending specimen from outside QEII HSC, send frozen serum.
Alternate Names: Clozaril
LIS Mnemonic: CLOZ

CMV Antibody Screen

Tube/Specimen: Gold Stoppered 5.0 mL SST
Requisition: CD0432/ CD0433
Division: Virology-Immunology
Instructions: Indicate on requisition whether immune status (IgG) or recent infection (IgM) is required. For IgM: convalescent specimen should be taken 10-14 days after acute specimen with a new requisition. Indicate if specimen is acute or convalescent.
Alternate Names: Cytomegalovirus Antibody Screen

CMV Antigen  
see CMV PCR
Division: Virology-Immunology

CMV Blood Culture  
see CMV PCR
CMV PCR

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

CMV Titre

Division: Virology-Immunology

C Myc

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

CO2, Plasma

Division: Clinical Chemistry - Core

Coagulation Factor Assays

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

Cobalt, Plasma

Tube/Specimen: 6.0 mL Royal Blue Trace Element K2 EDTA tube (BD368381)
Referred Out: In-Common Laboratories
Instructions: Centrifuge.
PLM Laboratory Test Catalogue

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

LIS Mnemonic: COBP

Cobalt, Whole Blood
Tube/Specimen: 6.0 mL Royal Blue Trace Element K2 EDTA tube (BD368381)
Referred Out: In-Common Laboratories
Instructions: Do Not Centrifuge!
Do not freeze. Ship refrigerated.
Do not accession for non-NSHA Central Zone Hospitals
LIS Mnemonic: COB WB

Coccidioidomycoses Serology
Tube/Specimen: Gold Stoppered 5.0 mL SST
Requisition: CD0432/ CD0433
Division: Virology-Immunology
Instructions: Clinical data should be indicated on the requisition.
Note: For Coccidioidomycoses cultures, see the “Microbiology User’s Manual”. This test will be referred out by the laboratory.

COHb see Carbon Monoxide
Division: Clinical Chemistry - Core

Cold Agglutinin Test see Cold Agglutinin Titre
Division: Blood Transfusion

Cold Agglutinin Titre
Tube/Specimen: One Plain Red topped tube (6 or 10 mL) or one Lavender topped EDTA tube, collected at 37°C
Requisition: QE7477
Division: Blood Transfusion
Instructions: Specimens must remain at 37°C throughout the procedure until they arrive in Blood Transfusion Service.
If specimen cannot arrive in the laboratory at 37°C then spin and separate serum or plasma before sending.
Serum or plasma must be separated within 24 hours.
Testing is batched and will be performed once per week. If required STAT, please call Blood Transfusion Services.
Note: Thermal amplitudes are automatically done when Cold Agglutinin Titre results are greater than 640.

Complement Serum (C3 and C4)
Tube/Specimen: Gold Stoppered 5.0 mL SST
Requisition: CD0002

Section: Management System\PLM\General\PLM Website\General\Test Catalogue\Doc#: 19453
Version: 111.0 Current
Effective Date: 11/7/2019
Page 64 of 204

The electronic copy that resides on the document control system is the valid document. Any paper document labeled Uncontrolled must be verified against the electronic version prior to use.
Uncontrolled When Printed
Division: Clinical Chemistry - Core
Comments: Indicate on requisition, which Complement is requested.
Shipping: Separate serum as soon as possible. Serum stable for 48 hours at 2 to 8°C. Freeze and send frozen serum, if longer.
Alternate Names: C3 C4
LIS Mnemonic: C3
C4
C3C4

Complement CH50

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

Compound “S” see 11-Deoxycortisol

Referred Out: In-Common Laboratories

Coombs Test see Direct Antiglobulin Test or Indirect

Division: Blood Transfusion

Co-Oximetry see Blood Gases

Division: Clinical Chemistry - Core

Copeptin

Tube/Specimen: Light Green 4.5 mL Lithium heparin and gel for plasma separation
Referred Out: In-Common Laboratories
Instructions: Centrifuge.
Aliquot 1.0 mL plasma into a plastic transfer vial. Freeze at once.
Do not accession for non-NSHA Central Zone Hospitals
LIS Mnemonic: Copeptin

Copper Level

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

LIS Mnemonic: Copper

---

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

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

**Referred Out:** In-Common Laboratories

**Instructions:** Specimen required: 15 mL urine aliquot from well-mixed collection. Record Total Volume of the 24-hour urine on both the aliquot and the requisition. Avoid mineral supplements for 5 days. Do not accession for non-NSHA Central Zone Hospitals

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

**LIS Mnemonic:** CU U 24

---

**Coproporphyrin, 24 Hour Urine**

See Porphyrin Screen, 24 Hour Urine

**Referred Out:** In-Common Laboratories

---

**Cortisol, 24-Hour Urine**

**Tube/Specimen:** 24-hour urine collection in a plain container.

**Requisition:** CD0002

**Division:** Clinical Chemistry - Core

**Instructions:** Specimen required: 4 mL urine aliquot from well-mixed collection. Record Total Volume of the 24-hour urine on both the aliquot and the requisition.

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

**LIS Mnemonic:** U24 CORT

---

**Cortisol, Serum**

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

**Requisition:** CD0002

**Division:** Clinical Chemistry - Core

**Instructions:** Specimens for cortisol should be collected at 0800. *Clinicians must indicate on the requisition form if this test is part of a Dexamethasone Suppression Test (DST) by writing "Cortisol – DST" in the bottom space on the requisition.* (June 6/17) These are to be accessioned as Cortisol (DST).

**Shipping:** Separate serum within 5 hours of collection. Serum stable for 14 days at 2 to 8°C. Freeze and send frozen serum, if longer.

**LIS Mnemonic:** CORT CORT (DST) [post Dexamethasone Suppression Test only]
**Coxiella Burnetii**

<table>
<thead>
<tr>
<th>Division</th>
<th>Microbiology-Immunology</th>
</tr>
</thead>
</table>

**C-Peptide**

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

**CPK**

<table>
<thead>
<tr>
<th>Division</th>
<th>Clinical Chemistry - Core</th>
</tr>
</thead>
</table>

**C-Reactive Protein-HS (High Sensitivity), Plasma**

<table>
<thead>
<tr>
<th>Tube/Specimen</th>
<th>Light Green 4.5 mL Lithium heparin and gel for plasma separation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requisition</td>
<td>CD0002</td>
</tr>
<tr>
<td>Division</td>
<td>Clinical Chemistry – Core</td>
</tr>
<tr>
<td>Alternate Names</td>
<td>CRP</td>
</tr>
<tr>
<td></td>
<td>High Sensitive CRP</td>
</tr>
<tr>
<td>LIS Mnemonic</td>
<td>CRP</td>
</tr>
</tbody>
</table>

**Creatine Kinase**

<table>
<thead>
<tr>
<th>Division</th>
<th>Clinical Chemistry - Core</th>
</tr>
</thead>
</table>

**Creatinine Clearance, 24-Hour Urine or Timed Urine**

| Tube/Specimen                  | Submit both plasma and urine specimens (no preservative) as follows: |
|                               | Plasma: Collect blood in Light Green 4.5 mL Lithium heparin and gel for plasma separation. |
| Requisition                   | CD0002                                                           |
| Division                      | Clinical Chemistry - Core                                        |
| Instructions                  | Plasma specimen should be collected within 12 hours pre or post 24-hour urine collection. |
|                               | Specimen required: 4 mL urine aliquot from well-mixed collection. |
|                               | Record the duration of collection in hours (ex: 24 or 2 hour) on both the urine aliquot and the requisition. |
|                               | Record the Total Volume of the 24-hour urine on both the aliquot and the requisition. |
|                               | Indicate on requisition patient height (inches) and weight (pounds). |
| Stability                     | Room temperature for 1 day, 2 to 8°C (preferred) for 7 days and frozen for 2 weeks. |
Creatinine, Fluids

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

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

LIS Mnemonic: DF CREAT
BF CREAT

Creatinine, Plasma

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

Requisition: CD0002
Division: Clinical Chemistry - Core

LIS Mnemonic: CREAT

Creatinine, Random Urine or 24-Hour Urine

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

Requisition: CD0002
Division: Clinical Chemistry - Core

Instructions:
- Specimen required: 4 mL urine aliquot from well-mixed collection.
- Record Total Volume of 24-hour urine on both the aliquot and the requisition.

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

LIS Mnemonic: U24 CREAT
U CREAT

Crithidia Lucillae see Anti-ds DNA

Division: Immunopathology

Crossmatch see Type and Crossmatch

Division: Blood Transfusion

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

Division: Clinical Chemistry - Core

Section: Management System\PLM\General\PLM Website\General\Test Catalogue\
Doc#: 19453
Version: 111.0 Current
Effective Date: 11/7/2019

Page 68 of 204

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
Cryofibrinogen

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

Referred Out: Hamilton General Hospital

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

LIS Mnemonic: MISC HEM

Cryoglobulins at 37°C

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

Requisition: CD0002

Division: Clinical Chemistry – Immunology

Instructions: Collect in pre-warmed tubes kept at 37°C. Maintain at 37°C throughout the procedure and transportation to the laboratory.

Specimen stability at 37°C is a maximum of 4 hours from collection to centrifugation. If transport is greater than 4 hours, tubes should optimally be centrifuged at 37°C, double spun to remove any red cells, and separated within 4 hours. Once separated, transport serum at room temperature.

Minimum 6mL serum is required.

Cryptococcal Antigen

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

Requisition: QE 7125

Division: Microbiology

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

CSF Lactate see Lactate, Spinal Fluid

Referred Out: IWK Laboratory

C-Telopeptide (CTX)

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

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature.

Aliquot 1.0 mL of plasma into a plastic vial. Freeze at once.

Do not accession for non-NSHA Central Zone Hospitals

LIS Mnemonic: CTELO

Culture & Sensitivity see Blood Cultures

Division: Microbiology

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

Uncontrolled When Printed
PLM Laboratory Test Catalogue

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

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

CYA see Cyclosporine
Division: Clinical Chemistry - Toxicology

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

Cyanide (Do not confuse with Thiocyanate)
Tube/Specimen: 4.0 mL lavender topped EDTA tube.
Referred Out: In-Common Laboratories
Instructions: 
Do Not Centrifuge!
Do Not Freeze! Keep refrigerated.
Send specimen in original collection tube.
Do not accession for non-NSHA Central Zone Hospitals

LIS Mnemonic: CYAN

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

Cyclic AMP Urine and Serum
Tube/Specimen: Urine and serum are required for testing. Serum must be drawn at time of urine collection. Gold topped SST tube and random urine sample.
Referred Out: Mayo Medical Laboratories
Instructions: Centrifuge gold topped tube at room temperature. Aliquot 1.0 mL serum into a plastic vial. Aliquot 13.0 mL of urine. Do not accession for non-NSHA Central Zone Hospitals

LIS Mnemonic: cAMP

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

Cyclic-Citrullinated Peptide see Anti-Cyclic Citrullinated Peptide
Division: Immunopathology

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

Cyclin-D1 see BCL1-IGH gene fusion
Division: Molecular Diagnostics

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

Cyclosporine
Tube/Specimen: Lavender Stoppered 4.0 mL EDTA
Requisition: CD0002
Division: Clinical Chemistry - Toxicology
Instructions: The time sample collected should be indicated on the requisition and tubes. Time of last medication should be indicated on the requisition. Cyclosporine can be ordered as C0 (trough, pre-dose) or C2 (peak, 2 hour post-dose).
Shipping: Mix whole blood, transfer whole blood to a plastic tube. Freeze and send on dry ice.
Alternate Names: Neoral Sandimmune IV
The electronic copy that resides on the document control system is the valid document. Any paper document labeled Uncontrolled must be verified against the electronic version prior to use.

Uncontrolled When Printed
PLM Laboratory Test Catalogue

Division: Hematopathology - Microscopy
Instructions: Done at discretion of the Hematopathologist. Lavender stoppered 4.0 mL EDTA tube is acceptable if a bone marrow slide is not available.
Note: Includes: Peroxidase and Non-Specific Esterase

Cytogenetic Testing for IWK see IWK Cytogenetics Testing
Referred Out: IWK Cytogenetics Lab

Cytomegalovirus Antibody see CMV Antibody Screen
Division: Virology-Immunology

Cytomegalovirus IgM see CMV Antibody Screen
Division: Virology-Immunology

Cytomegalovirus Viral Load see CMV PCR
Division: Virology-Immunology

Cytotoxic Antibodies see HLA Antibody Testing
Division: Hematopathology - Histocompatibility (HLA)

DADE see PTT Dade
Division: Hematopathology - Coagulation

DAT see Direct Antiglobulin Test
Division: Blood Transfusion

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

Dehydroepiandrosterone see DHEA-S
Division: Clinical Chemistry - Core
Delta 4 Androstenedione  
see Androstenedione

Dengue Virus  
see ARBO Virus

Depakene  
see Valproate

Desethylamiodarone  
see Amiodarone Level

Desipramine  
see Imipramine Level

Desmethylclomipramine  
see Clomipramine Level

Desmethyldoxependin  
see Doxepin Level

Dexamethasone Suppression Test (DST)  
see Cortisol, Serum

DHEA-Unconjugated  
(Dehydroepiandrosterone unconjugated)

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

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
DHEAS (Patients under 11 years old ONLY)
Tube/Specimen: Gold topped SST tube
Referred Out: In-Common Laboratories
Instructions: Separate serum within 5 hours of collection. Freeze and send frozen serum.
Note: Serum stable for 8 days at 2 to 8°C.
LIS Mnemonic: DHEAS

Dialysate Fluid see specific test for instructions.

Diastase see Amylase

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

Differential WBC Count see Profile

Differential, Manual see Blood Film, Differential, Manual

Digoxin
Tube/Specimen: Plain Red Tube 6 or 10 mL
Requisition: CD0002
Division: Clinical Chemistry - Core
PLM Laboratory Test Catalogue

Instructions: For informative results specimen should be taken just prior to medication, or 8 hours after the drug has been administered.

LIS Mnemonic: DIG

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

Dihydrohodamine (DHR)

Tube/Specimen: 5.0 mL green topped Sodium Heparin AND 5.0 mL green topped Sodium Heparin for a CONTROL from an unrelated healthy donor. Label the CONTROL as “Normal Control”.

Referred Out: Mayo Medical Laboratories

Instructions: Do Not Centrifuge!
Keep samples ambient.
Do not accession for non-NSHA Central Zone Hospitals

Note: Stability: 48 hours

LIS Mnemonic: MISC REF

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

Dihydrotestosterone (DHT) includes Testosterone

Tube/Specimen: Plain red topped tube

Referred Out: In-Common Laboratories

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

Note: Results may be affected if specimen is thawed.

LIS Mnemonic: DHT

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

Dilantin see Phenytoin

Division: Clinical Chemistry - Core

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

Diphenylhydantoin see Phenytoin, Free

Referred Out: In-Common Laboratories

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

Diphtheria Antitoxin

Tube/Specimen: Gold Stoppered 5.0 mL SST

Requisition: CD0432/CD0433

Division: Microbiology-Immunology

Instructions: Clinical data should be indicated on the requisition.

Note: This test will be referred out by the laboratory.
**PLM Laboratory Test Catalogue**

**Direct Antiglobulin Test**
Tube/Specimen: Lavender Stoppered 6.0 mL EDTA (BD# 367863)
Requisition: CD0001_08_11
Division: Blood Transfusion
Instructions: Indicate on requisition date and time required.
Comments: CC 85-079 Venipuncture for Blood Collection
Alternate Names: DAT

**Direct Bilirubin**
see Bilirubin Direct, Plasma
Division: Clinical Chemistry - Core

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

**Doxepin Level**
Tube/Specimen: Royal Blue Trace Element SERUM tube (BD368380)
Referred Out: In-Common Laboratories
Instructions: Centrifuge at room temperature. Aliquot serum into plastic vial. Freeeze.
Do not accession for non-NSHA Central Zone Hospitals
Note: Plain red topped (serum) and lavender topped EDTA (plasma) tubes are also acceptable; must indicate specimen type on tube.
LIS Mnemonic: DOX

**Drug Levels**
(Micro Mycobacteriology)
Tube/Specimen: Plain red topped
Referred Out: Infectious Disease Pharmacokinetics Laboratory
Instructions: Ship as Category B

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


Two gold topped SST tubes; the first to be collected Fasting; the second to be drawn 1 hour post-D-Xylose drink.

Referred Out: In-Common Laboratories

Instructions: Centrifuge and aliquot serum in referred-out transfer vials. Freeze immediately.
Do not accession for non-NSHA Central Zone Hospitals

LIS Mnemonic: DXT
DXT F
DXT 1

E+ see Electrolytes (Na, K), Plasma

Division: Clinical Chemistry - Core

E2 see Estradiol

Division: Clinical Chemistry - Core

Eastern Equine Encephalitis see ARBO Virus

Division: Virology-Immunology

EB Virus see Epstein - Barr virus Antibodies

Division: Virology-Immunology

Echinococcosis

Tube/Specimen: Gold Stoppered 5.0 mL SST

Requisition: QE 7125

Division: Virology-Immunology

Instructions: Clinical data should be indicated on the requisition.

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

eGFR, Plasma

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

Requisition: CD0002

Division: Clinical Chemistry - Core

Instructions: Age and gender must be included.
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.

Alternate Names: Estimated Glomerular Filtration Rate

LIS Mnemonic: eGFR

Elastase, Stool

see Fecal Elastase

Referred Out: In-Common Laboratories

Electrolytes (Na, K), Plasma

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

Electrolytes, Urine

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

Electrophoresis of Protein

see Protein Electrophoresis, Serum

Division: Clinical Chemistry - Immunology

Emerging Bacterial Pathogens/
Pathogenic Neisseria, Syphilis, and Vaccine Preventable Bacterial Diseases
(Neisseria meningitides, Neisseria gonorrhoea, Haemophilus influenza, Bordetella)

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

Referred Out: National Microbiology Laboratory

Instructions: Shipped as Biological Substances Category B

ENA Screen

Division: Immunopathology

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

Endomysial Antibody

Division: Immunopathology

Enteric Diseases Program:
Escherichia coli O157

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

Referred Out: National Microbiology Laboratory

Instructions: Shipped as Biological Substances Category A

Enteric Diseases Program:
Listeria monocytogenes

Tube/Specimen: Isolate, Serotyping

Referred Out: National Microbiology Laboratory

Instructions: Shipped as Biological Substances Category B.

Enteric Diseases Program:
Salmonella species

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

Referred Out: National Microbiology Laboratory

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

Enteric Diseases Program:
Shigella species

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

Referred Out: National Microbiology Laboratory

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

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

Uncontrolled When Printed
Instructions: Shipped as Biological Substances Category B except S. dysenteriae which requires Category A.

Enterohemorrhagic Ecoli requests

Referred Out: National Microbiology Laboratory
Instructions: Shipped as Biological Substances Category B.

Eosinophil Count

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

Eosinophil, Nasal Smear

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

Eosinophil, Sputum

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

Eosinophil, Random Urine or 24-Hour Urine

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

Epinephrine

see Catecholamines, Total Plasma

Referred Out: In-Common Laboratories

Epinephrine, Urine

see Catecholamines, Urine

Division: Clinical Chemistry - Toxicology
Epival see Valproate
Division: Clinical Chemistry - Core

EPO see Erythropoietin
Division: Clinical Chemistry - Core

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

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

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

ESR
Tube/Specimen: Lavender Stoppered 4.0 mL EDTA
Requisition: CD0002
Division: Hematopathology - Core
Instructions: Test must be performed within 10 hours of collection. Unacceptable if specimen more than 10 hours old.
Alternate Names: Sedimentation Rate
**Estradiol**

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

---

**Ethanol**  
see Alcohol, Serum

**Division:** Clinical Chemistry - Core

---

**Ethosuximide Level**

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

---

**Ethyl Alcohol**  
see Alcohol, Serum

**Division:** Clinical Chemistry - Core

---

**Ethylene Glycol**

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

---

**ETOH**  
see Alcohol, Serum

**Division:** Clinical Chemistry - Core

---

**Extractable-Nuclear Antibodies**  
see Anti-nuclear Antibody

**Division:** Immunopathology

---

The electronic copy that resides on the document control system is the valid document. Any paper document labeled Uncontrolled must be verified against the electronic version prior to use.  
Uncontrolled When Printed
F68KD (hsp-70)

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

Facioscapulohumeral Dystrophy (FSHD) DNA Testing

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

Factor Assays II, V, VII, X, VIIIIC, IX, XI, XII

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

Factor Assay Chromogenic IX

Tube/Specimen: Single assay - 1 Light Blue Stopped Tube 2.7 mL, must be a full draw.
Requisition: CD0002
Division: Hematopathology - Coagulation
Comments: Indicate Chromogenic Factor IX required on the requisition.
Referrals: Send 2 frozen aliquots of 1.0 mL platelet-poor plasma (see Coagulation Testing under Specimen Collection Information) in polypropylene vials (12x75).
Instruction: Chromogenic FIX is only available to be ordered by Hematologists-all other orders will be cancelled.
LIS Mnemonic: Chrom FIX

Factor V Leiden Mutation

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

Requisition: CD0046 or CD2573

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

Alternate Names: FV gene mutation
FV G1691 A mutation

Factor VIII C Inhibitor

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

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

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

Factor IX Inhibitor

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

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

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

Factor VIII Mutation

see Hemophilia Carrier Testing

Factor XIII Antigen or Activity

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

Referred Out: Hamilton General Hospital
**Factor XIII Assay**

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

**Referred Out:** Hamilton General Hospital

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

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

---

**Farmer's Lung**

see Aspergillosis/Farmer's Lung

**Division:** Virology-Immunology

---

**Fascioliasis – IFA**

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

**Requisition:** CD0432/CD0433

**Division:** Virology-Immunology

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

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

---

**Fat, Fecal**

see Fecal Fat 72 Hour

**Referred Out:** In-Common Laboratories

---

**Fe**

see Iron, Plasma

**Division:** Clinical Chemistry - Core

---

**FE, Liver**

see Iron Level Liver RO

**Referred Out:** In-Common Laboratories

---

**Fecal Calprotectin**

see Calprotectin, Fecal

**Referred Out:** In-Common Laboratories

---

**Fecal Elastase**

**Tube/Specimen:** 5.0 g Random stool sample.
Fecal Electrolytes
(Includes Sodium and Potassium—may order individually)

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

Fecal Fat 72 Hr

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

Fecal Osmolality  
see Osmolality Fecal

Ferritin

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

Fetal Hemoglobin
(Hgb F)

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

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

Fibrinogen

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

Filariasis – IFA

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

FIP1P1/PDGFRα

Referred Out: Mayo Medical Laboratories

see Hypereosinophilic Syndrome

FISH for CLL

Tube/Specimen: 7.0 mL bone marrow specimen or green topped Sodium Heparin tube collected and processed by Hematopathology Molecular lab.
Referred Out: Mayo Medical Laboratories
Instructions: Call Hematopathology laboratory.
LIS Mnemonic: Misc Hematology RO

Fitzgerald Factor (HMWK)

Tube/Specimen: 4.5 mL light blue topped Sodium Citrate tube.
Referred Out: Hamilton General Hospital
Instructions: Send to Hematopathology Coagulation Lab for processing.
LIS Mnemonic: Fitzgerald

Fletcher Factor (Prekallikrein)

Tube/Specimen: 4.5 mL light blue topped Sodium Citrate tube.
Referred Out: Hamilton General Hospital
Instructions: Send to Hematopathology Coagulation Lab for processing.

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

Uncontrolled When Printed
FK 506

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

Flow Crossmatch
Referred Out: Immunology and Genetics Laboratory

Flow Cytometry
Division: Hematopathology – Flow Cytometry

FLT3/NPM1
Tube/Specimen: 4.0 mL EDTA Lavender stoppered Tube(s)
Peripheral blood: Preferably 2 tubes, minimum volume 1 mL. Stability – 14 days at 4 degrees Celsius.
Bone marrow: 1 tube, minimum volume 1 mL. Stability – 14 days at 4 degrees Celsius.
Tissue: Send in saline at 4 degrees Celsius, or frozen on dry ice. Stability – 12 hours in saline at 4 degrees Celsius, or 7 days frozen.
Requisition: CD0046 or CD2573
Division: Molecular Diagnostics
Instructions: Blood/bone marrow must be kept at 4 degrees Celsius, accompanied by requisition.
If multiple Molecular Diagnostics tests are ordered, only 2 tubes of peripheral blood or 1 tube of bone marrow are necessary.

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

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

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

LIS Mnemonic: FLUOX

---

**Folate, Red Cell**

Tube/Specimen: Lavender Stoppered 4.0 mL EDTA

Requisition: CD0002

Division: Clinical Chemistry - Core

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

Alternate Names: RBC Folate
Red Blood Cell Folate

LIS Mnemonic: RBC FOL

---

**Folate, Serum**

Tube/Specimen: Gold Stoppered 5.0 mL SST

Requisition: CD0002

Division: Clinical Chemistry - Core

Instructions: Can be done on the same tube as Vitamin B12 and Ferritin.

Shipping: Separate serum within 5 hours of collection. Serum stable for 7 days at 2 to 8°C. Freeze and send frozen serum, if longer.

Alternate Names: Serum Folate
Folic Acid

LIS Mnemonic: FOL

---

**Folic Acid**

see Folate, Serum

Division: Clinical Chemistry - Core

---

**Follicle Stimulating Hormone**

see FSH

Division: Clinical Chemistry - Core

---

**Formic Acid**

see Methanol

Division: Clinical Chemistry - Toxicology

---

**FRDIL**

see Phenytoin, Free

Referred Out: In-Common Laboratories

---

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

Uncontrolled When Printed
<table>
<thead>
<tr>
<th>Test Description</th>
<th>Referred Out</th>
<th>Division</th>
</tr>
</thead>
<tbody>
<tr>
<td>Free Erythrocyte Protoporphyrins</td>
<td>In-Common Laboratories</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Free Phenytoin</td>
<td>In-Common Laboratories</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Free Prostate Specific Antigen</td>
<td>Clinical Chemistry - Core</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Free T3</td>
<td>Gold Stoppered 5.0 mL SST</td>
<td>Clinical Chemistry - Core</td>
</tr>
<tr>
<td>Requisition: CD0002</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shipping: Separate serum within 5 hours of collection. Serum stable for 6 days at 2 to 8°C. Freeze and send frozen serum, if longer.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alternate Names: Free Triiodothyronine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LIS Mnemonic: FT3, T3 FREE</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Free T4</td>
<td>Clinical Chemistry - Core</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Free Triiodothyronine</td>
<td>Clinical Chemistry - Core</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frisium</td>
<td>Clinical Chemistry - Toxicology</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fructosamine</td>
<td>Gold topped SST tube.</td>
<td></td>
</tr>
<tr>
<td>Referred Out: In-Common Laboratories</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Instructions:</td>
<td>Centrifuge at room temperature. Hemolyzed or icteric (jaundiced) samples are not acceptable. Aliquot 2.0 mL serum in plastic vial. Freeze at once.</td>
<td></td>
</tr>
<tr>
<td>LIS Mnemonic: Fructosam</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
FSH
Tube/Specimen: Gold Stoppered 5.0 mL SST
Requisition: CD0002
Division: Clinical Chemistry - Core
Shipping: Separate serum within 5 hours of collection. Serum stable for 7 days at 2 to 8°C. Freeze and send frozen serum, if longer.
Alternate Names: Follicle Stimulating Hormone
LIS Mnemonic: FSH

FSH MD
see Facioscapulohumeral Dystrophy
Referred Out: Molecular Genetics Diagnostic Laboratory

FV G1691 A Mutation
see Factor V Leiden Mutation
Division: Molecular Diagnostics

FV Gene Mutation
see Factor V Leiden Mutation
Division: Molecular Diagnostics

FXIII
see Factor XIII Assay
Referred Out: Hamilton General Hospital

G6PD
see Glucose-6-Phosphate Dehydrogenase
Referred Out: In-Common Laboratories

GABA-Receptor
see Paraneoplastic Antibody
Referred Out: Mayo Medical Laboratories

Gabapentin Level
Tube/Specimen: Plain red topped tube.
Referred Out: In-Common Laboratories
Instructions: Centrifuge at room temperature. Aliquot 2.0 mL serum in plastic referred-out tube. Freeze at once. Do not accession for non-NSHA Central Zone Hospitals
LIS Mnemonic: GABA or Gabapentin RO
GAD65 Antibody Glutamic Acid Decarboxylase  see Anti-GAD

Referred Out: In-Common Laboratories

Galactomannan Testing

Tube/Specimen: Gold Stoppered 5.0 mL SST or Bronchial Wash (BRW)/Lavage (BAL)
Requisition: CD0002/CD0432/CD0433
Division: Virology-Immunology
Instructions: Specify test requested on the Microbiology requisition.
Comments: Only one specimen of each type will be processed per week. The most recent collection will be processed. Testing is only approved for patients from Hematology, 8A, 8B, 6B, Transplant or ID. Any requests from other ordering locations will require director approval.
LIS Mnemonic: GALACT

Gamma Globulins  see Immunoglobulins (GAM)

Division: Clinical Chemistry - Core

Gamma Glutamyl  see Gamma GT, Plasma

Division: Clinical Chemistry - Core

Gamma GT, Plasma

Tube/Specimen: Light Green 4.5 mL Lithium heparin and gel for plasma separation
Requisition: CD0002
Division: Clinical Chemistry - Core
Alternate Names: Gamma Glutamyl Transpeptidase
Gamma Glutamyltransferase
GGT
LIS Mnemonic: GGT

Ganglioside Antibody  see GM1 Ganglioside Antibody or GQ1B IgG Antibody (Physician must specify)
Referred Out: In-Common Laboratories

Ganglioside GQ1B IgG Antibody  see GQ1B IgG Antibody

Referred Out: In-Common Laboratories

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

Uncontrolled When Printed
Gastrin
Tube/Specimen: Gold Stoppered 5.0 mL SST on ice
Requisition: CD0002
Division: Clinical Chemistry - Core
Instructions: Patient must be fasting (12 hours or longer). High circulating biotin levels may reduce results by more than 10% of the true value. Patients must discontinue any biotin supplement at least 3 days prior to testing. Specimens collected at QEII HSC must be placed on ice and sent to the processing area immediately. Separate the serum from the cells in a refrigerated centrifuge if possible. Aliquot and freeze without delay.
Shipping: Send 1.0 mL frozen serum. Thawed specimens are unacceptable.
LIS Mnemonic: GAST

Gene Rearrangements
see specific test (bcl-1, bcl-2, BCR/abl)
Molecular Diagnostics

Genetic Testing for C282Y
see Hemochromatosis
Molecular Diagnostics

Gen Probe AMTD, CSF and Tissue
(Amplified Mycobacterium Tuberculosis Detection)
Tube/Specimen: CSF or Tissue
Referred Out: Central Public Health Lab
Instructions: Shipped as Biological Substances Category B or may also be sent as Category A.

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

GH  see HGH  
Division: Clinical Chemistry - Core

GH-RH  see Growth Hormone-Releasing Hormone  
Referred Out: Mayo Medical Laboratories

Gleevec Blood Monitoring  
Tube/Specimen: 4.0 mL Green topped Sodium Heparin tube. Do not collect Friday or after 1:00 pm! Keep on ice.  
Referred Out: Warnex Medical Laboratories  
Instructions: Send Gleevec Blood Monitoring Form along with sample.  
LIS Mnemonic: Misc. Referred-Out

Globulin  see Protein Total and Albumin Plasma  
Division: Clinical Chemistry - Core

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

Glucose-6-Phosphate Dehydrogenase (G6PD)  
Tube/Specimen: 4.5 mL lavender topped EDTA tube.  
Referred Out: In-Common Laboratories  
Instructions: Keep refrigerated. Do NOT freeze. Do not accession for non-NSHA Central Zone Hospitals  
LIS Mnemonic: G6PD
Glucose AC, Plasma

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

Glucose Challenge Test, Plasma

Tube/Specimen: Light Green 4.5 mL Lithium heparin and gel for plasma separation
Requisition: CD0002
Division: Clinical Chemistry - Core
Instructions: Give the patient 50 grams glucose drink. Specimen is collected one (1) hour after the drink is finished.
Note: This test is for pregnant patients. The patient must not be fasting.
Alternate Names: 1-hour GCT
LIS Mnemonic: 1 HR GCT
TRUTOL

Glucose, Fluids

Tube/Specimen: Submit only one of the following specimens:
- Spinal Fluid: 1.0 mL Spinal Fluid collected in sterile plastic screw top tubes;
- Dialysate Fluid: 10 mL Dialysate Fluid collected in sterile plastic screw top tubes;
- Miscellaneous Body Fluid: 10.0 mL Body Fluid collected in sterile plastic screw top tubes
Requisition: CD0002
Division: Clinical Chemistry - Core
Shipping: If sending specimen from outside QEII HSC, transport at room temperature.
LIS Mnemonic: CSF GLU
DF GLU
BF GLU

Glucose PC, Plasma

Tube/Specimen: Light Green 4.5 mL Lithium heparin and gel for plasma separation
Requisition: CD0002
Division: Clinical Chemistry - Core
Instructions: Specimens must be delivered to the laboratory within 2 hours of collection. In order to ensure that timed determinations are taken properly, please give Blood Collection Service at least 30 minutes prior notice. Blood Collection does not take appointments after 1530 hours. Check off PC Glucose on the requisition.

Alternate Names: Sugar PC

LIS Mnemonic: GLU PC
GLU PC 2HR

---

**Glucose Profile, Plasma**

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

**Requisition:** CD0002

**Division:** Clinical Chemistry - Core

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

**LIS Mnemonic:** GLU AC
GLU PC 2HR

---

**Glucose Random, Plasma**

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

**Requisition:** CD0002

**Division:** Clinical Chemistry - Core

**LIS Mnemonic:** GLU R

---

**Glucose Tolerance Test (GDM), Plasma**

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

**Requisition:** CD0002

**Division:** Clinical Chemistry - Core

**Instructions:** For glucose tolerance testing for gestational diabetes mellitus (GDM) three specimens will be drawn: fasting, 60 minutes and 120 minutes after the patient has finished the glucose drink. Specimens must be labeled with collection times.

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

**Note:** This test is for pregnant females.

**Alternate Names:** GTT
GTT2

**LIS Mnemonic:** GTT2GDM
2HR GTT GDM

---

**Glucose Tolerance Test (Non-GDM), Plasma**
**PLM Laboratory Test Catalogue**

<table>
<thead>
<tr>
<th>Test Description</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Glucose, Urine</strong></td>
<td>Random and 24-hour Urine Glucose testing no longer offered as of February 4, 2019</td>
</tr>
<tr>
<td><strong>Glycolic Acid</strong></td>
<td>see Ethylene Glycol</td>
</tr>
<tr>
<td><strong>Glycosylated Hemoglobin</strong></td>
<td>see Hemoglobin A1C</td>
</tr>
<tr>
<td><strong>GM1 Ganglioside Antibody</strong></td>
<td>(Do Not Confuse with GQ1B IgG Antibody)</td>
</tr>
<tr>
<td><strong>Gonadotropin Releasing Hormone</strong></td>
<td>(Gn-RH)</td>
</tr>
</tbody>
</table>

**Gonadotropin Releasing Hormone**

(Do Not Confuse with GH-RH)

- **Test Specimen**: Light Green 4.5 mL Lithium heparin and gel for plasma separation
- **Requisition**: CD0002
- **Division**: Clinical Chemistry - Core
- **Instructions**: For oral glucose tolerance on everyone except pregnant females, only 2 specimens will be drawn, the fasting specimen and a specimen 120 minutes after the patient has finished glucose drink. Specimens must be labeled with collection times.
- **Comments**: Patient Preparation: Fasting and post dosage specimens are required. Patients must be fasting 8 hours. Collect fasting specimen. Patient is given the 75 g glucose drink immediately after taking the fasting glucose blood sample.
- **Note**: This test is for males and non-pregnant females. For pregnant females see Glucose Tolerance Test (GDM), Plasma.
- **Alternate Names**: GTT, GTT2
- **LIS Mnemonic**: GTT2 2HR GTT NON GDM

---

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
GP (Surface Glycoprotein Analysis-GP IbIX and IIbIIIa)

Tube/Specimen: One 4.5 mL light blue topped Sodium Citrate or one 7.0 mL yellow topped ACD tube.

Referred Out: McMaster University HSC

Instructions: Send to Hematopathology Coagulation lab for processing. Store and ship at room temperature.

LIS Mnemonic: MISC HEM

GQ1B IgG Antibody
(Do Not Confuse with GM1 Ganglioside Antibody)

Tube/Specimen: Gold topped SST tube.

Referred Out: In-Common Laboratories

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

Stability: 21 days frozen.

LIS Mnemonic: GQ1BAB or GQ1B IgG Antibody

Group and Crossmatch see Type and Crossmatch

Division: Blood Transfusion

Group and Type see ABO Group and Rh Type

Division: Blood Transfusion

Growth Hormone see HGH

Division: Clinical Chemistry - Core

Growth Hormone Releasing Hormone (GH-RH)
(Do Not Confuse with Gn-RH)

Tube/Specimen: Two gold topped SST tubes.

Referred Out: Mayo Medical Laboratories

Instructions: Aliquot 3.0 mL serum into plastic vial. Freeze immediately. If the specimen thaws, it is unsuitable for analysis. Do not accession for non-NSHA Central Zone Hospitals

LIS Mnemonic: FIRGH

GTU see Glucose Tolerance Test, Plasma

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

H Prep  see Hemoglobin H
Division:  Hematopathology - Immunology

H Pylori  see Helicobacter Pylori Stool Antigen
Division:  Microbiology
Note:  After Nov 1, 2016 Helicobacter pylori serology will no longer be performed. Stool antigen testing is the preferred testing method. If active infection is suspected please submit a fresh stool in a sterile container.

H63D  see Hemochromatosis
Division:  Molecular Diagnostics

Haemophilus influenza
Routine typing from sterile sites or questionable outbreaks
Tube/Specimen:  Isolate, Typing
Referred Out:  IWK Microbiology Lab
Instructions:  Shipped as Biological Substances Category B
Porter service for delivery

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

HAV  see Hepatitis A Testing
Division:  Virology-Immunology

Hb  see Profile
Division:  Hematopathology - Core

HBs Ab  see Hepatitis B Testing
Division:  Virology-Immunology
Section:  Management System\PLM\General\PLM Website\General\Test Catalogue\Doc#:  19453

The electronic copy that resides on the document control system is the valid document. Any paper document labeled Uncontrolled must be verified against the electronic version prior to use.
Uncontrolled When Printed
HBsAg  see Hepatitis B Testing
Division:  Virology-Immunology

HB Surface Ab  see Hepatitis B Testing
Division:  Virology-Immunology

HB Surface Ag  see Hepatitis B Testing
Division:  Virology-Immunology

HBsAb  see Hepatitis B Testing
Division:  Virology-Immunology

HBV DNA  see Hepatitis B Testing
Division:  Virology-Immunology

HCG (Quant), Plasma
 Tube/Specimen:  Light Green 4.5 mL Lithium heparin and gel for plasma separation
 Requisition:  CD0002
 Division:  Clinical Chemistry - Core
 Shipping:  Separate plasma within 5 hours of collection. Plasma stable at 2 to 8°C for 7 days. Freeze and send frozen plasma, if longer.
 Alternate Names:  Chorionic Gonadotropin Beta-Subunit
                  HCG-Beta Subunit
                  Human Chorionic Gonadotropin
 LIS Mnemonic:  HCG
                BHCG QUANT

HCG Beta Subunit  see HCG (Quant), Plasma
Division:  Clinical Chemistry - Core

HCO3, Plasma  see Bicarbonate, Plasma
Division:  Clinical Chemistry - Core

HCT  see Profile
Division:  Hematopathology - Core
### HCV Antibody
- **Division:** Virology-Immunology

### HCV PCR
- **Division:** Virology-Immunology

### HCV RIBA
- **Division:** Virology-Immunology

### HCV RNA
- **Division:** Virology-Immunology

### HCV Viral Load
- **Division:** Virology-Immunology

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

### Heat Shock Protein
- **Referred Out:** Mayo Medical Laboratories

### Heavy Metal Testing
- **Referred Out:** London HSC-Victoria Hospital

### Heinz Bodies
- **Tube/Specimen:** Lavender Stoppered 4.5 mL EDTA
- **Requisition:** CD0002
- **Division:** Hematopathology - Core
Helicobacter Pylori Stool Antigen

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

Hematocrit  see Profile
Division: Hematopathology - Core

Hemochromatosis

Tube/Specimen: Lavender Stoppered 4.0 mL EDTA (preferred)
Peripheral blood: 1 tube, minimum volume 1 mL. Stability – 14 days at 4 degrees Celsius.
Bone marrow: 1 tube, minimum volume 1 mL. Stability – 14 days at 4 degrees Celsius.
Tissue: Send in saline at 4 degrees Celsius, or frozen on dry ice. Stability – 12 hours in saline at 4 degrees Celsius, or 7 days frozen.
Requisition: CD0002 or CD2573
Division: Molecular Diagnostics
Instructions: Blood/bone marrow must be kept at 4 degrees Celsius, accompanied by requisition.
If multiple Molecular Diagnostics tests are ordered, only 2 tubes of peripheral blood or 1 tube of bone marrow are necessary.
Alternate Names: HLA-H
HFE
Human Leukocyte Antigen-H
DNA Probe for Hemochromatosis
Genetic Testing for C282Y
C282Y
H63D
LIS Mnemonic: HH

Hemoglobin  see Profile
Division: Hematopathology - Routine

Hemoglobin A1C

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

Hemoglobin and Hematocrit, Body Fluid

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

Hemoglobin Electrophoresis

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

Hemoglobin F see Fetal Hemoglobin

Division: Hematopathology - Immunology

Hemoglobin H

Tube/Specimen: Lavender Stoppered 4.0 mL EDTA
Requisition: CD0002
Division: Hematopathology - Immunology
Instructions: Specimens must be received in laboratory within 4 hours of collection and no later than 1500 hours.
Alternate Names: H Prep

Hemogram (i.e. Hb HCT WBC) see Profile

Division: Hematopathology - Core

Hemophilia A Inversion see Hemophilia Carrier Testing

Division: Molecular Diagnostics

Hemophilia and von Willebrand's Disease Genotype

Tube/Specimen: Lavender topped EDTA tube.
Referred Out: Hemophilia Genotype Lab
Instructions: Send sample to Hematopathology Molecular lab.
PLM Laboratory Test Catalogue

Hemophilia Carrier Testing

Tube/Specimen: 4.0 mL EDTA Lavender stoppered tube(s)
Peripheral blood: Preferably 2 tubes, minimum volume 1 mL. Stability – 14 days at 4 degrees Celsius.

Requisition: CD0046 or CD2573, plus requisition from National Inherited Bleeding Disorder Genotyping Laboratory at Queen’s University

Division: Molecular Diagnostics

Instructions: Blood must be kept at 4 degrees Celsius, accompanied by requisition.

Alternate Names: Hemophilia A inversion Factor VIII mutation

Hemosiderin, Random Urine or 24-Hour Urine

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

Requisition: CD0002

Division: Hematopathology – Microscopy

Instructions: Specimen required: 10 mL urine aliquot from well-mixed collection.

Stability: Room temperature 2 hours and 2 to 8ºC (preferred) for 24 hours.

LIS Mnemonic: U Hemosid

Heparin Induced Thrombocytopenia (HIT)

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

Requisition: CD0002

Division: Hematopathology - Coagulation

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

Comments: Samples anticoagulated with heparin are not suitable for testing with this assay and must not be used.

Alternate Names: HIT

Heparin Induced Thrombocytopenia

Tube/Specimen: Two blue topped sodium citrate tubes and two plain red topped tubes.

Referred Out: McMaster University HSC

Instructions: Send to Hematopathology Coagulation Lab for processing.

LIS Mnemonic: HIT
**Heparin XA**
Division: Hematopathology - Coagulation

**Hepatitis A Antibody IgG**
Division: Virology-Immunology

**Hepatitis A Antibody IgM**
Division: Virology-Immunology

**Hepatitis A Immune Status**
Division: Virology-Immunology

**Hepatitis A Testing**
Tube/Specimen: Gold Stoppered 5.0 mL SST
Requisition: CD0432/CD0433
Division: Virology-Immunology
Comments: Clinical data should be indicated on requisition. Indicate whether immunity (IgG) or recent infection (IgM) is required.

**Hepatitis B Core Antibody**
Division: Virology-Immunology

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

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

Hepatitis C

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

Hepatitis C Resistance

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

Her-2 neu FISH

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

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

Heterophile Antibodies

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

Hexosaminidase, Alpha

Tube/Specimen: Contact Referred-Out bench at 902-473-7237
Instructions: Collection requirements dependent on disease. Joanne Wier, CPRI (519-858-2774) (Mar 12/2013)

Hexosaminidase, Beta

 Tube/Specimen: MALES and Non-pregnant Females: Plain red topped tube. Aliquot 2.0 mL serum in plastic vial. Freeze. Unsuitable if thawed.
PREGNANT Females: Green topped heparinized tube. Do Not Centrifuge! Do Not Freeze!
Referred Out: Hospital for Sick Children Metabolic Diseases Laboratory
Instructions: Contact Referred-Out bench at 902-473-7237.
Indicate if pregnant or on oral contraceptives.
Indicate the Ethnicity/Race of the patient.
Physician must complete applicable Sick Kids requisition for referral laboratory testing.
If testing for Tay-Sachs Carrier Detection, submit completed Metabolic Diseases & Genome Diagnostics for Tay-Sachs requisition, otherwise submit the Metabolic Disease-Lysosomal Enzyme requisition.
LIS Mnemonic: MISC REF

HFE see Hemochromatosis
Division: Molecular Diagnostics

Hgb A1C see Hemoglobin AIC
Division: Clinical Chemistry - Immunology
HGH
Tube/Specimen: Gold Stoppered 5.0 mL SST
Requisition: CD0002
Division: Clinical Chemistry - Core
Instructions: Patient must fast 8 hours and be at complete rest 30 minutes prior to collection. Indicate collection time on specimen.
Shipping: Freeze immediately and send 1.0 mL frozen serum.
Alternate Names: Human Growth Hormone
GH
Growth Hormone
LIS Mnemonic: GH

High Density Lipoprotein  see HDL-Cholesterol, Plasma
Division: Clinical Chemistry - Core

High Sensitive CRP  see C-Reactive Protein – HS (High Sensitivity), Plasma
Division: Clinical Chemistry - Core

Hip Recall  see Metal Ions for Hip Recall
Referred Out: Victoria Hospital, LHSC

Histamine
Tube/Specimen: Collect Monday ONLY, before 12 pm! Notify Referred-out bench at 902-473-7237 prior to collection. lavender topped EDTA tube. Avoid hemolysis. Patient must not have Histamine rich foods (cheese, wine, red meats, spinach and tomatoes) within 5 hours of collection. Antihistamine drugs should not be taken within 48 hours of collection.
Referred Out: In-Common Laboratories
Instructions: Aliquot 1.0 mL plasma. Freeze immediately.
Do not accession for non-NSHA Central Zone Hospitals
If specimen thaws it is unsuitable for analysis.
Stability: 7 days frozen.
LIS Mnemonic: Histamine

Histone Antibodies
Tube/Specimen: Gold topped SST tube.
Referred Out: In-Common Laboratories
Instructions: Aliquot 1.0 mL serum. Freeze immediately.
Note: Ship frozen.

LIS Mnemonic: HISAB

---

**Histoplasma Capsulation**

*see Histoplasmosis*

Divison: Virology-Immunology

---

**Histoplasmen**

*see Histoplasmosis*

Divison: Virology-Immunology

---

**Histoplasmosis, Serology**

**Note:** Ship frozen.

**LIS Mnemonic:** HISAB

---

**Histoplasmosis, Serology**

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

**Requisition:** CD0432/CD0433

**Division:** Virology-Immunology

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

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

**Alternate Names:** Histoplasma Capsulation

---

**HIV Genotyping and Drug Resistance**

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

**Requisition:** Laboratory Requisition Form for NON-B.C. Patients Only

**Division:** Virology-Immunology

**Shipping:** Whole blood may be transported at 2 to 25ºC if it will be received within 24 hours. If not, separate plasma by centrifugation at 3000g for 20 minutes. Ship one 2mL aliquot of plasma frozen.

**LIS Mnemonic:** RO HIVGDR

---

**HIV Viral Load**

*see HIV-1 Viral Load*

**Divison:** Virology-Immunology

---

**HIV-1 Viral Load**

**Tube/Specimen:** Two Lavender Stoppered 4.0 mL EDTA tubes.

**Requisition:** CD 0432/CD 0433

**Division:** Virology-Immunology

**Shipping:** Whole blood may be transported at 2 to 25ºC if it will be received within 24 hours. If not, separate plasma by centrifugation at 1500 to 1600g for 20 minutes and ship two 2mL aliquots at 2 to 8ºC.

**Alternate Names:** HIV Viral Load
**HIV-1/HIV-2**

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

**HLA-A**

see HLA Typing Autoimmune

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

**HLA Antibody Testing**

- **Tube/Specimen:** 1 x 6 mL Serum Tube (Plain Red top or aliquoted)
- **Division:** Hematopathology – Histocompatibility (HLA)
- **Requisition:** CD0004
- **Instructions:** Complete recipient clinical history in the section provided on the requisition (Multi-Organ Transplant-Recipient Clinical History)
- **Shipping:** Transport blood specimens at room temperature and protect from freezing. Specimens should arrive in the HLA laboratory within 96 hours of collection. Frozen serum specimens should be packed with sufficient dry ice/ice packs to arrive frozen. Specimens arriving after 3 pm on Friday will be processed the next business day.
- **Notes:** Specimens and requisitions must be clearly labeled with 2 unique identifiers that can be matched (Full name and HCN or Medical Record Number)
  Phlebotomist must positively identify the patient, sign the requisition in the box provided, and include the date and time of collection. Specimens may not be accepted if the patient information, phlebotomist information and date and time of collection are incomplete.
- **Alternate Names:** Cytotoxic Antibodies
  PRA

**HLA-B**

see HLA Typing Autoimmune

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

**HLA-B27**

see HLA Typing Autoimmune

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

**HLA-B5701**

see HLA Typing Autoimmune

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

**HLA-C**

see HLA Typing Autoimmune

- **Division:** Hematopathology - Histocompatibility (HLA)
PLM Laboratory Test Catalogue

HLA Crossmatch – Recipient

Tube/Specimen: 4 x 6 mL ACD (Solution B) tubes (Yellow top) and 1 x 6 mL serum (Red top or aliquot)
Requisition: CD0004
Division: Hematopathology – Histocompatibility (HLA)
Instructions: By appointment only. Samples must be received in the HLA laboratory by 0900 on the scheduled crossmatch date. Samples received after 0900 may not be processed. Complete recipient information in the section provided on the requisition. (Mult-Organ Transplant – Recipient Clinical Information)

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

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

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

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

HLA Crossmatch - Living Donor

Tube/Specimen: 4 x 6 mL ACD (Solution B) tubes (Yellow top)
Requisition: CD0004
Division: Hematopathology - Histocompatibility (HLA)
Instructions: By appointment only. Samples must be received in the HLA laboratory by 0900 on the scheduled crossmatch date. Samples received after 0900 may not be processed. Complete live donor information in the section provided on the requisition (Multi-Organ Transplant-Live Donor)

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

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

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

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

HLA Deceased Donor Typing and Crossmatch

Tube/Specimen: 8 x 6 mL ACD (Solution B) tubes (Yellow top)
2 x 4 mL EDTA tubes (Lavender top)
Requisition: CD0004
Division: Hematopathology - Histocompatibility (HLA)
Shipping: Transport blood specimens at room temperature and protect from freezing. Typing specimens (EDTA) should arrive in the HLA laboratory within 7 days of collection. Crossmatch samples (ACD) should arrive in the HLA laboratory within 72 hours of collection. Complete the Deceased Donor information in the section provided on the requisition (Multi-Organ Transplant – Donor Information)

Notes: Specimens and requisitions must be clearly labeled with 2 unique identifiers that can be matched (Full name and HCN or Medical Record Number)
**PLM Laboratory Test Catalogue**

**Phlebotomist must** positively identify the patient, sign the requisition in the box provided, and include the date and time of collection. Specimens may not be accepted if the patient information, phlebotomist information and date and time of collection are incomplete.

---

**HLA DQ**

<table>
<thead>
<tr>
<th>Section:</th>
<th>Management System\PLM\General\PLM Website\General\Test Catalogue\</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doc#:</td>
<td>19453</td>
</tr>
</tbody>
</table>

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

---

**HLA DR**

**see HLA Typing Autoimmune**

<table>
<thead>
<tr>
<th>Section:</th>
<th>Management System\PLM\General\PLM Website\General\Test Catalogue\</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doc#:</td>
<td>19453</td>
</tr>
</tbody>
</table>

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

---

**HLA Typing-Autoimmune**

**Tube/Specimen:** 2 x 4 mL EDTA tubes (Lavender top)

**Requisition:** CD0004

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

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

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

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

---

**HLA Typing- Bone Marrow Recipient and Donor (HLA-A, B, C, DR, DQ, DP)**

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

**Requisition:** CD0004

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

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

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

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

---

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

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

Requisition: CD0004

Division: Hematopathology - Histocompatibility (HLA)

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

**Donor Typing**: Complete donor information in the section provided on the requisition (Multi-Organ Transplant-Donor Information)

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

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

Notes: Specimens and requisitions must be clearly labeled with 2 unique identifiers that can be matched (full name and HCN or Medical Record Number). For pediatric collections less than 4 mL, additional specimens may be requested by the laboratory if required. For difficult collections, or when clinically warranted, the laboratory may accept lower minimum specimen requirements. Contact the laboratory for further information.

Phlebotomist must positively identify the patient, sign the requisition in the box provided, and include the date and time of collection. Specimens may not be accepted if the patient information, phlebotomist information and date and time of collection are incomplete.

---

**HLA Typing Tissue Bank Donor**

see HLA Typing-Multi Organ Transplant

---

**HLA-H**

see Hemochromatosis

---

**HMBS**

see Acute Intermittent Porphyria gene mutation

---

**HMGCR Antibodies**

see Anti-HMGCR Antibodies

Referred Out: Mitogen Advanced Diagnostics

---

**Homocysteine**

Tube/Specimen: Lavender topped EDTA tube. Patient should be fasting.

Referred Out: In-Common Laboratories

Instructions: **Note: Specimen must be spun and separated within 1 hour of collection**!

Centrifuge, aliquot 2.0 mL plasma and freeze.

Outside hospitals may be accessioned.

Patient is preferred to be fasting, but is not required.

Stability: Once centrifuged is 1 day at room temperature, 2 days refrigerated, and more than 2 days frozen.

LIS Mnemonic: HOMO

---

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.
### Homogentisic Acid
See Organic Acid Analysis

**Referred Out:** IWK Metabolic Lab

### HTLV 3
See HIV-1/HIV-2

**Division:** Virology-Immunology

### HTLV-1/HTLV-II Antibody

<table>
<thead>
<tr>
<th>Tube/Specimen</th>
<th>Gold Stoppered 5.0 mL SST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requisition</td>
<td>CD0432/CD0433</td>
</tr>
<tr>
<td><strong>Division:</strong></td>
<td>Virology-Immunology</td>
</tr>
</tbody>
</table>

### Human Chorionic Gonadotropin
See HCG (Quant), Plasma

**Division:** Clinical Chemistry - Core

### Human Growth Hormone
See HGH

**Division:** Clinical Chemistry - Core

### Human Immunodeficiency Virus
See HIV-1/HIV-2

**Division:** Virology-Immunology

### Human Leukocyte Antigen
See HLA Tissue Typing

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

### Human Leukocyte Antigen-H
See Hemochromatosis

**Division:** Molecular Diagnostics

### Hydatid Disease – IHA (Echinococcosis)

<table>
<thead>
<tr>
<th>Tube/Specimen</th>
<th>Gold Stoppered 5.0 mL SST</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Division:</strong></td>
<td>Microbiology-Immunology</td>
</tr>
<tr>
<td><strong>Note:</strong></td>
<td>This test will be referred out by the laboratory.</td>
</tr>
</tbody>
</table>

### Hydroxybutyrate
See Beta Hydroxybutyrate

**Referred Out:** In-Common Laboratories

---

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

*Uncontrolled When Printed*
Hydroxymethylbilane Synthase Gene  
**see Acute Intermittent Porphyria gene mutation**

Division: Molecular Diagnostics

---

**Hyperfibrosinophilic Syndrome**

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

---

**IDAT**  
**see Indirect Antiglobulin Test**

Division: Blood Transfusion

---

**Idiopathic Thrombocytopenia Purpura (ITP)  
see Autoimmune Thrombocytopenia Purpura**

Referred Out: McMaster University HSC

---

**IG gene rearrangement**  
**see B-cell lymphoid clonality**

Division: Molecular Diagnostics

---

**IG Heavy Chain**  
**see B-cell lymphoid clonality**

Division: Molecular Diagnostics

---

**IgA**  
**see Immunoglobulins, (GAM)**

Division: Clinical Chemistry - Core

---

**IgD**  
**see Immunoglobulin D**

Referred Out: In-Common Laboratories

---

**IgE**

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

---

**IGF-1**  
**see Insulin Like Growth Factor**

---
IgG

Division: Clinical Chemistry - Core

see Immunoglobulins, (GAM)

IgG 4 Subclass

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

IgG Subclasses (IgG 1, IgG 2, IgG 3)

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

IgG/TCR Gene Rearrangement

Division: Molecular Diagnostics
Alternate Names: TCR Gene Rearrangement

IgM

Division: Clinical Chemistry - Core

see Immunoglobulins, (GAM)

IGRA

Tube/Specimen: IGRA are collected at the HI blood collection site using the 4 IGRA collection tubes. Each tube must be filled up to the 1 mL line. Do not collect tubes without a requisition. A copy of the requisition MUST accompany the blood. Clinic patients only may be collected at the Dickson blood collection site. Inpatients must also have the requisition filled out before collection and copy sent with the blood. Collection should take place Monday to Thursday before 1400 hours and not before a holiday.
Referred Out: St. John Regional Hospital
Instructions: Referral of samples for IGRA will be done by the Microbiology lab-3rd floor Mackenzie. Do not drop off in CSA. Do not refrigerate. Send as Category B specimen.
LIS Mnemonic: M IGRA
Imipramine Level

Tube/Specimen: Plain red topped tube.
Referral Out: In-Common Laboratories
Instructions: Centrifuge at room temperature. Aliquot serum into plastic vial. Freeze. Do not accession for non-NSHA Central Zone Hospitals.
Note: Royal Blue Trace Element SERUM tubes (BD#368380) and lavender topped EDTA (plasma) tubes are acceptable. Must indicate specimen type on aliquot tube (serum or plasma).
LIS Mnemonic: IMIP

Immune Mediated Necrotizing Myopathy see Anti-HMGCR And Statin Related Myopathy

Referral Out: Mitogen Advanced Diagnostics

Immunofibrinogen (Antigen)

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

Immunoglobulin D

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

Immunoglobulins (GAM), Serum

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

Immunoglobulins, Heavy see Immunoglobulins (GAM)
Immunoglobulins, Free Light Chain

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

Indirect Antiglobulin Test

Tube/Specimen: Lavender Stoppered 6.0 mL EDTA (BD# 367863)
Requisition: CD0001_08_11
Division: Blood Transfusion
Instructions: Indicate on requisition date and time required. Indicate pregnancy and transfusion history. Send copy of patient’s antibody card if patient has known antibodies.
Comments: CC 85-079 Venipuncture for Blood Collection
Note: Indirect Antiglobulin testing (Antibody Screen) valid for 96 hours.
Alternate Names: Antibody Screen IDAT

Indirect Bilirubin

see Bilirubin Indirect, Plasma

Infectious Mononucleosis

see Heterophile Antibodies

Inhibitor (Non Specific)

see Lupus Anticoagulant Screen

Inhibitor (Specific)

see Factor VIII C Inhibitor

Inorganic Phosphorous

see Phosphorous, Plasma

INR (PT)

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

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

Uncontrolled When Printed
**Insulin**

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

**Insulin Antibodies**

**Tube/Specimen:** Gold topped SST tube.  
**Referred Out:** In-Common Laboratories Inc.  
**Instructions:** Centrifuge at room temperature. Aliquot 2.0 mL of serum into plastic vial. Freeze at once.  
**LIS Mnemonic:** Insulin Ab

**Insulin like Growth Factor-1**

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

**Intact PTH**

**see Parathyroid Hormone Intact**

**Division:** Clinical Chemistry - Core

**Intercellular Skin Ab**

**see Anti-Pemphigus Antibodies**

**Division:** Immunopathology
Interferon-beta Neutralizing Antibodies

Tube/Specimen: Gold topped SST tube.
Referred Out: Neuro-Immunology Laboratories
Instructions: Centrifuge at room temperature. Aliquot 1.0 mL of serum. Freeze. Ship on frozen ice packs. Do not accession for non-NSHA Central Zone Hospitals
LIS Mnemonic: NABS

Intrinsic Factor Antibodies

Tube/Specimen: Gold topped SST tube.
Referred Out: In-Common Laboratories
Instructions: Centrifuge at room temperature. Aliquot 3.0 mL of serum into plastic vial. Freeze at once.
LIS Mnemonic: Intrins

INV 16 see Inversion 16

Division: Molecular Diagnostics

Inversion 16

Tube/Specimen: 4.0 mL EDTA Lavender stoppered tube(s)
Peripheral blood: Preferably 2 tubes, minimum volume 1 mL. Stability – 14 days at 4 degrees Celsius.
Bone marrow: 1 tube, minimum volume 1 mL. Stability – 14 days at 4 degrees Celsius.
Tissue: Send in saline at 4 degrees Celsius, or frozen on dry ice. Stability – 12 hours in saline at 4 degrees Celsius, or 7 days frozen.
Requisition: CD0046 or CD2573
Division: Molecular Diagnostics
Instructions: Blood/bone marrow must be kept at 4 degrees Celsius, accompanied by requisition. If multiple Molecular Diagnostics tests are ordered, only 2 tubes of peripheral blood or 1 tube of bone marrow are necessary.
Alternate Names: INV 16
CBF beta-MYH11 gene fusion

Iodine Plasma

Tube/Specimen: 6.0 mL Royal Blue Trace Element K2 EDTA tube (BD368381). Centrifuge as soon as possible.
Referred Out: In-Common Laboratories
Instructions: Centrifuge ASAP! Testing cannot be performed on whole blood. Aliquot plasma into plastic transfer vial. Keep refrigerated.
Do not accession for non-NSHA Central Zone Hospitals
LIS Mnemonic: Iodine P

Ionized Calcium, Serum

Section: Management System\PLM\General\PLM Website\General\Test Catalogue\ Version: 111.0 Current
Doc#: 19453 Effective Date: 11/7/2019
The electronic copy that resides on the document control system is the valid document. Any paper document labeled Uncontrolled must be verified against the electronic version prior to use.
Uncontrolled When Printed
PLM Laboratory Test Catalogue

Tube/Specimen: Gold Stoppered 5.0 mL SST tube, must be a full draw. Do not place on ice!
Requisition: CD0021
Division: Clinical Chemistry – Core
Instructions: Ideally no tourniquet should be used. Patient should not be allowed to exercise the forearm or pump fist. Samples should be centrifuged within 2 hours of collection. Post-spin specimens should be kept cold and unopened before analysis. If sample cannot be analyzed immediately, it can be stored unopened at 4°C up to 5 days.
Shipping: Transport spun samples on cold pack. Do not use dry ice. Do not freeze. Unspun samples must be received in lab within 30 minutes of collection.
LIS Mnemonic: ICA (SERUM)

Iron, Plasma
Tube/Specimen: Light Green 4.5 mL Lithium heparin and gel for plasma separation
Requisition: CD0002
Division: Clinical Chemistry - Core
Alternate Names: Fe Iron Binding Total Iron Binding Capacity
LIS Mnemonic: IRON/TIBC

Iron Binding Capacity, Plasma see Iron, Plasma
Division: Clinical Chemistry - Core

Iron Level Liver RO
Tube/Specimen: Sample may be sent cold in paraffin block, formaldehyde or other preservative. Unpreserved specimens should be stored and sent frozen.
Referred Out: In-Common Laboratories
LIS Mnemonic: FE LIVER

Islet Cell Antibody see Anti-Pancreatic Islet Cell Antibody
Division: Immunopathology

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

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

---

**Isoenzyme, Alkaline Phosphatase**

see Alkaline Phosphatase: Isoenzyme

Referred Out: In-Common Laboratories

---

**Ishemagglutinin Titre**

see ABO Antibody Titre

Division: Blood Transfusion

---

**Isopropanol**

see Isopropyl Alcohol, Qualitative

Division: Clinical Chemistry - Toxicology

---

**Isopropyl Alcohol, Qualitative**

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

---

**IWK Clinical Genomics**

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

---

**IWK Cytogenetics Testing**

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

---

**IWK Molecular Testing**

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

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

JAK2 (v6 7f)  
see Jak2 gene mutation
Division: Molecular Diagnostics

JAK2 exon 12  
see Next Generation Sequencing - Myeloid panel
Division: Molecular Diagnostics

Jak2 gene mutation

Tube/Specimen: Lavender Stoppered 4.0 mL EDTA
Peripheral blood: 1 tube, minimum volume 1 mL. Stability – 14 days at 4 degrees Celsius.
Bone marrow: 1 tube, minimum volume 1 mL. Stability – 14 days at 4 degrees Celsius.
Tissue: Send in saline at 4 degrees Celsius, or frozen on dry ice. Stability – 12 hours in saline at 4 degrees Celsius, or 7 days frozen. Alternatively, send fixed tissue in paraffin block.
Requisition: CD0046 or CD2573
Division: Molecular Diagnostics
Instructions: Blood/bone marrow must be kept at 4 degrees Celsius, accompanied by requisition. Any specimen referred from outside of NSHA-Central Zone must also be accompanied by a printout of the CBC results, as it is important to know the white blood cell count prior to extracting the DNA. If multiple Molecular Diagnostics tests are ordered, only 2 tubes of peripheral blood or 1 tube of bone marrow are necessary.
Alternate Names: Polycythemia vera
Thrombocytopenia
Jak2 (v6 7f)

Jo-1  
see Anti-nuclear antibody
Division: Immunopathology

Joint Fluid  
see Synovial Analysis
Division: Hematopathology - Core

K+  
see Electrolytes (Na, K), Plasma
Division: Clinical Chemistry - Core

Keppra  
see Levetiracetam
Referred Out: In-Common Laboratories
Kidney Function Tests  
see Creatinine, Plasma; Urea, Plasma; Albumin, Plasma or Uric Acid, Plasma

Division: Clinical Chemistry - Core

---

Kininogen  
see Fitzgerald Factor

Referred Out: Hamilton General Hospital

---

KIT Asp816Val  
see Next Generation Sequencing-Myeloid Panel

Division: Molecular Diagnostics

---

Kleihauer-Betke

Tube/Specimen: Lavender topped EDTA tube. **Not performed on Males.**

Referred Out: IWK Hematology Lab

Instructions: Send sample to Referred-Out bench. Keep whole blood refrigerated. **Do Not Centrifuge.** Do not accession for non-NSHA Central Zone Hospitals; send directly to the IWK Hematology Lab.

LIS Mnemonics: Kleih

---

KRAS  
see Next Generation Sequencing – Solid Tumor panel

Division: Molecular Diagnostics

---

LA  
see Extractable-Nuclear Antibodies

Division: Immunopathology

---

Lactate Dehydrogenase  
see LD, Serum

Division: Clinical Chemistry – Core

---

Lactate, Plasma

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

Requisition: CD0002

Division: Clinical Chemistry - Core

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

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

Lactate, Spinal Fluid
Tube/Specimen: One CSF (spinal fluid) tube.
Referred Out: IWK Core Lab
Instructions: Send on ice or ice pack to Referred-Out bench. Refrigerate until shipped. Do not freeze! Do not accession for non-NSHA Central Zone Hospitals; send directly to the IWK.
LIS Mnemonic: CSF Lact

Lactic Acid see Lactate, Plasma
Division: Clinical Chemistry - Core

Lactic Dehydrogenase see LD, Serum
Division: Clinical Chemistry - Core

Lactose Tolerance, Plasma
Tube/Specimen: Light Green 4.5 mL Lithium heparin and gel for plasma separation
Requisition: CD0002
Division: Clinical Chemistry - Core
Instructions: Collect bloods at 30, 60, 90, 120 and 180 minutes after patient has finished lactose drink. Specimens must be labeled with collection times.
Comments: Patient Preparation:
Note: This test is not offered to patients who are <16 years of age.
All Outpatient requests must be booked in advance at one of the following blood collection sites:
HI Blood Collection: 902-473-2452
DGH Blood Collection: 902-465-8305
HCH Blood Collection: 902-792-2037
Fasting and post dosage specimens are required. If glucose result on fasting specimen is >11.0 mmol/L the test will not be continued. Patients must be fasting 8 hours.
Alternate Names: LTT
LIS Mnemonic: LTT3 3HR LTT

Lamictal see Lamotrigine
Division: Clinical Chemistry - Toxicology

Lamotrigine
Section: Management System\PLM\General\PLM Website\General\Test Catalogue\ Doc#: 19453
Version: 111.0 Current
Effective Date: 11/7/2019
Page 125 of 204

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

Uncontrolled When Printed
LDH

Division: Clinical Chemistry - Core

LDL-Cholesterol, Plasma

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

LEAD Level RO

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

Leishmaniasis – IFA

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

Leptospirosis PCR

Tube/Specimen: Sterile urine container, no preservative/Urine
Requisition: CD0002
Division: Virology-Immunology
Instructions: Clinical data should be indicated on the requisition.

Leptospirosis Serology

Tube/Specimen: Gold Stoppered 5.0 mL SST

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

Requisition: CD0002  
Division: Virology-Immunology  
Instructions: Clinical data should be indicated on the requisition.

---

**Levetiracetam**

<table>
<thead>
<tr>
<th>Tube/Specimen</th>
<th>Plain red topped tube collected prior to next dose.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referred Out</td>
<td>In-Common Laboratories</td>
</tr>
</tbody>
</table>
| Instructions           | Centrifuge at room temperature. **Freeze.**  
                        | Aliquot at least 1.0 mL serum. **Freeze.**  
                        | Do not accession for non-NSHA Central Zone Hospitals |
| Note                   | Plasma from EDTA or heparinized tube is acceptable. Indicate sample type on aliquot tube if other than serum. |
| LIS Mnemonic           | LEVET                                               |

---

**LH**

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

---

**Lipase, Plasma**

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

---

**Lipid Profile**  
*see Cholesterol, Plasma*

| Division               | Clinical Chemistry - Core                                      |

---

**Lipid Screen**  
*see Cholesterol, Plasma*

| Division               | Clinical Chemistry - Core                                      |
Lipid Testing  
see Cholesterol, Plasma

Division: Clinical Chemistry - Core

Lipoprotein (a) (LP(a))  
(Do not confuse with APO A1 or B)

Tube/Specimen: Gold topped SST tube. Patient must be fasting for 12 hours.
Referred Out: In-Common Laboratories
Instructions: Centrifuge at room temperature within 4 hours of collection. Aliquot 1.0 mL serum into plastic vial. Freeze at once. Do not accession for non-NSHA Central Zone Hospitals

LIS Mnemonic: LPA

Lithium

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

Lithium, Whole Blood
(Do not confuse with Lithium, RBC-no longer available)
Ordering physician must specify)

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

LIS Mnemonic: LIWB

Liver FE, Liver Iron  
see Iron Level Liver RO

Liver Kidney Microsomal Antibodies (LKM)

Tube/Specimen: Gold topped SST tube.
Referred Out: In-Common Laboratories
Instructions: Aliquot serum and freeze.

LIS Mnemonic: LKMAB

Long Acting Thyroid Stimulator (LATS)  
see Thyrotropin Binding Inhibitory Ig
### Long Chain Fatty Acid
see Very Long Chain Fatty Acid

<table>
<thead>
<tr>
<th>Referred Out:</th>
<th>In-Common Laboratories</th>
</tr>
</thead>
</table>

### Low Density Lipoprotein
see LDL-Cholesterol, Plasma

<table>
<thead>
<tr>
<th>Division:</th>
<th>Clinical Chemistry - Core</th>
</tr>
</thead>
</table>

### LTT
see Lactose Tolerance, Plasma

<table>
<thead>
<tr>
<th>Division:</th>
<th>Clinical Chemistry - Core</th>
</tr>
</thead>
</table>

### Ludiomil
see Maprotiline Level

<table>
<thead>
<tr>
<th>Referred Out:</th>
<th>In-Common Laboratories</th>
</tr>
</thead>
</table>

### Lung Molecular Panel
see Next Generation Sequencing – Solid Tumor panel

<table>
<thead>
<tr>
<th>Division:</th>
<th>Molecular Diagnostics</th>
</tr>
</thead>
</table>

### Lupus Anticoagulant Screen

<table>
<thead>
<tr>
<th>Tube/Specimen:</th>
<th>Light Blue Stoppered 2.7 mL buffered sodium citrate x 2 tubes. Tubes must be a full draw.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requisition:</td>
<td>CD0002</td>
</tr>
<tr>
<td>Division:</td>
<td>Hematopathology - Coagulation</td>
</tr>
<tr>
<td>Comments:</td>
<td>Includes screening and confirmatory evaluations to detect Lupus Anticoagulants. This is not the same as an anticardiolipin antibody test, which is often referred to as antiphospholipid antibody as well.</td>
</tr>
<tr>
<td>Referrals:</td>
<td>Send 3 frozen aliquots of 1.0 mL platelet-poor plasma (see Coagulation Testing under Specimen Handling Information) in polypropylene vials (12x75).</td>
</tr>
<tr>
<td>Alternate Names:</td>
<td>Inhibitor (Non Specific)</td>
</tr>
</tbody>
</table>

### Luteinizing Hormone
see LH

<table>
<thead>
<tr>
<th>Division:</th>
<th>Clinical Chemistry - Core</th>
</tr>
</thead>
</table>

### Lyme Antibodies

<table>
<thead>
<tr>
<th>Tube/Specimen:</th>
<th>Gold Stoppered 5.0 mL SST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requisition:</td>
<td>CD0432/ CD0433</td>
</tr>
<tr>
<td>Division:</td>
<td>Virology-Immunology</td>
</tr>
<tr>
<td>Alternate Names:</td>
<td>Anti Borrelia Antibodies</td>
</tr>
<tr>
<td></td>
<td>Borrelia Antibodies</td>
</tr>
</tbody>
</table>
### Lymphoma Protocol
- **Division:** Molecular Diagnostics

### Lymphoma Protocol
- **see T-cell lymphoid clonality**
- **Division:** Molecular Diagnostics

### Lymphoma Protocol
- **see B-cell lymphoid clonality**
- **Division:** Molecular Diagnostics

### Lytes
- **see Electrolytes (Na, K), Plasma**
- **Division:** Clinical Chemistry - Core

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

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

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

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

### Magnesium, Random Urine or 24-Hour Urine
- **Tube/Specimen:** Random collection using a mid-stream technique to eliminate bacterial contamination or 24-hour urine collection (preferred) in a plain container.
- **Requisition:** CD0002
- **Division:** Clinical Chemistry - Core
- **Instructions:** Specimen required: 4 mL urine aliquot from a pH adjusted and well-mixed collection.
Record Total Volume of the 24-hour urine on both the aliquot and the requisition.
Refer to Appendix A for pH adjustment instructions.
It is not acceptable to add preservative to an aliquot.

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

LIS Mnemonic: U24 Mg
U Mg

Malaria Antibody – IFA

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

Malarial Parasites

Tube/Specimen: Lavender Stoppered 4.0 mL EDTA
Requisition: CD0002
Division: Hematopathology – Microscopy
Comments: Analysis includes CBC, Manual Differential, Malarial rapid Screen, & Malarial Thick & Thin Smear Review.

Manganese, Plasma

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

LIS Mnemonic: MANGA P

Manganese, Whole Blood

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

LIS Mnemonic: MANGA WB

Maprotiline Level

Tube/Specimen: Plain red topped tube.
Maternal Antibodies Collection

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

Measles Antibody

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

Mellaril

see Thioridazine Level

Mercury

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

Mercury Level, Random Urine or 24-Hour Urine

Tube/Specimen: Random collection using a mid-stream technique to eliminate bacterial contamination or 24-hour urine collection (preferred) in a plain container.
Referred Out: In-Common Laboratories
Instructions: Specimen required: 15 mL urine aliquot from well-mixed collection. Record Total Volume of the 24-hour urine on both the aliquot and the requisition.
PLM Laboratory Test Catalogue

Avoid seafood consumption for 5 days prior to collection.
Do not accession for non-NSHA Central Zone Hospitals

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

LIS Mnemonic: U Merc 24
U Merc

Metal Ions for Hip Recall

Tube/Specimen: Royal Blue Trace Element K2 EDTA tube (BD368381).
Referred Out: London HSC-Victoria Hospital
Instructions: Do Not Centrifuge; keep as whole blood.
Refrigerate sample.
LIS Mnemonic: MISC REF

Metanephrines, 24 Hour Urine

Tube/Specimen: 24 hour urine collected with 25 mL of 6 mol/L (6N) HCL. Refrigerate during collection.
Referred Out: In-Common Laboratories
Instructions: Specimen required: 50 mL urine aliquot of pH adjusted and well-mixed collection.
Record Total Volume of the 24-hour urine on both the aliquot and the requisition.
Patients should be off Methyldopa for 5 days prior to and during collection. Restrict caffeine, nicotine and alcohol 24 hours prior to and during collection.
Refer to Appendix A for pH adjustment instructions.
Stability: 2 to 8°C for 2 months or frozen for 90 days.
LIS Mnemonic: U24 Metan

Metanephrines, Fractionated, Free Plasma

Tube/Specimen: Lavender topped EDTA tube.
Referred Out: Mayo Medical Laboratories
Instructions: Centrifuge at room temperature.
Aliquot at least 1.0 mL of plasma and freeze.
Do not accession for non-NSHA Central Zone Hospitals
LIS Mnemonic: PMET

Met HB see Methemoglobin

Division: Clinical Chemistry - Core

Methanol

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

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

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

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

Alternate Names: Methyl Alcohol
Formic Acid

LIS Mnemonic: METHANOL
FORMIC ACID
ISOPROPANOL QUANTITATION

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

**Methemoglobin**

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

Requisition: CD0021

Division: Clinical Chemistry - Core

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

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

Alternate Names: Met Hb

LIS Mnemonic: METHB

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

**Methotrexate**

Tube/Specimen: Plain Red Stoppered 10 mL

Requisition: CD0002

Division: Clinical Chemistry - Core

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

Alternate Names: Celontin

LIS Mnemonic: MTX

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

**Methyl Alcohol**

see Methanol

Division: Clinical Chemistry - Toxicology

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

**Methylmalonic Acid Quantitative**

Tube/Specimen: Gold topped SST tube.

Referred Out: Mayo Medical Laboratories

Instructions: Centrifuge at room temperature. Aliquot 1.5 mL of serum into plastic vial and freeze at once.
MHA-TP  
**see** Syphilis Serology  
Division: Virology-Immunology

Microalbumin, Urine  
**see** Albumin, Urine  
Division: Clinical Chemistry - Core

Microglobulin, Beta 2, Urine  
**see** Beta 2 Microglobulin, Urine  
Referred Out: In-Common Laboratories

Microsatellite Instability Testing  
**see** MSI  
Division: Molecular Diagnostics

Microsomal Antibodies  
**see** Anti-Thyroid Peroxidase Antibodies  
Division: Clinical Chemistry - Core

Mix (50-50)  
**see** PT 50% Mix or PTT 50% Mix  
Division: Hematopathology - Coagulation

MMF  
**see** Mycophenylate  
Division: Clinical Chemistry - Toxicology

Mofetil  
**see** Mycophenylate  
Division: Clinical Chemistry - Toxicology

Molecular Testing for IWK  
**see** IWK Molecular Testing  
Referred Out: IWK Molecular Laboratory

Mono  
**see** Heterophile Antibodies  
Division: Microbiology-Immunology

Monosialoganglioside GM1 (IgM)  
**see** GM1 Ganglioside Antibody  
Referred Out: In-Common Laboratories
PLM Laboratory Test Catalogue

---

**Monospot**  
see Heterophile Antibodies  
Division: Microbiology-Immunology

---

**MPA**  
see Mycophenylate  
Division: Clinical Chemistry - Toxicology

---

**MPL**  
see Next Generation Sequencing – Myeloid panel  
Division: Molecular Diagnostics

---

**MPL exon 10 mutation**  
see Next Generation Sequencing – Myeloid panel  
Division: Molecular Diagnostics

---

**MSI**  
Tube/Specimen: Tissue in paraffin block.  
Requisition: CD2573  
Division: Molecular Diagnostics  
Instructions: To be ordered only by a NSHA Central Zone pathologist.  
Alternate Names: Microsatellite instability testing

---

**MTHFR gene mutation**  
Tube/Specimen:  
4.0 mL EDTA Lavender stoppered tube  
Peripheral blood: 1 tube, minimum volume 1 mL. Stability – 14 days at 4 degrees Celsius.  
Bone marrow: 1 tube, minimum volume 1 mL. Stability – 14 days at 4 degrees Celsius.  
Tissue: Send in saline at 4 degrees Celsius, or frozen on dry ice. Stability – 12 hours in saline at 4 degrees Celsius, or 7 days frozen. Alternatively, send fixed tissue in paraffin block.  
Requisition: CD0046 or CD2573  
Division: Molecular Diagnostics  
Instructions: Blood/bone marrow must be kept at 4 degrees Celsius, accompanied by requisition. Any specimen referred from outside of NSHA Central Zone must also be accompanied by a printout of the CBC results, as it is important to know the white blood cell count prior to extracting the DNA.  
If multiple Molecular Diagnostics tests are ordered, only 2 tubes of peripheral blood or 1 tube of bone marrow are necessary.  
Alternate Names: Methylenetetrahydrofolate reductase

---

**Mucopolysaccharide Screen, Urine (Polysaccharide Screen) (Acid Mucopolysaccharide)**  
Tube/Specimen: Collect a random urine sample; avoid first morning collection.  
Referred Out: In-Common Laboratories

---

The electronic copy that resides on the document control system is the valid document. Any paper document labeled Uncontrolled must be verified against the electronic version prior to use.  
Uncontrolled When Printed
Instructions: Aliquot 5 mL of well mixed urine; freeze.
Do not accession for non-NSHA Central Zone Hospitals

Note: Provide age, gender and clinical history to facilitate interpretation of analytical findings and recommendation for further testing or consultation.

LIS Mnemonic: U MUCO

---

**Muscle Autoimmune Myositis Panel**

see [Autoimmune Inflammatory Myopathy/Myositis Profile](#)

Referred Out: Mitogen Advanced Diagnostics

---

**MuSK**

(Muscle Specific Kinase Autoantibody)

see [Anti - MUSK](#)

Referred Out: Mayo Medical Laboratories

---

**Mutation analysis of BCR-abl transcripts**

(BCR-ABL Mutation, ABL Kinase domain mutation)

see [Next Generation Sequencing-Myeloid Panel](#)

Division: Molecular Diagnostics

---

**Mycobacteriology Referred out Identification, M. leprae request, Susceptibility, Genotyping Services**

**Tube/Specimen:** Isolate or Mgit Suspension, Identification, M. leprae testing request (skin scraping slides and or tissues on slide or block)

**Referred Out:** NRCM

**Instructions:**

Susceptibility, Genotyping Services M. tuberculosis (MTB) shipped with Category A requirements

Non MTB shipped as Biological Substances Category B

Remaining shipped as Exempt Human Specimens

National Reference Centre for Mycobacteriology (NRCM) requisition

---

**Mycobacteriology Referred out specimens for Mycobacterium leprae (skin scraping slides and or Tissue on slide or block)**

**Tube/Specimen:** Skin scraping slides and or tissues on slide or block

**Referred Out:** NHDP

**Instructions:**

Shipped as Exempt Human Specimens

National Hansen’s Disease Programs (NHDP) requisition

---

**Mycology (Sporothrix, Coccidioides immitis, Cryptococcus, Histoplasma capsulatum, Blastomyces dermatitidis, Aspergillus)**

**Tube/Specimen:** Isolate

**Referred Out:** National Centre for Mycology

**Instructions:**

Primarily shipped as Biological Substances category B. If classified as Category A, appropriate handling occurs.

Specimens are shipped mainly for identification, confirmation of identification or susceptibility.
Mycology (18S)
Tube/Specimen: Isolate
Referred Out: The Hospital for Sick Children
Instructions: Primarily shipped as Biological Substances category B. If classified as Category A, appropriate handling occurs. Specimens are shipped mainly for identification, confirmation of identification or may involve susceptibility.

Mycophenylate
Tube/Specimen: Lavender Stoppered 4.0 mL EDTA
Requisition: CD0002
Division: Clinical Chemistry - Toxicology
Instructions: This determination can be done on micro samples when necessary.
Comments: Pre-dose specimen is required.
Alternate Names: MPA
MMF
CellCept
Mofetil
LIS Mnemonic: MYCO

Mycoplasma Pneumoniae IgM
Tube/Specimen: Gold Stoppered 5.0 mL SST
Requisition: CD0432/ CD0433
Division: Virology-Immunology
Note: This test will be referred out by the laboratory.

MYD88 see Next Generation Sequencing – Myeloid panel
Division: Molecular Diagnostics

Myelin Associated Glycoprotein (MAG) Antibody
Tube/Specimen: Gold topped SST tube.
Referred Out: Mitogen Advanced Diagnostics
Instructions: Centrifuge at room temperature. Aliquot serum and freeze. Do not accession for non-NSHA Central Zone Hospitals. Stable 30 days.
LIS Mnemonic: MAG

Myelin Oligodendrocyte Glycoprotein see Neuromyelitis Optica (NMO_IgG)
(MOG) Antibody
Referred Out: Mitogen Advanced Diagnostics

Myeloma Screen, Serum & Plasma
Tube/Specimen: Gold Stoppered 5.0 mL SST & Light Green 4.5 mL Lithium heparin and gel for plasma separation
Requisition: CD0002
Division: Clinical Chemistry - Immunology
Note: This is a care set, used for ordering convenience, composed of the following 3 assays: Immunoglobulins (GAM), Total Protein, and Protein Electrophoresis. Please see separate listings for each of these in this catalogue for details.
LIS Mnemonic: MYELOMA SCREEN

Myeloperoxidase Stain see Cytochemistry Staining
Division: Hematopathology - Microscopy

Mysoline see Primidone Level
Referred Out: In-Common Laboratories

N-Acetylprocainamide see Procaínamide/NAPA Level
Referred Out: In-Common Laboratories

N-methylhistamine, Random Urine or 24-Hour Urine
Tube/Specimen: Random collection using a mid-stream technique to eliminate bacterial contamination or 24-hour urine collection (preferred) in a plain container. Refrigerate during collection.
Referred Out: Mayo Medical Laboratories
Instructions: Specimen required: 5 mL urine aliquot of well-mixed collection.
Record Total Volume of the 24-hour urine on both the aliquot and the requisition.
Stability: Room temperature for 1 day, 2 to 8°C for 8 days or frozen for 14 days.
LIS Mnemonic: MISC REF

N-Telopeptide (NTX), Random Urine see Telopeptide-N (NTX), Random Urine
Referred Out: In-Common Laboratories

N-Telopeptide (NTX), 24 Hour Urine see Telopeptide-N (NTX), 24 Hour Urine
Referred Out: In-Common Laboratories
PLM Laboratory Test Catalogue

Na+  
Division:  Clinical Chemistry - Core

---

NABS  
see Interferon beta Neutralizing Antibodies

Referred Out:  Neuro-Immunology Laboratories

---

Nasopharyngeal aspirate for Bordetella pertussis (Culture or PCR)

Tube/Specimen:  Nasopharyngeal aspirate
Referred Out:  IWK Microbiology Lab
Instructions:  Shipped as Biological Substances B.

---

Neonatal Autoimmune Thrombocytopenia

Tube/Specimen:  
- From Mother and Father:  Seven (7.0 mL) yellow topped ACD tubes or nine (4.5 mL) light blue topped sodium citrate tubes and one plain red topped tube.
- From Baby:  One (2.0 mL) lavender topped EDTA tube.
Referred Out:  McMaster University HSC
Instructions:  Send to Hematopathology Coagulation lab for processing.

---

Neoral  
see Cyclosporine

Division:  Clinical Chemistry - Toxicology

---

Neuromyelitis Optica (NMO_IgG), CSF

Tube/Specimen:  Minimum 1.0 mL CSF.
Referred Out:  Mitogen Advanced Diagnostics
Instructions:  Aliquot in plastic vial.  Freeze at once.
Do not accession or refer for non-NSHA Central Zone Hospitals
Letter with clinical information and reason for testing are to accompany specimens to referral lab.

LIS Mnemonic:  NMOFC

---

Neuromyelitis Optica (NMO_IgG), Serum

Tube/Specimen:  Gold topped SST tube.
Referred Out:  Mitogen Advanced Diagnostics
Instructions:  Centrifuge at room temperature.
Aliquot 2.0 mL serum into plastic vial.  Freeze at once.
Do not accession or refer for non-NSHA Central Zone Hospitals
Letter with clinical information and reason for testing are to accompany specimens to referral lab.
Stability:  28 days frozen or refrigerated (Jan 10/17)

Section:  Management System\PLM\General\PLM Website\General\Test Catalogue\  
Doc#:  19453  
Version:  111.0 Current  
Effective Date:  11/7/2019  
Page 141 of 204

The electronic copy that resides on the document control system is the valid document. Any paper document labeled Uncontrolled must be verified against the electronic version prior to use.
Uncontrolled When Printed
The electronic copy that resides on the document control system is the valid document. Any paper document labeled Uncontrolled must be verified against the electronic version prior to use.
<table>
<thead>
<tr>
<th>Test</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>NGS</td>
<td>see Next Generation Sequencing-Myeloid Panel</td>
</tr>
<tr>
<td>Division: Molecular Diagnostics</td>
<td></td>
</tr>
<tr>
<td>Niacin</td>
<td>see Vitamin B3</td>
</tr>
<tr>
<td>Referred Out: In-Common Laboratories</td>
<td></td>
</tr>
<tr>
<td>Nicotinic Acetylcholine Receptor</td>
<td>see Acetylcholine Receptor Antibodies</td>
</tr>
<tr>
<td>Referred Out: Mitogen Advanced Diagnostics</td>
<td></td>
</tr>
<tr>
<td>NMDA Receptor</td>
<td>see Paraneoplastic Antibodies</td>
</tr>
<tr>
<td>Referred Out: Mayo Medical Laboratories</td>
<td></td>
</tr>
<tr>
<td>Non A Non B</td>
<td>see Hepatitis C</td>
</tr>
<tr>
<td>Division: Virology-Immunology</td>
<td></td>
</tr>
<tr>
<td>Noradrenaline</td>
<td>see Catecholamines, Total Plasma</td>
</tr>
<tr>
<td>Referred Out: In-Common Laboratories</td>
<td></td>
</tr>
<tr>
<td>Nordoxepin</td>
<td>see Doxepin Level</td>
</tr>
<tr>
<td>Referred Out: In-Common Laboratories</td>
<td></td>
</tr>
<tr>
<td>Norepinephrine</td>
<td>see Catecholamines, Total Plasma</td>
</tr>
<tr>
<td>Referred Out: In-Common Laboratories</td>
<td></td>
</tr>
<tr>
<td>Norepinephrine, Urine</td>
<td>see Catecholamines, Urine</td>
</tr>
<tr>
<td>Division: Clinical Chemistry - Toxicology</td>
<td></td>
</tr>
<tr>
<td>Norfluoxetine</td>
<td>see Fluoxetine Level</td>
</tr>
<tr>
<td>Referred Out: In-Common Laboratories</td>
<td></td>
</tr>
<tr>
<td>Nortriptyline</td>
<td>see Amitriptyline</td>
</tr>
<tr>
<td>Referred Out: In-Common Laboratories</td>
<td></td>
</tr>
<tr>
<td>NTX</td>
<td>see Telopeptide-N</td>
</tr>
</tbody>
</table>

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

---

Occult Blood, Stool

Tube/Specimen: Random stool collection
Requisition: CD0002
Division: Clinical Chemistry - Core
Instructions: Amount Required: Smear of stool on hemoccult card
Comments: Specimen is smeared on hemoccult card by patient or nursing staff. Specimens in other containers will not be accepted. Patients should follow a high fiber diet for 3 days prior to and during collection. All meats, turnip, horseradish, gravy, meat drippings, iron pills and vitamin C preparations should be restricted.
LIS Mnemonic: ST OB

---

Oligoclonal Bands

Tube/Specimen: Minimum 1.0 mL CSF and gold topped SST tube, ideally collected at the same time, but no more than 48 hours apart. **Both samples are required for testing.**
Referred Out: In-Common Laboratories
Instructions: Centrifuge, aliquot and freeze at least 1.0 mL serum. **Freeze** at least 1.0 mL CSF. Do not accession for non-NSHA Central Zone Hospitals. Testing includes immunoglobulins.
LIS Mnemonic: Oligo

---

Organic Acid Analysis, Urine

Tube/Specimen: 10.0 mL random urine. Collection should be a “clean catch” technique to minimize bacterial contamination.
Referred Out: IWK Metabolic Lab
Instructions: **Freeze.** Timed specimens are accepted (8 hour, 12 hour or 24 hour collections) Do not accession for non-NSHA Central Zone Hospitals; send directly to the IWK Metabolic Lab
LIS Mnemonic: ORGAT

---

Osmolality, Fecal

Tube/Specimen: 5.0 mL random stool sample in naturally liquid form.
Referred Out: In-Common Laboratories
Instructions: Formed stool not acceptable. Do not accession for non-NSHA Central Zone Hospitals
Osmolality, Plasma

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

Osmolality, Random or 24-hour Urine

Tube/SPECIMEN: Random collection using mid-stream technique to eliminate bacterial contamination in a plain container, or 24-hour urine collection in a plain container.
Requisition: CD0002
Division: Clinical Chemistry - Core
Instructions: Specimen required: 4 mL urine aliquot from well-mixed collection
Stability: Room temperature for 3 hours, 2 to 8°C (preferred) for 7 days and frozen for 2 weeks.
LIS Mnemonic: U OSMO U24 OSMO

Osteocalcin

Tube/SPECIMEN: Gold topped SST tube.
Referred Out: In-Common Laboratories
Instructions: Aliquot at least 1.0 mL serum into two aliquots and freeze. Do not accession for non-NSHA Central Zone Hospitals
LIS Mnemonic: OSTEO

Ovarian Cancer Antigen see CA125

Division: Clinical Chemistry - Core

Oxalate, 24-Hour Urine

Tube/SPECIMEN: 24-hour urine collection in a plain container. Refrigerate during collection.
Requisition: CD0002
Division: Clinical Chemistry - Core
Instructions: Specimen required: 4 mL urine aliquot of pH adjusted and well-mixed collection. Record Total Volume of the 24-hour urine on both the specimen aliquot and requisition. Patients should refrain from taking excessive amounts of Vitamin C or from consuming Vitamin C rich food for at least 48 hours prior to urine collection. Refer to Appendix A for pH adjustment instructions.
PLM Laboratory Test Catalogue

Stability: Room temperature for 1 hour, 2 to 8°C (preferred) for 7 days (pH<3.0) and frozen for 2 weeks (pH<3.0).

LIS Mnemonic: U24 OXA

U OXA R [IWK samples only]

Oxygen Content

Division: Clinical Chemistry - Core

---

Oxygen Saturation

Division: Clinical Chemistry - Core

---

Pancreatic Cyst Fluid for Amylase and CEA

see Amylase and CEA, Pancreatic Cyst Fluid and CEA and Amylase, Pancreatic Cyst Fluid

Division: Clinical Chemistry - Core

---

Pancreatic Polypeptide

Tube/Specimen: Patient must be fasting 8 hours prior to collection.
Two lavender topped EDTA tubes. **Keep cold on ice!**

Referred Out: Mayo Medical Laboratories

Instructions: Centrifuge (refrigerated centrifuge is not required), aliquot 3.0 mL plasma in plastic vial and freeze immediately. Do not accession or refer for non-NSHA **Central Zone** Hospitals

LIS Mnemonic: HPP

---

Paraneoplastic Antibodies, Serum (Includes anti Ri, Yo, Hu)

Tube/Specimen: One gold topped SST tube.

Referred Out: Mitogen Advanced Diagnostics

Instructions: Centrifuge at room temperature. Aliquot 4.0 mL serum into plastic vial. **Freeze at once.** Do not accession or refer for non-NSHA **Central Zone** Hospitals

Stability: 28 days frozen or refrigerated.

LIS Mnemonic: PNP Ab

---

Paraneoplastic Antibodies, CSF (Includes anti Ri, Yo, Hu)

Tube/Specimen: Minimum 2.0 mL CSF

Referred Out: Mitogen Advanced Diagnostics

Instructions: Aliquot at least 2.0 mL CSF into plastic vial. **Freeze at once.** Do not accession or refer for non-NSHA **Central Zone** Hospitals

Stability: 28 days frozen or refrigerated.

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

**Version:** 111.0 Current  
**Effective Date:** 11/7/2019  
**Page 146 of 204**

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**
Parasite Identification

Tube/Specimen: Organism for identification
Referred Out: Nova Scotia Museum of Natural History
Instructions: Shipped as Category B.

Parathyroid Hormone Intact

Tube/Specimen: 4.0 mL EDTA Lavender
Requisition: CD0002
Division: Clinical Chemistry - Core
Shipping: Plasma can be stored for 48 hours at 2 to 8°C. Freeze and send frozen plasma, if longer.
Alternate Names: Intact PTH
LIS Mnemonic: PTH

Parathyroid Hormone Related Peptide

see PTH Related Peptide

Parathyroid Hormone Related Protein

Referred Out: In-Common Laboratories

Paroxetine Level

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

Paroxysmal Nocturnal Hemoglobinuria

Tube/Specimen: Lavender Stoppered 4.0 mL EDTA
Requisition: CD0002
Division: Hematopathology – Flow Cytometry
Instructions: Sample must arrive in Flow Cytometry within 4 hours of collection and no later than 1400 on Fridays (or day before Holiday).
Note: Please notify Flow Cytometry lab at 902-473-5549 when requesting this test.
Partial Thromboplastin Time
Division: Hematopathology - Core

Parvovirus B19 Antibody
Tube/Specimen: Gold Stoppered 5.0 mL SST
Requisition: CD0432/CD0433
Division: Virology-Immunology
Comments: In investigating a viral exanthem, rubella and measles serology should also be requested.
Instructions: Indicate on the requisition if immunity (IgG) or recent infection (IgM) is required.

PAS
Division: Hematopathology - Microscopy

Paul Bunnell
Division: Microbiology-Immunology

Paxil
Referred Out: In-Common Laboratories

PBG, Random Urine
Referred Out: In-Common Laboratories

PBG Deaminase
Referred Out: In-Common Laboratories

PCT
Referred Out: University of Texas Medical Branch-Division of Human Nutrition

Pemphigoid Antibody
Division: Immunopathology

Periodic Acid Stain
Division: Hematopathology
Peripheral Smear

Division: Hematopathology - Microscopy
Comments: Can be done with Profile

Peroxidase Stain

Division: Hematopathology - Microscopy

see Cytochemistry Staining

PFA

Division: Hematopathology - Coagulation

see Platelet Function Assay

pH, Body Fluid

Tube/Specimen: Body Fluid collected anaerobically in a pre-heparinized Blood gas syringe on ice.
Maximum heparin ratio must be <10 IU/mL fluid
Recommended volume: 1 mL
Minimum volume: 0.7 mL

Requisition: CD0002
Division: Clinical Chemistry - Core
Instructions: Do not transport with needle attached. Label barrel with patient information in waterproof ink, immerse in a slurry of ice water and deliver to Processing Area immediately.
Indicate fluid type on requisition.
Shipping: Specimen must be kept cold but not frozen.
LIS Mnemonic: BF PH

pH, Urine

Division: Clinical Chemistry - Core

see Urinalysis (including microscopic examination if required)

Comments: Urine pH is available by dipstick analysis as part of routine urinalysis.

Phenobarbital

Tube/Specimen: Plain Red Tube 6 or 10 mL

Requisition: CD0002
Division: Clinical Chemistry - Core
Instructions: These determinations can be done on micro samples. Send at least 0.5 mL of serum for each.
Blood should be collected just prior to the next dose (trough collection).
Specimens should not be collected until the blood concentration is a steady state (3-4 half-lives).

LIS Mnemonic: PHENO
Phenytoin
Tube/Specimen: Plain Red Tube 6 or 10 mL
Requisition: CD0002
Division: Clinical Chemistry - Core
Instructions: Blood should be collected just prior to next dose (trough collection). Specimens should not be collected until the blood concentration is at a steady state (3-4 half-lives).
Alternate Names: Dilantin
LIS Mnemonic: PHENY

Phenytoin, Free
(Do Not Confuse with Phenytoin)
Tube/Specimen: Plain red topped tube. Physician’s order MUST state “Free” or “HPLC”.
Referred Out: In-Common Laboratories
Instructions: Centrifuge at room temperature and aliquot at least 1.0 mL serum into a plastic vial. Do not accession for non-NSHA Central Zone Hospitals
Stability: One month refrigerated or 6 months frozen. Specimen may be re-frozen once.
LIS Mnemonic: FRDIL

Philadelphia Chromosome
see BCR/abl Translocation (RT PCR)
Division: Molecular Diagnostics

Phosphatase, Alkaline
see Alkaline Phosphatase, Plasma
Division: Clinical Chemistry - Core

Phosphate
see Phosphorous, Plasma
Division: Clinical Chemistry - Core

Phosphorous Inorganic
see Phosphorous, Plasma
Division: Clinical Chemistry - Core

Phosphorous, Plasma
Tube/Specimen: Light Green 4.5 mL Lithium heparin and gel for plasma separation
Requisition: CD0002
Division: Clinical Chemistry - Core
Alternate Names: Inorganic Phosphorous Phosphate Phosphorus, Inorganic

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

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

**Requisition:** CD0002

**Division:** Clinical Chemistry - Core

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

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

**Alternate Names:** Inorganic Phosphorous
Phosphate
Phosphorus, Inorganic
PO4

**LIS Mnemonic:** U24 PHOS
U PHOS

---

**PI Typing**

see Alpha-1-Antitrypsin Phenotyping

**Referred Out:** Mayo Medical Laboratories

---

**Pituitary Gonadotropins**

see LH

**Division:** Clinical Chemistry - Core

---

**Plasma Cell Proliferative Disorders (MM FISH)**

**Tube/Specimen:** 1 to 2 mL Bone Marrow in green topped Sodium Heparin tube.

**Referred Out:** Mayo Medical Laboratories

**Instructions:** Hematopathology Molecular lab will process sample.

**LIS Mnemonic:** Misc Hematology RO

---

**Plasma Hemoglobin**

**Tube/Specimen:** Dark green stoppered lithium heparin tube

**Requisition:** CD0002

**Division:** Hematopathology - Core

**Shipping:** Send whole blood to the laboratory within three hours of collection. If shipping is delayed, double-spin and freeze the plasma. Send the frozen sample on dry ice.
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
PML-RAR gene fusion

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

**Requisition:** CD0046 or CD2573

**Division:** Molecular Diagnostics

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

**Alternate Names:**
- RAR alpha
- Retinoic acid receptor
- Translocation (15; 17) t (15;17)

---

Pneumococcal Typing
(Blood, CSF, Sterile site isolates)

**Tube/Specimen:** Blood, CSF, sterile site isolates.

**Referred Out:** National Microbiology Laboratory

**Instructions:** Shipped as Category B.

---

Pneumonia Protocol

**see Mycoplasma Pneumoniae C.F. Titre**

**Division:** Virology-Immunology

---

PNH

**see Paroxysmal Nocturnal Hemoglobinuria**

**Division:** Hematopathology – Flow Cytometry

---

PNP Antibodies

**see Paraneoplastic Antibodies**

**PNP Antibodies, CSF**

**Paraneoplastic Antibodies, CSF**

**Referred Out:** Mayo Medical Laboratories

---

PO4

**see Phosphorus, Plasma**

**Division:** Clinical Chemistry - Core

---

Polycythemia Vera

**see Jak2 gene mutation**

**Division:** Molecular Diagnostics
Polysaccharide Screen  
see Mucopolysaccharide Screen

Referred Out: In-Common Laboratories

Porphobilinogen Deaminase
(Blood Porphyrins, ALA Dehydratase, Uro-1-Synthetase, Hydroxymethylbilane Synthase (Do Not Confuse with Hydroxymethylbilane Synthase Gene))

Tube/Specimen: Dark green topped Lithium Heparin tube wrapped in foil to protect from light and a lavender topped EDTA tube.
Referred Out: In-Common Laboratories
Instructions: Send dark green topped heparinized tube wrapped in foil to the Referred-out bench; Do Not Centrifuge! 
Send lavender topped EDTA tube to Hematopathology – Core lab for a hematocrit. 
Do not freeze. 
Do not accession for non-NSHA Central Zone Hospitals

LIS Mnemonic: PBGD

Porphyria
(Porphyria for PCT)
(Do Not Confuse with Porphyrin Screen or Porphyrin Precursors)

Tube/Specimen: Dark green topped Lithium Heparin tube wrapped in foil to protect from light and a lavender topped EDTA tube.
Referred Out: Karl E. Anderson, MD, Division of Human Nutrition, Galveston, TX
Instructions: Protect from light! 
Send lavender topped EDTA tube to Hematopathology – Core lab for a hematocrit. 
Transfer 1 mL of whole blood from the dark green topped heparinized tube into a plastic vial. Mix to avoid separation of cells and plasma and place in the freezer on its side. Centrifuge the remainder of the blood, then aliquot plasma into a plastic vial and freeze immediately. 
Do not accession for non-NSHA Central Zone Hospitals

LIS Mnemonic: POR PCT

Porphyrias, Blood
Physician must specify, see Porphobilinogen or Protoporphyrin

Referred Out: In-Common Laboratories

Porphyrin Precursors, Random Urine
(Do Not Confuse with Porphyria)

Tube/Specimen: Protect from light and refrigerate! 
Random collection using a mid-stream technique to eliminate bacterial contamination.
Referred Out: In-Common Laboratories
Instructions: Specimen required: 20 mL aliquot of well-mixed urine covered in foil to protect from light. 
Do not accession for non-NSHA Central Zone Hospitals
Stability: Refrigerated 2 days; frozen 1 month
LIS Mnemonic: PBGRU
Porphyrin Screen, 24-Hour Urine
(Do Not Confuse with Porphyria)

Tube/Specimen: 24-hour urine collection in container with Sodium Carbonate
*Protect from light and refrigerate during and after collection!*

Referred Out: In-Common Laboratories

Instructions: Record total volume. Preservative MUST be added and sample frozen within 2 days of collection. Do not accession for non-NSHA Central Zone Hospitals

RRO: Stability: Refrigerated 2 days; frozen 1 month (Apr 26/16)

LIS Mnemonic: PORPHS U

---

Porphyrin Screen, Stool

Tube/Specimen: 50g stool in a sterile container.
*Protect from light!*

Referred Out: In-Common Laboratories

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

LIS Mnemonic: ST Porph

---

Post-BMT

see Chimerism analysis for BMT

Division: Molecular Diagnostics

---

Post Transfusion Purpura

Tube/Specimen: Seven (7.0 mL) Yellow topped ACD tubes or nine (4.5 mL) Light Blue topped Sodium Citrate tubes and one (10.0 mL) Red topped tube.

Referred Out: McMaster University HSC

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

---

Potassium, Fluids

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

Requisition: CD0002

Division: Clinical Chemistry - Core

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

LIS Mnemonic: BF K

---

Potassium, Plasma

see Electrolytes (Na, K), Plasma
Potassium, Stool  
Referred Out: In-Common Laboratories  

Potassium, Random Urine or 24-Hour Urine  
Tube/Specimen: Random collection using a mid-stream technique to eliminate bacterial contamination or 24-hour urine (preferred) collection in a plain container.  
Requisition: CD0002  
Division: Clinical Chemistry - Core  
Instructions: Specimen required: 4 mL urine aliquot from well-mixed collection  
Record Total Volume of the 24-hour urine on both the aliquot and the requisition.  
Stability: Room temperature for 1 day, 2 to 8ºC (preferred) for 7 days and frozen for 2 weeks.  
LIS Mnemonic: U24 K  
U K  

PRA  
Referred Out: University of Alberta  
Instructions: Do Not Accession.  
Centrifuge 15 minutes at 3000 rpm.  
Aliquot all serum into plastic transport tube. Label with patient’s full name, HCN and date and time of collection.  
Freeze at -20ºC or lower (-70ºC is preferred).  

Prealbumin, Serum  
Tube/Specimen: Gold Stoppered 5.0 mL SST  
Requisition: CD0002  
Division: Clinical Chemistry - Core  
LIS Mnemonic: PREALB
PLM Laboratory Test Catalogue

Pre-BMT see Chimerism analysis for BMT
Division: Molecular Diagnostics

Pregnancy, Urine Qualitative urine HCG (urine pregnancy) testing will no longer be offered as of Feb 4, 2019

Prekallikrein see Fletcher Factor
Referred Out: Hamilton General Hospital

PRENAT
Tube/Specimen: Lavender topped EDTA tube.
Referred Out: IWK
Instructions: Send directly to IWK refrigerated. Do not send to Referred-out and Research bench.
LIS Mnemonic: PRENAT

Primidone Level
Tube/Specimen: Plain Red topped tube.
Referred Out: In-Common Laboratories
Instructions: Centrifuge at room temperature.
Aliquot 0.5 mL of serum into a plastic vial. Freeze.
Do not accession for non-NSHA Central Zone Hospitals
LIS Mnemonic: Prim

Procainamide/NAPA Levels
Tube/Specimen: Plain Red topped tube.
Referred Out: In-Common Laboratories
Instructions: Centrifuge at room temperature.
Aliquot 1.0 mL of serum into a plastic vial. Freeze.
Do not accession for non-NSHA Central Zone Hospitals
LIS Mnemonic: Proc/NAPA

Profile, auto Diff
Tube/Specimen: Lavender Stoppered 4.0 mL EDTA
Requisition: CD0002
Division: Hematopathology - Core
Comments: Testing includes automated Differential WBC Count, Hematocrit (HCT), Hemoglobin (HB),
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
**Prolactin**

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

---

**Prostatic Specific Antigen**  
**see PSA**

**Division:** Clinical Chemistry - Core

---

**Protein C Activity**

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

---

**Protein C Resistance (Screening test for Factor V Leiden – do not order a Factor V)**

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

---

**Protein Electrophoresis**

**Tube/Specimen:**  
- a) NSHA Central Zone collection: Gold Stoppered 5.0 mL SST & Light Green 4.5 mL Lithium heparin and gel for plasma separation.  
  OR  
- b) Outside of NSHA Central Zone collection: Gold Stoppered 5.0 mL SST only.  
**Requisition:** CD0002  
**Division:** Clinical Chemistry - Immunology  
**Comments:** Testing includes Total Protein and Protein Electrophoresis.  
**Shipping:** Outside of NSHA Central Zone collection: Separate and send 2 aliquots of serum from Gold stoppered 5.0 mL SST.  
**DO NOT SEND FROZEN PLASMA**  
**Alternate Names:** Electrophoresis of Protein
Protein S (Free)

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

Protein Total, Fluids

Tube/Specimen: Submit only one of the following specimens:
- Spinal Fluid: 1.0 mL Spinal Fluid collected in sterile plastic screw top tubes;
- Miscellaneous Body Fluid: 10.0 mL Body Fluid collected in sterile plastic screw top tubes.
Requisition: CD0002
Division: Clinical Chemistry - Core
Shipping: If sending specimen from outside QEII HSC, transport at room temperature.
Alternate Names: TP
LIS Mnemonic: CSF TP BF TP

Protein Total, Plasma

Tube/Specimen: Light Green 4.5 mL Lithium heparin and gel for plasma separation
Requisition: CD0002
Division: Clinical Chemistry - Core
Instructions: Blood must be collected with minimum stasis.
Alternate Names: TP Total Protein
LIS Mnemonic: TP

Protein Total, Random Urine or 24-Hour Urine

Tube/Specimen: Random collection using a mid-stream technique to eliminate bacterial contamination or 24-hour urine collection (preferred) in a plain container.
Requisition: CD0002
Division: Clinical Chemistry - Core
Instructions: Specimen required: 4 mL urine aliquot from well-mixed collection
- Record Total Volume of 24-hour urine on both the aliquot and the requisition.
Stability: Room temperature for 1 day, 2 to 8°C (preferred) for 7 days and frozen for 2 weeks.
Alternate Names: U PCR
LIS Mnemonic: U24 TP
### Prothrombin Gene Mutation

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

**Requisition:** CD0046 or CD2573  
**Division:** Molecular Diagnostics  
**Instructions:** Blood/bone marrow must be kept at 4 degrees Celsius, accompanied by requisition.  
If multiple Molecular Diagnostics tests are ordered, only 2 tubes of peripheral blood or 1 tube of bone marrow are necessary.  
**Alternate Names:** PT 20210 mutation

### Prothrombin Time  
**see INR (PT)**

**Division:** Hematopathology - Core

### Protoporphyrin, Erythrocyte/Free  
(Do Not Confuse with Zinc Protoporphyrins)

**Tube/Specimen:** Two Lavender topped EDTA tubes. **Protect from light!**  
**Referred Out:** In-Common Laboratories  
**Instructions:** **Do Not Centrifuge!**  
Send one lavender topped tube to Hematopathology – Core lab for CBC; Hematocrit result required. Refrigerate.  
**Stability:** Whole blood refrigerated – 2 weeks; frozen – 2 months.  
**LIS Mnemonic:** MISC REF & CBC

### Protriptyline Level

**Tube/Specimen:** Plain red topped tube.  
**Referred Out:** In-Common Laboratories  
**Instructions:** Centrifuge at room temperature.  
Aliquot serum into plastic vial and freeze.  
Do not accession for non-NSHA Central Zone Hospitals  
**Note:** Royal Blue Trace Element SERUM tube (BD368380) and lavender topped EDTA plasma tubes also acceptable. Indicate sample type on aliquot tube.  
**LIS Mnemonic:** PROTR

### Proviral HIV DNA V3 Genotyping

**Tube/Specimen:** 4.0 mL Lavender topped EDTA tube.
The electronic copy that resides on the document control system is the valid document. Any paper document labeled Uncontrolled must be verified against the electronic version prior to use.

Uncontrolled When Printed
**PT 50% Mix**

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

Requisition: CD0002

Division: Hematopathology - Coagulation

Instructions: This test is done only when the INR (PT) is abnormal.

---

**PTH Intact**

Division: Clinical Chemistry - Core

---

**PTH Related Peptide**

Tube/Specimen: Green topped Sodium Heparin tube, BD#366480. Lithium Heparin tubes are **NOT** acceptable.

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature.

- Aliquot 1.0 mL plasma into plastic vial and **freeze at once**.
- **Record primary tube type (i.e. Sodium Heparin) on the aliquot label**.
- Do not accession for non-NSHA Central Zone Hospitals

Stability: Room temperature and refrigerated – 7 days; frozen – 28 days.

LIS Mnemonic: PRP

---

**PTP Antibody Testing**

Referred Out: McMaster University HSC

---

**PTT**

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

Requisition: CD0002

Division: Hematopathology - Core

Instructions: Indicate on requisition if patient is on any anticoagulants.

Alternate Names: Partial Thromboplastin Time

---

**PTT 50% Mix**

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

Requisition: CD0002

Division: Hematopathology - Coagulation

Instructions: This test is done only when the PTT is abnormal.
PTT Dade
Tube/Specimen: Light Blue Stoppered 2.7 mL buffered NA (sodium) citrate, must be a full draw
Requisition: CD0002
Division: Hematopathology - Coagulation
Referrals: Send 2 frozen aliquots of 1.0 mL platelet-poor plasma (see Coagulation Testing under Specimen Collection Information) in polypropylene vials (12x75).
Alternate Names: DAE
-----------------------------------------------------------------------------------------------------------------------------
\hspace{1cm}Pyridoxal Phosphate \hspace{1cm}see Vitamin B6 Level
Pyridoxine
Pyridoxic Acid
Referred Out: In-Common Laboratories
-----------------------------------------------------------------------------------------------------------------------------
Pyruvate
(Do Not Confuse with Pyruvate Kinase)
Tube/Specimen: Collectors MUST call Clinical Chemistry (VG 473-4340; HI 473-4843) for instructions prior to collection.
Samples must be collected at QEII and received at either the HI Stat Lab or VG Core Lab within 30 minutes of collection.
Green topped Lithium Heparin whole blood tube. Place on ice!
Referred Out: In-Common Laboratories
Instructions: Clinical Chemistry must make a filtrate from the sample before sending it to the Referred-out bench; untreated samples are not suitable for analysis.
Freeze; if the specimen thaws, it is not suitable for analysis.
Do not accession for non-NSHA Central Zone Hospitals
LIS Mnemonic: Pyruvate
-----------------------------------------------------------------------------------------------------------------------------
Pyruvate Kinase, Whole Blood
Tube/Specimen: Yellow topped ACD tube. Keep refrigerated!
Referred Out: Mayo Medical Laboratories
Instructions: 6.0 mL Lavender topped EDTA tube is also acceptable.
Send same day or ASAP on ice pack.
Do not accession for non-NSHA Central Zone Hospitals
Stability: Refrigerated – up to 20 days.
LIS Mnemonic: Pyr Kin
-----------------------------------------------------------------------------------------------------------------------------
Q-Fever
Tube/Specimen: Gold Stoppered 5.0 mL SST
Requisition: CD0432/ CD0433
Division: Microbiology-Immunology
Comments: This test will be referred out by the laboratory.
Alternate Names: Coxiella Burnetii

QBCRA – Mutation Analysis
Division: Molecular Diagnostics
see Next Generation Sequencing-Myeloid Panel

QuantiFERON®-TB Gold
Referred Out: St. John Regional Hospital
see IGRA

Quantitative BCR/abl
Division: Molecular Diagnostics
see BCR-ABL gene fusion

Quinidine Level
Tube/Specimen: Plain Red topped tube.
Referred Out: In-Common Laboratories
Instructions: Centrifuge at room temperature.
Aliquot 1.0 mL of serum into a plastic vial.
LIS Mnemonic: Quinid

RA Titre
Division: Clinical Chemistry - Core
see Rheumatoid Factor

Rapamycin
Division: Clinical Chemistry - Toxicology
see Sirolimus

RAR alpha
Division: Molecular Diagnostics
see PML-RAR gene fusion

RARa
Division: Molecular Diagnostics
see PML – RAR gene fusion

RAST Tests (Allergy Testing)
Tube/Specimen: Gold topped SST tube. A copy of the RAST requisition MUST accompany the specimen.
Referred Out: JWK
Instructions: Centrifuge at room temperature.
Aliquot at least 2.0 mL of serum into a plastic vial.  
A copy of the RAST requisition MUST accompany the specimen.  
Do Not Freeze.  
Do not accession for non-NSHA Central Zone Hospitals; send directly to IWK lab.  

LIS Mnemonic: RAST Tests

RBC Folate see Folate, Red Cell
Division: Clinical Chemistry - Core

RBC (Red Blood Cell) Mineral Analysis
(Do Not Confuse with Trace Elements)
Tube/Specimen: Two Royal Blue topped Potassium EDTA tubes (BD368381) provided in the Doctor’s Data kit. Collect with 22 gauge needle or greater.  
Patient must complete credit card information on Doctor’s Data requisition inside kit. A receipt will be sent to the patient from Doctor’s Data.  
If kits are not available, call the Referred-out bench at 902-473-7237 to have some sent.
Referred Out: Doctor’s Data
Instructions: Centrifuge at room temperature for 20 minutes.  
Remove the plasma and buffy coat and discard. Leave the cells in the bottom of the tubes and reseal with original caps and parafilm.  
Minimum 2 ml of cells required.  
Refrigerate until shipment. Do not freeze!  
Do not accession for non-NSHA Central Zone Hospitals
LIS Mnemonic: RBC MA

Reagin Screen Test see Syphilis Serology
Division: Virology-Immunology

Red Blood Cell Folate see Folate, Red Cell
Division: Clinical Chemistry - Core

Red Cell Antigen Typing
Tube/Specimen: Lavender Stoppered 6.0 mL EDTA (BD# 367863)
Requisition: CD0001_08_11
Division: Blood Transfusion
Instructions: Indicate on requisition diagnosis, pregnancy and transfusion history in last 3 months. Send copy of patient’s antibody card if patient has known antibodies.
Comments: CC 85-079 Venipuncture for Blood Collection
Alternate Names: Lewis Antigen Typing

Red Cell Count see Profile

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
### Red Cell Folate

**Division:** Hematopathology – Core

**see Folate Red Cell**

### Red Cell Survival

**Division:** Molecular Diagnostics

**Comments:** This determination is done by Nuclear Medicine. Phone 902-473-7510 to make arrangements.

### Reducing Substances, Stool

**Tube/Specimen:** 3g of random, loose stool.

**Referred Out:** Mayo Medical Laboratories

**Instructions:** Freeze immediately!

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

**Stability:** Frozen – 7 days

**LIS Mnemonic:** ST Reduce

### Renin, Plasma

**Tube/Specimen:** Two lavender topped EDTA tubes.

**Note:** If both the Aldosterone and Renin are requested collect one gold topped SST tube and two lavender topped EDTA tubes.

**Referred Out:** In-Common Laboratories

**Instructions:** Keep at room temperature.

**Centrifuge immediately,** aliquot 2.5 mL plasma and freeze.

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

**LIS Mnemonic:** REN

### Reptilase Test

**Tube/Specimen:** Light blue topped Sodium Citrate tube.

**Referred Out:** Hamilton General Hospital

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

**LIS Mnemonic:** REPTILASE

### Reticulocyte Count

**Tube/Specimen:** Lavender Stoppered 4.0 mL EDTA

**Requisition:** CD0002
Division: Hematopathology - Core
Comments: Profile must be ordered with test.

Retinoic Acid Receptor see PML-RAR gene fusion
Division: Molecular Diagnostics

Retinoic Acid Receptor Alpha see PML – RAR gene fusion
Division: Molecular Diagnostics

Retinol see Vitamin A
Referred Out: In-Common Laboratories

Reverse T3 (Reverse Triiodothyronine)
Tube/Specimen: Gold topped SST tube.
Referred Out: In-Common Laboratories
Instructions: Aliquot 1.0 mL serum. Freeze. Do not accession for non-NSHA Central Zone Hospitals
Stability: Frozen - 28 days; room temperature/refrigerated - 7 days.
LIS Mnemonic: REVT3

RF Quantitative see Rheumatoid Factor, Quantitative
Division: Clinical Chemistry - Core

Rheumatoid Factor, Quantitative
Tube/Specimen: Gold Stoppered 5.0 mL SST
Requisition: CD0002
Division: Clinical Chemistry - Core
Instructions: Separate serum within 5 hours of collection.
Stability: Serum stable for 2 days at 2 to 8°C. Freeze and send serum frozen, if longer.
Alternate Names: RF Quantitative
LIS Mnemonic: RFQ

Riboflavin see Vitamin B2
Referred Out: In-Common Laboratories
### Rivotril
- **See:** Clonazepam
- Referred Out: In-Common Laboratories

### RNP
- **See:** Extractable-Nuclear Antibodies
- Division: Immunopathology

### RO
- **See:** Extractable-Nuclear Antibodies
- Division: Immunopathology

### Routine typing of Haemophilus influenza (from sterile sites or questionable outbreaks)
- **Tube/Specimen:** Isolate, typing
- **Referred Out:** IWK
- **Instructions:** Porter service for delivery. Shipped as Category B.

### RPR
- **See:** Syphilis Serology
- Division: Virology-Immunology

### RST
- **See:** Syphilis Serology
- Division: Virology-Immunology

### Rubella
- **Tube/Specimen:** Gold Stoppered 5.0 mL SST
- **Requisition:** CD0432/CD0433
- **Division:** Virology-Immunology
- **Note:** Indicate on requisition whether immune status (IgG) or recent infection (IgM) is required.

### Rubella
- **Division:** Virology-Immunology

### Saccharomyces cer. Antibodies
#### S. cerevisiae Antibodies
- **Tube/Specimen:** Gold topped SST tube.
- **Referred Out:** In-Common Laboratories

---

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

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

Uncontrolled When Printed
Instructions: **Centrifuge ASAP!**
Aliquot 3.0 mL plasma into plastic transfer vial. **Freeze at once!**
Do not accession for non-NSHA Central Zone Hospitals

LIS Mnemonic: Selenium

---

**Sequencing**

Referred Out: Molecular Cloning Laboratories (MCLAB)

Instructions: Shipped as Exempt Human Specimen

---

**Serotonin Level**

LIS Mnemonic: Serotonin

---

**Serotonin, 24 Hour Urine**

LIS Mnemonic: U24 SERO

---

**Serum Folate**

see Folate Serum

---

**Sex Hormone Binding Globulin**

---
PLM Laboratory Test Catalogue

LIS Mnemonic: SHBG LEVEL

Sezary Cells

Tube/Specimen: Lavender Stoppered 4.0 mL EDTA
Requisition: CD0002
Division: Hematopathology – Microscopy
Comments: Analysis must include a CBC, Auto Differential, and Manual Differential.

SGOT, Plasma

Division: Clinical Chemistry - Core

SGPT, Plasma

Division: Clinical Chemistry - Core

Sickle Cell Screen

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

Sinequan

Referred Out: In-Common Laboratories

Sirolimus

Tube/Specimen: Lavender Stoppered 4.0 mL EDTA
Requisition: CD0002
Division: Clinical Chemistry - Toxicology
Instructions: Results are available same day for specimens received by 1200. This determination can be done on micro samples when necessary.
Comments: Pre-dose specimen is required.
Shipping: Specimens can be stored at 2 to 8°C for 24 hours; if over 24 hours, mix whole blood, transfer to a plastic tube, freeze and send frozen whole blood on dry ice.
Alternate Names: Rapamycin
LIS Mnemonic: SIRO

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
Skin Basement Membrane Ab  see Anti-Pemphigoid Antibody
Division: Immunopathology

SM  see ENA Screen
Division: Immunopathology

Sodium, Fluids
Tube/SPECIMEN: Submit only one of the following specimens:
10.0 mL Dialysate Fluid collected in sterile plastic screw top tubes.
Miscellaneous Body Fluid: 10.0 mL Body Fluid collected in sterile plastic screw top tubes
Requisition: CD0002
Division: Clinical Chemistry - Core
Shipping: If sending specimen from outside QEII HSC, transport at room temperature.
LIS Mnemonic: DF NA
BF NA

Sodium, Plasma  see Electrolytes (Na, K), Plasma
Division: Clinical Chemistry - Core

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

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

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

Specific Gravity, Fluid
Specific Gravity, Random Urine

Tube/Specimen: Random collection using a mid-stream technique to eliminate bacterial contamination in a plain container.
Requisition: CD0002
Division: Clinical Chemistry - Core

Instructions: Specimen required: 4 mL urine aliquot from well-mixed collection
Stability: Room temperature for 1 day, 2 to 8°C (preferred) for 7 days and frozen for 2 weeks.
LIS Mnemonic: U SG

Spinal Fluid Lactate

See Lactate, Spinal Fluid

SSA

See ENA Screen

SSB/LA

See Anti-Nuclear AB (ANA)

ST OB

See Occult Blood, Stool

Stool for Calprotectin

See Calprotectin, Fecal

Stool Electrolytes

See Fecal Electrolytes

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

Uncontrolled When Printed
PLM Laboratory Test Catalogue

**Stool Fat** see Fat, Fecal
Referred Out: In-Common Laboratories

---

**Stone** see Calculus Analysis
Referred Out: In-Common Laboratories

---

**STR** see Chimerism analysis for BMT
Division: Molecular Diagnostics

---

**Streptococcus, Group B**
Tube/Specimen: Vaginal or rectal swabs for culture
Referred Out: IWK
Instructions: Shipped as Biological Substance Category B.

---

**Sugar PC** see Glucose PC, Plasma
Division: Clinical Chemistry - Core

---

**Sulfonylurea**
Tube/Specimen: Random urine; keep refrigerated.
Referred Out: Mayo Medical Laboratories
Instructions: Do not accession for non-NSHA Central Zone Hospitals
Stability: Refrigerated – 14 days; freeze sample before sending.
LIS Mnemonic: FSLFU

---

**Surmontil** see Trimipramine Level
Referred Out: In-Common Laboratories

---

**Synovial Analysis**
Tube/Specimen: Synovial Fluid
Requisition: CD0002
Division: Hematopathology - Core
Instructions: Amount required: 5 mL aliquot of synovial fluid collected in lavender stoppered 4.0 mL EDTA tube.

---

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
Comments: Indicate on requisition the site of aspiration and which test is requested. Options for testing include Gram Stain, Cell Count, and Crystals. Tests that are not individually requested will not be performed. Send immediately to Laboratory Client Support Services, 1st floor Mackenzie Building.

Alternate Names: Joint Fluid

LIS Mnemonic: SF CT
SF CRY
ED SYNOVIAL [Emergency department careset]

---

**Syphilis Serology**

Tube/Specimen: Gold Stoppered 5.0 mL SST

Requisition: CD0432/CD0433

Division: Virology-Immunology

Alternate Names: RPR
MHA – TP
RST
Reagin Screen Test
VDRL
TPPA

---

**T Cell Subsets**

Tube/Specimen: Lavender Stoppered 4.0 mL EDTA

Requisition: CD0002

Division: Hematopathology - Flow Cytometry

Instructions: This test is offered Monday to Friday except Holidays. Blood must arrive in the Flow Cytometry lab within 24 hours of collection and by 14:00 hours on Friday (or the day before a holiday).

Shipping: Maintain specimen at room temperature. Referral hospitals must submit a copy of the CBC report with WBC and lymphocyte percent/absolute count and patient diagnosis with the specimen.

Alternate Names: CD4 Cells
CD4 Cell Marker
CD8 counts

---

**t(11:14)** see BCL-1-IGH gene fusion

Division: Molecular Diagnostics

---

**t(14:18)** see BCL2-IGH gene fusion

Division: Molecular Diagnostics

---

**T(15:17)** see PML-RAR gene fusion

Division: Molecular Diagnostics
### t(2:5)
- **Division:** Molecular Diagnostics
- **See:** ALK-NPM gene fusion

### t(4:11)
- **Division:** Molecular Diagnostics
- **See:** AF4-MLL gene fusion

### t(8:21)
- **Division:** Molecular Diagnostics
- **See:** AML1-ETO gene fusion

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

### T4, Free
- **See:** Thyroxine, Free
- **Division:** Clinical Chemistry - Core

### TAB (MA)
- **See:** Anti-Thyroid Peroxidase Antibodies
- **Division:** Clinical Chemistry - Core

### TAB (TA)
- **See:** Anti-Thyroglobulin Antibodies
- **Division:** Clinical Chemistry - Core

### Tacro
- **See:** FK 506
- **Division:** Clinical Chemistry - Toxicology

### Tacrolimus
- **See:** FK 506
- **Division:** Clinical Chemistry - Toxicology

### Taeniasis
- **Section:** Management System\PLM\General\PLM Website\General\Test Catalogue\Section: Management System\PLM\General\PLM Website\General\Test Catalogue\Doc#: 19453
- **Version:** 111.0 Current
- **Effective Date:** 11/7/2019
- **Page:** 177 of 204

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

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

Uncontrolled When Printed
PLM Laboratory Test Catalogue

**Telopeptide-N (NTX), 24-Hour Urine**

**Tube/Specimen:** 24 hour urine collection.

**Instructions:** Prepare two 5.0 mL aliquots of well mixed urine. **Freeze.** Sample unsuitable for analysis if thawed.

**Referred Out:** In-Common Laboratories

**LIS Mnemonic:** NTELORU

**Testosterone**

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

**Requisition:** CD0002

**Division:** Clinical Chemistry - Core

**Shipping:** Separate serum within 5 hours of collection. Serum stable for 7 days at 2 to 8°C. Freeze and send frozen serum, if longer.

**LIS Mnemonic:** TESTOS

**Thalassemia** see Hemoglobin Electrophoresis

**Division:** Hematopathology - Immunology

**Thalassemia Screen** see Hemoglobin Electrophoresis

**Division:** Hematopathology - Immunology

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

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

**Referred Out:** In-Common Laboratories

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

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

**LIS Mnemonic:** U24 Thal

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**
Thallium, Whole Blood

Tube/SPECIMEN: Royal Blue topped Trace Element K2 EDTA tube (BD368381)

REFERRED OUT: In-Common Laboratories

INSTRUCTIONS: **Do not centrifuge!** Test cannot be performed on plasma.

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

LIS Mnemonic: Thallium

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

Theophylline

Tube/SPECIMEN: Plain Red Tube 6 or 10 mL

REQUISITION: CD0002

DIVISION: Clinical Chemistry - Core

INSTRUCTIONS: These determinations can be done on micro samples, send at least 0.5 mL of serum for each. Blood should be collected just prior to next dose and after a steady state concentration has been achieved (4-5 half-lives).

ALTERNATE NAMES: Aminophylline

LIS Mnemonic: THEO

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

Thermal Amplitude **see Cold Agglutinin Titre**

DIVISION: Blood Transfusion

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

Thiamine (Vitamin B1), plasma

Tube/SPECIMEN: One 4.0 mL Lavender topped EDTA tube. **Wrap in tinfoil within 1 hour of collection to protect from light.**

REFERRED OUT: In-Common Laboratories

INSTRUCTIONS: Centrifuge at room temperature

**Aliquot 2.0 mL of plasma into plastic vial. Wrap in tinfoil to protect from light! Freeze immediately!**

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

Unsuitable if thawed.

STABILITY: 6 months

LIS Mnemonic: Thiam

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

Thiamine Whole Blood (Vitamin B1)

Tube/SPECIMEN: One 4.0 mL Lavender topped EDTA tube collected after 12 to 14 hour fast. **Wrap in tinfoil within 1 hour of collection to protect from light.**

REFERRED OUT: In-Common Laboratories

INSTRUCTIONS: **Freeze whole blood!**

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

For deficiency testing

STABILITY: 14 days
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
Thioridazine Level

Tube/Specimen: Plain red topped tube.
Referred Out: In-Common Laboratories
Instructions: Centrifuge at room temperature
Aliquot at least 3.0 mL serum into plastic transfer vial. Freeze at once.

LIS Mnemonic: Thioridaz

Thrombin Time

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

Thrombocytopenia see Jak2 gene mutation

Division: Molecular Diagnostics

Thrombopoietin

Tube/Specimen: Gold topped SST tube.
Referred Out: Mayo Medical Laboratories
Instructions: Centrifuge at room temperature.
Aliquot at least 1.0 mL serum. Freeze.
Do not accession for non-NSHA Central Zone Hospitals
Stability: 30 days frozen.
LIS Mnemonic: FFTPO
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
Lipemic or Hemolyzed samples are not acceptable.

**LIS Mnemonic:** TRAB

---

**Thyroid Stimulating Hormone**

| Section: Management System\PLM\General\PLM Website\General\Test Catalogue\ |
| Doc#: 19453 | **Version:** 111.0 Current |
| **Effective Date:** 11/7/2019 |

see TSH

**Division:** Clinical Chemistry - Core

---

**Thyroid Stimulating Immunoglobulin (TSI)**

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

**Referred Out:** In-Common Laboratories

**Instructions:**

- Centrifuge at room temperature.
- Aliquot 1.0 mL serum into plastic transfer vial. **Freeze at once.**

**LIS Mnemonic:** TSIQST

---

**Thyrotropin Binding Inhibitory Ig (TBII)**

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

**Referred Out:** In-Common Laboratories

**Instructions:**

- Centrifuge at room temperature.
- Aliquot 1.0 mL serum into plastic transfer vial. **Freeze at once.**

**LIS Mnemonic:** TBII

---

**Thyrotropin Receptor Antibody**

see Thyroid Receptor Antibody

**Referred Out:** In-Common Laboratories

---

**Thyrotropin Releasing Hormone**

**Tube/Specimen:** Plain red topped **special additive** tube at QEII sites only.

**Referred Out:** Mayo Medical Laboratories

**Instructions:**

- Special additive tubes are labelled TRH and are found in the fridge of Blood Collection. Call the RO bench 902-473-7237 to obtain more.
- Centrifuge at room temperature.
- Aliquot plasma into plastic transfer vial. **Freeze at once.**
- Do not accession for non-NSHA Central Zone Hospitals

**LIS Mnemonic:** FFTRH

---

**Thyroxine Binding Globulin (TBG)**

(Do not confuse with Thyrotropin Binding Inhibitory Ig-TBII)

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

**Uncontrolled When Printed**
PLM Laboratory Test Catalogue

Thyroxine, Free

Tube/Specimen: Gold Stoppered 5.0 mL SST
Requisition: CD0002
Division: Clinical Chemistry - Core
Shipping: Separate serum within 5 hours of collection. Serum stable for 6 days at 2 to 8°C. Freeze and send frozen serum, if longer.
Alternate Names: T4 Free
Free T4
LIS Mnemonic: FT4
T4 FREE

Tissue Transglutaminase

see Anti-Tissue Transglutaminase

Division: Immunopathology

Titanium for Hip Recall

see Metal Ions for Hip Recall

Referred Out: London HSC-Victoria Hospital

Tobramycin Level

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

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

<table>
<thead>
<tr>
<th>Test</th>
<th>Division</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tofranil</strong></td>
<td></td>
</tr>
<tr>
<td>Referred Out: In-Common Laboratories</td>
<td></td>
</tr>
<tr>
<td><strong>Total Bilirubin</strong></td>
<td>Clinical Chemistry - Core</td>
</tr>
<tr>
<td><strong>Total CO2, Plasma</strong></td>
<td>Clinical Chemistry - Core</td>
</tr>
<tr>
<td><strong>Total Eosinophil Count</strong></td>
<td>Hematopathology - Core</td>
</tr>
<tr>
<td><strong>Total Iron Binding Capacity</strong></td>
<td>Clinical Chemistry - Core</td>
</tr>
<tr>
<td><strong>Total Protein, Plasma</strong></td>
<td>Clinical Chemistry - Core</td>
</tr>
<tr>
<td><strong>Total VDB</strong></td>
<td>Clinical Chemistry - Core</td>
</tr>
</tbody>
</table>

**Toxocariasis IFA & IHA**

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

**Toxoplamosis**

- **Tube/Specimen:** Gold Stoppered 5.0 mL SST
- **Requisition:** CD0432/CD0433
- **Division:** Virology-Immunology
- **Note:** Indicate on requisition whether immune status (IgG) or recent infection (IgM) is required.
TP                  see Protein Total, Plasma  
Division: Clinical Chemistry - Core

TPMT Genotyping    see Thiopurine Methyltransferase: Genotype
Referred Out: In-Common Laboratories

TPMT Metabolite    see Thiopurine Metabolites
Referred Out: Mayo Medical Laboratories

TPMT Phenotyping   see Thiopurine Methyltransferase: Phenotyping
Referred Out: In-Common Laboratories

TPPA               see Syphilis
Division: Virology-Immunology

Trace Element Panels
(Do not confuse with RBC Mineral Analysis)
Tube/Specimen: Royal Blue topped Trace Element K2 EDTA tube (BD368381)

*Patient must pre-pay NSHA for test prior to sample collection*
Toxic Panel on Erythrocytes = $70.00
Essential Panel on Erythrocytes = $70.00
Total Panel on Erythrocytes = $110.00
Total Panel on Plasma = $85.00

Referred Out: London HSC-Victoria Hospital
Instructions: Centrifuge at room temperature.
Aliquot plasma into polypropylene transfer vial using a plastic pipette.
Remove theuffy coat from the red cells and discard. Do not discard the red cells.
Remove a small amount of red cells to ensure no plasma remains.
Aliquot remaining red cells into a polypropylene vial. Do Not Freeze.
Do not accession for non-NSHA Central Zone Hospitals
LIS Mnemonic: Trace Elem

Transferrin
Tube/Specimen: Gold Stoppered 5.0 mL SST
Requisition: CD0002
Division: Clinical Chemistry - Core
Shipping: Separate serum within 5 hours of collection.
Stability: Serum stable for 3 days at 2 to 8°C. Freeze and send frozen serum, if longer
LIS Mnemonic: TRF
<table>
<thead>
<tr>
<th>Translocation (11:14)</th>
<th>see BCL1-IGH gene fusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division:</td>
<td>Molecular Diagnostics</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Translocation (14:18)</th>
<th>see BCL2-IGH gene fusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division:</td>
<td>Molecular Diagnostics</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Translocation (15:17)</th>
<th>see PML-RAR gene fusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division:</td>
<td>Molecular Diagnostics</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Translocation (2:5)</th>
<th>see ALK-NPM gene fusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division:</td>
<td>Molecular Diagnostics</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Translocation (4:11)</th>
<th>see AF4-MLL gene fusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division:</td>
<td>Molecular Diagnostics</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Translocation (8:21)</th>
<th>see AML1-ETO gene fusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division:</td>
<td>Molecular Diagnostics</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Translocation (9:22)</th>
<th>see BCR-ABL gene fusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division:</td>
<td>Molecular Diagnostics</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Trichinellosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tube/Specimen:</td>
</tr>
<tr>
<td>Requisition:</td>
</tr>
<tr>
<td>Division:</td>
</tr>
<tr>
<td>Instructions:</td>
</tr>
<tr>
<td>Note:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tricyclic Screen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician must specify name of drug(s)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Triglycerides, Fluids</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tube/Specimen:</td>
</tr>
<tr>
<td>Requisition:</td>
</tr>
<tr>
<td>Division:</td>
</tr>
</tbody>
</table>
PLM Laboratory Test Catalogue

Shipping: If sending specimen from outside QEII HSC, transport at room temperature.
LIS Mnemonic: BF TRIG

Triglycerides, Plasma

<table>
<thead>
<tr>
<th>Tube/Specimen</th>
<th>Light Green 4.5 mL Lithium heparin and gel for plasma separation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requisition</td>
<td>CD0002</td>
</tr>
<tr>
<td>Division</td>
<td>Clinical Chemistry - Core</td>
</tr>
<tr>
<td>Instructions</td>
<td>Patient fasting is at the discretion of the ordering physician and must be indicated on the requisition.</td>
</tr>
<tr>
<td>LIS Mnemonic</td>
<td>TRIG</td>
</tr>
</tbody>
</table>

Triiodothyronine, Free

Division: Clinical Chemistry - Core

see T3, Free

Trimipramine Level

<table>
<thead>
<tr>
<th>Tube/Specimen</th>
<th>Royal Blue topped Trace Element SERUM tube (BD368380)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referred Out</td>
<td>In-Common Laboratories</td>
</tr>
<tr>
<td>Instructions</td>
<td>Centrifuge at room temperature. Aliquot serum into plastic transfer vial. Freeze. Do not accession for non-NSHA Central Zone Hospitals</td>
</tr>
<tr>
<td>Note</td>
<td>Plain red topped tubes and lavender topped EDTA tubes are acceptable. Indicate serum or plasma on aliquot tube.</td>
</tr>
<tr>
<td>LIS Mnemonic</td>
<td>TRIMI</td>
</tr>
</tbody>
</table>

Tryptil

see Protriptyline Level

Troponin T-HS (High Sensitivity), Plasma

<table>
<thead>
<tr>
<th>Tube/Specimen</th>
<th>Light Green 4.5 mL Lithium heparin and gel for plasma separation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requisition</td>
<td>CD0002</td>
</tr>
<tr>
<td>Division</td>
<td>Clinical Chemistry - Core</td>
</tr>
<tr>
<td>Shipping</td>
<td>Plasma stable for 72 hours at 2 to 8°C. Freeze and send frozen plasma, if longer.</td>
</tr>
<tr>
<td>LIS Mnemonic</td>
<td>TROP T HS</td>
</tr>
</tbody>
</table>

Trypanosomiasis

<table>
<thead>
<tr>
<th>Tube/Specimen</th>
<th>Gold Stoppered 5.0 mL SST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requisition</td>
<td>CD0432/ CD0433</td>
</tr>
</tbody>
</table>

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

Uncontrolled When Printed
PLM Laboratory Test Catalogue

Division: Microbiology-Immunology

Instructions: Clinical data should be indicated on the requisition.

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

---

**Tryptase**

Tube/Specimen: Gold topped SST tube. Sample should be collected one hour post-allergic reaction.

Referred Out: In-Common Laboratories

Instructions: Plasma is not acceptable. Centrifuge at room temperature. Aliquot 1.0 mL serum into plastic transfer vial. Freeze at once.

LIS Mnemonic: Tryptase

---

**TSH**

Tube/Specimen: Gold Stoppered 5.0 mL SST

Requisition: CD0002

Division: Clinical Chemistry - Core

Shipping: Separate serum within 5 hours of collection.

Stability: Serum stable for 7 days at 2 to 8°C. Freeze and send frozen serum, if longer.

Alternate Names: Thyroid Stimulating Hormone

LIS Mnemonic: TSH

---

**TSH Receptor Antibody**

see Thyroid Receptor Antibody

Referred Out: In-Common Laboratories

---

**TSI**

see Thyroid Stimulating Immunoglobulin

Referred Out: In-Common Laboratories

---

**TTG**

see Anti-Tissue Transglutaminase

Division: Immunopathology

---

**TTP Assay**

see Adams-13 Testing

Referred Out: London HSC-Victoria Hospital

---

**Tylenol**

see Acetaminophen

Division: Clinical Chemistry - Core

---

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

Uncontrolled When Printed
**Type and Crossmatch**

**Tube/Specimen:** Lavender Stoppered 6.0 mL EDTA (BD# 367863)

**Requisition:** CD0001_08_11

**Division:** Blood Transfusion

**Instructions:** Indicate on requisition number of units required, date and time required, ordering physician, planned procedure, pregnancy and transfusion history. Send copy of patient’s antibody card if patient has known antibodies.

**Comments:** CC 85-079 Venipuncture for Blood Collection

**Notes:** Type and Crossmatch testing valid for 96 hours.
Do not send specimens from patients who have not consented to transfusion (i.e. Jehovah Witness).

**Alternate Names:** Group and Crossmatch

**Crossmatch**

---

**Type and Screen (ABO Group)**

**Tube/Specimen:** Lavender Stoppered 6.0 mL EDTA (BD# 367863)

**Requisition:** CD0001_08_11

**Division:** Blood Transfusion

**Instructions:** Indicate on requisition date and time required, the planned procedure, transfusion and pregnancy history. Send copy of patient’s antibody card if patient has known antibodies.

**Comments:** CC 85-079 Venipuncture for Blood Collection

**Note:** Type and Screen testing valid for 96 hours.

---

**Unbound Calcium**  
**see Ionized Ca**

**Division:** Clinical Chemistry - Core

---

**Urate, 24-Hour Urine**

**Tube/Specimen:** 24-hour urine collection in a plain container.

**Requisition:** CD0002

**Division:** Clinical Chemistry - Core

**Instructions:** pH entire 24 hour collection to >8.0 with 1N NaOH upon receipt; it is not acceptable to add preservative to an aliquot.
Specimen required: 4 mL urine aliquot from a pH adjusted and well-mixed collection.
Refer to Appendix A for pH adjustment instructions when multiple tests are required from the same 24-hour collection.
Record Total Volume of 24-hour urine on both the specimen aliquot and the requisition.

**Stability:** Room temperature for 1 hour, 2 to 8°C (preferred) for 7 days (pH>8.0) and frozen for 2 weeks (pH>8.0).

**Alternate Names:** Uric Acid Urine

**LIS Mnemonic:** U24 URIC ACID  
U24 URATE

---

*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
Urea Nitrogen, Plasma  
see Urea, Plasma

Division: Clinical Chemistry - Core

Urea Nitrogen, Urine  
see Urea, Urine

Division: Clinical Chemistry - Core

Urea, Fluids

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

Requisition: CD0002
Division: Clinical Chemistry - Core
LIS Mnemonic: DF UREA
BF UREA

Urea, Plasma

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

Requisition: CD0002
Division: Clinical Chemistry - Core
Alternate Names: BUN
Urea Nitrogen
LIS Mnemonic: UREA

Urea, Random Urine or 24-Hour Urine

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

Requisition: CD0002
Division: Clinical Chemistry - Core
Instructions: Specimen required: 4 mL urine aliquot from well-mixed collection.
Record Total Volume of the 24-hour urine on both the aliquot and the requisition.
Stability: Room temperature for 1 day, 2 to 8°C (preferred) for 7 days and frozen for 2 weeks.
Alternate Names: Urea Nitrogen, Urine
LIS Mnemonic: U24 UREA
U UREA

Uric Acid, Plasma
Uric Acid, Plasma on Ice

Requisition: CD0002
Division: Clinical Chemistry - Core
Comments: A pre-chilled Light Green 4.5 mL Lithium heparin and gel for plasma separation will be collected and promptly placed on ice. The iced specimen and its accompanying requisition will be sent to LCSC to be entered into LIS using the orderable: Uric Acid on Ice. The specimen will be spun in a refrigerated centrifuge; once centrifuged, the labeled tube will be placed back on ice and sent to either VG Core or HI Core as appropriate.

LIS Mnemonic: URIC ACID ON ICE

Uric Acid, Urine

Requisition: CD0002
Division: Clinical Chemistry - Core
Comments: Urine will be initially examined only for color, clarity, and chemical analysis (by dipstick). If urine is turbid, cloudy or if the color is abnormal (other than yellow or amber) or if chemical analysis demonstrates an abnormality in blood, protein, leukocyte esterase or nitrite, a microscopic examination will be performed. Deliver to Laboratory within 2 hours of collection. Keep at room temperature. Urinalysis will be cancelled on samples that are >8 hours from collection time to the point of analysis.

LIS Mnemonic: UA (Cplt)

Urinary Catecholamines

Referred Out: In-Common Laboratories

Urinary Cross Links

Referred Out: In-Common Laboratories

Urine HCG, Qualitative

Qualitative urine HCG (urine pregnancy) testing will no longer be offered as of Feb 4, 2019

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

Uro-1-Synthetase  
see Porphobilinogen Deaminase
Referred Out:  In-Common Laboratories

Uroporphyrin, 24 Hour Urine  
see Porphyrin Screen, 24 Hour Urine
Referred Out:  In-Common Laboratories

V W F  
see VonWillebrand Workup
Division:  Hematopathology - Coagulation

V W F Activity  
see VonWillebrand Workup
Division:  Hematopathology - Coagulation

V W F Antigen  
see VonWillebrand Workup
Division:  Hematopathology - Coagulation

Valproate
Tube/Specimen:  Plain Red Tube 6 or 10 mL
Requisition:  CD0002
Division:  Clinical Chemistry - Core
Instructions:  These determinations can be done on micro samples; send at least 0.1 mL of serum.
Comments:  There is a poor correlation between serum concentration of Valproate and efficacy as an anticonvulsant drug.
Alternate Names:  Epival
Depakene
LIS Mnemonic:  VAL

Valproic Acid  
see Valproate
Division:  Clinical Chemistry - Core

Vancomycin Level
Tube/Specimen:  Plain Red Tube 6 or 10 mL
Requisition:  CD0002
Division:  Clinical Chemistry - Core
Instructions:  Take Pre (trough) blood specimen immediately before dose is administered. Take Post (peak) blood specimen 2 hours after dose is administered. The time specimen was collected (pre/post) should be indicated on the requisition and tubes.
Post (peak) Vancomycin levels are only required in certain circumstances (e.g. changing renal function, poor response to therapy, resistant organism, and pharmacokinetic analysis). For information call the laboratory at 902-473-6886.

Alternate Names: Aminoglycoside Level

LIS Mnemonic: VAN PRE
   VAN POST
   VAN TNS

Varicella-Zoster Immune Status

 Tube/Specimen: Gold Stoppered 5.0 mL SST
 Requisition: QE 7125
 Division: Virology-Immunology
 Instructions: Requisition must indicate immune status.
 Alternate Names: Chicken Pox Titre

Vasculitis Panel
(ANCA)
(Includes Anti-MPO, Anti-PR3, Anti-GBM)

 Tube/Specimen: Gold Stoppered 5.0 mL SST
 Requisition: CD0002
 Division: Microbiology Immunology
 Synonyms: ANCA, Anti-Neutrophil Cytoplasmic Antibody, Anti-GBM, Anti-Glomerular Basement Membrane, Anti-MPO, Anti-Myeloperoxidase, Anti-PR3, Anti-Proteinase 3
 LIS Mnemonic: Vasc Pnl

Vasoactive Intestinal Polypeptide
(VIP)

 Tube/Specimen: Plain red topped special additive tube (labelled “GI preservative”) at QEII sites only. Patient must be fasting. Antacid medications or medications that affect intestinal motility should be discontinued for at least 48 hours prior to collection. Keep GI preservative tube on ice and deliver by STAT porter.
 Referred Out: Interscience Institute
 Instructions: Centrifuge at 4°C. Aliquot 2.0 mL of plasma into plastic vial. Freeze at once. Do not accession for non-NSHA Central Zone Hospitals
 LIS Mnemonic: VIP

Vasopressin see Anti-Diuretic Hormone

 Referred Out: In-Common Laboratories
VDB  
see Bilirubin Direct, Plasma  
Division: Clinical Chemistry - Core

VDRL  
see Syphilis Serology  
Division: Virology-Immunology

**Very Long Chain Fatty Acid**

Tube/Specimen: Lavender topped EDTA tube. Patient must be fasting.  
Referred Out: In-Common Laboratories  
Instructions: Centrifuge at room temperature  
Aliquot 2.0 mL of plasma into plastic vial. **Freeze at once.**  
Serum from gold topped SST tube is acceptable; indicate sample type on aliquot.  
Do not accession for non-NSHA Central Zone Hospitals  
LIS Mnemonic: VLCFA

**VIP**  
see Vasoactive Intestinal Polypeptide  
Referred Out: Interscience Institute

**Viscosity, Serum**

Tube/Specimen: Plain red topped tube kept at 37ºC.  
Referred Out: In-Common Laboratories  
Instructions: Send to Esoteric Immunology Laboratory to be processed.  
Keep serum cold. **Do not freeze.**  
Do not accession for non-NSHA Central Zone Hospitals  
LIS Mnemonic: VISC Serum

**Vitamin A Level**

Tube/Specimen: Plain red topped tube. **Protect from light!**  
Referred Out: In-Common Laboratories  
Instructions: Centrifuge at room temperature.  
Aliquot serum, **wrap in tinfoil to protect from light!**  
**Freeze!**  
Do not accession for non-NSHA Central Zone Hospitals  
LIS Mnemonic: VIT A RO

**Vitamin B1, Whole Blood**  
see Thiamine, Whole Blood  
Referred Out: In-Common Laboratories
Vitamin B2
(Riboflavin)

| Tube/SPECIMEN | Lavender topped EDTA tube. Protect from light! |
|---------------------------------------------|
| Referred Out | In-Common Laboratories |
| Instructions | Aliquot 2.0 mL of plasma into plastic vial. Wrap in tinfoil to protect from light! Freeze immediately! Do not accession for non-NSHA Central Zone Hospitals |
| LIS Mnemonic | VITB2 |

Vitamin B3
(Niacin)

| Tube/SPECIMEN | One 4.0 mL Lavender topped EDTA tube. Wrap in tinfoil within 1 hour of collection to protect from light. |
|---------------------------------------------|
| Referred Out | In-Common Laboratories |
| Instructions | Approval required! Centrifuge at room temperature Aliquot 2.0 mL of plasma into plastic vial. Wrap in tinfoil to protect from light! Freeze. Do not accession for non-NSHA Central Zone Hospitals |
| Stability | Frozen – 56 days |
| LIS Mnemonic | NIACIN |

Vitamin B6 Level
(Pyridoxic Acid)

| Tube/SPECIMEN | Two Lavender topped EDTA tubes. Wrap in tinfoil immediately to protect from light! Note: Sample must be centrifuged and frozen within 1 hour of collection. |
|---------------------------------------------|
| Referred Out | In-Common Laboratories |
| Instructions | Centrifuge at room temperature. Aliquot 2.0 mL of plasma into plastic vial. Wrap in tinfoil to protect from light! Freeze. Unsuitable for analysis if thawed. Do not accession for non-NSHA Central Zone Hospitals |
| LIS Mnemonic | Vit B6 |

Vitamin B12

| Tube/SPECIMEN | Gold Stoppered 5.0 mL SST |
|---------------------------------------------|
| Requisition | CD0002 |
| Division | Clinical Chemistry - Core |
| Shipping | Separate serum within 5 hours of collection. |
| Stability | Serum stable at 2 to 8°C for 7 days. Freeze and send frozen serum, if longer. |
| LIS Mnemonic | B12 VIT B12 |
Vitamin C

Tube/Specimen: Dark green topped Lithium Heparin tube. **Wrap in tinfoil to protect from light.**

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature
Aliquot 2.0 mL of plasma into plastic vial. **Wrap in tinfoil to protect from light!** Freeze at once!
Do not accession for non-NSHA Central Zone Hospitals

Note: Light green topped Lithium Heparin PST tube is acceptable (June 1/15)

LIS Mnemonic: VIT C

Vitamin D Level, Serum
(Do not confuse with Vitamin D (1, 25 dihydroxy) Level)

Tube/Specimen: Gold Stoppered 5.0 mL SST

Requisition: CD0002

Division: Clinical Chemistry - Core

Comments: Assay measures both D2 and D3

Note: Vitamin D (1, 25 Dihydroxy) Level is a separate procedure that is referred out to In-Common Laboratories.

Stability: Serum is stable for 3 days at room temperature and 12 days at 2 to 8°C. Freeze and send frozen serum, if longer.

Alternate Names: Vitamin D (25 Hydroxy)
25 OH Vitamin D
Calcidiol
Vit D Level
Vit D 25 Level

LIS Mnemonic: VIT D 25 LEVEL
VIT D 25OH
VIT D LEVEL

Vitamin D (1, 25-dihydroxy) Level

Tube/Specimen: Gold topped SST tube.

Referred Out: In-Common Laboratories

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

LIS Mnemonic: VIT D 1, 25

Vitamin E Level

Tube/Specimen: Gold topped SST tube. **Wrap in tinfoil to protect from light.**

Referred Out: In-Common Laboratories

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

Uncontrolled When Printed
Voriconazole Level

**Tube/Specimen:** Dark green topped (Lithium heparin) tube.

**Requisition:** CD0002

**Division:** Microbiology-Immunology

**Instructions:**
- A trough sample should be drawn into a dark green topped lithium heparin tube. **Minimum 1.0 mL plasma is required.**
- The sample can be centrifuged at 4000g for 10 minutes, plasma separated and **shipped frozen if it will not arrive within 24 hours.**
- The time specimen was collected (pre) should be indicated on the requisition and tubes.

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

**LIS Mnemonic:** RO VORI

Water Deprivation Test  see Anti-Diuretic Hormone

**Referred Out:** In-Common Laboratories

WBC  see Profile

**Division:** Hematopathology - Core

WBC Count and Differential, Body Fluid

**Tube/Specimen:** Lavender Stoppered 4.0 mL EDTA

**Requisition:** CD0002

**Division:** Hematopathology - Core

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

West Nile Virus IgM Antibody

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

**Requisition:** CD0432/CD0433

**Division:** Virology-Immunology

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

**Alternate Names:** WNV

West Nile Virus PCR

**Tube/Specimen:** Lavender stoppered 4.0 mL EDTA
Western Equine Encephalitis  
see ARBO Virus

Division: Virology-Immunology

WNV  
see West Nile Virus IgM Antibody

Division: Virology-Immunology

Xylose Absorption Test  
see D’Xylose Tolerance Test

Referred Out: In-Common Laboratories

Yersinia Agglutination  
no longer available as of July 21, 2017

Zarontin  
see Ethosuximide Level

Referred Out: In-Common Laboratories

Zinc Level RO

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

Referred Out: In-Common Laboratories

Instructions: 
Do Not Centrifuge!  Keep as whole blood!  Refrigerate.
Do not accession for non-NSHA Central Zone Hospitals

LIS Mnemonic: Zinc

Zinc Protoporphyrin  
(Do not confuse with Free Erythrocyte Protoporphyrin)

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

Referred Out: In-Common Laboratories

Instructions: 
Do Not Centrifuge!  Keep as whole blood!  Refrigerate.
Do not accession for non-NSHA Central Zone Hospitals

Stability: 2 weeks refrigerated.

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

Uncontrolled When Printed
LIS Mnemonic: ZPP

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

Uncontrolled When Printed
APPENDIX A

1. 24 hour Urine processing for Calcium, Oxalate, Magnesium, Phosphorous

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>Mix specimen by inversion a minimum of ten times.</td>
</tr>
<tr>
<td>1.2</td>
<td>Aliquot all tests other than calcium, oxalate, magnesium, phosphorous and uric acid.</td>
</tr>
<tr>
<td>1.3</td>
<td>If uric acid is also ordered, divide the specimen into two equal parts. Use one part for the remainder of this procedure and place the other half aside for use with procedure 2.</td>
</tr>
<tr>
<td>1.4</td>
<td>Add 25mL of 6N HCl to the collection container. Add half if urine is halved.</td>
</tr>
<tr>
<td>1.5</td>
<td>Mix specimen by inversion a minimum of ten times and allow to sit for five minutes.</td>
</tr>
<tr>
<td>1.6</td>
<td>Measure urine pH.</td>
</tr>
<tr>
<td>1.7</td>
<td>If urine pH is less than or equal to 3, aliquot sample.</td>
</tr>
<tr>
<td></td>
<td>If urine pH is greater than 3, add 3 drops 6N HCl (and mix sample by inversion a minimum of ten times. Measure pH. Repeat this step until a pH of less than 3 has been reached.</td>
</tr>
<tr>
<td>1.8</td>
<td>If uric acid is also ordered, proceed to Procedure 2: Processing for Uric Acid, using the other half of the sample set aside in step 1.3.</td>
</tr>
</tbody>
</table>

2. 24 hour Urine processing for Uric Acid

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1</td>
<td>Mix sample by inversion a minimum of ten times.</td>
</tr>
<tr>
<td>2.2</td>
<td>Aliquot all tests other than calcium, magnesium, phosphorous, oxalate and uric acid.</td>
</tr>
<tr>
<td>2.3</td>
<td>If calcium, magnesium, phosphorous and/or oxalate are also ordered, divide the sample into two equal parts. Use one part for the remainder of this procedure and place the other half aside for use with Procedure 1: Processing for Calcium, Oxalate, Magnesium, Phosphorous.</td>
</tr>
<tr>
<td>2.4</td>
<td>Add 25mL of 1N NaOH to the collection container. Add half if urine is halved.</td>
</tr>
<tr>
<td>2.5</td>
<td>Mix sample by inversion a minimum of ten times and allow to sit for five minutes.</td>
</tr>
<tr>
<td>2.6</td>
<td>Measure urine pH.</td>
</tr>
<tr>
<td>2.7</td>
<td>If urine pH is greater than or equal to 8, aliquot sample.</td>
</tr>
<tr>
<td></td>
<td>If urine pH is less than 8, add 3 drops 1N NaOH and mix sample by inversion a minimum of ten times. Measure pH. Repeat this step until a pH of greater than 8 has been reached.</td>
</tr>
<tr>
<td>2.8</td>
<td>If calcium, magnesium, phosphorous and/or oxalate are also ordered, proceed to Procedure 1: Processing for Calcium, Oxalate, Magnesium, Phosphorous, using the other half of the sample set aside in step 2.3.</td>
</tr>
</tbody>
</table>
3. **24 hour Urine processing for catecholamine, 5-Hydroxyindole acetic acid (5HIAA) and/or Metanephrine**

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1</td>
<td>Mix sample by inversion a minimum of ten times.</td>
</tr>
<tr>
<td>3.2</td>
<td>Aliquot sample.</td>
</tr>
<tr>
<td>3.3</td>
<td>Measure urine pH.</td>
</tr>
<tr>
<td>3.4</td>
<td>If:</td>
</tr>
<tr>
<td></td>
<td>pH &lt;2</td>
</tr>
<tr>
<td></td>
<td>pH &gt;4 and &lt;6 and received in original 24-hour acidified container <strong>within</strong> 8 hours from the end of collection</td>
</tr>
<tr>
<td></td>
<td>pH &gt;4 and &lt;6 but received <strong>greater</strong> than 8 hours from the end of collection</td>
</tr>
<tr>
<td></td>
<td>pH &gt;6</td>
</tr>
</tbody>
</table>