



# LOS ALAMOS

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# MEDICAL CENTER

## **2016**

### **Clinical Laboratory Services Manual**

**3917 West Road  
Los Alamos, NM 87544  
(505) 661-9542  
Fax (505) 662-5437**

**Los Alamos Medical Center  
Laboratory Services Manual**

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Blood Culture  
Cerebrospinal Fluid  
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Stool Culture  
Wound Culture  
Anaerobic Culture  
Nasopharyngeal Culture  
Ova and Parasite

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**Los Alamos Medical Center  
Laboratory Services Manual**

**Introduction**

This Laboratory Services Manual features the procedures and services available from the clinical laboratory at the Los Alamos Medical Center. It is designed to serve as a reference for the collection and submission of specimens for analysis.

The clinical laboratory offers a wide range of valuable diagnostic services. With highly trained personnel and state of the art technology, we are able to provide around the clock clinical laboratory analysis in Chemistry, Hematology, Immunohematology, Urinalysis, Microbiology, and Serology. For those procedures that are not performed in this facility, we have acquired the services of larger and often very specialized reference laboratories that share the same beliefs as we do in providing you with high quality lab results.

**HOSPITAL MISSION:**

Los Alamos Medical Center strives to be a place where:

- Patient's choose to come for healthcare
- Physicians want to practice &
- Employees want to work

**LABORATORY MISSION:**

We will provide high quality, cost-effective laboratory analysis to health care providers in Los Alamos County and Northern New Mexico.

**Los Alamos Medical Center  
Laboratory Services Manual  
General Information:**

**Address:** Los Alamos Medical Center Laboratory  
3917 West Rd.  
Los Alamos, New Mexico 87544

**Phone Numbers:** Main Laboratory Direct Line (505) 661-9542  
Laboratory Director (505) 661-9126  
Laboratory Fax (505) 662-5437  
Espanola Clinic (505) 753-9292

The following extensions are valid only within the hospital.

Blood Bank	ext. 1543
Chemistry	ext. 1547
Hematology	ext. 1549
Microbiology	ext. 1546
Pathology/Cytology results	ext. 1518
Laboratory Results	ext. 1542
Blood Collection Requests	ext. 1542 or 1540
Laboratory Director	ext. 1126

**Accreditations:**

Clinical Laboratory Improvement Amendments (CLIA) of 1998 #32D0536733

Joint Commission on Accreditation of Health Care Organizations (JCAHO) 2016, ID#9442

**Proficiency Testing Program:**

American Proficiency Institute (API)

College of American Pathologists (CAP)

## **Los Alamos Medical Center Clinical Laboratory**

John Whiteside  
Los Alamos Medical Center CEO

Cheryl Kirk, M.D.  
Laboratory Medical Director

Joselene Montoya, MT (ASCP)  
Laboratory Director

Juanito Naval, Jr. MT (AMT)  
Resource Technologist

Norma Buttler, MT (ASCP)  
Chemistry, Lead Technologist

Wendi Akerley, MT (ASCP)  
Blood Bank / Coag, Lead Technologist

Donna Harris,  
Hematology / UA, Lead Technologist

Jana Nichols, MT (ASCP)  
Microbiology, Lead Technologist

Leo St. Jean MT (ASCP)  
Safety Officer

Weekend Technologist

Lian Inoferio, MT (AMT)

Ana Maria Ojeda, MT (AMT)

Alicia Hammer (ASCP)

Colleen Sandy  
Lab Receptionist

Bernadette Diaz  
Lead Lab Assistant

Monica Valdez  
Lab Assistant

Jessica Martinez  
Lab Assistant

Terri Smith  
Lab Assistant

Edward Truman  
Lab Assistant

Brenda Valdez, (PRN)  
Lab Assistant

Stephanie Valdez, (PRN)  
Lab Assistant

## Scope of Service Laboratory

<b>Types and ages of patients served:</b>	Neonate, Infant, Pediatric, Adolescent, Adult, and Geriatric Patients
<b>Hours of Service</b>	<p>Outpatient Services:                      Monday – Friday 6:30am to 5:00pm  Saturday                                      8am to Noon</p> <p>Espanola Clinic Draw Station              Monday – Friday 6:30am to Noon  1302 East Calle De Merced, Suite E Espanola</p> <p>Inpatient Services &amp;                              24 hours per day, 7 days per week  Emergency Care</p>
<b>Specific services provided to, for, and with patients and their significant others:</b>	Clinical Laboratory Services: Hematology, Chemistry, Special Chemistry, Immunohematology, Serology, Urinalysis, Microbiology, and Phlebotomy services.
<b>Ability to meet patients' needs: (Tell what services are provided through the department and what services must be provided through referral, consultation, contractual arrangements, etc.)</b>	<p>Any laboratory service not provided by LAMC Clinical Laboratory will be provided via contractual arrangements with various reference laboratories including the following services:</p> <p>Histology, Cytology, and esoteric / miscellaneous laboratory procedures.</p>
<b>Levels of staff by position and hour available (core staffing):</b>	<p>LAMC Clinical Laboratory utilizes Regular, Part time, and PRN staffing to ensure adequate staffing measures are met in the following areas:</p> <p>Outpatient FTE's:    1.0    Receptionists  2.0    Lab Assistant/Customer Service Representative  5.0    Laboratory Assistants  6.5    Medical Technologist / Medical Technician</p> <p>Weekend and off shift FTE'e:    1.5    Evening Medical Technologist  1.0    Night Shift Medical Technologist  1.0    Weekend Day Shift Technologist  1.0    Weekend Night Shift Technologist  0.1    Saturday Laboratory Assistant</p>
<b>How is staffing augmented or increased when needed?</b>	Staffing remains the same and occasionally overtime may be used.
<b>Recognized practice standards or guidelines?</b>	<p>LAMC is accredited by the following agencies for practice standards:</p> <p>College of American Pathologists (CAP)</p> <p>Lifepoint Corporate Policy</p>

## LOCAL POLICIES:

Animal Specimens:

LAMC Laboratory does not accept animal specimens for testing except by special arrangement.

### Cancellation of Tests:

**Los Alamos Medical Center  
Laboratory Services Manual**

Cancellations received prior to test set-up (preparation) will be honored at no charge. Requests received following test set-up will not be honored. A report will be issued automatically and charged appropriately.

**Medical-Legal Specimen Collection:**

LAMC Laboratory is capable of providing medico-legal specimen collections. An employer account must exist and a chain of custody form must be obtained in advance. No forensic testing is performed at this facility. All forensic specimens are sent to qualified reference laboratories. LAMC is not certified to perform DOT collections.

**Radioactive Specimens:**

Patients who are receiving any type of radioactive treatment of diagnostic test must notify the laboratory before testing is administered. Failure to notify will invalidate certain testing methodology results. Specimens are not routinely tested at LAMC for background radioactivity.

**Supplies:**

LAMC Laboratory provides, at no charge, materials and instructions for proper collection, submission, and transportation of specimens to the laboratory. Supplies are available for collection and submission of specimens that are referred to LAMC Laboratory only. Supply usage is monitored. LAMC Laboratory customers are encouraged to inventory their supplies on a regular basis to avoid depletion of stock and allow LAMC Laboratory to accurately plan inventory ordering patterns.

**Please refer to and use the inventory request form located in the back of this manual.**

**Los Alamos Medical Center  
Laboratory Services Manual**

**Billing Information**

Tests are billed separately or by panel. A combination of individual tests and panel billing is possible if tests ordered are not included in a panel. Fees for testing are available upon request.

Medicare will not pay for tests that are not considered medically necessary. Laboratory personnel will determine if medical necessity criteria is met before collecting a sample from the patient (non-emergency cases only). If the diagnosis does not support the test(s) ordered, laboratory personnel will prepare and Advanced Beneficiary Notice (ABN). In non-emergency situations, the ABN must be signed by the patient before the sample is collected.

If you have any questions regarding your bill, please contact the Los Alamos Medical Center Business Office at (505)-662-4201 option 2.

# *Laboratory*

## *Requisitioning and Reporting*

## ***Laboratory Requisitioning and Reporting***

Each specimen must be accompanied by a completed requisition or doctor's order properly authenticated. The laboratory will make every effort to request a signed physician order in the event authentication is not visible on the original order. To prevent testing delays, all tests and panels ordered should be clear. All laboratory orders should have the appropriate ICD9/diagnosis codes. Laboratory personnel will make every effort to clarify unclear orders/signatures/ICD 9 codes before collecting or process samples, but should that not be possible, the ordering physician will be contacted. If the required documentation is not received within 24hours, the orders will be cancelled.

All Laboratory requisitions must have the following complete information:

- Patient's Full Name
- Patient's Date of Birth
- Signature of Health Care Provider
- Initials of person preparing the requisition
- Diagnosis or ICD-10 code
- List of tests requested

Additionally, patient's gender and source of specimen (when applicable) are helpful in proper analysis and interpretation.

There are four different levels in which to prioritize result reporting. Each report will contain the specific result and normal range, if established. These four levels are as follows:

- **ROUTINE**  
Regular specimen processing and analysis performed on a daily or batched basis. Results available next business day or sooner.
- **ASAP (AS SOON AS POSSIBLE)**  
ASAP gives a higher priority than routine. Results available within 2 hours of receipt.
- **STAT**  
Highest priority. To be used only for life threatening situations. Results available within 1 hour of receipt.
- **TIMED**  
Utilized for those tests (e.g. glucose, drug level, or Troponin I) which require collection and testing at specific intervals. Result turnaround times may vary, usually within 1 hour of receipt.

The following requisition forms should be used when requesting laboratory tests. They are available from the lab during normal business hours.

Los Alamos Medical Center  
Laboratory Services Manual  
General Laboratory Requisition Form



MEDICAL RECORD # \_\_\_\_\_

PATIENT INFORMATION

PERSON RESPONSIBLE FOR BILL

PATIENT INFORMATION (SCREENED AREAS MUST BE FILLED IN)									
PATIENT LAST NAME		FIRST NAME		MI	PATIENT ID	DATE OF BIRTH	SEX	FASTING	
							M F	YES NO	
MAILING ADDRESS				ORDERING PHYSICIAN (FULL NAME)		COMMENTS OR ADDITIONAL COPY OF REPORT TO:			
CITY		STATE	ZIP	PATIENT PHONE					
SOCIAL SECURITY #		DATE COLLECTED		TIME COLLECTED		AM	PM	COLLECTED BY	
PATIENT ONLY									
<b>WHEN MEDICARE PAYMENT WILL BE SOUGHT, ONLY TESTS WHICH ARE MEDICALLY NECESSARY SHOULD BE ORDERED.</b>									
<input type="checkbox"/> PHYSICIAN/PROVIDER		<input type="checkbox"/> PATIENT		RESPONSIBLE PARTY (ONLY IF PATIENT IS A MINOR)					
<b>SEE ATTACHED COPY OF CARD</b>									
<input type="checkbox"/> MEDICARE		<input type="checkbox"/> MEDICAID		<input type="checkbox"/> PHP		<input type="checkbox"/> BCBS		<input type="checkbox"/> United Health <input type="checkbox"/> OTHER	
SOCIAL SECURITY NUMBER ON INSURANCE CARD AND/OR MEMBER #: (LETTER)				PLAN NAME		MEMBER ID NUMBER			
				GROUP NUMBER		EMPLOYER OF PRIMARY CARDHOLDER			

AMA PANELS:	CPT	ICD-9	HEMATOLOGY:	ICD-9	TDM:	ICD-9
Basic Metabol.	80048		CBC c Diff.	85025	Carbamaz.	80156
Comp. Metabol.	80053		H & H	85018	Digoxin	80162
Electrolytes	80051		Manual Diff.	85007	Dilantin	80185
Liver Function	80076		Retic. CL	85044	Phenobarb.	80184
Hepatitis Panel	80074		Sed. Rate	85651	Theophyl.	80198
Lipid Panel	80061		URINALYSIS:	ICD-9	Valproic A.	80164
Arthritis Panel	80072		UA	81000	COAGULATION:	
O.B. Panel	80055		Micro.	81015	PT	85610
Renal Panel	80069		Clinitest	81002	PTT	85730

CHEMISTRY:	ICD-9	CHEMISTRY (cont.):	ICD-9	BLOOD BANK:	ICD-9
AST/SGOT	84450	GLU, 1st	82947	ABO	86900
Amylase	82150	GLU, rdm	82947	Rh	86901
ALT/SGPT	84460	GlycoHgb.	83036	Ab Screen	86850
Bilirubin, total	82247	HCG, quant.	84702		
Bilirubin, direct	82247	HCG, qual.	84703	SEROLOGY:	ICD-9
Cholesterol	82465	K+	84132	Mono-spot	86308
HDL Cholest.	83718	PSA	84153	RA	86430
GGT	82977	TSH	84443	RPR	86592

MICROBIOLOGY:		Rapid Strep.	87430	Giardia Ag	86674
Culture, routine	87070	Strep. screen	87081	Gram Stain	87205
Anaerobic	87076	Occult blood	82270	Misc.	
Blood culture	87040	Fecal WBC'S	87205	SOURCE:	TIME/DATE COLLECTED
Sensitivity	87186	AFB culture	87118		
Throat, full	87070	Fungus cult.	87101		

OTHER TESTS: (Please write ICD-9 code next to each test ordered)

Ordering Physician: \_\_\_\_\_

Written By: \_\_\_\_\_

FM5373 (Rev. 3/07)

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**Pathology Frozen Section Requisition Form**

Date of Collection: _____  <b>For Breast Specimens:</b> Time in formalin : _____ Time tissue out of body: _____	Patient Identification:     
Clinical history /Pre-Operative Diagnosis/ Reason for procedure (descriptive):   	
Operative Findings:   	
<b>Surgeon / Physician</b> Print Name: _____ Signature: _____  Additional copies to : _____	
Specimen ____ of ____ Tissue Submitted:   Specimen Site: _____ <input type="checkbox"/> LT <input type="checkbox"/> RT Quadrant/Lobe: _____	Specimen ____ of ____ Tissue Submitted:   Specimen Site: _____ <input type="checkbox"/> LT <input type="checkbox"/> RT Quadrant/Lobe: _____
Specimen ____ of ____ Tissue Submitted:   Specimen Site: _____ <input type="checkbox"/> LT <input type="checkbox"/> RT Quadrant/Lobe: _____	Specimen ____ of ____ Tissue Submitted:   Specimen Site: _____ <input type="checkbox"/> LT <input type="checkbox"/> RT Quadrant/Lobe: _____
Specimen ____ of ____ Tissue Submitted:   Specimen Site: _____ <input type="checkbox"/> LT <input type="checkbox"/> RT Quadrant/Lobe: _____	Specimen ____ of ____ Tissue Submitted:   Specimen Site: _____ <input type="checkbox"/> LT <input type="checkbox"/> RT Quadrant/Lobe: _____

LOS ALAMOS MEDICAL CENTER  
LOS ALAMOS, NEW MEXICO

**PATHOLOGY REPORT**  
(FROZEN SECTION)

CLINICAL DIAGNOSIS:

PATIENT I.D.

SURGEON:

FROZEN SECTION DIAGNOSIS

COMMENT

A. MALIGNANT ( )

B. BENIGN ( )

C. INDETERMINATE ( )

Los Alamos Medical Center  
Laboratory Services Manual  
Los Alamos Medical Center Cytology Requisition Form



Los Alamos Medical Center

**CYTOLOGY**

P.O. Box 3917, Los Alamos, NM 87544  
Phone (505) 662-4201 Toll Free in NM 1-800-541-8790

Operated by Lutheran Hospitals and Homes Society  
Fargo, North Dakota 58102

PATIENT I.D.	LAB#	ROUTINE	REQ. BY
		ASAP	FOR DR.
		STAT	COLLECTION: DATE:
			TIME:
		<input type="checkbox"/> INPATIENT	<input type="checkbox"/> OUTPATIENT
		ROOM #	

**CYTOLOGY Please Complete For All Cytology Specimens**

<b>FOR CYTOLOGY RESULTS:</b>  OR INFORMATION CALL 662-4476 CALL 820-5921	<b>PERTINENT CLINICAL INFORMATION:</b>  <input type="checkbox"/> PREV. MALIGNANCY: DATE / TYPE: <input type="checkbox"/> PREV. / CONCURRENT BIOPSY: DATE / TIME <input type="checkbox"/> TREATMENT: DATE / TYPE:    LEVEL OF SUSPICION FOR MALIGNANCY FOR THIS SPECIMEN HIGH _____ LOW _____
--	--

Gynecological	Non-Gynecological	
<input type="checkbox"/> <b>PAP SMEAR</b> # Of Slides _____  Site: <input type="checkbox"/> Vagina <input type="checkbox"/> Cervix <input type="checkbox"/> Endocer. <input type="checkbox"/> Other _____  LMP: _____ <input type="checkbox"/> IUP <input type="checkbox"/> Post-Partum/Lactating <input type="checkbox"/> Hormonal Contraceptives <input type="checkbox"/> IUD <input type="checkbox"/> Hormone Therapy Type: _____ <input type="checkbox"/> Hysterectomy Reason: _____ <b>PREV. SMEARS:</b> Date _____ <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal: Type _____	<b>ASPIRATIONS:</b> <input type="checkbox"/> Cyst <input type="checkbox"/> Solid <input type="checkbox"/> Size: _____ SITES: <input type="checkbox"/> Breast <input type="checkbox"/> Rt. <input type="checkbox"/> Lt. <input type="checkbox"/> Lung: Site _____ <input type="checkbox"/> Lymph Node: Site: _____ <input type="checkbox"/> Pelvic Mass: Site: _____ <input type="checkbox"/> Salivary Gland: Site: _____ <input type="checkbox"/> Other: Site: _____  <b>MISCELLANEOUS</b> <input type="checkbox"/> Nipple Discharge <input type="checkbox"/> Rt. <input type="checkbox"/> Lt. # Of Slides _____ <input type="checkbox"/> Other: Site: _____	<b>RESPIRATORY:</b> <input type="checkbox"/> Sputum <input type="checkbox"/> Induced <input type="checkbox"/> Bronchoscopy Site: _____ <input type="checkbox"/> Bronch. Wash <input type="checkbox"/> Bronch. Brush <input type="checkbox"/> BAL <input type="checkbox"/> Pneumocystis c. INDUCED SPUTUM OR BRONCH. WASH ONLY  <b>BODY FLUIDS, EFFUSIONS</b> <input type="checkbox"/> Pericardial Fluid <input type="checkbox"/> Peritoneal Fluid <input type="checkbox"/> Pleural <input type="checkbox"/> Rt. <input type="checkbox"/> Lt. <input type="checkbox"/> CSF (cerebrospinal fluid) <input type="checkbox"/> G.I. Tract: Site: _____ <input type="checkbox"/> Other: Site: _____

Urologic Specimens	Thyroid Specimens																								
<input type="checkbox"/> <b>URINE</b> <input type="checkbox"/> Voided <input type="checkbox"/> Cath. <input type="checkbox"/> <b>RENAL PELVIS / URETER:</b> <input type="checkbox"/> Rt. <input type="checkbox"/> Lt. <input type="checkbox"/> <b>BLADDER WASHING</b>  <table border="0"> <tr> <td>Initiative Voiding Symptoms</td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td>Cystoscopy Abnormal</td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>Previous Tumor</td> <td><input type="checkbox"/> <input type="checkbox"/></td> <td>Papillary Lesions Seen</td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>Recent Chemotherapy</td> <td><input type="checkbox"/> <input type="checkbox"/></td> <td>Biopsy Taken</td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>Radiation Therapy</td> <td><input type="checkbox"/> <input type="checkbox"/></td> <td>Microhematuria</td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>Previous Urologic Surgery</td> <td><input type="checkbox"/> <input type="checkbox"/></td> <td>Ileal Conduit present</td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>Nephrolithiasis</td> <td><input type="checkbox"/> <input type="checkbox"/></td> <td></td> <td></td> </tr> </table>	Initiative Voiding Symptoms	Yes <input type="checkbox"/> No <input type="checkbox"/>	Cystoscopy Abnormal	Yes <input type="checkbox"/> No <input type="checkbox"/>	Previous Tumor	<input type="checkbox"/> <input type="checkbox"/>	Papillary Lesions Seen	<input type="checkbox"/> <input type="checkbox"/>	Recent Chemotherapy	<input type="checkbox"/> <input type="checkbox"/>	Biopsy Taken	<input type="checkbox"/> <input type="checkbox"/>	Radiation Therapy	<input type="checkbox"/> <input type="checkbox"/>	Microhematuria	<input type="checkbox"/> <input type="checkbox"/>	Previous Urologic Surgery	<input type="checkbox"/> <input type="checkbox"/>	Ileal Conduit present	<input type="checkbox"/> <input type="checkbox"/>	Nephrolithiasis	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <b>Thyroid</b> <input type="checkbox"/> Rt. <input type="checkbox"/> Lt.  Thyroid Function Tests: <input type="checkbox"/> Hyperthyroid <input type="checkbox"/> Euthyroid Radioisotope Scan Results: _____ Antibody Status: (i.e. Antimicrosomal Antibodies, Antithyroglobulin Antibodies.) _____  Thyroid Mass: <input type="checkbox"/> Solid <input type="checkbox"/> Cystic If cystic, does it disappear post aspiration? <input type="checkbox"/> Yes <input type="checkbox"/> No History of previous neck radiation <input type="checkbox"/> Yes <input type="checkbox"/> No Family history of thyroid disease <input type="checkbox"/> Yes <input type="checkbox"/> No Level of suspicion for malignancy: <input type="checkbox"/> High <input type="checkbox"/> Low
Initiative Voiding Symptoms	Yes <input type="checkbox"/> No <input type="checkbox"/>	Cystoscopy Abnormal	Yes <input type="checkbox"/> No <input type="checkbox"/>																						
Previous Tumor	<input type="checkbox"/> <input type="checkbox"/>	Papillary Lesions Seen	<input type="checkbox"/> <input type="checkbox"/>																						
Recent Chemotherapy	<input type="checkbox"/> <input type="checkbox"/>	Biopsy Taken	<input type="checkbox"/> <input type="checkbox"/>																						
Radiation Therapy	<input type="checkbox"/> <input type="checkbox"/>	Microhematuria	<input type="checkbox"/> <input type="checkbox"/>																						
Previous Urologic Surgery	<input type="checkbox"/> <input type="checkbox"/>	Ileal Conduit present	<input type="checkbox"/> <input type="checkbox"/>																						
Nephrolithiasis	<input type="checkbox"/> <input type="checkbox"/>																								

**PLEASE DO NOT WRITE BELOW THIS LINE**

Cytologic Diagnosis:

CYTOTECHNOLOGIST \_\_\_\_\_ DATE \_\_\_\_\_

PATHOLOGIST \_\_\_\_\_ DATE \_\_\_\_\_

**PAP Smear Cytology Requisition**

# Los Alamos Medical Center Laboratory Services Manual

## LOS ALAMOS MEDICAL CENTER

ATTN: LAB  
3917 WEST RD  
LOS ALAMOS, NM 87544  
Account Number: 0001798

5056619540

Referring Clinician:

Ordering Clinician Signature Required \_\_\_\_\_



## Pathology Consultants of New Mexico

*The Right Path*

600 N Richardson • PO Box 2208 • Roswell, NM 88202  
(575) 622-5600 • (800) 753-7284 • Fax (575) 622-3720  
www.pcnm.com



ORIGINAL TO PCNM - COPY FOR THE PATIENT'S CHART

PATIENT INFORMATION			INSURANCE COMPLETE OR ATTACH COPIES OF FACE SHEET OR INSURANCE CARD(S) FRONT AND BACK	
Last Name	First Name	MI	PCNM Has ALL Insurance	PRIMARY INSURANCE INFORMATION (Required)
SSN	DOB		*MEDICARE	Name
Mailing Address		Appt	MEDICAID	ID
City	State	Zip	BCBS	Group #
Phone	Sex	ID	CIGNA	Insurance Company Address
Send a copy of the report to:			UNITED HEALTHCARE	Subscriber's Employer
Collection Date			HEALTHSMART	SECONDARY INSURANCE INFORMATION (Required)
Performing Clinician			LOVELACE COMMERCIAL	Name
			PRESBYTERIAN COMMERCIAL	ID
			NICH COMMERCIAL	Group #
			PATIENT	Insurance Company Address
			CLIENT BILL	
			OTHER	

\* Medicare patients must review and sign the separate  
**ADVANCED BENEFICIARY NOTICE (ABN)** for services that may not meet Medicare's medical necessity or frequency limitation criteria.

HISTOLOGY	CYTOTOLOGY
Indicate Site and Specimen Type:	GYN SOURCE
1. _____	<input type="checkbox"/> Vaginal <input type="checkbox"/> Endocervical
2. _____	<input type="checkbox"/> Cervical <input type="checkbox"/> Other _____
3. _____	PAP TEST REQUESTED (Check one)
4. _____	<input type="checkbox"/> ThinPrep® Pap Test <input type="checkbox"/> Conventional Smear
5. _____	<input type="checkbox"/> DNA w/ Pap™ HR
6. _____	(HPV & ThinPrep® Pap for women age 30 and over)
PRE-OPERATIVE DIAGNOSIS	MOLECULAR TEST (Check all that apply)
POST-OPERATIVE DIAGNOSIS	<input type="checkbox"/> HPV High Risk Reflex if ASC-US
CLINICAL HISTORY	<input type="checkbox"/> HPV High Risk Reflex if ASC-US and above
SPECIAL INSTRUCTIONS	<input type="checkbox"/> HPV High Risk Profile
NON-GYNECOLOGIC CYTOLOGY	<input type="checkbox"/> HPV High/Low Risk Profile
Source	<input type="checkbox"/> HPV High Risk Profile Only/No Pap Test
Level of Clinical Suspicion	<input type="checkbox"/> HPV High/Low Risk Profile Only/No Pap Test
<input type="checkbox"/> Low <input type="checkbox"/> High	<input type="checkbox"/> CT/ING
Level of Radiologic Suspicion	<input type="checkbox"/> CT/ING Only/No Pap Test
<input type="checkbox"/> Low <input type="checkbox"/> High	CLINICAL INFORMATION
	LMP/Menopause (date) _____
	Last Pap Test (date) _____
	History of abnormal Pap (date) _____
	Results _____
	History of biopsy (date) _____
	Results _____
	<input type="checkbox"/> Laser/Cryo <input type="checkbox"/> Abnormal bleeding
	<input type="checkbox"/> BCP <input type="checkbox"/> Postpartum
	<input type="checkbox"/> Cervicitis <input type="checkbox"/> Pregnant
	<input type="checkbox"/> Colposcopy <input type="checkbox"/> Postmenopausal
	<input type="checkbox"/> Cone/LEEP <input type="checkbox"/> Supracervical
	<input type="checkbox"/> Hormones <input type="checkbox"/> hysterectomy
	<input type="checkbox"/> Vaginitis <input type="checkbox"/> Total hysterectomy
	<input type="checkbox"/> Radiation <input type="checkbox"/> Other _____
	DIAGNOSIS CODES
	<input type="checkbox"/> 626.8 Abnormal bleeding
	<input type="checkbox"/> 795.00 Abnormal glandular Pap smear of cervix
	<input type="checkbox"/> 795.01 ASC-US (cervix)
	<input type="checkbox"/> 795.02 ASC-H (cervix)
	<input type="checkbox"/> 622.11 Cervical dysplasia (CIN I)
	<input type="checkbox"/> 795.05 Cervical high risk HPV DNA positive
	<input type="checkbox"/> 616.0 Cervicitis and endocervicitis
	<input type="checkbox"/> 617.0 Endometriosis of uterus
	<input type="checkbox"/> 626.2 Excessive or frequent menstruation
	<input type="checkbox"/> 795.04 HGSL (cervix)
	<input type="checkbox"/> V15.89 High risk screening
	<input type="checkbox"/> 795.03 LGSIL (cervix)
	<input type="checkbox"/> 627.3 Postmenopausal atrophic vaginitis
	<input type="checkbox"/> 627.1 Postmenopausal bleeding
	<input type="checkbox"/> V72.31 Routine gynecological examination
	<input type="checkbox"/> V76.2 Routine cervical Pap
	<input type="checkbox"/> V73.81 Special screening for human papillomavirus (HPV)
	<input type="checkbox"/> V74.5 Special screening for venereal disease
	<input type="checkbox"/> 623.5 Vaginal discharge
	<input type="checkbox"/> 623.0 Vaginal dysplasia (VAIN I and II)
	<input type="checkbox"/> V76.47 Vaginal Pap smear status-post hysterectomy for non-malignant condition
	<input type="checkbox"/> 616.10 Vaginitis and vulvovaginitis
	<input type="checkbox"/> Other _____

LABORATORY USE ONLY			
CT	QC	QC2	PATHOLOGIST



302047

LAMC Laboratory  
Computer Downtime  
Requisition Form

**Patient Name:** \_\_\_\_\_

**MR#** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Date:**

**Account #** (if available) \_\_\_\_\_

**Unit:**

**Lab Draw: Date** \_\_\_\_\_ **Time** \_\_\_\_\_ **Collected by:**

**Ordering Physician/Practitioner:**

**Ordering Department:** \_\_\_\_\_

**Priority:** \_\_\_\_ Routine \_\_\_\_ Timed \_\_\_\_ ASAP \_\_\_\_ STAT

**Diagnosis Information:**

**Laboratory Procedures Requested: (PRINT CLEARLY)**

## ***Criteria for the Acceptance / Rejection of Laboratory Specimens***

### **Acceptance Policy**

- A patient's full name and a second identifier (MR# or Date of Birth) are required.
- A written order from the physician that has been filled out properly and signed by the physician is needed.

### **Unlabeled/Mislabeled Specimens**

- All incidences of unlabeled, mislabeled, incomplete, or illegible labels need to be recorded in order to intervene with training or appropriate corrective action. Specimens are rejected if there are any discrepancies between labeling and the information on the requisition. Exceptions are handled as indicated below.
- When an error in specimen identification is discovered, best practice is to recollect the specimen. By their nature, some specimens are non-recollectable (e.g. specimens that are impossible or difficult to recollect). Examples include samples obtained by surgery, biopsies, fluid aspirates, including CSF, Fetal/amniotic sampling, or samples obtained before an intervention that might alter the result, such as blood cultures when antibiotic therapy has already been administered, and umbilical cord blood.
- If it becomes necessary to accept unlabeled or mislabeled specimens, the following documentation must be recorded:
  - Time of collection
  - Location of collection
  - Name of person obtaining the specimen and require him/her to apply specimen identification or sign to verify patient identification
  - Include all this information in the comments section of HMS in the patient's record as well as a note to interpret the results with caution.
- Record of all such corrections should be maintained in a log. All such cases are to be investigated and as appropriate, corrective/preventive action, such as education and retraining of personnel, should be performed.

### **Unacceptable Specimens:**

#### **Blood**

- Any specimen received which is not labeled with the patient's full name, date of birth, date and time drawn, and collector's initials.
- Any specimen for crossmatch which does not have a Blood Bank Identification number on it matching the wrist band on the patient. Patient must be banded at the time the blood is drawn.
- Any specimen which is obviously contaminated or rancid.
- Specimens more than 1 hour old for acetone or ammonia determinations, unless processed properly.
- Blood for alcohol determination collected with an alcohol wipe preparation of the venipuncture site.
- Specimens for which fasting specimens are required that is known to have been collected in a non-fasting state. See individual procedures. Unless otherwise requested by physician.

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- Specimens for which timed collection is critical that are not collected at the proper time. These include glucose tolerance, lactose tolerance, drug levels, and Troponin I.
- Specimens of insufficient quantity. Some exceptions will occur. Sample should not be discarded even though quantity is not sufficient.
- Hemolized specimens will invalidate many chemistry tests, Hemolysis should be avoided whenever possible.

**Urine**

- Any specimen received which is not labeled with the patient's full name, date of birth, and date and time collected.
- Any specimen collected in an unsterile container.
- Urine specimens unrefrigerated for more than 2 hours will be rejected.
- Any specimen which is obviously cloudy and characterized by extremely rancid smell, indicating bacteria multiplication in vitro.
- Urines known not to be collected at the proper time for those procedures requiring special timed voiding. See individual test procedure.

**Body Fluids**

- Any specimen received which is not labeled with the patient's full name, date of birth, date and time drawn, and source.
- Any specimen which is obviously grossly contaminated or rancid
- Any specimen collected in an unsterile container.

**Cultures**

- Any specimen received which is not labeled with the patient's full name, date of birth, date and time drawn, and source.
- Any specimen (except stool) not collected aseptically.
- Any specimen which has not been brought to the lab immediately, placed in proper transport media, or refrigerated.
- Specimens that are grossly contaminated externally or specimens in leaky containers.
- Any specimen collected in an unsterile container.

**Anatomic Pathology**

- Any specimen received without proper identification is to be returned immediately to the OR for correction. See submission requirements.
- Any specimen without a brief clinical history is to be rejected.

**Cytology**

- Any specimen received which is not labeled with the patient's full name, date of birth, date and time collected, and type and source of collection.
- Requisition must be properly filled out.
- All gynecological Pap smear requests should include age, last menstrual period, pertinent medications, and any other pertinent history including previous suggestive Pap smear results.
- Specimens should be in proper fixative. See SOP Cytology-General Information.

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As noted above, on occasion an improperly collected or transported specimen must be processed (e.g. collected in surgery). If this occurs it will be stated in the report (HMS comment made in the patients account).

When a specimen is rejected, the order is canceled and a comment is entered on the specimen via HMS, listing the reason for rejection. The collection location (i.e. Med Surge, ICU, ER) is notified and instructed to reorder and recollect the specimen. For outpatients the laboratory is responsible for contacting the patient for recollection of the specimens and reordering tests.

### ***Laboratory Critical Values***

All critical values must be verified by repeat analysis and called to the doctor. If the doctor cannot be reached, the physician on call or the designated nurse should be notified. Documentation of the time and person to whom the result was reported to must be made on the patient's HMS report, along with the technologist's initials and verification of read back.

#### ***Chemistry Department***

<b>Test</b>	<b>Values less than</b>	<b>Values greater than</b>	<b>Exceptions</b>
Sodium	125 mEq/L	155 mEq/L	
Potassium	3.0 mEq/L	6.0 mEq/L	
Calcium	7.0 mg/dL	11.5 mg/dL	Renal Patients <5.0mg/dL
Glucose	50 mg/dL	400 mg/dL	
Amylase		1500 U/L	
Creatinine		4.0 mg/dL	
GFR	<15 ml/min/1.75		Dialysis Patient
Neonatal bilirubin		15.0 mg/dL	
24 hour Urine Total Protein		300 mg/24hr	Pregnant Women Only
pH	7.20	7.50	
pCO2	20 mmHg	75 mmHG	
Troponin		>0.04 ng/mL	
Acetaminophen - 4 hours post ingestion		150 ug/ml	
Acetaminophen- 12hrs post ingestion		50 ug/ml	
Carbamazepine		10 ug/ml	
Carbon Monoxide		>30%	
Digoxin		2.0 ug/ml	
Gentamicin, peak		12 ug/ml	
Gentamicin, trough		4.0 ug/ml	
Lactate		4.0 mmol/L	
Lactate, Neonatal (iSTAT)		>2.0 mmol/L	
Lithium		2.0 mEq/L	
Magnesium		8.0 mg/dL	
Phenobarbital	1.1 ug/mL	40 ug/ml	
Phenytoin	0.5 ug/mL	20 ug/ml	
Salicylate	1.0 ug/mL	300 mg/L	
Theophylline	0.82 ug/mL	20 ug/ml	
Valproic Acid	0.7 ug/mL	150 ug/ml	
Vancomycin peak		>40	
Vancomycin trough		>20.1	

#### ***Urinalysis Department***

<b>Test</b>	<b>Values less than</b>	<b>Values greater than</b>	<b>Exceptions</b>
Ketones		>0.6	Newborn only
Glucose or Clinitest		Positive	Newborn only

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RBC Cast		Any seen	
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***Hematology / Coagulation Department***

Test	Values less than	Values greater than	Exceptions
Hemoglobin	6.0 g/dL	21.0 g/dL	
Platelets	25	995	
WBC	ANC<500	50,000	
Procalcitonin		>2.0 ng/mL	
Protime		40.0 sec	
PTT		100 sec	
Fibrinogen	100 mg/dL		
D Dimer		601	

***Microbiology Department***

Positive Gram Stains on Spinal Fluid	Positive Blood Cultures
Oxacillin Resistant Staph (MRSA)	Positive CSF Cultures
Vancomycin Resistant Enterococcus (VRE)	
Positive C. difficile toxin	
All State of NM reporting Requirements	

***Transfusion Services Department***

Positive DATs	Positive Antibody Screens
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**Reference Lab Results - - days to weeks from specimen collection**

Positive HIV  
Unsuspected Malignancies  
State and Federal Reporting Requirements

# *Specimen Collection Instructions*

## ***Specimen Collection***

Instructions to patient specimen collection are available in this section of the manual. Please photocopy and distribute as needed.

### **General Information**

- The value of any laboratory report is directly related to the quality of the specimen which is analyzed.
- In order to ensure the collection of a quality specimen, follow collection and labeling instructions carefully and transport specimens to the laboratory as instructed in this manual.
- The alphabetical test listing contains the appropriate specimen containers for each test performed in this facility and for the most commonly requested sent out tests. If the test that is requested is not contained in this listing or if there is any question regarding the type of specimen that should be collected, **please contact the laboratory for appropriate collection instructions.**

<b>Stopper Color</b>	<b>Additive</b>	<b>Laboratory Use</b>
Peds Plus/F Blood Cultures	Soybean-Casein Digest Broth with Resins	Peds Blood Cultures
Aerobic/F Blood Cultures	Soybean-Casein Digest Broth	Aerobic Blood Cultures
Anaerobic/F Blood Cultures	Soybean-Casein Digest Broth	Anaerobic Blood Cultures
Light Blue	Sodium citrate	Coagulation Testing
Yellow	SPS(Sodium Polyanetholsulfonate)	Blood or Body fluid Cultures
Yellow	ACD(Acid Citrate Dextrose)	Blood Bank Studies
Red	No Additive	Serum Testing, Chemistry Blood Bank
Light Blue	Sodium citrate	Coagulation Testing
SST (Gold, Red and Grey Marbled)	Serum Separator Tube with gel barrier, and a clot activator	Serum Testing, Chemistry Immunology
Green	Heparin (Sodium, or Lithium)	Chemistry Testing
Light Green (PST)	Lithium Heparin with gel barrier	STAT Plasma testing, Chemistry
Lavender, or Purple	EDTA(Ethylenediaminetetraacetate)	Whole Blood Hematology testing
Grey	Potassium Oxalate/Sodium Floride	Chemistry Testing
Royal or Navy Blue	None, or Sodium Heparin/EDTA- Na	Chemistry Trace elements, Flow Cytometry, Bone Marrow (NaHep)

**Labeling of Specimens:**

1.	Properly identify the patient.
2.	Collect specimen.
3.	<p>While still in the patient's presence label the specimen with the following information:</p> <ul style="list-style-type: none"> <li>• Patient's full name</li> <li>• Date of Birth</li> <li>• Date and time of specimen collection</li> <li>• Initials of the person collection the specimen</li> <li>• Hospital number (if available).</li> </ul> <p>If available bar-coded collection labels are acceptable for all non-transfusion service testing, however collector's initials should be on the label.</p>
4.	Specimens for Transfusion service testing must be labeled with the above information using a Blood Bank Typenex Band.
5.	Deliver the specimen to the laboratory as soon as possible.

**Procedure notes**

- If the specimen does not meet the labeling requirements, it is at the discretion of the technologist performing the indicated test as to whether the specimen will be accepted or rejected.
- If the integrity of the specimen is suspect in any way the specimen will be rejected.
- Any mislabeled or incorrectly labeled transfusion service specimens will be rejected.

Examples of properly labeled specimen tubes



## **Collection of Specimens for Crossmatch or Type and Screen**

### **Purpose**

This procedure provides instructions for the collection of specimens that will be used in the transfusion service. Critical to the safe practice of transfusion medicine is the collection of a properly labeled blood sample from a correctly identified patient for pretransfusion testing. The phlebotomist who collects the blood sample must positively identify the patient, correctly complete the armband, and properly label the tubes.

### **Policy**

Specimens not collected and labeled properly will be rejected.

### **Specimen Collection, Handling, Storage**

- 7 mls of whole blood in a plain red top tube, and 1 EDTA lavender top specimen is required.
- Whenever a new specimen is drawn, a new Typenex Blood Bank band must be used and the old one must be removed by the phlebotomist.
- Time of Specimen Collection
  - When a patient has been transfused or pregnant within the last 3 months, or when such information is unavailable or questionable, a sample of the patient's blood must be obtained within 72 hours of the scheduled transfusion.
  - Pregnant patient's scheduled for routine surgery, who wish to have their pre-operative blood work performed in advance of admission, may have their blood drawn up to 3 days prior to the scheduled surgery.
  - All other pregnant patients must have their blood drawn within 2 days of the scheduled transfusion.
  - For all other recipients a sample obtained within 7 days of the crossmatch is acceptable provided the antibody screen was performed within 2 days of collection.

### **Equipment / Supplies**

HMS Order

Typenex Blood Bank Band

Phlebotomy Supplies

### **Special safety precautions**

Universal precautions should be followed at all times.

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**Procedure**

1.	<p>Verify the orders in HMS.  <b>If</b> order does not exist in HMS then: Verify the requisition is filled out properly and includes the following information:</p> <ul style="list-style-type: none"> <li>• Patient's full name (spelled correctly)</li> <li>• Patient's Medical Record number</li> <li>• Patient's Date of Birth</li> <li>• Location of patient</li> <li>• Tests ordered, including the number of units needed</li> <li>• Date units to be transfused (if known)</li> <li>• Physician ordering the test</li> <li>• Status of test (Emergency, Pre-op, ASAP, etc.)</li> </ul> <p>Diagnosis</p>
2.	Identify the patient. See procedure PHL01: "Identifying Patients for Specimen Collection."
3.	If the patient is an outpatient they must read and sign an instruction form outlining the purpose and care of the Typenex Blood Bank Band.
4.	<p>Fill out the Typenex band using the information on the hospital ID bracelet and the patient. The band should have the following information:</p> <ul style="list-style-type: none"> <li>• Patient's full name (spelled correctly)</li> <li>• Date of Birth</li> <li>• Medical Record number</li> <li>• Date and time of draw</li> <li>• Collector's initials</li> </ul>
5.	Draw a 5 – 7 mL lavender top tube. See SOP Collection of a Blood Specimen by Venipuncture (BC01v4).
6.	Remove the self-stick label from the Typenex Band and use it to label the tube.
7.	Place the Typenex band on the patient's wrist, remove the series of ID numbers (tail) on the band after it has been sealed.
8.	<b>If</b> using Blood Bank I forms, Write the date and time of collection and the collector's initials on the Blood Bank I requisition. Place an ID sticker from the Typenex band on the Blue Copy of the Blood Bank I requisition.
9.	Deliver the specimen to the Laboratory.
10.	Receive the specimen in HMS.
11.	Upon receipt in the Blood Bank the specimen must be recorded in the Safetrace Tx System. See Computer entry below.

**Procedure notes**

- When a patient has been transfused or pregnant within the last 3 months, or when such information is unavailable or questionable, a sample of the patient's blood must be obtained within 72 hours of the scheduled transfusion.

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- All specimens acceptable or not should be recorded in the Blood Bank IS.


**Procedure notes**

- When a patient has been transfused or pregnant within the last 3 months, or when such information is unavailable or questionable, a sample of the patient's blood must be obtained within 72 hours of the scheduled transfusion.
- All inpatient requests and ER patients that have the potential of being transfused should be received on a Blood Bank I requisition form.

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**Correct order of Draw**

In order to prevent contamination and ensure accurate laboratory results specimens must be drawn in the proper order.

1	Blood Culture Bottles	ALWAYS drawn prior to other labs to reduce contamination. Special Sterile Procedure is Necessary. <b>NO EXCEPTIONS.</b>		
2	Light Blue		3.2% Sodium Citrate	PT, PTT, Fibrinogen, Factor Activity <b>Tube MUST be filled 100% - No Exceptions</b>
3	Gold Top		Contains clot activator and gel for serum separation	Chemistry, PSA, TIBC, Digoxin, Lithium
4	Red Top		No Additive	Most send out tests, Call lab to verify correct tube.
5	Green Top	 or 	Sodium or Lithium Heparin	Carbon Monoxide Do NOT use for Lithium Levels.
6	Lavender Top		EDTA anticoagulant	Blood Bank Specimens <b>(Type and Screen and Crossmatch specimens must be properly banded)</b> 6 mL tube  CBC, Retic, ESR, A1C, BNP, D-dimer <b>Ammonia levels – MUST be put on ice</b> 4 mL tube
7	Grey Top		Sodium Fluoride / Potassium Oxalate	Stat Glucose Lactic Acid Level – MUST be put on ice.
8	Royal Blue		Special glass and stopper material	Trace Elements, special Toxicology testing

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**Collection Instructions:**

**Venipuncture Procedure:**

1.	Verify that the tests ordered on the requisition match the tests ordered on the collection labels and initial requisition.
2.	Identify the patient. Two Patient Identifiers must be used.
3.	Ask the patient if they are currently on anticoagulant therapy, including aspirin. If yes, maintain pressure post venipuncture until bleeding has ceased.
4.	Position the patient so that he/she is comfortable, but also so the venipuncture site is accessible.
5.	Assemble necessary equipment and select appropriate tubes for the tests ordered.
6.	Explain procedure to the patient and family members if applicable.
7.	Select venipuncture site.
8.	Tie tourniquet 2 inches proximal to the area chosen for venipuncture. Tourniquet should be applied with enough tension to compress the vein, but not the artery (If tourniquet fails to dilate vein have patient open and close fist repeatedly and maintain a closed fist during venipuncture, releasing after successful insertion of the needle.
9.	Put on gloves and palpate the vein.
10.	Cleanse the site with an alcohol wipe in a circular motion beginning with the venipuncture site and spiraling outward to cover an area approximately 2 inches in diameter. Allow alcohol to dry. Do not touch the cleansed area with an unclean finger.
11.	Immobilize the vein by pressing just below the venipuncture site with your thumb and draw the skin taut. (Gloves on)
12.	Position the needle holder or syringe with the needle bevel up and the shaft parallel to the path of the vein and at a 15-30 degree angle to the arm.
13.	Insert the needle into the vein.
14.	If using a syringe withdraw the blood slowly by gently pulling back the plunger of the syringe. If using evacuated tubes with a needle holder, grasp the holder firmly and push down on the collection tube until blood flows into the tube automatically.
15.	Release tourniquet as soon as a steady flow of blood is noted, and have patient relax their fist.
16.	Continue to fill the required tubes in the appropriate order.
17.	Gently rotate each tube 5 – 10 times as you remove it to help mix the additive.
18.	Place a cotton ball or gauze pad above the venipuncture site.
19.	Apply slight pressure to cotton ball and remove the needle slowly and smoothly.
20.	Continue to apply firm pressure to the site, or ask the patient to do so if they are able, until the bleeding subsides. If patient is on

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	anticoagulant therapy maintains pressure longer.
21.	Bandage the area.
22.	Label the tubes at the patient's side.
23.	Discard any used materials properly, utilizing appropriate sharps containers and biohazardous waste containers
24.	Process specimens appropriately for the tests ordered.
25.	Wash hands and tourniquet or use appropriate disinfectant after each use.

**Procedure notes**

Application of tourniquet for longer than 1 minute may cause hemoconcentration or hemolysis, which may result in variation of test values.

**Capillary Puncture Procedure:**

1.	Verify that the tests ordered on the requisition match the tests on the collection labels.	
2.	Identify the Patient.	
3.	Position the patient so that he/she is comfortable, but also so the capillary puncture site is accessible.	
4.	Select the appropriate incision site. IF <ul style="list-style-type: none"> <li>• Performing a finger stick</li> <li>• Performing a heel stick</li> </ul>	THEN <ul style="list-style-type: none"> <li>• Use the middle or ring finger. See Figure 1.</li> <li>• Select an area at least 2mm away from previous wounds, and avoid edematous areas. See Figure 2.</li> </ul>
5.	Clean the incision area with an alcohol wipe and allow to air dry, or dry with sterile gauze.	
6.	Remove the safety clip from the tenderfoot device.	
7.	Place the blade-slot surface of the device flush against the heel or finger.	
8.	Depress the trigger.	
9.	Immediately remove the device from the skin.	
10.	Wipe away the first drop of blood with a sterile gauze pad.	
11.	Fill the appropriate microtainers, taking care not to make direct wound contact.	
12.	When collection is complete apply gentle pressure to the wound with a sterile gauze pad until bleeding has ceased.	
13.	Apply bandage.	
14.	Label specimens appropriately.	
15.	Discard any used materials properly; utilizing appropriate sharps containers and biohazardous waste containers.	
16.	Process specimens appropriately for the tests ordered.	

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**Procedure notes**

- When performing a heel stick on an infant it may help to warm the heel prior to incision. Place the heel in a diaper that has been saturated with warm water for 5min. prior to performing the heel stick.

Figure 1: Finger stick site

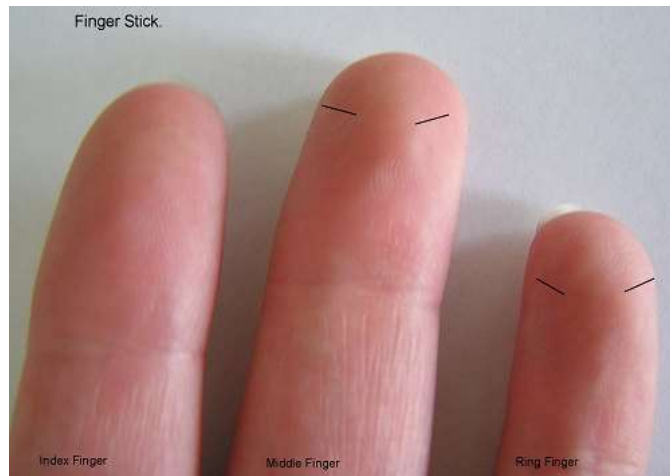
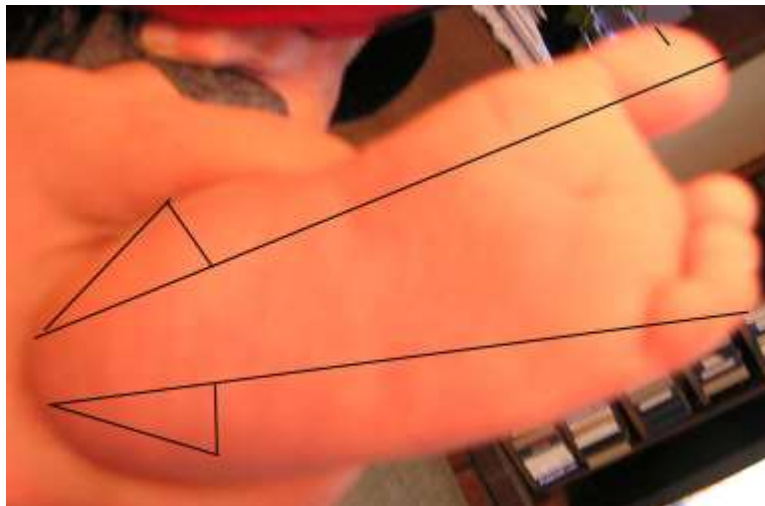


Figure 2: Heal Stick or Toe Stick



## Instructions for collection of Mid-stream Urine specimen

If you have any questions, please call 661-9542

### Female Patients (Clean Catch)

1.	Remove undergarments.
2.	Wash hands thoroughly with soap and water; rinse and dry them.
3.	Remove the towelettes from the package and place them on a clean surface.
4.	Loosen the lid of the sterile container; place the container on a clean surface.
5.	While sitting on the toilet with legs spread apart, spread the skin around the urinary opening. Keep skin spread until collection is complete.
6.	With one stroke from front to back, wash the skin on one side of the urinary opening using one of the towelettes.
7.	Repeat step 6 for the other side.
8.	Using another towelette wash the center from front to back.
9.	Remove the lid of the sterile container and place lid upside down on the clean surface.
10.	Grasp the cup so that fingers do not touch the inside surface.
11.	Begin to urinate in the toilet.
12.	After a few seconds of continuous urination and without stopping the flow of urine, fill the collection cup about half full.
13.	Place the cup on a clean surface and place the lid on top of it.
14.	Continue to urinate into the toilet.
15.	Upon completion, tighten the lid and place cup inside the small door next to the sink.
16.	Wash hands thoroughly with soap and water; rinse and dry them.
17.	Notify lab personnel that specimen has been collected on your way out.

**Instructions for collection of Mid-stream Urine specimen**

If you have any questions, please call 661-9542

**Male Patients (Clean Catch)**

1.	Wash hands thoroughly with soap and water; rinse and dry them.
2.	Remove the towelettes from the package and place them on a clean surface.
3.	Loosen the lid of the sterile container; place the container on a clean surface.
4.	If you are not circumcised the fore skin on the penis must be pulled back completely. If you are circumcised begin the cleansing procedure.
5.	Grasp the penis near the end with one hand.
6.	With your other hand wash the area around the urinary opening with one of the towelettes. Beginning at the center of the opening wash the area around the opening using a circular motion.
7.	Repeat the previous step with remaining towelettes.
8.	While still holding the end of the penis. Remove the lid of the sterile container and place lid upside down on the clean surface.
9.	Grasp the cup so that fingers do not touch the inside surface.
10.	Begin to urinate in the toilet.
11.	After a few seconds of continuous urination and without stopping the flow of urine , fill the collection cup about half full.
12.	Place the cup on a clean surface and place the lid on top of it.
13.	Continue to urinate into the toilet.
14.	Upon completion, tighten the lid and place cup inside the small door next to the sink.
15.	Wash hands thoroughly with soap and water; rinse and dry them.
16.	Notify lab personnel that specimen has been collected on your way out.

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**Instructions for Routine 24 hour Urine Collections**

Please read carefully. If you have any questions, please call 661-9542

For your physician to receive accurate results on the tests that are ordered for you, please completely collect all of the urine that you produce for the entire 24 hour period.

Drink the usual amount of liquids during the collection period, unless instructed otherwise by your physician. Do not drink alcoholic beverages.

**24 hour Urine Collection**

1.	Empty your bladder and discard this urine.
2.	Record time and date of step 1.
3.	Collect all urine for the next 24 hours in the container provided.
4.	At the same time on the second day empty your bladder and include this specimen in the collection.
5.	During collection process container should be refrigerated or stored in a bucket of ice.
6.	Label the container with your name, date of birth, date and time collection was started, and the date and time of completion.
7.	Deliver specimen along with the laboratory requisition to the laboratory as soon as possible.

If you forget to save some of the specimens during the 24 hour period, you should discard the specimens that you have saved and start over on the following day.

**Instructions for the collection of a Stool Specimen**

Do not dip stool specimen from the toilet. Collect specimen as described below. When you return to the lab to deliver the specimen, do not forget your laboratory requisition. If you have any questions, please call 661-9542 for assistance.

**For Stool Culture, OVA and Parasites, Clostridium Difficile:** Stool specimen should be collected early in the illness and prior to antibiotic therapy. Collect specimen in a clean container with a tight fitting lid. Specimen should be free of contaminants such as urine or water. Label container with patient name, date of birth, date and time of collection, and name of ordering physician. deliver to the laboratory within one hour of collection.

**For Occult Blood (Hemoccult or seracult slide):** Go on a red meat free diet for three days and stay on the diet until all specimens are collected. Collect three different stool specimens. Specimens can be collected in a clean, disposable container such as a margarine tub or Cool Whip container. Each time you collect a specimen; open tab on card, use a tongue depressor to take a very small amount of stool specimen and apply thin smear of specimen in the two areas as instructed, close cover. Label each card with patient name, and date and time of collection. Store at room temperature. The patient may wait and bring all cards to the laboratory at one time.

**Instructions for the collection of a Semen Specimen**

1. A period of 2 -3 days of abstinence (no intercourse or masturbation) will provide the most accurate assessment; prior frequent ejaculation may reduce the sperm count and volume. However, there should be no more than 7 days of abstinence.
2. Please collect the specimen between 7am and 2pm, Monday thru Friday. It is important that we begin the analysis within one hour of collection, so please deliver the specimen to the lab immediately. The sample should be protected from extreme heat or cold during transport.
3. Your physician will provide you with a clean, wide mouth plastic container or you may also get one from the laboratory. Collect the specimen directly into the container. NOTE: The specimen should not be collected in a condom because some prophylactics contain spermicidal agents and may kill the sperm.
4. The sample must be obtained by Masturbation after the appropriate period of abstinence. Masturbation is preferred to interrupted intercourse because the later may result in loss of a portion of the ejaculate. Avoid using lubricants.
5. The specimen should be clearly marked with your name and date of birth. In addition please provide the following information:

**Name:**

**Date:**

**Collection Time:**

**Days of Abstinence:**

**Collected by Masturbation** (circle one): **YES**      **NO**

**Transportation Problems** (circle one): **YES**      **NO**

**Post Vasectomy Check** (circle one): **YES**      **NO**

6. If any portion of the ejaculate is not collected or if the container leaks during transport the specimen should be recollected.

The lab will notify your physician of the results. The result will be discussed with you at your next visit to your doctor's office.

## **Microbiological Specimen Collection Requirements**

### **Collection of Specimens to be cultured:**

- Whenever possible, specimens should be obtained before antimicrobial agents have been administered.
- Request forms accompanying specimens to be tested for antibiotic activity should contain the name(s) of the antibiotic(s) being administered.

### **Labeling**

Microbiology specimens are not acceptable unless each specimen is appropriately labeled. The specimen must be identified by the patient name, date of birth, collection date and source of specimen. Slides must also be labeled with patient name, date of birth and collection date. Placing an unlabeled specimen into a container and then labeling the outer container is not acceptable.

### **Requisitions**

A completed test requisition must accompany all samples. Information regarding the patient, the specimen, collection time and date, clinical history, symptoms and diagnosis, anti-microbial therapy and any suspected organism(s) is essential for the optimal and appropriate processing of the specimen.

## **SPECIMEN COLLECTION FUNDAMENTALS**

**The proper collection of a specimen for culture is the most important step in the recovery of pathogenic organisms responsible for infectious disease. A poorly collect specimen may lead to failure to isolate the causative organism(s) and result in the recovery and subsequent treatment of contamination organisms.**

1. Collect the specimen from the actual site of infection, avoiding contamination from adjacent tissues or secretions.
2. Collect the specimen at optimal times (for example, early morning sputum for AFB culture).
3. Collect a sufficient quantity of material.
4. Use appropriate collection devices: sterile, leak-proof specimen container. Use appropriate transport media.
5. Whenever possible, collect specimens prior to administration of antibiotics.
6. Properly label the specimen and complete the requisition slip.
7. Minimize transport time. Maintain an appropriate environment between collection time and delivery to lab. Contact lab for instructions if there will be a significant delay in transport.
8. If appropriate, decontaminate the skin surface. Use 70-95% alcohol and 1-2% tincture of iodine the site. Allow a contact time of two minutes to maximize the antiseptic effect.

## Specific Guidelines for Specimens to be Cultured

### **Aerobic Culture**

Specimen collection from normally sterile sites requires a needle puncture or surgical procedure. Decontamination of the skin must be performed prior to the collection of specimens such as blood, cerebrospinal fluid and other normally sterile body fluids.

### **Blood Culture**

Specimens for blood cultures must be submitted in blood culture bottles. Decontaminate the diaphragm tops of two bottles by swabbing with alcohol or iodine after removing the protective plastic covering. Fill bottles with approximately 6 – 8 ml of blood into each of the two bottles. Swirl bottles gently to mix. Keep at room temperature (15 – 30 °C) until sent to laboratory.

### **Cerebrospinal Fluid**

Submit a separate sterile screw-capped tube containing at least 0.75mL of cerebrospinal fluid. For microbiological analysis, it is best to submit the second or third tube drawn.

### **Other Sterile Body Fluids**

Follow standard procedures and obtain the specimen by aspiration. If a cell count and chemistries are desired, inject 2mL of fluid into a lavender top and solid red top tube by switching out the collection needle.

### **Sputum Specimens**

Early morning sputum collection is recommended. Patient should gargle with water prior to collection. The most suitable specimen is the expectoration obtained after a deep cough. Collect specimen in a leak proof, sterile, screw-capped container.

### **Urine Specimens**

All patients should void the first portion of the specimen into the toilet, then secure the remainder of the specimen in a sterile container. Keep urine refrigerated until sent to the lab. To obtain a clean catch collection of urine please follow instruction found in Specimen Collection section of this manual. For indwelling catheters, obtain the specimen with a needle and syringe.

### **Stool Culture**

Collect stool without urine contamination. Select portions of stool containing pus, blood or mucous and place in stool container. Transport to laboratory as soon as possible.

### **Wound Culture**

Swab infected area, place swab into transport sheath and crush capsule at bottom of sheath. Transport to lab as soon as possible.

### **Anaerobic Culture**

Specimens collected using Culturettes, and tissue samples are adequate only if transported to lab within minutes of collection. Specimens from the following sites are not acceptable:

- Throat or nasopharyngeal swabs
- Sputum and bronchoscopy specimens
- Feces and rectal swabs, except for *C. diff* cultures
- Voided or catheterized urines
- Superficial wounds

### **Nasopharyngeal Culture**



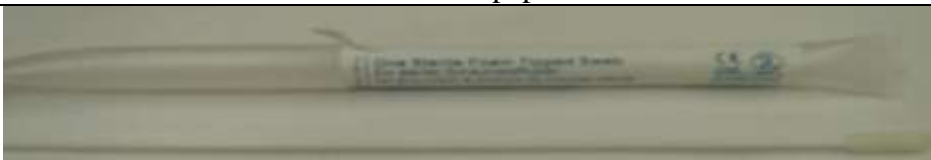
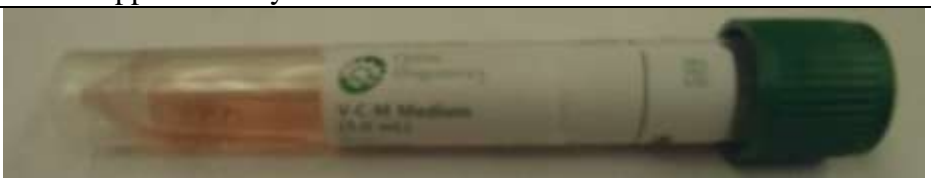
Insert flexible fine-shafted sterile swab into nostril to the posterior nasopharynx and gently rotate. Place swab into Culturette sheath and transport to lab as soon as possible.

### **Ova and Parasite**

A series of three specimens within a 10 day period is usually recommended. Collect stool without urine contamination. Transport to lab immediately, specimen must be placed into preservative within one hour of collection.

## Swab Chart

In order to ensure accurate laboratory results specimens must be collected by the correct swabs.

1	<b>RSV</b>	 <p>May Use</p> <ul style="list-style-type: none"> <li>-<b>Nasopharyngeal Swab Method</b> Insert back in paper sleeve, if moist use tube and cap</li> <li>-<b>Nasopharyngeal Aspirate</b> Use a few drops of saline</li> <li>-<b>Nasal/Nasopharyngeal Wash</b> Use minimal amount of saline that the procedure allows</li> </ul>
2	<b>Rapid Strep A</b>	 <p>Use <b>POLYESTER</b> or <b>DACRON</b> Swabs ***<b>COTTON IS NOT ACCEPTABLE</b> Insert back in paper sleeve</p>
3	<b>Flu A and B Screen</b> (in house)	 <p>May Use</p> <ul style="list-style-type: none"> <li>-<b>Nasopharyngeal Swab Method</b> Insert back in paper sleeve, if moist use tube and cap</li> <li>-<b>Nasopharyngeal Aspirate</b> Use approximately 2.5 ml of saline</li> </ul>
4	<b>Viral Culture OR PCR for Influenza</b> (STATE LAB or Reference Lab)	 <p>May Use</p> <ul style="list-style-type: none"> <li>-<b>Nasopharyngeal Swab Method (**No washes or aspirates)</b></li> <li>-Use a <b>POLYESTER</b> or <b>DACRON</b> Swab inserted into viral media</li> </ul>

**Collection of Histology Specimens:**

All specimens must be accompanied by proper identification and appropriately labeled request form. They will not be accepted if they are not properly labeled and the request form not completely filled out.

**Procedure:**

1. All specimens should be placed in 10% formalin unless requiring fresh/frozen processing.
2. All requisitions should contain diagnosis or suspected diagnosis according to the clinical judgment of the surgeon.
3. Specimen should not be fragmented, dissected, opened, etc ... prior to submission to the laboratory.
4. If margins are important, they should be clearly identified either personally by the surgeon or by marking in some manner, i.e., a stitch, India ink, etc.
5. Material submitted for culture must be collected in a sterile manner consistent with standard microbiological technique.

**Fresh / Frozen Sections**

All fresh/frozen sections are to be scheduled with the pathologist as far in advance as feasible. If an unexpected section is needed, the laboratory should be notified as soon as the potential is recognized. The pathologist must be notified by telephone or pager immediately.

Note: **DO NOT** leave fresh tissue unattended without notifying someone in the laboratory.

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**Collection of Cytology Specimens:**

All specimens must be accompanied by proper identification and appropriately labeled request form. They will not be accepted if they are not completed and identified properly. This is necessary for protection of the patient.

Specimen Type	Collection	Handling
Aspiration Biopsy Cytology – <i>see FNAB</i>		
Body Cavity Fluid – <i>see Effusion Fluid</i>		
Body Cavity Washings – <i>see Pelvic Washings</i> (not urinary bladder)		
<b>BREAST FLUID ASPIRATION</b>	Expel material from syringe directly into 50 ml tube containing 30 ml of Cytolyt cytology transport media. <b>Note:</b> When Cytolyt is not available or other testing is needed on specimen, RUSH specimen to lab – Fresh.	Label specimen container with patient name. Complete Cytology Requisition. Deliver to laboratory.
Breast Secretion – <i>see Nipple Secretion</i>		
Bronchial Aspirate & Lavage – <i>see Bronchial Washings</i>		
<b>BRONCHIAL BRUSHINGS</b>	Immerse brush end of a fiberoptic brush into 50 ml tube containing 30 ml of Cytolyt cytology transport media. Extend brush out into the media. Cut one inch above the brush so that the brush drops into the tube. Discard other end of brush into Biohazard container. <b>Note:</b> When Cytolyt is not available or other testing is needed on specimen, RUSH specimen to lab – Fresh.	Label specimen container with patient name. Complete Cytology Requisition. Deliver to laboratory.
<b>BRONCHIAL WASHINGS</b>	Specimen is collected into specimen trap container with 15-20 cc of Cytolyt cytology transport media. <b>Note:</b> When Cytolyt is not available or other testing is needed on specimen, RUSH specimen to lab – Fresh.	Label specimen container with patient name. Complete Cytology Requisition. Deliver to laboratory.
<b>CSF (Cerebral Spinal Fluid)</b>	Collect directly into 50 ml tube containing 30 ml of Cytolyt cytology transport	Label specimen container with patient name. Complete Cytology Requisition. Deliver

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Specimen Type	Collection	Handling
	media. <b>Note:</b> When Cytolyt is not available or other testing is needed on specimen, RUSH specimen to lab – Fresh.	to laboratory.
<b>CVE (Cervical, vaginal, endocervical scrapings) (conventional pap smear)</b>	Collect the specimen from the specified site. Spread it evenly on a labeled, frosted-end glass slide. Fix immediately with 95% alcohol or spray fixative.	Label with patient name. Allow the fixed specimen to dry. Complete Cytology Requisition. Deliver to laboratory.
<b>CT/NG (Chlamydia/Gonorrhea) Females</b>	Females: See ThinPrep Pap collection. Specimen can also be collected using an endocervical swab and placing it in M4 transport media.	Label specimen container with patient name. Complete Cytology Requisition. Deliver to laboratory.
<b>CT/NG (Males, urine collection)</b>	Males: Collect 10-50 ml of first catch urine into clean polypropylene container without preservative, or collect a urethral swab and place in M4 transport media. Note: Patient must not have urinated during the previous 2 hours for urine collection.	Label specimen container with patient name. Complete Cytology Requisition. Deliver to laboratory.
Diaphragmic Washings – <i>see Pelvic Wash</i>		
<b>EFFUSION FLUIDS (Body cavity fluids)</b>	Collect specimen with five units of heparin per 1 ml of fluid.	Label specimen container with patient name. Rush specimen to laboratory and notify laboratory personnel of its arrival.
<b>ESOPHAGEAL BRUSHING</b>	<i>Immerse brush end of fiber optic brush into 50 ml tube containing 30 ml of Cytolyt cytology transport media. Extend brush out into media and rinse well. Cut one inch above the brush so that the brush drops into the tube. Discard the other end of the brush into biohazard container.</i> Note: <i>When Cytolyt is not available or other testing is needed on specimen, RUSH specimen to lab – Fresh.</i>	Label specimen container with patient name. Complete Cytology Requisition. Deliver to laboratory.

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Specimen Type	Collection	Handling
<b>FNA (Fine Needle Aspiration Biopsy)</b>	Expel contents of syringe (preferably non-bloody) directly into 50 ml tube containing 30 ml of Cytolyt cytology transport media. <b>Note:</b> When Cytolyt is not available or other testing is needed on specimen, RUSH specimen to lab – Fresh.	Label specimen container with patient name. Complete Cytology Requisition. Deliver to laboratory.
<b>HPV (Hybrid Capture)</b>	See ThinPrep Pap collection. Specimen can also be collected and rinsed into a Digene Cervical Sampler.	Label specimen container with patient name. Complete PAP requisition. Deliver to laboratory
Lumbar Puncture – <i>see CSF</i>		
Lung Washings (by fiber optic procedure) – <i>see Bronchial Wash</i>		
<b>NIPPLE SECRETION</b>	Remove the outer “crust” from the nipple. Spread fluid onto labeled, frosted-end slide and fix immediately with spray fixative or 95% alcohol. Label with patient name.	Allow the fixed specimen to dry. Label specimen container with patient name. Complete Laboratory Requisition. Deliver to laboratory.
<b>NIPPLE SECRETION FOR “FAT” STAIN</b>	Make slide(s) as in Nipple Secretion procedure (above) but <b><u>DO NOT FIX.</u></b> Allow slide(s) to air dry. Label with patient name. <b><i>Requisition must be labeled with request for Fat Stain.</i></b>	After slide(s) is dry, Label slides (if not already performed). Complete Laboratory Requisition. Deliver to laboratory.
Pap Smear – <i>see CVE or ThinPrep Pap</i>		
Pericolic Washings – <i>see Pelvic Wash</i>		
<b>PELVIC WASH (also Diaphragmatic and Pericolic Washings)</b>	Put in a 4 oz container with lid and add 30 ml of Cytolyt cytology transport media. <b>Note:</b> When Cytolyt is not available or other testing is needed on specimen, RUSH specimen to lab – Fresh.	Label specimen container with patient name. Complete Cytology Requisition. Deliver to laboratory.
<b>PNEUMOCYSTIS jiroveci</b>  Induced sputum or bronchial specimens ONLY.	<u>For sputum:</u> Collect into 4 oz container with lid and add 30 ml of Cytolyt cytology transport media. <u>For bronchial specimens:</u> Follow Bronchial Washings method.	Label specimen container with patient name. Complete Cytology Requisition. Deliver to laboratory.

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Specimen Type	Collection	Handling
<b>Skinny Needle Biopsy – see FNA</b>		
Spinal Fluid – <i>see CSF</i>		
<b>SPUTUM</b>	<p>Instruct the patient, upon arising in the morning, to brush his/her teeth and wash his/her mouth well. Have the patient cough deeply and repeatedly into a 4 oz container with lid that contains 30 ml of Cytolyt cytology transport media. Warn the patient that the Cytolyt is poisonous. If the patient cannot produce a deep cough specimen, a Respiratory Technologist can assist if the physician requests.</p> <p><b>Note:</b> When Cytolyt is not available or other testing is needed on specimen, RUSH specimen to lab – Fresh.</p>	<p>After slide(s) is dry, Label slides (if not already performed). Complete Laboratory Requisition. Deliver to laboratory.</p>
<p><b>Note:</b> If the sputum is also to be used for microbiology testing, collect the specimen into a sterile container, without fixative. Deliver to laboratory. Notify laboratory personnel of its arrival.</p>		

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Specimen Type	Collection	Handling
<b><i>ThinPrep PAP SMEAR</i></b>	A gynecologic specimen is collected using a cervical broom, brush and/or spatula following published collection method. Call the lab for these collection techniques. The sampling device is rinsed vigorously into a ThinPrep vial filled with PreservCyt fixative.	Label specimen container with patient name. Complete Deliver to laboratory.
<b><i>THYROID FNA</i></b>	Expel contents of syringe (preferably non-bloody) directly into 50 ml tube containing 30 ml of Cytolyt cytology transport media. <b>Note:</b> When Cytolyt is not available or other testing is needed on specimen, RUSH specimen to lab – Fresh.	Label specimen container with patient name. Complete Cytology requisition. Deliver to laboratory.
<b>URINE, INSTRUMENTATION COLLECTION*</b>  *On all urine specimens it is very important to list all medications, history of urinary pathology and any recent urinary tract instrumentations (IVP, etc.).	Use <b><u>no water</u></b> for the actual collection. Normal physiologic saline or the patient's urine is recommended.	Label specimen container with patient name. Upon collection, the specimen should be immediately sent in 30 ml of Cytolyt. Complete Cytology Requisition. Deliver to laboratory. Specimen will then be refrigerated.
<b>URINE CATHETERIZED*</b>  *On all urine specimens it is very important to list all medications, history of urinary pathology and any recent urinary tract instrumentations (IVP, etc.).	Before inserting the catheter, it is helpful to collect a <b><u>voided baseline</u></b> urine (see Urine, Voided below) for comparison to the catheterized specimen if there is any question of low-grade transitional cell carcinoma. Excessive lubricant should be avoided as it may obscure the cells. Once the specimen has been collected, it should be treated like any urine sample. A better yield of cells can be obtained by bladder washing; irrigating the bladder mucosa with 50 cc of normal physiologic saline several times with a piston-type syringe.	Upon collection, the specimen should be immediately sent to the laboratory. It should be sent <b><u>fresh</u></b> and <b><u>unfixed</u></b> . If overnight or weekend delay is anticipated, fix specimen with 30 ml of Cytolyt and refrigerate. Label specimen container with patient name. Complete Cytology Requisition. Deliver to laboratory.

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Specimen Type	Collection	Handling
<p><b>URINE, VOIDED*</b></p> <p>*On all urine specimens it is very important to list all medications, history of urinary pathology and any recent urinary tract instrumentations (IVP, etc.).</p>	<p>The optimum sample for cytology is obtained after hydration and exercise (50-100 cc of urine is considered adequate); Pooled 24 hour and concentrated early morning specimens are <b>not</b> recommended <b>Pooled 24 hr specimens will be rejected.</b> A recommended procedure is to have the patient drink two glasses of water, one hour apart. Wait thirty minutes and collect the specimen. Exercise, such as jumping or skipping is said to greatly increase the exfoliation of cells. External bladder massage may also accomplish this. A clear, midstream urine is recommended, especially in females.</p>	<p>Deliver the specimen to laboratory immediately upon collection. It should be sent fresh and unfixed. If overnight or weekend delay is anticipated, fix specimen with 30 ml of Cytolyt and refrigerate. Label specimen container with patient name. Complete Cytology Requisition. Deliver to laboratory.</p>

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**Collection of Pathology Specimens:**

For routine Pathology, tissue should be placed in 10% FORMALIN immediately. The optimal volume of formalin is to be at least 10 times the volume of the tissue when possible. An adequately sized container should be used. This will ensure proper fixation and avoid drying out and decomposition of the tissue. Note: All necessary fixatives can be obtained from the Laboratory.

Most specimens are to be kept at room temperature. Exceptions are specified under Collection or Handling Instructions.

Specimen Type	Collection	Handling
<b>CALCULI</b>	No additive	Label specimen container with patient name. Complete Pathology requisition. Deliver to laboratory
<b>CHROMOSOME ANALYSIS</b>	Submit placental tissue and/or fetus in RPMI for analysis (optimal size 10 mm x 10 mm x 5mm). <b>ALLOW RPMI to come to room temperature.</b> **For histological analysis, place remainder of placenta and/or fetus in 10% FORMALIN.	Label specimen container with patient name. Complete Pathology requisition. Deliver specimen to laboratory.  **RPMI is refrigerated until use. Specimen will be sent to TRICORE.
<b>FROZEN SECTIONS</b>	**Must be coordinated with Pathologist prior to surgery. Fresh tissue without any fixative should be brought to the laboratory and hand delivered to the Pathologist or other laboratory personnel.	Label specimen container with patient name. Complete Pathology requisition. Deliver specimen to laboratory.
<b>HORMONE RECEPTORS</b>	Collect the specimen from the specified site and place in 10% FORMALIN (same as routing histology).	Label specimen container with patient name. Complete Pathology requisition. Deliver specimen to laboratory.
<b>LEG AMPUTATIONS</b>	These require no fixative. Amputations should be placed in a red biohazard bag(s) and labeled on the exterior of the bag. These specimens are to be placed in the refrigerator if collected during second or third shift. NOTE: Amputations other than legs, e.g. fingers, toes, should be treated as specified under routine specimens.	Label specimen container with patient name. Complete Pathology requisition. Deliver specimen to laboratory.
<b>LYMPH NODES FOR CELL MARKER/FLOW CYTOMETRY</b>	Lymph nodes which require cell marker/flow cytometry special studies should be placed in RPMI (optimal size 10 mm x 5mm x 1 to 2mm size). Generally, smaller minced tissue fragments provide a better cell viability. <b>ALLOW RPMI to come to room temperature.</b>	Label specimen container with patient name. Complete Pathology requisition. Deliver specimen to laboratory.

## **LIS Downtime procedure**

In the event of computer downtime, the individual sections of the laboratory will continue to function, maintaining complete information about each specimen tested for patient reporting and later input into the computer system.

## **EMERGENCIES**

In the event of electrical power outage:

1. The system administrator should be notified immediately.
2. All terminals and printers should remain powered on supported by the Hospital's Auxiliary Emergency Generator.

## **SPECIMEN PROCUREMENT**

The lab assistants, technologists, or nursing services personnel will collect and deliver specimens utilizing the Lab Computer Downtime Requisition form. Refer to page 18 for requisition form.

1. Each Requisition will contain the following information:
  - a. Patient label (if available) or
  - b. Patient's name, Medical Record # and Account #.
  - c. Specific tests to be performed.
  - d. Priority (STAT, ASAP, Timed or Routine)
  - e. Ordering practitioner.
  - f. Collector's initials.
  - g. Collection date and time.

## **LABORATORY DEPARTMENT PROCESSING AND REPORTING**

1. All specimens coming into the department must be accompanied by a downtime request slip. This slip will accompany the specimen to each department of the Laboratory for testing.
2. Specimens with previously printed HMS labels will have the label placed on the specimens for tracking purposes.
3. Any specimen comments should be noted on the request slip.
4. Once testing is completed, utilize the Manual Report Forms (see attached) to copy the analyzer results to which will be used for distribution to the ordering department or clinic.

# Test Menu

The following table is a list of tests available through the Los Alamos Medical Center Laboratory. The list includes all tests currently performed on site and many of the more common send out tests. This list is not all inclusive, if you do not find what you are looking for please contact the laboratory for specimen collection and transport information.

## **Testing Priority:**

- As Ordered: Testing will be performed as it is ordered. Results available next business day or sooner.
- Send Out: Testing not performed on site, specimens sent to reference lab.
- Results Available in 3 to 5 business days for most tests.
- Batched: Testing performed at specific time only, contact lab for details.

Tests appearing in blue on the list are performed at LAMC lab, all others are sent out.

Abbreviations used in the Testing List

## **Specimen Type**

S	Serum	SL	Slide
WB	Whole Blood	GP	GenProbe
P	Plasma	A	Urine Aptima Device
U	Urine	PKU	PKU form
F	Fluid	TP	Thin Prep Vial
Stool	Fecal Material	AC	ACD Tube
Wash	Bronchial Wash	Sputum	Sputum
NP	Nasopharyngeal Swab		

## **Draw Tube / Container**

R	Red stopper, No Additive tube
L	Lavender stopper, EDTA anticoagulant
SST	Gold stopper, serum separator tube
LB	Light Blue stopper, Sodium Citrate anticoagulant
BC	Blood Culture Bottle
GR	Green stopper, sodium or lithium heparin anticoagulant
U24	24 hour Urine Collection Container
BG	Blood Gas Syringe
GY	Gray stopper, Sodium Fluoride/Potassium Oxalate anticoagulant
V	Viral Culture Media
S	Sterile tube with ~ 1 mL saline
SC	Sterile Container – Urine Cup
RB	Royal Blue top
ACD	ACD tube
FOR	Formalin
O & P	Ova and Parasite (Para-Pak)
MICRO	See Microbiological Specimen Collection Requirements.

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**Listing of AMA Approved Organ and Disease Panels**

These are the only panels offered by Los Alamos Medical Center Laboratory.

**Electrolyte Panel (80051)**

- |                  |             |
|------------------|-------------|
| - Carbon Dioxide | - Potassium |
| - Chloride       | - Sodium    |

**Basic Metabolic Panel (80048) BMP**

- |                       |              |            |
|-----------------------|--------------|------------|
| - Carbon Dioxide      | - Potassium  | - Chloride |
| - Sodium              | - Creatinine | - Calcium  |
| - Urea Nitrogen (BUN) | - Glucose    |            |

**Comprehensive Metabolic Panel (80053) CMP**

- |                        |                    |                  |
|------------------------|--------------------|------------------|
| - Carbon Dioxide       | - Potassium        | - Chloride       |
| - Sodium               | - Creatinine       | - Calcium        |
| - Urea Nitrogen (BUN)  | - Glucose          | - Albumin        |
| - Alkaline Phosphatase | - Bilirubin, Total | - Protein, Total |
| - AST / SGOT           | - ALT / SGPT       |                  |

**Lipid Panel (80061)**

- |               |       |                 |
|---------------|-------|-----------------|
| - Cholesterol | - HDL | - Triglycerides |
|---------------|-------|-----------------|

**Hepatic Function Panel (80076) LFT**

- |                    |                        |                     |
|--------------------|------------------------|---------------------|
| - Albumin          | - Alkaline Phosphatase | - Bilirubin, Direct |
| - Bilirubin, Total | - ALT/ SGPT            | - AST / SGOT        |
| - Total Protein    |                        |                     |

**Acute Hepatitis Panel (80074)**

- |                  |                        |
|------------------|------------------------|
| - HBsAg          | - HBcAb (IgM)          |
| - Hepatitis C Ab | - Hepatitis A Ab (IgM) |

**Renal Function Panel (80069) RFP**

- |                       |              |                  |
|-----------------------|--------------|------------------|
| - Albumin             | - Calcium    | - Carbon Dioxide |
| - Chloride            | - Creatinine | - Glucose        |
| - Phosphorous         | - Potassium  | - Sodium         |
| - Urea Nitrogen (BUN) |              |                  |

**Arthritis Panel (80072)**

- |                      |             |
|----------------------|-------------|
| - Uric Acid          | - ANA       |
| - Sedimentation Rate | - RA Factor |

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HMS Code	Test Name	Sp Type	Draw	vol	Special Instructions
OHPROGES	17-OH Progesterone	S	R/SST	0.5	
21HYDROX	21-Hydroxylase Antibodies (Adrenal)	S	R/SST	1	
5 NUCLEO	5' Nucleotidase	S	R/SST	0.5	
HIAA5	5-HIAA, Quant., 24 hour urine	U	U24	30	24 hour Urine Collection
A1C HPLC	A1C BY HPLC	WB	L	2	
ISTATABG	ABG performed on ISTAT (babies only)	WB	ABG	0.5	
ABORH	ABO and Rh Type	WB	L	6	
ABOTYPE	ABO Type only	WB	L	6	
ACETAMIN	Acetaminophen	S	SST	2	
ABACETYL	Acetylcholine Receptor Antibodies	S	R/SST	1.5	
SMEARAFB	Acid Fast Smear	**	**	**	MICRO
ACIDPHOS	Acid Phosphatase	S	R/SST	2	
ACTH	ACTH, Plasma	P	L	0.5	
ASMA	Actin (Smooth Muscle) Antibody	S	R/SST	1	
ACTPROTC	Activated Protein C Resistance	P	LB	1	
ABADENOV	Adenovirus Group Antibodies	S	R/SST	1	
CULTAFB	AFB, Culture and Smear	**	**	**	See collection requirement
AFP4	AFP Tetra	S	SST	3	Fill out Genzyme requisition
AFP	AFP, Serum Tumor Marker	S	R/SST	0.5	
AMINOLEV	ALA Delta, 24hour Urine	U	U24	3	Aminolevulinic Acid, protect from light
ALA DELT	ALA Delta, Random Urine	U	SC	3	Protect from light
ALBUMIN	Albumin	S	R/SST	2	
BFALB	Albumin, Body Fluid	F	R	1	
ALCOHOLU	Alcohol, Urine	U	SC	2	
ETOH	Alcohol, Ethanol (EtOH)	S	R/SST	2	
ALDOLASE	Aldolase	S	R/SST	1	
URALDOST	Aldosterone, 24 hour urine	U	24U	10	24 hour Urine Collection
ALKPBONE	Alk Phosphatase, Bone Specific	S	R/SST	1	
ALKPHISO	Alk Phosphatase, Isoenzymes	S	R/SST	1	
ALKPHOS	Alkaline Phosphatase(ALKP)	S	R/SST	2	
RAST	ALLERGEN IGE EA	S	R/SST	1	
ALPHAMUT	Alpha 1 Antitrypsin mutation analysis	WB	L	3	
A1A SER	Alpha 1 Antitrypsin, Serum	S	R/SST	1	
ALPHASUB	Alpha Subunit (Free)	S	R/SST	0.5	
ATHALASS	Alpha Thalassemia	WB	L	3	
ALPHAONE	Alpha-1-Antitrypsin Phenotype	S	R/SST	1	

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INTEGSCR	ALPHA-FETOPROTEIN SE	S	R/SST	3	Fill out Genzyme requisition
AFP3	Alpha-fetoprotein, Serum	S	R/SST	3	Fill out Genzyme requisition
ALT	ALT (SGPT)	S	R/SST	2	
ALDOSTER	Aldosterone	S	R/SST	1	
ALUMINUM	Aluminum, Plasma or Serum	WB	RB	1	
AMIKACIN	Amikacin Peak/Trough	S	R	0.5	
AMINOACD	Amino Acid Profile, Qn, Plasma	P	G	0.5	
AMIODARO	Amiodarone (Codarone®)	S	R	0.5	
AMITRIPT	Amytriptoline (Elavil)	S	R	0.5	
AMMONIA	Ammonia	P	L	2	Place on ice, transport to lab immediately
UAMPHET	Amphetamines Screen, Qual.	U	SC	1	
AMYLASE	Amylase	S	SST	2	
AMYISO	Amylase Isoenzymes	S	R/SST	1	
UR24AMY	Amylase, 24hr urine	U	U24	5	24 hour Urine Collection
UR8AMY	Amylase, 8hour urine	U	U24	5	8 hour Urine Collection
BFAMY	Amylase, Body Fluid	F	R	1	
URAMY	Amylase, random urine	U	SC	5	
ANA COMP	ANA Comprehensive Panel	S	R/SST	1	
ANARDL	ANA sent to RDL	S	R/SST	2	
ANCA	ANCA Panel	S	R/SST	2	Anti-MPO, anti-PR3, C-ANCA, P-ANCA, Atypical pANCA
ANCA SCR	ANCA Screen w/reflex	S	R/SST	1	C-ANCA, P-ANCA, Atypical pANCA
ANDRO	Androstenedione	S	R	0.5	
ANGIOTEN	Angiotensin-Converting Enzyme	S	R/SST	0.5	
ANTI IGE	Anti IgE Receptor	S	R/SST	0.5	
AB HU	Anti-Neuronal Nuclear Antibody (ANNA)	S	R/SST	0.5	
ANTIRIBP	Anti-Ribosomal P Antibodies	S	R/SST	0.5	
ANTI-RNA	Anti RNA Poly III IgG, Ab	S	R/SST	1	
ABADRREN	Antiadrenal Antibodies, Quant.	S	R/SST	1	
ABS	Antibody Screen	WB	L	6	
IGGCARDI	Anticardiolipin Ab, IgG	S	R/SST	0.5	
ABCARDIO	Anticardiolipin Antibodies, IgG/IgM/IgA	S	R/SST	1	
AB CENTR	Anti-Centromere B Antibodies	S	R/SST	0.5	
AB CHROM	Antichromatin Antibodies	S	R/SST	1	
ABDNASE	Anti-Dnase B Strep Antibodies	S	R/SST	0.5	
ABDNADS	Anti-dsDNA Antibodies	S	R/SST	1	Double Stranded DNA
EXNUCAG	Antiextractable Nuclear Antigen	S	R/SST	1	(ENA, RNP, Sm, Smith)

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GLIA IGA	Antigliadin Abs, IgA	S	R/SST	0.5	
AB HISTO	Antihistone Antibodies	S	R/SST	0.5	
ANTI JO1	Anti-Jo-1	S	R/SST	0.5	
ANTI_MAG	Anti-MAG myelin Associated Antibody	S	R/SST	0.5	
ANTIMULL	Anti-Mullerian Hormone (AMH)	S	R/SST	0.5	
AB MPO	Antimyeloperoxidase (MPO) Antibody	S	R/SST	0.5	
ANA	Antinuclear Antibodies, IFA (ANA-Hep2)	S	R/SST	1	
PHOSPHAT	Antiphosphatidylserine IgA, IgM, & IgG	S	R/SST	0.5	
APAS SET	Anti-Phospholipid Antibody Panel - Tricore	P & S	4LB & 2R	4 & 2	Contact Lab for instructions.
AB PR3	Antiproteinase 3 (PR-3) Antibody	S	R/SST	0.5	
AB SCL70	Antiscleroderma-70 Antibodies	S	R/SST	1	
ABDNASS	Anti-ssDNA Antibodies IgG	S	R/SST	0.5	Single Stranded
ASO	Antistreptolysin O Ab. (ASO)	S	R/SST	2	
ANTHRMB	Antithrombin III Antigen	P	LB	1	Fill tube to Capacity
ANTITHRO	Antithrombin III Deficiency Profile	P	LB	2	
ABTHYROG	Antithyroglobulin Ab	S	R/SST	1	
APOGENO	Apo E Genotyping: Cardio Risk	WB	L	1	APOLIPOPROTEIN E GENOTYPE
APOLIP B	Apolipoprotein B	S	R/SST	2	
PTT	APTT	P	LB	Fill	Fill tube to Capacity
ARSENIC	Arsenic, Blood	WB	RB	1	
ABG	Arterial Blood Gas	WB	BG	1	Transport to lab immediately
AST	AST/SGOT	S	SST	2	
BPERTUSS	B. Pertussis to State Lab	Swab		0.5	
PERTDFA	B. Pertussis (Smear/Culture)	Slides			See collection requirements
BABESIA	Babesia microti AB IgG and IgM	S	R/SST	0.5	
UBARBITU	Barbiturates Screen, Qual	U	SC	1	
AB BARTO	Bartonella Antibody Panel,	S	R/SST	2	Contact lab for list of organisms tested for.
BMP	Basic Metabolic Panel	S	SST	0.5	Fasting Specimen preferred.
BCRABL_T	BCR-ABL Quant t(9,22) - Bone Marrow	BONE M		2	Use Tricore Hematopathology requisition
BENZO	Benzodiazepine Screen, Serum	S	R	1	
UBENZO	Benzodiazepines Screen, Qual	U	SC	1	
BERYLLIU	Beryllium, Blood	Nat. J.	**	**	Contact lab for instructions
BER1	Beryllium-Lymphocyte Transform to Nat J.	Nat. J.	**	**	Contact lab for instructions
BETA2	Beta-2 Glycoprotein I Ab, IgG, IgM, IgA	S	R/SST	1	
B2MICROS	Beta-2 Microglobulin, Serum	S	R/SST	0.5	
UB2MICRO	Beta-2 Microglobulin, Urine	U	SC	2	
UBICARB	Bicarbonate (HCO3), Urine	U	SC	5	

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BILEACID	Bile Acids	S	R/SST	0.5	
BFBILI	Bilirubin Total, Body Fluid	F	R	2	Protect from Light
BILIDIR	Bilirubin, Direct	S	SST	0.5	Protect from Light
NEOBILI	Bilirubin, Neonatal	S	SST	5	Protect from Light
BILIT	Bilirubin, Total	S	SST	1	Protect from Light
VITAB7	Biotin / Vitamin B7	S	R/SST	1	
BKVIRUS	BK Quant PCR (PLASMA/SERUM)	P	L	1	Protect from Light
UA BKVIR	BK Virus, Quant, Urine, RT-PCR	U	SC	2	
ABBLASTO	Blastomyces Abs	S	R/SST	1	
ABID1	Blood Bank Antibody Identification	WB	L	6	
VBG	Blood Gas, Venous	WB	GR	2	Transport to lab immediately
BLOOM	Bloom Syndrome	WB	ACD-A	1	Fill out Genzyme requisition
BFCREAT	Body Fluid Creatinine	F	R	2	Specify Fluid type on request.
BONEMARR	Bone Marrow Smear	BM		**	Schedule with Hematology Department
AB BORDE	Bordetella pertussis Antibody, IgG	S	R/SST	0.5	
ABBRUCE	Brucella Antibody IgG / IgM	S	R/SST	0.5	
BNP	B-Type Natriuretic Peptide (BNP)	WB	L	2	
BUN	BUN (Urea Nitrogen)	S	SST		
BUPRENOR	Buprenorphine Screen (Suboxone)	U	SC	10	
CDIFFTOX	C. difficile Toxin	Stool	SC	1 gram	
CDIFFNAA	C. Difficile Toxin Gene, NAA	Stool	SC	5grams	
AB CDIFF	C.Difficile Cytotoxin Ab Neutralizaion	S	SST	1	
PENC G	C001-IgE Penicillin G	S	R/SST	1	
PENC V	C002-IgE Penicillin V	S	R/SST	1	
C1ESTFUN	C1 Esterase Inhibitor, Functional	S	R	0.5	
C1ESTINH	C1 Esterase Inhibitor, Seru,	S	R/SST	0.5	
CADMIUM	Cadmium, Blood	WB	RB	1	
CALCITON	Calcitonin, Serum	S	R/SST	0.5	
CALCIUM	Calcium	S	SST	0.5	
UR24CA	Calcium, 24hr urine	U	U24	5	24 hour Urine Collection
CAIONIZE	Calcium, Ionized, Serum	S	SST	1	Draw in own tube, Do NOT open
URCA	Calcium, random urine	U	SC	5	
STONEANA	Calculi, Urinary	Stone	SC	**	
CALPROT	Calprotectin, Fecal	Stool	SC	2	
CAMPYAG	Campylobacter antigen	Stool	SC	1gram	
CANAVAN	Canavan Disease	WB	ACD-A	3	Fill out Genzyme requisition
CA125	Cancer Antigen (CA) 125	S	R/SST	0.5	

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CA15-3	Cancer Antigen (CA) 15-3	S	R/SST	0.5	
CA27	Cancer Antigen (CA) 27.29	S	R/SST	0.5	
AB CANDI	Candida Antibody, IgG	S	R/SST	0.5	
CANCONF	Cannabinoid Confirmation, Urine	U	SC	10	
UTHC	Cannabinoids Screen, Qual	U	SC	1	
CBG	Capillary Blood Gas	WB	Hep	2	
CARBAMAZ	Carbamazepine (Tegretol)	S	R/SST	2	
CA19-9	Carbohydrate Antigen 19-9	S	R/SST	0.5	
%CDT	Carbohydrate Deficient Transferase	S	SST	1	
CO2	Carbon Dioxide, Total	S	SST	2	
COQNT	CARBON MONOXIDE, BLOOD	WB	GR (Li)	2	Place on ice, transport to lab immediately
CARNITIN	Carnitine, Total	S	R/SST	2	
CAROTENE	Carotene, Beta	S	R/SST	2	Protect from Light
CATECHQT	Catecholamines, Plasma	P	L	3	
CATECHFR	Catecholamines, Urine, Free, 24hr.	U	U24	10	
AB CITRU	CCP Antibodies IgG and IgA	S	R/SST	0.5	Cyclic Citrullinate Peptide
CD4 CD8	CD4 and CD8 Counts	WB	L & AC	7 & 7	
CD-57	CD-57 HNK - 1 Panel	WB	L & AC	7 & 7	
CEA	CEA	S	R/SST	0.5	
CELIAC	Celiac Disease Comprehensive	S	R/SST	1	Glidadin IgA & IgG, tTG IgA & IgG, Endomysial IgA, Total IgA
CELIACDQ	Celiac Disease HLA DQ Assoc.	WB	L	3	
BFCCWDIF	Cell Count with differential, Body Fluid	F	L & R	2	
CEPHALEX	Cephalexin Level	S	R	0.5	
CERULOPL	Ceruloplasmin	S	R/SST	0.5	
AB CHLAM	Chlam. Pnuemoniae Antibody (IgG & IgM)	S	R/SST	0.5	
CHLAMIGG	Chlamydia Antibody, IgG	S	SST	0.5	
CULTCHLA	Chlamydia trachomatis Culture	**	**	**	MICRO
CHLAMAB	Chlamydia trachomatis IgG, IgA, IgM	S	R/SST	0.5	
GENPROBE	Chlamydia/GC Amplification	GP	GP /A	**	Specify Source
CHLORAMP	Chloramphenicol, Serum	S	R	0.5	
CL	Chloride	S	SST	2	
UR24CL	Chloride, 24hr urine	U	U24	5	24 hour Urine Collection
URCL	Chloride, random urine	U	SC	5	
CHLORINA	Chlorinated Hydrocarbons (Chlordane)	S	R	2	Organochlorine Pesticides
DHDL	Cholesterol, HDL	S	SST	2	Fasting Specimen preferred.
CHOL	Cholesterol, Total	S	SST	0.5	Fasting Specimen preferred.
CHOLINES	Cholinesterase, Serum	S	R/SST	0.5	

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CHROMIUM	Chromium, Plasma	P	RB	1.5	
CHROMA	Chromogranin A	S	R/SST	0.5	
CHROMO20	Chromosome Analysis, Blood Routine	WB	Hep	2	Use Tricore Hematopathology requisition
CHROMOAN	Chromosome Analysis, Turners	WB	Hep	2	Karyotype, Routine G-Banding
CHROMO5	Chromosome, Leukemia/Lymphoma	WB/BM	L	3	
CGD	Chronic GranulomatousCGD:CYBB	WB	L	2	
UTICCARIA	Chronic Urticaria Index	S	R/SST	1	
CELLSCRE	CIRC. TUMOR CELLS, PROSTATE	WB	CellSave	7.5	Obtain special tube from Lab.
CELLCOLN	CIRCULATING TUMOR CELLS, COLON	WB	CellSave	7.5	Obtain special tube from Lab.
CELLBRST	CIRCULATING TUMOR CELLS,BREAST	WB	CellSave	7.5	Obtain special tube from Lab.
UR24CITR	Citric Acid (Citrate), Urine	U	U24	5	24 hour Urine Collection
CPKISO	CK, Total + Isoenzymes, Serum	S	R/SST	1	
CKMB	CKMB	S	SST	2	
CLOMIPRA	Clomipramine, Serum	S	R	0.5	
CLONAZEP	Clonazepam (Klonopin®), Serum	S	R	1.5	
CLORAZEP	Clorazepate (Tranxene®), Serum	S	R	0.5	
ABS CMV	CMV Antibodies IGG/IGM	S	R/SST	2	
COBALT	COBALT, PLASMA	P	RB	1	
COCQNT	Cocaine Metabolite Confirmation, Urine	U	SC	15	
UCOCAINE	Cocaine Metabolite Screen, Qual	U	SC	1	
ABCOCCID	Coccidioedes Antibody	S	R/SST	1	
Q10	Coenzyme Q10, total	P	GR	0.5	Protect from Light
COLDAGGL	Cold Agglutinin Titer, Quant	S	R	0.5	Contact Lab for instructions
IGE FOOD	Common Food Allergy Panel	S	R/SST	2	Contact lab for list of foods included in this test
C4A	Complement C4a	P	L	1	
C4	Complement, C4	S	R/SST	1	
CH50	Complement, Total (CH50)	S	R/SST	0.5	
CBC	Complete Blood Count	WB	L	3	
C2	Compliment C2	S	R/SST	0.5	
C3	Compliment C3	S	R/SST	1	
C3A	Compliment C3A, Des-Arginine	P	L	0.5	plasma with Furthan
CMP	Comprehensive Metabolic Panel	S	SST	4	
COPPER	Copper, Serum	P	RB	0.5	
CORD	Cord Blood Workup	WB	L	6	
CORTISOL	CORTISOL	S	R/SST	0.5	
CORTACTH	Cortisol ACTH Stimulation	S	R/SST	1	Baseline, Stimulation
CORTISAL	Cortisol Saliva	Saliva	special	0.5	

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U24CORT	Cortisol, Free, 24 Hour Urine	U	U24	100	24 hour Urine Collection
FREECORT	Cortisone U + Cortisol U	U	24U	10	
NEUROPAT	Co-Sens. Neuropathy Profile	S	R/SST	2	Protect from Light
AB COXSA	Coxsackie A IgG and IgM Antibodies	S	R/SST	1	Hand, Foot, Mouth Disease
CPCLOPID	CP, Clopidogrel CYP2C19 Genotype	WB	L	3	
CPEPTIDE	C-Peptide, Serum	S	R/SST	0.5	
CRP	C-Reactive Protein	S	SST	2	
CRP HS	C-Reactive Protein, High Sens	S	SST	2	
CK	Creatine Kinase (CK)	S	SST	2	
URCC	Creatinine Clearance		U24 & SST	2	24 hr Urine, Serum collected within 48hrs of urine
UR24CREAT	Creatinine, 24hr urine	U & S	U24	5	24 hour Urine Collection
CREAT	Creatinine, Serum	S	SST	2	
URCREAT	Creatinine, Urine random	U	SC	10	
CRYOGLOB	Cryoglobulin, QL, Serum	S	R/SST	3	Contact Lab for instructions
CRYO1	Cryoprecipitate (5 Unit pool)	WB	L	6	
CRYPTOAG	CRYPTO+GIARDIA+ISOSPO	Stool	O&P	5grms	
CSFCRYPT	Cryptococcus Antigen, CSF	CSF	CSF	0.5	
CRYPTAGN	Cryptococcus Antigen, Serum	S	R	2	
CYCLOPNL	Cryptosporidium/Isospora Smear	Stool	O&P	5grms	
BFCRYST	Crystals, Body Fluid	F	L	1	
NTELOPEP	C-Telopeptide, Serum	S	SST	0.5	
CULTANA	Culture, Anaerobic	**	**	**	MICRO
CULTBLD	Culture, Blood	WB	BC		
CULTAERO	Culture, Body Fluid	F	R	2	MICRO
CULTBM	Culture, Bone Marrow	**	**	**	MICRO
CULTTHRO	Culture, Full Throat	**	**	**	MICRO
CULTAERO	Culture, G.C.	**	**	**	MICRO
CULTAERO	Culture, N.P.	**	**	**	MICRO
CULTAERO	Culture, Sputum	**	**	**	MICRO
CULTSTL	Culture, Stool	**	**	**	MICRO
CULTSSCR	Culture, Strep Screen	**	**	**	MICRO
CULTUA	Culture, Urine	U	SC	1	MICRO
CULTAERO	Culture, Wound	**	**	**	MICRO
CYANIDE	Cyanie Screen, Blood	WB	Gray	2	
CYCLAMP	Cyclic AMP, Plasma	P	L	0.5	
CYCLOSPO	Cyclosporine, Blod	WB	L	2	
CYSTIC F	Cystic Fibrosis Gene Analysis	WB	4L	12	Fill out Genzyme requisition

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CYSFIB	CYSTIC FIBROSIS PROFILE	WB	L	3	
24CYSTIN	Cystine, 24 Hour Urine	U	U24	3	24 hour Urine Collection
CYSTINE	CYSTINE,QN,UR	U	SC	3	
CYT P450	Cytochrome p450 2D6 Genotype	WB	L	3	
CMVIGG	Cytomegalovirus (CMV) Ab, IgG	S	R/SST	0.5	
ABCMVIGM	Cytomegalovirus Antibody IgM	S	R/SST	0.5	
CMVURINE	Cytomegalovirus Culture, Urine	**	VTM	**	See collection requirement
CMVPCR	Cytomegalovirus, Quant, PCR	P	L	0.5	
DDIMER	D-Dimer	WB	L	2	
DHEA	Dehydroepiandrosterone (DHEA)	S	R/SST	1	
DHEASULF	Dehydroepiandrosterone Sulfate (DHEA-S)	S	R/SST	0.5	
DENGUE	Dengue Fever Ab, IgM and IgG	S	R/SST	0.5	
DESIPRAM	Desipramine, Serum	S	R	0.5	
DEXAMETH	Dexamethasone, Serum	S	R/SST	1	
MAN DIFF	Differential, WBC Manual	WB	L	2	
DIG	Digoxin	S	SST	2	
DIHYDROT	Dihydrotestosterone	S	R/SST	0.5	
PHENY	Dilantin (Phenytoin)	S	SST	2	
DRVVT	Dilute Russell's Viper Venom	P	LB	1	Fill tube to Capacity
ABDIPTHE	Diphtheria Antitoxoid Ab.	S	R/SST	0.5	
DATMONO	Direct Coombs Test (IgG)	WB	L	6	
DATPS	Direct Coombs Test (Polyspecific)	WB	L	6	
DISOPYRA	Disopyramide, Serum	S	R	0.5	
DOXEPIN	Doxepin (Sinequan), Serum	S	R	0.5	
DRUGMECO	Drug Screen I, Meconium	Mec.	SC	5 grams	
DRGSCN	Drug Screen w/reflex, Blood Plasma	S	2GY	6	
DOA8	Drugs of Abuse Panel	U	SC	5	
CATDAND	E001-IgE Cat hair/Dander	S	R/SST	1	
EBVPANEL	EBV Acute Infection Antibodies	S	R/SST	1	EBVCA(IGG+IGM)+EBVNIG
ABEBVERL	EBV Early Antigen Ab, IgG	S	R/SST	0.5	
EBVNUCAB	EBV Nuclear Antigen Antibodies	S	R/SST	0.5	
EBVVCAG	EBV Viral Capsid antigen, IgG Ab	S	R/SST	0.5	
EBVVCAM	EBV Viral Capsid antigen, IgM Ab	S	R/SST	0.5	
AB ECHIN	Echinococcus Antibody	S	R/SST	0.5	
EHEC	EHEC	Stool	SC	1gram	
EHRlich	Ehrlichia Profile	WB	L	0.5	

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LYTES	Electrolyte Panel	S	SST	2	
DRUGI	Employee Drug Screen	U			See collection requirements
ABENDOMY	Endomysial Antibody IgA	S	R/SST	0.5	
ABENTERO	Enterovirus RT-PCR	M	St. Cont.	**	CSF, NP/throat swab, stool
ECP	Eosinophil Cationic Protein (ECP)	S	special	0.5	
EOSSMEAR	Eosinophil Smear	Slide			2 air dried smears.
ESR	Erythrocyte Sedimentation Rate (ESR)	WB	L	2	
ERYTHROP	Erythropoietin (EPO), serum	S	R/SST	0.5	
ESTRLTOT	Estradiol (E2), Total	S	R/SST	0.5	
ESTRADIU	Estradiol, Sensitive	S	R/SST	0.5	
ESTRIOL	Estriol (E3), Serum	S	R/SST	0.5	
ESTRO	Estrogens, Fractionated	S	R/SST	2	
ESTROGEN	Estrogens, Total	S	R/SST	2	
ESTRONE	Estrone (E1), Serum	S	R/SST	0.5	Non-Pregnant patients only
ETHOSUXI	Ethosuximide (Zarontin), Serum	S	R	1	
EGGWHITE	F001-IgE Egg White	S	R/SST	1	
MILK	F002-IgE Milk (Cow)	S	R/SST	1	
CODFISH	F003-IgE Codfish	S	R/SST	1	
WHEAT	F004-IgE Wheat	S	R/SST	1	
OAT	F007-IgE Oat	S	R/SST	1	
CORN	F008-IGE CORN	S	R/SST	1	
PEANUT	F013-IgE Peanut	S	R/SST	1	
SOYBEAN	F014-IgE Soybean	S	R/SST	1	
BRAZIL	F018-IgE Brazil Nut	S	R/SST	1	
ALMOND	F020-IGE Almond	S	R/SST	1	
ALMOND-G	F020-IGG Almond	S	R/SST	0.5	
CRAB	F023-IgE Crab	S	R/SST	1	
SHRIMP	F024-IgE Shrimp	S	R/SST	1	
TOMATO	F025-IgE Tomato	S	R/SST	1	
PORK	F026-IgE Pork	S	R/SST	1	
BEEF	F027-IgE Beef	S	R/SST	1	
ORANGE	F033-IgE Orange	S	R/SST	1	
COCONUT	F036-IgE Coconut	S	R/SST	1	
TUNA	F040-IgE Tuna	S	R/SST	1	
SALMON	F041-IgE Salmon	S	R/SST	1	
APPLE	F049-IGE Apple	S	R/SST	1	

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MACKEREL	F050-IgE Mackerel	S	R/SST	1	
COCOA	F052-IgE Chocolate / Cocoa	S	R/SST	1	
SCALLOP	F053-IgE Scallop	S	R/SST	1	
PERCH	F065-IgE Perch	S	R/SST	1	
ABFLUORE	F079-IgE Gluten	S	R/SST	1	
LOBSTER	F080-IgE Lobster	S	R/SST	1	
PEACH	F095-IgE Peach	S	R/SST	1	
PECAN	F201-IgE Pecan Nut	S	R/SST	1	
CASHEW	F202-IgE Cashew Nut	S	R/SST	1	
TROUT	F204-IgE Trout	S	R/SST	1	
SAGE	F219-IgE Sage	S	R/SST	1	
EGGWHOLE	F245-IgE Egg, Whole	S	R/SST	1	
PINONNUT	F253-IgE Pinon (Pine Nut)	S	R/SST	1	
WALNUT	F256-IgE Walnut	S	R/SST	1	
BPEPPER	F280-IgE Black Pepper	S	R/SST	1	
HALIBUT	F303-IgE Halibut	S	R/SST	1	
FACTORXI	FACTOR XI	P	LB	1	Fill tube to Capacity
FACTORII	Factor II Activity	P	LB	1	Fill tube to Capacity
PROMUTAT	Factor II DNA Analysis, (Prothrombin)	WB	L	3	
FACTORIX	Factor IX Activity	P	LB	1	Fill tube to Capacity
IXANTIGE	Factor IX Antigen	P	LB	1	
FACTORV	Factor V Activity	P	LB	1	Fill tube to Capacity
FACTVLEI	Factor V Leiden Mutation Analysis	WB	L	3	
FCTVII	Factor VII Activity	P	LB	1	Fill tube to Capacity
FCTVIII	Factor VIII Activity	P	LB	1	Fill tube to Capacity
VIIIANTI	Factor VIII Antigen	P	LB	1	
FACTORX	Factor X Activity	P	LB	1	Fill tube to Capacity
FACTRXII	Factor XII Activity	P	LB	1	
FAMILIAL	Familial Dysautonomia	WB	L	3	Fill out Genzyme requisition
FAP	Familial Polyposis	WB	L	3	Fill out Genzyme requisition
FANCONI	Fanconi's Anemia	WB	L	3	Fill out Genzyme requisition
FATACID	Fatty Acid Profile Per.C22-C26	S	R	0.5	
FATTYACI	Fatty Acids, Free (Nonester)	S	R/SST	0.5	
FECAL CL	Fecal Chloride	Stool	SC	10 mL	
FECALFAT	Fecal Fat, Qualitative	Stool	SC	0.5gm	
FECALQNT	Fecal Fat, Quantitative	Stool	SC	72hr	72 Hour Collection
FECALWBC	Fecal Leukocytes smear	Stool	SC		

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FECLOSMO	Fecal Osmolality	Stool	SC	15	Liquid Specimens
FECAL K	Fecal Potassium	Stool	SC	10 mL	
FECREDUC	Fecal Reducing Substances	Stool	SC	1 grm	
FECAL NA	Fecal Sodium	Stool	SC	10 mL	
FELBAMAT	Felbamate (Felbatol®), Serum	S	R	1	
FERR	Ferritin	S	SST	2	
FS	Fetal Screen	WB	L	6	
FDP	Fibrin Degradation Products	P	LB	1	Fill tube to Capacity
FIBRIN	Fibrinogen	P	LB	1	Fill tube to Capacity
FIBROSPC	Fibrospect - Prometheus	prometh			See Prometheus order form for instructions
BCR-ABL	FISH, BCR-ABL T(9;22)	WB	GR(Na)	1	Use Tricore Hematopathology requisition
FLECANID	Flecainide (Tambocor™), Serum	S	R	1.5	
FLOWCYTO	Flow Cytometry Study	WB	GR	3	Use Tricore Hematopathology requisition
FOLICRBC	Folate, RBC	WB	2 L	4 & 4	See Lab Corp collection instructions
FOL2	Folic Acid, Serum	S	SST	1	
FRAGXHR	Fragile X Chromosome Analysis High Res	WB	L & GR	7 & 2	
ABFRANTU	Francisella tularensis Ab. IgG and IgM	S	R/SST	1	
FAI	Free Androgen Index (FAI)	S	R/SST	1	
FREECARB	Free Carbamazepine	S	R	1	
LIGHTCHA	Free Kappa and Lambda Light Chains, Serum	S	R/SST	0.5	
K&LCHAIN	Free Kappa and Lambda Light Chains, Urine	U	SC	2	Random or 24 hour Urine
T4FREE	Free T4	S	SST	2	
FT4D	Free T4 BY DIALYSIS	S	R/SST	1	
T4DIALYS	Free T4 by Dialysis/Mass Spec	S	R	1	
FFP1	Fresh Frozen Plasma - 1 unit	WB	L	6	
FRUCTAMI	Fructosamine	S	R/SST	1	
FSH	FSH, Serum	S	R/SST	0.5	
C-FUNGAL	Fungal Stain	**	SC	**	MICRO
CULFUNSK	Fungus Culture (Mycology)		SC		See collection requirement
FISH/SHE	FX02-IgE Fish/Shell Mix	S	R/SST	1	Cod, Shrimp, Mussel, Salmon, & Tuna
BERMGRAS	G002-IgE Bermuda Grass	S	R/SST	1	
TIMGRASS	G006-IgE Timothy	S	R/SST	1	
BLUEGRAS	G008-IgE Bluegrass, Kentucky	S	R/SST	1	
G6PD	G-6-PD, Quant, Blood and RBC	WB	2 L	8	
NEURONTI	Gabapentin (Neurontin®), Serum	S	R	0.5	
GAD65	GAD/ICA512/Insulin Ab H.S.	S	R/SST	2	GAD 65, Insulin ab, IA-2 Ab

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GALACT	Galactosemia: GALT	WB	L	2	
GGT	Gamma Glutamyl Transferase	S	SST	2	
GASTRBLD	Gastric Occult Blood	GASTR	SC	**	
ANTI GPA	Gastric Parietal Cell Ab	S	R/SST	0.5	
GASTRIN	Gastrin, Serum	S	R/SST	0.5	
GAUCHERS	Gaucher's Disease	WB	AC	20	Fill out Genzyme requisition
GENT PK	Gentamicin, Peak	S	R	2	Peak: draw 30 - 60min post dose
GENT	Gentamicin, Random	S	R	2	
GENT TR	Gentamicin, Trough	S	R	2	Trough: draw just prior to next dose.
FRAGILEX	Genzyme Fragile X	WB	AC	5	Fill out Genzyme requisition
GIAABS	Giardia Lamblia Abs, IgA, IgM, and IgG	S	R/SST	1	
GIARDIA	Giardia lamblia Ag, EIA	Stool	O&P	2grm	
AB GLIAD	Gliadin Ab, IgG	S	R/SST	0.5	
AB GBM	Glomerular Basement Membrane Ab	S	R/SST	0.5	
GFR	Glomerular Filtration Rate	S	SST	2	Calculated using Creatinine result
GLUCAGON	Glucagon, Plasma	P	L	0.5	Plasma with Trasylol®
GLU2	Glucose	S	SST	2	Fasting Specimen preferred.
GLU 2HPP	Glucose 2 hour post-parandial	P	GRAY	1	
PCX GLU	GLUCOSE HOME DEVICE	FS	FS	**	FINGER STICK GLUCOSE
1HRGTT	Glucose Tolerance Test 1hr.	P	GY	2	
GTT 2HR	Glucose Tolerance Test 2hr.	P	GY	2	Patient must be fasting
GTT 3HR	Glucose Tolerance Test 3hr.	P	GY	2	Patient must be fasting
GTT 5HR	Glucose Tolerance Test - 5 hour	P	GRAY	1	Pathologist authorization required
BFGLU	Glucose, Body Fluid	F	R	1	Specify Fluid type on request.
GLU 1HPP	Glucose 1 hour post-parandial	P	GRAY	1	
AB GAD	Glutamic Acid Decarboxylase (GAD-65)	S	R/SST	0.5	
AB GLUTE	Gluten Sensitivity, IgA and IgG	S	R/SST	0.5	
A1C	Glycated Hemoglobin (A1c)	WB	L	2	
GLYCO DZ	Glycogen Storage disease	WB	AC	20	Fill out Genzyme requisition
GLYCO_DZ	Glycogen Storage disease 1a	WB	L	3	von Gierke Disease
GONAD RH	Gonadotropin releasing Hormone	P	L	0.5	Plasma with Trasylol®
GQ1B	GQ1B IgG Antibody	P	L	0.5	
GRAMSTAI	Gram Stain	**	**	**	MICRO
GAS	Group A Strep, Rapid	**	**	**	MICRO
CULTGBS	Group B Strep Screen	**	**	**	MICRO
HUMGRHRM	Growth Hormone, Serum	S	R/SST	0.5	
ABHPYLOR	H. pylori Antibody IgG, Qualitative	S	SST	2	

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HPYLORAG	H. pylori Stool Antigen	Stool	SC	2 gm	
H1N1	H1N1 PCR Probe	NP	VTM	**	
STATEFLU	H1N1 To State Lab	**	**	**	Contact Lab for instructions
HIB	Haemophilus Influenza B IgG	S	R/SST	0.5	
HANTA	Hantavirus Antibodies, ELISA - Lab Corp	S	R/SST	1	
HANTASAY	Hantavirus Antibodies, ELISA - Tricore	S	R/SST	1	
HAPTO	Haptoglobin	S	R/SST	2	
HCGQUAN	hCG Quantitative	S	SST	2	
HCGTUMOR	hCG, Beta Subunit, Quant, Serum	S	R/SST	1	
HCGQLSER	hCG, Qualitative Serum	S	SST	2	
HCGUR	hCG, Qualitative Urine	U	SC	2	
HLTHFAIR	HEALTHFAIR	S	SST	2	AVAILABLE AT HEALTHFAIR ONLY
UAHVYMTL	Heavy Metal profile II, Urine Random or 24hr	U	SC	10	Arsenic, Lead, Mercury, Cadmium
HVYMETQT	Heavy Metals Profile I, Blood	WB	RB	2	Lead, Arsenic, Mercury
HVYMETAL	Heavy Metals Profile II, Blood	WB	RB	2	Lead, Arsenic, Mercury, Cadmium
HEAVYMET	Heavy Metals Profile, Urine	U	U24	10	Arsenic, Lead, & Mercury
HPYLOAGM	Helicobacter pylori Antibodies IgA, IgG, IgM	S	R/SST	1	
HH	Hemoglobin and Hematocrit	WB	L	2	
HGBELECT	Hemoglobin Electrophoresis & Solubility	WB	L	1	
SICKLESC	Hemoglobin Solubility (Sickle Cell screen)	WB	L	0.5	
HEMOSID	Hemosiderin, Urine	U	SC	5	
HEPA TOT	Hepatitis A, Total with reflex to IgM	S	R/SST	1	
ANTIXA	Heparin Anti-XA	P	LB	1	Fill tube to Capacity
HEPTHROM	Heparin-Induced Platelet Antibody	S	R	1	
LFT	Hepatic Function Panel	S	SST	2	
HAABIGM	Hepatitis A Ab, IgM	S	R/SST	0.5	
HAABIGG	Hepatitis A Ab, Total	S	R/SST	0.5	
HEPBCORE	Hepatitis B Core Ab, IgM	S	R/SST	0.5	
HBCAB	Hepatitis B Core Ab, Total (HBcAb)	S	R/SST	0.5	
HBSAB	Hepatitis B Surface Antibody (HBsAb)	S	R/SST	0.5	
HBSAG	Hepatitis B surface Antigen (HBsAg)	S	R/SST	1.5	
HEPBE AB	Hepatitis Be Antibody	S	R/SST	0.5	
HBEAG	Hepatitis Be Antigen	S	R/SST	1	
HEPCAB	Hepatitis C Antibody	S	R/SST	1	
HBRIBA	Hepatitis C confirmation	S	R/SST	1	
HCVGENO	Hepatitis C Genotyping, Non Reflex	S	SST	2.5	

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HCRNAPCR	Hepatitis C Real-Time PCR, Quant	S	L	3	
HEPDELTA	Hepatitis D Total	S	R/SST	1	
ACHEPPAN	Hepatitis Panel(4), Acute	S	R/SST	3	Hep A IgM, HBsAG, HB core IGM, HCV
HBVDNA	Hepatitis B Real-Time PCR, QUANT	S	R/SST	2	
HER2	HER-2/neu Quantitative	S	R/SST	0.5	
HEMOCHRO	Hereditary Hemochromatosis, DNA analysis	WB	L	3	
HSV1/2	Herpes Simplex 1/2, IgM	S	R/SST	0.5	
HSVPCR	Herpes Virus PCR	S	R/SST	0.5	
HHV6 IGG	HHV6 Antibody, IgG	S	R/SST	0.5	
HHV6 IGM	HHV6 Antibody, IgM	S	R/SST	1	
HISTAMIN	Histamine, Plasma	P	L	1	
H CAPSUL	Histoplasma capsulatum Ab	S	R/SST	1	
ABHISTOP	Histoplasma Antibodies	S	R/SST	1	
HIV1PHEN	HIV - 1 PhenoSense Integrase ®	P	L	1.5	
HIV2	HIV 2	S	R/SST	1	
HIVLOAD	HIV-1 VIRAL LOAD	P	2L	3	
HLA B	HLA B Disease Association	WB	L	7	
HLA B1	HLA B*1502 Typing	WB	L	7	
HLAB27	HLA B27 Disease Association	WB	L	3	
HLA B5	HLA B5701 Test	WB	L	3	
HLADRDQ	HLA DR/DQ Typing	WB	L	3	
HLA-A	HLA Panel (AB Transplant)	WB	L	3	
HOMOCYST	Homocysteine, Plasma	P	L	1	
HVA_RAND	Homovanillic Acid, Random Urine (HVA)	U	SC	4	
HSV12IGG	HSV 1&2 Type Specific IgG	S	R/SST	1	
HSV1&2,G	HSV 1/2, IgG Evaluation	S	R/SST	1	
CULTHERP	HSV CULTURE WITHOUT TYPING	Swab	VTM	**	
HSV2	HSV TYPE 2-SPECIFIC AB, IGG	S	R/SST	0.5	
HSVWBLOT	HSV Type-Specific Immunoblot	S	R/SST	1	
ABHTLV1	HTLV-I/II Antibodies, Qual.	S	R/SST	1.5	
TSH HAMA	Human Anti-mouse Antibodies	S	R/SST	0.5	
HE4	Human Epididymis Protein 4	S	R/SST	0.5	
HHV6	Human Herpes Virus 6 DNA PCR	P	L	2	
PNEMONIT	Hypersensitive Pneumonitis	S	R/SST	1	
IA 2 AB	IA-2 Autoantibodies	S	R/SST	0.5	

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IBD	IBD - 7 Serology	prometh			See Prometheus order form for instructions
ICTOTEST	Ictotest - Urine Bilirubin confirmation	U	SC	1	
IGAFIBRO	IgA Fibrinogen Aggregates	S	R/SST	0.5	
IGE FISH	IgE Fish (7types)	S	R/SST	2	codfish, halibut, perch, tuna, salmon, mackerel, trout
IGE MOLD	IgE Mold (13 types)	S	R/SST	2	
IGE NUTS	IgE Nuts (5 types)	S	R/SST	2	peanut, oat, brazil nut, almond, coconut
IGE RICE	IgE Rice	S	R/SST	1	
SOMATO	IGF-1 (Insulin-Like Growth Factor)	S	R/SST	0.5	
IGFBP3	IGF-BP3	S	R/SST	0.5	
IGGSUB	IgG, Subclasses (1-4)	S	R/SST	1	
IMIPRAM	Imipramine (Tofranil), Serum	S	R	0.5	
C1Q	Immune Complexes, C1q Binding	S	R/SST	0.5	
FIRSTSCR	IMMUNOASSAY QUANT N	S	R/SST	3	Fill out Genzyme requisition
IGA	Immunoglobulin A, Total	S	R/SST	1	
IGD	Immunoglobulin D, Total	S	R/SST	0.5	
IGE	Immunoglobulin E, Total	S	R/SST	0.5	
IGGAM	Immunoglobulin G	S	R/SST	0.5	
IGM	Immunoglobulin M, Total	S	R/SST	0.5	
MONO	Infectious Mono, Mono Spot	S	R/SST	1	
FLU SCR	Influenza A & B Antigens	NP	S	**	MICRO
INHIBINA	Inhibin A, Ultrasensitive	S	R/SST	0.5	
INHIBINB	Inhibin B	S	R/SST	0.5	
INSULIN	Insulin	S	R/SST	0.5	
ABINSULI	Insulin Antibodies	S	R/SST	0.5	
INTEGRAT	Integrated Screen - Genzyme	S	R/SST	3	Fill out Genzyme requisition
IL28B	Interleukin 28B Polymorphism	WB	L	3	
PTHINTRA	Intraoperative PTH	P	GR(Li)	1	
ABINTRIN	Intrinsic Factor Antibody, Serum	S	R/SST	1	
24IODINE	Iodine, 24 hour Urine	U	U24	5	24 hour Urine Collection
IODINE	Iodine, serum or plasma	S	R	0.5	
FE	Iron	S	SST	2	
IRON PNL	Iron Panel (Iron, Transferrin, % Saturation)	S	SST	2	
JAK2	JAK2 V617F Mutation Detection	WB	L	3	Use Tricore Hematopathology requisition
LATEXIGE	K082-IgE Latex	S	R/SST	1	
KETOCON	Ketoconazole, Serum	S	R	0.5	
KETONE	Ketone, Whole Blood	WB	GR	0.5	
ACETEST	Ketones	WB	Heparin	2	

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KETOSTER	KETOSTER 17 TOTAL UA	U	24U	20	
STONRISK	Kidney Stone, Urine/Saturation (Risk)	U	U24	200	2 - 100ML ALIQUOTS
K B	Kleihauer-Bethke Stain	WB	L	2	
KOHPREP	KOH Prep	**	**	**	MICRO
LACOSAMI	Lacosamide	S	R	0.5	
LDH	Lactate Dehydrogenase	S	SST	1	
LACT	Lactic Acid	P	GY	2	Place on ice, transport to lab immediately
LACTOFER	Lactoferrin, Fecal	Stool	SC	1gram	
LAMICTAL	Lamotrigine (Lamictal), Serum	S	R	0.5	
LDHISOS	LD Isoenzymes	S	R/SST	1	
BFLDH	LDH, Body Fluid	F	R	2	Specify Fluid type on request.
DIRLDL	LDL Cholesterol (Direct)	S	R/SST	0.5	Fasting Specimen preferred.
LEAD	Lead, Blood (Adult)	WB	RB	1	
PEDILEAD	LEAD, Pediatric	WB	L	1	
LEGIONM	Legionella pneumophila 1, IgM	S	R/SST	0.5	
LEGIONUA	Legionella pneumophila 1, Urine Antigen	U	SC	5	
LEGIONG	Legionella pneumophila Abs.	S	R/SST	0.5	
LEPTIN	Leptin, Serum	S	R/SST	0.5	
ABLEPTO	Leptospira IgM	S	R/SST	0.5	
LEUKALKP	Leukocyte Alkaline Phos	WB	GR	6 SLIDES	Sodium Heparin
KEPPRA	Levetiracetam (Keppra ®), Serum	S	R	0.5	
LEVADOPA	Levodopa (L-DOPA)	S	R	1	
LIDO	Lidocaine (Xylocaine), Serum	S	R	0.5	
LIPASE	Lipase	S	SST	2	
LIPID	Lipid Panel	S	SST	2	Fasting Specimen preferred.
LIPOA	Lipoprotein (a)	S	R/SST	0.5	
LP-PLA2	Lipoprotein associated Phospholipase A2	S	R/SST	0.5	
LP-PLAC2	Lipoprotein associated Phospholipase A2	S	R/SST	0.5	
LITHIUM	Lithium	S	SST	2	Do not collect in Lithium Heparin tube
AB LKM	Liver-Kidney Microsomal Ab	S	R/SST	0.5	
LORAZEP	LORAZEPAM, SERUM/PLASMA	S	R	0.5	
SLE	Lupus (SLE) Panel	S	R/SST	4	
LUPINHIB	Lupus like Inhibitor	P	2LB	2	
LH	Luteinizing Hormone (LH), Serum	S	R/SST	0.5	
LYMEPCR	Lyme (B. burgdorferi) PCR	WB	L	0.5	WB, CSF, or synovial fluid
ABLYME	Lyme Ab / Western Blot Reflex	S	R/SST	1	Reflex on Positive, Borrelia Ab.
LYMEIGGM	Lyme, Western Blot IgG and IgM	S	R/SST	0.5	
LYMPHPNL	Lymphocyte Stimulation Panel	WB	GR	8	Must arrive at testing lab w/in 24hrs

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LYSOZYME	Lysozyme, Serum	S	R/SST	0.5	
HELMINTH	M008-IgE Helminthosporium Halo	S	R/SST	1	
T RUBRUM	M205-IgE Tricophyton Rubrum	S	R/SST	1	
ABASPERG	M207-IgE Aspergillus niger	S	R/SST	1	
MACROPRO	Macroprolactin	S	R/SST	0.5	
U24MAG	Magnesium, 24 hour Urine	U	U24	10	24 hour Urine Collection
MAG RBC	Magnesium, RBC	WB	L	0.5	See collection requirements
MG	Magnesium, Serum	S	SST	2	
URMG	Magnesium, Urine	U	SC	5	
MALARSMR	Malarial Smear	WB	L	2	
MANGANES	Manganese, Blood	WB	RB	2	
MANNOSE	Mannan Binding Lectin (MBL)	S	R/SST	1	
MAPLE DZ	Maple Syrup Disease	WB	AC	20	Fill out Genzyme requisition
MSAFP	Maternal Serum AFP	S	R/SST	1	Fill out Genzyme requisition
MMRIMMUN	Measles/Mumps/Rubella Immunity Profile	S	R/SST	1	
MSH	Melanocyte-Stimulating Hormone	P	L	0.5	Plasma with Trasylol®
MELANOMA	Melanoma Monitor Profile	S	R/SST	2	
MERCURY	Mercury, Blood	WB	RB	1	
MERC UA	Mercury, Urine	U	SC	5	Random or 24 hour Urine
Q_META24	Metanephries, 24 hour urine to Quest	U	U24	20	
METANEPH	Metanephries, Fractionated, Plasma Free	P	L	1.5	Draw in chilled EDTA tube
META24HR	Metanephries, Fractionated, Quant, 24hr UR	U	U24	25	24 hour Urine Collection
METHOTRE	Methotrexate (MTX), Serum	S	R	0.5	
MRMD	Methylenetetrahydrofolate Reduc. (MTHFR)	WB	L	1	
MMA	Methylmalonic Acid, Serum (MMA)	S	R/SST	1	
MVA ACID	Mevalonate Acid (Mevolonic)	U	SC	5	
24HRMALB	Microalbumin, 24 hour Urine	U	U24	10	24 hour Urine Collection
MICROALB	Microalbumin, Random Urine	U	SC	3	
24MICALB	Microalbumin/Creat, 24 hour Urine	U	U24	10	24 hour Urine Collection
FISH_T	Microdeletion FISH	WB	GR	5	
FISH_Q	Microdeletion FISH	WB	GR(Na)	3	Specify specific test
UAMICRO	Microscopic Analysis, Urine	U	SC	6	
MISC	Miscellaneous Test - Not in HMS				Specify test in comments
AB MITO	Mitochondrial (M2) Antibody	S	R/SST	0.5	
MMP-9	MMP9 Matrix Metalloproteinase 9	S	R/SST	0.5	
MRSA	MRSA Screen	Swab	***	**	
MSSCR	MS Profile	CSF & S	CSF & R	3 & 2	
MTHFR	MTHFR	WB	L	3	

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MUCOLIPI	Mucopolipidosis	WB	AC	20	Fill out Genzyme requisition
ABMUMPS	Mumps Ab IgG	S	R/SST	0.5	
AB TYPHU	Murine typhus Antibodies, IgG	S	R/SST	0.5	
MUSK	Muscle Specific Receptor	S	R	3	
MYASTHAB	Myastenia Gravis Ab Panel	S	R/SST	1	
M GRAVIS	Myastenia Gravis panel 3	S	R/SST	2	
MYCOPHEN	Mycophenolic Acid and Metabolite	S	R	0.5	
ABMYCOPL	Mycoplasma Pneumoniae Ab IgM	S	R/SST	0.5	
M PNEUMO	Mycoplasma pneumoniae Abs IgM and IgG	S	R/SST	0.5	
MYELBSCP	Myelin Basic Protein, CSF	CSF	SC	0.5	
MYOGLOB	Myoglobin Quant - Serum	S	R/SST	0.5	
MYOGLOBI	Myoglobin Quant - Urine	U	SC	2	
NK CELLS	Natural Killer Cell Surface Ag	WB	AC	Fill	
NDEMPLOY	Needle Stick - Employee	S	R/SST	1	Contact lab for instructions
NDSOURCE	Needle Stick - Source	S	R/SST	1	Contact lab for instructions
AB NMO	Neuromyelitis Optica IgG AB (NMO)	S	R/SST	0.5	
NSE	Neuron-specific Enolase, Serum	S	R/SST	0.5	
ABNEUTRO	Neutrophil Antibodies	S	R/SST	1	
NICOTINE	Nicotine and Metabolite, Quant	P	L	0.5	
URINENIC	Nicotine Metabolite Screen, Urine	U	SC	2	
NIEMANN	Niemann Pick Type A panel	WB	AC	Fill	Fill out Genzyme requisition
NMR LIPO	NMR Lipo Profile	S	R	1	
NORTRIPT	Nortriptyline (Aventyl®), Serum	S	R	0.5	
URTELOPE	N-telopeptide, random urine	U	SC	2	
OCCBLOOD	Occult Blood	Stool	SC	1	
OLIGOBND	Oligoclonal Banding	S & CSF	R & CSF	0.5 & 0.5	
FLT3NPM1	Oligoclonal Bands	CSF & S	CSF & R	0.7 & 1	
UOPIATES	Opiates Screen, Qual	U	SC	1	
OPIATES	Opiates, GC/MS Quantitative	U	SC	45	
ORGACID	Organic Acid Analysis, Urine	U	SC	3	
OSMOLBLD	Osmolality	S	R	0.5	
UROSMOL	Osmolality, Urine random or 24hr	U	SC	1	
OSMOTIC	Osmotic Fragility Erythrocyte (RBC)	WB	GR	1	Slides
OSTEOCAL	Osteocalcin, serum	S	R/SST	0.5	
OVAPARAS	OVA + PARASITE EXAM	Stool	O&P	5 grams	
OVA1	OVA 1 <sup>TM</sup>	Stool	O&P	5 grams	
OXALATE	Oxalate(Oxalic Acid) 24 HR URINE	U	U24	5	24 hour Urine Collection

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TRILEPTA	Oxcarbazepine (Trileptal ®), Serum	S	R	0.5	
AB ISLET	Pancreatic Islet Cell Antibody Screen	S	R/SST	1	
HIV1	Panel 083824 (HIV 1)	S	R/SST	1	
PAPSLIDE	PAP smear - slide	TP	**	**	
PAPSMR	PAP-THIN PREP DIAG	TP	**	**	
PARANEO	Paraneoplastic syndrome	Special			Contact lab for instructions
TICK ID	Parasite ID, Arthropod	**	FOR	**	See collection requirements
ABPARVO	Parvovirus Antibody B19, IgM	S	R/SST	0.5	
AB B19	Parvovirus B19, IgG and IgM	S	R/SST	0.5	
<a href="#">SMEARREV</a>	<a href="#">Pathologist Smear Review</a>	<a href="#">WB</a>	<a href="#">L</a>	<a href="#">2</a>	
<a href="#">PATRRZCO</a>	<a href="#">Pathology Consult</a>	<a href="#">Special</a>		<a href="#">2</a>	
<a href="#">UPCP</a>	<a href="#">PCP Screen, Qual</a>	<a href="#">U</a>	<a href="#">SC</a>	<a href="#">1</a>	
PH STOOL	PH Feces(Stool)	Stool	SC	1grm	
<a href="#">PHBLOOD</a>	<a href="#">PH Venous Blood</a>	<a href="#">WB</a>	<a href="#">GR</a>	<a href="#">2</a>	
BFPH	pH, Body Fluid	F	Hep	1	
<a href="#">PHENOBAR</a>	<a href="#">Phenobarbital</a>	<a href="#">S</a>	<a href="#">SST</a>	<a href="#">2</a>	
PHENYFRE	Phenytoin, Free, Serum	S	R	1.5	
BCRABL	Philadelphia Chromosome	WB	GR(Na)	1	Use Tricore Hematopathology requisition
<a href="#">24URPHOS</a>	<a href="#">Phosphorous, 24 Hour Urine</a>	<a href="#">U</a>	<a href="#">U24</a>	<a href="#">5</a>	<a href="#">24 hour Urine Collection</a>
<a href="#">PHOS</a>	<a href="#">Phosphorus</a>	<a href="#">S</a>	<a href="#">SST</a>	<a href="#">2</a>	
<a href="#">URPHOS</a>	<a href="#">Phosphorus, random Urine</a>	<a href="#">U</a>	<a href="#">SC</a>	<a href="#">2</a>	
<a href="#">PINWORM</a>	<a href="#">Pinworm Prep</a>	<a href="#">**</a>	<a href="#">**</a>	<a href="#">**</a>	<a href="#">MICRO</a>
PKU	PKU BLOOD	PKU			Fill circles completely
PLASMIN	Plasminogen Activity	P	LB	1	
ABPLT	Platelet Antibody	WB	2 L	5	
ABPLTPRO	Platelet Antibody Profile, Serum	S	R/SST	0.5	
<a href="#">PLATELET</a>	<a href="#">Platelet Count</a>	<a href="#">WB</a>	<a href="#">L</a>	<a href="#">2</a>	
PFA	Platelet Function Assay	WB	2LB	2 LB	Must be tested within 4hrs of collection
<a href="#">PLT1</a>	<a href="#">Platelet Pheresis (6 pack)</a>	<a href="#">WB</a>	<a href="#">L</a>	<a href="#">6</a>	
STREP14	Pneumococcal Immunity 14 type	S	R/SST	0.5	
PNEUCYST	Pneumocystis	**	SC	**	See collection requirements
PCARINII	Pneumocystis Carinii	***	SC	**	MICRO
AB POLIO	Poliovirus Immune Status	S	R/SST	2	
PORPHOBI	Porphobilinogen, Quant	U	U24	3	Protect from Light
PORPHYRI	Porphyrins, Quant, Random Urine	U	SC	1.5	Protect from Light
PORPHYQL	Porphyrins, Urine Qual	U	U24	2	Protect from Light
<a href="#">SEMENPV</a>	<a href="#">Post Vasectomy Semen Analysis</a>	<a href="#">F</a>	<a href="#">SC</a>	<a href="#">**</a>	<a href="#">See collection requirements</a>
ABPTX	Post-Transplant Antibody Screen	WB	R	5	do not open tube

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K	Potassium	S	SST	2	
UR24K	Potassium, 24hour Urine	U	U24	5	24 hour Urine Collection
URK	Potassium, random Urine	U	SC	2	
PREALB	Prealbumin	S	R/SST	1	
PHOSPABY	Pregnancy related Phospholipid Antibody	S	R	1	
PREGNENO	Pregnenolone	S	R	1.5	
PRENATAL	Prenatal Package	S & WB	3SST & 2L	**	Contact lab for instructions
PRIMIDON	Primidone (Mysoline®), Serum	S	R	0.5	
PROCAIN	Procainamide (Pronestyl®), Serum	S	R	0.5	
PROGEST	Progesterone	S	R/SST	0.5	
PROLACT	Prolactin	S	R/SST	0.5	
PRCELIAC	Prometheus Celiac Disease Panel	prometh			See Prometheus order form for instructions
CROHNIBD	Prometheus Crohns with ibd7	prometh			See Prometheus order form for instructions
IBS	Prometheus Kit 4	prometh			See Prometheus order form for instructions
PROPREDI	Prometheus Pro-predict screen	prometh			See Prometheus order form for instructions
PCA3	Prostate Cancer Antigen 3	U	A	2	
PROACPHO	Prostatic Acid Phosphatase, Serum	S	R/SST	0.5	
PROTEC	Protein C Antigen	P	LB	1	Fill tube to Capacity
PROTCACT	Protein C-Function	P	LB	1	Fill tube to Capacity
IMMIFIXEL	Protein Elec. and Immunofixation, Serum	S	R/SST	2	
IMMIFIXUR	Protein Elec. and Immunofixation, Urine 24	U	U24	10	24 hour Urine Collection
PRTELECU	Protein Electrophoresis & Immunofixation, Random Urine	U	SC	10	
PROELECT	Protein Electrophoresis, Serum	S	R/SST	1	
PROTES	Protein S, Total	P	LB	1	Fill tube to Capacity
PROTSACT	Protein S-Functional	P	LB	1	Fill tube to Capacity
URTP24	Protein, 24hr Urine	U	U24	5	24 hour Urine Collection
BFTP	Protein, Body Fluid	F	R	2	
URTPR	Protein, Random Urine	U	SC	2	
TP	Protein, Serum	S	SST	2	
PT	Protime / INR	P	LB	1	Fill tube to Capacity
ZPP	PROTOPORPHYRIN, FEP/ZPP	WB	RB	1	
PSAFREE	PSA free and total	S	R/SST	1	
PSA MEDI	PSA SCREEN	S	SST	2	
PSA	PSA, total	S	SST	2	
PSAULTRA	PSA, Ultrasensitive	S	R/SST	1	
PROTIME	PT / INR	P	LB	Fill	Fill tube to Capacity

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PTMIXING	PT Mixing Study	P	2LB	4	
PTH-RP	PTH - Related Peptide	P	L	0.5	Plasma with Trasylol®
PTH FNA	PTH Fine Needle Aspirate	Special			
PTH	PTH, Intact and Calcium	S & P	R/SST & L	1 & 1	
PTTMIXNG	PTT Mixing Study	P	2LB	4	
VONWILLI	PTT+F VIII+VWFACT+VWF AG	P	LD	3	
PYRUVATE	Pyruvic Acid, Blood	***	GY	0.5	Contact Lab for instructions
ABQFEVER	Q Fever IgG Antibody	S	R/SST	0.5	Coxiella burnetii
QUINI	Quinidine, Serum	S	R	0.5	
ABRABIES	RABIES ANTIBODY TEST	S	R/SST	1	
RBC1	Red Blood Cell Unit	WB	L	6	
CLINTST	Reducing Substances	U	SC	1	
RFP	Renal Function Panel	S	SST	2	
RENIN	Renin Activity, Plasma	P	L	1	
AB RETIC	Reticulin IgA Antibodies	S	R/SST	0.5	
RETIC	Reticulocyte Count	WB	L	6	
T3 REV	Reverse T3	S	R/SST	0.5	
RHTYPE	Rh Type only	WB	L	6	
RA	Rheumatoid Arthritis Factor	S	R/SST	0.5	
RHIGD	Rhogam Dose	WB	L	6	
RHIG	Rhogam Work-Up	WB	L	6	
Q FEVER	Rickettsial Fever Abs	S	R/SST	2	RMSF & Q Fever Abs
AB RNP	RNP Antibodies	S	R/SST	1	
AB RMSF	Rocky Mountain Spotted Fever, IgG	S	R/SST	0.5	
RMSF IGM	Rocky Mountain Spotted Fever, IgM	S	R/SST	0.5	
ROTAVIR	Rotavirus Antigen	Stool	SC	1 gram	
RPR	RPR (Rapid Plasma Reagin) Syphilis Serology	S	R/SST	1	
RSV	RSV	NP	S	**	MICRO
RUBELLA	Rubella Antibody, IgG	S	R/SST	0.5	
ABRUBEOL	Rubeola Antibodies, IgG	S	R/SST	0.5	
S100B	S100B Tumor Marker	S	R/SST	1	
ASCA	Saccharomyces cerevisiae IgG, IgA	S	R/SST	0.5	
SALICYLA	Salicylate	S	SST	2	
SCHISIGG	Schistosoma Antibody IgG	S	R/SST	0.5	
SCLERO	Scleroderma Diagnostic Panel	S	R/SST	1	ANA & Scl-70
SELENIUM	Selenium, Plasma	P	RB	1	
POSTVAS	Semen Analysis, Post Vasectomy	F	SC	**	

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SEROTONI	Serotonin, serum	S	R	1.5	
SEXHRBG	Sex Hormone Binding Globulin (SHBG)	S	R/SST	0.5	
SHIPPING	Shipping Fee	Special		0.5	
SIALIC	Sialic Acid - Lipid Associated	S	R/SST	0.5	
AB SRP	Signal Recognition Particle	S	R/SST	0.5	
RAPAMYCI	Sirolimus (Rapamycin ®), Blood	WB	L	3	
ABSSA	Sjogren's Anti - SS-A	S	R/SST	1	
ABSSB	Sjogren's Anti - SS-B	S	R/SST	1	
ABSM	SM and SM/RNP Ab	S	R/SST	0.5	Smith Antibodies
NA	Sodium	S	SST	2	
UR24NA	Sodium, 24hour Urine	U	U24	5	24 hour Urine Collection
URNA	Sodium, Urine	U	SC	2	
AB SLA	Soluble Liver Ag (IgG Ab)	S	R/SST	0.5	
SOLTRANS	Soluble Transferrin Receptor	S	R	0.5	
CSFANAL	Spinal Fluid Analysis	CSF	CSF	**	Includes Glu, TP, Cell Count w/diff
CULTCSF	Spinal Fluid Culture	CSF	CSF	**	MICRO
SMA	Spinal Muscular Atrophy	**	**	**	Fill out Genzyme requisition
CULTYERS	Stool Culture, Yersinia ONLY	Stool	SC	1	
STREPAGN	Streptococcus Pneumoniae Antigen	U	SC	5	
AB STRIA	Striated Muscle Antibody	S	R/SST	0.5	
SULFATE	Sulfate, Quant, 24hr Urine	U	U24	3	
ABFTA	T. pallium Confirmation	S	R/SST	0.5	(Syphilis Confirmation)
HAZELNUT	T004-IgE Hazelnut Tree	S	R/SST	1	
ELM	T008-IgE Elm, American (White)	S	R/SST	1	
JUNIPER	T047-IgE Juniper	S	R/SST	1	
T3TOTAL	T3 Total	S	SST	2	
T3UPTAKE	T3 Uptake	S	R/SST	0.5	
IMMCOMPL	TA90 Immune Complex	S	R/SST	0.5	
TACROLIM	Tacrolimus (FK506), Blood	WB	L	1	
TB GOLD	TB gold (QuantiFERON)	***	**	**	Contact Lab for instructions
TEST	Test Procedure	Special			
TESTOBIO	Testosterone, Free + Weakly Bound	S	R/SST	1	
FREETEST	Testosterone, Free and Total	S	R/SST	1	
TESTFREU	Testosterone, Free Ultrafiltration	S	R/SST	1	
TESTOST	Testosterone, Serum	S	R/SST	0.5	
ABTETNUS	Tetanus Antitoxoid IgG Antibody	S	R/SST	0.5	
ABANTITX	Tetanus/Diphtheria Ab.	S	R/SST	0.5	

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THEOPHYL	Theophylline	S	R	0.5	
<a href="#">THERPHLE</a>	<a href="#">Therapeutic Phlebotomy</a>	<a href="#">WB</a>	<a href="#">CPDA</a>		<a href="#">Contact Lab for instructions</a>
TPGCCHLA	Thin Prep GC/Chlamydia screen	Path			
PAPMANMD	Thin Prep with MD screening	TP	**	**	
TPMT	Thiopurine Methytransferase	WB	L	5	Collect Mon - Thurs only.
THROMBIN	Thrombin Time	P	LB	1	
THROMPNL	Thrombotic Marker Panel	P	LB	4	2 - 2mL aliquots
THROMBOX	Thromboxane TXB2 (Asprinworks <sup>TM</sup> )	U	SC	10	Contact Lab for instructions
THYROGLO	Thyroglobulin Panel, Comprehensive	S	R/SST	2	Anti-Thyroglobulin & total Thyroglobulin
THRYOGLB	Thyroglobulin, Quantitative	S	R/SST	0.5	
ABTHYRD	Thyroid Antibodies	S	R/SST	1	Anti-TPO & Antithyroglobulin Abs
FTI	Thyroid Panel (T7) TT4+F3UP+FTI	S	R/SST	0.5	
AB TPO	Thyroid Peroxidase (TPO) Antibody	S	R/SST	0.5	
<a href="#">TSH</a>	<a href="#">Thyroid Stimulating Hormone</a>	<a href="#">S</a>	<a href="#">SST</a>	<a href="#">2</a>	
AB TSI	Thyroid-stimulating Immunoglobulin	S	R/SST	0.5	
TBII	Thyrotropin Binding Inhibitory Immunoglobulin (TBII)	S	R/SST	0.5	
TBG	Thyroxine Binding Globulin	S	R/SST	0.5	
TOBRA	Tobramycin, Random	S	R	0.5	
TOPIRAM	Topiramate (Topamax ®), Serum	S	R	0.5	
CD4	Total CD4 Count	WB	L & AC	Full	
<a href="#">T4TOTAL</a>	<a href="#">Total T4</a>	<a href="#">S</a>	<a href="#">SST</a>	<a href="#">2</a>	
OBTOTLT4	Total T4 - Pregnant Patient	S	R/SST	1	
TOXOIGM	Toxoplasma Abs, IgG & IgM	S	R/SST	2	
TOXOIGG	Toxoplasma gondii Ab, IgG	S	R/SST	0.5	
<a href="#">TRFN</a>	<a href="#">Transferrin</a>	<a href="#">S</a>	<a href="#">SST</a>	<a href="#">2</a>	
<a href="#">TRNRXNB</a>	<a href="#">Transfusion Reaction Basic Workup</a>	<a href="#">WB</a>	<a href="#">L</a>	<a href="#">6</a>	
<a href="#">TRNRXNEX</a>	<a href="#">Transfusion reaction Extended Workup</a>	<a href="#">WB</a>	<a href="#">L</a>	<a href="#">6</a>	
TREPOSCR	Treponema palladium Screen	S	R/SST	1	
<a href="#">UTCA</a>	<a href="#">Tricyclics Screen, Qual</a>	<a href="#">U</a>	<a href="#">SC</a>	<a href="#">1</a>	
<a href="#">TRIG</a>	<a href="#">Triglycerides</a>	<a href="#">S</a>	<a href="#">SST</a>	<a href="#">2</a>	
BFTRIG	Triglycerides, Body Fluid	F	R	1	
T3FREE	Triiodothyronine, Free (Free T3)	S	R/SST	0.5	
WHIPPLES	Tropheryma Whipplei (Whipples)	WB/CSF	L	0.5	Quest code: 11352X
<a href="#">TROPONIN</a>	<a href="#">Troponin I</a>	<a href="#">S</a>	<a href="#">GR</a>	<a href="#">2</a>	
ABTCRUZI	Trypanosoma Cruzii antibody, IgG	S	R/SST	0.5	

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TRYPTASE	Tryptase	S	R/SST	0.5	
AB TRANA	t-Transglutaminase (tTG) IgA	S	R/SST	0.5	Tissue Transglutaminase, IgA
AB TRANS	t-Transglutaminase (tTg) IgG	S	R/SST	0.5	Tissue Transglutaminase, IgG
TNF	Tumor Necrosis Factor-Alpha	S	R/SST	0.5	
<a href="#">TYPSCR</a>	<a href="#">Type and Screen</a>	<a href="#">WB</a>	<a href="#">L</a>	<a href="#">6</a>	
TYROSINE	Tyrosine, Qnt, 24 hour Urine	U	24U	3	
TZANCK	Tzanck Smear	**	SL	**	Contact lab for instructions
UGT 1A1	UGT 1A1 Irinotecan Toxicity	WB	L	3	
UMBDUGS	Umbilical Cord Blood Drug Screen	Cord		**	Contact Lab for Kit
CULTRESP	Upper Respiratory Culture	Swab	SC	**	
UBT	Urea Breath Test	***	**	**	Contact Lab for instructions, Adults only
URUREANI	Urea Nitrogen, 24hr Urine	U	U24	10	24 hour Urine Collection
<a href="#">URIC</a>	<a href="#">Uric Acid</a>	<a href="#">S</a>	<a href="#">SST</a>	<a href="#">2</a>	
<a href="#">URIC 24</a>	<a href="#">Uric Acid, 24hr Urine</a>	<a href="#">U</a>	<a href="#">U24</a>	<a href="#">5</a>	<a href="#">24 hour Urine Collection</a>
BFURIC	Uric Acid, Body Fluid	F	R	1	
<a href="#">URICUR</a>	<a href="#">URIC ACID, URINE</a>	<a href="#">U</a>	<a href="#">SC</a>	<a href="#">2</a>	
<a href="#">UA</a>	<a href="#">Urinalysis</a>	<a href="#">U</a>	<a href="#">SC</a>	<a href="#">6</a>	
<a href="#">UAMIC</a>	<a href="#">Urinalysis with Microscopic</a>	<a href="#">U</a>	<a href="#">SC</a>	<a href="#">6</a>	
UACADMIU	Urine Cadmium, Random or 24hr	U	SC	5	
UACOPPER	Urine Copper, Random or 24hr	U	SC	5	
DRUGSSED	Urine Drug Screen - Child	U			Chain of Custody kit
<a href="#">UA EOSIN</a>	<a href="#">Urine Eosinophil</a>	<a href="#">U</a>	<a href="#">SC</a>	<a href="#">2</a>	
<a href="#">VALPROIC</a>	<a href="#">Valproic Acid</a>	<a href="#">S</a>	<a href="#">SST</a>	<a href="#">2</a>	
VALACID	Valproic Acid Free	S	R	1.5	
<a href="#">VANCMRSA</a>	<a href="#">Vancomycin Trough for MRSA</a>	<a href="#">S</a>	<a href="#">SST</a>	<a href="#">2</a>	
<a href="#">VANCO PK</a>	<a href="#">Vancomycin, Peak</a>	<a href="#">S</a>	<a href="#">SST</a>	<a href="#">2</a>	<a href="#">Peak: draw 30 - 60min post dose</a>
<a href="#">VANCO</a>	<a href="#">Vancomycin, Random</a>	<a href="#">S</a>	<a href="#">SST</a>	<a href="#">2</a>	
<a href="#">VANCO TR</a>	<a href="#">Vancomycin, Trough</a>	<a href="#">S</a>	<a href="#">SST</a>	<a href="#">2</a>	<a href="#">Trough: draw just prior to next dose.</a>
VMA	Vanillylmandelic Acid (VMA), 24hr Urine	U	U24	30	24 hour Urine Collection
VMA_RAND	Vanillylmandelic Acid (VMA), Random Urine	U	SC	2	
VAP	VAP Cholesterol Profile	S	SST	1	
ABVZV	Varicella Zoster Abs, IgG and IgM	S	R/SST	1	
VASOPRES	Vasopressin (Antidiuretic Hormone Profile)	S & P	R & L	1 & 2	
<a href="#">ISTATVBG</a>	<a href="#">VBG performed on ISTAT</a>	<a href="#">WB</a>	<a href="#">GR</a>	<a href="#">0.5</a>	
VDRL CSF	VDRL, Cerebral Spinal Fluid	CSF	CSF	0.5	
VEGF	VEGF, Plasma	P	L	0.5	
<a href="#">VENI</a>	<a href="#">VENIPUNCTURE</a>	<a href="#">NA</a>	<a href="#">NA</a>	<a href="#">**</a>	
VIP	VIP, Plasma	P**	L	0.5	

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VBFCULT	Viral Culture, Body Fluid	F	VTM	1	
CULTVIID	Viral Culture, General	**	VTM	**	See collection requirement
CULTVIRA	Viral Culture, Rapid Respiratory	NP	VTM	**	Adeno, FLU A&B, RSV, Paraflu 1,2,&3
HSVOTHER	Viral Culture, Rapid, Lesion (HSV & VZV)	**	VTM	**	See collection requirement
VISCOS	Viscosity	S	R/SST	0.5	
VITAMINA	Vitamin A (Retinol), Serum	S	R/SST	1.5	Protect from Light
VITAB1	Vitamin B1 (Thiamine), Blood	WB	L	1	Protect from Light
VITB1PLA	Vitamin B1 (Thiamine), Plasma	P	L	1.5	Protect from Light
B12	Vitamin B12	S	SST	2	
B12UNSAT	Vitamin B12 Unsaturated Binding Capacity	S	R/SST	0.5	
VITB2	Vitamin B2 (Riboflavin), Whole Blood	WB	L	1	Protect from Light
VITAB6	Vitamin B6	P	L	1.5	Protect from Light
VITAMINC	Vitamin C (Ascorbic Acid)	P	GR	1	Protect from Light
VITAD125	Vitamin D, 1,25 dihydroxy (Calcitriol)	S	R/SST	2	
VITAD25	Vitamin D, 25-Hydroxy	S	R/SST	0.5	
VITAMINE	Vitamin E (Tocopherol), Serum	S	R/SST	1.5	Protect from Light
VITA K	Vitamin K1	P	L	1	Protect from Light
VHL	Von Hippel-Lindau Disease	WB	L	2	
VWF	Von willibrand factor - multimers	P	LB	2	
THISTLE	W011-IgE Thistle, Russian	S	R/SST	1	
MANWBC	WBC	WB	L	2	
WESTNILE	West Nile Virus Antibody, IgG and IgM	S	R/SST	0.5	
WNILECSF	West Nile Virus, RT-PCR	P/CSF/S		1	
WETMOUNT	Wet Mount	**	**	**	MICRO
WBC	White Blood Cell Count	WB	L	2	
XYLOSE	XYLOSE ABSORPTION TE	P	GY	1	See collection requirements Pediatric 293829
ZAP 70	Zeta-Associated protein 70	WB	L	2	
ZINC	ZINC, PLASMA OR SERUM	P	RB	1	
ZONEGRAN	Zonisamide (Zonegran)	S	R	1	

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<b>Laboratory Supplies</b>	<b># Ordered</b>	<b>#Shipped</b>
Light Blue Top, 2.8 ml (Pack of 100)		
Lavender top, 4ml (Pack of 100)		
Lavender top, 6ml (each)		
Royal Blue top (pack of 100)		
Red Top, 7ml (Pack of 100)		
Gold Top, SST, 10ml (Pack of 100)		
Tourniquets (Pack of 10)		
Glass slides, Frosted end (1 box)		
Transfer Pipettes ( 1 Box)		
Transfer tubes & caps (pack of 50)		
Vacutainer Needles, 21G x 1 ( box of 100)		
Vacutainer Needles, 22 G x 1 (box of 100)		
Vacutainer Luer Adapters (box of 100)		
Needle holders ( 1 box – 100/ box)		
Blood Bank Bands (box)		
Gen Probes, Male (each)		
Gen Probes, Female (each)		
Thin Prep (Flat of 50)		
Test request forms (pack of 100)		
Cytology Requisitions (pack of 100)		
Pathology Requisitions (pack of 100)		
Specimen Bags, Plastic Biohazard (pack of 100)		
Cups, Sterile Urine (each)		
Collection Containers, 24 hour (each)		
Blood Culture Bottles (each)		
• Pediatric		
• Aerobic		
• Anaerobic		
• Aerobic Plus		
• Anaerobic Plus		
Formalin		
• 15 ml cups (box)		
• 30 ml cups (box)		
Culturettes - Bactiswabs		
Alcohol preps (box)		
Other:		

Requesting Physician / Department: \_\_\_\_\_ Order Date: \_\_\_\_\_

Ordered By: \_\_\_\_\_