1,25-DIHYDROXY VITAMIN D @NIC

Order Code: 125VD

Synonym(s): VITAMIN D, 1,25-DIHYDROXY

Section: Reference

Tube Type: Red10

Specimen Requirement:
- 2 mL serum (draw 1 large red top tube)
- SST gold top acceptable

Minimum Collection Vol: 6 mL

Minimum Aliquot Vol: 1.1 mL

Restrictions On Collection:
None

When Completed:
- Testing is set up 7 days a week
- Analytic time of 3 days

Normal Values:
Included with report

Instructions/Remarks:
- Lab: Allow the blood to clot for 30 minutes at room temperature before centrifuging.
- Reference lab: Ship sample room temperature (preferred)
- NIC test code # 16558

Last Updated: 07/11/2013

Connected to SCM Item: 1 25 Dihydroxy Vit D at NIC
11-DEOXYCORTISOL - COMPOUND S  @NIC (Quest)

Order Code:  Misc Lab Item
Synonym(s):  Compound S, Deoxycortisol
Section:  Reference
Tube Type:  Red-R

Specimen Requirement:
- 1 ml serum (red top tube), FROZEN
  GEL TUBE NOT acceptable.
  NOTE: An early morning specimen is preferred but can be collected anytime if physician requests.

Minimum Collection Vol:  3 mL
Minimum Aliquot Vol:  0.2 mL

Restrictions On Collection:

When Completed:
- Set Up Days:  Tuesday, Thursday AM's
- Reported:  Wednesday, Friday AM's

Normal Values:  Included with report

Instructions/Remarks:
Marked elevation of 21-Deoxycortisol as may occur in 21-Hydroxylase Deficiency can increase apparent levels of 11-Deoxycortisol (Compound S).

REFERENCE LAB:  Quest Diagnostics Nichols Institute
test code # 30543

Last Updated:  09/25/2012

Connected to SCM Item:
11-DEOXYCORTISOL, LC/MS/MS @NIC

Order Code: 11DC

Synonym(s): 

Section: Reference

Tube Type: RED5

Specimen Requirement:
1 mL serum (draw 1 red top tube)
SST gold top tubes are UNACCEPTABLE

Minimum Collection Vol: 1 mL
Minimum Aliquot Vol: 0.25 mL

Restrictions On Collection:
An early morning specimen is preferred

When Completed:
Testing set-up 1 night per week

Normal Values:
Included with report

Instructions/Remarks:
LAB: SST tubes are unacceptable.
Reference lab: Ship sample Frozen
NIC Test code # 30543

Last Updated: 12/11/2012

Connected to SCM Item: 11 Deoxycortisol LC MS MS Serum at NIC
17-HYDROXYPROGESTERONE, LC/MS/MS @NIC

Order Code: 17OHPG

Synonym(s): Progesterone, Hydroxyprogesterone

Section: Reference

Tube Type: Red5

Specimen Requirement:
- 0.5 mL serum (draw 1 red top tube)
- SST gold top unacceptable

Minimum Collection Vol: 1.5 mL

Minimum Aliquot Vol: 0.25 mL

Restrictions On Collection:
None

When Completed:
- Test is set-up 6 days a week
- Analytic time of 3 days

Normal Values:
Included with report

Instructions/Remarks:
- Reference lab: Ship samples refrigerated (preferred)
- NIC test code # 17180

Last Updated: 12/11/2012

Connected to SCM Item: 17 Hydroxyprogesterone at NIC
17-HYDROXYPROGESTERONE, URINE @MYO

Order Code: Misc Lab Item
Synonym(s):
Section: Reference
Tube Type:

Specimen Requirement:
5.0ml from a 24-hour urine collection. No preservative.
Refrigerate specimen during collection. Send specimen FROZEN.

Minimum Collection Vol:
Minimum Aliquot Vol:
Restrictions On Collection:
Patient should not be on any ACTH, steroid, estrogen or
gonadotropin medication, if possible, for at least 24 hours
prior to start of collection.

When Completed:
Analytic Time: 1 day
Days Test Set Up: Monday through Friday

Mayo forwards test to InterScience

Normal Values:
Included with report

Instructions/Remarks:
Test performed at Interscience.
LAB: Mix well. Record total volume.
Aliquot and send FROZEN.

When processing batch in MayoAccess, you will be prompted
for the following information prior to closing the batch:
Collection Duration:
Urine Volume:

REFERENCE LAB:
Mayo test code # F17HP

Last Updated: 03/06/2012

Connected to SCM Item:
17-KETOSTEROIDS, FRACTIONATED, 24 HR URINE @NIC

Order Code: Misc Lab Item
Synonym(s): Pregnanetriol, Androgens, Androsterone
Section: Reference

Tube Type:

Specimen Requirement:
5 mL aliquot of 24 Hr urine refrigerated during collection with NO PRESERVATIVES. Send frozen.

Minimum Collection Vol: 
Minimum Aliquot Vol: 2.6

Restrictions On Collection:

When Completed:
Set up Once a Week
Reports in 4 days

Normal Values:
Included with report

Instructions/Remarks:
Includes: androsterone, etiocholanolone, DHEA, 11-oxo-androsterone, 11-oxo-etiocholanolone, 11B-hydroxyandrosterone, 11B-hydroxyetiocholanolone, and pregnanetriol.

REFERENCE LAB: Quest order code: 42929N

Last Updated: 03/15/2012

Connected to SCM Item:
25 HYDROXY VITAMIN D TOTAL

Order Code: VD25HT
Synonym(s): 25-Hydroxy Vitamin D, Vitamin D
Section: Chemistry
Tube Type: GOLD

Specimen Requirement:
1 mL serum (draw 1 gold top tube)
Red top also acceptable

Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 1 mL

Restrictions On Collection:
None

When Completed:
Testing will be batched and run on Tuesday and Thursday 0600-1200

Normal Values:
Deficiency < or = 20 ng/mL
Insufficiency 21 to 29 ng/mL
Preferred Level > or = 30 ng/mL

Instructions/Remarks:
Irvine: All Vitamin D specimens will be batched and transported to Newport Beach. Follow current batching policy and procedures. Transport Frozen
Lab: Testing will be set-up and run Tuesday and Thursday mornings (0600-1200)
On non-testing days, specimens must be aliquoted and stored in reference freezer.

Last Updated: 07/11/2013

Connected to SCM Item: 25 Hydroxy Vitamin D Total
25-HYDROXY D2 & D3 @NIC (Lab Only in Sunquest if MD specifies "D2 & D3")

Order Code: 25D2D3
Synonym(s): Vitamin D2 & D3, 25 Hydroxy D2 D3
Section: Reference
Tube Type: Red5

Specimen Requirement:
- 0.5 mL serum (draw 1 red top tube)
- SST gold top also acceptable

Minimum Collection Vol: 1.5 mL
Minimum Aliquot Vol: 0.3 mL

Restrictions On Collection:
- Fasting preferred, but not required

When Completed:
- Testing is set-up daily
- Analytic time of 2 days

Normal Values:
- Included with report

Instructions/Remarks:
- Order is not available in SCM.
- Lab will order in Sunquest if MD specifies "D2 & D3", otherwise order 25 Hydroxy Vitamin D Total (VD25HT).
- Lab: allow blood to clot at room temperature before centrifuging and separation
- Reference lab: Send sample at room temperature
- Reject if grossly hemolyzed, grossly lipemic

NIC test code # 17306

Last Updated: 07/11/2013

Connected to SCM Item: 25 Hydroxy Vit D2 D3 at NIC
5-FLUCYTOSINE, SERUM @MYO (ANTIMICROBIAL ASSAY)

Order Code: Misc Lab Item
Synonym(s): Flucytosine, Ancobon, 5-Fluorocytosine
Section: Reference
Tube Type: Red-R

Specimen Requirement:
1 mL serum (5mL Red top tube), NO SST. Serum only acceptable.

Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 0.3 mL

Restrictions On Collection:
Peak should be drawn 30 minutes after completion of infusion or 1-2 hours after oral dose. Trough samples should be drawn immediately prior to next scheduled dose.

When Completed:
Analytic Time: Same day
Days Test Set Up: Monday through Friday

Normal Values:
Included with report

Instructions/Remarks:
LAB: Spin down within 2 hours of collection and send 1 mL of serum frozen. SST gel tubes NOT acceptable. Plasma NOT acceptable.

REFERENCE LAB:
MYO test code # FLUC

Last Updated: 03/06/2012

Connected to SCM Item:
5-HIAA, 24-HOUR URINE @NIC

Order Code: HIAA24
Synonym(s): 5HIAA, HIAA, HIAA24, 5-HYDROXYINDOLEACETIC ACID
Section: Reference

Tube Type:

Specimen Requirement:
- 10 mL urine from a 24 hour collection
- Urine must be kept refrigerated over the entire duration of collection
- Collect on 25 mL of 6N HCl
- No preservative acceptable *see Instructions/Remarks*

Minimum Collection Vol:

Minimum Aliquot Vol: 5 mL

Restrictions On Collection:
- Patients should avoid food high in indoles: avocado, banana, tomato, plum, walnut, pineapple, and eggplant.
- Patients should also avoid tobacco, tea, and coffee three days prior to specimen collection.

When Completed:
- Testing set-up 3 days a week
- Analytic time of 5 days

Normal Values:
- Included with report

Instructions/Remarks:
- Lab: Collect 24-hour urine w/ 25mL of 6N HCl to maintain a pH below 3
- Urine without preservative is acceptable if pH is below 6 and shipped frozen. Record 24-hour urine volume on test form and urine vial.

- Reference lab: Check pH of collection prior to pouring off. Be sure to mix sample well. Double-check whether preservative was added. Add preservative if necessary, so pH is below 3.

- If collected with preservative, ship room temperature (preferred)
- If collected without preservative and pH is below 6, ship FROZEN

NIC test code # 39625X

Last Updated: 12/17/2012

Connected to SCM Item: 5 OH Indoleacetic Acid at NIC

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Urine Coll Started:
Date Urine Collect Ends:
Time Urine Coll Started:
Time Urine Collect Ends:
5-HYDROXYTRYPTOPHAN, URINE  @MYO

Order Code:

Synonym(s):

Section:

Specimen Requirement:

Restrictions On Collection:

When Completed:

Normal Values:

Instructions/Remarks:

  TEST OBSOLETE
  NO LONGER PERFORMED AT ANY LAB

Last Updated: 02/05/2001
A/G RATIO

Order Code: AGR
Synonym(s): Albumin/Globulin Ratio
Section: Chemistry
Tube Type: ltG-C

Specimen Requirement:
1 ml. plasma (light green top tube)

Restrictions On Collection:
None

When Completed:
Same shift

Normal Values:
1.2:1 - 2.0:1 (ratio)

Instructions/Remarks:
Includes: Total Protein, Albumin, Globulin, Albumin/Globulin Ratio
LAB: serum acceptable

Last Updated: 08/14/2003

Connected to SCM Item: A/G Ratio
LABORATORY MANUAL

ABO and Rh TYPE

Order Code: BT

Synonym(s): ABO&RH, BLOOD TYPE, RH, TYPE

Section: Blood Bank

Tube Type: PinkBB

Specimen Requirement:
Routine: 6 ml EDTA pink top preferred, lavender acceptable
Infants: EDTA (lavender top) microtainer, minimum half full

Minimum Collection Vol: 1 mL
Minimum Aliquot Vol: .5 mL

Restrictions On Collection:
If ordering for the purpose of determining eligibility for Rh Immune Globulin, order Rh Immune Globulin Evaluation (RHEV) instead.
If patient is Rh Positive, they will only be charged for the Blood Type.
If Rh Negative, Rh Immune Globulin will automatically be prepared.

May be done without physician order if arranging for directed donations or determining donor blood type compatibility. Use Dr. Shapiro as the ordering physician.

When Completed:
Same shift

Normal Values:
N/A

Instructions/Remarks:
ABO and Rh not orderable as separate items.

Last Updated: 07/08/2010

Connected to SCM Item: ABO and Rh Type
ACANTHAMOEBA/NAEGLERIA CULTURE  @FOC

Order Code: Misc Lab Item
Synonym(s): Amoeba, Free-living Amoeba
Section: Micro

Tube Type:

Specimen Requirement:
- Corneal scrapings: place swab in 0.5 ml sterile saline
- CSF specimen: 0.5 ml fluid

Minimum Collection Vol:
Minimum Aliquot Vol:

Restrictions On Collection:
- Do not refrigerate or freeze specimen

When Completed:
- Sent to reference lab - MRL

Normal Values:
- No Amoeba isolated

Instructions/Remarks:
- Add comment: Look for Acanthamoeba/Naegleria on order

Last Updated: 09/10/2012

Connected to SCM Item:
ACCUCHEK GLUCOSE - POINT of CARE

Order Code:  POCGLU
Synonym(s):  POC
Section:  Chemistry
Tube Type:  
Specimen Requirement:  

Minimum Collection Vol:  
Minimum Aliquot Vol:  
Restrictions On Collection:  

When Completed:  

Normal Values:  
65 - 99 mg/dL

Instructions/Remarks:  
Results from Point of Care glucose testing, performed at the bedside, are interfaced to the various computer applications for viewing, via a RALS interface.

Last Updated:  12/01/2008

Connected to SCM Item:  Accuchek Glucose Level POC
ACETAMINOPHEN (TYLENOL)

Order Code: ACETA
Synonym(s): Tylenol
Section: Chemistry
Tube Type: Gold-C

Specimen Requirement:

1 ml. serum (gold top SST tube)

Restrictions On Collection:

None

When Completed:

Same shift

Normal Values:

Therapeutic: 10-30 mcg./ml.
Possible Toxicity: 150-200 mcg/ml
Probable Toxicity: > 200 mcg/ml
Toxicity may result at drug levels greater than 200 mcg/ml at 4 hours after ingestion. Hepatic damage is likely if half-life exceeds 4 hours.

Instructions/Remarks:

Plasma (lithium heparin) also acceptable.

Last Updated: 02/09/2007

Connected to SCM Item: Acetaminophen Level (Tylenol)
ACETONE - BLOOD

Order Code: ACET
Synonym(s): Acetoacetic Acid, Ketone
Section: Chemistry
Tube Type: ltG-C

Specimen Requirement:
1 ml plasma (light green top tube, lithium heparin)
(seum acceptable)

Minimum Collection Vol:
Minimum Aliquot Vol:
Restrictions On Collection:
Must be anaerobic -- don't remove cap

When Completed:
Less than 2 hours

Normal Values:
Negative

Instructions/Remarks:

Last Updated: 10/13/2012
Connected to SCM Item: Acetone - Blood
ACETYLCHOLINE RECEPTOR (MUSCLE AChR) BINDING AB @MYO

Order Code: ARBI
Synonym(s): AChR, Myasthenia Gravis Ab
Section: Reference
Tube Type: Gold-R
Specimen Requirement: 2 ml. serum (gold top tube).
Minimum Collection Vol: 2 mL
Minimum Aliquot Vol: 0.5 mL
Restrictions On Collection: None

When Completed: Set up: Monday-Thursday, Sunday
Analytic time: 3 days

Normal Values: Included with report

Instructions/Remarks:
This is the primary diagnostic test for Myasthenia Gravis (MG).
Serum will be kept for one (1) month at Mayo Laboratories.
LAB: Send refrigerated.
REFERENCE LAB: MYO test code # ARBI

Last Updated: 06/03/2014

Connected to SCM Item: Acetylcholine Recept.Binding Ab @MYO
ACETYLCHOLINESTERASE, ERYTHROCYTES  @MYO

Order Code:  Misc Lab Item

Synonym(s):

Section:  Reference

Tube Type:  Lav-R

Specimen Requirement:
5.0 ml whole blood (lavender top, EDTA), only
(lavender top only, no other anticoagulants acceptable)

Minimum Collection Vol:  2.5 mL
Minimum Aliquot Vol:  2.5 mL

Restrictions On Collection:
Limited stability.
Draw Saturday through Thursday am only

When Completed:
Testing set up Tuesday and Friday am
Analytic time 4 days.

Normal Values:
Included with report

Instructions/Remarks:
LAB: Send whole blood refrigerated.
Must arrive at MYO within 72 hours of draw.
NO HEMOLYSIS.

Reference Lab:
MYO test code # ACHS

Last Updated: 03/06/2012

Connected to SCM Item:
ACID FAST SMEAR AND CULTURE

Order Code: AFC

Synonym(s): AFB Culture, TB Culture, Culture - Acid Fast bacillus, MAI

Section: Microbiology

Specimen Requirement:
Refer to Microbiology Section information

Restrictions On Collection:
Early A.M. specimens on consecutive days are preferable.

When Completed:
Smear: within 24 hours.
Negative culture report: finalized at 6 weeks
Positive smear or culture: will be called to the physician

Normal Values:

Instructions/Remarks:
Positive cultures are sent to OCHD or Focus for antibiotic sensitivities and some identifications.

Last Updated: 01/21/2002

Connected to SCM Item: Acid Fast Smear + Culture (AFB)

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

- Date Specimen Collected:
- Time Specimen Collected:
- Collected by:
- Circle if appropriate: Right Left
- Wound specimens: Deep Superficial

PREP INSTRUCTION:
(1) MICROBIOLOGY: Collect specimen in sterile, tightly capped container. Transport to LAB immediately. Specimens over 1 hour old, or leaking, will require recollection.

(2) If using a swab for collection- aerobic (routine) - Red topped - anaerobic- Blue topped
ACID FAST SMEAR ONLY

Order Code: AFS
Synonym(s): AFB Smear, Acid Fast Bacilli
Section: Microbiology

Specimen Requirement:
Refer to Microbiology Section Information on Hoag Wave

Restrictions On Collection:
Early A.M. specimens on consecutive days are preferable

When Completed:
Within 24 hours

Normal Values:
Negative

Instructions/Remarks:

Last Updated: 03/29/2006

Connected to SCM Item: Acid Fast Smear Only

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:

Circle if appropriate: Right Left
Wound specimens: Deep Superficial

PREP INSTRUCTION:
(1) MICROBIOLOGY: Collect specimen in sterile, tightly capped container. Transport to LAB immediately. Specimens over 1 hour old, or leaking, will require recollection.

(2) If using a swab for collection- aerobic (routine) - Red topped - anerobic- Blue topped
ACID PHOSPHATASE, TOTAL  @NIC (Quest)

Order Code: Misc Lab Item
Synonym(s): 
Section: Reference
Tube Type: Red-R

Specimen Requirement:
1 ml serum, frozen

Minimum Collection Vol: 5 mL
Minimum Aliquot Vol: 0.3 mL

Restrictions On Collection:
None

When Completed:
Setup days: Tuesday, Thursday, Saturday PM's
Completed by midnight of same day run.

Normal Values:
Included with report

Instructions/Remarks:
NOTE: Freeze immediately after separating from cells.

REFERENCE LAB:
Quest Diagnostics Nichols Institute
test order code #: 17152P

Last Updated: 08/14/2003
ACINETOBACTER ONLY CULTURE

Order Code: ACO
Synonym(s): Culture, Acinetobacter only
Section: Microbiology
Tube Type:
Specimen Requirement:
Culture the body site as specified by physician.
1 Aerobic Double swab.
Minimum Collection Vol:
Minimum Aliquot Vol:
Restrictions On Collection:

When Completed:
72 hours

Normal Values:
No Acinetobacter isolated

Instructions/Remarks:
Order this item to rule out Acinetobacter. Acinetobacter is the only organism identified.

Last Updated: 10/14/2009

Connected to SCM Item: Acinetobacter Only Culture

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:
Circle if appropriate: Right Left
Wound specimens: Deep Superficial

PREP INSTRUCTION:
(1) MICROBIOLOGY: Collect specimen in sterile, tightly capped container. Transport to LAB immediately. Specimens over 1 hour old, or leaking, will require recollection.

(2) If using a swab for collection- aerobic (routine) - Red topped - anaerobic- Blue topped
ACTH, PLASMA @NIC

Order Code: ACTH2
Synonym(s): Adrenocorticotropic Hormone
Section: Reference
Tube Type: LAV10SP

Specimen Requirement:
1.5 mL plasma (draw 1 FULL lavender top tube)
Must be delivered to laboratory on ICE
Specimens must be draw between 7am and 10 am
If not drawn during that time, reference ranges will not apply to result

Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:
Draw must be done between 7am-10am
Please notify nurse/doctor that reference ranges will not apply if drawn outside of that time frame

When Completed:
Testing completed 5 days a week
Analytic time of 3-4 days

Normal Values:
Included with report

Instructions/Remarks:
Reference lab: Transfer EDTA plasma to separate plastic vial and freeze
Ship sample FROZEN ONLY
Reject hemolysis

NIC test code # 211

Last Updated: 12/11/2012

Connected to SCM Item: ACTH Plasma at NIC
ACTIVATED PROTEIN C RESISTANCE @NIC

Order Code: APCRN

Synonym(s): Protein C Resistance

Section: Reference

Tube Type: Blu-ICE

**Specimen Requirement:**
- 2.7 mL whole blood (blue top tube, citrate), on ice
- Tube must be FULL
- Deliver specimen to Specimen Processing IMMEDIATELY

Minimum Collection Vol: 2.7 mL

Minimum Aliquot Vol: 1 mL

Restrictions On Collection:
- None

When Completed:
- Testing set up: Monday, Wednesday, Friday
- Reports next day

Normal Values:
- Included with report

Instructions/Remarks:
- Also included in SCM Order Set: Hypercoagulation Risk Panel" (Thrombosis with Reflex).
- LAB: Specimen is to be delivered to Specimen Processing STAT.
  - The specimen must be double-centrifuged to prepare a platelet-free plasma specimen:
    - PROCESS AS FOLLOWS--
    - Centrifuge in cold centrifuge for 15 mins. at 3,000 rpm.
    - Carefully remove plasma from cells avoiding the platelet/buffy coat. Transfer plasma to a plastic tube and centrifuge again for 15 mins. in cold centrifuge.
    - Remove the top portion of plasma leaving approximately 250 uL in the bottom to discard.
    - The double-centrifuged plasma should be aliquoted (1.0 mL each) into clearly labeled plastic tubes (glass vials will NOT be accepted).
    - Place in Chemistry freezer for courier pickup.

- Note: Each coagulation assay for Quest must have its own separate aliquot(s).

REFERENCE LAB:
- Quest order code # 22

Last Updated: 10/24/2013

Connected to SCM Item: Activated Protein C Resistance at NIC
ACYLCARNITINES, QUANT  @MYO

Order Code: Misc Lab Item
Synonym(s):
Section: Reference
Tube Type:
Specimen Requirement:
0.1 ml plasma (green top Sodium Heparin)
Pediatric: draw one full microtainer, Lithium Heparin with gel

Minimum Collection Vol: 1 mL
Minimum Aliquot Vol: 0.05 mL
Restrictions On Collection:
Draw just prior to a scheduled meal or feeding.

When Completed:

Normal Values:
Included with report

Instructions/Remarks:
LAB: Spin down and send 0.1 ml plasma, FROZEN.
REFERENCE LAB:
Mayo test # ACRN

Last Updated: 03/06/2012

Connected to SCM Item:
ADAMTS13 ACTIVITY AND BETHESDA INHIBITOR TITER PROFILE@MYO

Order Code: Misc Lab Item
Synonym(s): Von Willibrand Factor Cleaving Protease
Section: Reference
Tube Type: Bl-R
Specimen Requirement:
- 2 mL citrated plasma (blue top, sodium citrate)
  Draw 2 tubes
Minimum Collection Vol: 6 mL
Minimum Aliquot Vol: 2 mL
Restrictions On Collection:
None
When Completed:
- Test set up: Monday - Sunday
  Analytic time: 4-5 days
Normal Values:
Included with report
Instructions/Remarks:
LAB:
  Centrifuge, remove plasma, and centrifuge again to obtain platelet poor plasma. Double centrifugation is critical since platelet contamination can cause spurious results.
  Immed. freeze 2 mL plasma, 1 mL in each of 2 plastic vials.
REFERENCE LAB
MYO code # ADM13

Last Updated: 09/20/2012

Connected to SCM Item:
ADENOVIRUS ANTIBODY, BLD  @FOC

Order Code:  Misc Lab Item
Synonym(s):  
Section:  Reference
Tube Type:  Red-R

Specimen Requirement:
1 mL serum (small red top tube)

Minimum Collection Vol:  2 mL
Minimum Aliquot Vol:  0.2 mL
Restrictions On Collection:
None

When Completed:
Testing performed: Monday - Friday
Turnaround time: 3-5 days

Normal Values:
Included with report

Instructions/Remarks:
LAB: Send serum refrigerated.
REFERENCE LAB:
Focus # 40100 (serum)

Last Updated: 09/05/2007
ADENOVIRUS ANTIBODY, CSF  @FOC

Order Code:  Misc Lab Item
Synonym(s):  
Section:  Reference
Tube Type:  CSF
Specimen Requirement:  
1 mL. CSF
Minimum Aliquot Vol:  0.2 mL
Restrictions On Collection:  
None
When Completed:  
Testing performed:  Monday - Friday
Turnaround time:  3-5 days
Normal Values:  
Included with report
Instructions/Remarks:  
LAB:  Send CSF refrigerated.
Room temperature UNACCEPTABLE for CSF.
REFERENCE LAB:  
Focus # 60100 (CSF)
Last Updated:  09/05/2007
ADENOVIRUS ANTIGEN, DFA @NIC

Order Code: ADNV
Synonym(s):
Section: Microbiology
Tube Type: VCM

Specimen Requirement:
NP Aspirate, Bronch wash or Conjuctiva swab

Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 1 mL

Restrictions On Collection:
- Throats on <2 year old patients
- Specimens received in non-viral transport medium
- Nucleic or bacterial transport media
- Non-respiratory or non-conjunctiva specimens
- Dry swabs
- Received in formalin or other fixatives

When Completed:
- Testing set-up daily
- Report available in 2-3 days

Performing Laboratory
Focus Diagnostics, Inc.
5785 Corporate Ave.
Cypress, CA 90630-4726

Normal Values:
None detected

Instructions/Remarks:
- Reference lab: send refrigerated in VCM medium
- Quest test code: 8355

Last Updated: 12/03/2013

Connected to SCM Item: Adenovirus Antigen DFA at NIC

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:

Circle if appropriate: Right Left
Wound specimens: Deep Superficial

PREP INSTRUCTION:
(1) MICROBIOLOGY: Collect specimen in sterile, tightly capped container. Transport to LAB immediately. Specimens over 1 hour old, or leaking, will require recollection.

(2) If using a swab for collection- aerobic (routine) - Red topped  anerobic- Blue topped
ADmark ApoE GENOTYPE ANALYSIS @NIC

Order Code: Misc Lab Item
Synonym(s): ApoE
Section: Reference
Tube Type: Lav10

Specimen Requirement:
10 mL whole blood (draw 1 full large lavender top tube)

Minimum Collection Vol: 6 mL
Minimum Aliquot Vol:

Restrictions On Collection:
Patient must be at least 18 years of age
To be collected only Sunday-Wednesday.

When Completed:
Testing is forwarded to Athena Diagnostics Inc.
Average turnaround time is 7-14 days

Normal Values:
Included with Report

Instructions/Remarks:
This testing should only be ordered for individuals with symptoms of dementia.
**Due to stability requirements, this test can ONLY be drawn Sunday-Wednesday.

Reference lab: Room temperature (preferred)
Refrigerated also acceptable.
Stability at Room temp. and refrigerated: 72 hours
Frozen unacceptable.

Call (800)553-5445 to arrange sample tracking.
Do not send samples on Friday and Saturday.

NIC test code # 10642X

Last Updated: 08/05/2013

Connected to SCM Item:
ADRENAL AB SCREEN W/REFLEX TITER @FOC

Order Code: Misc Lab Item
Synonym(s):
Section: Reference
Tube Type: Red-R
Specimen Requirement: 1 ml. serum (small red top tube)
Minimum Collection Vol:
Minimum Aliquot Vol:
Restrictions On Collection: None
When Completed: Results 1-5 days
Normal Values: Included with report
Instructions/Remarks:
LAB: Send refrigerated
REFERENCE LAB: Focus test # 2170
Last Updated: 09/10/2008
Connected to SCM Item:
ADRENAL ANTIBODY SCREEN W/REFLEXT TO TITER @NIC

Order Code:

Synonym(s):  Adrenal Cortex Antibody, Anti-Adrenal Antibody, Adrenal AB

Section:  Reference

Tube Type:  RED-R

Specimen Requirement:

2 ml serum (draw 1 red top tube)
SST gold top acceptable

Minimum Collection Vol:  5 mL
Minimum Aliquot Vol:  0.5 mL

Restrictions On Collection:

None

When Completed:

Setup Tuesday and Thursday AM
Resulted Tuesday and Thursday PM

Normal Values:

Included with report

Instructions/Remarks:

Ship frozen

REFERENCE LAB:

Quest Diagnostics Nichols Institute
test order code # 4645X

Last Updated:  09/18/2012

Connected to SCM Item:
ALBUMIN

Order Code: ALB  

Synonym(s):

Section: Chemistry

Tube Type: ltG-C

Specimen Requirement: 
1 ml. plasma (light green top tube)

Restrictions On Collection: None

When Completed: Same shift

Normal Values: Serum: 3.9 - 5.0 gm/dl

Instructions/Remarks: LAB: Serum acceptable. Separate specimen within 3 days of collection. Room temperature to 7 days. Refrigerate up to one month. Freeze for longer storage. (At a hemoglobin concentration of 200 mg/dl there is a positive 12% bias.)

Last Updated: 03/23/2006

Connected to SCM Item: Albumin Level
ALBUMIN - MISC FLUID

Order Code: ALBMF

Synonym(s):

Section: Chemistry

Specimen Requirement:
1 mL miscellaneous fluid

Minimum Collection Vol: 0.5 mL

Restrictions On Collection:
None

When Completed:
Same shift

Normal Values:
No normal values available

Instructions/Remarks:
LAB: Centrifuge and aliquot if necessary, prior to testing.
Store room temperature for up to 4 hours.
Refrigerate up to 3 days.
Freeze for up to 6 months.

Last Updated: 01/25/2007

Connected to SCM Item: Albumin-Misc Fluid

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:
ALCOHOL

Order Code: ALCO
Synonym(s): Ethanol
Section: Chemistry
Tube Type: ltG-Ca

Specimen Requirement:
1 ml. plasma/anaerobic (light green top tube, lithium heparin)
DO NOT USE alcohol for venipuncture preparation.
DO NOT REMOVE STOPPER.

Restrictions On Collection:
None

When Completed:
Less than 2 hours; available STAT

Normal Values:
No influence. ....................... 0-50 mg/dl
Possible influence. .................. 50-80 mg/dl
Under the influence .................. 80-250 mg/dl
Markedly intoxicated. .............. 250-400 mg/dl
Comatose. ......................... over 400 mg/dl

Instructions/Remarks:
Lab: DO NOT remove stopper. Serum acceptable, IF stopper has NOT
been removed AND alcohol was NOT used for venipuncture preparation.
Separate plasma from cells within 3 hours of collection.
Analyze samples at room temperature. Store at room temperature up
to 3 hours. Avoid evaporation. Refrigerate up to 1 week. Freeze
for longer storage if analysis is delayed beyond 1 week up to
6 months.

Last Updated: 08/14/2003

Connected to SCM Item: Alcohol/Ethanol
ALCOHOL, ISOPROPYL  @UCI

Order Code:  Misc Lab Item
Synonym(s):  Isopropanol
Section:  Reference
Tube Type:  LV-R

Specimen Requirement:
5 ml Whole Blood (lavender top tube, EDTA) or plain red top *

Restrictions On Collection:
Do not use alcoholic solution as a skin preparation for drawing specimens. Use Betadine or Zephiran.

When Completed:
Test set up:  Monday through Sunday
Turnaround time:  same day

Normal Values:
Included with report

Instructions/Remarks:
LAB:  Send whole blood ambient. Available STAT.

  * If not sent STAT, centrifuge and send serum or plasma FROZEN within 4 hours.

REFERENCE LAB:
UCI Laboratory
test code # ISOP

Last Updated: 07/11/2006
ALDOLASE @MYO

Order Code: ALS
Synonym(s):
Section: Reference
Tube Type: RED-R
Specimen Requirement:
1 ml. serum
Minimum Collection Vol: 2 mL
Minimum Aliquot Vol: 0.2 mL
Restrictions On Collection:
Patient should be fasting 4 hours.
Hemolysis unacceptable. Serum gel tubes unacceptable.
When Completed:
Test set up:
Monday through Saturday
Analytic time:
1 day
Normal Values:
Included with report
Instructions/Remarks:
LAB: Send frozen.
REFERENCE LAB: Mayo test code # 8363
Last Updated: 05/12/2009
Connected to SCM Item: Aldolase @MYO
ALDOSTERONE, LC/MS/MS @NIC

Order Code: ALDS2

Synonym(s):

Section: Reference

Tube Type: Red10

Specimen Requirement:
1 mL serum (draw 1 full small red top tube)
SST gold top UNACCEPTABLE

Minimum Collection Vol: 3 mL

Minimum Aliquot Vol: 0.25 mL

Restrictions On Collection:
None

When Completed:
Testing is set-up 6 days a week
Analytic time of 4 days

Normal Values:
Included with report

Instructions/Remarks:
Reference lab: Ship serum refrigerated (preferred)
SST GOLD top tube UNACCEPTABLE

NIC test code # 17181

Last Updated: 02/06/2013

Connected to SCM Item: Aldosterone at NIC
ALDOSTERONE-24HR URINE  @NIC

Order Code: ALDUR

Synonym(s):

Section: Reference

Tube Type:

Specimen Requirement:
24 hour urine collected over 10 gm. boric acid
* (See below)

Minimum Collection Vol: 5 mL
Minimum Aliquot Vol: 0.8 mL

Restrictions On Collection:
Refrigerate during and after collection

When Completed:
Less than 4 days

Normal Values:
Included with report

Instructions/Remarks:
LAB: Collect 24-hour specimen over 10 grams boric acid. Mix well. Measure total volume. Ship Refrigerated

* Sample collected without preservative is acceptable if kept refrigerated during collection. It is acceptable to add preservative after collection.

REFERENCE LAB:
Quest Diagnostics Nichols Institute
NIC test code # 19552X

Last Updated: 10/23/2012

Connected to SCM Item: Aldosterone 24 Hr Urine @NIC

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Urine Coll Started:
Date Urine Collect Ends:
Time Urine Coll Started:
Time Urine Collect Ends:
ALK PHOS-ROUTINE

Order Code: ALKP

Synonym(s): Alkaline Phosphatase, ALKP

Section: Chemistry

Tube Type: ltG-C

Specimen Requirement:
1 ml. plasma (light green top tube)

Restrictions On Collection:
None

When Completed:
Same shift

Normal Values:
38 - 126 U/L

Instructions/Remarks:
LAB: Serum acceptable. Separate specimen within 4 hours of collection. Store room temperature or below up to 4 days.

Last Updated: 08/14/2003

Connected to SCM Item: Alk Phos-Routine
ALKALINE PHOSPHATASE ISOENZYMES @NIC

Order Code: ALKISO

Synonym(s):  

Section: Reference

Tube Type: Red10

Specimen Requirement:  
2 mL serum (draw 1 large red top tube)  
SST gold top acceptable

Minimum Collection Vol: 6 mL

Minimum Aliquot Vol: 1 mL

Restrictions On Collection:  
Overnight fasting is preferred

When Completed:  
Testing is set-up 5 days a week  
Analytic time of 3-4 days

Normal Values:  
Included with report

Instructions/Remarks:  
Reference lab: Ship samples room temperature (preferred)  
Refrigerated and Frozen acceptable

NIC test code # 231

Last Updated: 11/11/2013

Connected to SCM Item: ALKISO
ALKALINE PHOSPHATASE TOTAL AND ISOENZYMES   @MYO

Order Code: Misc Lab Item

Synonym(s):

Section: Reference

Tube Type: Gold-R

Specimen Requirement:
1 mL. serum (Gold top SST tube)

Minimum Collection Vol: 4 mL

Minimum Aliquot Vol: 0.6 mL

Restrictions On Collection:
None

When Completed:
Test set up:
Monday through Friday
Analytic time:
1 day

Normal Values:
Included with report

Instructions/Remarks:
Includes: Alkaline Phosphatase Total, and Isoenzymes Bone, Intestine, Liver.

LAB:
1 mL serum divided into 2 aliquot tubes, each containing 0.5 mL serum.
Send frozen. Hemolysis unacceptable

REFERENCE LAB:
MYO test code # ALKI

Last Updated: 03/06/2012

Connected to SCM Item:
ALPHA-1-ANTITRYPSIN PHENOTYPING, SERUM @MYO

Order Code: Misc Lab Item

Synonym(s):

Section: Reference

Tube Type: Gold-R

Specimen Requirement:
1ml serum (gold top SST tube) or red top tube

Minimum Collection Vol: 3 mL

Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:
None

When Completed:
Setup Monday through Friday
Completed in 2 days

Normal Values:
Included with report

Instructions/Remarks:
Send specimen refrigerated.

REFERENCE LAB:
MYO test code # A1APP

Last Updated: 03/06/2012

Connected to SCM Item:
ALPHA-1-ANTITRYPsin, FECES RANDOM @MYO

Order Code: Misc Lab Item

Synonym(s):

Section: Reference

Tube Type:

Specimen Requirement:

Stool specimen, Random collections only.
Minimum 5 grams.

Minimum Collection Vol:

Minimum Aliquot Vol:

Restrictions On Collection:
Minimum 5 grams.

When Completed:
Analytic time: 2 hours
Days test set up: Monday through Saturday

Normal Values:
Included with report

Instructions/Remarks:
REFERENCE LAB:
MYO test code # A1AF

Last Updated: 03/06/2012

Connected to SCM Item:
ALPHA-1-ANTITRYPsin, SERUM  @MYO

Order Code:  AAT
Synonym(s): Antitrypsin
Section:  Reference
Tube Type:  Gold-R
Specimen Requirement:  
1 ml of serum (gold top SST tube)
Minimum Collection Vol:  3 mL
Minimum Aliquot Vol:  0.5 mL
Restrictions On Collection:  None
When Completed:  
Set-up Monday through Saturday
Normal Values:  
Included with report
Instructions/Remarks:  
Includes phenotype on all results <140 mg/dL.
Send specimen refrigerated.
REFERENCE LAB:
MYO test code # 8161
Last Updated:  05/15/2006
Connected to SCM Item:  Alpha-1-Antitrypsin @MYO
ALPHA-2-ANTIPLASMIN, FUNCTIONAL, PLASMA  @MYO

Order Code:  Misc Lab Item
Synonym(s):  Antiplasmin Activity
Section:  Reference
Tube Type:  Bl-R

Specimen Requirement:
1.0 ml citrated plasma.

Minimum Collection Vol:  2.5 mL
Minimum Aliquot Vol:  0.5 mL
Restrictions On Collection:
None

When Completed:
Test Set up:
Wednesday
Analytic time:
2 hours

Normal Values:
Included with report

Instructions/Remarks:
LAB:  Send frozen. Reject due to hemolysis
Blue top must be spun in cold centrifuge for 10 mins.
Carefully pipet off plasma and place in a plastic transfer vial.
Centrifuge again for another 10 mins. Pipet off plasma
into another plastic Mayo transfer vial and freeze immediately.

REFERENCE LAB:
MYO Test code # APSM

Last Updated: 03/06/2012

Connected to SCM Item:
ALPHA-2-MACROGLOBULIN, SERUM  @MYO

Order Code: Misc Lab Item
Synonym(s): 
Section: Reference
Tube Type: Red-R
Specimen Requirement: 1.0 ml serum, FROZEN
Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 0.5 mL
Restrictions On Collection: None

When Completed: Set up Monday through Saturday
Completed in 2 hours

Normal Values: Included with report

Instructions/Remarks:
Send frozen

REFERENCE LAB:
MYO test code # A2M

Last Updated: 03/06/2012

Connected to SCM Item:
LABORATORY MANUAL

ALPHA-FETOPROTEIN (AFP) AND AFP-L3 @NIC

Order Code: AFP
Synonym(s): AFP
Section: Reference
Tube Type: GOLDR

Specimen Requirement:
1.5 mL Serum (draw 1 Gold top tube)

Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:
None

When Completed:
Test is set-up 1 day a week

Normal Values:
Included with Report

Instructions/Remarks:
Reference lab: Ship refrigerated (preferred)
NIC test code # 19529

Last Updated: 12/11/2012

Connected to SCM Item: Alpha Fetoprotein Tumor Marker at NIC
ALPHA-FETOPROTEIN (AFP) SCREENING FOR EXPECTANT MOTHERS

Order Code:  
Synonym(s):  
Section:  
Specimen Requirement:  

Restrictions On Collection:
  Patient should be sent to Westcliff for testing.

When Completed:

Normal Values:

Instructions/Remarks:
  Hoag is not contracted to perform or send out test.

Last Updated: 10/30/2002
ALPHA-NAPTHOL ESTERASE STAIN

Order Code:

Synonym(s):

Section: Hematology

Tube Type: Lv-H

Specimen Requirement:
- Peripheral blood (whole blood, lavender top tube, EDTA) or
- Bone Marrow (slides)

Restrictions On Collection:
- Monday-Friday only (No holidays)

When Completed:
- 24-48 hours

Normal Values:

Instructions/Remarks:
- Order to be reviewed by Hematology before entering

Last Updated: 08/14/2003
ALPHA-SUBUNIT OF PITUITARY GLYCOPROTEIN HORMONES, SERUM

@MYO

Order Code: Misc Lab Item

Synonym(s): PGH, Alpha PGH

Section: Reference

Tube Type: Red-R

Specimen Requirement:
1.0 ml of serum.

Minimum Collection Vol: 3 mL

Minimum Aliquot Vol: 0.4 mL

Restrictions On Collection:
None

When Completed:
Set up Wednesdays
Completed in 2 days

Normal Values:
Included with report

Instructions/Remarks:
LAB: Send frozen.
More than moderate hemolysis not acceptable.
Any anticoagulant plasma acceptable.

REFERENCE LAB:
MYO test code # APGH

Last Updated: 03/06/2012

Connected to SCM Item:
ALT

Order Code: ALT
Synonym(s): SGPT
Section: Chemistry
Tube Type: ltG-C

Specimen Requirement:
1 ml Heparinized plasma (light green top)

Restrictions On Collection:
See remarks.

When Completed:
Same shift

Normal Values:
21-72 U/L (male)
9-52 U/L (female)

Instructions/Remarks:
LAB: Serum acceptable.
Avoid hemolysis. At a hemoglobin concentration of 200 mg/dl there
is a negative 20-40% bias.
Separate sample within 3 days of collection. Room temperature to
3 days. Refrigerate up to 1 week. Avoid freezing specimens.

Last Updated: 08/14/2003

Connected to SCM Item: SGPT/ALT
ALUMINUM, SERUM  @MYO

Order Code: AL

Synonym(s):

Section: Reference

Tube Type: RYbluRD

Specimen Requirement:

2 ml. serum (Royal Blue top Trace Metal collection tube, No additive)
See Reference Dept Laboratory for special tube.
If drawn by syringe - use special syringe stored in Reference Department, Lab.

Minimum Collection Vol:

Minimum Aliquot Vol:

Restrictions On Collection:

If drawn by syringe - use special syringe stored in Reference Department, Lab.

When Completed:

Test setup:
Monday through Saturday
Analytic Time:
1 day

Normal Values:

Included with report

Instructions/Remarks:

LAB:
Do not use beads, separators, wooden sticks, or pipettes when processing specimen. After centrifuging pour serum (do not transfer with pipette) into Mayo metal-free vial (blue label) and refrigerate.

Reference lab:
MYO order code # 8373

Last Updated: 09/11/2014

Connected to SCM Item: Aluminum, Serum @MYO
AMBIE  @MYO

Order Code:  Misc Lab Item
Synonym(s):  Zolpidem
Section:  Reference
Tube Type:  Red-R
Specimen Requirement:
3 mL Serum (red top tube, no gel)
Minimum Collection Vol:  4 mL
Minimum Aliquot Vol:  1 mL
Restrictions On Collection:
None
When Completed:
Test performed: daily, varies
Analytic time:  2-3 days
Normal Values:
Included with report
Instructions/Remarks:
Testing is a FORWARD to: Medtox Laboratories, Inc.
LAB:
Send serum refrigerated.
Includes quantitation of drug.
REFERENCE LAB:
Mayo: order as WILD80, specify Ambien

Last Updated:  06/29/2006
AMIKACIN-PEAK  @UCI

Order Code:  AMIKP
Synonym(s):
Section:  Reference
Tube Type:  Red-R
Specimen Requirement:
   1 ml serum (red top tube)
Restrictions On Collection:
   Peak specimen should be drawn 60 minutes after IM injection, or 30 minutes after completion of IV infusion
When Completed:
   Routines run Monday through Sunday
   Available STAT*
Normal Values:
   Included with report
Instructions/Remarks:
   UCI routine courier pickup twice daily, Monday-Saturday.
   No routine courier service on Sunday.
   * If specimen will miss the last courier pickup on Saturday, call UCI for STAT services.
   LAB: Call floor and inquire if physician needs results within 8 hours.
   May need to send STAT for faster turnaround of results.
   May hold Trough sample if Peak being drawn, and send together STAT.
   On UCI requisition, request results be transmitted ASAP.
   * For STAT pick-up call UCI courier service.
   Peak specimen should be drawn 60 minutes after IM injection, or 30 minutes after completion of IV infusion.

Last Updated:  05/11/2004

Connected to SCM Item:  Amikacin Level-Peak @UCI
AMIKACIN-RANDOM  @UCI

Order Code: AMIKR

Synonym(s): Reference

Section: Reference

Tube Type: Red-R

Specimen Requirement:
1 ml serum (red top tube)

Restrictions On Collection:
None

When Completed:
Routines run daily Monday through Sunday
Available STAT*

Normal Values:
Included with report

Instructions/Remarks:
UCI routine courier pickup twice daily, Monday-Saturday.
No routine courier service on Sunday.
* If specimen will miss the last courier pickup on Saturday,
call UCI for STAT services.
*LAB: Call floor and inquire if physician needs results within 8 hours.
May need to send STAT for faster turnaround of results.
On UCI requisition, request results be transmitted ASAP.

* For STAT pick-up call UCI courier service

Last Updated: 05/11/2004

Connected to SCM Item: Amikacin Level-Random @UCI
AMIKACIN-TROUGH @UCI

Order Code: AMIKT

Synonym(s):

Section: Reference

Tube Type: Red-R

Specimen Requirement:
1 ml serum (red top tube)

Restrictions On Collection:
Trough specimen should be drawn just before dosage is administered.

When Completed:
Routines run daily Monday through Sunday
Available STAT*

Normal Values:
Included with report

Instructions/Remarks:
UCI routine courier pickup twice daily, Monday-Saturday.
No routine courier service on Sunday.
* If specimen will miss the last courier pickup on Saturday,
call UCI for STAT services.
*LAB: Call floor and inquire if physician needs results within 8 hours.
May need to send STAT for faster turnaround of results.
May hold Trough sample if Peak being drawn, and send together STAT.
On UCI requisition, request results be transmitted ASAP.

* For STAT pick-up call UCI courier service
Trough specimen should be drawn just before dosage is administered.

Last Updated: 05/11/2004

Connected to SCM Item: Amikacin Level-Trough @UCI
AMINO ACID SCREEN-BLOOD, Qualitative @NIC (Quest)

Order Code: Misc Lab Item
Synonym(s): 
Section: Reference
Tube Type: 

Specimen Requirement:
2 ml. plasma (min. 0.5) (green top tube, SODIUM heparin) on ice. Separate plasma within 30 minutes of draw and freeze immediately.

Minimum Collection Vol: 
Minimum Aliquot Vol:
Restrictions On Collection: None
When Completed: Less than 5 days
Normal Values: Included with report

Instructions/Remarks:
REFERENCE LAB: Nichols Reference Lab
test code # 646N

Last Updated: 11/29/2010
Connected to SCM Item:
AMINO ACID SCREEN-URINE, Qualitative @NIC (Quest)

Order Code:  Misc Lab Item
Synonym(s):
Section:  Reference
Tube Type:
Specimen Requirement:
  10 ml. random urine. FROZEN.
Minimum Collection Vol:
Minimum Aliquot Vol:  2 mL
Restrictions On Collection:  None
When Completed:  Less than 5 days
Normal Values:  Included with report
Instructions/Remarks:
  LAB:  FREEZE immediately.
  REFERENCE LAB:  Nichols reference lab
test code # 5983N
Last Updated: 11/29/2010
Connected to SCM Item:
AMINO ACIDS QUANT, URINE @MYO

Order Code: Misc Lab Item
Synonym(s): Inborn Errors of Metabolism
Section: Reference

Tube Type:

Specimen Requirement:
- 2 mL from a 24-hour urine, or
- 2 mL from a Random urine

Minimum Collection Vol: 1 mL
Minimum Aliquot Vol: 0.3 mL

Restrictions On Collection:
Patient should be fasting (4 hours or more on infants)

When Completed:
- Analytic time: 3 days
- Testing performed: Monday - Friday

Normal Values:
Included with report

Instructions/Remarks:
LAB:
- No preservative.
- Pour off urine aliquot within 4 hours of collection and FREEZE

REFERENCE LAB:
- MYO order code: AAPD

Last Updated: 03/06/2012

Connected to SCM Item:
AMINO ACIDS, QUANT, BLOOD @MYO

Order Code: AAQ
Synonym(s): Inborn Errors of Metabolism
Section: Reference
Tube Type: GRN10

Specimen Requirement:
0.5 ml plasma (dark green top tube, SODIUM heparin)

Minimum Collection Vol: 
Minimum Aliquot Vol: 0.3 mL

Restrictions On Collection:
Patient should be fasting. (4 hours or more on infants)

When Completed:
Analytic time: 3 days
Testing performed: Monday - Friday

Normal Values:
Included with report

Instructions/Remarks:
LAB: Plasma: Spin down promptly and FREEZE plasma.
REFERENCE LAB: MYO test code: 9265 by Liquid Chromatography Tandem Mass Spec

Last Updated: 01/30/2012

Connected to SCM Item: Amino Acids Quant Blood @MYO
AMIODARONE, SERUM  @MYO

Order Code:  Misc Lab Item
Synonym(s):  
Section:  Reference
Tube Type:  Red-R
Specimen Requirement:
0.5 mL serum (red top tube)
(Serum SST gel tube not acceptable)
Minimum Collection Vol:  3 mL
Minimum Aliquot Vol:  0.5 mL
Restrictions On Collection:
Draw sample no sooner than 12 hours (trough value) after last dose.

When Completed:
Analytic Time:  1-2 days
Days Test Set Up:  Sunday through Saturday

Normal Values:
Included with report

Instructions/Remarks:
Testing includes Amiodarone and Desethylamiodarone.
Sodium Heparin anticoagulant plasma also acceptable; no gel.
Testing is forwarded to MedTox Laboratories.

LAB: Serum from plain red top tube only.
SST tube is not acceptable.
Send serum refrigerated.

REFERENCE LAB:
Mayo test code # AMIO

Last Updated:  03/06/2012

Connected to SCM Item:
AMITRIPTYLINE & METAB-QUANT   @NIC (Quest)

Order Code: AMIT

Synonym(s): Amitril, Elavil, Endep, Etrafon, Eudep, Limbitrol, Triavil

Section: Reference

Tube Type: RED10

Specimen Requirement: 3 ml serum (red top tube). Gel tube NOT acceptable.

Minimum Collection Vol: 10 mL
Minimum Aliquot Vol: 1.5 mL

Restrictions On Collection: Optimum time to collect sample is 10-14 hours post oral dose

When Completed: Less than 4 days

Normal Values: Included with report

Instructions/Remarks: Includes: Elavil (Amitriptyline) and Metabolite (Nortriptyline).
Send room temperature (ambient)

LAB: Separate serum ASAP. Send refrigerated.

REFERENCE LAB: NIC (Quest)
test code #: 638N

Last Updated: 12/04/2012

Connected to SCM Item: Elavil +Metabolite-Quant@NIC
AMMONIA

Order Code: AMON
Synonym(s): NH3
Section: Chemistry
Tube Type: LtGrICE

Specimen Requirement:
1 ml. plasma/anaerobic (light green top tube, lithium heparin) FULL tube, on ice; DELIVER TO CHEMISTRY IMMEDIATELY.

Minimum Collection Vol:

Minimum Aliquot Vol:

Restrictions On Collection:
None

When Completed:
Less than 2 hours

Normal Values:
9 - 30 micro-mol/L

Instructions/Remarks:
Collect specimen and keep on ice.
LAB: DO NOT remove stopper. Centrifuge and ANALYZE PROMPTLY.
Separate and remove plasma from the cells within 15 minutes of collection. If not analyzed immediately, refrigerate for up to three hours or freeze up to 24 hours.

Last Updated: 07/27/2010

Connected to SCM Item: Ammonia
AMNIOTIC FLUID CASCADE @UCI (replaces Fetal Lung Maturity Screen @UCI)

Order Code: AMNCAS
Synonym(s): Lamellar Bodies Count, L/S Ratio, PG, Amniotic Fluid, Maturity Cascade, FLM, Fetal Lung Maturity Screen
Section: Reference
Tube Type:
Specimen Requirement:
    10 mL amniotic fluid on ice. Protect from light.
Minimum Collection Vol: 5 mL
Minimum Aliquot Vol: None
Restrictions On Collection:
When Completed:
    Available STAT.
    Phone report: 6 hours from receipt of sample at UCI
    Routines: run daily
    Final report: reported within 24 hours
Normal Values:
    Included with report.
Instructions/Remarks:
    If the Lamellar Body Count is >60,000, the fetus is considered to be mature and the testing stops. If the LBC is 60,000 or less, the cascade proceeds to the Phosphatidyl Glycerol (PG). If the PG is absent, the L/S Ratio is performed.
    UCI may proceed with additional testing for Phosphatidyl Glycerol and L/S Ratio at an additional charge to the patient.
    Lamellar Bodies Count can be ordered independently of the cascade (Misc Lab Item).
    L/S Ratio may be ordered independently of the cascade (LSAM).

LAB: Do not centrifuge. (Centrifugation falsely decreases results).
    Maintain amniotic fluid refrigerated.
    Send on wet ice.
    Wrap with foil to protect from light.
    Phone UCI STAT courier service 714/456-6575.

    Samples should be free of contamination of red blood cells, meconium, maternal urine and high bilirubin. (Hemolysis or RBCS may result in falsely positive results)

Last Updated: 07/09/2013

Connected to SCM Item: Amniotic Fluid Cascade at UCI
Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:
    Date Specimen Collected:
    Time Specimen Collected:
    Collected by:
AMOXICILLIN LEVEL, BA @NIC

Order Code: Misc Lab Item
Synonym(s):
Section: Reference
Tube Type: Red-R

Specimen Requirement:
1.0 ml serum (red top tube), no SST
Serum only is acceptable
Minimum Collection Vol: 2.0 ml
Minimum Aliquot Vol: 0.5 ml

Restrictions On Collection:
Trough: Specimens collected just before or within 15 minutes of antibiotic dosing.
Peak: Specimens collected within 15-30 minutes after completion of IV infusion, 45-60 minutes
after IM injection, or 90 minutes after oral intake.

When Completed:
Setup 5 days a week
Reports in 3 days

Normal Values:
Included with report

Instructions/Remarks:
LAB: Send 1 ml of frozen serum. SST gel tube not acceptable.

REFERENCE LAB:
Quest order code: 35159X Test performed by Focus Diagnostic, Inc.

Last Updated: 03/15/2012

Connected to SCM Item:
AMPHETAMINE DRUG CONFIRMATION  @UCI (LAB ONLY)

Order Code: AMPCON

Synonym(s):

Section: Reference

Specimen Requirement:
- 25 mL random urine (6 mL infants)
- 6 mL required for EACH drug sent for confirmation

Minimum Collection Vol: 6 mL
Minimum Aliquot Vol: 6 mL

Restrictions On Collection:
None

When Completed:
If the sample is received by UCI between the hours of 7:00am and 7:00pm, Monday through Friday, the confirmation will be available in 2 to 6 hours.
On weekends and holidays, the sample should arrive at UCI by 5:00pm. The turnaround times for results will vary depending upon the drug being confirmed and the methodology used.
Upon completion, the test results will be called and/or faxed to our facility as indicated on the requisition.

Normal Values:
Included with report

Instructions/Remarks:
LAB ONLY: Order STAT as confirmation to the positive drug in the urine screen -- add test to existing Acct.No, in Sunquest.
Do not reorder an entire drug screen.
Call courier for STAT pickup at 456-6575 (except on third shift call the Chemistry Department at UCI, 456-5507).
Sample requirement for UCI is 6 mL for each drug which requires confirmation.

If there is less than 5 mL sample left after our screening procedure, call nursery immediately and request more sample. If the nursery is unable to collect any more sample, send whatever specimen is left IF that amount is at least one mL. If the drug is present in high concentration, less sample might be used for accurate results.
Because the drugs clear from the body at varying rates, samples which are collected near delivery or soon after will most accurately reflect mother's drug use. Therefore, it is important to notify nursery promptly when more sample is needed, and follow-up.

Last Updated: 09/14/2006

Connected to SCM Item: Amphetamine Confirm Ur @UCI
AMYLASE

Order Code: AMYL

Synonym(s):

Section: Chemistry

Tube Type: ltG-C

Specimen Requirement:

2 ml. plasma (light green top tube)

Restrictions On Collection:

None

When Completed:

Same shift

Normal Values:

Plasma or serum: 30 - 132 U/L

Instructions/Remarks:

Serum acceptable.

LAB:

Serum & Plasma: Dilute grossly lipemic specimens. Separate specimen within 4 hours of collection. Room temperature to 7 days. Refrigerate up to one month. Avoid freezing the specimens.

Last Updated: 11/09/2004

Connected to SCM Item: Amylase
AMYLASE-2HR URINE (2-hour Urine)

Order Code: AMY2HR
Synonym(s): Diastase
Section: Chemistry

Specimen Requirement:
Total 2-hour urine collection; accurate collection timing is important.
Submit entire collection to Laboratory with completed Order Requisition.

Restrictions On Collection:
None

When Completed:
Same shift

Normal Values:
4 - 37 U/2 hr

Instructions/Remarks:
LAB: Properly labeled Timed collection received with SCM Order Requisition.
Measure urine volume and record on Order Requisition.
Mix well, aliquot 5 mL and centrifuge.
Take spun urine aliquot and Order Requisition to Tech for testing.
Tech will verify HOURS of collection on Order Requisition:
  Date Urine Collection Started
  Date Urine Collection Ends
  Time Urine Collection Started
  Time Urine Collection Ends

Last Updated: 01/26/2007

Connected to SCM Item: Amylase, 2Hour Urine

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:
  Date Urine Coll Started:
  Date Urine Collect Ends:
  Time Urine Coll Started:
  Time Urine Collect Ends:
AMYLASE-MISC FLUID

Order Code: AMYMF

Synonym(s): 

Section: Chemistry

Specimen Requirement:
1 ml miscellaneous or pleural fluid

Minimum Collection Vol: 0.5 mL

Restrictions On Collection: None

When Completed: Same shift

Normal Values: No normal values available

Instructions/Remarks:
LAB: Centrifuge and aliquot if necessary, prior to testing.
Store room temperature up to 4 hours.
Refrigerate up to 3 days.
Freeze for up to 6 months.

Last Updated: 01/25/2007

Connected to SCM Item: Amylase-Misc Fluid

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:
ANA IFA SCREEN W/REFLEX TO TITER AND PATTERN @NIC

Order Code: ANAQST
Synonym(s): ANA, ANA TITER, Antinuclear antibodies
Section: Reference
Tube Type: Red5R

Specimen Requirement:
1 mL serum (draw 1 FULL red top tube)

Minimum Collection Vol: 1 mL
Minimum Aliquot Vol: 0.2 mL

Restrictions On Collection:
None

When Completed:
Testing set-up 4 days a week, evenings: Monday, Thursday, Friday, Saturday
Analytical time of 2-3 days

Normal Values:
Included with report

Instructions/Remarks:
Initial Testing includes:
ANA Screen, IFA

The following test will be reflexed, if appropriate, at an additional charge:

<table>
<thead>
<tr>
<th>Test</th>
<th>SQ Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANA, Titer and Pattern</td>
<td>ANARFX</td>
</tr>
</tbody>
</table>

Reference lab: Ship serum room temperature (ambient)
Reject hemolysis and lipemia

NIC test code # 249

Last Updated: 02/25/2013

Connected to SCM Item: ANA IFA Scr w Reflex to Titer Pattern at NIC
ANA IFA TITER and PATTERN (FANA), Body Fluid

Order Code: Misc Lab Item
Synonym(s): Antinuclear Antibody, fluids
Section: Reference

Tube Type:

Specimen Requirement:
Minimum 1 mL body fluid

Minimum Collection Vol: 1 mL
Minimum Aliquot Vol:
Restrictions On Collection: None

When Completed:
Testing performed Monday-Friday
Reports in 2-3 days

Normal Values:
Included with report

Instructions/Remarks:
Quest forwards testing to RDL (Research Diagnostic Laboratory).

REFERENCE:
Aliquot minimum 1.0 mL body fluid into sterile container. Ship frozen.
Call Quest 800-642-4657 x3308 to request TSO Form via fax.
TSO test: 205

Last Updated: 09/17/2014
Connected to SCM Item:
ANA, TITER AND PATTERN @NIC *LAB REFLEX ONLY

Order Code: ANARFX

Synonym(s): ANA, ANA TITER

Section: Reference

Tube Type: Red5R

Specimen Requirement:

- 1 mL serum (draw 1 red top tube)
- SST gold top also acceptable

Minimum Collection Vol: 1 mL

Minimum Aliquot Vol: 0.2 mL

Restrictions On Collection:
None

When Completed:
Testing is set-up 6 days a week
Analytical time of 2-3 days

Normal Values:
Included with report

Instructions/Remarks:
This test will be reflexed, if appropriate, when ANAQST is ordered.

Last Updated: 12/11/2012

Connected to SCM Item:
ANABOLIC STEROIDS SCREEN  @MYO

Order Code:  Misc Lab Item

Synonym(s):

Section:  Reference

Specimen Requirement:
30 ml from a random urine collection. No preservative. Send specimen refrigerated.

Restrictions On Collection:
None

When Completed:
Analytic time  10-13 days
Days test set up: Monday through Friday

Normal Values:
Included with report
Mayo forwards test. Test performed by Medtox Laboratories

Instructions/Remarks:

REFERENCE LAB:
Mayo test code # 90151

Last Updated:  01/24/2005
ANAEROBIC CULTURE

Order Code: ANAC

Synonym(s): Culture Anaerobic

Section: Microbiology

Specimen Requirement:
Refer to Microbiology section

Restrictions On Collection:

When Completed:
Five to 10 days

Normal Values:
Negative

Instructions/Remarks:
Fluid specimens collected with a needle and syringe are preferable over specimens collected with a swab. Dispense fluid into a sterile container. For safety reasons do NOT send syringe with needle attached to lab. If swab must be used use the BBL Culture Swabs Plus which can be obtained from Materials Management-Storeroom (Item #2104). Protect specimen from oxygen contact. Bring specimen promptly to lab. An anaerobe culture will NOT be done WITHOUT a routine culture. The following specimens SHOULD NOT BE set up for anaerobic culture: i throat, sputum, voided urine, vaginal, surface wounds, gingival swab, i gastric contents and small bowel contents and feces.

Last Updated: 04/20/1999

Connected to SCM Item: Anaerobic Culture

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:

Circle if appropriate: Right Left
Wound specimens: Deep Superficial

PREP INSTRUCTION:
(1) MICROBIOLOGY: Collect specimen in sterile, tightly capped container. Transport to LAB immediately. Specimens over 1 hour old, or leaking, will require recollection.

(2) If using a swab for collection- aerobic (routine) - Red topped - anerobic- Blue topped
ANCA SCREEN W/REFLEX TO ANCA TITER @NIC

Order Code: ACPAN

Synonym(s): Anti-Neutrophil Cytoplasmic Abs. (ANCA), Anti-Cytoplasmic Abs. (ACPA), Neutrophil Cytoplasmic Abs., Wegener's Granulomatosis, cANCA, ANCA, pANCA

Section: Reference

Tube Type: GOLDR

Specimen Requirement:
1 mL serum (draw 1 GOLD top tube)

Minimum Collection Vol: 3 mL

Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:
None

When Completed:
Testing set-up 6 days a week
Analytic time of 2 days

Normal Values:
Included with report

Instructions/Remarks:
Initial Testing includes: ANCA Screen

The following tests will be reflexed, when appropriate, at an additional charge:

<table>
<thead>
<tr>
<th>Test</th>
<th>SQ Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>P-ANCA Titer</td>
<td>PANTX</td>
</tr>
<tr>
<td>C-ANCA Titer</td>
<td>CANTX</td>
</tr>
<tr>
<td>Atypical P-ANCA Titer</td>
<td>PATYPX</td>
</tr>
</tbody>
</table>

Reference lab: Ship samples room temperature (preferred)

NIC test code # 70171X

Last Updated: 12/11/2012

Connected to SCM Item: ANCA Screen w Reflex to Titer at NIC
ANCA VASCULITIDES @NIC

Order Code: VASCN

Synonym(s): MYELOPEROXIDASE AB, PROTEINASE AB (PR3), Vasculitis

Section: Reference

Tube Type: Red5

Specimen Requirement:
- 1 mL serum (draw 1 red top tube)
- SST gold top acceptable

Minimum Collection Vol: 3 mL

Minimum Aliquot Vol: 0.3 mL

Restrictions On Collection:
None

When Completed:
- Testing completed 3 days a week
- Analytic time of 3 days

Normal Values:
Included with report

Instructions/Remarks:
- Reference lab: Reject hemolysis and/or lipemia
- Ship samples room temperature (preferred)
- NIC test code # 36733

Last Updated: 03/27/2014

Connected to SCM Item: ANCA Vasculitis Panel at NIC
LABORATORY MANUAL

ANDROSTENEDIONE   @MYO

Order Code: AND

Synonym(s):

Section: Reference

Tube Type: Red-R

Specimen Requirement:
- 0.6 ml. serum (red top tube)
- Gold top SST is NOT acceptable.

Minimum Collection Vol: 2.5 mL

Minimum Aliquot Vol: 0.3 mL

Restrictions On Collection:
None

When Completed:
- Test set up Monday through Friday.
- Analytic time = 3 hours

Normal Values:
- Included with report

Instructions/Remarks:

LAB: Send frozen.
- EDTA plasma also accepted.
- Gold top SST is NOT acceptable.
- For CSF, order as Wildcard Order.

REFERENCE LAB:
- Mayo Laboratory
- test code # 9709

Last Updated: 09/05/2013

Connected to SCM Item: Androstenedione   @MYO
ANGIOGRAM SCREEN

Order Code:

Synonym(s):

Section: Hematology

Specimen Requirement:

Restrictions On Collection:

When Completed:

Normal Values: See individual Tests

Instructions/Remarks: Order separately as Panel 7, PT, PTT, Platelet Count.

Last Updated:
ANGIOTENSIN CONVERTING ENZYME, SERUM @NIC

Order Code: ACEN
Synonym(s): Angiotensin-1-Converting Enzyme, ACE
Section: Reference
Tube Type: Red5

Specimen Requirement:
1 mL serum (draw 1 RED top tube)

Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 0.2 mL
Restrictions On Collection:
None

When Completed:
Testing completed 3 days a week
Analytic time of 3 days

Normal Values:
Included with report

Instructions/Remarks:
Lab: centrifuge specimen within 1 hour of collection
Reference lab: Ship serum room temperature (preferred)
NIC test code # 683

Last Updated: 12/11/2012

Connected to SCM Item: Angiotensin Conv Enzyme at NIC
ANTI-DNA AB (SINGLE)  @FOC)

Order Code:  Misc Lab Item
Synonym(s):  DNA, Anti DNA-ss
Section:  Reference
Tube Type:  RED-R
Specimen Requirement:  
1 ml. serum
Minimum Collection Vol:  1 mL
Minimum Aliquot Vol:  0.3 mL
Restrictions On Collection:  None
When Completed:  
Turnaround time:  
1-7 days
Normal Values:  Included with report
Instructions/Remarks:  
LAB: Send refrigerated
REFERENCE LAB:  
Focus test code # 20198
Last Updated:  09/10/2012
Connected to SCM Item:  

Printed:  11/18/2014  11:22:49AM  Page 82 of 1145
ANTI-EXTRACTABLE NUCLEAR ANTIGENS @MYO

Order Code: ENAE

Synonym(s): Anti-RNP, Anti-Sm(Smith), SSA(Ro), SSB(La), SCL-70, JO1, ENA, Anti-ENA, Sjogren's Abs

Section: Reference

Tube Type: Red-R

Specimen Requirement:
- 0.5 mL serum (Red top tube)
- Gold top SST tube acceptable

Minimum Collection Vol: 2 mL

Minimum Aliquot Vol: 0.4 mL

Restrictions On Collection:
None

When Completed:
- Test performed: Monday - Saturday
- Analytic time: 1 day

Normal Values:
Included with report

Instructions/Remarks:
This testing may also be reflex added by Laboratory based on results from the Antinuclear Ab Multiple @MYO. If the ANA Titer is > or = 160 and the ANA Pattern is "Speckled", Anti-Extractable Nuclear Antigens @MYO is added at an additional charge.

LAB: Send serum refrigerated.

REFERENCE:
MYO order code: ENAE
Testing performed at Mayo Medical, New England

REFLEX TESTING:
If this order is a reflex to Antinuclear Ab Multiple @MYO, add ENAE to the existing sample ID. When phoning Mayo with the add-on, specify Mayo Order Code #200047 and "New England" testing site.

Last Updated: 03/05/2012

Connected to SCM Item: Anti-Extractable Nuclear Ags @MYO
ANTI-NEURONAL NUCLEAR ANTIBODY, SERUM OR CSF @NIC

Order Code: Misc Lab Item

Synonym(s): Paraneoplastic Antibody, ANNA-1, Anti-Hu, Hu Antibody, Neuronal Nuclear Ab

Section: Reference

Tube Type: Red-R

Specimen Requirement:
1 ml serum (small red top tube, no additive) OR 1 ml CSF

Minimum Collection Vol: 3 mL

Minimum Aliquot Vol: 0.6 mL

Restrictions On Collection:
None

When Completed:
1 to 10 days

Normal Values:
Included with report

Instructions/Remarks:
Includes ANNA-1 (Anti-Hu) only.

REFERENCE LAB:
  SERUM: Quest test code # 37053
  CSF: Quest test code # 37710

Confirm order with physician. If doctor orders paraneoplastic antibody panel, contact physician and clarify which antibodies. Not all antibodies are available on both serum and CSF.

Send specimen refrigerated

Last Updated: 01/29/2013

Connected to SCM Item:
ANTI-STREP O, SEMI-QUANT (Lab reflex ONLY)

Order Code:    ASOQT
Synonym(s):
Section:     Serology-Specia
Tube Type:
Specimen Requirement:    1 ml serum (red top tube)
Minimum Collection Vol:
Minimum Aliquot Vol:
Restrictions On Collection:      None
When Completed:    Test run Monday - Friday, 7:00 am - 1:00 pm.
                     Performed STAT if STREP is positive.
Normal Values:
Age 5 or older:    less than 200 IU
Up to age 5:      less than 100 IU
Instructions/Remarks:
LAB: If Strep AB Screen is positive, this semi-quantitative test
     will be done; otherwise test is not indicated.
     Deliver aliquot to department 0700-1300 M-F.
     Off-hours, store in refrigerator.

Last Updated: 06/03/2010
Connected to SCM Item:      Anti-Strep O, Semi-Quant
ANTIBIOTIC SENSITIVITY

Order Code: 

Synonym(s): Sensitivities

Section: Microbiology

Specimen Requirement: Microbiology will automatically perform sensitivity studies on significant organisms so it is not necessary to order this test.

If the physician would like specific antibiotics tested place them in Lab comment when ordering the culture or call Microbiology ext. 5625.

Restrictions On Collection: After significant organisms have grown

When Completed: Five to 48 hours AFTER organism has grown

Normal Values:

Instructions/Remarks: Direct sensitivities will be done upon physician's orders only. They must be called to the attention of the Microbiology Department.

Last Updated: 01/14/2002
ANTIBODY IDENTIFICATION

Order Code: ABID
Synonym(s): Antibody ID
Section: Blood Bank
Tube Type: Lav10BB

Specimen Requirement:
30 ml. whole blood --
3 - 10ml EDTA large lavender top tubes preferred, pink acceptable

Minimum Collection Vol: 30 mL
Minimum Aliquot Vol: N/A

Restrictions On Collection:
Call Blood Bank at x45623 prior to ordering or collecting.

When Completed:
Workup may take up to 48 hours.

Normal Values:
N/A

Instructions/Remarks:
Requested by the Blood Bank when an antibody is present and the previously drawn specimen is QNS for completion of the workup.

Last Updated: 07/06/2010

Connected to SCM Item: Antibody Identification
ANTIBODY TITER

Order Code: ABT
Synonym(s): TITER, Anti-D, Anti-C, Anti-c, Anti-E, Anti-K, Anti-Fya, Anti-Fyb, iAnti-Jka, Anti-Jkb, Anti-S, Anti-s, Anti-Kell, Anti-Duffy
Section: Blood Bank
Tube Type: Pink-B
Specimen Requirement: 1-6 mL EDTA pink top preferred, lavender acceptable
Minimum Collection Vol: 5 mL
Minimum Aliquot Vol: 1 mL
Restrictions On Collection: None
When Completed: Same Shift
Normal Values: N/A
Instructions/Remarks:
1) Ask if patient is currently pregnant and if so, how many weeks gestation. Enter "___ Weeks Gestation" as an order comment.
2) Make copy of order and give to Blood Bank.
Last Updated: 09/09/2005
Connected to SCM Item: Antibody Titer
ANTIGEN TYPING

Order Code: AGTYPE
Synonym(s): 
Section: Blood Bank
Tube Type: PinkBB
Specimen Requirement:
   1 - 6 mL EDTA pink top tube preferred, lavender acceptable

Minimum Collection Vol: 5 mL
Minimum Aliquot Vol: 1 mL
Restrictions On Collection:
   None
When Completed:
   Same shift
Normal Values:
   N/A

Instructions/Remarks:
   1) Specify the antigens requested on the prescription
   2) Make copy of order and give to Blood Bank

Last Updated: 07/06/2010
Connected to SCM Item: Antigen Typing
ANTIMICROBIAL ASSAY, (SEE MAYO PC FOR ALL ANTIMICROBIALS)

Order Code: Misc Lab Item
Synonym(s):
Section: Reference
Specimen Requirement:

Restrictions On Collection:

When Completed:

Normal Values:

Instructions/Remarks:

REFERENCE LAB: Mayo Laboratory

Look in Mayo Pc or Mayo manual for test codes and requirements.

Last Updated:
ANTIMICROBIAL SERUM INHIBITORY - CIDAL LEVEL @NIC

Order Code: Misc Lab Item
Synonym(s): Cidal Serum, Schlichter Test, Serum Cidal
Section: Microbiology
Tube Type: RED

Specimen Requirement:
*Peak and Trough specimens must be ordered separately.
5 ml RED top tube

Minimum Collection Vol: 5 mL
Minimum Aliquot Vol: 1 mL

Restrictions On Collection:
Physician must specify PEAK draw time.
Before ordering test call Microbiology Lab, Ext. 45625, and confirm that previously isolated organism is available.

When Completed:
Set up: 7 days a week a.m.
Report available: 2 days

Normal Values:
Included with report

Instructions/Remarks:
Quest test code: 34085Z

Collection Instructions:
Ship Serum frozen only. Do not thaw; and ship Isolate room temp only. Specify all antimicrobials being used to treat patient. Indentification of the isolate is required.

Performing Laboratory
Focus Diagnostics, Inc.
5785 Corporate Ave.
Cypress, CA 90630

Last Updated: 07/22/2014

Connected to SCM Item:
ANTIMICROBIAL SYNERGY STUDIES  @Focus

Order Code:

Synonym(s): Synergy Studies

Section: Microbiology

Specimen Requirement:
Organism to be tested must be specified by physician

Restrictions On Collection:

When Completed:

Normal Values:
Included with report

Instructions/Remarks:
Physician will need to provide information regarding organism to be tested as well as which specific antibiotics are to be evaluated for Synergy Studies.

Call Microbiology, ext 45625

REFERENCE LAB:
Focus Technologies
Order code # 51740

Last Updated: 09/09/2005
ANTITHROMBIN ACTIVITY @NIC

Order Code: ATTACT

Synonym(s): Anti-thrombin III, Antithrombin III

Section: Reference

Tube Type: BLUE-ICE

Specimen Requirement:
1 mL plasma (draw 1 FULL lt. blue top tube)
COLLECT ON ICE

Minimum Collection Vol:

Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:
None

When Completed:
Testing is set-up 5 days a week
Analytic time of 3-5 days

Normal Values:
Included with report

Instructions/Remarks:
Also included in SCM Order Set "Hypercoagulation Risk Panel"
(Thrombosis with Reflex).

Reference lab: Centrifuge light blue-top tube for 15 minutes in cold
centrifuge at approximately 1500g. Using a plastic pipette,
remove plasma, taking care to avoid the WBC/Platelet buffy
layer and transfer to a new plastic vial. Centrifuge a
second time and transfer platelet-poor plasma into new
vial. FREEZE IMMEDIATELY

send plasma Frozen ONLY

NIC test code # 216

Last Updated: 10/16/2013

Connected to SCM Item: Antithrombin Activity at NIC
APOLIPOPROTEIN A1 & B   @NIC

Order Code:   APOLIP
Synonym(s): Lipids
Section:   Reference
Tube Type:   Red-R
Specimen Requirement:
   2 ml. serum; 12-hour fasting required
Minimum Collection Vol:   2 mL
Minimum Aliquot Vol:   0.5 mL
Restrictions On Collection:
   PATIENT PREPARATION:
      Prior evening meal should contain no fatty foods and
      be completed by 6 pm for best results.
      No alcohol consumption 24 hours prior to collection.
When Completed:
   Test set up:
      Monday, Wednesday, Friday AMs
   Resulted:
      Monday, Wednesday, Friday PMS
Normal Values:
   Included with report
Instructions/Remarks:
   LAB: Send room temperature (ambient)
   REFERENCE LAB:
      NIC test code # 7018x
Last Updated:   10/24/2012
Connected to SCM Item:   Apolipoprotein A1 + B   @NIC
APOLIPOPROTEIN E GENOTYPING  @MYO

Order Code:  Misc Lab Item

Synonym(s):  APOE Genotyping

Section:  Reference

Tube Type:  LV-R

Specimen Requirement:
3 ml whole blood (6 ml lavender top tube, EDTA)

Minimum Collection Vol:  3 mL

Minimum Aliquot Vol:  0.5 mL

Restrictions On Collection:

When Completed:
  Testing performed: Wednesday
  Analytic time:  5-7 days
  Report time:  up to 16 days

Normal Values:
  Included with report

Instructions/Remarks:
  This item generally ordered for Lipid disorders, i.e. Dyslipidemia
  This test is not appropriate for Alzheimer's testing.

  LAB:
  Ship at room temperature in original vacutainer tube.
  Refrigerate - OK
  Do NOT freeze!
  Alternate specimen acceptable: yellow top (ACD) tube

  NOTE:
  This test is not appropriate for Alzheimer's testing.

REFERENCE LAB:
  MYO order code # APOE

Last Updated: 07/03/2013

Connected to SCM Item:
APTT

Order Code: APTT
Synonym(s): Activated Partial Thromboplastin Time, PTT
Section: Hematology-Coag
Tube Type: Bl-K

Specimen Requirement:
2.7 ml. whole blood (blue top tube, citrate)
MUST BE FULL

Restrictions On Collection:
None

When Completed:
Same day

Normal Values:
23 - 32 seconds

Instructions/Remarks:
Therapeutic range: 1 1/2 - 2 1/2 of normal.
Included in DIC Screen (L&D/Maternity). Ordered as part of
Angiogram Screen. Included in Coagulation Screen.
* Patients with in-dwelling catheters should have coagulation
studies drawn from the catheter unless specified “peripheral”
by the physician.

Procedures for in-dwelling catheter draw:
1. If ONLY a coagulation test is required, the first 20 ml.
of blood drawn must be discarded before the specimen for
coagulation testing can be obtained.
2. If specimens for other laboratory tests IN ADDITION to
a specimen for coagulation testing are required, the
first 8 to 10 ml. of blood drawn must be discarded. A
second syringe of blood can then be obtained for all
tests other than the coagulation test (e.g. Chemistry,
Hematology, Blood Bank, or Microbiology). Following
that, a third syringe should then be used to draw the
coagulation sample.

LAB: Centrifuge.

Last Updated: 01/28/2008

Connected to SCM Item: APTT
ARBOVIRUS AB PANEL, IFA @NIC Serum

Order Code: AABP
Synonym(s): 
Section: Reference
Tube Type: Red-R
Specimen Requirement: 1 ml. serum (red top tube)
Minimum Collection Vol: 
Minimum Aliquot Vol: 0.2 mL
Restrictions On Collection: None

When Completed: Setup Monday - Friday
Performing Laboratory Focus Diagnostics, Inc.
5785 Corporate Ave.
Cypress, CA 90630-4726

Normal Values: Included with report

Instructions/Remarks: Includes: California Encephalitis (La Crosse)
Eastern Equine Encephalitis
St. Louis Encephalitis
Western Equine Encephalitis
These tests are done by IFA methodology. Individual tests available.

REFERENCE LAB: Quest test code: serum - # 61465N

Last Updated: 05/28/2014

Connected to SCM Item: Arbovirus Ab Panel, IFA at NIC
ARBOVIRUS AB PANEL, IFA @NIC CSF

Order Code: Misc Lab Item

Synonym(s):

Section: Reference

Tube Type: CSF

Specimen Requirement:

Minimum Collection Vol:

Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:

None

When Completed:

Setup Monday - Friday

Performing Laboratory

Focus Diagnostics, Inc.
5785 Corporate Ave.
Cypress, CA 90630-4726

Normal Values:

Included within report

Instructions/Remarks:

Quest test code 3621X

Last Updated: 05/28/2014

Connected to SCM Item:
ARGININE STIMULATION

Order Code: 
Synonym(s): 
Section: 
Specimen Requirement: 

Restrictions On Collection: 

When Completed: 

Normal Values: 

Instructions/Remarks: 
Testing currently not available on-site, 
May refer ordering physician to the following facility that has been used by some Hoag Hospital staff physicians. Facility offers a suite of infusion services.

Critical Care Systems 
14661 Myford Road Suite B 
Tustin CA 92780 

(714) 508-2990 or (866) 508-2990 
Order Form Fax # (714) 508-2992 
www.criticalcaresystems.com 

Last Updated: 01/25/2007
ARSENIC, BLOOD   @MYO

Order Code: Misc Lab Item
Synonym(s):
Section: Reference
Tube Type: CALLAB*

Specimen Requirement:
Draw blood in a royal blue-top Monoject Trace Element Blood Collection Tube, (EDTA, lavender label) (minimum 1.0 ml whole blood) If other collections are required, draw the trace metals tube first. Other vacutainer tubes will not be accepted. Do not draw by syringe. Microtainer with EDTA is acceptable. Always use an alcohol swab to cleanse the venipuncture site. Avoid iodine-containing disinfectants.

NOTE *: Royal blue tops EDTA tubes are stored in the Reference Dept, Laboratory, Mayo supply item T183.

Minimum Collection Vol: 2 mL
Minimum Aliquot Vol: 0.3 mL

Restrictions On Collection:
None

When Completed:
Analytic Time: 1 day
Days Test Set Up: Monday through Saturday

Normal Values:
Included with report

Instructions/Remarks:
LAB: Send specimen refrigerated in original VACUTAINER in plastic carrier.

REFERENCE LAB:
Mayo test code # ASB

Last Updated: 03/06/2012

Connected to SCM Item:
ARSENIC, HAIR @MYO

Order Code: Misc Lab Item

Synonym(s):

Section: Reference

Tube Type:

Specimen Requirement:
At least 0.5 g of hair. Typically, this is a sample of hair comprised of strands 1-cm long and enough strands to be 0.5 cm in diameter when gathered together. Do not apply tape to hair.

Minimum Collection Vol:

Minimum Aliquot Vol:

Restrictions On Collection: None

When Completed:
Analytic Time: 2 days
Days Test Set Up: Tuesday and Friday

Normal Values: Included with report

Instructions/Remarks:
If known, indicate source of hair (axillary, head, or pubic).

REFERENCE LAB:
Mayo test code # ASHA

Last Updated: 03/06/2012

Connected to SCM Item:
LABORATORY MANUAL

ARSENIC, NAILS @MYO

Order Code: Misc Lab Item
Synonym(s):
Section: Reference
Tube Type:

Specimen Requirement:
Clippings should be taken from all 10 fingernails or toenails.

Minimum Collection Vol: 
Minimum Aliquot Vol: 
Restrictions On Collection: None

When Completed:
Analytic Time: 2 days
Days Test Set Up: Monday and Wednesday

Normal Values: Included with report

Instructions/Remarks:
If known, indicate source of nails (fingernails or toenails).

REFERENCE LAB:
Mayo test code # ASNA

Last Updated: 03/06/2012

Connected to SCM Item:
LABORATORY MANUAL

ARSENIC-24HR URINE @MYO (Random collections accepted)

Order Code: Misc Lab Item

Synonym(s):

Section: Reference

Tube Type:

Specimen Requirement:

10.0 ml from a 24-hour urine collection. Collect urine in clean, plastic container with no metal caps or glued inserts. No preservative. (Check Mayo PC for alternate preservative.)

Random urine: 2 mL

Minimum Collection Vol: 4 mL

Minimum Aliquot Vol: arse

Restrictions On Collection:

Patient should not eat seafood for a 48-hour period prior to start of collection.

When Completed:

Analytic Time: 1 day

Days Test Set Up: Monday through Saturday

Normal Values:

Included with report

Instructions/Remarks:

The reference value is for a 24-hour collection. Specimens collected for other than a 24-hour period are reported in units of ug/L, for which reference values are not established.

LAB:

Measure urine and write total volume on the volume line of Mayo PC and on specimen. Send in Mayo metal-free specimen vial (blue label). Send specimen refrigerated.

When processing batch in MayoAccess, you will be prompted for the following information prior to transmitting batch:

Collection Duration:
Urine Volume:

REFERENCE LAB:
Mayo test code # ASU 24 Hour collections.
# ASRU Random collections.

Last Updated: 03/06/2012

Connected to SCM Item:
ARTHROPOD MACROSCOPIC EXAM (LAB ONLY)

Order Code: ARTME

Synonym(s): Insect, Scabies

Section: Microbiology

Tube Type:

Specimen Requirement:
Send insect to be examined to Lab inside a secured screw top container

Minimum Collection Vol:

Minimum Aliquot Vol:

Restrictions On Collection:
Do not collect in formalin

When Completed:
1-7 days. May be sent to OCHD Vector Control for identification

Normal Values:
Negative

Instructions/Remarks:

Last Updated: 04/05/2012

Connected to SCM Item: Arthropod Macroscopic Exam

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:

Circle if appropriate: Right Left
Wound specimens: Deep Superficial

PREP INSTRUCTION:
(1) MICROBIOLOGY: Collect specimen in sterile, tightly capped container. Transport to LAB immediately. Specimens over 1 hour old, or leaking, will require recollection.

(2) If using a swab for collection- aerobic (routine) - Red topped anerobic- Blue topped
ASPERGILLUS ANTIGEN (GALACTOMANNAN) @NIC

Order Code: ASPAGN
Synonym(s): Galactomannan antigen
Section: Reference
Tube Type: Gold

Specimen Requirement:
2 mL Serum (draw 1 SST gold top tube)

Minimum Collection Vol: 5 mL
Minimum Aliquot Vol: 1 mL

Restrictions On Collection:
None

When Completed:
Test set-up 5 days a week

Normal Values:
Included with Report

Instructions/Remarks:
Reference lab: Aliquot serum.
Ship all specimens Frozen (preferred)

NIC test code # 14950Z

Last Updated: 12/11/2012

Connected to SCM Item: Aspergillus AG at NIC
Order Code: SASP
Synonym(s): Hypersensitivity pneumonitis
Section: Reference
Tube Type: Red-R
Specimen Requirement:
0.5 ml. serum
Minimum Collection Vol: 2 mL
Minimum Aliquot Vol: 0.1 mL
Restrictions On Collection:
None
When Completed:
Varies
Normal Values:
Included with report
Instructions/Remarks:
REFERENCE LAB:
Mayo test code # SASP
Last Updated: 11/12/2014
Connected to SCM Item: Aspergillus fumigatus, IgG Ab @MYO
AST

Order Code: AST
Synonym(s): SGOT
Section: Chemistry
Tube Type: ltG-C

Specimen Requirement:
1 ml Heparinized plasma (light green top)

Restrictions On Collection:

When Completed:
Same shift

Normal Values:
14-50 U/L (male)
8-39 U/L (female)

Instructions/Remarks:
LAB: Serum acceptable. No hemolysis. Hemolyzed specimens should not be used. Separate specimen within 3 days of collection. Store at room temperature up to 3 days; refrigerate up to 7 days. Freeze up to 3 months.

Last Updated: 08/14/2003
Connected to SCM Item: SGOT/AST
ATRIAL NATRIURETIC FACTOR, PLASMA  @MYO

Order Code: Misc Lab Item
Synonym(s): ANF
Section: Reference
Tube Type: ILV-Rf

Specimen Requirement:
2.2 ml of EDTA plasma from a fasting patient. Obtain specimen before noon.
PRECHILL on 10ml EDTA tube at 4 degrees C before drawing sample.
After drawing sample, chill EDTA tube in wet ice for 10 minutes.
Centrifuge in refrigerated centrifuge for 10 mins.
Immediately after centrifugation, remove EDTA plasma, place in plastic Mayo transfer vial and freeze.

Minimum Collection Vol: 5 mL
Minimum Aliquot Vol: 1.2 mL
Restrictions On Collection:
Cardiovascular medication including beta-antagonists, calcium antagonists, cardiac glycosides, diuretics, and vasodilators should be withheld for 24 hours prior to drawing sample.

When Completed:
Set up: Tuesday
Completed in 4 days

Normal Values:
Included with report

Instructions/Remarks:
LAB: Reject due to hemolysis (pink okay).

REFERENCE LAB:
Mayo test code # 9294

Last Updated: 09/14/2006
LABORATORY MANUAL

AUTOANTIBODIES TO Scl-70 ANTIGEN, SERUM @MYO

Order Code: Misc Lab Item
Synonym(s): Scl-70 Western Blot, Scleroderma Antibodies, DNA Topoisomerase 1 Antibody, Topoisomerase 1 Antibody, Autoantibodies to Scl 70
Section: Reference
Tube Type: Red-R
Specimen Requirement: 0.5 ml of serum, refrigerated
Minimum Collection Vol: 1.5 mL
Minimum Aliquot Vol: 0.2 mL
Restrictions On Collection: None
When Completed:
  Analytic time: 1 day
  Days Test Set Up: Monday through Saturday
Normal Values: Included with report
Instructions/Remarks:
  Also included in Anti-Extractable Nuc Abs @MYO (SQ Code: ENAE)
  LAB: Reject due to hemolysis (pink okay).
  Reject due to lipemia (mild okay).
  REFERENCE LAB: Mayo test code # SCL70
Last Updated: 03/06/2012
Connected to SCM Item:
B-HCG QUAL-PREGNANCY

Order Code: HCG

Synonym(s): Pregnancy Test-Blood

Section: Chemistry

Tube Type: Gold-C

Specimen Requirement:
1 ml. serum (gold top SST tube)

Restrictions On Collection:
None

When Completed:
Routines: day shift
Available STAT

Normal Values:
None Detected: No B-HCG detected
Positive: Equal to or > 10 mIU/ml

Instructions/Remarks:

Last Updated: 09/09/2005

Connected to SCM Item: B-HCG Qual-Pregnancy (Blood)
B-HCG QUAL-PREGNANCY (URINE)

Order Code: HCGURN
Synonym(s): Pregnancy Test-Urine
Section: Chemistry
Tube Type: UR-C

Specimen Requirement:
1 ml. random urine, first AM sample preferred.

Minimum Collection Vol:

Minimum Aliquot Vol:

Restrictions On Collection:
None

When Completed:
Routines: day shift
Available STAT

Normal Values:
None Detected: Negative for the presence of HCG
Positive: Positive for the presence of HCG

Instructions/Remarks:
Includes: B-HCG Qualitative, Urine
Specific Gravity
NOTE: If urine specimen is too dilute (ie. specific gravity
less than 1.005) it may not contain representative levels
of HCG.
If pregnancy is still suspected, a first morning specimen
should be obtained and re-tested, or a blood specimen submitted
for testing.
LAB:
Mix well. Aliquot 2 mL.
Do not centrifuge unless urine contains particulate matter.

Last Updated: 04/27/2010

Connected to SCM Item: B-HCG Qual-Pregnancy (Urine)
B-HCG QUANT-IN PREGNANCY

Order Code: HCGQT

Synonym(s): Beta-HCG, Chorionic Gonadotropin-Beta Subunit

Section: Chemistry

Tube Type: Gold-C

Specimen Requirement:
- 1 ml. serum (gold top SST tube), sodium heparin plasma acceptable*

Minimum Collection Vol:

Minimum Aliquot Vol:

Restrictions On Collection:
- Lithium heparin plasma UNACCEPTABLE

When Completed:
- Routines: dayshift
- Available STAT

Normal Values:
- Negative (or very early gest): 0 to 22 mIU/ml
- Borderline: 22 to 25 mIU/ml
- Positive: greater than 25 mIU/ml

Instructions/Remarks:
- If an HCG level is inconsistent with, or unsupported by, clinical evidence, results should be confirmed by an alternate HCG method. This method may include the qualitative HCG testing of urine.
- Pregnancy ONLY. For tumor marker (males and females) see "B-HCG Quant-Tumor Marker @MYO".

Last Updated: 09/17/2013

Connected to SCM Item: B-HCG Quant-In Pregnancy (Bld)
B-HCG QUANT-TUMOR MARKER  @MYO

Order Code:  HCGQTM
Synonym(s):  Beta-HCG, Chorionic Gonadotropin-Beta Subunit
Section:  Reference
Tube Type:  Gold-R

Specimen Requirement:
1 ml. serum (gold top SST tube)

Minimum Collection Vol:  2 mL
Minimum Aliquot Vol:  0.5 mL

Restrictions On Collection:
None

When Completed:
Testing performed: Monday - Saturday
Analytic time: 1 day

Normal Values:
Included with report

Instructions/Remarks:
The purpose of this assay is for following the course of therapy of tumors, such as choriocarcinoma. It is not meant to be used for pregnancy -- see "B-HCG QUANT-IN PREGNANCY".

LAB:  Send refrigerated.

REFERENCE LAB:
MYO code #: BHCG

Last Updated: 01/08/2013

Connected to SCM Item:  B-HCG Quant-Tumor Marker @MYO
B-HCG URINE QUAL - POINT of CARE

Order Code: HCGPOC
Synonym(s): POC
Section: Chemistry
Tube Type:
Specimen Requirement:

Minimum Collection Vol:
Minimum Aliquot Vol:
Restrictions On Collection:

When Completed:

Normal Values:

None detected: Negative for the presence of HCG
Positive: Positive for the presence of HCG

Instructions/Remarks:

Results from Point of Care testing are interfaced to the various computer applications for viewing, via a RALS interface.

Last Updated: 09/10/2008

Connected to SCM Item: B-HCG Urine Qual POC
B-TYPE NATRIURETIC PEPTIDE

Order Code: BNP
Synonym(s): BNP
Section: Chemistry
Tube Type: Lv-Cwb

Specimen Requirement:
1 ml plasma (lavender top EDTA) only

Minimum Collection Vol: 2 mL
Minimum Aliquot Vol: 1 mL

Restrictions On Collection:
BNP levels are not indicated during Natrecor infusion --
-- draw 2 hrs post.

When Completed:
Same shift. Available STAT

Normal Values:

Interpretation:
0 - 100 pg/ml = Negative (negative predictive value 98-99%)
Heart failure (NYHA)
I: 100 - 150 pg/ml
II: 150 - 300 pg/ml
III: 300 - 600 pg/ml
IV: > 600 pg/ml

(NYHA - New York Heart Association)

Instructions/Remarks:
LAB: BNP testing is performed on plasma. If lavender top tube is to be shared
with CBC, mix well and submit whole blood for CBC testing first.
If BNP is later added to a whole blood EDTA, whole blood stored at room
temperature or refrigerated may be used for BNP for up to 6 hours.
Spin down and submit plasma for BNP.

Last Updated: 02/22/2010

Connected to SCM Item: B-Type Natriuretic Peptide
BARBITURATES DRUG CONFIRMATION @UCI (LAB ONLY)

Order Code: BARCON
Synonym(s):
Section: Reference

Specimen Requirement:
25 ml random urine (6 ml infants)
6 ml required for EACH drug sent for confirmation

Minimum Collection Vol: 6 mL
Minimum Aliquot Vol: 6 mL

Restrictions On Collection:
None

When Completed:
If the sample is received by UCI between the hours of 7:00am and 7:00pm, Monday through Friday, the confirmation will be available in 2 to 6 hours.
On weekends and holidays, the sample should arrive at UCI by 5:00pm. The turnaround times for results will vary depending upon the drug being confirmed and the methodology used.
Upon completion, the test results will be called and/or faxed to our facility as indicated on the requisition.

Normal Values:
Included with report

Instructions/Remarks:
LAB ONLY: Order STAT as confirmation to the positive drug in the urine screen -- add test to existing Acct. No., in Sunquest.
Do not reorder an entire screen.
Call courier for STAT pickup at 456-6575 (except on third shift call the Chemistry Department at UCI, 456-5507).

Sample requirement for UCI is 6 ml for each drug which requires confirmation.

If there is less than 6 ml sample left after our screening procedure, call nursery immediately and request more sample. If the nursery is unable to collect any more sample, send whatever specimen is left if that amount is at least one ml. If the drug is present in high concentration, less sample might be used for accurate results.
Because the drugs clear from the body at varying rates, samples which are collected near delivery or soon after will most accurately reflect mother's drug use. Therefore, it is important to notify nursery promptly when more samples is needed, and follow-up.

Last Updated: 09/14/2006

Connected to SCM Item: Barbiturate Confirm Ur @UCI
BARTONELLA AB PANEL @MYO

Order Code: BRT

Synonym(s): Cat Scratch, Rochalimaea

Section: Reference

Tube Type: Gold-R

Specimen Requirement:
1 ml serum (gold top SST tube)

Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 0.2 mL

Restrictions On Collection:
None

When Completed:
Test set up: Monday - Saturday
Turn around time: 2-3 days

Normal Values:
Included with report

Instructions/Remarks:
Testing includes:
Bartonella henselae and Bartonella quintana, IgG and IgM.

LAB: Separate serum from cells immediately. Ship serum refrigerated.

Reference Lab:
Mayo Lab
test code: BART

Last Updated: 12/21/2012

Connected to SCM Item: Bartonella Antibody Panel @MYO
BARTONELLA DNA, PCR @FOCUS

Order Code: Misc Lab Item

Synonym(s):

Section: Microbiology

Specimen Requirement:

greater than 3 mm tissue

Restrictions On Collection:

When Completed:

2 - 5 days

Normal Values:

Negative

Instructions/Remarks:

LAB/MICRO USE ONLY:

Order as WILDM
Focus order # 47000
Tissue: Frozen

Last Updated: 01/31/2005
BASIC METABOLIC PANEL

Order Code: BMPAN

Synonym(s): Panel 7, Chem 7, BMP, Metabolic Panel-Basic

Section: Chemistry

Tube Type: ltG-C

Specimen Requirement:
1 ml. plasma (light green top tube, lithium heparin)

Minimum Collection Vol: 0.5 mL

Restrictions On Collection:
None

When Completed:
Same shift

Normal Values:
See individual tests included in panel.

Instructions/Remarks:
No hemolysis.
Includes: Sodium, Potassium, Chloride, Carbon Dioxide, Glucose, Creatinine, Urea Nitrogen, Calcium, estimated GFR

LAB: Serum acceptable

Last Updated: 03/06/2006

Connected to SCM Item: Basic Metabolic Panel (Panel7)
BCR/ABL, TRANSLOCATION 9;22, by FISH  @MYO

Order Code: Misc Lab Item
Synonym(s): 
Section: Reference
Tube Type: 
Specimen Requirement:
7-10 mL whole blood (green top SODIUM HEPARIN tube)
Mix well to prevent clotting.
Minimum Collection Vol: 7 mL
Minimum Aliquot Vol: 7 mL
Restrictions On Collection: None

When Completed: 

Normal Values: Included with report

Instructions/Remarks:
LAB: Confirm methodology with ordering physician.

REFERENCE LAB:
Send whole blood room temperature only.
MYO code # MBCR

Last Updated: 03/06/2012

Connected to SCM Item:
LABORATORY MANUAL

BENZODIAZEPINES DRUG CONFIRMATION @UCI (LAB ONLY)

Order Code: BENZON
Synonym(s):
Section: Reference

Specimen Requirement:
25 ml random urine (6 ml infants)
6 ml required for EACH drug sent for confirmation

Minimum Collection Vol: 6 mL
Minimum Aliquot Vol: 6 mL

Restrictions On Collection:
None

When Completed:
If the sample is received by UCI between the hours of 7:00am and 7:00pm, Monday through Friday, the confirmation will be available in 2 to 6 hours.
On weekends and holidays, the sample should arrive at UCI by 5:00pm.
The turnaround times for results will vary depending upon the drug being confirmed and the methodology used.
Upon completion, the test results will be called and/or faxed to our facility as indicated on the requisition.

Normal Values:
Included with report

Instructions/Remarks:
LAB ONLY: Order STAT as confirmation to the positive drug in the urine screen -- add test to existing Acct. No., in Sunquest. Do not reorder an entire screen.
Call courier for STAT pickup, 456-6575 (except on third shift call the Chemistry Department at UCI, 456-5507).

Sample requirement for UCI is 6 ml for each drug which requires confirmation.

If there is less than 6 ml sample left after our screening procedure, call nursery immediately and request more sample.
If the nursery is unable to collect any more sample, send whatever specimen is left IF that amount is at least one ml.
If the drug is present in high concentration, less sample might be used for accurate results.
Because the drugs clear from the body at varying rates, samples which are collected near delivery or soon after will most accurately reflect mother's drug use. Therefore, it is important to notify nursery promptly when more sample is needed, and follow-up.

Last Updated: 02/12/2007

Connected to SCM Item: Benzodiazepine Confirm Ur @UCI
LABORATORY MANUAL

BETA STREP A SCREEN - DIRECT TEST - THROAT

Order Code: STRA

Synonym(s): Streptococcus Screen - Throat

Section: Microbiology

Specimen Requirement:
Swab obtained from throat BBL Culture Swab (Red top-double swab ONLY).
(See Microbiology Section Information). A dry swab is preferred.

Restrictions On Collection:

When Completed:
Same day

Normal Values:

Instructions/Remarks:

If the Beta Strep A Screen is negative a culture for Beta Strep Group A will automatically be set up.

Last Updated: 06/04/2003

Connected to SCM Item: Beta Strep-Group A Screen

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:

Circle if appropriate: Right Left
Wound specimens: Deep Superficial

PREP INSTRUCTION:
(1) MICROBIOLOGY: Collect specimen in sterile, tightly capped container. Transport to LAB immediately.
Specimens over 1 hour old, or leaking, will require recollection.

(2) If using a swab for collection- aerobic (routine) - Red topped - anaerobic- Blue topped
BETA STREPTOCOCCUS Only CULTURE

Order Code: BSOC

Synonym(s): Culture - Streptococcus only, Streptococcus only culture, Group B Beta Strep

Section: Microbiology

Tube Type:

Specimen Requirement:
The optimum specimen for this test is a vaginal/rectal swab and results may be compromised if only a vaginal swab is submitted.

Minimum Collection Vol:

Minimum Aliquot Vol:

Restrictions On Collection:

When Completed:
Within 72 hours

Normal Values:

Instructions/Remarks:
Order this item to rule out Group B Beta Strep only. Streptococcus will be the only organism identified.

Last Updated: 02/05/2014

Connected to SCM Item: Beta Streptococcus Only Culture

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:

Circle if appropriate: Right Left

Wound specimens: Deep Superficial

PREP INSTRUCTION:
(1) MICROBIOLOGY: Collect specimen in sterile, tightly capped container. Transport to LAB immediately. Specimens over 1 hour old, or leaking, will require recollection.

(2) If using a swab for collection- aerobic (routine) - Red topped - anerobic- Blue topped
BETA-2 GLYCOPROTEIN I AB PNL  @FOC

Order Code:  Misc Lab Item
Synonym(s):  B2GPI, B-2 Glycoprotein Ab
Section:  Reference
Tube Type:  Red-R
Specimen Requirement:
  1 mL serum
Minimum Collection Vol:  1.5 mL
Minimum Aliquot Vol:  0.2 mL
Restrictions On Collection:
  None
When Completed:
  Results available 1-7 days
Normal Values:
  Included with report
Instructions/Remarks:
  LAB: Send serum refrigerated.
  REFERENCE LAB:
    Focus # 21520
Last Updated:  09/10/2012
Connected to SCM Item:
BETA-2 GLYCOPROTEIN I AB, IGG, IGA, IGM @NIC

Order Code: B2GLY

Synonym(s): B2GPI, B-2 Glycoprotein Ab

Section: Reference

Tube Type: Blu-ICE

Specimen Requirement:
3 mL plasma (draw 3 FULL lt. blue top tubes), on ICE

Minimum Collection Vol: 8.1 mL

Minimum Aliquot Vol: 1.5 mL

Restrictions On Collection:
None

When Completed:
Testing is set-up 6 days a week
Analytic time of 4-5 days

Normal Values:
Included with report

Instructions/Remarks:
Also included in SCM Order Set "Hypercoagulation Risk Panel" (Thrombosis with Reflex).

Lab: Centrifuge light blue-top tubes for 15 minutes at approx. 1500g within 60 minutes of collection. Using a plastic pipette, remove plasma, taking care to avoid the WBC/platelet buffy layer and place into a plastic vial. Centrifuge a second time and transfer platelet-poor plasma into a new plastic vial.

Plasma: Ship 3 mL plasma FROZEN.

Reject due to hemolysis and lipemia

NIC test code # 30340X

Last Updated: 10/24/2013

Connected to SCM Item: Beta 2 Glycoprotein I Antibodies IgG IgA IgM at NIC
BETA-2-MICROGLOBULIN, SERUM @NIC

Order Code: B2MCG
Synonym(s): B-2 Microglobulin, Microglobulin
Section: Reference
Tube Type: GOLDR

Specimen Requirement:
1 mL serum (draw 1 GOLD top tube)

Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:
Overnight fasting is preferred

When Completed:
Testing set-up 5 days a week
Analytic time of 2 days

Normal Values:
Included with report

Instructions/Remarks:
Reference lab: Ship samples room temperature (preferred)
Reject hemolysis and/or lipemia

NIC test code # 852

Last Updated: 11/27/2013

Connected to SCM Item: Beta 2 Microglob Blood at NIC
BETA-2-MICROGLOBULIN-CSF   @MYO

Order Code: Misc Lab Item
Synonym(s): B-2 Microglobulin, Microglobulin
Section: Reference

Tube Type:
Specimen Requirement: 0.5 ml CSF, refrigeration acceptable
Minimum Collection Vol: 0.5 mL
Minimum Aliquot Vol: 0.5 mL
Restrictions On Collection: None

When Completed:
Turnaround time: 2-3 days

Normal Values:
Included with report

Instructions/Remarks:
LAB: Send refrigerated.
REFERENCE LAB:
Mayo test # B2MC

Last Updated: 03/06/2012

Connected to SCM Item:
BETA-2-MICROGLOBULIN-URINE  @UCI

Order Code:  Misc Lab Item
Synonym(s):  B-2 Microglobulin, Microglobulin
Section:  Reference
Specimen Requirement:
1 mL random urine
Restrictions On Collection:
None
When Completed:
Test set up: Monday - Friday
Analytic time: 1 hour
Normal Values:
Included with report
Instructions/Remarks:
REFERENCE LAB:
UCI test code # BMGU
Last Updated: 11/01/2005
BETA-GLUCOSIDASE, LEUKOCYTES  @MYO

Order Code: Misc Lab Item
Synonym(s): Glucosidase
Section: Reference
Tube Type: CALLAB

Specimen Requirement:
Draw blood in a 10ml yellow top ACD "A" tube and send the whole blood in refrigerated. SPECIMEN CANNOT BE FROZEN. DO not TRANSFER BLOOD TO OTHER CONTAINERS.

Minimum Collection Vol: 5 mL
Minimum Aliquot Vol: 5 mL

Restrictions On Collection: SAMPLE MUST ARRIVE WITHIN 48 HOURS OF DRAW. Specimen should not be drawn on weekends or day before and day of a holiday.

When Completed:
Analytic Time: 2 days
Day Test Set Up: Wednesday

Normal Values:
Included with report

NOTE: Results from this assay may not reflect carrier status because of individual variation of beta-glucosidase enzyme levels. If carrier testing is desired, use "Gaucher Disease Carrier Detection" 81235.

Instructions/Remarks:
REFERENCE LAB:
Mayo test code # BGL

Last Updated: 03/06/2012

Connected to SCM Item:
BETA-GLUCURONIDASE-C SF @MYO

Order Code: Misc Lab Item
Synonym(s): B-Glucuronidase, Glucuronidase
Section: Reference
Specimen Requirement:
1.0 ml. CSF, frozen
Minimum Aliquot Vol: .5 mL
Restrictions On Collection: None
When Completed:
Three to five days
Set-up Thursdays 1 p.m.
Normal Values: Included with report
Instructions/Remarks:
REFERENCE LAB:
MYO test code # 8640
Last Updated: 09/14/2006
BETA-HYDOXYBUTYRATE @NIC

Order Code: BHYBUT
Synonym(s): BETAOH, Beta-oh-butyrate, Acetone
Section: Reference
Tube Type: Red5

Specimen Requirement:
1 mL serum (draw 1 red top tube)
SST gold top acceptable

Minimum Collection Vol:

Minimum Aliquot Vol: 0.3 mL

Restrictions On Collection:
None

When Completed:
Testing set-up 5 days a week
Analytic time of 3 days

Normal Values:
Included with report

Instructions/Remarks:
Reference lab: Ship serum or plasma refrigerated (preferred)
NIC test code # 37054Z

Last Updated: 12/11/2012

Connected to SCM Item: Beta Hydroxybutyrate at NIC
BETA-HYDROXYBUTYRIC, SERUM   @UCI *Also a temp. replacement test for Acetone (Jan.2012)*

Order Code:   Misc Lab Item
Synonym(s):   BETAOH, Beta-oh-butyrate, Acetone
Section:   Reference
Tube Type:   Gold-R

Specimen Requirement:
1 ml of serum (gold top SST tube), FROZEN.
Plasma also acceptable (Lithium heparin)

Minimum Collection Vol:
Minimum Aliquot Vol:
Restrictions On Collection:
None

When Completed:
Analytic time:  1 hour
Days Test Set Up: Daily
AVAILABLE STAT

Normal Values:
Included with report

Instructions/Remarks:
NOTE:   For STATS, call UCI courier service for pick-up.

REFERENCE LAB:
UCI Medical test code # BETAOH

Last Updated:  01/06/2012

Connected to SCM Item:
LABORATORY MANUAL

BILE ACIDS, TOTAL AND FRACTIONATED @NIC

Order Code: BILETF

Synonym(s): 

Section: Reference

Tube Type: GOLD

Specimen Requirement:
1 mL Serum (draw 1 gold SST tube)
Red top also acceptable

Minimum Collection Vol: 

Minimum Aliquot Vol: 0.2 mL

Restrictions On Collection:
Overnight fasting is preferred

When Completed:
Testing completed 4 days a week

Normal Values:
Included with report

Instructions/Remarks:
Reference lab: Send serum room temperature (ambient)
Refrigerated and Frozen acceptable

Test Code: 8482N

Last Updated: 07/19/2013

Connected to SCM Item: BILETF
BILIRUBIN (Patients 1 Month or Older)

Order Code: BILI

Synonym(s):

Section: Chemistry

Tube Type: ltG-C

Specimen Requirement:
1 ml. plasma (light green top tube), protect from light. Serum acceptable.

Minimum Collection Vol: 0.5 mL

Minimum Aliquot Vol:

Restrictions On Collection:
None

When Completed:
Same shift

Normal Values:

Total: 0.2 - 1.3 mg/dl
Conjugated: 0.0 - 0.3 mg/dl
Unconjugated: 0.0 - 0.8 mg/dl
"Delta": 0.0 - 0.2 mg/dl

Instructions/Remarks:
Serum acceptable.
Includes Conjugated, Unconjugated and "Delta" Bilirubin, if Total is over 1.3 mg/dl.
LAB: Separate specimen within 4 hours of collection. Protect from light.
Store at room temperature up to 4 hours. Refrigerate up to 7 days.
Freeze up to 6 months.
Hemolysis causes a bias for the BUCB. At a hemoglobin concentration of greater than 200 mg/dl there is a positive bias of 0.4 mg/dl for the BC and a negative bias of 0.4 mg/dl for the BU.

Last Updated: 02/14/2012

Connected to SCM Item: Bilirubin
BILIRUBIN, CORD

Order Code:  BILICD
Synonym(s):  BUBC
Section:  Chemistry
Tube Type:  RED-C
Specimen Requirement:
1 ml. cord blood (red top tube); protect from light

Restrictions On Collection:
None

When Completed:
Same shift

Normal Values:
Cord Blood Bilirubin:  0 - 1.8 mg/dl
(Sum of conjugated and unconjugated bilirubin)

Instructions/Remarks:
Includes Conjugated Bilirubin and Unconjugated Bilirubin.

Last Updated:  08/14/2003

Connected to SCM Item:  Bilirubin, Cord
BILIRUBIN, NEWBORN

Order Code: BILINB
Synonym(s): BUBC
Section: Chemistry
Tube Type: ltG-C

Specimen Requirement:
0.5 ml. plasma; or one micro collecting tube (light green top tube, lithium heparin); protect from light.

Minimum Collection Vol:
Minimum Aliquot Vol:
Restrictions On Collection:
None

When Completed:
As soon as possible

Normal Values:
Newborn Bilirubin:
age 2 days: 6.0-7.0 mg/dl
age 3-5 days: 4.0-12.0 mg/dl
Note: Newborn Bilirubin is the sum of conjugated and unconjugated bilirubin.

Instructions/Remarks:
Serum acceptable.
Includes Conjugated Bilirubin and Unconjugated Bilirubin.
LAB:
Separate specimen within 4 hours of collection. Room temperature up to 4 hours. Refrigerate up to 7 days. Freeze for up to 6 months. Protect from light exposure. Hemolysis causes a bias. At a hemoglobin concentration of greater than 200 mg/dl there is a positive bias of 0.4 mg/dl for the BC and a negative bias of 0.4 mg/dl for the BU.

Last Updated: 02/14/2012

Connected to SCM Item: Bilirubin, Newborn
LABORATORY MANUAL

BILIRUBIN-MISC FLUID

Order Code: BILIMF

Section: Chemistry

Tube Type: FL-C

Specimen Requirement: 1 ml fluid, protect from light

Minimum Collection Vol: 0.5 mL

Restrictions On Collection: None

When Completed: Same shift

Normal Values: No normal values available

Instructions/Remarks:
Includes: Conjugated, Unconjugated and "Delta" Bilirubin, if total is over 1.3 mg/dL.

LAB: Centrifuge and aliquot if necessary, prior to testing. Protect from light. Store at room temperature up to 4 hours. Refrigerate up to 7 days. Freeze up to 6 months.

Last Updated: 01/25/2007

Connected to SCM Item: Bilirubin-Misc Fluid

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:
BK VIRUS DNA-QUALITATIVE REAL-TIME PCR  @FOC

Order Code:   Misc Lab Item
Synonym(s):  
Section:     Reference
Tube Type:   Red-R

Specimen Requirement:
5 ml whole blood (ACD or EDTA) or
1 ml plasma, serum or urine

Minimum Collection Vol:

Minimum Aliquot Vol:

Restrictions On Collection:
None

When Completed:
Less than 5 days

Normal Values:
Included with report

Instructions/Remarks:
LAB: Courier pickup is Monday - Friday a.m.
WHOLE BLOOD: Specimen transport is room temperature, if received at Focus within 48 hours of collection. If necessary, call for special pickup to maintain specimen integrity.
PLASMA, SERUM, URINE: Specimen transport is frozen.

REFERENCE LAB:
Focus test # 48900 (for Qualitative)

Last Updated: 10/14/2009

Connected to SCM Item:
BK VIRUS DNA-QUANT REAL-TIME PCR @FOC

Order Code: Misc Lab Item
Synonym(s):
Section: Reference
Tube Type:

Specimen Requirement:
Preferred specimen: 1 mL plasma (EDTA or ACD), frozen
Also accepted: 1 mL whole blood (EDTA or ACD), room temperature
1 mL serum, urine, CSF, frozen

Minimum Collection Vol:
Minimum Aliquot Vol:
Restrictions On Collection:
None
When Completed:
Less than 5 days
Normal Values:
Included with report

Instructions/Remarks:
LAB: Courier pick up is Monday - Friday a.m.
WHOLE BLOOD: specimen transport is room temperature,
if received at Focus within 48 hours of collection.
If necessary, call for special pickup to maintain specimen integrity.
PLASMA, SERUM, URINE: specimen transport is frozen.

REFERENCE LAB:
Focus test # 47900 (for Quantitative)

Last Updated: 07/01/2009

Connected to SCM Item:
BLADDER WASHINGS for CYTOLOGY

Order Code:

Synonym(s):

Section: Cytology

Specimen Requirement:
A bladder washing specimen must be sent to the lab IMMEDIATELY after collection. If there is to be a delay in transport, the specimen must be refrigerated.

Restrictions On Collection:
Monday - Friday, 7:00 am - 5:00 pm
Saturday, 7:00 am - 1:00 pm

When Completed:
Within 24 hours

Normal Values:
Negative for malignant cells

Instructions/Remarks:
The request slip MUST be marked with "Time of Collection".
LAB: Specimens received evenings and on weekends may be left in the refrigerator overnight. They will be processed by Cytology in the morning.

Last Updated: 11/30/2000
BLASTOMYCES ANTIBODY by IMMUNODIFFUSION   @MYO

Order Code: SBL

Synonym(s):

Section: Reference

Tube Type: Gold-R

Specimen Requirement:
0.5 mL serum (gold top SST tube)

Minimum Collection Vol: 2 mL

Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:
Patient should be fasting

When Completed:
within 2 days

Normal Values:
Included with report

Instructions/Remarks:
Also included in Fungal AB Serology @MYO.

LAB: Ship refrigerated.

REFERENCE LAB:
Mayo test code # SBL

Last Updated: 05/19/2014

Connected to SCM Item: Blastomyces Antibody @MYO
BLOOD (Qualitative)-URINE

Order Code: UBLD

Synonym(s):

Section: Urinalysis-Body

Specimen Requirement:

   See "Urinalysis - Routine"

Restrictions On Collection:

   See "Urinalysis - Routine"

When Completed:

   Same day

Normal Values:

   Negative

Instructions/Remarks:

   Included in Urinalysis - Routine, Urinalysis Screen (no microscopic); can be ordered separately.

Last Updated: 02/09/2007

Connected to SCM Item: Blood - Urine
BLOOD CULTURE, AEROBIC AND ANAEROBIC

Order Code:

Synonym(s): BC, Culture - Blood (Aerobic and Anaerobic)

Section: Microbiology

Specimen Requirement:

1) Adults (draw 2 bottles per culture):
   1. One BacT/ALERT FA aerobic bottle
   2. One BacT/ALERT SN anaerobic bottle
2) Infants and Children:
   1. One BacT/ALERT PF pediatric bottle per culture
3) Blood is drawn aseptically
4) Specimen cannot be collected by skin puncture.

Restrictions On Collection:

When Completed:

   Negative culture: held for 6 days
   Preliminary report: 24 hours
   Positive cultures: will be called to physician

Normal Values:

   No growth

Instructions/Remarks:

   Order as: Lab Order Set BC x1 or BC x2

   Unless otherwise specified by physician, blood culture sets
   will be drawn consecutively. Each set must be drawn from a different i
   venipuncture stick, preferably from different sites.
   Indicate source from which the blood was drawn. Enter peripheral
   or type of line. Example: "Portacath", "Hickman", "Central".
   Refer to Microbiology Section for "Collection of Specimens for Blood
   Cultures".

Last Updated: 04/04/2008
BLOOD CULTURES, AER/ANA + ACID FAST

Order Code:

Synonym(s): BC, Acid-Fast Bacillus (AFB) Blood Culture, Culture - Blood (for Acid Fast Bacilli)

Section: Microbiology

Specimen Requirement:
One BacT/ALERT FA aerobic bottle
One BacT/ALERT SN anaerobic bottle
BacT/ALERT MB bottle
Blood is drawn aseptically

Restrictions On Collection:

When Completed:
Negative culture: 6 weeks
Positive cultures: called to physician.

Normal Values:

Instructions/Remarks:
A routine blood culture for anaerobes and aerobes is included automatically in all blood cultures for acid-fast bacilli. Indicate source from which the blood was drawn. Enter peripheral or type of line. Example: "Portacath", "Hickman", "Central Line".

Refer to Microbiology Section for "Collection of Specimens for Blood Cultures".

Last Updated: 02/15/2007
BLOOD CULTURES, AER/ANA + FUNGUS

Order Code:  

Synonym(s): BC, Fungus Blood Culture, Culture - Blood (for Fungus)

Section: Microbiology

Specimen Requirement:  
One BacT/Alert FAN aerobic bottle
One BacT/Alert anaerobic bottle
Blood is drawn aseptically

Restrictions On Collection:

When Completed:  
Negative culture: held 4 weeks
Positive cultures: will be called to the physician by Microbiology Lab

Normal Values:

Instructions/Remarks:  
A routine blood culture for anaerobes and aerobes is automatically included in all blood cultures for Fungus. Indicate source from which the blood was drawn. Enter peripheral or line draw. Enter type of line. Example: "Portacath", "Hickman", "Central line".

Refer to Microbiology Section for "Collection of Specimens for Blood Cultures".

Last Updated: 02/15/2007
BLOOD PARASITE LEVEL (INFESTATION) QT.

Order Code: Misc Lab Item

Synonym(s): Malaria, Trypanosomes, Leischmania, Babesia, Parasitemia Level

Section: Hematology

Specimen Requirement:
REFER TO HEMATOLOGY

Restrictions On Collection:

When Completed:

Normal Values:

Instructions/Remarks:

Last Updated:
BODY FLUIDS - AEROBIC CULTURE + GRAM STAIN

Order Code: BODC
Synonym(s): Culture Body fluids (not CSF), Culture - Body Fluids includes Gram Stain
Section: Microbiology

Specimen Requirement:
Liquid specimens must be collected in sterile containers, i.e., a sterile specimen container is satisfactory but NOT a culturette. Microbiology would prefer a minimum of 3.5 ml. if possible.

Restrictions On Collection:

When Completed:
- Preliminary reports: 24 hours
- Final cultures: 72 hours

Normal Values:

Instructions/Remarks:

Last Updated: 02/15/2007

Connected to SCM Item: Body Fluids- Aerobic Culture + Gram
Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

- Date Specimen Collected:
- Time Specimen Collected:
- Collected by:
- Circle if appropriate: Right Left
- Wound specimens: Deep Superficial

PREP INSTRUCTION:
(1) MICROBIOLOGY: Collect specimen in sterile, tightly capped container. Transport to LAB immediately. Specimens over 1 hour old, or leaking, will require recollection.

(2) If using a swab for collection- aerobic (routine) - Red topped - anaerobic- Blue topped
BODY FLUIDS for CYTOLOGY

Order Code:

Synonym(s): Pleural Fluid, Abdominal Fluid, Pericardial Fluid, Peritoneal Fluid, Thoracentesis, Paracentesis, Cytology-Body Fluids

Section: Cytology

Specimen Requirement:
A fresh, unfixed body fluid specimen

Restrictions On Collection:
None - Test performed Monday - Saturday, days.

When Completed:
Within 24 hours

Normal Values:
Negative for malignant cells

Instructions/Remarks:
All body fluid specimens should be sent to the laboratory IMMEDIATELY after collection.

LAB: Body fluids for Cytology received evenings and weekends are to be placed in HEMATOLOGY WALK-IN REFRIGERATOR.

Last Updated: 11/26/2007
BONE MARROW DIFF

Order Code: BMDIFF

Synonym(s): 

Section: Hematology

Tube Type: 

Specimen Requirement: Oncologist will make smear.

Minimum Collection Vol: 

Minimum Aliquot Vol: 

Restrictions On Collection: 

When Completed: 

Normal Values: 

Instructions/Remarks: LAB: Deliver slide to Hematology.

Last Updated: 06/05/2010

Connected to SCM Item: Bone Marrow Differential
BONE MARROW—ROUTINE

Order Code:

Synonym(s): Routine Bone Marrow Studies

Section: Surgical Path

Specimen Requirement:

REQUISITION: Surgical Pathology #8 / pink / Pathology
Specimen needs to be delivered to the laboratory STAT.
Bone marrow biopsies and clot specimens are placed in a Pathology container with 10% Zinc Formalin.
Bone marrow aspirates for slide preparation should be placed in lavender top EDTA tube and mixed well.
Bone marrow aspirate for culture (Microbiology) should be placed in any sterile container, red top tube preferred.
[Tubes received with heparin (green top) or EDTA (purple top) are also acceptable, but those specimens with EDTA and heparin will have less that optimal results.]
Bone marrow aspirates for Chromosome Analysis, 2 ml of aspirate should be placed in a green top Sodium Heparin tube and MIXED WELL.
Bone marrow aspirate for Flow Cytometry, 2 ml of aspirate should be placed in a green top Sodium Heparin tube and MIXED WELL.
All bone marrow tubes should be kept at ROOM TEMPERATURE. DO NOT REFRIGERATE.

Restrictions On Collection:

Monday thru Friday:
Deliver specimens to Pathology lab between 7:00 am and 5:00 pm.
Saturday:
Deliver specimen to pathology lab between 7:00 am and 1:00 pm.
Sunday and after Pathology hours:
Deliver specimens to Lab Central Processing
Out-patient collection needs to be scheduled with the Hematology section.

When Completed:
(Unless Chromosome Analysis or Flow Cytometry is ordered)
Specimens received Monday thru Friday before 2:00 pm will be completed the next day.
Specimens received on weekends will be completed the next regularly-scheduled work day

Normal Values:

Instructions/Remarks:
All bone marrow aspirate smears must be labelled with the patient's name in pencil on frosted end of the slide. DO NOT USE INK.

Last Updated: 11/26/2007
BORDETELLA PERTUSSIS / PARAPERTUSSIS CULTURE @NIC

Order Code: BORCN
Synonym(s): Whooping cough
Section: Microbiology
Tube Type: eSwab Transport System X2

Specimen Requirement:
1 mL nasopharyngeal aspirate or wash

Minimum Collection Vol: 1 mL
Minimum Aliquot Vol: 1 mL

Restrictions On Collection:
Cotton tipped swabs not acceptable

When Completed:
Testing set-up 7 days a week.
Report available in 10-12 days

Normal Values:
Negative

Instructions/Remarks:
Microbiology/Reference lab: Transport using TWO eSwab Transport System vials
Send samples refrigerated

Quest test code: 5260X

The collection of nasopharyngeal specimens on Outpatients, either swabs
or aspirates is not a service available at Hoag Hospital Laboratory.
Physicians requesting a test which requires a nasopharyngeal specimen should
either send the patient to ECU to be seen or collect the specimen themselves
and submit the sample for testing.

Last Updated: 05/06/2014

Connected to SCM Item: Bordetella Pertussis/Parapertussis Culture at NIC

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:

Circle if appropriate: Right  Left
Wound specimens: Deep  Superficial

PREP INSTRUCTION:
(1) MICROBIOLOGY: Collect specimen in sterile, tightly capped container. Transport to
LAB immediately.
Specimens over 1 hour old, or leaking, will require recollection.

(2) If using a swab for collection- aerobic (routine) - Red topped  - anerobic- Blue
topped
BORDETELLA PERTUSSIS and B. PARAPERTUSSIS DNA, PCR  @NIC

Order Code:  BPPPF
Synonym(s):  Whooping cough
Section:  Microbiology
Tube Type:
Specimen Requirement:
   1 mL nasopharyngeal aspirate, wash
Minimum Collection Vol:  1 mL
Minimum Aliquot Vol:  1 mL
Restrictions On Collection:
   None
When Completed:
   1-3 days
Normal Values:
   Negative
Instructions/Remarks:
   LAB USE ONLY:  Transport refrigerated
   Testing forwarded to Focus Quest test code # 11365X
Last Updated:  09/13/2013

Connected to SCM Item:  B. Pertussis Paraper PCR at NIC
Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:
Circle if appropriate:  Right  Left
Wound specimens:  Deep  Superficial

PREP INSTRUCTION:
(1) MICROBIOLOGY: Collect specimen in sterile, tightly capped container. Transport to LAB immediately.
Specimens over 1 hour old, or leaking, will require recollection.

(2) If using a swab for collection- aerobic (routine) - Red topped  - anaerobic- Blue topped
BORDETELLA PERTUSSIS/PARAPERUSSIS, DFA @NIC

Order Code: BORDN
Synonym(s): Whooping cough
Section: Microbiology
Tube Type: eSwab Transport system X2

Specimen Requirement:
1 mL nasopharyngeal aspirate or wash

Minimum Collection Vol: 1 mL
Minimum Aliquot Vol: 1 mL

Restrictions On Collection:
Cotton tipped swabs are not acceptable

When Completed:
Report available 1-2 days

Normal Values:
None detected

Instructions/Remarks:
Microbiology/Reference lab: Transport using TWO eSwab Transport system vials
Send refrigerated

The collection of nasopharyngeal specimens on Outpatients, either swabs or aspirates is not a service available at Hoag Hospital Laboratory. Physicians requesting a test which requires a nasopharyngeal specimen should either send the patient to ECU to be seen or collect the specimen themselves and submit the sample for testing.

Quest test code: 34966X

Last Updated: 12/03/2013

Connected to SCM Item: Bordetella Pertussis/Parapertussis DFA at NIC

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:

Circle if appropriate: Right Left
Wound specimens: Deep Superficial

PREP INSTRUCTION:
(1) MICROBIOLOGY: Collect specimen in sterile, tightly capped container. Transport to LAB immediately. Specimens over 1 hour old, or leaking, will require recollection.

(2) If using a swab for collection- aerobic (routine) - Red topped - anerobic- Blue topped
BORRELIA BURGDORFERI DNA, PCR   @FOCUS

Order Code:  Misc Lab Item
Synonym(s):
Section:  Microbiology
Specimen Requirement:
  Tissue
  Synovial fluid
Minimum Collection Vol:  1 mL
Restrictions On Collection:

When Completed:
  2 - 5 days
Normal Values:
  Negative
Instructions/Remarks:
  LAB/MICRO USE ONLY:
    Order as WILDM
    Focus order # 42100
    Specimens must be frozen

Last Updated: 01/31/2005
Borrelia hermsii Antibody Panel @NIC

Order Code: BHAB
Synonym(s): Relapsing fever
Section: Reference
Tube Type: Red-R
Specimen Requirement:
1 mL serum
Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 0.25 mL
Restrictions On Collection:
None
When Completed:
Setup Mon-Fri
Reported Tue-Sat
Normal Values:
Included with report
Instructions/Remarks:
Ship ambient
Quest test # 34690X
Performing Laboratory:
Focus Diagnostics, Inc.
5758 Corporate Ave.
Cypress, CA 90630
Last Updated: 07/03/2014
Connected to SCM Item: Borrelia hermsii Antibody Panel at NIC
BREAST CARCINOMA AG ASSOCIATED @NIC

Order Code: CA2729, CA 27.29
Synonym(s): Cancer Antigen 27.29, CA2729
Section: Reference
Tube Type: GOLDR

Specimen Requirement:
1 mL serum (draw 1 GOLD top tube)

Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:
None

When Completed:
Testing set-up 5 days a week
Analytic time of 3-4 days

Normal Values:
Included with report

Instructions/Remarks:
Reference lab: Ship samples room temperature (preferred)
Reject hemolysis

NIC test code # 29493

Last Updated: 12/17/2012

Connected to SCM Item: Breast Carcinoma Assoc Ag at NIC
BRONCH BRUSH AEROBIC CULTURE

Order Code: BRC

Synonym(s): Bronch Brush Culture, Culture - Bronch Brush

Section: Microbiology

Specimen Requirement:

Restrictions On Collection:

When Completed: 72 hours

Normal Values:

Instructions/Remarks:

Last Updated: 02/15/2007

Connected to SCM Item: Bronch Brush- Aerobic Culture

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:

Circle if appropriate: Right Left
Wound specimens: Deep Superficial

PREP INSTRUCTION:
(1) MICROBIOLOGY: Collect specimen in sterile, tightly capped container. Transport to LAB immediately. Specimens over 1 hour old, or leaking, will require recollection.

(2) If using a swab for collection- aerobic (routine) - Red topped – anerobic- Blue topped
BRONCHIAL ALVEOLAR LAVAGE (BAL)/BRONCHIAL WASH CULTURE

Order Code:

Synonym(s): Bronchial Alveolar Lavage (BAL) Culture, Bronchial Wash Culture, Culture i- Bronch Wash

Section: Microbiology

Specimen Requirement:

Restrictions On Collection:

When Completed:
48 hours

Normal Values:

Instructions/Remarks:
Acid fast, fungus, and virology cultures must be ordered separately. Order as RESC

Last Updated: 02/15/2007
BRONCHIAL BRUSHINGS for CYTOLOGY

Order Code: 

Synonym(s): 

Section: Cytology

Specimen Requirement: Specimen collected during Bronchoscopy procedure by Respiratory Tech.

Restrictions On Collection: 
As scheduled by Respiratory Department. Test performed Monday - Saturday, days.

When Completed: Within 24 hours

Normal Values: Negative for malignant cells

Instructions/Remarks: All brushing smears must be labelled with the patient's name in pencil on the frosted end of the slide. DO NOT USE INK. Label the slides before the procedure begins, to avoid air-drying. This test is scheduled with the Respiratory Department as part of the Bronchoscopy procedure.

Last Updated: 05/21/2004
BRONCHIAL WASHINGS for CYTOLOGY

Order Code:

Synonym(s):

Section: Cytology

Specimen Requirement:
Specimen collected during Bronchoscopy procedure by Respiratory Tech.

Restrictions On Collection:
As scheduled by Respiratory Department. Test performed Monday – Saturday, days.

When Completed:
Within 24 hours.

Normal Values:
Negative for malignant cells.

Instructions/Remarks:
This test is scheduled with the Respiratory Department as part of the Bronchoscopy procedure.

LAB: Bronch Washing specimens for cytology received evenings and weekends are to be placed in Hematology walk-in refrigerator.

Last Updated: 11/30/2000
BRONCHOALVEOLAR LAVAGE for CYTOLOGY

Order Code: BAL
Synonym(s): BAL
Section: Cytology

Specimen Requirement:
Specimen collected during Bronchoscopy procedure by a Respiratory Tech.

Restrictions On Collection:
As scheduled by Respiratory Department. Test performed Monday - Saturday, days.

When Completed:
Within 24 hours

Normal Values:
Negative for malignant cells

Instructions/Remarks:
This test is scheduled with the Respiratory Department as part of the Bronchoscopy procedure.
LAB: BAL SPECIMENS received evenings or weekends are to be placed in Hematology walk-in refrigerator.

Last Updated:

Printed: 11/18/2014 11:22:49AM
BRUCELLA AB IgG, IgM W/REFLEX TO TITER, SERUM @NIC

Order Code: BRUAB

Synonym(s): Brucella suis, Brucella melitensis, Brucella abortus

Section: Reference

Tube Type: Red5-R

Specimen Requirement:
1 mL serum

Minimum Collection Vol: 1 mL

Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:
None

When Completed:
1-4 days

Normal Values:
Included with report

Instructions/Remarks:
REFERENCE LAB:
Quest test code: # 91068
Send at room temperature

Last Updated: 11/10/2014

Connected to SCM Item: Brucella Ab IgG, IgM w Reflex to Titer at NIC
BRUCELLA ABS (IgG, IgM), CSF @FOC

Order Code: Misc Lab Item
Synonym(s): Brucella suis, Brucella melitensis, Brucella abortus
Section: Reference

Tube Type: 1 mL CSF

Specimen Requirement:
Minimum Collection Vol: 0.5 mL
Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:
None

When Completed:
1-8 days

Normal Values:
Included with report

Instructions/Remarks:
REFERENCE LAB:
Focus test code: 40005
Send frozen.

Last Updated: 01/20/2012

Connected to SCM Item:
BRUCELLA CULTURE

Order Code:

Synonym(s): Culture Brucella

Section: Microbiology

Specimen Requirement:
Order routine cultures according to specimen type and put R/O Brucella in lab comment.

Blood should be drawn during febrile period of illness.

Restrictions On Collection:

When Completed:
Up to 21 - 30 days

Normal Values:

Instructions/Remarks:

Last Updated: 01/14/2002
BUFFY COAT SMEAR FOR BACTERIA

Order Code:

Synonym(s): Gram Stain - Buffy Coat

Section: Microbiology

Tube Type: EDTA

Specimen Requirement:

Minimum Collection Vol: 1.5 mL

Restrictions On Collection:

When Completed: Same day

Normal Values: No bacteria

Instructions/Remarks:

Use order code: GRAM and enter order comment "Buffy Coat Smear for Bacteria"

LAB: Blood should be collected in a tube containing EDTA, Hematology will prepare the smear and give to Microbiology for staining.

Last Updated: 02/09/2007
C-PEPTIDE @NIC

Order Code: CPEP
Synonym(s):
Section: Reference
Tube Type: GOLDR
Specimen Requirement:
  1 mL serum (draw 1 GOLD top tube)
Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 0.4 mL
Restrictions On Collection:
  Overnight fasting is preferred
When Completed:
  Testing set-up 2 days a week
  Analytic time of 3 days
Normal Values:
  Included with report
Instructions/Remarks:
  Reference lab: Ship serum frozen
  NIC test code # 372
Last Updated: 12/11/2012
Connected to SCM Item: C Peptide at NIC
C-REACTIVE PROTEIN

Order Code: CRP
Synonym(s): CRP
Section: Chemistry
Tube Type: ltG-C

Specimen Requirement:
- 1 ml. plasma (light green top tube, lithium heparin)*
- Nursery/Newborn baby: 1 microtainer (green top)

Minimum Collection Vol: 0.6 mL

Restrictions On Collection:
None

When Completed:
Same shift

Normal Values:
- Normal: 0.0 - 1.0 mg/dl
- Moderately increased: 1.0 - 10.0 mg/dl
- Markedly increased: >10.0 mg/dl

Instructions/Remarks:
- Plasma or serum acceptable.
- LAB: * Serum or lithium heparinized plasma.
- Centrifuge specimens and separate within 4 hours of collection.
- Keep stoppered and store at room temperature up to 4 hours, refrigerate up to 3 days, or freeze for storage up to 6 months.
- Hemoglobin at 250 mg/dl with an analytic concentration of 2 mg/dl can cause a bias of +1.13.

Last Updated: 08/14/2003

Connected to SCM Item: C-Reactive Protein
C. DIFFICILE PCR TOXIN

Order Code: CDTOX

Synonym(s): Toxin Test-Clostridium difficile, Clostridium difficile toxin, Toxigenic Clostridium difficile, EPI/027

Section: Microbiology

Tube Type:

Specimen Requirement:
Fresh diarrheic (watery, loose or unformed) stool specimen (not over one hour old) in clean dry container. Bring specimen to Microbiology Lab IMMEDIATELY upon collection.

Minimum Collection Vol: 2 cc

Minimum Aliquot Vol:

Restrictions On Collection:
Formed stool, colon wash specimens, specimens received in transport media, and specimens previously tested during the previous 7 days, will not be tested.

When Completed:
Weekdays: 2 runs, 9 am (completed by 11 am) and 4 pm (completed by 6 pm)
Weekends & Holidays: 1 run per day 4 pm (completed by 6 pm)

Normal Values:
Negative

Instructions/Remarks:
Positive results will be relayed as follows:

INPATIENTS:
- Call Charge Nurse
- Fax report to Infection Prevention
- Fax report to Physician; for Hospitalists call Perfect Serve

ED:
- Call Charge Nurse
- Fax report to Infection Prevention
- Fax report to ED

OUTPATIENTS:
- CALL TO PHYSICIAN
- Fax report to Infection Prevention
- Fax report to Physician

Last Updated: 03/29/2012

Connected to SCM Item: Clostridium difficile Toxin PCR

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:

Circle if appropriate: Right Left
Wound specimens: Deep Superficial

PREP INSTRUCTION:
(1) MICROBIOLOGY: Collect specimen in sterile, tightly capped container. Transport to LAB immediately. Specimens over 1 hour old, or leaking, will require recollection.

(2) If using a swab for collection- aerobic (routine) - Red topped - anerobic- Blue topped
C1 INHIBITOR, FUNCTIONAL @NIC (Quest)

Order Code: FC1EST
Synonym(s): Cl Inactivator, Cl Esterase Inhibitor, Functional, Clesterase Inhibitor, Functional
Section: Reference
Tube Type: Red-R

Specimen Requirement:
1 ml. serum (red top tube) NO GEL TUBE
DELIVER IMMEDIATELY to Lab.
Must be processed within 1 hour of draw.

Minimum Collection Vol: 1.0 mL
Minimum Aliquot Vol: 0.2 mL
Restrictions On Collection:
None
When Completed: Less than 4 days
Normal Values: Included with report

Instructions/Remarks:
LAB: Send serum frozen.
Separate within one hour of collection. Freeze serum.

REFERENCE LAB:
Quest Diagnostics Nichols Institute
test code # 44768P

Last Updated: 01/03/2012
Connected to SCM Item: Functional Clester.Inhib@NIC
C1 INHIBITOR, PROTEIN @NIC (Quest)

Order Code: QC1EST
Synonym(s): C1 Esterase Inhibitor, Cl Esterase Inhibitor
Section: Reference
Tube Type: Red5ICE
Specimen Requirement:
1 ml serum (red top tube) on ICE
Collect on ICE
Minimum Collection Vol: 5 mL
Minimum Aliquot Vol: 0.5 mL
Restrictions On Collection:
Overnight fasting preferred.
When Completed:
Less than 4 days
Normal Values:
Included with report
Instructions/Remarks:
See also: C1 Inhibitor, Functional @NIC.
LAB: Chill on ice during clotting.
Minimum centrifugation. Separate and refrigerate immediately.
Send serum refrigerated.
REFERENCE LAB:
NIC test code # 298 (formerly # 44776P)
Last Updated: 10/23/2012
Connected to SCM Item: Clesterase Inhibitor Qnt@NIC
C2 COMPLEMENT COMPONENT  @NIC (Quest)

Order Code: Misc Lab Item
Synonym(s): Complement
Section: Reference
Tube Type: Red-R
Specimen Requirement: 1 ml serum (red top tube), separate within 1 hour of collection
Minimum Collection Vol: 2 mL
Minimum Aliquot Vol: 0.1 mL
Restrictions On Collection: None
When Completed:
  Set Up: Tuesday am and Thursday am
  Reported: Thursday pm and Saturday pm
Normal Values: Included with report
Instructions/Remarks:
  LAB: Ship frozen.
  REFERENCE LAB:
    Quest Diagnostics Nichols Institute
test code #: 44842P
Last Updated: 08/14/2003
C3 COMPLEMENT

Order Code: C3N
Synonym(s): Complement
Section: Chemistry
Tube Type: Gold
Specimen Requirement:
1.0 ml. serum (Gold top SST tube)
Minimum Collection Vol: 2 mL
Minimum Aliquot Vol: 1 mL
Restrictions On Collection:
None
When Completed:
Testing performed daily
Normal Values:
88-165 mg/dL
Instructions/Remarks:
LAB:
Specimen must NOT remain at room temperature longer than 5 hours.
Centrifuge, aliquot 1 mL serum, and refrigerate.
Last Updated: 04/01/2013
Connected to SCM Item: C3 Complement
C4 COMPLEMENT

Order Code: C4N

Synonym(s): Complement

Section: Chemistry

Tube Type: Gold

Specimen Requirement:
1 ml serum (Gold top SST tube)

Minimum Collection Vol: 2 ml

Minimum Aliquot Vol: 1 ml

Restrictions On Collection:
None

When Completed:
Testing performed daily

Normal Values:
14-44 mg/dL

Instructions/Remarks:
LAB:
Specimen must NOT remain at room temperature longer than 5 hours.
Centrifuge, aliquot 1 mL serum, and refrigerate.

Last Updated: 04/01/2013

Connected to SCM Item: C4 Complement
CA 125 @NIC *LAB BACK-UP ONLY

Order Code: CA1251

Synonym(s):

Section: Reference

Tube Type: GOLD

Specimen Requirement:
1 mL serum (draw 1 gold top tube)

Minimum Collection Vol: 1.5 mL

Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:
None

When Completed:
Testing set-up 3 days a week

Normal Values:
Included with report

Instructions/Remarks:
Lab: Grossly hemolyzed specimens are unacceptable
Reference lab: Ship sample refrigerated. Frozen acceptable
NIC test code # 103341P

Last Updated: 12/11/2012

Connected to SCM Item:
CA 125 ANTIGEN

Order Code: CA125
Synonym(s): Ovarian Cancer 125
Section: Chemistry
Tube Type: Gold-C

Specimen Requirement: 1 ml. serum (gold top SST tube)
Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 1 mL
Restrictions On Collection: None
When Completed: Same shift
Normal Values: 0 - 34 U/mL

Instructions/Remarks:

Last Updated: 08/14/2003
Connected to SCM Item: CA 125 Antigen
CA 15-3 ANTIGEN  @NIC

Order Code:   CA1531

Synonym(s):  Cancer Antigen 15-3

Section:     Reference

Tube Type:   Red-R

Specimen Requirement:
1 ml serum (red top tube)

Minimum Collection Vol:  2 mL
Minimum Aliquot Vol:  0.5 mL

Restrictions On Collection:
None

When Completed:
Less than five days

Normal Values:
Included with report

Instructions/Remarks:
LAB: Send serum room temperature (ambient)

REFERENCE LAB:
Quest # 5819X

Last Updated: 10/23/2012

Connected to SCM Item:   CA 15-3 Antigen  @NIC
CA 19-9 ANTIGEN

Order Code: CA199
Synonym(s): Cancer Antigen 19-9
Section: Chemistry
Tube Type: Gold-C
Specimen Requirement: 1 mL serum (gold top SST)
Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 1 mL
Restrictions On Collection: None
When Completed: Same shift
Normal Values: Less than 37 U/mL

Instructions/Remarks:

Last Updated: 09/10/2008
Connected to SCM Item: CA 19-9 Antigen
CA 19-9, BODY FLUID  @MYO

Order Code:  Misc Lab Item
Synonym(s):  CA 125 BODY FLUID, CA 15-3 BODY FLUID
Section:  Reference
Tube Type:
Specimen Requirement:
  2 mL body fluid
  See below for Pancreatic Cyst Fluid
Minimum Collection Vol:
Minimum Aliquot Vol:
Restrictions On Collection:
  None
When Completed:
  Test performed:  Monday - Sunday
  Analytic time:  1 day
Normal Values:
  Included with report
Instructions/Remarks:
  Order this item for CA 19-9 Body Fluid, CA 15-3 Body Fluid, or CA 125 Body Fluid. See also note below for Pancreatic Cyst Fluid.
  LAB:  Order as MYO test #84074, WILD230, Miscellaneous Immunoassay Testing for: CA 19-9 Body Fluid, CA 15-3 Body Fluid, or CA 125 Body Fluid. Send in plastic vial ambient.
  NOTE:  For CA 19-9 on Pancreatic Cyst Fluid specifically, instead order #199PC CA 19-9 PANCREATIC CYST FLUID.

Last Updated: 07/12/2013
Connected to SCM Item:
CA 19-9, PANCREATIC CYST FLUID @MYO

Order Code: Misc Lab Item
Synonym(s): 
Section: Reference
Tube Type: 
Specimen Requirement: 2 mL pancreatic cyst fluid
Minimum Collection Vol: 
Minimum Aliquot Vol: 
Restrictions On Collection: None
When Completed: Test performed: Monday - Friday
Analytic time: 1 day
Normal Values: Included with report
Instructions/Remarks: Helpful in assessing whether a mucinous cyst has a high likelihood of being an intra-ductal pancreatic neoplasm when imaging studies are inconclusive.
LAB: Send specimen FROZEN in a screw-capped plastic vial.
Mayo order code # 199PC

Last Updated: 01/11/2013

Connected to SCM Item:
CAFFEINE LEVEL  @UCI

Order Code:  CAFF

Synonym(s):  

Section:  Reference

Tube Type:  Red-R

Specimen Requirement:
For babies - collect 3 red microtainers, spin down and send 0.5 mL of serum (minimum of 0.5 mL of serum).
For adults - draw a 5 mL red top tube and send 1 mL of serum (min. 0.5 mL).

Minimum Collection Vol:  0.5 mL
Minimum Aliquot Vol:  0.5 mL

Restrictions On Collection:
None

When Completed:
AVAILABLE STAT - Resulted within 2 hours after UCI receives specimen. Routines set up Monday through Sunday.

Normal Values:
Included with report

Instructions/Remarks:
REFERENCE LAB:
UCI Pathology Services
test code CAFF

NOTE:
For STATS call UCI courier services for pick-up--babies must always be sent STAT.
For routines, place specimen in Chemistry refrigerator.
Must call for pick-up on Sundays.

Last Updated: 08/18/2004

Connected to SCM Item:  Caffeine, Quant  @UCI
CALCITONIN  @MYO

Order Code:  CALCT
Synonym(s):  
Section:  Reference
Tube Type:  Red-R

Specimen Requirement:  
0.8 ml. serum

Minimum Collection Vol:  3 mL
Minimum Aliquot Vol:  0.5 mL

Restrictions On Collection:  
None

When Completed:  
Less than 5 days

Normal Values:  
Included with report

Instructions/Remarks:  
Also acceptable NaHep (plain green).
LAB: Separate and freeze serum.
REFERENCE LAB:  
Mayo test code # 9160

Last Updated:  03/03/2008

Connected to SCM Item:  Calcitonin Level, Serum  @MYO
CALCIUM CHANNEL BLOCKING AB @MYO

Order Code:

Synonym(s): Voltage Gated Calcium Channel Blocking AB

Section: Reference

Specimen Requirement:

Restrictions On Collection:
Part of several different panels not orderable alone - must confirm with physician which panel is needed.

When Completed:

Normal Values:

Instructions/Remarks:
Refer to Mayo Link Specimen Inquiry

Last Updated: 09/12/2007
CALCIUM, 24-HOUR URINE, W/O CREATININE @NIC

Order Code: CA24

Section: Reference

Specimen Requirement:
10 mL urine sample from a 24-hour collection
Collect urine with 25 mL of 6N HCL to maintain a pH<3
Refrigerate during and after collection
Preservative may be added after collection, pH must be adjusted to be below 3

Minimum Collection Vol:

Minimum Aliquot Vol: 2 mL

Restrictions On Collection:
None

When Completed:
Testing set-up 5 days a week

Normal Values:
Included with report

Instructions/Remarks:
Lab: The collection may be collected with or without preservative.
If collected without preservative, use 6N HCL to adjust the pH to less than 3.
Record 24-hour urine volume on test request form, collection bottle, and urine vial.
Send urine samples room temperature (preferred)

NIC test code # 11313X

Last Updated: 12/11/2012

Connected to SCM Item: Calcium 24 hr at NIC

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Urine Coll Started:
Date Urine Collect Ends:
Time Urine Coll Started:
Time Urine Collect Ends:
CALCIUM, IONIZED

Order Code: CAION

Synonym(s): Ionized Calcium

Section: Chemistry

Tube Type: ltG-Ca

Specimen Requirement:
2 ml. plasma/anaerobic (light green top tube, lithium heparin); tube must be full. DO NOT REMOVE STOPPER.

Restrictions On Collection: None

When Completed: Same shift

Normal Values: 1.10 - 1.38 mmol/L

Instructions/Remarks: DO NOT REMOVE STOPPER. Tube must be full.

Last Updated: 08/14/2003

Connected to SCM Item: Calcium, Ionized
CALCIUM, TOTAL

Order Code: CA
Synonym(s): CA
Section: Chemistry
Tube Type: ltG-C

Specimen Requirement:
1 ml. plasma (light green top tube);
For newborns:
0.5 ml. plasma; or One Microtainer (Green top, lithium heparin)

Minimum Collection Vol:
Minimum Aliquot Vol:

Restrictions On Collection:
None

When Completed:
Same shift

Normal Values:
8.4 - 10.2 mg/dl

Instructions/Remarks:
LAB: Serum acceptable.
If testing is delayed beyond 4 hours, separate specimen, avoid contamination and evaporation, and refrigerate. Freeze for longer storage. Specimen should be at room temperature prior to analysis.

Last Updated: 05/05/2009

Connected to SCM Item: Calcium, Total
CALPROTECTIN, STOOL @NIC

Order Code: CALPRO
Synonym(s):  
Section: Reference
Tube Type: SPECIMEN

Specimen Requirement:
2 mL Stool, Collect undiluted feces in clean, dry sterile leak proof container. Do not add fixative or preservative.

Minimum Collection Vol: 2 mL
Minimum Aliquot Vol: 1 mL

Restrictions On Collection:

When Completed:

<table>
<thead>
<tr>
<th>Day</th>
<th>Setup</th>
<th>Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mon</td>
<td>A</td>
<td>E</td>
</tr>
<tr>
<td>Fri</td>
<td>A</td>
<td>Sun</td>
</tr>
</tbody>
</table>

Normal Values:
Included with report

Instructions/Remarks:
Ship frozen
Quest test code # 16796

Last Updated: 11/10/2014

Connected to SCM Item: Calprotectin, Stool at NIC
CANDIDA AB IGG, IGA, IGM  @FOC

Order Code: Misc Lab Item
Synonym(s): Candida albicans
Section: Reference
Tube Type: Red-R
Specimen Requirement:
1 mL serum (red top tube)
Minimum Collection Vol: 2 mL
Minimum Aliquot Vol: 0.3 mL
Restrictions On Collection:
None
When Completed:
Within 3-4 days
Normal Values:
Included with report
Instructions/Remarks:
LAB: Send refrigerated
REFERENCE LAB:
Focus # 20125
Last Updated: 03/26/2008
CANDIDA ALBICANS ANTIBODY, ID @FOC

Order Code: Misc Lab Item
Synonym(s):
Section: Reference
Tube Type:
Specimen Requirement:
  1 ml serum or CSF
Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 0.1 mL
Restrictions On Collection:
  None
When Completed:
  3-6 days
Normal Values:
  Included with report
Instructions/Remarks:
  Send refrigerated
REFERENCE LAB:
  Focus test # 40231
Last Updated: 09/10/2012
Connected to SCM Item:
CANDIDA ANTIGEN and ANTIBODY PANEL  @FOC

Order Code:  Misc Lab Item
Synonym(s):  Candida Albicans
Section:  Reference
Tube Type:  RED-R
Specimen Requirement:  
   2 ml. serum (red top tube)
Minimum Collection Vol: 
Minimum Aliquot Vol:  1 mL
Restrictions On Collection:  
   None
When Completed:  
   Three to 4 days
Normal Values:  
   Included with report
Instructions/Remarks:  
   Send refrigerated.

REFERENCE LAB:  
   Focus test code # 4125
Last Updated:  09/10/2012

Connected to SCM Item:
CARBAMAZEPINE (TEGRETOL)

Order Code: CARBA
Synonym(s): Tegretol
Section: Chemistry
Tube Type: Gold-C

Specimen Requirement:
1 ml. serum (gold top SST tube)

Restrictions On Collection:
None

When Completed:
Same shift

Normal Values:
Therapeutic: 4 - 12 mcg/ml
Toxic: Greater than 12 mcg/ml

Instructions/Remarks:

Last Updated: 01/28/2003

Connected to SCM Item: Carbamazepine Level (Tegretol)
CARBAMAZEPINE-10,11-EPOXIDE,METABOLITE  @MYO

Order Code:  Misc Lab Item
Synonym(s):  Carbamazepine Metabolite
Section:  Reference
Tube Type:  CALLAB

Specimen Requirement:
Draw blood in a 10ml EDTA (lavender) tube,
12 hours (trough value) after last dose.
Spin down and send 2.0ml of EDTA plasma refrigerated,
(minimum 1 ml)

Minimum Collection Vol:
Minimum Aliquot Vol:
Restrictions On Collection:

When Completed:
Analytic Time:
1 day
Days Test Set Up:
Monday through Friday

Normal Values:
Included with report

Instructions/Remarks:
Includes Carbamazepine.
LAB:  Serum also acceptable.
REFERENCE LAB:  Mayo test code # C1011

Last Updated:  03/06/2012

Connected to SCM Item:
CARBON DIOXIDE

Order Code: CO2
Synonym(s): CO2
Section: Chemistry
Tube Type: ltG-C
Specimen Requirement:
1 ml. plasma (light green top tube, lithium heparin)

Restrictions On Collection:
None

When Completed:
Same shift

Normal Values:
24 - 32 mmol/L

Instructions/Remarks:
Serum acceptable.
Included in Panel 7.
LAB: Separate within 4 hours of collection. Handle anaerobically.
Store tightly capped at room temperature up to 24 hours. Refrigerate up to 3 days. Freeze up to 1 month.

Last Updated: 08/14/2003

Connected to SCM Item: Carbon Dioxide
CARBOXYHEMOGLOBIN (CO), REFER TO PULMONARY DEPARTMENT

Order Code: CO

Synonym(s): CO

Section:

Specimen Requirement: REFER CALLS TO PULMONARY DEPARTMENT OF THE HOSPITAL

Restrictions On Collection:

When Completed:

Normal Values:

Instructions/Remarks:

Last Updated:
CARDIO CRP @NIC

Order Code: CRPCN
Synonym(s): CRP High-Sensitivity, Highly Sensitive CRP, CRP Cardiac
Section: Reference
Tube Type: Red5

Specimen Requirement:
- 1 mL Serum (Red Top preferred)
- SST gold top acceptable

Minimum Collection Vol: 1.5 mL
Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:
None

When Completed:
- Testing performed 5 days a week
- Analytic time: 2 days

Normal Values:
Included with Report

Instructions/Remarks:
- Lab: Send serum room temperature.
- Reference Lab:
  NIC test code # 10124

Last Updated: 12/17/2012

Connected to SCM Item: Cardio CRP at NIC
LABORATORY MANUAL

CARDIO IQ(R) ADVANCED LIPID PANEL @NIC

Order Code: Misc Lab Item
Synonym(s): Replaces VAP
Section: Reference
Tube Type: Gold-R

Specimen Requirement:
4 mL serum (Gold top SST tube)

Minimum Collection Vol: 7 mL
Minimum Aliquot Vol: 2 mL

Restrictions On Collection:
None

When Completed:
Testing set up 5 days per week
Turn around time: reports in 3 days

Normal Values:
Included with report

Instructions/Remarks:
An advanced lipid panel that provides a more comprehensive assessment of dyslipidemia and cardiovascular risk than standard lipid panel measurements. Includes a standard lipid panel plus lipoprotein measures such as LDL particle number, ApoB and Lp(a).

LABORATORY REFERENCE:
Send minimum 2 mL serum, refrigerated.
Quest code: 92145

Last Updated: 11/03/2014

Connected to SCM Item:
CARNITINE, QUANT, SERUM @NIC

Order Code: CARNIT

Synonym(s): 

Section: Reference

Tube Type: Red5

Specimen Requirement:
- 1 mL serum (draw 1 red top tube)
- SST gold top acceptable
- Plasma acceptable (draw 1 sodium heparin green top tube)

Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 0.4 mL

Restrictions On Collection:
- Patient should be in a well-fed state

When Completed:
- Testing set-up 4 days a week
- Analytic time of 3 days

Normal Values:
- Included with report

Instructions/Remarks:
- Reference lab: Aliquot serum or plasma immediately after centrifugation
  FREEZE IMMEDIATELY
  Ship samples FROZEN
- NIC test code # 70107X

Last Updated: 12/17/2012

Connected to SCM Item: Carnitine Quant Serum at NIC
CAROTENE  @MYO

Order Code:  Misc Lab Item
Synonym(s):  Beta Carotene
Section:  Reference
Tube Type:  Red10-R

Specimen Requirement:
3.0 ml serum (10 ml red top tube)
PROTECT FROM LIGHT
SST (Gel) tube NOT acceptable

Minimum Collection Vol:  10 mL
Minimum Aliquot Vol:  3 mL

Restrictions On Collection:
Patient should be fasting 12-14 hours
Patient must not consume any alcohol or vitamin supplements
for 24 hours before the specimen is drawn.

When Completed:
Analytic Time:  2 hours
Days Test Set Up: Monday through Friday

Normal Values:
Included with report

Instructions/Remarks:
LAB:  Send FROZEN in amber vial to protect from light.
Gold top SST tube NOT acceptable.

REFERENCE LAB:
Mayo test code # CARO

Last Updated:  03/06/2012

Connected to SCM Item:
CATECHOLAMINES FRACT, FREE-24HR URINE @MYO

Order Code: CATU

Synonym(s): Fractionated Catecholamines

Section: Reference

Tube Type:

Specimen Requirement:
24-hour urine collected in 25 ml 50% acetic acid.
Record 24-hour volume and send a 50ml aliquot. Send refrigerated.

Minimum Collection Vol:

Minimum Aliquot Vol:

Restrictions On Collection:
None

When Completed:
Test set up:
Monday through Friday
Analytic time:
2 days

Normal Values:
Included with report

Instructions/Remarks:
Includes unconjugated epinephine, norepinephrine, and dopamine. Mandelamine interferes with the procedure and should be discontinued at least 48 hours prior to specimen collection.

LAB: Prepare 24-hour collection container by adding 25 ml of 50% acetic acid to empty container. Use 15 ml of 50% acetic acid for children less than 5 years old. After collection mix well and record total 24-hour volume. Send 50 ml aliquot.

REFERENCE LAB:
Mayo test code # CATU

Last Updated: 03/06/2013

Connected to SCM Item: Catecholamine,Frac,Free-24HrUr @MYO

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Urine Coll Started:
Date Urine Collect Ends:
Time Urine Coll Started:
Time Urine Collect Ends:
CATECHOLAMINES FRACT, FREE-PLASMA @MYO

Order Code: CATFP
Synonym(s): Dopamine, Epinephrine, Fractionated Catecholamines, Norepinephrine
Section: Reference
Tube Type: CALLAB*

Specimen Requirement:
5 mL plasma (1 FULL pre-chilled 10 mL EDTA-sodium metabisulfite) on ice.
Call Lab for special tubes.*
All other collection tubes are unacceptable.

Sample collection:
DRAWING FROM AN INDWELLING CATHETER IS REQUIRED.

Insert an indwelling intravenous catheter.
Flush with 3.0 mL of NaCl, using positive pressure.
Patient should be supine and stress-free for 30 minutes prior to sample collection.

At the end of the 30 minutes, withdraw and discard a minimum of 3.0 mL of blood to remove the saline out of the catheter.

If "provocative" sampling (e.g., standing specimen) is required, perform provocative maneuver immediately after obtaining supine specimen; and obtain standing specimen immediately.

For each specimen, draw 20 mL of blood into 2 chilled tubes (10 mL per tube).

Minimum Collection Vol: 20 mL
Minimum Aliquot Vol: 2.0 mL

Restrictions On Collection:
* DRAWING BLOOD FROM AN INDWELLING CATHETER IS NOW REQUIRED.
Not drawing from an intravenous catheter could cause false elevation in the level of the analyte.
See instructions under Specimen Requirements.

* Patient must be supine and stress-free 30 minutes prior to collection.

* No eating or caffeine beverages for 4 hours prior to collection.

* Drug interference:
Unless the purpose of the measurement is drug monitoring, discontinue any epinephrine, norepinephrine, or dopamine injections/infusions for at least 12 hours before specimen draw.
If possible, discontinue drugs that release epinephrine, norepinephrine, or dopamine or hinder their metabolism for at least 1 week before obtaining the specimen.

When Completed:
Analytic time: 2 days
Test set up: Monday through Friday

Normal Values:
Included with report

Instructions/Remarks:
CATECHOLAMINES FRAC, FREE-PLASMA  @MYO

Includes: Unconjugated Dopamine, Epinephrine, Norepinephrine.

* Special tubes are supplied by Mayo. Supply T066.
    Call Lab at ext. 45618 to request these tubes.

LAB: Plasma should be separated in a refrigerated centrifuge within
    30 minutes of collection. Pour off 1 aliquot and freeze immediately.
    Ship frozen.

REFERENCE LAB:
    Mayo test code # CATP

Last Updated: 09/13/2013

Connected to SCM Item: Catecholamine,Frac,Free-Plasma @MYO
CATH TIP - AEROBIC CULTURE

Order Code: CATHC
Synonym(s): Catheter Tip Culture, Culture - Cath Tip
Section: Microbiology

Specimen Requirement:

Restrictions On Collection:

When Completed: 72 hours

Normal Values:

Instructions/Remarks:

Last Updated: 02/15/2007

Connected to SCM Item: Cath Tip - Aerobic Culture

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:

Circle if appropriate: Right Left
Wound specimens: Deep Superficial

PREP INSTRUCTION:
(1) MICROBIOLOGY: Collect specimen in sterile, tightly capped container. Transport to LAB immediately. Specimens over 1 hour old, or leaking, will require recollection.

(2) If using a swab for collection- aerobic (routine) - Red topped anerobic- Blue topped
CBC - OTC

Order Code: CBCOTC

Synonym(s):

Section: Hematology

Tube Type:

Specimen Requirement:

Minimum Collection Vol:

Minimum Aliquot Vol:

Restrictions On Collection:

When Completed:
Results available in Sunquest and SCM in real-time as testing performed in Outpatient Treatment Center.

Normal Values:
Normal ranges are the same as for in-Lab Hematology Dept "CBC".

Instructions/Remarks:
Testing is performed by Nursing in the Outpatient Treatment Center on the Sysmex Xs1000i hematology analyzer. Results interface to Telcor middleware and are passed on to Sunquest via an IGX (Instrument Generated Order) interface. Testing, processing, resulting is monitored by POC (Point of care) Laboratory staff.

Orders are not initiated in Lab or in SCM.

Last Updated: 11/01/2011

Connected to SCM Item:
CBC NO DIFF

Order Code: ABC
Synonym(s): Blood Count No Diff
Section: Hematology-Coag
Tube Type: LV-H

Specimen Requirement:
2.5 ml. whole blood (lavender top tube, EDTA) or by fingerstick using a microtainer and 2 peripheral slides

Minimum Collection Vol: 1.5 mL

Restrictions On Collection:
STATs and ASAPs are done anytime. Routines preferably done on the day shift.

When Completed:
Same day

Normal Values:
See: WBC, RBC, HGB, HCT, Red cell indices, & PLT

Instructions/Remarks:
LAB:
Lab system will print label: ABC.
If differential requested, add ADF.

Last Updated: 04/15/2008

Connected to SCM Item: CBC no Diff
CBC WITH DIFF

Order Code: CBC
Synonym(s): Blood Count with Diff
Section: Hematology-Coag
Tube Type: LV-H

Specimen Requirement:
2.5 ml. whole blood (lavender top tube, EDTA) or by fingerstick using microtainer and 2 peripheral slides

Minimum Collection Vol: 0.5 mL

Restrictions On Collection:
STATs and ASAPs are done anytime, routines preferably done on the day shift.

When Completed:
Same day

Normal Values:
See WBC, RBC, HGB, HCT, Red Cell Indices, PLT and differential

Instructions/Remarks:
Includes Blood Count and Automated Differential.
(Manual Differential done if indicated.)

LAB: Lab system will print labels for:
ABC and ADIF.

Last Updated: 04/15/2008

Connected to SCM Item: CBC with Diff
CBC WITH MANUAL DIFF (MD requested)

Order Code: CBCMD

Synonym(s):

Section: Hematology-Coag

Tube Type: LV-H

Specimen Requirement:
2.5 ml. whole blood (lavender top tube, EDTA) or by fingerstick using microtainer and 2 peripheral slides

Minimum Collection Vol: 0.5 mL

Restrictions On Collection:
STATs and ASAPs are done anytime, routines preferably done on the day shift

When Completed:
Same day

Normal Values:
See WBC, RBC, HGB, HCT, Red Cell Indices, PLT and differential

Instructions/Remarks:
Order only when physician requests CBC with "Manual Differential".

LAB:
Lab System will print labels for:
ABC and MDIFMD.

Last Updated: 04/15/2008

Connected to SCM Item: CBC with Manual Diff @MD request
CD4/CD8 COUNT and RATIO, FLOW CYTOMETRY, BLOOD @MYO

Order Code: CD8CD4

Synonym(s): Absolute CD4, Absolute CD8, Helper T Cell, Helper CD4, Helper Suppressor iCount Ratio, Suppressor CD8, Flow Cytometry

Section: Reference

Tube Type:

Specimen Requirement:
- 3 mL whole blood (lavender top, EDTA)
  - Keep at room temperature

Minimum Collection Vol: 1 mL

Minimum Aliquot Vol:

Restrictions On Collection:
None

When Completed:
2-3 days for report

Normal Values:
Included with report

Instructions/Remarks:

Includes:
- CD3 % and Absolute Count
- CD4 % and Absolute Count
- CD8 % and Absolute Count
- CD4/CD8 Ratio

LAB: Do NOT centrifuge. Send blood in original vacutainer. Maintain sample at ROOM TEMP.**
Specimen must arrive at Mayo Lab within 48 hours of draw. Alternate sample is green top (Sodium Heparin).

** NOTE: Ship sample in Critical Ambient Box (MYO item T668) to maintain absolute room temp. during transport. (FedEx ships samples through colder regions, and conditions in plane cargo holds can reach cold temperatures.) You may also place any other ambient samples in this box for shipment.

REFERENCE LAB:
MYO order # TCD4

Last Updated: 09/17/2012

Connected to SCM Item: CD4 CD8 T-Cell Count & Ratio @MYO
CDRC DRUG MONITOR SCREEN, URINE

Order Code: CDUMON
Synonym(s): CDU Urine Drug Monitor
Section: Chemistry
Tube Type:
Specimen Requirement: 10 ml. random urine
Minimum Collection Vol:
Minimum Aliquot Vol:
Restrictions On Collection: None
When Completed: Same shift
Normal Values: Negative
Instructions/Remarks:
For Chemical Dependency Recovery Center use only. The testing is the same as for Drug Screen, Urine (Qual).

This Drug Screen includes qualitative tests for:
Amphetamines, Barbiturates, Benzodiazepines, Cocaine,
Opiates, Phencyclidine (PCP), Tetrahydrocannabinol (THC),
and specific gravity. All screening results in this panel are
unconfirmed and may not be used for non-medical purposes.

For routines, may also order "DRUG ABUSE UR, NO CONFIRM @NIC",
which additionally includes Alcohol, Marijuana Metabolites,
Methaqualone, Methadone, Propoxyphene.

Last Updated: 05/14/2013
Connected to SCM Item: CDRC Urine Drug Monitor
CEA

Order Code: CEA
Synonym(s): Carcinoembryonic Antigen
Section: Chemistry
Tube Type: Gold-C

Specimen Requirement:
1 ml. serum (gold top SST tube)

Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 1 mL
Restrictions On Collection: None

When Completed: Same shift
Normal Values: 0.0 - 3.0 ng/ml

Instructions/Remarks:

Last Updated: 01/28/2003
Connected to SCM Item: CEA /Carcinoembryonic Antigen
CEA, PANCREATIC CYST FLUID @MYO (only if specified by MD)

Order Code: Misc Lab Item
Synonym(s): Carcinoembryonic Antigen
Section: Reference
Tube Type: 
Specimen Requirement:
- 1 mL pancreatic cyst fluid
Minimum Collection Vol: 
Minimum Aliquot Vol: 
Restrictions On Collection: None
When Completed:
- Test performed: Monday - Friday
- Analytic Time: 1 day
Normal Values: Included with report
Instructions/Remarks:
Useful for distinguishing between benign and malignant pancreatic cysts.
LAB: Send specimen FROZEN is a screw-capped plastic vial.
- Mayo order code # CEAPC

Last Updated: 03/06/2012
Connected to SCM Item:
CEA-MISC FLUID

Order Code: CEAMF
Synonym(s): Carcinoembryonic Antigen
Section: Chemistry

Tube Type: 1 mL miscellaneous fluid

Specimen Requirement:
Minimum Collection Vol: 0.5 mL
Minimum Aliquot Vol:
Restrictions On Collection: None

When Completed: Same shift

Normal Values: No normal values available

Instructions/Remarks:
LAB: If placing order directly in Sunquest, stype the fluid order with the appropriate code, i.e. PLEU for pleural fluid, i.e. CST for cyst fluid and comment Pancreatic.

LAB: Centrifuge and aliquot if necessary, prior to testing. Store room temperature up to 4 hours. Refrigerate for transport to Newport Beach campus. Freeze for up to 6 months.

Last Updated: 08/10/2010

Connected to SCM Item: CEA-Misc Fluid
Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:
CELIAC DISEASE PANEL (WITHOUT GLIADIN) @NIC

Order Code: CDPN
Synonym(s): 
Section: Reference
Tube Type: Red10
Specimen Requirement:
- 2 mL serum (preferred) from Red-top tube
- SST gold top tube acceptable
Minimum Collection Vol: 6 mL
Minimum Aliquot Vol: 1 mL
Restrictions On Collection:
Reject grossly hemolyzed and grossly lipemic samples
When Completed:
Testing set-up Tuesday - Saturday
Normal Values:
Included with report
Instructions/Remarks:
Panel includes: Tissue Transglutaminase (tTG) and Immunoglobulin A (IgA)
Note: This test is the replacement for the previously orderable item CDP. This replacement does NOT include the Gliadin. It is available separately.
Quest order code: 17612
Last Updated: 04/29/2014
Connected to SCM Item: Celiac Disease Panel at NIC
CELL COUNT & DIFF-BRONCHOALEVEOLAL LAVAGE (Lab ONLY)

Order Code:   CCTBAL
Synonym(s):   BAL-Cell Count & Diff, Bronchoaleveolal Lavage
Section:      Urinalysis-Body
Tube Type:    FLD

Specimen Requirement:
Bronchoaleveolal Lavage collected by physician.
Transport in sterile 10cc centrifuge tube.
Send to laboratory IMMEDIATELY.

Minimum Collection Vol:
Minimum Aliquot Vol:
Restrictions On Collection:  None
When Completed:            Same day

Normal Values:

Instructions/Remarks:
LAB: Specimen is NOT centrifuged.

Last Updated:  06/05/2010

Connected to SCM Item:  Cell Count + Diff-BAL
Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:
Date Specimen Collected:
Time Specimen Collected:
Collected by:
CELL COUNT & DIFF-CSF

Order Code: CCTCSF

Synonym(s): Spinal Fluid-Cell Count & Diff, CSF-Cell Count & Diff

Section: Urinalysis-Body

Specimen Requirement:
Collected by physician.
Send to Laboratory IMMEDIATELY.

Restrictions On Collection:
None

When Completed:
Same day

Normal Values:
Clear, colorless, RBC 0 - 10, WBC 0 - 5.

Instructions/Remarks:
LAB: Do NOT centrifuge.

Last Updated: 02/09/2007

Connected to SCM Item: Cell Count + Diff-CSF

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:
CELL COUNT & DIFF-MISC FLUID

Order Code: CCTMF
Synonym(s): Misc Fluid-Cell Count & Diff, Body fluid
Section: Urinalysis-Body
Tube Type: L3

Specify Specimen Requirement:
Indicate type of fluid. Collected by physician. Place specimen in a lavender top tube containing EDTA and inverted a few times to mix. This prevents clotting and allows an accurate cell count. Send to Laboratory immediately.

Minimum Collection Vol:
Minimum Aliquot Vol:
Restrictions On Collection: None
When Completed: Same day
Normal Values:

Instructions/Remarks:
Fluid Types: Pericardial, Peritoneal, Pleural, Serous, and Synovial.
LAB: Do NOT centrifuge.

Last Updated: 06/09/2010

Connected to SCM Item: Cell Count + Diff-Misc Fluid
Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:
CELLSEARCH CIRCULATING TUMOR CELLS, BREAST CANCER @Quest

Order Code: CELLSR
Synonym(s):
Section: Reference
Tube Type: Special

Specimen Requirement:
10 mL whole blood. Collect blood in a CellSave preservative tube only. Fill tube completely to ensure the correct ratio of blood to anticoagulant. Immediately mix by gentle inversion of tube -- circulating tumor cells are fragile.

Minimum Collection Vol: 10 mL
Minimum Aliquot Vol: 7.5 mL

Restrictions On Collection:
Special collection tube required.

When Completed:
Reports 3-4 days

Normal Values:
Included with report

Instructions/Remarks:
Must confirm request is for Breast Cancer testing. Quest also offers CellSearch testing for Prostate (16812) and Colon (16811).

LAB: Whole blood may be transported in original CellSave collection tube. Maintain at room temperature. Refrig and frozen unacceptable. Must be received within 72 hours of draw.

REFERENCE LAB: Quest order # 16011X

Last Updated: 09/22/2009

Connected to SCM Item: CellSearch Circ.Tumor Cells, BreastCA@NIC
CENTROMERE ANTIBODIES ABS @MYO (ONLY if ANA not ordered)

Order Code: Misc Lab Item
Synonym(s): Anti-Centromere Antibodies
Section: Reference
Tube Type: Red-R
Specimen Requirement:

1 ml serum (red top tube)

Minimum Collection Vol:
Minimum Aliquot Vol:
Restrictions On Collection:
None

When Completed:
Test set up: Monday - Saturday
Analytic time: 1 day
Normal Values:
Included with report

Instructions/Remarks:
LAB: Send refrigerated.
REFERENCE LAB:
Mayo Lab
test code # CMA

Last Updated: 03/06/2012

Connected to SCM Item:
CERULOPLASMIN @NIC

Order Code:     CERUL
Synonym(s): Copper oxidase, Feroxidase, Wilson's Disease
Section:       Reference
Tube Type:     Red5

Specimen Requirement:
- 1 mL serum (draw 1 red top tube)
- SST gold top acceptable

Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:
Overnight fasting is preferred

When Completed:
- Testing set-up 5 days a week
- Analytic time of 2 days

Normal Values:
Included with report

Instructions/Remarks:
- Reference lab: Reject hemolysis or lipemia
- Ship samples room temperature (preferred)
- NIC test code # 326

Last Updated: 12/11/2012

Connected to SCM Item: Ceruloplasmin at NIC
CERVICAL/VAGINAL SMEAR for CYTOLOGY

Order Code:

Synonym(s): Pap Smear

Section: Cytology

Specimen Requirement:
Cervical and/or vaginal cell samplings should be thinly and evenly spread on glass slides and IMMEDIATELY placed in "Pap Fix" bottle.

Restrictions On Collection:
None - Test performed Monday - Saturday, days.

When Completed:
Within 24 hours

Normal Values:
Satisfactory specimen showing no cytologic abnormality.

Instructions/Remarks:
The patient's name must be written on the frosted end of the slide in pencil before collection.

Smears MUST NOT be allowed to air dry. They must be placed in fixative immediately. LMP (last menstrual period) must be included on the request form.

Last Updated:
CHAGAS' DISEASE IgG/IgM AB PANEL, SERUM or CSF @FOC

Order Code: Misc Lab Item
Synonym(s): Trypanosoma Cruzi
Section: Reference
Tube Type: 1ml serum or CSF (minimum 0.1)
Specimen Requirement:
Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 0.1 mL
Restrictions On Collection: None

When Completed:

Normal Values: Included with report

Instructions/Remarks:
REFERENCE LAB:
Focus test code # 40245

Last Updated: 09/10/2012
Connected to SCM Item:
CHEMICAL DEPENDENCY OUT-PATIENT PANEL (Order Set)

Order Code:

Synonym(s):

Section: Chem/Hema/Sero

Specimen Requirement:
- 1 ml plasma (light green top tube, lithium heparin) PLUS
- 2.5 ml whole blood (lavender top tube, EDTA) PLUS
- 1 ml serum (gold top SST tube) PLUS
- 30 ml random urine

Restrictions On Collection:
None

When Completed:
- Blood specimens - Same shift
- Urine specimen - Less than 3 days (not available STAT)

Normal Values:
See individual tests

Instructions/Remarks:
- Order as an Order Set in SCM.
- For Chemical Dependency OUT PATIENTS ONLY.
- Order Set includes:
  - Comprehensive Metabolic Panel
  - Blood Count - No Differential
  - RPR Syphilis Serology
  - Drug Abuse Survey - Urine
- If additional items are requested, add to order at computer entry.
- LAB: If SCM is down, order in Misys:
  - CDCBL = CHEM DEPENDENCY-BLOOD
  - CDCUR = CHEM DEPENDENCY-URINE

Last Updated: 05/11/2006
CHEMOSENSITIVITY FOR TUMOR CELLS, REFER TO PATHOLOGY

Order Code:
Synonym(s):
Section: Pathology
Specimen Requirement:

Restrictions On Collection:

When Completed:

Normal Values:

Instructions/Remarks:

TISSUE for CHEMOSENSITIVITY
> All questions about tissue samples for chemosensitivity are dealt with by the ON CALL Pathologist.
> TISSUE SAMPLES for chemosensitivity are ordered on a pathology requisition, sent to the pathology lab fresh and sterile for frozen section and harvested by the ON CALL Pathologist.
> After hours page the On Call Pathologist.

BODY FLUIDS for CHEMOSENSITIVITY
> Body FLUIDS for chemosensitivity are ordered on a cytology requisition, collected in sterile container and sent to the Cytology Lab for processing.
> Heparin should be added at the time of collection.
> Add 10 units of Heparin per ml of fluid.
> Clearly mark container "Heparin added".
> Fluids received for chemosensitivity must be refrigerated immediately upon receipt in the Lab.

Last Updated: 03/26/1999
CHLAMYDIA AB PNL3 by MIF-IgM,IgG,IgA-SERUM @NIC(Quest) (ONLY)

**Order Code:** Misc Lab Item

**Synonym(s):**

**Section:** Reference

**Tube Type:** RED-R

**Specimen Requirement:**
1 ml serum (3 ml red top, no additive)

**Minimum Collection Vol:** 1 mL

**Minimum Aliquot Vol:** 0.1 mL

**Restrictions On Collection:** None

**When Completed:**
Set up: 5 days a week
Reports in 1 day

**Normal Values:** Included with report

**Instructions/Remarks:**
Includes antibody titers for: C.pneumoniae, C.trachomatis, and C.psittaci

LAB: Send serum refrigerated.

REFERENCE LAB:
NIC order code # 29479X

**Last Updated:** 07/25/2007
CHLAMYDIA AND CHLAMYDOPHILA AB PANEL 3 IGG, IGA, IGM @NIC

Order Code: CHLAM

Synonym(s):

Section: Reference

Tube Type: Red5

Specimen Requirement:
- 1 mL serum (draw 1 red top tube)
- SST gold top acceptable

Minimum Collection Vol: 3 mL

Minimum Aliquot Vol: 0.1 mL

Restrictions On Collection:
None

When Completed:
Testing forward to Focus Diagnostics, Inc.
Testing set-up 6 days a week
Analytic time of 1 day

Normal Values:
Included with report

Instructions/Remarks:
Reference lab: Ship sample room temperature (preferred)
NIC test code # 29479X

Last Updated: 12/11/2012

Connected to SCM Item: Chlamydia, Chlamydoph Abs IgA G M at NIC
CHLAMYDIA ANTIGEN, EIA   @FOCUS

Order Code:   Misc Lab Item

Synonym(s):  

Section:     Microbiology

Specimen Requirement:  
Urogenital, conjunctival or nasopharyngeal specimen

Restrictions On Collection:

When Completed:  
1 - 8 days

Normal Values: 
Negative

Instructions/Remarks:
LAB/MICRO USE ONLY:
Order as WILDM  
Focus order # 81040  
Transport 2-8 degrees C.

Last Updated: 01/31/2005
CHLAMYDIA DIRECT ANTIGEN SLIDE TEST, DFA   @NIC

Order Code: CDFAFF
Synonym(s): Chlamydia DFA
Section: Microbiology
Tube Type: Specimen

Specimen Requirement:

Methanol fixed slide.
Requires use of Chlamydia Specimen Collection kit, available in the Microbiology laboratory, call x45642.

1) Specimen source
   a) Urethral
   b) Cervical
   c) Conjunctival (eue)
   d) Nasopharyngeal
   e) Rectal

1) ALL specimens OTHER THAN the above need to be Chlamydia culture (call Microbiology, ext. x45642), a special transport media swab needs to be obtained from Microbiology.

Minimum Collection Vol: 1 slide
Minimum Aliquot Vol: 1 slide

Restrictions On Collection:

Requires Chlamydia Specimen Collection Kit available from Microbiology, call x5642

When Completed:
Within 1 - 2 days

Normal Values:
Negative

Instructions/Remarks:

1) Collection Kits available at Microbiology Lab.
2) Refer to Chlamydia Collection Kit Package Insert for collection and preservation of specimen for transport.
3) Label slide with patient name, ID #, and date.
4) Transport to Microbiology Lab as soon as possible.

REFERENCE LAB:
Transport Refrigerated
Testing forwarded to Focus Quest test code # 4966

Last Updated: 09/13/2013

Connected to SCM Item: Chlamydia DFA Slide at NIC

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:

Circle if appropriate: Right Left
Wound specimens: Deep Superficial

PREP INSTRUCTION:
(1) MICROBIOLOGY: Collect specimen in sterile, tightly capped container. Transport to LAB immediately. Specimens over 1 hour old, or leaking, will require recollection.

(2) If using a swab for collection- aerobic (routine) - Red topped - anerobic- Blue topped
CHLAMYDIA PNEUMONIAE/PSITTACI DNA, PCR @FOCUS

Order Code: Misc Lab Item

Synonym(s):

Section: Microbiology

Specimen Requirement:

* Specimen must be FROZEN
Throat swab in 1 mL transport media, BAL, sputum, or bronchial wash

Minimum Collection Vol: 2*
Minimum Aliquot Vol: 2 mL

Restrictions On Collection:

When Completed:
   2 - 5 days

Normal Values:
   Negative

Instructions/Remarks:

LAB/MICRO USE ONLY:
   Order as WILDM
   Focus order # 43500
   Specimen must be FROZEN

Last Updated: 08/27/2007
CHLAMYDIA TRACHOMATIS CULTURE @NIC

Order Code: CCN
Synonym(s): Culture Chalmydia
Section: Microbiology
Tube Type: VCM

Specimen Requirement:
Endocervical swab, urethral swab, conjunctiva swab, throat swab, nasal/nasopharyngeal swab, rectal mucosa swab, fresh (unfixed) tissue or pelvic washing. Collect in VCM medium

Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 1 mL

Restrictions On Collection:
VTM that do not support Chlamydia
Wooden shaft
Calcium alginate swabs
Transwabs
Swabs in bacterial gel-based transport media
DNA probe transport
Tissues in formalin or other fixatives
Transports for antigen detection by EIA
Urine in an UNACCEPTABLE specimen site

When Completed:
Test set-up daily.
Report available in 4 days

Performing Laboratory
Focus Diagnostics, Inc.
5785 Corporate Ave.
Cypress, CA 90630-4726

Normal Values:
Not isolated

Instructions/Remarks:
Reference lab: send sample refrigerated
Quest order code: 690

Last Updated: 12/03/2013

Connected to SCM Item: Chlamydia trachomatis Culture at NIC

Connected to SCM Item: Chlamydia trachomatis Culture at NIC

PREP INSTRUCTIONS:
(1) MICROBIOLOGY: Collect specimen in sterile, tightly capped container. Transport to LAB immediately. Specimens over 1 hour old, or leaking, will require recollection.

(2) If using a swab for collection- aerobic (routine) - Red topped — anerobic- Blue topped
CHLAMYDIA TRACHOMATIS/NEISSERIA GONORRHOEAE DNA, SUREPATH @NIC

Order Code: Misc. Lab Item
Synonym(s): CT, GC, CT/GC
Section: Pathology
Tube Type: SurePath

Specimen Requirement:
- 0.5 mL Liquid Cytology(PreservCyt(R)) Preservative (ThinPrep(R)) or TriPath SurePath vials.

Minimum Collection Vol:
Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:

When Completed:
Testing performed at Quest Diagnostics Nichols Institute
San Juan Capistrano, CA

Normal Values:
Included with report.

Instructions/Remarks:
Reference lab: Specimen will be brought over from pathology staff.
Do not order in Sunquest lab, pathology staff will order in CoPath.
Do not WILDR, order directly into Care360 system.
Ship SurePath cell pellet fraction Room Temperature

Quest test code: 17618X

Last Updated: 09/13/2013

Connected to SCM Item:
CHLAMYDIA TRACHOMATS RNA @NIC

Order Code: CTDN
Synonym(s):
Section: Microbiology
Tube Type: APTIMA KIT - CALL LAB

Specimen Requirement:
- Endocervical or urethral swabs in APTIMA® Combo 2 Assay Unisex Swab Specimen Collection Kit.
- Vaginal swabs in the APTIMA® Combo 2 Assay Vaginal Swab Collection Kit.
- Urine collected in a sterile container.

Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 2 mL

Restrictions On Collection:
- Reject if: Transport tubes with 2 swabs
- Transport tubes with non-APTIMA® swabs
- Specimens in broken containers
- Swab submitted in M4 transport media

When Completed:
- Testing set-up Monday, Wednesday, Friday
- Report available 2-5 days

Normal Values:
- Not detected

Instructions/Remarks:
- Reference lab: send sample Room Temperature
- Testing performed at Focus Diagnostics
- Quest order code: 11361

Last Updated: 09/03/2014

Connected to SCM Item: Chlamydia trachomatis RNA at NIC

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:
Circle if appropriate: Right Left
Wound specimens: Deep Superficial

PREP INSTRUCTION:
(1) MICROBIOLOGY: Collect specimen in sterile, tightly capped container. Transport to LAB immediately. Specimens over 1 hour old, or leaking, will require recollection.
(2) If using a swab for collection- aerobic (routine) - Red topped - anerobic- Blue topped
CHLAMYDIA/GONORRHOEAE RNA @NIC

Order Code: CTGN
Synonym(s): Chlamydia trachomatis, Neisseria gonorrhoeae, RNA
Section: Microbiology
Tube Type: APTIMA - CALL LAB

Specimen Requirement:
- Endocervical or urethral swabs in APTIMA® Combo 2 Assay Unisex Swab Specimen Collection Kit.
- Vaginal swabs in the APTIMA® Combo 2 Assay Vaginal Swab Collection Kit.
- Urine collected in a sterile container is only acceptable as long as it received at Quest within 24 hours.

Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 2 mL

Restrictions On Collection:
- Reject if: Transport tubes with 2 swabs
- Transport tubes with non-APTIMA® swabs
- Specimens in broken containers
- Swab submitted in M4 transport media

When Completed:
- Testing set-up Monday, Wednesday, Friday
- Report available in 2-5 days

Normal Values:
- Not detected

Instructions/Remarks:
- Reference lab: Urine collected in a sterile container is acceptable only if it is received at Quest within 24 hours. Please check courier schedule prior to transport. Send samples at Room Temperature.
- Testing performed at Focus Diagnostics
- Quest test code: 11363

Last Updated: 09/03/2014

Connected to SCM Item: Chlamydia trachomatis & Neisseria Gonorrhoeae RNA at NIC
Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:

Circle if appropriate: Right Left

Wound specimens: Deep Superficial

PREP INSTRUCTION:
(1) MICROBIOLOGY: Collect specimen in sterile, tightly capped container. Transport to LAB immediately. Specimens over 1 hour old, or leaking, will require recollection.

(2) If using a swab for collection- aerobic (routine) - Red topped - anerobic- Blue topped
CHLORDIAZEPoxide  @MYO

Order Code: Misc Lab Item
Synonym(s): Librium, Desmethyl chlordiazepoxide, Demoxepan
Section: Reference
Tube Type: RED-R
Specimen Requirement:
   3 mL (minimum 1.1 ml) of Serum
Minimum Collection Vol:
Minimum Aliquot Vol:
Restrictions On Collection:
   None
When Completed:
   Test set up: Monday through Friday
   Turnaround time: 2-4 days
Normal Values:
   Included with report
Instructions/Remarks:
   LAB: Send refrigerated
   Any common anticoagulant plasma also acceptable.
   REFERENCE LAB:
   Mayo test code # CDP
Last Updated: 03/06/2012
Connected to SCM Item:
CHLORIDE

Order Code: CL
Synonym(s): CL
Section: Chemistry
Tube Type: ltG-C
Specimen Requirement:
   1 ml. plasma (light green top tube, lithium heparin)
Restrictions On Collection:
   None
When Completed:
   Same shift
Normal Values:
   Plasma: 100 - 110 mmol/L
Instructions/Remarks:
   Serum acceptable.
   Included in Basic Metabolic Panel (BMPAN).
   LAB: Separate specimen within 4 hours of collection.
   Store at room temperature for up to 7 days. Refrigerate up to 4 weeks. Freeze for storage beyond 4 weeks.

Last Updated: 02/09/2007
Connected to SCM Item: Chloride
CLORIDE W/CREATININE, 24-HOUR URINE @NIC

Order Code: Misc Lab Item
Synonym(s): CL-urine 24HR
Section: Reference

Tube Type:
Specimen Requirement:
10 mL urine from a 24-hour collection, no preservative
Acceptable to collect with boric acid or acetic acid
Minimum Collection Vol: 10 mL
Minimum Aliquot Vol:
Restrictions On Collection:
None
When Completed:
Testin set-up 7 days a week
Analytic time of 1 day
Normal Values:
Included with report

Instructions/Remarks:
Lab: Record total volume and collection time on specimen container and requisition. Aliquot specimen into screw top container.

Ship samples room temperature (preferred)
Refrigerated and frozen acceptable

NIC test code # 368X

Last Updated: 12/11/2012
Connected to SCM Item:
CHLORIDE, RANDOM URINE W/ CREATININE @NIC

Order Code: CHUR

Synonym(s): CL-urine random, Creatinine

Section: Reference

Tube Type:

Specimen Requirement:
10 mL Random urine, no preservative

Minimum Collection Vol: 2 mL

Minimum Aliquot Vol:

Restrictions On Collection:
None

When Completed:
Testing is set-up 7 days a week
Analytic time of 1 day

Normal Values:
Included with report

Instructions/Remarks:
Reference lab: Creatinine is also included in this testing.
Ship samples room temperature (preferred)
Refrigerated and frozen acceptable

NIC test code # 1645X

Last Updated: 02/04/2013

Connected to SCM Item: Chloride Random Urine at NIC
CHLORIDE, CSF  @MYO

Order Code: Misc Lab Item
Synonym(s): Spinal fluid, CL-CSF
Section: Reference

Specimen Requirement:
1 ml (min. 0.3 ml) cerebrospinal fluid

Minimum Collection Vol:

Minimum Aliquot Vol:

Restrictions On Collection:

When Completed: Maximum lab time 1 day

Normal Values: Included with report

Instructions/Remarks:
Transport temperature: DO NOT send Ambient. Refrigerated preferred (frozen OK).

Test setup: daily

REFERENCE LAB:
MAYO test code # CLSF

Last Updated: 03/06/2012

Connected to SCM Item:
CHLORIDE-24HR URINE @MYO

Order Code: CHL24

Synonym(s): CL-urine 24HR

Section: Reference

Tube Type:

Specimen Requirement:

24HR URINE: 5.0 ml from a 24-hour urine collection. No preservative. NOTE: 24-HOUR VOLUME IS REQUIRED FOR PROCESSING.

Minimum Collection Vol:

Minimum Aliquot Vol:

Restrictions On Collection:

None

When Completed:

within 3 days

Normal Values:

Included with report

Instructions/Remarks:

LAB:

24HR URINE: Mix well. Measure and record total volume. Pour off a 5 ml specimen into a 13 ml urine tube. Refrigerate. See Mayo PC for other acceptable preservatives.

NOTE: For random collections, now order Chloride, Urine Random @MYO (Code: CHLUR)

REFERENCE LAB:

MYO test code # 8531
(Random urine to MYO is now 83747)

Last Updated: 11/05/2009

Connected to SCM Item: Chloride 24Hr Urine @MYO
CHLORIDE-MISC FLUID

Order Code: CLMF
Synonym(s): CLMF
Section: Chemistry

Specimen Requirement:
1 ml miscellaneous fluid

Minimum Collection Vol: 0.5 mL

Restrictions On Collection:
None

When Completed:
Same shift

Normal Values:
No normal values available

Instructions/Remarks:
LAB: Centrifuge and aliquot if necessary, prior to testing.
Store room temperature up to 4 hours.
Refrigerate up to 3 days.
Freeze for up to 6 months.

Last Updated: 02/09/2007

Connected to SCM Item: Chloride-Misc Fluid

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:
CHLORPROMAZINE  @MYO

Order Code:  Misc Lab Item
Synonym(s):  Thorazine
Section:  Reference
Tube Type:  RED-R

Specimen Requirement:
5.0 mL (min 2.1 mL) of Serum. Refrigerate
SST tube not acceptable.

Minimum Collection Vol:  5 mL
Minimum Aliquot Vol:  2.1 mL

Restrictions On Collection:
None

When Completed:
Days Test Set Up:  Monday through Friday
Analytic Time:  1 day

Normal Values:
Included with report
THIS TEST IS NOT INTENDED FOR THERAPEUTIC DRUG MONITORING.

Instructions/Remarks:
LAB:  Heparin plasma also acceptable.
REFERENCE LAB:
Mayo test code # 8681

Last Updated: 09/14/2006
CHOLESTEROL - MISC FLUID

Order Code: CHOLMF

Synonym(s):

Section: Chemistry

Specimen Requirement:

1 ml misc fluid

Minimum Collection Vol: 0.5 mL

Restrictions On Collection:

None

When Completed:

Same shift

Normal Values:

No normals available

Instructions/Remarks:

LAB: Centrifuge and aliquot if necessary, prior to testing.
Dilute lipemic samples prior to testing.
Room temperature or refrigerate up to 7 days.
Freeze for up to 3 months.

Last Updated: 01/25/2007

Connected to SCM Item: Cholesterol-Misc Fluid

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:
**CHOLESTEROL - TOTAL**

Order Code: CHOL

Synonym(s): 

Section: Chemistry

Tube Type: ltG-C

**Specimen Requirement:**

1 ml. plasma (light green top) 14 hour fasting

**Restrictions On Collection:**

None

**When Completed:**

Same shift

**Normal Values:**

Serum: 120-199 mg/dl
Desirable: <200 mg/dL
Borderline high: 201-239 mg/dl
High cholesterol: >240 mg/dL

**Instructions/Remarks:**

14-hour fasting sample preferred.
Serum acceptable.

LAB: Dilute lipemic samples. Separate specimen within 48 hours of collection. Room temperature or refrigerate up to 7 days. Freeze for up to 3 months.

**Last Updated:** 03/30/2006

**Connected to SCM Item:** Cholesterol, Total
CHOLINESTERASE SERUM  @NIC(Quest)(ONLY if physician request

Order Code:  Misc Lab Item
Synonym(s):
Section:  Reference
Tube Type:  Red-R
Specimen Requirement:  
1 ml serum (Red top, no gel)
Minimum Collection Vol:  3 mL
Minimum Aliquot Vol:  0.5 mL
Restrictions On Collection:

When Completed:  
Set up:  weekdays AM
Report out:  same day
Normal Values:  
Included with report
Instructions/Remarks:  
LAB:  
Send serum refrigerated.
REFERENCE LAB:  
Quest test code # 90371

Last Updated:  06/03/2014
Connected to SCM Item:
CHOLINESTERASE, PLASMA @NIC (Quest)(ONLY if physician req)

Order Code: Misc Lab Item
Synonym(s):
Section: Reference
Tube Type: Lv-R

Specimen Requirement:
Draw a 4ml lavender top (EDTA) tube.

Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:
None

When Completed:
Test set up: Monday through Friday am
Reported: Monday through Friday pm

Normal Values:
Included with report

Instructions/Remarks:
LABORATORY:
Send plasma refrigerated.
Hemolysis not acceptable.

REFERENCE LAB:
Quest test code # 90368

Last Updated: 06/03/2014

Connected to SCM Item:
CHOLINESTERASE, RBC & PLASMA  @NIC (Quest)

Order Code:  Misc Lab Item
Synonym(s):  Cholinesterase RBC
Section:  Reference
Tube Type:  Lv-R 2 tubes

Specimen Requirement:
Draw 2 - 4ml whole blood (lavender-top,tubes)
Must draw 2 tubes.

Minimum Collection Vol:  3 mL
Minimum Aliquot Vol:  

Restrictions On Collection:
None

When Completed:
Set Up Days:  Monday through Friday am
Reported:  Monday through Friday pm

Normal Values:
Included with report

Instructions/Remarks:
NOTE: For monitoring of insecticide poisoning

LAB:  TUBE 1: centrifuge, and send 1.0 ml plasma, refrigerated
TUBE 2: send 4 ml whole blood, refrigerated
Both are sent on same requisition.

REFERENCE LAB:
Quest test code # 90372
Hemolysis not acceptable.

Last Updated: 06/03/2014

Connected to SCM Item:
CHROMIUM, BLOOD OR RANDOM URINE @NIC

Order Code: Misc. Lab Item

Synonym(s):

Section: Reference

Tube Type:

Specimen Requirement:
- 1 mL plasma drawn in EDTA Royal Blue-top Monoject trace element tube
- or
- 2 mL (0.5 mL min.) random urine

Minimum Collection Vol:

Minimum Aliquot Vol:

Restrictions On Collection:
Prior to collection, call Laboratory at ext. 45618 to determine the best specimen type. Laboratory may contact Quest Diagnostics.

When Completed:
- Testing Performed: Thursday morning
- Analytic Time: 1 day

Normal Values:
- Included with report.

Instructions/Remarks:

LAB:
- Must use metal-free containers - verify with Reference department prior to collection and processing.

REFERENCE:
- Ship plasma or urine refrigerated
- Quest order code for Plasma: 3484X
- Quest order code for Random Urine: 11278X

Last Updated: 05/14/2013

Connected to SCM Item:
CHROMOGRANIN A  @NIC

Order Code:  CHRMG
Synonym(s):  Phenochromocytoma
Section:  Reference
Tube Type:  Red-R
Specimen Requirement:
1 ml serum (red top tube)
Minimum Collection Vol:  4 mL
Minimum Aliquot Vol:  0.3 mL
Restrictions On Collection:
None
When Completed:
Set Up Days:  Tuesday and Thursday
Reported:  Wednesday and Friday
Normal Values:
Included with report
Instructions/Remarks:
LAB:  Ship room temperature (ambient)
Plasma not acceptable.
REFERENCE LAB:
   Quest Diagnostics Nichols Institute
test code #: 16379
Last Updated:  11/20/2012
Connected to SCM Item:  Chromogranin A  @NIC
Chromogranin A @MYO *Backup only

Order Code: Misc Lab Item
Synonym(s): Phenochromocytoma
Section: Reference
Tube Type: Red-R
Specimen Requirement:
1 mL serum (Red top tube)
Minimum Collection Vol: 2 mL
Minimum Aliquot Vol: 0.5 mL
Restrictions On Collection:
None
When Completed:
Less than 3 days
Normal Values:
Included with report
Instructions/Remarks:
LAB:
Ship serum FROZEN.
REFERENCE LAB:
Mayo test code # CGAK
Last Updated: 08/27/2012
Connected to SCM Item:
LABORATORY MANUAL

CHROMOSOME ANALYSIS - AMNIOTIC @GZM (Genzyme Genetics)

Order Code: GENST

Synonym(s): Alpha-Fetoprotein-Amniotic, Chromosome Banding, Karyotyping, Cytogenetic studies, Genetic Studies

Section: Reference

Specimen Requirement:

* 40 ml. amniotic fluid in sterile container (2 orange-top conical tubes)
  Protect from light. Keep at room temperature.
  (* Vag Pool sample is equal to amniotic fluid)

Restrictions On Collection:

None

When Completed:

Phone report: 5-10 days
Final report: 21 days

Normal Values:

Included with report

Instructions/Remarks:

Test includes: Chromosome Analysis, Alpha-fetoprotein, Gestation Period.

LAB: Do NOT centrifuge. Protect from light.
  Keep specimen at room temperature only.
  Enclose patient information form submitted with specimen from Ultrasound.
  Specimen must be received at Genzyme Genetics Lab within 12 hours.
  Call Genzyme for Courier pick-up.

LAB: Note the follow processing of amniotic fluids for genetic studies to Genzyme.
  1) Ultrasound personnel will write the Patient's Medical Record number on the requisitions.
  2) Lab Assistant working the Reference area will need to verify agreement of patient's name and medical record number on specimens and requisitions.
  3) Lab Assistant will pull the back copies of the requisitions for ordering in computer later.
     Place specimen in bag for courier pickup.
  4) Hand write the patient's name and MR number on the Courier Log.
  5) Send specimens to Genzyme.
     Order codes: #100 and #300 AFAFP.
  6) Order in Misys when time allows. However, these orders MUST BE processed on the same day that specimens are submitted to Genzyme.
  7) Affix a Misys label over the handwritten name on the Courier Log. Technologist filing results will use this log to look up the accession numbers.
  8) Refer questions/suggestions to Chemistry supervisor.

SPECIFICALLY NOTE:
Multiple gestations (twins, triplets) require special attention when processing. Samples must be clearly labeled A, B, C etc. When separately ordering each specimen in Affinity, use priority Timed, and enter Start Times different by at least 20 minutes to prevent the lab computer system (SQ) from duping them out. Enter the defining letter A, B, C for each specimen in Comments. Clearly indicate defining letter on reference lab requisition.

Last Updated: 05/16/2006

Connected to SCM Item: Genetic Studies-Amniotic@GZM

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:
LABORATORY MANUAL

CHROMOSOME ANALYSIS - BLOOD @GNC (Genetics Ctr)-all BABIES

Order Code: Misc Lab Item
Synonym(s): Karyotyping, Cytogenetic Studies, Genetic Studies, Chromosome Banding
Section: Reference
Tube Type: GN-R

Specimen Requirement:
3 ml whole blood (large green SODIUM HEPARIN) ROOM TEMPERATURE

Restrictions on Collection:

When Completed:
Approximately 2 weeks

Normal Values:

Instructions/Remarks:
LAB: Blood specimens (2-3cc) should be collected in green top sodium heparin vacutainer tubes. Label the specimen with the patient's name and the date and time that the specimen was drawn. The specimen should be kept at room temperature.

Must include a diagnosis or indications. Call Nursery.

On Genetics Center requisition, use diagnosis code 759.83 for all patients of Dr. Robert Sears.

Call Genetics Center for immediate pick-up at 888-4-GENETIC
For weekend pick-up 714-997-3000 and request Dr Zadeh be paged.

Last Updated: 09/14/2006
CHROMOSOME ANALYSIS - BLOOD @GZM (Genzyme Genetics)

Order Code: Misc Lab Item

Synonym(s): Karyotyping, Cytogenetic Studies, Genetic Studies, Chromosome Banding

Section: Reference

Specimen Requirement:
Whole blood (green top tube, SODIUM heparin)
   Adult: 5-10 ml peripheral blood
   Child: 2-5 ml peripheral blood
   DO NOT REFRIGERATE! KEEP AT ROOM TEMPERATURE.

Restrictions On Collection:
None

When Completed:
5-10 days (Routine), 2-4 days (STAT)

Normal Values:
Interpretation given with report.

Instructions/Remarks:
For orders on all BABIES, instead order @GNC (Genetics Center).

All specimens sent to Genzyme MUST include a diagnosis--call nurse to obtain. Do not send specimen without it.

LAB: Call Genzyme for all specimen pickups.
   Routines: Specimens received after 11 pm may be held and Genzyme called first thing 6 A.M. of next day
   STATS: Call Genzyme for STAT pickup at 800-745-4363.

REFERENCE LAB:
   GZM order code # 120

Last Updated: 05/16/2006
CHROMOSOME ANALYSIS - BLOOD-HIGH RESOLUTION
@GZM(GenzymeGen)

Order Code: Misc Lab Item
Synonym(s): High Resolution Chromosome (karyotype), Karyotype High Resolution
Section: Reference

Specimen Requirement:
Whole blood (green top tube, SODIUM heparin)
- Adult: 5-10 ml
- Child: 2-5 ml
- Room temperature

Minimum Collection Vol: 2-5
Minimum Aliquot Vol: 2 mL

Restrictions On Collection:

When Completed:

Normal Values: Included with report

Instructions/Remarks:
LAB: All specimens sent to Genzyme MUST include a diagnosis -- call nurse to obtain. Do NOT send specimen without it.

Call Genzyme for all specimen pickups.

Routines: Specimens received after 11 p.m. may be held and Genzyme called first thing 6 a.m. of next day.
STATS: Call Genzyme for STAT pickup at 800-745-4363
Send at room temperature.

REFERENCE LAB:
Genzyme Genetics
order code: # 161

Last Updated: 05/16/2006
CHROMOSOME ANALYSIS - BONE MARROW  @CLR (Clarient Labs)

Order Code:  
Synonym(s):  Bone Marrow, Cytogenetic Studies, Genetic Studies  
Section:  Pathology  

Specimen Requirement:  
REQUISITION:  Surgical Pathology #8 / pink / PATHOLOGY  
1.0 - 2.0 ml bone marrow in green-top (SODIUM Heparin) tube.  
MIX WELL.  
Specimen should be kept at ROOM TEMPERATURE. Do NOT REFRIGERATE.  
Deliver to Lab STAT.

Restrictions On Collection:  
Monday thru Friday:  
Specimen should be received in the Pathology Laboratory  
between 7:00 am and 5:00 pm  
Saturday:  
Specimen should be received in the Pathology Laboratory  
between 7:00 am and 1:00 pm  
Sunday and after hours:  
Specimen should be received by Lab Central Processing

When Completed:  
6 - 8 days after receipt by Clarient Labs

Normal Values:  
Interpretation given with report

Instructions/Remarks:  
Include clinical information/diagnosis.  
The Clarient courier picks up daily Monday - Saturday  
and by request on Sunday.

Last Updated:  11/27/2007
CHROMOSOME ANALYSIS - InSight FISH @GZM (Genzyme Genetics)

Order Code: Misc Lab Item

Synonym(s): Chromosome Analysis, Genetic Studies, FISH Analysis, InSight

Section: Reference

Specimen Requirement:
10 ml. amniotic fluid in sterile container (2 orange-top conical tubes)
Protect from light. Keep at room temperature. Do not centrifuge.

Restrictions On Collection:
None

When Completed:
Phone report: 2 days
Final report: 7 days for chromosome analysis

Normal Values:
Included with report

Instructions/Remarks:
This testing usually requested in addition to "Chromosome Analysis - Amniotic @GZM" (#100).
Test gives rapid analysis of chromosomes 13, 18, 21, X and Y.

LAB: Call Genzyme for Courier pickup.

REFERENCE LAB:
GZM order code # 105 "InSight and Chromosome Analysis-Amnio"

Last Updated: 05/17/2006
CHROMOSOME ANALYSIS - PHILADELPHIA CHROMOSOME
@GZM( Genzyme.G )

Order Code: Misc Lab Item

Synonym(s): Philadelphia Chromosome

Section: Reference

Tube Type: *

Specimen Requirement:
* HEPARINIZED WHOLE BLOOD (green top SODIUM Heparin)
  Adult: 5-10 ml
  Child: 2-5 ml

Room temperature

Restrictions On Collection:
None

When Completed:
Five to 10 days

Normal Values:
Included in report

Instructions/Remarks:
LAB: Call Genzyme for specimen pickup. 1 800-745-4363.

REFERENCE LAB:
Genzyme Genetics
order code #120

Last Updated: 05/16/2006
CHROMOSOME ANALYSIS - TISSUE @GZM (Genzyme Genetics)

Order Code:

Synonym(s): Cytogenetic Studies, Genetic Studies, Karyotyping, Chromosome Banding, iProducts of Conception

Section: Pathology

Specimen Requirement:

DO NOT REFRIGERATE! KEEP AT ROOM TEMPERATURE.
Submit skin samples from stillborns or late miscarriages.
Submit entire specimen in early miscarriages. Early miscarriages have approximately 50% chance of successful culture because of contamination or death in utero. It is also helpful to submit a blood specimen (SODIUM HEPARIN) from the mother. Aseptic technique is required while obtaining sample. Clean area with alcohol only. DO NOT USE FIXATIVES (eg formaldehyde) OR FREEZING AGENTS. PLACE SPECIMEN IN CULTURE MEDIA OR ISOTONIC SOLUTION (sterile saline solution). Must have patient history.

Restrictions On Collection:

None

When Completed:

7-21 days

Normal Values:

Interpretation given with report.

Instructions/Remarks:

LAB: Genzyme order code # 180

WEEKDAYS: Call Genzyme for routine and STAT pickups at 1-800-745-4363
WEEKENDS/HOLIDAYS: Call Genzyme for all specimen pickups

SPECIAL INSTRUCTIONS:
A pathologist must select tissue samples to be sent for genetic testing, DO NOT SEND WITHOUT CONSENT OF PATHOLOGIST.
If a Pathologist is not available, place specimen in sterile saline to prevent from drying out. During weekends page On Call Pathologist for further instructions.
Refrigerate if specimen cannot be picked up within 24 hours. Do NOT freeze.

Last Updated: 05/16/2006
CHRONIC GRANULOMATOUS DISEASE (CGD) ASSAY, FC @FOC

Order Code: Misc Lab Item
Synonym(s): Nitroblue Tetrazolium Reduction Test, NBT
Section: Reference

Tube Type:

Specimen Requirement:
10 mL Heparinized blood only (SODIUM Heparin, green top). [minimum 7 mL]
Ship AMBIENT

* Normal control from healthy person to be drawn.

SPECIMENS ARE ACCEPTED UP TO 72 HOURS POST COLLECTION MONDAY THROUGH FRIDAY NOON.

Minimum Collection Vol: 7 mL
Minimum Aliquot Vol: 7 mL

Restrictions On Collection:
Should not be drawn Friday or Saturday.

When Completed:
Less than 5 days

Normal Values:
Included with report

Instructions/Remarks:
* Normal control to be drawn at same time as patient.
  Process and send with patient sample to MRL.

REFERENCE LAB:
Focus test code # 20474

Last Updated: 09/10/2012

Connected to SCM Item:
CHYMEX TEST

Order Code:

Synonym(s): PABA test, bentromide

Section:

Specimen Requirement:
THIS TEST IS NO LONGER AVAILABLE ANYWHERE. Manufacture of the Chymex drug needed to give patient is no longer made.

Restrictions On Collection:

When Completed:

Normal Values:

Instructions/Remarks:

Last Updated:
CIRCULATING ANTICOAG SCREEN

Order Code: CIRCAC

Synonym(s): Inhibitor, Factor inhibitor, Coagulation factor inhibitor

Section: Hematology-Coag

Tube Type: 2Blue

Specimen Requirement:
- Draw two 2.7 ml. whole blood (blue top tubes, citrate),
- Tubes MUST BE FULL

Minimum Collection Vol:

Minimum Aliquot Vol:

Restrictions On Collection:
None

When Completed:
Same day

Normal Values:
Circulating Anticoagulant NOT present if APTT is normal or corrected by mixing with normal plasma.

Instructions/Remarks:
Test only performed if APTT is prolonged.
LAB: Centrifuge and aliquot plasma to 2 plastic tube. Freeze.

Last Updated: 04/04/2013

Connected to SCM Item: Circulating Anticoag Screen
CJD SURVEILLANCE CENTER @NPD (CASE WESTERN RESERVE UNIV)

Order Code: Misc Lab Item

Synonym(s): Creutzfeldt-Jakob Disease, 14-3-3 Protein-CSF

Section: Reference

Specimen Requirement:
CSF fluid, frozen
Special requirements if submitting blood, tissue, blocks, urine, slides

Restrictions On Collection:

When Completed:

Normal Values:

Instructions/Remarks:
National Prion Disease Pathology Surveillance Center is supported by the CDC as a testing center, is CLIA certified and fully compliant with HIPPA regulations.

No charge to patient for testing. A handling/processing fee will be charged by Hoag Clinical Laboratory.

LAB:
CSF sample is shipped in a styrofoam container with sufficient dry ice (5 lbs/24 hrs). Also send a urine sample if available. A Test Request form can be printed from NPDPSC website, at http://www.cjdsurveillance.com/forms.html. Send a completed Test Request form with all samples. Include any clinical information available.

All specimens should be shipped using Federal Express. Specimens should be shipped Monday through Friday to avoid Saturday and holiday delivery. For tracking purposes, a copy of the Federal Express Airbill should be faxed (216-368-2546 or 216-368-4090) to the NPDPSC on the day of shipment.

Shipping containers and Federal Express account number are available upon request.

General questions related to shipping can be directed to the NPDPSC at 216-368-0587 or 216-368-0822.

Specific questions related to completing the Federal Express Airbill should be directed to Federal Express at 1-800-463-3339 or http://www.fedex.com.

Ship to:
National Prion Disease Pathology Surveillance Center
Institute of Pathology
Case Western Reserve University
2085 Adelbert Road, Room 418
Cleveland, Ohio 44106
Tel. 216-368-0587.

Last Updated: 04/23/2008
CK

Order Code: CK

Synonym(s): CPK, Creatine Phosphokinase

Section: Chemistry

Tube Type: ltG-C

Specimen Requirement:
1 ml. Heparinized plasma (light green top tube)

Restrictions On Collection:
None

When Completed:
Same shift

Normal Values:
55 - 170 U/L (male)
30 - 135 U/L (female)

Instructions/Remarks:
LAB: Serum acceptable. Grossly hemolyzed specimens should not be used. Separate specimen within 4 hours of collection. Room temperature up to 4 hours. Refrigerate up to 5 days. Freeze up to 1 month.

Last Updated: 08/15/2003

Connected to SCM Item: CK Total
CK + CKMB (if CK elevated)

Order Code: CKISO
Synonym(s): CK ISOS, CKMB, MB
Section: Chemistry
Tube Type: ltG-C

Specimen Requirement:
1.5 ml. heparinized plasma (light green top tube) for CK and CKMB

Restrictions On Collection:
None

When Completed:
Within 4 hours

Normal Values:

CK: 55 - 170 U/L (male)
     30 - 135 U/L (female)
CKMB: 0.0 - 2.4 ng/ml
Relative Index: 0.0 - 2.1 (male)
              0.0 - 2.7 (female)

Instructions/Remarks:
Includes Total CK.
CKMB will be run if total CK is greater than 2/3 the upper limit of normal. (male >113, female >90)

Last Updated: 12/21/2006

Connected to SCM Item: CK+MB (If CK Elevated)
CK + CKMB (includes MB) also for low muscle mass patient

Order Code: MBSGL

Synonym(s): CPK Isoenzymes, CK ISOS, CKMB, MB

Section: Chemistry

Tube Type: ltG-C

Specimen Requirement:
1.5 ml. heparinized plasma (light green top tube) for CK and CKMB

Restrictions On Collection:
None

When Completed:
within 4 hours

Normal Values:

CK:
55 - 170 U/L (male)
30 - 135 U/L (female)

CK-MB:
0.0 - 2.4 ng/ml

Relative index:
0.0 - 2.1 (male)
0.0 - 2.7 (female)

Instructions/Remarks:
Includes Total CK with CK-MB (regardless of CK level) and Relative Index.
Also ordered for patients with low muscle mass.

Last Updated: 12/21/2006

Connected to SCM Item: CK+MB (MB regardless of CK level)
CK + STAT CKMB (if CK elevated)

Order Code: CKISOS

Synonym(s): CK ISOS, CKMB, MB

Section: Chemistry

Tube Type: ltG-C

Specimen Requirement:
1.5 ml. heparinized plasma (light green top tube) for CK and CKMB

Restrictions On Collection:
None

When Completed:
CKMB will be run STAT if total CK is elevated.

Normal Values:
- CK: 55 - 170 U/L (male)
  30 - 135 U/L (female)
- CK-MB: 0.0 - 2.4 ng/ml
- Relative Index: 0 - 2.1 (male)
  0 - 2.7 (female)

Instructions/Remarks:
Includes total CK.
CKMB will be run STAT if total CK is greater than 2/3 the upper limit of normal. (male >113, female >90)

Last Updated: 08/15/2003

Connected to SCM Item: CK+Stat MB (If CK Elevated)
CLO TEST

Order Code:  CLO

Synonym(s):

Section:  Microbiology

Specimen Requirement:
CLO test kits and instructions may be obtained from Microbiology, x5625

Restrictions On Collection:

When Completed:
24 hours

Normal Values:

Instructions/Remarks:

Last Updated: 01/22/2001

Connected to SCM Item:  CLO Test For Helicobacter pylori

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:

Circle if appropriate:  Right  Left
Wound specimens:  Deep  Superficial

PREP INSTRUCTION:
(1) MICROBIOLOGY: Collect specimen in sterile, tightly capped container. Transport to LAB immediately. Specimens over 1 hour old, or leaking, will require recollection.

(2) If using a swab for collection- aerobic (routine) - Red topped  - anaerobic- Blue topped
CLOMIPRAMINE @NIC

Order Code: Misc Lab Item
Synonym(s): Anafranil
Section: Reference
Tube Type: Red-R

Specimen Requirement:
- 3 ml Serum preferred, plasma acceptable (dk.green or lavender)
- DO NOT use gel barrier tubes.

Minimum Collection Vol: 7 ml
Minimum Aliquot Vol: 1.5 ml

Restrictions On Collection:
- Optimum time to collect sample: 10-14 hours post oral dose

When Completed:
- Set up 5 days a week
- Reports in 3-4 days

Normal Values:
- Included in report

Instructions/Remarks:
LAB:
- Send serum refrigerated.

REFERENCE LAB:
- Quest order code: 66605N

Last Updated: 03/15/2012

Connected to SCM Item:
CLONAZEPAM, SERUM  @MYO

Order Code:  Misc Lab Item
Synonym(s):  Konipin, Clonopin
Section:  Reference
Tube Type:  RED-R

Specimen Requirement:
- 2.5 ml of serum (red top tube)
- Gold SST tube not acceptable

Minimum Collection Vol:
Minimum Aliquot Vol:  2.0 ml

Restrictions On Collection:

When Completed:  Less than 7 days
Normal Values:  Included with report

Instructions/Remarks:
- Specimen is forwarded to Mayo Medical Laboratories, New England for testing.
- LAB: Plain red top tube serum. Serum gel tube is NOT acceptable.
  Send 2.5 ml serum refrigerated.

REFERENCE LAB:
- Mayo Laboratory
  test code # CLONS

Last Updated: 06/03/2014

Connected to SCM Item:
CLOSTRIDIUM DIFFICILE CULTURE WITH REFLEX TO TOXIN @NIC (LAB ONLY)

Order Code: CDCULF
Synonym(s):
Section: Microbiology
Tube Type: Specimen

Specimen Requirement:
Fresh diarrheic (watery, loose or unformed) stool specimen (not over one hour old) in clean dry container. Bring specimen to Microbiology Lab IMMEDIATELY upon collection.
Freeze specimen for transport.
Formed stools will not be tested.

Minimum Collection Vol: 5 mL
Minimum Aliquot Vol: 1 mL

Restrictions On Collection:
Specimens over 1 hour old will not be accepted.

When Completed:
4 - 6 days

Normal Values:
Negative

Instructions/Remarks:
May reflex to additional testing: C.Difficile Toxin A and B @NIC (SQ code: CDAI at an additional charge to patient.

REFERENCE LAB:
Ship Stool FROZEN
Quest test code # 15386

Last Updated: 05/10/2013

Connected to SCM Item: C. Difficile Culture at NIC
Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:

Circle if appropriate: Right Left
Wound specimens: Deep Superficial

PREP INSTRUCTION:
(1) MICROBIOLOGY: Collect specimen in sterile, tightly capped container. Transport to LAB immediately. Specimens over 1 hour old, or leaking, will require recollection.

(2) If using a swab for collection- aerobic (routine) - Red topped - anaerobic- Blue topped
CLOSTRIDIUM DIFFICILE CYTOTOXIN AB. @FOC

Order Code: Misc Lab Item
Synonym(s): C. difficile Ab
Section: Reference
Tube Type: Red-R

Specimen Requirement:
1 ml serum (red top tube) -- (minimum 1 ml)

Minimum Collection Vol:
Minimum Aliquot Vol:
Restrictions On Collection: None

When Completed:

Normal Values:
Included with report

Instructions/Remarks:
LAB: Send refrigerated.

REFERENCE LAB:
Focus test code # 81055

Last Updated: 01/04/2011

Connected to SCM Item:
CLOSTRIDIUM DIFFICILE DNA AND TOXIN B RT PCR @FOC (LAB ONLY)

Order Code: Misc Lab Item
Synonym(s):
Section: Microbiology
Tube Type:

Specimen Requirement:
Fresh diarrheic (watery, loose or unformed) stool specimen (not over one hour old) in clean dry container.
Bring specimen to Microbiology Lab IMMEDIATELY upon collection.
Freeze specimen for transport.
Formed stools will not be tested.

Minimum Collection Vol: 1 mL
Minimum Aliquot Vol:

Restrictions On Collection:
Specimens over 1 hour old will not be accepted.

When Completed:
1 - 3 days

Normal Values:
Negative

Instructions/Remarks:
This test will be reflex added by the Microbiology Lab to all specimens that have a screening result of "C. difficile antigen positive and C. difficile toxin negative".

LAB:
Order SQ test code CDDNA.

REFERENCE LAB:
Focus code 81435
Transport frozen.

Last Updated: 01/04/2011

Connected to SCM Item:
CLOSTRIDIUM DIFFICILE TOXIN B DETECTION @FOC (LAB ONLY)

Order Code: Misc Lab Item

Synonym(s):

Section: Microbiology

Tube Type:

Specimen Requirement:
Fresh diarrheic (watery, loose or unformed) stool specimen (not over one hour old) in clean dry container. Bring specimen to Microbiology Lab IMMEDIATELY upon collection. Freeze specimen for transport. Formed stools will not be tested.

Minimum Collection Vol: 2 - 5 mL

Minimum Aliquot Vol:

Restrictions On Collection:
Specimens over 1 hour old will not be accepted.

When Completed:
2 - 3 days

Normal Values:
Negative

Instructions/Remarks:
LAB:
Order SQ test code CDTB

REFERENCE LAB:
Focus code 81050
Transport frozen.

Last Updated: 01/04/2011

Connected to SCM Item:
CMV AB, IGG, IGM @NIC

Order Code: CMVGMN

Synonym(s): CMV, CYTOMEGALOVIRUS

Section: Reference

Tube Type: Red5

Specimen Requirement:
1 mL serum (draw 1 red top tube)
SST gold top acceptable

Minimum Collection Vol: 3 mL

Minimum Aliquot Vol: 0.4 mL

Restrictions On Collection:
None

When Completed:
Testing set-up Monday, Wednesday, Friday
Analytic time of 2-5 days

Normal Values:
Included with report

Instructions/Remarks:
Lab: Allow specimen to clot at room temperature and then centrifuge Separate serum from cells as soon as possible
Reference lab: Reject if: grossly hemolyzed or lipemic
Ship samples refrigerated (preferred)

NIC test code # 6732

Last Updated: 09/30/2013

Connected to SCM Item: CMV Abs IGG and IGM at NIC
CMV DNA QUALITATIVE REAL-TIME PCR, BLOOD @NIC

Order Code: CMVDQL

Synonym(s):

Section: Reference

Tube Type: Lav3

Specimen Requirement:
1 mL EDTA whole blood (draw 1 FULL lavender top tube)

Minimum Collection Vol: 1 mL

Minimum Aliquot Vol: 0.3 mL

Restrictions On Collection:
None

When Completed:
Testing is set-up 7 days a week

Performing lab:
Focus Diagnostics, Inc.
5785 Corporate Ave.
Cypress, CA 90630

Normal Values:
Included with report

Instructions/Remarks:
Reference Lab:
Whole Blood: Ship in original vacutainer. Store refrigerated
NOTE: EDTAWB (EDTA whole blood) is sent to Quest via the
interface. Correct source is required.

Ship samples refrigerated.

NIC test code # 10601X

Last Updated: 12/11/2012

Connected to SCM Item: CMV DNA Qual PCR Blood at NIC
CMV DNA, QUANTITATIVE PCR @NIC

Order Code: CMVDQT

Synonym(s): CYTOMEGALOVIRUS Quant, RT PCR, REAL-TIME

Section: Reference

Tube Type: Lav3

Specimen Requirement:
1 mL EDTA whole blood (draw 1 FULL lavender top tube)

Minimum Collection Vol: 1 mL

Minimum Aliquot Vol: 0.3

Restrictions On Collection:
None

When Completed:
Performed at Focus Diagnostics
Testing set-up 7 days a week
Analytic time of 1 day

Normal Values:
Included with report

Instructions/Remarks:
Reference Lab: Whole Blood: Ship in original vacutainer. Store refrigerated
NOTE: EDTAWB (EDTA whole blood) is sent to Quest via the interface. Correct source is required.

Ship samples refrigerated.

NIC test code # 10600X

Last Updated: 12/17/2012

Connected to SCM Item: CMV DNA Quant PCR Blood at NIC
COAGULATION SCREEN (items vary)

Order Code:

Synonym(s):

Section: Hematology-Coag

Tube Type:

Specimen Requirement:

4.5 ml. whole blood (blue top tube, citrate) PLUS
2.5 ml. whole blood (lavender top tube, EDTA)

Minimum Collection Vol:

Minimum Aliquot Vol:

Restrictions On Collection:

None

When Completed:

Same day

Normal Values:

See individual items ordered.

Instructions/Remarks:

Suggested items in a Coag Screen: APTT and Platelet Count.
Physician orders may vary.
Order items individually in SCM or Sunquest.

Last Updated: 02/20/2009

Connected to SCM Item:
COBALT, BLOOD OR RANDOM URINE @NIC

Order Code: Misc. Lab Item

Synonym(s):

Section: Reference

Tube Type:

Specimen Requirement:
4 mL whole blood in an Royal blue-top (EDTA-purple label) tube (2 mL minimum)
or
7 mL random urine in a metal-free container (3 mL minimum)

Minimum Collection Vol:

Minimum Aliquot Vol:

Restrictions On Collection:
For blood draws: Patient should refrain from taking supplements, vitamin B12, or Vitamin B complex 3 days prior to specimen collection.

When Completed:
Testing is set-up Monday - Friday
Blood: Results available 6-7 days
Urine: Results available 2-3 days

Normal Values:
Included with report

Instructions/Remarks:
To avoid contamination, use powderless gloves.
Lab: Send sample (urine or blood) refrigerated.

Reference:
Quest Order Code for Serum: 35417
Quest Order Code for Random Urine: 37513

Last Updated: 12/06/2013

Connected to SCM Item:
COCAINE DRUG SCREEN CONFIRMATION BY GCMS @UCI

Order Code: Misc Lab Item
Synonym(s):
Section: Reference

Specimen Requirement:
- 25 ml randomn urine (6 ml infants)
- 6 ml required for EACH drug sent for confirmation

Minimum Collection Vol: 6 mL
Minimum Aliquot Vol: 6 mL

Restrictions On Collection:
None

When Completed:
If the sample is received by UCI between the hours of 7:00am and 7:00pm, Monday through Friday, the confirmation will be available in 2 to 6 hours.
On weekends and holidays, the sample should arrive at UCI by 5:00pm.
The turnaround times for results will vary depending upon the drug being confirmed and the methodology used.
Upon completion, the test results will be called and/or faxed to our facility as indicated on the requisition.

Normal Values:
Included with report

Instructions/Remarks:
LAB: Enter a STAT wildcard order to UCI for confirmation of the positive drug(s) only. Do not reorder an entire screen.
Call courier Stat, 456-6575 (except on third shift call the Chemistry Department at UCI, 456-5507).
Sample requirement for UCI is 6 mL for each drug which requires confirmation.

If there is less than 6 mL sample left after our screening procedure, call nursery immediately and request more sample. If the nursery is unable to collect any more sample, send whatever specimen is left if that amount is at least one mL. If the drug is present in high concentration, less sample might be used for accurate results. Because the drugs clear from the body at varying rates, samples which are collected near delivery or soon after will most accurately reflect mother's drug use. Therefore, it is important to notify nursery promptly when more sample is needed, and follow-up.

Last Updated: 09/14/2006
COCCIDIOIDES AB, CF AND ID, CSF @NIC

Order Code: COCSFN
Synonym(s): Complement Fixation, Immunodiffusion
Section: Reference
Tube Type: CSF4
Specimen Requirement:
1 mL CSF (min 0.3), MAINTAIN STERILITY
Minimum Collection Vol: 1 mL
Minimum Aliquot Vol: 0.3 mL
Restrictions On Collection:
None
When Completed:
Testing is set-up Monday-Friday
Analytical time of 2-5 days
Testing performed by Focus Diagnostics, Inc.
Normal Values:
Included with report
Instructions/Remarks:
Reference lab: Maintain STERILITY. Aliquot into sterile urine container.
Use sterile pipettes.
Send CSF refrigerated
Quest test code # 18874
Last Updated: 05/01/2013
Connected to SCM Item: Coccidioides Ab CF ID CSF at NIC
Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:
Date Specimen Collected:
Time Specimen Collected:
Collected by:
COCCIDIOIDES ANTIBODY, CF AND ID, SERUM @NIC

Order Code: COCCIC
Synonym(s): 
Section: Reference
Tube Type: Red5
Specimen Requirement:
- 1 mL serum (draw 1 red top tube)
- SST gold top also acceptable
Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 0.3 mL
Restrictions On Collection: None
When Completed:
Testing forwarded to Focus Diagnostics.
Test performed 5 days a week.
Analytic time of 4 to 7 days
Normal Values: Included with Report
Instructions/Remarks:
Reference Lab: Ship Room Temperature (preferred)
NIC test code # 15240X
Last Updated: 01/25/2013
Connected to SCM Item: Coccidioides Ab CF ID serum at NIC
COCCIDIODES-LATEX AGGLUTINATION

Order Code: COCC

Synonym(s):

Section: Serology-Specia

Tube Type: Red

Specimen Requirement: 1.0 ml. serum (red top tube) no gel

Minimum Collection Vol:

Minimum Aliquot Vol:

Restrictions On Collection: None

When Completed: Same day

Normal Values: Negative

Instructions/Remarks:

If physician orders "Coccidioides" without specifying which test(s) -- order Coccidioides-Latex Agglutination.

LAB: Aliquot serum into a plastic vial and place in the Serology rack in the Reference freezer.

Last Updated: 06/05/2010

Connected to SCM Item: Coccidioides-Latex Agg *p
COENZYME Q10, REDUCED & TOTAL @MYO

Order Code: Misc Lab Item

Synonym(s): CoQ10, Q10

Section: Reference

Tube Type: CALLAB

Specimen Requirement:
0.5 mL plasma (green top SODIUM heparin) on wet ice

Minimum Collection Vol: 0.6 mL
Minimum Aliquot Vol: 0.1 mL

Restrictions On Collection:
Patient should be fasting 8 hours

When Completed:
Test performed: Tuesday - Thursday
Analytic time: 3 days
Turnaround time: 5-7 days

Normal Values:
Included with report

Instructions/Remarks:
LAB: Maintain collection tube on wet ice, process within 3 hours of draw.
Spin down and immediately FREEZE plasma.

REFERENCE LAB:
MYO # Q10

Last Updated: 03/06/2012

Connected to SCM Item:
Cold Agglutinin (Discontinued 1-25-11 - See alternate testing in Special Instructions)

Order Code:

Synonym(s):

Section:  Ref,Hem,U,BBank

Tube Type:

Specimen Requirement:
Draw requirements vary depending on alternate testing.

Minimum Collection Vol:

Minimum Aliquot Vol:

Restrictions On Collection:

When Completed:

Normal Values:

Instructions/Remarks:
Cold Agglutinin testing is no longer available.
2 alternate choices are suggested.
Must confirm diagnosis with ordering physician before placing order.

If testing to Diagnose/Rule Out Cold Hemagglutinin Disease, order:
RED CELL HEMOLYTIC PANEL order set in SCM
which includes the following testing:
Direct and Indirect Coombs (DIRIND)
Haptoglobin (HAPTO)
CBC with Manual Diff (CBCMD)
Reticulocyte Count (RETC)
Bilirubin (BILI)
LD Total (LD)
Urinalysis (UA1)

If testing to Diagnose/Rule Out Mycoplasma Pneumoniae Infection, order:
MYCOLPLASMA PNEUMONIAE (IgG and IgM) @MYO (MYCO)

LABORATORY:
For orders for Cold Agglutinin Titer, contact ordering physician and
notify that the test is no longer available. To assist in determining
the reason for the order, provide the alternate testing information (above).
If additional assistance is required, they may contact Dr. Arell Shapiro
directly.

Last Updated: 02/16/2011

Connected to SCM Item:
COLLAGEN CROSS-LINKED NTx, 24 HOUR URINE @NIC (N-TELOPEPTIDE)

Order Code: Misc Lab Item
Synonym(s): N-Telopeptide, NTx
Section: Reference

Tube Type:

Specimen Requirement:
1 mL from a 24 hour urine collection
Discard the first morning void, then collect for 24 hours.
Addition of a preservative UNACCEPTABLE. Keep refrigerated.

Minimum Collection Vol: 1 mL
Minimum Aliquot Vol:
Restrictions On Collection:
None

When Completed:
Testing set up 3 days per week
Reports in 2-5 days

Normal Values:
Included with report

Instructions/Remarks:
LAB: Mix well. Record total volume.
Addition of preservative UNACCEPTABLE.
Aliquot and ship refrigerated.

NIC test code # 36421

Last Updated: 08/15/2014

Connected to SCM Item:
COLLAGEN CROSS-LINKED NTx, RANDOM URINE @NIC (N-TELOPEPTIDE)

Order Code: NTXUR
Synonym(s): N-Telopeptide, NTx
Section: Reference
Tube Type:
Specimen Requirement:
  2 mL random urine with no preservative
  If collecting in the AM, use second morning void urine.
  Addition of a preservative UNACCEPTABLE
Minimum Collection Vol: 1 mL
Minimum Aliquot Vol:
Restrictions On Collection:
  None
When Completed:
  Testing completed 4 days a week
  Analytic time of 2-5 days
Normal Values:
  Included with report
Instructions/Remarks:
  Lab: Mix well before aliquoting
  Addition of preservative UNACCEPTABLE.
  Ship urine samples refrigerated (preferred)
  NIC test code # 36167X
Last Updated: 08/15/2014
Connected to SCM Item: Collagen Cr Link Ntelop Ur at NIC
COLLAGEN TYPE I CTx, BLOOD @NIC (C-TELOPEPTIDE)

Order Code: CTXN
Synonym(s): C-Telopeptide, CTx, Osteomark
Section: Reference
Tube Type: Red-R

Specimen Requirement:
1 mL serum (red top tube). SST tube not acceptable.

Minimum Collection Vol: 2 mL
Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:
Morning collection 8-10 am
Minimum fasting required is 12 hours

When Completed:
Reports 3-4 days

Normal Values:
Included with report

Instructions/Remarks:
LAB: Reject due to lipemia.
Allow to clot 10-15 minutes prior to centrifugation.
Freeze serum as soon as possible.

REFERENCE LAB:
Quest order # 17406

Last Updated: 01/10/2013

Connected to SCM Item: CTx C-Teolpeptide (Collagen Type I) @NIC
COLON BRUSHINGS for CYTOLOGY

Order Code:

Synonym(s):

Section: Cytology

Specimen Requirement:
This specimen is collected in the G.I. Lab as part of the Colonoscopy procedure.

Restrictions On Collection:
As scheduled by G.I. Lab. Test performed Monday - Saturday, days.

When Completed:
Within 24 hours

Normal Values:
Negative for malignant cells.

Instructions/Remarks:
All brushing smears must be labelled with the patient's name in pencil on the frosted end of the slide. DO NOT USE INK. Label the slides before the procedure begins, to avoid air-drying.

Last Updated: 05/21/2004
COLORADO TICK FEVER ANTIBODY, IFA  @FOC

Order Code:  Misc Lab Item

Synonym(s):  

Section:  Reference

Tube Type:  Red-R

Specimen Requirement:  
1ml serum (minimum 0.25ml)

Minimum Collection Vol:  2 mL

Minimum Aliquot Vol:  0.25 mL

Restrictions On Collection:  
None

When Completed:

Normal Values:  
Included with report

Instructions/Remarks:  

REFERENCE LAB:  
Focus test code # 40300

Last Updated: 09/10/2012

Connected to SCM Item:
COMPLEMENT, TOTAL @NIC

Order Code: CH50N

Synonym(s): Total Complement, CH50

Section: Reference

Tube Type: Red5

Specimen Requirement:
- 1 mL serum (draw 1 red top tube)
- SST gold top acceptable

Minimum Collection Vol: 3 mL

Minimum Aliquot Vol: 0.2 mL

Restrictions On Collection:
None

When Completed:
- Testing set-up 5 days a week
- Analytic time of 3-4 days

Normal Values:
Included with report

Instructions/Remarks:
Reference lab: Ship sample FROZEN ONLY

NIC test code # 618

Last Updated: 12/17/2012

Connected to SCM Item: Complement Total at NIC
COMPLETE CADASIL EVALUATION  @GEN (Athena)

Order Code:  Misc Lab Item
Synonym(s):  Cadasil Eval
Section:  Reference
Tube Type:  LAV
Specimen Requirement:  10 mL whole blood (lavender top EDTA)
Restrictions On Collection:  None
When Completed:  Test set up: Sunday, Monday
                   Testing turnaround time: 21-28 days
Normal Values:  Included with report
Instructions/Remarks:
   LAB:  Send whole blood refrigerated
   REFERENCE LAB:
   Code # 421
   Athena Diagnostics may be reached at (800) 394-4493

Last Updated: 12/20/2005
COMPREHENSIVE DRUGS (BLD&UR) QNT @UCI [COMAD] (Order Set)

Order Code: 

Synonym(s): Drugs-Blood+Urine

Section: Reference

Tube Type:

Specimen Requirement:
6 ml serum (red top tube, no additive or gel) PLUS
75 ml urine

*also avail: 15 ml gastric contents-see below how to order

Minimum Collection Vol: 

Minimum Aliquot Vol: 

Restrictions On Collection:
None

When Completed:
Less than 24 hours (available STAT); UCI analysis time 3 hours

Normal Values:
Included with report

Instructions/Remarks:
For use in suspected drug overdose situations. Drugs will be identified and confirmed. Only specific drugs are quantitated if found to be present in the blood. Upon separate request, blood quantitation of selected drugs may be obtained.

The following classes of drugs are tested for when blood and urine submitted:
- Amphetamines
- Analgesics
- Antidepressants
- Antihistamines
- Barbiturates
- Benzodiazepines
- Cardiacs
- Narcotics
- Phenothiazines
- Sedative/Hypnotics

Miscellaneous Agents to include: Cocaine, Dextromethorphan, Ethanol, Phencyclidine (PCP), Phentermine, Strychnine, THC (Marijuana), Paroxetine, Olanzapine, Quetiapine, Venlafaxine, Tramadol, Nefazopon, Verapamil, Loxapine, Sertraline, Oxcarbazepine, Bupropion, Fluoxetine, Citalopram, MDA, MDMA (Ecstasy), MDEA

* Note:
For drug testing on gastric contents, order as MISC LAB-OTHER. Specimen requirement 15 ml fluid.

LAB: Use one UCI requisition for both accesses # (DRGB,DRGU).

If SCM is down, order in SUNQUEST:
(DRGB) COMPREHENSIVE DRUGS-BLD @UCI, and
(DRGU) COMPREHENSIVE DRUGS-UR @UCI

IMPORTANT: If ONLY SERUM received in Lab, instead order as Wildcard "DRUG SCREEN, SERUM @UCI", UCI code SERDS. This is a comprehensive screen when blood-only received.

IMPORTANT: If ONLY URINE received in Lab, instead order as Wildcard "DRUG SCREEN COMPREHENSIVE, URINE @UCI", UCI code UDS. This is a comprehensive screen when urine-only collected.

REFERENCE LAB:
UCI order code # COMAD
COMPREHENSIVE METABOLIC PANEL

Order Code: CMPAN
Synonym(s): CMP, Complete Metabolic Panel, Metabolic Panel-Comprehensive
Section: Chemistry
Tube Type: ltG-C
Specimen Requirement:
1 ml. plasma (light green top tube, lithium heparin)
Minimum Collection Vol: 1.0 mL
Minimum Aliquot Vol: 0.5 mL
Restrictions On Collection: None
When Completed: Same shift
Normal Values: See individual tests
Instructions/Remarks:
Panel includes:
- Sodium, Potassium, Chloride, CO2, Glucose, Creatinine,
- BUN, Calcium, Total Protein, Albumin, A/G Ratio, AST/SGOT,
- ALT/SGPT, Alkaline Phosphatase, Total Bilirubin, Conjugated Bilirubin, estimated GFR

LAB: Serum acceptable.

Last Updated: 03/06/2006
Connected to SCM Item: Comprehensive Metabolic Panel
CONNECTIVE TISSUE DISEASE CASCADE  @MYO

Order Code: Misc Lab Item
Synonym(s):
Section: Reference
Tube Type: Gold-R

Specimen Requirement:
2 mL serum (gold top SST tube)

Minimum Collection Vol: 4 mL
Minimum Aliquot Vol: 0.8 mL

Restrictions On Collection:
None

When Completed:
Test set up: Monday-Friday, Sunday
Analytic Time: 3 days

Normal Values:
Included with report

Instructions/Remarks:
Initial testing includes:
Antinuclear Ab, S
Cyclic Citrullinated Peptide Ab, S

Reflex testing might include the following, at an additional charge:
DNA Double-Stranded Ab, IgG, S
Ab to Extractable Nuclear Ag, Reflex
Autoantibodies to SS-A/Ro, S
Autoantibodies to SS-B/La, S
Autoantibodies to Sm, S
Autoantibodies to U1RNP, S
Autoantibodies to Scl 70, S
Autoantibodies to Jo 1, S
ANA2 Cascade

LAB: Send refrigerated.
Hemolysis (pink) okay, (reject if red).
Mild lipemia okay.

REFERENCE LAB:
Mayo test code # CTDC

Last Updated: 03/06/2012

Connected to SCM Item:
COPPER, SERUM   @NIC (Quest)

Order Code:  CU
Synonym(s):  CU
Section:  Reference
Tube Type:  RYbluRd

Specimen Requirement:
2 ml serum (Royal Blue top Trace Metal collection tube, No additive)
Plain red top tube NOT acceptable

Minimum Collection Vol:  5 mL
Minimum Aliquot Vol:  0.5 mL

Restrictions On Collection:
Patient should refrain from taking vitamins, mineral or herbal supplements at least one week prior to draw

When Completed:
Less than 4 days

Normal Values:
Included with report

Instructions/Remarks:
LAB:  Centrifuge. Pour (do not pipette) serum into Quest plastic transfer vial (in drawer) labeled "Trace Element and Metal-Free Vial" with RED label. Do not use other vials. Send room temperature (ambient). Reject due to hemolysis.

REFERENCE LAB:
NIC (Quest)
test code # 363

Last Updated: 09/11/2014

Connected to SCM Item:  Copper  @NIC
COPPER-24HR URINE @NIC (Quest)

Order Code: Misc Lab Item
Synonym(s): CU
Section: Reference
Tube Type:
Specimen Requirement: 24-hour specimen collected
Minimum Collection Vol:
Minimum Aliquot Vol:
Restrictions On Collection: None
When Completed: Less than 5 days
Normal Values: Included with report

Instructions/Remarks:
LAB: No preservative required.
    Mix well.
    Measure and record total volume. Send 25 ml. aliquot.
    Ship room temperature.

REFERENCE LAB:
Quest Diagnostics Nichols Institute
    test code #: 365

Last Updated: 05/16/2011

Connected to SCM Item:
CORD BLOOD EVALUATION

Order Code: CBEV

Synonym(s):

Section: Blood Bank

Tube Type: 1R+Pk-B

Specimen Requirement:
3 whole blood (pink or lavender top tube, EDTA) PLUS
3 ml. clotted blood (plain red top tube, no gel)

Minimum Collection Vol: 3 mL

Minimum Aliquot Vol: 1 mL

Restrictions On Collection:
Must be cord blood sample. For Heelstick samples, order Blood Type (BT) and Direct Coombs (DAT).

When Completed:
Within 4 hours of receipt.

Normal Values:
Direct Coombs negative.

Instructions/Remarks:
Eluate and cord bilirubin performed when Direct Coombs test is positive.

Last Updated: 02/09/2007

Connected to SCM Item: Cord Blood Evaluation
CORD BLOOD HOLD

Order Code: CBHOLD

Synonym(s):

Section: Chemistry

Tube Type: 1R+Pk-C

Specimen Requirement:
3 ml. whole blood (pink or lavender top tube, EDTA), PLUS
3 ml. clotted blood (plain red top tube, no gel)

Minimum Collection Vol: 3 mL

Restrictions On Collection:
Must be a Cord Sample

When Completed:

Normal Values:

Instructions/Remarks:
Specimens are held for two weeks. During this period they are available for testing purposes.

Last Updated: 02/09/2007

Connected to SCM Item: Cord Blood Hold
CORTISOL (AM, PM, RANDOM)

Order Code:   CORTS

Synonym(s):

Section:     Chemistry

Tube Type:   Gold

Specimen Requirement:
1 mL serum (gold top SST tube)

Minimum Collection Vol:   3 mL
Minimum Aliquot Vol:      1 mL

Restrictions On Collection:
None

When Completed:
Same shift

Normal Values:
Before 10 AM:   4.5 - 22.7 mcg/dL
After 5 PM:     1.7 - 14.1 mcg/dL

Instructions/Remarks:

Last Updated:   06/05/2010

Connected to SCM Item:   Cortisol
CORTISOL BINDING GLOBULIN (Transcortin) @NIC

Order Code: CBG
Synonym(s): Transcortin
Section: Reference
Tube Type: Red-R

Specimen Requirement:
- 0.5 ml serum (Red top tube, no gel)
- Gold SST tube not acceptable

Minimum Collection Vol: 2 mL
Minimum Aliquot Vol: 0.2 mL

Restrictions On Collection:
None

When Completed:
Test set up at Esoterix Tuesday and Thursday
Results available in 4-9 days

Normal Values:
Included with report

Instructions/Remarks:
LAB: Ship serum frozen.

REFERENCE LAB:
- Quest order code #13615L
- Testing is forwarded to Esoterix Laboratory Services

Last Updated: 08/19/2014

Connected to SCM Item: Cortisol Binding Globulin @NIC
CORTISOL, FREE @NIC

Order Code: CORTF
Synonym(s): Free Cortisol
Section: Reference
Tube Type: RED-R
Specimen Requirement:
   2 ml serum (red top tube, no additive) PREFERRED
Minimum Collection Vol: 5 mL
Minimum Aliquot Vol: 0.7 mL
Restrictions On Collection:
   None
When Completed:
   Test set up: 2 days a week
   Analytic time: 2 days
Normal Values:
   Included with report
Instructions/Remarks:
   Grossly hemolyzed specimens unacceptable.
   Plasma also acceptable - EDTA and Sodium Heparin.
   LAB: Send refrigerated.
   REFERENCE LAB:
   NIC test code # 36423X
Last Updated: 09/17/2012
Connected to SCM Item: Cortisol, Free, Serum @NIC
CORTISOL, FREE, 24 HR URINE  @MYO

Order Code:  CORTU

Synonym(s):  Free Cortisol, 17-Ketogenic Steroids, 17-Hydroxycorticosteroids

Section:  Reference

Specimen Requirement:
5 mL urine from 24-hour urine collected in 25 mL 50% acetic acid

Minimum Aliquot Vol:  3 mL

Restrictions On Collection:
None

When Completed:
Less than 6 days

Normal Values:
Included with report

Instructions/Remarks:
Useful for:
Preferred screening test for Cushing's syndrome.
In diagnosis of pseudo-hyperaldosteronism due to excessive licorice consumption.
This test has limited usefulness in the evaluation of adrenal insufficiency.

LAB: Prepare 24-hour collection container by adding 25 mL of 50% acetic acid to empty container.
After collection mix well and record total 24-hour volume.
Send 5 mL aliquot (pediatric 3 mL).
See Mayo PC for other acceptable preservatives.

REFERENCE LAB:
MYO test code # 8546

Last Updated: 07/09/2008

Connected to SCM Item:  Cortisol, Free, 24 Hr Urine  @MYO

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Urine Coll Started:
Date Urine Collect Ends:
Time Urine Coll Started:
Time Urine Collect Ends:
CORTISOL, FREE, RANDOM URINE  @MYO

Order Code: Misc Lab Item
Synonym(s): Free cortisol
Section: Reference
Tube Type:

Specimen Requirement:
10 ml random urine (Pediatric 3 ml)

Minimum Collection Vol: 5 mL
Minimum Aliquot Vol: 3 mL
Restrictions On Collection:
None

When Completed:
Test performed: Monday - Saturday
Analytic time: 2 days

Normal Values:
Included with report

Instructions/Remarks:
LAB: Freeze aliquot ASAP.
REFERENCE LAB:
MYO test code # CRANU

Last Updated: 03/06/2012

Connected to SCM Item:
CORTISOL, SALIVA  @MYO

Order Code:  Misc Lab Item
Synonym(s):  Salivary Cortisol
Section:  Reference
Tube Type:  Salivet

Specimen Requirement:
1. Do not brush teeth before collecting specimen.
2. Do not eat or drink for 15 minutes prior to specimen collection.
3. Preferred specimen collection time between 11 p.m. and midnight, and record collection time.
4. Preferred collection unit is a SARSTEDT Salivette (Supply T514) supplied.
5. To use the Salivette:
   A. Remove top cap of container to expose swab.
   B. Place swab directly into mouth by tipping container so swab falls into mouth. Do not touch swab with fingers.
   C. Keep swab in your mouth for approximately 1 minute. Roll swab in mouth, do not chew swab.
   D. Place swab back into its container without touching, and replace cap.
   E. Record collection time, and send appropriately labeled Salivette refrigerated to laboratory.

Minimum Collection Vol:

Minimum Aliquot Vol:

Restrictions On Collection:
None

When Completed:
Testing performed:  Monday - Friday, afternoon
Analytic time:  2 days

Normal Values:
Included with report

Instructions/Remarks:
LAB:  Send Salivette container refrigerated.

REFERENCE LAB:
Mayo test # SALCT

Last Updated:  03/06/2012

Connected to SCM Item:
CORTISOL/CORTISONE, FREE, 24 HR URINE @MYO

Order Code: Misc Lab Item
Synonym(s): Cortisone
Section: Reference
Tube Type:
Specimen Requirement:
5 mL urine from a 24-hour urine collected in 25 mL of 50% acetic acid
Minimum Collection Vol:
Minimum Aliquot Vol: 3 mL
Restrictions On Collection: None
When Completed: Less than 6 days
Normal Values: Included with report
Instructions/Remarks:
Useful for:
Preferred screening for Cushing's syndrome.
In diagnosis of pseudo-hyperaldosteronism due to excessive licorice consumption.
This test has limited usefulness in the evaluation of adrenal insufficiency.
LAB: Mix well. Record total volume.
See Mayo PC for other alternate preservatives.
When processing batch in MayoAccess, you will be prompted for the following information prior to closing the batch:
Collection Duration:
Urine Volume:
REFERENCE LAB:
Mayo test # COCOU

Last Updated: 03/06/2012

Connected to SCM Item:
CORTROSYN - ACTH STIMULATION TEST (Order Set) - Newport Beach Campus only

Order Code:

Synonym(s): ACTH Stimulation, Rapid ACTH Test, Cortisol Response Test

Section: Chemistry

Tube Type:

Specimen Requirement:
Three samples for Cortisol levels: Baseline, 30', and 60' postcortrosyn.

Draw one Gold top tube for each timed draw --
-- 1 ml serum needed per draw

Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 1 mL

Restrictions On Collection:

NOTE: Testing available at Hoag Newport Beach only.
Test must be scheduled with lab, call x45600.
OUTPATIENTS will be scheduled between 8:30 am and 10:00 am,
Monday thru Friday.
INPATIENTS will be scheduled between 8:30 am and 5:00 pm
if the Pathologist will be administering the Cortrosyn.
Prefer to schedule INPATIENTS in the AM.

When Completed:

Same shift

Normal Values:

Before 10 AM: 4.5 - 22.7 mcg/dL
After 5 PM: 1.7 - 14.1 mcg/dL

Instructions/Remarks:
CORTROSYN - ACTH STIMULATION TEST (Order Set) - Newport Beach Campus only

NOTE: Testing available at Hoag Newport Beach only.

Tests are related to Cortrosyn administration. The stimulation dose is either 0.250 mg or 1 mcg. Unless otherwise specified in the physician orders, 0.250 mg Cortrosyn will be used to stimulate the adrenal cortex and the dose will be administered intravenously by the nurse, pathologist or physician. Any variation from these 2 doses must be pre-approved by the Pathologist.

Cortrosyn (Cosyntropin) is obtained from Pharmacy. Pathologist, Physician or IV Nurse will administer Cortrosyn after a "baseline" sample is drawn. Subsequent cortisol samples are drawn at 30 and 60 minutes post infusion.

LAB: Coordinate with venipuncture.

COMPUTER ORDER ENTRY:
Order in SCM using Order Set "CORTROSYN STIMULATION TEST"
The Order Set will include the following items:
- CORTISOL,BASELINE
- CORTISOL-INJECT DRUG
- CORTISOL, 30MIN
- CORTISOL, 60MIN

Physicians may order additional tests, such as:
Baseline ACTH @NOC and ALDOSTERONE @NIC.
  a. If order is placed in SQ, order any additional tests indicating "draw time" as an Item Comment, i.e. "baseline level ACTH".
  b. If order is placed in SCM, order the additional tests and indicate the "draw time" in Special Instructinos.

COMPUTER DOWNTIME PROCEDURE:
If the Hospital Computer system is down, the above 4 items in the Order Set are ordered in Sunquest. Order the Baseline and Inject Drug together. Specify "draw times" for 30 minutes apart for the 30 and 60 minute draws, appending draw time i.e. "30 min post" and "60 min post" as a comment to each order in Sunquest.
Use Priority "Timed" to get separate Acc.Nos for the 3 orders placed.

LAB: Refer to General Laboratory Systems Manual doc #13-01-400.

Last Updated: 12/11/2012

Connected to SCM Item:
Coxiella burnetii Abs (IgG, IgM) @NIC

Order Code: COXAB

Synonym(s): Q fever

Section: Reference

Tube Type: Red-R

Specimen Requirement:
1 ml. serum (red top tube) -- (minimum 0.2 ml)

Minimum Collection Vol:

Minimum Aliquot Vol:

Restrictions On Collection:
None

When Completed:
Set up: Mon-Fri; Report Available: 1-4 days

Normal Values:
Included with report

Instructions/Remarks:
Includes testing for:
Q Fever IgG Phase I
Q Fever IgG Phase II
Q Fever IgM Phase I
Q Fever IgM Phase II

If Q Fever screen is positive, IgG or IgM Phase I or Phase II,
the appropriate Titer will be reflexed at an additional charge.
IgG Phase I Titer #38506
IgG Phase II Titer #38508
IgM Phase I Titer #38510
IgM Phase II Titer #38512

LAB: Send Refrigerated.

REFERENCE LAB:
Quest test code # 37071

Last Updated: 08/21/2014

Connected to SCM Item: Coxiella burnetii Ab (IgG, IgM) @FOC
COXSACKIE A ANTIBODY EVAL  @FOC

Order Code:  Misc Lab Item
Synonym(s):
Section:  Reference
Tube Type:  RED-R
Specimen Requirement:
  2 mL serum or 2 mL CSF
Minimum Aliquot Vol:  1 mL
Restrictions On Collection:  None
When Completed:  One to 3 days
Normal Values:  Included with report

Instructions/Remarks:
  LAB:  Send refrigerated, serum or CSF.
        Room temperature UNACCEPTABLE for CSF.

  REFERENCE LAB:
  Focus test code # 40330 (serum)
  Focus test code # 60330 (CSF)

Last Updated: 03/26/2008
COXSACKIE B ANTIBODY EVAL  @FOC

Order Code:  Misc Lab Item

Synonym(s):

Section:  Reference

Tube Type:  RED-R

Specimen Requirement:
2 mL serum or 2 mL CSF

Minimum Aliquot Vol:  1 mL

Restrictions On Collection:
None

When Completed:  One to 3 days

Normal Values:  Included with report

Instructions/Remarks:
 LAB:  Send refrigerated, serum or CSF.  
       Room temperature UNACCEPTABLE for CSF.

       REFERENCE LAB:
       Focus test code # 40335 (serum)
       Focus test code # 60335 (CSF)

Last Updated: 03/26/2008
CREAT-BLOOD (Clearance only)

Order Code:  

Synonym(s):  

Section: Chemistry  

Tube Type: ltG-C  

Specimen Requirement:  
1 ml. plasma (light green top tube, lithium heparin)  

Restrictions On Collection:  
None  

When Completed:  
Same shift  

Normal Values:  
0.4 - 1.5 mg/dl  

Instructions/Remarks:  
To be ordered in conjunction with Creatinine Clearance ONLY.  
Blood creatinine MUST be drawn during period of Creatinine  
Clearance urine collection. Unless Creatinine or Panel 7 will  
be drawn during urine collection, order  
"Creat-Blood (Clearance only)".  
LAB: Serum acceptable.  
Serum or plasma: Separate specimen within 4 hours of collection.  
Room temperature up to 5 days. Refrigerate up to 30 days.  
Freeze for storage beyond 30 days.  
Urine: Keep specimen refrigerated until analysis. Store at room  
temperature up to 3 days. Refrigerate up to 5 days. Freeze  
for longer storage.  

Last Updated: 08/15/2003
CREATININE

Order Code: CREAT
Synonym(s): 
Section: Chemistry
Tube Type: ltG-C

Specimen Requirement:
1 ml. plasma (light green top tube, lithium heparin)

Minimum Collection Vol: 0.5 mL

Restrictions On Collection:
None

When Completed:
Same shift

Normal Values:
0.4 - 1.5 mg/dl

Instructions/Remarks:
Serum ACCEPTABLE.
Included in Basic Metabolic Panel (BMPAN).

LAB:
Serum or plasma: Separate specimen within 4 hours of collection.
Room temperature up to 5 days. Refrigerate up to 30 days.
Freeze for storage beyond 30 days.

Last Updated: 11/09/2004

Connected to SCM Item: Creatinine
CREATININE - POINT of CARE

Order Code: ICREAT
Synonym(s): POC
Section: Chemistry
Tube Type:
Specimen Requirement:

Minimum Collection Vol:
Minimum Aliquot Vol:
Restrictions On Collection:

When Completed:

Normal Values:
0.6 - 1.3 mg/dL

Instructions/Remarks:
Results of iSTAT Point of Care testing, performed at the bedside, are interface to the various computer applications for viewing, via a RALS interface to the Laboratory.

Last Updated: 10/19/2009
Connected to SCM Item: Creatinine POC
CREATININE CLEARANCE-12 HOUR

Order Code: CRCL12

Synonym(s): 

Section: Chemistry

Specimen Requirement:
12-hour urine specimen and blood Creatinine -- see Lab Manual "Instructions/Remarks".
Refrigerate urine during collection.
Submit entire collection to Laboratory with completed Order Requisition.

Restrictions On Collection:
None

When Completed: Same shift

Normal Values:
85 - 125 ml/min (male)
75 - 115 ml/min (female)

Instructions/Remarks:
Preferred urine collection started in AM. Blood creatinine MUST be drawn within 12 hour period of urine collection.
Check patient orders. Unless Creatinine or a Metabolic Panel will be drawn during urine collection -- order Creatinine.

No preservative necessary.
May be collected with other 24-hour urine tests containing 6N HCl, 50% Acetic Acid, Sodium Carbonate, or Boric Acid as preservative.

LAB: Properly labeled Timed collection received with SCM Order Requisition.
Measure urine volume and record on Order Requisition.
Mix well, aliquot 5 mL and centrifuge.
Take spun urine aliquot and Order Requisition to Tech for testing.
Tech will verify HOURS of collection on Order Requisition:
Date Urine Collection Started
Date Urine Collection Ends
Time Urine Collection Started
Time Urine Collection Ends

Last Updated: 01/26/2007

Connected to SCM Item: Creatinine Clearance, 12Hour

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Urine Coll Started:
Date Urine Collect Ends:
Time Urine Coll Started:
Time Urine Collect Ends:
CREATININE CLEARANCE-24 HOUR

Order Code: CRCL24

Synonym(s):

Section: Chemistry

Specimen Requirement:

24-hour urine specimen and blood Creatinine -- see Lab Manual "Instructions/Remarks".
Refrigerate urine during collection.
Submit entire collection to Laboratory with completed Order Requisition.

Restrictions On Collection:

None

When Completed:

Same shift

Normal Values:

85 - 125 ml/min (male)
75 - 115 ml/min (female)

Instructions/Remarks:

Preferred urine collection started in AM. Blood creatinine MUST be drawn within 24 hour period of urine collection.
Check patient orders. Unless Creatinine or a Metabolic Panel will be drawn during urine collection -- order Creatinine.

No preservative necessary.
May be collected with other 24-hour urine tests containing 6N HCl 50% Acetic Acid, Sodium Carbonate, or Boric Acid as preservative.

LAB: Properly labeled Timed collection received with SCM Order Requisition.
Measure urine volume and record on Order Requisition.
Mix well, aliquot 5 mL and centrifuge.
Take spun urine aliquot and Order Requisition to Tech for testing.
Tech will verify HOURS of collection on Order Requisition:
Date Urine Collection Started
Date Urine Collection Ends
Time Urine Collection Started
Time Urine Collection Ends

Last Updated: 01/26/2007

Connected to SCM Item: Creatinine Clearance, 24Hour

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Urine Coll Started:
Date Urine Collect Ends:
Time Urine Coll Started:
Time Urine Collect Ends:
LABORATORY MANUAL

CREATININE CLEARANCE-8 HOUR, or OTHER MISC TIMED COLLECTION

Order Code: CRCLXX

Synonym(s):

Section: Chemistry

Specimen Requirement:
8-hour urine specimen and blood Creatinine -- see Lab Manual "Instructions/Remarks". Refrigerate urine during collection. Submit entire collection to Laboratory with completed Order Requisition.

Restrictions On Collection:
None

When Completed:
Same shift

Normal Values:
85 - 125 ml/min (male)
75 - 115 ml/min (female)

Instructions/Remarks:
Preferred urine collection started in AM. Blood creatinine MUST be drawn within 8 hour period of urine collection. Check patient orders. Unless Creatinine or a Metabolic Panel will be drawn during urine collection -- order Creatinine.

No preservative necessary. May be collected with other 24-hour urine tests containing 6N HCl, 50% Acetic Acid, Sodium Carbonate, or Boric Acid as preservative.

LAB: Properly labeled timed collection received with SCM Order Requisition. Measure urine volume and record on Order Requisition. Mix well, aliquot 5 mL and centrifuge. Take spun urine aliquot and Order Requisition to Tech for testing. Tech will verify HOURS of collection on Order Requisition:
Date Urine Collection Started
Date Urine Collection Ends
Time Urine Collection Started
Time Urine Collection Ends

Last Updated: 01/26/2007

Connected to SCM Item: Creatinine Clearance, Other

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Urine Coll Started:
Date Urine Collect Ends:
Time Urine Coll Started:
Time Urine Collect Ends:
CREATININE-24HR URINE

Order Code: CR24HR

Synonym(s):

Section: Chemistry

Specimen Requirement: 24-hour urine specimen

Restrictions On Collection: None

When Completed: Same shift

Normal Values: 1.0 - 2.0 gm/day (male)
0.8 - 1.8 gm/day (female)

Instructions/Remarks:

No preservative necessary.
May be collected with other 24-hour urine tests containing
6N HCl 50% Acetic Acid, Sodium Carbonate, or Broic Acid
as preservative.
Refrigerate urine during collection.
Submit entire collection to Laboratory with completed Order
requisition, to include:
  Date Urine Collection Started
  Date Urine Collection Ends
  Time Urine Collection Started
  Time Urine Collection Ends

LAB: Properly labeled Timed collection received with SCM Order
requisition.
Measure urine volume and record on Order Requisition.
Mix well, aliquot 5 mL and centrifuge.
Take spun urine aliquot and Order Requisition to Tech for
testing.
Tech will verify HOURS of collection on Order Requisition:
  Date Urine Collection Started
  Date Urine Collection Ends
  Time Urine Collection Started
  Time Urine Collection Ends

Last Updated: 01/25/2007

Connected to SCM Item: Creatinine, 24Hour Urine

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

  Date Urine Coll Started:
  Date Urine Collect Ends:
  Time Urine Coll Started:
  Time Urine Collect Ends:
CREATININE-MISC FLUID

Order Code: CRMF

Synonym(s):

Section: Chemistry

Tube Type:

Specimen Requirement:
1 ml miscellaneous fluid

Minimum Collection Vol: 0.5 mL

Minimum Aliquot Vol:

Restrictions On Collection:
None

When Completed:
Same shift

Normal Values:
No normal values available

Instructions/Remarks:
LAB: Centrifuge and aliquot if necessary, prior to testing.
Store room temperature up to 4 hours.
Refrigerate up to 3 days.
Freeze for up to 6 months.

Last Updated: 09/10/2008

Connected to SCM Item: Creatinine-Misc Fluid

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:
CREATININE-URINE RANDOM/SPOT

Order Code: CRUR

Synonym(s):

Section: Chemistry

Specimen Requirement: Random urine sample

Restrictions On Collection: None

When Completed: Same shift

Normal Values: No normals for random specimen

Instructions/Remarks:
LAB: Mix well. Pour 5 ml. aliquot and centrifuge.

Last Updated:

Connected to SCM Item: Creatinine, Urine Random
CROSSMATCH

Order Code: XM

Synonym(s): XMATCH, PACKED CELLS, TYPE & CROSS, RED BLOOD CELLS, RED CELLS, PC, AUTO BLOOD

Section: Blood Bank

Tube Type: Lav10BB

Specimen Requirement:
1 - 10ml EDTA, large lavender top preferred, pink acceptable
Full tube if possible, no hemolysis.

Minimum Collection Vol: 4 mL

Minimum Aliquot Vol: 2 mL

Restrictions On Collection:

OUTPATIENTS: Ask patient the following two questions:

1. "Have you been transfused with blood or blood components in the previous 3 months?"
2. "Are you now or have you been pregnant in the last 3 months?"

Yes to one or both: Enter "POSIX" in order comments.
No to both: Enter "NEGIX" in order comments.

If applicable, specify CMV Neg, irradiated, directed donor, autologous, surgery location date/time when prompted.

When Completed:

Hold or To Give Routine: 2-3 hours
To Give STAT: 1 hour
Pre-ops: prior to surgery start time

Floor will be called when blood is ready on "To Give" Orders only.

Turnarounds times may be extended if patient has positive antibody screen.

Normal Values:

N/A

Instructions/Remarks:
CROSSMATCH

DUPLICATE ORDER ALERT:

If this message appears, DO NOT FILE ORDER, call 45623. The Blood Bank may have a current sample that can be used.

RELEASE OF CROSSMATCHED BLOOD: Crossmatched blood for inpatients will be held until 0600 on the morning of the third day (draw date is day 0). If blood is to be on hold past that time, order new crossmatch for morning of third day.

Crossmatched blood set up pre-operatively will be held until the morning of post-op day 2. Autologous units will be held until units expire.

ORDERING GUIDELINES:

NOTE: A crossmatch includes a blood type and antibody screen.

TYPE AND HOLD or HOLD CLOT (number of units not specified): order TYPE AND SCREEN (TYAS).

PREPARE AUTO BLOOD/AUTO BLOOD: Order Crossmatch, Yes to Auto/DD order question. Quantity: number ordered, or 1 if number not specified.

Last Updated: 07/08/2010

Connected to SCM Item: Crossmatch (Red Cells)
CRYOGLOBULINS

Order Code: CRYOGB

Synonym(s):

Section: Chemistry

Tube Type: Red-Warm

Specimen Requirement:

6 mL serum (large red top tube), no gel
Red top tube must be pre-warmed in heel warmer.
Place collected sample in heel warmer for transport to Lab.
SEE COLLECTION INSTRUCTIONS BELOW

Minimum Collection Vol: 10 mL

Minimum Aliquot Vol: 3 mL

Restrictions On Collection:

Obtain heel warmers from Lab Venipuncture before drawing.
Sample must be kept warm.

When Completed:

Three days

Normal Values:

Negative

Instructions/Remarks:

Blood sample must be kept warm at all times, and delivered to Lab immediately. See the following procedure BEFORE drawing.

COLLECTION:

1) Call Lab Venipuncture to obtain heel warmer.
2) Sample collection:
   a) Activate heel warmers. Pre-warm collection tube.
   b) Draw one red top tube.
   c) Wrap tube of blood immediately in warmer and rubberband the sample.
3) Sample must be delivered to Lab within 20 minutes of collection. Heel warmers will only stay at the correct temperature for 20 minutes.
4) Newport: Tube samples to station 102. Call x45618 to notify Lab that Cryoglobulin sample arriving in tube station.
   Irvine: Deliver sample to Lab. Call x73111 to notify Lab that Cryoglobulin sample arriving.

LAB PROCESSING:

Specimen Processing:
Centrifuge red top tube.
At "decant", 2 aliquot labels will print: AQFRIG and AQROOM to be placed horizontally on each of 2 glass aliquot tubes. Pour off 1 mL serum in each tube.

IRVINE Lab: Wrap 2 GLASS aliquot tubes with rubber band, and send both in Transport Batch at room temperature to Newport Lab.

NEWPORT Lab: Fill out Cryoglobulin Sheet.
Place small labels on Sheet in area marked REFRIG and ROOM.
Circle: AM Shift (collected prior to 1430), or
PM Shift (collected after 1430).
Take Cryoglobulin Sheet and 2 aliquot tubes to department.

Chemistry:
Refer to Chemistry Procedure doc 05-02-085, reading REFRIG and ROOM samples at 24, 48, 72 hours.

Last Updated: 06/02/2014
CRYOGLOBULINS

Connected to SCM Item: Cryoglobulins
CRYOGLOBULINS, PLASMA AND SERUM @MYO (only if physician specifies)

Order Code:  Misc Lab Item
Synonym(s):  Cryocrit, Cryofibrinogen
Section:  Reference
Tube Type:

Specimen Requirement:
Both plasma and serum are required for this test.

PLASMA
Draw blood in a lavender-top (EDTA) tube. Keep warm. (see Notes)
Spin down and send 1.0 ml of EDTA plasma. (Min. 0.5 ml)

SERUM
Draw blood in 2 10ml Red top tubes. Keep warm during clotting. (see Notes)
Spin down and send 5.0ml of serum. (Min 3 ml)

NOTES:
1. Keep both specimens at 37 degrees C until after centrifugation and separation of cells. KEEP TUBES WARM IN WARM SAND AND WARM CENTRIFUGE TO 37 DEGREES.
2. SST tube is not acceptable.
3. Label specimens appropriately (plasma and serum).
4. After centrifugation specimens are to be stored refrigerated.

Minimum Collection Vol:

Minimum Aliquot Vol:

Restrictions On Collection:
None

When Completed:
Analytic Time:
2 days
Days Test Set Up:
Monday through Friday

Normal Values:
Included with report

Instructions/Remarks:
Includes Quantitation and Qualitative Typing. Includes Cryoglobulin and i Cryofibrinogen.

REFERENCE LAB:
Mayo test code # CRGSP

Last Updated: 03/06/2012

Connected to SCM Item:
CRYOPRECIPITATE

Order Code: TCRYO
Synonym(s): Cryo
Section: Blood Bank
Tube Type: N/A

Specimen Requirement:
Blood sample not required unless no blood type on file. Blood Bank will call if patient needs to be drawn.

Minimum Collection Vol: N/A
Minimum Aliquot Vol: N/A
Restrictions On Collection:
None

When Completed:
When ready to infuse call x45623. 30 minutes verbal notice required for thawing.

Normal Values:
N/A

Instructions/Remarks:
Standard dose is 10 units (transfusion).
Enter number of units at the Quantity prompt (in increments of 5).
Order will print in the Blood Bank.
Call when ready to transfuse. 30 minutes verbal notice required.

Last Updated: 07/06/2010

Connected to SCM Item: Cryoprecipitate
CRYPTOCOCCAL ANTIGEN - CSF - DIRECT TEST

Order Code: CRAG
Synonym(s):
Section: Microbiology
Specimen Requirement:
   Approximately 1 cc. of CSF.
Restrictions On Collection:

When Completed:
   One hour

Normal Values:

Instructions/Remarks:
   This test is a presumptive test and a culture must always be done. This test will automatically be run any time a fungus culture and/or wet mount are ordered on a CSF. If positive, physician will be called and may at that time order a Cryptococcal Titer.

Last Updated: 09/23/2003

Connected to SCM Item: Cryptococcal Antigen - CSF

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:
Circle if appropriate: Right Left
Wound specimens: Deep Superficial

PREP INSTRUCTION:
(1) MICROBIOLOGY: Collect specimen in sterile, tightly capped container. Transport to LAB immediately. Specimens over 1 hour old, or leaking, will require recollection.

(2) If using a swab for collection- aerobic (routine) - Red topped - anaerobic- Blue topped
CRYPTOCOCCAL TITER, CSF (LAB ONLY)

Order Code: CRT

Section: Microbiology

Specimen Requirement:
This test will be performed on a previous positive Cryptococcal Antigen Direct Tests - CSF.

Minimum Collection Vol:

Minimum Aliquot Vol:

Restrictions On Collection:

When Completed: Same Day

Normal Values:

Instructions/Remarks:
Call Microbiology and inform them you are ordering this test.

Last Updated: 04/05/2012

Connected to SCM Item: Cryptococcal Ag Titer - CSF

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:

Circle if appropriate: Right Left
Wound specimens: Deep Superficial

PREP INSTRUCTION:
(1) MICROBIOLOGY: Collect specimen in sterile, tightly capped container. Transport to LAB immediately. Specimens over 1 hour old, or leaking, will require recollection.

(2) If using a swab for collection- aerobic (routine) - Red topped - anaerobic- Blue topped
CRYPTOCOCCUS AB   @FOC

Order Code:  Misc Lab Item

Synonym(s):

Section:  Reference

Tube Type:  Red-R

Specimen Requirement:  
1 ml serum (red top tube)

Minimum Collection Vol:

Minimum Aliquot Vol:  0.3 mL

Restrictions On Collection:
None

When Completed:
Two to 4 days

Normal Values:
Included with report

Instructions/Remarks:
REFERENCE LAB:  
Focus order code # 40340

Last Updated:  09/10/2012

Connected to SCM Item:
CRYPTOCOCCUS AB–CSF   @FOC

Order Code: Misc Lab Item
Synonym(s):
Section: Reference
Tube Type:
Specimen Requirement:

1 ml. CSF

Minimum Collection Vol:
Minimum Aliquot Vol: 0.3 mL
Restrictions On Collection: None

When Completed: Two to 4 days
Normal Values: Included with report

Instructions/Remarks:
REFERENCE LAB:
Focus test code # 60340

Last Updated: 09/10/2012

Connected to SCM Item:
CRYPTOCOCCUS ANTIGEN, LATEX SCREEN WITH REFLEX TO TITER @NIC

Order Code: CRYPTSR
Synonym(s):
Section: Reference
Tube Type: Red5

Specimen Requirement:
1 mL Serum (draw 1 full red top tube)
SST gold top tube also acceptable

Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection: None

When Completed:
Test set-up 4 days a week
Analytic time of 1 to 4 days

Normal Values:
Included with Report

Instructions/Remarks:
If Cryptococcus Antigen Screen is positive, a titer will be performed at an additional charge to patient: Cryptococcus Ag Titer (CRYPTX).
Reference Lab: Ship serum Frozen
NIC test code # 11196

Last Updated: 01/02/2014

Connected to SCM Item: Cryptococcus Antigen Screen w Reflex to Titer at NIC
CRYPTOSPORIDIUM

Order Code: CPSM

Synonym(s): Microbiology

Section: Microbiology

Specimen Requirement:
A fresh stool specimen in a clean, dry, leakproof container or stool in ova and parasite transport (10% formalin) which may be obtained from Microbiology.

Restrictions On Collection:

When Completed:
Within 48 hours

Normal Values:

Instructions/Remarks:

Last Updated:

Connected to SCM Item: Cryptosporidium

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

- Date Specimen Collected:
- Time Specimen Collected:
- Collected by:
- Circle if appropriate: Right Left
- Wound specimens: Deep Superficial

PREP INSTRUCTION:
(1) MICROBIOLOGY: Collect specimen in sterile, tightly capped container. Transport to LAB immediately. Specimens over 1 hour old, or leaking, will require recollection.

(2) If using a swab for collection- aerobic (routine) - Red topped - anerobic- Blue topped
CRYSRTALS—MISC FLUID

Order Code: CRYSTL

Synonym(s): Synovial Fluid—Crystals

Section: Urinalysis—Body

Specimen Requirement:
Indicate type of fluid. Collected by physician. Send to laboratory IMMEDIATELY. Synovial fluids should be collected in a container WITH NO anticoagulant.

Restrictions On Collection:
None

When Completed:
Same day

Normal Values:
None seen

Instructions/Remarks:
Synovial fluids DO NOT NEED an anticoagulant.

Last Updated: 02/09/2007

Connected to SCM Item: Crystals—Misc Fluid

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:
CSF CULTURE (Spinal Fluid) INCLUDES GRAM STAIN

Order Code: CSFC

Synonym(s): Cerebral Spinal Fluid (CSF) Culture, Spinal Fluid Culture, Culture - CSF (Spinal Fluid) includes Gram Stain

Section: Microbiology

Tube Type:

Specimen Requirement:
At least 1 cc. of CSF in a sterile tube. (Another tube should be used for Hematology and Chemistry procedures.)

Minimum Collection Vol:

Minimum Aliquot Vol:

Restrictions On Collection:

When Completed:
- Preliminary report: 24 hours
- Negative cultures: 3 days

Normal Values:

Instructions/Remarks:
- Bring specimen and Microbiology order notification IMMEDIATELY to Central Processing in the Hematology laboratory.
- Order as: CSF
- Choose CSF, Lab Order Set

Last Updated: 05/08/2014

Connected to SCM Item: CSF - Aerobic Culture + Gram
CSF, LAB (Order Set)

Order Code: 
Synonym(s): 
Section: Chm,Hem,Mic,Ref

Specimen Requirement:
Physician orders may include the following:
Chemistry/CSF
- Glucose-CSF
- Protein-CSF

Hematology/CSF
- Cell Count + Diff-CSF

Microbiology/CSF
- Aerobic Culture + Gram
- Direct Antigen Panel
- Fungus Culture
- Cryptococcal Antigen
- Wet Mount
- Acid Fast Smear
- Anaerobic Culture
- Viral Culture, Comprehensive @UCI

Reference/CSF
- Coccidioides Antibody, CSF @MYO
- Histoplasma Antibody, CSF @MYO
- HIV Antibody, CSF @MRL
- HIV Antigen (P24), CSF @MRL
- HSV DNA by Rapid PCR, CSF @MYO
- VDRL, CSF @MYO
- MISC Lab Item - CSF

Restrictions On Collection:

When Completed:

Normal Values:

Instructions/Remarks:
Order in SCM as Order Set "CSF,Lab Order Set".
Specify tube # in Special Instructions, as needed.
LAB: During SCM downtime, items may be ordered individually in Misys.

Last Updated: 03/03/2008
CULTURE - ENVIRONMENTAL

Order Code:

Synonym(s): Environmental culture, Area culture

Section: Microbiology

Specimen Requirement: Swab in culturette, 2 cc of liquid in sterile container, or media obtained from Microbiology.

Restrictions On Collection: Must be approved by Infection Control Nurse.

When Completed: 72 hours

Normal Values:

Instructions/Remarks:

Do not order in computer, obtain Hospital Monitoring Culture form from Microbiology, Ext. 5625.

Last Updated: 01/14/2002
CULTURE - FOOD

Order Code:

Synonym(s): Food Poisoning

Section: Microbiology

Specimen Requirement:

We do not do cultures on food for suspected food poisoning.

OCHD must be called 714 667-3600

Restrictions On Collection:

When Completed:

Normal Values:

Instructions/Remarks:

Last Updated:
CULTURE - URINE (Included in UA+C&S order set)

Order Code: UC1
Synonym(s): Urine culture
Section: Microbiology

Specimen Requirement:
First A.M. specimen preferable. Collect in sterile container. See nursing policy and procedure manual for proper collection of urines on in-patients. For out-patients, refer to Microbiology Section in this manual.

Restrictions On Collection:

When Completed:
Preliminary report: 24 hours
Final report: 48 hours

Normal Values:

Instructions/Remarks:
UC1 is the Culture&Sensitivity portion of the UA + C&S order set in SCM. Send an order notification for culture along with the specimen and labels.

INDICATE ON ORDER SPECIFIC SOURCE: VOID, INDWELLING CATH, or OTHER COLLECTION. Bring specimen promptly to Microbiology Lab.

Specimens received after 1 hour of collection will not be accepted. Many errors in the management of urinary tract infections are due to poor collection of specimens, resulting in misleading culture results. If the culture results suggest contamination, a new specimen will be requested.

UC1 IS THE URINE CULTURE PORTION OF THE UA + C&S ORDER SET. SEND AN ORDER NOTIFICATION FOR CULTURE ALONG WITH THE SPECIMEN AND LABELS.

If gram stain is ordered, order separately.

Last Updated: 12/11/2007

Connected to SCM Item: Urine Culture (from UA + C&S)

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:

Circle if appropriate: Right Left

wound specimens: Deep Superficial

PREP INSTRUCTION:
(1) MICROBIOLOGY: Collect specimen in sterile, tightly capped container. Transport to Lab immediately. Specimens over 1 hour old, or leaking, will require recollection.

(2) If using a swab for collection- aerobic (routine) - Red topped anerobic- Blue topped
CUTANEOUS IMMUNOFLUORESCENCE ANTIBODY, SERUM @MYO

Order Code: Misc Lab Item


Section: Reference

Tube Type: RED-R

Specimen Requirement: 2 ml serum, Red Top tube

Minimum Collection Vol: 5 mL

Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:
If specimen is hemolyzed, they may process but result in question

When Completed:
Days Test Set Up:
  Monday through Friday
Analytic Time:
  2 days

Normal Values:
Included with report

Instructions/Remarks:
REFERENCE LAB:
  Mayo Laboratory
test code # CIFS

Last Updated: 03/06/2012

Connected to SCM Item:
LABORATORY MANUAL

CYANIDE, BLOOD   @MYO

Order Code:  Misc Lab Item

Synonym(s):

Section:  Reference

Tube Type:  Lv-Rwb

Specimen Requirement:

3.0 whole blood, Lavender top (EDTA) tube (NO SPIN), Ambient (min 1.5 ml)

Minimum Collection Vol:

Minimum Aliquot Vol:

Restrictions On Collection:

When Completed:

Analytic time: 1 day
Set up: Monday through Friday

Normal Values:

Included with report

Instructions/Remarks:

REFERENCE LAB:
Mayo test code # CYAN

Last Updated: 03/06/2012

Connected to SCM Item:
CYCLIC CITRULLINATED PEPTIDE (CCP) ANTIBODY IGG @NIC

Order Code: CCPN
Synonym(s): CCP
Section: Reference
Tube Type: Red5

Specimen Requirement:
- 1 mL Serum (draw 1 full red top tube)
- SST gold top tube also acceptable

Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 0.5 mL
Restrictions On Collection:
None

When Completed:
- Test is set-up 5 days a week
- Analytic time of 2 to 4 days

Normal Values:
Included with Report

Instructions/Remarks:
- Reference lab: Ship room temperature (preferred)
  
  Reject due to hemolysis and/or lipemia

NIC test code # 11173

Last Updated: 12/11/2012

Connected to SCM Item: Cyclic Citrullin Peptide Ab at NIC
LABORATORY MANUAL

CYCLOSPORA / ISOSPORA, STOOL @NIC

Order Code: CYCL
Synonym(s): Isospora
Section: Microbiology
Tube Type: 10% Formalin Fixative

Specimen Requirement:
A fresh stool in a clean, dry, leak-proof container
or a stool in a formalin transport vial (available from Microbiology)

Minimum Collection Vol: 5 mL
Minimum Aliquot Vol: 5 mL

Restrictions On Collection:
Stool must not contain residual barium from diagnostic tests

When Completed:
Testing set-up 7 days a week
Report available in 3-4 days

Normal Values:
Not detected

Instructions/Remarks:
Transport sample Room Temperature
Quest test code: 10018X

Last Updated: 12/03/2013

Connected to SCM Item: Cyclospora / Isospora Exam Stool at NIC
Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:
Circle if appropriate: Right Left
Wound specimens: Deep Superficial

PREP INSTRUCTION:
(1) MICROBIOLOGY: Collect specimen in sterile, tightly capped container. Transport to
LAB immediately.
Specimens over 1 hour old, or leaking, will require recollection.

(2) If using a swab for collection - aerobic (routine) - Red topped - anaerobic - Blue
topped
CYCLOSPORINE LEVEL @UCI

Order Code: CYCWB
Synonym(s): 
Section: Reference
Tube Type: Lav3
Specimen Requirement:
3 mL whole blood (lavender top EDTA)
Do not share tube with other testing.
Minimum Collection Vol: 3
Minimum Aliquot Vol: 3
Restrictions On Collection:
If drawn from the same line that CSA is given, properly flush line prior to dri:
When Completed:
Testing performed daily in AM.
Available STAT.
Normal Values:
Included with report.
Instructions/Remarks:
LAB: Send whole blood at room temperature.
Specimen must arrive at UCI within 72 hours of draw.
REFERENCE:
UCI code: CYCWB
Last Updated: 06/23/2011
Connected to SCM Item: Cyclosporine Level @UCI
CYP2D6 GENOTYPE - TAMOXIFEN THERAPY

Order Code:

Synonym(s): Cytochrome P450 2D6 Genotype for Tamoxifen, 2D6, P450, Tamoxifen therapy

Section: Reference

Tube Type: LAV-R

Specimen Requirement:
3 mL whole blood (Lavender top, EDTA)

Minimum Collection Vol: 1 mL
Minimum Aliquot Vol: 0.3 mL

Restrictions On Collection:

When Completed:
Testing performed: Monday, Thursday
Analytic Time: 3 days

Normal Values:

Instructions/Remarks:
For research only.
DNA extraction will always be performed at an additional charge (Mayo #81769).

LAB:
Send whole blood in original vacutainer tube; room temperature.

REFERENCE LAB:
Mayo order 2D6T

Last Updated: 08/21/2013

Connected to SCM Item:
CYSTIC FIBROSIS, CHEEK CELL BRUSH @GZM (Genzyme Genetics)

Order Code: Misc Lab Item

Synonym(s):

Section: Reference

Specimen Requirement:
Patient will collect specimen themselves. Specimen and information sheet will be brought to the lab. Fill out Genzyme requisition slip and send specimen and information sheet. Keep specimen room temperature.

Restrictions On Collection:
None

When Completed:

Normal Values:

Instructions/Remarks:
Call Genzyme for Courier pick-up.

REFERENCE LAB:
GZM order code # 530

Last Updated: 09/15/2006
CYSTIC FIBROSIS, WHOLE BLOOD @GNC (Genetics Ctr)-all BABIES

Order Code: Misc Lab Item
Synonym(s):
Section: Reference
Tube Type: LV-R
Specimen Requirement:

5 ml whole blood (lavender top EDTA)

Restrictions On Collection:

When Completed: Approximately 2 weeks

Normal Values:

Instructions/Remarks:

LAB: Collect (3-5cc) of peripheral blood in an EDTA (lavender top) tube. Label specimen with patient's name and time of collection. Store the sample at room temperature if held for less than 12 hours. If the sample is held for a longer than 12 hours, it should be refrigerated.

Call Genetics Center for immediate pick-up at 888-4-GENETIC.
For weekend pick-up 714-997-3000 and request Dr. Zadeh be paged.

Last Updated: 02/10/2005
CYSTIC FIBROSIS, WHOLE BLOOD @GZM (Genzyme Genetics)

Order Code: Misc Lab Item

Synonym(s):

Section: Reference

Specimen Requirement:
Yellow-top ACD-“A” or lavender top EDTA tube
Adult: 10 cc peripheral blood
Child: 2-5 cc peripheral blood
ROOM TEMPERATURE

Restrictions On Collection:
Draw Monday through Thursday only.

When Completed:
Testing turnaround time: 5-8 days

Normal Values:

Instructions/Remarks:
For orders on all BABIES, instead order @GNC (Genetics Center).

LAB: Call Genzyme for Courier pick-up.

REFERENCE LAB:
GZM order code # 530

Last Updated: 05/17/2006
CYSTICERCOSIS AB, EIA   @FOC

Order Code:   Misc Lab Item

Synonym(s):

Section:   Reference

Tube Type:

Specimen Requirement:
   1 ml. serum (red top tube) or 1ml CSF (minimum 0.25 ml)

Minimum Collection Vol:

Minimum Aliquot Vol:

Restrictions On Collection:
   None

When Completed:
   Less than 4 days

Normal Values:
   Included with report

Instructions/Remarks:
   LAB:   Send refrigerated.
   
   REFERENCE LAB:
   Focus test code for Serum # 40350
   Focus test code for CSF # 60350

Last Updated:   09/10/2012

Connected to SCM Item:
LABORATORY MANUAL

CYTOMEGALOVIRUS AB – CSF @FOC

Order Code: Misc Lab Item
Synonym(s): CMV
Section: Reference

Tube Type:

Specimen Requirement:
1 ml. CSF -- minimum 0.25 ml

Minimum Collection Vol:

Minimum Aliquot Vol:

Restrictions On Collection:
None

When Completed:
Two to 4 days

Normal Values:
Included with report

Instructions/Remarks:
LAB: Send refrigerated.
REFERENCE LAB:
Focus test code # 6385

Last Updated: 09/10/2012

Connected to SCM Item:
CYTOMEGALOVIRUS CULTURE  @NIC

Order Code:    CMVCN
Synonym(s):    CMV Culture
Section:    Microbiology
Tube Type:    VCM medium

Specimen Requirement:
Equal volumes of fluid and specimen in VCM
Bronchial aspirates/washes, tracheal aspirates/washes, newborn urine, fluid, tissue biopsy, lung biopsy or conjunctiva swab

Minimum Collection Vol:    3 mL
Minimum Aliquot Vol:    1 mL

Restrictions On Collection:
Wooden shaft and calcium alginate swabs
Dry swabs or Transwabs®
Swabs in bacterial transport medium
DNA probe transports
Tissues in formalin or other fixatives
Transports for antigen detection by EIA

When Completed:
Set up: Daily; Report Available: 28-32 days

Normal Values:
None detected

Instructions/Remarks:
LAB:    Send refrigerated in VCM medium.

REFERENCE LAB:
NIC (Quest) test code # 2627
Performing Laboratory
Focus Diagnostics, Inc.
5785 Corporate Ave.
Cypress, CA 90630-4726

Last Updated:    01/14/2014

Connected to SCM Item:    Cytomegalovirus Culture at NIC

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:
Circle if appropriate:    Right    Left
Wound specimens:    Deep    Superficial

PREP INSTRUCTION:
(1) MICROBIOLOGY: Collect specimen in sterile, tightly capped container. Transport to
LAB immediately.
Specimens over 1 hour old, or leaking, will require recollection.

(2) If using a swab for collection- aerobic (routine) - Red topped   - anerobic- Blue
topped
CYTOMEGALOVIRUS DNA PCR, CSF @UCI

Order Code: Misc Lab Item
Synonym(s): CMV by PCR
Section: Reference

Specimen Requirement:
1 ml CSF

Minimum Collection Vol: 0.9 mL
Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:
None

When Completed:
Three to 5 days

Normal Values:
Included with report

Instructions/Remarks:
LAB: Send specimen in a sterile plastic vial, frozen. Indicate "CSF" on label. Other specimens acceptable - see UCI manual

REFERENCE LAB:
UCI test code # XCMV

Last Updated: 09/15/2006
Order Code: Misc Lab Item
Synonym(s): CMV by PCR
Section: Microbiology
Tube Type:
Specimen Requirement:

- 1 mL urine, amniotic fluid,
- greater than 3 mm tissue

Minimum Collection Vol: 1 mL
Minimum Aliquot Vol:
Restrictions On Collection:

When Completed:

- 1 - 3 days

Normal Values:

- Negative

Instructions/Remarks:

LAB/MICRO USE ONLY:
- Specimen needs to be frozen
- Focus Order #: 45000

Last Updated: 09/17/2012

Connected to SCM Item:
LABORATORY MANUAL

CYTOMEGALOVIRUS IgG  @MYO (LAB ONLY)

Order Code:        CMVIG
Synonym(s):        CMV
Section:           Reference
Tube Type:         Gold-R

Specimen Requirement:
0.5ml serum

Minimum Collection Vol:  2 ml
Minimum Aliquot Vol:     .3 ml

Restrictions On Collection:
None

When Completed:
Tst set up: Monday through Saturday
Analytic time  1 day

Normal Values:
Included with report

Instructions/Remarks:
LAB:  Send refrigerated.
REFERENCE LAB:
     Mayo test code: CMG (formerly # 80750)

Last Updated:  08/23/2012

Connected to SCM Item:  Cytomegalovirus Ab, IgG @MYO
CYTOMEGALOVIRUS IgM @MYO (LAB ONLY)

Order Code: CMVIM
Synonym(s): CMV
Section: Reference
Tube Type: Gold-R

Specimen Requirement:
0.5ml serum

Minimum Collection Vol: 2 mL
Minimum Aliquot Vol: .3 mL
Restrictions On Collection: None

When Completed:
Test set up: Monday thru Saturday
Analytic time: 1 day

Normal Values:
Included with report

Instructions/Remarks:
LAB: Send refrigerated.
REFERENCE LAB:
MYO test code: CMM (formerly # 87277)

Last Updated: 08/24/2012
Connected to SCM Item: Cytomegalovirus Ab, IgM @MYO
CYTOTOXIC ANTIBODY   @ULA

Order Code:   Misc Lab Item
Synonym(s):
Section:     Reference
Tube Type:   RED-R
Specimen Requirement:
10 ml. clotted blood (red top tube).

Restrictions On Collection:
None

When Completed:
Test performed Monday-Friday, UNLESS STAT for an immediate transplant.
Routine specimens must be received by UCLA before 5:30 p.m.
Monday-Friday.
Completed in three weeks or less, unless STAT for transplant.

Normal Values:
Included with report

Instructions/Remarks:
LAB: If not sent to reference lab same day, refrigerate specimen. (Specimens may be kept refrigerated 1-5 days.)

Elaine F. Reed, PhD
UCLA Immunogenetics Center
1000 Veteran Avenue (Rm 1-323)
Room 1-323
Los Angeles, CA 90095-1652
(310) 825-7651

Last Updated: 07/19/2004
D-DIMER QUANT

Order Code: DIMERQ
Synonym(s): Dimer
Section: Chemistry
Tube Type: Blue

Specimen Requirement:
1 ml plasma (blue top tube, citrate)
**TUBE MUST BE FULL**

Minimum Collection Vol: 2 mL
Minimum Aliquot Vol: 0.7 mL

Restrictions On Collection:
None

When Completed:
Same shift

Normal Values:
Reference Range: <0.60 mg/L FEU
Clinical Cut off: 0.50 mg/L FEU

Instructions/Remarks:
**TUBE MUST BE FULL**

Last Updated: 08/05/2013

Connected to SCM Item: D-Dimer Quant
DELTA OPTICAL DENSITY 450 @UCI

Order Code: Misc Lab Item

Synonym(s):

Section: Reference

Specimen Requirement:
* 8 ml. amniotic fluid on ice. Protect from light. Indicate gestation period.

Restrictions On Collection:
None

When Completed:
Phone report: within 2 hours of receipt of sample at UCI
Final report: Less than 2 days

Normal Values:
Included with report

Instructions/Remarks:
* Vag Pool sample is equal to amniotic fluid

LAB: Wrap in foil to protect from light. Do NOT centrifuge.
Send on wet ice. Record gestation period on request form.
Specimen must arrive within 2 hours of collection.
Available STAT.

Last Updated: 06/20/2002
DELTA-AMINOLEVULINIC ACID, 24 HR URINE @NIC (Quest)

Order Code: Misc Lab Item
Synonym(s): ALA, Aminolevulinic Acid
Section: Reference
Tube Type:

Specimen Requirement:
2 mL from a 24-hour urine collection.
Collect without preservative.
May collect with Porphyrins/Porphobilinogen.
Acceptable to use urine preserved with 6N HCl or 10 mL concentrated glacial acetic acid.

Minimum Collection Vol: 2 mL
Minimum Aliquot Vol: 2 mL
Restrictions On Collection:
None

When Completed:
Test set up: 2 days a week
Reports: 2-3 days

Normal Values:
Included with report

Instructions/Remarks:
LAB: Refrigerate or freeze urine aliquot.
To protect from light, use amber vials.

REFERENCE LAB:
Quest order code # 219

Last Updated: 05/14/2013

Connected to SCM Item:
DENGUE FEVER ANTIBODIES (IGG, IGM) @NIC

Order Code: DFGM

Synonym(s): 

Section: Reference

Tube Type: Red-R

Specimen Requirement: 
1ml serum, ambient

Minimum Collection Vol: 2 mL

Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection: None

When Completed:

Normal Values: Included with report

Instructions/Remarks:
REFERENCE LAB:
Quest test code # 33589N

Last Updated: 05/05/2014

Connected to SCM Item: Dengue Fever Antibodies (IgG,IgM) at NIC
DESIPRAMINE-QUANT   @NIC (Quest)

Order Code: Misc Lab Item
Synonym(s): Norpramin, Pertofrane
Section: Reference
Tube Type: RED-R

Specimen Requirement:
4 ml. serum (red top tube) *

Minimum Collection Vol: 10 mL
Minimum Aliquot Vol: 1.5 mL

Restrictions On Collection:
Optimum time to collect is 10-14 hours post oral dose

When Completed:
Less than 4 days (available STAT)

Normal Values:
Included with report

Instructions/Remarks:
* Serum separator tube unacceptable.
Also available in Imipramine & Metabolite @NIC

LAB: Reject due to hemolysis and lipemia.
Ship room temperature.

REFERENCE LAB:
NIC test code # 35311P

Last Updated: 09/15/2006
DHEA, UNCONJUGATED, LC/MS/MS @NIC

Order Code: DHEAN
Synonym(s): Dehydroepiandrosterone
Section: Reference
Tube Type: Red5

Specimen Requirement:
0.5 mL serum (draw 1 red top tube)

Minimum Collection Vol: 2 mL
Minimum Aliquot Vol: 0.3 mL

Restrictions On Collection:
Overnight fasting is preferred

When Completed:
Testing set-up 6 days a week
Analytic time of 4 days

Normal Values:
Included with report

Instructions/Remarks:
Reference lab: Ship room temperature (preferred)
NIC test code # 19894

Last Updated: 12/11/2012

Connected to SCM Item: DHEA Unconjugated at NIC
DHEA-SULFATE @NIC

Order Code: DSUL
Synonym(s): Dehydroepisandrosterone Sulfate
Section: Reference
Tube Type: Gold-R

Specimen Requirement:
- 0.5 mL serum (gold top SST tube) or red top tube

Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 0.5 mL
Restrictions On Collection: None

When Completed:
- Testing set-up Tuesday, Thursday at Noon
- Analytical time: 2 days

Normal Values: Included with report

Instructions/Remarks:
- Lab: Send serum Room Temp.
- Reference lab: Quest test code # 402X

Last Updated: 08/11/2014

Connected to SCM Item: DHEA-Sulfate at NIC
DIALYSIS CLEARANCE STUDY

Order Code: BUN

Section: Chemistry

Tube Type: ltG-C

Specimen Requirement:
1 ml. plasma (light green top tube, lithium heparin)
Collect two specimens, one pre and one post dialyzer filter.
Indicate PRE or POST on specimens.

Restrictions On Collection:
None

When Completed:
Same shift

Normal Values:
None defined

Instructions/Remarks:
To be used for Hemodialysis Quality Control purposes only.
LAB: Serum acceptable.
Separate specimen within 4 hours of collection. Room temperature up to 1 day. Refrigerate up to 5 days. Freeze up to 6 months.

Last Updated: 08/15/2003
DIAZEPAM  @MYO

Order Code:  Misc Lab Item
Synonym(s):  Valium, Nordiazepam, Clorazepate, Tranxene
Section:  Reference
Tube Type:  RED-R

Specimen Requirement:
3 ml Serum (min 1.1 ml), refrigerated.  
Do NOT collect in an SST tube.

Minimum Collection Vol:  
Minimum Aliquot Vol:  
Restrictions On Collection:  
None

When Completed:  
Test set up: Monday - Friday
Turnaround time: 2 -3 days

Normal Values:  
Included with report

Instructions/Remarks:  
LAB:  Send Ambient or refrigerated.  
Includes Nordiazepam Metabolite  
EDTA plasma also acceptable

REFERENCE LAB:  
Mayo test code # DIA

Last Updated: 03/06/2012

Connected to SCM Item:
DIC SCREEN

Order Code: DIC
Synonym(s):
Section: Hematology-Coag
Tube Type:
Specimen Requirement:
- 2.7 ml. whole blood (blue top tubes, citrate) PLUS TUBE MUST BE FULL
- 2.5 ml. whole blood (lavender top tube, EDTA)

Minimum Collection Vol: 
Minimum Aliquot Vol: 
Restrictions On Collection: None
When Completed: Same day

Normal Values:
- PT: 9.7 - 11.8 seconds
- APTT: 23-32 seconds
- Fibrinogen: 220-450 mg/dl
- Platelet Count: 150-400 K/uL
- D-Dimer Quant: Less than 0.60 mg/L FEU
- RBC Morphology: Normal RBC

Instructions/Remarks:
Screen Includes: PT, APTT, Fibrinogen, D-Dimer Quant, Platelet Count, RBC Morphology

Last Updated: 07/30/2010

Connected to SCM Item: DIC Screen
DIGITOXIN   @MYO

Order Code:  Misc Lab Item
Synonym(s):
Section:  Reference
Tube Type:  RED-R

Specimen Requirement:
1 ml. serum (red top tube) NO SST or plasma (lavender EDTA)

Minimum Collection Vol:  1 mL
Minimum Aliquot Vol:  0.25 mL

Restrictions On Collection:

When Completed:
Test set up:  Tuesday and Thursday
Turnaround time:  2 days

Normal Values:
Included with report

Instructions/Remarks:
LAB:  Send refrigerated in plastic vial.
Label specimen and request form "serum" or "plasma."
Testing is forwarded to NMS Laboratories, PA.

REFERENCE LAB:
Mayo test code # FDIGS

Last Updated: 03/07/2012

Connected to SCM Item:
DIGOXIN LEVEL

Order Code: DIG
Synonym(s):
Section: Chemistry
Tube Type: Gold
Specimen Requirement:
1 ml. serum (Gold top, SST tube)
(plasma not an acceptable alternate due to results bias)
Minimum Collection Vol:
Minimum Aliquot Vol:
Restrictions On Collection:
ROUTINE specimens for digoxin must be drawn AT LEAST 8 HOURS
AFTER administration of the drug. STAT orders or specific
physician orders can over-ride this instruction.
When Completed:
Same shift
Normal Values:
Therapeutic: 0.8 - 2.0 ng/ml
Toxic: Greater than 2.4 ng/ml
Instructions/Remarks:
Green top tubes no longer acceptable due to a results bias, 7-5-2012.
LAB: Hemolyzed specimens should not be used. Separate specimen within
4 hours of collection. Store at room temperature up to 8 hours.
Refrigerate up to 1 week. Freeze for longer storage. Centrifuge
refrigerated or frozen specimens prior to analysis.
Last Updated: 07/27/2012
Connected to SCM Item: Digoxin Level (Dig)
DIHYDROPYRIMIDINE DEHYDROGENASE GENE MUTATION  @NIC

Order Code: Misc Lab Item
Synonym(s): DPD gene mutation, Dihydropyrimidine dehydrogenase enzyme
Section: Reference
Tube Type: LV-R-wb

Specimen Requirement:
5 mL whole blood (lavender top EDTA)
Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 3 mL

Restrictions On Collection:
None

When Completed:
Turnaround time could vary. Testing performed 1 day per week. Reports in 13 days.

Normal Values:
Included with report

Instructions/Remarks:
LAB: Store and ship whole blood at room temperature. Other alternate anticoagulants accepted - see Quest catalog.

REFERENCE LAB:
Quest code # 15538X

Last Updated: 07/09/2008
DIHYDROTESTOSTERONE, by LCMSMS   @NIC

Order Code:   DHTEST
Synonym(s):  
Section:     Reference
Tube Type:   Red5-R
Specimen Requirement:  
1 mL serum (red top tube), no gel
Minimum Collection Vol:  3 mL
Minimum Aliquot Vol:    0.6 mL
Restrictions On Collection:  
None
When Completed:  
Less than 5 days
Normal Values:   
Included with report
Instructions/Remarks:  
LAB:  Ship room temperature (ambient)
      Gold top SST tubes not acceptable.
REFERENCE LAB:    
      Quest test Code # 90567
Last Updated:  04/08/2013
Connected to SCM Item:  Dihydrotestosterone   @NIC
DILANTIN/PHENYTOIN

Order Code: DIL
Synonym(s): Phenytoin
Section: Chemistry
Tube Type: Gold-C
Specimen Requirement: 1 ml. serum (gold top SST tube)

Restrictions On Collection: None

When Completed: Same shift

Normal Values:
Therapeutic: 10 - 20 mcg/ml
Toxic: Greater than 25 mcg/ml

Instructions/Remarks:
Plasma (light green top lithium heparin) acceptable within 4 hours of collection.
LAB: Hemolyzed specimens should not be used. Separate specimen within 4 hours of collection. Store at room temperature up to 8 hours. Refrigerate up to 1 week. Freeze for longer storage. Centrifuge refrigerated or frozen specimens prior to analysis.

Last Updated: 01/28/2003

Connected to SCM Item: Phenytoin/Dilantin Level
DIPHTHERIA ANTITOXOID, ELISA  @FOC

Order Code:  Misc Lab Item
Synonym(s):
Section:  Reference
Tube Type:  Red-R
Specimen Requirement:
   1ml Serum (minimum 0.3ml)
Minimum Collection Vol:  2 mL
Minimum Aliquot Vol:  0.3 mL
Restrictions On Collection:  None
When Completed:

Normal Values:  Included with report

Instructions/Remarks:
   REFERENCE LAB:
      Focus test code # 40415

Last Updated:  09/10/2012
Connected to SCM Item:
DIRECT & INDIRECT COOMBS

Order Code: DIRIND

Synonym(s): Antibody Screen, Coombs Indirect, Coombs Direct

Section: Blood Bank

Tube Type: PinkBB

Specimen Requirement:
6 mL EDTA, pink top preferred, lavender acceptable

Minimum Collection Vol: 5 mL
Minimum Aliquot Vol: 1 mL

Restrictions On Collection:
None

When Completed:
Same shift

Normal Values:
Negative

Instructions/Remarks:
Includes Antibody identification and elution if indicated.

Last Updated: 07/06/2010

Connected to SCM Item: Direct & Indirect Coombs
DIRECT COOMBS

Order Code: DAT
Synonym(s): Coombs Direct, DAT, Direct Antiglobulin Test
Section: Blood Bank
Tube Type: PinkBB

Specimen Requirement:
3 ml whole blood, pink top preferred, lavender acceptable
Infants: two full microtainers (lavender top, EDTA)

Minimum Collection Vol: 1 mL
Minimum Aliquot Vol: 1 mL

Restrictions On Collection:
Infants: If submitting cord blood sample, do not order direct coombs.
Order Neonatal Blood Type and Direct Coombs Evaluation (NBEV)
which includes ABO, Rh and Direct Coombs.

When Completed:
Same day

Normal Values:
Negative

Instructions/Remarks:
Elution automatically performed when the direct coombs is positive.

Last Updated: 07/06/2010

Connected to SCM Item: Direct Coombs
DISOPYRAMIDE (NORPACE)  @NIC

Order Code: DISO
Synonym(s): Norpace
Section: Reference
Tube Type: Red-R

Specimen Requirement:
1 ml. serum (red top tube) NO GEL TUBE

Minimum Collection Vol: 5 mL
Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:
None

When Completed:
Less than 4 days

Normal Values:
Included with report

Instructions/Remarks:
LAB: Send room temperature (ambient)

REFERENCE LAB:
NIC (Quest)
test code # 416

Last Updated: 02/20/2013

Connected to SCM Item: Disopyramide (Norpace) @NIC
DIURETICS PANEL, URINE  @NIC

Order Code:  Misc Lab Item
Synonym(s):  Thiazides, Furosemide, and Ethacrynic Acid
Section:  Reference

Tube Type:
Specimen Requirement:
1 ml Random urine (First void clean catch urine also acceptable)

Minimum Collection Vol:
Minimum Aliquot Vol:  0.25 ml

Restrictions On Collection:

When Completed:
Set up 2 days a week
Reports in 3-4 days

Normal Values:
Included in report

Instructions/Remarks:
LAB:  Send refrigerated
REFERENCE LAB:
Quest order code:  30961X
Testing done at NMS LABs, Willow Grove, PA.

Last Updated: 03/16/2012

Connected to SCM Item:
DNA (DOUBLE STRANDED) ANTIBODY @NIC

Order Code: DNADS

Synonym(s): Anti-DNA, Anti-ds DNA, Anti-Native DNA, Centromere Antibodies, Anti-Centromere Antibodies

Section: Reference

Tube Type: Red5

Specimen Requirement:
- 1 mL serum (draw 1 red top tube)
- SST gold top tube acceptable

Minimum Collection Vol: 3 mL

Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:
- Overnight fasting is preferred

When Completed:
- Testing is set-up Monday-Saturday in the A.M.
- Analytic time of 1 day

Normal Values:
- Included with report

Instructions/Remarks:
- Reference lab: Send samples room temperature
- NIC test code # 255

Last Updated: 12/11/2012

Connected to SCM Item: DNA DS Ab at NIC
DONATH–LANDSTEINER ANTIBODY

Order Code: DONATH

Synonym(s): PCH Screen, Paroxysmal Cold Hemoglobinuria Screen

Section: Blood Bank

Tube Type: Call BB for glass tubes

Specimen Requirement:
LAB DRAW ONLY
10 mL glass Red top tube (Gold top SST NOT acceptable)
Using infant heelwarmers, draw into pre-warmed tube.
Wrap tube between two warmers during transport to
maintain temp at 37 degrees C.
Hand deliver to CLS in Transfusion Service.
Place in 37 degrees C waterbath upon receipt.

Minimum Collection Vol: 6 mL

Minimum Aliquot Vol:

Restrictions On Collection:

When Completed:
Monday - Friday

Normal Values:
Negative

Instructions/Remarks:

Last Updated: 07/06/2010

Connected to SCM Item: Donath - Landsteiner
DOXEPIN AND NORDOXEPIN  @MYO

Order Code: Misc Lab Item

Synonym(s): Sinequan, Adapin, Nodox

Section: Reference

Tube Type: Red-R

Specimen Requirement:
3.0 ml serum (red top tube).
(Gold top SST tube not acceptable)

Minimum Collection Vol:

Minimum Aliquot Vol: 1.1 mL

Restrictions On Collection:

Should be drawn 12 hours after last dose.

When Completed:
Analytic Time: 1 day
Days Test Set Up: Monday through Saturday

Normal Values:
Included with report

Instructions/Remarks:
LAB: Send refrigerated.
Gold top SST tube NOT acceptable.

REFERENCE LAB:
Mayo Laboratory
test code # DOXP

Last Updated: 03/07/2012

Connected to SCM Item:
DRAW BLOOD SPECIMEN (LAB ONLY)

Order Code: DRWO

Synonym(s):

Section: Chemistry

Tube Type:

Specimen Requirement:

Minimum Collection Vol:

Minimum Aliquot Vol:

Restrictions On Collection:

When Completed:

Normal Values:

Instructions/Remarks:

Order this item in SCM when the Laboratory is being requested to draw blood specimens which are to be given to the patient, held in the lab, or sent to an outside lab.

Patient may arrive with a kit containing draw instructions. Billing information contained in the kit must be filled out by the patient.

NOTE: For kits requiring dry ice or complex processing requirements, see order code "DRWOC" (Draw Blood Specimen/Complex Processing), which covers the additional processing required.

Each kit accompanying the patient must be ordered individually using DRWO or DRWOC.

Enter tube requirements in Lab Label Comment.

Last Updated: 11/12/2013

Connected to SCM Item: Draw Blood Specimen
DRAW BLOOD SPECIMEN/COMPLEX PROCESSING (LAB ONLY)

Order Code: DRWOC
Synonym(s):
Section: Chemistry
Tube Type:
Specimen Requirement:

Minimum Collection Vol:
Minimum Aliquot Vol:
Restrictions On Collection:

When Completed:

Normal Values:

Instructions/Remarks:
Order this item in SCM when the Laboratory is being requested to draw blood specimens which are to be given to the patient, held in the lab, sent to an outside lab, and which require COMPLEX PROCESSING requirements, or DRY ICE.

NOTE: For patient draws not requiring complex processing or dry ice, see order code "DRWO".

Patient may arrive with a kit containing draw instructions. Billing information contained in the kit must be filled out by the patient. Each kit accompanying the patient must be ordered individually using DRWO or DRWOC.
Enter tube requirements in Lab Label Comment.

Last Updated: 11/12/2013
Connected to SCM Item: Draw Blood Spec/Complex Procedure
DRUG ABUSE SCREEN COMPREHENSIVE, URINE (if Urine only) [UDS]  @UCI (Lab use ONLY)

Order Code: Misc Lab Item
Synonym(s): Drugs-Urine only received
Section: Reference

Tube Type: 25 ml random urine

Specimen Requirement: 25 ml random urine

Minimum Collection Vol:
Minimum Aliquot Vol:
Restrictions On Collection: None

When Completed:
UCI: 3 hours if none detected (available STAT)

Normal Values: Included with report

Instructions/Remarks:
LAB:

This is a qualitative analysis for the detection of a broad spectrum of drugs in the overdose situation, when ONLY URINE IS RECEIVED for orders for "Comprehensive Drugs (Bld+Ur)@UCI".

Urine drug screen includes: Amphetamines, Antidepressants, Antihistamines, Barbiturates, Benzodiazepines, Cardiacs, Narcotics, Phenothiazines, Sedatives/Hypnotics, and miscellaneous agents (Acetaminophen, Cocaine, Phencyclidine (PCP), Dextromethorphan, Phenytoin, THC (Marijuana). Drugs found present are not confirmed.

REFERENCE LAB:
UCI order code # UDS

Last Updated: 11/21/2013

Connected to SCM Item:
DRUG ABUSE URINE, NO CONFIRMATION @NIC

Order Code: DAPU

Synonym(s): DRUG ABUSE SCREEN, AMPHETAMINES, BABITURATES, BENZODIAZEPINES, COCAINE, MARIJUANA, METHADONE, OPIATES, PHENCYCLIDINE, PROPOXYPHENE, ETHYL ALCOHOL, DRUGS OF ABUSE

Section: Reference

Tube Type:

Specimen Requirement:

60 mL urine sample from a Random collection

Minimum Collection Vol: 25 mL

Minimum Aliquot Vol:

Restrictions On Collection:

None

When Completed:

Testing is set-up 7 days a week
Analytical time of 1 day

Normal Values:

Included with report

Instructions/Remarks:

Reference lab: Ship random urine refrigerated
Room temperature and Frozen acceptable
Maintain sterility, ship in sterile screw cap container

NIC test code # 2130

Last Updated: 12/17/2012

Connected to SCM Item: Drug Abuse Urine no Confirm at NIC
DRUG SCREEN, FLUID (FORENSIC TEST) @NMS (via MYO)

Order Code: Misc Lab Item
Synonym(s): Drugs
Section: Reference

Tube Type:
Specimen Requirement: 10 mL fluid (gastric contents or other biological fluid)

Minimum Collection Vol:
Minimum Aliquot Vol:
Restrictions On Collection:

When Completed:

Normal Values: Included with report

Instructions/Remarks:
Testing for any fluid other than urine, serum, plasma.
For use in suspected drug overdose situations.
Reports drug identification only.
May specify particular drugs requested, although full panel is done.

LAB: Send fluid refrigerated.
Glass containers not acceptable.

REFERENCE:
MYO test code 90525 if processed through Mayo Medical.
NMS test code 1866FL.

Last Updated: 11/21/2013

Connected to SCM Item:
DRUG SCREEN, PLASMA @MYO (only for drugs not included @UCI)

Order Code: Misc Lab Item
Synonym(s): Drugs
Section: Reference

Tube Type:

Specimen Requirement:
5.5 mL plasma (grey top tube, potassium oxalate/sodium fluoride)

Minimum Collection Vol: 6 mL
Minimum Aliquot Vol: 2.1 mL

Restrictions On Collection:
None

When Completed:
Test performed: Monday - Sunday
Analytic time: 2-3 days

Normal Values:
Included with report

Instructions/Remarks:
Order ONLY for drugs not included in the preferred testing to UCI: Comprehensive Drugs (Bld&Ur) @UCI.
Call Lab. For use in suspected drug overdose situations.
Report includes identification and quantitation when possible.

LAB: Send plasma refrigerated. May specify particular drugs requested, although full panel is done.
Refer to MayoLink for listing of drugs.

REFERENCE LAB:
Mayo test # DSS

Last Updated: 11/21/2013

Connected to SCM Item:
DRUG SCREEN—NEWBORN UR(QUAL)

Order Code: DRSCNB
Synonym(s): Drugs
Section: Chemistry
Tube Type:
Specimen Requirement:
10 ml. random urine
Minimum Collection Vol:
Minimum Aliquot Vol:
Restrictions On Collection:
None
When Completed:
Same shift (available STAT)
Normal Values:
Negative
Instructions/Remarks:
Screen includes qualitative tests for:
Phencyclidine (PCP), Benzodiazepines, Cocaine,
Amphetamines, Tetrahydrocannabinol (THC), Opiates,
Barbiturates.
False positives may be encountered and will be confirmed by
more specific methods.
Screening results must not be used for non-medical purposes.
LAB: If any test is positive, wild-card that drug to
UCI for Stat confirmation.
For further information, confirmation method, and turnaround time,
refer to individual drug.

Last Updated: 05/14/2013
Connected to SCM Item: Drug Screen Newborn-Urine (Qual)
DRUG SCREEN-URINE (STAT/ROUTINE) (QUAL)

Order Code: DRSCRU

Synonym(s): Drugs Screen-STAT/Routine, AMPHETAMINES, BABITURATES, BENZODIAZEPINES, COCAINE MARIJUANA (THC), OPIATES, PHENCYCLIDINE, TRICYCLIC ANTIDEPRESSANTS, Specific Gravity

Section: Chemistry

Tube Type:

Specimen Requirement:

10 ml. random urine

Minimum Collection Vol:

Minimum Aliquot Vol:

Restrictions On Collection:

None

When Completed:

Same shift (available STAT)

Normal Values:

Negative

Instructions/Remarks:

This Drug Screen includes qualitative tests for: Amphetamines, Barbiturates, Benzodiazepines, Cocaine, Opiates, Phencyclidine (PCP), Tetrahydrocannabinol (THC), and specific gravity. All screening results in this panel are unconfirmed and may not be used for non-medical purposes.

For routines, may also order "DRUG ABUSE UR, NO CONFIRM @NIC", which additionally includes Alcohol, Marijuana Metabolites, Methaqualone, Methadone, Propoxyphene.

Last Updated: 11/21/2013

Connected to SCM Item: Drug Screen-Urine, STATor Routine @Hoag
LABORATORY MANUAL

DRUGS OF ABUSE SCR, MECONIUM 4 @MYO

Order Code: DRGASM
Synonym(s): Meconium drug screen
Section: Reference

Tube Type:

Specimen Requirement:
5 grams of meconium (about 1 tablespoon).
Collect sample into the same collection vial until quantity is
sufficient or until the first milk stool appears.
Between collections, store the specimen in a secure refrigerator.
Do NOT send to Lab until adequate sample collected.
See below.

Minimum Collection Vol:

Minimum Aliquot Vol: 1g 0.5tsp

Restrictions On Collection:
None

When Completed:
Testing performed: Monday - Saturday
Analytic Time: 2 days
Maximum Lab time at Mayo: 3 days

Normal Values:
Included with report

Instructions/Remarks:
For identifying amphetamines (and metamphetamines), opiates, as well as
metabolites of cocaine and marijuana in meconium specimen. When indicated,
reflex testing will be done for confirmation.

LAB: Send specimen frozen in small stool container,
using Chain-of-Custody Meconium Kit T653.
NOTE: Reflex confirmation testing, when done, will be ordered
and resulted as WILDR.

REFERENCE LAB:
Mayo # 60553

Last Updated: 06/10/2014

Connected to SCM Item: Drugs of Abuse, Meconium 4 @MYO

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:
DRUGS—PILL/CAPSULE IDENTIFICATION  @MYO

Order Code:  Misc Lab Item
Synonym(s):  Drugs-Misc Specimen
Section:  Reference

Specimen Requirement:
   Pill or capsule, Misc specimen

Restrictions On Collection:
   None

When Completed:
   Varies

Normal Values:
   Included with report

Instructions/Remarks:
   LAB:  Mayo may forward to: Medtox Laboratories, Inc.
         Call Mayo for ordering information and processing.

   REFERENCE LAB:
         MayoLink
         WILD12 (Mayo), or
         WILD80 (Medtox Lab)

Last Updated: 06/29/2006
DYPHYLLINE  @NMS (via MYO)

Order Code:  Misc Lab Item
Synonym(s):  Lufyllin
Section:  Reference
Tube Type:  RED-R

Specimen Requirement:
2 ml of Serum. Do NOT use an SST tube.
Alternate specimens are: plasma, urine

Restrictions On Collection:
None

When Completed:

Normal Values:
Included with report

Instructions/Remarks:
LAB:  See Mayo PC.
REFERENCE LAB:
Mayo test code # 90245

Last Updated: 09/15/2006
**E. HISTOLYTICA ANTIBODY @MYO**

**Order Code:** SAMOEB

**Synonym(s):** Amoebiasis Ab, Histolytica Ab

**Section:** Reference

**Tube Type:** GOLD-R

**Specimen Requirement:**
0.5 ml. serum (Gold top SST tube)

**Minimum Collection Vol:** 2 mL

**Minimum Aliquot Vol:** 0.2 mL

**Restrictions On Collection:**
None

**When Completed:**
Three to 4 days

**Normal Values:**
Included with report

**Instructions/Remarks:**
LAB: Send serum FROZEN.

REFERENCE LAB:
Mayo test code # 9049

**Last Updated:** 11/12/2008

**Connected to SCM Item:** E. Histolytica Ab (Amoebiasis Ab) @MYO
E.COLI SHIGA TOXIN AG

Order Code: ECST

Synonym(s): Shiga toxin E.coli, Enterohemorrhagic E.coli (EHEC), 0157:H7

Section: Microbiology

Tube Type:

Specimen Requirement:
A fresh stool specimen in clean dry container brought to the Laboratory within one hour after collection or a stool specimen placed in a Cary Blair Fecal Transport System (available in Microbiology).

Minimum Collection Vol:

Minimum Aliquot Vol:

Restrictions On Collection:
Only one (1) stool specimen per day will be accepted.

When Completed:
Final report: within 72 hours

Normal Values:
Negative for both Shiga Toxin 1 and 2

Instructions/Remarks:
This test will be performed on all stool specimens submitted for stool culture.

SCM: order as Stool
Choose stool specimens, Lab Order Set > E.COLI SHIGA TOXIN AG

Last Updated: 05/02/2011

Connected to SCM Item: E. coli Shiga Toxin Antigen

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:
Ear Aerobic Culture + Gram Stain

Order Code: EARC

Synonym(s): Ear Culture, Culture - Ear Aerobic + Gram Stain

Section: Microbiology

Specimen Requirement:

Restrictions On Collection:

When Completed:
72 hours

Normal Values:

Instructions/Remarks:

Last Updated: 02/15/2007

Connected to SCM Item: Ear Aerobic Culture + Gram Stain

Note: The SCM requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:

Circle if appropriate: Right    Left
Wound specimens: Deep    Superficial

PREP INSTRUCTION:
(1) MICROBIOLOGY: Collect specimen in sterile, tightly capped container. Transport to
LAB immediately.
Specimens over 1 hour old, or leaking, will require recollection.

(2) If using a swab for collection- aerobic (routine) - Red topped    aerobic- Blue
topped
EBV ANTIBODY PANEL, ACUTE (VCA + EBNA) @MYO

Order Code: SEBV

Synonym(s): Epstein-Barr Virus, EBV

Section: Reference

Tube Type: Gold-R

Specimen Requirement:
   1 mL serum (gold top SST) or red top tube

Minimum Collection Vol: 4 mL

Minimum Aliquot Vol: 1 mL

Restrictions On Collection:
   None

When Completed:
   Three to 5 days

Normal Values:
   Included with report

Instructions/Remarks:
   LAB: Send refrigerated.

   REFERENCE LAB: Mayo test code # 84421

Last Updated: 04/12/2013

Connected to SCM Item: EBV Ab Pnl, Acute (VCA + EBNA) @MYO
EBV ANTIBODY REACTIVATION (Early Ag) @MYO

Order Code: EBVE
Synonym(s): Epstein-Barr Virus, EBV, IGG, Early Antigen
Section: Reference
Tube Type: Gold-R

Specimen Requirement:
1 mL serum (gold top SST) or red top tube

Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 0.4 mL

Restrictions On Collection:
None

When Completed:
Testing set-up 5 days/week
Three to 5 days

Normal Values:
Included with report

Instructions/Remarks:
LAB: Send refrigerated.
REFERENCE LAB:
Mayo test code # EBVE

Last Updated: 04/29/2013

Connected to SCM Item: EBV IgG Antibody to Early Antigen at MYO
ECHINOCOCCUS AB IGG, EIA W/ RFLX TO WB @FOC

Order Code: Misc Lab Item

Synonym(s):

Section: Reference

Tube Type: Red-R

Specimen Requirement:

1 ml. serum

Minimum Collection Vol: 2 mL

Minimum Aliquot Vol: 0.2 mL

Restrictions On Collection:

None

When Completed:

Test set up: Tuesday, Friday
Analytic time: 1-5 days

Test performed at Focus Diagnostics, Inc.

Normal Values:

Included with report

Instructions/Remarks:

LAB: Send room temperature.
Serum gel SST tube NOT acceptable.

REFERENCE LAB:
Focus test code # 91307

Last Updated: 01/30/2013

Connected to SCM Item:
ECHOVIRUS AB @FOC

Order Code: Misc Lab Item

Synonym(s):

Section: Reference

Specimen Requirement:
2 ml. serum (red top tube), or 2 ml CSF

Minimum Aliquot Vol: 1 mL

Restrictions On Collection: None

When Completed: Two to 4 days

Normal Values: Included with report

Instructions/Remarks:
Testing is by complement fixation.
LAB: Send refrigerated.

REFERENCE LAB:
Focus order code serum # 40435
Focus order code CSF # 60435

Last Updated: 03/26/2008
EHS PRE-EMPLOYMENT PANEL (Order Set)

Order Code:

Synonym(s):

Section: Reference&Hemat

Tube Type:

Specimen Requirement:

2.5 ml whole blood (1 - lavender top, EDTA) PLUS
4 ml serum (draw 2 - gold top tubes)

Minimum Collection Vol:

Minimum Aliquot Vol:

Restrictions On Collection:

None

When Completed:

Within 1-2 days

Normal Values:

Included with report

Instructions/Remarks:

Order in SCM as Order Set.

Includes:

Auto Blood Count (ABC)
Rubella Ab, IgG @NIC (RUBIGG)
Measles (Rubeola) Ab, IgG @NIC (MEAIGG)
Varicella-Zoster IgG Ab @NIC (VARIGG)
Mumps Virus Ab, IgG @NIC (MUMIGG)

Last Updated: 06/27/2014

Connected to SCM Item:
ELECTROLYTE PANEL

Order Code: EPAN
Synonym(s): Lytes
Section: Chemistry
Tube Type: ltG-C

Specimen Requirement:
1 ml. plasma (light green top tube, lithium heparin); no hemolysis

Restrictions On Collection:
None

When Completed:
Same shift

Normal Values:
See individual tests

Instructions/Remarks:
No hemolysis.
Panel includes: Sodium, Potassium, Chloride, Carbon Dioxide
Serum acceptable.

Last Updated: 08/15/2003

Connected to SCM Item: Electrolyte Panel
ELECTROLYTES, STOOL  @MYO (3 TESTS)

Order Code:   Misc Lab Item
Synonym(s):  Lytes, Feces
Section:     Reference

Specimen Requirement:
A minimum of 20ml of liquid stool. Send specimen FROZEN.
Timed collections (24 hour) will also be accepted.

Minimum Collection Vol:
Minimum Aliquot Vol:

Restrictions On Collection:
Will only be performed on watery stool.
Do not send formed stool. Mayo will cancel.

When Completed:
Test set up: Monday through Saturday
Analytic time: 1 day

Normal Values:
Included with report

Instructions/Remarks:
REFERENCE LAB:
Mayo Laboratory
Test code # EFP

Last Updated: 03/07/2012

Connected to SCM Item:
ENCAINIDE  @MYO

Order Code: Misc Lab Item
Synonym(s): Enkaid
Section: Reference
Tube Type: LV-R

Specimen Requirement:
3 ml (min. 0.6ml) plasma OR serum
Draw 1-6ml lavender top (EDTA) or green top (sodium heparin)
OR 1-10ml red top tube

NOTE:
1. Indicate plasma or serum on internal notes line of Mayo PC.
2. Label specimen appropriately (plasma or serum).
3. SST tube is not acceptable.

Minimum Collection Vol: 
Minimum Aliquot Vol:
Restrictions On Collection: None

When Completed:
Less than 5 days
Test is forwarded to MEDTOX

Normal Values:
Included with report
TEST PERFORMED AT MEDTOX

Instructions/Remarks:
Send refrigerated.

REFERENCE LAB:
Mayo Laboratory
test code # FENC

Last Updated: 03/07/2012

Connected to SCM Item:
ENDOMYSIAL ANTIBODY, SERUM @MYO

Order Code: EMA

Synonym(s): Anti-Endomysial Ab, Immunofluorescence Antibodies

Section: Reference

Tube Type: Gold-R

Specimen Requirement:

2 ml serum (gold top SST tube)
* Minimum aliquot volume: Adults = 1.0
    Peds = 0.5

Minimum Collection Vol: 5 mL

Minimum Aliquot Vol: *

Restrictions On Collection:
None

When Completed:

Analytic Time:
2 days

Days Test Set Up:
Monday through Friday

Normal Values:
Included with report

Instructions/Remarks:

LAB: Send serum refrigerated.
    If specimen is hemolyzed, they may process but result in question.

REFERENCE LAB:
    Mayo Laboratory
test code # 9360

Last Updated: 03/30/2011

Connected to SCM Item: Endomysial Antibody @MYO
ENTEROCOCCUS ONLY CULTURE

Order Code: ENTO

Synonym(s): Culture - Enterococcus, VRE Only Culture, Culture - Enterococcus Only

Section: Microbiology

Specimen Requirement:

Restrictions On Collection:

When Completed:
72 hours

Normal Values:

Instructions/Remarks:
Order this item to rule out VRE
Enterococcus will be the only organism identified.

Last Updated: 02/15/2007

Connected to SCM Item: Enterococcus Only Culture

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:

Circle if appropriate: Right Left
Wound specimens: Deep Superficial

PREP INSTRUCTION:
(1) MICROBIOLOGY: Collect specimen in sterile, tightly capped container. Transport to LAB immediately. Specimens over 1 hour old, or leaking, will require recollection.

(2) If using a swab for collection- aerobic (routine) - Red topped - anerobic- Blue topped
ENTEROVIRUS ANTIBODY PANEL II   @FOC

Order Code: Misc Lab Item

Synonym(s): Paralytic Viral Ab.

Section: Reference

Tube Type: RED-R

Specimen Requirement: 3 ml of Serum

Minimum Collection Vol: 5 mL

Minimum Aliquot Vol: 2 mL

Restrictions On Collection: None

When Completed: Turnaround time 2-5 days

Normal Values: Included with report

Instructions/Remarks:
Panel includes: Coxsackie Type A Antibody Panel
Coxsackie Type B Antibody Panel
Echovirus Antibody Panel
Poliovirus (Types 1-3) Antibody

LAB: Send refrigerated.

REFERENCE LAB:
MRL = Focus
test code # 2080

Last Updated: 09/10/2012

Connected to SCM Item:
ENTEROVIRUS CULTURE  @NIC

Order Code: ENTVC

Synonym(s):

Section: Microbiology

Tube Type: VCM medium

Specimen Requirement:
Equal volumes of fluid and specimen in VCM medium

3 mL nasal/nasopharyngeal, throat, rectal, stool or vesicular lesions swab, nasopharyngeal washing, throat washing, bronchial lavage/wash or tracheal aspirate

Note: PCR is the preferred test for CSF.

Minimum Collection Vol: 3 mL

Minimum Aliquot Vol: 1 mL

Restrictions On Collection:
Wooden shaft and calcium alginate swabs
Dry swabs or Transwabs®
Swabs in bacterial transport medium
DNA probe transports
Tissues in formalin or other fixatives
Transports for antigen detection by EIA

When Completed:
Set up: Daily; Report Available: 5-10 days

Normal Values:
None detected

Instructions/Remarks:
LAB: Send refrigerated in VCM medium.

REFERENCE LAB:
NIC (Quest) test code # 2647

Performing Laboratory
Focus Diagnostics, Inc.
5785 Corporate Ave.
Cypress, CA 90630-4726

Last Updated: 01/14/2014

Connected to SCM Item: Enterovirus Culture at NIC

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:

Circle if appropriate: Right  Left
Wound specimens: Deep  Superficial

PREP INSTRUCTION:
(1) MICROBIOLOGY: Collect specimen in sterile, tightly capped container. Transport to LAB immediately.
Specimens over 1 hour old, or leaking, will require recollection.

(2) If using a swab for collection- aerobic (routine) - Red topped  - anaerobic- Blue topped
ENTEROVIRUS RNA, RT-PCR, BLOOD (QUAL) @FOC

Order Code: ENTRNA

Synonym(s):

Section: Reference

Tube Type: Lav3-R

Specimen Requirement:
0.7 mL plasma (lavender top, EDTA)

Minimum Collection Vol: 1 mL
Minimum Aliquot Vol: 0.3 mL

Restrictions On Collection:

When Completed:
1 - 3 days

Normal Values:
Included with report

Instructions/Remarks:
LAB: Send specimen refrigerated.
REFERENCE LAB:
Focus order # 47300

Last Updated: 01/19/2012

Connected to SCM Item: Enterovirus RNA PCR Blood Qual @FOC
ENTEROVIRUS RNA, RT-PCR, CSF (QUAL) @FOC

Order Code: Misc Lab Item

Synonym(s):

Section: Reference

Tube Type:

Specimen Requirement:
0.7 mL CSF

Minimum Collection Vol: 0.3
Minimum Aliquot Vol: 0.3

Restrictions On Collection:
None

When Completed:
Turn around time: 1-3 days

Normal Values:
Included with report.

Instructions/Remarks:
LAB: Send CSF refrigerated.

REFERENCE LAB:
Focus order code # 47300

Last Updated: 01/19/2012

Connected to SCM Item:
ENTEROVIRUS RNA, RT-PCR, OTHER (QUALITATIVE) @FOC

Order Code: Misc Lab Item

Synonym(s):

Section: Microbiology

Specimen Requirement:
Throat or rectal swab in 0.5 mL viral transport media,
or stool specimen

Minimum Collection Vol: 1 mL

Restrictions On Collection:

When Completed:
1 - 3 days

Normal Values:
Negative

Instructions/Remarks:
LAB/MICRO USE ONLY:
Order as WILDM
Focus order # 47300
Specimen needs to be frozen

Last Updated: 04/23/2008
EOSINOPHIL - MISC. SMEAR

Order Code: EOSMIS

Synonym(s): 

Section: Hematology-Coag

Specimen Requirement: Collected by floor, indicate type of specimen on request form

Restrictions On Collection: None

When Completed: Same day

Normal Values: None seen

Instructions/Remarks:

Last Updated:

Connected to SCM Item: Eosinophil-Misc Smear

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

- Date Specimen Collected:
- Time Specimen Collected:
- Collected by:
EOSINOPHIL - NASAL SMEAR

Order Code: EOSNAS
Synonym(s): Nasal Smear - Eosinophil
Section: Hematology-Coag

Specimen Requirement:
Collect one swab from each nostril and smear each swab on a slide (2 slides).

Restrictions On Collection:
None

When Completed:
Same day

Normal Values:
None seen

Instructions/Remarks:

Last Updated:

Connected to SCM Item: Eosinophil-Nasal Smear
Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

- Date Specimen Collected:
- Time Specimen Collected:
- Collected by:
EOSINOPHIL - SPUTUM

Order Code: EOSPUT
Synonym(s): Sputum - Eosinophil
Section: Hematology-Coag

Specimen Requirement:
Collect sputum, submit specimen to the Laboratory

Restrictions On Collection:
None

When Completed:
Same day

Normal Values:
None seen

Instructions/Remarks:

Last Updated:

Connected to SCM Item: Eosinophil-Sputum Smear

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

- Date Specimen Collected:
- Time Specimen Collected:
- Collected by:
EOSINOPHIL COUNT - BLOOD

Order Code: EOSCT

Synonym(s):

Section: Hematology-Coag

Tube Type: LV-H

Specimen Requirement:

2.5 ml. whole blood (lavender top tube, EDTA) or by fingerstick using microtainer and 2 peripheral slides. May combine collection with CBC.

Restrictions On Collection:
None

When Completed:
Same day

Normal Values:
100 - 300 /cumm

Instructions/Remarks:

Last Updated: 08/15/2003

Connected to SCM Item: Eosinophil Count-Blood
EOSINOPHILIA - URINE

Order Code: EOSUR
Synonym(s): Wright Stain - Urine
Section: Urinalysis-Body

Tube Type:

Specimen Requirement:
Minimum 20 ml.

Minimum Collection Vol:
Minimum Aliquot Vol:
Restrictions On Collection:
First morning void preferred

When Completed:
Same day.

Normal Values:

Instructions/Remarks:
LAB: Pour off separate aliquot for EOSUR. If ordered with Urinalysis, second aliquot must be poured off for Eosinophile.

Last Updated: 03/08/2013
Connected to SCM Item: Eosinophil-Urine
ERYTHROPOIETIN (EPO) @NIC

Order Code: EPON
Synonym(s):
Section: Reference
Tube Type: Red5

Specimen Requirement:
1 mL serum (draw 1 red top tube)
SST gold top acceptable

Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:
Due to diurnal variation, it is recommended that specimens be collected between 7:30am and noon.

When Completed:
Test set-up M-W-F
Analytic time of 3 days

Normal Values:
Included with report

Instructions/Remarks:
Reference lab: Ship serum room temperature (preferred)
NIC test code # 427

Last Updated: 12/11/2012

Connected to SCM Item: Erythropoietin EPO at NIC
ESOPHAGEAL BRUSHINGS for CYTOLOGY

Order Code:

Synonym(s):

Section: Cytology

Specimen Requirement:
This specimen is collected in the G.I. Lab as part of the Gastroscopy procedure.

Restrictions On Collection:
As scheduled by G.I. Lab. Test performed Monday - Saturday, days.

When Completed:
Within 24 hours

Normal Values:
Negative for malignant cells.

Instructions/Remarks:
All brushing smears must be labelled with the patient's name in pencil on the frosted end of the slide. DO NOT USE INK. Label the slides before the procedure begins, to avoid air-drying.

For routine cytology, mark the "routine" box.
If any of the following are ordered: GMS stain, Fungal stain, r/o fungus, r/o Candida, the box box marked "GMS (fungus) stain" must also be checked.

Last Updated: 09/15/2006
ESTRADIOL, SERUM @NIC

Order Code: ESTS2
Synonym(s): E2
Section: Reference
Tube Type: Red5R
Specimen Requirement:
0.5 mL serum (draw 1 red top tube)
SST gold top UNACCEPTABLE
Minimum Collection Vol: 1.5 mL
Minimum Aliquot Vol: 0.2 mL
Restrictions On Collection:
None
When Completed:
Testing set-up 6 days a week
Analytic time of 5 days
Normal Values:
Included with report
Instructions/Remarks:
Reference lab: ship serum FROZEN ONLY
NIC test code # 30289
Last Updated: 12/11/2012
Connected to SCM Item: Estradiol, Serum at NIC
ESTRIOL UNCONJUGATED, SERUM  @MYO

Order Code:  UESTL
Synonym(s):  Unconjugated Estriol
Section:  Reference
Tube Type:  Gold-R
Specimen Requirement:
1 mL serum (Gold top SST tube)

Minimum Collection Vol:  4 mL
Minimum Aliquot Vol:  0.5 mL
Restrictions On Collection:

When Completed:
Test set up: Monday - Saturday
Analytic time: 2 days

Normal Values:
Included with report

Instructions/Remarks:
LAB:  Send refrigerated.
REFERENCE LAB:
Mayo test code # 81711

Last Updated: 12/12/2007

Connected to SCM Item:  Estriol, Unconjugated, Serum @MYO
ESTROGEN, TOTAL  @NIC

Order Code: ESTN1
Synonym(s): 
Section: Reference
Tube Type: RED-R
Specimen Requirement: 1 ml. serum (red top tube)
Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 0.5 mL
Restrictions On Collection: None
When Completed: Less than 5 days
Normal Values: Included with report
Instructions/Remarks:
LAB: Ship refrigerated
REFERENCE LAB: Quest Diagnostics Nichols Institute
  test code # 439
Last Updated: 09/27/2012
Connected to SCM Item: Estrogen, Total  @NIC
ESTRONE, SERUM @MYO

Order Code: ESTR

Synonym(s):

Section: Reference

Tube Type: Gold-R

Specimen Requirement:
1.1 ml serum (Gold top SST tube), Refrigerated.

Minimum Collection Vol: 3 mL

Minimum Aliquot Vol: 0.6 mL

Restrictions On Collection:

When Completed:
Test Set Up Thursday AM
1 day to complete

Normal Values:
Included with report

Instructions/Remarks:
LAB: Ship refrigerated
EDTA plasma and Heparin plasma also acceptable;
must be separated from gel within 24 hours

REFERENCE LAB:
Mayo Labs
test code # 81418

Last Updated: 09/15/2006

Connected to SCM Item: Estrone, Serum @MYO
ETHOSUXIMIDE @MYO

Order Code:  Misc Lab Item
Synonym(s):  Zarontin
Section:  Reference
Tube Type:  Red-R

Specimen Requirement:
1 ml SERUM only (red top tube)

Minimum Collection Vol:  2 mL
Minimum Aliquot Vol:  0.5 mL

Restrictions On Collection:

When Completed:  Set up Monday through Sunday, 2-3 day turnaround time.

Normal Values:  Included with report

Instructions/Remarks:
LAB:  Spin down and remove serum from cells within 2 hours of collection. Serum only. Plasma not acceptable. Gold top SST tube not acceptable. Send refrigerated.

REFERENCE LAB:  Mayo test code # ETX

Last Updated:  03/07/2012

Connected to SCM Item:
ETHYLENE GLYCOL, QUANT-Routines @MYO

Order Code: Misc Lab Item

Synonym(s): 

Section: Reference

Tube Type: RED-R

Specimen Requirement:
2 ml (min 0.3 ml) of Serum
NOTE: SST tube not acceptable

Minimum Collection Vol:

Minimum Aliquot Vol:

Restrictions On Collection:
Not available STAT

When Completed:
Analytic Time: 1 day
Days Test Set Up: Monday through Sunday

Normal Values:
Included with report

Instructions/Remarks:
LAB: EDTA plasma also acceptable.

REFERENCE LAB:
Mayo Laboratory
Test code # ETGL

Last Updated: 03/07/2012

Connected to SCM Item:
EUGLOBULIN CLOT LYSIS  @NIC

Order Code:  EUGLOB

Synonym(s): 

Section:  Reference

Tube Type:  Blu-ICE

Specimen Requirement:

Minimum 1 ml plasma (sodium citrate), on ice. TUBE MUST BE FULL. Do not pump vein, massage vein, or leave tourniquet in place for prolonged period.

Minimum Collection Vol:  5 mL

Minimum Aliquot Vol:  1 mL

Restrictions On Collection:

Prohibit exercise prior to drawing sample.

When Completed:

Testing set up once per week. Reports in 1 day.

Normal Values:

Included with report

Instructions/Remarks:

LAB:  MUST CENTRIFUGE WITH 30 MINUTES. Centrifuge for 15 mins. at 3,000 rpm. Carefully remove plasma from cells avoiding the platelet/buffy coat. Transfer plasma to a plastic tube and centrifuge again for 15 mins. Remove the top portion of plasma leaving approximately 250 uL in the bottom to discard. The double-centrifuged plasma should be aliquoted into 2 clearly labeled plastic tubes. Freeze.

REFERENCE LAB:

Quest test # 462X

Last Updated: 03/01/2013

Connected to SCM Item:  Euglobulin Clot Lysis Time at NIC
EVEROLIMUS @UCI (UCI forwards to ARUP)

Order Code: Misc Lab Item
Synonym(s):
Section: Reference
Tube Type: Lav3
Specimen Requirement:
3 mL whole blood (lavender top EDTA)

Minimum Collection Vol:
Minimum Aliquot Vol:
Restrictions On Collection: None

When Completed:
Testing performed daily.
Allow 2 additional days for specimen receipt and report.

Normal Values:
Included with report.

Instructions/Remarks:
LAB: Send whole blood refrigerated.
Order as Misc Item to UCI indicating EVEROLIMUS on form.
UCI will forward to ARUP.

Last Updated: 03/21/2011

Connected to SCM Item:
EXTRA BB SAMPLE

Order Code: XCLOTB
Synonym(s):
Section: Blood Bank
Tube Type: Pink BB
Specimen Requirement:
   6 mL EDTA, pink top preferred, lavender acceptable
Minimum Collection Vol: 4 mL
Minimum Aliquot Vol: 4 mL
Restrictions On Collection:
   Do not order if there are other Blood Bank orders.
   Do not order on ECU patients.
   If orders are "Type and Hold" or "Hold Clot" order Type & Screen (TYAS)
When Completed: N/A
Normal Values: N/A
Instructions/Remarks:

Last Updated: 07/06/2010
Connected to SCM Item: Extra Clot (Blood Bank)
EYE AEROBIC CULTURE + GRAM STAIN

Order Code: EYEC

Synonym(s): Eye Culture, Culture - Eye includes Gram Stain

Section: Microbiology

Specimen Requirement:

Restrictions On Collection:

When Completed:
72 hours

Normal Values:

Instructions/Remarks:

Last Updated: 02/15/2007

Connected to SCM Item: Eye Aerobic Culture + Gram Stain

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:

Circle if appropriate: Right Left
Wound specimens: Deep Superficial

PREP INSTRUCTION:
(1) MICROBIOLOGY: Collect specimen in sterile, tightly capped container. Transport to LAB immediately.
Specimens over 1 hour old, or leaking, will require recollection.

(2) If using a swab for collection- aerobic (routine) - Red topped - anaerobic- Blue topped
FACTOR II ACTIVITY @NIC

Order Code: F2AN

Synonym(s):

Section: Reference

Tube Type: BLUICE

Specimen Requirement:
- 1 mL plasma (draw 1 full light blue top tube)
  Must deliver to lab on ICE

Minimum Collection Vol:

Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:
None

When Completed:
- Testing set-up 2 days a week
- Analytic time of 2 to 4 days

Normal Values:
Included with report

Instructions/Remarks:
- Reference lab: Centrifuge light blue-top tube for 15 minutes in cold centrifuge
  Using a plastic pipette, remove plasma, taking care to avoid the
  WBC/platelet buffy layer and place into a plastic vial. Centrifuge a
  second time and transfer platelet-poor plasma into a new plast
  vial. FREEZE IMMEDIATELY
  SHIP PLASMA FROZEN ONLY
  Reject hemolysis

NIC test code # 331

Last Updated: 12/11/2012

Connected to SCM Item: Factor II Activity at NIC
FACTOR IX

Order Code: F9
Synonym(s): FIX
Section: Hematology-Coag
Tube Type: Blue

Specimen Requirement:
2.7 ml. whole blood (blue top tube, citrate)
Tube MUST BE FULL

Minimum Collection Vol:
Minimum Aliquot Vol:
Restrictions On Collection:
None

When Completed:
Same Day

Normal Values:
50 - 150%

Instructions/Remarks:
Specimen to be delivered to Coagulation department STAT.
Notify CLS upon arrival.

LAB: If testing is not to be done within 2 hours, centrifuge immediately
and aliquot into 2 plastic tubes using plastic pipettes.
Fast-freeze in -80 degrees freezer.

Last Updated: 11/11/2013
Connected to SCM Item: Factor IX Activity
FACTOR V (LEIDEN) MUTATION ANALYSIS @NIC

Order Code: F5LEID
Synonym(s): Active Protein C, APC Mutation, R506Q
Section: Reference
Tube Type: Lav10

Specimen Requirement:
5 mL whole blood (draw 1 large lavender top tube)

Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: None

When Completed:
Testing is set-up Monday-Sunday in the A.M.
Analytic time of 5 days

Normal Values:
Included with report

Instructions/Remarks:
Reference lab: send sample at room temperature
NIC test code # 17900

Last Updated: 02/21/2013

Connected to SCM Item: Factor V Leiden Mutation at NIC
FACTOR V ACTIVITY, CLOTTING @NIC

Order Code:  F5AN
Synonym(s):
Section:  Reference
Tube Type:  BLUEICE
Specimen Requirement:
1 mL plasma (draw 1 FULL light blue top tube)
Minimum Collection Vol:
Minimum Aliquot Vol:  0.5 mL
Restrictions On Collection:
None
When Completed:
Testing set-up 3 days a week
Analytic time of 3 days
Normal Values:
Included with report
Instructions/Remarks:
Reference lab: Centrifuge light blue-top tube for 15 minutes in cold centrifuge within 60 minutes of collection. Using a plastic pipette, remove plasma, taking care to avoid the WBC/platelet buffy layer and place into a plastic vial. Centrifuge a second time and transfer platelet-poor plasma into a new plastic vial. Plasma must be free of platelets (<10,000/mcl). FREEZE IMMEDIATELY.
Ship plasma FROZEN only
Reject Hemolysis
NIC test code # 344X
Last Updated:  12/1/2012
Connected to SCM Item:  Factor V Activity at NIC
FACTOR VII ACTIVITY  @NIC

Order Code:  F7AN

Synonym(s):  Factor VII Activity, clotting

Section:  Reference

Tube Type:  Blue-ICE

Specimen Requirement:
1 mL Plasma (draw 1 FULL light blue top tube)
Specimen must be drawn on ICE

Minimum Collection Vol:  

Minimum Aliquot Vol:  0.5 mL

Restrictions On Collection:
None

When Completed:
Testing set-up 2 days a week
Analytical time of 2-4 days

Normal Values:
Included with report

Instructions/Remarks:
Reference lab: Centrifuge light blue-top tube for 15 minutes in cold centrifuge within 60 minutes of collection. Using a plastic pipette, remove plasma, taking care to avoid the WBC/platelet buffy layer and place into a plastic vial. Centrifuge a second time and transfer platelet poor plasma into a new plastic vial. Plasma must be free of platelets. Freeze immediately.

Ship plasma FROZEN ONLY

Reject hemolysis

NIC test code # 362X

Last Updated:  12/11/2012

Connected to SCM Item:  Factor VII Activity at NIC
FACTOR VIII

Order Code: F8
Synonym(s): FVIII
Section: Hematology-Coag
Tube Type: Blue

Specimen Requirement:
2.7 ml. whole blood (blue top tube, citrate)
Tube MUST BE FULL

Minimum Collection Vol:
Minimum Aliquot Vol:
Restrictions On Collection:
None

When Completed:
Same Day or within 24 hours

Normal Values:
50 - 150%

Instructions/Remarks:
Specimen to be delivered to Coagulation department STAT
Notify CLS upon arrival
LAB: If testing is not to be done within 2 hours, centrifuge immediately
and aliquot into 2 plastic tubes using plastic pipettes.
Fast-freeze in -80 degrees freezer.

Last Updated: 11/11/2013
Connected to SCM Item: Factor VIII Activity
FACTOR VIII INHIBITOR PANEL @NIC

Order Code: F8INHP
Synonym(s): Hemophilia A
Section: Reference
Tube Type: Lt. Blue

Specimen Requirement:
- 6 mL plasma, 2 mL in each of 3 tubes
- Draw 3 FULL Lt. blue-top tubes
- Deliver on ICE

Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 3 mL

Restrictions On Collection: None

When Completed:
- Testing is set-up 2 days a week
- Analytic time of 4 days

Normal Values:
- Included with report

Instructions/Remarks:
Lab: Centrifuge light blue-top tubes for 15 minutes and approximately 1500g within 60 minutes of collection. Using a plastic pipette, remove plasma, taking care to avoid the WBC/platelet buffy layer and place into a plastic vial(s). Centrifuge a second time and transfer platelet-poor plasma into three new plastic vials. Transfer 2 mL of plasma into each tube. FREEZE IMMEDIATELY

Send samples FROZEN only

NIC test code # 40083X

Last Updated: 12/11/2012

Connected to SCM Item: Factor VIII Inhibitor Pnl at NIC
FACTOR X ACTIVITY @NIC

Order Code: F10AN
Synonym(s): Reference
Tube Type: Blue-ICE
Specimen Requirement:
1 mL plasma (draw 1 FULL light blue top tube)
Must be sent down on ICE
Minimum Collection Vol: minimum
Minimum Aliquot Vol: 0.5 mL
Restrictions On Collection: None
When Completed: Testing set-up includes 2 days
Analytic time of 2-4 days
Normal Values: Included with report
Instructions/Remarks:
Lab: Centrifuge light-blue top tube for 15 minutes in cold centrifuge within 60 minutes of collection. Using a plastic pipette, remove plasma, taking care to avoid the WBC/platelet buffy layer and place into a new plastic vial. Centrifuge in the cold centrifuge for another 15 minutes and transfer platelet-poor plasma into a new plastic vial. FREEZE IMMEDIATELY.
Reference lab: Ship plasma FROZEN ONLY
Reject hemolysis
NIC test code # 359X

Last Updated: 12/11/2012

Connected to SCM Item: Factor X Activity at NIC
FACTOR XI ACTIVITY, CLOTTING @NIC

Order Code: F11AN

Synonym(s):

Section: Reference

Tube Type: Blue-ICE

Specimen Requirement:
1 mL plasma (draw 1 FULL light blue top tube)
Specimen must be sent down on ICE

Minimum Collection Vol:

Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:
None

When Completed:
Testing set-up 3 days a week
Analytic time of 2-3 days

Normal Values:
Included with report

Instructions/Remarks:
Reference lab: Centrifuge lt. blue top for 15 minutes in cold centrifuge at approx. 1500g within 60 minutes of collection. Using a plastic pipette, remove plasma, taking care to avoid the WBC/platelet buffy layer and place into a plastic vial. Centrifuge a second time and transfer platelet-poor plasma into a new plastic vial. FREEZE IMMEDIATELY

SHIP FROZEN ONLY

NIC test code # 360X

Last Updated: 12/11/2012

Connected to SCM Item: Factor XI Activity at NIC
FACTOR XII ACTIVITY @NIC

Order Code: F12AN
Synonym(s): Factor 12 Activity, Clotting
Section: Reference
Tube Type: Blue-ICE

Specimen Requirement:
1 mL plasma (draw 1 FULL light blue top tube)
Specimen must be sent down on ICE

Minimum Collection Vol:
Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:
None

When Completed:
Testing set-up 2 days a week
Analytical time of 2 to 4 days

Normal Values:
Included with Report

Instructions/Remarks:
Reference lab: Centrifuge light blue-top tube for 15 minutes in cold centrifuge within 60 minutes of collection. Using a plastic pipette, remove plasma, taking care to avoid the WBC/platelet buffy layer and place into a plastic vial. Centrifuge a second time and transfer platelet-poor plasma into a new plastic vial. Plasma must be free of platelets (<10,000/mcL). FREEZE IMMEDIATELY.

Ship plasma FROZEN only
Reject Hemolysis

NIC test code # 362X

Last Updated: 12/11/2012

Connected to SCM Item: Factor XII Activity at NIC
FACTOR XIII

Order Code: F13
Synonym(s): FXIII, Urea Clot Lysis
Section: Hematology-Coag
Tube Type: Blue

Specimen Requirement:
2.7 ml. whole blood (blue top tube, citrate)
MUST BE FULL

Minimum Collection Vol:
Minimum Aliquot Vol:
Restrictions On Collection: None

When Completed:
Test performed 7:00 am - 8:00 pm
Results in 24 hours

Normal Values:
No lysis within 24 hours

Instructions/Remarks:
LAB: Aliquot plasma and deliver to department 0700-2100 daily.
Off-hours, store in freezer.

Last Updated: 06/03/2010

Connected to SCM Item: Factor XIII Activity
FAT (Sudan III Stain)-URINE (QUAL)

Order Code: UFAT

Synonym(s): Urinalysis-Body

Section: Urinalysis-Body

Specimen Requirement: Random urine clean catch, label properly, send to Lab within one hour

Restrictions On Collection: None

When Completed: Same day

Normal Values: Negative

Instructions/Remarks:

Last Updated: 02/09/2007

Connected to SCM Item: Fat-Urine Qual
FAT, FECES QUANT.  @MYO

Order Code:  Misc Lab Item

Synonym(s):  Lipids stool, fecal fat

Section:  Reference

Tube Type:

Specimen Requirement:

Stool specimen: 48 or 72 hour preferred (24 hour or random accepted)  
SEND ENTIRE COLLECTION frozen in a Mayo approved container (stored in  
back of Chemistry in cupboard)

NOTE:  1. LENGTH OF COLLECTION PERIOD IS REQUIRED ON REQUEST FORM  
FOR PROCESSING.
  2. 5 g IS REQUIRED FOR TESTING. CONTINUE COLLECTION UNTIL 5 g  
ARE COLLECTED.
  3. It is essential that laxatives (particularly mineral oil and  
castor oil) are NOT used during the collection period.
  4. Barium interferes with test procedure.
  5. Synthetic fat substitutes such as Olestra interfere with  
test procedure.
  6. Patient preparation on controlled diet, 100-150 g fat per day.  
  7. A separate order and collection should take place if Calcium,  
Chloride, Magnesium, Osmolality, Potassium, Sodium, testing  
is also desired.

Minimum Collection Vol:

Minimum Aliquot Vol:

Restrictions On Collection:

When Completed:

Analytic Time:
  2 days
Days Test Set Up:
  Monday through Friday

Normal Values:

Included with report

Instructions/Remarks:

REFERENCE LAB:  
MYO test code # FATF

Last Updated: 03/07/2012

Connected to SCM Item:
FATS, FECES (Qualitative)

Order Code: FEF

Synonym(s): Lipids Stool, Fecal Fat

Section: Microbiology

Specimen Requirement:
Random stool specimen, NOT 72-hour collection
Physician should specify diet. Recommend 100 gram fat intake/day during test.

Restrictions On Collection:

When Completed:
Same day

Normal Values:
Not increased

Instructions/Remarks:

Last Updated: 09/09/2005

Connected to SCM Item: Fecal Fats (Qualitative)

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:

Circle if appropriate: Right Left
Wound specimens: Deep Superficial

PREP INSTRUCTION:
(1) MICROBIOLOGY: Collect specimen in sterile, tightly capped container. Transport to LAB immediately. Specimens over 1 hour old, or leaking, will require recollection.

(2) If using a swab for collection- aerobic (routine) - Red topped - anerobic- Blue topped
FATTY ACID PROFILE, ESSENTIAL(C12-C22)  @MYO

Order Code:   Misc Lab Item
Synonym(s):  Omega 6 to Omega 3 Ratio
Section:      Reference
Tube Type:    Gold-R

Specimen Requirement:
  0.5 mL serum (gold top SST tube)

Minimum Collection Vol:  1 mL
Minimum Aliquot Vol:  0.2 mL

Restrictions On Collection:
  Patient should be fasting overnight 12-14 hours.
  Patient should not consume alcohol for 24 hours prior to draw.

When Completed:
  Test set up: Monday - Friday
  Analytic time: 3 days, not reported Saturday or Sunday

Normal Values:
  Included with report

Instructions/Remarks:
  LAB:      Send serum frozen. Red top also acceptable.
            Order in MayoLink. In "Performing Notes" line,
            enter "Calculate Omega 6 to Omega 3 Ratio".

           REFERENCE LAB:
            Mayo code # FAPEP

Last Updated: 03/07/2012

Connected to SCM Item:
FATTY ACID PROFILE, PEROXISOMAL  @MYO

Order Code:  Misc Lab Item

Synonym(s):  Very Long Chain Fatty Acids, Phytanic Acid, Pristanic Acid, Long Chain iFatty Acids, Zellweger's Syndrome, Adrenoleukodystrophy (ALD), iAdrenomyeloneuropathy (AMN), Phytanate, Tetracosanoic Acid, Hexacosanoic Acid, Docosanoic Acid, Behenic Acid, Cerotic Acid, Peroxisomal Panel

Section:  Reference

Tube Type:  Red-Rf

Specimen Requirement:  0.5 ml serum (red-top tube) following an overnight (12-14 hour) fast.

Minimum Collection Vol:  1.5 mL

Minimum Aliquot Vol:  0.2 mL

Restrictions On Collection:  Patient must not consume any alcohol for 24 hours before the specimen is drawn.

When Completed:
   Days Test Set Up:  Monday, Wednesday, Friday
   Analytic time:  2 days

Normal Values:  Included with report

Instructions/Remarks:
   LAB:  Send serum FROZEN. EDTA or heparin plasma acceptable.

   REFERENCE LAB:  Mayo Laboratory - Fatty Acid Profile, Peroxisomal, Serum test code # POX

Last Updated:  03/07/2012

Connected to SCM Item:
FEBRILE ANTIBODIES PANEL @MYO

Order Code: Misc Lab Item
Synonym(s): Febrile agglutinins
Section: Reference
Tube Type: Gold-R
Specimen Requirement:
   1 mL serum (gold top SST tube)
Minimum Collection Vol: 4 mL
Minimum Aliquot Vol: 1 mL
Restrictions On Collection:
   None
When Completed:
   3 days up to 1 week, depending on assays performed
Normal Values:
   Included with report
Instructions/Remarks:
   LAB: Send serum refrigerated.
   REFERENCE LAB:
      MYO order # FFAP
      Testing is forwarded to Focus Laboratory
Last Updated: 03/07/2012
Connected to SCM Item:
Fecal Globin, Immunochem @ NIC

Order Code: FGI

Synonym(s): Immunoassay Occult Blood, Fecal Occult Blood, FIT test, FOBT

Section: Microbiology

Tube Type: InSure Fit Card

Specimen Requirement:
1 mL Stool specimen

Minimum Collection Vol: 1 mL
Minimum Aliquot Vol: 1 mL

Restrictions On Collection:
No dietary restrictions

When Completed:
Testing set-up 5 days a week
Reports in 1-2 days

Performing Laboratory:
Quest Diagnostics West Hills
8401 Fallbrook Avenue
West Hills, CA 91304-3226

Normal Values:
Negative

Instructions/Remarks:
Reference lab: send sample room temperature

Quest test code: 11290N

Last Updated: 12/03/2013

Connected to SCM Item: Fecal Globin by Immunoassay at NIC

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:

Circle if appropriate: Right Left

Wound specimens: Deep Superficial

PREP INSTRUCTION:
(1) MICROBIOLOGY: Collect specimen in sterile, tightly capped container. Transport to lab immediately. Specimens over 1 hour old, or leaking, will require recollection.

(2) If using a swab for collection- aerobic (routine) - Red topped - anerobic- Blue topped
Fecal Leukocytes (Methylene Blue)

Order Code: FEL

Synonym(s): Methylene Blue - Fecal Leucocytes, WBC Evaluation - Methylene Blue-Stool, Wet Mount for WBC's-Stool

Section: Microbiology

Specimen Requirement:
A fresh stool specimen in a clean dry container

Restrictions On Collection:

When Completed:
Same day

Normal Values:

Instructions/Remarks:
The average number of leukocytes per low power field will be reported (rough quantitative counts). If a differential count is desired -- see WBC Evaluation - Wright Stain - Stool, Hematology.

Last Updated:

Connected to SCM Item: Fecal Leucocytes (Meth Blue)

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:

Circle if appropriate: Right Left
Wound specimens: Deep Superficial

PREP INSTRUCTION:
(1) MICROBIOLOGY: Collect specimen in sterile, tightly capped container. Transport to LAB immediately. Specimens over 1 hour old, or leaking, will require recollection.

(2) If using a swab for collection- aerobic (routine) - Red topped - anerobic- Blue topped
FELBATOL LEVEL  @NIC

Order Code:  Misc Lab Item
Synonym(s):  Felbamate
Section:  Reference
Tube Type:  Red-R

Specimen Requirement:
- 1 ml of Serum (0.5 mL minimum serum)
- NO SST tube
- Optimum time to collect sample: 1 hour before next dose

Minimum Collection Vol:

Minimum Aliquot Vol:

Restrictions On Collection:
- No hemolysis or lipemia

When Completed:
- Set up:  Tuesday, Friday
- Turn around time: Less than 5 days
- Not available STAT

Normal Values:
- Included with report

Instructions/Remarks:
- LAB:  Send refrigerated.
- REFERENCE LAB:  Quest @ Nichols
test code # 3081

Last Updated: 11/15/2012

Connected to SCM Item:
FERN TEST

Order Code: FERN
Synonym(s):
Section: Hematology-Coag

Specimen Requirement:
Well-dried slide prepared from vaginal fluid

Restrictions On Collection:
None

When Completed:
Same day

Normal Values:
For perinatal exam:
In the presence of ruptured membranes, crystallized sodium chloride from amniotic fluid forms a characteristic fern pattern when dried on slide and examined microscopically.

Instructions/Remarks:

Last Updated:

Connected to SCM Item: Fern Test

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:
FERRITIN

Order Code: FERR

Synonym(s):

Section: Chemistry

Tube Type: Gold-C

Specimen Requirement:  
2 ml. serum (gold top SST tube)

Restrictions On Collection:

When Completed:  
Test run Monday - Friday  
Specimen reported by 3 pm

Normal Values:

Male: 18 - 464 ng/ml  
Female: < 50 years: 6 - 137 ng/ml  
Female: > 50 years: 11 - 264 ng/ml

Instructions/Remarks:

Test also available in Iron Profile.

Last Updated: 08/15/2003

Connected to SCM Item: Ferritin
FETAL FIBRONECTIN

Order Code: FFN
Synonym(s): Fibronectin
Section: Chemistry
Tube Type: CALLAB*

Specimen Requirement:
Cervico-vaginal swab. Special collection kit. Keep cool. *

Restrictions On Collection:
MUST use Adeza Biomedical Collection Kit stocked on unit.

When Completed:
1-2 hours. Available STAT.

Normal Values:
Positive or negative

Instructions/Remarks:
NURSING: Stock additional collection kits by calling Chemistry, x5612.
LAB: Process STAT. Call results.
Keep refrigerated if testing delayed.

Last Updated: 08/15/2003

Connected to SCM Item: Fetal Fibronectin-Cervicovag

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:
FETAL HEMOGLOBIN (QUAL) MISC FL

Order Code: FETHGB
Synonym(s): ABT, APT
Section: Chemistry

Specimen Requirement:
- Blood stained diaper; grossly bloody (red) stool, or bloody vomitus or mucus.
- Vaginal Blood -- 1 ml whole blood (Lavender Top Tube, EDTA).
- Grossly Bloody Amniotic Fluid (1 mL).

See CAUSES FOR SPECIMEN REJECTION *

Restrictions On Collection:
None

When Completed:
Same shift (available STAT)

Normal Values:

Instructions/Remarks:
NURSING UNIT: When ordering, give source of specimen under "Lab Label Comment". Test identifies maternal hemoglobin only, and does not rule out the presence of fetal hemoglobin. Result is reported as "Screen positive/negative for adult hemoglobin". A Kleihauer-Betke test is available for specific detection and quantitation of fetal cells, if desired.

* CAUSES FOR SPECIMEN REJECTION:
Reject if specimen received is not grossly bloody or if there is evidence of melena/coffee ground colored aspirate.

LAB: Do NOT centrifuge.

Last Updated: 01/25/2007

Connected to SCM Item: Fetal Hemoglobin, Qual-Misc Fluid

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:
FIBRIN SPLIT PRODUCTS

Order Code: FDP

Synonym(s): Fibrin Degradation Products, FSP

Section: Hematology-Coag

Tube Type: Blue

Specimen Requirement:

2.7 ml. whole blood (blue top tube, citrate)
Tube MUST BE FULL

Minimum Collection Vol: 

Minimum Aliquot Vol: 

Restrictions On Collection: None

When Completed: Same day

Normal Values: Less 40 ug/ml


Last Updated: 06/05/2010

Connected to SCM Item: Fibrin Split Products
FIBRINOGEN

Order Code: FIBR
Synonym(s):
Section: Hematology-Coag
Tube Type: Bl-K

Specimen Requirement:
2.7 ml. whole blood (blue top tube, citrate)
MUST BE FULL

Restrictions On Collection:
None

When Completed:
Same day

Normal Values:
220 - 450 mg/dl

Instructions/Remarks:
Included in DIC Screen (L&D/Maternity)
LAB: Centrifuge

Last Updated: 01/28/2008
Connected to SCM Item: Fibrinogen
FISH STUDIES  @GNC (Genetics Center)

Order Code:  Misc Lab Item
Synonym(s):
Section:  Reference
Tube Type:  GN-R

Specimen Requirement:
3 ml whole blood (large green, SODIUM HEPARIN)
Minimum for Infants:
For one FISH ordered the minimum is 1 ml.
Call Lab for the minimum if more than one FISH ordered.

Restrictions On Collection:

When Completed:
4-5 days

Normal Values:

Instructions/Remarks:
LAB: Blood specimens (2-3cc) should be collected in green top sodium heparin vacutainer tubes. Label the specimen with the patient's name and the date and time that the specimen was drawn. The specimen should be kept at room temperature.

Indicate on request form specific FISH study wanted.

Call Genetics Center for immediate pick-up at 888-4-GENETIC. For weekend pick-up 714-997-3000 and request Dr. Zadeh be paged.

Last Updated: 09/15/2006
FK506 (TACROLIMUS), BLOOD @UCI

Order Code: FK506U

Synonym(s): Tacrolimus, Prograf

Section: Reference

Tube Type: LV-Rwb

Specimen Requirement:
3 ml. whole blood (4ml lavender top tube, EDTA)

Minimum Collection Vol: 4 mL
Minimum Aliquot Vol: 3 mL

Restrictions On Collection:
Sample must be received at UCI within 72 hours of collection.

When Completed:
Test set up: Monday through Sunday 11 am, batched at 11:00am

Normal Values:
Included with report

Instructions/Remarks:
LAB: DO NOT SEPARATE. Send whole blood.
Send room temperature.
If received before 10 am, call UCI for STAT pick-up.
(They usually hold the run.)

Last Updated: 02/09/2007

Connected to SCM Item: FK506 (Tacrolimus)Bld @UCI
FLECAINIDE @MYO

Order Code: Misc Lab Item
Synonym(s): Tambocor
Section: Reference
Tube Type: Red-R

Specimen Requirement:
3.0 ml of Serum (red top tube)  
(Gold top SST tube not acceptable)  
Separate serum from erythrocytes within 2 hours of collection.

Minimum Collection Vol:
Minimum Aliquot Vol:
Restrictions On Collection:
None

When Completed:
Analytic Time: 1 day
Days Test Set Up: Monday through Friday

Normal Values:
Included with report

Instructions/Remarks:
LAB: Send serum refrigerated.
Reject due to hemolysis.
Gold top SST tube not acceptable.

REFERENCE LAB:
MYO test code # FLEC

Last Updated: 03/07/2012

Connected to SCM Item:
FLOW CYTOMETRY - BONE MARROW  @CLR (Clarient Labs)

Order Code:

Synonym(s): Bone Marrow, Leukemia/Lymphoma Immunophenotype, Lymphoma Immunophenotype

Section: Pathology

Specimen Requirement:

REQUISITION: Surgical Pathology #8 / pink / PATHOLOGY
1.0 - 2.0 ml of bone marrow in green-top (SODIUM Heparin) tube.
MIX WELL.
Specimen should be kept at ROOM TEMPERATURE. DO NOT REFRIGERATE.
Deliver to Lab STAT.

Restrictions On Collection:

Monday thru Friday:
   Specimen should be received in the Pathology Laboratory
   between 7:00 am and 5:00 pm
Saturday:
   Specimen should be received in the Pathology Laboratory
   between 7:00 am and 1:00 pm
Sunday and after hours:
   Specimen should be received by Lab Central Processing

When Completed:

Within 24 - 36 hours after receipt by Clarient Labs

Normal Values:

Interpretation given with report

Instructions/Remarks:

Collection date and brief history/diagnosis
are required for interpretation.

The Clarient Courier picks up daily Monday - Saturday
and by request on Sunday.

Last Updated: 11/27/2007
FLOW CYTOMETRY - MISC FLUIDS / CSF

Order Code:

Synonym(s):

Section:

Tube Type:

Specimen Requirement:

Minimum Collection Vol:

Minimum Aliquot Vol:

Restrictions On Collection:

When Completed:

Normal Values:

Instructions/Remarks:

If Flow Cytometry ordered, Reference Department will process fluid to Clarient Lab.

If Cytology ordered in addition to Flow Cytometry, instead forward specimen to Pathology Department for processing the fluid during normal staffing hours.

NOTE: If specimen (generally CSF) is received after hours, Specimen Processing is responsible for processing the Flow Cytometry to Clarient.

** ALL CSF SAMPLES NEED TO BE PROCESSED STAT **

Last Updated: 12/02/2009

Connected to SCM Item:
FLOW CYTOMETRY, COMPLETE, BLOOD @CLR (Clarient)

Order Code: FLOCLR

Synonym(s): Leukemia/Lymphoma Panel, Lymphoma Panel, CLL, T&B, Immune Deficiency Panel

Section: Reference

Tube Type: Lav3 + GNa10WB

Specimen Requirement:
5-10 mL whole blood (large dark green top, SODIUM Heparin), plus
3 mL Lavender top, EDTA for CBC and peripheral smear
Keep at ROOM TEMPERATURE at all times.

Minimum Collection Vol:

Minimum Aliquot Vol:

Restrictions On Collection:
None

When Completed:
Up to 48 hours. Available STAT as necessary.

Normal Values:
Included with report

Instructions/Remarks:
FLOW CYTOMETRY, COMPLETE, BLOOD @CLR (Clarient)

NOTE: Generally ordered by Oncology physicians.
This is a complete hematologic evaluation (i.e. leukemia, lymphoma, others).
Interpretation is done by Hoag Pathologist, Anatomic Pathology.
All results for Flow, Peripheral Blood will be available in ChartMaxx.

LAB:

ROUTINE or STAT ORDERS RECEIVED 0600 – 1900 (1st & 2nd Shift):
** OUTPATIENT ORDERS must be accompanied by a photocopy of doctor's order
1. Make 2 stained peripheral smears from EDTA tube.
2. Run CBC w/Diff (If one run within past 48 hours make a copy from SQ).
3. Take NaHep tube, CBC w/Diff, smears and SCM Order Requisition to Pathology for processing to Clarient.
4. Request CLS cancel and credit the FLOCLR with comment "Processed by Pathology"

ROUTINE ORDERS RECEIVED 1900-0600 (3rd Shift):
1. Make 2 stained peripheral smears from EDTA tube.
2. Run CBC w/Diff (If one run within past 48 hours make a copy from SQ).
3. SAVE NaHep tube, CBC w/Diff report, stained smears, SCM Order Requisition for Pathology Dept.
4. Deliver to Pathology in the morning for processing to Clarient.
5. Request CLS cancel and credit the FLOCLR with comment "Processed by Pathology"

STAT ORDERS RECEIVED 1900-0600 (3rd Shift) - send STAT to Clarient:
1. Make 2 stained peripheral smears from EDTA tube.
2. Run CBC w/Diff (If one run within past 48 hours make a copy from SQ).
3. REFERENCE will process & send out - Call for STAT Courier pickup.
4. Fill out Clarient requisition marking "Global" and "Technical" for Flow Cytometry. (see below) Send NaHep only to Clarient.
5. SAVE EDTA tube, CBC w/Diff report, stained smears, SCM Order Requisition for Pathology.
6. Indicate on SCM Order Requisit that sample has been sent STAT to Clarient.
7. Deliver 2 smears and paperwork to Pathology in the morning for Pathologist review and interpretation.

LAB SPECIMEN PROCESSING:
DO NOT centrifuge tubes.
DO NOT refrigerate.
Maintain samples at room temperature ONLY.
Sodium Heparin preferred. Lavender top EDTA accepted only if only sample drawn.
Clarient available for STAT pickups 24/7 as necessary.

To Complete a Clarient requisition for STATs between 1900-0600:
- At BILL: mark "Insurance"
- At PATIENT TYPE, mark one:
  + Inpatient
  + Outpatient, or
  + Non-Hospital Patient (for RSPEC)
- At DIAGNOSIS, obtain free text in Sunquest ADIQ
- Include Physician phone and fax #
- Include SQ Accession Number
- Mark "Myeloid, B-& T-Cell (Comprehensive)" under the "Technical-only Flow Panels"
> For STATs sent to Clarient, place a photocopy of Clarient requisition in folder for Leah
> Print a patient Face Sheet from Affinity to send with Requisition
> Place in Clarient pickup box and record on Log.

If requested from Clarient, do NOT provide ICD9 codes.
Refer them to ordering physician for this information.
If requested from Clarient, do NOT send a Pathology report.
This is illegal to provide to them.

Last Updated: 11/11/2013
FLUORESCENT TREPONEMAL ABS @NIC

Order Code: FTAN

Synonym(s): FTA-ABS, Syphilis, Treponema pallidum

Section: Reference

Tube Type: Red5

Specimen Requirement:
1 mL serum

Minimum Collection Vol: 3 mL

Minimum Aliquot Vol: 0.2 mL

Restrictions On Collection:
None

When Completed:
Test set up: 6 days a week
Turnaround time: 2 days

Normal Values:
Included with report

Instructions/Remarks:
This item is reflex ordered to a positive in-house testing for RPR Syphilis Serology (RPR) at an additional charge to the patient.

LAB: Ship room temperature (ambient)

REFERENCE LAB:
NIC(Quest)
Test code # 4112

Last Updated: 11/03/2014

Connected to SCM Item: Fluor.Treponema pal. Ab /FTA @NIC
FLUORIDE, PLASMA @MYO

Order Code: Misc Lab Item

Synonym(s):

Section: Reference

Tube Type: CALLAB

Specimen Requirement:

Draw blood in a 10ml Sodium Heparin green top tube. Spin down and send 3.0ml (min. 1.2ml) of heparinized plasma.

NOTE: SPECIMEN MUST BE SENT IN PLASTIC VIAL

Minimum Collection Vol:

Minimum Aliquot Vol:

Restrictions On Collection:

None

When Completed:

Test Set Up: Wednesdays only 12 p.m. (eastern time)

Analytic Time: 3 hours

Normal Values:

Included with report

Instructions/Remarks:

REFERENCE LAB:

MYO test code # FL

Last Updated: 03/07/2012

Connected to SCM Item:
FLUOXETINE (PROZAC) @MYO

Order Code: Misc Lab Item

Synonym(s): Prozac, Norfluoxetine, Fluoxetine Hydrochloride

Section: Reference

Tube Type: RED-R

Specimen Requirement:
Draw Two 10 mL plain Red Top tubes. Spin down and send 5.0 mL (min. 2.1 mL) of Serum, Refrigerated

NOTE: SST tube not acceptable

Minimum Collection Vol:

Minimum Aliquot Vol:

Restrictions On Collection:
None

When Completed:
Days Test Set Up:
Monday through Friday
Analytic Time:
1 day

Normal Values:
Included with report

Instructions/Remarks:

REFERENCE LAB:
Mayo Laboratory
test code # FLUOX

Last Updated: 03/07/2012

Connected to SCM Item:
FLURAZEPAM @MYO

Order Code: Misc Lab Item
Synonym(s): Dalmane, Desalkyflurazepam
Section: Reference
Tube Type: RED-R
Specimen Requirement:
2 ml (min. 0.3ml) serum (no SST)

Minimum Collection Vol:
Minimum Aliquot Vol:
Restrictions On Collection:

When Completed:
Around 10 days

Normal Values:
Included with report

Instructions/Remarks:
LAB: Send frozen. Indicate serum.
Alternate specimen is EDTA plasma.

REFERENCE LAB:
Mayo test code # FFLUR
Test is forwarded to Medtox Labs

Last Updated: 03/07/2012

Connected to SCM Item:
FOLATE, RBC @NIC

Order Code: FOLRBC

Synonym(s): RBC Folate, Folate Erythrocytes

Section: Reference

Tube Type: Lav-R

Specimen Requirement:
Draw blood in lavender top, EDTA
Wrap specimen in aluminum foil and deliver to laboratory

Minimum Collection Vol: 1 mL
Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:
Protect sample from light.

When Completed:
Test set up: 5 days per week
Analytic time: 2-3 days

Normal Values:
Included with report

Instructions/Remarks:
Specimen must be protected from light
Includes Folate, RBC and Hematocrit.

LAB: Transfer whole blood to plastic screw cap vial.
Send room temperature. Do NOT refrigerate.
Protect from light.

REFERENCE:
Quest order code: 467X

Last Updated: 12/11/2012

Connected to SCM Item: Folate RBC at NIC
FOOD ALLERGENS @MYO (choose Multiallergen Panel)

Order Code: Misc Lab Item

Synonym(s): Allergens, RAST testing, Allergy

Section: Reference

Tube Type: RED-R

Specimen Requirement:
* 1.0 - 2.0 ml. serum, varies by Panel

Minimum Collection Vol: *

Minimum Aliquot Vol:

Restrictions On Collection:
None

When Completed:
Test set up: varies
Turnaround time: varies by testing

Normal Values:
Included with report

Instructions/Remarks:
PHYSICIAN MUST SPECIFY (1) specific allergen desired, or (2) a multiallergen panel.
See below.

(1) IgE Antibody, Single Allergen, Serum

This is principally useful to confirm the "specific allergen" specificity in patients with clinically documented allergic disease, i.e. Cow Milk, or Halibut, or Melons, etc. A positive result indicates with high-predictive value that allergic signs and symptoms are caused by exposure to the specific allergen.

(2) IgE Antibodies, Multiallergen, Serum

A pooled reagent is used for each "panel", such as Food Seafood Panel, Food Nut Panels, Grass Panels. The panel is reported with both a qualitative class result and a concentration. If indicated, follow-up testing must be performed to differentiate between individual allergens in the panel.

LAB:
For a full list of individual allergens or Multiallergen panels, refer to Mayo catalog under "Allergen"

Last Updated: 09/16/2011

Connected to SCM Item:
FOOD ALLERGY PANEL @NIC

Order Code: Misc Lab
Synonym(s):
Section:
Tube Type:
Specimen Requirement:
5 mL serum (large red top tube, no gel)
Minimum Collection Vol: 9 mL
Minimum Aliquot Vol: 2.5 mL
Restrictions On Collection: None
When Completed:
Test set up 6 days per week in AM.
Reports in 1 day
Normal Values: Included with report
Instructions/Remarks:
LABORATORY REFERENCE:
Ship serum at room temperature.
Quest order code: 10715X
Last Updated: 04/03/2014
Connected to SCM Item:
FRAGILE X SYNDROME @GNC (Genetics Ctr)-all BABIES

Order Code: Misc Lab Item
Synonym(s):
Section: Reference
Tube Type: LV-R
Specimen Requirement:
5 ml whole blood (lavender top EDTA)

Restrictions On Collection:

When Completed: Approximately 2 weeks

Normal Values:

Instructions/Remarks:
LAB: Collect (3-5cc) of peripheral blood in an EDTA (lavender top) tube. Label specimen with patient's name and time of collection. Store the sample at room temperature if held for less than 12 hours. If the sample is held for a longer than 12 hours, it should be refrigerated.

On Genetics Center requisition use diagnosis code 759.83 for all patients of Dr. Robert Sears.

Call Genetics Center for immediate pickup at 888-4-GENETIC. For weekend pick-up 714-997-3000 and request Dr. Zadeh be paged.

Last Updated: 05/16/2006
FRAGILE X SYNDROME @GZM (Genzyme Genetics)

Order Code: Misc Lab Item

Synonym(s): 

Section: Reference

Specimen Requirement: 
ACD-A (yellow-top) tube or EDTA (lavender top)
Adult: 20 mL whole blood
Child: 5-7 mL whole blood
ROOM TEMPERATURE

Restrictions On Collection: 
None

When Completed: 
10-14 days

Normal Values: 
Included with report

Instructions/Remarks: 
For orders on all BABIES, instead order @GNC (Genetics Center).

LAB: Call Genzyme for Courier pick-up.
If specimen arrives after hours, call Genzyme and they will decide when to pick-up.

REFERENCE LAB: 
Genzyme order code # 520

Last Updated: 05/16/2006
FRANCISELLA TULARENSIS AB  @NIC

Order Code:  FRAB
Synonym(s):  Tularemia Antibody
Section:  Reference
Tube Type:  Red-R
Specimen Requirement:
  1 ml serum
Minimum Collection Vol:  3 mL
Minimum Aliquot Vol:  0.5 mL
Restrictions On Collection:
  None
When Completed:
  Set up: Mon-Fri
  Report Available: 2-5 days
Normal Values:
  Included with report

Instructions/Remarks:
  REFERENCE LAB:
   Quest test # 35176X
  Performing Laboratory:
   Focus Diagnostics, Inc.
   5785 Corporate Ave.
   Cypress, CA 90630
Last Updated: 07/03/2014
Connected to SCM Item:  Francisella tularensis Antibody at NIC
FREE PSA (includes PSA)

Order Code: PSAF

Synonym(s): Prostate-specific Ag, PSA

Section: Chemistry

Tube Type: Gold

Specimen Requirement:
2 ml serum (gold top SST tube)

Minimum Collection Vol: 4 mL

Minimum Aliquot Vol: 1 mL

Restrictions On Collection:
None

When Completed:
Test run Monday, Wednesday, Friday 0600-1200.
For testing days, samples must arrive in lab no later than 10am to be included in the batch.
If specimen arrives after 10am, specimen will be run on next scheduled day of testing.

Normal Values:
PSA: 0-4.00 ng/ml
%FREE PSA: >25%

Instructions/Remarks:
LAB: Aliquot 1 mL serum and freeze promptly to batch rack.

Last Updated: 06/17/2013

Connected to SCM Item: Free PSA (includes PSA)
FREE THYROXINE INDEX PANEL (FTI) @NIC (Includes T4, T4 Free, T3 Uptake)

Order Code: FTHY1
Synonym(s): T4, T4 Free, T3 Uptake
Section: Reference
Tube Type: GOLDR

Specimen Requirement:
2 mL serum (draw 1 GOLD top tube)

Minimum Collection Vol: 5 mL
Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:
None

When Completed:
Testing set-up 5 days a week
Analytic time of 2 days

Normal Values:
Included with report

Instructions/Remarks:
Panel inlcudes: T3 Uptake, T4 Total, and T4 Free
Reference lab: ship samples room temperature (preferred)
NIC test code # 90394

Last Updated: 10/03/2013

Connected to SCM Item: Free Thyroxine Index FTI at NIC
FRESH FROZEN PLASMA

Order Code: TFFP
Synonym(s): FFP, PLASMA
Section: Blood Bank
Tube Type: N/A

Specimen Requirement:
Blood sample is not required unless there is no blood type on file. Blood Bank will call if patient needs to be drawn.

Minimum Collection Vol: N/A
Minimum Aliquot Vol: N/A
Restrictions On Collection: N/A

When Completed:
When ready to infuse call x45623. 30 minutes verbal notice required for thawing and pooling.

Normal Values: N/A

Instructions/Remarks:
Enter number of units at quantity prompt.
Order will print in the Blood Bank.
Call x45623 when ready to transfuse.

Last Updated: 07/06/2010

Connected to SCM Item: Fresh Frozen Plasma
FROZEN SECTION

Order Code:

Synonym(s): A FRESH

Section: Surgical Pathol

Specimen Requirement:
STAT procedure

Restrictions On Collection:
Tissue is sent to the lab "fresh" with NO fixative

When Completed:
Results called to physician immediately upon completion of frozen section.

Special Studies:
If cell cultures are wanted - make sure to label clearly on requisition

Normal Values:

Instructions/Remarks:
During evenings and weekends, notify the Laboratory Front Office personnel of a frozen section, they will contact the Pathologist on-call.

Last Updated:
FRUCTOSAMINE  @NIC (Quest)

Order Code:  Misc Lab Item
Synonym(s):
Section:  Reference
Tube Type:  Red-R
Specimen Requirement:
   1.0 ml of Serum
Minimum Collection Vol:  3 mL
Minimum Aliquot Vol:  0.5 mL
Restrictions On Collection:
   None
When Completed:
   Test Set Up: Tuesday through Saturday
Normal Values:
   Included with report
Instructions/Remarks:
   LAB:  Send refrigerated.
       Hemolysis and lipemia unacceptable.

   REFERENCE LAB:
       Quest Diagnostics Nichols Inst.
       test code # 8340

Last Updated: 11/03/2011
Connected to SCM Item:
FSH @NIC

Order Code: FSHN
Synonym(s): Follicle Stimulating Hormone
Section: Reference
Tube Type: Red5

Specimen Requirement:
1 mL serum (draw 1 red top tube)
SST gold top acceptable

Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:
For prepubertal children, use test code 36087X-FSH Pediatrics Assay

When Completed:
Testing set-up 3 days a week
Analytic time of 2 days

Normal Values:
Included with report

Instructions/Remarks:
Reference lab: Ship samples room temperature (preferred)
NIC test code # 470

Last Updated: 12/17/2012

Connected to SCM Item: FSH at NIC
FUNGAL ANTIBODY PANEL

Order Code:

Synonym(s):

Section: Reference

Tube Type:

Specimen Requirement:

Minimum Collection Vol:

Minimum Aliquot Vol:

Restrictions On Collection:

When Completed:

Normal Values:

Instructions/Remarks:

Fungal Antibody Survey panel at Mayo Laboratories no longer available. Consider patient exposure history (geographical location), their underlying immune status and clinical presentation prior to ordering fungal serologic testing. Recommended alternative testing includes:

- COCCIDIOIDES AB, CF & ID @NIC (SQ order code: COCCIC)
- CRYPTOCOCCUS AG, LATEX SCR W/TITER @NIC (SQ order code: CRYPSR)
- HISTOPLASMA AB SCREEN, CF & ID @NIC (SQ order code: HISABP)
- BLASTOMYCLES AB, IMMUNODIFFUSION @MYO (SQ order code: SBL)
- Histoplasma/Blastomyces Antibody Panel (Mayo order code HIBLS)

Last Updated: 05/19/2014

Connected to SCM Item:
FUNGITELL ASSAY @NIC

Order Code: FUNBD

Synonym(s): Beta-D-Glucans, 1,3 Beta-D-Glucans

Section: Reference

Tube Type: Red5

Specimen Requirement:
1 mL Serum (draw 1 red top tube)
SST gold top acceptable

Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:
None

When Completed:
Test is set-up 3 days a week

Normal Values:
Included with report

Instructions/Remarks:
Reference lab: **IMPORTANT**Serum must be aliquoted into orange-top conical tubes.
Ship refrigerated (preferred)
NIC test code # 16283

Last Updated: 04/02/2013

Connected to SCM Item: Fungitell Assay at NIC
FUNGUS CULTURE

Order Code: FC

Synonym(s): Culture Fungus, Yeast Culture, Monilia

Section: Microbiology

Specimen Requirement:
Scrapings of skin, hair, or nails in sterile container. Other specimens in sterile container.
Refer to Microbiology Section for "Collection of Specimens for Fungus and Yeasts".
For blood see "Culture - Blood (for Fungus)

Restrictions On Collection:

When Completed:
Negative cultures: held 4 weeks.
Preliminary report: in 1 week.
Positive pathogenic molds are called to the physician.

Normal Values:

Instructions/Remarks:

Last Updated:

Connected to SCM Item: Fungus Culture

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:

Circle if appropriate: Right Left
Wound specimens: Deep Superficial

PREP INSTRUCTION:
(1) MICROBIOLOGY: Collect specimen in sterile, tightly capped container. Transport to LAB immediately. Specimens over 1 hour old, or leaking, will require recollection.

(2) If using a swab for collection- aerobic (routine) - Red topped - anerobic- Blue topped
G-6-PD (QUALITATIVE SCREEN)

Order Code: G6PD
Synonym(s): Glucose-6-Phosphate Dehydrogenase Qualitative
Section: Hematology-Coag
Tube Type: Lav

Specimen Requirement:
2.5 ml whole blood (lavender top tube, EDTA)
For infants 200 mL EDTA microtainer

Minimum Collection Vol:
Minimum Aliquot Vol:

Restrictions On Collection:
Test performed 0600 - 1100 Monday through Friday only.

When Completed:
Same day

Normal Values:
Normal enzyme activity

Instructions/Remarks:
LAB: Store whole blood in refrigerator in Reference Dept
weekends and off-hours.

Last Updated: 06/03/2010
Connected to SCM Item: G-6-PD (Qualitative Screen)
G-6-PD (Quant), Erythrocytes @MYO

Order Code: G6PDQT

Synonym(s): Glucose-6-Phosphate Dehydrogenase Quantitative

Section: Reference

Tube Type: CALLAB*

Specimen Requirement:

- 4 ml. whole blood [2 special yellow top tubes, ACD(Solution B)]
- or 1 - 10mL Yellow top tube, ACD(Solution B)

For young children and infants drawn one 2.6 ml Yellow Top Tube (minimum 1 ml)

* (2.6 ml yellow top tubes are kept in drawer in Reference Dept, Lab)

Minimum Collection Vol: 2.0 mL

Minimum Aliquot Vol: 1.5 mL

Restrictions On Collection:
None

When Completed:
Less than 4 days

Normal Values:
Included with report

Instructions/Remarks:

LAB: Send whole blood refrigerated.
Do not transfer blood to other containers.
Place in large conical tube before batching.
EDTA acceptable.

REFERENCE LAB:
Mayo test code # 8368

Last Updated: 08/09/2010
GABAPENTIN, SERUM  @MYO

Order Code:  GABA
Synonym(s):  Neurontin
Section:  Reference
Tube Type:

Specimen Requirement:
0.5 ml Serum
SST tube with gel not acceptable

Minimum Collection Vol:  1 mL
Minimum Aliquot Vol:  0.2 mL
Restrictions On Collection:
Unless otherwise noted, draw immediately before next scheduled dose

When Completed:
Less than 4 days

Normal Values:
Included with report
Instructions/Remarks:
LAB:  Draw plain red top tube. Serum gel SST not acceptable.
      Send refrigerated.

REFERENCE LAB:  
      Mayo test code GABA

Last Updated:  03/04/2013
Connected to SCM Item:  Gabapentin Level  @MYO
GAD65 ANTIBODY ASSAY @MYO

Order Code: GAD65
Synonym(s): 64K Antibody, Anti-GAD AB
Section: Reference
Tube Type: Gold-R
Specimen Requirement:
1.0 ml of serum, (gold top SST tube)
Minimum Collection Vol: 2 mL
Minimum Aliquot Vol: 0.5 mL
Restrictions On Collection:
None
When Completed:
Analytic time: 2-4 days
Normal Values:
Included with report

Instructions/Remarks:
(For Islet Cell Antibody -- see listing as referral to Quest.)
LAB: Send serum refrigerated.
REFERENCE LAB:
Mayo Laboratory
test code # 81596

Last Updated: 03/21/2013

Connected to SCM Item: Glutamic Acid Decarboxylase Antibody @MYO
GAMMA-HYDROXY-BUTYRIC ACID  @MYO

Order Code:  Misc Lab Item
Synonym(s):  GHB
Section:  Reference
Tube Type:  RED-R
Specimen Requirement:
  5 mL serum (large red top tube)
Minimum Collection Vol:  5 mL
Minimum Aliquot Vol:  1.2 mL
Restrictions On Collection:
  None
When Completed:
  5-6 days
Normal Values:
  Included with report
Instructions/Remarks:
  Testing is a forward to Medtox Laboratories
  LAB:  Send serum refrigerated.
        Alternate specimen is heparin or EDTA plasma.
        Gold top SST NOT acceptable.
  REFERENCE LAB:
        MYO test code # FGHBS

Last Updated: 03/07/2012
Connected to SCM Item:
GANGLIOSIDE ANTIBODY PANEL GM1  @MYO

Order Code:  Misc Lab Item
Synonym(s):  Anti-GM1 Antibody, Asialo GM1 Antibody, Disialo GD1b, GM1 Antibody iPanel, Monosialo GM1 Antibody
Section:  Reference
Tube Type:  Gold-R
Specimen Requirement:  
1 ml of serum
Minimum Collection Vol:  3 mL
Minimum Aliquot Vol:  0.5 mL
Restrictions On Collection:  None
When Completed:  
Turnaround Time:  7 - 10 days, varies
Normal Values:  
Included with report
Instructions/Remarks:  
Includes:  GM1, GD1b-IgG & IgM
LAB:  Send FROZEN.
REFERENCE LAB:  
Mayo Lab
test code # GM1B
Last Updated:  03/07/2012
Connected to SCM Item:
GASTRIC BRUSHINGS for CYTOLOGY

Order Code:

Synonym(s):

Section: Cytology

Specimen Requirement:
This specimen is collected in the G.I. Lab as part of the Gastroscopy procedure.

Restrictions On Collection:
As scheduled by G.I. Lab. Test performed Monday - Saturday, days.

When Completed:
Within 24 hours

Normal Values:
Negative for malignant cells

Instructions/Remarks:
All brushing smears must be labelled with the patient's name in pencil on the frosted end of the slide. DO NOT USE INK. Label the slides before the procedure begins, to avoid air-drying.

For routine cytology, mark the "routine" box.
If any of the following are ordered: GMS stain, Fungal stain, r/o fungus, r/o Candida, the box marked "GMS (fungus) stain" must also be checked.

Last Updated: 05/21/2004
GASTRIC pH/FREE HCL

Order Code: GASTPH

Synonym(s):

Section: Chemistry

Specimen Requirement:

5 ml. gastric fluid

Restrictions On Collection:

None

When Completed:

Same shift

Normal Values:

Instructions/Remarks:

Includes: pH and Free HCl.

LAB: Do NOT centrifuge. Aliquot only when necessary.

Last Updated: 01/25/2007

Connected to SCM Item: Gastric pH/Free HCl

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:
GASTRIC STIMULATION

Order Code:

Synonym(s):

Section: Chemistry

Specimen Requirement:

Restrictions On Collection:

When Completed:

Normal Values:

Instructions/Remarks:

Lab will order

G.I. Lab will request and specify timed draws following gastric stimulation. Test must be scheduled with phlebotomy even though performed in G.I. Lab.
LAB: (Front Office) order appropriate tests with Lab Label
Comment "5 min post-" etc.

Last Updated: 06/20/2001
GASTRIN, SERUM   @MYO

Order Code: GAST
Synonym(s):
Section: Reference
Tube Type: Gold-R

Specimen Requirement:
2 ml serum (gold top SST tube) FASTING 4 HR required.

Minimum Collection Vol: 4 mL
Minimum Aliquot Vol: 0.6 mL

Restrictions On Collection:
Minimum patient fasting is 4 hours.
Reject if patient is not fasting and reschedule.

When Completed:
Test performed: Monday - Friday
Analytic time: 2 days

Normal Values:
Included with report

Instructions/Remarks:
LAB: Send serum FROZEN only.
EDTA plasma also acceptable.
Reject if grossly hemolyzed.

REFERENCE LAB:
Mayo test code # 8512

Last Updated: 09/18/2006

Connected to SCM Item: Gastrin, Serum @MYO
GENITAL - AEROBIC CULTURE + GRAM

Order Code: GENC

Synonym(s): Genital Culture, Vaginal Culture, Culture - Genital includes Gram Stain

Section: Microbiology

Specimen Requirement:
Swab in culturette. Send specimen to Microbiology immediately.

Restrictions On Collection:

When Completed:
Preliminary report: 24 hours
Final report: 5 days

Normal Values:

Instructions/Remarks:

Last Updated: 02/15/2007

Connected to SCM Item: Genital - Aerobic Culture + Gram

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:

Circle if appropriate: Right Left
Wound specimens: Deep Superficial

PREP INSTRUCTION:
(1) MICROBIOLOGY: Collect specimen in sterile, tightly capped container. Transport to LAB immediately. Specimens over 1 hour old, or leaking, will require recollection.

(2) If using a swab for collection- aerobic (routine) - Red topped - anerobic- Blue topped
GENTAMICIN - PEAK

Order Code: GENTPK

Section: Chemistry

Tube Type: Gold-C

Specimen Requirement:
1 ml. serum (gold top SST tube)

Restrictions On Collection:
IV: Draw specimen 20-30 minutes after end of infusion.
    Do not draw if draw time exceeds 60 minutes after end of infusion.

When Completed:
Same shift

Normal Values:
Therapeutic: 5.0 - 8.0 mcg/ml
Toxic: Greater than 12.0 mcg/ml

Instructions/Remarks:
Plasma (light green top lithium heparin) acceptable.

Last Updated: 06/23/2006

Connected to SCM Item: Gentamicin Level-Peak
GENTAMICIN - RANDOM

Order Code: GENTRN

Synonym(s):

Section: Chemistry

Tube Type: Gold-C

Specimen Requirement: 1 ml. serum (gold top SST tube)

Restrictions On Collection: None

When Completed: Same shift

Normal Values: No normals defined

Instructions/Remarks:

Last Updated: 01/28/2003

Connected to SCM Item: Gentamicin Level-Random
GENTAMICIN - TROUGH

Order Code:  GENTTR

Synonym(s):  

Section:  Chemistry

Tube Type:  Gold-C

Specimen Requirement:
1 ml. serum (gold top SST tube)

Restrictions On Collection:
Draw just prior to subsequent dose

When Completed:
Same shift

Normal Values:
Therapeutic:   0 - 2.0 mcg/ml
Toxic:   Greater than 3.0 mcg/ml

Instructions/Remarks:
Plasma (light green top lithium heparin) acceptable.

Last Updated:  06/23/2006

Connected to SCM Item:  Gentamicin Level-Trough
GGT

Order Code: GGT

Synonym(s): Gamma GT

Section: Chemistry

Tube Type: ltG-C

Specimen Requirement:
1 ml heparinized plasma (light green top tube, lithium heparin)

Restrictions On Collection:
None

When Completed:
Same shift

Normal Values:
8 - 78 U/L

Instructions/Remarks:
LAB: Serum acceptable. No hemolysis. Hemolyzed specimens should not be used. Separate within 4 hours of collection. Room temperature or refrigerate up to 7 days. Freeze for up to 2 months.

Last Updated: 08/15/2003

Connected to SCM Item: GGT/Gamma GT
GIARDIA SCREEN

Order Code: GIA

Synonym(s):

Section: Microbiology

Specimen Requirement:
Fresh stool specimen submitted in a clean leak-proof container or stool in 10% Formalin transport vial (Available in Microbiology).

Restrictions On Collection:

When Completed:
Within 48 hours

Normal Values:

Instructions/Remarks:
This test screens only for the presence or absence of Giardia lamblia cysts. Other parasites will not be detected. A full ova and parasite exam (O&P) should be ordered if other parasites are suspected. Positive results will be called to the physicians office.

Last Updated:

Connected to SCM Item: Giardia DFA

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:

Circle if appropriate: Right Left
Wound specimens: Deep Superficial

PREP INSTRUCTION:
(1) MICROBIOLOGY: Collect specimen in sterile, tightly capped container. Transport to LAB immediately. Specimens over 1 hour old, or leaking, will require recollection.

(2) If using a swab for collection- aerobic (routine) - Red topped - anaerobic- Blue topped
GIARDIASIS ANTIBODY, IFA   @FOC

Order Code: Misc Lab Item
Synonym(s): Giardia lamblia
Section: Reference
Tube Type: Red-R

Specimen Requirement:
1mL Serum (minimum 0.25mL) Refrigerated

Minimum Collection Vol: 2 mL
Minimum Aliquot Vol: 0.25 mL

Restrictions On Collection: None

When Completed: Less than 5 days

Normal Values: Included with report

Instructions/Remarks:

REFERENCE LAB:
Focus test code # 40500

Last Updated: 03/26/2008
GLIADIN (DEAMIDATED) AB EVAL, IgA & IgG @MYO

Order Code: GLDND

Synonym(s):

Section: Reference

Tube Type: Gold-R

Specimen Requirement:
- 0.5 mL serum (gold top SST tube)
- Pediatric 0.2 mL serum

Minimum Collection Vol: 2 mL
Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:

When Completed:
- Test set up: Monday through Friday, Sunday
- Analytic time: 1 day

Normal Values:
- Included with report

Instructions/Remarks:
- LAB: Send serum refrigerated.
- REFERENCE LAB: Mayo test code # 89031

Last Updated: 10/08/2007

Connected to SCM Item: Gliadin (Deamidated) Abs, IgA & IgG @MYO
GLOBULIN

Order Code:

Synonym(s):

Section: Chemistry

Specimen Requirement:

Restrictions On Collection:
None

When Completed:
Same shift

Normal Values:
2.0 - 4.0 gm/dl

Instructions/Remarks:
Serum acceptable.
Order as A/G Ratio

Last Updated: 02/09/2007
GLomerular BaseMent Membrane, IGG @NIC

Order Code: GBMAIG

Synonym(s): GBM AB IGG

Section: Reference

Tube Type: REDS

Specimen Requirement:
- 1 mL serum (draw 1 red top tube)
- SST gold top also acceptable

Minimum Collection Vol: 1 mL

Minimum Aliquot Vol: 0.3 mL

Restrictions On Collection:
None

When Completed:
- Testing is set-up 3 days a week
- Analytical time of 2 days

Normal Values:
Included with report

Instructions/Remarks:
- Reference lab: Ship serum room temperature (ambient)
- Reject hemolysis
- NIC test code # 93294P

Last Updated: 12/11/2012

Connected to SCM Item: Glomerular Base Membr Ab IgG at NIC
GLUCAGON  @MYO

Order Code:  GGON

Synonym(s):

Section:  Reference

Tube Type:  *LK-R

Specimen Requirement:

2 ml plasma (lavender top, EDTA) fasting
Draw blood in pre-chilled tube
Deliver immediately to Lab on ice

Minimum Collection Vol:  6 mL
Minimum Aliquot Vol:  0.5 mL

Restrictions On Collection:

Patient should be fasting

When Completed:

Test set up: Monday, Thursday
Turnaround time: 5 days

Normal Values:

Included with report

Instructions/Remarks:

LAB:  Reject if grossly hemolyzed.

REFERENCE LAB:

MYO test code # 9358

Last Updated: 05/21/2008

Connected to SCM Item:  Glucagon Level  @MYO
GLUCOSE (Qualitative)-URINE

Order Code: UGLU

Synonym(s): Urinalysis-Body

Section: Urinalysis-Body

Specimen Requirement:
See "Urinalysis - Routine"

Restrictions On Collection:
See "Urinalysis - Routine"

When Completed:
Same day

Normal Values:
Negative

Instructions/Remarks:
Included in Urinalysis - Routine,
Urinalysis - Screen (no microscopic),
or may be ordered separately.

Last Updated: 02/09/2007

Connected to SCM Item: Glucose - Urine
GLUCOSE (Quantitative)

Order Code: GLU

Synonym(s): 

Section: Chemistry

Tube Type: ltG-C

Specimen Requirement:
1 ml. plasma (light green top tube, lithium heparin)
Fasting 8-12 hours recommended.

Minimum Collection Vol:

Minimum Aliquot Vol:

Restrictions On Collection:

When Completed:
Same shift

Normal Values:
65 - 99 mg/dL

Instructions/Remarks:
Included in Basic Metabolic Panel and Comprehensive Metabolic Panel.
LAB: Centrifuge and analyze promptly. Serum acceptable.
Serum or plasma: Hemolysis decreases results. Dilute grossly lipemic specimens. Separate specimens within 30 minutes of collection. Room temperature up to 24 hours. Refrigerate up to 7 days. Freeze for up to 1 year.

Last Updated: 08/12/2009

Connected to SCM Item: Glucose Level
GLUCOSE 1HRPP-PREGNANCY SCREEN

Order Code:    GLU1PP
Synonym(s):    1-Hour Post Prandial
Section:    Chemistry
Tube Type:    ltG-C

Specimen Requirement:
1 ml. plasma (light green top tube, lithium heparin)
Patient need not be fasting.
Blood sample obtained 1 hour post dose.

Minimum Collection Vol:

Minimum Aliquot Vol:

Restrictions On Collection:
None

When Completed:
Same shift

Normal Values:
65 - 139 mg/dl
Note: A glucose threshold value > 140 mg/dl identifies approximately
80% of women with gestational diabetes mellitus.
The yield is increased to 90% by using a cutoff of > 130 mg/dl.

Instructions/Remarks:
Order as a screening test for diabetes in pregnancy only.

LAB: Patient need not be fasting.
No baseline specimen is required.
Dose requirement is 50 gm. Dextrose (Glucose).

Serum or plasma: Hemolysis decreases results. Dilute grossly
lipemic specimens. Separate specimens within 30 minutes of
collection. Room temperature up to 24 hours. Refrigerate up
to 7 days. Freeze for up to 1 year.

Last Updated: 12/16/2008

Connected to SCM Item:    Glucose 1HRPP-Pregnancy Scrn
GLUCOSE 2HRPP

Order Code: GLU2PP
Synonym(s): 2-Hours Post Prandial
Section: Chemistry
Tube Type: ltG-C

Specimen Requirement:
- 1 ml. plasma (light green top tube, lithium heparin)
- Patient need not be fasting prior to administration of dose.
- Blood sample obtained 2 hours post dose.

Minimum Collection Vol:
Minimum Aliquot Vol:
Restrictions On Collection:
None

When Completed:
Same shift

Normal Values:
65 - 139 mg/dL

Instructions/Remarks:
- LAB: Patient need not be fasting.
- No baseline specimen is required.
- Dose requirement is 75 gm. Dextrose (Glucose).
- Serum or plasma: Hemolysis decreases results. Dilute grossly
  lipemic specimens. Separate specimens within 30 minutes of
  collection. Room temperature up to 24 hours. Refrigerate up
to 7 days. Freeze for up to 1 year.

Last Updated: 01/27/2014

Connected to SCM Item: Glucose 2HrPP
GLUCOSE TOLERANCE-PREGNANCY - Order Set

Order Code: GTT Pregnancy
Section: Chemistry
Tube Type: ltG

Specimen Requirement:
1 ml. plasma (light green top tube, lithium heparin)

Blood samples obtained Fasting, and 1-hour, 2-hour, 3-hour after dose. Fasting is defined as no calorie intake for at least 8 hours.

Refer to Laboratory Systems Manual for complete procedure, document 13-01-300.

Minimum Collection Vol: 
Minimum Aliquot Vol: 
Restrictions On Collection: None
When Completed: Same shift

Normal Values:
Suggested ADA Guidelines (Jan. 2008), Diagnostic scheme for Gestational Diabetes Mellitus/Pregnancy, based on a 100 gm glucose load:
- Fasting plasma Glucose > or = 95 mg/dL
- 1 Hour post Glucose dose > or = 180 mg/dL
- 2 Hours post Glucose dose > or = 155 mg/dL
- 3 Hours post Glucose dose > or = 140 mg/dL

Physician will interpret results.

Instructions/Remarks:
This test is for pregnant females ONLY. The procedure is similar to a routine tolerance except that a higher dose (100 grams) of glucose is administered and additional hourly samples are obtained.

Order GTT in SCM as Order Set "GLUCOSE TOLERANCE-IN PREGNANCY".

LAB:
FOR FASTING BLOOD SUGARS OF 126 OR MORE, Chemistry must contact the patient's doctor to determine whether the glucose should be administered and the tolerance test continued. See Laboratory Systems Manual for detailed procedure, doc 13-01-300.

Serum or plasma: Hemolysis decreases results. Dilute grossly lipemic specimens. Separate specimens within 30 minutes of collection. Room temperature up to 24 hours. Refrigerate up to 7 days. Freeze for up to 1 year.

If SCM is not available, place individual orders in Sunquest. Order each as a Timed Collection. Collect Time will be modified at Receipt

Code: GTTFP Priority: Time Critical
Code: GTTH1P Priority: Time Critical + 1 hour
Code: GTTH2P Priority: Time Critical + 2 hours
Code: GTTH3P Priority: Time Critical + 3 hours

Last Updated: 03/26/2014
GLUCOSE TOLERANCE-ROUTINE - Order Set

Order Code:

Synonym(s): GTT Routine

Section: Chemistry

Tube Type: ltG

Specimen Requirement:
1 ml. plasma (light green top tube, lithium heparin)

Blood samples obtained Fasting, and 2 hours after dose.

Refer to Laboratory Systems Manual for complete procedure, document 13-01-300.

Minimum Collection Vol:

Minimum Aliquot Vol:

Restrictions On Collection:
None

When Completed:
Same shift

Normal Values:
Fasting glucose < 126 mg/dL
2 Hour post glucose load < 200 mg/dL

Physician will interpret results.

Instructions/Remarks:
GLUCOSE TOLERANCE-ROUTINE - Order Set

Order GTT in SCM as Order Set “GLUCOSE TOLERANCE-ROUTINE”.

Note: IF PATIENT IS PREGNANT, instead order “GLUCOSE TOLERANCE/PREGNANCY”.

1) Prepare patient: must be fasting on day of test.
2) Collect fasting blood, send to Lab Processing for preliminary testing. (See Note 2a below).
3) Laboratory administers a standard oral dose of glucose (75 grams). (See Note 3a below).
4) Patient may drink water prior to and during the test.

LAB:

Note 2a:
FOR FASTING BLOOD SUGARS OF 126 OR MORE, Chemistry must contact the patient’s doctor to determine whether the glucola should be administered and the tolerance test continued. See Laboratory Systems Manual for detailed procedure. doc. 13-01-300. (If Accu-Check performed, floor will contact MD).

Note 3a:
Individuals weighing less than 100 pounds should receive a dose adjusted by body weight. Chemistry will determine and measure the appropriate dose based on body weight. Refer to chart below.

Serum or Plasma: Hemolysis decreases results. Dilute grossly lipemic specimens. Separate specimens within 30 minutes of collection. Room temperature up to 24 hours. Refrigerate up to 7 days. Freeze for up to 1 year.

If SCM is not available, place individual orders in Sunquest. Placed each as a Timed Collection. Collect Time will be modified at Receipt.
Code: GTTF Priority: Time Critical
Code: GTH2 Priority: Time Critical + 2 hours

CHART to determine Glucose Dose for Pediatric Patients of <100 pounds:

<table>
<thead>
<tr>
<th>Patient wt. in lbs.</th>
<th>Equivalent wt. in kg.</th>
<th>mL of a 75-gm bottle to give</th>
<th>mls of a 100-gm bottle to give</th>
</tr>
</thead>
<tbody>
<tr>
<td>50</td>
<td>23</td>
<td>157</td>
<td>118</td>
</tr>
<tr>
<td>60</td>
<td>27</td>
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Last Updated: 03/26/2014

Connected to SCM Item:
GLUCOSE-24HR URINE (QUANTITATIVE)

Order Code: GL24HR

Synonym(s):

Section: Chemistry

Specimen Requirement:
24-hour urine collected with 1 gm. NaFl as preservative. Keep collection on ice. Submit entire collection to Laboratory with completed Order Requisition.

Restrictions On Collection:
None

When Completed:
Same shift

Normal Values:
0 - 0.5 gm/day

Instructions/Remarks:

LAB: Preservative of 1 gm. NaFl to be added to container BEFORE collection. Refrigerate during collection and keep refrigerated until analysis. Refrigerate if not analyzed immediately.

Properly labeled Timed collection received with SCM Order Requisition. Measure urine volume and record on Order Requisition. Mix well, aliquot 5 mL and centrifuge. Take spun urine aliquot and Order Requisition to Tech for testing. Tech will verify HOURS of collection on Order Requisition:
Date Urine Collection Started
Date Urine Collection Ends
Time Urine Collection Started
Time Urine Collection Ends

Last Updated: 01/26/2007

Connected to SCM Item: Glucose-24Hr Ur (Quant)

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Urine Coll Started:
Date Urine Collect Ends:
Time Urine Coll Started:
Time Urine Collect Ends:
GLUCOSE-CSF

Order Code: GLUCF

Synonym(s): CSF, Spinal Fluid

Section: Chemistry

Specimen Requirement: 1 mL CSF

Minimum Collection Vol: 0.5 mL

Restrictions On Collection: CSF specimens must be delivered to Lab immediately

When Completed: Same shift

Normal Values: 40-70 mg/dL

Instructions/Remarks:
Hemolysis decreases results.
LAB: Centrifuge.
Analyze immediately. Do NOT delay testing.
Refrigerate up to 7 days. Freeze for up to 1 year.

Last Updated: 01/25/2007

Connected to SCM Item: Glucose-CSF

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:
GLUCOSE-MISC FLUID

Order Code: GLUMF
Synonym(s):
Section: Chemistry
Specimen Requirement:
   1 ml miscellaneous or pleural fluid
Minimum Collection Vol: 0.5 mL
Restrictions On Collection: None
When Completed: Same shift
Normal Values: No normal values available

Instructions/Remarks:
   LAB: Dilute grossly lipemic samples.
   Store room temperature up to 4 hours.
   Refrigerate up to 3 days.
   Freeze for up to 6 months.

Last Updated: 11/09/2004

Connected to SCM Item: Glucose-Misc Fluid

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

   Date Specimen Collected:
   Time Specimen Collected:
   Collected by:
GLYCATED HEMOGLOBIN

Order Code: GLYH

Synonym(s): Hemoglobin A1C, Glycohemoglobin

Section: Chemistry

Tube Type: Lav-C

Specimen Requirement:
2 ml. whole blood (lavender top tube, EDTA)

Minimum Collection Vol: 2.0 mL

Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:
None

When Completed:
Newport campus: Testing performed daily
Irvine campus: Testing performed Monday, Wednesday, Friday 0600-1700

Normal Values:
Hgb A1C: 4.0 - 6.0 % NGSP

Instructions/Remarks:
LAB: DO NOT separate.

Last Updated: 09/30/2010

Connected to SCM Item: Glycated Hemoglobin
GLYCOMARK @ESO

Order Code: Misc Lab Item
Synonym(s):
Section: Reference
Tube Type: Red-R

Specimen Requirement:
1 mL serum (red top tube)
Pediatric minimum: 0.8 mL serum

Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 1 mL

Restrictions On Collection:
None

When Completed:
Test set up: Monday-Friday
Turnaround time: 2-4 days

Normal Values:
Included with report

Instructions/Remarks:
LAB: Ship at room temperature.
REFERENCE LAB:
Esoterix test # 500609

Last Updated: 03/27/2008
GONORRHOEAE SCREEN CULTURE

Order Code: GC

Synonym(s): Culture Gonorrhoeae Screen, G.C. Screen, Neisseria gonorrhoeae screen

Section: Microbiology

Specimen Requirement:
Swab in culturette

Restrictions On Collection:

When Completed:
Preliminary report: 24 hours
Final cultures: 5 days

Normal Values:

Instructions/Remarks:
Bring specimen IMMEDIATELY to Microbiology Lab.
No other organisms will be identified.

NOTE: If order specifies testing by PCR, see "Gonorrhoeae PCR,DNA @UCI"

Last Updated: 08/30/2007

Connected to SCM Item: Gonorrhoeae (G.C.) Only Cult

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:
Circle if appropriate: Right Left
Wound specimens: Deep Superficial

PREP INSTRUCTION:
(1) MICROBIOLOGY: Collect specimen in sterile, tightly capped container. Transport to LAB immediately. Specimens over 1 hour old, or leaking, will require recollection.

(2) If using a swab for collection- aerobic (routine) - Red topped - anaerobic- Blue topped
GRAM STAIN ONLY

Order Code: GRAM
Synonym(s): Smear
Section: Microbiology

Specimen Requirement:
Dried smears or fresh swab

Restrictions On Collection:

When Completed:
Same day

Normal Values:

Instructions/Remarks:
Gram stains are routinely done on most specimens submitted for routine culture except Blood, Nose, Stool, Throat and Urine cultures.

Last Updated: 02/12/2007

Connected to SCM Item: Gram Stain Only
Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:

Circle if appropriate: Right Left
Wound specimens: Deep Superficial

PREP INSTRUCTION:
(1) MICROBIOLOGY: Collect specimen in sterile, tightly capped container. Transport to LAB immediately.
Specimens over 1 hour old, or leaking, will require recollection.

(2) If using a swab for collection- aerobic (routine) - Red topped - anaerobic- Blue topped
GRANULOCYTE ANTIBODIES @MYO

Order Code: GAB
Synonym(s): Anti-Neutrophil Antibodies, Granulocyte-binding IgG, Neutrophil iAbs
Section: Reference
Tube Type: RED-R
Specimen Requirement: 2 ml. serum (gel tube NOT acceptable)
Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 0.5 mL
Restrictions On Collection: NOTE: Only pre-transfusion reaction specimens are acceptable.
When Completed:
  Test set up:
  Monday
  Analytic time:
  1 day
Normal Values: Included with report
Instructions/Remarks:
LAB: Send at room temperature.
REFERENCE LAB:
Mayo code # 8976
Last Updated: 09/18/2006
Connected to SCM Item: Granulocyte Antibodies @MYO
GRANULOCYTE MACROPHAGE COLONY STIMULATING FACTOR @MYO

Order Code: Misc Lab Item
Synonym(s): 
Section: Reference
Tube Type: 2 RED-R

Specimen Requirement:
Draw 2 10-mL large red top tubes

Restrictions On Collection:
None

When Completed:

Normal Values:
Included with report

Instructions/Remarks:
Testing performed by Univ. of MN Outreach Laboratories
LAB:
Allow to clot for 30 minutes before centrifuging.
Process immediately.
No hemolysis or lipemia.
Send serum FROZEN.

REFERENCE LAB:
MYO code # 90500, WILD61 Miscellaneous Referred Test
Enter test name.

Last Updated: 05/13/2008
H. PYLORI ANTIGEN, STOOL @NIC

Order Code: HPAN

Synonym(s): Helicobacter

Section: Microbiology

Tube Type: Stool

Specimen Requirement:
1 mL stool specimen in sterile screw cap container

Minimum Collection Vol: 1 mL

Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:
None

When Completed:
Testing set-up 5 days a week.
Reports in 3-4 days

Normal Values:
Negative

Instructions/Remarks:
Microbiology/Reference: Maintain Sterility
Send sample FROZEN

Quest order code: 34838

Last Updated: 01/27/2014

Connected to SCM Item: Helicobacter pylori Antigen Stool at NIC

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:

Circle if appropriate: Right Left
Wound specimens: Deep Superficial

PREP INSTRUCTION:
(1) MICROBIOLOGY: Collect specimen in sterile, tightly capped container. Transport to
LAB immediately. Specimens over 1 hour old, or leaking, will require recollection.

(2) If using a swab for collection- aerobic (routine) - Red topped - anerobic- Blue
topped
H. PYLORI BREATH TEST

Order Code:

Synonym(s): Breath Test, Helicobacter Pylori, Pylori, Ulcer Breath Test

Section:

Specimen Requirement:

Restrictions On Collection:

When Completed:

Normal Values:

Instructions/Remarks:

Test done in Nuclear Medicine

Last Updated: 06/20/2001
HALOPERIDOL, SERUM  @MYO

Order Code:  Misc Lab Item
Synonym(s):  Haldol
Section:  Reference
Tube Type:  Red-R

Specimen Requirement:
1ml of Serum, Refrigerated (min. 0.3ml)
SST tube not acceptable

Minimum Collection Vol: 
Minimum Aliquot Vol: 
Restrictions On Collection:  None

When Completed:
Analytic Time:  1 day
Days Test Set Up:  Monday through Friday

Normal Values:
Included with report

Instructions/Remarks:
LAB:  EDTA acceptable

REFERENCE LAB:  Mayo Laboratory
test code # HALO

Last Updated:  03/07/2012

Connected to SCM Item:
HAM'S TEST  @UCI

Order Code:  Misc Lab Item
Synonym(s):  Acidified Serum Lysis
Section:  Reference

Specimen Requirement:
CALL UCI PATHOLOGY SERVICES AT 888-824-5227 TO SCHEDULE TESTING
Collect specimens as follows:
1. Draw blood in a light blue-top (citrate) tube and send 4.0 ml of citrate whole blood.
2. Draw a lavender top (EDTA) tube if patient's blood type is unknown. Blood Bank can do a blood type for us.
3. Draw blood in a light blue-top (citrate) tube and a 10 ml red top tube from a normal, unrelated person with the same blood type at the same time, and send the blue-top and red top whole blood. Label clearly on outermost label NORMAL CONTROL.
NOTE: PATIENTS'S BLOOD TYPE IS REQUIRED ON REQUEST FORM FOR PROCESSING.

Restrictions On Collection:
Must call UCI to schedule.
Test set up Monday through Friday
Sample must arrive by 11:30 a.m.

When Completed:
Analytic Time: 1 day
Days Test Set Up: Monday through Friday

Normal Values: Included with report

Instructions/Remarks:
REFERENCE LAB: UCI Pathology Services
test code HAMST

After scheduling is made and after blood is drawn, call UCI for Stat i pick-up so specimen will arrive before 1 p.m.

Last Updated: 03/01/2002
HANTA VIRUS ANTIBODY IFA   @FOC

Order Code: Misc Lab Item
Synonym(s): Hanta virus, Seoul virus, Hantoan, Puumala virus
Section: Reference
Tube Type: Red-R
Specimen Requirement:
   1 ml of Serum (minimum of 0.25 ml)
Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 0.25 mL
Restrictions On Collection:
   None
When Completed:
   Less than 5 days
Normal Values:
   Included with report
Instructions/Remarks:
   REFERENCE LAB:
   Focus test code # 41244
Last Updated: 09/10/2012
Connected to SCM Item:
HAPTOGLOBIN @NIC

Order Code: HAPN

Synonym(s):

Section: Reference

Tube Type: Red5-R

Specimen Requirement:  
1 mL serum (Red top tube)  
Gold top SST tube not acceptable

Minimum Collection Vol: 3 mL

Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection: None

When Completed: 2-3 days

Normal Values: Included with report

Instructions/Remarks:

LAB/REFERENCE:  
Send serum refrigerated. Gold top SST tube NOT acceptable  
Quest test code #502

Performing Laboratory  
Quest Diagnostics Valencia Nichols Institute  
27027 Tourney Road  
Valencia, CA 91355-5386

Last Updated: 08/26/2014

Connected to SCM Item: Haptoglobin @NIC
HCT - HEMATOCRIT

Order Code:  HCT

Synonym(s):  Hematocrit, Micro-Hct

Section:  Hematology-Coag

Tube Type:  LV-H

Specimen Requirement:
2.5 ml. whole blood (lavender top tube, EDTA) or by fingerstick using a microtainer or micro-Hct capillary tubes

Restrictions On Collection:
STATs and ASAPs are done anytime, routines preferably done on the day shift

When Completed:
Same day

Normal Values:
Males:  42.0 - 52.0% (Ages 14y and above)
Females:  37.0 - 47.0% (Ages 14y and above)

Instructions/Remarks:
Done as part of a CBC - Complete Blood Count, ABC - Auto Blood Count, HH - Hgb & Hct, or can be ordered separately.

Last Updated: 06/23/2005

Connected to SCM Item:  Hct
HCT - MISCELLANEOUS FLUID

Order Code: HCTMIS

Synonym(s): Hematocrit

Section: Hematology-Coag

Tube Type: Lav

Specimen Requirement:
1 ml misc fluid collected in lavender top EDTA

Minimum Collection Vol: 0.5 mL

Minimum Aliquot Vol:

Restrictions On Collection:
None

When Completed:
Same day

Normal Values:
No normals available

Instructions/Remarks:

Last Updated: 06/05/2010

Connected to SCM Item: Hct-Misc (Non Blood)

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:
HCV GENOTYPE, LIPA @ NIC

Order Code: HCVGEN

Synonym(s): Hepatitis C viral, Genotype,

Section: Reference

Tube Type: GoldR

Specimen Requirement:
2 mL serum, SST gold-top tube

Minimum Collection Vol: 4 mL
Minimum Aliquot Vol: 0.6 mL

Restrictions On Collection:
None

When Completed:
Testing is set-up Monday-Friday
Analytical time 2-5 days

Normal Values:
Included with report

Instructions/Remarks:
Lab: Allow blood to clot at room temperature prior to spinning
Reference lab: Maintain sterility. Use sterile pipettes and sterile urine containers.
Ship Frozen
Testing performed at Focus Diagnostics

Quest test code # 37811

Last Updated: 09/03/2014

Connected to SCM Item: HCV Genotype LIPA at NIC
HCV RNA QUANT, REAL TIME PCR  @NIC

Order Code:    HCPCR
Synonym(s):   Hepatitis c, RNA, PCR
Section:      Reference
Tube Type:    GOLD-R

Specimen Requirement:  
3.0 ml serum (Gold top SST tube). Tube must be FULL.  
KEEP STERILE
Minimum Collection Vol:  7 mL
Minimum Aliquot Vol:    2.5 mL

Restrictions On Collection:  
None

When Completed:  
Analytic Time:  
2 days
Days Test Set Up:  
Monday - Friday a.m.

Normal Values:  
Included with report

Instructions/Remarks:  
Assay linear range is 43 IU/mL to 69,000,000 IU/mL.
This item also reflex ordered as confirmation to a positive in-house 
Hepatitis C (HC), at an additional charge to patient.

LAB: Centrifuge within 6 hours of collection.
      IMMEDIATELY remove serum
      aseptically into Quest sterile plastic vial.
      Store refrigerated. Ship refrigerated.

REFERENCE LAB:  
Testing performed at Focus Diagnostics
Quest test code #:  35645

Last Updated:  09/03/2014

Connected to SCM Item:    HCV RNA Quant Real Time PCR at  NIC
HDL CHOLESTEROL

Order Code: HDL
Synonym(s):
Section: Chemistry
Tube Type: ltG-C
Specimen Requirement:
0.5 ml. plasma (light green top tube, lithium heparin), 14-hour fasting

Minimum Collection Vol:
Minimum Aliquot Vol:
Restrictions On Collection:
Patient should be fasting 14 hours

When Completed:
Less than 3 days. Testing performed Mon-Fri.

Normal Values:
40-60 mg/dL
Low HDL: <40 mg/dL
Normal: 40 to 60 mg/dL
Desirable: >60 mg/dL

Instructions/Remarks:
PATIENT PREPARATION: Prior evening meal should contain no fatty foods and be completed by 6 pm.
LAB: Serum acceptable. Separate within 3 hours of collection. Storage at room temperature is not recommended. Refrigerate for up to 4 days. Freeze for up to 90 days.
Supernate: If supernate analysis is delayed more than 1 hour, refrigerate for up to 8 hours. Freeze for up to 2 weeks.

Last Updated: 02/25/2010
Connected to SCM Item: HDL Cholesterol
HDL CHOLESTEROL SUBCLASSES @NIC (Quest)

Order Code: Misc Lab Item
Synonym(s):
Section: Reference
Tube Type: Red-R
Specimen Requirement: 3 mL serum (red top, no gel)
Minimum Collection Vol: 5 mL
Minimum Aliquot Vol: 1.5 mL
Restrictions On Collection: Patient should be fasting at least 12 hours.
When Completed: Test set up: 5 days per week
                 Turnaround time: 2 days
Normal Values: Included with report
Instructions/Remarks:
LAB: Send serum refrigerated
REFERENCE LAB:
    Quest # 35932X
Last Updated: 08/17/2006
HE4 OVARIAN CANCER @NIC

Order Code: HE4

Synonym(s): HE4 antigen biomarker, MONITORING 2040

Section: Reference

Tube Type: Red-R

Specimen Requirement:
- 0.5 mL serum (red top tube)
- SST tube with gel not acceptable

Minimum Collection Vol: 1 mL

Minimum Aliquot Vol: 0.1 mL

Restrictions On Collection:
None

When Completed:
- Testing performed: Monday, Wednesday, Friday
- Analytical time of 2-5 days
- Testing performed at Quest Diagnostics, SJC

Normal Values:
Included with report

Instructions/Remarks:
LAB: Sample collected must be allowed to clot for at least 30 minutes, but no longer than 1 hour.
No hemolysis. No lipemia.
Aliquot serum and store FROZEN

REFERENCE:
Reject if: gross hemolysis, lipemia, icteria, presence of fibrin, red blood cells, or obvious microbial contamination.
QUEST test # 16500

Last Updated: 05/14/2013

Connected to SCM Item: HE4 Ovarian Cancer Monitoring 2040 at NIC
HEAVY METALS PANEL, 24-HOUR URINE @NIC

Order Code: HM24

Synonym(s): Heavy metals 24-hour urine with Cadmium, Arsenic, Lead, Mercury, Cadmium

Section: Reference

Tube Type:

Specimen Requirement:
- 7 mL sample from a 24-hour collection
- Collection must be made in an acid washed or metal free container
- Refrigerate during and after collection
- No preservative required

Minimum Collection Vol:

Minimum Aliquot Vol: 3 mL

Restrictions On Collection:
- Patient should avoid seafood consumption for 48 hours prior to sample collection

When Completed:
- Testing set-up 3 days a week

Normal Values:
- Included with report

Instructions/Remarks:
- Panel includes: Arsenic, Cadmium, Lead, and Mercury
- Lab: When processing, use measurements along collection bottle. Avoid transferring collection for volume measurement. Aliquot 7 mL sample into a trace element tube/container. If sent in a non-trace element container, Quest will report elevated results and request another sample be sent.
- Ship urine sample refrigerated (preferred)
- NIC test code # 35386

Last Updated: 09/09/2013

Connected to SCM Item: Heavy Metals Screen 24Hr at NIC

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

- Date Urine Coll Started:
- Date Urine Collect Ends:
- Time Urine Coll Started:
- Time Urine Collect Ends:
HEAVY METALS SCREEN, BLOOD  @MYO

Order Code:  HMSBD
Synonym(s):  Arsenic, Lead, Mercury, Cadmium
Section:  Reference
Tube Type:  RYbluED

Specimen Requirement:
Draw blood in a Royal Blue Top Trace Element Blood collection tube, containing EDTA
Minimum 1.0 ml whole blood
If other collections are required, draw the trace metals tube first.
Other vacutainer tubes will not be accepted.
Do not draw by syringe. Microtainer with EDTA is acceptable.
Always use an alcohol swab to cleanse the venipuncture site.
Avoid iodine-containing disinfectants.

NOTE #: Royal blue top EDTA tubes are stored in the Reference Dept, Laboratory, Mayo supply item T183.

Minimum Collection Vol:  1.0 mL
Minimum Aliquot Vol:  1.0 mL

Restrictions On Collection:
Standard evacuated vacutainer tubes with rubber stoppers, and plastic syringes with black rubber seals, are grossly contaminated with metals and should not be used for sample collection.

Do not collect specimen if patient has received gadolinium within 48 hours.

When Completed:
Analytic Time:
1 day
Days Test Set up:
Monday through Saturday

Normal Values:
Included with report

Instructions/Remarks:
LAB:  Send specimen refrigerated in original vacutainer tube.

When processing batch in MayoAccess, you will be prompted for the following patient information prior to transmitting batch:
  Street Address
  City, state, zip
  County
  Guardian first name
  Guardian last name
  Home phone
  Venous/capillary
  Race

Look up this information in SCM

REFERENCE LAB:
Mayo Laboratory
test code # HMSBR

Last Updated: 09/11/2014

Connected to SCM Item:  Heavy Metals Screen, Blood  @MYO
HELICOBACTER PYLORI AB IgG, IgM, IgA @NIC

Order Code: Misc. Lab Item

Synonym(s): Pylori, Campylobacter, H. pylori

Section: Reference

Tube Type: Gold-R

Specimen Requirement:
1 mL serum (SST gold top tube)

Minimum Collection Vol: 3 mL

Minimum Aliquot Vol: 0.6 mL

Restrictions On Collection:
None

When Completed:

Normal Values:
Included with report

Instructions/Remarks:
Reference lab: This test is the replacement for the obsolete HPGMA @Mayo.
Ship specimen at room temperature.

Quest test code # 20325

Last Updated: 10/18/2013

Connected to SCM Item:
HEMICOBACTER PYLORI CULTURE  @FOC  (LAB ONLY)

Order Code:  HPCM

Synonym(s):  Culture Helicobacter pylori, H. pylori culture

Section:  Microbiology

Tube Type:  

Specimen Requirement:
Gastric or duodenal specimens (tissue, biopsy, or brush) collected in sterile container or tube. Transport to Microbiology lab IMMEDIATELY after collection.

Minimum Collection Vol:

Minimum Aliquot Vol:

Restrictions On Collection:

When Completed:  up to 21 days

Normal Values:  No growth

Instructions/Remarks:
Positive results are called to the physician.
Order as:  Misc Lab Item

REFERENCE LAB:  Focus # 51570

Last Updated:  04/05/2012

Connected to SCM Item:  Helicobacter Pylori Culture @MRL

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:
Circle if appropriate:  Right  Left
Wound specimens:  Deep  Superficial

PREP INSTRUCTION:
(1) MICROBIOLOGY: Collect specimen in sterile, tightly capped container. Transport to LAB immediately. Specimens over 1 hour old, or leaking, will require recollection.

(2) If using a swab for collection- aerobic (routine) - Red topped  - anaerobic- Blue topped
HELCOBACTER PYLORI IgG ANTIBODY  @MYO

Order Code: SHELI
Synonym(s): Campylobacter pylori, Pylori, H. pylori
Section: Reference
Tube Type: Red-R
Specimen Requirement:
1 ml Serum (Red-top preferred)
Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 0.25 mL
Restrictions On Collection:

When Completed:
Analytic Time: 4 hours
Days Test Set Up: Monday through Friday

Normal Values:
Included with report

Instructions/Remarks:
Send refrigerated.
REFERENCE LAB:
Mayo test code # HELIG

Last Updated: 04/03/2013
Connected to SCM Item: Helicobacter pylori IgG Ab @MYO
HELICOBACTER PYLORI IgG, IgM, & IgA AB @MYO

Order Code: HPGMA

Synonym(s): Campylobacter pylori

Section: Reference

Tube Type: Gold-R

Specimen Requirement:
1 mL serum (Gold top SST tube)

Minimum Collection Vol: 4 mL

Minimum Aliquot Vol: 0.8 mL

Restrictions On Collection:
None

When Completed:
Testing performed Monday-Friday
Turn around time less than 4 days

Normal Values:
Included with report

Instructions/Remarks:
LAB:
Send minimum 0.8 mL serum, refrigerated.

REFERENCE LAB:
Mayo order code: HPYP

Last Updated: 02/05/2014

Connected to SCM Item: Helicobac.pylori IgG,IgA,IgM Ab @MYO
HEMOCHROMATOSIS HFE GENE ANALYSIS   @MYO

Order Code:       HFE
Synonym(s):      Hereditary Hemochromatosis
Section:         Reference
Tube Type:       Lav3-R

Specimen Requirement:
2.5 ml whole blood (Lavender-top tube, EDTA)
Yellow top ACD tube also accepted
DO NOT TRANSFER INTO ANOTHER TYPE OF TUBE

Minimum Collection Vol:  2 mL
Minimum Aliquot Vol:  0.5 mL

Restrictions On Collection:
None

When Completed:
Test set up:
Tuesday, Thursday, Friday
Analytic time:
5 days

Normal Values:
Included with report

Instructions/Remarks:
LAB:
Do NOT transfer blood to another tube.
Send whole blood at room temperature.

REFERENCE LAB:
Mayo test code # 81508

Last Updated: 01/20/2012

Connected to SCM Item:  Hemochromatosis HFE Gene @MYO
HEMOGLOBIN A1C @NIC (LAB BACK-UP ONLY)

Order Code: GHGB1
Synonym(s): Glycated hemoglobin
Section: Reference
Tube Type: Lav5

Specimen Requirement:
- 1 mL whole blood (draw 1 EDTA lavender-top tube)
- Dark Green Lithium Heparin also acceptable

Minimum Collection Vol: 0.5 mL
Minimum Aliquot Vol:
Restrictions On Collection: None
When Completed:
- Testing set-up 6 days a week
- Analytic time of 3-4 days
Normal Values:
Included with report

Instructions/Remarks:
Reference lab: Transfer whole blood to a plastic shipping vial to prevent breakage.
Ship whole blood room temperature.
Refrigerated and Frozen acceptable

NIC test code # 496
Last Updated: 12/11/2012

Connected to SCM Item: Hemoglobin A1c /Glycohgb@NIC (Back-up)
HEMOGLOBINOPATHY EVALUATION @NIC

Order Code: HGBEVL
Synonym(s): 
Section: Reference
Tube Type: Lav10

Specimen Requirement:
5 mL whole blood (draw 1 lavender top tube)
Patient age and ethnicity are necessary for proper interpretation

Minimum Collection Vol: 0.5 mL
Minimum Aliquot Vol:

Restrictions On Collection:
Blood transfusions within the last 4 months may affect results

When Completed:
Testing is set-up 6 days a week
Analytic time of 3-4 days

Normal Values:
Included with report

Instructions/Remarks:
Reference lab: Label specimen with patient age and ethnicity.
Send samples room temperature

NIC test code # 35489

Last Updated: 12/11/2012

Connected to SCM Item: Hemoglobinopathy Evaluation at NIC
HEMOSIDERIN (Qual)-URINE

Order Code: UHSID

Section: Urinalysis-Body

Tube Type: CALLAB*

Specimen Requirement:
Random urine, clean catch, AM sample preferred.
Call Laboratory to notify of sample collection.
Label properly and send to Lab within one hour.

Restrictions On Collection:
A concentrated early morning specimen is preferred. Day shift.

When Completed:
Same day

Normal Values:
Negative

Instructions/Remarks:

Last Updated: 02/09/2007

Connected to SCM Item: Hemosiderin-Urine Qual
HEPARIN-INDUCED PLATELET AB WITH REFLEX TO SRA, if indicated @NIC

Order Code: HITRFX

Synonym(s): Serotonin Release Assay, Platelet Ab to Heparin, SRA, HIT, Drug Dependent Platelet Ab, Heparin-Induced Thrombocytopenia

Section: Reference

Tube Type: 2 Red-R

Specimen Requirement:
- 4 mL serum. Draw 2-small red top tubes.
- Tubes must be full.
- SST tubes with gel NOT acceptable.

Minimum Collection Vol: 6 mL
Minimum Aliquot Vol: 2 mL

Restrictions On Collection:
None

When Completed:
- Initial testing for Platelet Antibody: 1-2 days turnaround time
- Reflex testing for Serotonin Release, if indicated: 2-5 days

Normal Values:
Included with report

Instructions/Remarks:
- Serotonin Release Assay (SRA) will be reflexed when the Heparin-Induced Platelet Antibody test is positive and the OD is $> = 0.400$. Reflex testing is at an additional charge to patient.

  LABORATORY:
  Gold top SST tube with gel NOT acceptable.
  Centrifuge for 15 min at 1500g as soon as possible after clotting.
  Separate from cells, and aliquot 2 mL serum into each of 2 vials.
  Freeze.

  NOTE: to expedite processing at Quest, enclose vials in special large pink plastic bag which reads "Special Handling Priority" with the hot pink flyer "Attention Quest Processing".

  Quest will fax all positive results to Specimen Processing.
  Give to CLS for filing.
  Phone MD immediately with all positive results.

REFERENCE LAB:
- Quest code 15334X

Last Updated: 10/02/2013

Connected to SCM Item: Heparin-Induced Platelet Ab wRFLx SRA at NIC
HEPATIC FUNCTION PANEL

Order Code: HFPAN
Synonym(s): Hepatic panel, Liver Panel
Section: Chemistry
Tube Type: ltG-C
Specimen Requirement:
1 ml. plasma (light green top tube, lithium heparin)
Minimum Collection Vol: 1.0 mL
Minimum Aliquot Vol: 0.5 mL
Restrictions On Collection:
None
When Completed:
Same shift
Normal Values:
See individual tests
Instructions/Remarks:
Panel includes:
Total Protein, Albumin, AST/SGOT, ALT/SGPT, Alkaline Phosphatase,
Total Bilirubin, Conjugated Bilirubin
LAB: Serum acceptable.
Last Updated: 08/15/2003
Connected to SCM Item: Hepatic Function Panel
HEPATITIS A ANTIBODY, IGM

Order Code: HAM

Synonym(s):

Section: Chemistry

Tube Type: Gold-C

Specimen Requirement:
- 1 mL serum (Gold top SST tube)

Minimum Collection Vol: 3 mL

Minimum Aliquot Vol: 1 mL

Restrictions On Collection:

When Completed: Same day

Normal Values: Negative

Instructions/Remarks:
- Included in "Hepatitis Profile-Acute" (HP).

Last Updated: 06/03/2009

Connected to SCM Item: Hepatitis A Antibody, IgM
HEPATITIS B CORE AB, IGM

Order Code: HBCM

Synonym(s):

Section: Chemistry

Tube Type: Gold-C

Specimen Requirement:
1 mL serum (Gold top SST tube)

Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 1 mL

Restrictions On Collection:

When Completed:
Same day

Normal Values:
Negative

Instructions/Remarks:
Included in "Hepatitis Profile-Acute" (HP).

Last Updated: 06/03/2009

Connected to SCM Item: Hepatitis B Core Ab, IgM
HEPATITIS B CORE ANTIBODY, IGM @NIC *LAB REFLEX ONLY

Order Code: HBCIGX
Synonym(s):
Section: Reference
Tube Type:
Specimen Requirement:

Minimum Collection Vol:
Minimum Aliquot Vol:
Restrictions On Collection: None

When Completed: Testing is set-up 6 days a week
               Analytical time 1-3 days

Normal Values: Included with report

Instructions/Remarks:
This test is performed as a reflex, if appropriate, to Hepatitis B Core Antibody Total @NIC (SQ: HBCORT). Additional charges will apply.

Last Updated: 06/30/2014

Connected to SCM Item: Hep B Core Ab Reflex IgM at NIC
HEPATITIS B CORE TOTAL W/ REFLEX TO IGM @NIC

Order Code:    HBCORT

Synonym(s):

Section:    Reference

Tube Type:    Red5

Specimen Requirement:
- 1 mL serum (draw 1 full red top tube)
- SST gold top tube acceptable

Minimum Collection Vol:  3 mL
Minimum Aliquot Vol:  0.8 mL

Restrictions On Collection:
None

When Completed:
- Testing is set-up 6 days a week
- Analytic time of 1-3 days

Normal Values:
Included with report

Instructions/Remarks:
- When indicated, may include reflex testing for Hepatitis B core, IgM @NIC, (SQ code: HBCIGX), at an additional charge to patient.
- Reference lab: When shipping serum, send room temperature
  NIC test code # 37676

Last Updated: 06/30/2014

Connected to SCM Item:  Hepatitis B Core Total at NIC
HEPATITIS B SURFACE ANTIBODY, QUANT @NIC

Order Code: HBSABQ
Synonym(s): 
Section: Reference
Tube Type: Gold-R
Specimen Requirement:
1 mL serum (gold top SST tube)
Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 0.5 mL
Restrictions On Collection:

When Completed:
Testing is set-up Monday - Saturday am
Reports 2-4 days
Normal Values:
Included with report
Instructions/Remarks:
Also included in SCM order set Needlestick, Health Worker.
REFERENCE: Ship serum room temperature.
Effective 5/28/14 Testing performed at Focus Diagnostics.
NIC test code: 8475
Last Updated: 06/27/2014
Connected to SCM Item: Hepatitis B Surf Ab Quant at NIC
HEPATITIS B SURFACE ANTIGEN

Order Code: HBSG

Synonym(s): HBsAg

Section: Chemistry

Tube Type: Gold-C

Specimen Requirement:
1 ml serum (Gold top SST tube)

Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 1 mL

Restrictions On Collection:

When Completed:
Same day

Normal Values:
Negative

Instructions/Remarks:
Testing also included in "Needlestick Pnl, Source Patient" (NPS), and "Hepatitis Profile-Acute" (HP).

All specimens Reactive for Hepatitis B Surface Antigen performed in-house will be sent to MYO for confirmation: "Hep B Surface Antigen @MYO" (HBAG). If indicated, Mayo Lab may additionally reflex "Hep B Surface Antigen Conf" (MYO: HBGNT, order as MWILD when performed). Reflex testing is at an additional charge. Allow two additional days turn around time.

If reflex testing indicated, CLS to take sample to Reference Desk for processing HBAG to MYO.

Last Updated: 06/27/2014

Connected to SCM Item: Hepatitis B Surface Antigen
Hepatitis B Surface Antigen @MYO *Lab Backup & Reflex to HBSG and HP

Order Code: HBAG
Synonym(s): HBSAg
Section: Reference
Tube Type: Gold

Specimen Requirement:
- 2 ml serum (gold top SST tube) (Pediatric minimum 1.5 ml)
- Plasma samples NOT acceptable

Minimum Collection Vol: 5 mL
Minimum Aliquot Vol: 0.3 mL

Restrictions On Collection:
None

When Completed:
- Days set up: Monday - Sunday
- Turnaround time: 2 days

Normal Values:
Included with report

Instructions/Remarks:
This item reflexed as confirmation to a reactive in-house Hep B Surf Ag (SQ: HBSG) at an additional charge to patient.
NOTE: If indicated, Mayo Lab may continue confirmation to Hep B Surf Ag Confirm @MYO (MYO: HBGNT) on sample at Mayo Lab (Lab will order as MWILD).

LAB:
- When reflexed from HBSG, CLS to bring specimen to Ref.Desk for send-out.
- Send serum FROZEN (Refrigerate acceptable)
- Lithium Heparin or EDTA plasma NOT acceptable
- Reject due to gross hemolysis, lipemia, or icteric.

REFERENCE LAB:
- Mayo test code # HBAG

Last Updated: 06/27/2014

Connected to SCM Item: Hepatitis B Surf Antigen @MYO
HEPATITIS B VIRUS DNA, QUANT, REAL-TIME PCR @NIC

Order Code: HBDNAQ
Synonym(s):
Section: Reference
Tube Type: Lav10SP

Specimen Requirement:
3 mL plasma (draw 1 FULL LARGE lavender top tube)
Tube must be full

Minimum Collection Vol: 7 mL
Minimum Aliquot Vol: 2.5 mL

Restrictions On Collection:
None

When Completed:
Testing is set-up 6 days a week
Analytic time of 3-4 days

Normal Values:
Included with report

Instructions/Remarks:
Reference lab: Ship plasma frozen.
Testing performed at Focus Diagnostics
NIC test code # 8369

Last Updated: 09/03/2014

Connected to SCM Item: Hepatitis B DNA Qnt RT PCR at NIC
HEPATITIS Be ANTIBODY @MYO (LAB ONLY)

Order Code: HEAB
Synonym(s): 
Section: Reference
Tube Type: Gold-R

Specimen Requirement:
1 ml. serum (gold top SST tube)

Minimum Collection Vol: 2 mL
Minimum Aliquot Vol: 0.3 mL

Restrictions On Collection:

When Completed:
Days set up: Monday through Friday, Sunday
Turnaround time: 3 days

Normal Values:
Included with report

Instructions/Remarks:
LAB: Send serum FROZEN. Plasma not acceptable.

REFERENCE LAB:
Mayo test code: HEAB (formerly # 80973)

Last Updated: 07/03/2012

Connected to SCM Item: Hepatitis Be Antibody @MYO
HEPATITIS Be ANTIGEN @MYO

Order Code: HEAG
Synonym(s): Reference
Tube Type: Gold-R
Specimen Requirement:
1 ml. serum (gold top SST tube)

Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 0.6 mL

Restrictions On Collection:

When Completed:
Days set up: Monday through Friday, Sunday
Turnaround time: 3 days

Normal Values: Included with report

Instructions/Remarks:
LAB: Send serum FROZEN. Plasma not acceptable.
REFERENCE LAB:
MYO test code: EAG (formerly # 80510)

Last Updated: 07/03/2012

Connected to SCM Item: Hepatitis Be Antigen @MYO
HEPATITIS C ANTIBODY

Order Code: HC
Synonym(s): HCV Ab
Section: Chemistry
Tube Type: Gold-C

Specimen Requirement:
3 ml serum (Gold top SST tube)
Possible reflex testing.

Minimum Collection Vol: 5 mL
Minimum Aliquot Vol: 2 mL

Restrictions On Collection:

When Completed:
Same day

Normal Values:
Negative

Instructions/Remarks:
Testing also included in "Needlestick Pnl, Source Patient" (NPS), and "Hepatitis Profile-Acute" (HP).

All specimens reactive for Hepatitis C Antibody will be confirmed by reflex order "HCV RNA, QNT RealTime PCR @MYO" (HCRNA) at an additional charge. Allow two additional days turnaround time.

Last Updated: 07/01/2011

Connected to SCM Item: Hepatitis C Antibody.
HEPATITIS C ANTIBODY SCREEN W/ REFLEX TO HCV PCR @MYO
*Backup only*

Order Code:  HCV
Synonym(s):  HCV Ab
Section:  Reference
Tube Type:  Gold-R

Specimen Requirement:

3 ml. serum (gold top SST tube)
Plain red top tube not acceptable.

Minimum Collection Vol:  5 mL
Minimum Aliquot Vol:  2 mL

Restrictions On Collection:

When Completed:

Days set up:  Monday - Saturday
Turnaround time:  2 days

Normal Values:

Included with report

Instructions/Remarks:

LAB:
Send serum FROZEN.
Plasma not acceptable. Plain red top tube not acceptable.
Reject due to gross hemolysis, lipemia, or icteric.

REFERENCE LAB:
Mayo test code # HCPCR

Last Updated:  10/03/2014

Connected to SCM Item:  Hepatitis C Antibody @MYO
HEPATITIS D ANTIBODY, TOTAL @NIC

Order Code: HEPDT

Synonym(s): 

Section: Reference

Tube Type: Red5-R

Specimen Requirement:
1 mL serum (red top tube)

Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:

When Completed:
Less than 5 days

Normal Values:
Included with report

Instructions/Remarks:

LAB:
Send 1 mL serum room temperature.

REFERENCE:
QUEST # 52001P
Performing Laboratory
Focus Diagnostics, Inc.
5785 Corporate Ave.
Cypress, CA 90630

Last Updated: 07/03/2014

Connected to SCM Item: Hepatitis D Antibody, Total at NIC
HEPATITIS E VIRUS IgG & IgM ANTIBODIES @NIC (Quest)

Order Code: HEPEAB

Section: Reference

Tube Type: Red-R

Specimen Requirement:
- 1 mL serum
- Remove serum promptly from cells.

Minimum Collection Vol: 3 mL

Minimum Aliquot Vol: 0.2 mL

Restrictions On Collection:

When Completed:
- Test set up: Monday - Thursday
- Assay time: 1 day

Normal Values:
- Included with report

Instructions/Remarks:

LAB: Remove serum promptly from cells.
    Ship room temperature.

REFERENCE LAB:
Quest Diagnostics Nichols Institute
test code # 15085X

Performing Laboratory
Focus Diagnostics, Inc.
5785 Corporate Ave.
Cypress, CA 90630

Last Updated: 07/03/2014

Connected to SCM Item: Hepatitis E Ab, IgG, IgM at NIC
HEPATITIS E VIRUS IgG ANTIBodies @NIC (Quest)

Order Code: Misc Lab Item

Synonym(s):

Section: Reference

Tube Type: Red-R

Specimen Requirement:

- 0.5 ml serum
- Remove serum promptly from cells.

Minimum Collection Vol: 3 mL

Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:

When Completed:

- Test set up: Monday, Thursday
- Assay time: 1 day

Normal Values:

- Included with report

Instructions/Remarks:

LAB: Remove serum promptly from cells.
Send refrigerated.

REFERENCE LAB:
Quest Diagnostics Nichols Institute
test code #142117P

Last Updated: 09/13/2007
HEPATITIS E VIRUS IgM ANTIBODIES  @NIC (Quest)

Order Code: Misc Lab Item
Synonym(s): 
Section: Reference
Tube Type: Red-R
Specimen Requirement: 0.5 ml of Serum
Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 0.5 mL
Restrictions On Collection: None
When Completed: Test Set Up: Monday, Thursday
Assay Time: 1 day
Normal Values: Included with report
Instructions/Remarks:
LAB: Send refrigerated.

REFERENCE LAB:
Quest Diagnostics Nichols Institute
test code # 142125P

Last Updated: 09/13/2007
HEPATITIS G VIRUS RNA QUAL, RT-PCR @FOC

Order Code: Misc Lab Item
Synonym(s):
Section: Reference
Tube Type: RED-R
Specimen Requirement:
3.0 ml serum, or plasma (EDTA,ACD) FROZEN

Minimum Collection Vol:
Minimum Aliquot Vol:
Restrictions On Collection:
None

When Completed:
Assay Time: 2-5 days

Normal Values:
Included with report

Instructions/Remarks:
Method: Polymerase Chain Reaction (PCR) - Qualitative

REFERENCE LAB:
Focus Diagnostics
test code # 28500 (FOCUS)

Last Updated: 10/07/2010
Connected to SCM Item:
HEPATITIS PROFILE-ACUTE

Order Code: HP

Synonym(s):

Section: Chemistry

Tube Type: Gold-C

Specimen Requirement:
- 4 mL serum (Gold top SST tube)
  Tube must be full for possible reflex testing.

Minimum Collection Vol: 7 mL

Minimum Aliquot Vol: 2 mL

Restrictions On Collection:
None

When Completed:
Same day

Normal Values:
Negative

Instructions/Remarks:
Panel includes the following performed in Chemistry Department:
- Hepatitis A Antibody, IgM (HAM)
- Hepatitis B Core Antibody, IgM (HBCM)
- Hepatitis C Antibody (HC)
- Hepatitis B Surface Antigen (HBSG)

All specimens reactive for Hepatitis C Antibody will be confirmed by reflex order "HCV RNA,QNT RealTime PCR @NIC" (HCPCR),
at an additional charge. Allow 2 additional days turnaround time.

All specimens reactive for Hepatitis B Surface Antigen will be confirmed by reflex order "Hep B Surface Antigen @MYO" (HBAG),
at an additional charge. Allow two additional days turnaround time.

LAB: If reflex testing indicated, CLS to take specimen to Reference Desk for processing.

Last Updated: 06/27/2014

Connected to SCM Item: Hepatitis Profile-Acute
HERPES HSV/VZV CULTURE  @NIC

Order Code: HSVZ

Synonym(s): VARICELLA ZOSTER CULTURE, HERPES SIMPLEX CULTURE

Section: Microbiology

Tube Type: VCM

Specimen Requirement:

Preferred Specimen(s)
3 mL eye swab, lesion (vesicle) aspirate swab, nasal/nasopharyngeal swab or oral swab in VCM medium (green-cap).

Alternative Specimen(s)
3 mL tissue biopsy, CSF, sputum, fresh (unfixed) tissue, fluid, bronchial lavage/wash, nasopharyngeal lavage/wash or tracheal lavage/wash in sterile screw-cap container

Minimum Collection Vol: 3 mL

Minimum Aliquot Vol: 1 mL

Restrictions On Collection:

- Gel-based transport systems
- Biopsies in formalin or other fixatives
- DNA probe transport systems
- Calcium alginate swabs
- Wooden shaft swabs
- Non gel-based bacterial transports

When Completed:

Set up: Daily; Report available: 4-6 days

Normal Values:

None detected

Instructions/Remarks:

LAB: Send refrigerated in VCM medium.

REFERENCE LAB:
NIC (Quest) test code # 17495
Performing Laboratory
Focus Diagnostics, Inc.
5785 Corporate Ave.
Cypress, CA 90630-4726

Last Updated: 01/14/2014

Connected to SCM Item: Herpes HSV/VZV Culture at NIC

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:

Circle if appropriate: Right Left
Wound specimens: Deep Superficial

PREP INSTRUCTION:
(1) MICROBIOLOGY: Collect specimen in sterile, tightly capped container. Transport to LAB immediately. Specimens over 1 hour old, or leaking, will require recollection.

(2) If using a swab for collection- aerobic (routine) - Red topped   - anaerobic- Blue topped
HERPES SIMPLEX AB (HSV) SCREEN, IgM by EIA @MYO (LAB ONLY)

Order Code: HSVIM
Synonym(s): HSV Antibodies
Section: Reference
Tube Type: Gold-R

Specimen Requirement:
**SEE BELOW**
0.5ml serum (Pediatric 0.5ml)

Minimum Collection Vol: 1 mL
Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:
None

When Completed:
Test set up: Monday thru Saturday
Analytic time: 1 day

Normal Values:
Included with report

Instructions/Remarks:
Due to reagent backorder at Mayo, this test has become non-orderable.
Until further notice, replace testing with HSMR Herpes Simplex Virus (HSV) Antibody, IgM by IFA, Serum @MYO. Ordering a MWILD in Sunquest.

Samples testing positive for HSV Antibody IgM Screen by EIA will be tested for HSV Antibody IgM by IFA (Mayo code 26589), at an additional charge to patient.

REFERENCE LAB:
MYO test code: MHSV (formerly # 87998)

Last Updated: 03/13/2013

Connected to SCM Item: HSV Antibody Screen, IgM by EIA @MYO
HERPES SIMPLEX AB (HSV) TYPES 1&2 IgG @MYO

Order Code: Misc Lab Item
Synonym(s): HSV antibodies
Section: Reference
Tube Type: Gold-R

Specimen Requirement:
0.5 mL Serum

Minimum Collection Vol: 1 mL
Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection: None

When Completed:
Test Set Up: Monday thru Saturday
Analytic time: 1 day

Normal Values:
Included in report

Instructions/Remarks:
Includes: HSV Type 1 AB, IgG
HSV Type 2 Ab, IgG

REFERENCE LAB: Mayo test code # HSVG

Last Updated: 03/07/2012

Connected to SCM Item:
HERPES SIMPLEX AB (HSV) TYPES 1&2 IgG, & IgM   @MYO

Order Code:      SHSV
Synonym(s):      HSV Antibodies
Section:         Reference
Tube Type:       Gold-R

Specimen Requirement:
1.0 mL serum (Gold top SST tube)

Minimum Collection Vol:  4 mL
Minimum Aliquot Vol:     0.8 mL

Restrictions On Collection:
None

When Completed:
Test set up: Monday thru Saturday
Analytic time: 1 day

Normal Values:
Included with report

Instructions/Remarks:
Includes:  HSV Type 1 AB, IgG
           HSV Type 2 AB, IgG
           HSV AB Screen, IgM

Samples testing positive for HSV Antibody IgM Screen by EIA
will be tested for HSV Antibody IgM by IFA, at an additional
charge to patient.
( Lab reflex order: HSVMR )

REFERENCE LAB:
Mayo test code: HSV

Last Updated: 06/03/2014

Connected to SCM Item: HSV Types 1&2 IgG, and IgM Scr @MYO
HERPES SIMPLEX VIRUS (HSV) 1/2 DET.&DIFFNT PCR, OTHER @FOCUS

Order Code: Misc Lab Item
Synonym(s): HSV by PCR
Section: Microbiology

Tube Type:

Specimen Requirement:
- Tissue or swab of lesion
- Bronchial Washings, Nasopharyngeal, Aspirate, Sputum, Other Body Fluids
- Vaginal swab-submit in Aptima Vaginal Swab Collection Kit

Minimum Collection Vol:
Minimum Aliquot Vol:

Restrictions On Collection:

When Completed:
1 - 3 days

Normal Values:

Instructions/Remarks:
LAB/MICRO USE ONLY:
Order as WILDM
Specimen must be frozen.
Focus order # 43200

Last Updated: 05/19/2011

Connected to SCM Item:
HERPES SIMPLEX VIRUS 1/2 IGG W/REFLEXT TO HSV-2 INHIBITION @NIC

Order Code: HSV12G
Synonym(s): HSV 1/2 IGG, HERPESELECT
Section: Reference
Tube Type: Red-R
Specimen Requirement:
2 mL serum (draw 1 large red top tube)
Minimum Collection Vol: 6 mL
Minimum Aliquot Vol: 0.7 mL
Restrictions On Collection: None
When Completed:
Testing is set-up 5 days a week
Analytic time of 1 day
Normal Values:
Included with report
Instructions/Remarks:
Reference lab: Send samples room temperature (preferred)
Reject hemolysis and/or lipemia
NIC test code # 17169
Last Updated: 09/30/2013
Connected to SCM Item: HSV 12 IGG with Reflex HSV2 at NIC
HERPES SIMPLEX VIRUS TYPE 1/2, DNA PCR, CSF @NIC

Order Code: HSV12C
Synonym(s): HSV, Real-Time PCR
Section: Reference
Tube Type: CSF

Specimen Requirement:
1 mL CSF (min 0.3), MAINTAIN STERILITY

Minimum Collection Vol: 1 mL
Minimum Aliquot Vol: 0.3 mL
Restrictions On Collection:
None

When Completed:
Testing set-up 7 days/week
Analytical time of 1-3 days

Normal Values:
Included with report

Instructions/Remarks:
LAB: During receipt, Sunquest will confirm specimen source.
SRCSF = Source, enter CSF

Reference lab: Maintain sterility.
Ship CSF refrigerated

Quest test code # 34257

Last Updated: 05/01/2013

Connected to SCM Item: HSV Types 1 and 2 DNA PCR CSF at NIC

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:
HERPESVIRUS 6 AB IGG, IGM @NIC

Order Code: HSV6GM

Section: Reference

Tube Type: GoldR

Specimen Requirement:
0.5 mL serum (draw 1 SST gold top tube)

Minimum Collection Vol: 0.5 mL
Minimum Aliquot Vol: 0.1 mL

Restrictions On Collection:
None

When Completed:
Testing forward to Focus Diagnostics Inc.
Testing set-up 5 days a week
Analytical time of 1 day

Normal Values:
Included with report

Instructions/Remarks:
Reference lab: Ship serum room temperature
NIC test code # 34282X

Last Updated: 12/11/2012

Connected to SCM Item: Herpesvirus 6 Antibodies IgG IgM at NIC
HERPESVIRUS 6 IgG AND IgM ANTIBODY PANEL, IFA  @FOC

Order Code: Misc Lab Item
Synonym(s): HSV 6 IFA
Section: Reference
Tube Type: Red-R

Specimen Requirement:
1 ml Serum (minimum 0.25ml) or 1 ml CSF (minimum 0.1ml)

Restrictions On Collection:
None

When Completed:
Less than 5 days

Normal Values:
Included with report

Instructions/Remarks:
LAB: Send refrigerated.
REFERENCE LAB: FOCUS
  test code for Serum # 40540
  test code for CSF # 60540

Last Updated: 03/26/2008
HEXOSAMINIDASE A and TOTAL @MYO

Order Code: TAYS
Synonym(s): Tay-Sachs Screen Blood
Section: Reference
Tube Type: Red-Rf
Specimen Requirement:
  1.0 ml. serum
Minimum Collection Vol: 2 mL
Minimum Aliquot Vol: 0.5 mL
Restrictions On Collection:
  Not to be ordered on pregnant females, see below.
When Completed:
  Test Set Up: Monday, Wednesday, Friday
  Analytic time: 2 days
Normal Values:
  Included with report
Instructions/Remarks:
  LAB: Mayo Medical Laboratories' "TAY-SACHS DISEASE PREVENTION PROGRAM QUESTIONNAIRE" must be filled out and submitted with specimen. Send FROZEN.

  Not for pregnant females, instead order Hexosaminidase A and Total, Leukocytes/Molecular Reflex @MYO # 82943 (WILDR) -- see specific collection information in Mayo PC.

REFERENCE LAB:
  Mayo Lab
test code # 8774
Last Updated: 10/13/2006
Connected to SCM Item: Hexosaminidase A and Total @MYO
HGB & HCT

Order Code: HH

Synonym(s): H&H

Section: Hematology-Coag

Tube Type: LV-H

Specimen Requirement:
2.5 ml. whole blood (lavender top tube, EDTA) or by fingerstick using microtainer

Restrictions On Collection:
STATs and ASAPs are done anytime, Routines preferably done on the day shift.

When Completed:
Same day

Normal Values:
See HGB, HCT

Instructions/Remarks:
Done as part of a CBC - Complete Blood Count, Blood Count, or can be ordered separately.

Last Updated: 08/15/2003

Connected to SCM Item: Hgb + Hct (also for Hgb only)
HGB + HCT - MISC FLUID

Order Code:   HHMIS
Synonym(s):  Hemoglobin, Hematocrit
Section:     Hematology-Coag
Tube Type:   Lav

Specimen Requirement:
1 ml misc fluid collected in lavender top EDTA

Minimum Collection Vol:  0.5 mL
Minimum Aliquot Vol:
Restrictions On Collection: None

When Completed: Same day

Normal Values: No normals available

Instructions/Remarks:
LAB: Do NOT centrifuge.

Last Updated: 06/05/2010

Connected to SCM Item: Hgb + Hct-Misc (Non Blood)

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

[Fields for Date Specimen Collected, Time Specimen Collected, and Collected by]
HGB - HEMOGLOBIN

Order Code:  HGB
Synonym(s):  Hemoglobin
Section:  Hematology-Coag
Tube Type:  LV-H

Specimen Requirement:
2.5 ml. whole blood (lavender top tube, EDTA) or by fingerstick using a microtainer

Restrictions On Collection:
STATs and ASAPs are done anytime, Routines preferably done on the day shift.

When Completed:
Same day

Normal Values:
Male:  14.0 - 18.0 g/dl (ages 14y and above)
Female:  12.0 - 16.0 g/dl (ages 14y and above)

Instructions/Remarks:
Done as part of a CBC - Complete Blood Count, Blood Count or Hgb & Hct.

Last Updated: 06/23/2005
HGB - MISC FLUID

Order Code: HGBMIS
Synonym(s): Hemoglobin
Section: Hematology-Coag
Tube Type: Lav
Specimen Requirement:
1 ml misc fluid collected in lavender top tube EDTA
Minimum Collection Vol: 0.5 mL
Minimum Aliquot Vol: None
When Completed: Same day
Normal Values: No normals available
Instructions/Remarks: LAB: Do NOT centrifuge.
Last Updated: 06/05/2010
Connected to SCM Item: Hgb-Misc (Non Blood)

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

- Date Specimen Collected:
- Time Specimen Collected:
- Collected by:
HGB ELECTROPHORESIS CASCADE @MYO

Order Code:  HBEL
Synonym(s):  Hemoglobin Elec
Section:  Reference
Tube Type:  Lav3-R

Specimen Requirement:  
3 ml. whole blood (4 ml lavender top tube, EDTA) 
Deliver to Specimen Processing IMMEDIATELY.

Minimum Collection Vol:  1 mL
Minimum Aliquot Vol:  1 mL

Restrictions On Collection: 
None

When Completed:  
Test set up 
Monday through Saturday 
Analytic time: 
1-10 days

Normal Values:  
Included with report

Instructions/Remarks:  
Includes Hgb A, Hgb A2,Hgb F and electrophoresis Variants. 
If appropriate, reflex testing may include the following, 
at an additional charge. 
  Hgb Electrophoresis, Molecular 
  Hemoglobin S, Screen (SQ Code: HGBSR) 
  Hemoglobin, Unstable 
  IEF Confirmation 
  Hemoglobin F, Red Cell Distribution 
  Hb Variant by Mass Spec

LAB: Refrigerate whole blood immediately, DO NOT FREEZE. 
May send plastic collection vacutainer to Mayo.

REFERENCE LAB: 
Mayo test code # HBELC

Last Updated:  09/19/2013

Connected to SCM Item:  Hemoglobin Electro.Casc1@MYO
HIGH ALTITUDE STRESS TEST (HAST) REFER TO PULMONARY

Order Code:

Synonym(s): HAST

Section:

Specimen Requirement: REFER CALLS TO PULMONARY

Restrictions On Collection:

When Completed:

Normal Values:

Instructions/Remarks:

Last Updated:
HISTAMINE, 24-HOUR URINE @NIC

Order Code: Misc Lab Item

Synonym(s):

Section: Reference

Tube Type:

Specimen Requirement:
4 mL from a 24-hour collection.
No preservative needed if maintained refrigerated during collection.

Minimum Collection Vol:

Minimum Aliquot Vol:

Restrictions On Collection:
Avoid direct sunlight during collection.

When Completed:
Less than 5 days

Normal Values:
Included with report.

Instructions/Remarks:
LAB:
send aliquot refrigerated.
Random collections not accepted.
Avoid direct sunlight.

REFERENCE:
Quest order #6825N

Last Updated: 01/07/2011

Connected to SCM Item:
HISTONE ANTIBODIES @NIC

Order Code: HISTON
Synonym(s): Anti-Histone
Section: Reference
Tube Type: Red-R

Specimen Requirement:
1 mL serum (Red top tube), refrigerated
Overnight fast preferred

Minimum Collection Vol: 2 mL
Minimum Aliquot Vol: 0.3 mL
Restrictions On Collection:
None

When Completed:
Set-up
Tuesday through Saturday AM
Reported
Tuesday through Saturday PM

Normal Values:
Included with report

Instructions/Remarks:
LAB: Avoid hemolysis

REFERENCE LAB:
Ship sample refrigerated (preferred)

Quest Diagnostics Nichols Institute
test order code #: 80713P

Last Updated: 12/11/2012

Connected to SCM Item: Histone Antibodies at NIC
HISTONE ANTIBODY  @NIC (Quest)

Order Code:  Misc Lab Item
Synonym(s):  Anti-Histone
Section:  Reference
Tube Type:  Red-R

Specimen Requirement:
1 ml serum (Red top tube), refrigerated
 Overnight fast preferred

Minimum Collection Vol:  2 mL
Minimum Aliquot Vol:  0.3 mL

Restrictions On Collection:
None

When Completed:
Set-up
Tuesday through Saturday AM
Reported
Tuesday through Saturday PM

Normal Values:
Included with report

Instructions/Remarks:
LAB:  Avoid hemolysis

REFERENCE LAB:
Quest Diagnostics Nichols Institute
test order code #: 80713P

Last Updated:  11/14/2012

Connected to SCM Item:
HISTONE AUTOANTIBODIES  @MYO

Order Code:  Misc Lab Item
Synonym(s):  
Section:  Reference
Tube Type:  Red-R
Specimen Requirement:
  1 ml of serum
Minimum Collection Vol:  1 mL
Minimum Aliquot Vol:  0.2 mL
Restrictions On Collection:
  None
When Completed:
  Analytic time:  4 hours
  Days test set-up:  Tuesday, Thursday
Normal Values:
  Included with report
Instructions/Remarks:
  Send refrigerated.
  REFERENCE LAB:
  Mayo Lab
  test code # HIS
Last Updated:  03/07/2012
Connected to SCM Item:
HISTOPLASMA AB PANEL, CF AND ID, SERUM @NIC

Order Code:  HISABP
Synonym(s):
Section:  Reference
Tube Type:  Red5

Specimen Requirement:
1 mL serum (draw 1 red top tube)
SST gold top acceptable

Minimum Collection Vol:  3 mL
Minimum Aliquot Vol:  0.5 mL

Restrictions On Collection:
None

When Completed:
Testing forward to Focus Diagnostics, Inc.
Testing is set-up 5 days a week
Analytic time of 2 days

Normal Values:
Included with report

Instructions/Remarks:
Reference lab: Send sample room temperature (preferred)
NIC test code # 37094X

Last Updated: 12/11/2012

Connected to SCM Item:  Histoplasma Ab Screen at NIC
HISTOPLASMA ANTIGEN URINE @NIC

Order Code: HISAU

Synonym(s): Reference

Tube Type:

Specimen Requirement:
10 mL random urine, refrigerated

Minimum Collection Vol: 1 mL
Minimum Aliquot Vol: 1 mL

Restrictions On Collection: None

When Completed:
Testing set up: Monday - Friday
Analytical time: 1 - 4 days

Normal Values:
Included with report

Instructions/Remarks:
Lab: Send urine aliquot Room Temperature
Reference lab:
Quest test code # 91212

Last Updated: 02/21/2014

Connected to SCM Item: Histoplasma Antigen, Urine at NIC

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:
HISTOPLASMA CAPSULATUM DNA, PCR @FOCUS

Order Code: Misc Lab Item

Synonym(s):

Section: Microbiology

Specimen Requirement:
- 1 mL bronchoalveolar lavage
- 1 mL urine
- greater than 3 mm tissue

Restrictions On Collection:

When Completed:
1 - 3 days

Normal Values:
Negative

Instructions/Remarks:
LAB/MICRO USE ONLY:
Order as WILDM
Focus order # 41583
All specimens need to be frozen EXCEPT whole blood

Last Updated: 01/31/2005
HISTOPLASMOsis AB - CSF @NIC

Order Code: HISAC
Synonym(s): Histoplasma
Section: Reference
Tube Type:
Specimen Requirement: 1 mL CSF
Minimum Collection Vol: 
Minimum Aliquot Vol: 0.1 mL
Restrictions On Collection: None
When Completed:
Test set up: Monday - Friday AM
Analytical Time: 2 days
Normal Values: Included with report
Instructions/Remarks:
Lab: Send Room Temperature
Reference lab: Quest test code # 8551X
Last Updated: 02/21/2014
Connected to SCM Item: Histoplasma Antibody CSF at NIC

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:
HIV ANTIBODY SCREEN HIV-1/2 AB RAPID TEST (Preferred)

Order Code: RHV

Synonym(s): HIV-1/2 Rapid Antibody Screen, HTLV III, HIV-2

Section: Chemistry

Tube Type: Gold-C

Specimen Requirement:

- 2 ml serum (gold top SST tube)
- Serum only; Plasma not acceptable if confirmation @MYO indicated.

Newborns, Cord Blood and patients <13 years:
Lab will instead order sendout testing (see Remarks below)

Minimum Collection Vol: 4 mL

Minimum Aliquot Vol: 1.5 mL

Restrictions On Collection:

- Signed consent form required BEFORE specimen is drawn.
- Consent may be signed by patient, next-of-kin, or other person legally empowered to make healthcare decisions for patient.
- Consent may NOT be signed by physician. Consent must be witnessed.

Telephone consent requires approval of hospital risk management (x45858).

This test not evaluated for Newborns, Cord Blood and patients <13 years.
Lab will order testing to Mayo: "HIV-1/-2 Ag & Ab Eval @MYO",
(SQ: HIVCO).

NOTE:
consistent with new California State law,
a consent is not required for LDR specimens.

Samples labeled ENS from Hoag Employee Health
will not be accompanied by a consent.

When Completed:

- Testing performed: daily
- Turnaround time: Reported within 2 hours

Normal Values:

- Not detected

Instructions/Remarks:
HIV ANTIBODY SCREEN HIV-1/2 AB RAPID TEST (Preferred)

This test is a rapid immunoassay for the detection of antibodies to HIV-1/2. All specimens "reactive" for HIV-1/2 by this method will be sent for confirmatory testing to Mayo Lab at an additional charge to the patient. When so indicated, Lab system will automatically reflex order "HIV-1/-2 Ag & Ab Eval @MYO" (label code HIVCO).

Confirmatory testing at Mayo may include:
- HIV-1 and HIV-2 Antibody Differentiation @MYO (SQ: HIVDI)
- HIV-2 Antibody Confirmation @MYO (SQ: HIV2L)
- HIV-1 Antibody Confirmation, Western Blot @MYO (SQ: HIVWBM)
- HIV-1 Antibody Confirmation, IFA @MYO (SQ: HIV1IF)

Allow 2 additional days for confirmatory testing.

LAB: Gross hemolysis is unacceptable.

Check for properly completed consent. Responsibility for verifying consent lies with
(1) person timing in blood for inpatients
(2) person drawing blood for outpatients

Place and initial "CONSNT" aliquot label on upper left corner of Consent Form.
Place verified Consent Form in HIV box located on reference refrigerator.

All (RHIV) rapid test results of "Detected" will automatically reflex Sunquest code HIVCO to Mayo. Chemistry Dept Tech will retrieve labels from printer and take with specimen to Reference Dept for processing to Mayo.

NOTE: Initial orders for "Needlestick, Source Patient" will use label code NSRHIV (instead of RHIV) for the Rapid HIV-1 Antibody Screen, with aliquot label STAT. Results of "Detected" must be phoned to EHS, and will automatically reflex confirmatory testing HIVCO to MYO.

REFERENCE DEPT:
If reflex testing to Mayo from a Reactive RHIV is indicated, see HIV-1/-2 Ag & Ab Eval @MYO (HIVCO) for processing.

For Newborns and patients <13 years, alternate testing for RHIV is HIV-1/-2 Ag & Ab Eval @MYO (HIVCO). Credit the RHIV. Process samples as above.

Last Updated: 07/03/2014

Connected to SCM Item: HIV-1/2 Rapid Antibody Screen
HIV-1 "VIRTUALPHENOTYPE(TM)" for Drug Resistance to PRI and RTI @NIC (Quest)

Order Code: Misc Lab Item
Synonym(s): Reference
Tube Type: LV-R
Specimen Requirement:
   2 mL plasma (lavender top, EDTA)
Minimum Collection Vol: 4 mL
Minimum Aliquot Vol: 0.6 mL
Restrictions On Collection:
   Patient must sign an HIV consent before collection of blood.
When Completed:
   Test set up: 5 days per week in AM
   Reports in 8 days
Normal Values:
   Included with report
Instructions/Remarks:
   Genotypic testing with comparison to a database of phenotype results to determine drug resistance.
   LAB: cLARIFY order. This is not a direct measurement Phenotype.
   Order should specify "Virtual Phenotype".
   See also "HIV-1 Phenotype, Phenosense(R)" to Monogram via Quest (a direct measurement of drug sensitivity).
   Separate plasma within 2 hours of collection and FREEZE.
REFERENCE LAB:
   NIC code # 10469N (Quest)

Last Updated: 06/18/2009

Connected to SCM Item:
HIV-1 AB CONF, WESTERN BLOT @MYO (MYO code: HV1WB)

Order Code: HIVWBM
Synonym(s): Western Blot HIV-1 Antibody Conf
Section: Reference
Tube Type: Gold-R

Specimen Requirement:
- 1.0 ml. serum (gold top SST tube or plain red top)
  - For Newborn - 2 full microtainers (pink top)

Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:
Signed consent form required BEFORE specimen is drawn.
Consent may be signed by patient, next-of-kin, or other person legally empowered to make healthcare decisions for patient.
Consent may NOT be signed by physician. Consent must be witnessed.
Telephone consent requires approval of hospital risk management (x45858).

When Completed:
Days set up: Monday - Friday
Turnaround time: 2 - 3 days

Normal Values:
Included with report

Instructions/Remarks:
Useful for: Supplemental serologic testing for HIV-1 infection in patients with indeterminate or reactive HIV-1 antibody results (regardless of the HIV-antibody result) by an FDA-approved HIV-1/-2 antibody differentiation test.

If indicated, further testing at Mayo might include:
- HIV-1 AB Confirm, IFA @MYO (SQ: HIV1IF) (MYO: HIVFA)

If additional testing is indicated, reflex testing will be generated automatically through the Mayo interface.
Additional testing is at an additional charge to the patient.

LAB:
- Gross hemolysis is unacceptable.
- EDTA, heparin, citrate plasma not acceptable.
- Reject due to hemolysis (pink okay) and lipemia.
- Send serum frozen.

Check for properly completed consent. Responsibility for verifying consent lies with:
1. person timing in blood for inpatients
2. person drawing blood for outpatients.

Do not share tube with other Mayo testing; needs separate tube.

REFERENCE LAB:
Send serum frozen.
Mayo order code: HV1WB

Last Updated: 07/03/2014

Connected to SCM Item: HIV-1 Ab Conf, Western Blot @MYO
HIV-1 AB CONFIRM, IFA @MYO Reflex testing to HIVCO, 
HIVWBM, HIVDI (MYO code: HIVFA)

Order Code: HIV1IF
Synonym(s):
Section: Reference
Tube Type:
Specimen Requirement:

Minimum Collection Vol:
Minimum Aliquot Vol:
Restrictions On Collection:

When Completed:

Normal Values: Included with report.

Instructions/Remarks:
LAB: Testing is automatically added by Mayo Laboratory (MYO code: HIVFA) and results will auto-file through interface 601.

Last Updated: 07/03/2014

Connected to SCM Item: HIV-1 Ab Conf, IFA @MYO
HIV-1 DNA QUALITATIVE, PCR  @NIC (Quest)

Order Code:  Misc Lab Item

Synonym(s):

Section:  Reference

Tube Type:  LV-Rwb

Specimen Requirement:
  4 ml whole blood (lavender top, EDTA)

Minimum Collection Vol:  3.0 mL

Minimum Aliquot Vol:  1.0 mL

Restrictions On Collection:
  Patient must sign an HIV consent before collection of blood.

When Completed:
  Test Set Up:  Monday, Wednesday, Friday a.m.
  Assay Time:  1 day

Normal Values:
  Included with report

Instructions/Remarks:
  LAB: Do NOT aliquot. Send whole blood. Reject due to hemolysis.
  Ship refrigerated. Room temperature also accepted
  Testing performed at Quest, Chantilly.
  REFERENCE LAB:
  Quest test code # 8401

Last Updated:  07/14/2014

Connected to SCM Item:
HIV-1 GENOTYPE @NIC (Quest)

Order Code: Misc Lab Item

Synonym(s): 

Section: Reference

Tube Type: LV-R

Specimen Requirement:
2 ml plasma (lavender top, EDTA)

Minimum Collection Vol: 4 mL

Minimum Aliquot Vol: 0.6 mL

Restrictions On Collection:
Patient must sign an HIV consent before collection of blood.

When Completed:
Test set up: Mon - Sat
Reports in 8-11 days

Normal Values:
Included with report

Instructions/Remarks:
Genotype testing by reverse transcriptase and protease (RTI and Pri).
LAB: Separate plasma within 2 hours of collection and FREEZE.
REFERENCE LAB:
Testing performed at Focus Diagnostics
NIC code # 34949 (Quest)

Last Updated: 09/03/2014

Connected to SCM Item:
HIV-1 IgG ANTIBODY, WB, CONFIRMATORY CSF @NIC

Order Code: HIV1GG
Synonym(s): HTLV III
Section: Reference
Tube Type:
Specimen Requirement:
  1 mL CSF
Minimum Collection Vol:
Minimum Aliquot Vol:
Restrictions On Collection:
  A consent must be signed by the patient before specimen is processed
When Completed:
  Testing set-up Monday, Wednesday, Friday
  Analytical time: 1-4 days
Normal Values:
  Included with report
Instructions/Remarks:
  Clinical lab will provide form. Separate consent required for each order date.
  Reference lab:
    Quest test code # 91568
Last Updated: 02/21/2014
Connected to SCM Item: HIV IgG Antibody by WB CSF at NIC

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

  Date Specimen Collected:
  Time Specimen Collected:
  Collected by:
HIV-1 PHENOTYPE, PHENOSENSE(R) @Monogram (via Quest) to 20 drugs

Order Code: Misc Lab Item
Synonym(s): Phenotype for Drug Resistance
Section: Reference
Tube Type: LV-R

Specimen Requirement:
- 3 mL plasma (large lavender top, EDTA); fill tube completely

Minimum Collection Vol: 10 mL
Minimum Aliquot Vol: 3 mL

Restrictions On Collection:
Patient must sign an HIV consent before collection of blood.

When Completed:
- Test set up: 7 days a week in PM
- Turn around time: 15 days

Normal Values:
Included with report

Instructions/Remarks:
Phenotype testing by direct measurement of a patient's sensitivity to 20 antiretroviral drugs.

LAB:
- CLARIFY order. See also "HIV-1 Virtual Phenotype(TM) @NIC".
- Must fill out a Quest paper requisition. Cannot order in Care360.
- Patient viral load must be greater than or = 500 copies/mL.
  > Call Quest to determine if previous viral load testing is on file and recent enough for phenotype analysis.
  > If no prior viral load available, phone ordering physician for authorization to order viral load testing.
  > If a previous viral load is provided to you by the ordering physician, obtain Viral Load and Date of Testing and submit with phenotype request to Quest.
  > If necessary, and upon authorization, Place WLDR order in Sunquest for: HIV-1 RNA, Quant by PCY @NIC(Quest) #40085X (viral load).
  > If necessary, process 40085X and 10421X to Quest.

** Separate plasma within 2 hours of collection and FREEZE.
** Aliquot plasma into screw cap STERILE container with sterile pipet.
Minimum aliquot volume for 10421N: 3 mL plasma
Minimum aliquot volume for 10421N and 40085X: 4 mL plasma.

REFERENCE LAB:
- NIC code # 10421X
- Must fill out a Quest paper requisition. Cannot order in Care360.
- Testing is forwarded to Monogram Biosciences Inc, San Francisco

Last Updated: 01/10/2011
Connected to SCM Item:
HIV-1 RNA, RT PCR, QUANT @NIC (Quest)

Order Code: HV1RNA
Synonym(s): Viral Load
Section: Reference
Tube Type: LAVspun

Specimen Requirement:
Draw blood in a 6 ml lavender-top (EDTA),

Minimum Collection Vol: 4 mL
Minimum Aliquot Vol: 2.5 mL

Restrictions On Collection:
PATIENT MUST SIGN AN HIV CONSENT BEFORE COLLECTION OF BLOOD.

When Completed:
Test Set Up daily, except Sunday

Normal Values:
Included with report

Instructions/Remarks:
Testing performed using Cobas Amplicon/Cobas Taqman by Roche.
LAB: Centrifuge within 24 hours of collection.
Aliquot minimum 2.5 ml plasma into screw cap STERILE container with steri-
pipet.
Maintain sterility.
Ship plasma FROZEN.

REFERENCE LAB:
Quest Diagnostics Nichols Institute
test code # 40085

Last Updated: 05/20/2013

Connected to SCM Item: HIV-1 RNA, RT PCR Quantitative @NIC
HIV-1/-2 AB DIFFERENTIATION @MYO Reflex testing to HIVCO (MYO code: HIVDI)

Order Code: HIVDI
Synonym(s):
Section: Reference
Tube Type:
Specimen Requirement:

Minimum Collection Vol:
Minimum Aliquot Vol:
Restrictions On Collection:

When Completed:

Normal Values:
Included with report

Instructions/Remarks:
LAB: Testing is automatically added by Mayo Laboratory and results will auto-
through interface 601.

Last Updated: 07/03/2014

Connected to SCM Item: HIV-1/-2 Ab Differentiation @MYO
HIV-1/-2 AG and AB EVAL @MYO  Confirm reflex to RHIV,and HIV Screen for age <13 (MYO code: HIVCO)

Order Code: HIVCO
Synonym(s):
Section: Reference
Tube Type: Gold-R
Specimen Requirement:
2 mL serum (gold top SST tube)
For Newborn screening: 3 full microtainers (red top) - see Remarks below

Minimum Collection Vol: 4.0 mL
Minimum Aliquot Vol: 0.5 mL
Restrictions On Collection: None

When Completed:
Days set up: Monday - Friday
Turnaround time: 1-2 days if negative
3 days if reflex testing performed

Normal Values:
Included with report

Instructions/Remarks:
Testing is sent out as confirmation to the Rapid HIV-1/2 Ab Screen (RHIV) performed in Chemistry Department. Chemistry tech will deliver specimen to Reference Department for process as send out to Mayo Laboratory.

Testing is sent out for RHIV on Newborns, Cord blood and patients <13 years. Chemistry will bring sample to Reference for send out and file the CANCE comment in Sunquest Result Entry.
Place order in Sunquest for HIVCO.
Credit (Retain Results) the original RHIV order.

If indicated, confirmatory testing at Mayo may include:
- HIV-1 and HIV-2 Antibody Differentiation @MYO (SQ: HIVDI)
- HIV-2 Antibody Confirmation @MYO (SQ: HIV2L)
- HIV-1 Antibody Confirmation, Western Blot @MYO (SQ: HIVWB)
- HIV-1 Antibody Confirmation, IFA @MYO (SQ: HIVIF)

If additional testing is indicated, reflex testing will be generated automatically through the Mayo interface.
Allow 2 additional days for confirmatory testing.
Additional testing is at an additional charge to the patient.

LAB: Gross hemolysis is unacceptable. Plasma not acceptable.
Send serum frozen.

Check for properly completed consent. Responsibility for verifying consent lies with
- (1) person timing in blood for inpatients
- (2) person drawing blood for outpatients.

Process specimen for send-out.
Do not share tube with other Mayo testing; needs separate tube.

REFERENCE LAB:
Mayo test code: HIVCO

Last Updated: 09/04/2014

Connected to SCM Item: HIV-1/-2 Ag and Ab Eval @MYO
HIV-2 AB CONFIRMATION @MYO  Reflex testing to HIVCO, HIVDI (MYO CODE: HIV2L)

Order Code:  HIV2L  
Synonym(s):  
Section:  Reference  
Tube Type:  
Specimen Requirement:  

Minimum Collection Vol:  
Minimum Aliquot Vol:  
Restrictions On Collection:  

When Completed:  

Normal Values:  
Included with report.  

Instructions/Remarks:  
LAB: Testing is automatically added by Mayo Laboratory (MYO code: HIV2L) and results will auto-file through interface 601.

Last Updated:  07/03/2014  
Connected to SCM Item:  HIV-2 Ab Confirmation at MYO
HIV-2 AB EVAL @MYO Reflex testing to HIVABM, HIVWBM (MYO code: HIV2)

Order Code: HIV2AB
Synonym(s):
Section: Reference
Tube Type:
Specimen Requirement:

Minimum Collection Vol:
Minimum Aliquot Vol:
Restrictions On Collection:

When Completed:

Normal Values:
Included with report.

Instructions/Remarks:
LAB: Testing is automatically added by Mayo Laboratory (MYO code: HIV2) and results will auto-file through interface 601. If indicated, additional testing @Mayo might include: HIV-2 Ab Confirmation (SQ code: HIV2L) MYO code: HIV2L.

Last Updated: 04/04/2013

Connected to SCM Item: HIV-2 Ab Screen, EIA @MYO
HLA-B27 ANTIGEN @NIC

Order Code: HLA27B
Synonym(s): B27
Section: Reference
Tube Type: DKGNA

Specimen Requirement:
5 mL whole blood (draw 1 full 10 mL dark green SODIUM HEPARIN tube)

Minimum Collection Vol: 3 mL
Minimum Aliquot Vol:
Restrictions On Collection: None
When Completed:

Normal Values:
Included with report

Instructions/Remarks:
Reference lab: Send samples room temperature (preferred)

NIC test code # 528

Last Updated: 12/11/2012

Connected to SCM Item: HLA B27 Antigen at NIC
HLA/SSO CLASS I MOLECULAR PHENOTYPE (by PCR) @MYO

Order Code:  HLAI

Synonym(s):  HLA A antigen, HLA B antigen, HLA C antigen

Section:  Reference

Tube Type:  YL ACD-B

Specimen Requirement:
- 14 mL whole blood (Yellow top, ACD Solution B)
  Draw 2 tubes.

Minimum Collection Vol:  8

Minimum Aliquot Vol:  7

Restrictions On Collection:
None

When Completed:
- Testing performed: Monday - Friday, varies
- Analytic Time: 5 days
- Turn around time: less than 9 days

Normal Values:
Included with report

Instructions/Remarks:
Useful for determining class I HLA antigens on specimens for transplant candidates and their donors or those who have become refractory to platelet transfusion.
Class I HLA antigens include A, B, and C loci.
HLA Class I typing is most frequently applicable to organ transplant donor/recipient matching, and provision of HLA-matched platelets for alloimmunized refractory patients.

LAB:
- Do not transfer blood to other containers.
- Specimen must arrive within 72 hours of draw.
- Refrigerate, or ambient ok.

REFERENCE:
MYO order code: DISI

Last Updated:  05/13/2013

Connected to SCM Item:  HLA Class I Molecular Phenotype @MYO
HLA/SSO CLASS II MOLECULAR PHENOTYPE (by PCR) @MYO

Order Code: Misc. Lab Item
Synonym(s): HLA antigen DP, HLA antigen DQ, HLA antigen DR
Section: Reference
Tube Type: YL ACD-B
Specimen Requirement:
- 12 mL whole blood (Yellow top, ACD Solution B)
- Draw 2 tubes
Minimum Collection Vol: 7
Minimum Aliquot Vol: 6
Restrictions On Collection: None
When Completed:
- Testing performed: Monday - Friday
- Analytic Time: 5 days
- Turn around time: less than 9 days
Normal Values:
- Included with report
Instructions/Remarks:
- Class II HLA antigens are encoded by the D region of chromosome 6 and include DP, DQ, and DR.
- Useful for determining the class II genotype of potential transplant recipient and donors.
- Useful for determining HLA class II compatibility on specimens from bone marrow and solid organ transplant candidates and their donors.

LAB:
- Do not transfer blood to other containers.
- Specimen must arrive within 72 hours of draw.
- Refrigerate, or ambient ok.

REFERENCE:
- MYO order code: DIS2

Last Updated: 05/13/2013
Connected to SCM Item: HLA Class II Molecular Phenotype @MYO
HOMOCYSTEINE, CARDIOVASCULAR @NIC

Order Code: HMCYC
Synonym(s):
Section: Reference
Tube Type: RedICE

Specimen Requirement:
1 mL serum (draw 1 full red top tube)
Collect on ICE

Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:
None

When Completed:
Test set up 6 days a week
Analytic time of 1 to 2 days

Normal Values:
Included with report

Instructions/Remarks:
Also included in SCM Order Set: Hypercoagulation Risk Panel" (Thrombosis with Reflex).

LABORATORY:
Allow specimen to clot on ice or in refrigerator for 30 minutes prior to spinning down.
Centrifuge

REFERENCE LAB:
Send serum FROZEN.
NIC order code 31789

Last Updated: 10/24/2013

Connected to SCM Item: Homocysteine, Cardiovascular at NIC
HOMOCYSTEINE, CONGENITAL @NIC

Order Code:    HMCYS
Synonym(s):
Section:     Reference
Tube Type:    RedICE

Specimen Requirement:

1 mL Serum (draw 1 full red top tube) Collect on ICE

Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:
None

When Completed:
Test is set-up 6 days a week
Analytic time of 1 to 2 days

Normal Values:
Included with report

Instructions/Remarks:
Lab: Allow specimen to clot on ice or in refrigerator for 30 minutes prior to spinning down.
Centrifuge specimen in cold centrifuge as soon as possible after clot formation

Reference lab: Send serum FROZEN.
NIC test code # 36362

Last Updated: 10/10/2013

Connected to SCM Item: Homocysteine Serum at NIC
HOMOCYSTEINE, TOTAL-URINE   @MYO

Order Code: Misc Lab Item
Synonym(s): 
Section: Reference
Tube Type:

Specimen Requirement:
2 ml from a random urine collection as follows:
1. Void and discard the first morning urine specimen following an overnight fast.
2. Continue fasting and collect the next random urine specimen.
3. Place specimen on wet ice until it can be frozen.
4. Send specimen FROZEN.

Minimum Collection Vol:
Minimum Aliquot Vol:

Restrictions On Collection:
Patient must be fasting. See specimen requirements.

When Completed:
Days Test Set Up: Monday through Saturday
Analytic time: 2 days

Normal Values: Included with report

Instructions/Remarks:
REFERENCE LAB:
Mayo Laboratory test code # HCYSU

Last Updated: 03/07/2012

Connected to SCM Item:
HOMOVANILLIC ACID, 24-HOUR URINE @NIC

Order Code:   HVA24

Synonym(s):

Section:   Reference

Tube Type:

Specimen Requirement:
10 mL urine from a 24-hour collection
Specimen should be collected with 25 mL 6N HCl
Preservative may be added after completion of specimen

Minimum Collection Vol:   5 mL

Minimum Aliquot Vol:

Restrictions On Collection:
It is preferable for the patient to be off medications for three days prior to collection. However, common antihypertensives cause minimal or no interference.

When Completed:
Testing is set-up 2 days a week
Analytic time of 3 days

Normal Values:
Included with report

Instructions/Remarks:
Reference lab: Urine without preservative is acceptable if pH is below 6 and sample is shipped frozen
Adjust pH to less than 3 using 6N HCL, if necessary.

NIC test code # 39527X

Last Updated:   12/11/2012

Connected to SCM Item:   Homovanillic Acid 24hr at NIC

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Urine Coll Started:
Date Urine Collect Ends:
Time Urine Coll Started:
Time Urine Collect Ends:
HPV DNA, SUREPATH (HIGH RISK) @NIC

Order Code: Misc. Lab Item
Synonym(s): Human Papillomavirus
Section: Pathology
Tube Type: Refer to Pathology

Specimen Requirement:
Preferred: Cell pellet fraction with 2 mL SurePath medium in leak-proof 15 mL conical tube.

Minimum Collection Vol:
Minimum Aliquot Vol:
Restrictions On Collection:

When Completed:
Testing performed at Quest Diagnostics Nichols Institute
San Juan Capistrano, CA

Normal Values:
Included with report.

Instructions/Remarks:
Reference lab: Specimen will be brought over from pathology staff.
Do not order in Sunquest lab, pathology staff will order in CoPath.
Do not WILDR, order directly into Care360 system.
Ship SurePath cell pellet fraction Room Temperature

Quest test code: 31532X

Last Updated: 09/13/2013

Connected to SCM Item:
HSV AB IgM by IFA @MYO

Order Code: HSVMR

Synonym(s): Herpes Simplex Reflex, HSV Antibodies

Section: Reference

Tube Type: Red5

Specimen Requirement: Send 1 mL serum refrigerated.

Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 0.2 mL

Restrictions On Collection:

When Completed:

Normal Values:

Instructions/Remarks:

As of February 4, 2013, Herpes Simplex Ab (HSV) screen, IgM by EIA is on backorder due to reagent shortage. This test will be the alternate for HSVIM: Herpes Simplex Ab (HSV) Screen, by EIA.

LAB: This is a LAB REFLEX to Herpes Simplex Ab (HSV) Types 1&2 IgG, and IgM @MYO.

REFERENCE LAB:
Mayo test code # 26589

Last Updated: 02/07/2013

Connected to SCM Item: HSV Antibody, IgM by IFA @MYO
HSV CULTURE W/REFLEX TYPING @NIC

Order Code: HSVCN
Synonym(s): Herpes Simplex Virus Culture
Section: Microbiology
Tube Type: VCM

Specimen Requirement:
- Fresh (unfixed) tissue, nasal/nasopharyngeal swab, endocervical swab, eye swab, lesion (vesicle) aspirate swab, urethral swab, vaginal swab or throat swab

Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 1 mL

Restrictions On Collection:
- Gel-based transport systems
- Biopsies in formalin or other fixatives
- DNA probe transport systems
- Calcium alginate swabs
- Wooden shaft swabs
- Non gel-based bacterial transports

When Completed:
- Testing set-up daily
- Report available in 2-3 days

Performing Laboratory
Focus Diagnostics, Inc.
5785 Corporate Ave.
Cypress, CA 90630-4726

Normal Values:
- None detected

Instructions/Remarks:
- Reference lab: send refrigerated in VCM medium
- Quest order code #2649

The following tests will be reflexed, if appropriate, at an additional charge:

<table>
<thead>
<tr>
<th>Test</th>
<th>SQ Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>HERPES SIMPLEX TYPE 1</td>
<td>HVT1</td>
</tr>
<tr>
<td>HERPES SIMPLEX TYPE 2</td>
<td>HVT2</td>
</tr>
</tbody>
</table>

Last Updated: 06/03/2014

Connected to SCM Item: Herpes (HSV) Culture with Reflex Typing at NIC

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

<table>
<thead>
<tr>
<th>Date Specimen Collected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time Specimen Collected</td>
</tr>
<tr>
<td>Collected by:</td>
</tr>
</tbody>
</table>

Circle if appropriate: Right Left
Wound specimens: Deep Superficial

PREP INSTRUCTION:
(1) MICROBIOLOGY: Collect specimen in sterile, tightly capped container. Transport to LAB immediately. Specimens over 1 hour old, or leaking, will require recollection.

(2) If using a swab for collection- aerobic (routine) - Red topped - anerobic- Blue topped
HTLV I/II ANTIBODY CONFIRMATORY (LIA) @MYO(LAB REFLEX ONLY)

Order Code: HLVCON

Synonym(s):

Section: Reference

Tube Type: Red-R

Specimen Requirement:

1 ml serum
Plasma not acceptable.

Minimum Collection Vol: 3 mL

Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:

Does not require a consent. Not a confidential test.

When Completed:

Days set up: Tuesday and Friday AM
Analytic time: 3-5 days

Normal Values:

Included with report

Instructions/Remarks:

NOTE: This confirmatory test should be ordered only on specimens that are repeatedly reactive by FDA-approved HTLV I/II Antibody (EIA) @Myo (MYO # 9539).

This test differentiates between HTLV I and HTLV II antibodies. Testing methodology is line enzyme immunoassay (LIA).

LAB: Send FROZEN. Plasma not acceptable.

REFERENCE LAB:
Mayo test code # 83277

Last Updated: 09/16/2011

Connected to SCM Item:
HTLV I/II ANTIBODY SCREEN, EIA   @MYO

Order Code:   HLVAB
Synonym(s):
Section:   Reference
Tube Type:   Gold-R
Specimen Requirement:
  1 ml serum (gold top SST tube)
Minimum Collection Vol:  3 mL
Minimum Aliquot Vol:  0.6 mL
Restrictions On Collection:
  Does not require a consent. Not a confidential test.
When Completed:
  Days set up: Monday - Friday
  Turnaround Time: 2 - 3 days
Normal Values:
  Included with report
Instructions/Remarks:
  Repeatedly reactive specimens will be confirmed by HTLV I/II
  AB Confirmation @MYO #83277 (SQ code: HLVCON) at an additional
  charge (MYO #83277).
  LAB:  EDTA, Sodium Citrate, Heparin plasma NOT acceptable.
        Send serum FROZEN.
  REFERENCE LAB:
        Mayo test code # 9539
Last Updated: 09/01/2011
Connected to SCM Item:   HTLV I/II Ab Screen EIA @MYO
HTLV I/II DNA PCR  @FOC

Order Code:  Misc Lab Item
Synonym(s):
Section:  Reference
Tube Type:  CALLAB

Specimen Requirement:
Draw a 10 ml ACD "A" (yellow-top), OR 10 ml Lavender top EDTA tube.
1. Send the Whole Blood -- ROOM TEMPERATURE.
2. Not a confidential test, does not require a consent.

Minimum Collection Vol:
Minimum Aliquot Vol:
Restrictions On Collection:
None

When Completed:

Normal Values:
Included with report

Instructions/Remarks:
REFERENCE LAB:
Focus Reference Lab
MRL test code # 4220

Last Updated: 09/10/2012

Connected to SCM Item:
HUMAN GROWTH HORMONE   @NIC

Order Code:    HGH1
Synonym(s):   Growth Hormone, HGH
Section:       Reference
Tube Type:     GOLDR
Specimen Requirement:
   1 mL serum (draw 1 GOLD top tube)
Minimum Collection Vol:    1.5 mL
Minimum Aliquot Vol:       0.5 mL
Restrictions On Collection:
   Random Growth Hormone collection should be performed on fasting patients who have rested for at 30 minutes prior to collection.
When Completed:
   Testing is set-up 5 days a week
   Analytical time of 2-3 days
Normal Values:
   Included with report
Instructions/Remarks:
   Reference lab: Ship serum room temperature (ambient)
   Reject hemolysis
   NIC test code # 521
Last Updated: 12/11/2012
Connected to SCM Item:   Human Growth Hormone at NIC
HUMAN METAPNEUMOVIRUS PCR @NIC

Order Code:  HMPCRF
Synonym(s):  
Section:  Microbiology
Tube Type:  Specimen
Specimen Requirement:  
1 mL nasopharyngeal aspirate or wash
Minimum Collection Vol:  0.3 mL
Minimum Aliquot Vol:  0.3 mL
Restrictions On Collection:  
None
When Completed:  
Report within 1-3 days
Normal Values:  
Negative
Instructions/Remarks:  
Lab/Microbiology use only:  
Transport Refrigerated
Quest code # 40034X

Last Updated:  05/10/2013

Connected to SCM Item:  Human Metapneumovirus PCR at NIC

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

   Date Specimen Collected:
   Time Specimen Collected:
   Collected by:
   Circle if appropriate:  Right  Left
   Wound specimens:  Deep  Superficial

PREP INSTRUCTION:  
(1) MICROBIOLOGY: Collect specimen in sterile, tightly capped container. Transport to LAB immediately. Specimens over 1 hour old, or leaking, will require recollection.

(2) If using a swab for collection- aerobic (routine) - Red topped  - anerobic- Blue topped
HYDROXYPROLINE, TOTAL, 24 HOUR URINE @NIC (Quest)

Order Code: Misc Lab Item

Synonym(s): Reference

Specimen Requirement:
25 mL from a 24-hour urine, prefer collected with 25 mL of 6N HCl as preservative

Minimum Aliquot Vol: 2.5 mL

Restrictions On Collection:
Patient should be on a diet low in collagen for previous 24 hours.

When Completed:
Testing set up 2 days per week
Reports in 2 days following testing

Normal Values:
Included with report

Instructions/Remarks:

LAB:
- pH of urine must be below 3 during collection.
- Specimen without preservative is acceptable if shipped frozen.
- May refrigerate urine if collected in preservative.
- Indicate if random urine sent.

REFERENCE LAB:
Quest # 14209N

Last Updated: 05/22/2007
HYPERCOAGULAILTON RISK PANEL - Patient not on Heparin or Coumadin (SCM ORDER SET) @NIC/Quest

Order Code:  

Synonym(s):  Hypercoagulability Panel, Thrombophilia Panel, VTE Risk Panel, THROMQ  

Section:  Reference  

Tube Type:  

Specimen Requirement:  

1 large EDTA Whole Blood, plus  
1 small Red Top Tube, on ICE (gold top tube not acceptable), plus  
7 Blue top tubes (sodium citrate), on ICE  
Tubes must be full  

Minimum Collection Vol:  

Minimum Aliquot Vol:  

Restrictions On Collection:  
Patient should not be on Heparin or Coumadin.  
Thrombosis w/reflex MUST be order with Prothrombin Mutation  

When Completed:  
Varies  

Normal Values:  
Included with report.  

Instructions/Remarks:  

HYPERCOAGULATION RISK PANEL—Patient not on Heparin or Coumadin (SCM ORDER SET) @NIC/Quest

Hypercoagulation Risk Panel includes the following testing:
- Activated Protein C Resistance
- Prothrombin (Factor II) G20210 Mutation
- Protein C Activity
- Protein S Antigen, Free
- Protein S Antigen, Total
- Antithrombin III Activity
- Homocysteine, Cardiovascular
- Cardiolipin Antibody, IgM
- Cardiolipin Antibody, IgG
- Factor VIII Activity, Clotting
- Beta-2-Glycoprotein I Antibody, IgM
- Beta-2-Glycoprotein I Antibody, IgG
- Lupus Anticoagulant
- dRVVT Screen

The following tests may be reflexed, at an additional charge:
- Factor V Leiden Mutation (F5LED)
- Hexagonal Phase Confirmation (LHEXPX)
- dRVVT Confirmation (LDRVVCX)
- dRVVT 1:1 Mix (LDRVVMX)
- Thrombin Clotting Time (LTHROM)

LAB:
SCM Order Set generates 2 items in Sunquest: THROMQ and P20210.
The following Lab labels will print for blood draw:
- THROMQ (Thrombosis w/reflex Non-Coumadin @NIC) 7 BluICE, plus 1 RedSICE
- P20210 (Prothrombin Mutation G20210 @NIC) 1 Lav10-R room temp

Note: During an SCM downtime, order THROMQ and P20210 in Sunquest.

LAB Processing:
Specimens are to be delivered to Lab Specimen Processing immediately.
- 1 Red top tube must be delivered on ICE
- 7 Blue top tubes must be delivered on ICE
- 1 Lavender top tube, whole blood, must be delivered at room temperature.

RED TOP TUBE:
- Allow red top tube to clot on ice or in refrigerator for 30 minutes.
- Centrifuge as soon as possible after clot formation.
- DECANt SERUM FIRST to aliquot label AQSER-F (to avoid mixup with the 7 citrated plasma aliquots AQ PIT-F).
- You must write "SERUM" on serum aliquot tube AQSER-F. Freeze serum.

BLUE TOP TUBES:
- 7 Blue top tubes to be spun down immediately.
The specimen must be double-centrifuged to prepare a platelet-free plasma specimen:
- PROCESS AS FOLLOWS—
- Centrifuge in cold centrifuge for 15 min. at 3,000 rpm.
- Carefully remove plasma from cells avoiding the platelet/buffy coat. Transfer plasma to a plastic tube and centrifuge again for 15 mins. in cold centrifuge.
- Remove the top portion of plasma leaving approximately 250 ul in the bottom to discard.
The double-centrifuged plasma should be aliquoted (1.0 ml each) into EACH of 7 clearly labeled plastic tubes (glass vials will NOT be accepted). Labeled "citrated plasma.
- DECANt TO 7 TUBES labeled AQCIT-F.
- You must write "CITR PLASMA" on each tube AQCIT-F. Freeze plasma.

LAVENDER TOP TUBE:
- Send lavender top tube whole blood in original vacutainer tube, ROOM TEMP.

NIC/Quest test codes:
- THROMQ #9832CP
- P20210 #17909
HYPERCOAGULAITON RISK PANEL - Patient not on Heparin or Coumadin (SCM ORDER SET) @NIC/Quest

Last Updated: 10/25/2013

Connected to SCM Item:
HYPERSENSITIVITY PNEUMONITIS IGG AB@MYO **no longer available 11/12/14

Order Code: SHYP
Synonym(s): Pneumonitis test
Section: Reference
Tube Type: Red-R
Specimen Requirement:
  0.5 ml. serum
Minimum Collection Vol: 2 mL
Minimum Aliquot Vol: 0.2 mL
Restrictions On Collection:
  None
When Completed:
  Test set up: Monday through Saturday
  Analytic time: 2 days
Normal Values:
  Included with report
Instructions/Remarks:
  LAB: Send refrigerated
  REFERENCE LAB: Mayo test code # SAL
Last Updated: 11/12/2014
Connected to SCM Item: Hypersensitv.Pneumo.IgG @MYO
HYPOGLYCEMIC AGENT SCREEN, SERUM  @MYO

Order Code:  Misc Lab Item
Synonym(s):  Sulfonylurea
Section:  Reference
Tube Type:  RED-R

Specimen Requirement:
3 ml serum (Pediatric 1.1 ml)
Serum gel tube NOT acceptable
Plasma NOT acceptable

Minimum Collection Vol:
Minimum Aliquot Vol:
Restrictions On Collection:
None

When Completed:
Days Test Set Up:
Monday, Wednesday, and Friday
Analytic Time:
2 day

Normal Values:
Included with report

Instructions/Remarks:
LAB:  Send serum FROZEN.

REFERENCE LAB:
Mayo Laboratory
test code # HYPOG

Last Updated: 03/07/2012

Connected to SCM Item:
IBD sgi DIAGNOSTIC @PRO (Lab only. Preferred item is IBDPAN @NIC)

Order Code: IBDS
Synonym(s): ASCA, Crohn's Disease, Inflammatory Bowel Disease
Section: Reference
Tube Type: Gold + Lav

Specimen Requirement:
- 2 mL serum (gold top SST)
- PLUS
- 2 mL whole blood (lavender top EDTA)

Minimum Collection Vol: 3 mL each
Minimum Aliquot Vol: .5 mL each

Restrictions On Collection: None

When Completed: Less than 1 week

Normal Values: Included with report

Instructions/Remarks:
This item replaces former IBD Serology 7 @PRO.

REFERENCE LAB:
Mark #1800 on Prometheus order requisition.
Check the box "Bill to Patient".
Include a copy of Face Sheet printed from Affinity.
Place a copy of Prometheus requisition in John Cartaya's inbox
for crediting the patient account ASAP.
Prometheus kits stored in Reference Dept.
Follow processing instructions in kit.
Samples must be shipped with a cold pack for stability.

Last Updated: 04/10/2013

Connected to SCM Item:
IBUPROFEN   @NIC

Order Code:   Misc Lab Item
Synonym(s):  Motrin, Advil, Nuprin
Section:     Reference
Tube Type:   Red-R

Specimen Requirement:
- 2 ml serum (red top, no gel), or
- 2 ml plasma (lavender-EDTA, dk. green-heparin, or gray-fluoride/oxalate)

Minimum Collection Vol:  4 ml
Minimum Aliquot Vol:     1 ml

Restrictions On Collection:

When Completed:
- Set up 7 days a week
- Reports in 1 day

Normal Values:
- Included in report

Instructions/Remarks:

LAB:
- Send refrigerated.

REFERENCE LAB:
- Quest order code: 5136

Last Updated: 03/16/2012

Connected to SCM Item:
IGA FIBRONECTIN AGGREGATES & SERUM IGA     @FOC

Order Code:     Misc Lab Item
Synonym(s):     Fibronectin IgA,Fibronectin aggregates
Section:        Reference
Tube Type:      RED-R
Specimen Requirement:
                2 ml Serum
Minimum Collection Vol:  4 mL
Minimum Aliquot Vol:    1 mL
Restrictions On Collection:
                None
When Completed:
                Turnaround Time:    2-7 days
Normal Values:
                Included with report

Instructions/Remarks:
                REFERENCE LAB:
                MRL = Focus
test code # 4320

Last Updated: 09/10/2012

Connected to SCM Item:
IGA SUBCLASSES  @NIC

Order Code:  IGAS
Synonym(s):  Immunoglobulin A Subclasses
Section:  Reference
Tube Type:  Red-R

Specimen Requirement:
2 ml serum (SST not acceptable)

Minimum Collection Vol:  3 mL
Minimum Aliquot Vol:  1 mL

Restrictions On Collection:
None

When Completed:
Test set up: once per week

Normal Values:
Included with report

Instructions/Remarks:
Includes quantitation of IgA1, IgA2, and Total IgA.

REFERENCE LAB:
NIC (Quest)
test code # 34188

Last Updated: 09/09/2014

Connected to SCM Item:  IgA Subclasses  @NIC
IGF BINDING PROTEIN-3 (IGFBP-3) @NIC

Order Code: BP3IGF
Synonym(s): Insulin Like Growth Factor BP3, Somatomedin-C Binding Protein
Section: Reference
Tube Type: Red5

Specimen Requirement:
1 mL serum (draw 1 red top tube)
SST gold top also acceptable

Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:
None

When Completed:
Testing performed 5 days a week
Analytic time of 3 days

Normal Values:
Included with report

Instructions/Remarks:
Reference lab: Ship samples at room temperature (preferred)
Reject due to hemolysis or lipemia
NIC test code # 34458

Last Updated: 12/11/2012

Connected to SCM Item: IGF Binding Protein 3 at NIC
IGG SUBCLASSES PANEL @ NIC

Order Code: IGGSN
Synonym(s): Immunoglobulin G Subclasses
Section: Reference
Tube Type: Red10

Specimen Requirement:
2 mL serum (draw 1 large red top tube)

Minimum Collection Vol: 6 mL
Minimum Aliquot Vol: 1 mL

Restrictions On Collection:
Overnight fasting is preferred

When Completed:
Testing is set-up 5 days a week
Analytic time of 2 days

Normal Values:
Included with report

Instructions/Remarks:
Reference lab: Ship samples refrigerated
NIC test code # 7903

Last Updated: 07/24/2014

Connected to SCM Item: IgG Subclasses Serum at NIC
IgG SYNTHESIS RATE/INDEX, CSF @NIC (Quest)

Order Code: Misc Lab Item
Synonym(s): IgG Synthesis Rate, IgG Index
Section: Reference

Tube Type:

Specimen Requirement:
2 (minimum 1) mL CSF
AND
1 (minimum 0.5) mL Serum (red top tube, no gel)

NOTE: CSF must be crystalline clear, contact Quest.

See Remarks below, if no serum being sent.

Serum and CSF samples should be drawn on same day and time for most reliable results. Serum may be collected up to 48 hours after CSF tap, however this is not recommended.

Minimum Collection Vol:

Minimum Aliquot Vol:

Restrictions On Collection:
None

When Completed:
Testing set up 5 days per week.
Report available in 3 days.

Normal Values:
Included with report.

Instructions/Remarks:
LABORATORY:
CSF must be crystalline clear.
Send CSF and serum refrigerated, room temp unacceptable.
Send CSF in sterile screw cap container.

Both CSF and serum must be sent for calculation of Synthesis Rate.
If no serum being sent, INSTEAD order: IgG,CSF #4448X

REFERENCE:
NIC order code 7558X

Last Updated: 06/22/2011

Connected to SCM Item:
IgG, CSF @NIC (QUEST)

Order Code: Misc Lab Item

Synonym(s): 

Section: Reference

Tube Type:

Specimen Requirement:
- 2 mL CSF in sterile screw cap container. CSF must be crystalline clear.

Minimum Collection Vol: 

Minimum Aliquot Vol: 1 mL

Restrictions On Collection: None

When Completed:
- Testing set up 3 days per week.
- Report available in 3 days.

Normal Values:
- Included with report.

Instructions/Remarks:
- Included in Multiple Sclerosis Panel 1 @NIC and Multiple Sclerosis Panel 2 @NIC
- Included in IgG Synthesis Rate/Index @NIC #7558X

LABORATORY:
- Send CSF room temperature; refrigerated acceptable.
- CSF must be crystalline clear. Send in sterile screw cap container.

REFERENCE LAB:
- NIC order code 4448X

Last Updated: 06/22/2011

Connected to SCM Item:
IMIPRAMINE & METABOLITE-QT @NIC (Quest)

Order Code: Misc Lab Item
Synonym(s): Tofranil
Section: Reference
Tube Type: RED-R
Specimen Requirement:
3 ml. serum (red top tube) NO GEL TUBE
Minimum Collection Vol: 5 mL
Minimum Aliquot Vol: 1.5 mL
Restrictions On Collection: None
When Completed: Less than 4 days (available STAT)
Normal Values: Included with report

Instructions/Remarks:
Includes: Imipramine and Desipramine.
LAB: Ship room temperature.
Reject due to hemolysis and lipemia.
REFERENCE LAB:
NIC test code # 3616N

Last Updated: 09/19/2006
IMMATURE PLATELET FRACTION (IPF)

Order Code: IPF
Synonym(s): IPF
Section: Hematology
Tube Type: Lav
Specimen Requirement:
2.5 ml. whole blood (lavender top tube, EDTA)
Minimum Collection Vol: 1.0
Minimum Aliquot Vol:
Restrictions On Collection: None
When Completed:
Same shift
Normal Values:
1.0-9.0 %
Instructions/Remarks:

Last Updated: 03/27/2013
Connected to SCM Item: Immature Platelet Fraction
IMMUNE CELL FUNCTION @NIC

Order Code: Misc Lab Item
Synonym(s):
Section: Reference
Tube Type:
Specimen Requirement:
   1 mL whole blood (dark green top Sodium Heparin)
   See Restrictions below.
Minimum Collection Vol:
Minimum Aliquot Vol: 0.5 mL
Restrictions On Collection:
   MUST call Lab before collection.
   Specimen must be received at Quest within 30 hours of collection.
When Completed:
   Set up 6 days per week
Normal Values:
   Included with report
Instructions/Remarks:
   LAB:
      Specimen must be received at Quest within 30 hours of collection:
      Call Quest prior to collection for Special Logistics Arrangements.
      Send whole blood room temperature only.
      Refrigeration unacceptable.
   REFERENCE LAB:
      Quest code: 15435X
Last Updated: 03/29/2012
Connected to SCM Item:
IMMUNE COMPLEX detection by C1Q BINDING @NIC (Quest)

Order Code: Misc Lab Item
Synonym(s): C1Q Binding
Section: Reference
Tube Type: Red-R

Specimen Requirement:
- 1 ml. serum (red top tube).
  Serum gel tube SST NOT acceptable.

Minimum Collection Vol: 2.0 mL
Minimum Aliquot Vol: 0.2 mL

Restrictions On Collection: None

When Completed:
- Testing performed: 2 days per week
- Analysis time: 1 day

Normal Values: Included with report

Instructions/Remarks:
- Also available in Immune Complex Expanded Panel @MRL (Focus)
- LAB: Freeze serum within 1 hour of draw
- REFERENCE LAB:
  Quest test code # 36735

Last Updated: 03/30/2011

Connected to SCM Item:
IMMUNE COMPLEX EXPANDED PANEL  @FOC

Order Code:  Misc Lab Item
Synonym(s):  C1Q Binding, Raji Cell, PEG IgG
Section:  Reference
Tube Type:  RED-R
Specimen Requirement:
3 ml serum
Minimum Collection Vol:  5 mL
Minimum Aliquot Vol:  2 mL
Restrictions On Collection:  None
When Completed:
Turnaround time:  4-8 days
Normal Values:
Included with report
Instructions/Remarks:
Includes C1Q Binding, Raji Cell, C3, C4, PEG IgG
See also individual items.
NOTE:
C1Q Binding and Raji Cell are forwarded by Focus to Quest for testing, but are still included in this Panel.
LAB:  Prepare 3 serum aliquots each containing 1.5 ml serum (minimum 1 ml serum each).
Send serum frozen.
REFERENCE LAB:
Focus test code # 2290

Last Updated:  09/14/2011

Connected to SCM Item:
IMMUNE STATUS PANEL, DPT  @FOC

Order Code:  Misc Lab Item
Synonym(s):  DPT
Section:  Reference
Tube Type:  Red-R
Specimen Requirement:  
   3 ml serum
Minimum Collection Vol:  4 mL
Minimum Aliquot Vol:  1 mL
Restrictions On Collection:  None
When Completed:  Results available 2-4 days
Normal Values:  Included with report
Instructions/Remarks:  
   Panel includes:
   Bordetella pertussis IgG Vaccine Response, ELISA;
   Diphtheria Antitoxoid, ELISA and
   Tetanus Antitoxoid, ELISA.

REFERENCE LAB:  Focus # 2505

Last Updated: 03/26/2008
Immune Status Panel, MMR @FOC

Order Code: Misc Lab Item
Synonym(s): MMR
Section: Reference
Tube Type: Red-R
Specimen Requirement:
3 ml serum
Minimum Collection Vol: 4 mL
Minimum Aliquot Vol: 1 mL
Restrictions On Collection:
None
When Completed:
Results available 2-5 days
Normal Values:
Included with report
Instructions/Remarks:
Panel includes:
Measles (Rubeola) IgG Antibody, IFA;
Mumps IgG Antibody, IFA;
Rubella IgG Antibody, ELISA
REFERENCE LAB:
Focus # 2510
Last Updated: 03/26/2008
IMMUNOFIXATION, SERUM @NIC (LAB REFLEX ONLY)

Order Code: PEPIMX

Synonym(s): Reference

Tube Type: GOLDR

Specimen Requirement:
- 1 mL serum (draw 1 Gold top tube)
- Red top also acceptable

Minimum Collection Vol: 1.5 mL

Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:
- Overnight fasting is preferred

When Completed:
- Testing set-up 6 days a week
- Analytical time of 6 days

Normal Values:
- Included with report

Instructions/Remarks:
- Lab: Test will be automatically reflexed, when appropriate, when Protein Electropheresis is ordered (PEPSER).
- Reference lab: Ship serum room temperature (ambient) Refrigerated and Frozen acceptable
- NIC test code # 549X

Last Updated: 11/01/2012

Connected to SCM Item:
LABORATORY MANUAL

IMMUNOGLOBULIN A (IgA)

Order Code: IGAI
Synonym(s):
Section: Chemistry
Tube Type: Gold

Specimen Requirement:
1 ml. serum (gold top SST tube)

Minimum Collection Vol: 2.0 mL
Minimum Aliquot Vol: 1.0 mL

Restrictions On Collection:
None

When Completed:
Testing performed daily

Normal Values:
70 - 400 mg/dL

Instructions/Remarks:

Last Updated: 10/25/2011

Connected to SCM Item: Immunoglobulin A (IgA)
IMMUNOGLOBULIN D (IgD), SERUM @MYO

Order Code: Misc Lab Item
Synonym(s): IgD, Immune Competence
Section: Reference
Tube Type: Gold-R

Specimen Requirement:
1.0 ml of Serum, refrigerated (gold top SST tube) or plain red

Minimum Collection Vol:
Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:
None

When Completed:
Days Test Set Up: Monday, Thursday
Analytic Time: 2 days

Normal Values:
Included with report

Instructions/Remarks:
REFERENCE LAB: Mayo Laboratory
test code # IGD

Last Updated: 03/07/2012
Connected to SCM Item:
IMMUNOGLOBULIN E @NIC

Order Code: IGEN
Synonym(s): 
Section: Reference
Tube Type: GOLDR

Specimen Requirement:
0.3 mL serum (draw 1 GOLD top tube)

Minimum Collection Vol: 1 mL
Minimum Aliquot Vol: 0.3 mL

Restrictions On Collection:
None

When Completed:
Testing complete 6 days a week
Analytic time of 1-2 days

Normal Values:
Included with report

Instructions/Remarks:
Reference lab: send samples room temperature (preferred)
NIC test code # 542

Last Updated: 12/11/2012

Connected to SCM Item: Immunoglobulin E at NIC
IMMUNOGLOBULIN G (IgG)

Order Code: IGGI
Synonym(s):
Section: Chemistry
Tube Type: Gold
Specimen Requirement: 1 ml. serum (gold top SST tube)
Minimum Collection Vol: 2.0 mL
Minimum Aliquot Vol: 1.0 mL
Restrictions On Collection: None
When Completed: Testing performed daily
Normal Values: 700 - 1600 mg/dL
Instructions/Remarks:

Last Updated: 10/25/2011
Connected to SCM Item: Immunoglobulin G (IgG)
IMMUNOGLOBULIN M (IgM)

Order Code: IGMI

Synonym(s):

Section: Chemistry

Tube Type: Gold

Specimen Requirement:
1 ml. serum (gold top SST tube)

Minimum Collection Vol: 2.0 mL

Minimum Aliquot Vol: 1.0 mL

Restrictions On Collection:
None

When Completed:
Testing performed daily

Normal Values:
40 - 230 mg/dL

Instructions/Remarks:

Last Updated: 10/25/2011

Connected to SCM Item: Immunoglobulin M (IgM)
IMMUNOGLOBULINS (IgA, IgG, IgM)-ADULT

Order Code: IGAMI

Synonym(s): 

Section: Chemistry

Tube Type: Gold

Specimen Requirement:
3 ml. serum (gold top SST tube)

Minimum Collection Vol: 3 mL
 Minimum Aliquot Vol: 2 mL

Restrictions On Collection:
None

When Completed:
Testing performed daily

Normal Values:
IgA 70 - 400 mg/dL
IgG 700 - 1600 mg/dL
IgM 40 - 230 mg/dL

Instructions/Remarks:
Includes: Immunoglobulin IgA, IgG, and IgM

Last Updated: 10/25/2011

Connected to SCM Item: Immunoglobulins (IgA,IgG,IgM)-Adult
IMMUNOGLOBULINS (IgA, IgG, IgM) - PEDIATRIC @MYO

Order Code: IGAM
Synonym(s):
Section: Reference
Tube Type: Gold-R
Specimen Requirement:
1 ml serum (gold top SST)
Minimum Collection Vol: 2 mL
Minimum Aliquot Vol: 0.5 mL
Restrictions On Collection:
None

When Completed:
Testing performed: Monday - Saturday
Analytic time: 1 day

Normal Values:
Included with report

Instructions/Remarks:
For Adult orders, order inhouse testing IGAMI.

LAB: If order includes IgG Subclasses @MYO, instead order
Immunoglobulin A @MYO (IA) and
Immunoglobulin M @MYO (IM) individually.

(Immunoglobulin G is included in IgG Subclasses.)

LAB: Send refrigerated.

REFERENCE LAB:
Mayo test code IMMG (formerly # 8156)

Last Updated: 04/25/2012

Connected to SCM Item: Immunoglobulins (IgA, IgG, IgM) - Peds@MYO
INDIRECT COOMBS

Order Code: AS
Synonym(s): Antibody Screen, Coombs Indirect
Section: Blood Bank
Tube Type: Pink-B

Specimen Requirement:
6 ml EDTA, pink top preferred, lavender acceptable

Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 1 mL

Restrictions On Collection:
None

When Completed:
Same shift

Normal Values:
Negative

Instructions/Remarks:
Often Ordered in conjunction with Direct Coombs. Antibody Identification will automatically be done if Indirect Coombs is positive. If order reads Type and Screen or Hold Clot do not use this item, Order Type and Screen (TYAS).

Last Updated: 08/15/2003
INFLAMMATORY BOWEL DISEASE DIFFERENTIATION PANEL @NIC

Order Code: IBDPAN

Synonym(s): ASCA, Crohn’s disease, IBD

Section: Reference

Tube Type: GOLD-R

Specimen Requirement:

- 2 mL serum (Gold top SST tube)

Minimum Collection Vol: 6 mL

Minimum Aliquot Vol: 1.4 mL

Restrictions On Collection:

None

When Completed:

- Testing set-up 6 days a week
- Analytic time of 2 days

Normal Values:

Included with report

Instructions/Remarks:

IBD panel includes:
- ANCA Screen
- Myeloperoxidase Antibody
- Proteinase-3 Antibody
- Saccharomyces cerevisiae Antibody (ASCA) IgG
- Saccharomyces cerevisiae Antibody (ASCA) IgA

When appropriate, the following testing will be added at an additional cost to patient:
- P-Anca Titer
- C-Anca Titer
- Atypical P-ANCA Titer

LABORATORY:
- Reject hemolysis and/or lipemia
- Ship serum room temperature (preferred)

NIC test code # 16503X

Last Updated: 04/04/2013

Connected to SCM Item: Inflammatory Bowel Disease at NIC
INFLUENZA A H1N1 RT-PCR @NIC (LAB only)

Order Code: H1N1PF
Synonym(s): 
Section: Microbiology
Tube Type:
Specimen Requirement:
  1 mL nasopharyngeal wash or aspirate
Minimum Collection Vol: 1 mL
Minimum Aliquot Vol: 
Restrictions On Collection:
  None
When Completed:
  1-3 days
Normal Values:
  Negative

Instructions/Remarks:
  LAB/MICRO USE ONLY:
    Send specimen in Viral Transport Media.
    Quest test code # 16807
    Specimen must be refrigerated.

Last Updated: 05/10/2013

Connected to SCM Item: Influenza A H1N1 PCR at NIC

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:
Circle if appropriate: Right Left
Wound specimens: Deep Superficial

PREP INSTRUCTION:
(1) MICROBIOLOGY: Collect specimen in sterile, tightly capped container. Transport to LAB immediately.
Specimens over 1 hour old, or leaking, will require recollection.

(2) If using a swab for collection- aerobic (routine) - Red topped - anerobic- Blue topped
INFLUENZA A/B RT-PCR @NIC (Lab only)

Order Code: FLUABF

Synonym(s): Flu antigen, PCR influenza, H1N1, Swine Flu, Molecular influenza

Section: Microbiology

Tube Type:

Specimen Requirement:
1 mL nasopharyngeal wash or aspirate

Minimum Collection Vol: 1 mL

Minimum Aliquot Vol:

Restrictions On Collection:
None

When Completed:
1-3 days

Normal Values:
Negative

Instructions/Remarks:
If the Influenza A PCR is positive, qUEST will reflex to H1N1 PCR.

LAB/MICRO USE ONLY:
Send specimen in Viral Transport Media.
Specimen must be refrigerated

This test is only used as a backup for the Hoag Influenza test.

Quest test code # 16861

Last Updated: 05/06/2014

Connected to SCM Item: Influenza A/B PCR at NIC

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:

Circle if appropriate: Right Left
Wound specimens: Deep Superficial

PREP INSTRUCTION:
(1) MICROBIOLOGY: Collect specimen in sterile, tightly capped container. Transport to LAB immediately. Specimens over 1 hour old, or leaking, will require recollection.

(2) If using a swab for collection- aerobic (routine) - Red topped - anerobic- Blue topped
INFLUENZA PCR A/B, 2009 H1N1

Order Code: FLUPCR

Synonym(s): Flu antigen, PCR influenza, H1N1, Swine Flu, Molecular influenza

Section: Microbiology

Tube Type:

Specimen Requirement:
1 mL nasopharyngeal wash or aspirate

Minimum Collection Vol: 1 mL

Minimum Aliquot Vol:

Restrictions On Collection:
Throat or Nares swabs, Sputums, Tracheal aspirates or Bronchial specimens will not be tested.

When Completed:
2-3 hours
All orders received 0600-2230 are processed STAT.
Orders received 2230-0600 are processed at 0600.

Normal Values:
Negative

Instructions/Remarks:
The collection of nasopharyngeal specimens on Outpatients, either washing or aspirate, is not a service available at Hoag Hospital Laboratory. Physicians requesting a test which requires a nasopharyngeal specimen should either send the patient to ECU to be seen or collect the specimens themselves and submit the sample for testing.

LAB/MICRO USE ONLY:
Specimen must be refrigerated.

Last Updated: 03/29/2012

Connected to SCM Item: Influenza A/B, 2009 H1N1 PCR

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:
Circle if appropriate:
Right
Left
Wound specimens:
Deep
Superficial

PREP INSTRUCTION:
(1) MICROBIOLOGY: Collect specimen in sterile, tightly capped container. Transport to LAB immediately.
Specimens over 1 hour old, or leaking, will require recollection.

(2) If using a swab for collection- aerobic (routine) - Red topped
   - anaerobic- Blue
topped
INFLUENZA VIRUS A ABS  @MYO

Order Code:    SFLA
Synonym(s):
Section:      Reference
Tube Type:    RED-R
Specimen Requirement:
1 ml. serum
Minimum Collection Vol:  2 mL
Minimum Aliquot Vol:  0.2 mL
Restrictions On Collection:
None

When Completed:
Test set up: Monday through Saturday
Analytic time: 1 day
Normal Values:
Included with report

Instructions/Remarks:
Reference Lab:
Mayo Lab
test code # SFLA

Last Updated:  12/19/2012

Connected to SCM Item:  Influenza Virus A Abs  @MYO
INFLUENZA VIRUS B ABS  @MYO

Order Code:  SFLB

Synonym(s):

Section:  Reference

Tube Type:  RED-R

Specimen Requirement:

1 ml. serum

Minimum Collection Vol:  2 mL

Minimum Aliquot Vol:  0.2 mL

Restrictions On Collection:

None

When Completed:

Test set up:  Monday through Saturday
Analytic time:  1 day

Normal Values:

Included with report

Instructions/Remarks:

Reference Lab:
Mayo test code # SFLB

Last Updated:  12/19/2012

Connected to SCM Item:  Influenza Virus B Abs  @MYO
INR - POINT of CARE

Order Code: INRPOC
Synonym(s): POC
Section: Chemistry
Tube Type:
Specimen Requirement:

Minimum Collection Vol:
Minimum Aliquot Vol:
Restrictions On Collection:

When Completed:

Normal Values:
0.9-1.2

Instructions/Remarks:
Results from Point of Care INR testing, performed in the Cath Lab, are interfaced to the various computer applications for viewing, via a RALS interface.

Last Updated: 12/01/2008
Connected to SCM Item: INR POC
INSULIN ANTIBODIES, SERUM  @MYO

Order Code:  Misc Lab Item
Synonym(s):  Anti-Insulin, INAB
Section:  Reference
Tube Type:  Red-Rf

Specimen Requirement:
0.5 ml of Serum, from a fasting patient.

Minimum Collection Vol:  1 mL
Minimum Aliquot Vol:  0.2 mL

Restrictions On Collection:
Patient must be fasting

When Completed:
Days Test Set Up:
Monday, Thursday
Analytic Time:
2 days

Normal Values:
Included with report

Instructions/Remarks:
Not total insulin.

LAB:  Send serum refrigerated.
Gross hemolysis unacceptable.
EDTA or heparin plasma acceptable.

REFERENCE LAB:
Mayo Laboratory
test code # INAB

Last Updated:  06/03/2014

Connected to SCM Item:
INSULIN LEVEL @NIC

Order Code: INS2

Synonym(s):

Section: Reference

Tube Type: GOLDR

Specimen Requirement:
1 mL serum (draw 1 GOLD top tube)

Minimum Collection Vol: 3 mL

Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:
Overnight fasting is required

When Completed:
Testing set-up 5 days a week
Analytic time of 2-3 days

Normal Values:
Included with report

Instructions/Remarks:
Reference lab: Ship samples refrigerated (preferred).
Serum only accepted.
Reject hemolysis and/or lipemia

NIC test code # 561

Last Updated: 06/30/2014

Connected to SCM Item: Insulin Level at NIC
INSULIN LIKE GROWTH FACTOR-1 @NIC

Order Code: IGFN
Synonym(s): IGF-1, Somatomedin C
Section: Reference
Tube Type: GoldR

Specimen Requirement:
- 0.5 mL serum (draw 1 SST gold top tube)
- Red top also acceptable

Minimum Collection Vol: 1 mL
Minimum Aliquot Vol: 0.3 mL

Restrictions On Collection:
Reject Criteria:
- Gross hemolysis, gross lipemia, grossly icteric

When Completed:
- Testing set-up 5 days a week
- Analytic time of 4 to 5 days

Normal Values:
- Included with report

Instructions/Remarks:
- Reference lab: Ship serum refrigerated
- NIC test code # 16293

Last Updated: 12/23/2013

Connected to SCM Item: Insulin Like Growth Factor 1 at NIC
INSULIN, FREE (BIOACTIVE)  @NIC (Quest)

Order Code:  INSF
Synonym(s):  
Section:  Reference
Tube Type:  Red-Rf
Specimen Requirement:
   0.5 ml. serum (red top tube), fasting
Minimum Collection Vol:  2 mL
Minimum Aliquot Vol:  0.3 mL
Restrictions On Collection:
   Fasting required
   PATIENT PREPARATION:
      Overnight fasting is required.
      Measures free insulin and is the recommended test for
      insulin-dependent diabetics.
When Completed:
   Less than 7 days
Normal Values:
   Included with report
Instructions/Remarks:
   LAB:  Non-fasting specimens accepted for special studies only.
      Ship sample refrigerated WITH COLD PACKS
   REFERENCE LAB:
      NIC test code # 36700
Last Updated:  10/24/2012
Connected to SCM Item:  Insulin Free, Level  @NIC
INTERLEUKIN-2 RECEPTOR @NIC

Order Code: IL2RF
Synonym(s): IL-2
Section: Reference
Tube Type: Red-R

Specimen Requirement:
1 ml serum (red top tube, no gel)

Minimum Collection Vol: 1 mL
Minimum Aliquot Vol: 0.3 mL

Restrictions On Collection:
IL2 Receptor levels may demonstrate diurnal variation. Recommend IL2 Receptor levels be determined at the same time of day for improved longitudinal comparison.

When Completed:
Testing set up first week of the month on Wednesday, noon.
Reports within 48 hours of test setup.

Normal Values:
Included with report

Instructions/Remarks:
LAB: Send FROZEN.
REFERENCE LAB:
Quest test code # 34298

Last Updated: 10/13/2014

Connected to SCM Item: Interleukin-2 Receptor @FOC
INTRINSIC FACTOR BLOCKING AB. @MYO

Order Code: B12IF
Synonym(s):
Section: Reference
Tube Type: Gold-R

Specimen Requirement:
1.0 ml of Serum
Minimum Collection Vol: 1.5 mL
Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:
PRECAUTIONS: This test should not be ordered on patients who have received a radioisotope (either diagnostically or therapeutically), or a vitamin B12 injection within the previous week.

When Completed:
Days Test Set Up: Monday through Friday
Analytic Time: 2 days

Normal Values:
Included with report

Instructions/Remarks:
LAB: Send refrigerated.

REFERENCE LAB:
Mayo Laboratory
test code # 9335

Last Updated: 05/25/2010

Connected to SCM Item: Intrinsic Factor Blocking Antibody @MYO
IRON & IRON-BINDING CAPACITY

Order Code:  FEIBC

Synonym(s):  Fe & IBC, Transferrin Saturation

Section:  Chemistry

Tube Type:  Gold-C

Specimen Requirement:

2 ml. serum (gold top SST tube)

Restrictions On Collection:

None

When Completed:

Same shift

Normal Values:

Iron:  70-180 mcg/dL (male)  60-180 mcg/dL (female)
TIBC:  261-462 mcg/dL (male)  265-497 mcg/dL (female)
%Sat:  20-55%

Instructions/Remarks:

Includes: Iron, Total Iron-Binding Capacity, % Saturation.
LAB: No hemolysis.

Last Updated: 11/01/2006

Connected to SCM Item:  Iron + Iron-Binding Capacity
IRON PROFILE

Order Code: FEPROF
Synonym(s): Transferrin Saturation, Fe & IBC & FERR
Section: Chemistry
Tube Type: Gold-C
Specimen Requirement: 3 ml. serum (gold top SST tube)
Restrictions On Collection: None
When Completed: Same shift
Normal Values:
- Iron: 70-180 mcg/dL (male)
- 60-180 mcg/dL (female)
- TIBC: 261-462 mcg/dL (male)
- 265-497 mcg/dL (female)
- %Sat: 20-55 %
- Ferritin: 20-400 ng/mL
Instructions/Remarks:
Includes: Iron, Total Iron-Binding Capacity, % Saturation, Ferritin.
LAB: No hemolysis.
Last Updated: 02/09/2007
Connected to SCM Item: Iron Profile(Fe,TIBC,%,Ferr)
IRON, 24 HOUR URINE  @MYO

Order Code:  Misc Lab Item
Synonym(s):
Section:  Reference
Tube Type:

Specimen Requirement:
10 ml from a 24-hour urine collection. No preservative. Collect in clean, plastic urine container with no metal caps or glued inserts.

Minimum Collection Vol:
Minimum Aliquot Vol:

Restrictions On Collection:
None

When Completed:

Days Test Set Up:
Monday through Saturday
Analytic Time:
Same day/3 hours

Normal Values:
Included with report
Reference value is for a 24-hour collection.

Instructions/Remarks:
NOTE:  The preferred specimen for assessing urinary iron excretion is a 24-hour specimen. Iron, Random Urine is ordered as MYO #88970.

LAB:  Send in 13 ml plastic urine tube.
Refrigerate within 4 hours of completion of 24 hour collection.
Check Mayo PC for other acceptable preservatives.

NOTE:  NOTE 24-HOUR VOLUME IS REQUIRED ON REQUEST FORM FOR PROCESSING.

When processing batch in MayoAccess, you will be prompted for the following information prior to transmitting batch:
Collection Duration:
Urine Volume:

REFERENCE LAB:
Mayo Laboratory
test code # FEU

Last Updated: 03/07/2012

Connected to SCM Item:
ISLET CELL ANTIBODY SCR w/TITER REFLEX @NIC

Order Code: Misc Lab Item
Synonym(s): Anti-Islet Cell AB
Section: Reference
Tube Type: RED-R
Specimen Requirement:
2 mL serum (red top tube, no gel)

Minimum Collection Vol: 2 mL
Minimum Aliquot Vol: 0.5 mL
Restrictions On Collection:
None

When Completed:
Test set up: 3 days a week, AM
Turnaround time: 1 day

Normal Values:
Included with report

Instructions/Remarks:
LAB: Send refrigerated.
REFERENCE LAB:
Quest test # 36741

Last Updated: 10/18/2010

Connected to SCM Item:
ISOSPORA

Order Code:

Synonym(s):

Section: Microbiology

Specimen Requirement:
Fresh stool specimen submitted in a clean leak-proof container or stool submitted in a 10% Formalin and Z-PVA Fixative Transport Vials (available in Microbiology).

Restrictions On Collection:

When Completed:
Within 48 hours

Normal Values:

Instructions/Remarks:
Order as: ova and parasites (OP) with Lab comment R/O Isospora.

Last Updated: 02/09/2007
JAK2 MUTATION (V617F), WHOLE BLOOD  @CLR

Order Code:  Misc Lab Item

Tube Type:  LV-Rwb

Specimen Requirement:
10 mL whole blood (purple top, EDTA)
Dark green top sodium Heparin also acceptable. Room temp.

Minimum Collection Vol:  5 mL
Minimum Aliquot Vol:  5 mL

Restrictions On Collection:
None

When Completed:
Within 72 hours

Normal Values:
Included with report

Instructions/Remarks:
LAB:

SPECIMEN PROCESSING:
Do NOT centrifuge.
Do NOT refrigerate.
Maintain sample at room temperature.
Lavender top EDTA preferred.
Clarietn available for STAT pickups 24/7 as necessary.

Reference: If JAK2 is ordered with Flow Cytometry to Clarient, please forward both tests to Pathology for processing. Place both tests on cancel log.

If JAK2 is only Clarient test ordered, fill out paper requisition following directions below and send out. Double check order priority, STAT courier available to Clarient.

> Complete a Clarient requisition.
  - At BILL TO, refer to Clarient Billing Algorithm sheet located in reference to determine appropriate payer. Reminder: If a Hoag IN-PATIENT, bill to Hospital.
  - At PATIENT TYPE, mark one:
    + Inpatient
    + Outpatient, or
    + Non-Hospital Patient (for RSpec)
  - At DIAGNOSIS, obtain free text in Sunquest ADIQ
  - Include Physician phone and fax #
  - Include SQ Accession Number
  - Mark "JAK2 mutation analysis" under PCR

> Place a photocopy of Clarient requis in folder for Leah to bill
> Print a patient Face Sheet from Affinity to send with requisition
> Place in Clarient pickup box and record on Log.

If requested from Clarient, do NOT provide ICD9 codes.
Refer them to ordering physician for this information.
If requested from Clarient, do NOT send a Pathology report.
This is illegal to provide to them.

Call Clarient for Sunday pickups.

Last Updated: 01/04/2013
KAPPA/LAMBDA LIGHT CHAINS, FREE+RATIO, SERUM @ NIC (Quest)

Order Code: KLFS

Synonym(s): Light Chains Free+Ratio, Free Light Chains+Ratio, Kappa/Lambda RATIO-FREE

Section: Reference

Tube Type: Red-R

Specimen Requirement:
1 mL serum (red top tube, no gel)

Minimum Collection Vol: 5 mL

Minimum Aliquot Vol: 1 mL

Restrictions On Collection:
None

When Completed:
Test set up: 3 days per week in AM
Reports one day

Normal Values:
Included with report

Instructions/Remarks:
LAB: Send serum room temperature.
No hemolysis or lipemia.

REFERENCE LAB:
NIC (Quest)
test # 11234X

Last Updated: 11/11/2011

Connected to SCM Item: Kappa/Lambda Light Chains, Free, Serum@NIC
KAPPA/LAMBDA LIGHT CHAINS, FREE+RATIO, URINE @NIC (Quest)

Order Code: KLFU

Synonym(s): Light Chains Free+Ratio, Free Light Chains+Ratio, Kappa/Lambda RATIO-FREE

Section: Reference

Tube Type: 

Specimen Requirement:
- 2 mL random urine
- or
- 24 hour urine

Minimum Collection Vol: 1 mL

Minimum Aliquot Vol:

Restrictions On Collection: None

When Completed:
- Test set up: 5 days per week in AM
- Reports same day

Normal Values: Included with report

Instructions/Remarks:
- LAB: Send refrigerated, room temp. acceptable.
- If 24 hour urine, enter total volume in Comments.

REFERENCE LAB:
- NIC (Quest)
- test # 11233X

Last Updated: 10/03/2008

Connected to SCM Item: Kappa/Lambda Light Chains, Free, Urine@NIC
KARYOTYPE WITH HIGH RESOLUTION @GNC(Genetics Ctr)-all BABIES

Order Code: Misc Lab Item

Synonym(s): High Resolution Chromosome (karyotype)

Section: Reference

Tube Type: GN-R

Specimen Requirement:
- 3 ml whole blood (large green SODIUM HEPARIN)
- ROOM TEMPERATURE

Restrictions On Collection:

When Completed:
Approximately 2 weeks

Normal Values:
Included with report

Instructions/Remarks:
LAB: Blood specimens (2-3cc) should be collected in green top sodium heparin vacutainer tubes. Label the specimen with the patient's name and the date and time that the specimen was drawn. The specimen should be kept at room temperature. MUST include a diagnosis or indications. Call Nursery.

On Genetics Center requisition, use diagnosis code 759.83 for all patients of Dr. Robert Sears.

Call Genetics Center for immediate pick-up at 888-4-GENETIC. For weekend pick-up 714-997-3000 and request Dr. Zadeh be paged.

Last Updated: 10/13/2006
KETONE BODIES—URINE

Order Code: UKET
Synonym(s):
Section: Urinalysis—Body
Specimen Requirement:
See "Urinalysis — Routine"
Restrictions On Collection:
See "Urinalysis — Routine"
When Completed:
Same day
Normal Values:
Negative

Instructions/Remarks:
Included in Urinalysis — Routine,
Urinalysis — Screen (no microscopic),
or may be ordered separately.

Last Updated: 02/09/2007

Connected to SCM Item: Ketones—Urine
KLEIHAUER-BETKE MODIFIED, MATERNAL BLOOD

Order Code: KHB

Synonym(s): Fetal RBC, Fetal Maternal, Circulating Fetal RBC, KHB

Section: Hematology

Tube Type: Lv-H

Specimen Requirement:
2 ml whole blood (lavender top tube, EDTA) from the mother

Restrictions On Collection:
None

When Completed:
Same 24 hour period

Normal Values:
0.0-0.3% Fetal RBC

Instructions/Remarks:

Last Updated: 02/09/2007

Connected to SCM Item: Kleihauer Betke-Mod /Maternal
KLEIHAUER-BETKE, MISCELLANEOUS FLUID  @HTL

Order Code: Misc Lab Item
Synonym(s):
Section: Reference
Specimen Requirement:
Amniotic fluid, gastric contents, vaginal bleed, stool
Restrictions On Collection:
Monday - Friday; 7 am - 4 pm **
When Completed:
Two days (available STAT 7 am - 11 pm)
Normal Values:

Instructions/Remarks:
Kleihauer-Betke quantitates % of fetal cells.
**May be sent by special arrangement
evenings/weekends/holidays.
Also available on blood. 5ml Lv.

Last Updated: 06/20/2001
L.E. PREP

Order Code:

Synonym(s): Lupus Erythematosus Preparation

Section: Hematology

Specimen Requirement:

Restrictions On Collection:

When Completed:

Normal Values:

Instructions/Remarks:
The recommended screening procedure for lupus erythematosus is the Anti-Nuclear Antibody (ANA) test.

Last Updated: 03/14/2007
L/S RATIO - AMNIOTIC FLUID  @UCI

Order Code:  LSAM

Synonym(s):  Amniotic Fluid, Lecithin/Sphingomyelin Ratio

Section:  Reference

Tube Type:

Specimen Requirement:
10 mL amniotic fluid on ice. Protect from light.
Indicate gestation period.
(Vag Pool sample is equal to amniotic fluid)

Minimum Collection Vol:  4 mL

Minimum Aliquot Vol:

Restrictions On Collection:
None

When Completed:
Available STAT.
Phone report:  4-6 hours after receipt of sample at UCI
Final report:  1-3 days

Normal Values:
Included with report

Instructions/Remarks:
Included as a possible reflex test to "Amniotic Fluid Cascade @UCI".
UCI may proceed with additional testing for Phosphatidylglycerol @UCI, at an addtional charge.
L/S Ratio may be specifically requested by physician and orderable in SCM.

LAB:
Do not centrifuge.
Maintain amniotic fluid refrigerated.
Send to UCI on wet ice.
Wrap in foil to protect from light.
Record gestation period on request form.
Phone UCI STAT courier service 714/456-6575.

Possible rejection of testing for samples containing RBCs, excessive amount of meconium, non-fluid mucoid samples, bladder urine-call UCI.

Last Updated: 04/05/2012

Connected to SCM Item:  L/S Ratio-Amniotic  @UCI

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:
LACTIC ACID

Order Code: LACT
Synonym(s): Lactate
Section: Chemistry
Tube Type: GreyICE

Specimen Requirement:
1 ml. plasma (gray top tube, sodium fluoride) on ice
** DELIVER IMMEDIATELY TO CHEMISTRY **

Minimum Collection Vol:

Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:
Draw the specimen when the patient is at rest.
Draw blood sample within 3 minutes of applying tourniquet and before releasing tourniquet.
Preferred collection is to draw blood sample without the use of a tourniquet.

When Completed:
Less than 2 hours

Normal Values:
0.7 - 2.1 mmol/L

Instructions/Remarks:
LAB: Specimen must be centrifuged within 15 minutes of being drawn.

Blood is best collected in a container of sodium fluoride/potassium oxalate, followed by immediate chilling of the specimen and separation of the cells within 15 minutes.

Lactic acid on separated plasma is stable for up to 2 hours at room temperature or 2 days under refrigeration.

Last Updated: 07/27/2010

Connected to SCM Item: Lactic Acid
LACTOFERRIN, EIA QUAL (STOOL)  @FOC

Order Code:  Misc Lab Item

Section:  Reference

Specimen Requirement:
1 gram fresh unpreserved stool Less than or equal 48 hr post collection

Minimum Collection Vol:  1gm
Minimum Aliquot Vol:  1gm

Restrictions On Collection:

When Completed:  
2-3 days

Normal Values:

Instructions/Remarks:
LAB: Refrigerate if testing within 48 hours.
Freeze if after 48 hours

REFERENCE LAB:  
Focus test # 52800

Last Updated:  03/26/2008
LABORATORY MANUAL

LACTOSE TOLERANCE @HOA

Order Code: Misc Lab Item

Synonym(s):

Section: Chemistry

Tube Type: ltG-C

Specimen Requirement:
1 ml plasma (light green top, lithium heparin)*
Urine* Samples at times provided below*

Restrictions On Collection:
Schedule with Lab. Week days only.

When Completed:
Same shift

Normal Values:

Instructions/Remarks:
LAB:
Patient must be fasting.
Weigh patient. Record on Requisition.
Collect fasting blood and urine, and send to Lab for preliminary testing.
Administer standard dose (oral) of Lactose (50 gm).
* Post draws -- collect both blood and urine specimens at: 15', 30', 45', 60', and 90' following dose, or as requested on requisition.
Patient may drink - water ONLY - during the test.
Blood is tested for glucose. Tolerance curve is compared to glucose tolerance curve.

* NOTE:
In SCM, place a separate order for EACH timed collection, with Priority i "Timed" -- you will enter a draw time closest to the projected times pre- i and post- Lactose administration. Under Special Instructions enter i comment to specific time desired for each order, e.g. "30 min post". It i is important to file each order separately and repeat ordering for each i collection time. Each timed collection for Glucose (GLU) and Urine i Glucose (UGLU) may be ordered together.

Last Updated: 07/31/2008
LAMOTRIGINE LEVEL @MYO

Order Code: LAMO
Synonym(s): Lamictal
Section: Reference
Tube Type: Red-R

Specimen Requirement:
1 ml of serum (small red top tube). Do NOT use SST tube.

Minimum Collection Vol: 1.5 mL
Minimum Aliquot Vol: 0.3 mL

Restrictions On Collection:
Chlorpropamide, flecainide, and methagualone interfere with this test. Patient should not be taking these drugs.

When Completed:
Test set up: Monday - Saturday
Analytic time: 1 day

Normal Values:
Included with report

Instructions/Remarks:
LAB: EDTA plasma also acceptable, but must be noted.
Gold top gel separator tubes are NOT acceptable.
Send specimen refrigerated.

REFERENCE LAB:
Mayo test code # 80999

Last Updated: 09/19/2006

Connected to SCM Item: Lamotrigine Level @MYO
LD

Order Code: LD
Synonym(s): LDH, Lactate Dehydrogenase
Section: Chemistry
Tube Type: ltG-C
Specimen Requirement:
1 ml. plasma (light green top, lithium heparin). No hemolysis.

Restrictions On Collection:
None

When Completed:
Same shift

Normal Values:
Serum: 297 - 537 U/L

Instructions/Remarks:
LAB: Serum acceptable. No hemolysis. Keep specimen at room temperature.
Hemolyzed specimens should not be used. Separate specimen within one hour of collection. Store at room temperature up to 2 days. Dilute grossly lipemic specimens.

Last Updated: 02/06/2007

Connected to SCM Item: LD Total
LD PLUS ISOENZYMES   @MYO

Order Code:   LDISOS
Synonym(s):   LDH Isoenzymes, Lactate Dehydrogenase Isoenzymes
Section:      Reference
Tube Type:    Gold-R
Specimen Requirement:  2 ml. serum
Minimum Collection Vol:  5 mL
Minimum Aliquot Vol:    0.8 mL
Restrictions On Collection:  None

When Completed:  
Test Set Up:  Monday through Friday
Analytic time:  1 day

Normal Values:   
Included with report

Instructions/Remarks:  
Includes total LD.

LAB:  Room temperature. DO NOT FREEZE.
DO NOT REFRIGERATE.

REFERENCE LAB:  
MYO order # 8679

Last Updated: 09/26/2008

Connected to SCM Item:  LD Plus Isoenzymes   @MYO
LD-MISC FLUID

Order Code: LDMF
Synonym(s):
Section: Chemistry
Specimen Requirement: 1 ml miscellaneous or pleural fluid
Minimum Collection Vol: 0.5 mL
Restrictions On Collection: None
When Completed: Same shift
Normal Values: No normal values available

Instructions/Remarks:
LAB: Centrifuge and aliquot if necessary, prior to testing.
     Store room temperature up to 4 hours.
     Refrigerate up to 3 days.
     Freeze for up to 6 months.

Last Updated: 01/25/2007

Connected to SCM Item: LD-Misc Fluid
Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

    Date Specimen Collected:
    Time Specimen Collected:
    Collected by:
LABORATORY MANUAL

LDL CHOLESTEROL (DIRECT LDL)  @MYO

Order Code:  Misc Lab Item
Synonym(s):  Direct LDL
Section:  Reference
Tube Type:  RED-R

Specimen Requirement:
3 ml. serum, refrigerated
(Pediatric: 1 ml serum)

Minimum Collection Vol:  4 mL
Minimum Aliquot Vol:  1.2 mL

Restrictions On Collection:
Patient fasting overnight 12-14 hours.
Must NOT consume alcohol for 24 hrs prior to collecting.

When Completed:
Test set up:  Monday through Thursday
Turnaround time:  3-5 days

Normal Values:
Included with report

Instructions/Remarks:
LAB:  EDTA plasma also acceptable, no lipemia, mild hemolysis okay.

REFERENCE LAB:
Mayo test code:  LDLD

Last Updated: 03/07/2012

Connected to SCM Item:
LEAD, WHOLE BLOOD @NIC (Quest)

Order Code: LEAD

Synonym(s): 

Section: Reference

Tube Type: RYbluED

Specimen Requirement:
Draw blood in a Royal Blue top Trace Metal Blood collection tube, containing EDTA.
Minimum 2.0 ml whole blood
If other collections are required, draw the trace metals tube first. Other vacutainer tubes will not be accepted.
Do not draw by syringe. Microtainer with EDTA is acceptable. Always use an alcohol swab to cleanse the venipuncture site. Avoid iodine-containing disinfectants.

NOTE: Royal blue top EDTA tubes are stored in the Reference Dept, Laboratory.

Minimum Collection Vol: 2 mL
Minimum Aliquot Vol: 2 mL

Restrictions On Collection:
Patient should refrain from seafood, antacids, vitamins with mineral supplements and herbal preparations at least 3 days prior to draw.

Standard evacuated vacutainer tubes with rubber stoppers, and plastic syringes with black rubber seals, are grossly contaminated with metals and should not be used for sample collection.

When Completed:
Testing set up: Sunday-Thursday pm
Report available: 2-4 days

Normal Values:
Included with report

NOTE: If lead results are ABNORMAL, Quest will call us requesting that we fill out "Lead Reporting Form" or they will obtain the necessary information by phone.

Instructions/Remarks:
LAB: DO NOT SPIN. Send whole blood in original vacutainer collection tube. Ship room temperature (ambient)

NOTE FOR REFERENCE:
You will need to enter patient demographics from the SMART screen. Decant LEAD using the label on the tube. This will bring up a prompt screen to enter the appropriate information. A semi-colon (;) must be used to free text information. Look to the left side of the Result Entry to see the translation of the Test Code. (i.e. SAMPL = Sample Type)

REFERENCE LAB:
NIC (Quest)
test code # 599

Last Updated: 09/11/2014

Connected to SCM Item: Lead, Blood @NIC
LEAD-24HR URINE @MYO (Random collections, see below)

Order Code: Misc Lab Item

Synonym(s):

Section: Reference

Tube Type:

Specimen Requirement:
10.0 mL from a 24-hour urine collection. Collect urine in clean, plastic container with no metal caps or glued inserts.

No preservative, although MAY be collected in 50% Acetic Acid or 6N HCl. (Check Mayo PC for alternative preservatives.)

Random urine: 2 mL

Minimum Collection Vol: 5 mL

Minimum Aliquot Vol:

Restrictions On Collection:

When Completed:
Test performed: Monday - Saturday
Analytic time: 1 day

Normal Values:
Included with report

Instructions/Remarks:
The reference value is for a 24-hour collection. Specimens collected for other than a 24-hour period are reported in units of ug/L, for which reference values are not established.

LAB:
Send 10 mL (minimum 5 mL) aliquot from a well-mixed 24-hour urine collection.
Ship refrigerated.

When processing batch in MayoAccess, you will be prompted for the following information prior to transmitting batch:
Collection Duration:
Urine Volume:

REFERENCE LAB:
Mayo test # PBU 24 Hour collections.
# PBRU Random collections.

Last Updated: 03/07/2012

Connected to SCM Item:
LEGIONELLA AB, BLOOD (ELISA)  @MYO

Order Code: SLEG
Synonym(s): Legionnaires' Disease
Section: Reference
Tube Type: Red-R
Specimen Requirement: 0.5 ml. serum
Minimum Collection Vol:
Minimum Aliquot Vol:
Restrictions On Collection: None
When Completed:
  Test Set up: Sunday through Friday
  Analytic time: 1 day
Normal Values: Included with report
Instructions/Remarks:
  LAB: Send refrigerated.
  REFERENCE LAB: Mayo test # SLEG
Last Updated: 12/21/2012
Connected to SCM Item: Legionella Ab Serology, Bld @MYO
LEGIONELLA ANTIGEN, DFA @NIC

Order Code: LGDN

Synonym(s):

Section: Microbiology

Tube Type: Sterile Screw cap Container

Specimen Requirement:
- Bronchial washings or Lung tissue or Fresh (unfixed) tissue or Sputum

Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 1 mL

Restrictions On Collection:
None

When Completed:
- Testing set-up: Monday-Saturday (AM)
- Reports available 1-2 days

Normal Values:
None detected

Instructions/Remarks:
- Reference lab: Send refrigerated
- Quest test code: 34475X

Last Updated: 12/03/2013

Connected to SCM Item: Legionella DFA at NIC

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:

Circle if appropriate: Right    Left
Wound specimens: Deep    Superficial

PREP INSTRUCTION:
(1) MICROBIOLOGY: Collect specimen in sterile, tightly capped container. Transport to LAB immediately.
Specimens over 1 hour old, or leaking, will require recollection.

(2) If using a swab for collection- aerobic (routine) - Red topped   - anaerobic- Blue topped
LEGIONELLA ANTIGEN, URINE, EIA @NIC

Order Code: LEGUN

Synonym(s):

Section: Microbiology

Tube Type: Sterile screw cap container

Specimen Requirement:
Urine, first morning void preferred

Minimum Collection Vol: 1 mL
Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:
None

When Completed:
Testing set-up: Tuesday - Saturday
Report available in 1-4 days
Performing laboratory:
Focus Diagnostics, Inc.
5785 corporate Ave.
Cypress, CA 90630

Normal Values:
Not detected

Instructions/Remarks:
Reference lab: Send refrigerated
Quest test code: 8856

Last Updated: 12/03/2013

Connected to SCM Item: Legionella Antigen Urine at NIC

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:

Circle if appropriate: Right Left
Wound specimens: Deep Superficial

PREP INSTRUCTION:
(1) MICROBIOLOGY: Collect specimen in sterile, tightly capped container. Transport to LAB immediately.
Specimens over 1 hour old, or leaking, will require recollection.

(2) If using a swab for collection- aerobic (routine) - Red topped anerobic- Blue topped
LEGIONELLA CULTURE @NIC

Order Code: LGCUL

Synonym(s): 

Section: Microbiology

Tube Type: Sterile Screw Cap

Specimen Requirement: 
Bronchial washings or Lung tissue or Fresh (unfixed) tissue or Sputum

Minimum Collection Vol: 3 mL

Minimum Aliquot Vol: 1 mL

Restrictions On Collection: None

When Completed: 
Testing set-up 6 days a week
Reports available in 9-10 days

Normal Values: None detected

Instructions/Remarks: 
Reference lab: Send refrigerated
Quest test code: 688X

Last Updated: 12/03/2013

Connected to SCM Item: Legionella Culture at NIC

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:

Circle if appropriate: Right Left

Wound specimens: Deep Superficial

PREP INSTRUCTION:
(1) MICROBIOLOGY: Collect specimen in sterile, tightly capped container. Transport to LAB immediately.
Specimens over 1 hour old, or leaking, will require recollection.

(2) If using a swab for collection- aerobic (routine) - Red topped — anerobic - Blue topped
LEGIONELLA PNEUMOPHILA DNA, PCR  @FOCUS

Order Code:  Misc Lab Item
Synonym(s):
Section:  Microbiology

Specimen Requirement:
- Bronchoalveolar lavage (BAL)
- Bronchial wash
- Throat swab in 1 mL transport medium
- Sputum

Minimum Collection Vol:  2 mL

Restrictions On Collection:

When Completed:
- 2 - 5 days

Normal Values:
- Negative

Instructions/Remarks:
LAB/MICRO USE ONLY:
- Order as WILDM
- Focus order # 47500
- Specimen must be frozen

Last Updated:  01/31/2005
LEPTOSPIROSIS AB, IHA @MYO

Order Code: Misc Lab Item
Synonym(s): Leptospira
Section: Reference
Tube Type: Red-R

Specimen Requirement:
0.5 mL serum

Minimum Collection Vol: 1 mL
Minimum Aliquot Vol: 0.2 mL

Restrictions On Collection:
None

When Completed:
Test Set Up: Sunday through Friday
Analytic time: 1 day if neg., 2 days if pos.

Normal Values:
Included with report

Instructions/Remarks:
LAB: Send Refrigerated.
    Reject due to hemolysis.

REFERENCE LAB:
    Mayo Lab
test code # LEPTO

Last Updated: 03/07/2012

Connected to SCM Item:
LEUKOCYTE ALKALINE PHOSPHATASE STAIN

Order Code: LAPS
Synonym(s): LAP
Section: Hematology-Coag
Tube Type: Lav3 + GNa10WB

Specimen Requirement:
- 3 ml. whole blood (green top tube, SODIUM HEPARIN)
- plus
- 3 ml whole blood (lavender top tube, EDTA) * (See below)

Minimum Collection Vol:

Minimum Aliquot Vol:

Restrictions On Collection:
- Draw Monday - Friday before 1 pm ONLY

When Completed:
- Same day or the following day

Normal Values:
- Kaplow Score: 11 - 95

Instructions/Remarks:
- * Draw EDTA tube ONLY IF a CBC not ordered same day.
- LAB:
  Make 3 slides from Sodium Heparin (green top tube). Do not stain.
  Give all to Float Bench Tech.

Last Updated: 07/27/2010

Connected to SCM Item: Leukocyte Alkaline Phos Stain (LAP)
LEVENTIRACETAM @NIC

Order Code: LEVEN
Synonym(s): Keppra
Section: Reference
Tube Type: Red5

Specimen Requirement:
- 1 mL Serum (draw 1 red top tube)
- Gold SST tubes are unacceptable

Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:
Collection should occur immediately prior to next dose (trough)

When Completed:
Test set-up 5 days a week

Normal Values:
Included with Report

Instructions/Remarks:
Reference lab: Ship room temperature (preferred)
SST tubes should be avoided due to possibility of medication be absorbed by the gel separator.

NIC test code # 15142

Last Updated: 12/11/2012

Connected to SCM Item: Levetiracetam Level at NIC
LH @NIC

Order Code: LHN
Synonym(s): Luteinizing hormone
Section: Reference
Tube Type: Red5

Specimen Requirement:
1 mL serum (draw 1 red top tube)
SST gold top also acceptable

Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:
For prepubertal children, refer to test code 36086X

When Completed:
Testing is set-up 3 days a week
Analytic time of 3 days

Normal Values:
Included with report

Instructions/Remarks:
Reference lab: send samples room temperature (preferred)
NIC test code # 615

Last Updated: 12/17/2012

Connected to SCM Item: LH at NIC
LIDOCAINE LEVEL @UCI

Order Code: LIDOC

Synonym(s):

Section: Reference

Tube Type: Red-R

Specimen Requirement:
2 ml. serum (red top tube) refrigerated

Restrictions On Collection:
None

When Completed:
Routines set up Monday through Sunday.
Available STAT*--results within 2 hours after UCI receives specimen

Normal Values:
Included with report

Instructions/Remarks:
*For STAT pick-up call UCI courier Service.

Last Updated: 02/09/2007

Connected to SCM Item: Lidocaine Level @UCI
LIPASE

Order Code: LIPA

Synonym(s):

Section: Chemistry

Tube Type: ltG-C

Specimen Requirement:

1 ml. plasma (light green top tube)

Restrictions On Collection:

None

When Completed:

Daily

Normal Values:

23 - 300 U/L
300 - 500 U/L May be non-pancreatic lipase.

Instructions/Remarks:

LAB: Serum acceptable.

Separate within 4 hours of collection. Store at room temperature up to 7 days. Refrigerate up to 3 weeks. Freeze for up to 5 months.

Last Updated: 08/18/2003

Connected to SCM Item: Lipase
LIPASE - MISC FLUID

Order Code: LIPAMF

Synonym(s):

Section: Chemistry

Specimen Requirement:
1 ml miscellaneous fluid

Minimum Collection Vol: 0.5 mL

Restrictions On Collection:
None

When Completed:
Same shift

Normal Values:
No normal values available

Instructions/Remarks:
LAB: Centrifuge and aliquot if necessary, prior to testing.
Store room temperature for up to 4 hours.
Refrigerate up to 3 days.
Freeze for up to 6 months

Last Updated: 01/25/2007

Connected to SCM Item: Lipase-Misc Fluid

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:
LIPASE, RANDOM URINE  @NIC (Quest)

Order Code:   Misc Lab Item

Synonym(s): 

Section:   Reference

Specimen Requirement:
   2 ml urine from a random sample in a Sterile screw cap container, i refrigerated.

Minimum Collection Vol:   1 mL

Minimum Aliquot Vol:   1 mL

Restrictions On Collection:
   None

When Completed:
   Test Set Up:
      Tuesday and Thursday A.M.
   Test reported:
      Tuesday and Thursday P.M.

Normal Values:
   Included with report

Instructions/Remarks:

   REFERENCE LAB:
      Quest Diagnostics Nichols Institute
      test code # 108886P

Last Updated:   09/19/2006
LIPID ASSOCIATED SIALIC ACID  @NIC (Quest)

Order Code:  LASAP1  
Synonym(s): LASA-P  
Section:  Reference  
Tube Type:  RED-R  

Specimen Requirement:   
1 mL. serum (red top tube)  
alternate sample 1 mL plasma (EDTA)  

Minimum Collection Vol:  2 mL  
Minimum Aliquot Vol:  0.2 mL  

Restrictions On Collection:  
None  

When Completed:  
Less than 5 days  

Normal Values:  
Included with report  

Instructions/Remarks:  
LAB:  Patient's social security number is required.  
Ship specimen room temperature (ambient)  

REFERENCE LAB:  
Quest Diagnostics Nichols Institute  
NIC test code # 29439P  

Last Updated:  10/23/2012  

Connected to SCM Item:  Lipid Assoc. Sialic Acid@NIC
LABORATORY MANUAL

LIPID PANEL
Order Code: LPAN
Synonym(s): HDL
Section: Chemistry
Tube Type: ltG-C
Specimen Requirement:
1 ml. plasma (light green top tube, lithium heparin), 14-hour fasting patient
Minimum Collection Vol:
Minimum Aliquot Vol:
Restrictions On Collection:
PATIENT PREPARATION: Prior evening meal should contain no fatty food and should be completed by 6 p.m. for best results. No alcohol consumption 24 hours prior to collection.
When Completed: Same day
Normal Values:
CHOLESTEROL TOTAL: [120-199] mg/dL
Desirable: <200 mg/dL
Borderline high: 201 to 239 mg/dL
High cholesterol: >240 mg/dL
TRIGLYCERIDES: [10-149] mg/dL
Normal Trig...: <150 mg/dL
Borderline high: 150 to 199 mg/dL
High: 200 to 499 mg/dL
Very high: >500 mg/dL
HDL CHOLESTEROL [40-60] mg/dL
Low HDL: <40 mg/dL
Normal: 40 to 60 mg/dL
Desirable: >60 mg/dL
LDL CHOLESTEROL: [62-129] mg/dL
Optimal: <100 mg/dL
Low risk: 101 to 129 mg/dL
Borderline high: 130 to 159 mg/dL
High: 160 to 189 mg/dL
Very high: >190 mg/dL
VLDL Cholesterol: [0-40] mg/dL
CAD RISK FACTOR
Relative Risk Factors for Coronary Disease
FEMALE MALE
3.27 Below Average 3.43
4.44 Average 4.97
7.05 Double Average 9.55
11.04 Triple Average 23.39
Risk Factor may be unreliable if Trig >400
Instructions/Remarks:
Panel includes: Total Cholesterol, Triglyceride, HDL-, LDL-, VLDL-Cholesterol, CAD Risk Factor.
Last Updated: 05/13/2009
Connected to SCM Item: Lipid Panel
LIPID PANEL WITH REFLEX TO LDL @NIC

Order Code: Misc Lab Item
Synonym(s): LDL Direct
Section: Reference
Tube Type: Gold-R

Specimen Requirement:
5 mL serum (Gold top SST tube)
Tube must be full

Minimum Collection Vol: 7 mL
Minimum Aliquot Vol: 2.5 mL

Restrictions On Collection:
Fasting 12 hours prior to blood collection.

When Completed:
Test set up: 5 days per week
Reported same day.

Normal Values:
Included with report

Instructions/Remarks:
Includes Lipid Panel and LDL Direct.

Laboratory/REFERENCE:
Send serum refrigerated.
Quest Order Code: 14852X

Last Updated: 10/31/2011

Connected to SCM Item:
LIPOPROTEIN (a) @NIC

Order Code: LIPOP
Synonym(s):
Section: Reference
Tube Type: Red5

Specimen Requirement:

1 mL serum (draw 1 red top tube)
SST Gold top also acceptable

Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:
None

When Completed:

Testing is set-up 3 days a week
Analytic time is 3 days

Normal Values:
Included with report

Instructions/Remarks:

Reference lab: Ship samples (serum or plasma) room temperature
NIC test code # 34604

Last Updated: 12/17/2012

Connected to SCM Item: Lipoprotein a at NIC
LIPOPROTEIN ASSOCIATED PHOSPHOLIPASE A2 (PLAC) @MYO

Order Code: MISC LAB ITEM
Synonym(s): LP2(PLAC)
Section: Reference
Tube Type: Gold-R

Specimen Requirement:
1 mL serum (gold top SST tube), OR
1 mL plasma (lavender top EDTA)

Minimum Collection Vol: 2 mL
Minimum Aliquot Vol: 0.2 mL

Restrictions On Collection:
None

When Completed:

Normal Values:
Included with report

Instructions/Remarks:
REFERENCE LAB:
Send serum refrigerated
Mayo code: FLPA2

Last Updated: 11/26/2012

Connected to SCM Item:
LIPOPROTEIN ELECTROPHORESIS @NIC (Quest)

Order Code: Misc Lab Item

Synonym(s): Lipoprotein Phenotyping

Section: Reference

Tube Type: RED-R

Specimen Requirement:
2 ml of Serum. Refrigerated

Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 1 mL

Restrictions On Collection:
Fasting for at least 12 hours is required

When Completed:
Test Set Up:
Monday through Friday AM
Test reported:
Monday through Friday PM

Normal Values:
Included with report

Instructions/Remarks:
Includes cholesterol, triglycerides and phenotype

REFERENCE LAB:
Quest Diagnostics Nichols Institute
NIC test code # 3871N

Last Updated: 01/22/2001
LIPOPROTEIN METABOLISM PROFILE @MYO

Order Code: Misc Lab Item
Synonym(s): Fredrickson Phenotyping, Lipoprotein Phenotyping
Section: Reference
Tube Type: 2 RED-R

Specimen Requirement:
Draw two 10ml Red top tubes

Minimum Collection Vol: 10 mL
Minimum Aliquot Vol: 2 mL

Restrictions On Collection:
Patient must be fasting for 12-14 hours.
Patient must not consume alcohol for 24 hours before the specimen is drawn.

When Completed:
Analytic Time: 2 days
Days Test Set Up: Monday through Thursday, Sunday

Normal Values:
Included with report

Instructions/Remarks:
LAB: Gold top SST tube not accepted.
Reject due to hemolysis.
Send 5.0 mL serum refrigerated.

REFERENCE LAB:
Mayo Laboratory
test code # LMPP
Profile Includes:
Cholesterol Total, Triglycerides Total, LDL Cholesterol,
LDL Triglycerides, Apolipoprotein B, HDL Cholesterol,
VLDL Cholesterol, VLDL Triglycerides, Beta VLDL Cholesterol,
Beta VLDL Triglycerides, Chylomicron Cholesterol,
Chylomicron Triglycerides, Lp(a) Cholesterol, LpX,
Interpretation

Last Updated: 03/07/2012

Connected to SCM Item:
LITHIUM LEVEL

Order Code: LI
Synonym(s):
Section: Chemistry
Tube Type: Gold-C
Specimen Requirement:

1 ml. serum (gold top SST tube)

Restrictions On Collection:

Lithium heparin plasma UNACCEPTABLE

When Completed:

Same shift

Normal Values:

Therapeutic: 0.6 - 1.2 mmol/L
Toxic: Greater than 1.5 mmol/L

Instructions/Remarks:

LAB: Separate specimen within 4 hours of collection.
Store at room temperature up to 8 hours. Refrigerate up to 24 hours.
Freeze for longer storage if analysis is delayed beyond 24 hours
up to 6 months.

Last Updated: 02/12/2007

Connected to SCM Item: Lithium Level
LIVER KIDNEY MICROSOME AB, IGG @NIC

Order Code: LKMAB
Synonym(s): LKM, Anti LKM Ab, LKM-1
Section: Reference
Tube Type: Red5
Specimen Requirement:
- 1 mL serum (draw 1 red top tube)
- SST gold top tube also acceptable
Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 0.3 mL
Restrictions On Collection:
None
When Completed:
Set up 3 days a week
Normal Values:
Included with Report
Instructions/Remarks:
Reference lab: Ship sample refrigerated (preferred)
Reject due to lipemia or gross hemolysis
NIC test code # 15038
Last Updated: 12/17/2012
Connected to SCM Item: Liver Kidney Microsome at NIC
LIVER PROFILE (PHYSICIAN MUST SPECIFY WHICH TESTS)

Order Code:

Synonym(s): Liver function tests

Section:

Specimen Requirement:
Liver Profile NOT AVAILABLE AS A PANEL. See also Hepatic Panel. Physician must specify which tests are requested.

Restrictions On Collection:

When Completed:

Normal Values:

Instructions/Remarks:

Last Updated: 06/24/2002
LIVER/KIDNEY MICROSOme TYPE I AB  @MYO

Order Code:  Misc Lab Item
Synonym(s):  LKM, Anti LKM Ab
Section:  Reference
Tube Type:  Gold-R

Specimen Requirement:
- 0.5 ml serum

Minimum Collection Vol:  2 mL
Minimum Aliquot Vol:  0.45 mL
Restrictions On Collection:
- None

When Completed:
- Test performed: Monday, Wednesday, Friday
- Analytic time: 1 day

Normal Values:
- Included with report

Instructions/Remarks:
LAB:
- Send serum refrigerated.
- Reject if grossly hemmolyzed (pink okay).
- Reject due to lipemia (mild okay).

REFERENCE LAB:
- Mayo test code # LKM

Last Updated: 03/07/2012

Connected to SCM Item:
LORAZEPAM @MYO

Order Code: Misc Lab Item
Synonym(s): Ativan
Section: Reference
Tube Type: RED-R

Specimen Requirement:
2.0 ml of serum

Minimum Collection Vol: 2 mL
Minimum Aliquot Vol: 0.3 mL

Restrictions On Collection:
None

When Completed:
Analytic Time: 1 day
Days Test Set Up:
Monday through Sunday

Normal Values:
Included with report

Instructions/Remarks:
LAB: Send specimen refrigerated.
EDTA or Sodium Heparin plasma also acceptable.

REFERENCE LAB:
Mayo Lab
test code # LORAZ
Mayo forwards test. Test performed by Medtox.

Last Updated: 03/07/2012

Connected to SCM Item:
LOW MOLECULAR WEIGHT HEPARIN @UCI

Order Code: HEPLMW
Synonym(s): Anti-Xa Chromogenic, Lovenox, Dalteparin, Nadroparin, Enoxaparin, Fragmin
Section: Reference
Tube Type: Blue-ICE

Specimen Requirement:
2 Light Blue top tubes (sodium citrate)

The correct ratio of blood to anticoagulant is critical. If the tubes are under-filled, specimen must be recollected as results will not be accurate. A clean venipuncture is essential to avoid specimen activation.

Minimum Collection Vol: 5 mL
Minimum Aliquot Vol: 1.0 mL

Restrictions On Collection:
Draw 4 hours post-subcutaneous injection

When Completed:
Testing set up daily. Report in less than 3 days. Available STAT.

Normal Values:
Included with report.

Instructions/Remarks:
LAB:
Reject due to hemolyzed, clotted, or under-filled tubes. Immediately centrifuge at 3500 rpm for 10 minutes to completely remove platelets. Aliquot 1.5 mL of platelet-poor plasma into EACH of 2 vials. Freeze.

REFERENCE:
UCI code LMWH

Last Updated: 02/11/2013

Connected to SCM Item: Low Molecular Weight Heparin Level @UCI
LSD CONFRIMATION, URINE @MYO

Order Code: Misc Lab Item

Synonym(s): Lysergic Acid Diethylamide

Section: Reference

Tube Type:

Specimen Requirement:
30 ml random urine. No preservative.

Minimum Collection Vol: 10 mL

Minimum Aliquot Vol: 10 mL

Restrictions On Collection:
Not performed STAT

When Completed:
Testing performed: Monday - Friday
Analytic time: 2 days

Normal Values:
Included with report

Instructions/Remarks:
Positive results are quantitated.

REFERENCE LAB:
Mayo test code # LSDU

Last Updated: 03/07/2012

Connected to SCM Item:
LUPUS ANTICOAGULANT EVAL W/REFLEX @NIC

Order Code: LUPUS

Synonym(s):

Section: Reference

Tube Type: Blue-ICE

Specimen Requirement:
- 3 mL plasma (draw 3 FULL lt. blue top tubes)
- Deliver on ICE

Minimum Collection Vol:

Minimum Aliquot Vol: 2 mL

Restrictions On Collection:
- None

When Completed:
- Completed 6 days a week
- Analytic time of 2-3 days

Normal Values:
- Included with report

Instructions/Remarks:
- Also included in SCM Order Set "Hypercoagulation Risk Panel" (Thrombosis with Reflex).

Testing includes:
- Lupus anticoagulant
- Hexagonal Phase Confirm (reflex)
- dRVVT Screen
- dRVVT confirm (reflex)
- dRVVT 1:1 Mix (reflex)
- Thrombin Clotting Time (reflex)

Reference lab: Centrifuge light blue-top tubes for 15 minutes in cold centrifuge with 60 minutes of collection. Using a plastic pipette, remove all plasma, taking care to avoid the WBC/platelet buffy coat and place into a plastic vial. Centrifuge plasma a second time and transfer platelet-poor plasma into a new vial.

FREEZE IMMEDIATELY

Send samples FROZEN ONLY

NIC test code # 7079

Last Updated: 10/16/2013

Connected to SCM Item: Lupus Anticoag Panel a NIC
LYME DISEASE Ab CONFIRMATION, WESTERN BLOT @MYO (Lab only)

Order Code: LYMEC

Synonym(s): 

Section: Reference

Tube Type: Red-R

Specimen Requirement:

- 1 mL serum

Minimum Collection Vol: 1 mL

Minimum Aliquot Vol: 0.3 mL

Restrictions On Collection:

- None

When Completed:

- One day.

Normal Values:

- Included with report

Instructions/Remarks:

- Testing usually performed as a reflex to a positive Lyme Disease Serology.
- May be ordered separately if "western blot" specified by physician.

LAB:

- Reject due to hemolysis and lipemia.

REFERENCE LAB:

- Mayo test code LYWB

Last Updated: 03/04/2013

Connected to SCM Item: Lyme Disease Ab Confirm, West Blot @MYO
LYME DISEASE SEROLOGY  @MYO  (Preferred initial order request)

Order Code:  LYMES
Synonym(s):  Borrelia burgdorferi
Section:  Reference
Tube Type:  Red-R
Specimen Requirement:
  1 ml. serum
Minimum Collection Vol:  1 mL
Minimum Aliquot Vol:  0.3 mL
Restrictions On Collection:  None
When Completed:  One day
Normal Values:  Included with report

Instructions/Remarks:
  If initial testing is positive, Lab will reflex order Lyme Disease Ab Confirmation, Western Blot @MYO (#9535 LYMEC).
  LAB:  Reject due to hemolysis and lipemia.

  REFERENCE LAB:  Mayo test code # 9129 for initial testing.

Last Updated:  02/18/2010

Connected to SCM Item:  Lyme Disease Serology @MYO
LYMPHOCYTIC CHORIOMENINGITIS AB @FOC

Order Code: Misc Lab Item
Synonym(s): LCM
Section: Reference
Tube Type:
Specimen Requirement:
1 ml. serum (red top tube) or 1 ml CSF

Minimum Collection Vol:
Minimum Aliquot Vol: 0.25 mL
Restrictions On Collection: None

When Completed: Two to 4 days
Normal Values: Included with report

Instructions/Remarks:
REFERENCE LAB:
Focus Lab
test code # 40625 Serum
60625 CSF

Last Updated: 09/10/2012
Connected to SCM Item:
LYSOZYME (MURAMIDASE), PLASMA  @MYO

Order Code:  Misc Lab Item
Synonym(s):  Muramidase-plasma
Section:  Reference
Tube Type:  LV-R
Specimen Requirement:  2 ml plasma (draw 6ml lavender top EDTA tube)
Minimum Collection Vol:  4 mL
Minimum Aliquot Vol:  1.0 mL
Restrictions On Collection:  None

When Completed:
Days Test Set Up:  Monday through Friday
Analytic Time:  2 days

Normal Values:
Included with report

Instructions/Remarks:
LAB:  Send 2 mL plasma frozen.
      Serum not an acceptable alternate.

REFERENCE LAB:
      Mayo Laboratory
test code # MUR

Last Updated:  03/07/2012

Connected to SCM Item:
MAGNESIUM

Order Code:  MG
Synonym(s):  Mg
Section:  Chemistry
Tube Type:  ltG-C
Specimen Requirement:

1 ml. (light green top tube)

Minimum Collection Vol:  0.5 mL
Restrictions On Collection:

None

When Completed:

Same shift

Normal Values:

1.7 - 2.2 mg/dl

Instructions/Remarks:

LAB: Serum acceptable. No hemolysis. Hemolyzed specimens can cause falsely elevated results. Separate specimen within 2 days of collection. Room temperature or refrigerate up to 1 week. Freeze for up to 1 month.

Last Updated: 09/28/2006

Connected to SCM Item:  Magnesium Level
MAGNESIUM, 24hr URINE @ MYO

Order Code: Misc Lab Item
Synonym(s): Mg
Section: Reference

Specimen Requirement:
10 ml from a well mixed 24-hour collection -- no preservative.
Keep urine refrigerated during collection.
Check Mayo PC for other acceptable preservatives.

Minimum Collection Vol: 2 mL
Minimum Aliquot Vol: 1 mL

Restrictions On Collection:
None

When Completed:
Less than 3 days

Normal Values:
Included with report

Instructions/Remarks:
For Random Urine collection, order MYO #60245. No normals for a random urine collection.

LAB: Provide 24-hour volume on requisition.
Indicate if random sent.
Send 10 ml aliquot refrigerated.

When processing batch in MayoAccess, you will be prompted for the following information prior to transmitting batch:
Collection Duration:
Urine Volume:

REFERENCE LAB:
Mayo test code # MGU

Last Updated: 03/07/2012

Connected to SCM Item:
MAGNESIUM, RBC @NIC (Quest)

Order Code: Misc Lab Item
Synonym(s): RBC Magnesium, Intracellular Magnesium, Mg
Section: Reference
Tube Type: Lav-R
Specimen Requirement:
1 mL whole blood (lavender top, EDTA tube)
(Sodium heparin green top tube is NOT acceptable)
Minimum Collection Vol: 2 mL
Minimum Aliquot Vol: 0.5 mL
Restrictions On Collection:
Patient should not have taken vitamins or mineral herbal supplements one week prior to blood draw.
When Completed:
Test set up: 3 days a week
Turnaround time: 4-6 days
Normal Values:
Included with report
Instructions/Remarks:
LAB: Do NOT centrifuge.
Send whole blood refrigerated.
Sodium heparin green top tube NOT acceptable.
REFERENCE LAB:
NIC code # 623
Last Updated: 01/13/2014
Connected to SCM Item:
MALARIA PARASITE SMEARS

Order Code: MALRIA
Synonym(s): Smear for Malaria
Section: Hematology-Coag
Tube Type: Lv-H

Specimen Requirement:
2.5 ml. whole blood (lavender top tube, EDTA), or by fingerstick using microtainer. May combine with CBC.

Minimum Collection Vol:

Minimum Aliquot Vol:

Restrictions On Collection:
None

When Completed:
Same day for thin smears; results of thick smears may not be available until the following day

Normal Values:
No parasites seen

Instructions/Remarks:
Blood films several hours apart may sometimes be required to demonstrate infection.

An Orange County Public Health Laboratory form must be included with each specimen. Please refer to SCM, if necessary, for patient information.

Newport Beach: The form is located in both the Hematology and Microbiology departments.

Irvine: The form is located on the L: drive. Please follow the path: L:\LAB\00 Departments\09 HHI\04_Staff\LAB/forms/MISC.FORMS
Print out and complete the form. The highlighted sections are required.

Last Updated: 08/11/2014

Connected to SCM Item: Malaria Parasite
MANGANESE, BLOOD  @MYO

Order Code: Misc Lab Item
Synonym(s):
Section: Reference
Tube Type: CALLAB*

Specimen Requirement:
* 1 ml serum (Royal Blue top tube--red label-no additive)
   If drawn by syringe - use special syringe stored in Reference
   Dept, Lab.*

Minimum Collection Vol: 6.0 mL
Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:

When Completed:
Test set up: Monday through Saturday
Analytic time: 1 day

Normal Values:
Included with report

Instructions/Remarks:
LAB: Draw blood in 10 ml Royal Blue trace element tube. *
   Allow to clot for 30 min. before centrifuging.
   Pour serum aliquot into Mayo Metal-free (blue label) plastic
   vial.
   DO NOT transfer with a pipette. Send refrigerated.

REFERENCE LAB:
Mayo Laboratory
test code # MNS

Last Updated: 03/07/2012

Connected to SCM Item:
MEASLES ANTIBODY IGG @NIC

Order Code: MEAIGG
Synonym(s): Rubeola
Section: Reference
Tube Type: GoldR

Specimen Requirement:
- 1 mL serum (draw 1 red top tube)
- SST gold top acceptable

Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 0.1 mL

Restrictions On Collection:
None

When Completed:
- Testing is set up 5 days a week
- Analytic time of 1 day

Normal Values:
Included with report

Instructions/Remarks:
- Reference lab: Send samples room temperature (preferred)
- NIC test code # 964

Last Updated: 05/08/2013

Connected to SCM Item: Measles Ab IgG at NIC
MELANIN SCREENING TEST--URINE

Order Code:

Synonym(s):

Section: Urinalysis-Body

Specimen Requirement:
Random urine, clean catch, label properly, and send to the Lab within one hour

Restrictions On Collection:
Performed daily until 1:00 pm

When Completed:
Same day

Normal Values:
Negative

Instructions/Remarks:
Order as a Misc Lab Item-Urine, Random and specify Melanin - Urine (Qualitative)

Last Updated: 02/09/2007
MENINGOENCEPHALITIS COMPREHENSIVE PANEL  @FOC

Order Code: Misc Lab Item
Synonym(s): Encephalitis panel
Section: Reference
Tube Type: RED-R
Specimen Requirement:
5ml Serum (red top tube) (minimum 4ml) or 4ml CSF (minimum 3ml)

Minimum Collection Vol:

Minimum Aliquot Vol:

Restrictions On Collection:
None

When Completed:
Less than 5 days

Normal Values:
Included with report

Instructions/Remarks:
LAB: Send refrigerated.
REFERENCE LAB:
Focus test code for Serum, # 2030
Focus test code for CSF # 6031

PANEL INCLUDES:
Adenovirus Antibody, CF
California Encephalitis (La Crosse Virus) Antibody, IFA
Coxsackie Type A Antibody Panel, CF
Coxsackie Type B Antibody Panel, CF
Cytomegalovirus (CMV) IgG and IgM, Ab Panel, ELISA
Eastern Equine Encephalitis Antibody Panel, IFA
Echovirus Antibody Panel, CF
Herpes Simplex Virus (HSV) 1/2 IgM and Type-Specific IgG Antibody Panel, ELISA
Influenza Types A and B Antibody, CF
Lymphocytic Choriomeningitis (LCM) Antibody, IFA
Measles (Rubella) IgG and IgM Antibody Panel, IFA
Mumps Antibody Panel, IFA
St. Louis Encephalitis Virus Antibody, IFA
Varicella-Zoster Virus Antibody, CF
Western Equine Encephalitis Antibody Panel, IFA

Last Updated: 09/10/2012

Connected to SCM Item:
METHENYTOIN @MYO

Order Code: Misc Lab Item

Synonym(s): Mesantoin, Mephenytoin Metabolite

Section: Reference

Tube Type: RED-R

Specimen Requirement:
2 ml Serum
Do not collect in serum separator tube.

Minimum Collection Vol: 2 mL

Minimum Aliquot Vol: 0.3 mL

Restrictions On Collection:
None

When Completed:
Less than 5 days

Normal Values:
Included with report

Instructions/Remarks:
LAB: Indicate serum on request form. Alternate specimen is plasma (sodium heparin) or EDTA. Includes Mephenytoin Metabolite. Trough levels are most reproducible.

REFERENCE LAB:
Mayo test code # 9777
Test is a forward to Medtox Laboratories, MN.

Last Updated: 09/28/2006
MEPHOBARBITAL AND PHENOBARBITAL  @MYO

Order Code:  Misc Lab Item
Synonym(s):  Mebaral
Section:  Reference
Tube Type:  RED-R
Specimen Requirement:
  2 ml serum (red top tube)
  Serum gel tube is not acceptable
Minimum Collection Vol:  6 mL
Minimum Aliquot Vol:
Restrictions On Collection:
  None
When Completed:
  Less than 3 days
Normal Values:
  Included with report
Instructions/Remarks:
  LAB:  Send SERUM at room temperature.
        SST gel tube is not acceptable.
  REFERENCE LAB:
        Mayo test code # MEPHS
Last Updated:  03/07/2012
Connected to SCM Item:
MEPROBAMATE, SERUM OR PLASMA   @NIC

Order Code:  Misc Lab Item

Synonym(s):  Equanil, Miltown, Carisoprodo

Section:  Reference

Tube Type:  Red-R

Specimen Requirement:
2 ml serum (red top, no gel) or
2 ml plasma (lavender-EDTA, dk. green-heparin, or gray-Sodium fluoride)

Minimum Collection Vol:  6 ml

Minimum Aliquot Vol:  1.5 ml

Restrictions On Collection:

When Completed:
Set up 2 days a week
Reports in 5 days

Normal Values:
Included in report

Instructions/Remarks:

LAB:
Send room temperature

REFERENCE LAB:
Quest order code 635N

Last Updated:  03/16/2012

Connected to SCM Item:
MERCURY LEVEL, BLOOD  @MYO

Order Code:  Misc Lab Item

Section:  Reference

Tube Type:  CALLAB*

Specimen Requirement:
* Draw blood in a Royal Blue-top (lavender-label trace element, EDTA) tube and send 2.0 ml of EDTA whole blood (DO NOT USE HEPARIN).
* If drawn by syringe - use special syringe stored in Reference Dept, Lab.

Minimum Collection Vol:  2 mL
Minimum Aliquot Vol:  0.5 mL

Restrictions On Collection:
None

When Completed:
  Days Test Set Up:
  Monday through Saturday
  Analytic Time:
  1 day

Normal Values:
Included with report

Instructions/Remarks:
LAB:  Send whole blood refrigerated in original VACUTAINER, in plastic carrier.

REFERENCE LAB:
  Mayo Laboratory
  test code # HG

Last Updated: 03/07/2012

Connected to SCM Item:
MERCURY-24HR URINE @MYO (Random collections, see below)

Order Code: Misc Lab Item

Synonym(s):

Section: Reference

Tube Type:

Specimen Requirement:
10 mL from a 24 hour urine collection. Collect urine in clean, plastic container with no metal caps or glued inserts. No preservative, although MAY be collected in 50% Acetic Acid or 6N HCl. (Check Mayo PC for alternative preservatives).

Random urine: 2 mL

Minimum Collection Vol: 5 mL

Minimum Aliquot Vol:

Restrictions On Collection:
None

When Completed:
Test performed: Monday - Saturday
Analytic time: 1 day

Normal Values:
Included with report

Instructions/Remarks:
The reference value is for a 24-hour collection. Specimens collected for other than a 24-hour period are reported in units of ug/L, for which reference values are not established.

LAB: Send 10 mL (minimum 5 mL) aliquot from a well-mixed 24-hour urine collection.
Ship refrigerated.

When processing batch in MayoAccess, you will be prompted for the following information prior to transmitting batch:
Collection Duration:
Urine Volume:

REFERENCE LAB:
Mayo test # HGU 24 Hour collections.
# HGRU Random collections.

Last Updated: 03/07/2012

Connected to SCM Item:
METANEPHRINES, FRACTIONATED, 24HR URINE @MYO

Order Code: METAN

Synonym(s): Normetanephrines

Section: Reference

Specimen Requirement:
10 ml from a 24-hour urine collected in 25 ml 50% acetic acid
Check Mayo PC for other acceptable preservatives

Restrictions On Collection:
Tricyclic antidepressants, labetalol, and sotalol medications
may elevate levels of metanephrines.

When Completed:
Test Set Up: Monday through Saturday
Analytic time: 1 day

Normal Values:
Included with report

Instructions/Remarks:
Includes:
Metanephrines, Normetanephrines and Total Metanephrines, Urine.

LAB: Prepare 24-hour collection container by adding 25 ml of
50% acetic acid to empty container. Use 15 ml of 50% acetic
acid for children less than 5 years old. After collection mix
well and record total 24-hour volume.
Send 50 ml aliquot, refrigerated.

REFERENCE LAB:
Mayo test code # 83006

Last Updated: 09/28/2006

Connected to SCM Item: Metanephrines Fract, 24Hr Ur @MYO

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Urine Coll Started:
Date Urine Collect Ends:
Time Urine Coll Started:
Time Urine Collect Ends:
METANEPHRINES, FRACTIONATED, FREE, PLASMA @MYO

Order Code: METAF
Synonym(s): Normetanephrines
Section: Reference
Tube Type: Lav-R

Specimen Requirement:
1 mL plasma (lavender top, EDTA)
Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 0.3 mL

Restrictions On Collection:

When Completed:
Test set up: Monday - Saturday
Analytic Time: 4-5 days

Normal Values:
Included with report.

Instructions/Remarks:
Includes:
- Metanephrine, Free and Normetanephrine, Free.

LAB: Send plasma FROZEN.
If plasma catecholamines will be performed on this specimen, see CATECHOLAMINE FRACTIONATION, PLASMA #8532 for additional specimen requirements and restrictions.

REFERENCE LAB:
Mayo test code 81609

Last Updated: 07/05/2011

Connected to SCM Item: Metanephrines, Fract, Free-Plasma @MYO
METANEPHRINES, FRACTIONATED, RANDOM URINE  @MYO

Order Code:  Misc Lab Item
Synonym(s):  Normetanephrines
Section:  Reference

Tube Type:

Specimen Requirement:
5 ml random urine

Minimum Collection Vol:  2 mL
Minimum Aliquot Vol:  2 mL

Restrictions On Collection:
Tricyclic antidepressants, labetalol, and sotalol medications may elevate levels of metanephrine

When Completed:
Test set up: Mon - Sat
Analytic time: 2 days

Normal Values:
Included in report

Instructions/Remarks:
Includes:
Metanephrines, Normetanephrines and Total Metanephrines, Urine.

LAB: Send specimen refrigerated
REFERENCE LAB:
Mayo test code # METAR

Last Updated: 03/07/2012

Connected to SCM Item:
METHANOL  @UCI

Order Code:  Misc Lab Item
Synonym(s):  Methyl alcohol
Section:  Reference
Tube Type:  G

Specimen Requirement:
2 mL plasma (light green top tube, lithium heparin), OR
2 mL serum (gold top SST tube)

Cleanse venipuncture site with a nonalcoholic solution such as Betadine
or Zephiran. Do not uncap tube once specimen has been collected.

Minimum Collection Vol:  2 mL
Minimum Aliquot Vol:  0.5 mL

Restrictions On Collection:
None

When Completed:
Test set up: Monday through Sunday
Turnaround time: Same day, available STAT

Normal Values:
Included in report

Instructions/Remarks:
LAB: May draw light green top lithium heparin, or gold top SST tube.
Do NOT remove the vacutainer cap.
Centrifuge capped tube within 2 hours of collection to separate
plasma (or serum).
Do NOT aliquot.
Send original centrifuged vacutainer tube, refrigerated.

REFERENCE:
UCI Laboratory
test code MEOH

Last Updated: 08/22/2011

Connected to SCM Item:
METHEMOGLOBIN, REFER TO PULMONARY DEPT.

Order Code:

Synonym(s):

Section:

Specimen Requirement:

DONE IN PULMONARY

Restrictions On Collection:

When Completed:

Normal Values:

Instructions/Remarks:

Last Updated:
METHOTREXATE @UCI

Order Code: METHX
Synonym(s): MTHX
Section: Reference
Tube Type: Red-R

Specimen Requirement:
1 mL serum (Red top tube) PROTECT FROM LIGHT

Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 1 mL

Restrictions On Collection:

When Completed:
Analytic time 1 hour.
Always STAT.

Normal Values:
Included with report.

Instructions/Remarks:
Always order STAT.

LAB: Separate serum into amber aliquot vial to protect from light.
Freeze.

NOTE: All results are STAT. Faxed results from UCI are to be given to a CLS and requested to enter results and phone results STAT to floor/physician.

Last Updated: 08/19/2009

Connected to SCM Item: Methotrexate Level @UCI
METHSUXIMIDE, SERUM  @MYO

Order Code: Misc Lab Item
Synonym(s): Normethsuximide, Celontin, N-Desmethyl Methsuximide
Section: Reference
Tube Type: RED-R
Specimen Requirement: 2 ml of Serum (No SST tube) or plasma (Sodium heparin only)
Minimum Collection Vol: 1 mL
Minimum Aliquot Vol: 0.2 mL
Restrictions On Collection: None

When Completed:
   Days Test Set Up: Monday through Sunday
   Analytic Time: 3 days

Normal Values: Included with report

Instructions/Remarks:

REFERENCE LAB:
   Mayo Laboratory
test code # FMETX

Last Updated: 03/07/2012

Connected to SCM Item:
METHYLMALONIC ACID QUANT, SERUM @MYO

Order Code: MMA
Synonym(s): MMA
Section: Reference
Tube Type: Gold-Rf

Specimen Requirement:
2 ml serum, fasting (4 hour) (Gold top SST)

Minimum Collection Vol: 2.5 mL
Minimum Aliquot Vol: 0.7 mL

Restrictions On Collection:
Patient should be fasting

When Completed:
Testing done Monday - Friday

Normal Values:
Included with report

Instructions/Remarks:
LAB: Send 2 ml serum, refrigerated.

Note: If Sodium Heparin plasam submitted, must order as MWILD, MYO #31927.

REFERENCE LAB:
Mayo Lab code # 80289 (serum only)

Last Updated: 12/21/2012

Connected to SCM Item: Methylmalonic Acid, Quant @MYO
LABORATORY MANUAL

MEXILETINE  @MYO

Order Code:  Misc Lab Item
Synonym(s):
Section:  Reference
Tube Type:  Red-R

Specimen Requirement:
3 ml of serum (red top tube)
(Gold top SST tube not acceptable)

Minimum Collection Vol:
Minimum Aliquot Vol:

Restrictions On Collection:
Collect after patient has been receiving mexiletine for at least 3 days.
Draw specimen just before administration of the next dose.

When Completed:
Days Test Set Up:
Monday through Saturday
Analytic Time:
1 day

Normal Values:
Included with report

Instructions/Remarks:
LAB:  Send serum refrigerated.
      Reject due to hemolysis.
      Gold top SST tube not acceptable.

REFERENCE LAB:
      Mayo Laboratory
      test code # MEX

Last Updated:  03/07/2012

Connected to SCM Item:
MICROALBUMIN, 24-HOUR COLLECTION, URINE  @MYO

Order Code:  MALB24

Specimen Requirement:
5 ml from a 24-hour urine collection.
No Preservative.

NOTE: 24-HOUR URINE COLLECTION IS PREFERRED. However, if random urine collected, see order code MALBU.

Minimum Collection Vol:  1.0 mL
Minimum Aliquot Vol:  1.0 mL

Restrictions On Collection:

When Completed:

Days Test Set Up:  Monday through Saturday
Analytic Time:  1 day

Normal Values:  Included with report

Instructions/Remarks:

LAB:
Mix well.
Measure and record total volume.
No preservative. Send 5 ml in plastic vial, refrigerated.
Boric Acid preservative acceptable.
Reject urine if bloody.

REFERENCE LAB:
Mayo Laboratory
test code # 9386

Last Updated: 05/13/2013

Connected to SCM Item:  Microalbuminuria 24Hr Ur @MYO

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:
MICROALBUMIN, RANDOM URINE W/CREATININE @NIC

Order Code: MALBRA

Synonym(s):

Section: Reference

Tube Type: 5 mL random urine, no preservative

Specimen Requirement: 5 mL random urine, no preservative

Minimum Collection Vol: 2 mL

Minimum Aliquot Vol: 2 mL

Restrictions On Collection:
Exercise (within 24 hours), infection, fever, congestive heart failure, marked hyperglycemia, and marked hypertension may elevate urinary albumin excretion over baseline values.

When Completed:
Testing set-up 3 days a week
Analytic time of 3 days

Normal Values:
Included with report

Instructions/Remarks:
Reference lab: Maintain sterility
Use sterile leak-proof container
Ship urine sample room temperature (preferred)

NIC test code # 6517

Last Updated: 12/11/2012

Connected to SCM Item: Microalbumin Urine Random at NIC
MICROPOLYSPORA FAENI IgG ANTIBODIES @MYO

Order Code: Misc Lab Item
Synonym(s): Hypersensitivity pneumonitis

Section:
Tube Type:
Specimen Requirement:

Minimum Collection Vol:
Minimum Aliquot Vol:
Restrictions On Collection:

When Completed:

Normal Values:

Instructions/Remarks:

Last Updated: 11/12/2014
Connected to SCM Item:
MICROSPORIDIA STAIN  @NIC

Order Code:  MSPRF

Synonym(s):

Section:  Microbiology

Tube Type:

Specimen Requirement:

5 grams or 5 mL stool in a formalin transport vial (available from Microbiology)

Acceptable: Duodeal spirate, CSF, Conjunctival/corneal scrapings, BAL/Nasal secretions, urine sediments

Minimum Collection Vol:  2 mL

Minimum Aliquot Vol:  2 mL

Restrictions On Collection:

None

When Completed:

Testing set-up Monday to Friday
3-4 days

Normal Values:

Included with report

Instructions/Remarks:

REFERENCE LAB:
Ship stool at ROOM TEMPERATURE
Quest test code # 3562

Last Updated:  02/03/2014

Connected to SCM Item:  Microsporidia at NIC

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

- Date Specimen Collected:
- Time Specimen Collected:
- Collected by:

Circle if appropriate:  Right   Left
Wound specimens:  Deep   Superficial

PREP INSTRUCTION:
(1) MICROBIOLOGY: Collect specimen in sterile, tightly capped container. Transport to LAB immediately. Specimens over 1 hour old, or leaking, will require recollection.

(2) If using a swab for collection- aerobic (routine) - Red topped  - anerobic- Blue topped
MINIMAL BACTERIAL CONCENTRATION (MBC)  @FOC

Order Code: MBC

Synonym(s): MBC

Section: Microbiology

Tube Type:

Specimen Requirement:
Performed on existing culture. Call Microbiology x5625.

Minimum Collection Vol:

Minimum Aliquot Vol:

Restrictions On Collection:

When Completed:
Within 5 days

Normal Values:

Instructions/Remarks:
Performed on special request only. This procedure quantitatively evaluates antibiotic sensitivities.

Last Updated: 09/10/2012

Connected to SCM Item:
MINIMUM INHIBITORY CONCENTRATION (MIC)

Order Code: MIC

Synonym(s): MIC

Section: Microbiology

Specimen Requirement:
Performed on existing culture. Call Microbiology 5625.

Restrictions On Collection:

When Completed:
24 to 48 hours

Normal Values:

Instructions/Remarks:
Performed on special request only. This procedure quantitatively evaluates antibiotic sensitivities.

Last Updated: 01/14/2002
MITOCHONDRIAL AB, M2 @NIC

Order Code: MITOC

Synonym(s):

Section: Reference

Tube Type: Red5

Specimen Requirement:
- 0.5 mL serum (draw 1 red top tube)
- SST gold top acceptable

Minimum Collection Vol: 1 mL

Minimum Aliquot Vol: 0.1 mL

Restrictions On Collection:
None

When Completed:
- Testing set-up 5 days a week
- Analytic time of 1 day

Normal Values:
Included with report

Instructions/Remarks:
- Reference lab: Send sample room temperature (preferred)
- Reject hemolysis and lipemia
- NIC test code # 259

Last Updated: 12/17/2012

Connected to SCM Item: Mitochondrial Abs, M2 at NIC
MITOCHONDRIAL ANTIBODY TITER @NIC *LAB REFLEX ONLY

Order Code: MITOCR

Synonym(s):

Section: Reference

Tube Type: Red5

Specimen Requirement:

- 0.5 mL serum (draw 1 red top tube)
- SST gold top tube acceptable

Minimum Collection Vol: 1 mL

Minimum Aliquot Vol: 0.1 mL

Restrictions On Collection:

None

When Completed:

- Testing is set-up 5 days a week
- Analytical time of 1 day

Normal Values:

- Included with report

Instructions/Remarks:

- This test is performed as a reflex, if appropriate, when MITOC (Mitochondrial Antibody) is ordered. Additional charges will apply.

  Reference lab: Send sample room temperature (ambient)
  Refrigerated and Frozen also acceptable
  Reject hemolysis and lipemia

Last Updated: 12/11/2012

Connected to SCM Item:
LABORATORY MANUAL

MIXING STUDIES-APTT

Order Code: PTTCOR
Synonym(s): APTT 50:50, PTT 50:50, Corrected APTT/PTT
Section: Hematology-Coag
Tube Type: Bl-K

Specimen Requirement:
2.7 ml. whole blood (blue top tube, citrate) MUST BE FULL.

Minimum Collection Vol:

Minimum Aliquot Vol:

Restrictions On Collection:
None

When Completed:
Same day

Normal Values:
23 - 32 seconds

Instructions/Remarks:
To rule out Coagulation Factor deficiencies. Special order by physician ONLY.

*NOTE: If ordering with APTT, must order the Mixing Studies using Priority "Timed" to prevent duplication of components.

Patients with in-dwelling catheters should have coagulation studies drawn from the catheter unless specified "peripheral" by the physician.

Procedures for in-dwelling catheter draw:
1. If ONLY a coagulation test is required, the first 20 ml. of blood drawn must be discarded before the specimen for coagulation testing can be obtained.
2. If specimens for other laboratory tests IN ADDITION to a specimen for coagulation testing are required, the first 8 to 10 ml. of blood drawn must be discarded. A second syringe of blood can then be obtained for all tests other than the coagulation test (e.g. Chemistry, Hematology, Blood Bank, or Microbiology). Following that, a third syringe should then be used to draw the coagulation sample.

LAB: Centrifuge and aliquot citrated plasma. Deliver to department.

Last Updated: 06/05/2010

Connected to SCM Item: Mixing Studies-APTT
MIXING STUDIES–PROTIME

Order Code: PTCOR
Synonym(s): Prothrombin Time 50:50, PT 50:50, Corrected PT
Section: Hematology-Coag
Tube Type: Blue

Specimen Requirement: 2.7 ml. whole blood (blue top tube, citrate)
Minimum Collection Vol:
Minimum Aliquot Vol:
Restrictions On Collection: None

When Completed: Same day
Normal Values: 9.7 - 11.8 seconds

Instructions/Remarks:
To rule out Coagulation Factor deficiencies. Special order by physician ONLY.

*NOTE: If ordering with Protime/INR, must order the Mixing Studies using Priority "Rimed" to prevent duplication of components.

Patients with in-dwelling catheters should have coagulation studies drawn from the catheter unless specified "peripheral" by the physician.
Procedures for in-dwelling catheter draw:
1. If ONLY a coagulation test is required, the first 20 ml. of blood drawn must be discarded before the specimen for coagulation testing can be obtained.
2. If specimens for other laboratory tests IN ADDITION to a specimen for coagulation testing are required, the first 8 to 10 ml. of blood drawn must be discarded. A second syringe of blood can then be obtained for all tests other than the coagulation test (e.g. Chemistry, Hematology, Blood Bank, or Microbiology). Following that, a third syringe should then be used to draw the coagulation sample.

LAB: Centrifuge and aliquot citrated plasma. Deliver to department.

Last Updated: 06/05/2010

Connected to SCM Item: Mixing Studies–Protime
MONO TEST

Order Code: MONO

Synonym(s): Infectious Mononucleosis

Section: Serology-Specia

Tube Type: Gold

Specimen Requirement: 1 ml. serum (gold top SST tube)

Minimum Collection Vol:

Minimum Aliquot Vol:

Restrictions On Collection: None

When Completed: Same day. Available STAT.

Normal Values: Negative

Instructions/Remarks:

LAB: STAT: Centrifuge and deliver to Serology for testing.
Routine: Aliquot serum into a plastic vial and place in the Serology rack in the Reference freezer.

Last Updated: 06/05/2010

Connected to SCM Item: Mono Test
MONOCLONAL PROTEIN/IEP,SER @NIC

Order Code: MPIEPN

Synonym(s): Immunofixation, IEP, Heavy and Light Chain Typing (kappa/lambda), Protein Electrophoresis, Immunelectrophoresis, Immunotyping

Section: Reference

Tube Type: Red10-R

Specimen Requirement:
- 5 ml serum, fasting patient

Minimum Collection Vol: 8 mL

Minimum Aliquot Vol: 2.1 mL

Restrictions On Collection:
- Patient should be fasting

When Completed:
- 2 days
- Run Sunday - Friday

Normal Values:
- Included with report

Instructions/Remarks:
- Includes total protein, protein electrophoresis, immunofixation, heavy and light chain typing (kappa and lambda)

LAB: Ship refrigerated
- Quest order code: 41731N

Last Updated: 04/29/2014

Connected to SCM Item: Monoclonal Protein/ IEP,Ser at NIC
MONOCLONAL PROTEIN/IEP-UR24 @NIC

Order Code: MPROU

Synonym(s): Immunofixation, IEP, Heavy and Light Chain Typing (kappa lambda), Protein Electrophoresis included, Immunoelectrophoresis, Immunotyping

Section: Reference

Tube Type: 30 mL Sterile urine container

Specimen Requirement:
- 25 ml. urine from a 24-hour collection
- NO PRESERVATIVE

Minimum Collection Vol: 25 mL

Minimum Aliquot Vol: 19 mL

Restrictions On Collection:
None

When Completed:
- Analytic time: 2 days
- Test set up: Sunday - Friday

Normal Values:
Included with report

Instructions/Remarks:
- Includes protein electrophoresis, immunofixation, heavy and light chain typing (kappa and lambda)
- LAB: Mix well. Record total volume.
- Send ambient.
- Quest order code: 8525

Last Updated: 04/29/2014

Connected to SCM Item: Monoclonal Protein/ IEP, 24H Ur at NIC

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:
MORICIZINE, SERUM OR PLASMA  @NIC

Order Code:  Misc Lab Item
Synonym(s):  Ethmozine, moricizine hydrochloride
Section:  Reference
Tube Type:  Red-R

Specimen Requirement:
- 2 ml serum (red top tube, no gel) or
- 2 ml plasma (lavender-EDTA, dk. green-heparin, or gray-sodium fluoride)

Minimum Collection Vol:  4 ml
Minimum Aliquot Vol:  1 ml

Restrictions On Collection:

When Completed:
Set up 2 days a week
Reports in 1 day

Normal Values:
Included in report

Instructions/Remarks:
LAB:
Send room temperature

REFERENCE LAB:
Quest order code: 1758X
Test performed by NMS Labs

Last Updated: 03/16/2012

Connected to SCM Item:
LABORATORY MANUAL

MOTOR & SENSORY NEUROPATHY EVALUATION @FOC

Order Code: Misc Lab Item
Synonym(s): Neuropathy Evaluation, Sensory Neuropathy Evaluation
Section: Reference
Tube Type: RED-R
Specimen Requirement:
5 ml of Serum (10ml red top tube); Refrigerated
Minimum Collection Vol: 10 mL
Minimum Aliquot Vol: 3 mL
Restrictions On Collection:
None

When Completed:
Days Test Set Up: varies
Turnaround time: 1-8 days
Normal Values:
Included with report

Instructions/Remarks:
LAB: Contact physician to verify testing, and specific evaluation desired. Testing is costly.
Also available as Motor Neuropathy Panel with or without GQ1b Antobody and IFE.

Evaluation includes:
GM1 AB., Asialo-GM1 AB., MAG Ab., GD1a AB., GD1bAb., Neuronal Nuclear AB.

REFERENCE LAB:
MRL = Focus
test code # 3500

Last Updated: 09/10/2012

Connected to SCM Item:
MRSA SCREENING (history of MRSA) - SCM Order Set

Order Code:

Synonym(s): Staphylococcus Screen (history of MRSA), Surveillance Screen MRSA

Section: Microbiology

Tube Type: 3 Culturett swabs total with 1 swab each collected:

1 from Nares
1 from Axilla
1 from Groin
An additional swab may be collected if wound source is appropriate

Minimum Collection Vol: 3 swabs

Minimum Aliquot Vol:

Restrictions On Collection:

When Completed:

Preliminary report: 24 hours
Final report: 24-48 hours

Normal Values:

No Oxacillin resistant Staphylococcus aureus isolated.

Instructions/Remarks:

The sources for Nares, Axilla and Groin are automatically defaulted in the order set.
Wound culture swabs will need to have the collection source specified.
Transport specimen promptly to Laboratory.

MICROBIOLOGY: STAO x3 or x4

Last Updated: 02/04/2011

Connected to SCM Item:
MRSA SCREENING (MRSA status unknown) - SCM Order Set

Order Code:  
Synonym(s):  Staphylococcus Screening (MRSA status unknown), Surveillance Screen MRSA
Section:  Microbiology
Tube Type:  
Specimen Requirement:  
1 Culturette swab collected from both Nares.  
An additional swab may be collected if wound source is appropriate.
Minimum Collection Vol:  1 swab
Minimum Aliquot Vol:  
Restrictions On Collection:  
When Completed:  
Preliminary report: 24 hours
Final report: 24-48 hours
Normal Values:  
No Oxacillin resistant Staphylococcus aureus isolated
Instructions/Remarks:  
The source for Nares is automatically defaulted in the order set.  
Wound culture swabs will need to have the collection source specified.
Transport specimen promptly to Laboratory.
MICROBIOLOGY:  
STAO x3 or x4
Last Updated:  02/04/2011
Connected to SCM Item:  
MTHFR MUTATION, BLOOD @NIC

Order Code: MTHFRN

Synonym(s): MTHFR, METHYLENETETRAHYDROFOLATE REDUCTASE (MTHFR), DNA MUTATION ANALYSIS

Section: Reference

Tube Type: Lav10

Specimen Requirement:
5 mL whole blood (draw 1 large EDTA lavender top tube)

Minimum Collection Vol: 3 mL

Minimum Aliquot Vol:

Restrictions On Collection:
None

When Completed:
Testing set up 7 days a week
Analytic time of 6 days

Normal Values:
Included with report

Instructions/Remarks:
Reference lab: Specimen stability is crucial
Store and ship room temperature

NIC test code # 17911

Last Updated: 02/21/2013

Connected to SCM Item: MTHFR Mutation Blood at NIC
MUCIN - MISC FLUID

Order Code: MUCMF

Synonym(s):

Section: Chemistry

Specimen Requirement:
- Miscellaneous fluid
- 1 mL of synovial fluid

Restrictions On Collection:
None

When Completed:
Same shift

Normal Values:
Good: Light ropy mass in clear solution.

Instructions/Remarks:
LAB: Do NOT centrifuge. Aliquot only when necessary.

Last Updated: 01/25/2007

Connected to SCM Item: Mucin-Misc Fluid

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:
- Date Specimen Collected:
- Time Specimen Collected:
- Collected by:
MULTIPLE ENDOCRINE NEOPLASIA 2A, 2B & FAMILIAL MTC, MOLEC @ MYO

Order Code: Misc Lab Item

Synonym(s): Proto-oncogene RET, RET Proto-oncogene, Endocrine Cancer Syndrome

Section: Reference

Tube Type:

Specimen Requirement:
- 5 ml whole blood,
  (6 ml lavender top tube, EDTA) or (yellow top, ACD)

Minimum Collection Vol: 3.0 mL

Minimum Aliquot Vol: 3.0 mL

Restrictions On Collection: None

When Completed: 10-21 days
Test done Thursday a.m.

Normal Values: Included with report

Instructions/Remarks:

LAB: Send 3 ml whole blood in original vacutainer tube.
Send ambient.
Specimens should include a "Molecular Genetics Congenital Disorders Request Form" (Supply T245) or a "MayoConnect Additional Test Information" form (Supply T357) with information including relevant clinical and family history information. Specimens must arrive within 96 hours of draw.

REFERENCE LAB:
Mayo test code # MENMS (Mutation screen)
# MENKM (Known mutation)

Last Updated: 03/07/2012

Connected to SCM Item:
MULTIPLE SCLEROSIS PANEL 2 @NIC (Quest) Preferred/includes MBP

Order Code: Misc Lab Item

Synonym(s): MS Eval, Oligoclonal Bands (IgG), IgG Synthesis Rate, IgG Index, Myelin Basic Protein CSF

Section: Reference

Tube Type:

Specimen Requirement:

4.2 (minimum 2.0) ml of CSF; sterile screw cap container
AND
3.0 (minimum 1.5) ml of Serum (red top tube, no gel)

NOTE: CSF must be crystalline clear, contact Quest. Collection tube #4 preferred.

Serum and CSF samples should be drawn on same day and time for most reliable results. Serum may be collected up to 48 hours after CSF tap, however this is not recommended.

Occasionally a physician will request to be done on CSF only. See Remarks below for alternate orders.

Minimum Collection Vol:

Minimum Aliquot Vol:

Restrictions On Collection:

None

When Completed:

Days Test Set Up: 2 days a week
Turnaround Time: 4-7 days

Normal Values:

Included in report

Instructions/Remarks:

Panel includes: Oligoclonal Bands (IgG), CSF #674X
IgG Synthesis Rate/Index, CSF #7558X
Myelin Basic Protein, CSF (not included in MSPanel 1) #663X

LAB: Refrigerated. Do not send at room temperature.

If no serum is being sent, INSTEAD order the following individually:

> Oligoclonal Bands (IgG), CSF # 674X
  add comment in CARE360 "Okay to test CSF with Control Serum"

> IgG, CSF # 4448X

> Myelin Basic Protein, CSF # 663X

REFERENCE LAB:
NIC Lab (Quest Diagnostics)
test code # 41343N (ONLY when serum AND CSF being sent)

Last Updated: 11/14/2012

Connected to SCM Item:
LABORATORY MANUAL

MULTIPLE SCLEROSIS PANEL 1   @NIC (Quest)

Order Code: Misc Lab Item
Synonym(s): MS Eval, Oligoclonal BAnds (IgG), IgG Synthesis Rate, IgG Index
Section: Reference
Tube Type:
Specimen Requirement:

3 (minimum 1.5) mL of CSF; sterile screw cap container
AND
2 (minimum 1.0) mL of Serum (red top tube, no gel)

NOTE: CSF must be crystalline clear, contact Quest.
Collection tube #4 preferred.

Serum and CSF samples should be drawn on same day and time
for most reliable results. Serum may be collected up to
48 hours after CSF tap, however this is not recommended.

Occasionally a physician will request to be done on CSF only.
See Remarks below for alternate orders.

Minimum Collection Vol:
Minimum Aliquot Vol:
Restrictions On Collection:
None
When Completed:
Days test set up: 5 days a week
Turnaround time: 2-4 days
Normal Values:
Included with report

Instructions/Remarks:
Panel includes: Oligoclonal Bands (IgG), CSF #674X
IgG Synthesis Rate/Index, CSF #7558X

LAB: Refrigerated. Do not send at room temperature.

If no serum is being sent, INSTEAD order the following individually:

> Oligoclonal Bands(IgG),CSF # 674X
    add comment in CARE360 "Okay to test CSF with Control Serum"
> IgG,CSF # 4448X

REFERENCE LAB:
NIC Lab (Quest Diagnostics)
test code # 82966N (ONLY when serum and CSF being sent)

Last Updated: 08/26/2011

Connected to SCM Item:
MUMPS AB, IgG & IgM   @MYO

Order Code: MUMPGM

Synonym(s):

Section: Reference

Tube Type: Gold-R

Specimen Requirement:
0.5 ml. serum

Minimum Collection Vol: 2 mL

Minimum Aliquot Vol: 0.2 mL

Restrictions On Collection:
None

When Completed:
Test set up: Monday through Saturday
Analytic time: 2 days

Normal Values:
Included with report

Instructions/Remarks:
Useful for differentiating acute mumps virus infection and/or post-immunization response.

REFERENCE LAB:
Mayo Labs
test code # 85138

Last Updated: 08/26/2009

Connected to SCM Item: Mumps Ab, IgG & IgM @MYO
MUMPS VIRUS ANTIBODIES, IGG @NIC

Order Code: MUMIGG
Synonym(s):
Section: Reference
Tube Type: GoldR
Specimen Requirement:
1 mL serum (draw 1 GOLD top tube)
Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 0.3 mL
Restrictions On Collection: None
When Completed:
Normal Values: Included with report
Instructions/Remarks:
Reference lab: Ship specimens room temperature (preferred)
                Reject hemolysis and/or lipemia
                NIC test code # 8624
Last Updated: 02/21/2013
Connected to SCM Item: Mumps Ab IgG at NIC
MUSCLE BIOPSIES  @HTL (Preferred Lab)

Order Code:

Synonym(s):

Section:  Surgical Pathol

Specimen Requirement:
Must be scheduled at least 24 hours prior to the procedure so proper preparation can be made

Restrictions On Collection:
Monday - Friday with proper notice

When Completed:
Two - three weeks.

Normal Values:

Instructions/Remarks:
Must have the patient's history to accompany the specimen.

Last Updated:
MYASTHENIA GRAVIS PANEL 3 @NIC

Order Code: MYAS
Synonym(s):

Section: Reference
Tube Type: GOLD

Specimen Requirement:
2 mL Serum (draw 1 FULL gold top tube)

Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 0.8 mL

Restrictions On Collection:
None

When Completed:
Sets up 2 days a week.
Analytic time: 2 Days

Normal Values:
Included with Report

Instructions/Remarks:
Test Components:
Acetylcholine Receptor Binding Antibody
Acetylcholine Receptor Modulating Antibody
Acetylcholine Receptor Blocking Antibody
Anti-Striated Muscle Ab Screen
Anti-Striated Muscle Ab Titer

Lab: Ship room temperature (preferred)

NIC test code # 10211x

Last Updated: 12/11/2012

Connected to SCM Item: Myasthenia Gravis Panel 3 at NIC
MYCOBACTERIUM TUBERCULOSIS NAAT TEST   @OCH (LAB ONLY)

Order Code:   TBNAAT

Synonym(s):   Nucleic Acid Amplification Test (NAAT) for M. TB

Section:   Microbiology

Tube Type:   N/A

Specimen Requirement:

Minimum Collection Vol:
Minimum Aliquot Vol:
Restrictions On Collection:

When Completed:   3 - 5 days

Normal Values:   Negative

Instructions/Remarks:
Contact Microbiology for further information

Last Updated:   04/05/2012

Connected to SCM Item:   Mycobacterium tuberculosis NAAT test @OCH

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:

Circle if appropriate:   Right   Left
Wound specimens:   Deep   Superficial

PREP INSTRUCTION:
(1) MICROBIOLOGY: Collect specimen in sterile, tightly capped container. Transport to LAB immediately. Specimens over 1 hour old, or leaking, will require recollection.

(2) If using a swab for collection- aerobic (routine) - Red topped   - anaerobic- Blue topped
MYCOPHENOLIC ACID @NIC

Order Code: MPA

Synonym(s):  

Section: Reference

Tube Type: Red5

Specimen Requirement:
1 mL Serum (draw 1 Full red top tube)

Minimum Collection Vol: 3 mL

Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:
Optimum time to collect sample: 0.5 to 1 hour before next dose (trough) at steady-state. (3-5 days after treatment with oral doses)

When Completed:
Set up 7 days a week
Reports in 2 days

Normal Values:
Included with Report

Instructions/Remarks:
Lab: Allow blood to clot at room temperature for 20 minutes. Centrifuge for 8-10 minutes.

Reference lab: Transfer serum or plasma into polypropylene to polyethylene transport tube.
Ship samples refrigerated.

NIC test code # 10662

Last Updated: 12/11/2012

Connected to SCM Item: Mycophenolic Acid at NIC
MYCOPLASMA PNEUMONIAE AB, IGG, IGM, EIA @NIC

Order Code: MYCON
Synonym(s):
Section: Reference
Tube Type: Red5

Specimen Requirement:
1 mL serum (draw 1 red top tube)
SST gold top acceptable
Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 0.2 mL

Restrictions On Collection:
None

When Completed:
Testing set-up 4 days a week
Analytic time of 2 days
Testing performed at Focus Diagnostics, Inc.

Normal Values:
Included with report

Instructions/Remarks:
Reference Lab: Send samples refrigerated (preferred)
NIC test code # 34127

Last Updated: 03/25/2013

Connected to SCM Item: Mycoplasma Pneum Abs IgG IgM at NIC
**MYCOPLASMA PNEUMONIAE CULTURE ONLY**  
@NIC

**Order Code:** MPCF

**Synonym(s):** Culture - Mycoplasma pneumoniae

**Section:** Microbiology

**Tube Type:**

**Specimen Requirement:**
Sample must be collected using special transport media. Swabs and media available in Microbiology Lab, Ext. 45642. Specimen MUST be refrigerated immediately after collection.

**Minimum Collection Vol:** 1 mL

**Minimum Aliquot Vol:**

**Restrictions On Collection:**
None

**When Completed:**
1 to 2 weeks

**Normal Values:**
Negative

**Instructions/Remarks:**

REFERENCE LAB: Send specimen FROZEN
Quest order code # 34270X

**Last Updated:** 05/10/2013

**Connected to SCM Item:** Mycoplasma Pneumonia CUL at NIC

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:

Circle if appropriate: Right Left
Wound specimens: Deep Superficial

PREP INSTRUCTION:
(1) MICROBIOLOGY: Collect specimen in sterile, tightly capped container. Transport to LAB immediately. Specimens over 1 hour old, or leaking, will require recollection.

(2) If using a swab for collection- aerobic (routine) - Red topped - anaerobic- Blue topped
MYCOPLASMA PNEUMONIAE DNA, PCR @NIC

Order Code: MPPCRF

Section: Microbiology

Minimum Collection Vol: 2 mL
Minimum Aliquot Vol: 0.4 mL

Restrictions On Collection:
None

When Completed: 2 - 5 days

Normal Values:
Negative

Instructions/Remarks:
LAB/MICRO USE ONLY:
Quest test code # 15498X
Specimen must be shipped FROZEN
Testing forwarded to Focus

Last Updated: 09/13/2013

Connected to SCM Item: Mycoplasma Pneumonia PCR at NIC

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:
Circle if appropriate: Right Left
Wound specimens: Deep Superficial

PREP INSTRUCTION:
(1) MICROBIOLOGY: Collect specimen in sterile, tightly capped container. Transport to LAB immediately.
Specimens over 1 hour old, or leaking, will require recollection.

(2) If using a swab for collection- aerobic (routine) - Red topped  - anerobic- Blue topped
MYCOPLASMA, UREAPLASMA CULTURE @NIC

Order Code: MYCCN
Synonym(s): Ureaplasma culture, myoplasma hominis
Section: Microbiology
Tube Type: Specimen in VCM

Specimen Requirement:
- Cervical swab, Vaginal swab, or Urethral swab
- Random urine or trans-tracheal aspirate (neonates) or CSF (neonates)
- or Tissue or Wound swab or Aerobic body fluid

Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 1 mL

Restrictions On Collection:
- Respiratory samples are only acceptable from children under 1 yr old

When Completed:
- Testing set-up: 7 days a week
- Report available in 9 days

Normal Values:
- None detected

Instructions/Remarks:
- Microbiology/Reference lab: Send FROZEN in VCM medium
- Quest test code: 871

Last Updated: 09/08/2014

Connected to SCM Item: Mycoplasma / Ureaplasma Culture at NIC

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:
Circle if appropriate: Right Left
Wound specimens: Deep Superficial

PREP INSTRUCTION:
(1) MICROBIOLOGY: Collect specimen in sterile, tightly capped container. Transport to LAB immediately.
Specimens over 1 hour old, or leaking, will require recollection.

(2) If using a swab for collection- aerobic (routine) - Red topped - anaerobic - Blue topped
MYELIN BASIC PROTEIN, CSF @NIC (QUEST)

Order Code: Misc Lab Item

Section: Reference

Specimen Requirement:
1.2 mL CSF in sterile screw cap container

Minimum Collection Vol:

Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:
None

When Completed:
Testing set up: 3 days per week in a.m.
Report available in 2 days.

Normal Values:
Included with report.

Instructions/Remarks:
Included in Multiple Sclerosis Panel 2 @NIC.

LABORATORY:
send CSF room temp; refrigerated acceptable.
Send CSF in sterile screw cap container.
If hemolyzed, call Quest to determine acceptability of sample.

REFERENCE LAB:
NIC order code 663X

Last Updated: 06/22/2011

Connected to SCM Item:
MYELIN-ASSOC.GLYCOPROTEIN(MAG)&SGPG AUTOANTIBODY,IgM @NIC

Order Code: Misc Lab Item
Synonym(s): Anti-Mag, MAG, Myelin associated glycoprotein
Section: Reference
Tube Type: Red-R
Specimen Requirement:
   1.0 ml of Serum; Ambient, Refrigerated, or Frozen
Minimum Collection Vol: 2 mL
Minimum Aliquot Vol: 0.2 mL
Restrictions On Collection:
   Overnight fasting preferred
When Completed:
   Days Test Set Up: 2 days a week
   Testing time: 1 - 6 days
   Turnaround time: 7 - 10 days
Normal Values:
   Included with report
Instructions/Remarks:
   REFERENCE LAB:
      NIC (Quest) Lab
      test code # 37079 (formerly 136648P)
Last Updated: 10/22/2012
Connected to SCM Item:
MYELOPEROXIDASE ANTIBODIES  @MYO

Order Code:  ACPMP
Synonym(s):
Section:  Reference
Tube Type:  Red-R
Specimen Requirement:
0.5 mL serum
Minimum Collection Vol:  3 mL
Minimum Aliquot Vol:  0.5 mL
Restrictions On Collection:
None
When Completed:
Test performed: Monday–sunday
Analytic time: 1 day
Normal Values:
Included with report
Instructions/Remarks:
Also included in ANCA VASCULITIS PANEL @MYO (SQ code VASC, MYO order #VASC:
LAB: Send serum refrigerated.
REFERENCE LAB:
Mayo order code # MPO (formerly 80389)
Last Updated: 08/23/2012
Connected to SCM Item:  Myeloperoxidase Abs  @MYO
<table>
<thead>
<tr>
<th>MYOCARDIAL ANTIBODIES  @MYO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Order Code:</strong> Misc Lab Item</td>
</tr>
<tr>
<td><strong>Synonym(s):</strong> Anti-Cardiac Muscle Ab., Cardiac Muscle Ab., Anti-Heart Ab., Anti-Myocardial Ab., Heart Ab., CMA</td>
</tr>
<tr>
<td><strong>Section:</strong> Reference</td>
</tr>
<tr>
<td><strong>Tube Type:</strong> Red-R</td>
</tr>
<tr>
<td><strong>Specimen Requirement:</strong> 0.5 mL of Serum, Refrigerated</td>
</tr>
<tr>
<td><strong>Minimum Collection Vol:</strong> 2 mL</td>
</tr>
<tr>
<td><strong>Minimum Aliquot Vol:</strong> 0.2 mL</td>
</tr>
<tr>
<td><strong>Restrictions On Collection:</strong> None</td>
</tr>
<tr>
<td><strong>When Completed:</strong></td>
</tr>
<tr>
<td>Days Test Set Up: Monday through Saturday</td>
</tr>
<tr>
<td>Analytic Time: 1 day/if negative 3 days/if positive</td>
</tr>
<tr>
<td><strong>Normal Values:</strong> Included with report</td>
</tr>
<tr>
<td><strong>Instructions/Remarks:</strong></td>
</tr>
<tr>
<td>LAB: Reject if grossly hemolyzed or lipemic (mild okay).</td>
</tr>
<tr>
<td>REFERENCE LAB: Mayo Laboratory test code # MCA</td>
</tr>
</tbody>
</table>

**Last Updated:** 03/07/2012

**Connected to SCM Item:**
MYOGLOBIN

Order Code: MYOG

Synonym(s): 

Section: Chemistry

Tube Type: LtGreen

Specimen Requirement:
2 ml. plasma (light green top tube, lithium heparin)

Minimum Collection Vol: 4.0 mL

Minimum Aliquot Vol:

Restrictions On Collection:

When Completed:
Same shift

Normal Values:
Male: 21.0 - 98.0 ng/mL
Female: 19.0 - 56.0 ng/mL

Instructions/Remarks:
LAB:
MYOG must not remain on cells >2 hours.
If alternate specimen Dark Green top, LiHep is drawn, centrifuge and insert plunger marked "plasma".

Last Updated: 08/03/2010

Connected to SCM Item: Myoglobin
MYOGLOBIN, RANDOM URINE, QUANT @NIC (Quest)

Order Code: MYOGU

Synonym(s):

Section: Reference

Tube Type: UR-R

Specimen Requirement:

6 ml random urine from a midstream collection

Minimum Collection Vol: 4 mL

Minimum Aliquot Vol: 4 mL

Restrictions On Collection:

None

When Completed:

Test set up: Monday - Sunday
Turnaround time: 2-3 days

Normal Values:

Included with report

Instructions/Remarks:

LAB: Timed urine not acceptable.
Myoglobin Urine very unstable if pH not between 8.0 and 9.0;
Quest sample rejection if pH <8.0
Effective 7/14/14: Transfer minimum 4 mL urine to a
Myoglobin transport tube within 1 hour of collection.
Freeze and ship frozen.
(Myoglobin transport tube stored in Reference Dept, product # 170764).

REFERENCE LAB:
NIC (Quest)
test code # 661

Last Updated: 07/09/2014

Connected to SCM Item: Myoglobin, Ur Random Qnt @NIC
NEEDLESTICK PNL, HEALTH WORKER

Order Code:

Synonym(s):

Section: Chem/Ref

Tube Type: Gold

Specimen Requirement:

4 ml serum (Draw 2 gold top SST tubes)
Tubes must be FULL for possible reflex testing.

Minimum Collection Vol:

Minimum Aliquot Vol:

Restrictions On Collection:

Signed consent required BEFORE specimen is drawn.

When Completed:

Rapid HIV and Hepatitis c Ab: same shift
Hepatitis B Surface Ab @NIC: less than 3 days

Normal Values:

Included with report

Instructions/Remarks:

To maintain confidentiality, employees area generally assigned an identification number by Employee Health (eg. ENS-####).
Signed consent is maintained in Employee Health.

When EHS is closed, orders will be placed on Employee without a confidential number.
Check for properly consent when receiving specimen.

LAB: Place the following orders in Sunquest:

Rapid HIV-1/2 Antibody Screen, Chemistry Dept. (RHIH)
Hepatitis C Antibody, Chemistry Dept (HC)
Hepatitis B Surface Antibody, Quant @NIC (HBSABQ) #8475

Specimens reactive for HIV-1/2 Antibody Screen (RHIH) will be sent for confirmatory testing for: HIV-1/-2 Antigen & Antibody Eval @MYO (HIVCO).
Allow 2 additional days to turnaround time.

Specimens reactive for Hepatitis C Antibody (HC) will be further tested by HCV RNA,QNT RealTime PCR @NIC (HCPCR) #35645.
Allow 2 additional days turn around time.

LAB: Gross hemolysis not acceptable.

Refer to Laboratory Systems Manual, doc 14-12-036, for complete information, and doc 14-02-026 on how to order.

Last Updated: 08/22/2014

Connected to SCM Item:
NEEDLESTICK PNL, SOURCE PATIENT

Order Code: NPS
Synonym(s): 
Section: Chemistry
Tube Type: Gold

Specimen Requirement:
4 ml serum (gold top SST tube). Draw 2 tubes.
Tube must be FULL for possible reflex testing.

Minimum Collection Vol: 
Minimum Aliquot Vol: 

Restrictions On Collection:
Signed consent required BEFORE specimen is drawn. Consent may be
signed by patient, next-of-kin, or other person legally empowered
to make health care decisions for patient. Consent may NOT be
signed by physician. Consent must be witnessed. Telephone consent
requires approval of hospital risk management (x5858).

When Completed:
Initial testing, same shift.

Normal Values:
Included with report

Instructions/Remarks:
This is a NO CHARGE panel to be ordered on the SOURCE patient account
in a blood/body fluid exposure.

Order in SCM: NEEDLESTICK PNL, SOURCE PATIENT.

Note: For healthcare worker who is exposed, see Needlestick Panel,
Health Worker.)

Panel includes testing for:
Rapid HIV-1/2 Antibody Screen, Chemistry Dept (NSRHIIV)
Hepatitis B Surface Antigen, Chemistry Dept (HBSG)
Hepatitis C Antibody, Chemistry Dept (HC)

Specimens reactive for Rapid HIV-1/2 Antibody Screen will be sent
for confirmatory testing for: HIV-1/2 Antibody & Antibody @MYO (HIVCO).

Specimens reactive for Hepatitis B Surface Antigen will be confirmed
by reflex order "Hep B Surface Antigen @MYO" (HBAG).

Specimens reactive for Hepatitis C Antibody will be confirmed by reflex
order HCV RNA,QNT RealTime PCR @NIC (HCPCT).

Allow 2 additional days turn around time.

LAB:
May order as a panel in SCM, or in Sunquest (NPS).
Check for properly completed consent when receiving specimen.
Gross hemolysis not acceptable.

HIV-1/2 testing is performed STAT in Chemistry (SQ label code NSRHIIV).
All results of "detected" are phoned to EHS, ext.45885
and will reflex HIVCO @MYO - take specimen to Ref.Dept.
HBSG and HC are performed STAT in Chemistry.
Reactive HBSG will reflex HBAG @MYO - take specimen to Ref.Dept.
Reactive HC will reflex HCPCT @NIC (#35645) - take specimen to Ref.Dept.

Refer to Laboratory Systems Manual, doc 14-12-035, for complete
information.
NEONATAL BLOOD TYPE and DIRECT COOMBS EVALUATION

Order Code: NBEV

Synonym(s): 

Section: 

Tube Type: 

Specimen Requirement: 
Cord Blood Samples: 
Collect 1-6 mL Pink top tube and 1-10 mL Red top tube

Minimum Collection Vol: 
Minimum Aliquot Vol: 

Restrictions On Collection: 

When Completed: 
Within 4 hours of receipt.

Normal Values: 

Instructions/Remarks: 
Cord Blood Samples to be ordered as Nurse Collect. 
Place MOTHER'S label on blue cord blood label (do not use blue label for
heelstick samples). 
If multiple births, circle the appropriate infant name and medical record number
on label.

Compare mother's name and number on label to armband.
Record date, delivery time, employee # and initials on label. 
Tube samples to the Laboratory with SCM Order Requisition.

Last Updated: 06/09/2010

Connected to SCM Item: Neonatal Blood Type & Direct Coombs Evaluation
NEOPTERIN  @NIC (Quest)

Order Code:  Misc Lab Item

Synonym(s):

Section:  Reference

Tube Type:  Red-R

Specimen Requirement:

1.0 mL Serum; Collect on ice.
PROTECT FROM LIGHT (wrap in foil)

Minimum Collection Vol:  2 mL
Minimum Aliquot Vol:  0.2 mL

Restrictions On Collection:

None

When Completed:

Days Test Set Up:  Once per week
Turnaround Time:  2-8 days

Normal Values:

Included in report

Instructions/Remarks:

LAB:  Centrifuge immediately, separate, FREEZE.
Serum only stable at room temperature for 30 minutes.

REFERENCE LAB:

NIC (Quest)
test code # 97402P

Last Updated: 10/13/2006
NEWBORN METABOLIC SCREEN @FCH (All Newborns)

Order Code: NSP
Synonym(s): Galactosemia, Neonatal T4, Neonatal TSH, Neonatal PKU, PKU, Supplemental Newborn Screen
Section: Reference
Tube Type:
Specimen Requirement: Heelstick specimen obtained on proper form *
Minimum Collection Vol:
Minimum Aliquot Vol:
Restrictions On Collection: Infants should be drawn as close to discharge as possible; a minimum of 12 hours, up to 6 days old.
When Completed: Newborn draws performed daily Monday - Friday
Normal Values: Included with report to primary care physician

Instructions/Remarks:
For information on the California Newborn Screening Program and disorders screened for, go to the Department of Health website at www.dhs.ca.gov/NBS. Testing is performed at Fresno Community Hospital & Medical Center.

Infants should be drawn as close to discharge as possible; a minimum of 12 hours, up to 6 days old.

For infants leaving the hospital prior to 12 hours of age, the parents should be instructed to return the baby to the Hoag Outpatient Draw Center for a second specimen within the next few days.

* Two forms are required:
A TRF Test Request Form must be completely filled out. Blood spots are collected on the Specimen Collection Card.

Both forms are obtained from the State of California, Dept. of Health Services. Clinical Laboratory will place order as needed. Stock is maintained in the Nursery and Clinical Laboratory.

RESULTS: Results are sent to the primary care physician by the Dept. of Health Services. Results are NOT sent to Hoag Hospital Clinical Laboratory.

NOTE: For Outpatients returning to Hoag Outpatient Draw for repeat analysis, refer to Newborn Metabolic Screen-Repeat @FCH, SQ code: NSPR. Lab staff will draw. Refer to Clinical Laboratory Department policy #13-01-404 for procedure.

LAB PROCESSING:
1) Make copy of log sheet.
2) After ordering, paperclip Specimen Collection Card to Test Request Form.
3) Wrap original log sheets around all specimens, rubber-band together and place in room temperature bucket.
4) Attach small aliquot labels on copy of log sheet next to corresponding patient.
5) Place in PKU courier log book.

Last Updated: 10/06/2014
NEWBORN METABOLIC SCREEN @FCH (All Newborns)

Connected to SCM Item: Newborn Metabolic Screen @UCS
NEWBORN METABOLIC SCREEN-REPEATS @FCH (Outpatient Repeat testing)

Order Code: NSPR
Synonym(s): Galactosemia, Neonatal T4, Neonatal TSH, Neonatal PKU, PKU, Supplemental Newborn Screen
Section: Reference
Tube Type: Heelstick specimen obtained on proper form*
Specimen Requirement:
Minimum Collection Vol:
Minimum Aliquot Vol:
Restrictions On Collection:
When Completed:
Normal Values:
Instructions/Remarks:

For information on the California Newborn Screening Program and disorders screened for, go to the Department of Health Service website at www.dhs.ca.gov/NBS.

Testing is performed at Fresno Community Hospital & Medical Center.

Infants having repeat testing should be drawn up to 6 days old.

* Two forms are required:
  A TRF Test Request Form must be completely filled out.
  Blood spots are collected on the Specimen Collection Card.

  Both forms are obtained from the State of California, Dept. of Health Services. Clinical Laboratory will place order as needed. Stock is maintained in the Nursery and Clinical Laboratory.

RESULTS:
Results are sent to the primary care physician by the Dept. of Health Services. Results are NOT sent to Hoag Hospital Clinical Laboratory.

LAB:
For repeat testing, Outpatients will go to Hoag Outpatient Draw. Order Newborn Metabolic Screen-Repeat @FCH (SQ code NSPR). Lab staff will draw. Refer to Clinical Laboratory Department policy #13-01-404 for procedure.

LAB PROCESSING:
1) Make copy of log sheet.
2) After ordering, paperclip Specimen Collection Card to Test Request Form.
3) Wrap original log sheets around all specimens, rubber-band together and place in room temperature bucket.
4) Attach small aliquot labels on copy of log sheet next to corresponding patient.
5) Place in PKU courier log book.

Last Updated: 10/06/2014
NEWBORN METABOLIC SCREEN-REPEATS @FCH (Outpatient Repeat testing)

Connected to SCM Item: Newborn Metabolic Screen - Repeat@RCH
NIACIN @MYO

Order Code: Misc Lab Item
Synonym(s): Vitamin B3
Section: Reference
Tube Type: LV-R

Specimen Requirement:
4 ml EDTA PLASMA (Draw 10 ml EDTA)
MUST BE centrifuged within 15 minutes of collection.
Protect from light exposure.

Minimum Collection Vol: 7 mL
Minimum Aliquot Vol: 2.0 mL

Restrictions On Collection:
None

When Completed:
Test performed once per week
Analytic time: 1-2 days

Normal Values:
Included with report

Instructions/Remarks:
LAB: Send FROZEN. Protect from light.
Must be centrifuged within 15 minutes of collection.

REFERENCE LAB:
Test code # FNIAC
This is a forward test to Cambridge Biomedical Research Group,
Brighton, MA 02135

Last Updated: 03/07/2012

Connected to SCM Item:
NITROGEN BALANCE STUDY (ORDER SET)

Order Code:

Synonym(s):

Section:

Specimen Requirement:

Restrictions On Collection:

When Completed:

Normal Values:

Instructions/Remarks:

NURSING: Order as Nitrogen Balance Study in SCM.

LAB: Order Set orders UREA, 24HR URINE @MYO.

Last Updated: 02/09/2007
NITROGEN, TOTAL - STOOL (QT) @MYO

Order Code: Misc Lab Item

Synonym(s):

Section: Reference

Specimen Requirement:
48-, 72-, 96-hour stool collection. EACH specimen to be delivered to Laboratory IMMEDIATELY.

Restrictions On Collection:
Maintain patient on constant dietary protein intake for 3-5 days. Barium and boric acid interfere with test.

When Completed:
Test set up: Tuesday
Turnaround time: 6 days

Normal Values:
Included with report

Instructions/Remarks:
LAB: At beginning of collection, label an empty large container with patient's name and MR#. As individual collections are delivered to lab, transfer into large container and FREEZE. At end of collection send entire specimen. Specimen submitted must contain at least 10 g of feces.

When processing batch in MayoAccess, you will be prompted for the following information prior to closing the batch:
Collection duration:

REFERENCE LAB:
Mayo order code # 8909

Last Updated: 07/09/2008
NORTRIPTYLINE @NIC

Order Code: NORTR

Synonym(s): Aventyl, Pamelor

Section: Reference

Tube Type: RED10

Specimen Requirement:
- 3 ml. serum (red top tube)
- NO GEL TUBE, SST unacceptable
- Separate from cells IMMEDIATELY.

Minimum Collection Vol: 10 mL

Minimum Aliquot Vol: 2 mL

Restrictions On Collection:
- Optimum time to collect sample is 10-14 hours post oral dose

When Completed:
- Less than 4 days

Normal Values:
- Included with report

Instructions/Remarks:
- LAB: Separate serum IMMEDIATELY.
- Ship room temperature (ambient)
- SST GOLD top tube UNACCEPTABLE

REFERENCE LAB:
- NIC (Quest) test code # 272 (formerly 38729P)

Last Updated: 12/17/2012

Connected to SCM Item: Nortriptyline Level @NIC
**Lab: Neuron-Specific Enolase, Neuron Specific Enolase**

**Order Code:** NSE1

**Synonym(s):** Neuron-Specific Enolase, Neuron Specific Enolase

**Section:** Reference

**Tube Type:** RED-R

**Specimen Requirement:**
1 mL serum (red top tube)

**Minimum Collection Vol:** 2 mL

**Minimum Aliquot Vol:** 0.2 mL

**Restrictions On Collection:**
Hemolyzed specimens are not acceptable

**When Completed:**
Test set up: Tuesday and Thursday
Test reports out in 1-5 days

**Normal Values:**
Included with report

**Instructions/Remarks:**
LAB: Patient's social security number is required.  
Ship refrigerated

REFERENCE LAB:  
NIC test code # 34476

**Last Updated:** 10/17/2014

**Connected to SCM Item:** Neuron-Spec. Enolase @NIC
NT-PRO B-TYPE NATRIURETIC PEPTIDE  @MYO

Order Code:  Misc Lab Item
Synonym(s):  BNP NT-Pro, Pro BNP
Section:  Reference
Tube Type:  Gold
Specimen Requirement:
  0.5 mL serum (gold top SST tube)
Minimum Collection Vol:  2 mL
Minimum Aliquot Vol:  0.3 mL
Restrictions On Collection:
  None
When Completed:
  Testing performed: daily
  Analytic time: 1 day
Normal Values:
  Included with report
Instructions/Remarks:
  LAB:  Send serum frozen.
  Reject if grossly hemolyzed.
  REFERENCE LAB:
  MYO test code # PBNP
Last Updated: 03/07/2012
Connected to SCM Item:
OB ER SCREEN, Laboratory (Order Set)

Order Code:

Synonym(s):

Section: Ref, Hem, U, BBank

Specimen Requirement:
- 2.5 mL whole blood (lavender top, EDTA) PLUS
- 4.5 mL serum (3 gold top SST tubes) PLUS
- 1-6 mL EDTA pink top (for Type and Screen) PLUS
- Random clean catch urine

Restrictions On Collection:
For Emergency Room use.

When Completed:
- In-house testing: done STAT
- Referred tests: 2 days (not available STAT)

Normal Values:
See individual tests

Instructions/Remarks:
Order in SCM as Order Set "OB ER SCREEN, LAB".
Includes:
- CBC
- RPR
- Rubella Ab, IgG @MYO
- Hepatitis B Surface Ag @MYO
- HIV Antibody Screen
- Type and Screen
- Urinalysis

During SCM downtime, fill out downtime requisitions.
Lab will order in Misys.

Last Updated: 09/13/2006
OCCULT BLOOD, FECES BY PEROXIDASE

Order Code: OB
Synonym(s): Hemoccult, Chemical Occult Blood, Guiac, Peroxidase, Fecal Occult Blood
Section: Microbiology

Specimen Requirement:
Stool specimen

PATIENT PREPARATION: Patient should be placed on a meat free, high residue diet starting two days before and continuing through the test period. See Lab Manual for interfering medications.

Restrictions On Collection:

When Completed:
Same day

Normal Values:

Instructions/Remarks:

INTERFERING SUBSTANCES:
False Positive -- aspirin, indomethacin, phenylbutazone, corticosteroids, reserpine and therapeutic dosages of iron. These should be discontinued two days prior to and during testing.
False negative -- ascorbic acid (Vitamin C) in large doses.

Last Updated: 05/12/2008

Connected to SCM Item: Occult Blood Feces by Peroxidase

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:

Circle if appropriate: Right Left
Wound specimens: Deep Superficial

PREP INSTRUCTION:
(1) MICROBIOLOGY: Collect specimen in sterile, tightly capped container. Transport to LAB immediately. Specimens over 1 hour old, or leaking, will require recollection.

(2) If using a swab for collection- aerobic (routine) – Red topped - anerobic- Blue topped
OCCULT BLOOD, OTHER SOURCES BY PEROXIDASE

Order Code: OBO

Section: Microbiology

Specimen Requirement:
Gastric specimen

Minimum Collection Vol: 0.5 mL

Restrictions On Collection:
Gastric aspirate obtained by nasogastric intubation or vomitus

When Completed:
Same day results if positive. If result is negative, specimen will be sent to UCI for testing.

Normal Values:
Negative

Instructions/Remarks:

PATIENT PREPARATION:
Patient should be placed on a meat free, high residue diet starting two days before and continuing through the test period.

INTERFERING SUBSTANCES:
False Positive -- aspirin, indomethacin, phenylbutazone, corticosteroids, reserpine and therapeutic dosages of iron. These should be discontinued two days prior to and during testing.

False Negative -- ascorbic acid (Vitamin C) in large doses.

Last Updated: 03/03/2008

Connected to SCM Item: Occult Blood Other Sources by Peroxidase

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:

Circle if appropriate:
Right
Left

Wound specimens:
Deep
Superficial

PREP INSTRUCTION:
(1) MICROBIOLOGY: Collect specimen in sterile, tightly capped container. Transport to LAB immediately. Specimens over 1 hour old, or leaking, will require recollection.

(2) If using a swab for collection- aerobic (routine) - Red topped  anerobic- Blue topped
OLIGOCLONAL BANDS (IgG), CSF @NIC (QUEST)

Order Code: Misc Lab Item

Synonym(s): 

Section: Reference

Tube Type: 

Specimen Requirement:

- 1 mL CSF in sterile screw cap container
- 1 (minimum 0.5) mL serum (Red top tube, no gel)

CSF must be crystalline clear, prefer collection tube #4. Serum and CSF must be collected within 48 hours of each other, if not same collection date and time. May send CSF without serum, see Instructions below.

Minimum Collection Vol:

Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:
None

When Completed:
Testing set up 6 days per week in p.m.
Report available in 3-4 days.

Normal Values:
Included with report.

Instructions/Remarks:
Included in Multiple Sclerosis Panel 1 @NIC and Multiple Sclerosis Panel 2 @NIC

LABORATORY:
Send CSF and serum refrigerated. Send CSF in sterile screw cap container. CSF must be crystalline and clear, prefer tube #4.

If serum not available, add comment in CARE360 "Okay to test CSF with Control Serum".

REFERENCE LAB:
NIC order code 674X

Last Updated: 06/22/2011

Connected to SCM Item:
ONCOLOGY LAB SPECIMEN - ROUTINE CULTURE

Order Code: ONC

Synonym(s):

Section: Microbiology

Specimen Requirement: Collect specimen in 2 Septi-check bottles.

Minimum Collection Vol: 10/b

Restrictions On Collection: Collected only in Cell Biology Lab

When Completed:
  Preliminary = 24 hours
  Final = 8 days

Normal Values: No growth

Instructions/Remarks:

Last Updated: 03/29/2006

Connected to SCM Item: Oncology Lab Spec-Routine Culture

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

  - Date Specimen Collected:
  - Time Specimen Collected:
  - Collected by:

  Circle if appropriate: Right Left
  Wound specimens: Deep Superficial

  PREP INSTRUCTION:
  (1) MICROBIOLOGY: Collect specimen in sterile, tightly capped container. Transport to LAB immediately. Specimens over 1 hour old, or leaking, will require recollection.

  (2) If using a swab for collection- aerobic (routine) - Red topped - anaerobic- Blue topped
OPIATES DRUG SCREEN CONFIRMATION BY GCMS @UCI (LAB ONLY)

Order Code: Misc Lab Item
Synonym(s):
Section: Reference

Specimen Requirement:
25 mL random urine (6 mL infants)
6 mL required for EACH drug sent for confirmation

Minimum Collection Vol: 6 mL
Minimum Aliquot Vol: 6 mL

Restrictions On Collection:
None

When Completed:
If the sample is received by UCI between the hours of 7:00am and 7:00pm, Monday through Friday, the confirmation will be available in 2 to 6 hours.
On weekends and holidays, the sample should arrive at UCI by 5:00pm. The turnaround times for results will vary depending upon the drug being confirmed and the methodology used.
Upon completion, the test results will be called and/or faxed to our facility as indicated on the requisition.

Normal Values:
Included with report

Instructions/Remarks:
LAB: Enter a STAT wildcard order to UCI for confirmation of the positive drug(s) only. Do not reorder an entire screen.
Call courier Stat, 456-6575 (except on third shift call Chemistry Department at UCI, 456-5507).
Sample requirement for UCI is 6 mL for each drug which requires confirmation.

If there is less than 6 mL sample left after our screening procedure, call nursery immediately and request more sample. If the nursery is unable to collect any more sample, send whatever specimen is left IF that amount is at least one mL. If the drug is present in high concentration, less sample might be used for accurate results. Because the drugs clear from the body at varying rates, samples which are collected near delivery or soon after will most accurately reflect mother's drug use. Therefore, it is important to notify nursery promptly when more sample is needed, and follow-up.

Last Updated: 02/09/2007
ORGANIC ACIDS SCREEN, URINE  @MYO

Order Code: Misc Lab Item
Synonym(s): 
Section: Reference
Tube Type: 
Specimen Requirement:  
10 ml (pediatric: 3 ml) from a random urine collection. Send specimen FROZEN.
Minimum Collection Vol: 
Minimum Aliquot Vol: 
Restrictions On Collection: 

When Completed:  
Days test set up: Monday through Friday in AM  
Analytic time: 3 days (not reported on Sat. or Sun.)
Normal Values: Included with report
Instructions/Remarks:  
Useful for diagnosis of inborn errors of metabolism. Include family history, clinical condition, diet, and drug therapy information.

REFERENCE LAB:  
Mayo Laboratory  
test code # OAU

Last Updated: 03/07/2012
Connected to SCM Item: 

ORGANISM IDENTIFICATION (LAB ONLY)

Order Code: ORGID

Synonym(s): Identification Organism

Section: Microbiology

Tube Type:

Specimen Requirement:
An organism submitted in transport media.

Minimum Collection Vol:

Minimum Aliquot Vol:

Restrictions On Collection:

When Completed:
24-72 hours

Normal Values:

Instructions/Remarks:

Last Updated: 04/05/2012

Connected to SCM Item: Organism Submitted For Tests

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:

Time Specimen Collected:

Collected by:

Circle if appropriate: Right Left

Wound specimens: Deep Superficial

PREP INSTRUCTION:

(1) MICROBIOLOGY: Collect specimen in sterile, tightly capped container. Transport to LAB immediately. Specimens over 1 hour old, or leaking, will require recollection.

(2) If using a swab for collection- aerobic (routine) - Red topped - anerobic- Blue topped
OSMOLALITY

Order Code: OSMO

Synonym(s):

Section: Chemistry

Tube Type: Gold-C

Specimen Requirement: 1 ml. serum (gold top SST tube)

Restrictions On Collection: None

When Completed: Same shift

Normal Values: 275 - 295 MOSM/KG

Instructions/Remarks:

Last Updated: 08/17/2003

Connected to SCM Item: Osmolality
OSMOLALITY, FECES  @MYO

Order Code:  Misc Lab Item
Synonym(s):  
Section:  Reference
Tube Type:  

Specimen Requirement:  
A minimum of 20 mL of liquid stool. Send specimen Frozen.

Minimum Collection Vol:  
Minimum Aliquot Vol:  
Restrictions On Collection:  
DO NOT SEND FORMED STOOL. TEST WILL NOT BE PERFORMED.

When Completed:  
Days Test Set Up:  
Monday through Saturday
Analytic Time:  
1 day

Normal Values:  
Included with report

Instructions/Remarks:  
REFERENCE LAB:  
Mayo Laboratory
test code # UOSMF

Last Updated: 03/07/2012

Connected to SCM Item:
OSMOLALITY-24HR URINE

Order Code: OSM24

Synonym(s):

Section: Chemistry

Specimen Requirement:
24-hour urine specimen

Restrictions On Collection:
None

When Completed:
Same shift

Normal Values:
300 - 900 MOSM/KG

Instructions/Remarks:
LAB: Mix well and record total volume. Pour 10 ml. aliquot and centrifuge.

Last Updated: 04/25/2006

Connected to SCM Item: Osmolality-24Hr Urine

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Urine Coll Started:
Date Urine Collect Ends:
Time Urine Coll Started:
Time Urine Collect Ends:
OSMOLALITY-URINE RANDOM

Order Code: OSMUR

Synonym(s):

Section: Chemistry

Specimen Requirement:
2 ml. urine

Restrictions On Collection:
None

When Completed:
Same shift

Normal Values:
50 - 1200 MOSM/KG

Instructions/Remarks:
LAB: Mix well and pour 10 ml. aliquot. Centrifuge.

Last Updated: 04/25/2006

Connected to SCM Item: Osmolality-Urine Random
OVA AND PARASITES

Order Code: OP
Synonym(s): Amoeba, O&P, Parasites
Section: Microbiology

Specimen Requirement:
Fresh stool specimen: series of three (3) stools recommended. ONE FRESH SPECIMEN EVERY OTHER DAY. One of 3 specimens taken after a cathartic. Phosphate of soda cathartic preferred. Do not use oil containing cathartic.

Stool specimen should be submitted in a clean leak-proof container or 10% Formalin and Z-PVA Fixative Transport Vials (available in Microbiology).

Restrictions On Collection:
Only one (1) stool specimen per day will be accepted. Send specimen before upper G.I. series or barium enema. Allow 7-10 days after barium studies to collect stools. Barium and urine interfere with the recovery of parasites. This test will NOT be done in the presence of the above.

When Completed:
Direct and concentration mounts: Same day. Permanent mounts: Forty-eight hours.

Normal Values:

Instructions/Remarks:

Last Updated: 09/09/2005

Connected to SCM Item: Ova + Parasites Exam (O+P)

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:
Circle if appropriate: Right Left
Wound specimens: Deep Superficial

PREP INSTRUCTION:
(1) MICROBIOLOGY: Collect specimen in sterile, tightly capped container. Transport to LAB immediately. Specimens over 1 hour old, or leaking, will require recollection.

(2) If using a swab for collection- aerobic (routine) - Red topped - anerobic- Blue topped

Printed: 11/18/2014 11:22:49AM
OXALATE-24HR URINE  @MYO

Order Code:  OXU

Synonym(s):

Section:  Reference

Tube Type:

Specimen Requirement:

24-hour urine collected with NO PRESERVATIVE
Specimen must be kept refrigerated during and after collection

Minimum Collection Vol:  5 mL

Minimum Aliquot Vol:

Restrictions On Collection:

None

When Completed:

Less than 5 days

Normal Values:

Included with report

Instructions/Remarks:

LAB:  DO NOT USE PRESERVATIVE (no exceptions)
Specimen must be kept refrigerated during and after collection
Specimen pH should be between 4.5 and 8.
Use pH meter to check, located in Chemistry department.
A pH>8 indicates bacterial contamination and will be need
to be recollected.
Do not manually adjust pH, this will adversely affect the results.

REFERENCE LAB:

MYO order code: OXU

Last Updated:  10/10/2013

Connected to SCM Item:  Oxalate, 24Hr Urine  @MYO

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Urine Coll Started:
Date Urine Collect Ends:
Time Urine Coll Started:
Time Urine Collect Ends:
OXCARBAZEPINE METABOLITE (MHC)   @MYO

Order Code:     OCBZ
Synonym(s):    MHC, Trileptal
Section:       Reference
Tube Type:      Red-R

Specimen Requirement:
1 ml serum (small red top tube)
Green top heparinized plasma and
Lavender top EDTA plasma also acceptable.

Minimum Collection Vol:  2 mL
Minimum Aliquot Vol:  0.4 mL

Restrictions On Collection:
None

When Completed:
Test set up: Monday - Saturday
Analytic time:  1 day

Normal Values:
Included with report

Instructions/Remarks:
Because of the very short half-life of OCBZ, there is no clinical
benefit in quantitation of OCBZ. Therefore, only the metabolite (MHC)
is reported.

LAB: Label tube "serum" or "plasma".
Send specimen refrigerated.

REFERENCE LAB:
Mayo test code # 81030

Last Updated:  03/14/2007

Connected to SCM Item:  Oxcarbazepine Metab Level (MHC) @MYO
PANCREATIC CYST FLUID

Order Code:

Synonym(s):

Section:

Tube Type:

Specimen Requirement:

Minimum Collection Vol:

Minimum Aliquot Vol:

Restrictions On Collection:

When Completed:
Same day

Normal Values:

Instructions/Remarks:
Pancreatic cyst fluid is normally sent to Laboratory from GI Lab or OR. Specimen is often shared with Cytology. If received without a Cyto Requisition, check with Cytology before distributing sample. Chemistry tests most frequently ordered are: Amylase (AMYMF), Lipase (LIPAMF), CEA (CEAMF) Stype fluid as cyst fluid (CYST) and comment "Pancreatic".

If sample insufficient for all testing, phone OR or ordering MD to request priority of testing before testing. Record whom you spoke to.

Last Updated: 11/05/2009

Connected to SCM Item:
PARAINFLUENZA VIRUS AB (Types 1, 2, & 3) @NIC (Quest)

Order Code: Misc Lab Item

Synonym(s):

Section: Reference

Tube Type: RED-R

Specimen Requirement:
1 ml. serum (red top tube)

Minimum Collection Vol: 3 mL

Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:
None

When Completed:
Set up: 2 days a week
Turnaround time: 4-5 days

Normal Values:
Included with report

Instructions/Remarks:
LAB: Send refrigerated, reject due to hemolysis.

REFERENCE LAB:
NIC (Quest)
test code # 5157N

Last Updated: 10/02/2006
PARAINFLUENZA VIRUS, DFA @NIC

Order Code: PARFLU

Synonym(s):

Section: Microbiology

Tube Type: VCM

Specimen Requirement:

3 mL nasopharyngeal aspirate or wash

Minimum Collection Vol: 1 mL

Minimum Aliquot Vol: 1 mL

Restrictions On Collection:

- Throats on <2 year old patients
- Specimens received in non viral transport medium such as nucleic acid or bacterial transport media
- Non-respiratory specimens
- Dry swabs
- Received in formalin or other fixatives

When Completed:

- Testing set-up daily
- Report available in 1-2 days

Performing Laboratory

Focus Diagnostics, Inc.
5785 Corporate Ave.
Cypress, CA 90630-4726

Normal Values:

None detected

Instructions/Remarks:

- Reference lab: Transport in VCM
- Transport refrigerated
- Quest test code: 39494

Last Updated: 12/03/2013

Connected to SCM Item: Parainfluenza Virus DFA at NIC

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

- Date Specimen Collected:
- Time Specimen Collected:
- Collected by:

Circle if appropriate:

- Right
- Left

Wound specimens:

- Deep
- Superficial

PREP INSTRUCTION:

(1) MICROBIOLOGY: Collect specimen in sterile, tightly capped container. Transport to LAB immediately. Specimens over 1 hour old, or leaking, will require recollection.

(2) If using a swab for collection- aerobic (routine) - Red topped - anerobic- Blue topped
PARASITE MACROSCOPIC EXAM (LAB ONLY)

Order Code: PARM

Synonym(s): Worm

Section: Microbiology

Tube Type:

Specimen Requirement:
  Worm submitted for identification in a secured screw top container

Minimum Collection Vol:

Minimum Aliquot Vol:

Restrictions On Collection:
  Do not collect in formalin

When Completed:
  1-7 days. May be sent to OCHD for confirmation ID

Normal Values:
  Negative

Instructions/Remarks:

Last Updated: 04/05/2012

Connected to SCM Item: Parasite Macroscopic Exam

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

  Date Specimen Collected:
  Time Specimen Collected:
  Collected by:

  Circle if appropriate: Right  Left
  Wound specimens: Deep  Superficial

PREP INSTRUCTION:
(1) MICROBIOLOGY: Collect specimen in sterile, tightly capped container. Transport to LAB immediately. Specimens over 1 hour old, or leaking, will require recollection.

(2) If using a swab for collection- aerobic (routine) - Red topped - anerobic - Blue topped
PARIETAL CELL AB, IGG, SERUM   @MYO

Order Code:   Misc Lab Item
Synonym(s):   Antiparietal Cell Antibody
Section:      Reference
Tube Type:    Red-R

Specimen Requirement:
0.5 ml of serum, refrigerated

Minimum Collection Vol: 2 mL
Minimum Aliquot Vol: 0.2 mL

Restrictions On Collection:
None

When Completed:
Analytic Time: 1 day
Days Test Set Up: Monday through Saturday

Normal Values:
Included with report

Instructions/Remarks:
LAB: Reject if grossly lipemic

REFERENCE LAB:
Mayo Lab
test code # PCAB

Last Updated: 03/07/2012

Connected to SCM Item:
PARVOVIRUS B19 ANTIBODIES IGG, IGM @NIC

Order Code: PARVN
Synonym(s): Fifth Disease
Section: Reference
Tube Type: Red5

Specimen Requirement:
- 2 mL serum (draw 1 red top tube)
- SST gold top acceptable

Minimum Collection Vol: 5 mL
Minimum Aliquot Vol: 1 mL
Restrictions On Collection: None

When Completed:
- Testing is set-up 5 days a week
- Analytic time of 1 day
- Testing performed at Focus Diagnostics, Inc.

Normal Values:
- Included with report

Instructions/Remarks:
- Reference lab: Send sample at room temperature
- NIC test code # 8946

Last Updated: 03/25/2013

Connected to SCM Item: Parvovirus B19 Abs IgG IgM at NIC
PATERNITY TESTING

Order Code:

Synonym(s):

Section:

Specimen Requirement:

Restrictions On Collection:

When Completed:

Normal Values:

Instructions/Remarks:

Hoag Hospital Laboratory does not draw or process specimens for paternity testing. We do not have a chain of custody procedure that guarantees specimen identify for legal reasons. Please refer patients and physicians to one of the following labs:

- Genelex 1-800-523-6487
- or
- Long Beach Genetics 1-800-551-7763

Last Updated: 04/13/2000
PCR TESTING

Order Code:

Synonym(s):

Section:

Specimen Requirement:

Restrictions On Collection:

When Completed:

Normal Values:

Instructions/Remarks:

Testing by PCR is a specific methodology. Physician must specify “by PCR” in the written orders. See specific test request to be done by PCR. If not found in Laboratory Manual or computer order entry, call Laboratory for test availability. Samples for PCR testing are generally processed by Clinical Laboratory, Reference Department.

Last Updated: 08/30/2007
PEDiatric exchange transfusion

Order Code:  TPEDEX

Synonym(s):  PED, exchange, neonatal

Section:  Blood Bank

Tube Type:  N/A

Specimen Requirement:
Blood Bank will advise if sample necessary.

Minimum Collection Vol:  N/A

Minimum Aliquot Vol:  N/A

Restrictions On Collection:
Order will print in the Blood Bank.

When Completed:
Minimum of 2 hours from receipt of order

Normal Values:
N/A

Instructions/Remarks:
Specify volume, hematocrit and directed donor or CMV negative requirements by answering order questions.

Last Updated:

Connected to SCM Item:  Pediatric Exchange Transfusion
PEDiatric FRESH FROZEN PLASMA TRANSFUSION

Order Code: TPEDFP

Synonym(s): PED, FFP, FRESH FROZEN PLASMA, PLASMA

Section: Blood Bank

Tube Type: N/A

Specimen Requirement:
Sample not required if blood type on file. Order will print in Blood Bank. Blood Bank will call if sample required.

Minimum Collection Vol: N/A

Minimum Aliquot Vol: N/A

Restrictions On Collection:
Do not order until there is an order to transfuse a specific volume. If orders are to have plasma on hold, notify the Blood Bank at 5623.

When Completed:
Aliquot preparation takes one hour from order receipt.

Normal Values:
N/A

Instructions/Remarks:
Plasma will routinely be provided prefiltered in a syringe.

Last Updated: 07/06/2010

Connected to SCM Item: Pediatric Fresh Frozen Plasma
# PEDIATRIC PACKED CELL TRANSFUSION

**Order Code:** TPEDPC

**Synonym(s):** PC, PACKED CELL, PED

**Section:** Blood Bank

**Tube Type:** N/A

**Specimen Requirement:**
Order will print in the Blood Bank. Blood Bank will determine if sample is required.

**Minimum Collection Vol:** 1 mL

**Minimum Aliquot Vol:** 1 mL

**Restrictions On Collection:**
Order only when there is a definite order to transfuse a specific volume of red cells. If blood is simply to be on hold, contact the Blood Bank at extension x45623 to determine if a blood sample is needed.

**When Completed:**
Aliquot preparation takes one hour from order receipt. May be longer if infant has not been previously typed and screened.

**Normal Values:**
N/A

**Instructions/Remarks:**
- Indicate CMV negative or directed donor requirements and volume requested by answering order questions.
- Packed cells will routinely be provided irradiated and pre-filtered in a syringe.

**Last Updated:** 07/08/2010

**Connected to SCM Item:** Pediatric Packed Red Blood Cells
PEDiatric PLATelet TRANSFUSION

Order Code:  TPEDPL
Synonym(s):  PED, PLATELET, PLT
Section:  Blood Bank
Tube Type:  N/A

Specimen Requirement:
Sample not needed if infant blood type on file. Order will print in Blood Bank. Blood Bank will call if sample needed.

Minimum Collection Vol:  N/A
Minimum Aliquot Vol:  N/A
Restrictions On Collection:  N/A

When Completed:
Based on available inventory. Usually within one hour.

Normal Values:  N/A

Instructions/Remarks:
Indicate directed donor or CMV negative requirements and volume by answering order questions.
Platelets will routinely be provided prefiltered in a syringe.

Last Updated:  07/06/2010
Connected to SCM Item:  Pediatric Platelets
PENICILLIN G, ANTIMICROBIAL ASSAY   @MYO

Order Code: Misc Lab Item

Synonym(s): Reference

Tube Type: Red-R

Specimen Requirement:
1 mL serum drawn in plain, red-top tube, no SST.
Serum only acceptable.

Minimum Collection Vol: 3 mL

Minimum Aliquot Vol:

Restrictions On Collection:
Serum for a peak level should be taken 30 minutes after completion of infusion of an intravenous dose or 60 minutes after an intramuscular or oral dose of the antimicrobial to be assayed.

When Completed:
Days Test Set Up: Monday through Friday
Analytic Time: 1 day

Normal Values:
Included with report

Instructions/Remarks:
LAB: Spin down and send 1.5 mL of serum, Frozen. SST not acceptable.

REFERENCE LAB:
Mayo Laboratory
test code # PENG

Last Updated: 03/07/2012

Connected to SCM Item:
PENTOBARBITAL  @UCI

Order Code:  PENTB
Synonym(s):  Nembutal
Section:  Reference
Tube Type:  RED-R

Specimen Requirement:
3 ml. serum (red top tube) *

Minimum Collection Vol:  10 mL
Minimum Aliquot Vol:  3 mL

Restrictions On Collection:
* SST collection tube unacceptable

When Completed:
Less than 2 days, available STAT

Normal Values:
Included with report

Instructions/Remarks:
* SST collection tube unacceptable

Last Updated:  12/01/2010

Connected to SCM Item:  Pentobarbital (Nembutal) Level @UCI
PERIPHERAL SMEAR REVIEW BY PATHOLOGIST

Order Code: SMEAR

Synonym(s): 2.5 ml. whole blood (lavender top tube, EDTA)

Section: Hematology

Tube Type: Lav

Specimen Requirement:

Minimum Collection Vol: 1.5 mL

Minimum Aliquot Vol:

Restrictions On Collection:
None

When Completed:
Smear referred to Pathology Department for review and reporting.

Normal Values:
Included in Pathology report.

Instructions/Remarks:
Place order in SCM. “Diagnosis/Clinical Indication” will be a mandatory entry in SCM. Peripheral smear will be prepared in Hematology and referred to Pathology for review and reporting.

LAB:
Lab Outpatient Services: Include photocopy of doctor's written order with blood sample to Laboratory.
Hematology: Prepare smear. In Manual Entry, file Diagnosis and Time peripheral smear delivered to Pathology. Deliver peripheral smear PLUS Sunquest reports for patient CBC and filed SMEAR result to Pathology.

Last Updated: 02/07/2013

Connected to SCM Item: Peripheral Smear Review by Pathologist
PETROSAL SINUS SAMPLING FOR CUSHINGS DISEASE

Order Code:

Synonym(s):

Section: Reference

Specimen Requirement:
See Lab Manual for specific tests

Restrictions On Collection:

When Completed:
Most tests, within 3 days

Normal Values:
Included with report

Instructions/Remarks:
PETROSA L SINUS SAMPLING FOR CUSHING'S DISEASE

RADIOLOGY:
Must confirm with physician prior to contacting Lab (x4177)
Name of Test ordered (specimen requirements & handling vary)
Draw Site and/or Draw Time
For each specimen to be sent to the Lab, the following information
must be included on the Lab Downtime Requisition:
Patient Name
MR # and Account #
Patient DOB
Collect Date
Collect Time
Draw Site
Name of Test (usu. ACTH or Human Growth Hormone)
Specimen collected by xxxxx
Each sample drawn must be properly labeled with the following:
Patient Name and MR #
Collect Date & Collect Time
Draw Site
Identifier of person collecting specimen, i.e. Employee #
If testing is for ACTH:
Each specimen must be drawn into a PRE-CHILLED 4-ml lavender top
tube (EDTA), on ICE. Minimum collection volume is 3 ml whole blood
for each draw.
Send EACH specimen to Lab STAT by runner. ACTH is processed by
Lab for send out to Mayo Medical Lab for testing.
If testing is for Human Growth Hormone:
Each specimen is drawn into a red top tube (no additive).
Minimum collection volume is 4 ml for each draw. HGH is processed by
Lab for send out to Mayo Medical Lab for testing.
Refer to Laboratory Manual for other testing.
For additional questions, call Lab Reference Dept. at x4177 or 5617.

LAB:
Confirm with Radiology what tests are to be ordered.
Provide Radiology with collection tubes.
Direct Radiology staff to this procedure for specific collection
instructions, i.e. ACTH.
Ensure that EACH sample will be clearly labeled with draw time and
draw site.*
ACTH must be centrifuged in refrigerated centrifuge within 15 minutes
of collection.

Computer ordering:
Place individual orders in REI for each specimen collected.
* If specific Draw Sites are provided, also order test "SITE" in
addition to ACTH or HGH, (whichever test requested).
After filing order, SQ will prompt you for Site information,
then file again.

Batch to Mayo in one batch.
Make note on the packing slip that the samples are from the same
patient, different sites and times.
Request samples be run in the same batch at Mayo.

Last Updated: 02/12/2007
PH BY METER-URINE

Order Code: PHUR
Synonym(s): Urine-pH by meter
Section: Chemistry
Tube Type:

Specimen Requirement:
Prefer 10 mL of urine under 10 mL mineral oil.
Use just enough oil to COMPLETELY cover urine exposure to air.
Do NOT use Tube System to transport.
Must Hand-deliver to Laboratory.

Minimum Collection Vol: 10 mL
Minimum Aliquot Vol: 3 mL

Restrictions On Collection:
None

When Completed:
Anytime

Normal Values:
By report

Instructions/Remarks:
LAB: Pipette urine only for analysis (no oil)

Last Updated: 11/18/2011

Connected to SCM Item: pH by Meter, Urine
PH-BLOOD REFER TO PULMONARY DEPARTMENT

Order Code:

Synonym(s):

Section:

Specimen Requirement:

Restrictions On Collection:

When Completed:

Normal Values:

Instructions/Remarks:

Last Updated:
PH-MISC FLUID

Order Code: PHMF

Synonym(s):

Section: Chemistry

Specimen Requirement:
3 ml. miscellaneous fluid (other than blood or urine)
Collect specimen anerobically if possible.
Specimen for pH measurement may be stored on ice to minimize pH changes due to cellular activity.

Restrictions On Collection:
None

When Completed:
Same shift

Normal Values:

Instructions/Remarks:
LAB: Centrifuge and aliquot if necessary, prior to testing.

Last Updated: 01/25/2007

Connected to SCM Item: pH-Misc Fld

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:
PHENCYCLIDINE (PCP) DRUG SCREEN CONFIRMATION by GCMS@UCI (lab ONLY)

Order Code: Misc Lab Item
Synonym(s):
Section: Reference

Specimen Requirement:
- 25 mL random urine, Adult (6 mL infants)
- Urine - 6 mL required for EACH drug sent for confirmation

Minimum Collection Vol: 6 mL
Minimum Aliquot Vol: 6 mL

Restrictions On Collection:
None

When Completed:
If the sample is received by UCI between the hours of 7:00am and 7:00pm, Monday through Friday, the confirmation will be available in 2 to 6 hours.
On weekends and holidays, the sample should arrive at UCI by 5:00pm.
The turnaround times for results will vary depending upon the drug being confirmed and the methodology used.
Upon completion, the test results will be called and/or faxed to our facility as indicated on the requisition.

Normal Values:
Included with report

Instructions/Remarks:
LAB: Enter a STAT wildcard order to UCI for confirmation of the positive drug(s) only. Do not reorder an entire screen.
Call courier Stat, 456-6575 (except on third shift call the Chemistry Department at UCI, 456-5507).
Sample requirement for UCI is 6 mL for each drug which requires confirmation.

If there is less than 6 mL sample left after our screening procedure, call nursery immediately and request more sample. If the nursery is unable to collect any more sample, send whatever specimen is left if that amount is at least one mL. If the drug is present in high concentration, less sample might be used for accurate results.
Because the drugs clear from the body at varying rates, samples which are collected near delivery or soon after will most accurately reflect mother's drug use. Therefore, it is important to notify nursery promptly when more sample is needed, and follow-up.

Last Updated: 02/09/2007
PHENELZINE (NARDIL) @MYO

Order Code: Misc Lab Item
Synonym(s): Nardil
Section: Reference
Tube Type: LV-R

Specimen Requirement:
4 ml plasma or serum
Draw sufficient lavender-top tubes or sodium heparin green-top tubes and i
send 4.0 mL (min. 2.0 ml) of EDTA or heparinized plasma, or draw i
sufficient plain, red-top tubes and send 4.0 mL (min. 2.0 ml) of serum. i
Send refrigerated.

NOTE: 1. Indicate plasma or serum
2. Label specimen appropriately (plasma or serum)
3. SST tube is not acceptable.

Minimum Collection Vol:

Minimum Aliquot Vol:

Restrictions On Collection:
None

When Completed:
Days Test Set Up:
Monday, Wednesday, Friday
Analytic Time:
2 days

Normal Values:
Included with report

TEST PERFORMED BY NATIONAL MEDICAL SERVICES

Instructions/Remarks:
REFERENCE LAB:
Mayo Laboratory
test code # FPHNZ
Mayo forwards to NMS

Last Updated: 03/07/2012

Connected to SCM Item:
PHENOBARBITAL LEVEL @UCI

Order Code: PHENB
Synonym(s): Luminal
Section: Reference
Tube Type: Red5-R

Specimen Requirement:
- 1 mL serum (small red top tube)
  Gold top SST not acceptable

Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:
None

When Completed:
- Routine: daily, 6-8 hours
- STAT: less than 4 hours

Normal Values:
Included with report.

Instructions/Remarks:
LAB/REFERENCE:
Send 1 mL serum refrigerated. Gold top SST NOT acceptable
UCI code: PHEBRB

Last Updated: 08/26/2014

Connected to SCM Item: Phenobarbital at UCI
PHENOLPHTHALEIN, FECES  @MYO

Order Code:  Misc Lab Item
Synonym(s):  Laxative
Section:  Reference

Specimen Requirement:
Random stool specimen. SEND ENTIRE COLLECTION frozen.

Restrictions On Collection:
None

When Completed:
Days Test Set Up:
    Monday through Saturday
Analytic Time:
    1 day

Normal Values:
Included with report

Instructions/Remarks:
REFERENCE LAB:
    Mayo Laboratory
test code # 8430

USEFUL FOR
    - Detection of laxative abuse

Last Updated: 06/20/2001
PHENOLPHTHALEIN, URINE  @MYO

Order Code:  Misc Lab Item
Synonym(s):
Section:  Reference

Specimen Requirement:
10 mL (min. 5.0 ml) from a random or 24-hour urine collection. Send specimen FROZEN.

Restrictions On Collection:
None

When Completed:
Days Test Set Up:  Monday through Saturday
Analytic Time:  1 day

Normal Values:
Included with report

Instructions/Remarks:
REFERENCE LAB:
Mayo Laboratory
test code # 9306

Last Updated:  10/02/2006
PHENYLALANINE and TYROSINE, QUANTITATIVE, PLASMA @MYO

Order Code: Misc Lab Item
Synonym(s): PKU (Phenyleketonuria), Tyrosine
Section: Reference
Tube Type: CALLAB

Specimen Requirement:
0.5 ml plasma (green-top SODIUM heparin) tube from a fasting patient (a fast of 4 hours or more for infants). Spin down, promptly. Separate plasma from cells promptly, and send 0.5 mL of heparinized plasma, FROZEN.

NOTE: Be sure to include patients birthdate.

Minimum Collection Vol: 1.5 mL
Minimum Aliquot Vol: 0.3 mL

Restrictions On Collection:
None

When Completed:
Days Test Set Up: Monday through Friday
Analytic Time: 2 days.

Normal Values:
Included with report

Instructions/Remarks:
REFERENCE LAB: Mayo Laboratory
test code # PKU
USEFUL FOR
- Quantitative confirmation of abnormal values obtained from mandated state screening programs monitoring effectiveness of therapy of patients with hyperphenylalaninemia.

Last Updated: 03/07/2012

Connected to SCM Item:
PHENYTION, FREE @MYO

Order Code: PHE
Synonym(s): Dilantin Free, Free Dilantin
Section: Reference
Tube Type: Red5
Specimen Requirement:
`1 mL serum (Red top tube, no additive)
Minimum Collection Vol: 2 mL
Minimum Aliquot Vol: 0.5 mL
Restrictions On Collection:
None
When Completed:
Testing set up: Monday through Friday, Sunday
Analytic time: 1 day
Normal Values:
Included with report
Instructions/Remarks:
LABORATORY:
Testing performed at Mayo New England.
Gold top SST tube not acceptable.
REFERENCE:
Send serum refrigerated.
MYO order code: PHYF (formerly 500225)

Last Updated: 12/21/2011
Connected to SCM Item: Phenytoin, Free @MYO
PHOSPHATIDYL GLYCEROL - AMNIOTIC @UCI (LAB ONLY)

Order Code: PGAM

Synonym(s): PG, Amniotic Fluid

Section: Reference

Tube Type:

Specimen Requirement:
10 mL amniotic fluid on ice. Protect from light.
(Vag Pool sample is equal to Amniotic fluid)

Minimum Collection Vol: 2 mL

Minimum Aliquot Vol:

Restrictions On Collection:
None

When Completed:
Available STAT.
Phone report: 1 hour after receipt of sample at UCI
Final report: 1-3 days

Normal Values:
Included with report

Instructions/Remarks:
Included as a possible reflex test to "Amniotic Fluid Cascade @UCI". Inconclusive results for L/S Ratio may be further tested for Phosphatidyl Glycerol @UCI at an additional charge.

Phosphatidyl Glycerol alone may be specifically requested by physician and orderable in Lab.

LAB: Wrap in foil to protect from light. DO NOT centrifuge.
Send on wet ice.
Estimation of gestation period REQUIRED on request form.
Phone UCT STAT courier service 714-456-6575.

Amniotic specimen must be of liquid consistency.
PG results are not usually affected by small to moderate contamination with blood, meconium or vaginal secretion. Reject due to bladder urine or ambient samples.

Last Updated: 04/05/2012

Connected to SCM Item: Phosphatidyl Glycerol-Amnio@UCI

Note: The SCM requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:
PHOSPHATIDYLSEERINE ABS, IgA/IgG/IgM   @NIC

Order Code:   Misc Lab Item

Synonym(s):   

Section:   Reference

Tube Type:   Gold-R

Specimen Requirement:
3 mL serum (Gold top SST)

Minimum Collection Vol:   2 mL

Minimum Aliquot Vol:   0.5 mL

Restrictions On Collection:
None

When Completed:
Less than 5 days

Normal Values:
Included with report

Instructions/Remarks:
LAB:   Send serum refrigerated.

REFERENCE LAB:
Quest # 10062N

Last Updated:   03/03/2008
PHOSPHO-TAU, TOTAL-TAU, AB42   @ATHENA

Order Code:   Misc Lab Item
Synonym(s):   Protein for Alzheimer's, Beta amyloid 1-42 CSF, Tau protein CSF
Section:   Reference
Tube Type:
Specimen Requirement:   2 mL CSF
Minimum Collection Vol:
Minimum Aliquot Vol:
Restrictions On Collection:
   None
When Completed:
   Test set up: Monday, Wednesday, Thursday, Friday
   Turnaround time 7-14 days
Normal Values:
   Included with report
Instructions/Remarks:
   LAB: Ship in Athena REFRIGERATED kit with ice pack.
   REFERENCE LAB:
   Athena test # 177
Last Updated: 03/23/2011
Connected to SCM Item:
PHOSPHOLIPID (CARDIOLIPIN) ABS, IgA/IgG/IgM  @MYO

Order Code:  Misc Lab Item
Synonym(s):  Cardiolipin Abs, Anti-cardiolipin Abs, Anti-Phospholipid Abs
Section:  Reference
Tube Type:  Gold-R
Specimen Requirement:
0.5 mL serum (gold top SST)
Minimum Collection Vol:  2 mL
Minimum Aliquot Vol:  0.5 mL
Restrictions On Collection:
None
When Completed:
Test set up:  Monday through Friday, Sunday
Analytic time:  1 day
Normal Values:
Included with report
Instructions/Remarks:
LAB:  Send refrigerated.
REFERENCE LAB:
MYO test code CLIPG
Last Updated:  08/24/2012
Connected to SCM Item:
PHOSPHOLIPID ABS IGG,IGA,IGM @NIC

Order Code: CARDLP
Synonym(s): Cardiolipin Abs, Anti-cardiolipin Abs, Anti-Phospholipid Abs
Section: Reference
Tube Type: Blu-ICE
Specimen Requirement:
1 mL plasma (draw 1 full lt. blue-top tube), on ICE
Minimum Collection Vol: 2.7 mL
Minimum Aliquot Vol: 0.5 mL
Restrictions On Collection:
None
When Completed:

Normal Values:
Included with report

Instructions/Remarks:
Also included in SCM Order Set "Hypercoagulation Risk Panel" (Thrombosis with Reflex).
Reference lab: Send plasma FROZEN.
NIC test code # 7352

Last Updated: 10/24/2013

Connected to SCM Item: Phospholip Ab Cardiolip IgG A M at NIC
PHOSPHORUS

Order Code: PHOS
Synonym(s): Phosphate
Section: Chemistry
Tube Type: ltG-C

Specimen Requirement:
1 ml. plasma (light green top, lithium heparin)

Restrictions On Collection:
None

When Completed:
Same shift

Normal Values:
2.5 - 4.5 mg/dl

Instructions/Remarks:
No hemolysis.
LAB: Serum acceptable.
Hemolyzed specimens should not be used. Separate specimen within 4 hours of collection. Room temperature up to 3 days. Refrigerate up to 7 days. Freeze up to 2 months.

Last Updated: 08/17/2003

Connected to SCM Item: Phosphorus
PHOSPHORUS, 24 HR URINE @MYO

Order Code: PHOSU

Synonym(s):

Section: Reference

Tube Type:

Specimen Requirement: 24-hour urine collection, no preservative
(Check Mayo PC for other acceptable preservatives)

Minimum Collection Vol:

Minimum Aliquot Vol:

Restrictions On Collection: None

When Completed: Less than 6 days

Normal Values: Included with report

Instructions/Remarks:

LAB: Collect 24-hour specimen. Mix well. Measure and record total volume. Send 5.0 mL in a 13 mL urine vial, AMBIENT.

REFERENCE LAB: Mayo order #8526.

Last Updated: 10/07/2008

Connected to SCM Item: Phosphorus, 24 Hr Urine @MYO

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Urine Coll Started:
Date Urine Collect Ends:
Time Urine Coll Started:
Time Urine Collect Ends:
PI-LINKED AG, PNH, BLOOD @MYO

Order Code: Misc. Lab Item

Synonym(s): Acid Hemolysin, CD55, CD59, FLAER, GPI-Linked Antigen, Ham-Crosby Sugar-Water Test, Blood Hemolytic Anemia, Paroxysmal Nocturnal Hemoglobinuria (PNH)PI Linked Antigen, Sucrose Analysis, Sucrose Fragility, Sucrose Hemolysis, Sugar Water PNH Screen, Sugar Water Test, Ham-Crosby, Blood

Section: Reference

Tube Type: YELadB

Specimen Requirement:
- 6 mL whole blood in yellow top ACD solution B
- Minimum 1 mL

Minimum Collection Vol: 1 mL

Restrictions On Collection: None

When Completed:
- Testing performed Monday-Saturday
- Analytical time of 2 days

Normal Values:
- Included with report

Instructions/Remarks:
- Reference lab: Send original vacutainer
- Ship whole blood room temperature
- Mayo test code: PLINK

Last Updated: 04/16/2013

Connected to SCM Item:
PINWORM SWAB

Order Code: PINW

Synonym(s):

Section: Microbiology

Specimen Requirement:
Obtain Pinworm paddle and directions for collecting the specimen from Microbiology

Restrictions On Collection:

When Completed:
Same day

Normal Values:

Instructions/Remarks:
The specimen must be collected just after the patient awakes, before arising. Pinworm is very infectious. Avoid contamination of self and others. Wash hands as soon as specimen is taken.

Last Updated: 02/09/2007

Connected to SCM Item: Pinworm Swab For Exam

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:

Circle if appropriate: Right Left

Wound specimens: Deep Superficial

PREP INSTRUCTION:
(1) MICROBIOLOGY: Collect specimen in sterile, tightly capped container. Transport to LAB immediately. Specimens over 1 hour old, or leaking, will require recollection.

(2) If using a swab for collection- aerobic (routine) - Red topped - anaerobic- Blue topped
PLASMA HEMOGLOBIN    @MYO

Order Code:    PHGB
Synonym(s):    Hemoglobin, plasma
Section:    Reference
Tube Type:    CALLAB*

Specimen Requirement:
2.0 ml. plasma (lavender top tube, EDTA).
* Send to Specimen Processing IMMEDIATELY.

Minimum Collection Vol:    3.0 mL
Minimum Aliquot Vol:    1.0 mL

Restrictions On Collection:
Draw with 19-gauge needle to avoid hemolysis *

When Completed:
Test set up:    Monday through Saturday
Analytic time:    1 day

Normal Values:
Included with report

Instructions/Remarks:
LAB:    Spin down and refrigerate plasma immediately.
        Sodium heparin also acceptable.
        Serum NOT acceptable

REFERENCE LAB:
        Mayo Lab
test code # 9096

Last Updated:    10/02/2006

Connected to SCM Item:    Plasma Hemoglobin    @MYO
PLASMINOGEN ACTIVATOR INHIBITOR AG @NIC

Order Code: PAIAG
Synonym(s): PAI-1
Section: Reference
Tube Type: Blue-ICE

Specimen Requirement:
1 mL plasma (draw 1 FULL light blue top tube)
Specimen must be collected on ICE

Minimum Collection Vol:
Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:
None

When Completed:
Testing set-up 2 days a week
Analytical time of 4 to 5 days

Normal Values:
Included with report

Instructions/Remarks:
Lab: Centrifuge light-blue top tube for 15 minutes in cold centrifuge within 60 minutes of collection. Using a plastic pipette, remove plasma, taking care to avoid the WBC/platelet buffy layer and place into a new plastic vial. Centrifuge in the cold centrifuge for another 15 minutes and transfer platelet-poor plasma into a new plastic vial. FREEZE IMMEDIATELY

Ship plasma FROZEN ONLY

Reject hemolysis

NIC test code # 36555X

Last Updated: 12/11/2012

Connected to SCM Item: Plasminogen Activator Inhibitor PAI 1 Antigen at NIC
PLASMINOGEN ACTIVITY @NIC

Order Code: PLSMN

Synonym(s): 

Section: Reference

Tube Type: Blu-ICE

Specimen Requirement:
1 mL citrated plasma (FULL blue top tube)
Draw on ice
Deliver to Specimen Processing immediately

Minimum Collection Vol: 2.7 mL

Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:
None

When Completed:
Testing set up: Tuesday
Reports on Thursday

Normal Values:
Inculded with report

Instructions/Remarks:
LABORATORY/REFERENCE:
Freeze plasma. Ship frozen.
Quest order code: 59709P

Last Updated: 01/02/2014

Connected to SCM Item: Plasminogen Activity at NIC
PLATELET AGGREGATION  @UCI

Order Code:  Misc Lab Item
Synonym(s):
Section:
Specimen Requirement:

Restrictions On Collection:

When Completed:

Normal Values:

Instructions/Remarks:
PLATELET AGGREGATION    @UCI

Per UCI Coagulation Dept:
All platelet aggregations must be scheduled with UCI Coagulation department in advance.

OUTPATIENTS:
Outpatients must go to the UCI Outpatient Drawing Area in Pavilion 3 of the UCI Medical Center. The specimen must be drawn Monday thru Friday between 9am and 2pm. Outpatients are to call 714-456-5030 to schedule an appointment for testing.

INPATIENTS:
Inpatients in referring facilities cannot travel to UCI for specimen collection, therefore strict guidelines MUST be followed for UCI to receive an acceptable specimen.
- Patient and control should be drawn into 3.2% or 3.8% citrate, 20ml (blue top tubes).
- A Normal Control specimen must be drawn, processed and transported in a manner identical to Patient specimen, 20ml (blue top tubes).
- Normal Control must be free from known disease or hemostasis defect, and must be free of all medications known to interfere with aggregation (see list below).
- Platelet Count MUST be >100,000 !!!!!!!! If the platelet count is less than 100,000, have the scheduler call during business hours to discuss alternatives with Dr. Newman or the Special Coag Tech 714-456-5030.
- Specimens must arrive at UCI Laboratory Monday thru Friday between the hours of 9am and 2pm, AND within 1 1/2 hours of collection, MUST call UCI in advance at 714-456-5030. Courier pickup is timed to coincide with patient draw time.
- Hemolyzed and lipemic specimens are not acceptable.
- DO NOT centrifuge samples -- ROOM TEMPERATURE AT ALL TIMES.
- Remind courier to keep samples at room temperature during transport.

RECOMMENDED PATIENT PREPARATION:
Aggregation studies cannot be performed if sample is even SLIGHTLY lipemic. Therefore, it is recommended that the patients diet be restricted to clear liquids for a minimum of 3 hours before collection. Hemolyzed specimens are not acceptable.

INTERFERING MEDICATIONS:
Patient and Normal Control should be free from interfering medications for at least 7 days. Interfering medications include:
- ANTI-INFLAMMATORY DRUGS: Aspirin, Indomethacin, Naproxen, Pepto-Bismol, AlkaSeltzer etc
- ANTICOAGULANTS: Dextran, Heparin, Prostacyclin
- ANTIBIOTICS: Ampicillin, Azlocillin, Carbenicillin, Mithramycin, Moxalactam, Nafcillin, Nitrofuantoin, Penicillin, Piperacillin, Ticarcillin
- MISCELLANEOUS: High-dose Vitamin E, Ginko Biloba, Aminocaproic Acid, Ethanol, Halothane, Nitroglycerin, Radiographic Contrast Agents.

Last Updated: 08/10/2004
PLATELET ANTIBODY, INDIRECT (IgG), by IMMUNOASSAY @NIC #5341X

Order Code:   Misc Lab Item
Synonym(s):  Platelet Alloimmune Antibody, Platelet Refractory, NAIT
Section:     Reference
Tube Type:   Red3-R
Specimen Requirement:
             1.5 mL serum (red top tube, no gel)
Minimum Collection Vol:  3 mL
Minimum Aliquot Vol:     0.8 mL
Restrictions On Collection:
             None
When Completed:
             Testing set up: Monday through Saturday
             Reports in 2-4 days
Normal Values:
             Included with report

Instructions/Remarks:
             LABORATORY REFERENCE:
             Send 1.5 mL serum, minimum 0.8 mL, FROZEN.
             SST tube also acceptable, but not preferred.
             Quest order code: 5341X

Last Updated: 11/14/2014

Connected to SCM Item:
PLATELET ASPIRIN SENSITIVITY

Order Code: ASPRIN
Synonym(s): Aspirin-Platelet Sensitivity to
Section: Coagulation
Tube Type: Special

Specimen Requirement:
VerifyNow special tubes provided by, and drawn by, Laboratory.
See Instructions/Remarks below for proper procedure for drawing blood.

Minimum Collection Vol:

Minimum Aliquot Vol:

Restrictions On Collection:
Draw between 7am - 7pm

When Completed:
Testing available 7am - 7pm
Reports same shift

Normal Values:
Platelet Aspirin Sensitivity in Aspirin Reaction Units:
350 - 549 ARU: Therapeutic range for platelet function sensitivity
550 - 700 ARU: Non-therapeutic range for platelet function sensitivity

Instructions/Remarks:
Collection of blood sample should be performed with care to avoid hemolysis or contamination by tissue factors.

1) Set up a discard tube -- may be red-top (no-additive), blue, blood culture, or heparin tube. The discard tube cannot contain EDTA (lavender top).
2) VerifyNow collection tubes are Greiner Bio-One Vacuette partial-fill i blood collection tubes (2 mL fill volume) containing 3.2% sodium citrate.
3) Obtain samples from extremity free of IV infusions.
4) If drawing for a CBC at the same time, FILL THE CBC TUBE LAST to avoid contamination by EDTA.
5) Collect whole blood using a 21 gauge or larger needle. Butterfly (21 i gauge) is okay.
6) First tube is the discard tube (at least 2 mL), second and third tubes i are the VerifyNow tubes.
7) Fill the second tube (VerifyNow) to the black line (approx. 1/2 of the i tube. Do not under or over fill.) Fill the third VerifyNow tube to the i black line.
8) Gently invert the tubes at least 5 times to ensure complete mixing.
9) Discard the discard tube.
10) DO NOT SEND VERIFYNOW TUBES TO THE LAB VIA THE TRANSLOGIC TUBE i SYSTEM. Hand deliver, room temperature.

LAB: Test must be performed within 4 hours of collection.
Do NOT centrifuge tubes.

Last Updated: 06/09/2010

Connected to SCM Item: Platelet Aspirin Sensitivity
PLATELET COUNT

Order Code: PLATC

Synonym(s):

Section: Hematology-Coag

Tube Type: LV-H

Specimen Requirement:
2.5 mL whole blood (lavender top tube, EDTA) or by fingerstick using a microtainer and two peripheral slides

Minimum Collection Vol: 0.5 mL

Minimum Aliquot Vol:

Restrictions On Collection:
STATs and ASAPs are done anytime, routines preferably done on the day shift

When Completed:
Same day

Normal Values:
150 - 400 K/uL

Instructions/Remarks:
Done as part of a CBC - Complete Blood Count, ABC - Auto Blood Count, or can be ordered separately.

Last Updated: 04/02/2013

Connected to SCM Item: Platelet Count Only
PLATELET COUNT - UNOPETTE

Order Code: PLATU
Synonym(s): Unopette
Section: Hematology-Coag
Tube Type: Unopette

Specimen Requirement:
Whole blood fingerstick collection using a Unopette device and preparation of two (2) peripheral blood smears at the bedside.

Minimum Collection Vol: 
Minimum Aliquot Vol: 

Restrictions On Collection:
Performed by Laboratory Venipuncture, call x45624

When Completed: Same day

Normal Values:
150 - 400 K/uL

Instructions/Remarks:
Use limited to specific order by physician for platelet counts on patients with a history of platelet clumping in EDTA.

Last Updated: 06/05/2010

Connected to SCM Item: Platelet Count-Unopette
PLATELET FUNCTION ANALYSIS

Order Code: PFA

Synonym(s): Collagen/Epi, Collagen/ADP

Section: Coagulation

Tube Type: BluPFA

Specimen Requirement:
LAB WILL DRAW -- call x45618
6 ml whole blood (2-blue top tubes, citrate), room temperature.
Tubes must be full. Hand deliver to Lab.
See "Restrictions on Collection" below.

Minimum Collection Vol: 6 mL

Minimum Aliquot Vol:

Restrictions On Collection:
Do NOT use butterfly for venipuncture.
Do NOT use smaller than 21 G needle for venipuncture.
Do NOT draw from a line.
Do NOT use Tube System to transport.
Must hand-deliver to Laboratory.

When Completed: Same day

Normal Values:
Collagen/Epinephrine: 80-184 seconds
Collagen/ADP: 56-103 seconds

Instructions/Remarks:
Initial testing is for Collagen/Epinephrine.
If result is abnormal, additional testing for Collagen/ADP
will be added at an additional charge.

LAB: Do NOT centrifuge.
Keep at room temperature
Test must be run within 4 hours of collection.

Last Updated: 08/10/2010

Connected to SCM Item: Platelet Function Analysis
PLATELET PLAVIX SENSITIVITY

Order Code: PLAVIX

Synonym(s):

Section: Coagulation

Tube Type: Special

Specimen Requirement:
VerifyNow special tubes provided by, and drawn by, Laboratory. See Instructions/Remarks below for proper procedure for drawing blood.

Minimum Collection Vol:

Minimum Aliquot Vol:

Restrictions On Collection:
Draw between 7am and 7pm

When Completed:
Testing available 7am - 7pm
Reports same shift.

Normal Values:
Platelet Reactive Unit: 194-418 PRU

Instructions/Remarks:
Collection of blood sample should be performed with care to avoid hemolysis or contamination by tissue factors.

1) Set up a discard tube -- may be red-top (no additive), blue, blood culture, or heparin tube. The discard tube cannot contain EDTA (lavender top).
2) VerifyNow collections tubes are Greiner Bio-One Vacuette partial-fill blood collection tubes (2 mL fill volume) containing 3.2% sodium citrate.
3) Obtain samples from extremity free of IV infusions.
4) If drawing for a CBC at the same time, FILL THE CBC TUBE LAST to avoid contamination by EDTA.
5) Collect whole blood using a 21 guage or larger needle. Butterfly (21 guage) is okay.
6) First tube is the 'discard tube' (at least 2 mL), second and third tubes are the VerifyNow tubes.
7) Fill the second tube (VerifyNow) to the black line (approx. 1/2 of the tube. Do not under or overfill.) Fill the third VerifyNow tube to the black line.
8) Gently invert the tubes at least 5 times to ensure complete mixing.
9) Send the 'Discard Tube' to the Lab with the VerifyNow tubes.
10) DO NOT SEND VERIFYNOW TUBES TO THE LAB VIA THE TRANSLOGIC TUBE SYSTEM. Hand deliver, room temperature.

LAB: Test must be performed within 4 hours of collection. Do NOT centrifuge tubes.

Last Updated: 10/04/2012

Connected to SCM Item: Platelet Plavix Sensitivity
PLATELET REFRACTORINESS EVALUATION

Order Code: PLTREF
Synonym(s): 
Section: Blood Bank
Tube Type: YACDA+Red10
Specimen Requirement:
3 - Yellow top ACD A, plus
1 - Red top tube

Minimum Collection Vol: 
Minimum Aliquot Vol: 

Restrictions On Collection: 
Contact the Transfusion Service Dept at x45623 prior to ordering. Requires prior approval of Blood Bank Medical Director, Manager or Head CLS.

When Completed: 
Monday through Friday only
Up to 72 hours turn around time

Normal Values: 

Instructions/Remarks: 
Must be sent out through Transfusion Service accompanied by our American Red Cross request form. Includes HLA ABC Typing, Platelet Antibody Screen and coordination of matched platelet products if indicated based on results.

Last Updated: 07/08/2010
Connected to SCM Item: Platelet Refractoriness Evaluation
PLATELET-ASSOCIATED ANTIBODY (PLATELET ANTIBODY, DIRECT, FLOW CYTOMETRY @NIC QUEST) #140129P

Order Code: Misc Lab Item
Synonym(s): Platelet Antibody, Autoimmune or Drug Related
Section: Reference
Tube Type: Lav10-R

Specimen Requirement:
10 mL EDTA whole blood (large lavender top, EDTA)
(required volume dependent on Platelet Count)*

Minimum Collection Vol:

Minimum Aliquot Vol:

Restrictions On Collection:
None

When Completed:
Testing set up: daily in AM
Reports in 2 days in PM

Normal Values:
Included with report

Instructions/Remarks:
LABORATORY REFERENCE:
*Required volume is dependent on patient Platelet Count.
If Platelet Count is less than 20,000 send 7-10 mL whole blood.
If ADC-A tube is not full, and patient has no current Platelet Count, request Pathologist write an order for a Platelet Count (PLATD) and scan order into ChartMaxx.
Pediatric minimum is 1 mL whole blood.
Send EDTA whole blood ROOM TEMP.
Do not refrigerate. ACD tubes unacceptable.
Quest order code: 140129P

Last Updated: 11/14/2014

Connected to SCM Item:
PLATELETPHERESIS

Order Code: TPPH

Synonym(s): PHERESIS, PLATELETS, PLATELET PHERESIS, PLT PHERESIS, PLTS, PLATELET TRANSFUSION

Section: Blood Bank

Tube Type: n/a

Specimen Requirement:
Blood sample not required unless patient has no blood type on file. Blood Bank will call if patient needs to be drawn.

Minimum Collection Vol: N/A

Minimum Aliquot Vol: N/A

Restrictions On Collection:

When Completed:
STAT requests can usually be filled in one hour or less depending on inventory levels. Routine to give orders may take up to four hours depending on inventory levels and community supply. Floor will be notified when ready or if there are unexpected delays in product availability.

Normal Values:
N/A

Instructions/Remarks:
One plateletpheresis is equivalent to 6 to 10 units of platelet concentrates. If MD order is 6 - 10 units, order one plateletpheresis.

Enter number of units in quantity prompt. Order will print in the Blood Bank.

Specify CMV neg, irradiation or directed donor requirements by answering order questions.

Call the Blood Bank at 45623 for HLA Matched or Crossmatch compatible platelets.

Last Updated: 07/06/2010

Connected to SCM Item: Plateletpheresis
PLEURAL FLUID PROTOCOL, LAB (Order Set)

Order Code:

Synonym(s):

Section: Hematology

Specimen Requirement:

Restrictions On Collection:

When Completed:

Normal Values:

Instructions/Remarks:

FORMS:
- Chemistry Routine requisition (Chemistry)
- Urinalysis-Body Fluids requisition (Misc Fluids)
- Microbiology requisition
- Cytology #24 requisition

Physician orders may include the following:

A. PLEURAL FLUID
   I. CHEMISTRY:
      - LD, Misc Fluid
      - Protein, Misc Fluid
      - Glucose, Misc Fluid
      - pH, Misc Fluid
      - Amylase, Misc Fluid
      - CEA, Misc Fluid
   II. HEMATOLOGY:
      - Cell Count + Diff, Misc Fluid
   III. MICROBIOLOGY:
      - Body Fluids Aerobic Cult + Gram
      - Anaerobic Culture
      - Acid Fast Smear + Culture (AFB)
   IV. CYTOLOGY:
      - Use Cytology requisition and send to Cytology lab.

B. PERIPHERAL BLOOD (to be drawn same day)
   I. CHEMISTRY: (Use same methods as for pleural fluid)
      - LD Total
      - Protein, Total
      - Glucose

Bring ALL completed requisitions AND specimens to Laboratory Specimen Processing.

Order in SCM as Order Set "Pleural Fluid Protocol".

LAB: During SCM downtime, items may be ordered in Misys. Orders must be S-typed PLEU. See Misys procedure.

Last Updated: 03/03/2008
PNEUMOCYSTIS JIROVECI, DFA @NIC

Order Code: PCPN

Synonym(s): Pneumocystis carinii, DFA

Section: Microbiology

Tube Type: Sterile screw cap container

Specimen Requirement:
Bronchial lavage/wash or sputum

Minimum Collection Vol: 3 mL

Minimum Aliquot Vol: 2 mL

Restrictions On Collection:
None

When Completed:
Testing set-up: 6 days a week (AM)
Report available in 1-2 days

Normal Values:
None detected

Instructions/Remarks:
Reference lab: send refrigerated
Quest test code: 34286X

Last Updated: 12/03/2013

Connected to SCM Item: Pneumocystis Jiroveci (Carinii) DFA at NIC

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:

Circle if appropriate: Right Left
Wound specimens: Deep Superficial

PREP INSTRUCTION:
(1) MICROBIOLOGY: Collect specimen in sterile, tightly capped container. Transport to LAB immediately.
Specimens over 1 hour old, or leaking, will require recollection.

(2) If using a swab for collection- aerobic (routine) - Red topped — anaerobic- Blue topped
POLIOVIRUS (TYPES 1-3) ANTIBODY   @FOC

Order Code:  Misc Lab Item

Synonym(s):

Section:  Reference

Tube Type:  Red-R

Specimen Requirement:
1 mL Serum (minimum 0.5 mL) - OR - 1 mL (minimum 0.5 mL) of CSF

Restrictions On Collection:
None

When Completed:
Less than 5 days

Normal Values:
Included with report

Instructions/Remarks:

REFERENCE LAB:
Focus test code SERUM # 40770
Focus test code CSF # 60770

This test is not for vaccine response. See Poliovirus Ab. Neutralization

Last Updated: 03/26/2008
POLIOVIRUS AB. NEUTRALIZATION (Vaccine Response) @FOC

Order Code: Misc Lab Item

Synonym(s):

Section: Reference

Tube Type: Red-R

Specimen Requirement:
1 mL Serum (minimum 0.5 mL)

Minimum Collection Vol: 1.5 mL
Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:
This sensitive procedure is recommended for vaccine response testing and type-specific serodiagnosis of recent Poliovirus infection.

When Completed:
Less than 5 days

Normal Values:
Included with report

Instructions/Remarks:
REFERENCE LAB:
Focus test code # 81110

Last Updated: 09/10/2012

Connected to SCM Item:
LABORATORY MANUAL

PORPHOBILINOGEN QUANT, 24-HOUR UR  @NIC (Quest)

Order Code:  Misc Lab Item
Synonym(s):
Section:  Reference
Tube Type:

Specimen Requirement:
10 ml from a 24-hour urine collection
Refrigerate during and after collection
NO preservative

Minimum Collection Vol:  2 mL
Minimum Aliquot Vol:

Restrictions On Collection:
None

When Completed:
Test set up:  5 days a week
Analytic time: reports in 1 day

Normal Values:
Included with report

Instructions/Remarks:
LAB: Mix 24-hour urine.
Send 10 ml aliquot. or use amber tubes.
Wrap tube in foil to protect from light.
Ship refrigerated.

REFERENCE LAB:
NIC order code # 726

Last Updated:  12/06/2010

Connected to SCM Item:
PORPHOBILINOGEN QUANT, RANDOM UR   @NIC (Quest)

Order Code:   Misc Lab Item
Synonym(s):  
Section:   Reference
Tube Type:  
Specimen Requirement:  
10 ml aliquot from random urine -- no preservative
PROTECT FROM LIGHT
Minimum Collection Vol:  2 mL
Minimum Aliquot Vol:  2 mL
Restrictions On Collection:  

When Completed:  
Test set up:  5 days a week
Analytic time: Reports in 1 day
Normal Values:   
Included with report

Instructions/Remarks:  
LAB:  
Ship FROZEN wrapped in foil.
PROTECT FROM LIGHT.
Ship in Sterile container

REFERENCE LAB:  
Quest Diagnostics Nichols Institute
NIC test code # 6329

Last Updated: 11/19/2013

Connected to SCM Item:
PORPHYRINS FRACTIONATED QUANT, 24-HOUR UR @NIC (Quest)

Order Code: Misc Lab Item
Synonym(s):
Section: Reference

Specimen Requirement:
2 mL from a 24-hour urine collection. No preservative.
Refrigerate during and after collection.

Minimum Collection Vol: 1 mL
Minimum Aliquot Vol: 1 mL
Restrictions On Collection:
None

When Completed:
Test set up: 5 days a week
Analytic time: Reports in 2-3 days

Normal Values:
Included with report

Instructions/Remarks:
LAB: Mix 24-hour urine.
Send 2 mL aliquot.
Wrap in foil to PROTECT FROM LIGHT,
or USE AMBER TUBES.
Ship refrigerated.

REFERENCE LAB:
NIC test code # 729X

Last Updated: 10/02/2006
PORPHYRINS FRACTIONATED QUANT, RANDOM UR @NIC (Quest)

Order Code: Misc Lab Item
Synonym(s): 
Section: Reference
Tube Type: 
Specimen Requirement:
  2 mL from a random urine collection, NO preservative
  PROTECT FROM LIGHT
Minimum Collection Vol: 1 mL
Minimum Aliquot Vol: 1 mL
Restrictions On Collection:
  PROTECT FROM LIGHT
When Completed:
  Days Test Set Up: Monday through Friday
  Analytic Time: 2-3 days
Normal Values:
  Included with report
Instructions/Remarks:
  Includes: Uroporphyrin, Heptaporphyrin, Hexaporphyrin,
          Pentaporphyrin, Coproporphyrin, Total Porphyrins.
          Does NOT include Porphobilinogen.
          LAB: Ship refrigerated wrapped in foil. PROTECT FROM LIGHT.
          REFERENCE LAB:
          Quest Diagnostics Nichols Institute
          test code # 36592
Last Updated: 03/25/2013
Connected to SCM Item:
PORPHYRINS/PORPHOBILINOGEN QT, 24HR UR   @MYO

Order Code:  PQNU
Synonym(s):  Porphobilinogen
Section:  Reference

Specimen Requirement:
24 hour urine collected in 5 gm. sodium carbonate; Preservative must be added at start of collection. PROTECT FROM LIGHT

Restrictions On Collection:
Patient should refrain from alcohol 24hr prior to collection.

When Completed:
Test set up: Monday through Friday Analytic time: 1 day

Normal Values:
Included with report

Instructions/Remarks:
Includes: Uroporphyrins, Heptacarboxylporphyrins, Hexacarboxylporphyrins, Pentacarboxylporphyrins, Coproporphyrins, Porphobilinogen.
LAB: Prepare 24-hour collection container by adding 5 gm. of sodium carbonate to empty brown container. Protect from light. After collection mix well and record total 24-hour volume. Send 25-50 ml. aliquot wrapped in foil to protect from light. FREEZE.

REFERENCE LAB:
Mayo test code # 8562

Last Updated: 02/13/2007

Connected to SCM Item:  Porphyrin/Porpho Qt-24Hr@MYO

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Urine Coll Started:
Date Urine Collect Ends:
Time Urine Coll Started:
Time Urine Collect Ends:
POTASSIUM

Order Code: K
Synonym(s): K
Section: Chemistry
Tube Type: ltG-C

Specimen Requirement:
1 ml. plasma (light green top tube, lithium heparin), no hemolysis

Restrictions On Collection:
None

When Completed:
Same shift

Normal Values:
Plasma: 3.5 - 5.0 mmol/L

Instructions/Remarks:
Included in Basic Metabolic Panel (BMPAN).
LAB: No hemolysis.
Serum and plasma: Hemolyzed specimens should not be used. Separate specimen within 2 hours of collection. Room temperature or refrigerate up to 6 weeks. Freeze up to 1 year.

Last Updated: 02/09/2007

Connected to SCM Item: Potassium Level
POTASSIUM-24HR URINE

Order Code: K24HR
Synonym(s): K-urine 24HR
Section: Chemistry

Specimen Requirement:
24-hour urine collection
Refrigerate urine during collection.
Submit entire collection to Laboratory with completed Order Requisition.

Restrictions On Collection:
None

When Completed:
Same shift

Normal Values:
26 - 123 mmol/day

Instructions/Remarks:
LAB: Properly labeled Timed collection received with SCM Order Requisition.
Measure urine volume and record on Order Requisition.
Mix well, aliquot 5 mL and centrifuge.
Take spun urine aliquot and Order Requisition to Tech for testing.
Tech will verify HOURS of collection on Order Requisition:
Date Urine Collection Started
Date Urine Collection Ends
Time Urine Collection Started
Time Urine Collection Ends

Last Updated: 02/09/2007

Connected to SCM Item: Potassium-24Hr Urine
Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:
Date Urine Coll Started:
Date Urine Collect Ends:
Time Urine Coll Started:
Time Urine Collect Ends:
POTASSIUM–MISC FLUID

Order Code:    KMF
Synonym(s):    K–MF
Section:      Chemistry
Specimen Requirement:
               1 ml miscellaneous fluid
Minimum Collection Vol:  0.5 mL
Restrictions On Collection:  None
When Completed:  Same shift
Normal Values:   No normal values available
Instructions/Remarks:
                LAB:  Centrifuge and aliquot if necessary, prior to testing.  
                Store room temperature up to 4 hours.  
                Refrigerate up to 3 days.  
                Freeze for up to 6 months.

Last Updated:  02/09/2007

Connected to SCM Item:  Potassium-Misc Fluid

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

    Date Specimen Collected:
    Time Specimen Collected:
    Collected by:
POTASSIUM-URINE RANDOM

Order Code:  KUR
Synonym(s):  K-urine
Section:  Chemistry
Specimen Requirement:  1 ml. random urine

Restrictions On Collection:  None

When Completed:  Same shift

Normal Values:  No normals for random specimen

Instructions/Remarks:
LAB:
Urine: Refrigerate during collection and keep refrigerated until analysis. Room temperature up to 4 days. Refrigerate up to 7 days. Freeze up to 6 months.

Last Updated:  02/09/2007

Connected to SCM Item:  Potassium, Urine Random
PREALBUMIN

Order Code: PAL
Synonym(s):
Section: Chemistry
Tube Type: Gold-C
Specimen Requirement:
1 ml serum (gold top SST tube)
Minimum Collection Vol: 2.0 mL
Minimum Aliquot Vol: 0.6 mL
Restrictions On Collection:
None
When Completed:
Same shift
Normal Values:
18 - 36 mg/dL
Instructions/Remarks:

Last Updated: 05/23/2006
Connected to SCM Item: Prealbumin
LABORATORY MANUAL

PRECIPITIN THERMOACTINOMYCES VULGARIS IgG @MYO

Order Code: Misc Lab Item
Synonym(s): Hypersensitivity pneumonitis
Section:
Tube Type:
Specimen Requirement:

Minimum Collection Vol:
Minimum Aliquot Vol:
Restrictions On Collection:

When Completed:

Normal Values:

Instructions/Remarks:

Last Updated: 11/12/2014
Connected to SCM Item:
PreEclampsia PANEL-INITIAL (LDR & Fetal Diag)-Order Set

Order Code:

Synonym(s): PIH Panel, Pre-Eclampsia Panel

Section: Chem,Hema,BBank

Tube Type: *

Specimen Requirement:

* Tube Type:
  1 - PinkBB
  1 - LtGreen
  1 - Lav3

Specimen(s):
  6 ml whole blood (pink top, EDTA)
  2 ml plasma (light green top tube, lithium heparin)
  2.5 ml whole blood (lavender top tube, EDTA)

Minimum Collection Vol:

Minimum Aliquot Vol:

Restrictions On Collection:

When Completed:

Normal Values:

Instructions/Remarks:

NURSING: In SCM, order Order Set item "PreEclampsia Panel-INITIAL". Panel includes CBC, Basic Metabolic Panel, SGOT, SGPT, LD, Uric Acid, ABO and RH.

LAB: During computer downtime, order individual items in Misys system.

Last Updated: 09/12/2011

Connected to SCM Item:
PreEclampsia PANEL-REPEAT (LDR & Fetal Diag)-Order Set

Order Code: 

Synonym(s): PIH Panel, Pre-Eclampsia Panel

Section: Chem,Hema,BBank

Tube Type: *

Specimen Requirement: 

* Tube type: 
  1 - LtGreen 
  1 - Lav3 
Specimen(s): 
  2 ml plasma (light green top tube, lithium heparin) 
  2.5 ml whole blood (lavender top tube, EDTA)

Minimum Collection Vol: 

Minimum Aliquot Vol: 

Restrictions On Collection: 

When Completed: 

Normal Values: 

Instructions/Remarks: 

NURSING: In SCM order Order Set item "PreEclampsia Panel-REPEAT". Panel includes Hgb+Hct, Platelet Count, SGOT/AST, Creat, LD, Uric Acid, SGPT/ALT.

LAB: During computer downtime, order individual items in Misys system.

Last Updated: 09/12/2011

Connected to SCM Item:
PREGNANETRIOL-24HR URINE @MYO

Order Code: Misc Lab Item
Synonym(s):
Section: Reference

Specimen Requirement:
15 ml from a 24-hour urine collected in 25 ml of 50% acetic acid* (Check Mayo PC for other acceptable preservatives)

Minimum Collection Vol: 15 mL
Minimum Aliquot Vol: 15 mL

Restrictions On Collection:
None

When Completed:
Test set up: Monday and Thursday
Analytic time: 2 days

Normal Values:
Included with report

Instructions/Remarks:
Also included in 17-KETOSTEROID FRACT 24-HR URINE @MYO.

LAB: Prepare 24-hour collection container by adding 25 ml of 50% acetic acid to empty container.
*Use 15 ml of 50% acetic acid for children less than 5 years old.
After collection mix well and record total 24-hour volume.
Send 50 ml aliquot.

When processing batch in MayoAccess, you will be prompted for the following information prior to transmitting batch:
Collection Duration:
Urine Volume:

REFERENCE LAB:
Mayo test code # 8528

Last Updated: 07/08/2008
PREGNENOLONE  @NIC (Quest)

Order Code:  Misc Lab Item

Synonym(s):  

Section:  Reference

Tube Type:  RED-R

Specimen Requirement:
4 mL serum (large red top tube)

Minimum Collection Vol:  10 mL

Restrictions On Collection:
None

When Completed:
Testing set up 5 days a week in AM
Turnaround time: 4-7 days

Normal Values:
Included with report

Instructions/Remarks:
LAB:  Send serum refrigerated.
      Alternate specimen: plasma acceptable.

REFERENCE LAB:
Quest code # 28373P

Last Updated: 10/30/2006
PREMATURE ADRENARCHE PROFILE I @ESO

Order Code: Misc Lab Item
Synonym(s): 
Section: Reference
Tube Type: RED-R

Specimen Requirement:
2.0 mL of Serum, FROZEN
(Minimum 1.5 mL of Serum, FROZEN; however, this volume does not permit repeat analysis)

Minimum Collection Vol: 5 mL
Minimum Aliquot Vol: 1.5 mL

Restrictions On Collection:
None

When Completed: Less than 7 days

Normal Values: Included with report

Instructions/Remarks:
Profile includes: Androstenedione, DHEA Sulfate, 17-OH-Progesterone, and Testosterone

REFERENCE LAB:
Esoterix test code # 500925

Last Updated: 03/27/2008
PREMATURE ADRENARCHE PROFILE II  @ESO

Order Code:  Misc Lab Item

Section:  Reference

Tube Type:  RED-R

Specimen Requirement:
2.0 mL of Serum, FROZEN
(minimum 5.0 mL of serum; however, this volume does not permit
repeat analysis)

Minimum Collection Vol:  5 mL

Minimum Aliquot Vol:  1.5 mL

Restrictions On Collection:
None

When Completed:
Less than 7 days

Normal Values:
Included with report

Instructions/Remarks:
Profile includes:  Androstenedione, DHEA, 17-OH-Pregnenolone,
17-OH-Progesterone and Testosterone

REFERENCE LAB:
Esoterix test code # 500930

Last Updated: 03/27/2008
PRIMIDONE  @UCI

Order Code:  Misc Lab Item
Synonym(s):  Mysoline
Section:  Reference
Tube Type:  RED-R

Specimen Requirement:
2 ml. serum (red top tube)

Minimum Collection Vol:

Minimum Aliquot Vol:

Restrictions On Collection:
None

When Completed:
Same shift*

Normal Values:
Included with report

Instructions/Remarks:
Send serum at room temperature.
* Available STAT

Reference Lab:
test code # PRIMPH

Last Updated: 12/01/2010

Connected to SCM Item:
PROCAINAMIDE + METAB NAPA  @UCI

Order Code: PRONAP
Synonym(s): N-acetylprocainamide, NAPA, Pronestyl
Section: Reference
Tube Type: Red-R
Specimen Requirement:
1 ml serum (red top tube)
Restrictions On Collection:
None
When Completed:
Routines set up Monday thru Sunday
Available STAT*. Results within 2 hours of receipt at UCI.
Normal Values:
Included with report.
Instructions/Remarks:
* For STAT pick-up call UCI courier service.
Last Updated: 01/03/2001
Connected to SCM Item: Procainamide Lvl+Metab NAPA@UCI
PROCALCITONIN

Order Code: PROCAL
Synonym(s): PCT
Section: Chemistry
Tube Type: Gold
Specimen Requirement:
2 mL serum (gold top SST tube)
Minimum Collection Vol: 2 mL
Minimum Aliquot Vol: 0.8 mL
Restrictions On Collection:
None
When Completed:
Same shift. Available STAT.
Normal Values:
<0.05 ng/mL
Interpretation included with report.
Instructions/Remarks:

Last Updated: 06/05/2010
Connected to SCM Item: Procalcitonin Level
PROCALCITONIN @MYO *Lab Backup only*

Order Code: PROCT

Synonym(s):

Section: Reference

Tube Type: Red-R

Specimen Requirement:
- 0.5 mL serum (small red top tube), no gel

Minimum Collection Vol: 2 mL

Minimum Aliquot Vol: 0.1 mL

Restrictions On Collection:
- None

When Completed:
- Testing performed Monday - Saturday
- Turnaround time 2-3 days

Normal Values:
- Included with report

Instructions/Remarks:
- REFERENCE LAB:
  - Mayo test code # 83169

Last Updated: 03/11/2010

Connected to SCM Item: Procalcitonin Level @MYO
PROGESTERONE, LC/MS/MS @NIC

Order Code:   PROGN

Synonym(s):

Section:   Reference

Tube Type:   Red5

Specimen Requirement:
   1 mL serum (draw 1 red top tube)
   SST gold top tubes are unacceptable

Minimum Collection Vol:   3 mL

Minimum Aliquot Vol:   0.25 mL

Restrictions On Collection:
   None

When Completed:
   Testing is set-up 5 days a week
   Analytic time of 4-5 days

Normal Values:
   Included with report

Instructions/Remarks:
   Reference lab: Send samples at room temperature (preferred)
   NIC test code # 17183

Last Updated:   12/11/2012

Connected to SCM Item:   Progesterone Level at NIC
PROINSULIN @NIC (Quest)

Order Code: Misc Lab Item
Synonym(s):
Section: Reference
Tube Type: Red-R

Specimen Requirement:
1 mL of Serum. FROZEN

Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 1 mL

Restrictions On Collection:
Overnight fasting is preferred, but can be done anytime the Physician requests.

When Completed:
Days Test Set Up: Tuesday, Friday
Report Time: 2 days

Normal Values:
Included with report

Instructions/Remarks:
LAB: Ship FROZEN.
Centrifuge in a refrigerated centrifuge and separate serum IMMEDIATELY.
Reject due to hemolysis.
Reject due to lipemia.
EDTA plasma also acceptable.

REFERENCE LAB:
Quest Laboratory
test code # 760X

Last Updated: 10/02/2006
PROLACTIN @NIC

Order Code: PRLN
Synonym(s):
Section: Reference
Tube Type: GOLDR
Specimen Requirement: 1 mL serum (draw 1 GOLD top tube)
Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 0.5 mL
Restrictions On Collection: Overnight fasting is preferred
When Completed: Testing set-up 5 days a week
Analytic time of 3-4 days
Normal Values: Included with report
Instructions/Remarks: Reference lab: Ship samples room temperature (preferred)
NIC test code # 746
Last Updated: 12/11/2012
Connected to SCM Item: Prolactin at NIC
PROPafenone @MYO

Order Code: Misc Lab Item
Synonym(s): Rythmol/5-Hydroxypropafenone
Section: Reference
Tube Type: Red-R

Specimen Requirement:
3.0 ml serum (red top tube)
(Gold top SST tube not acceptable)

Minimum Collection Vol: 5 mL
Minimum Aliquot Vol: 1.2 mL

Restrictions On Collection:
Patient must be receiving drug for at least 3 days.
Draw patient just before administration of next dose.

When Completed:

Normal Values:
Included with report

Instructions/Remarks:
LAB: Send serum refrigerated.
   Gold top SST not acceptable.

Reference lab:
Mayo Lab
test code # PFN

Last Updated: 03/07/2012

Connected to SCM Item:
PROPOFOL GLUCURONIDE, URINE @MYO FORWARDED TO NMS

Order Code: Misc Lab Item
Synonym(s): Diprivan® Metabolite, Propofol
Section: Reference

Tube Type:
Specimen Requirement:
1 mL random urine sample
Minimum Collection Vol: 1 mL
Minimum Aliquot Vol: 1 mL
Restrictions On Collection:
None

When Completed:
Testing performed Tuesdays
Analytic time fo 3 days
Maximum laboratory time 5-11 days
Method: High Performance Liquid Chromatography/Tandem Mass Spectrometry (LC-MS/MS)

Normal Values:
Included with report

Instructions/Remarks:
Reference lab: This test cannot be found on Mayo Website
Has been approved to be forwarded to NMS
Ship sample refrigerated or frozen
Order as an MWILD with Mayo code Zw86
Specify NMS code as 4018U in the modifier

Last Updated: 09/19/2012

Connected to SCM Item:
PROSTAGLANDINS D2,F2,E2 (urine, serum, plasma) @MYO

Order Code: Misc Lab Item

Synonym(s):

Section: Reference

Tube Type:

Specimen Requirement:
Varies.

Minimum Collection Vol:

Minimum Aliquot Vol:

Restrictions On Collection:
Call Laboratory prior to placing order to confirm specific testing/specimen requirement.

When Completed:

Normal Values:

Instructions/Remarks:
LAB:
Confirm with floor/physician which Prostaglandin testing is being requested.
See MYO web site for specimen requirements and information.
Volume and Collection time required in MayoAccess.

Testing forwarded to Interscience Institute

MYO Test Codes:

D2, Serum or plasma FPGD2
D2, urine FPRSG
E2, Urine FPGE2
F2, urine BPG2

Last Updated: 07/02/2012

Connected to SCM Item:
PROSTATIC ACID PHOS  @MYO

Order Code: PACP
Synonym(s): Acid Phosphatase Prostatic, PAP
Section: Reference
Tube Type: Red-R

Specimen Requirement:
1 ml. serum (red top tube)

Minimum Collection Vol: 1.5 mL
Minimum Aliquot Vol: 0.4 mL

Restrictions On Collection:
None

When Completed:
Test set up: Monday through Saturday
Analytic time: 1 day

Normal Values:
Included with report

Instructions/Remarks:
LAB: Separate and REFRIGERATE serum PROMPTLY.
Gold SST also acceptable
Heparin plasma also acceptable.
Reject due to hemolysis.

REFERENCE LAB:
Mayo Laboratories
Test code # 8019

Last Updated: 07/02/2009

Connected to SCM Item: Prostatic Acid Phos,EIA @MYO
PROTAMINE SULFATE  @ARUP (via UCI)

Order Code:  Misc Lab Item
Synonym(s):  Fibrin Monomer, Soluble Fibrin Monomer
Section:  Reference
Tube Type:  Bl-R

Specimen Requirement:
1 ml citrated plasma (blue full top, sodium citrate)
Deliver to Specimen Processing promptly.

Minimum Collection Vol:  4 mL
Minimum Aliquot Vol:  1 mL

Restrictions On Collection:  None

When Completed:  Within 3 - 4 days

Normal Values:  Included with report

Instructions/Remarks:
This test is a forward to ARUP Laboratories, via UCI.

LAB:
Specimen should be delivered to Specimen Processing promptly
and spun down in refrigerated centrifuge for 15 minutes.
Remove plasma, spin plasma again and aliquot to UCI plastic tube.
Platelet-poor plasma is to be frozen promptly and held for
courier pickup.

Last Updated: 02/09/2007
PROTEIN (Qualitative)-URINE

Order Code: UPROT

Synonym(s): 

Section: Urinalysis-Body

Specimen Requirement:

Restrictions On Collection:
See "Urinalysis - Routine"

When Completed:
Same day

Normal Values:
Negative

Instructions/Remarks:
Included in Urinalysis - Routine, Urinalysis - Screen (no microscopic), or may be ordered separately.

Last Updated: 02/09/2007

Connected to SCM Item: Protein - Urine Dipstick
PROTEIN C ACTIVITY @NIC

Order Code: PROTCN

Synonym(s):

Section: Reference

Tube Type: Lt Blue

Specimen Requirement:
1 mL plasma (draw 1 FULL lt. blue top tube) Collect on ice

Minimum Collection Vol:

Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:
None

When Completed:
Testing is set-up 6 days a week
Analytic time of 3-4 days

Normal Values:
Included with report

Instructions/Remarks:
Also included in SCM Order Set "Hypercoagulation Risk Panel" (Thrombosis with Reflex).

Lab: Centrifuge sample in cold centrifuge for 15 minutes at 1500g within one hour of collection.

Reference lab: Separate plasma using a plastic pipette, taking care to avoid WBC/platelet buffy layer and transfer to plastic vial. Centrifuge a second time and transfer platelet-poor plasma into a new vial FREEZE IMMEDIATELY

Send FROZEN only

NIC test code # 1777

Last Updated: 10/16/2013

Connected to SCM Item: Protein C Activity at NIC
PROTEIN C ANTIGEN @NIC

Order Code: PCAGN

Synonym(s):

Section: Reference

Tube Type: LtBlue-ICE

Specimen Requirement:
1 mL plasma (draw 1 FULL light blue top tube)
Deliver on ICE

Minimum Collection Vol:

Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:
None

When Completed:
Testing set-up 3 days a week
Analytical time of 2 days

Normal Values:
Included with report

Instructions/Remarks:
Reference lab: Tubes must arrive in lab on ICE. Mix gently by inverting
3-4 times before separating. Centrifuge for 15 minutes in
cold centrifuge within one hour of collection. Using a
plastic pipette, remove plasma, taking care to avoid the
WBC/platelet buffy layer and place into a plastic vial.
Centrifuge a second time and transfer platelet-poor plasma
into a new plastic vial. Freeze immediately

Quest will reject if received room temperature or refrigerated, grossly hemoly:

Plasma must be shipped FROZEN.

NIC test code # 4948X

Last Updated: 04/08/2013

Connected to SCM Item: Protein C Antigen at NIC
PROTEIN ELECTROPHORESIS, 24-HOUR URINE @NIC

Order Code: PEP24
Synonym(s): UPEP
Section: Reference

Tube Type:

Specimen Requirement:
25 mL sample from a 24-hour urine collection.
No preservative

Minimum Collection Vol: 15 mL
Minimum Aliquot Vol:

Restrictions On Collection:
None

When Completed:
Testing set-up 6 days a week
Analytical time of 2-3 days

Normal Values:
Included with report

Instructions/Remarks:
Lab: Be sure to record total volume and duration of collection.
Reference lab: Write total volume of collection on specimen
Send sample room temperature (ambient)

NIC test code # 750

Last Updated: 12/11/2012

Connected to SCM Item: Protein Elect 24HR at NIC

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Urine Coll Started:
Date Urine Collect Ends:
Time Urine Coll Started:
Time Urine Collect Ends:
PROTEIN ELECTROPHORESIS, RANDOM URINE @NIC

Order Code: PEPRU
Synonym(s): UPEP
Section: Reference
Tube Type:
Specimen Requirement:
   25 mL urine from a random collection
Minimum Collection Vol: 15 mL
Minimum Aliquot Vol:
Restrictions On Collection:

When Completed:
   Testing is set-up 6 days a week
   Analytical time of 2 to 3 days
Normal Values:
   Included with report
Instructions/Remarks:
   Reference lab: Send in screw-cap container
   Ship Urine room temperature (ambient)
   NIC test code # 8525
Last Updated: 04/29/2014
Connected to SCM Item: Protein Electrophoresis Random Urine at NIC
PROTEIN ELECTROPHORESIS, SERUM WITH TOTAL PROTEIN AND REFLEX TO IFE @NIC

Order Code: PEPSER
Synonym(s): PEP with reflex to Immunofixation (monoclonal), MPIEP, SPEP
Section: Reference
Tube Type: RED10
Specimen Requirement:
- 3 mL serum (draw 1 FULL large red top)
- Gold tops also acceptable
Minimum Collection Vol: 4 mL
Minimum Aliquot Vol: 1.5 mL
Restrictions On Collection:
- Overnight fasting is preferred

When Completed:

Normal Values:
- Included with Report

Instructions/Remarks:
- Initial Testing Components:
  Protein, Total
  Protein Electrophoresis, Serum
  The following test is reflexed, when appropriate, at an additional charge:
  Test Name: Immunofixation, Serum
  SQ Code: PEPIMX
  Lab: Ship room temperature (preferred)
  Reference lab: Reject if hemolyzed
  NIC test code # 10269N

Last Updated: 12/11/2012

Connected to SCM Item: Protein Elect Serum at NIC
PROTEIN ELECTROPHRESIS–CSF @NIC (Quest)

Order Code: Misc Lab Item
Synonym(s): 
Section: Reference
Tube Type: 
Specimen Requirement: 3 mL of CSF in a Sterile container.
Minimum Collection Vol: 2 mL
Minimum Aliquot Vol: 2 mL
Restrictions On Collection: None

When Completed: Days Test Set Up: Monday through Friday
Analytic Time: 2 days
Normal Values: Included with report

Instructions/Remarks:
LAB: Ship refrigerated.
REFERENCE LAB: Quest Diagnostics Nichols Institute
test code # 83022N

Last Updated: 03/10/2010

Connected to SCM Item:
PROTEIN S ACTIVITY @NIC

Order Code: PRTSAC

Synonym(s):

Section: Reference

Tube Type: Lt. Blue

Specimen Requirement:
1 mL plasma (draw 1 FULL light blue top tube)

Minimum Collection Vol:

Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:
None

When Completed:
Testing is set-up 6 days a week
Analytic time of 3-4 days

Normal Values:
Included with report

Instructions/Remarks:
Reference lab: Centrifuge light blue-top tube for 15 minutes at approximately 1500g within 60 minutes of collection. Using a plastic pipette, remove plasma, taking care to avoid the WBC/platlet buffy layer and place into a plastic vial. Centrifuge a second time and transfer platelet poor plasma into a new plastic vial. FREEZE IMMEDIATELY
SHIP SAMPLES FROZEN ONLY
Reject hemolysis

NIC test code # 1779

Last Updated: 12/11/2012

Connected to SCM Item: Protein S Activity at NIC
PROTEIN S ANTIGEN, FREE @ NIC

Order Code:  PRTSAF

Synonym(s):

Section:  Reference

Tube Type:  Lt. Blue

Specimen Requirement:
1 mL plasma (draw 1 FULL lt. blue top tube)

Minimum Collection Vol:

Minimum Aliquot Vol:  0.5 mL

Restrictions On Collection:
None

When Completed:
Testing set-up 2 days a week
Analytic time of 4-5 days

Normal Values:
Included with report

Instructions/Remarks:
Also included in SCM Order Set "Hypercoagulation Risk Panel"
(Thrombosis with Reflex).

Reference lab:  Centrifuge lt. blue top for 15 minutes at approx.
1500g within 60 minutes of collection. Using a plastic
pipette, remove plasma, taking care to avoid the WBC/
platelet buffy layer and place into a plastic vial.
Centrifuge a second time and transfer platelet-poor
plasma into a new plastic vial. FREEZE IMMEDIATELY
SHIP FROZEN ONLY

NIC test code # 10170

Last Updated:  10/16/2013

Connected to SCM Item:  Protein S Antigen Free at NIC
PROTEIN, TOTAL

Order Code:    TP

Synonym(s):    TP, Total Protein

Section:    Chemistry

Tube Type:    ltG-C

Specimen Requirement:  
1 ml. plasma (light green top tube)

Restrictions On Collection:  None

When Completed:  Same shift

Normal Values:  
6.3 - 8.2 gm/dl

Instructions/Remarks:  
LAB: Serum acceptable.
Hemolysis of 200 mg/dl will show a bias of 6%.
Separate specimen within 4 hours of collection. Room temperature
up to 4 hours. Refrigerate up to 3 days. Freeze for up to
6 months.

Last Updated: 02/09/2007

Connected to SCM Item:  Protein, Total
PROTEIN-24HR UR (QUANTITATIVE)

Order Code: PRT24

Synonym(s):

Section: Chemistry

Specimen Requirement:
24-hour urine collection
Refrigerate urine during collection.
Submit entire collection to Laboratory with completed
Order Requisition.

Restrictions On Collection:
None

When Completed:
Same shift

Normal Values:
25 - 70 mg/day

Instructions/Remarks:

LAB: Properly labeled Timed collection received with SCM Order
Requisition.
Measure urine volume and record on Order Requisition.
Mix well, aliquot 5 mL and centrifuge.
Take spun urine aliquot and Order Requisition to Tech for
testing.
Tech will verify HOURS of collection on order Requisition:
Date Urine Collection Started
Date Urine Collection Ends
Time Urine Collection Started
Time Urine Collection Ends

Last Updated: 01/26/2007

Connected to SCM Item: Protein-24Hr Ur (Quant)

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Urine Coll Started:
Date Urine Collect Ends:
Time Urine Coll Started:
Time Urine Collect Ends:
PROTEIN-CSF

Order Code: PROTCF
Synonym(s): CSF, Spinal Fluid
Section: Chemistry
Specimen Requirement:
1 ml CSF
Minimum Collection Vol: 0.5 mL
Restrictions On Collection:
None
When Completed:
Same shift
Normal Values:
12 - 60 mg/dL
Instructions/Remarks:
Hemolysis will interfere with results.
LAB: Centrifuge.
Store room temperature up to 4 hours.
Refrigerate up to 3 days. Freeze for up to 6 months.

Last Updated: 01/25/2007

Connected to SCM Item: Protein-CSF

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:
PROTEIN-MISC FLUID

Order Code: PROTMF

Synonym(s):

Section: Chemistry

Specimen Requirement:
1 ml miscellaneous or pleural fluid

Minimum Collection Vol: 0.5 mL

Restrictions On Collection:
None

When Completed:
Same shift

Normal Values:
No normal values available

Instructions/Remarks:
LAB: Centrifuge and aliquot if necessary, prior to testing.
Store room temperature up to 4 hours.
Refrigerate up to 3 days.
Freeze for up to 6 months.

Last Updated: 01/25/2007

Connected to SCM Item: Protein-Misc Fluid

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

  Date Specimen Collected:
  Time Specimen Collected:
  Collected by:
PROTEIN-URINE RANDOM/SPOT

Order Code: PROTUR
Synonym(s): 
Section: Chemistry
Tube Type: UR-C
Specimen Requirement: 5 mL random urine sample
Minimum Collection Vol: 2 mL
Minimum Aliquot Vol: 2 mL
Restrictions On Collection: None
When Completed: Same shift
Normal Values: No normals for random specimen
Instructions/Remarks: LAB: Mix well. Pour 5 mL aliquot and centrifuge.
Last Updated: 05/15/2008
Connected to SCM Item: Protein, Urine Random
PROTEINASE 3 ANTIBODIES (PR3)   @MYO

Order Code:   PR3

Synonym(s):

Section:   Reference

Tube Type:   Red-R

Specimen Requirement:
0.5 mL serum (Red top tube)

Minimum Collection Vol:   2 mL

Minimum Aliquot Vol:   0.5 mL

Restrictions On Collection:
None

When Completed:
Test performed: Monday–Sunday
Analytic time: 1 day

Normal Values:
Included with report

Instructions/Remarks:
Also included in ANCA VASCULITIS PANEL @MYO, # 83012.

LAB:   Send serum refrigerated.
Reject due to hemolysis and lipemia (mild okay).

REFERENCE LAB:
Mayo order code: PR3 (formerly # 82965)

Last Updated: 05/22/2012

Connected to SCM Item:   Proteinase 3 Ab (PR3) @MYO
PROTHROMBIN  G20210 GENE MUTATION @NIC

Order Code: P20210
Synonym(s): PROTHROMBIN (FACTOR II)
Section: Reference
Tube Type: Lav10

Specimen Requirement:
5 mL whole blood (draw 1 large lavender top tube)

Minimum Collection Vol: 3 mL
Minimum Aliquot Vol:

Restrictions On Collection: None

When Completed:
Testing set-up 7 days a week
Analytic time of 6 days

Normal Values:
Included with report

Instructions/Remarks:
Also included in SCM Order Set "Hypercoagulation Risk Panel".
LAB: Reference lab: Send sample room temperature (preferred)
NIC test code # 17909

Last Updated: 10/16/2013

Connected to SCM Item: Prothrombin G20210 Mutation at NIC
PROTHROMBIN TIME

Order Code: PT
Synonym(s): Protime, PT
Section: Hematology-Coag
Tube Type: BL-K

Specimen Requirement:
2.7 ml. whole blood (blue top tube, citrate)
   Tube MUST BE FULL

Restrictions On Collection:
Patients with in-dwelling catheters should have coagulation studies drawn from the catheter unless specified "peripheral" by the physician.

Procedures for in-dwelling catheter draw:
1. If ONLY a coagulation test is required, the first 20 ml of blood drawn must be discarded before the specimen for coagulation testing can be obtained.
2. If specimens for other laboratory tests IN ADDITION to a specimen for coagulation testing are required, the first 8 to 10 ml. of blood drawn must be discarded. A second syringe of blood can then be obtained for all tests other than the coagulation test (e.g. Chemistry, Hematology, Blood Bank, or Microbiology). Following that, a third syringe should then be used to draw the coagulation sample.

When Completed: Same day

Normal Values:
9.7 - 11.8 seconds

Instructions/Remarks:
Therapuetic range: 1 1/2 - 2 1/2 of normal.
Included in DIC Screen (L&D/Maternity).

LAB: Centrifuge.

Last Updated: 01/28/2008

Connected to SCM Item: Prothrombin Time/ INR
## PSA

**Order Code:** PSA  
**Synonym(s):** Prostate-specific Ag  
**Section:** Chemistry  
**Tube Type:** Gold  
**Specimen Requirement:**  
1 ml. serum (gold top SST tube)

### Minimum Collection Vol
3 mL

### Minimum Aliquot Vol
1 mL

### Restrictions On Collection
None

### When Completed
Test run Monday, Wednesday, Friday 0600-NOON. Specimens received after noon will be tested on the next schedule day.

### Normal Values
0 - 4.00 ng/ml

### Instructions/Remarks
LAB: Aliquot 1 mL serum and freeze promptly to batch rack.

### Last Updated
07/13/2012

**Connected to SCM Item:** PSA
PSEUDOCHELINESTERASE TOTAL, SERUM  @MYO

Order Code:  Misc Lab Item  
Synonym(s):  Cholinesterase  
Section:  Reference  
Tube Type:  Red-R  

Specimen Requirement:
1.0 ml of serum, refrigerated

Minimum Collection Vol:  2 mL  
Minimum Aliquot Vol:  0.5 mL  

Restrictions On Collection:
For cases of prolonged apnea following surgery, wait 24 hours before obtaining specimen.

When Completed:
Analytic Time:
1 day
Days Test Set Up:
Monday through Sunday

Normal Values:
Included with report

Instructions/Remarks:
LAB:  Patient's age and sex are required on request form for processing.  
      Reject due to hemolysis and lipemia.

REFERENCE LAB:
Mayo Laboratory  
test code # PCHES

Last Updated:  03/09/2012

Connected to SCM Item:
PSEUDOCHOLINESTERASE, DIBUCAINE INHIBITION, SERUM  @MYO

Order Code:   Misc Lab Item
Synonym(s):  Diducaine inhibition, cholinesterase
Section:     Reference
Tube Type:   Red-R
Specimen Requirement:
1.0 ml of serum, refrigerated.
Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 0.5 mL
Restrictions On Collection:
For cases of prolonged apnea following surgery, wait 24 hours before obtaining specimen.
When Completed:
Analytic Time: 1 day
Days Test Set Up: Monday through Sunday
Normal Values:
Included with report
Instructions/Remarks:
Includes total serum pseudocholinesterase.
LAB: Patient's age and sex are required on request form for processing. Reject due to hemolysis.
REFERENCE LAB: Mayo Laboratory test code # CHED
Last Updated: 03/09/2012
Connected to SCM Item:
PT + APTT

Order Code: PTAPTT

Synonym(s): APTT+PT, PT+PTT, Protime, Prothrombin Time

Section: Hematology

Tube Type: BL-K

Specimen Requirement:
2.7 ml whole blood (blue top tube, citrate)
MUST BE FULL

Restrictions On Collection:
 Patients with in-dwelling catheters should have coagulation studies drawn from the catheter unless specified "peripheral" by physician.
Procedures for in-dwelling catherter draw:
1. If ONLY a coagulation test is required, the first 20 ml. of blood drawn must be discarded before the specimen for coagulation testing can be obtained.
2. If specimens for other laboratory tests IN ADDITION to a specimen for coagulation testing are required, the first 8 to 10 ml. of blood drawn must be discarded. A second syringe of blood can then be obtained for all tests other than the coagulation test (e.g. Chemistry, Hematology, Blood Bank, or Microbiology). Following that, a third syringe should then be used to draw the coagulation sample.

When Completed:
Same shift

Normal Values:
Protime: 9.7 - 11.8 seconds
APTT: 23 - 32 seconds

Instructions/Remarks:
Therapeutic range: 1 1/2 - 2 1/2 of normal.
Included in DIC Screen (L&D/Maternity).

LAB: Centrifuge.

Last Updated: 01/28/2008

Connected to SCM Item: PT/ INR + APTT
PTH INTACT + CALCIUM @NIC *BACKUP ONLY*

Order Code: PTHIN

Synonym(s):

Section: Reference

Tube Type: RED10

Specimen Requirement:
- 2 mL serum (Draw 1 large Red top tube)
- SST gold tops also acceptable

Minimum Collection Vol: 6 mL

Minimum Aliquot Vol: 1 mL

Restrictions On Collection:
None

When Completed:
- Testing set-up 5 days a week
- Analytical time of 3 days

Normal Values:
- Included with report

Instructions/Remarks:
- Reference lab: Centrifuge and separate serum and FREEZE IMMEDIATELY
- Ship Serum FROZEN only
- Reject lipemia and hemolysis

NIC test code # 8837

Last Updated: 12/11/2012

Connected to SCM Item: PTH Intact/ICMA @NIC
PTH, INTACT

Order Code: PTH
Synonym(s): Parathyroid
Section: Chemistry
Tube Type: Gold

Specimen Requirement:
1 mL serum (gold top SST tube)

Minimum Collection Vol: 2 mL
Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:
None

When Completed:
Testing performed Monday, Wednesday, Friday 0600-1200.
For testing days, samples must arrive in lab no later than 10am to be
included in the batch.
If specimen arrives after 10am, specimen will be run on next scheduled
day of testing.

Normal Values:
PTH, Intact: 12-88 pg/mL

Instructions/Remarks:
PTH Intact is reported. Calcium Total may also be ordered.
NOTE: Samples from Hoag Irvine campus will be transported to
Hoag Newport Beach campus for testing.
LAB: Aliquot 1 mL serum and freeze in batch rack.

Last Updated: 12/11/2013

Connected to SCM Item: PTH, Intact
PTH, INTRAOPERATIVE (all PTH testing done at Newport Beach campus) - Lab will order

Order Code: PTHNOP

Synonym(s):

Section: Chemistry

Tube Type: Lav-Spcl

Specimen Requirement:

Lavender top tube (EDTA) - Newport Beach campus only.

NOTE: For Irvine campus only, draw Gold top tube and order PTH, Intact.

Minimum Collection Vol: 2 mL

Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:

Intraoperative surgical collection.

All PTH testing is performed at Hoag Newport Beach campus.

When Completed:

As needed, same day

Normal Values:

15-65 pg/mL

Instructions/Remarks:

Testing is scheduled in advance. Chemistry will review the OR schedule. Offered at Hoag Newport Beach campus only.

NOTE: Intraoperative PTH testing for the Hoag Irvine campus is ordered as PTH, Intact.

Samples are transported to Newport Beach campus for testing. Must call ahead and send by STAT courier to Newport Beach Lab. Turn around time for Irvine collections is 4 hours.

Baseline sample drawn just prior to surgery for hyperparathyroidism, i.e. Baseline.

Subsequent samples drawn during surgery noting specific time interval post-procedure, i.e. 30 Min.Post.

LAB: Chemistry will place orders and result in Sunquest, with appended comment for time intervals.

NOTE: Irvine collections only, must call Newport Beach Lab prior to sending specimens for PTH, Intraoperative. Centrifuge and separate serum from Gold top tube. Batch and send by STAT courier.

Last Updated: 12/05/2013

Connected to SCM Item: PTH, Intraoperative
PTH-RELATED PROTEIN @NIC

Order Code: PTHPR
Synonym(s): PTH-RP
Section: Reference
Tube Type: DRKGRN

Specimen Requirement:
0.5 mL plasma (draw 1 DARK green sodium heparin tube)

Minimum Collection Vol: 2 mL
Minimum Aliquot Vol: 0.3 mL
Restrictions On Collection:
None

When Completed:
Testign set-up 4 days a week
Analytic time of 3-4 days

Normal Values:
Included with report

Instructions/Remarks:
Reference lab: Ship samples room temperature (preferred)
Mark "plasma" on the transport tube
NIC test code # 34478Z

Last Updated: 12/17/2012

Connected to SCM Item: PTH Related Peptide at NIC
PYRIDOXAL 5-PHOSPHATE (PLP) @MYO

Order Code: Misc Lab Item
Synonym(s): B6, Vitamin B6, Pyridoxine, Pyridoxol, Pridoxic Acid
Section: Reference
Tube Type: LK-R

Specimen Requirement:
1.0 mL of plasma (small green top, Heparin - NO GEL).
PROTECT FROM LIGHT.
Plasma Gel tubes are NOT acceptable

Minimum Collection Vol: 2 mL
Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:
Patient should be fasting 12-14 hours.
No alcohol or vitamin supplements 24 hours prior.

When Completed:
Days Test Set Up:
Monday through Friday
Analytic Time:
1 day

Normal Values:
Included with report

Instructions/Remarks:
LAB:
Centrifuge immediately.
Separate heparinized plasma to amber vial to protect from light.
Plasma Gel tubes are NOT acceptable.
Refrigerate.

REFERENCE LAB:
Mayo Laboratory
test code # PLP

Last Updated: 03/09/2012

Connected to SCM Item:
PYRUVATE KINASE, ERYTHROCYTES @MYO

Order Code: Misc Lab Item
Synonym(s): PK (Pyruvate Kinase RBC)
Section: Reference
Tube Type:
Specimen Requirement:
4 ml whole blood (yellow top ACD, Solution B)
Minimum Collection Vol: 4 mL
Minimum Aliquot Vol: 1 mL
Restrictions On Collection:

When Completed: Test set up: Monday through Saturday
Analytic Time: 1 day
Normal Values: Included with report
Instructions/Remarks:
Send whole blood refrigerated, in ACD tube. Do NOT transfer to other container. Specimen cannot be frozen.
Also accepted: EDTA whole blood.

REFERENCE LAB:
Mayo test # PK

Last Updated: 03/09/2012

Connected to SCM Item:
PYRUVATE, PLASMA  @UCI

Order Code: Misc Lab Item
Synonym(s):
Section: Reference
Tube Type: CALLAB

Specimen Requirement:
Special collection tubes for blood Pyruvate. Call Laboratory. See detailed directions in Lab Manual.

Restrictions On Collection:
None

When Completed:
Days Test Set Up: Monday through Sunday
Analytic Time: 2 hours

Normal Values:
Included with report

Instructions/Remarks:
REFERENCE LAB:
UCI Pathology Services
test code PYRUVT

LAB:

SPECIMEN COLLECTION:
1. Obtain special Pyruvate collection tube from Laboratory. (Two orange-capped collection tubes are available, containing different volumes of pre-measured 8% perchloric acid. One is for the Adult collection, one is for Pediatric collection.) Read label carefully.
2. Use a winged (butterfly) blood collection set for venipuncture. Attach syringe to end of butterfly tubing for collection. Draw up sufficient blood sample, remove syringe from tubing and expel up to specified collection line on conical tubing (see below).
   NOTE: If necessary to collect blood for other testing -- attach vacutainer adapter directly to end of butterfly tubing, and fill necessary vacutainers PRIOR to attaching syringe for Pyruvate draw.
3. ADULT Collection:
   Draw enough blood by syringe to add exactly 2.0 ml whole blood to conical collection tube that reads "Add 2.0 cc blood". Fill to the 6.0 ml line on conical tube.

   PEDIATRIC Collection:
   Draw enough blood by syringe to add exactly 1.0 mL whole blood to collection tube that reads "Add 1.0 cc blood". Fill to the 3.0 mL line.
4. Place patient label on collection tube.
5. Place on ice.
6. Deliver to Laboratory immediately.

SPECIMEN PROCESSING:
1. Centrifuge conical tube for 10 minutes at 1500g.
2. Separate clear supernatant filtrate from the protein precipitate and pipet into clean aliquot tube.
3. Label aliquot and freeze.

Last Updated: 05/11/2006
QUANTIFERON-TB GOLD, BLOOD @NIC (Quest)

Order Code: QFTN
Synonym(s): TB Immunity
Section: Reference
Tube Type: Special Tubes

Specimen Requirement:
1 mL whole blood in each of three Special Tubes. Room temp.
Shake Tubes FIRMLY (NOT VIGOROUSLY) 10 times, just enough for blood to coat all sides of the tube.
Lab Venipuncture will draw. Call Laboratory.
See Restriction on Collection.
Venipuncture-see Collection Instructions below.
WALK SPECIMENS DOWN TO LAB

Minimum Collection Vol: 3 mL

Minimum Aliquot Vol:

Restrictions On Collection:
May draw blood Monday–Sunday. Times will vary depending on facility. See below
Newport Beach Campus: Monday–Sunday, do not draw later than 1830.
Lab venipuncture will draw. Call x45606

Irvine Campus: Monday–Friday: Draw no later than 1700 to make the last courier to Newport.
Saturday–Sunday: Draw no later than 1300 for the last courier.
Lab Venipuncture will draw. Call x73111

When Completed:
Collections 7 Days a week: results within 72 hours (depending on courier scheduling)
Testing is set-up at Focus Diagnostics Sunday–Saturday 6pm–12am.
Reports out Next Day Sunday–Saturday 12am–6am.

Normal Values:
Included with report.

Instructions/Remarks:
QUANTIFERON-TB GOLD, BLOOD @NIC (Quest)

Due to special collection and processing requirements, blood draws are limited (SEE RESTRICTION OF COLLECTION).
Lab Venipuncture will draw, call x45606 for Newport and x73111 for Irvine.
Incubation done only at Newport lab and testing performed at the Quest San Juan Capistrano facility.

LAB VENIPUNCTURE:
Special collection tubes are stored in Lab Reference Department, basement.
In each of 3 supplied special tubes, draw 1 mL blood up to the black mark.
Draw Quantiferon tubes prior to vacutainers for other testing,
with the exception of Blood Cultures which are drawn first.
Tubes fill slowly. Immediately after filling, SHAKE tubes firmly 10 times
to ensure coating of entire inner surface of tubes. Frothing of blood in
tubes will not affect test results.

LAB PROCESSING:
DO NOT CENTRIFUGE. Maintain whole blood tubes at room temperature.
Deliver tubes to Reference Dept for incubation.
Log date and times on log sheet. (clipboard located on top of incubator)
Re-mix tubes before placing into incubator. (invert tubes 10 times)
Incubate the 3 tubes upright at 36-38 C.
Specimens must be removed after 16-24 hours of incubation.
Specimens are stable at refrigerated or ambient temperatures for 72 hours
after incubation. DO NOT CENTRIFUGE, send whole blood.

Effective 3/31/14 forwarded from Quest SJC to Focus Diag for testing.
Quest CODE: 16603

Last Updated: 06/05/2014

Connected to SCM Item: Quantiferon - TB Gold, Blood @NIC
QUANTITATIVE TISSUE CULTURE @UCI (Lab will order)

Order Code: Misc Lab Item
Synonym(s): Tissue culture
Section: Microbiology

Tube Type:
Specimen Requirement:
  0.1 - 5 grams of tissue
Minimum Collection Vol:
Minimum Aliquot Vol:
Restrictions On Collection:

When Completed:
  4-6 days

Normal Values:
  Negative

Instructions/Remarks:
LAB:
  Order SQ test code QNTCUL.
  Microbiology will deliver to Reference for processing.

REFERENCE:
  Send sample refrigerated.

Last Updated: 04/08/2011

Connected to SCM Item:
QUINIDINE, SERUM @MYO

Order Code: QUINM

Synonym(s): Reference

Tube Type: Red-R

Specimen Requirement:
1 ml. serum (red top tube) (Serum SST tube with gel not acceptable)

Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 0.4 mL

Restrictions On Collection:
None

When Completed:
Testing setup: daily
Report time: < 2 days

Normal Values:
Included with report

Instructions/Remarks:
LAB: Reject if grossly hemolyzed. Serum SST tube not acceptable.

REFERENCE LAB:
Mayo test code # 8302

Last Updated: 11/30/2009

Connected to SCM Item: Quinidine Level @MYO
RAJI CELL IMMUNE COMPLEX ASSAY @NIC forward to ARUP

Order Code: Misc Lab
Synonym(s): Circulating immune complexes
Section: Reference
Tube Type: Gold-R
Specimen Requirement:
3 mL serum (Gold top SST tube)
Minimum Collection Vol: 2 mL
Minimum Aliquot Vol: 0.5 mL
Restrictions On Collection:
None

When Completed:
Testing Setup: Tuesdays
Turn Around Time: 3-10 days
Normal Values:
Included with report.

Instructions/Remarks:
LABORATORY REFERENCE:
Separate serum within 3 hours. Freeze serum immediately.
Quest order code: 13709L
Testing is forwarded to ARUP, Salt Lake City, UT

Last Updated: 04/01/2014
Connected to SCM Item:
RAPAMYCIN @MYO

Order Code: RAP
Synonym(s): Sirolimus, Rapamune
Section: Reference
Tube Type: LV-Rwb

Specimen Requirement:
3 ml whole blood (lavender top, EDTA) (Minimum 1.0ml)

Minimum Collection Vol: 4 mL
Minimum Aliquot Vol: 1 mL

Restrictions On Collection:
Draw blood immediately before scheduled dose.

When Completed:
Test Set Up: Monday through Saturday
Analytic time: 1 day

Normal Values:
Included with report

Instructions/Remarks:
LAB: Send whole blood refrigerated. DO NOT FREEZE.

When receiving specimen in Laboratory, mandatory entry is required to file:
DDOSE = Date of last dose
TDOSE = Time of last dose
LDOSE = Dose given (in mg)
Call Unit to obtain the information.
If entries not previously filed, MayoAccess will prompt for these before enabling transmission of batch. Also request a Tech file these answers in SQ Function MEM.

REFERENCE LAB:
Mayo Laboratory
test order code # SIRO

Last Updated: 11/18/2012

Connected to SCM Item: Rapamycin (Sirolimus) Level @MYO
RBC - RED BLOOD COUNT

Order Code: RBC

Synonym(s):  

Section: Hematology-Coag

Tube Type: LV-H

Specimen Requirement:
2.5 ml. whole blood (lavender top tube, EDTA) or by fingerstick using microtainer and two peripheral slides

Restrictions On Collection:
STATs and ASAPs are done anytime, routines preferably done on the day shift.

When Completed:
Same day

Normal Values:
Males: 4.6 - 6.2 Mil/uL (Ages 14y and above)
Females: 4.2 - 5.4 Mil/uL (Ages 14y and above)

Instructions/Remarks:
Done as part of a CBC-Complete Blood Count or ABC-Auto Blood Count. Test not ordered separately.

Last Updated: 06/23/2005
RBC OSMOTIC FRAGILITY (Incubated & Nonincubated)  @MYO

Order Code: Misc Lab Item
Synonym(s): Osmotic Fragility - RBC, RBC Fragility
Section: Reference
Tube Type: LV-R

Specimen Requirement:
- Draw patient and control at same time:
  1) Draw blood in lavender-top (EDTA) tube, and send 5.0 ml of fresh EDTA whole blood (refrigerate immediately after collection).
  2) CONTROL: Draw blood in lavender-top (EDTA) tube(s), and send a 5.0 ml fresh EDTA whole blood sample from a normal, unrelated person at the same time. Label clearly on outermost label NORMAL CONTROL (indicate sex of control on tube label).

Minimum Collection Vol: *
Minimum Aliquot Vol: 2 mL

Restrictions On Collection:

When Completed:
- Test set up:
  - Monday through Saturday
- Analytic time:
  - 2 days

Normal Values:
- Included with report

Instructions/Remarks:
- **LAB**: Do NOT transfer blood to other containers.
  - Label NORMAL CONTROL vial with "Normal Control" and "sex" of individual.
  - Send original tubes refrigerated only.
  - Do not freeze.
- *Minimum sample 2 mL whole blood.
- When processing sample in MayoAccess, you will be prompted to confirm Normal Control drawn and labeled.

REFERENCE LAB:
- Mayo Laboratory
test code # FRAG

Last Updated: 03/09/2012

Connected to SCM Item:
RBC TOTAL VOLUME & PLASMA TOTAL VOLUME (RED CELL MASS)

Order Code:

Synonym(s): Red Cell Mass, Plasma Total Volume

Section:

Specimen Requirement: REFER TO NUCLEAR MEDICINE DEPARTMENT

Restrictions On Collection:

When Completed:

Normal Values:

Instructions/Remarks:

Last Updated: 06/20/2001
RED CELL HEMOLYTIC PANEL - ORDER SET

Order Code:  

Synonym(s):  

Section: Blood Bank  

Specimen Requirement:  
3 mL whole blood (Pink top)  
3 mL serum (Gold top SST)  
2.5 mL whole blood (Lavender top EDTA)  
Random clean catch urine  

Restrictions On Collection:  
None  

When Completed:  
Same shift  

Normal Values:  
See individual items reported  

Instructions/Remarks:  
Order in SCM as Order Set "Red Cell Hemolytic Panel".  

Includes:  
Direct and Indirect Coombs  
Haptoglobin  
Manual Diff CBC  
Reticulocyte Count  
Bilirubin  
LD Total  
Urinalysis  

Last Updated: 01/08/2008
RED CELL INDICES - MCV, MCH, MCHC

Order Code:

Synonym(s): MCV-Mean Corpuscular Volume, MCH-Mean Corpuscular Hemoglobin, MCHC-Mean Corpuscular Hemoglobin Concentration, Indices Red Cell

Section: Hematology-Coag

Specimen Requirement:
2.5 ml. whole blood (lavender top tube, EDTA) or by fingerstick using a microtainer

Restrictions On Collection:
STATs and ASAPs are done anytime, routine preferably done on day shift

When Completed:
Same day

Normal Values:

- MCV: 80 - 100 CU MICRON
- MCH: 27 - 31 MCMCG
- MCHC: 32 - 37 G/DL

Instructions/Remarks:
Done as part of a CBC-Complete Blood Count or ABC-Auto Blood Count. Tests not ordered separately.

Last Updated:
REDUCING SUBSTANCES (Sugars)-URINE (Lab ONLY)

Order Code: URED

Synonym(s): Clinitest - Urine

Section: Urinalysis-Body

Specimen Requirement: Random urine, clean catch, label properly, and send to the Lab within one hour

Restrictions On Collection: None, see "Instructions/Remarks"

When Completed: Same day

Normal Values: Negative

Instructions/Remarks: Cannot be ordered separately. A "Clinitest" to check for reducing substances is included in Routine Urinalysis on all children under two years of age.

Last Updated: 02/09/2007

Connected to SCM Item: Reducing Substances
REDUCING SUBSTANCES, FECES @NIC (Quest)

Order Code: Misc Lab Item

Synonym(s):

Section: Reference

Specimen Requirement:
10 grams of FROZEN Feces in plastic screw cap container; minimum 3 grams

Restrictions On Collection:
None

When Completed:
Less than 5 days

Normal Values:
Included with report

Instructions/Remarks:
REFERENCE LAB:
NIC (Quest)
test code # 5022X

Last Updated: 07/11/2006
RENAL BIOPSY  @Cedars Sinai

Order Code:

Synonym(s):

Section:  Surgical Pathol

Specimen Requirement:
Must be scheduled 24 hours prior to the procedure in order that proper arrangements can be made

Restrictions On Collection:
Monday - Friday

When Completed:
One week

Normal Values:

Instructions/Remarks:
Special forms are available in the Histology department that must be completed and must go with the specimen to Cedars Sinai (Dr. Arthur Cohen).

Last Updated: 06/20/2001
RENAL WASHINGS for CYTOLOGY

Order Code: 

Synonym(s): 

Section: Cytology

Specimen Requirement:
A renal washing specimen must be sent to the lab IMMEDIATELY after collection. If there is to be a delay in transport, the specimen must be refrigerated.

Restrictions On Collection:
Monday - Friday, 7:00 am - 5:00 pm
Saturday, 7:00 am - 12:00 noon

When Completed:
Within 24 hours

Normal Values:
Negative for malignant cells

Instructions/Remarks:
The request slip MUST be marked with "Time of Collection".
LAB: Specimens received evenings and on weekends may be left in the refrigerator overnight. They will be processed by Cytology in the morning.

Last Updated:
RENIN ACTIVITY, SURGERY  @NIC  (Lab will order)

Order Code:  REN & SITE

Synonym(s):

Section:  Reference

Tube Type:  LavSpun

Specimen Requirement:

- 1.5 ml. plasma (lavender top tube, EDTA), prechilled.
- Obtain EDTA tubes from Lab before drawing.
- Draw blood into prechilled lavender-top EDTA tube, mix, and immediately place in an ice-water bath until thoroughly cooled.
- If surgically obtained from specific veins, each specimen must be precisely identified.

Minimum Collection Vol:  4.0 mL
Minimum Aliquot Vol:  0.8 mL

Restrictions On Collection:

None

When Completed:

Tests set up:  Monday thru Friday.
Analytic time:  2 days.

Normal Values:

Included with report

Instructions/Remarks:

Laboratory will order when specimens received in Lab.
Each sample must be clearly labeled with Date, Time, Draw Site.

LAB:  Order in Sunquest.
Tubes are drawn from different surgical sites.
Place separate orders for EACH site-specific draw.
For each draw site, order both items in computer:
  * (REN) RENIN ACTIVITY, PLASMA @NIC.
  * (SITE) DRAW SITE. At mandatory prompt, enter draw site, i.e. SITE: ;left vein

LAB:  Refrigerate during centrifugation, separate plasma immediately, and freeze 1.5 ml of EDTA plasma in plastic vial.
Send specimen FROZEN.
DO NOT REJECT DUE TO HEMOLYSIS. These samples cannot be recollected.

REFERENCE LAB:
NIC test code # 16846

Last Updated: 12/13/2012

Connected to SCM Item:
RENIN, PLASMA @NIC

Order Code: REN
Synonym(s): Plasma Renin Activity
Section: Reference
Tube Type: LavSpun

Specimen Requirement:
0.8 mL Plasma (draw 1 EDTA lavender top tube)
Specimen must be delivered to laboratory on ICE

Minimum Collection Vol: 1.5 mL
Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:
None

When Completed:
Testing set-up 5 days a week
Analytical time of 3 days

Normal Values:
Included with report

Instructions/Remarks:
Reference lab: Ship plasma FROZEN ONLY
Do NOT refrigerate. Refrigeration will cause cryoactivation to occur and prorenin will convert to renin causing falsely high renin activity results.

NIC test code # 16846

Last Updated: 12/13/2012

Connected to SCM Item: Renin Plasma at NIC
REPTILASE CLOTTING TIME @NIC

Order Code: REP
Synonym(s): 
Section: Reference
Tube Type: BLUEICE
Specimen Requirement:
1 mL plasma (draw 1 FULL lt. blue top tube)
Minimum Collection Vol:
Minimum Aliquot Vol: 0.5 mL
Restrictions On Collection: None
When Completed:
Testing is set-up 1 day a week
Analytic time of 1 day
Normal Values: Included with report
Instructions/Remarks:
Reference lab: Ship samples FROZEN ONLY
NIC test code # 37700
Last Updated: 12/11/2012
Connected to SCM Item: Reptilase Time at NIC
RESEARCH STUDY, HVC GENE BANK (Lab ONLY)

Order Code: RHVC

Synonym(s):

Section:

Specimen Requirement:

Restrictions On Collection:

When Completed:

Normal Values:

Instructions/Remarks:

Patient will arrive at LAB OP DRAW with a collection Kit. Follow instructions in Kit.

Order this item in SCM when Lab is requested to draw and process Research Study outpatients for HVC Genebank Research. Label RHVC must accompany drawn samples delivered to basement Laboratory for processing. Label must be Received in Sunquest Lab system to trigger workload.

Last Updated: 07/21/2008

Connected to SCM Item: Research, HVC Genebank-Lab Draw
RESEARCH STUDY, NEUROSCIENCE (Lab ONLY)

Order Code: RSRCH

Synonym(s):

Section: Chemistry

Specimen Requirement:

Restrictions On Collection:

When Completed:

Normal Values:

Instructions/Remarks:

Patient will arrive at LAB OP DRAW with a collection Kit. Follow instructions in Kit.

Order this item in SCM when Lab is requested to draw and process Research Study outpatients for Neuroscience Research. Label RSRCH must accompany drawn samples delivered to basement Laboratory for processing. Label must be received in Sunquest Lab system to trigger workload.

Last Updated: 07/18/2008

Connected to SCM Item: Research, Neuroscience-Lab Draw
RESEARCH STUDY, ROCHE MEDPACE (Lab ONLY)

Order Code:  RMEDP

Synonym(s):

Section:  Chemistry

Specimen Requirement:

Restrictions On Collection:

When Completed:

Normal Values:

Instructions/Remarks:

Patient will arrive at LAB OP DRAW with a collection Kit.
Follow instructions in Kit.

Order this item in SCM when Lab is requested to draw and process Research i
Study outpatients for Roche ACS Research. Label RMEDP must accompany i
drawn samples delivered to basement Laboratory for processing. Label must i
be Received in Sunquest Lab system to trigger workload.

Last Updated:  07/18/2008

Connected to SCM Item:  Research, Roche Medpace-Lab Draw
RESEARCH STUDY, ROCHE QUINTILES (QLAB) (Lab ONLY)

Order Code: RQLAB

Synonym(s):

Section:

Specimen Requirement:

Restrictions On Collection:

When Completed:

Normal Values:

Instructions/Remarks:

Patient will arrive at LAB OP DRAW with a collection Kit. Follow instructions in Kit.

Order this item in SCM when Lab is requested to draw and process Research Study outpatients for Roche ACS Research. Label RQLAB must accompany drawn samples delivered to basement Laboratory for processing. Label must be Received in Sunquest Lab system to trigger workload.

Last Updated: 07/18/2008

Connected to SCM Item: Research, Roche Quintiles-Lab Draw
RESPIRATORY ALLERGY PROFILE, REGION XIII, SOUTHERN CALIF @NIC

Order Code: Misc Lab Item
Synonym(s): Allergens, RAST testing, Allergy, Southern Calif
Section: Reference
Tube Type: Red10-R
Specimen Requirement:
  2.5 mL serum (large red top tube), no gel
  (Gold top SST tube NOT ACCEPTABLE)
Minimum Collection Vol:
Minimum Aliquot Vol:
Restrictions On Collection:
  None
When Completed:
  Test set up: 6 days per week
  Reports next day
Normal Values:
  Included with report
Instructions/Remarks:
  This profile tests for approximately 24 respiratory allergens common in Southern California.
  Other allergy profiles also available at Quest Diagnostics Nichols Institute.
  See on-line Quest catalog for information.

LAB/REFERENCE:
  Order Quest code 10655X
  May ship serum at room temperature.

Last Updated: 09/16/2011
Connected to SCM Item:
RESPIRATORY CULTURE INCLUDES GRAM STAIN

Order Code: RESC

Synonym(s): Culture - Sputum includes Gram Stain, SPUTUM CULTURE

Section: Microbiology

Tube Type:

Specimen Requirement:
Early morning specimen coughed up from chest (saliva is NOT ACCEPTABLE)

Minimum Collection Vol:

Minimum Aliquot Vol:

Restrictions On Collection:

When Completed:
Preliminary report: 24 hours
Final report: generally 48 hours

Normal Values:

Instructions/Remarks:
Have patient rinse mouth with water. Obtain sputum from deep cough. Bring specimen and request to Laboratory. Gram stains will be done on all sputums. Those sputums that appear to be saliva will be called to the floor. Cultures will NOT be done on these specimens unless the doctor notifies Microbiology.

Last Updated: 09/10/2008

Connected to SCM Item: Respiratory Culture + Gram Stain

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:
RESPIRATORY SYNCYTIAL IgG/IgM  @MYO

Order Code:  SRSV
Synonym(s):  RSV IgG/IgM
Section:  Reference
Tube Type:  RED-R

Specimen Requirement:  
1.0 ml serum

Minimum Collection Vol:  2 mL
Minimum Aliquot Vol:  0.2 mL

Restrictions On Collection:  
None

When Completed:  
Test set up:  Sunday through Friday
Analytic time:  1 day

Normal Values:  
Included with report

Instructions/Remarks:  
LAB: Send refrigerated.

REFERENCE LAB:  
Mayo Laboratory
test code # 8301

Last Updated:  01/31/2005

Connected to SCM Item:  RSV-Resp Syncytial IgG+IgM @MYO
RESPIRATORY SYNCYTIAL VIRUS (RSV) DIRECT Ag EIA

Order Code: RSVD

Synonym(s): RSV Dir Ag, RSV EIA

Section: Microbiology

Specimen Requirement:
1) Nasopharyngeal wash * (optimal specimen)
2) Nasopharyngeal aspirate * (optimal specimen)
3) Nasopharyngeal swab *
4) Tracheal aspirates

PLEASE NOTE that Nasopharyngeal aspirates and washes have been shown to be superior to other specimen sources and should be primarily obtained.

NOTE:
* Call Microbiology Dept Ext 45625 for specific instructions and swabs for collection of these specimen types.

Restrictions On Collection:

When Completed:
Same day results
STAT test available -- non STAT orders after 11PM will be processed in the AM the following day

Normal Values:
Negative

Instructions/Remarks:
RE: The collection of Nasopharyngeal swab, aspirates and washes

The collection of nasopharyngeal specimens on Outpatients, either swabs, washes, or aspirates is not a service available at Hoag Hospital Laboratory. Physicians requesting a test which requires a nasopharyngeal specimen should either send the patient to ECU to be seen or collect the specimen themselves and submit the sample for testing.

Last Updated: 09/09/2005

Connected to SCM Item: RSV-Direct Antigen-EIA

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:

Circle if appropriate: Right Left
Wound specimens: Deep Superficial

PREP INSTRUCTION:
(1) MICROBIOLOGY: Collect specimen in sterile, tightly capped container. Transport to LAB immediately.
Specimens over 1 hour old, or leaking, will require recollection.

(2) If using a swab for collection- aerobic (routine) - Red topped - anerobic- Blue topped
RESPIRATORY SYNCYTIAL VIRUS (RSV) RNA, RT-PCR @FOCUS

Order Code: Misc Lab Item
Synonym(s): RSV
Section: Microbiology
Specimen Requirement:
   1 mL nasopharyngeal aspirate
Minimum Collection Vol: 1 mL
Restrictions On Collection:

When Completed:
   1 - 3 days

Normal Values:
   Negative

Instructions/Remarks:
   LAB/MICRO USE ONLY:
      Order as WILDM
      Focus order # 44320
      Specimen must be frozen

Last Updated: 02/09/2007
RESPIRATORY SYNCYTIAL VIRUS, DFA @NIC *LAB ONLY*

Order Code: RSVAG

Synonym(s): 

Section: Microbiology

Tube Type: VCM

Specimen Requirement:

3 mL nasopharyngeal aspirate or wash

Minimum Collection Vol: 1 mL

Minimum Aliquot Vol: 1 mL

Restrictions On Collection:

- Throats on <2 yr old patients
- Specimens received in non-viral transport medium, such as nucleic acid or bacterial transport media
- Non-respiratory specimens
- Dry swabs
- Received in formalin or other fixatives

When Completed:

- Testing set-up daily

Performing laboratory:

Focus Diagnostics, Inc.
5785 Corporate Ave.
Cypress, CA 90630-4726

Normal Values:

None detected

Instructions/Remarks:

Microbiology/Reference lab: Transport in VCM
Transport refrigerated

Quest test code: 5291

Note:

The collection of nasopharyngeal specimens on outpatients, either swabs or aspirates, is not a service available at Hoag Hospital Laboratory. Physicians requesting a test which requires nasopharyngeal specimen should either send the patient to the Emergency Department or collect the specimen themselves and submit the sample for testing.

Last Updated: 12/03/2013
RESPIRATORY VIRUS PANEL W/REFLEX @NIC

Order Code: RVPN
Synonym(s): RESPIRATORY VIRUS PANEL
Section: Microbiology
Tube Type: VCM

Specimen Requirement:
Preferred Specimen(s)
3 mL nasopharyngeal aspirate/washing or nasopharyngeal swab in VCM medium (green-cap) tube

Alternative Specimen(s)
3 mL nasopharyngeal aspirate, nasopharyngeal washing, bronchial lavage/wash, tracheal lavage/wash in sterile screw cap container
Throat swabs on patients ≥2 years of age VCM medium (green-cap) tube

Minimum Collection Vol: 1 mL
Minimum Aliquot Vol: 1 mL

Restrictions On Collection:
Throats on <2 year old patients
Specimens received in non viral transport medium such as nucleic acid or bacterial transport media
Non-respiratory specimens
Dry swabs
Received in formalin or other fixatives

When Completed:
Set up: Daily; Report Available: 2-4 days

Normal Values:
None detected

Instructions/Remarks:
LAB USE ONLY:
Transport in VCM
Transport refrigerated
Quest test code # 14867

Performing Laboratory
Focus Diagnostics, Inc.
3785 Corporate Ave.
Cypress, CA 90630-4726

If culture is positive, individual virus typings (Adenovirus, Influenza A, Influenza B, Parainfluenza 1, Parainfluenza 2, Parainfluenza 3, and RSV) will be performed at an additional charge. Quest reflex test #14867-2

The collection of nasopharyngeal specimens on Outpatients, either swabs or aspirates is not a service available at Hoag Hospital Laboratory. Physicians requesting a test which requires a nasopharyngeal specimen should either send the patient to ECU to be seen or collect the specimen themselves and submit the sample for testing.

Last Updated: 01/14/2014

Connected to SCM Item: Respiratory Virus Panel with Reflex at NIC
Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:
RESPIRATORY VIRUS PANEL W/REFLEX @NIC

Date Specimen Collected:
Time Specimen Collected:
Collected by:

Circle if appropriate: Right Left
Wound specimens: Deep Superficial

PREP INSTRUCTION:
(1) MICROBIOLOGY: Collect specimen in sterile, tightly capped container. Transport to LAB immediately. Specimens over 1 hour old, or leaking, will require recollection.

(2) If using a swab for collection- aerobic (routine) - Red topped - anaerobic- Blue topped
**RETICULIN ANTIBODIES, SERUM @MYO**

**Order Code:** Misc Lab Item  
**Synonym(s):** ARA, Antireticulin Antibodies  
**Section:** Reference  
**Tube Type:** Red-R  
**Specimen Requirement:**  
0.5 mL of Serum, Refrigerated

**Minimum Collection Vol:** 1.5 mL  
**Minimum Aliquot Vol:** 0.2 mL  
**Restrictions On Collection:** None

**When Completed:**  
Days Test Set Up: Monday through Saturday  
Analytic Time: 1 day

**Normal Values:** Included with report

**Instructions/Remarks:**  
REFERENCE LAB: Mayo Laboratory  
test code # RTA

**Last Updated:** 03/09/2012

**Connected to SCM Item:**
RETICULOCYTE COUNT

Order Code: RETC
Synonym(s): CHR-Retic Hemoglobin Content
Section: Hematology
Tube Type: LV-H

Specimen Requirement:
2.5 ml. whole blood (lavender top tube, EDTA) or by fingerstick using microtainer and two (2) peripheral slides. May combine collection with CBC.

Minimum Collection Vol: 0.6 mL

Restrictions On Collection:
None

When Completed:
Same day

Normal Values:
Reticulocyte Count:
0.5 - 2.0% (Age 1 month and older)
2.5 - 6.0% (Age less than 1 month)

CHR Retic Hemoglobin Content:
29.0 - 36.0 pg

Instructions/Remarks:

Last Updated: 10/08/2007

Connected to SCM Item: Reticulocyte Count
Rh IMMUNE GLOBULIN

Order Code:  RHEV
Synonym(s):  Rh Immune Globulin Evaluation, Rhophylac, Rhogam
Section:  Blood Bank
Tube Type:  PinkBB
Specimen Requirement:
1-6ml EDTA, pink top tube preferred, lavender acceptable
*No specimen required for outpatient injections*
Minimum Collection Vol:  4 mL
Minimum Aliquot Vol:  1 mL
Restrictions On Collection:

INPATIENTS
Transfusion Service will order on post partum mothers when indicated upon completion of the cord blood eval testing.

OUTPATIENTS-FOR INJECTION
1. Enter order for RHEV (Rh Immune Globulin Eval) in SCM.
   a. Select location: "Outpatient-Donor Services"
   b. Enter approximate weeks gestation
2. Order and draw any other testing requested (e.g. Antibody Screen).
   NOTE: Patient does not need to wait for testing to be completed.
3. Scan the order into ChartMaxx and return original order to patient to take with them to Donor Services.
4. Complete the RhIG Outpatient Administration Record, form 22-03-035 with the following:
   a. Affinity label
   b. Sunquest label
   c. Ordering Physician and Physician Number (from provider tab in SCM)
5. Give patient the RhIG Outpatient Administration Record and send or escort patient to Hoag Blood Donor Services Suite 130 and have them check in with the receptionist.

OUTPATIENTS-PREOP
1. Enter order for RHEV (Rh Immune Globulin Eval) in SCM.
   a. Select patient location "PRE-OP"
   b. Enter approximate weeks gestation
   c. Enter Date, Time and Location of surgery
2. Draw one 6 mL pink or lavender top EDTA tube.

When Completed:

OUTPATIENT:  Injection services available Mon-Fri 0800-1630
PREOP:  Prior to surgery
POST PARTUM:  2 hours from sample receipt
ECU, PACU:  1 hour from sample receipt

Normal Values:
N/A

Instructions/Remarks:

ORDER QUESTIONS:

RHOGAM NEEDED BY:
ECU
PACU
Outpatient-Donor Services
Preop (specify surgery date, time & location in drop-down boxes provided)
Post Partum

WEEKS OF GESTATION:
Enter approximate weeks of gestation.
If unknown/early miscarriage enter <20.
Rh IMMUNE GLOBULIN

Last Updated: 11/02/2010

Connected to SCM Item: Rh Immune Globulin (RhIg) Evaluation
RHEUMATOID ARTHRITIS RA (Blood)

Order Code: RA
Synonym(s): RA Latex Agglutination-Blood, RF
Section: Serology-Specia
Tube Type: Gold-S
Specimen Requirement: 1 ml. serum (gold top SST tube)
Minimum Collection Vol:
Minimum Aliquot Vol:
Restrictions On Collection: None
When Completed: Testing performed Monday, Wednesday, Friday on 2nd shift.
Normal Values: Negative
Instructions/Remarks: Positives will be reflexed to RA TITER (RAT) at an additional charge.
LAB: Centrifuge and place gold top tube in the RA/RPR rack in the Reference refrigerator. Irvine samples are centrifuged and sent to Newport campus refrigerated.

Last Updated: 08/26/2014
Connected to SCM Item: Rheumatoid Arthritis-Blood
RHEUMATOID FACTOR (IgA, IgG, IgM) @NIC (Quest)

Order Code: Mist Lab Item
Synonym(s):
Section: Reference
Tube Type: Red-R

Specimen Requirement:
2 mL Serum (large Red top tube, no gel)
SST tubes are NOT acceptable.

Minimum Collection Vol: 5 mL
Minimum Aliquot Vol: 1 mL

Restrictions On Collection:
None

When Completed:
Testing set up: 2 days per week
Report available: 5-7 days

Normal Values:
Included with report

Instructions/Remarks:
LAB:
Gold top SST tube not acceptable. No hemolysis.

REFERENCE LAB:
Quest order code: 19705X

Last Updated: 07/13/2012

Connected to SCM Item:
RHUMATOID FACTOR @NIC

Order Code: RAQNT
Synonym(s): RA, RF
Section: Reference
Tube Type: GOLDR

Specimen Requirement:
1 mL serum (draw 1 GOLD top tube)

Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:
None

When Completed:
Testing set-up 6 days a week
Analytic time of 3-4 days

Normal Values:
Included with report

Instructions/Remarks:
Reference lab: Ship serum or plasma room temperature (preferred)

Reject hemolysis and/or lipemia

NIC test code # 4418X

Last Updated: 12/11/2012

Connected to SCM Item: Rheumatoid Factor at NIC
RHEUMATOID FACTOR, BODY FLUID by LA @FOC

Order Code: Misc Lab Item
Synonym(s): RA Latex Agglutination-Misc fluid
Section: Reference
Tube Type:
Specimen Requirement:
1 mL of Fluid (minimum 0.2 mL)
(CSF unacceptable)
Minimum Collection Vol: 0.2 mL
Minimum Aliquot Vol: 0.2 mL
Restrictions On Collection:
None
When Completed:
Less than 5 days
Normal Values:
Included with report
Instructions/Remarks:
Spinal fluid NOT acceptable
REFERENCE LAB:
FOC test code # 70352
Write source on test request form and specimen.

Last Updated: 05/20/2010
Connected to SCM Item:
RIBOSOMAL P ANTIBODY (MAID) - BLD or CSF @FOC

Order Code: Misc Lab Item
Synonym(s):
Section: Reference

Specimen Requirement:
- 1.0 mL Serum (red top tube)
- or
- 1.0 mL CSF

Minimum Collection Vol: 1 mL
Minimum Aliquot Vol: 0.2 mL

Restrictions On Collection:
None

When Completed:
Turnaround Time: 1-3 days

Normal Values:
Included with report

Instructions/Remarks:
LAB: Must specify serum or CSF on Focus requisition.
    Send refrigerated.

REFERENCE LAB:
Focus test code # 21010 for Serum or CSF

Last Updated: 03/26/2008
RIBOSOMAL P ANTIBODY @NIC

Order Code: RIBP
Synonym(s):
Section: Reference
Tube Type: GOLDR
Specimen Requirement: 1 mL serum (draw 1 GOLD top tube)
Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 0.5 mL
Restrictions On Collection:
None
When Completed:
Testing set-up 6 days a week
Analytic time of 2 days
Normal Values:
Included with report
Instructions/Remarks:
Reference lab: Ship samples room temperature (preferred)
NIC test code # 34283X
Last Updated: 12/11/2012
Connected to SCM Item: Ribosomal P Ab at NIC
RICKETTSIA ANTIBODY PANEL with REFLEX to TITERS @NIC

Order Code: RICKAB
Synonym(s): Spotted Fever, Typhus Fever
Section: Reference
Tube Type: Red-R
Specimen Requirement:
   1 mL serum (red top tube)
Minimum Collection Vol:
Minimum Aliquot Vol: 0.25 mL
Restrictions On Collection:
   None
When Completed:
   3 to 4 days
Normal Values:
   Included with report
Instructions/Remarks:
   Includes: Spotted Fever Group and Typhus Group. Positives will be titered at an additional cost to the patient. Add 2 days turn around time.
   REFERENCE LAB:
   Quest order code: 37507
Last Updated: 04/29/2014
Connected to SCM Item: Rickettsia Antibodies with Reflex Titer at NIC
RISTOCETIN COFACTOR @NIC

Order Code: RISTC

Synonym(s):

Section: Reference

Tube Type: Lt. Blue

Specimen Requirement:
1 mL platelet-poor plasma (draw 1 FULL lt. blue top tube)

Minimum Collection Vol:

Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:
None

When Completed:
Testing is set-up 5 days a week
Analytic time of 1-3 days

Normal Values:
Included with report

Instructions/Remarks:
Lab: Centrifuge light-blue top for 15 minutes at approximately 1500g within 60 minutes of collection.

Reference lab: Remove plasma using a plastic pipette, taking care to avoid the WBC/platelet buffy layer and transfer into a plastic vial.

Centrifuge a second time and transfer platelet-poor plasma into a new vial immediately.

Freeze

Send samples FROZEN ONLY

NIC test code # 4459X

Last Updated: 12/11/2012

Connected to SCM Item: Ristocetin Cofactor at NIC
ROHYPNOL (FLUNITRAZEPAM) @MYO

Order Code: Misc Lab Item

Synonym(s): Flunitrazepam, Date Rape Drug

Section: Reference

Specimen Requirement:
30 ml. from a random urine collection (MINIMUM 10 ml)
No preservative.

Restrictions On Collection:

When Completed:
Test set up: Monday through Friday.
Analytic time: 3 days.
Test not available STAT.

Normal Values:
Included with report

Instructions/Remarks:
Urine benzodiazepine confirmation.

LAB: Send refrigerated.

REFERENCE LAB:
Mayo Laboratory
test code # 80370

Last Updated: 07/11/2006
ROTAVIRUS DIRECT ANTIGEN TEST - STOOL

Order Code:  ROT

Synonym(s):

Section:  Microbiology /

Specimen Requirement:
Fresh stool in clean dry container, transport IMMEDIATELY to Microbiology Dept. within one hour of collection

Restrictions On Collection:

When Completed:
Same day

Normal Values:

Instructions/Remarks:

Last Updated:

Connected to SCM Item:  Rotavirus Direct Antigen-Stool

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:

Circle if appropriate:  Right   Left
Wound specimens:  Deep   Superficial

PREP INSTRUCTION:
(1) MICROBIOLOGY: Collect specimen in sterile, tightly capped container. Transport to LAB immediately. Specimens over 1 hour old, or leaking, will require recollection.

(2) If using a swab for collection- aerobic (routine) - Red topped  - anaerobic- Blue topped
RPR (DIAGNOSIS) WITH REFLEX TO TITER & CONFIRMATORY TESTING @NIC

Order Code: Misc Lab Item
Synonym(s):
Section: Reference
Tube Type: Red5-R
Specimen Requirement:
1 mL serum (red top tube)
Minimum Collection Vol:
Minimum Aliquot Vol: 0.5 mL
Restrictions On Collection:
None
When Completed:
Testing set up Tuesday through Saturday
Reports in 1-5 days, depending on reflex testing
Normal Values:
Included with report
Instructions/Remarks:
If RPR Screen is "Reactive", then RPR Titer and FTA Confirmatory testing will be performed at an additional charge.
FTA Confirmatory testing also available as a reflex to in-house RPR, Quest code 4112, (SQ order code FTAN).
LABORATORY REFERENCE:
Send serum room temperature.
Quest order code: 36126
Note: If reflex testing performed,
RPR Titer reflex only testing, Quest # 36126-2.
FTA Confirmatory reflex only testing, Quest # 36126-3.

Last Updated: 11/03/2014
Connected to SCM Item:
RPR SYPHILIS SEROLOGY - BLOOD

Order Code: RPR
Synonym(s): STS, Syphilis, VDRL
Section: Serology
Tube Type: Gold
Specimen Requirement:
1 ml. serum (gold top SST tube)
Minimum Collection Vol:
Minimum Aliquot Vol:
Restrictions On Collection: None
When Completed:
Test performed Monday, Wednesday, and Friday on 2nd shift.
Normal Values:
Non-reactive.
Instructions/Remarks:
Reactive samples will be sent to Quest Diagnostics
for Fluorescent Treponema Abs @NIC #4112 (SQ code FTAN)
LAB: Centrifuge and place gold top tube in the Serology rack
in the Reference freezer.
Last Updated: 11/03/2014
Connected to SCM Item: Syphilis Serology/RPR-Blood
RUBELLA AB IGG @NIC

Order Code: RUBIGG
Synonym(s): Rubella Immune Status
Section: Reference
Tube Type: GOLDR

Specimen Requirement:
1 mL serum (draw 1 GOLD top tube)

Minimum Collection Vol: 0.5 mL
Minimum Aliquot Vol: 0.1 mL

Restrictions On Collection:
None

When Completed:
Testing set-up 4 days a week
Analytical time of 1 to 2 days

Normal Values:
Included with report

Instructions/Remarks:
Reference lab: Ship serum room temperature (ambient)
Reject hemolysis and/or lipemia
NIC test code # 802

Last Updated: 12/11/2012

Connected to SCM Item: Rubella Ab IgG at NIC
RUBELLA ANTIBODY IgM @NIC (LAB ONLY)

Order Code: RUBIGM
SYNonym(s): 
Section: Reference
Tube Type: Red-R
Specimen Requirement:
1 mL serum
Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 0.6 mL
Restrictions On Collection:
None
When Completed:
3-4 days
Normal Values:
Included with report
Instructions/Remarks:
Quest test code 4422X
Last Updated: 08/27/2014
Connected to SCM Item: Rubella Antibody IgM at NIC
RUBEOLA (MEASLES) IgM AB @MYO (LAB ONLY)

Order Code: MEASIM

Synonym(s): Measles

Section: Reference

Tube Type: Gold-R

Specimen Requirement:
0.5 ml. serum (Pediatric 0.3)

Minimum Collection Vol: 3 mL

Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:
None

When Completed:
Testing set up: Sunday - Friday
Analytic time: 2 days

Normal Values:
Included with report

Instructions/Remarks:
Useful for the determination of immune status.
Reported as positive or negative.

REFERENCE LAB:
Mayo Laboratories
test code # 80979

Last Updated: 07/11/2006

Connected to SCM Item: Measles(Rubeola) IgM Ab @MYO
SALICYLATES LEVEL

Order Code: SALIC
Synonym(s): ASA, Aspirin Level
Section: Chemistry
Tube Type: Gold-C

Specimen Requirement:
1 ml. serum (gold top SST tube)

Restrictions On Collection:
None

When Completed:
Same shift

Normal Values:
2 - 20 mg/dl

Instructions/Remarks:
LAB: Lithium heparinized plasma also acceptable (light green top tube).
Centrifuge and separate within 4 hours of collection.

Last Updated: 12/04/2007

Connected to SCM Item: Salicylates Level
SCHILLING TEST  (REFER TO NUCLEAR MEDICINE DEPT.)

Order Code:

Synonym(s):

Section:

Specimen Requirement:

REFER TO NUCLEAR MEDICINE DEPT. AT EXT. 5558

Restrictions On Collection:

When Completed:

Normal Values:

Instructions/Remarks:

Last Updated:
LABORATORY MANUAL

SEDATIVE HYPNOTICS SCREEN (BLD&URINE) QNT @CUI [HYPSC]

Order Code: Misc Lab Item
Synonym(s): Drugs-Blood+Urine
Section: Reference

Tube Type: Serum: 10.0 mL whole blood in plain red-top tube(s) (no gel separator)
PLUS Urine: 25 mL from a random urine collection in a urine specimen cup. No preservative

Specimen Requirement: Minimum Collection Vol:
Minimum Aliquot Vol:
Restrictions On Collection: None

When Completed: STAT: 2 hours
Routine: 3 - 5 hours
Test Set Up Frequency: Daily

Normal Values: Included with report.

Instructions/Remarks:
Must submit both blood and urine.
This drug screen is available when a drug overdose is suspected and the causative agent is a sedative/hypnotic. This analysis includes both quantitative and qualitative analysis of commonly prescribed sedatives/hypnotics.

LABORATORY:
Send serum and urine room temp or refrigerated.
Minimum volumes: 2 mL serum, 6 mL urine.

REFERENCE: UCI order code: HYPSC

Last Updated: 11/25/2013

Connected to SCM Item:
SEDIMENTATION RATE, RBC

Order Code:   ESR
Synonym(s):  Sed Rate, ESR
Section:     Hematology-Coag
Tube Type:   LV-H

Specimen Requirement:
   2.5 ml. whole blood (lavender top tube, EDTA).

Minimum Collection Vol:  1.2 mL
Restrictions On Collection: None
When Completed:  Same day

Normal Values:
   Males:  1 - 15 mm/Hr
   Females:  1 - 20 mm/Hr

Instructions/Remarks:

Last Updated:  02/09/2007

Connected to SCM Item:  Sedimentation Rate-Blood
SELENIUM, SERUM  @MYO

Order Code:  Misc Lab Item
Synonym(s):  
Section:  Reference
Tube Type:  CALLAB*

Specimen Requirement:
* Draw blood in a royal blue-top (red label-No Additive) tube. Spin down, do not put in a serum separator, wooden sticks or papettes. Pour off 1.0 mL of Serum into a Mayo Metal-Free specimen vial (blue label). Send specimen FROZEN.
* If drawn by syringe - use special syringe stored in Reference Dept, Lab.

Minimum Collection Vol:
Minimum Aliquot Vol:
Restrictions On Collection:
None

When Completed:
Days Test Set Up:
Monday through Saturday
Analytic Time:
1 day

Normal Values:
Included with report

Instructions/Remarks:
REFERENCE LAB:
Mayo Laboratory
test code # SES

Last Updated: 03/09/2012

Connected to SCM Item:
SEROTONIN RELEASE UNFRACTIONATED @NIC *REFLEX TO HEP-INDUCED PLATELET AB only

Order Code: SRAUH
Synonym(s): SRA
Section: Reference
Tube Type:
Specimen Requirement:

Minimum Collection Vol: 
Minimum Aliquot Vol: 
Restrictions On Collection: None

When Completed:
   Testing set up: 5 days a week, PM  
   Analytic time: 1 day

Normal Values: Included with report

Instructions/Remarks:
   Testing available as a reflex order to HEPARIN INDUCED PLATELET ANTIBODY @NIC (HITRFX).
   Not orderable alone.

   NOTE: All results are STAT. Critical phone results must be taken by a CLS. The appropriate floor/physician must be notified.

Last Updated: 10/02/2013

Connected to SCM Item: Serotonin Release Unfr at NIC
SEROTONIN, 24 HR URINE  @MYO

Order Code:  Misc Lab Item
Synonym(s):  5-Hydroxytryptamine
Section:  Reference
Tube Type:  
Specimen Requirement:  
5 ml from a 24-hour urine collected in 50 ml 50% acetic acid
Minimum Collection Vol:  
Minimum Aliquot Vol:  
Restrictions On Collection:
Patient should not eat avocados, bananas, eggplant, kiwi, dates, grapefruit, cantaloupe, pineapples, plums, tomatoes, or walnuts for a 48-hour period prior to start of a collection.
When Completed:
Test set up:  Monday and Thursday
Analytic time:  2 days
Normal Values:
Included with report
Instructions/Remarks:
LAB:
Prepare 24-hour collection container by adding 50 ml of 50% acetic acid to empty container. After collection mix well and record total 24-hour volume. Check pH (should be equal to or less than 2). Send 10 ml aliquot. Send frozen.
When processing batch in MayoAccess, you will be prompted for the following information prior to transmitting batch:
Collection Duration:
Urine Volume:
REFERENCE LAB:
MYO test # SERU

Last Updated:  03/09/2012

Connected to SCM Item:
LABORATORY MANUAL

SEROTONIN, SERUM @NIC (Quest)

Order Code: SEROS

Synonym(s):

Section: Reference

Tube Type: RED-R

Specimen Requirement:

2 ml serum (10 mL Red Top tube). Spin down and freeze 2 mL Serum below -20 degrees C within 2 hours after collection.

Minimum Collection Vol: 3.0 mL

Minimum Aliquot Vol: 1.0 mL

Restrictions On Collection:

Patient should avoid food high in indoles: avocado, banana, tomato, plum, walnut, pineapple, and eggplant. Patient should also avoid tobacco, tea and coffee three days prior to specimen collection.

When Completed:

Days Test Set Up:
Monday through Friday

Analytic Time:
2 days

Normal Values:

Included with report

Instructions/Remarks:

REFERENCE LAB:
Quest Diagnostics Lab
test code # 29851

Last Updated: 09/14/2011

Connected to SCM Item: Serotonin, Serum @NIC
Obtain Serotonin Collection Kit from Laboratory Reference Department. Draw blood into special lavender top tube containing 7.2 mg EDTA. Mix well and immediately transfer whole blood to special blue top tube containing 35 mg of Ascorbic Acid. Mix well and place tube on ice immediately. Deliver to Laboratory immediately for processing.

Minimum Collection Vol:
Minimum Aliquot Vol:
Restrictions On Collection:
Participant should avoid food high in indoles: avocado, banana, tomato, plum, walnut, pineapple, and eggplant. Participant should also avoid tobacco, tea and coffee three days prior to specimen collection.

When Completed:
Days Test Set Up:
  Monday through Friday
Analytic Time:
  2 days

Normal Values:
Included with report

Instructions/Remarks:
LAB: * Serotonin whole blood collection kit supplied by Quest--stored in drawer in Reference.
    No other collection acceptable.
    Freeze whole blood immediately in blue-capped plastic vial.
    Do not transfer to another container.

REFERENCE LAB:
  Quest Diagnostics Nichols Institute
  test code # 818X

Last Updated: 01/08/2013

Connected to SCM Item: Serotonin, Whole Blood @NIC
SERTRALINE and DESMETHYLSERTRALINE @MYO

Order Code: Misc Lab Item
Synonym(s): Zoloft
Section: Reference
Tube Type: Red-R

Specimen Requirement:
2 mL of Serum (red top tube)

Minimum Collection Vol:

Minimum Aliquot Vol:

Restrictions On Collection:
Trough levels are most reproducible.

When Completed:
Less than 5 days

Normal Values:
Included with report

Instructions/Remarks:
Testing is forwarded to MedTox Laboratories.

LAB: Send 2 mL serum refrigerated.
Plasma NOT acceptable. SST tube NOT acceptable.
Reject if grossly hemolyzed.

REFERENCE LAB:
Mayo Laboratory forward to MedTox Laboratories
test code # FSERT

Last Updated: 03/09/2012
Connected to SCM Item:
SERUM DRUG SCREEN w/ VOLATILES (if Blood only)
[SERDSV]@UCI (Lab use ONLY)

Order Code: Misc Lab Item
Synonym(s): Drugs-Blood only received
Section: Reference
Tube Type: RED-R
Specimen Requirement:
4 ml serum (red top tube, no additive or gel)

Minimum Collection Vol:
Minimum Aliquot Vol:
Restrictions On Collection: None

When Completed:
Less than 24 hours (available STAT);
UCI analysis time 3 hours

Normal Values:
Included with report

Instructions/Remarks:
LAB: For use in suspected drug overdose situations, when ONLY BLOOD IS RECEIVED for orders for "Comprehensive Drugs (Bld+Ur) @UCI".
Serum drug screen includes: Acetaminophen, Salicylates, Barbiturates, Benzodiazepines, Sedatives/Hypnotics (Carisoprodol, Glutethimide, Meprobamate, Methyprylon), and Volatiles (acetone, isopropanol, methanol, ethanol).

REFERENCE LAB:
UCI order code # SERDSV

Last Updated: 11/21/2013

Connected to SCM Item:
SEX HORMONE BINDING GLOBULIN @NIC

Order Code: SHBGN
Synonym(s): SHBG
Section: Reference
Tube Type: Red5R

Specimen Requirement:
- 1 mL serum (draw 1 FULL red top tube)
- SST gold top also acceptable

Minimum Collection Vol: 1.5 mL
Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:
None

When Completed:

Normal Values:
Include with report

Instructions/Remarks:
Reference lab: Allow blood to clot at room temperature (18-25 degrees C)
Centrifuge for 15 minutes to obtain hemolysis-free serum.
Transfer serum to a plastic QDNI transport tube (Quest supply) and send.
Send serum room temperature (ambient)

NIC test code # 30740

Last Updated: 12/11/2012

Connected to SCM Item: Sex Horrm Bindg Glob at NIC
SICKLE CELL PREPARATION

Order Code: SIKL

Synonym(s):

Section: Hematology-Coag

Tube Type: LV-H

Specimen Requirement:
2.5 ml. whole blood (lavender top tube, EDTA), or by fingerstick using microtainer; may combine with CBC

Restrictions On Collection:
None

When Completed:
Same day

Normal Values:
Negative.

Instructions/Remarks:

Last Updated: 08/17/2003

Connected to SCM Item: Sickle Cell Test
SKIN TEST - CANDIDA ALBICANS

Order Code: CANS
Synonym(s): Candida albicans Skin Test
Section: Microbiology
Specimen Requirement:

Restrictions On Collection:
Daily after 3 P.M.
Test must be ordered by 2 PM of the day test is to be done.
The physician ordering test must be informed by nurse if patient is to be discharged before we have completed skin test readings.

When Completed: 48 hour reading

Normal Values:

Instructions/Remarks:

Last Updated: 09/13/2005

Connected to SCM Item: Candida Skin Test
SKIN TEST - PPD for TB

Order Code: PPD

Synonym(s): Mantoux Skin Test, PPD Skin Test, TB Skin Test

Section: Microbiology

Specimen Requirement:

Restrictions On Collection:
Daily after 3 P.M.
Patient should NOT have had vaccine for influenza or measles in past 6 weeks. (False negative reaction may result.)
Test must be ordered by 2PM of the day test is to be done.
The physician ordering test must be informed by nurse if patient is to be discharged before we have completed skin test readings.

When Completed:
48 hour reading only.

Normal Values:

Instructions/Remarks:
Intermediate strength will be given.

Last Updated: 09/13/2005

Connected to SCM Item: PPD Skin Test
SKIN TEST - TRICHOPHYTON

Order Code: TRIS

Synonym(s): Trichophyton Skin Test

Section: Microbiology

Specimen Requirement:

Restrictions On Collection:

Daily after 3 P.M.
Test must be ordered by 2 PM of the day test is to be done. The physician ordering test must be informed by nurse if patient is to be discharged before we have completed skin test reading.

When Completed:

Twenty minutes and 48 hour reading

Normal Values:

Instructions/Remarks:

Last Updated: 09/13/2005

Connected to SCM Item: Trichophyton Skin Test
SMOOTH MUSCLE ANTIBODY, IGG @NIC

Order Code: SMABN
Synonym(s): Anti-Smooth Muscle Antibody, Actin
Section: Reference
Tube Type: Red5

Specimen Requirement:
- 0.5 mL serum (draw 1 red top tube)
- SST gold top acceptable

Minimum Collection Vol: 1.5 mL
Minimum Aliquot Vol: 0.25 mL

Restrictions On Collection:
None

When Completed:
Test is set-up Tuesday-Saturday
Analytic time of 1-3 days

Normal Values:
Included with report

Instructions/Remarks:
Reference lab: Ship samples at room temperature
Reject if grossly hemolyzed or contain visible contamination

NIC test code # 15043

Last Updated: 12/17/2012

Connected to SCM Item: Smooth Muscle Ab IgG at NIC
SODIUM

Order Code: NA
Synonym(s): NA
Section: Chemistry
Tube Type: ltG-C

Specimen Requirement:
1 ml. plasma (light green top tube, lithium heparin)

Restrictions On Collection:
None

When Completed:
Same shift

Normal Values:
Plasma: 135 - 145 mmol/l.

Instructions/Remarks:
LAB: Included in Basic Metabolic Panel (BMPAN).
Serum and plasma: Separate specimen within 2 days of collection.
Room temperature up to 4 days. Refrigerate up to 1 week. Freeze up to 6 months.

Last Updated: 02/09/2007

Connected to SCM Item: Sodium
SODIUM-24HR URINE

Order Code: NA24HR

Synonym(s): NA-urine 24HR

Section: Chemistry

Specimen Requirement:
24-hour urine collection
Refrigerate urine during collection.
Submit entire collection to Laboratory with completed
Order Requisition.

Restrictions On Collection:
None

When Completed:
Same shift

Normal Values:
43 - 217 mmol/day

Instructions/Remarks:
LAB: Properly labeled Timed collection received with SCM Order
Requisition.
Measure urine volume and record on Order Requisition.
Mix well, aliquot 5 mL and centifuge.
Take spun urine aliquot and Order Requisition to Tech for
testing.
Tech will verify HOURS of collection on Order Requisition:
   Date Urine Collection Started
   Date urine Collection Ends
   Time Urine Collection Started
   Time Urine Collection Ends

Last Updated: 02/09/2007

Connected to SCM Item: Sodium-24Hr Urine

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:
   Date Urine Coll Started:
   Date Urine Collect Ends:
   Time Urine Coll Started:
   Time Urine Collect Ends:
SODIUM-MISC FLUID

Order Code: NAMF
Syonym(s): NA-MF
Section: Chemistry

Specimen Requirement:
1 ml miscellaneous fluid

Restrictions On Collection:
None

When Completed:
Same shift

Normal Values:
No normal values available

Instructions/Remarks:
LAB: Centrifuge and aliquot if necessary, prior to testing.
Store room temperature up to 4 hours.
Refrigerate up to 3 days.
Freeze for up to 6 months.

Last Updated: 02/09/2007

Connected to SCM Item: Sodium-Misc Fluid

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:
SODIUM-URINE RANDOM

Order Code: NAUR
Synonym(s): NA-urine
Section: Chemistry
Specimen Requirement:
   1 ml. random urine
Restrictions On Collection:
   None
When Completed:
   Same shift
Normal Values:
   No normals for random specimen
Instructions/Remarks:
   LAB:
       Urine: Refrigerate during collection and keep refrigerated until analysis. Room temperature up to 24 hours. Refrigerate up to 7 days. Freeze up to 6 months.

Last Updated: 02/09/2007
Connected to SCM Item: Sodium, Urine Random
SOLUBLE TRANSFERRIN RECEPTOR @NIC

Order Code:      STRANS
Synonym(s):      Transferrin Receptor, Soluble
Section:         Reference
Tube Type:       GOLDR

Specimen Requirement:
  1.0 ml. serum
  * Deliver to lab immediately

Minimum Collection Vol:  2 mL
Minimum Aliquot Vol:      0.5 mL

Restrictions On Collection:
  None

When Completed:
  Test Set Up: Sunday, Wednesday, Friday
  Turnaround time: 2 - 4 days

Normal Values:
  Included with report

Instructions/Remarks:
  * Separate serum immediately from the clot.
  Refrigerated.
  Testing performed at Quest Diag. Nichols Institute, Valencia, CA

REFERENCE LAB:
  NIC Lab (Quest)
  test code # 91031

Last Updated: 12/11/2012

Connected to SCM Item: Soluble Transferrin Recep at NIC
SOMATOSTATIN @NIC (Quest)

Order Code: Misc Lab Item
Synonym(s):
Section: Reference
Tube Type: LV-R

Specimen Requirement:
Draw blood in a pre-chilled 6 mL lavender-top tube. Separate and freeze 2 mL of plasma immediately.

Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 0.6 mL

Restrictions On Collection: None

When Completed:
Days Test Set Up: Tuesday a.m.
Analytic Time: 4 days

Normal Values: Included with report

Instructions/Remarks:
LAB:
Reject due to gross lipemia and gross icterus.
Separate and freeze 2 mL of plasma immediately.

REFERENCE LAB:
Quest Diagnostics Nichols Institute
test code # 34480

Last Updated: 08/09/2011

Connected to SCM Item:
SPECIFIC GRAVITY-MISC FLUID

Order Code: SPGRMF

Synonym(s): 

Section: Urinalysis-Body

Tube Type: FL-H

Specimen Requirement:
Indicate type of fluid. Collected by physician. Send to Laboratory IMMEDIATELY. For serous fluids send an EDTA specimen.

Due to clotting, a portion of a serous fluid should be poured into a "lavender" top tube containing EDTA and inverted a few times to mix.

Restrictions On Collection:
None

When Completed:
Same day

Normal Values:

Instructions/Remarks:

Last Updated: 02/09/2007

Connected to SCM Item: Specific Gravity - Misc Fluid

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:
Date Specimen Collected:
Time Specimen Collected:
Collected by:
SPECIFIC GRAVITY-URINE

Order Code: USPG

Synonym(s):

Section: Urinalysis-Body

Specimen Requirement:
Random clean catch urine, label properly and send to Lab within one hour

Restrictions On Collection:
See "Urinalysis-Routine"

When Completed:
Same day

Normal Values:
1.005 - 1.030

Instructions/Remarks:
Included in Urinalysis - Routine,
Urinalysis - Screen (no microscopic),
or may be ordered separately.

Last Updated: 02/09/2007

Connected to SCM Item: Specific Gravity - Urine
SPINAL FLUID for CYTOLOGY

Order Code:

Synonym(s): CSF for Cytology

Section: Cytology

Specimen Requirement:
Collected by physician. Send to Lab IMMEDIATELY.

Restrictions On Collection:
None - Test performed Monday – Saturday, days.

When Completed:
Within 24 hours

Normal Values:
Negative for malignant cells

Instructions/Remarks:
LAB: CSF specimens for Cytology received evenings and weekends are to be processed immediately in Hematology.

Last Updated:
SPUTUM for CYTOLOGY

Order Code:

Synonym(s):

Section: Cytology

Specimen Requirement:

Patient instructions and collection bottles are available from Respiratory Therapy or Pathology. Any questions, call Ext. 45629. Nursing staff should review collection instructions with patient. Sputums for Cytology are collected in 70% alcohol fixative. However, if sputum specimen needs to be shared with Microbiology, it should be sent "fresh" without fixative and the Lab will add the fixative.

Restrictions On Collection:

Monday - Saturday, days

When Completed:

Within 24 hours

Normal Values:

Negative for malignant cells

Instructions/Remarks:

Last Updated: 09/14/2005
SSA, SJORGREN'S ANTIBODY @NIC

Order Code: Misc. Lab Item
Synonym(s): SS-A, Sjogren's Ab
Section: Reference
Tube Type: Gold

Specimen Requirement:
1 mL serum preferred (Gold top)
Red top tube acceptable

Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:
Overnight fasting is preferred

When Completed:
Testing is set-up Monday-Saturday
Analytical time 3-5 days

Normal Values:
Included with report

Instructions/Remarks:
Reference: Send serum room temperature
NIC test code: 38568

Last Updated: 07/25/2013

Connected to SCM Item:
SSA, SSB SJOGREN'S ANTIBODIES @NIC

Order Code: Misc. Lab Item
Synonym(s): SS-A, SS-B, Sjogren's Ab
Section: Reference
Tube Type: Gold

Specimen Requirement:
1 mL serum (gold top preferred)
Red top acceptable

Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:
Overnight fasting is preferred

When Completed:
Testing set-up Monday-Saturday
Analytical time 3-5 days

Normal Values:
Included with report

Instructions/Remarks:
Reference: Ship serum room temperature
NIC test code: 7832

Last Updated: 07/25/2013

Connected to SCM Item:
SSB, SJORGREN'S ANTIBODY @NIC

Order Code: Misc. Lab Item

Synonym(s): Sjorgren's Ab, SS/B, SS-B

Section: Reference

Tube Type: Gold

Specimen Requirement:

1 mL serum (Gold top preferred)
Red top tube acceptable

Minimum Collection Vol: 3 mL

Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:

Overnight fasting preferred

When Completed:

Testing is set-up Monday-Saturday
Analytical time of 3-5 days

Normal Values:

Included with report

Instructions/Remarks:

Reference: Ship serum room temperature
NIC test code: 38569

Last Updated: 07/25/2013

Connected to SCM Item:
ST. LOUIS ENCEPHALITIS AB IgG & IgM @MYO

Order Code: SLE

Synonym(s):

Section: Reference

Tube Type: Red-R

Specimen Requirement: 0.5 ml serum. Send refrigerated.

Minimum Collection Vol: 2 mL

Minimum Aliquot Vol: 0.3 mL

Restrictions On Collection: None

When Completed: Test Set Up: Monday through Friday
Analytic time: 1 day

Normal Values: Included with report

Instructions/Remarks:

LAB: Reject due to hemolysis and lipemia.

REFERENCE LAB:
MYO test code # 83154

Last Updated: 07/12/2006

Connected to SCM Item: St.Louis Encephalitis Abs IgG, IgM @MYO
STAPHYLOCOCCUS ONLY CULTURE

Order Code: STAO

Synonym(s): Culture - Staphylococcus only, Staph only, MRSA

Section: Microbiology

Tube Type:

Specimen Requirement:
Swab from right & left nares, OR
Per physician request swab from appropriate wound/abcess source.
MINIMUM VOL: Use double swab culturette (red capped container).

Minimum Collection Vol: see above

Minimum Aliquot Vol:

Restrictions On Collection:
None

When Completed:
24 hours

Normal Values:
No Oxicillin resistant Staphylococcus aureus isolated.

Instructions/Remarks:
Patients with previous history of MRSA must have axilla, groin and nares cultured to rule out MRSA.
Order this item to rule out MRSA.
Transport promptly to the Laboratory.

Last Updated: 05/09/2012

Connected to SCM Item: Staphylococcus Only Culture

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:

Circle if appropriate: Right Left
Wound specimens: Deep Superficial

PREP INSTRUCTION:
(1) MICROBIOLOGY: Collect specimen in sterile, tightly capped container. Transport to LAB immediately.
Specimens over 1 hour old, or leaking, will require recollection.

(2) If using a swab for collection- aerobic (routine) - Red topped - anerobic- Blue topped
STONE ANALYSIS @NIC

Order Code: QSTONE
Synonym(s): Calculus
Section: Reference
Tube Type: STC

Specimen Requirement:
Container: Sterile Cup (Sunquest label code STC)
Stone or dry kidney stone or filtered material.
Stones originating from sources not related to the kidney should be air-dried, then placed in a plastic tube or a urine container. Do not use tape. Minute specimens may be placed in a gelatin capsule.

Minimum Collection Vol:
Minimum Aliquot Vol:
Restrictions On Collection: None

When Completed:
Testing set up Mon-Sat am
Reports available Thur-Tues pm

Normal Values:
Included with report

Instructions/Remarks:
LABORATORY:
Ship ambient in sterile screw cap container
Quest order code 30260X

Testing performed at Quest Diagnostics, Valencia, CA

Last Updated: 10/02/2013

Connected to SCM Item: Stone Analysis at NIC
STOOL CULTURE (FOR ENTERIC PATHOGENS)

Order Code: STC
Synonym(s): STC
Section: Microbiology

Tube Type:

Specimen Requirement:
A fresh stool specimen in clean dry container brought to the
laboratory within one hour after collection or a stool specimen placed in the
a Carey Blair Fecal Transport System (available in Microbiology).

Minimum Collection Vol:

Minimum Aliquot Vol:

Restrictions On Collection:
Only one (1) stool specimen per day will be accepted.

When Completed:
Preliminary report: 24 - 48 hours
Final report: 72 hours

Normal Values:

Instructions/Remarks:
We routinely culture for Campylobacter, E.coli 0157, Salmonella,
Shigella, Yersinia and Aeromonas. If other pathogenic organisms, i.e., Vibrio are suspected the Microbiology Lab
must be notified.
A Gram stain must be ordered separately, if ordered.

Order as: Stool
Choose Stool specimens, Lab Order Set > Stool Culture

Last Updated: 09/10/2008

Connected to SCM Item:
STOOL SPECIMENS, LAB (Order Set)

Order Code:

Synonym(s):

Section: Micro, Hema, Ref

Tube Type:

Specimen Requirement:

Minimum Collection Vol:

Minimum Aliquot Vol:

Restrictions On Collection:

When Completed:

Normal Values:

Instructions/Remarks:

Physician orders may vary.

MOST FREQUENTLY ORDERED ITEMS:
- Clostridium Difficile-Toxin
- Fecal Leucocytes (Meth Blue)
- Occult Blood (Hemoccult)
- Ova + Parasites
- Exam (O+P)
- Rotavirus Direct Antigen- Stool
- Stool-Culture

LESS FREQUENTLY ORDERED ITEMS:
- Acid Fast Smear + Culture (AFB)
- Cryptosporidium
- Fecal Fats (Qualitative)
- Gram Stain Only
- Giardia DFA
- H. pylori AG Stool @UCI
- Microsporidia Stain @MRL
- Misc Lab Item - Stool
- Viral Culture Comprehensive @UCI
- Wright Stain (WBC) - Stool

Order in SCM as Order Set "STOOL SPECIMENS, LAB".

LAB: During SCM downtime, Microbiology Dept will order in Misys.

Last Updated: 09/10/2008

Connected to SCM Item:
STREP AB SCREEN (STREPTOZYME)

Order Code:    STREP  

Synonym(s):    Anti-Strep AB Screen, ASO  

Section:    Serology-Specia  

Tube Type:    Red  

Specimen Requirement:    1 ml. serum (red top tube), no gel  

Minimum Collection Vol:    

Minimum Aliquot Vol:    

Restrictions On Collection:    None  

When Completed:    Same day. Available STAT.  

Normal Values:    Negative  

Instructions/Remarks:    LAB: STAT: Centrifuge and deliver to Serology for testing. Routine: Aliquot serum into a plastic vial and place in the Serology rack in the Reference freezer.  

Last Updated: 06/05/2010  

Connected to SCM Item:    Strep Antibody Screen  

Printed: 11/18/2014 11:22:49AM
STREPTOCOCCUS PNEUMONIAE AG URINE @NIC

Order Code: STPAGN

Synonym(s): 

Section: Microbiology

Tube Type: Specimen

Specimen Requirement: 1 mL Urine

Minimum Collection Vol: 0.3 mL

Minimum Aliquot Vol: 0.3 mL

Restrictions On Collection: None

When Completed:
Testing is set-up 7 days a week
Analytical time of 1-2 days

Normal Values: Negative

Instructions/Remarks:
Reference lab: Send in screw-cap container
Ship urine FROZEN

Quest code # 4460X

Last Updated: 05/10/2013

Connected to SCM Item: Strep Pneumoniae AG UR at NIC

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:

Circle if appropriate: Right Left

Wound specimens: Deep Superficial

PREP INSTRUCTION:
(1) MICROBIOLOGY: Collect specimen in sterile, tightly capped container. Transport to LAB immediately. Specimens over 1 hour old, or leaking, will require recollection.

(2) If using a swab for collection- aerobic (routine) - Red topped - anerobic- Blue topped
STREPTOCOCCUS PNEUMONIAE IgG AB, 23 SEROTYPES @NIC

Order Code: STP23
Synonym(s):  
Section: Reference
Tube Type: Gold-R
Specimen Requirement:  
0.5 mL serum (Gold top SST tube)
Minimum Collection Vol: 2.0 mL
Minimum Aliquot Vol: 0.25 mL
Restrictions On Collection: None
When Completed:  
Testing set-up: Monday - Friday
Analytical time: 1 - 4 days
Normal Values: Included with report
Instructions/Remarks:  
Tests for 23 serotypes
Lab: Send Room Temperature
Reject due to gross hemolysis and/or lipemia
Reference lab: Quest test code # 16963
Last Updated: 07/11/2014
Connected to SCM Item: Strep. pneumoniae IgG AB.23 Serotypes at NIC
STREPTOMYCIN LEVEL, TROUGH OR PEAK  @FOC

Order Code: Misc Lab Item
Synonym(s):
Section: Reference
Tube Type: Red-R

Specimen Requirement:
   1 mL Serum (red top tube, FROZEN
   (minimum 0.5 mL FROZEN)

Minimum Collection Vol: 1.5 mL
Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:
None

When Completed:
Less than 5 days

Normal Values:
Included with report

Instructions/Remarks:
REFERENCE LAB:
Microbiology Reference Lab
test code # 51962

Record on requestion and specimen if Trough, Peak, or Random

Last Updated: 09/10/2012

Connected to SCM Item:
STRiated MUSCLE ANTIBODY  @MYO

Order Code: Misc Lab Item
Synonym(s): Anti-striated Muscle Ab, Skeletal Muscle Ab
Section: Reference
Tube Type: Red-R
Specimen Requirement:
0.5 ml. serum (Pediatric 0.3 ml)
Minimum Collection Vol: 2 mL
Minimum Aliquot Vol: 0.3 mL
Restrictions On Collection: None

When Completed:
Set up: Monday, Wednesday, Thursday
Analytic time: 3 days

Normal Values: Included with report

Instructions/Remarks:
LAB: Ship Refrigerated

REFERENCE LAB:
Mayo test code # STR

Last Updated: 03/09/2012

Connected to SCM Item:
STRONGLYLOIDES IgG ANTIBODY  @FOC

Order Code: Misc Lab Item
Synonym(s):
Section: Reference
Tube Type: Red-R
Specimen Requirement:
1 mL Serum (red top tube)
Minimum Collection Vol: 1.5 mL
Minimum Aliquot Vol: 0.2 mL
Restrictions On Collection:
None
When Completed:
Less than 5 days
Normal Values:
Included with report
Instructions/Remarks:
REFERENCE LAB:
Microbiology Reference Lab
test code # 10091
Last Updated: 09/10/2012
Connected to SCM Item:
SUBSTANCE P  @MYO

Order Code:  Misc Lab Item
Synonym(s):
Section:  Reference
Tube Type:
Specimen Requirement:
3 mL plasma (lavender top EDTA)
Collect 10 mL whole blood (EDTA) in special tube containing the Z-tube G.I. preservative.
Minimum Collection Vol:  4 mL
Minimum Aliquot Vol:  1 mL
Restrictions On Collection:
For baseline level, patient should fast overnight 10-12 hr.
Antacids should be discontinued 48 hours prior to draw.
When Completed:
Testing performed:  Monday - Friday
Turnaround time:  7-10 days
Normal Values:
Included with report
Instructions/Remarks:
LAB:
For venipuncture, use special tube containing the Z-tube G.I. preservative, MAYO supply number T125.
Separate plasma from cells as soon as possible. Freeze immediately.

REFERENCE LAB:
Mayo order # FSUP
Testing performed by Cambridge Biomedical Inc., Boston, MA

Last Updated:  03/09/2012
Connected to SCM Item:
SULFADIAZINE @MYO

Order Code: Misc Lab Item
Synonym(s): Azulfidine, Sulfasalazine
Section: Reference
Tube Type: Red-R

Specimen Requirement:
1.0 mL of Serum (red top tube, no gel), OR
1.0 mL plasma (purple top, EDTA)
Gold top SST or PST tubes NOT acceptable.

Minimum Collection Vol:
Minimum Aliquot Vol:
Restrictions On Collection:
None

When Completed:
Day Test Set Up: Wednesday
Analytic Time: 1 day

Normal Values:
Included with report

Instructions/Remarks:
Indicate "Peak" or "Trough"

LABORATORY:
EDTA plasma also acceptable.
Indicate serum or plasma in Performing Notes.
Send specimen room temp refrigerated.

REFERENCE LAB:
Mayo Laboratory referral
#90525 Miscellaneous National Medical Services (NMS),
(NMS test code 4219SP Sulfadiazene, Serum/Plasma)

Last Updated: 06/12/2009

Connected to SCM Item:
SULFAMETHOXAZOLE  @MYO

Order Code:  Misc Lab Item

Synonym(s):  Bactrim, Trimethoprim, Gantanol, Septra, Sulfamethoxazole

Section:  Reference

Tube Type:  Red-R

Specimen Requirement:
1.0 mL of Serum (red top tube)
SST tube not acceptable

Minimum Collection Vol:

Minimum Aliquot Vol:  0.2 mL

Restrictions On Collection:

Draw peak:
30 minutes post completion of IV
60 minutes post IM or oral dose

When Completed:
Days Test Set Up:
Monday through Saturday
Analytic Time:
1 day

Normal Values:
Included with report

Instructions/Remarks:
Indicate "Peak" or "Trough".
Also included in Drug Screen #8421 @MYO.
See also Trimethoprim #80146 @MYO.

LAB:  EDTA plasma also acceptable. Indicate serum or plasma
      in the performing notes line in Mayo Link.
      Send specimen frozen.

REFERENCE LAB:
Mayo Laboratory
test code # SFZ

Last Updated:  03/09/2012

Connected to SCM Item:
SULFISOXAZOLE  @MYO

Order Code:  Misc Lab Item
Synonym(s):  Gantrisin/Sulfonamides, Sulfonamides
Section:  Reference
Tube Type:  Red-R

Specimen Requirement:
1.0 mL of Serum (red top tube, no gel), OR
1.0 mL plasma (purple top, EDTA)
Gold top SST or PST tubes NOT acceptable.

Minimum Collection Vol:
Minimum Aliquot Vol:
Restrictions On Collection:
  None

When Completed:
  Test Set Up:  Wednesday
  Analytic Time:  1 day

Normal Values:
  Included with report

Instructions/Remarks:
  LABORATORY:
  EDTA plasma also acceptable.
  Indicate serum or plasma in Performing Notes.
  Send specimen room temp or refrigerated.

  REFERENCE LAB:
  Mayo Laboratory referral
  #90525 Miscellaneous National Medical Services (NMS),
  (NMS test code 4242SP Sulfisoxazole, Serum/Plasma)

Last Updated:  06/12/2009

Connected to SCM Item:
SWEAT TEST (COLLECTION)

Order Code: SWEATC

Synonym(s): Sweat Chloride, Sweat Conductivity

Section: Chemistry

Specimen Requirement:
Schedule with Chemistry, call Lab in advance

Restrictions On Collection:
Scheduled

When Completed:
Two hours

Normal Values:
Conductivity: Less than or equal to 80 mmol/L
Equivocal range 80-95 mmol/L

Instructions/Remarks:
This testing represents a screening test for cystic fibrosis.
LAB: Check department work schedule to verify sufficient employee coverage before scheduling sweat test. Optimum time is 0930-1030, M-Th. Patients may be scheduled for Friday 0930-1030 if necessary--check Chemistry prior to scheduling for Friday. Post the scheduled sweat test information on chalkboard in Chemistry.

Last Updated: 03/02/2004

Connected to SCM Item: Sweat Test

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:
SYMPHILIS IgG AB, WITH REFLEX RPR @MYO

Order Code: Misc Lab Item

Synonym(s): Treponema pallidum, MHA-TP

Section: Reference

Tube Type: Red-R

Specimen Requirement:
1 ml. serum
Send specimen refrigerated

Minimum Collection Vol: 3.0 mL
Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:
Send FROZEN IF mail ship time exceeds 48 hours

When Completed:
Test Set Up: Monday through Saturday
Analytic time: 2 days

Normal Values:
Included with report

Instructions/Remarks:
Detects for the presence of Treponema pallidum IgG antibodies. If the syphilis Ab IgG is positive, MYO will reflex to #84459 Rapid Plasma Reagin, RPR.

REFERENCE LAB:
Mayo Lab
test code # SYPHG

Last Updated: 03/09/2012

Connected to SCM Item:
T&B

Order Code:

Synonym(s):

Section: Hematology

Specimen Requirement:

Restrictions On Collection:

When Completed:

Normal Values:

Instructions/Remarks:

T&B Blood: See T&B Immune Panel, or CD for individual orders. If order not clear call Central Processing X5617.
T&B Bone Marrow: Contact Central Processing X5617 to clarify order.
T&B Tissue: See T&B - Tissue

Last Updated: 12/22/1997
T&B - TISSUE  @CYH

Order Code:

Synonym(s): Helper Suppressor Ratio, T Cell Helper/Suppressor Ratio

Section: Surgical Pathol

Specimen Requirement:

Tissue. Must be scheduled 24 hours in advance. Call Pathology Lab for requirements. All testing now done in pathology. (Specimen may be sent to City of Hope if requested specifically by the physician)

Restrictions On Collection:

Monday - Thursday (ONLY with prior notice if being sent out)

When Completed:

At least 4 days

Normal Values:

Instructions/Remarks:

Last Updated: 12/22/1997
T&B QUANT by FLOW CYTOMETRY, BLOOD @MYO

Order Code: FLOWTB

Synonym(s): Immune Deficiency Panel, Flow Cytometry, CD Quant by Flow

Section: Reference

Tube Type: Lav-R

Specimen Requirement:
- 4 mL whole blood (lavender top, EDTA)
  - Keep at ROOM temperature

Minimum Collection Vol: 1 mL

Minimum Aliquot Vol: None

Restrictions On Collection: None

When Completed: 3-4 days for report

Normal Values: Included with report

Instructions/Remarks:

NOTE: Generally ordered by Infectious Disease physicians. Evaluates lymphocytes only.

Includes:
- T and B Cells
- CD3 % and Absolute Count
- CD4 % and Absolute Count
- CD8 % and Absolute Count
- CD4/CD8 Ratio
- CD19 % and Absolute Count
- CD16 + CD56 % and Absolute Count

*Does NOT include an Interpretation

LAB:

ALL orders received for T&B by Flow @MYO must be pre-evaluated by a Pathologist before processing. Print an SCM Order Requisition and take to Dr.Rausei-Mills for review. For Routines after regular hours, hold for Dr.Rausei-Mills in the morning M-F.
For STATS, or weekends after hours, contact her by cell (714)788-1093.

If Pathologist decides that testing should go to Clariant, patient must be drawn to obtain a green top Sodium Heparin tube. Request a CLS cancel the FLOWTB @MYO order with comment "Sent to Clariant Laboratory".

LAB SPECIMEN PROCESSING:
- DO NOT centrifuge.
- Send whole blood in original vacutainer.
- Maintain sample at ROOM TEMP.
- Specimen must arrive at Mayo Lab within 48 hours of draw.

** NOTE: Ship sample in Critical Ambient Box (MYO item T668) to maintain absolute room temp. during transport. (FedEx ships samples through colder regions, and conditions in plane cargo holds can reach cold temperatures.) You may also place any other ambient samples in this box for shipment.

REFERENCE LAB:
- MYO # TBBS (formerly 9336)
T3

Order Code: T3

Synonym(s): 

Section: Chemistry

Tube Type: Gold-C

Specimen Requirement:
1 ml. serum (gold top SST tube), sodium heparin plasma acceptable*

Restrictions On Collection:
* Lithium heparin plasma UNACCEPTABLE (light green top tube)

When Completed:
Test run Monday through Friday
Specimen must be received by noon, results by 3 pm

Normal Values:
0.97 - 1.69 ng/ml

Instructions/Remarks:

Last Updated: 07/19/2006

Connected to SCM Item: T3
T3 UPTAKE  @NIC (Lab ONLY)

Order Code:  T3U

Synonym(s):

Section:  Reference

Tube Type:  Red-R

Specimen Requirement:
1 mL serum (red top tube)

Minimum Collection Vol:  2 mL

Minimum Aliquot Vol:  0.5 mL

Restrictions On Collection:
None

When Completed:
Less than 4 days

Normal Values:
Included with report

Instructions/Remarks:
Also included in Free Thyroxine Index Panel FTI @NIC (FTHY1).

LAB:  Reject due to hemolysis, lipemia, grossly icteric.
      Send specimen room temperature (ambient)

REFERENCE LAB:
NIC test code # 17732X

Last Updated:  07/03/2013

Connected to SCM Item:  T3 Uptake  @NIC
T3, FREE

Order Code: FT3
Synonym(s): Free T3
Section: Chemistry
Tube Type: Gold-C

Specimen Requirement:
1 mL serum

Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 1 mL
Restrictions On Collection:
None

When Completed:
Same shift

Normal Values:
2.8 - 5.3 pg/mL

Instructions/Remarks:

Last Updated: 05/22/2007

Connected to SCM Item: T3, Free
T3, REVERSE, LC/MS/MS  @NIC (Quest Diagnostics)

Order Code:  T3R
Synonym(s):  Reverse T3
Section:  Reference
Tube Type:  Red-R
Specimen Requirement:
  0.5 mL serum (red top tube, no additive)
Minimum Collection Vol:  2 mL
Minimum Aliquot Vol:  0.3 mL
Restrictions On Collection:  None
When Completed:
  Test performed: Sunday-Friday
  Analytic time: 3-5 days
Normal Values:  Inculded with report
Instructions/Remarks:
  LAB:  Send refrigerated.
        No additive red top preferred.
  REFERENCE LAB:
        Quest # 90963
Last Updated:  04/25/2013
Connected to SCM Item:  T3, Reverse  @NIC
T4, FREE (Preferred)

Order Code: T4F
Synonym(s): Free T4
Section: Chemistry
Tube Type: Gold-C

Specimen Requirement:
1ml serum (gold top SST tube) *

Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 1 mL

Restrictions On Collection:
* Sodium heparin or Lithium heparin plasma UNACCEPTABLE

When Completed:
Same day

Normal Values:
0.78 - 2.19 ng/dL

Instructions/Remarks:

Last Updated: 07/12/2006

Connected to SCM Item: T4, Free
T4, FREE, DIRECT DIALYSIS @NIC(LAB ONLY–Direct Dialysis spec

Order Code: T4FDD
Synonym(s):
Section: Reference
Tube Type: Red-R
Specimen Requirement:
   2 ml serum (red top tube, no additive)
Minimum Collection Vol: 5 mL
Minimum Aliquot Vol: 0.5 mL
Restrictions On Collection:
   Fasting is preferred
When Completed:
   Set up Sunday – Thursday
   Reports in 4–7 days
Normal Values:
   Included with report
Instructions/Remarks:
   METHODOLOGY: Direct Equilibrium Dialysis, Radioimmunoassay.
   LAB: Send serum refrigerated.
   REFERENCE LAB:
   NIC test code # 35167
Last Updated: 03/25/2013
Connected to SCM Item: T4, Free, Direct Dialysis@NIC*MD reqst
T4, TOTAL @NIC (LAB ONLY-if Total T4 specified) do not order with T4, Free

Order Code: T4TN

Synonym(s):

Section: Reference

Tube Type: Red-R

Specimen Requirement:

1 ml serum (red top tube)

Minimum Collection Vol: 5 mL

Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:

None

When Completed:

Less than 4 days

Normal Values:

Included with report

Instructions/Remarks:

Also included in Free Thyroxine Index Panel FTI @NIC (FTHY1).

Do NOT order T4, Total (T4TN) and T4, Free (T4F) on same date of service.

LAB: Send specimen refrigerated.

REFERENCE LAB:

NIC test code # 17733

Last Updated: 01/06/2014

Connected to SCM Item: T4, Total @NIC *MD request
TA90 (MELANOMA--ASSOCIATED ANTIGEN) @NIC (Quest)

Order Code: Misc Lab Item
Synonym(s): Melanoma Monitor TA90
Section: Reference
Tube Type: Red-R

Specimen Requirement:
1 ml serum (red top tube)

Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 0.2 mL

Restrictions On Collection:
None

When Completed:
Test set up: 1 day per week
Reports in 1 day

Normal Values:
Included with report

Instructions/Remarks:
LAB: Ship serum refrigerated.

REFERENCE LAB:
Quest # 15524x

Last Updated: 09/28/2006
TBG/THYROX.BIND.GLOB. @NIC (Quest)

Order Code: TBG1
Synonym(s): Thyroxine Binding Globulin
Section: Reference
Tube Type: Red-R

Specimen Requirement:
1.0 ml. serum

Minimum Collection Vol: 1 mL
Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:
None

When Completed:
Less than 5 days

Normal Values:
Included with report

Instructions/Remarks:
LAB: Ship room temperature (ambient)

REFERENCE LAB:
Quest Diagnostics Nichols Institute
NIC test code # 30213P

Last Updated: 10/23/2012

Connected to SCM Item: TBG (Thyrox Bind Glob) @NIC
TBII (Thyroglobulin-Binding Inhibitory Immunoglobulin) @NIC

Order Code: Misc Lab Item
Synonym(s): TSH Receptor Antibody
Section: Reference
Tube Type: Gold-R
Specimen Requirement:
1 mL serum (Gold top SST tube)
Minimum Collection Vol: 3 mL
Minimum Aliquot Vol:
Restrictions On Collection:
None
When Completed:
Days set up: Tuesday, Friday
Report available: 2 days
Normal Values:
Included with report
Instructions/Remarks:
LAB: Send serum refrigerated.
REFERENCE:
Quest code: #5738
Last Updated: 10/05/2011
Connected to SCM Item:
TEG Ordering - available at Newport Beach Campus only

Order Code: various
Synonym(s): Platelet Mapping
Section: Hematology-Coag

Tube Type:

Specimen Requirement:
MUST refer to TEG ORDERS form for order & collection information. TEG only: 1 blue top Na Citrate tube. TEG plus Platelet Mapping: dark green Lithium Heparin tube, PLUS blue top Na Citrate tube. TEG samples must have their own draw tubes - do not combine with other orders. All samples sent to Laboratory must be accompanied by a TEG ORDERS form completely filled out. SAMPLES MAY NOT BE TUBED TO LAB - HAND DELIVER ONLY.

Minimum Collection Vol:

Minimum Aliquot Vol:

Restrictions On Collection:

Call Laboratory x52650 before collection to alert department staff. Samples from CVI, and Outpatient draws, must must be received for testing with 60 minutes of collection. Samples from OR drawn in syringe must be analyzed within 4 minutes of collection. Hand deliver tubes to Laboratory. Do NOT place samples in pneumatic tube system for delivery.

When Completed:

Normal Values:

Included with report.

Instructions/Remarks:
LAB: Do NOT centrifuge. Notify staff and deliver samples and TEG ORDERS form immediately to department.

ORDERS available in computer:              SQ Lab label:
Baseline TEG with Platelet Mapping (Pre-Op)  (TEGLPLT)
Rapid TEG, RTH, Heparinase (On Pump)         (RTEGH)
Rapid TEG, RT&RTH, Heparinase (Post Protamine) (RTRTH)
Basic TEG & TEGH, Heparinase (Post-Surgical) (TGTGH)
Basic TEG                                  (TEG)
Basic TEG with Heparinase                    (TEGH)

Last Updated: 11/03/2010

Connected to SCM Item:
TEICHOIC ACID AB, ID   @FOC

Order Code:   Misc Lab Item
Synonym(s):
Section:   Reference
Tube Type:   Red-R
Specimen Requirement:
               1 ml. serum (red top tube) -- (min. 0.1 ml)
Minimum Collection Vol:
Minimum Aliquot Vol:
Restrictions On Collection:
               None
When Completed:
               Two to 6 days
Normal Values:
               Included with report
Instructions/Remarks:
               REFERENCE LAB:
               MRL test code # 40935
Last Updated: 09/10/2012
Connected to SCM Item:
TESTOSTERONE, FREE, BIOAVAILABLE, AND TOTAL LC/MS/MS @NIC

Order Code: TESTTF
Synonym(s): Total Testosterone, Free and Bioavailable Testosterone (calculated), Sex Hormone Binding Globuline, Albumin
Section: Reference
Tube Type: Red10R
Specimen Requirement:
- 2.8 mL serum (draw 1 LARGE red top tube)
  SST gold tops are unacceptable
Minimum Collection Vol: 4 mL
Minimum Aliquot Vol: 1.3 mL
Restrictions On Collection: None
When Completed:
- Testing set-up 6 days a week
- Analytical time of 3 to 4 days
Normal Values:
- Included with report
Instructions/Remarks:
- Testing includes: Total Testosterone
  Free and Bioavailable Testosterone
  Sex Hormone Binding Globuline
  Albumin
- Reference lab: Send sample refrigerated
  SST GOLD top tubes are UNACCEPTABLE
- NIC test code # 14966
Last Updated: 01/24/2013
Connected to SCM Item: Testosterone Free Bioavail Total at NIC
TETANUS ANTITOXOID ANTIBODY   @NIC

Order Code:  Misc Lab Item
Synonym(s):  Tetanus vaccine response
Section:  Reference
Tube Type:  Red-R

Specimen Requirement:
1 mL Serum  (minimum 0.3 mL)

Minimum Collection Vol:  1.5 mL
Minimum Aliquot Vol:  0.3 mL

Restrictions On Collection:
None

When Completed:
Testing set-up Monday, Wednesday, Friday
Analytical time of 1-4 days
Testing performed at Focus Diagnostics, Inc.

Normal Values:
Included with report

Instructions/Remarks:
REFERENCE LAB:
Ship serum refrigerated
Quest Test Code # 4862

Last Updated: 03/25/2013

Connected to SCM Item:
THALASSEMIA and HEMOGLOBINOPATHY EVAL  @MYO

Order Code:  Misc Lab Item

Synonym(s):

Section:  Reference

Tube Type:  LAV+RED

Specimen Requirement:
15 ml EDTA whole blood (Pediatric 5 ml)  PLUS
0.5 ml serum (red top or gold top SST)
Must draw both.

Minimum Collection Vol:

Minimum Aliquot Vol:

Restrictions On Collection:
None

When Completed:
Testing performed Monday - Friday
Analytic time 3 days

Normal Values:
Included with report

Instructions/Remarks:
This is a consultative evaluation in which the case will be evaluated at Mayo Lab and the appropriate tests performed at an additional charge.

Initial testing includes: Ferritin, Hemoglobin A2 and F, Hemoglobin Electrophoresis.

LAB: BOTH blood and serum required. Must arrive within 72 hrs of draw. Refrigerate EDTA whole blood and serum, label appropriately. Specimen cannot be frozen. Complete a "Thalassemia/Hemoglobinopathy" information sheet and include with specimens.

When processing batch in MayoAccess, you will be prompted for the following information prior to closing the batch:
   Ethnic origin/Race:

REFERENCE LAB:
Mayo test code # THEVP

Last Updated:  03/09/2012

Connected to SCM Item:
THALLIUM, SERUM @MYO

Order Code: Misc Lab Item
Synonym(s):
Section: Reference
Tube Type: CALLAB*

Specimen Requirement:
Draw blood in a special Royal Blue-Top (lavender label, EDTA) tube.

Minimum Collection Vol: 4
Minimum Aliquot Vol: 0.3 mL

Restrictions On Collection:
None

When Completed:
Days Test Set Up:
  Monday through Saturday
Analytic Time:
  2 days

Normal Values:
Included with report

Instructions/Remarks:
LAB: Do not centrifuge.
  Send whole blood specimen refrigerated in original vacutainer.
  Heparinized whole blood not acceptable.

REFERENCE LAB:
  Mayo Laboratory
test code # 8149

Last Updated: 10/01/2010

Connected to SCM Item:
THC CONFIRMATION-QUANT by GC-MS (Chem.Depend. only) @MYO

Order Code: Misc Lab Item
Synonym(s): Marijuana, Tetrahydrocannabinol, THC Quant
Section: Reference
Tube Type:
Specimen Requirement:
30 ml urine, random. No preservative.
Minimum Collection Vol: 10 mL
Minimum Aliquot Vol: 10 mL
Restrictions On Collection:
None
When Completed:
Test Set Up: Monday through Friday
Analytic time: 2 days
Normal Values:
Included with report
Instructions/Remarks:
Order this item when Chemical Dependency specifies
"THC confirmation, Quantitative".
LAB: Send 30 ml from random urine collection in a plastic 60 ml
urine bottle, no preservative, room temperature.
REFERENCE LAB:
Mayo Laboratory
test code # MSTHC

Last Updated: 03/09/2012
Connected to SCM Item:
THC DRUG SCREEN CONFIRMATION- by TLC   @UCI

Order Code:   Misc Lab Item

Synonym(s):   Marijuana, THC Qual, Tetrahydrocannabinol

Section:   Reference

Specimen Requirement:

Urine - 25 ml required for EACH drug sent for confirmation

Minimum Collection Vol:   25 mL

Minimum Aliquot Vol:   25 mL

Restrictions On Collection:

None

When Completed:

Set-up Monday - Friday

If the sample is received by UCI between the hours of 7:00am and 7:00pm, Monday through Friday, the confirmation will be available in 2 to 6 hours.

On weekends and holidays, the sample should arrive at UCI by 5:00pm. The turnaround times for results will vary depending upon the drug being confirmed and the methodology used.

Upon completion, the test results will be called and/or faxed to our facility as indicated on the requisition.

Normal Values:

Included with report

Instructions/Remarks:

LAB: Enter a STAT wildcard order to UCI for confirmation of the positive drug(s) only. Do not reorder an entire screen.

Call courier Stat, 456-6575 (except on third shift call the Chemistry Department at UCI, 456-5507).

Sample requirement for UCI is 6 ml for each drug which requires confirmation.

If there is less than 6 ml sample left after our screening procedure, call nursery immediately and request more sample. If the nursery is unable to collect any more sample, send whatever specimen is left. If that amount is at least one ml. If the drug is present in high concentration, less sample might be used for accurate results.

Because the drugs clear from the body at varying rates, samples which are collected near delivery or soon after will most accurately reflect mother's drug use. Therefore, it is important to notify nursery promptly when more sample is needed, and follow-up.

Last Updated: 07/12/2006
THEOPHYLLINE LEVEL

Order Code: THEO
Synonym(s): Aminophylline
Section: Chemistry
Tube Type: ltG-C
Specimen Requirement:
1 ml. plasma (light green top tube, lithium heparin)

Restrictions On Collection:
None

When Completed:
Same shift

Normal Values:
Therapeutic: 10 - 20 mcg/ml
Toxic: Greater than 35 mcg/ml

Instructions/Remarks:
LAB: Serum acceptable.
Separate specimen within 4 hours of collection. Room temperature or refrigerate up to 7 days. Freeze for up to 60 days.

Last Updated: 02/09/2007

Connected to SCM Item: Theophylline Level
THIAMIN (VITAMIN B1), WHOLE BLOOD @MYO

Order Code: THIA
Synonym(s): Vitamin B1, Thiamin Diphosphate (TDP)
Section: Reference
Tube Type: Lav-R

Specimen Requirement:
5 mL whole blood (lavender top, EDTA)
PROTECT FROM LIGHT.
IMMEDIATELY PLACE ON WET ICE.

Minimum Collection Vol: 1.5 mL
Minimum Aliquot Vol: 1 mL

Restrictions On Collection:
Patient should be fasting overnight 12 hours.

When Completed:
Test performed: Monday - Friday in am
Analytic time: 2 days. Not reported on Saturday or Sunday

Normal Values:
Included with report

Instructions/Remarks:
LAB: Maintain specimen on wet ice.
Process within 4 hours of draw.
Aliquot whole blood into amber vial (Supply T192) to protect from light.
Freeze whole blood immediately.

REFERENCE:
MYO order code: TDP (performed at Mayo Medical New England)
(former order code: 81019)

Last Updated: 05/22/2012

Connected to SCM Item: Thiamin Level (Vitamin B1), Blood @MYO
THINPREP PAP/ HPV RNA, HIGH RISK, E6/E7, TMA @NIC

Order Code: Misc. Lab Item

Synonym(s): 

Section: Pathology

Tube Type: ThinPrep

Specimen Requirement: 20 mL Liquid Cytology (PreservCyt®) Preservative (ThinPrep®) collected in a Thin Prep vial

Minimum Collection Vol: 

Minimum Aliquot Vol: 20 mL

Restrictions On Collection: None

When Completed: Testing performed at Quest Diagnostics Chantilly Nichols Institute

Normal Values: Included with report.

Instructions/Remarks: Reference lab: Order WILDR in Sunquest. Order in Care360. Order will prompt user to answer patient history questions. Refer to cytology slip or SCM to answer questions. Contact floor or physician's office if necessary. Ship sample room temperature

Quest test code: 90931

Last Updated: 09/13/2013

Connected to SCM Item:
THIOCYANATE  @NIC

Order Code:      THCY
Synonym(s):
Section:        Reference
Tube Type:      RED-R

Specimen Requirement:
                   4 ml. serum (red top tube)

Minimum Collection Vol:  10 mL
Minimum Aliquot Vol:     0.5 mL

Restrictions On Collection:
                       None

When Completed:
                       Less than 7 days

Normal Values:
                   Included with report

Instructions/Remarks:

REFERENCE LAB:
                  NIC (Quest)
                  test code # 879X

Last Updated: 07/18/2008

Connected to SCM Item:  Thiocyanate  @NIC
THIOPURINE METABOLITES @PRO

Order Code: Misc Lab Item
Synonym(s): Prometheus
Section: Reference
Tube Type: Lav10

Specimen Requirement:
5 mL whole blood (lavender top tube EDTA)

Minimum Collection Vol:
Minimum Aliquot Vol:
Restrictions On Collection:
None

When Completed:
4 days after specimen receipt in San Diego

Normal Values:
Included with report

Instructions/Remarks:
LAB: Mark #3200 on Prometheus requisition. Check the box "Bill to Patient". Include a copy of Face Sheet printed from Affinity. Place a copy of Prometheus requisition in John Cartaya's inbox for crediting the patient account ASAP. Send whole blood refrigerated. Blood must be kept cool. Ship with cold packs.

REFERENCE: Prometheus #3200

Last Updated: 02/06/2012

Connected to SCM Item:
THROAT OR NASAL AEROBIC CULTURE

Order Code: THC

Synonym(s): Nasal culture, Throat culture, Culture - Throat or Nasal, Culture - Throat, Culture - Nasal

Section: Microbiology

Specimen Requirement:
Swab obtained from throat -- see Microbiology Section information

Restrictions On Collection:

When Completed:
Preliminary report: 24 hours
Final report: 48 hours

Normal Values:

Instructions/Remarks: Sensitivity studies will not be done unless specifically requested by the physician.
A gram stain must be ordered separately, if ordered.

Last Updated: 02/15/2007

Connected to SCM Item: Throat Or Nasal Aerobic Culture

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:

Circle if appropriate: Right Left
Wound specimens: Deep Superficial

PREP INSTRUCTION:
(1) MICROBIOLOGY: Collect specimen in sterile, tightly capped container. Transport to LAB immediately.
Specimens over 1 hour old, or leaking, will require recollection.

(2) If using a swab for collection- aerobic (routine) - Red topped - anaerobic- Blue topped
THROMBIN CLOTTING TIME @NIC

Order Code: TTN

Synonym(s):

Section: Reference

Tube Type: Blu-ICE

Specimen Requirement:
1 mL citrated plasma (FULL blue top tube)
Draw on ice
Deliver to Specimen Processing immediately

Minimum Collection Vol: 2.7 mL
Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:
None

When Completed:
Testing set up: Monday-Friday, Saturday
Reports next day

Normal Values:
Included with report

Instructions/Remarks:
LABORATORY/REFERENCE:
Freeze plasma. Ship frozen.
Quest order code: 883

Last Updated: 12/18/2013

Connected to SCM Item: Thrombin Clotting Time at NIC
THROMBOSIS W/REFLEX–NON COUMADIN @NIC (Downtime only–included in SCM Order Set HYPERCOAG RISK PANEL

Order Code: THROMQ

Synonym(s):

Section: Reference

Tube Type:

Specimen Requirement:

Minimum Collection Vol:

Minimum Aliquot Vol:

Restrictions On Collection:

When Completed:

Normal Values:

Instructions/Remarks:

Refer to Lab Manual entry for: SCM Order Set “HYPERCOAGULATION RISK PANEL”.

Available only in Hypercoagulation Risk Panel order set. SCM Order Set will create two SQ draw labels in Sunquest: THROMQ and P20210.

Last Updated: 10/24/2013

Connected to SCM Item: Thrombosis w Reflex, Non-Coumadin at NIC
THYROGLOBULIN ANTIBODY (AB ONLY) @NIC

Order Code: THYGAB
Synonym(s):
Section: Reference
Tube Type: Red5

Specimen Requirement:
- 1 mL serum (draw 1 full red top tube)
- SST gold top tube acceptable

Minimum Collection Vol: 1.5 mL
Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:
None

When Completed:
- Testing is set-up 5 days a week
- Analytical time of 1-2 days

Normal Values:
Included with report

Instructions/Remarks:
- Lab: Allow blood to clot before centrifuging.
- Reference Lab: Ship serum room temperature
- NIC test code # 267

Last Updated: 06/05/2014

Connected to SCM Item: Thyroglobulin Ab only at NIC
THYROGLOBULIN PANEL (TG + AB) @NIC

Order Code:   THYPAN

Synonym(s): Thyroglobulin antibody, Thyroglobulin tumor marker

Section:     Reference

Tube Type:   Red10

Specimen Requirement:
   2 mL serum (draw 1 large red top tube)
   SST gold top also acceptable

Minimum Collection Vol:  6 mL

Minimum Aliquot Vol:  0.8 mL

Restrictions On Collection:  None

When Completed:
   Testing performed 5 days a week
   Analytic time of 1-2 days

Normal Values:  Included with report

Instructions/Remarks:
   Lab:  Allow blood to clot at room temperature before centrifuging.
         Reject due to gross hemolysis and/or gross lipemia
         Send samples room temperature
   Reference lab:
         NIC test code # 30278

Last Updated:  06/05/2014

Connected to SCM Item:  Thyroglobulin  TG  Ab at NIC
THYROID CASCADE/TSH EXTRA-SENSITIVE 3rd GEN

Order Code:  CTSH
Synonym(s):  Thyroid screen, TSH
Section:  Chemistry
Tube Type:  Gold-C

Specimen Requirement:
3ml serum (gold top SST tube),
For babies - collect 3 red microtainers

Minimum Collection Vol:  
Minimum Aliquot Vol:  
Restrictions On Collection:  

When Completed:  
TSH reported same day

Normal Values:
TSH Extra-Sensitive:  0.46 - 4.68 micro IU/mL

Instructions/Remarks:
If TSH is abnormal, additional testing will be done. Additional testing might include: T4,Free, T3, Thyroperoxidase Antibodies. Cascade testing will proceed as indicated below. Allow 2 additional days for completed report.

Note: Lithium Heparin plasma unacceptable (light green top tube).

Thyroid Cascade
TSH
(normals: 0.46 - 4.68)

if TSH >4.68
/ T4,Free
Thyroperoxidase
Abs
if T4,Free <2.20
T3

Last Updated: 06/21/2011

Connected to SCM Item:  Thyroid Cascade (TSH Extra-Sens)
THYROID STIMULATING IMMUNOGLOBULIN (TSI) @NIC

Order Code: THYSTM

Synonym(s): TSI, Graves Disease, Thyroid Recipor Ab, LATS, Long Acting Thyroid Stimulator

Section: Reference

Tube Type: Red5

Specimen Requirement:
1 mL serum (draw 1 full red top tube)
SST gold top tube acceptable

Minimum Collection Vol: 3 mL

Minimum Aliquot Vol: 0.2 mL

Restrictions On Collection:
None

When Completed:
Testing is set-up 5 days a week
Analytic time of 2-3 days

Normal Values:
Included with report

Instructions/Remarks:
Reference lab: Ship samples refrigerated (preferred)
Frozen acceptable
Reject hemolysis and/or lipemia

NIC test code # 30551

Last Updated: 02/07/2013

Connected to SCM Item: Thyroid Stimulating Immunoglobulin TSI at NIC
LABORATORY MANUAL

THYROPEROXIDASE ABS/TPO

Order Code: TPOA
Synonym(s): Anti-thyroid Peroxidase Abs, Anti-TPO, Thyroid Microsomal Abs
Section: Chemistry
Tube Type: Gold

Specimen Requirement:
1 mL serum (gold top SST tube)

Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 1 mL

Restrictions On Collection:

When Completed:
Test set up: Monday, Wednesday, Friday 0600-1200.
For testing days, samples must arrive in lab no later than 10am to be
included in the batch.
If specimen arrives after 10am, specimen will be run on next scheduled
day of testing.

Normal Values:
0 - 9 IU/mL

Instructions/Remarks:
LAB: Aliquot 1 mL serum and freeze in batch rack.

Last Updated: 06/17/2013

Connected to SCM Item: Thyroperoxidase Abs/TPO
TISSUE SPECIMENS for ROUTINE PATHOLOGY

Order Code:

Synonym(s):

Section: Pathology

Specimen Requirement:
Specimens should be submitted in a container of 10% buffered zinc formalin as is provided to the units and surgery.

EXCEPTION: Keep specimen fresh and sterile for chromosome analysis or place in sterile Isotonic Saline.

Restrictions On Collection:
None.

When Completed:
Following day, except for Saturday collections which are completed on Monday.

Normal Values:

Instructions/Remarks:
All pertinent information should be included on the form and the PRECISE anatomic site or origin of the tissue specified. The specimen and request form should be taken to the histology laboratory.

Last Updated: 12/20/2000
TISSUE TRANSFLUTAMINASE AB IGG, IGA @NIC

Order Code: TTGAN
Synonym(s): TTG
Section: Reference
Tube Type: Gold-R

Specimen Requirement:
1 mL Serum (gold top SST tube)

Minimum Collection Vol: 1.5 mL
Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:
None

When Completed:
Testing set-up 5 days a week
Analytical time of 2-4 days

Normal Values:
Included with report

Instructions/Remarks:
Reference lab: Ship serum room temperature (ambient)
Reject hemolysis and/or lipemia
NIC test code # 11073

Last Updated: 12/11/2012

Connected to SCM Item: Tissue Transglutams IgG IgA at NIC
TISSUE TRANSGLUTAMINASE AB, IGG @NIC

Order Code: TTGN
Synonym(s): TTG
Section: Reference
Tube Type: GOLD-R

Specimen Requirement:
1 mL serum (gold top SST tube)

Minimum Collection Vol: 1.5 mL
Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:
None

When Completed:
Testing is set-up 5 days a week
Analytical time of 2-4 days

Normal Values:
Included with report

Instructions/Remarks:
Reference lab: Ship serum room temperature (ambient)
Confirm orders for which antibody is wanted. Refer to lab manual for other antibody testing (IgA, IgG available, or both)
Reject hemolysis and/or lipemia

NIC test code # 11070

Last Updated: 12/11/2012

Connected to SCM Item: Tissue Transglutamins IgG at NIC
TISSUE TRANSGlutaminase Antibody IgA @NIC

Order Code: TTAN
Synonym(s): TTG
Section: Reference
Tube Type: Gold-R

Specimen Requirement:
1 mL serum (gold top SST tube)

Minimum Collection Vol: 1.5 mL
Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:
None

When Completed:
Testing set-up 5 days a week
Analytic time of 2-4 days

Normal Values:
Included with report

Instructions/Remarks:
Reference lab: ship samples room temperature (preferred)
Reject hemolysis and/or lipemia
Confirm orders for which antibody is wanted. Refer to lab manual for other antibody testing (IgA, IgG available, or both)

NIC test code # 8821

Last Updated: 12/11/2012

Connected to SCM Item: Tissue Transglut Ab IgA at NIC
TISSUE TRANSGLUTAMINASE IgA, IgG, SERUM   @MYO

Order Code:  Misc Lab Item
Synonym(s):  Transglutaminase
Section:  Reference
Tube Type:  Gold-R
Specimen Requirement:
   1 mL serum
Minimum Collection Vol:  5 mL
Minimum Aliquot Vol:  0.5 mL
Restrictions On Collection:

When Completed:
   Test set up: Monday through Friday
   Turnaround time: 1 - 3 days
Normal Values:
   Included with report
Instructions/Remarks:
   LAB:  Ship refrigerated
         Reject due to hemolysis
   REFERENCE LAB:
         Mayo test code # TSTGP
Last Updated:  03/09/2012
Connected to SCM Item:
TISSUES - AEROBIC CULTURE + GRAM STAIN

Order Code: TC

Synonym(s): Tissue culture, Culture - Tissue includes Gram Stain

Section: Microbiology

Specimen Requirement:
Place specimen in sterile container. Do not put tissue in a culturette.

Restrictions On Collection:

When Completed:
72 hours

Normal Values:

Instructions/Remarks:

Last Updated: 02/15/2007

Connected to SCM Item: Tissues- Aerobic Culture + Gram Stain

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:

Circle if appropriate: Right Left
Wound specimens: Deep Superficial

PREP INSTRUCTION:
(1) MICROBIOLOGY: Collect specimen in sterile, tightly capped container. Transport to LAB immediately. Specimens over 1 hour old, or leaking, will require recollection.

(2) If using a swab for collection- aerobic (routine) - Red topped - anerobic- Blue topped
TOBRAMYCIN–PEAK

Order Code: TOBRPK

Synonym(s): 

Section: Chemistry

Tube Type: Gold–C

Specimen Requirement:
1 ml. serum (gold top SST tube)
IV: Draw specimen 20-30 minutes after end of infusion.
   Do not draw if draw time exceeds 60 minutes after
   end of infusion.

Restrictions On Collection:
None

When Completed:
Same shift

Normal Values:
Therapeutic: 5.0 - 8.0 mcg/mL
Toxic: Greater than 12 mcg/mL

Instructions/Remarks:

Last Updated: 09/06/2006

Connected to SCM Item: Tobramycin Level–Peak
TOBRAMYCIN-RANDOM

Order Code: TOBRRN

Synonym(s):

Section: Chemistry

Tube Type: Gold-C

Specimen Requirement:

1 ml. serum (gold top SST tube)

Restrictions On Collection:

None

When Completed:

Same shift

Normal Values:

No normals defined.

Instructions/Remarks:

Last Updated: 01/28/2003

Connected to SCM Item: Tobramycin Level-Random
TOBRAMYCIN–TROUGH

Order Code: TOBRTR

Synonym(s):

Section: Chemistry

Tube Type: Gold–C

Specimen Requirement:
1 ml. serum (gold top SST tube)
Draw just prior to subsequent dose.

Restrictions On Collection:
None

When Completed:
Same shift

Normal Values:
Therapeutic: 0 - 2.0 mcg/mL
Toxic: Greater than 3.0 mcg/mL

Instructions/Remarks:

Last Updated: 09/06/2006

Connected to SCM Item: Tobramycin Level–Trough
TOPIRAMATE LEVEL  @MYO

Order Code:  TOPI
Synonym(s):  Topamax
Section:  Reference
Tube Type:  Red-R
Specimen Requirement:
1 mL serum (small red top tube). Do NOT use SST tube.
Minimum Collection Vol:  2 mL
Minimum Aliquot Vol:  0.2 mL
Restrictions On Collection:
None
When Completed:
Test set up:  Monday - Sunday
Analytic time:  1 day
Normal Values:
Included with report
Instructions/Remarks:
LAB: Send specimen FROZEN.
Gold top gel separator tubes are NOT acceptable.
Plasma NOT acceptable.
REFERENCE LAB:
Mayo test code # 81546
Last Updated:  11/05/2009
Connected to SCM Item:  Topiramate Level @MYO
TORCH PANEL IgG @MYO

Order Code: TORIGG

Synonym(s):

Section: Reference

Tube Type: Gold-R

Specimen Requirement:
1.5ml serum

Minimum Collection Vol: 3 mL

Minimum Aliquot Vol: 0.6 mL

Restrictions On Collection:
None

When Completed:
Less than 4 days

Normal Values:
Included with report

Instructions/Remarks:
Panel includes:
- Rubella Antibody, IgG @MYO [RBIG]
- CMV Antibody, IgG @MYO [CMVIG]
- HSV Type 1 Antibody, IgG @MYO [HSV1]
- HSV Type 2 Antibody, IgG @MYO [HSV2]
- Toxoplasma Antibody, IgG @MYO [TOXG]

LAB:
5 labels will print -- see above
Send serum refrigerated.

REFERENCE LAB:
Mayo test: TRCHG Torch Profile, IgG

Last Updated: 01/31/2014

Connected to SCM Item: Torch Panel, IgG @MYO
TORCH PANEL, IgM  @MYO

Order Code:   TORIGM
Synonym(s):  
Section:     Reference
Tube Type:   Gold-R
Specimen Requirement:
  1.5 ml serum (Draw 4 red microtainers whole blood for newborn)
  Cord blood also acceptable
Minimum Collection Vol:   3 mL
Minimum Aliquot Vol:      0.6 mL
Restrictions On Collection:  None
When Completed:  Less than 4 days
Normal Values:   Included with report

Instructions/Remarks:
  Useful as an aid in the diagnosis of both congenital and acute acquired i
rubella, CMV, HSV, toxoplasmosis.

Panel Includes:
  CMV Antibody, IgM @MYO [CMVMI]
  HSV Antibody, IgM by IFA @MYO [HSVMR]
  Toxoplasma Antibody, IgM @MYO [TOXM ]

LAB:
  3 labels will print -- see above
  Send serum refrigerated.

REFERENCE LAB:
  Mayo test: TRCHM Torch Profile, IgM

Last Updated:  01/31/2014

Connected to SCM Item:   Torch Panel, IgM  @MYO
TOXIC-SHOCK ANTIBODY PANEL, Serology @NIC

Order Code: Misc Lab Item
Synonym(s): Includes Toxic Shock Toxin Antibody, Staph Toxin B Antibody, Staph Toxin C Antibody
Section: Reference
Tube Type: Red-R
Specimen Requirement:
0.5 mL Serum, Refrigerated
Minimum Collection Vol: 2 mL
Minimum Aliquot Vol: 0.25 mL
Restrictions On Collection:
None
When Completed:
Set up: Batched 1x per week; Report available: 1-8 days
Normal Values:
Included with report
Instructions/Remarks:
REFERENCE LAB:
Quest test code # 91662
Performing Laboratory
Focus Diagnostics, Inc.
5785 Corporate Ave.
Cypress, CA 90630-4726

Last Updated: 07/22/2014
Connected to SCM Item:
TOXOCARA CANIS ANTIBODY @FOC

Order Code: Misc Lab Item
Synonym(s): 
Section: Reference
Tube Type: Gold-R
Specimen Requirement: 1.0 mL of serum (Gold top SST tube)
Minimum Collection Vol: 
Minimum Aliquot Vol: 
Restrictions On Collection: None
When Completed:
   Test set up: Monday through Friday
   Analytic Time: 1-5 days
Normal Values: Included with report
Instructions/Remarks:
   REFERENCE LAB:
   Focus Diagnostics
   test code # 40945
Last Updated: 11/05/2008
Connected to SCM Item:
TOXOPLASMA AB IgG   @MYO (LAB ONLY)

Order Code:    TOXG

Synonym(s):    

Section:       Reference

Tube Type:     Gold-R

Specimen Requirement:

0.5 ml serum

Minimum Collection Vol:  2 mL

Minimum Aliquot Vol:  0.2 mL

Restrictions On Collection:

None

When Completed:

Test set up:  Monday through Saturday
Analytic time:  1 day

Normal Values:

Included with report

Instructions/Remarks:

LAB:  Send serum refrigerated.

REFERENCE LAB:

Mayo test: TOXOG (formerly # 8267)

Last Updated:  08/23/2012

Connected to SCM Item:    Toxoplasma Ab, IgG    @MYO
TOXOPLASMA AB IgG/IgM   @MYO **OBSCLETE:** Fwd to Quest. See details below

Order Code:    TOXGM
Synonym(s):    
Section:       Reference
Tube Type:     Gold-R
Specimen Requirement:   
Minimum Collection Vol:  2 mL
Minimum Aliquot Vol:    0.4 mL
Restrictions On Collection:  None

When Completed:   
Test set up: Monday through Saturday
Analytic time:  1 day

Normal Values:   
Included with report

Instructions/Remarks:    
LAB: This test was made obsolete by Mayo. If this test is received in lab, cancel and reorder a QWILD: Quest test code 8636.
Quest test code 8636: Toxoplasma Antibodies (IgG, IgM)
See appropriate Quest lab manual entry for more details. Send serum room temperature.

Last Updated: 07/15/2013

Connected to SCM Item: Toxoplasma Abs, IgG & IgM @MYO
TOXOPLASMA AB IgG/IgM - CSF  @FOC

Order Code:  Misc Lab Item
Synonym(s):
Section:  Reference
Tube Type:
Specimen Requirement:
  1 ml CSF (min. 0.5 ml)
Minimum Collection Vol:
Minimum Aliquot Vol:
Restrictions On Collection:
  None
When Completed:
  Two to 4 days
Normal Values:
  Included with report
Instructions/Remarks:
  Reference Lab:
    MRL lab
test code # 6092
Last Updated:  09/10/2012
Connected to SCM Item:
LABORATORY MANUAL

TOXOPLASMA AB IgM @MYO (LAB ONLY)

Order Code: TOXM
Synonym(s):
Section: Reference
Tube Type: Gold-R
Specimen Requirement:

0.5 mL serum
Minimum Collection Vol: 2 mL
Minimum Aliquot Vol: 0.2 mL
Restrictions On Collection:
None
When Completed:
Test set up: Monday through Saturday
Analytic time: 1 day
Normal Values:
Included with report
Instructions/Remarks:
LAB: Send serum refrigerated.
REFERENCE LAB:
Mayo test: TOXOM (formerly # 8865)
Last Updated: 08/23/2012
Connected to SCM Item: Toxoplasma Ab, IgM @MYO
TOXOPLASMA ANTIBODIES IGG, IGM @ NIC

Order Code: Misc. Lab Item
Synonym(s): Toxoplasma gondii
Section: Reference
Tube Type: Red5

Specimen Requirement:
Send 1 mL serum (min. 0.3 mL)
Gold top also acceptable

Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 0.3 mL

Restrictions On Collection:
None

When Completed:
Testing set-up Tuesday, Thursday, Saturday
Analytical time 2-5 days

Normal Values:
Included with report

Instructions/Remarks:
Lab: Reject specimens due to gross hemolysis or lipemia.
Transport sample room temperature.

Quest order code: 8636

Last Updated: 07/15/2013

Connected to SCM Item:
TPMT Enzyme @PRO

Order Code: Misc Lab Item
Synonym(s): Thiopurine, Prometheus
Section: Reference
Tube Type: Lav10

Specimen Requirement:
5 mL whole blood (lavender top tube EDTA)

Minimum Collection Vol:
Minimum Aliquot Vol:
Restrictions On Collection:
None

When Completed:
4 days after specimen receipt in San Diego.

Normal Values:
Included with report

Instructions/Remarks:
LAB: Mark #3320 on Prometheus requisition.
   Check the box "Bill to Patient".
   Include a copy of Face Sheet printed from Affinity.
   Place a copy of Prometheus requisition in John Cartaya's inbox
   for crediting the patient account ASAP.
   Send whole blood refrigerated.

REFERENCE: Prometheus #3320

Last Updated: 02/06/2012

Connected to SCM Item:
TPMT Genetics @PRO

Order Code: Misc Lab Item
Synonym(s): Thiopurine, Prometheus
Section: Reference
Tube Type: Lav10

Specimen Requirement:
5 mL whole blood (lavender top tube EDTA)

Minimum Collection Vol:
Minimum Aliquot Vol:
Restrictions On Collection:
None

When Completed:
2 days after specimen receipt in San Diego.

Normal Values:
Included with report

Instructions/Remarks:
LAB: Mark #3300 on Prometheus requisition.
Check the box "Bill to Patient".
Include a copy of Face Sheet printed from Affinity.
Place a copy of Prometheus requisition in John Cartaya's inbox for crediting the patient account ASAP.
Send whole blood refrigerated.

REFERENCE: Prometheus #3300

Last Updated: 02/06/2012

Connected to SCM Item:
TRANSFERRIN @NIC

Order Code: TRNSF

Synonym(s):

Section: Reference

Tube Type: GOLDR

Specimen Requirement:

2 mL serum (draw 1 GOLD top tube)

Minimum Collection Vol: 5 mL

Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:

Fasting for at least 12 hours is required

When Completed:

Testing is set-up 5 days a week
Analytic time of 2 days

Normal Values:

Included with report

Instructions/Remarks:

Reference lab: Ship samples room temperature (preferred)

NIC test code # 891

Last Updated: 12/11/2012

Connected to SCM Item: Transferrin at NIC
TRANSFUSION - PEDIATRIC

Order Code: TPEDPC
Synonym(s):
Section:
Specimen Requirement:

Restrictions On Collection:

When Completed:

Normal Values:

Instructions/Remarks:

Last Updated:

Connected to SCM Item: Pediatric Packed Red Blood Cells
TRANSFUSION REACTION

Order Code: TXRX
Synonym(s): TXRX
Section: Blood Bank
Tube Type: PinkBB + LtGrBB

Specimen Requirement:
- 6 ml EDTA pink top preferred, lavender acceptable, plus
- 3 ml lithium heparin light green top

Minimum Collection Vol: 4 mL
Minimum Aliquot Vol:

Restrictions On Collection:
Call x45623 prior to collecting.

When Completed:
- STAT, within 30 minutes of receipt.
- Floor will be notified of preliminary results.

Normal Values:
N/A

Instructions/Remarks:
1. Stop transfusion immediately.
2. Reverify unit information with patient armband.
3. Notify Blood Bank (x623) and physician.
4. Order TXRX in computer.
5. Complete Section III of the Transfusion Record.
6. Return the following to the Blood Bank STAT:
   a. Properly labeled light green and pink blood tubes.
   b. Tubing, IV solution and blood bag.
   c. Completed copy of the Transfusion Record.

Last Updated: 07/06/2010

Connected to SCM Item: Transfusion Reaction Workup
TRAZODONE  @MYO

Order Code: Misc Lab Item
Synonym(s): Desyrel
Section: Reference
Tube Type: RED-R

Specimen Requirement:
Draw blood in a plain 10 mL Red Top tube(s) 12 hours after the last dose following a minimum of 5 days on trazodone.

Minimum Collection Vol:
Minimum Aliquot Vol: 1.1 mL

Restrictions On Collection:

When Completed:
Days Test Set Up:
Monday through Friday
Analytic Time:
1 day

Normal Values:
Included with report

Instructions/Remarks:
LAB: Send 3 ml serum FROZEN.
Plasma not acceptable.
SST gel tube NOT acceptable.
Reject due to hemolysis.

REFERENCE LAB:
Mayo Laboratory
test code # TRZ

Last Updated: 03/09/2012

Connected to SCM Item:
TRH TESTS

Order Code:

Synonym(s): Thyrotropin Releasing Hormone

Section:

Specimen Requirement:

Restrictions On Collection:

When Completed:

Normal Values:

Instructions/Remarks:
Testing not offered.
Stimulation drug no longer available.

Last Updated: 02/08/2005
TRICHINELLA AB  @MYO

Order Code:  STRIC
Synonym(s):
Section:  Reference
Tube Type:  RED-R

Specimen Requirement:
1 ml. serum. Send refrigerated.

Minimum Aliquot Vol:  0.2 mL

Restrictions On Collection:
None

When Completed:
Test Set Up:  Monday, Wednesday, Friday, Saturday
Analytic time:  1 day

Normal Values:
Included with report

Instructions/Remarks:
LAB:  Send frozen.

REFERENCE LAB:
Mayo test code # 9017

Last Updated:  07/12/2006

Connected to SCM Item:  Trichinella Antibody  @MYO
TRICYCLIC ANTIDEPRESSANT SCREEN QUAL @UCI

Order Code: Misc Lab Item

Synonym(s): 

Section: Reference

Specimen Requirement:  

25 ml. urine from a random sample

Restrictions On Collection: 

None

When Completed:  

Set up: Monday through Friday
Analytic time: 2 hours

Normal Values: 

Included with report

Instructions/Remarks:

REFERENCE LAB: 

UCI Lab 

Test code - TRICYC

Last Updated: 07/12/2006
TRIGLYCERIDE-MISC FLUID

Order Code: TRIGMF
Synonym(s): 
Section: Chemistry
Specimen Requirement: 1 ml fluid
Minimum Collection Vol: 0.5 mL
Restrictions On Collection: None
When Completed: Same shift
Normal Values: No normal values available

Instructions/Remarks:
LAB: Centrifuge and aliquot if necessary, prior to testing. Dilute grossly lipemic samples prior to testing. Store room temperature up to 3 days. Refrigerate up to 7 days. Freeze for up to 6 months.

Last Updated: 01/25/2007

Connected to SCM Item: Triglyceride-Misc Fluid
Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:
TRIGLYCERIDES

Order Code: TRIG

Synonym(s):

Section: Chemistry

Tube Type: ltG-C

Specimen Requirement:
1 ml. Heparinized plasma (light green top) 14 hour fasting

Minimum Collection Vol: 0.5 mL

Restrictions On Collection:
None

When Completed:
Same shift

Normal Values:
10 - 149 mg/dL
Normal triglycerides: <150 mg/dL
Borderline high: 150 to 199 mg/dL
High: 200 to 499 mg/dL
Very high: >500 mg/dL

Instructions/Remarks:

PATIENT PREPARATION: 14-hour fasting sample preferred.

LAB: Dilute grossly lipemic specimens. Separate specimen within 4 hours of collection. Room temperature up to 3 days. Refrigerate up to 7 days. Freeze for up to 6 months.

Last Updated: 08/17/2003

Connected to SCM Item: Triglycerides
TRIMETHOPRIM   @MYO

Order Code:   Misc Lab Item
Synonym(s):
Section:   Reference
Tube Type:   Red-R

Specimen Requirement:
1 ml serum (Red top tube), no SST
Serum only acceptable.

Minimum Collection Vol:   3 mL
Minimum Aliquot Vol:   0.2 mL

Restrictions On Collection:
Serum for peak level should be drawn at least 60 minutes after a dose.

When Completed:

Normal Values:
Included with report

Instructions/Remarks:
LAB: Spin down and send 1 mL serum frozen in plastic vial.
SST gel tube not acceptable.

REFERENCE LAB:
Mayo Laboratory
test code # TMP

Last Updated:   03/09/2012

Connected to SCM Item:
TROTONIN I

Order Code:  TROP
Synonym(s):
Section:  Chemistry
Tube Type:  LtGreen

Specimen Requirement:
2 ml plasma (light green top tube, lithium heparin)
DO NOT SHARE SPECIMEN WITH OTHER ORDERS
DRAW SEPARATE TUBE FOR OPTIMAL TURN-AROUND-TIME

Minimum Collection Vol:  4.0 mL
Minimum Aliquot Vol:
Restrictions On Collection:

When Completed:
Same shift

Normal Values:
0.00 - 0.07 ng/mL
Interpretation:
99% of healthy individuals have values between 0.00 and 0.07 ng/mL.
Patients with acute coronary syndrome who have levels >0.4 ng/mL are at increased risk.
A diagnostic cut off value for AMI has not been determined.

Instructions/Remarks:
LAB:
TROP must not remain on cells >2 hours.
If alternate specimen Dark Green top, LiHep is drawn, centrifuge and insert plunger marked "plasma".

Last Updated: 09/02/2010

Connected to SCM Item:  Troponin I
TROPONIN T  @MYO

Order Code:  Misc Lab Item

Synonym(s):

Section:  Reference

Tube Type:  Gold-R

Specimen Requirement:
0.5 mL serum (gold top SST tube)

Minimum Collection Vol:  2 mL

Minimum Aliquot Vol:  0.3 mL

Restrictions On Collection:
None

When Completed:
Reports within 4 days

Normal Values:
Included with report

Instructions/Remarks:
LAB:  Send specimen FROZEN.

REFERENCE LAB:
Mayo test code # TPNT

Last Updated: 03/09/2012

Connected to SCM Item:
TRYPSIN  @NIC

Order Code:  Misc Lab Item
Synonym(s):
Section:  Reference
Tube Type:  Red-R
Specimen Requirement:  
  1 ml serum
Minimum Collection Vol:  3.0 mL
Minimum Aliquot Vol:  0.5 mL
Restrictions On Collection:  None
When Completed:  Test set up once a week  
  Reports in two days
Normal Values:  Included with report
Instructions/Remarks:
  LAB:  Ship serum refrigerated.
  REFERENCE LAB:  NIC test code # 30329X
Last Updated:  07/12/2006
TRYPTASE, SERUM  @MYO

Order Code:  Misc Lab Item

Synonym(s):

Section:  Reference

Tube Type:  Gold-R

Specimen Requirement:

0.5 mL serum (gold top SST tube) or red top tube

Minimum Collection Vol:  1 mL

Minimum Aliquot Vol:  0.2 mL

Restrictions On Collection:

None

When Completed:

Test performed:  Monday - Saturday
Analytic time:  1 day

Normal Values:

Included with report

Instructions/Remarks:

LAB:  Send serum frozen.

REFERENCE LAB:

Mayo test # TRYPT

Last Updated:  03/09/2012

Connected to SCM Item:
TRYPTOPHAN  @NIC (Quest)

Order Code:  Misc Lab Item

Synonym(s):

Section:  Reference

Tube Type:  RED-R

Specimen Requirement:

2 mL of Serum
Deliver to Lab IMMEDIATELY

Minimum Collection Vol:  2 mL

Minimum Aliquot Vol:  0.5 mL

Restrictions On Collection:

Patient should avoid for 3 days prior:
banana, tomato, plum, avocado, walnut, pineapple, eggplant,
tobacco, coffee, tea

When Completed:

Days Test Set Up:  Once a week
Analytic Time:  2-7 days

Normal Values:

Included with report

Instructions/Remarks:

Must be FROZEN, rejected if thawed, refrigerated or ambient.
Separate serum and freeze within 2 hours of collection.

REFERENCE LAB:

NIC (Quest)
test code # 30718P

Last Updated: 08/17/2003
TSH, EXTRA-SENSITIVE 3rd GENERATION

Order Code: TSH
Synonym(s): Thyroid Stimulating Hormone
Section: Chemistry
Tube Type: Gold-C

Specimen Requirement:
1 ml. serum (gold top SST tube),
For babies - collect 2 red microtainers

Minimum Collection Vol:
Minimum Aliquot Vol:
Restrictions On Collection:

When Completed: Same day

Normal Values: 0.46 - 4.68 micro IU/ml

Instructions/Remarks:
Note: Lithium Heparin plasma unacceptable (light green top tube).

Last Updated: 06/21/2011

Connected to SCM Item: TSH Extra-Sensitive
TULAREMIA (FRANCISELLA TULARENSIS) CULTURE  OCH

Order Code:  

Synonym(s):  Culture Tularemia  

Section:  Microbiology /  

Specimen Requirement:  
Blood, urine, CSF  

Restrictions On Collection:  
7:00 am - 3:00 pm  

When Completed:  
Five days  

Normal Values:  
No growth  

Instructions/Remarks:  
Microbiology Lab must be notified, as special media is required and the culture must be sent to the OCH. Put R/O Tularemia in lab comment.  
Order as: Misc Lab Item  

Last Updated:  02/15/2007
TUMOR BANK BLOOD SPECIMEN

Order Code:

Synonym(s): TUMOR BANK URINE SPECIMEN

Section: Chemistry

Specimen Requirement:

Restrictions On Collection:

When Completed:

Normal Values:

Instructions/Remarks:
Order these items when Clinical Laboratory is being requested to draw blood and collect urine for the Cancer Center Tumor Bank. Requirements are two 10-ml red-tops plus a random urine (100 ml).

CHEMISTRY LAB: Allow blood to clot, then hold specimens in refrigerator #1 (no centrifuging necessary) and call Cell Biology Laboratory at x5797 to notify that specimen is in Lab and ready for pick-up. If phone response is a recorded message, call Communications for beeper # of person to contact.

NOTE: The Cell Biology Lab is open Monday-Friday, 8:30am-5:pm. Outside these hours, the on-call person should be contacted (call Communications for beeper #).

Last Updated: 06/04/2003
TUNGSTEN LEVEL @MYO (MYO forward to NMS)

Order Code: MISC LAB ITEM
Synonym(s): 
Section: Reference
Tube Type:

Specimen Requirement:
Acceptable specimens:
- Serum or plasma drawn in plain Royal Blue-top Monoject trace element tube
- 1 mL random urine

Minimum Collection Vol:

Minimum Aliquot Vol:

Restrictions On Collection:

When Completed: Varies

Normal Values: Included with report

Instructions/Remarks:

LAB:
- Must use Mayo metal-free screw cap containers.
- Serum, plasma, random urine accepted.
- Refrigerate.

REFERENCE:
- Order as Miscellaneous NMS Testing #90525 (WILD86).
- NMS order code: Serum/Plasma 4730SP
- Urine 4730U

Last Updated: 03/10/2011

Connected to SCM Item:
TYPE & SCREEN

Order Code: TYAS

Synonym(s): GROUP, GTS, HOLD CLOT, TS, TYPE & HOLD

Section: Blood Bank

Tube Type: Lav10BB

Specimen Requirement:
1-10 ml EDTA large lavender top tube preferred, pink acceptable.

Minimum Collection Vol: 4 mL

Minimum Aliquot Vol: 2 mL

Restrictions On Collection:
If order is for type and hold for a specific number of units (e.g. type and hold 4 units packed cells) order crossmatch, not type and screen.

OUTPATIENTS: Ask the patient the following two questions:
1. "Have you been transfused with blood or blood components in the previous 3 months?"
2. "Are you now or have you been pregnant in the last 3 months?"

Yes to one or both: Enter "POSHX" in order comments.
No to both: Enter "NEGHX" in order comments.

If PreOp, specify surgery location date/time.

When Completed:
Same day

Normal Values:
N/A

Instructions/Remarks:
DUPLICATE ORDER ALERT:

If this message appears, DO NOT FILE ORDER, call 45623.
The Blood Bank may have a current sample that can be used.

Last Updated: 07/06/2010

Connected to SCM Item: Type and Screen
TZANCK TEST

Order Code: 

Synonym(s): 

Section: Cytology

Specimen Requirement: 
One air-dried smear. One smear in PAP fixative (95% alcohol) is also acceptable.

Restrictions On Collection: 
Monday - Friday, 7:00 am - 5:00 pm

When Completed: 
Within 24 hrs.

Normal Values: 
Negative for viral inclusions.

Instructions/Remarks:
The patient's name must be written on the frosted end of the slide in pencil. DO NOT USE INK.
Must indicate site of smear.

Last Updated: 05/21/2004
UNFRACTIONATED HEPARIN @UCI

Order Code: HEPU

Synonym(s): Anti-Xa Chromogenic

Section: Reference

Tube Type: Blue-ice

Specimen Requirement:
2 Light Blue top tubes (sodium citrate)

The correct ratio of blood to anticoagulant is critical. If the tubes are under-filled, specimen must be recollected as results will not be accurate. A clean venipuncture is essential to avoid specimen activation.

Minimum Collection Vol: 5 mL

Minimum Aliquot Vol: 1.0 mL

Restrictions On Collection:
None

When Completed:
Testing performed daily. Report in less than 3 days. Available STAT.

Normal Values:
Included with report.

Instructions/Remarks:
LAB:
Reject due to hemolyzed, clotted, or under-filled tubes.
Immediately centrifuge at 3500 rpm for 10 minutes to completely remove platelets.
Aliquot 1.5 mL of platelet-poor plasma into EACH of 2 vials. Freeze.

REFERENCE:
UCI code UHEP

Last Updated: 02/11/2013

Connected to SCM Item: Unfractionated Heparin Level @UCI
UREA NITROGEN / BUN

Order Code: BUN
Synonym(s): BUN
Section: Chemistry
Tube Type: ltG-C

Specimen Requirement:
1 ml. plasma (light green top tube, lithium heparin)

Restrictions On Collection:
None

When Completed:
Same shift

Normal Values:
7 - 22 mg/dl

Instructions/Remarks:
Included in Panel 7.
LAB: Serum acceptable.
Separate specimen within 4 hours of collection. Room temperature up to 1 day. Refrigerate up to 5 days. Freeze up to 6 months.

Last Updated: 08/17/2003

Connected to SCM Item: Urea Nitrogen/BUN
UREA NITROGEN, 24-HOUR URINE W/O CREATININE @NIC

Order Code: UREA24
Synonym(s): Reference
Tube Type: 10 mL urine from a 24-hour collection
Specimen Requirement: Random collection acceptable
Collection must be refrigerated during and after collection. Does not require preservative. May be collected with 6N HCL.
Minimum Collection Vol: 2 mL
Minimum Aliquot Vol: None
Restrictions On Collection: None
When Completed: Testing is set-up 5 days a week
Analytic time of 2-4 days
Normal Values: Included with report
Instructions/Remarks:
Lab: Record start/end date/time and volume on test request form and urine vial. Aliquot from a well-mixed collection.
If sample is preserved with 6N HCL, the pH must be <6.0
ship sample refrigerated.
NIC test code # 973X
Last Updated: 12/11/2012
Connected to SCM Item: Urea 24 hr Urine at NIC
Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:
Date Urine Coll Started:
Date Urine Collect Ends:
Time Urine Coll Started:
Time Urine Collect Ends:
UREA, URINE RANDOM @MYO

Order Code: UREAUR

Synonym(s): 

Section: Reference

Tube Type:

Specimen Requirement:

5 mL from a random urine collection.
No preservative

Minimum Collection Vol: 1 mL

Minimum Aliquot Vol:

Restrictions On Collection:
None

When Completed:
Test set up daily.
Turn around time: 2 days

Normal Values:
Included with report.

Instructions/Remarks:

LAB:
Mix well. Send 5 mL refrigerated in plastic 6-mL tube.

REFERENCE LAB:
MYO test code # 89845

Last Updated: 11/05/2009

Connected to SCM Item: Urea, Urine Random @MYO
URIC ACID

Order Code: URIC

Synonym(s):

Section: Chemistry

Tube Type: ltG-C

Specimen Requirement:
1 ml. plasma (light green top tube) *see Note below

Minimum Collection Vol:

Minimum Aliquot Vol:

Restrictions On Collection:
None

When Completed:
Same shift

Normal Values:
Males: 3.5 - 8.5 mg/dl
Females: 2.5 - 6.2 mg/dl

Instructions/Remarks:
Serum acceptable.
LAB: Separate specimen within 4 hours of collection. Room temperature up to 3 days. Refrigerate up to 5 days. Freeze for up to 6 months.

*IMPORTANT COLLECTION NOTE for patients on ELITEK (rasburicase):
ELITEK will cause enzymatic degradation of the uric acid in blood samples left at room temperature.
Blood must be collected into pre-chilled tubes containing heparin anticoagulant and immediately immersed and maintained in an ice water bath. Sample must be assayed within 4 hours of sample collection.

Last Updated: 05/01/2014

Connected to SCM Item: Uric Acid
URIC ACID - MISC FLUID

Order Code:    URICMF

Synonym(s):

Section:    Chemistry

Specimen Requirement:

1 ml misc fluid

Minimum Collection Vol:    0.5 mL

Restrictions On Collection:

None

When Completed:

Same shift

Normal Values:

No normals available

Instructions/Remarks:

LAB:    Centrifuge and aliquot if necessary, prior to testing.
        Room temperature up to 3 days. Refrigerate up to 5 days.
        Freeze for 6 months.

Last Updated:    01/25/2007

Connected to SCM Item:    Uric Acid-Misc Fluid

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:
URIC ACID, 24 HR URINE @MYO

Order Code: URICU

Synonym(s):

Section: Reference

Tube Type:

Specimen Requirement:
5 mL from a 24-hour urine collection. Keep specimen on ice or refrigerated during collection.

Minimum Collection Vol:

Minimum Aliquot Vol:

Restrictions On Collection:
Patient must not consume alcohol for 24 hours before the specimen is collected

When Completed:
Days Test Set Up:
Daily except Saturday
Analytic Time:
1 day

Normal Values:
Included with report

Instructions/Remarks:
LAB: Mix specimen well before taking aliquot. Send refrigerated.

REFERENCE LAB:
Mayo Laboratory
test code # 8529

Last Updated: 03/06/2009

Connected to SCM Item: Uric Acid, 24 Hr Urine @MYO
Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Urine Coll Started:
Date Urine Collect Ends:
Time Urine Coll Started:
Time Urine Collect Ends:
URIC ACID, URINE RANDOM @MYO (Lab only)

Order Code:  URICUR
Synonym(s):
Section:  Reference
Tube Type:
Specimen Requirement:
  5 mL from a random urine collection.
  No preservative.
Minimum Collection Vol:  1 mL
Minimum Aliquot Vol:
Restrictions On Collection:  None
When Completed:
  Test set up daily.
  Turn around time: 2 days
Normal Values:  Included with report.

Instructions/Remarks:
  LAB:
  Mix well. Send 5 mL refrigerated in plastic 6-mL tube.
  
  REFERENCE LAB:
  MYO test code # 89846

Last Updated: 11/09/2009

Connected to SCM Item:  Uric Acid, Urine Random @MYO
URINALYSIS

Order Code: UA1
Synonym(s): UA
Section: Urinalysis-Body

Specimen Requirement:
Random clean catch urine, label properly and send to Lab within one hour

Restrictions On Collection:
None

When Completed:
STAT and ASAP specimens are done anytime. Routines preferably done on day shift.

Normal Values:
Specific Gravity: 1.005 - 1.030
pH: 5.0 - 8.0
Negative: Protein, Glucose, Ketone, Bile, Blood
Urobilinogen: 0.1 - 1.0 mg/dl
Leukocyte Esterase: Negative
Nitrite: Negative

Instructions/Remarks:
After 4 pm Routine urinalyses are done on Surgery Admits, OB Admits, Nursery, ICU and CCU patients, and on patients needing a culture and sensitivity.

Laboratory will include microscopic analysis if indicated.

A "Clinitest" to check for reducing substances is included in urinalysis on all children under 2 years of age.

Last Updated: 02/09/2007

Connected to SCM Item: Urinalysis
URINALYSIS (when included in UA+C&S order set) - DOWNTIME ONLY

Order Code: UACS1
Synonym(s): UA
Section: Urinalysis-Body

Specimen Requirement:
First A.M. specimen preferable. Collect in sterile container. See nursing policy and procedure manual for proper collection of urines.

Restrictions On Collection:
None

When Completed:
STAT and ASAP done anytime. Routines preferably done on day shift.

Normal Values:
Specific Gravity: 1.005 - 1.030
pH: 5.0 - 8.0
Negative: Protein, Glucose, Ketone, Bile, Blood
Urobilinogen: 0.1 - 1.0 mg/dl
Leukocyte Esterase: Negative
Nitrite: Negative

Instructions/Remarks:
UACS1 is the urinalysis portion of the UA + C&S order set in SCM. Send an order notification for culture along with the specimen and labels.
Laboratory results will include microscopic analysis if indicated.
A "Clinitest" to check for reducing substances is included in urinalysis on all children under 2 years of age.

Last Updated: 02/09/2007

Connected to SCM Item: Urinalysis (from UA + C&S)
URINALYSIS + CULTURE&SENSITIVITY (SCM ORDER SET)

Order Code:  
Synonym(s): Urine Culture, Culture - Urine, UA  
Section: URIN + MICRO  
Tube Type:

Specimen Requirement:  
First A.M. specimen preferable. Collect in sterile container. See nursing policy and procedure manual for proper collection of urines on in-patients. For out-patients, refer to Microbiology Section in this manual.

Minimum Collection Vol:  
Minimum Aliquot Vol:  
Restrictions On Collection:

When Completed:  
C&S: Preliminary report: 24 hours Final report: 48 hours Urinalysis: STAT and ASAP anytime

Normal Values:  
Urinalysis Normal Value:  
Specific Gravity: 1.005 - 1.030  
PH: 5.0 - 8.0  
Negative: Protein, Glucose, Ketone, Bile, Blood  
Urobilinogen: 0.1-1.0 mg/dl  
Leukocyte Esterase: Negative  
Nitrite: Negative

Instructions/Remarks:  
INDICATE ON ORDER SPECIFIC SOURCE: VOID, INDWELLING CATH, or OTHER COLLECTION. Bring specimen promptly to Laboratory.

Specimens received after 1 hour of collection will not be accepted. Many errors in the management of urinary tract infections are due to poor collection of specimens, resulting in misleading culture results. If the culture results suggest contamination, a new specimen will be requested.

If gram stain is ordered, order separately.

Urinalysis will include microscopic analysis if indicated.

A "Clinitest" to check for reducing substances is included in urinalysis on all children under 2 years of age.

Last Updated: 09/11/2008

Connected to SCM Item:
URINALYSIS - if abnormal do C&S

Order Code: UAPC

Synonym(s):

Section: Urinalysis-Body

Tube Type:

Specimen Requirement: Random clean catch urine, label properly and send to Lab within one hour

Minimum Collection Vol:

Minimum Aliquot Vol:

Restrictions On Collection: None

When Completed: STAT and ASAP specimens are done anytime Routines preferably done on day shift

Normal Values:

Specific Gravity: 1.005 - 1.030
pH: 5.0 - 8.0
Negative: Protein, Glucose, Ketone, Bile, Blood
Urobilinogen: 0.1 - 1.0 mg/dl
Leukocyte Esterase: Negative
Nitrite: Negative

Instructions/Remarks:

After 4 pm Routine urinalyses are done on Surgery Admits, OB Admits, Nursery, ICU and CCU patients, and on patients needing a culture and sensitivity.

Laboratory will include microscopic analysis if indicated.

A "clinitest" to check for reducing substances is included in urinalysis on all children under 2 years of age.

NOTE: Urine culture C&S will be done if urine nitrites and/or urine leukocytes are positive. Microbiology will order and process urine culture.

Last Updated: 10/28/2011

Connected to SCM Item: Urinalysis (if abnormal do C&S)
URINE CULTURE

Order Code: UC

Synonym(s): Culture - Urine (includes Colony Count)

Section: Microbiology

Specimen Requirement:
First A.M. specimen preferable. Collect in sterile container. See nursing policy and procedure manual for proper collection of urines on in-patients. For out-patients, refer to Microbiology Section in this manual.

Restrictions On Collection:

When Completed:
Preliminary report: 24 hours
Final report: 48 hours

Normal Values:

Instructions/Remarks:
INDICATE ON ORDER SPECIFIC SOURCE: VOID, INDWELLING CATH or OTHER COLLECTION. Bring specimen promptly to Laboratory.

Specimens received after 1 hour of collection will not be accepted. Many errors in the management of urinary tract infections are due to poor collection of specimens, resulting in misleading culture results. If the culture results suggest contamination, a new specimen will be requested.

If gram stain is ordered, order separately

Last Updated: 12/11/2007

Connected to SCM Item: Urine Culture

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:

Circle if appropriate: Right Left
Wound specimens: Deep Superficial

PREP INSTRUCTION:
(1) MICROBIOLOGY: Collect specimen in sterile, tightly capped container. Transport to LAB immediately. Specimens over 1 hour old, or leaking, will require recollection.

(2) If using a swab for collection- aerobic (routine) - Red topped anerobic- Blue topped
URINE for CYTOLOGY

Order Code:

Synonym(s):

Section: Cytology

Specimen Requirement:

A FRESH urine specimen, either voided or catheterized, must be sent to the lab IMMEDIATELY after collection. The request slip MUST be marked with "Time of Collection". DO NOT SEND A FIRST MORNING SPECIMEN FOR CYTOLOGY.

Restrictions On Collection:

Monday - Friday, 7:00 am - 5:00 pm
Saturday, 7:00 am - 12:00 noon

When Completed:

Within 24 hours

Normal Values:

Negative for malignant cells

Instructions/Remarks:

LAB: Specimens received evenings and on weekends may be left in the refrigerator overnight. They will be processed by Cytology in the morning.

Last Updated: 09/13/2005
URINE MICROSCOPIC (LAB ONLY)

Order Code: UMIC1

Synonym(s):

Section: Urinalysis-Body

Specimen Requirement:
Random clean catch urine, label properly and send to lab within one hour.

Restrictions On Collection:

When Completed:
Same day

Normal Values:
Up to 1 - 2 RBC, WBC, Epith/HPF, occasional hyaline cast/LPF

Instructions/Remarks:
Microscopic analysis not included in Urinalysis.
Lab will perform microscopic analysis when indicated.

Last Updated: 07/17/2003

Connected to SCM Item: Urine Microscopic
UROPORPHYRINOGEN DECARBOXYLASE, whole blood @MYO

Order Code: Misc Lab Item
Synonym(s): UPG Decarboxylase
Section: Reference

Tube Type:

Specimen Requirement:
1 full green top tube (Sodium Heparin) -- whole blood required

Minimum Collection Vol: 10 mL
Minimum Aliquot Vol: 3 mL

Restrictions On Collection:
> Patient should abstain from alcohol for 24 hours
> Forward a list of medications the patient is currently on with the specimen.

When Completed:
Testing performed: Monday, Wednesday, Friday
Analytic time: 2 days

Normal Values:
Included with report

Instructions/Remarks:
LAB: Send entire heparinized whole blood specimen refrigerated.
Forward a list of medications the patient is currently on with the specimen.
Specimen MUST arrive within 48 hours of collection.

REFERENCE LAB:
Mayo test code # UPGD

Last Updated: 03/09/2012

Connected to SCM Item:
LABORATORY MANUAL

VALPROIC ACID (Depakene)

Order Code: VALP

Synonym(s): Depakene, Depakote, Valproate

Section: Chemistry

Tube Type: Gold-C

Specimen Requirement:
1 ml. serum (gold top SST tube)

Restrictions On Collection:
None

When Completed:
Same shift

Normal Values:
50-100 mcg/ml

Instructions/Remarks:

Last Updated: 06/21/2005

Connected to SCM Item: Valproic Acid (Depakene) Level
VANCOMYCIN, PEAK

Order Code: VANCPK

Synonym(s): 

Section: Chemistry

Tube Type: Gold-C

Specimen Requirement:
1 ml. serum (gold top SST tube)

Restrictions On Collection:
None

When Completed:
Same shift

Normal Values:
Therapeutic: 30.0 - 40.0 mcg/mL
Toxic: Greater than 40.0 mcg/mL

Instructions/Remarks:
IV: Draw specimen 60-90 minutes after end of infusion.

Last Updated: 09/06/2006

Connected to SCM Item: Vancomycin Level-Peak
VANCOMYCIN, RANDOM

Order Code: VANCRN

Synonym(s):

Section: Chemistry

Tube Type: Gold-C

Specimen Requirement: 1 ml. serum (gold top SST tube)

Restrictions On Collection: None

When Completed: Same shift

Normal Values: No normals defined.

Instructions/Remarks:

Last Updated: 01/28/2003

Connected to SCM Item: Vancomycin Level-Random
VANCOMYCIN, TROUGH

Order Code: VANCTR

Section: Chemistry

Tube Type: Gold-C

Specimen Requirement:

1 ml. serum (gold top SST tube)

Restrictions On Collection:

None

When Completed:

Same shift

Normal Values:

Therapeutic: 10.0 - 15.0 mcg/mL
Toxic: Greater than 20.0 mcg/mL

Instructions/Remarks:

Draw just prior to subsequent dose.

Last Updated: 11/29/2007

Connected to SCM Item: Vancomycin Level-Trough
VAP CHOLESTEROL  @MYO

Order Code:  Misc Lab Item

Synonym(s):

Section:  Reference

Tube Type:  Gold-R

Specimen Requirement:

3 mL serum (gold top SST tube)

Minimum Collection Vol:  5 mL

Minimum Aliquot Vol:  1.5 mL

Restrictions On Collection: None

When Completed:

Testing performed: Monday-Friday
Turnaround time:  5-6 days

Normal Values:

 Included with report

Instructions/Remarks:

LAB:  Send serum refrigerated.

REFERENCE LAB:
Mayo test # 91277
Testing is forwarded to Artherotech, Birmingham, Alabama

Last Updated: 10/31/2014

Connected to SCM Item:  VAP Cholesterol @MYO
VARICELLA ZOSTER DETECT @NIC

Order Code: VZVC

Synonym(s): VZV, Chicken Pox, Shingles

Section: Microbiology

Tube Type: VCM

Specimen Requirement:
Vesicular lesions swab, throat swab or tissue biopsy

Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 1 mL

Restrictions On Collection:
Wooden shaft and calcium alginate swabs
Raw (unpreserved) stool specimens
Dry swabs
Transwabs® or gel-based transport medium
DNA probe transports
Tissues in formalin or other fixatives

When Completed:
Testing set-up daily
Report available in 4-5 days

Performing Laboratory
Focus Diagnostics, Inc.
5785 Corporate Ave.
Cypress, CA 90630

Normal Values:
None detected

Instructions/Remarks:
Reference lab: Send refrigerated in VCM medium
Quest test code: 2691

Last Updated: 12/03/2013

Connected to SCM Item: Varicella-Zoster (VZV) Culture at NIC

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:
Circle if appropriate: Right  Left
Wound specimens: Deep  Superficial

PREP INSTRUCTION:
(1) MICROBIOLOGY: Collect specimen in sterile, tightly capped container. Transport to LAB immediately. Specimens over 1 hour old, or leaking, will require recollection.

(2) If using a swab for collection- aerobic (routine) - Red topped - anerobic- Blue topped
VARICELLA ZOSTER VIRUS ANTIBODY IGG @NIC

Order Code: VARIGG
Synonym(s): Chicken Pox
Section: Reference
Tube Type: GOLDR

Specimen Requirement:
1 mL serum (draw 1 GOLD top tube)

Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 0.1 mL

Restrictions On Collection:
None

When Completed:
Testing set-up 4 days a week
Analytic time of 1-2 days

Normal Values:
Included with report

Instructions/Remarks:
Reference lab: ship samples room temperature (preferred)
Reject hemolysis and/or lipemia
NIC test code # 4439

Last Updated: 05/08/2013

Connected to SCM Item: Varicella Zoster IgG AB at NIC
VARICELLA-ZOSTER IgM  @MYO (LAB ONLY)

Order Code:  VZIGM
Synonym(s):  Chicken Pox acute
Section:  Reference
Tube Type:  Gold-R
Specimen Requirement:

- 0.5 ml serum (Pediatric 0.2 ml)

Minimum Collection Vol:  2 mL
Minimum Aliquot Vol:  0.5 mL
Restrictions On Collection:

- None

When Completed:

- Testing set up: Monday - Saturday
- Analytic time: 1 day

Normal Values:

- Included with report

Instructions/Remarks:

- Order as an aid in the diagnosis of acute phase infection.
- Assay reported as positive or negative.

REFERENCE LAB:

- Mayo Laboratories
- test code #VZM

Last Updated: 08/23/2012

Connected to SCM Item:  Varicella-Zoster Ab, IgM  @MYO
VASCULAR RISK PANEL (Order Set)

Order Code:

Synonym(s):

Section: Ref/Hema/Chem

Tube Type:

Specimen Requirement:

3 ml whole blood (lavender top, EDTA) PLUS
2.7 ml whole blood (blue top, citrate) PLUS
7 ml serum (2-10 ml red top tubes)

Minimum Collection Vol:

Minimum Aliquot Vol:

Restrictions On Collection:

Patient should be fasting

When Completed:

Less than 4 days

Normal Values:

Included with report

Instructions/Remarks:

Orderable in SCM as Order Set "VASCULAR RISK PANEL, LAB".

During SCM downtime, items are ordered individually in Misys.

Includes testing for:

- Sed Rate (ESR) - 3.0 ml whole blood (lavender top, EDTA)
- Fibrinogen (FIBR) - 2.7 ml whole blood (blue top tube, citrate)
- Folate & B12 (FOLB12) - 2.0 ml, serum, patient should be fasting
- Rheumatoid Arthritis (RA) - 1.0 ml serum
- Cardio CRP @NIC (CRPCN) - 0.5 ml serum
- Lipoprotein (a) @NIC (LIPOP) - 1.0 ml serum
- Homocysteine, Serum @NIC (HMCYS) - 0.5 ml serum

LAB: Spin red top tubes down promptly and process.

Last Updated: 04/23/2013

Connected to SCM Item:
VASOACTIVE INTEST.POLY   @MYO

Order Code: VIP

Synonym(s): Vasoactive Intestinal Polypeptide (VIP)

Section: Reference

Tube Type: ILV-Rf

Specimen Requirement:

PATIENT PREPARATION: Patient MUST be fasting.
1 ml. plasma (large 6ml lavender top tube, EDTA) on ice; fasting.

Minimum Collection Vol: 4 mL

Minimum Aliquot Vol: 0.6 mL

Restrictions On Collection:

None

When Completed:

Test set up: Monday and Wednesday
Analytic time: 3 days

Normal Values:

Included with report

Instructions/Remarks:

LAB: Separate and freeze plasma immediately.
Reject if grossly hemolyzed.

REFERENCE LAB:
Mayo test code # 8150

Last Updated: 07/12/2006

Connected to SCM Item: Vasoactive Intest. Poly @MYO
VASOPRESSIN / ADH @NIC

Order Code: ADH

Synonym(s): ADH, Antidiuretic Hormone, Anti-diuretic Hormone, ARGinine, VASOPRESSIN

Section: Reference

Tube Type: LAVICE

Specimen Requirement:
4 mL plasma (draw 1 large EDTA lavender top tube)
Sample must be collected in a pre-chilled lavender-top tube and delivered on ice.
Prechilled EDTA tubes are available from the laboratory.

Minimum Collection Vol: 10 mL
Minimum Aliquot Vol: 2.5 mL

Restrictions On Collection:
None

When Completed:
Testing performed Monday, Wednesday, Friday
Analytic time of 6-7 days

Normal Values:
Included with report

Instructions/Remarks:
Lab: Specimens will arrive on ice. Centrifuge immediately.
Reference lab: Separate and freeze plasma immediately.
Ship Frozen only
NIC test code # 252X

Last Updated: 10/31/2014

Connected to SCM Item: Vasopressin ADH at NIC
VDRL, QUAL, CSF @ NIC

Order Code: VDRLCS

Synonym(s):

Section: Reference

Tube Type:

Specimen Requirement:
- 1 mL CSF
- MAINTAIN STERILITY

Minimum Collection Vol:

Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:
None

When Completed:
- Testing is set-up 3 days a week
- Analytic time of 1 day

Normal Values:
- Included with report

Instructions/Remarks:
- Reference: Aliquot sample in a sterile screw cap container.
- Ship sample refrigerated
- NIC test code # 4128

Last Updated: 01/30/2013

Connected to SCM Item: VDRL CSF at NIC

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

- Date Specimen Collected:
- Time Specimen Collected:
- Collected by:
VERAPAMIL, PLASMA OR SERUM @MYO

Order Code: Misc Lab Item

Synonym(s): Calan, Norverapamil, Isoptin

Section: Reference

Tube Type: CALLAB

Specimen Requirement:
Submit ONLY ONE of the following:
3.0 mL of Serum OR Plasma

Collect 1-2 hours (peak level) after last dose.

Restrictions On Collection:
None

When Completed:
Days Test Set Up:
Monday through Friday
Analytic Time:
1 day

Normal Values:
Included with report

Instructions/Remarks:
LAB: Reject due to gross hemolysis.
Indicate plasma or serum on performing notes line of Mayo PC.
Label specimen appropriately (plasma or serum).
SST tube is not acceptable.

REFERENCE LAB:
Mayo Laboratory
test code # 9246

Last Updated: 07/18/2006
VIBRIO CHOLERA CULTURE

Order Code:

Synonym(s): Culture Vibrio cholera, Cholera Culture

Section: Microbiology

Specimen Requirement:
Stool specimen

Restrictions On Collection:

When Completed:
Three to 5 days

Normal Values:

Instructions/Remarks:
Microbiology must be notified. Special media is required. Place R/O Vibrio in order comment.
Order as: Misc Lab Item

Last Updated: 02/15/2007
LABORATORY MANUAL

VIRUS CULTURE AND IDENTIFICATION @NIC *LAB ONLY*

Order Code: CULV

Synonym(s):

Section: Microbiology /

Tube Type: VCM

Specimen Requirement:
Respiratory samples, throat or nasal swab, conjunctival swab, skin lesion, bronch orn BAL, genital swab, tissue biopsy, body fluid.

Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 1 mL

Restrictions On Collection:
Dried swabs; Samples collected on a calcium alginate swab; Wooden shafted swab: any type of ELISA or Probe transports; Requests to rule out avian influenza or SARS virus; Whole blood and autopsy specimens

When Completed:
Report available dependent on growth
15-22 days if no growth

This test performed at:
Focus Diagnostics, Inc.
5785 Corporate Ave.
Cypress, CA 90630-4726

Normal Values:
None detected

Instructions/Remarks:
Culture for measles, mumps and rubella viruses, CMV, Adenovirus, VZV, and other viruses.

Lab only order. Lab will order this test when the requirements for the VIRN test are not met.

Reference lab: Quest (NIC)
Send refrigerated in VCM medium

Quest test code: 3441CS

Last Updated: 05/05/2014

Connected to SCM Item: Viral Culture and Identification at NIC
VIRUS CULTURE, COMPREHENSIVE @NIC

Order Code:   VIRN
Synonym(s):  Culture virus
Section:     Microbiology
Tube Type:   VCM

Specimen Requirement:
Bronchial aspirates/washes, tracheal aspirates/washes, newborn urine, fluid, tissue biopsy, lung biopsy or conjunctiva swab

Note: PCR is the preferred test for CSF

Minimum Collection Vol:  3 mL
Minimum Aliquot Vol:     1 mL

Restrictions On Collection:
Wooden shaft and calcium alginate swabs
Dry swabs or Transwabs®
Swabs in bacterial transport medium
DNA probe transports
Tissues in formalin or other fixatives
Transports for antigen detection by EIA

When Completed:
Testing set-up daily
Report available in 14 days

Performing Laboratory
Focus Diagnostics, Inc.
5785 Corporate Ave.
Cypress, CA 90630-4726

Normal Values:
None detected

Instructions/Remarks:
Includes: Adenovirus, CMV, Enterovirus, Herpes (HSV), Respiratory Syncytial Virus (RSV), Varicella-zoster, Influenza, Parainfluenza
Special request is required for Rubeola (Measles), Mumps, and Rhinovirus screening.

Write any specified virus on Microbiology requisition or Order Notification.
Reference Lab: Send refrigerated in VCM medium
Quest test code: 689

Last Updated: 12/03/2013

Connected to SCM Item: Virus Culture at NIC
Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:
VIRUS CULTURE, COMPREHENSIVE @NIC

Date Specimen Collected:
Time Specimen Collected:
Collected by:

Circle if appropriate: Right Left
Wound specimens: Deep Superficial

PREP INSTRUCTION:
(1) MICROBIOLOGY: Collect specimen in sterile, tightly capped container. Transport to LAB immediately. Specimens over 1 hour old, or leaking, will require recollection.

(2) If using a swab for collection- aerobic (routine) - Red topped anerobic- Blue topped
LABORATORY MANUAL

VISCOSITY, SERUM (or PLASMA)

Order Code: VISC

Synonym(s):  

Section: Hematology-Coag

Tube Type: Red10

Specimen Requirement:

Serum Viscosity: 5 ml. serum (10 ml red top tube, no gel)
Plasma Viscosity: 5 ml. plasma (10 ml green top tube, SODIUM heparin) no gel

DRAW RESTRICTION: Draw M-F, 7:00 am to 3:00 pm only

Minimum Collection Vol:

Minimum Aliquot Vol:

Restrictions On Collection:

Test run Monday-Friday only 7:00 am - 6:00 pm.
MUST BE DRAWN between 7:00 am and 3:00 pm.

When Completed:

Same day

Normal Values:

Included with report

Instructions/Remarks:

LAB: Centrifuge and aliquot serum or plasma.
Deliver aliquot to department by 4:00 pm M-F.
Sat and Sun and off-hours, store aliquot in refrigerator.

Last Updated: 09/15/2014

Connected to SCM Item: Viscosity, Serum
VISCOSITY, WHOLE BLOOD

Order Code: VISCBW

Synonym(s):

Section: Hematology-Coag

Tube Type: CALLAB*

Specimen Requirement:
5 ml. whole blood
Draw one large 6ml (lavendar top tube, EDTA)
Must be fresh sample: drawn M-F, 7:00 am to 3:00 pm ONLY.

Minimum Collection Vol:

Minimum Aliquot Vol:

Restrictions On Collection:
Test run Monday-Friday only 7:00 am to 6:00 pm
MUST BE DRAWN between 7:00 am and 3:00 pm
Notify Lab when drawing at X45618. Blood must be analyzed immediately.

When Completed:
Same day

Normal Values:
Included with report

Instructions/Remarks:

Last Updated: 06/24/2014

Connected to SCM Item: Viscosity,Whole Blood
LABORATORY MANUAL

VITAMIN A @MYO

Order Code: VITMA
Synonym(s): Retinol
Section: Reference
Tube Type: Red5-R

Specimen Requirement:
0.5 mL serum (red top tube). PROTECT FROM LIGHT.
SST (Gel) tube not acceptable.

Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:
Patient should be fasting 12-14 hours before collection.
No vitamin supplements or alcohol 24 hours prior.

When Completed:
Test set up: Monday through Friday
Analytic time: 1 day

Normal Values:
Included with report

Instructions/Remarks:
LAB:
Gold top SST NOT acceptable.
Send FROZEN in amber vial to protect from light.
Reject due to hemolysis.

REFERENCE LAB:
Mayo Laboratory
test code # 60298

Last Updated: 10/07/2010

Connected to SCM Item: Vitamin A Level @MYO
VITAMIN B12 & FOLATE

Order Code: FOLB12
Synonym(s): Folate
Section: Chemistry
Tube Type: Gold
Specimen Requirement:
2 ml serum (gold top SST tube)

Minimum Collection Vol:
Minimum Aliquot Vol:
Restrictions On Collection:
None

When Completed:
Test run: Monday, Wednesday, Friday 0600-1200.
For testing days, samples must arrive in lab no later than 10am to be included in the batch.
If specimen arrives after 10am, specimen will be run on next scheduled day of testing.

Normal Values:
Vitamin B12: 180-914 pg/mL
Folate: greater than 3.0 ng/mL

Instructions/Remarks:
If Vitamin B12 level is less than 180 pg/mL, follow-up testing for Intrinsic Factor Blocking Antibody @MYO (B12IF) is recommended.
LAB: Aliquot 1 mL serum and freeze in batch rack. No hemolysis.

Last Updated: 06/17/2013
Connected to SCM Item: Vitamin B12 and Folate Level
VITAMIN B12 BINDING CAPACITY @MYO

Order Code: Misc Lab Item
Synonym(s): B12 binding
Section: Reference
Tube Type: Gold-R

Specimen Requirement:
1 mL serum (Gold top SST tube)

Minimum Collection Vol: 1 mL
Minimum Aliquot Vol: 0.1 mL

Restrictions On Collection:
None

When Completed:
Test set up: Monday, Thursday
Analytic time: 1-5 days
Turn around time: Less than 7 days

Normal Values:
Included with report

Instructions/Remarks:
LAB/REFERENCE:
Send serum frozen.
Testing forwarded to ARUP Laboratories, Salt Lake City, Utah
MYO order code: 91824

Last Updated: 10/31/2011

Connected to SCM Item:
VITAMIN B2 (RIBOFLAVIN), PLASMA @NIC

Order Code: Misc. Lab Item
Synonym(s): B2, Riboflavin
Section: Reference
Tube Type: Lav3

Specimen Requirement:
- 2 mL EDTA plasma (lavender-top)
  Tube must be wrapped in foil to protect from light

Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:
None

When Completed:
Testing set-up Monday, Wednesday, Friday
Report available 5-8 days

Normal Values:
Included with report

Instructions/Remarks:
Lab: Lavender-top must be wrapped in foil for transport to laboratory.
Reference lab: Aliquot plasma into amber tube to protect from light.
Must be sent FROZEN only.

NIC test code: 36399

Last Updated: 11/26/2013

Connected to SCM Item:
VITAMIN E  @MYO

Order Code: VITME

Synonym(s): Tocopherol, Alpha-tocopherol

Section: Reference

Tube Type: Red5-R

Specimen Requirement:
0.5 ml. serum (red top tube). PROTECT FROM LIGHT.
SST (Gel) tube not acceptable.

Minimum Collection Vol: 3 mL
Minimum Aliquot Vol: 0.5 mL

Restrictions On Collection:
Patient should be fasting 12-14 hours before collection;
Patient must not consume vitamin supplements and alcohol for
24 hours before specimen is drawn.

When Completed:
Test set up: Monday through Friday
Analytic time: 1 day

Normal Values:
Included with report

Instructions/Remarks:
LAB:
Gold top SST NOT acceptable.
Send refrigerated in amber vial to protect from light.
Lipemic samples NOT acceptable.

REFERENCE LAB:
Mayo Laboratory
test code # 60297

Last Updated: 12/21/2012

Connected to SCM Item: Vitamin E Level  @MYO
VITAMIN K1 @MYO

Order Code:  Misc Lab Item
Synonym(s):
Section:  Reference
Tube Type:  LK-R
Specimen Requirement:  5 mL of Serum (red top tube). PROTECT FROM LIGHT.
Minimum Collection Vol:
Minimum Aliquot Vol:  1.5 mL
Restrictions On Collection:
Patient should be fasting 12 hours before collection.  
Patient must not consume vitamin supplements or alcohol for 24 hours before specimen is drawn.

When Completed:
TEST FORWARDED TO ARUP Laboratories
Days Test Set Up:  Thursday
Analytic time:  9 days

Normal Values:  Included with report

Instructions/Remarks:
LAB: Send FROZEN, in amber vial to protect from light.
Alternate sample EDTA plasma.  
Reject due to hemolysis.

REFERENCE LAB:  
Mayo Laboratory  
test code # FVIK1

Last Updated:  08/21/2012

Connected to SCM Item:
VMA + HVA, RANDOM UR-PEDS <15yr   @MYO (see *Note)

Order Code:  Misc Lab Item
Synonym(s):  Homovanillic Acid, Vanillymandelic Acid, HVA
Section:  Reference
Specimen Requirement:
10 mL from a random urine specimen

Restrictions On Collection:
NOTE: This random urine collection may only be ordered on children <15 years old.
For older patients, order VMA or HVA separately.

When Completed:
Test set up: Monday-Friday
Analytic time: 2 days

Normal Values:
Included with report

Instructions/Remarks:
*NOTE: This random urine collection may only be ordered on children <15 years old.
Ages >14 years must be ordered as 24-hour urine collections for VMA # 9454 or HVA# 9253.

LAB: Adjust pH to 1.0 - 5.0 with 50% acetic or 6N HCl.
Send specimen frozen in plastic urine tube.

REFERENCE LAB:
Mayo test code # 9254

Last Updated: 02/09/2007
VMA-24HR,URINE @MYO (see *NOTE)

Order Code: VMA

Synonym(s): Vanillylmandelic Acid

Section: Reference

Tube Type:

Specimen Requirement:
5 ml from a 24-hour urine collected in 25 ml 50% Acetic Acid

Minimum Collection Vol: 

Minimum Aliquot Vol: 

Restrictions On Collection:
Administration of L-dopa interferes with testing. If necessary, note in Item Comment when ordering.

When Completed:
Test set up: Monday through Saturday
Analytic time: 1 day

Normal Values:
Included with report

Instructions/Remarks:
NOTE: For children 14 years of age and younger, please order wildcard item "VMA + HVA, RANDOM UR-PEDS <15yr @MYO".

LAB: Prepare 24-hour collection container by adding 25 ml of 50% acetic acid to empty container. Use 15 ml of 50% acetic acid for children less than 5 years old. After collection, mix well, record total urine volume. Check pH (should be between 1.0 and 5.0). If specimen has been kept refrigerated during collection, acid can be added within 4 hours after collection has been completed.

Send 10 ml aliquot refrigerated.

*Note: If random urine submitted, must order as MWILD, MYO #60274.

REFERENCE LAB:
Mayo test code # 9454

Last Updated: 06/24/2014

Connected to SCM Item: VMA - 24Hr Urine @MYO

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Urine Coll Started:
Date Urine Collect Ends:
Time Urine Coll Started:
Time Urine Collect Ends:
VON WILLEBRAND FACTOR MULTIMER ANALYSIS (LAB REFLEX ONLY)

Order Code: VWMULT

Synonym(s):

Section: Reference

Specimen Requirement:

Restrictions On Collection:

When Completed:

Additional 7 days

Normal Values:

Instructions/Remarks:

This item available as an add-test to (VWPAN) Von Willebrand Panel @MYO, when indicated, at an additional charge to patient.

REFERENCE LAB:
MYO test code #8844

Last Updated: 12/04/2007

Connected to SCM Item: Von Willebrand Multimer @MYO
LABORATORY MANUAL

VON WILLEBRAND PROFILE @MYO

Order Code: VWPAN
Synonym(s): Hemophilia
Section: Reference
Tube Type: 3Blu-ICE

Specimen Requirement:
Draw three (3) 2.7ml whole blood tubes (blue top tubes, citrate), on ice. Tube MUST BE FULL. Deliver specimens to SPECIMEN PROCESSING IMMEDIATELY.

Minimum Collection Vol: 5.4 mL
Minimum Aliquot Vol: 3 mL

Restrictions On Collection:
Patient should not be receiving Coumadin or Heparin. If so, this should be noted.

When Completed:
Varies

Normal Values:
Included with report

Instructions/Remarks:
Panel includes:
Coag Factor VIII Activity Assay
von Willebrand Factor Antigen
von Willebrand Factor Activity
Special Coagulation Interp

The following tests are reflexed, when appropriate, at an additional charge. Analytic time is an additional 7 days.
Coag Factor VIII Assay Inhibitor Screen (SQ Code: F8INX)
Ristocetin Cofactor (SQ Code: RCFX)
von Willebrand Factor Multimer Analysis (SQ code: VWMULT)
Bethesda Units (SQ Code: BETHX)
Special Coagulation Interpretation (SQ Code: INTRPX)

LAB: Include ordering physician's phone # (plus area code).

LAB: Reject due to hemolysis. Reject due to lipemia.

LAB: Specimens are to be delivered to Specimen Processing STAT. The specimen must be double-centrifuged to prepare a platelet-free plasma specimen:
PROCESS AS FOLLOWS--
Centrifuge in cold centrifuge for 15 mins. at 3,000 rpm. Carefully remove plasma from cells avoiding the platelet/buffy coat. Transfer plasma to a plastic tube and centrifuge again for 15 mins. in cold centrifuge. Remove the top portion of plasma leaving approximately 250 uL in the bottom to discard. The double-centrifuged plasma should be aliquoted (1.0 mL each) into 3 clearly labeled plastic tubes (glass vials will NOT be accepted). Place the 3 plastic tubes in Chemistry freezer for courier pickup.

REFERENCE LAB:
Mayo Laboratories
test code # VWPR (formerly 83099)

Last Updated: 10/23/2012
LABORATORY MANUAL

VON WILLEBRAND PROFILE  @MYO

Connected to SCM Item:  Von Willebrand Panel  @MYO
WARFARIN  @MYO

Order Code:    WRF
Synonym(s):   Anticoagulant-Oral, Coumadin, Panwarfarin, Oral Anticoagulants
Section:   Reference
Tube Type:   Red-R

Specimen Requirement:
3 ml serum (red top tube)
(Gold top SST tube not acceptable)

Minimum Collection Vol:  5 mL
Minimum Aliquot Vol:  1.1 mL

Restrictions On Collection:
None

When Completed:
Days Test Set Up:  Monday through Friday
Analytic Time:  1 day

Normal Values:
Included with report

Instructions/Remarks:
LAB:  Send serum room temperature, refrigerated or frozen.
     Gold top SST tube not acceptable.

REFERENCE LAB:  Mayo Laboratory
     test code # 8760

Last Updated:  10/19/2009

Connected to SCM Item:  Warfarin Level (Coumadin)  @MYO
LABORATORY MANUAL

WBC + DIFFERENTIAL - BLOOD

Order Code: WBCDIF
Synonym(s): Differential-WBC
Section: Hematology-Coag
Tube Type: LV-H

Specimen Requirement:
2.5 ml. whole blood (lavender top tube, EDTA), or by fingerstick using microtainer and two peripheral slides

Restrictions On Collection:
STATS and ASAPs are done anytime,
Routines preferably done on day shift

When Completed:
Same day

Normal Values:
WBC: 4.8 - 10.8 K/μL (Ages 14y and above)
Differential:
Segmented Neutrophils: 35 - 74%
Band Neutrophils: 0 - 9%
Lymphocytes: 14 - 51%
Monocytes: 1 - 11%
Eosinophils: 0 - 6%
Basophils: 0 - 2%

Instructions/Remarks:
Done as part of a CBC-Complete Blood Count or may be ordered as "WBC+DIFF".
Differential will be generated, (three part diff.) having a Lymphocyte, Granulocyte and Mononuclear %. If the Advia-generated differential falls outside of laboratory-established limits a manual differential will be performed.

Last Updated: 09/01/2005
Connected to SCM Item: WBC + Differential - Blood
WEIL-FELIX, LA @FOC

Order Code: Misc Lab Item
Synonym(s):
Section: Reference
Tube Type: Red-R
Specimen Requirement:
3 mL of Serum
Minimum Collection Vol: 2 mL
Minimum Aliquot Vol: 1.0 mL
Restrictions On Collection:
None
When Completed:
Less than 5 days
Normal Values:
Included with report

Instructions/Remarks:
LAB: Send refrigerated.
REFERENCE LAB:
Microbiology Reference Lab
test code # 41050

Last Updated: 09/10/2012
Connected to SCM Item:
WEST NILE VIRUS AB PNL (IgG&IgM), BLOOD @NIC

Order Code: WNMRL
Synonym(s): WNV
Section: Reference
Tube Type: Red-R

Specimen Requirement:
1-3 ml serum

Minimum Collection Vol: 5 mL
Minimum Aliquot Vol: 0.7 mL

Restrictions On Collection:
None

When Completed:
Testing set-up Monday, Wednesday, Friday
Analytical time 2-4 days

Normal Values:
Included with report

Instructions/Remarks:
Testing fees are incurred for all testing referred to Focus.
LAB: WEST NILE VIRUS ANTIBODY PANEL, ELISA-BLOOD *
orderable in computer as WNMRL:
- include ordering MD and phone no. on requisition
- FAX a copy of Focus requisition to Infection Control, x45754
- Keep sample refrigerated for routine courier pickup M-F,
  approx. 1100

RESULTS:
Results from Focus Technologies will be delivered to
Chemistry via courier for computer entry.
CHEMISTRY TECH:
- PHONE all positive results to ordering MD. See below **
- FAX all negative results to ordering MD.
- FAX all positive results to Hoag
  Infection Control, ext. 45754

** It is imperative that all POSITIVE results be phoned
to ordering physician ASAP.  ** *

** Positive results are reportable to Orange County Health Dept.
Focus will forward all positive specimens to OCH for confirmatory
testing.

Quest test code # 36596

* NOTE:
ADDITIONAL TESTING available at a much higher cost to the patient.
Confirm Doctor's orders before ordering:
Arbovirus & WNV Antibody Panel, Serum # 4895
Refer to www.focusdx.com for more information and additional testing.
Order in SCM as: MISC LAB-BLOOD

Last Updated: 03/25/2013
WEST NILE VIRUS AB PNL (IgG&IgM), BLOOD @NIC

Connected to SCM Item: West Nile Virus Ab Panel, Blood @FOC
WEST NILE VIRUS ANTIBODIES (IGG,IGM), CSF @NIC

Order Code:   WNCSF

Synonym(s):

Section:   Reference

Tube Type:

Specimen Requirement:  
2 mL CSF in a sterile screw-cap container

Minimum Collection Vol:  

Minimum Aliquot Vol:   0.7 mL

Restrictions On Collection:  
None

When Completed:
Testing is set-up 3 days a week
Analytic time of 1-2 days

Normal Values:
Included with report

Instructions/Remarks:
LAB: WEST NILE VIRUS ANTIBODY PANEL, ELISA 
orderable in computer as WNCSF:
- FAX a copy of requisition to Infection Control, x45754
- Keep sample refrigerated for routine courier pickup M-F

Reference lab: Ship sample refrigerated (preferred) 
Room temperature and frozen acceptable

NIC test code # 36597

Last Updated: 10/17/2014

Connected to SCM Item:   West Nile Virus AB IgG, IgM CSF at NIC
WET MOUNT

Order Code: WET

Synonym(s): Fungus Wet Mount, KOH Wet Mount

Section: Microbiology

Specimen Requirement:
Sputum; Spinal Fluid; Scrapings of skin, hair, nails, etc., in sterile container; vaginal swabs should be placed in 1/2 ml saline. Refer to Microbiology section specific information for collection of specimens for yeast and fungus.

Restrictions On Collection:

When Completed:
Same day

Normal Values:

Instructions/Remarks:

Last Updated: 02/09/2007

Connected to SCM Item: Wet Mount

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

- Date Specimen Collected:
- Time Specimen Collected:
- Collected by:
- Circle if appropriate: Right Left
- Wound specimens: Deep Superficial

PREP INSTRUCTION:
(1) MICROBIOLOGY: Collect specimen in sterile, tightly capped container. Transport to LAB immediately. Specimens over 1 hour old, or leaking, will require recollection.

(2) If using a swab for collection- aerobic (routine) - Red topped  anerobic- Blue topped
WET MOUNT - INDIA INK - SPINAL FLUID

Order Code:

Synonym(s): India Ink Wet Mount

Section: Microbiology

Specimen Requirement:
Cerebrospinal fluid in sterile container

Restrictions On Collection:

When Completed:
One hour

Normal Values:

Instructions/Remarks:
Use order code: WET

Please indicate "India Ink" in order comment. A Direct Antigen Test - Latex Agglutination for Cryptococcal antigen in CSF and fungus culture will also be run with ALL requests for wet mount and/or India Ink on CSF.

Last Updated: 02/09/2007
LABORATORY MANUAL

WET MOUNT - TRICHOMEONAS

Order Code:

Synonym(s): Trichomonas Wet Mount

Section: Microbiology

Specimen Requirement: Use culturette with modified Stuart's medium. Push swabs into medium immediately!

Restrictions On Collection:

When Completed: One hour

Normal Values:

Instructions/Remarks: Use order code: WET
It is IMPORTANT that this specimen be fresh. Put R/O Trichomonas in order comment.

Last Updated: 02/09/2007
WOUND/ABSCESS AEROBIC CULT + GRAM

Order Code:  WDC

Synonym(s):  Abscess culture, Wound culture, Culture - Wound/Abscess Includes Gram iStain

Section:  Microbiology

Specimen Requirement:
See Microbiology Section information

Restrictions On Collection:

When Completed:
Preliminary report:  24 hours
Final report:  72 hours

Normal Values:

Instructions/Remarks:
Indicate site of wound and if it is deep or superficial, ask physician if anaerobe culture is needed. If anaerobe culture is indicated, use special collection procedure, see Microbiology Section. Order anaerobe culture separately.

Last Updated:  02/15/2007

Connected to SCM Item:  Wound/Abscess Aerobic Cult + Gram

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:

Circle if appropriate:  Right    Left
Wound specimens:  Deep    Superficial

PREP INSTRUCTION:
(1) MICROBIOLOGY: Collect specimen in sterile, tightly capped container. Transport to LAB immediately. Specimens over 1 hour old, or leaking, will require recollection.

(2) If using a swab for collection- aerobic (routine) - Red topped - anaerobic- Blue topped
WRIGHT STAIN - MISC SPECIMEN

Order Code: WRTMIS
Synonym(s): WBC Eval-misc
Section: Hematology

Specimen Requirement:
Miscellaneous specimen

Restrictions On Collection:
None

When Completed:
Same day

Normal Values:
Results evaluated by physician

Instructions/Remarks:

Last Updated: 09/01/2005

Connected to SCM Item: Wright Stain-Misc Specimen

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:
WRIGHT STAIN - STOOL  *LAB ONLY (in Order Set: Stool Specimens)

Order Code: WRTSTL

Synonym(s): Fecal Leukocytes, Stool Smear for WBC, WBC Eval-Stool

Section: Hematology-Coag

Tube Type: 

Specimen Requirement: 
Stool specimen, collected by floor.

Minimum Collection Vol: 

Minimum Aliquot Vol: 

Restrictions On Collection: None

When Completed: Same day

Normal Values: Results evaluated by physician.

Instructions/Remarks:

Last Updated: 03/29/2012

Connected to SCM Item: Wright Stain (WBC)-Stool

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:
XANAX @MYO

Order Code: Misc Lab Item
Synonym(s): Alprazolam
Section: Reference
Tube Type: CALLAB

Specimen Requirement:
3 mL Serum (red top tube).
Gel tube not acceptable.

Minimum Aliquot Vol: 1 mL

Restrictions On Collection:
None

When Completed:
Test set up: Monday through Sunday
Turnaround time: 2-3 days

Normal Values:
Included with report

Instructions/Remarks:

REFERENCE LAB:
Mayo test code # 500155

Last Updated: 07/18/2006
YEAST ONLY CULTURE

Order Code: YEAO
Synonym(s): Culture - Only Yeast
Section: Microbiology

Specimen Requirement:

Restrictions On Collection:

When Completed:
One Week

Normal Values:

Instructions/Remarks:
Order this item to rule out Yeast.
Yeast will be the only organism identified.

Last Updated: 02/15/2007

Connected to SCM Item: Yeast Only Culture

Note: The SCM Requisition will include the following, plus Specimen Requirement and Restrictions fields:

Date Specimen Collected:
Time Specimen Collected:
Collected by:

Circle if appropriate: Right Left
Wound specimens: Deep Superficial

PREP INSTRUCTION:
(1) MICROBIOLOGY: Collect specimen in sterile, tightly capped container. Transport to LAB immediately.
Specimens over 1 hour old, or leaking, will require recollection.

(2) If using a swab for collection- aerobic (routine) - Red topped - anerobic- Blue topped
YERSINIA AB PANEL, MAT @FOC

Order Code: Misc Lab Item
Synonym(s):
Section: Reference
Tube Type: Red-R

Specimen Requirement:
- 1 ml serum (red top tube) (minimum 0.1 ml)
- 1 ml CSF (minimum 0.2 ml)

Minimum Collection Vol:
Minimum Aliquot Vol:
Restrictions On Collection:
  None

When Completed:
  Three to 5 days

Normal Values:
  Included with report

Instructions/Remarks:
  This panel includes testing for Yersinia pseudotuberculosis and 4 serotypes of Yersinia enterocolitica.

Reference Lab:
  MRL Lab
test code # 41060

Last Updated: 09/10/2012

Connected to SCM Item:
ZAP 70   @CLR

Order Code:  Misc Lab Item

Synonym(s):

Section:  Reference

Tube Type:  LV-Rwb

Specimen Requirement:
10 mL whole blood (purple top EDTA)
Dark green top Sodium Heparin also Acceptable. Room temp.

Minimum Collection Vol:  5 mL

Minimum Aliquot Vol:  5 mL

Restrictions On Collection:
None

When Completed:
Within 72 hours

Normal Values:
Included with report

Instructions/Remarks:

LAB:

SPECIMEN PROCESSING:
Do NOT centrifuge.
Do NOT refrigerate.
Maintain sample at room temperature.
Lavender top EDTA preferred.
Clariare available for STAT pickups 24/7 as necessary.

> Complete a Clarient requisition.
> At BILL TO, mark "Insurance"
> At PATIENT TYPE, mark one:
> +Inpatient
> +Outpatient, or
> +Non-Hospital Patient (for RSPEC)
> At DIAGNOSIS, obtain free text in Sunquest ADIQ
> Include Physician phone and fax #
> Include SQ Accession Number
> Mark "ZAP-70" under Flow Cytometry

> Place a photocopy of Clarient requis in folder for Leah to bill
> Print a patient Face Sheet from Affinity to send with requisition
> Include CBC results printout and smear, if made.
> Place in Clarient pickup box and record on Log.

If requested from Clarient, do NOT provide ICD9 codes.
Refer them to ordering physician for this information.
If requested from Clarient, do NOT send a Pathology report.
This is illegal to provide to them.

Last Updated:  06/23/2009

Connected to SCM Item:
ZINC, PLASMA  @NIC (Quest)

Order Code:  ZINC
Synonym(s):  ZN
Section:  Reference
Tube Type:  RYblueD

Specimen Requirement:

2 ml. plasma (Royal Blue top Trace Metal tube containing EDTA)

If other collections are required, draw the trace metals tube first.
Other vacutainer tubes will not be accepted.
Do not draw by syringe. Microtainer with EDTA is acceptable.
Always use an alcohol swab to cleanse the venipuncture site.
Avoid iodine-containing disinfectants.

NOTE: Royal blue top EDTA tubes are stored in the Reference Dept, Laboratory.

Minimum Collection Vol:  4 mL
Minimum Aliquot Vol:  1 mL

Restrictions On Collection:

Patient should refrain from taking vitamin or mineral supplements for at least 3 days prior to draw.

Standard evacuated vacutainer tubes with rubber stoppers, and plastic syringes with black rubber seals, are grossly contaminated with metals and should not be used for sample collection.

When Completed:

Less than 4 days

Normal Values:

Included with report

Instructions/Remarks:

LAB:  Centrifuge within 2 hrs of collection. Pour (do not pipette) plasma into Quest plastic transfer vial (in drawer) labeled "Trace Element and Metal-Free Vial" with LAVENDER label. Do not use other vials.
Send room temperature (ambient)
No hemolysis.

REFERENCE LAB:
NIC (Quest)
order code # 945

Last Updated:  09/11/2014

Connected to SCM Item:  Zinc  @NIC
ZONISAMIDE LEVEL  @MYO

Order Code:  ZONI
Synonym(s):  Zonegran
Section:  Reference
Tube Type:  Red-R

Specimen Requirement:
2 ml serum (small red top tube). Do NOT use SST tube. Trough levels are most reproducible.

Minimum Collection Vol:  3 mL
Minimum Aliquot Vol:  0.6 mL

Restrictions On Collection:
None

When Completed:
Test set up:  Monday - Friday
Analytic time:  1 day

Normal Values:
Included with report

Instructions/Remarks:
LAB: Gold top gel separator tubes are NOT acceptable. Send specimen refrigerated. EDTA plasma also acceptable. Reject due to hemolysis.

REFERENCE LAB:
Mayo test code # 83685

Last Updated: 07/12/2006

Connected to SCM Item:  Zonisamide Level (Zonegran) @MYO