

A**ABO TYPE AND RH FACTOR**

Test Code: **ABRH**
Performed: Daily All Shifts
Laboratory Department: Blood Bank

Specimen Requirements: 10 ml whole blood clot, **Large Red**. Label must have patients **FULL NAME and DATE OF BIRTH**

Specimen Storage: Refrigerate
Rejection Criteria: Gross Hemolysis

Multiple Tests: ABO, Rh Factor

CPT Code: 86900, 86901

ACE

See ANGIOTENSIN – 1 – CONVERTING ENZYME

ACETAMINOPHEN

Test Code: **ACETAM**
Methodology: Enzymatic Hydrolysis
Laboratory Department: Chemistry
Performed: Daily, all shifts

Specimen Requirements: 0.5 ml lithium heparin plasma, GREEN or serum, RED;
Specimen Storage: Refrigerate
Range: Normal: 0 ug/ml
Therapeutic 10-30 ug/ml
Toxic Levels: >150 ug/ml if 4 hours after ingestion
>50 ug/ml if 12 hours after ingestion

Trade Names: Darvocet Repan
Datril Sedapap-10
Excedrin Tempra
Liquiprin Tylenol

CPT Code: 82003

ACETONE, SERUM/PLASMA (QUALITATIVE)

Test Code: ACET2
Methodology: Nitroprusside
Performed: Daily, all shifts
Laboratory Department: Chemistry

Specimen Requirements: 1.0 ml lithium heparin plasma, GREEN or serum, RED
Specimen Storage: Refrigerate
Rejection Criteria: Hemolysis

Reference Range: Negative

CPT Code: 82009

ACID FAST CULTURE WITH SMEAR **TEST CODE: TBCUL** **SVG**

ACID PHOSPHATASE. Total **TEST CODE: ACP** **Quest# 210X**

ACTIVATED PARTIAL THROMBOPLAST: See PTT

ACTH (Adrenocorticotrophic Hormone), Plasma **TEST CODE: ACTH** **Quest# 211X**

ACTIN (Smooth Muscle) AB (IGG) **TEST CODE: QSMAB** **Quest# 15043X**

ACTINOMYCES FUNGAL CULTURE **TEST CODE: ACFCUL** **SVG**

ACTIVATED PROTIEN C-RESISTANCE **TEST CODE: APCVR** **SVG**

ACYCARNITINES, QN, P **TEST CODE: YACQNP** **Mayo# 82413**

ADENOVIRUS / ENTEROVIRUS CULTURE **TEST CODE: AEVCUL** **SVG**

ADENOVIRUS SMEAR **TEST CODE: ADENSM** **SVG**

A

AFB CULTURE: **TEST CODE: TBCUL** **SVG**

AFB SMEAR: **TEST CODE: TBCUL** **SVG**

A/G RATIO: See PROTEIN (TOTAL) ALBUMIN, GLOBULIN, WITH A/G RATIO

AHF : See FACTOR VIII ASSAY

AHG, DIRECT: See COOMBS, DIRECT

ALANINE AMINOTRANSFERASE: See SGPT

ALBUMIN:

Test Code: **ALB**
Methodology: Bromcresol Purple
Performed: Daily, all shifts
Laboratory Department: Chemistry

Specimen Requirements: 0.5 ml lithium heparin plasma, GREEN or serum, RED
Specimen Storage: Refrigerate
Rejection Criteria: Hemolysis

Reference Range: 3.4-5.0 gm/dl

CPT Code: 82040

ALBUMIN, BODY FLUID

Test Code: **FLALB**
Methodology: Bromcresol Purple
Performed: Daily, all shifts
Laboratory Department: Chemistry

Specimen Requirements: 0.5 ml body fluid, centrifuge to remove any cellular elements
Specimen Storage: Refrigerate
Rejection Criteria: Hemolysis

Reference Range: None
CPT Code: 82042

ALBUMIN/GLOBULIN RATIO: See PROTEIN (TOTAL), ALBUMIN, GLOBULI, WITH A/G Ratio

ALCOHOL, ETHYL

Test Code: ALCOH
Methodology: Enzymatic
Performed: Daily, all shifts
Laboratory Department: Chemistry

Specimen Requirements: 0.5 ml lithium heparin plasma, GREEN or serum, RED
Specimen Storage: Refrigerate

Reference Range: <25 mg/dl , <0.02 %

CPT Code: 82055

ALDOLASE **Test Code: ALD** **Quest # 66985P**

ALDOSTERONE **Test Code: ALDOS** **Quest #17181X**

ALDOSTERONE, 24 HR. URINE **Test Code: UALDO** **Quest #7062N**

ALKALINE PHOSPHOTASE

Test Code: ALKP
Methodology: P-Nitrophenyl Phosphate
Performed: Daily, all shifts
Laboratory Department: Chemistry

Specimen Requirements: 0.5 ml lithium heparin plasma, GREEN or serum, RED
Specimen Storage: Refrigerate
Rejection Criteria: Gross Hemolysis

Reference Range: 50 – 136 IU/L

CPT Code: 84075

ALKALINE PHOSPHATASE ISOENZYMES **TEST CODE: QISOAP** **Quest# 231X**

A

ALLERGEN, PROFILE, ADULT FOOD ALLERGY
ALLERGEN, PROFILE, CHILDHOOD ALLERGY **SVG**
ALLERGEN, PROFILE, UPPER RESPIRATORY DISEASE
ALLERGEN, SPECIFIC IGE (NAME OF ALLERGEN)

ALPHA-1 ANTITRYPSIN MUTATION ANAL. **TEST CODE: QAAT** **Quest #15340X**

ALPHA-1 ANTITRYPSIN QUANTIFICATION **TEST CODE: QATRP** **Quest #235X**

ALPHA FETO PROTEIN **TEST CODE: FETO** **SVG**

ALPHA-LIPOPROTEIN CHOLESTEROL: See HDL CHOLESTEROL

ALT: See SGPT

AMIKACIN, PEAK **TEST CODE: YAMIKP** **Mayo #82112**

AMIKACIN, TROUGH **TEST CODE: YAMIKT** **Mayo #81593**

AMINOPHYLLINE: See THEOPHYLLINE

AMITRIPTYLINE (ELAVIL) **TEST CODE: AMI** **Quest #638N**

AMINO ACID SCREEN (RANDOM URINE) **TEST CODE: AAQLU** **Quest #8730N**

A

AMMONIA

Test Code: AMMON
Methodology: Enzymatic
Performed: Daily, all shifts
Laboratory Department: Chemistry

Specimen Requirements: 1.0 ml lithium heparin plasma, GREEN
Specimen Storage: **Draw a FULL green top tube and ice collection tube immediately. Separate plasma within 20 minutes after drawing specimen. Transfer to aliquot tube and transport on slushy ice or freeze. Deliver to laboratory within 3 hours.**

Rejection Criteria: Hemolysis, improper storage

Reference Range: 11-32 umol/L

CPT Code: 82140

AMNIOSTAT**TEST CODE: AMNIO****SVG**

AMPHETAMINE SCREEN, URINE:See DRUG SCREEN

AMYLASE

Test Code: AMY
Methodology: Enzymatic
Performed: Daily, all shifts
Laboratory Department: Chemistry

Specimen Requirements: 0.5 ml lithium heparin plasma, GREEN or serum, RED
Specimen Storage: Refrigerate
Rejection Criteria: Hemolysis

Reference Range: 25-115 U/L

CPT Code: 82150

AMYLASE, BODY FLUID

Test Code: FLAMY – Comment fluid type
Methodology: Enzymatic
Performed: Daily, all shifts
Laboratory Department: Chemistry

Specimen Requirements: 0.5 ml body fluid in transfer tube
Specimen Storage: Refrigerate
Rejection Criteria: Improper storage

Reference Range: None

CPT Code: 82150

AMYLASE, URINE

Test Code: URAMY2
Methodology: Enzymatic
Performed: Daily, all shifts
Laboratory Department: Chemistry

Specimen Requirements: 1.0 ml random urine, pH adjusted to 7.0
Specimen Storage: Refrigerate
Rejection Criteria: Hemolysis

Reference Range: Random: None
24hr. collection: 59 – 401 u/24hrs

CPT Code: 82150

ANA (ANTINUCLEAR ANTIBODY)**TEST CODE: ANA****SVG**

ANAEROBIC CULTURE:See CULTURE, ANAEROBIC

ACE (ANGIO CONVERT ENZYME)**TEST CODE: ACE****Quest #683X**

ACE (ANGIO CONVERT ENZYME) CSF**TEST CODE: QACESF****Quest #34692N**

ANTIBIOTIC ASSOCIATED COLITIS:See CLOSTRIDIUM CYTOTOXIN ASSAY

ANTIBODY ELUTION

Test Code:	ELUT
Methodology:	Acid elution
Performed:	Daily, day shift
Laboratory Department:	Blood Bank
Specimen Requirements:	12 ml whole blood, LAVENDER and 15 ml serum, LARGE RED Specimen must be labeled with: -Patients full name -Date of Birth -Date and time of draw
Specimen Storage:	Refrigerate
Rejection Criteria:	Hemolysis
CPT Code:	86860

ANTIBODY IDENTIFICATION

Test Code:	ABID
Methodology:	Indirect antiglobulin test panel
Performed:	Daily, day shift
Laboratory Department:	Blood Bank
Specimen Requirements:	2-10 ml serum, RED AND 1-3.0 ml plasma, LAVENDER Tubes must be labeled with: -Patient's full name -Date of birth -Date and time of draw
Specimen Storage:	Refrigerate
Rejection Criteria:	Hemolysis
Reference Range:	Antibodies to red cell antigens will be named based on ABID panel results. Clinical significance of the antibody is usually based on that antibody's specificity. Any antibodies detected in prenatal panels will have HDN significance stated. Contact Blood Bank with questions about an antibody's significance.
CPT Code:	86870

ANTIBODY SCREEN

Test Code: ABSCR
Methodology: Indirect antiglobulin test
Performed: Daily, day shift
Laboratory Department: Blood Bank

Specimen Requirements: 10 ml whole clot, large RED AND
 3 ml whole blood, LAVENDER
 Tubes must be labeled with
 -Patient's Full Name -Date of Birth -Date and Time of Draw

Specimen Storage: Refrigerate
Rejection Criteria: Hemolysis

Reference Range: Normal: Negative
 Atypical antibodies to red cell antigens will be identified.

CPT Code: 86850

ANTIBODY TITER – BLOOD BANK**Manual Order****SVG****ANTI-DNA****TEST CODE: DNA****SVG****ANTI-DNASE****TEST CODE: DNASE****Quest # 256X****ANTIGEN-GROUP B STREP**

Test Code: SFGRPB
Methodology: Latex agglutination
Performed: Daily, all shifts
Laboratory Department: Microbiology

Specimen Requirements: 0.5 ml serum, RED, 0.5 ml Urine, 0.5 ml CSF
Specimen Storage: Refrigerate
Rejection Criteria: None

Reference Range: Negative
 All positive results are immediately called

Note: According to a recent FDA safety alert, testing infant urine for Group B Strep by antigen screen is not recommended.

CPT Code: 86403

ANTIGEN- HAEMOPHILUS INFLUENZA (H.INFLUENZA)

Test Code: SFHFLU
Methodology: Latex agglutination
Performed: Daily, all shifts
Laboratory Department: Microbiology

Specimen Requirements: 0.5 ml serum, RED **OR**
0.5 ml urine **OR**
0.5 ml CSF

Specimen Storage: Refrigerate
Rejection Criteria: None

Reference Range: Negative
All positive results are immediately called

CPT Code: 86403

ANTIGEN-NEISSERIA MENINGITIDES (N.MENINGITIDES) TYPES A,C,Y AND W135

Test Code: SFNMN
Methodology: Latex agglutination
Performed: Daily, all shifts
Laboratory Department: Microbiology

Specimen Requirements: 0.5 ml serum, RED **OR**
0.5 ml urine **OR**
0.5 ml CSF

Specimen Storage: Refrigerate
Rejection Criteria: None

Reference Range: Negative
All positive results are immediately called

CPT Code: 86403

ANTIGEN- NEISSERIA MENINGITIDES B / E.COLI K1

Test Code: SFNMGB
Methodology: Latex agglutination
Performed: Daily, all shifts
Laboratory Department: Microbiology

Specimen Requirements: 0.5 ml serum, RED **OR**
0.5 ml urine **OR**
0.5 ml CSF

Specimen Storage: Refrigerate
Rejection Criteria: None

Reference Range: Negative
All positive results are immediately called

Note: Neisseria meningitides is structurally and immunologically related to E. Coli K1 antigen. Generally, a positive result, against a neonatal specimen suggest E. Coli K1 infection. In older patients, Neisseria meningitides Group B is likely.

CPT Code: 86403

ANTIGEN-STREPTOCOCCUS PNEUMONIA (S.PNEUMONIA)

Test Code: SFSTPN
Methodology: Latex agglutination
Performed: Daily, all shifts
Laboratory Department: Microbiology

Specimen Requirements: 0.5 ml serum, RED **OR**
0.5 ml urine **OR**
0.5 ml CSF

Specimen Storage: Refrigerate
Rejection Criteria: None

Reference Range: Negative
All positive results are immediately called

CPT Code: 86403

ANTIGLOBULIN, DIRECT: See COOMBS, DIRECT

A**ANTIGLOBULIN, INDIRECT:**

See ANTIBODY SCREEN

ANTIHEMOPHILIC FACTOR:

See FACTOR VIII ASSAY

ANTI-MITOCHONDRIAL AB**TEST CODE: QMITO****Quest #259X****ANA (ANTINUCLEAR ANTIBODY)****TEST CODE: ANA****SVG****ANCA
(ANTI-NEUTROPHIL CYTOPLASMIC ANTIBODY)****TEST CODE: ANCA****SVG****ANTI PHOSPHOLIPID AB****TEST CODE: QACAB****Quest #10793N****ANTI-SMOOTH MUSCLE ANTIBODY****TEST CODE: QSMAB****Quest #15043X****ANTI-STREPTOLYSIN-O:**

See ASO TITER

ANTI-THROMBIN III**TEST CODE: ATT****SVG****APTT:**

See PT (PARTIAL THROMBOPLASTIN TIME)

ARSENIC (BLOOD)**TEST CODE: QARB****Quest #269X****ASO TITER****TEST CODE: ASO****SVG****ASPERGILLUS ANTIBODY****TEST CODE: ASPERG****SVG****ASPERGILLUS ANTIGEN****TEST CODE: YASPAG****Mayo #84356****ASPRIN:**

See SALICILATES, SERUM

A**Aspartate Aminotransferase (AST/SGOT/OT)**

Test Code:	OT
Methodology:	Enzymatic
Performed:	Daily, all shifts
Laboratory Department:	Chemistry
Specimen Requirements:	0.5ml lithium heparin plasma, GREEN or serum, RED
Specimen Storage:	Refrigerate
Rejection Criteria:	Gross hemolysis, severe lipemia, and gross icterus
Reference Range:	10 – 37 IU/L
CPT Code:	84450

ATRETOL: See CARBAMAZEPINE (TEGRETOL)

AUSTRALIAN ANTIGEN: See HEPATITIS B SURFACE ANTIGEN

AUTOIMMUNE ELUTION: See ANTIBODY ELUTION

B**B12:****TEST CODE: B12****SVG****BACTERIAL ANTIGEN:**

See ANTIGEN – followed by specific bacteria

BASIC METABOLIC PANEL

Test Code: BMPAN2
Methodology: Varies
Performed: All shifts
Laboratory Department: Chemistry

Specimen Requirement: 0.5 ml lithium heparin plasma, GREEN or serum, RED
Rejection Criteria: Hemolysis

Multiple Tests w/ Ref Range:

-Glucose	70 – 110 mg/dL	-Bun	7 – 20 mg/dL
-Creatinine (female)	0.6 – 1.0 mg/dL	-GFR (adult)	>60 ml/min
(male)	0.8 – 1.3 mg/dL	-AGFR (adult)	>60 ml/min
-Potassium	3.5 – 5.3 mmol/L	-Chloride	99 – 111 mmol/L
-Anion/Ion gap	7-16	-Calcium	8.5 – 10.1 mg/dL
-Sodium	133 – 142 mmol/L	-CO2 Total	22 – 34 mmol/L

CPT Code: 80048**BARBITURATES SCREEN, URINE**

See DRUG SCREEN

BENZODIAZEPINES, URINE

See DRUG SCREEN

BETA 2 GLYCOPROTEIN I ANTIBODY**TEST CODE: QB2GI****Quest #30340X****BETA 2 MICROGLOBULIN****TEST CODE: B2MG****Quest #19521P****BETA 2 TRANSFERRIN, (body fluid)****TEST CODE: YB2T****Mayo #80351**

B

BETA HCG: See HCG, BETA SUBUNIT

BETA HYDROXYBUTYRATE S **TEST CODE: YBHBA** **Mayo #9251**

BETA STREP GROUP A, RAPID

Test Code: RSA
Methodology: EIA
Performed: Daily, all shifts
Laboratory Department: Microbiology

Specimen Requirement: 2 Swabs break ampule

Specimen Collection: Depress tongue with tongue depressor. Extend sterile swab between the tonsillar pillars and behind the uvula. Sweep back and forth across posterior pharynx, tonsillar areas and any inflamed or ulcerated areas. Avoid touching cheeks, tongue, uvula, or lips when withdrawing the swabs.

Specimen Storage: Refrigerate

Reflux Testing: Cultures are automatically set up on negative rapid tests and sent to SVG. There is no extra charge for this culture. Cultures are held for two days.

Reference Range: Reported as positive or negative for Group A Strep.

CPT Code: 87430

BETA STREP GROUP A CULTURE: **TEST CODE: STSCR** **SVG**

BETA STREP GROUP B ANTIGEN: See ANTIGEN-GROUP B STREP

BETA STREP GROUP B CULTURE: **TEST CODE: GBSC** **SVG**

BETA – SUBUNIT HCG: See HCG, BETA-SUBUNIT

B**BICARBONATE (HCO₃)**

Test Code: HCO₃
Methodology: R405
Performed: Daily, all shifts
Laboratory Department: Chemistry

Specimen Requirement: 5.0 ml heparinized whole blood, GREEN
Specimen Storage: Room temperature, transport to lab immediately.
Rejection Criteria: Air bubbles, Clots

Reference Range: 22-26 mmol/L

CPT Code: 82374

BILE ACIDS, PREGNANCY**TEST CODE: QBAPG****Quest #19546X****BILIRUBIN-URINE, QUALITATIVE:**

See URINALYSIS

BILIRUBIN (body fluid)**TEST CODE: FLBILI****SVG****BILIRUBIN, DIRECT**

Test Code: DBIL2
Methodology: Diazo/Jandrossik-Grof
Performed: Daily, all shifts
Laboratory Department: Chemistry

Specimen Requirement: 0.5 ml lithium heparin plasma, GREEN or serum, RED
1.0 ml body fluid in transfer tube
Protect specimen from light

Specimen Storage: Refrigerate
Rejection Criteria: Exposure to light
Multiple Tests: Direct and Indirect

Reference Range: Direct: 0.0 – 0.3 mg/dl
Indirect: 0.2 - 0.8 mg/dl

CPT Code: 82248

B**BILIRUBIN (NEONATAL)**

Test Code: **BILI**
Methodology: Diazo/Jendrassik-Grof
Performed: Daily, all shifts
Laboratory Department: Chemistry

Specimen Requirement: 0.5 ml lithium heparin plasma, GREEN or serum, RED
Protect specimen from light

Specimen Storage: Refrigerate
Rejection Criteria: Exposure to light
Multiple Tests: Total, Direct, and Indirect

Reference Range: Direct: 0.0 - 0.3 mg/dl
Indirect: 0.2 - 0.8 mg/dl
Total: 0.1 -1.0 mg/dl

CPT Code: 82247, 82248

BILIRUBIN, TOTAL

Test Code: **TBILI**
Methodology: Diazo/Jandrassik-Grof
Performed: Daily, all shifts
Laboratory Department: Chemistry

Specimen Requirement: 0.5 ml lithium heparin plasma, GREEN or serum, RED
1.0 ml body fluid in transfer tube
Protect specimen from light

Specimen Storage: Refrigerate
Rejection Criteria: Exposure to light

Reference Range: Total: 0.1-1.0 mg/dl

CPT Code: 82247

BLASTO BY CF: See BLASTOMYCOSIS ANTIGEN BY COMPLEMENT FIXATION

BLASTOMYCES ANTIBODY

TEST CODE: BLASTO

SVG

B

BLOOD ALCOHOL LEVEL: See ALCOHOL, ETHYL

BLOOD COUNT: See CBC

BLOOD COUNT WITH DIFFERENTIAL: See CBC WITH DIFFERENTIAL

BLOOD CULTURE

Test Code: BLCUL
Methodology: BacT/ Alert
Performed: Daily, all shifts
Laboratory Department: St. Vincent Hospital - Microbiology

Specimen Collection: Adults: 8-10 mL blood Pediatrics: 1-3 mL blood

- Adults: Collect 8-10 mL of whole blood for each of 2 BACTEC bottles (one Plus AEROBIC/F blue/grey cap & one Lytic ANAEROBIC/F purple cap)
Pediatrics: Collect 1-3 mL of whole blood for one pink capped BACTEC PEDS PLUS bottle (1 mL for each year of age).
- Remove cap from blood culture bottle and disinfect rubber stopper with an alcohol pad. Alcohol needs to set for one minute.
- Prepare the draw site on the patient:
 - vigorously swabbing site with ChloroPrep Pad for 15 seconds
 - Let air dry for 30 seconds
 - DO NOT TOUCH after cleaning
- Draw blood by syringe
- Discard the needle into the appropriate sharps container. Attach a BD blood transfer device to the syringe and inoculate the blood culture bottles, starting with the anaerobic bottle*, followed by the aerobic bottle. Mix the bottles by inversion.
- Label each bottle with the patient's name, collection date & time, collector's initials, site of collection and the volume of collection.

* **Note: Inject the anaerobic bottle first to avoid introducing air from the syringe.**

Specimen Requirements: Adults: 8-10 mL's blood
Pediatrics: 1-3 mL's blood

Specimen Storage: Store bottles at room temperature until transported to laboratory.

Rejection Criteria: Refrigerated or frozen bottles and bottles >24 hours old.

Reference Range: No Growth (results final after 5 days)

CPT Code: 87040

BLOOD CULTURE-FUNGUS

Test Code: FGBC
Methodology: BacT/Alert
Performed: Daily, all shifts
Laboratory Department: St. Vincent Hospital - Microbiology

Specimen Collection: Adults: 5 mL blood Pediatrics: 1.5 mL blood

- Adults: Collect 5 mL of whole blood to inject into a BACTEC Myco/F lytic culture bottle
Pediatrics: Collect 1.5 mL of whole to inject into a BACTEC Myco/F lytic bottle
- Remove cap from blood culture bottle and disinfect rubber stopper with an alcohol pad. Alcohol needs to set for one minute.
- Prepare the draw site on the patient:
 - vigorously swabbing site with ChloroPrep Pad for 15 seconds
 - Let air dry for 30 seconds
 - DO NOT TOUCH after cleaning
- Draw blood by syringe
- Discard the needle into the appropriate sharps container. Attach a BD blood transfer device to the syringe and inoculate the blood culture bottle. Mix the bottle by inversion.
- Label each bottle with the patient's name, collection date & time, collector's initials, site of collection and the volume of collection.

Specimen Requirements: Adults: 5mL Pediatrics: 1.5mL whole blood
Specimen Storage: Store bottles at room temperature until transported to laboratory.
Rejection Criteria: Refrigerated bottles

Reference Range: No Growth (results final after 28 days)

CPT Code: 87103

BLOOD CULTURE-MYCOBACTERIA TB

Test Culture: TBBC
Methodology: BacT/Alert
Laboratory Department: St. Vincent Hospital - Microbiology

Specimen Collection: Draw the same way you would a fungus blood culture.
Specimen Storage: Store bottles at room temperature until transported to laboratory:
Rejection Criteria: Refrigerated bottles

Reference Range: No Growth (results final after 42 days)

CPT Code: 87116

B

BLOOD GASES, ARTERIAL & CAPILLARY

Test Code: **BG02**
Methodology: Bayer Rapid Point 405
Performed: Daily, all shifts
Laboratory Department: Chemistry

Specimen Collection: Specimens must be collected anaerobically in an ABG Syringe and placed in a crioplast container immediately to slow down metabolism of oxygen by the blood cells (using ice may elevate the PO₂). The specimen must be transported to the laboratory within 15 minutes of collection.
Note if capillary

Specimen Requirements: 3 mL lithium or sodium heparinized whole blood.
1 mL in a blood gas capillary tube for pediatric patients
Indicate the patient's Oxygen level.
Note if the patient passed the Allen test

Specimen Storage: Transport blood to the lab immediately!!
Rejection Criteria: Air bubbles in specimen, clots.

Reference Range:
(Arterial gases)

pH:	7.35-7.45	Base: -2 -+2
pCO ₂ :	35-45 mmHg	O ₂ Saturation: 96 - 100%
pO ₂ :	80-90 mmHg	tCO ₂ 23 – 27 mmol/L
HCO ₃	22 – 26 mmol/L	

CPT Code: 82803
82805 – capillary blood gas

BLOOD GASES- CAPILLARYSee Above

B

BLOOD GASES - VENOUS

Test Code: VBG
Methodology: Bayer Rapid Point 405
Performed: Daily, all shifts
Laboratory Department: Chemistry

Specimen Collection: Specimens must be collected anaerobically in an ABG Syringe or heparinized Vacutainer tube and placed in a crioplast container immediately to slow down metabolism of oxygen by the blood cells (using ice may elevate the PO₂). The specimen must be transported to the laboratory within 15 minutes of collection.

Specimen Requirements: 3 mL lithium or sodium heparinized whole blood.
Full Vacutainer Tube or Blood gas syringe
Indicate the patient's Oxygen level.

Specimen Storage: Transport blood to the lab immediately!!
Rejection Criteria: Air bubbles in specimen, clots.

Reference Range: pH: 7.35 - 7.45
pO₂, pCO₂, O₂ Saturation, TCO₂, HCO₃, Base: None Established

CPT Code: 82803

BLOOD GROUP ANTIBODIES: See ANTIBODY SCREEN

BLOOD SUGAR: See GLUCOSE

BLOOD TYPE: See ABO TYPE AND RH FACTOR

B**BLOOD UREA NITROGEN (BUN)**

Test Code:	BUN
Methodology:	Urease
Performed:	Daily, all shifts
Laboratory Department:	Chemistry
Specimen Requirements:	0.5 ml lithium heparin plasma, GREEN or serum, RED
Specimen Storage:	Refrigerate
Rejection Criteria:	Hemolysis
Reference Range:	7-20 mg/dL
CPT Code:	84520

BLOOD, OCCULT: See OCCULT BLOOD

BNP (B-TYPE NATPIURETIC PEPTIDE)

Test Code:	BNP
Methodology:	Fluorescence Immunoassay
Performed:	Daily, all shifts
Laboratory Department:	Chemistry
Specimen Requirements:	1.0 ml EDTA whole blood or 0.5 ml EDTA plasma, Lavender
Specimen Storage:	Refrigerate
Rejection Criteria:	Hemolysis, Non-Venous specimen
Reference Range:	<100 pg/ml
CPT Code:	83880

BODY FLUID CELL COUNT/DIFF: See CELL COUNT, BODY FLUID

B**BONE MARROW ANALYSIS (Biopsy, Aspirate, Smears)**

Test Code: Manual Histology form
Performed: Mon. – Fri. Day & P.M. shifts
Laboratory Department: Hematology, Histology

Specimen Storage: Room Temperature
Rejection Criteria: Inadequate specimen

Reference Range: See Pathology Report

BORDETELLA PERTUSSIS, PCR**TEST CODE: PPCR2****WI State Lab****BRONCH WASH CULTURE:**

See CULTURE, RESPIRATORY

BORR. BURDORFERI (LYMES) DNA, PCR
(CSF or Synovial Fluid)**TEST CODE: BORPCR****Quest #30297X****BRONCOMAR:**

See THEOPHYLLINE

BRUCELLA CULTURE**TEST CODE: BRCUL****SVG****BUN:**

See BLOOD UREA NITROGEN

C**C1 INHIBITOR, FUNCTIONAL****TEST CODE: QC1IF****Quest #297X****C3****TEST CODE: C3C****SVG****C4****TEST CODE: C4C****SVG****CA 125****TEST CODE: CA125****SVG****CA 19-9****TEST CODE: CA199****Quest # 20099P****CA 19-9 (Peritoneal or pancreatic fluid)****TEST CODE: PCA199****Quest #17638X****CA 27-29****TEST CODE: CA2729****Quest #20123P****CALCIUM**

Test Code: CA
Methodology: Cresolphthalein Complexone
Performed: Daily, all shifts
Laboratory Department: Chemistry

Specimen Requirements: 0.5 ml lithium heparin plasma, GREEN or serum, RED
Specimen Storage: Refrigerate
Rejection Criteria: Hemolysis

Reference Range: 8.5 – 10.1 mg/dL

CPT Code: 82310

CALCIUM, IONIZED

Test Code: NICA2
Methodology: Bayer Rapid Point 405
Performed: Daily, all shifts
Laboratory Department: Chemistry

Specimen Requirements: Heparinized whole blood (Green) or serum (Yellow gel barrier)
Submit **FULL UNOPENED** tube
Green top tube sample must be **received in the lab within two hours** of collection, **chilled on wet ice.**

Specimen Storage: Green top tube, wet ice

Rejection Criteria: Air bubbles in specimen, clots.

Reference Range: 1.12 – 1.23 mmol/L

CPT Code: 82330

CALCIUM, 24HR URINE

Test Code: CAU
Methodology: Cresolphthaliein Complexone
Performed: Daily, all shifts
Laboratory Department: Chemistry

Specimen Requirements: 10.0 ml aliquot urine from well mixed 24hr urine collection.
Please record:
1) collection time
2) total 24hr volume on order sheet.
3) if specimen was acidified with 6M HCl

Specimen Storage: Refrigerate during and after collection

Rejection Criteria: Incomplete collection

Reference Range: 42-353 mg/24hrs

CPT Code: 82310

C

CALCIUM, RANDOM URINE

Test Code: RCAU
Methodology: Cresolphthaliein Complexone
Performed: Daily, all shifts
Laboratory Department: Chemistry

Specimen Requirements: 1.0 ml urine
Specimen Storage: Refrigerate
Rejection Criteria: Insufficient quantity

Reference Range: No established range

CPT Code: 82310

CALCULUS ANALYSIS

See STONE ANALYSIS

CAMPYLOBACTER CULTURE:

See CULTURE, STOOL

CAMPYLOBACTER PYLORI ANTIBODY:

See HELICOBACTER PYLORI ANTIBODY

CANDIDA CULTURE:

See CULTURE, YEAST

CANDIDIASIS:

See CULTURE, YEAST

CANNABINOIDS, SCREEN:

See DRUG SCREEN

CARBAMAZEPINE (TEGRETOL)

Test Code: TEGRET
Methodology: PETINIA – Particle Enhanced Turbidimetric ImmunoAssay
Performed: Daily, all shifts
Laboratory Department: Chemistry

Specimen Requirements: 0.5 ml heparinized plasma, GREEN or serum, RED
Trough specimens are recommended –collect serum just before next dose.

Specimen Storage: Refrigerate

Rejection Criteria: Hemolysis

Trade Names: Tegretol, Atretol

Reference Range: Therapeutic: 4.0 – 10.0 ug/ml
Panic Value: >15 ug/ml

CPT Code: 80156

CARBON DIOXIDE - CO₂- Total (plasma/serum)

Test Code: CO₂
Methodology: Biochromatic
Performed: Daily, all shifts
Laboratory Department: Chemistry

Specimen Requirements: 0.5 ml heparinized plasma, GREEN or serum, RED **process as soon as possible**

Specimen Storage: Refrigerate

Rejection Criteria: Hemolysis, exposure to air

Reference Range: 22 – 34 mmol/L
Significant abnormal: >40 mmol/L

CPT Code: 82374

C**CARBON MONOXIDE (CO)**

Test Code: COHB
Methodology: Carboxyhemoglobin-Spectrophotometry
Performed: Daily, all shifts
Laboratory Department: Chemistry

Specimen Requirements: 1.0 ml heparinized whole blood, GREEN
Process as soon as possible
Collect and maintain anaerobically.
Venus or arterial.

Specimen Storage: Refrigerate
Rejection Criteria: Hemolysis, exposure to air

Reference Range: Normal: <1.5%
Smokers: 1.5% - 5.0%
Toxic: >15%
Lethal: >50%

CPT Code: 82375

CARBOXYHEMOGLOBIN: See CARBON MONOXIDE

CARDOLIPIN TEST **TEST CODE: CLAT** **SVG**

CAROTENE **TEST CODE: CAR** **Quest #20537P**

CATECHOLAMINE- URINE **TEST CODE: CATU** **Quest #4168N**

CBC WITH DIFFERENTIAL

Test Code: CBCWD2
Methodology: Automated/Optical/Impedance
Performed: Daily, all shifts
Laboratory Department: Hematology

Specimen Requirements: 3.0 ml whole, gently mixed blood, LAVENDER, or 500 ul EDTA microtainer.
 NOTE: If specimen is not tested within 4 hours, please make 2 smears and send with specimen.

Specimen Storage: Refrigerate
Rejection Criteria: Freezing, clots.
Multiple Tests: Yes

Reference Range: ADULT	MALE	FEMALE	UNITS
WBC	3.0 – 10.5	3.0 – 10.5	k/uL
RBC	4.3 – 5.9	3.7 – 5.2	m/uL
HGB	13.0 – 17.4	11.3 – 15.3	g/dL
HCT	39 – 51	35.0 – 46.0	%
MCV	80 – 98	80 – 98	fl
MCH	27 – 34	27 – 34	pg
MCHC	32 – 36	32 – 36	g/dL
RDW	10.5 – 14.7	10.5 – 14.7	%
PLT	140 – 440	140 – 440	k/uL
%Neutro	45 – 78	45 – 78	%
%Lymph	15 – 41	15 – 41	%
%Mono	4 – 12	4 – 12	%
%Eos	0 – 5	0 – 5	%
%Baso	0 – 1	0 – 1	%

PEDIATRIC: None established

Reflexive Tests: All automated differentials that do not meet criteria for reportability will be scanned. If the scan agrees with automated differential, a Blood Smear Scan will be reported. If scan indicates abnormal or immature cellular morphology, a manual differential will be performed.

CPT Code: 85025

CBC WITH MANUAL DIFFERENTIAL

Test Code: CBCMD2
Methodology: Automated/Optical/Impedance & Microscopy
Performed: Daily, all shifts
Laboratory Department: Hematology

Specimen Requirements: 3.0 ml whole, gently mixed blood, LAVENDER, or 500 ul EDTA microtainer.
 NOTE: If specimen is not tested within 4 hours, please make 2 smears and send with specimen.

Specimen Storage: Refrigerate
Rejection Criteria: Freezing, clots.
Multiple Tests: Yes

Reference Range: ADULT:	MALE	FEMALE	UNITS
WBC	3.0 – 10.5	3.0 – 10.5	k/uL
RBC	4.3 – 5.9	3.7 – 5.2	m/uL
HGB	13.0 – 17.4	11.3 – 15.3	g/dL
HCT	39 – 51	35.0 – 46.0	%
MCV	80 – 98	80 – 98	fl
MCH	27 – 34	27 – 34	pg
MCHC	32 – 36	32 – 36	g/dL
RDW	10.5 – 14.7	10.5 – 14.7	%
PLT	140 – 440	140 – 440	k/uL
%Neutro	45 – 78	45 – 78	%
%Lymph	15 – 41	15 – 41	%
%Mono	4 – 12	4 – 12	%
%Eos	0 – 5	0 – 5	%
%Baso	0 – 1	0 – 1	%

PEDIATRIC: None established

CPT Code: 85025

CBC WITHOUT DIFFERENTIAL

Test Code:	CBCND2
Methodology:	Optical/Impedance
Performed:	Daily, all shifts
Laboratory Department:	Hematology
Specimen Requirements:	3.0 ml whole, gently mixed blood, LAVENDER, or 500 ul EDTA microtainer.
Specimen Storage:	Refrigerate
Rejection Criteria:	Freezing, clots
Multiple Tests:	Yes

Reference Range: ADULT	MALE	FEMALE	UNITS
WBC	3.0 – 10.5	3.0 – 10.5	k/uL
RBC	4.3 – 5.9	3.7 – 5.2	m/uL
HGB	13.0 – 17.4	11.3 – 15.3	g/dL
HCT	39 – 51	35.0 – 46.0	%
MCV	80 – 98	80 – 98	fl
MCH	27 – 34	27 – 34	pg
MCHC	32 – 36	32 – 36	g/dL
RDW	10.5 – 14.7	10.5 – 14.7	%
PLT	140 – 440	140 – 440	k/UI

PEDIATRIC: None established

CPT Code: 85027

CD3, CD4, CD8 CD19, NK, BC	TEST CODE: T4T8CT	SVG
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CD4	TEST CODE: CD4CT	SVG
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CD4/CD8/CD20	TEST CODE: CD20P	SVG
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CD4/CD8 RATIO	TEST CODE: T2TARA	SVG
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C. DIFFICILE ASSAY (STOOL)	TEST CODE: CDIFF	SVG
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CEA (SERUM)	TEST CODE: CEA	SVG
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C**CHEMISTRY PANEL:**

See COMPREHENSIVE METABOLIC PANEL

**CHICKEN POX SEROLOGY
(VARICELLA ZOSTER IGG ANTIBODY)****TEST CODE: VARZ****SVG****CHLAMYDIA CULTURE:**See CHLAMYDIA TRACHOMATIS CULTURE or
CHLAMYDIA PNEUMONIAE CULTURE**CHLAMYDIA PCR/GC DNA PROBE****TEST CODE: CTPCR****SVG****CHLAMYDIA PCR CHAIN:**See CHLAMYDIA TRACHOMATIS
BY POLYMERASE REACTION**CHLAMYDIA PNEUMONIAE CULTURE****TEST CODE: TWAR****SVG****CHLAMYDIA TRACHOMATIS CUTLURE****TEST CODE: CHLAMC****SVG****CHLAMYDIA TRACHOMATIS,PCR****TEST CODE: CTPCR****SVG****CHLORIDE (CL)**

Test Code: CL
Methodology: Ion Selective Electrode (ISE)
Performed: Daily, all shifts
Laboratory Department: Chemistry

Specimen Requirements: 0.5 ml lithium heparin plasma, GREEN or serum, RED
Specimen Storage: Refrigerate
Rejection Criteria: Gross hemolysis, lipemia

Reference Range: 99-111 mmol/L

CPT Code: 82435

CHLORIDE (CL) – CSF

Test Code: SFCL
Methodology: Ion Selective Electrode (ISE)
Performed: Daily, all shifts
Laboratory Department: Chemistry

Specimen Requirements: 1.0 ml spinal fluid, sterile CSF tube or sterile red tube with no additives.
Specimen Storage: Refrigerate
Rejection Criteria: Tube additives

Reference Range: Normal: 118-132 mmol/L

CPT Code: 82435

CHLORIDE (CL) 24HR URINE

Test Code: CLU
Methodology: Ion Selective Electrode (ISE)
Performed: Daily, all shifts
Laboratory Department: Chemistry

Specimen Requirements: 25.0 ml aliquot of well-mixed 24 hr urine collection.
Specimen Storage: Refrigerate during and after 24 hr collection period.
Rejection Criteria: Not a 24 hr collection.

Reference Range: 110-250 mmol/24hrs

CPT Code: 82435

CHLORIDE (CL) – RANDOM URINE

Test Code: RCLU
Methodology: Ion Selective Electrode (ISE)
Performed: Daily, all shifts
Laboratory Department: Chemistry

Specimen Requirements: 2.0 ml random urine
Specimen Storage: Refrigerate
Rejection Criteria: Specimen volume less than 2 ml

Reference Range: None

CPT Code: 82435

CHOLESTEROL

Test Code:	CHOL
Methodology:	Enzymatic
Performed:	Daily, all shifts
Laboratory Department:	Chemistry
Patient Preparation:	Patient does not have to be fasting. Cyclosporine and hypertension medications may cause elevated values.
Specimen Requirements:	0.5 ml lithium heparin plasma, GREEN or serum, RED
Specimen Storage:	Refrigerate
Reference Range:	Desirable level: <200 mg/dl
CPT Code:	82465

CHOLESTEROL FRACTIONATION

Test Code:	LIPID2
Methodology:	Enzymatic
Performed:	Daily, all shifts
Laboratory Department:	Chemistry
Patient Preparation:	Overnight fast (12-14 hours), water only
Specimen Requirements:	0.5 ml lithium heparin plasma, GREEN or serum, RED
Specimen Storage:	Refrigerate
Rejection Criteria:	Hemolysis
Multiple Tests:	Cholesterol, Triglycerides, HDL & LDL - direct Cholesterol, Risk
Reference Range:	Cholesterol: 0 - 200 mg/dl Triglyceride: 30- 200 mg/dl HDL Cholesterol: 40 – 60 mg/dl LDL Cholesterol Direct: < 130 mg/dl LDL Cholesterol: Therapeutic goal 100 mg/dL or less if CHD is present 129 mg/dL or less if no CHD and two or more risk factors Risk: 3.0 – 5.0
CPT Code:	80061

C**CHOLESTEROL, HDL:**

Test Code: HDL
Methodology: Enzymatic
Performed: Daily, all shifts
Laboratory Department: Chemistry

Patient Preparation: Overnight fast (12-14 hours), water only
Specimen Requirements: 0.5 ml lithium heparin plasma, GREEN or serum, RED
Specimen Storage: Refrigerate
Rejection Criteria: Hemolysis

Reference Range: 40 – 60 mg/dl

CPT Code: 83718

CHOLESTEROL, DIRECT LDL:

Test Code: LDLD
Methodology: Enzymatic
Performed: Daily, all shifts
Laboratory Department: Chemistry
Patient Preparation: Overnight fast (12-14 hours), water only

Specimen Requirements: 0.5 ml lithium heparin plasma, GREEN or serum, RED
Specimen Storage: Refrigerate
Rejection Criteria: Hemolysis

Reference Range: < 130 mg/dl

CPT Code: 83721

CHORIONIC GONADOTROPIN:

See HCG, QUANTITATIVE

CHROMOGRANIN A

TEST CODE: QCGA

Quest #34468X

CITRULLINE PEPETIDE ANTIBODY (CCP)

TEST CODE: QCPAB

Quest #11173X

CK (CPK, CREATNINE, PHOSPHOKINASE):

See CPK

C

CK-MB

Test Code: MB2
Methodology: Microparticle Enzyme Immunoassay
Performed: Daily, all shifts
Laboratory Department: Chemistry

Specimen Requirements: 0.5 ml lithium heparin plasma, GREEN or serum, RED
Specimen Storage: Refrigerate
Rejection Criteria: Hemolysis

Reference Range: 0.0 – 3.6 ng/ml

CPT Code: 82553

CKMB IF CPK IS ELEVEATED

Test Code: CKMB2
Methodology: Kinetic & Microparticle Enzyme Immunoassay
Performed: Daily, all shifts
Laboratory Department: Chemistry
Specimen Requirements: 0.5 ml lithium heparin plasma, GREEN or serum, RED
Specimen Storage: Refrigerate
Rejection Criteria: Hemolysis, specimen not received within two hours of drawing.

Reference Range:
 CPK: 21- 232 IU/L
 CKMB: 0- 3.6 ng/mL

Reflex Testing: CKMB will be performed at additional cost if the CPK is elevated

CPT Code: 82550, CKMB – 82553

CLINITEST: See REDUCING SUBSTANCE

CLOSTRIDIUM DIFFICILE TOXIN A & B

TEST CODE: CDIFF

SVG

CLOTTING FACTOR I:

See FIBRINOGEN

C

CMV CULTURE**TEST CODE: CMVC****SVG**

CO2:See CARBON DIOXIDE

COCAINE METABOLITE SCREEN, URINE:See DRUG SCREEN

COCCIDIOMYCOSIS CULTURE:See CULTURE, FUNGUS

COMPLEMENT C3**TEST CODE: C3C****SVG**

COMPLEMENT C4**TEST CODE: C4C****SVG**

COMPLEMENT CH50**TEST CODE: CH50****Quest #45328P**

COMPLETE BLOOD COUNT:See CBC

COMPREHENSIVE METABOLIC PANEL

Test Code: CMPAN2
Methodology: Varies
Performed: Daily, all shifts
Laboratory Department: Chemistry

Specimen Requirements: 1.0 ml lithium heparin plasma, GREEN or serum, RED
Specimen Storage: Refrigerate
Rejection Criteria: Gross hemolysis, lipemia

Multiple Tests: Sodium, Potassium, Chloride, Glucose, Blood Urea Nitrogen (BUN), Creatinine, GFR, Calcium, Ion Gap, Protein (Total), Albumin, AST (SGOT), Alkaline Phosphatase, Bilirubin (Total).

Reference Range:	-Glucose	70 – 110 mg/dL	-Bun	7 – 20 mg/dL
	-Creatinine (female)	0.6 – 1.0 mg/dL	-GFR (adult)	>60 ml/min
	(male)	0.8 – 1.3 mg/dL	-AGFR (adult)	>60 ml/min
	-Potassium	3.5 – 5.3 mmol/L	-Chloride	99 – 111 mmol/L
	-Anion/Ion gap	7-16	-Calcium	8.5 – 10.1 mg/dL
	-Sodium	133 – 142 mmol/L	-CO2 Total	22 – 34 mmol/L
	- Total Protein	6.4 – 8.2 g/dL	- Albumin	3.4 – 5.0 g/dL
	- AST (SGOT)	10 – 37 IU/L	-Alk. Phos	50 – 136 IU/L
	- Bilirubin (Total)	0.1 – 1.0 mg/dL		

CPT Code: 80053

COOMBS, DIRECT

Test Code: DAT
Methodology: Agglutination
Performed: Daily, all shifts
Laboratory Department: Blood Bank

Specimen Requirements: 0.5 ml whole blood, LAVENDER. Should be labeled with patient's name, date of birth, date and time of draw.

Specimen Storage: Refrigerate
Rejection Criteria: Gross hemolysis

Reference Range: Negative

CPT Code: 86880

COOMBS, INDIRECT:

See ANTIBODY SCREEN

C**C. PNEUMONIA CULTURE****TEST CODE: TWARC****SVG****17-OH CORTICOSTEROIDS****TEST CODE: QOHCS****Quest #2394N****CORTISOL****TEST CODE: COR****SVG****COXSACKIE VIRUS CULTURE****TEST CODE: AEVCUL****SVG****C-PEPTIDE****TEST CODE: CPEP****Quest #372X****CPK (CREATININE PHOSPHOKINASE)**

Test Code: CPK
Methodology: Kinetic
Performed: Daily, all shifts
Laboratory Department: Chemistry

Specimen Requirements: 0.5 ml lithium heparin plasma, GREEN or serum, RED
Specimen Storage: Refrigerate
Rejection Criteria: Hemolysis, specimen not received within two hours of drawing.

Reference Range: 21- 232 IU/L

CPT Code: 82550

CPK-MB:

See CK-MB

C

C-REACTIVE PROTEIN

Test Code:	SMCRP
Methodology:	Particle Enhanced Turbidimetric Immunoassay (PETIA)
Performed:	Daily, all shifts
Laboratory Department:	Chemistry
Specimen Requirements:	0.5 ml lithium heparin plasma, GREEN or serum, RED
Specimen Storage:	Refrigerate
Rejection Criteria:	Hemolysis
Reference Range:	<0.3 mg/dL
CPT Code:	86140

C-REACTIVE PROTEIN HIGH SENSITIVITY (CARDIO)

Test Code:	CRPHS2
Methodology:	Particle Enhanced Turbidimetric Immunoassay (PETIA)
Performed:	Daily, all shifts
Laboratory Department:	Chemistry
Specimen Requirements:	0.5 ml heparinized plasma, GREEN or serum, RED
Specimen Storage:	Refrigerate
Rejection Criteria:	Hemolysis
Reference Range:	<3.0 mg/L
CPT Code:	86141

CREAT: See CREATNINE, BLOOD

CREATNINE CLEARANCE: See CREATNINE CLEARANCE

CREATNINE KINASE: See CPK

CREATNINE PHOSPHOKINASE: See CPK

C

CREATININE

Test Code:	CR
Methodology:	Alkaline Picrate (Jaffe Reaction)
Performed:	Daily, all shifts
Laboratory Department:	Chemistry
Specimen Requirements:	0.5 ml lithium heparin plasma, GREEN or serum, RED
Specimen Storage:	Refrigerate
Reference Range:	Male: 0.8 – 1.3 mg/dL Female: 0.6 – 1.0 mg/dL
CPT Code:	82565

CREATININE CLEARANCE

Test Code:	CRCL
Methodology:	Alkaline Picrate (Jaffe Reaction)
Performed:	Weekdays, day shift
Laboratory Department:	Chemistry
Specimen Requirements:	5.0 ml aliquot of well-mixed 24hr urine collection and 0.5 ml serum, RED, collected at the start of the 24 hour urine collection. Please record the total amount of urine collected, patient height and weight and hours of collection.
Specimen Storage:	Refrigerate
Rejection Criteria:	Missing information
Multiple Tests:	BLCR – blood creatinine Cr. Clear– creatinine clearance result
Reference Range:	Female: BLCR 0.6 – 1.0 mg/dL CR Clear 75 – 115 ml/min Male: BLCR 0.8 – 1.3 mg/dL CR Clear 85 – 125 ml/min
CPT Code:	82570

C**CREATININE, RANDOM URINE**

Test Code: RCRU
Methodology: Alkaline Picrate (Jaffe Reaction)
Performed: Daily, all shifts
Laboratory Department: Chemistry

Specimen Requirements: 1.0 ml random urine collection
Specimen Storage: Refrigerate

Reference Range: None

CPT Code: 82570

CRYPTOCOCCAL ANTIGEN**TEST CODE: CRAG****SVG****CRYPTOCOCCOSIS CULTURE:**

See CULTURE, FUNGUS

CRYPTOSPORIDIUMSee OVA & PARASITES SCREEN
GIARDIA/ CRYPTOSPORIDIUM**CRYSTALS, SYNOVIAL FLUID**

Test Code: CRYST2
Methodology: Microscopic
Performed: Daily, all shifts
Laboratory Department: Hematology

Specimen Requirements: 1.0 ml synovial fluid
Specimen Storage: Room Temperature

Reference Range: No crystals seen

CPT Code: 89060

CSF CELL COUNT:

See CELL COUNT WITH DIFFERENTIAL, SPINAL FLUID

CSF CULTURE**TEST CODE: SFCUL****SVG****CSF VDRL****TEST CODE: SFVDRL****SVG**

C**CULTURE, ABCESS:**

See CULTURE, WOUND

CULTURE, ANAEROBIC**TEST CODE: ANCUL****SVG****CULTURE, BETA STREP GOUP A****TEST CODE: STSCR****SVG****CULTURE, BETA STREP GROUP B****TEST CODE: GBSC****SVG****CULTURE, BODY FLUID
with Gram Stain, Aerobic & Anaerobic culture
(Non Stat Order Only)****TEST CODE: BFCWG
ANCUL****SVG
(Non****CULTURE, BODY FLUID
with Gram Stain, Aerobic & Anaerobic Culture****Test Code:** BFCUL (culture) & GRST (gram stain) & ANCUL (anaerobic culture)**Methodology:** Culture, Gram stain**Performed:** Daily, all shifts**Reported:** Negatives held 3 days**Laboratory Department:** STAT Gram Stain - SMGB Microbiology
Routine Gram Stain – SVG Microbiology
Culture - SVG Microbiology**Specimen Requirements:** Fluid in sterile container**Specimen Storage:** Refrigerate**Multiple Tests:** Aerobic Culture, Anaerobic Culture, Gram Stain
St. Mary's requires that all Body fluids have an anaerobic culture and gram stain performed in addition to the aerobic culture.**Reference Range:** No Growth**CPT Code:** 87070 (Aerobic Culture), 87075 (Anaerobic Culture), 87205 (Gram Stain) & 87077 For each organism identified**CULTURE, BRONCH WASH (BAL)**

See CULTURE, RESPIRATORY

**CULTURE, CHLAMYDIA
For C. PNEUMONIAE (TWAR)****TEST CODE: TWARC****SVG**

C

CULTURE, CHLAMYDIA For C. TRACHOMATIS	TEST CODE: CHLAMC	SVG
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CULTURE, CMV (CYTOMEGALOVIRUS)	TEST CODE: CMVC	SVG
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CULTURE, CSF with Gram Stain

Test Code: SFCUL (culture) & GRST (gram stain)

Methodology: Culture, Gram Stain

Performed: Daily, all shifts

Reported: Negatives held 3 days

Laboratory Department: STAT Gram stain – SMGB Microbiology
Routine Gram stain – SVG Microbiology
Culture - SVG Microbiology

Specimen Requirements: Fluid in sterile container. Includes: Ventricular Fluid

Specimen Storage: Refrigerate

Reference Range: No Growth

CPT Code: 87070 (Culture), 87205 (Gram Stain)

CULTURE, E.COLI 0157:	See CULTURE, STOOL
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CULTURE, EAR:	See CULTURE, RESPIRATORY
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CULTURE, ENTEROVIRUS / ADENOVIRUS	TEST CODE: AEVCUL	SVG
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CULTURE, EYE:	See CULTURE, RESPIRATORY
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CULTURE, FUNGUS	TEST CODE: FUNG	SVG
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CULTURE, FUNGUS (HAIR, NAILS & SKIN)	TEST CODE: FGCSK	SVG
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CULTURE, FUNGUS with SMEAR (Calcofluor White)	TEST CODE: FGCUL	SVG
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C

CULTURE, FUNGUS (HAIR, NAILS & SKIN) With Calcofluor White	TEST CODE: FGCSK, FGSSK	SVG
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CULTURE, G.C.	TEST CODE: GCCUL	SVG
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CULTURE, G.C. with Gram Stain (Non Stat Order Only)	TEST CODE: GCCWG	SVG
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CULTURE, GENITAL	TEST CODE: GNCUL	SVG
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CULTURE, GENITAL with Gram Stain (Non Stat Order Only)	TEST CODE: GNCWG	SVG
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CULTURE, HERPES SIMPLEX VIRUS (HSV)	TEST CODE: HERPC	SVG
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CULTURE, LEGIONELLA AND DIRECT SMEAR	TEST CODE: LENCUL	SVG
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CULTURE, NASOPHARYNX (N/P):	See CULTURE, RESPIRATORY	
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CULTURE, RECTAL:	For enteric Pathogens, See CULTURE, STOOL For GC, See CULTURE, G.C. For abscess, See CULTURE, WOUND	
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CULTURE, RESPIRATORY, (Bacterial)	TEST CODE: RSPCUL	SVG
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CULTURE, RESPIRATORY, (Bacterial) with Gram Stain (Non Stat Order Only)	TEST CODE: RSPCWG	SVG
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C**CULTURE, RESPIRATORY (Bacterial)
with Gram Stain**

Test Code: RSPCUL (culture) & GRST (gram stain)
Methodology: Culture, Gram Stain
Performed: Daily, all shift
Reported: Negatives held 3 days
Laboratory Department: STAT Gram stain – SMGB Microbiology
 Routine Gram Stain – SVG Microbiology
 Culture - SVG Microbiology

Specimen Requirements: 1 – 2 swab(s) from respiratory tract in Culturette,
 Sites include: ear, eye, nares, nasopharynx, nose, bronchial wash throat, mouth,
 sinus, oropharynx, antrum, tracheal
 respiratory fluids, sputum or aspirates in sterile container

Specimen Storage: Refrigerate
Multiple Tests: Culture, Stat Gram Stain

Reference Range: No Growth

CPT Code: 87070 (Culture), 87205 (Gram Stain), add 87077 for each organism identified

	TEST CODES:		
CULTURE, RESPIRATORY VIRUS With SMEARS	(CULTURE)	RVCUL	
	(ADENOVIRUS)	ADENSM	
	(INFLUENZA A)	FLUASM	SVG
	(INFLUENZA B)	FLUBSM	
	(RSV)	RSVSM	
	(PARAINFLUENZA)	PARASM	

CULTURE, RSV AND SMEAR	TEST CODE: RVCUL RSVSM	SVG
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CULTURE, SPINAL FLUID: See CULTURE, CSF

CULTURE, SPUTUM: See CULTURE, RESPIRATORY

CULTURE, STOOL	TEST CODE: STCUL	SVG
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C

**CULTURE, STOOL
with Gram Stain (Non Stat Order Only)**

TEST CODE: STCWG

SVG

CULTURE, STOOL with Gram Stain

Test Code: STCUL (culture) & GRST (gram stain)
Methodology: Culture, Gram Stain
Performed: Daily, all shift
Reported: Negatives held 2-3 days
Laboratory Department: STAT Gram Stain – SMGB Microbiology
Routine Gram Stain – SVG Microbiology
Culture - SVG Microbiology

Specimen Requirements: Stool in clear Container (10 grams)
Specimen Storage: Refrigerate
Multiple Tests: Culture, Gram Stain

Reference Range: Normal fecal flora. Stools routinely checked for Salmonella, Shigella, Campylobacter, Edwardsiella and E. coli 0157:H7

CPT Code: 87045, 87046, 87899 (Culture), 87205 (Gram Stain)

CULTURE, TISSUE

TEST CODE: TISCUL

SVG

**CULTURE, TISSUE
with Gram Stain, Aerobic & Anaerobic culture
(Non Stat Order Only)**

**TEST CODE: TISCWG
ANCUL**

SVG

CULTURE, TISSUE**with Gram Stain, aerobic and anaerobic culture**

Test Code: TISCUL (Aerobic culture) ANCUL (Anaerobic culture) & GRST (gram stain)
Methodology: Culture, Gram Stain
Performed: Daily, all shift
Reported: Negatives held 3 days
Laboratory Department: STAT Gram stain – SMGB Microbiology
Routine Gram stain – SVG Microbiology
Culture - SVG Microbiology

Specimen Requirements: Tissue in a sterile container**Specimen Storage:** Refrigerate

Multiple Tests: Aerobic Culture, Anaerobic culture, Gram Stain
St. Mary's requires that all tissue specimens have a Anaerobic culture and gram stain performed in addition to the Aerobic Culture.

Reference Range: No Growth

CPT Code: 87070 (Aerobic Culture), 87075 (Anaerobic Culture), 87205 (Gram Stain) & 87077 For each organism identified

CULTURE, TWAR: See CULTURE, CHLAMYDIA PNEUMONIAE**CULTURE, URETHRA:** See CULTURE, GENITAL

CULTURE, URINE, BACTERIA	TEST CODE: URCUL	SVG
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CULTURE, VAGINAL: See CULTURE, GENITAL

CULTURE, WOUND, BACTERIA	TEST CODE: WNDCUL	SVG
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CULTURE, WOUND, BACTERIA with Gram Stain (Non Stat Order Only)	TEST CODE: WNDCWG	SVG
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C**CULTURE, WOUND, BACTERIA
with Gram Stain****Test Code:** WND CUL (culture) & GRST (STAT gram stain)**Methodology:** Culture, Gram Stain**Performed:** Daily, all shift**Reported:** Negatives held 2-3 days**Laboratory Department:** Gram Stain – SMGB Microbiology
Culture - SVG Microbiology**Specimen Requirements:** 2 swabs from wound in Culturette, with ampule broken
Sites includes wounds, abscesses, incisions, cysts, ulcers**Specimen Storage:** Refrigerate**Multiple Tests:** Culture, Gram Stain**Reference Range:** No growth**CPT Code:** 87070 (Culture), 87205 (Gram Stain) & 87077 for each organism identified**CULTURE, YEAST****TEST CODE: YSTCUL****SVG****CYCLOSPORIN-MONOCLONAL****TEST CODE: YCYCB****Mayo #8931****CYTOCHROME P450 2D6 GENOTYPE****TEST CODE: YCY2D6****Mayo #83180**

CYTOLOGY, GYN (THIN PREP PAP SMEAR) 1 SLIDE

Methodology: Manual Microscopy
Performed: Daily
Laboratory Department: Cytology

Specimen Requirements: Thin Prep Pap Test vial, Plastic Spatula, Endocervical Brush

1. Obtain an adequate sampling from the ectocervix using a plastic spatula, by using moderate pressure and rotating the spatula 365° in the same direction.
2. Immediately rinse the spatula into the PreservCyt® solution vial by swirling the spatula vigorously in the vial 10 times. Discard the spatula.
3. Obtain an adequate sampling from the endocervix using an endocervical brush device. Insert the brush into the cervix until only the bottom-most fibers are exposed. Slowly rotate the brush ¼ to ½ turn in one direction. Do not over-rotate the brush, as this may cause bleeding.
4. Immediately rinse the brush in the PreservCyt® solution vial by rotating the device in the solution 10 times while pushing the bristles against the PreservCyt® vial wall. Swirl the brush vigorously to further release material. Discard the brush.
5. Tighten the cap so that the torque line (black line) on the cap passes the torque line on the vial.
6. Label the vial with the patient's name and date of birth or patient sticker.
7. Fill out the cytology requisition form with the patient name, date of birth, age, LMP, and any other pertinent medical history.
8. Place the requisition in the sleeve of the biohazard bag with the PreservCyt® vial and transport to the laboratory.

Specimen Rejection: If the specimen is not labeled with the patient's name or patient sticker, the laboratory will return the specimen to the clinic for proper identification. A requisition wrapped around a specimen will NOT constitute a properly labeled specimen.

Specimen Storage: Refrigerate
Rejection Criteria: No abnormal cells seen.

CPT Code: 88142

CYTOLOGY, NON GYN

Methodology: Manual Microscopy
Performed: Weekdays
Laboratory Department: Cytology

Specimen Requirements: All cytology specimens should be properly labeled and sent immediately to the laboratory for processing. On weekends and holidays, when there is a delay in processing, please follow the instructions below:

1. Sputum, Urine and brush tip specimens add 30ml of Cytolyt to container or 50% ETOH for urine and place them in the refrigerator located in cytology.
2. Prepare cytospin slides on spinal fluid and save remaining fluid in the cytology refrigerator.
3. All other body fluids can be placed in the cytology refrigerator.
4. Prepared slides (pap smears and cytospins) can be stored at room temperature. Place on the processing counter in front of the cytology room.
5. A supply of cytolyt is located in the reagent room next to the centrifuge (cytoprep).

Rejection Criteria: Inadequate specimen collection or preservative.

Reference Range: No abnormal cells seen.

CPT Code: 88104; other codes if multiple tests are performed.

CYTOMEGALOVIRUS ANTIBODIES**TEST CODE: CMVB****Quest #6732X**

D

DARVOCET: See ACETAMINOPHEN

DAT (DIRECT ANTIGEN TEST) See COOMBS, DIRECT

DATRIL: See ACETAMINOPHEN

D-DIMER

Test Code: DDIM2
Methodology: **Light Absorption**
Performed: Daily, all shifts
Department: Coagulation

Specimen Requirements: 0.5 mL sodium citrate plasma, LIGHT BLUE

Specimen Storage: Refrigerated, must be received in the lab within 24 hours of draw time
Rejection Criteria: non-sodium citrate plasma

Reference Range: <0.48 ug/mL

CPT Code: 85379

DEPAKENE: See VALPROIC ACID

DEPAKOTE: See VALPROIC ACID

DHEA SULFATE

TEST CODE: DHEAS

Quest #402X

DIFFERENTIAL, SMEAR TO PATHOLOGISTS: See SMEAR TO PATHOLOGISTS

DIG: See DIGOXIN

D**DIGOXIN (LANOXIN)**

Test Code: DIG2
Methodology: Microparticle enzyme immunoassay
Performed: Daily, all shifts
Laboratory Department: Chemistry

Specimen Requirements: 0.5 mL heparinized plasma, GREEN or serum, RED
Collection Instructions: Lab needs to know how long since the last dose
Peak Level: Draw 6-8 hrs post dose

Specimen Storage: Refrigerate
Rejection Criteria: Hemolysis, Gross lipemia
Reference Range: Therapeutic: 0.9 – 2.0 ng/dl
Panic value: >2.0 ng/dl

CPT Code: 80162

DILANTIN, TOTAL (PHENYTOIN,TOTAL)

Test Code: DIL2
Methodology: PENTINIA
Performed: Daily, all shifts
Laboratory Department: Chemistry

Specimen Requirements: 0.5 mL lithium heparin plasma, GREEN or serum, RED
Draw trough level just before next dose. Peak levels are not recommended to monitor Dilantin therapy.

Specimen Storage: Refrigerate
Rejection Criteria: Hemolysis, gross lipemia
Reference Range: Therapeutic: 10.0-20.0 ug/ml
Panic value: >30.0 ug/ml

CPT Code: 80185

DILANTIN, FREE (PHENYTOIN FREE)**TEST CODE: DILFRE****Quest #3189X****DIRECT AHG:** See COOMBS, DIRECT**DIRECT ANTIGLOBULIN:** See COOMBS, DIRECT

D

DNA ANTIBODY**TEST CODE: DNA****SVG**

DNASE – B ANTIBODY**TEST CODE: DNASE****Quest #256X**

DONNATAL:See PHENOBARBITAL

DRUG SCREEN, RAPID (DRUGS OF ABUSE SCREEN)

Test Code: RDS2
Methodology: Colloidal metal immunoassay
Performed: Daily, all shifts
Laboratory Department: Chemistry

Specimen Requirements: 2ml urine
Specimen Storage: Refrigerate
Rejection Criteria: None

Multiple Tests: Screens for the metabolites of amphetamines, methamphetamines, barbituates, benzodiazepines, cannabinoids, opiates, phencyclidine (PCP), cocaine and tricyclic antidepressants.

Reference Range: None detected.

CPT Code: 80100 x 7

E**EBV SEROLOGY****TEST CODE: EBV****SVG****E.COLI 0157:**

See CULTURE, STOOL

ECHRILICHIA CHAFFEENSIS ANTIBODY**TEST CODE: QECABS****Quest #34271X****EAR CULTURE:**

See CULTURE, RESPIRATORY

ELECTROLYTES (NA, K, CL, CO2)

Test Code: ELECT2
Methodology: Ion Selective Electrode & Biochromatic
Performed: Daily, all shifts
Laboratory Department: Chemistry

Specimen Requirements: 0.5 ml lithium heparin plasma, GREEN or serum, RED
Specimen Storage: Refrigerate
Rejection Criteria: Hemolysis

Multiple Tests: Sodium, Potassium, Chloride, Carbon Dioxide

Reference Range:

Chloride:	99-111 mmol/L
Potassium:	3.5-5.3 mmol/L
Sodium:	133-142 mmol/L
Carbon Dioxide:	22-34 mmol/L

CPT Code: 80051

ELECTROPHORESIS, HEMOGLOBIN**TEST CODE: YHGBEP****Mayo #81626****ELECTROPHORESIS (PROTEIN), CSF****TEST CODE: QSFELP****Quest #17187X****ELECTROPHORESIS (PROTEIN), SERUM****TEST CODE: ELECTR****SVG****ELECTROPHORESIS (PROTEIN),
URINE, 24 HR****TEST CODE: UELP****SVG**

E

ELECTROPHORESIS (PROTEIN), URINE, RANDOM	TEST CODE: RUELP	SVG
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ELECTROPHORESIS & IMMUNOFIXATION (PROTEIN) URINE, RANDOM	TEST CODE: RIEFUP	SVG
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ELECTROPHORESIS & IMMUNOFIXATION (PROTEIN) URINE, TIMED	TEST CODE: IEFUP	SVG
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ENA, Sm (Smith) & RNP (Ribonuclear protein)	TEST CODE: ENA	SVG
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ENA2, SSA (Ro) & SSB (La)	TEST CODE: ENA2	SVG
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ENTAMOEBIA HISTOLYTICA:	See OVA AND PARASITES
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ENTERIC PATHOGENS:	See CULTURE, STOOL; CULTURE, VIRAL; OVA AND PARASITES; ROTAVIRUS
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ENTEROBIUS VERMICULARIS:	See PINWORM PREP
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ENTEROVIRUS, QUAL, PCR (CSF)	TEST CODE: QEVPCR	Quest #15082X
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EOSINOPHIL SMEAR

Test Code:	EOSCT
Methodology:	Wright Stain
Performed:	Daily, day shift
Laboratory Department:	Hematology

Specimen Requirements:	1.0ml urine or 1 nasopharyngeal swab
Specimen Storage:	Refrigerate
Rejection Criteria:	Frozen Specimen

Reference Range:	None Seen
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CPT Code:	89190
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E

EPSTEIN BARR VIRUS (EBV)**TEST CODE: EBV****SVG**

ERYTHROCYTE COUNT:See CBC (WITH OR WITHOUT DIFFERENTIAL)

ERYTHROCYTE SEDIMENTATION:See SED RATE

ERYTHROPOIETIN**TEST CODE: QERYT****Quest #22376P**

ESKALITH:See LITHIUM

ESR:See SED RATE

ESTRADIOL**TEST CODE: QESTR****Quest #30289X**

ESTRIOL**TEST CODE: E3S****Quest # 22517P**

ETHANOL, BLOOD:See ALCOHOL, ETHYL

ETHOSUZIMINDE (ZARONTIN)**TEST CODE: ZAR****Quest #36160P**

ETHYL ALCOHOL:See ALCOHOL, ETHYL

ETOH:See ALCOHOL, ETHYL

EXEDRIN:See ACETAMINOPHEN

F**FACTOR I**

See FIBRINOGEN, ACTIVITY

FACTOR II (Prothrombin Gene Mutation)**TEST CODE: F2GM****SVG****FACTOR V (LEIDEN) MUTATION ANALYSIS****TEST CODE: F5L****SVG****FACTOR VIII****TEST CODE: F8****SVG****FACTOR VIII ANTIGEN ACTIVITY****FACTOR VIII COFACTOR
(RISTOCETIN COFACTOR)****TEST CODE: QVWFAA****Quest #4459X****FACTOR VIII INHIBITOR****TEST CODE: F8INH****SVG****FACTOR VIII MULTIMER
(von WILLEBRAND MULTIMER)****TEST CODE: MA****Quest #5168X****FACTOR IX****TEST CODE: F9****SVG****FACTOR IX INHIBITOR****TEST CODE: F9INH****SVG****FACTOR XIII****TEST CODE: F13****SVG****FASTING BLOOD SUGAR:**

See GLUCOSE

FAT, FECAL**TEST CODE: YFFAT****Mayo #8310****FBS:**

See GLUCOSE

FDP:

See FIBRIN SPLIT PRODUCTS

FELBAMATE (Felbatol)**TEST CODE: YFELB****Mayo #80782**

F**FERRITIN**

Test Code: FER
Methodology: Microparticle enzyme immunoassay
Performed: Daily, all shifts
Laboratory Department: Chemistry

Specimen Requirements: 0.5 ml lithium heparin plasma, GREEN or serum, RED
Specimen Storage: Refrigerate
Rejection Criteria: Gross hemolysis, lipemia

Reference Range: Male: 5 - 244 ng/mL
Female: 3 - 105 ng/mL

CPT Code: 82728

FETAL FIBRONECTIN**TEST CODE: RFFN****SVG****FETAL LUNG MATURITY (Amniotic fluid)****TEST CODE: FLM****SVG****FIBRIN SPLIT PRODUCTS**

Test Code: FDPSQ
Methodology: Latex, antifibrinogen
Performed: Daily, all shifts
Laboratory Department: Coagulation

Specimen Requirements: 2.0 ml plasma (3.2% sodium citrate) Light Blue
Specimen Storage: Frozen
Rejection Criteria: Thawed specimens

Reference Range: <5 ug/mL

CPT Code: 85362

F**FIBRINOGEN**

Test Code: **FIB**
Methodology: Fibrin strand clot detection
Performed: Daily, all shifts
Laboratory Department: Coagulation

Specimen Requirements: 2.0ml citrated plasma, LIGHT BLUE
Submit two 1.0ml aliquots

Specimen Storage: Frozen
Rejection Criteria: Thawed specimen

Reference Range: 225 - 458 mg/dL

CPT Code: 85384

FIBRINOGEN DEGRADATION: See FIBRIN SPLIT PRODUCTS or D-DIMER

FOLATE (Folic Acid) **TEST CODE: FOL** **SVG**

FOLIC ACID: See FOLATE

FOLATE, RBC **TEST CODE: RFOL** **SVG**

FREE FATTY, ACIDS, TOTAL (serum) **TEST CODE: YFFA** **Mayo #8280**

FREE T3, TRACER DIALYSIS **TEST CODE: QFT3RD** **Quest #3434N**

FREE T3, (not tracer dialysis) **TEST CODE: FT3** **SVG**

F**FREE T4**

Test Code: FT4
Methodology: Colorimetric Immunoassay
Performed: Daily, all shifts
Laboratory Department: Chemistry

Specimen Requirements: 0.5 mL heparinized plasma, GREEN or serum, RED
Specimen Storage: Refrigerate
Rejection Criteria: Hemolysis, lipemia

Reference Range: 0.60 – 1.20 ng/dL

CPT Code: 84439

FROZEN SECTION: Call Histology for info (884-4770)
See TISSUE, SPECIMEN

FRUCTOSAMINE	TEST CODE: FRUC	Quest #8340X
FSH (Follicle Stimulating Hormone)	TEST CODE: FSH	SVG
FTA-ABS	TEST CODE: FTAABS	SVG
FUNGAL BLOOD CULTURE	TEST CODE: FGBC	SVG
FUNGAL CULTURE (Skin or Hair)	TEST CODE: FGCSK	SVG
FUNGAL CULTURE (w/ KOH PREP)	TEST CODE: FGCUL	SVG
FUNGAL SMEAR:	TEST CODE: FGSM	SVG
FUNGAL SMEAR (Skin or Hair)	TEST CODE: FGSSK	SVG
FUNGUS CULTURE	TEST CODE: FUNG	SVG

G

GABAPENTIN (Neurotin)

TEST CODE: QGABA

Quest #3557X

GAMMA GLUTAMYL TRANSFERASE (GAMMA GTP, GGT, GGTP)

Test Code: GGTP
Methodology: Enzymatic
Performed: Daily, all shifts
Laboratory Department: Chemistry

Specimen Requirements: 0.5 mL lithium heparin plasma, GREEN or serum, RED
Specimen Storage: Refrigerate
Rejection Criteria: Gross hemolysis, severe lipemia

Reference Range: 5-85 IU/L

CPT Code: 82977

GARAMYCIN: See GENTAMICIN

GARDNERELLA CULTURE: See CULTURE, GENITAL

GASES, BLOOD: See BLOOD GASES

GASTRIC pH AND OCCULT BLOOD

Test Code: GABL
Methodology: Oxidation
Performed: Daily, all shifts
Laboratory Department: Urinalysis

Specimen Requirements: 1.0ml gastric fluid
Specimen Storage: Refrigerate

Multiple Tests: GPH and GABL
Reference Range: Blood negative

CPT Code: 82270

G

GASTRIN	TEST CODE: GA	Quest #23333P
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GC CULTURE	TEST CODE: GCCUL	SVG
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GC CULTURE W/ GC SMEAR	TEST CODE: GCCWG	SVG
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GC, PCR	TEST CODE: GCPCR	SVG
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GC SMEAR	TEST CODE: GCSM	SVG
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GENTAMICIN

Test Code(s): **GENR2 (Random)**
 GENP2 (Peak)
 GENT2 (Trough)

Methodology: Fluorescent polarization immunoassay
Performed: Daily, all shifts
Laboratory Department: Chemistry

Specimen Requirements: 0.5 mL lithium heparin plasma, GREEN or serum, RED
Indicate random, peak or trough specimen
Trough: Collect just before next dose
Peak: Collect 60 minutes post injection or 30 minutes post IV dose.

Specimen Storage: Refrigerate
Rejection Criteria: Gross hemolysis
Trade Names: Garamycin, G-Myticin

Reference Range: Trough <2.0 ug/mL
 Peak 5.0 - 10.0 ug/mL
 Panic Value: >12.0 ug/mL

CPT Code: 80170

GENITAL CULTURE	TEST CODE: GNCUL	SVG
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GIARDIA/CRYPTOSPORIDIUM ANTIGENS	TEST CODE: OPASCR	SVG
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G**GLIADIN ANTIBODIES****TEST CODE: GLNAB****SVG****GLOBULIN:**

See PROTEIN (TOTAL)

GLOMERULAR BASEMENT MEMBRANE ANTIBODY**TEST CODE: GBM****Quest #257X****GLUCOSE**

Test Code: GLUC
Methodology: Hexokinase
Performed: Daily, all shifts
Laboratory Department: Chemistry

Specimen Requirements: 0.5 mL lithium heparin plasma, GREEN or serum, RED
Specimen Storage: Refrigerate
Rejection Criteria: Gross hemolysis, severe lipemia

Reference Range: 70-110 mg/dl (fasting)

CPT Code: 82947

GLUCOSE, BODY FLUID (OTHER THAN CSF)

Test Code: GLUCL2
Methodology: Hexokinase
Performed: Daily, all shifts
Laboratory Department: Chemistry

Specimen Requirements: 0.5ml body fluid
Specimen Storage: Refrigerate
Rejection Criteria: Gross hemolysis

Reference Range: None

CPT Code: 82945

G

GLUCOSE, SPINAL FLUID (CSF)

Test Code: SFSUG
Methodology: Hexokinase
Performed: Daily, all shifts
Laboratory Department: Chemistry

Specimen Requirements: 0.5ml CSF in sterile tube with no additives
Specimen Storage: Refrigerate
Rejection Criteria: Gross hemolysis

Reference Range: 40-75 mg/dl

CPT Code: 82945

GLUCOSE - POST DOSE

Test Code: POSTG2
Test Methodology: Hexokinase
Performed: Daily, all shifts
Laboratory Department: Chemistry

Specimen Requirements: 0.5 mL lithium heparin plasma, GREEN or serum, RED

Specimen Storage: Refrigerated

Reference Range: <136 mg/dL

CPT Code: 82947

GLUCOSE - POST PARANIAL - 2HR

Test Code: PP2HR
Test Methodology: Hexokinase
Performed: Daily, all shifts
Laboratory Department: Chemistry

Specimen Requirements: 0.5 mL lithium heparin plasma, GREEN or serum, RED
Specimen Storage: Refrigerated

Reference Range: <140 mg/dL

CPT Code: 82947

G

GLUCOSE TOLERANCE - 2HR - 75 GM CHALLENGE - non pregnant person

Test Code: M2GTT
Test Methodology: Hexokinase
Performed: Daily, all shifts
Laboratory Department: Chemistry

Specimen Requirements: 0.5 mL lithium heparin plasma, GREEN or serum, RED
Fasting specimen
1 hr. post dose specimen
2 hr. post dose specimen

Specimen Storage: Refrigerated

Reference Range: Fasting: <110 mg/dL
1-hour: <180 mg/dL
2-hour: <155 mg/dL

CPT Code: 82951, 82952 (x2)

GLUCOSE TOLERANCE - 3HR - 75 GM CHALLENGE - non pregnant person

Test Code: M3GTT
Test Methodology: Hexokinase
Performed: Daily, all shifts
Laboratory Department: Chemistry

Specimen Requirements: 0.5 mL lithium heparin plasma, GREEN or serum, RED
Fasting specimen
1 hr. post dose specimen
2 hr. post dose specimen
3 hr. post dose specimen

Specimen Storage: Refrigerated

Reference Range: Fasting: < 110 mg/dL
1- hour: <180 mg/dL
2- hour: <155 mg/dL

CPT Code: 82951, 82952 (x3)

G

GLUCOSE TOLERANCE - 3HR - 100 GM CHALLENGE - GESTATIONAL

Test Code: MGTOB
Test Methodology: Hexokinase
Performed: Daily, all shifts
Laboratory Department: Chemistry

Specimen Requirements: 0.5 mL lithium heparin plasma, GREEN or serum, RED
Fasting specimen
1 hr. post dose specimen
2 hr. post dose specimen
3 hr. post dose specimen

Specimen Storage: Refrigerated

Reference Range: Fasting: <95 mg/dL
1- hour: <180 mg/dL
2- hour: <155 mg/dL
3- hour: <140 mg/dL

CPT Code: 82951, 82952 (x3)

GLUTAMIC OXALOACETIC TRANSFERASE: See SGOT (AST)

GLUTAMIC PYRUVIC TRANSFERASE: See SGPT (ALT)

GLUTAMYL TRANSPEPTIDASE, GAMMA: See GGTP

GLYCATED HGB: See HEMOGLOBIN A1C

GLYCOHEMOGLOBIN: See HEMOGLOBIN A1C

GOUT CRYSTALS: See CRYSTALS, BODY FLUID

G**GRAM STIAN - STAT**

Test Code: GRST
Methodology: Microscopy
Performed: Daily, all shifts
Laboratory Department: Microbiology

Specimen Requirements: Lab will make smear of submitted specimen
Specimen Storage: Refrigerate
Rejection Criteria: Inadequate specimen

Reference Range: No Organisms Seen

CPT Code: 87205

GRANULOCYTE ANTIBODY**TEST CODE: YGAB****Mayo #8976****GROUP A STREP ANTIGEN:**

See BETA STREP GROUP A, RAPID

GROUP A STREP CULTURE:

See CULTURE, BETA STREP GROUP A

GROUP B STREP ANTIGEN:

See BETA STREP GROUP B-RAPID CERVICAL

GROUP B STREP CULTURE:**TEST CODE: GBSC****SVG****GT:**

See GAMMA GLUTAMYUL TRANSFERASE

GTT:

See GLUCOSE TOLERANCE TEST

GUIAC:

See OCCULT BLOOD

H**HAPTOGLOBIN****TEST CODE: HAP****Quest #45427P****H & H:**

See HEMOGLOBIN AND HEMATOCRIT

HCG, BETA:

See HCG, BETA-SUBUNIT

HCG, BETA-SUBUNIT:

See HCG, QUANT

HCG, QUALITATIVE, URINE:

See PREGNANCY TEST, URINE or SERUM

HCG, QUANTITATIVE (HCG, BETA – SUBUNIT)

Test Code: HCGQN
Methodology: Microparticle enzyme immunoassay
Performed: Daily, all shifts
Laboratory Department: Chemistry

Specimen Requirements: 0.5 mL lithium heparin plasma, GREEN or serum, RED
Specimen Storage: Refrigerate
Rejection Criteria: Hemolysis

Reference Range: 0-6 mIU/mL (non-pregnant female)

Pregnancy:	Weeks Post LMP	HCG Range mIU/mL
	3 – 4	9 – 130
	4 – 5	75 – 2,600
	5 – 6	850 – 20,000
	6 – 7	4,000 – 100,200
	7 – 12	11,500 – 289,000
	12 – 16	18,300 – 137,000
	16 – 29	1,400 – 53,000
	29 – 41	940 – 60,000

CPT Code: 84702**HCG, QUANTITATIVE (NON-PREGNANT)****TEST CODE: HCGNP****SVG****HCT:**

See HEMATOCRIT

H

HDL: See CHOLESTEROL

HEAVY METALS (BLOOD) TEST CODE: QHMP Quest #7655X

HEMATOCRIT

Test Code: HCTB
Methodology: Automated/Optical/Impedance
Performed: Daily, all shifts
Laboratory Department: Hematology

Specimen Requirements: 3.0ml whole blood, gently mixed, LAVENDER or 500 ul EDTA Microtainer
Specimen Storage: Refrigerate
Rejection Criteria: Freezing or clots

Reference Range: Male: 39-51
Female: 35-46

CPT Code: 85014

HEMOCCULT: See OCCULT BLOOD

HEMOGLOBIN

Test Code: HGBB
Methodology: Automated/Optical Impedance
Performed: Daily, all shifts
Laboratory Department: Hematology

Specimen Requirements: 3.0 ml whole blood, gently mixed, LAVENDER or 500ul EDTA microtainer
Specimen Storage: Refrigerate
Rejection Criteria: Freezing or clots

Reference Range: Male: 13.0-17.4
Female: 11.3-15.3

CPT Code: 85018

HEMOGLOBIN & HEMATOCRIT: See HEMOGLOBIN and HEMATOCRIT

H

HEMOGLOBIN A1C

Test Code: MA1C
Methodology: Immuno-agglutination
Performed: Weekly, day shift
Laboratory Department: Chemistry

Specimen Requirements: 1.0ml EDTA whole blood, LAVENDER
Specimen Storage: Refrigerate

Reference Range: Non-diabetics: 3-6%
Controlled Diabetics: 6-9%
Poorly Controlled Diabetics: >9%

CPT Code: 83036

HEMOGLOBIN ELECTROPHORESIS (cascade) TEST CODE: YHGBEP Mayo #81626

HEMOGLOBIN, GLYCATED: See HEMOGLOBIN A1C

HEMOGLOBINOPATHY EVALUATION TEST CODE: QHPE Quest #35489X

HEMOGLOBIN SATURATION: See O2 SATURATION

HEMOGRAM: See CELL PROFILE

HEPARIN COFACTOR: See ANTI-THROMBIN III

HEPARIN LOW MOLECULAR WEIGHT TEST CODE: HEPLW SVG

HEPARIN-PF4 ANTIBODY (HIT) TEST CODE: YHITAB Mayo #81904

H

HEPATIC PANEL

Test Code: HEPAN2
Methodology: Varies
Performed: Daily, all shifts
Laboratory Department: Chemistry

Specimen Requirements: 0.5 mL lithium heparin plasma, GREEN or serum, RED
Rejection Criteria: Hemolysis

Reference Range:

Albumin	3.4 - 5.0 gm/dL	Alk Phos	50 - 136 IU/L
AST	10 - 37 IU/L	Bilirubin Total	0.1 - 1.0 mg/dL
ALT	30 - 65 IU/L	Bilirubin Direct	0.0 - 0.3 mg/dL

CPT Code: 80076

HEPATITIS A VIRUS IGM	TEST CODE: HAVM	SVG
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HEPATITIS A VIRUS TOTAL ANTIBODY	TEST CODE: HAVTOT	Quest #508X
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HEPATITIS ACUTE PANEL	TEST CODE: HAPAN	SVG
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HEPATITIS B CORE IGM	TEST CODE: HBVM	SVG
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HEPATITIS B CORE TOTAL ANTIBODY	TEST CODE: HBCAB	SVG
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HEPATITIS B PANEL	TEST CODE: HBPAN	SVG
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HEPATITIS B SURFACE ANTIBODY	TEST CODE: HBSAB	SVG
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HEPATITIS B SURFACE ANTIGEN	TEST CODE: HBSAG	SVG
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HEPATITIS B VIRAL DNA, QUANT. PCR	TEST CODE: QHBVDP	Quest #8369N
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HEPATITIS Be ANTIGEN	TEST CODE: HBEAG	Quest #555X
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H

HEPATITIS C ANTIBODY	TEST CODE: HCVAB	SVG
HEPATITIS C VIRAL RNA Genotype, LiPA	TEST CODE: HCGEN	Quest #37811X
HEPATITIC C VIRAL RNA, PCR QUANT.	TEST CODE: QHCPCR	Quest #35645X
HERPES (SIMPLEX) CULTURE	TEST CODE: HERPC	SVG
HERPES (SIMPLEX) SMEAR	TEST CODE: HSVSM	SVG
HERPES (SIMPLEX) VIRUS 1&2 IGM AB	TEST CODE: QHSVM	Quest #7438X
HERPES (SIMPLEX) VIRUS 1&2 IGG AB	TEST CODE: QHSMG	Quest #6447X
HERPES (SIMPLEX) VIRUS 1&2 PCR	TEST CODE: QHSPCR	Quest #34257X
HERPES (SIMPLEX) VIRUS 6 PANEL	TEST CODE: QHV6AB	Quest #34282X
HETEROPHILE ANTIBODIES:	See MONOSPOT	
HGB:	See HEMOGLOBIN	
HGB A1C:	See HEMOGLOBIN A1C	
HIGH DENSITY CHOLESTEROL:	See HDL CHOLESTEROL	
HISTOPLASMA ANTIGEN (URINE)	TEST CODE: QHAG	Quest #34441X
HIT (HEPARIN INDUCED PLATELET AB)	TEST CODE: YHITAB	Mayo #81904
HIV	TEST CODE: HIV	SVG

H

HLA-B27**TEST CODE: HLAB27****Quest #528X**

HOMOCYSTEINE**TEST CODE: HOCY****SVG**

H. PYLORI IGG ANTIBODY**TEST CODE: HPYL****SVG**

HSV:See HERPES SIMPLEX VIRUS CULTURE

**HTLV I/II ANTIBODY, (EIA)
With Reflex to Western Blot****TEST CODE: QHTLV****Quest #36175Z**

HUMAN CHORIONIC GONADOTROPIN:See HCG

HUMAN GROWTH HORMONE**TEST CODE: HGH****Quest #29637P**

HYPERSENSITIVITY PNEUMONI**TEST CODE: HSPN****Quest #8409N**

I

IGA	TEST CODE: IGA	SVG
IGE	TEST CODE: IGE	SVG
IG FREE LIGHT CHAINS (Kappa and Lambda)	TEST CODE: YIGFLC	Mayo #84190
KAPPA/LAMBDA FREE LIGHT CHAINS	TEST CODE: QKLR	Quest #11234X
IGG	TEST CODE: IGG	SVG
IGG SUBCLASS 4	TEST CODE: QIGGS4	Quest #5428X
IGG SUBCLASSES	TEST CODE: IGSUBC	Quest #7903X
IGG SYNTHESIS RATE/INDEX:	SEE MULTIPLE SCLEROSIS PANEL	
IGM	TEST CODE: IGM	SVG
IMMUNOELECTROPHORISIS	TEST CODE: IEFSP	SVG
INDIA INK PREP		
Test Code:	IINK	
Methodology:	Microscopy	
Performed:	Daily, all shifts	
Laboratory Department:	Microbiology	
Specimen Requirements:	0.3 ml CSF	
Specimen Storage:	Refrigerate	
Rejection Criteria:	None	
Reference Range:	No encapsulated, budding yeast cells seen	
CPT Code:	87205	

I

INDIRECT AHG: See ANTIBODY SCREEN

INDIRECT ANTIGLOBULIN: See ANTIBODY SCREEN

INDIRECT COOMBS: See ANTIBODY SCREEN

INFECTIOUS MONONUCLEOSIS: See MONOSPOT

INFLUENZA A AND B, RAPID EIA

Test Code: RFAB
Methodology: Enzyme immunoassay for Influenza A/B
Performed: Daily, all shifts
Note: EIA may be ordered STAT on all shifts
Laboratory Department: Microbiology

Specimen Requirements: Nasopharyngeal aspirates, washes, or swabs. The preferred specimen is an NP over a throat swab.
Specimen Storage: Refrigerate and transport to the lab as soon as possible
Reference Range: EIA negative for influenza A
EIA negative for influenza B

CPT Code: 87400

INFLUENZA A SMEAR TEST CODE: FLUASM SVG

INFLUENZA B SMEAR TEST CODE: FLUBSM SVG

INSULIN TEST CODE: INSUL Quest #561X

INTESTINAL PARASITES: See OVA and PARASITES

I

IRON

Test Code: IRON2
Methodology: Colorimetric
Performed: Daily
Laboratory Department: Chemistry

Specimen Requirements: 0.5 mL serum, RED
Specimen Storage: Refrigerate
Rejection Criteria: Any hemolysis

Reference Range: Male: 65 - 175 ug/dL
Female: 50 - 170 ug/dL

CPT Code: 83540

IRON AND IRON BINDING CAPACITY

Test Code: IIBC2
Methodology: Colorimetric
Performed: Daily
Laboratory Department: Chemistry

Specimen Requirements: 0.5 mL serum, RED
Specimen Storage: Refrigerate
Rejection Criteria: Any hemolysis

Multiple Tests: Iron, Iron Binding Capacity, Iron Saturation

Reference Ranges: Iron: Male: 65 - 175 ug/dl
Female: 50 - 170 ug/dl

Iron Binding Capacity: 250-450 ug/dl

Saturation: Male: 20 - 54 %
Female: 17 - 54 %

CPT Code: 83550

K

K: See POTASSIUM

KAPPA/LAMBDA FREE LIGHT CHAINS **TEST CODE: QKLR** **Quest #11234X**

IG FREE LIGHT CHAINS (KAPPA/LAMBDA) **TEST CODE: YIGFLC** **Mayo # 84190**

KEPPRA **TEST CODE: QKEP** **Quest #15142X**

KIDNEY STONE ANALYSIS: See STONE ANALYSIS

KLEINHAUER BETKE **TEST CODE: KLEIN** **SVG**

KOH PREP **TEST CODE: FGSM** **SVG**

L

L – LACTATE: See LACTIC ACID

LACTATE: See LACTIC ACID

LACTATE DEHYDROGENASE: See LDH (LD)

LACTIC ACID

Test Code: LACTI2
Methodology: Enzymatic
Performed: Daily, all shifts
Laboratory Department: Chemistry

Specimen Requirements: 1.0 ml Sodium Fluoride Potassium Oxalate plasma, GRAY TOP
Immediate chilling of sample on ice post draw,
Separate from cells within 15 minutes.

Specimen Storage: Refrigerate (if received within one hour of collection) or freeze

Rejection Criteria: Wrong tube type, gross hemolysis

Reference Range: 0.4 - 2.0 mmol/L

CPT Code: 83605

LACTIC ACID DEHYDROGENASE: See LDH (LD)

LAMOTRIGINE/LAMICTAL

TEST CODE: LAMOT

Quest #22060X

LANOXICAPS: See DIGOXIN

LANOXIN: See DIGOXIN

L

LDH

Test Code:	LDH
Methodology:	Enzymatic
Performed:	Daily, all shifts
Laboratory Department:	Chemistry
Specimen Requirements:	0.5 ml lithium heparin plasma, GREEN or serum RED
Specimen Storage:	Refrigerate
Rejection Criteria:	Hemolysis
Reference Range:	85 - 190 IU/L
CPT Code:	83615

LDH (LD), BODY FLUID

Test Code:	FLLDH
Methodology:	Enzymatic
Performed:	Daily, all shifts
Laboratory Department:	Chemistry
Specimen Requirements:	1.0 ml fluid
Specimen Storage:	Refrigerate
Rejection Criteria:	Hemolysis
Reference:	None
CPT Code:	83615

LDH ISOENZYMES

TEST CODE: QISOLD

Quest #4411X

LDL:

See CHOLESTEROL FRACTIONATION

LEAD (Blood)

TEST CODE: QLEADB

Quest #56713P

LEIDEN ANALYSIS:

See FACTOR V (LEIDEN) MUTATION ANALYSIS

L

LEGIONELLA SMEAR AND CULTURE**TEST CODE: LENCUL****SVG**

LEGIONELLA URINARY ANTIGEN**TEST CODE: LUA****SVG**

LEUKEMIA PANEL:See LYMPHOMA/LEUKEMIA PANEL

LI:See LITHIUM

LIDOCAINE (Xylocaine)**TEST CODE: LIDO****Quest #37143P**

LIPASE

Test Code: LIPASE
Methodology: Colorimetric
Performed: Daily, all shifts
Laboratory Department: Chemistry

Specimen Requirements: 0.5 ml lithium heparin plasma, GREEN or serum RED
Specimen Storage: Refrigerate
Rejection Criteria: Hemolysis

Reference Range: 73 - 393 U/L

CPT Code: 83690

LIPID PROFILE:See CHOLESTEROL FRACTIONATION

LIPIDS, STOOL:See FAT, FECAL

LIPOPROTEIN (a)**TEST CODE: QLPA****Quest #34604X**

LIQUIPRIN:See ACETAMINOPHEN

LITHANE:See LITHIUM

L**LITHIUM**

Test Code: LI2
Methodology: Colorimetric
Performed: Daily, all shifts
Laboratory Department: Chemistry
Patient Preparation: Collect just before next dose, or 8-12 hours after last dose

Specimen Requirements: 1.0 ml serum, RED
Specimen Storage: Refrigerate
Rejection Criteria: Gross hemolysis

Reference Range: Therapeutic: 0.60 - 1.20 mmol/L
Panic Value >2.00 mmol/L

Trade Names: Eskalith, Cibaleth

CPT Code: 80178

LITHOBID: See LITHIUM

LITHONATE: See LITHIUM

LITHOTABS: See LITHIUM

LORAZEPAM **TEST CODE: QLOR** **Quest #34519X**

LOW DENSITY CHOLESTEROL: See CHOLESTEROL FRACTIONATION

L**LUI FREEZE ELUTION:****Test Code:** LUIF**Methodology:** Manual elution**Performed:** Daily, day shift**Laboratory Department:** Blood Bank**Specimen Requirements:** 1.0ml whole blood, LAVENDER
Collect either cord blood or infant cells**Specimen Storage:** Refrigerate**Reference Range:** Any ABO antibodies found should correspond to the expected ABO incompatibility between mother and infant.**CPT Code:** 86860**LUMINAL:** See PHENOBARBITAL**LUPUS ANTICOAGULANT** **TEST CODE: LUPACT** **SVG****LUPUS ERYTHEMATOSIS PANEL:** See ANA PROFILE**LUTEINIZING HORMONE (LH)** **TEST CODE: 3LH** **PREVEA****LYME SEROLOGY IGG & IGM (EIA)** **TEST CODE: LYME** **SVG****LYME DISEASE, AB WESTERBLOT** **TEST CODE: QLWB** **Quest #8293X****LYME DISEASE, DNA, PCR** **TEST CODE: BORPCR** **Quest #30297X****LYMPHOMA/LEUKEMIA PHENOTYPING** **FLOW CYTOMETRY** **SVG****LYMPHOCYTE IMMUNE MARKERS** **TEST CODE: T4T8CT** **SVG**

M

MCH: See CBC

MCHC: See CBC

MCV: See CBC

MACROSCOPIC URINE EXAM: See URINALYSIS

MAGNESIUM

Test Code: MG
Methodology: Colorimetric
Performed: Daily, all shifts
Laboratory Department: Chemistry

Specimen Requirements: 0.5 mL lithium heparin plasma, GREEN or serum, RED
Specimen Storage: Refrigerate
Rejection Criteria: Hemolysis

Reference Range: 1.6 - 2.4 mg/dL

CPT Code: 83735

MALARIAL BLOOD SMEAR (finger stick) **TEST CODE: MALS** **SVG**

MARAX: See THEOPHYLLINE

MEASLES IGG ANTIBODY(Rubeola Antibody) **TEST CODE: RUBO** **SVG**

MEPROBAMATE **TEST CODE: QMEPRO** **Quest #635Z**

MERCURY (Blood) **TEST CODE: QMERB** **Quest #636X**

METALS, HEAVY, BLOOD **TEST CODE: QHMP** **Quest #7655X**

M

METANEPHRINES (24 HR URINE)	TEST CODE: METS	Quest #3681N
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METHADONE (URINE)	TEST CODE: QMETU	Quest #8418Z
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METHEMOGLOBIN

Test Code:	METHB2
Methodology:	Carboxyhemoglobin-spectrophotometry
Performed:	Weekdays, day shift
Laboratory Department:	Chemistry

Specimen Requirements:	1.0 ml whole blood, GREEN
Specimen Storage:	Room Temperature-stable for 1hr
Rejection Criteria:	Improper handling

Reference Range:	0.4-1.5%
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CPT Code:	83050
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METHICILLIN RESISTANT TESTING (MRSA TESTING) STAPHYLOCOCCUS AUREUS	TEST CODE: MRSCUL	SVG
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METHOTREXATE	TEST CODE: MTX	SVG
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METHYL MALONIC ACID	TEST CODE: MMAL	Quest #34879X
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MG:	See MAGNESIUM
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MICROALBUMIN, Random Urine	TEST CODE: MIALB	SVG
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MICROALBUMIN, 24hr Urine	TEST CODE: MIAL24	SVG
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MICROSCOPIC URINE EXAM	See URINALYSIS MICROSCOPIC EXAM
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MONOCYTES:	See CBC
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M**MONOTEST (HETEROPHILE SCREEN)**

Test Code: MSPOT
Methodology: Latex agglutination assay
Performed: Daily, all shifts
Laboratory Department: Microbiology

Specimen Requirements: 0.5ml serum, RED, or LAVENDER
Specimen Storage: Refrigerate
Rejection Criteria: Gross hemolysis, severe lipemia

Remarks: Results should be correlated with clinical and hematological findings. False-positive tests may be associated with hepatitis A or B, leukemia, lymphoma, and pancreatic carcinoma.

Reference Range: Negative

CPT Code: 86308

MRSA CULTURE **TEST CODE: MRSCUL** **SVG**

MRSA CULTURE (screen) **TEST CODE: MRSACK** **SVG**
(hospital order only)

MULTIPLE SCLEROSIS PANEL 1 **TEST CODE: QMSP1** **Quest #37581X**
{Olioclonal bands (IgG)
IgG Synthesis Rate/Index}

MULTIPLE SCLEROSIS PANEL 2 **TEST CODE: QMSP2** **Quest #7085X**
{Olioclonal bands (IgG)
IgG Synthesis Rate/Index
Myelin basic Protein}

MUMPS CULTURE: See CULTURE, VIRAL

MUMPS IGG ANTIBODY **TEST CODE: MUMAB** **SVG**

MYASTHENIA GRAVIS PANEL I **TEST CODE: QMCP1** **Quest #7550X**

M

MYCOBACTERIUM CULTURE: See CULTURE, ACID FAST or BLOOD CULTURE, MYCOBACTERIA

MYCOBACTERIUM SMEAR: See CULTURE, ACID FAST

MYCOPLASMA HOMONIS CULTURE: See CULTURE, MYCOPLASMA HOMINIS

MYCOPLASMA PNEUMONIAE, IGG & IGM **TEST CODE: QMPAB** **Quest #34127X**

MYCOPLASMA/UREAPLASMA CULTURE **TEST CODE: QMYCOU** **Quest #871X**

MYELIN BASIC PROTEIN See Multiple Sclerosis Panel 2

MYELOPEROXIDASE ANTIBODY **TEST CODE: QMPO** **Quest #8796X**

MYOGLOBIN, Serum **TEST CODE: QMYOS** **Quest #66X**

MYOGLOBIN, URINE **TEST CODE: QMYOU** **Quest #26419P**

MYSOLINE (Primidone) **TEST CODE: PRIM** **Quest #737N**

N

N.MENINGITIDIS ANTIGEN: See ANTIGEN, NEISSERIA MENINGITIDIS

N.MENINGITIDIS/E.COLI: See ANTIGEN, NEISSERIA MENINGITIDIS

NA: See SODIUM

NASOPHARYNGEAL CULTURE: See CULTURE, RESPIRATORY (FOR BACTERIA)

NEISSERIA GONORRHOEAE CULTURE: See CULTURE, GC

NEISSERIA GONORRHOEAE DNA PROBE: See GC DNA PROBE

NEUROBLASTOMA PROFILE: See HOMOVANILLIC ACID

NEUROTIN (Gabapentin) TEST CODE: QGABA Quest# 3557X

NEUTRAL FAT: See FAT, FECES, QUALITATIVE

NICOTINE & METABOLITES, Blood TEST CODE: QNMB Quest #15863X

O**OBSTETRICS PANELS**

See ST. VINCENT TEST CATALOG

SVG**OCCULT BLOOD****Test Code:** OBD - (diagnostic) or OBS - (screen)**Methodology:** Guiac**Performed:** Daily, all shifts**Laboratory Department:** Urinalysis**Patient Preparation:** For 3 days prior to testing and during test, the patient should have no vitamin C, a high bulk red meat-free diet without yellow turnips, horseradish, apples, oranges, or bananas. The patient should not ingest alcohol, aspirin or other gastric irritants.**Specimen Requirements:** Stool in clean, dry container, no urine or stool specimen applied to occult blood card. Spread a small amount of stool on the two areas under the flap of the card. Deliver to the lab as soon as possible.**Specimen Storage:** Room temperature**Rejection Criteria:** Too much stool on the card. Urine in collection container.**Reference Range:** Negative**CPT Code:** 82270**OLIOCLONAL BANDS (IGG)**

See Multiple Sclerosis Panel 1 or 2

OPIATES SCREEN, URINE:

See DRUG SCREEN

ORGANIC ACID SCREEN (Urine)**TEST CODE: WOAU****WSLH****OSMOLALITY (Serum)****TEST CODE: OSMO****SVG****OSMOLALITY (Urine)****TEST CODE: OSMOU****SVG****OSMOTIC FRAILITY, RBC****TEST CODE: YRFRAG****Mayo #9064**

O

OT:

See SGOT

OVA & PARASITE (Stool)
(If out of the country w/in the year
Otherwise see Giardia/Cryptosporidium)

TEST CODE: QOPEX

Quest #681X

P

PANCREATIC ENZYMES: See AMYLASE, SERUM

PAPILLOMA VIRUS DETECTION: See HUMAN PAPILLOMAVIRUS

PAP SMEAR See CYTOLOGY, GYN (THIN PREP)

PARAINFLUENZA SMEARS TEST CODE: PARASM SVG

PARAPERTUSSIS CULTURE: TEST CODE: RVCUL SVG

PARASITE ID TEST CODE: PARAID SVG

PARASITOLOGY EXAM: See OVA AND PARASITES

PARATHYROID HORMONE, INTACT TEST CODE: PTH SVG

PARTIAL THROMBOPLASTIN: See PTT

PARVOVIRUS B-19 ANTIBODIES (IgG, IgM) TEST CODE: PARVAB Quest #8946X

PATHOLOGY SPECIMENS: Manual Request Histology Dept.

PCP SCREEN URINE: See DRUG SCREEN

PERTUSSIS SMEAR & CULTURE TEST CODE: PERCUL SVG

PERTUSSIS, PCR TEST CODE: BPPCR SVG

PERTUSSIS, PCR (Requires State kit)**TEST CODE: PPCR2****WSLH #3223**

pH, BLOOD

Test Code: SMPH
Methodology: R405
Performed: Daily, all shifts
Laboratory Department: Chemistry

Specimen Requirements: 1.0 ml heparinized whole blood, GREEN or ABG syringe.
Specimen Storage: On ice
Rejection Criteria: Improper transport

Reference Range: Normal: 7.35-7.45
Panic Value: <7.2 or >7.6

CPT Code: 83986

pH, BODY FLUID

Test Code: FLPH2
Methodology: R405
Performed: Daily, all shifts
Laboratory Department: Chemistry

Specimen Requirements: 1.0 ml pleural fluid collected anaerobically or in a lithium heparin tube. Keep on ice and deliver immediately.

Specimen Storage: On ice
Rejection Criteria: Air bubbles or clots in specimen, improper transport.
Reference Range: None

CPT Code: 83986

P

pH, URINE

Test Code:	UPH
Methodology:	Multistix 10 SG dipstick
Performed:	Daily, all shifts
Laboratory Department:	Urinalysis
Specimen Requirements:	1.0ml fresh random urine
Specimen Storage:	Refrigerate
Rejection Criteria:	Fecal contamination
Reference Range:	5.0 - 9.0 (normal diet, about 6.0)
CPT Code:	81003

PHENOBARBITAL

Test Code:	PHENO2
Methodology:	PETINIA - Particle Enhanced Turbidimetric Immunoassay
Performed:	Daily, all shifts
Laboratory Department:	Chemistry
Specimen Requirements:	0.5 mL lithium heparin plasma, GREEN or serum, RED. Draw just before next dose. Peak specimens are not recommended.
Specimen Storage:	Refrigerate
Rejection Criteria:	Gross hemolysis, severe lipemia
Trade Names:	A.P.B., Luminal, Tedral, Donnatal
Reference Range:	Therapeutic: 15 - 40 ug/mL Panic Value: > 40 ug/mL
CPT Code:	80184

PHENOTYPING FOR LEUKEMIA/LYMPHOMA: FLOW CTYOMETRY SVG

P

PHENYTOIN, FREE (DILANTIN, FREE)**TEST CODE: DILFRE****Quest #3189X**

PHENYTOIN, TOTAL (DILANTIN, TOTAL)

Test Code: DIL2
Methodology: PETINIA – Particle Enhanced Turbidimetric Immunassay
Performed: Daily, all shifts
Laboratory Department: Chemistry

Specimen Requirements: 0.5 ml lithium heparin plasma, GREEN or serum, RED.
Draw just before next dose, peak specimens are not recommended.

Specimen Storage: Refrigerate
Rejection Criteria: Gross hemolysis, severe lipemia

Reference Range: Therapeutic: 10.0- 20.0 ug/ml
Panic value: >30.0 ug/ml

CPT Code: 80185

PHOS: See PHOSPHOROUS

PHOS, ALK: See ALKALINE PHOSPHATASE

PHOSPHATASE, ALKALINE: See ALKALINE PHOSPHATASE

PHOSPHATE: See PHOSPHOROUS

PHOSPHOLIPID ANTIBODIES See LUPUS ANTICOAGULANT EVALUATION

P

PHOSPHOROUS

Test Code:	PHOS
Methodology:	Phosphomolybdate, UV
Performed:	Daily, all shifts
Laboratory Department:	Chemistry
Specimen Requirements:	0.5 mL lithium heparin plasma, GREEN or serum, RED
Specimen Storage:	Refrigerate
Rejection Criteria:	Hemolysis, severe lipemia
Reference Range:	2.5 - 4.9 mg/dl
CPT Code:	84100

PHOSPHOROUS, 24HR URINE

Test Code:	PHOSU2
Methodology:	Phosphomolybdate, UV
Performed:	Daily, all shifts
Laboratory Department:	Chemistry
Specimen Requirements:	1.0ml aliquot of 24hr urine. Record time and total volume
Specimen Storage:	Refrigerate
Rejection Criteria:	None
Reference Range:	0.4 -1.3 g/24 hr
CPT Code:	84105

PHOSPHOROUS, RANDOM URINE

Test Code:	RPHOSU
Methodology:	Phosphomolybdate, UV
Performed:	Daily, all shifts
Laboratory Department:	Chemistry
Specimen Requirements:	1.0 ml urine
Specimen Storage:	Refrigerate
Rejection Criteria:	None
Reference Range:	None
CPT Code:	84105

P

PHOSPHOTIDLYSERINE ANTIBODY**TEST CODE: QAPS****Quest #10062X**

PIN WORM PREP**TEST CODE: PWP****SVG**

PLASMA CELL LABELING INDEX PROF**TEST CODE: YPCLAB****Mayo #84376**

PLASMA HGB**TEST CODE: PLHGB****Quest #7211P**

PLATELET COUNT

Test Code: PLTB
Methodology: Automated impedance
Performed: Daily, all shifts
Laboratory Department: Hematology

Specimen Requirements: 3.0 ml EDTA whole blood, LAVENDER
Specimen Storage: Refrigerate
Rejection Criteria: Inadequate specimen, clotted specimen

Reference Range: 140-440 k/uL

CPT Code: 85049

P**PLATELET FUNCTION ASSAY**

Test Code: PFA2
Methodology: Platelet adhesion and aggregation
Performed: Daily, all shifts
Laboratory Department: Coagulation

Specimen Requirements: 2 – 3.5 mL sodium citrate whole blood, LIGHT BLUE
SEND WHOLE BLOOD, DO NOT centrifuge
Must be received within 4 hours of collection.
Do not send thru the tube system, no excess movement of specimen

Specimen Storage: Room Temperature
Rejection Criteria: Inadequate specimen, clotted specimen
Platelet count less than 150,000 or greater than 700,000
Specimen received 4 hours after collection

Reflexive Testing: If Collagen/Epi is elevated collagen/ADP is performed

Reference Range: EPI: 73 - 196 sec.
ADP: 54 - 108 sec.

CPT Code: 85576

PLTS: See PLATELET COUNT

PNEUMOCOCCUS ANTIGEN: See ANTIGEN, STREPTOCOCCUS PNEUMONIAE

PNEUMOCYSTIS BY RAPID PCR **TEST CODE: YNPCR** **Mayo #81698**

PNEUMOCYSTIS SMEAR **TEST CODE: PCYST** **SVG**

PORPHYRIN, QUANTITATIVE **TEST CODE: QPORU** **Quest #36592X**
(Urine, Random)

PORPHYRIN, QUANTITATIVE **TEST CODE: PORSQN** **Quest #68437N**
(Urine, 24hr)

POST-VASECTOMY SEMEN: See SEMEN ANALYSIS

P

POTASSIUM (K)

Test Code:	K
Methodology:	Ion selective electrode
Performed:	Daily, all shifts
Laboratory Department:	Chemistry
Specimen Requirements:	0.5 mL lithium heparin plasma, GREEN or serum, RED
Specimen Storage:	Refrigerate
Rejection Criteria:	Any hemolysis
Reference Range:	3.5-5.3 mmol/L
CPT Code:	84132

POTASSIUM (K)-24HR URINE

Test Code:	KU
Methodology:	Ion selective electrode
Performed:	Daily, all shifts
Laboratory Department:	Chemistry
Specimen Requirements:	1.0 ml aliquot of 24hr urine collection. Please record total 24hr urine volume on container and on test request form.
Specimen Storage:	Refrigerate
Rejection Criteria:	Inadequate specimen
Reference Range:	25-125 mmol/24hrs
CPT Code:	84132

P04: See PHOSPHOROUS

P

PPD (TUBERCULIN)

Test Code: PPD
Methodology: Skin test
Performed: Daily, all shifts
Laboratory Department: Serology

Specimen Requirements: 1.0 ml purified Protein Derivative (Tuberculin) injected intracutaneously. Test must be read by qualified personnel 48-72hrs after placement.

Specimen Storage: Do not draw PPD into syringe more than 15 minutes prior to placement.

Rejection Criteria: Test may not be read after 72hrs or prior to 48hrs post placement.

Multiple Tests: No

Reference Range: 0 mm = Negative
**Any induration should be interpreted within patient history/exposure level and current CDC guidelines. If two-step testing is recommended, the second PPD should be placed 2-3 weeks following the first PPD.

CPT Code: 86580

PREALBUMIN

Test Code: PALB
Methodology: PETIA
Performed: Daily, all shifts
Laboratory Department: Chemistry

Specimen Requirements: 0.5 ml lithium heparin plasma or serum, GREEN or RED

Specimen Storage: Refrigerate

Rejection Criteria: Gross hemolysis, severe lipemia

Reference Range: 18.0 - 35.7 mg/dL

CPT Code: 84134

PREGNANCY TEST, SERUM (QUALITATIVE HCG)

Test Code: HCGS
Methodology: Enzyme immunoassay
Performed: Daily, all shifts
Laboratory Department: Urinalysis

Specimen Requirements: 0.5 ml serum, RED
Specimen Storage: Refrigerate
Rejection Criteria: Plasma sample

Reference Range: Negative

CPT Code: 84703

PREGNANCY TEST, URINE (QUALITATIVE HCG)

Test Code: UPREG
Methodology: Enzyme immunoassay
Performed: Daily, all shifts
Laboratory Department: Urinalysis

Specimen Requirements: 1.0 ml urine
Specimen Storage: Refrigerate
Rejection Criteria: Specific Gravity < 1.010

Reference Range: Negative

CPT Code: 81025

P**PREGNANCY TEST QUANTITATIVE HCG
HCG, QUANTITATIVE (HCG, BETA – SUBUNIT)**

Test Code: HCGQN
Methodology: Microparticle enzyme immunoassay
Performed: Daily, all shifts
Laboratory Department: Chemistry

Specimen Requirements: 0.5 mL lithium heparin plasma, GREEN or serum, RED
Specimen Storage: Refrigerate
Rejection Criteria: Hemolysis

Reference Range: 0-6 mIU/mL (non-pregnant female)

Pregnancy:	Weeks Post LMP	HCG Range mIU/mL
	3 – 4	9 – 130
	4 – 5	75 – 2,600
	5 – 6	850 – 20,000
	6 – 7	4,000 – 100,200
	7 – 12	11,500 – 289,000
	12 – 16	18,300 – 137,000
	16 – 29	1,400 – 53,000
	29 – 41	940 – 60,000

CPT Code: 84702

PROCAINAMIDE **TEST CODE: QPROC** **Quest #851N**

PROGESTERONE **TEST CODE: 3PRG** **Prevea**

PROINSULIN **TEST CODE: PROINS** **Quest #760X**

PROLACTIN **TEST CODE: PRL** **SVG**

PROSTATIC ANTIGEN: See PSA (Prostatic Antigen)

P

PROTEIN, (SPINAL FLUID)

Test Code: SFPROT
Methodology: Colorimetric
Performed: Daily, all shifts
Laboratory Department: Chemistry

Specimen Requirements: 1.0ml spinal fluid in sterile tube
Specimen Storage: Refrigerate
Rejection Criteria: Inadequate volume

Reference Range: 15 - 45 mg/dL

CPT Code: 84155

PROTEIN, TOTAL

Test Code: TP
Methodology: Colorimetric
Performed: Daily, all shifts
Laboratory Department: Chemistry

Specimen Requirements: 0.5 mL lithium heparin plasma, GREEN or serum, RED
Specimen Storage: Refrigerate
Rejection Criteria: Gross hemolysis, severe lipemia

Reference Range: 6.4 - 8.2 g/dL

CPT Code: 84155

PROTEIN, TOTAL, BODY FLUID (OTHER THAN CSF)

Test Code: FLTP
Methodology: Colorimetric
Performed: Daily, all shifts
Laboratory Department: Chemistry

Specimen Requirements: 1.0 ml fluid
Specimen Storage: Refrigerate
Rejection Criteria: Gross hemolysis, severe lipemia

Reference Range: None

CPT Code: 84156

PROTEIN, (URINE RANDOM)

Test Code: UPROT
Methodology: Colorimetric
Performed: Daily, all shifts
Laboratory Department: Urinalysis

Specimen Requirements: 10.0 ml aliquot of urine collection.
Specimen Storage: Refrigerate
Rejection Criteria: Inadequate specimen

Reference Range: Negative

CPT Code: 84155

PROTEIN, (URINE 24 HR, QUANTITATION)

Test Code: QPROT
Methodology: Colorimetric
Performed: Daily, all shifts
Laboratory Department: Chemistry

Specimen Requirements: 10.0 ml aliquot of 24hr urine collection. If time specimen, record time and total volume on container and test request form.

Specimen Storage: Refrigerate during and following collection.
Rejection Criteria: Inadequate specimen

Reference Range: 0-149 mg/24 hours

CPT Code: 84156

PROTEIN, (URINE RANDOM, QUANTITATION)

Test Code: UPRT
Methodology: Colorimetric
Performed: Daily, all shifts
Laboratory Department: Chemistry

Specimen Requirements: 10.0 ml aliquot of urine collection.
Specimen Storage: Refrigerate during and following collection
Rejection Criteria: Inadequate specimen

Reference Range: < 11.9 mg/dL

CPT Code: 84155

P

PROTEINASE-3 ANTIBODY	TEST CODE: QPR3	Quest #34151X
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PROTEIN C, ACTIVITY	TEST CODE: PCAC	SVG
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PROTEIN C & S FUNCTIONAL	TEST CODE: QPCSF	Quest #39457X
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PROTEIN CREATININE RATIO (URINE, RANDOM)

Test Code:	MUPCR
Methodology:	Alkaline Picrate (Jaffe Reaction)
Performed:	Daily, all shifts
Laboratory Department:	Chemistry
Specimen Requirements:	5.0 ml random urine collection
Specimen Storage:	Refrigerate
Reference Range:	Protein, Random Urine: <11.9 mg/dL Creatinine, Random Urine: None Urine Protein/Creatinine Ratio: 0.000 - 0.165
CPT Code:	82570, 84156

PROTEIN ELECTROPHORESIS	TEST CODE: ELECTR	SVG
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PROTEIN ELECTROPHORESIS (CSF)	TEST CODE: QSFELP	Quest #17187X
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PROTEIN ELECTROPHORESIS (URINE, 24HR)	TEST CODE: UELP	SVG
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PROTEIN ELECTROPHORESIS (URINE, RANDOM)	TEST CODE: RUELP	SVG
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PROTEIN ELECTROPHORESIS & IMMUNOFIXATION (URINE, RANDOM)	TEST CODE: RIEFUP	SVG
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PROTEIN ELECTROPHORESIS & IMMUNOFIXATION (URINE, TIMED)	TEST CODE: IEFUP	SVG
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P

PROTEIN S, ANTIGENIC**TEST CODE: PSAG****Quest #5165X**

PROTEIN S, FREE**TEST CODE: PSFRE****SVG**

**PROTHROMBIN (FACTOR 2)
GENE MUTATION****TEST CODE: F2GM****SVG**

PROTHROMBIN TIME:See PT (PROTHROMBIN TIME)

PROTIME:See PT (PROTHROMBIN TIME)

PROTIME MIXING STUDY:See PT MIXING STUDY

PSA (Prostatic Antigen), Total - Diagnostic**Test Code:****PSA****Methodology:**

Enzyme Immunoassay

Performed:

Daily, all shifts

Laboratory Department:

Chemistry

Specimen Requirements:

0.5 mL heparinized plasma, GREEN or serum, RED

Specimen Storage:

Refrigerate

Rejection Criteria:

Hemolysis, lipemia

Reference Range:Male: <4.05 ng/mL
Female: 0**CPT Code:**84153

PSA (Prostatic Antigen), Total - Screening

Test Code: PSAS
Methodology: Enzyme Immunoassay
Performed: Daily, all shifts
Laboratory Department: Chemistry

Specimen Requirements: 0.5 mL heparinized plasma, GREEN or serum, RED
Specimen Storage: Refrigerate
Rejection Criteria: Hemolysis, lipemia

Reference Range: Male: <4.05 ng/mL
Female: 0

CPT: G0103

PSA TOTAL & FREE**TEST CODE: QFTPSA****Quest #31348X**

PT (PROTHROMBIN TIME)

Test Code: PT2
Methodology: Photo-optical clot detection
Performed: Daily, all shifts
Laboratory Department: Coagulation

Specimen Requirements: 1.0ml sodium citrate plasma, LIGHT BLUE. When collecting, all tubes must be filled to the 9:1 anticoagulant ratio level. Light blue top tubes should be drawn before any other tube containing an anticoagulant.

Specimen Storage: < 24 hrs. Refrigerated or Room Temperature
> 24 hrs. Frozen Plasma

Rejection Criteria: Severe lipemia, gross hemolysis, under-filled tube
Multiple Tests: Includes INR

Reference Range: PT : 11.6 - 14.3
INR Therapeutic: 2.0 - 3.0
INR high dose: 2.5 - 3.5

CPT Code: 85610

PTH, INTACT**TEST CODE: PTH****SVG**

P

PT MIXING STUDY**TEST CODE: PTMS****SVG**

PTT:See PTT (PARTIAL THROMBOPLASTIN TIME)

PTT MIXING STUDY**TEST CODE: PTTMS****SVG**

PTT (PARTIAL THROMBOPLASTIN TIME)

Test Code: PTT
Methodology: Photo-optical clot detection
Performed: Daily, all shifts
Laboratory Department: Coagulation

Specimen Requirements: 1.0ml sodium citrate plasma, LIGHT BLUE. When collecting, all tubes must be filled to the 9:1 blood to anticoagulant ratio level. Light blue top tubes should be drawn before any other tube containing and anticoagulant.

Specimen Storage: < 4 hrs. Refrigerate or Room Temperature
> 4 hrs. Frozen Plasma

Rejection Criteria: Severe lipemia, hemolysis, improperly filled tube.

Remarks: PTT is commonly used to monitor heparin therapy. PT is usually abnormal if level of any factor falls below 30-40% of normal. Traumatic venipuncture may contaminate specimen with tissue thromboplastic and shorten PTT. PTT may be prolonged if anticoagulant volume is not adjusted for increased hematocrit or if the vacuum tube is not filled sufficiently.

Reference Range: 23.6 - 35.4 sec.

CPT Code: 85730

PURIFIED PROTEIN DERIVATIVE (PPD):See PPD

PYRUVATE KINASE, RBC**TEST CODE: YPKRBC****Mayo #8659**

Q

QUAD TEST
Prenatal Screening
(AFP, HCG, Estriol, and Inhibin A)

TEST CODE: MQUAD

BELLIN

QUANTIFERON TB-GOLD

TEST CODE: TBGOLD

SVG

QUANTITATIVE IMMUNES

See IgA, IgG and IgM

QUANTITATIVE URINE PROTEIN:

See PROTEIN, URINE QUANTITATION

QUIBRON:

See THEOPHYLLINE

QUINIDINE

TEST CODE: QUIN

Quest #66944P

R**RA FACTOR****TEST CODE: RA****SVG****RAPID GROUP A STREP:**

See BETA STREP GROUP A, RAPID

RBC:

See CBC

RBC ANTIBODY SCREEN:

See ANTIBODY SCREEN

RBC ENZYME EVALUATION**TEST CODE: YRBCEE****Mayo #84161****RBC INDICES:**

See CBC

RDW:

See CBC

RED BLOOD COUNT:

See CBC

REDUCING SUBSTANCE, FECES

Test Code: FERSB
Methodology: Clinitest
Performed: Daily, all shifts
Laboratory Department: Urinalysis

Specimen Requirements: Walnut-size formed or 1-10ml liquid stool in clean container. Must be taken to the laboratory immediately.

Specimen Storage: Refrigerate
Rejection Criteria: Delayed transportation of specimen to lab

Reference Range:
Negative: <0.25gm/dl
Suspicious: 0.25-0.5gm/dl
Abnormal: >0.5gm/dl

CPT Code: 84376

R**REDUCING SUBSTANCE, URINE**

Test Code: URSB2
Methodology: Clinitest
Performed: Daily, all shifts
Laboratory Department: Urinalysis

Specimen Requirements: 10.0 ml urine in clean container. Must be take to the lab immediately.
Specimen Storage: Refrigerate
Rejection Criteria: Delayed transportation or specimen to the lab

Reference Range: Negative

CPT Code: 84376

RENAL PANEL

Test Code: REPAN2
Methodology: Varies
Performed: Daily, all shifts
Laboratory Dept. Chemistry

Special Requirements: 0.5 mL lithium heparin plasma or serum, GREEN or RED
Specimen Storage: Refrigerate
Rejection Criteria: Gross hemolysis
Multiple Tests: Albumin, Calcium, Bicarbonate, Chloride, Creatinine, Glucose, Phosphorus, Potassium, Sodium, and BUN

Reference Range:

Albumin:	3.4 - 5.0 g/dL	Carbon Dioxide:	22 - 34 mmol/L
BUN:	7 - 20 mg/dL	Calcium:	8.5 - 10.1 mg/dL
Chloride:	99 - 111 mmol/L	Creatinine: male:	0.8 - 1.3 mg/dL
		female:	0.6 - 1.0 mg/dL
Glucose:	70 - 110 mg/dL	Phosphorus:	2.5 - 4.9 mg/dL
Potassium:	3.5 - 5.3 mmol/L	Sodium:	133 - 142 mmol/L

CPT Code: 80069

RENIN, PLASMA ACTIVITY**TEST CODE: QPRACT****Quest #10537N****RESPIRATORY CULTURE
(with or without Gram Stain)****TEST CODE: RSPCWG
or RSPCUL****SVG****RESPIRATORY VIRAL CULTURE****TEST CODE: RVCUL****SVG**

R**RESPIRATORY SYNCYTIAL VIRUS EIA
(RAPID RSV)**

Test Code: RSVR
Methodology: Dot immunobinding assay
Performed: Daily, all shifts
Laboratory Department: Microbiology
Reported: Same day (STAT results in <30 minutes)

Specimen Requirements: Nasopharyngeal aspirates, washes in saline or minitip swabs. Do not break ampule or it could interfere with test result.

Specimen Storage: Refrigerate
Rejection Criteria: Inadequate specimen, gross blood, excessive mucous
Note: A back up RSV culture can be ordered for all negative specimens and sent out if two (minitip) swabs are collected.

Reference Range: Negative for RSV by (EIA)

CPT Code: 87420

RESPIRATORY SYNCYTIAL VIRUS SMEAR	TEST CODE: RSVSM	SVG
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RETICULOCYTE COUNT (automated)	TEST CODE: RETICA	SVG
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RH:	See ABO TYPE AND RH FACTOR
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RH ANTIBODY TITER:	See ANTIBODY TITER – BLOOD BANK
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RH FACTOR:	See ABO TYPE AND RH FACTOR
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RH TYPE:	See ABO TYPE AND RH FACTOR
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RHEUMATOID FACTOR	TEST CODE: RA	SVG
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RESPERIDONE AND METABOLITE	TEST CODE: YRIS	Mayo #91105
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R**RISTOCETIN CO-FACTOR:****TEST CODE: QVWFAA****Quest #4459X****ROTAVIRUS (Stool)****TEST CODE: ROTAV****SVG****RPR (RAPID PLASMA REAGIN)****TEST CODE: RPR****SVG****RSV**

See RESPIRATORY SYNCYTIAL VIRUS EIA

RSV, SMEAR**TEST CODE: RSVSM****SVG****RUBELLA IGG ANTIBODY
(IMMUNE STATUS TESTING)
GERMAN MEASLES****TEST CODE: RUB****SVG****RUBEOLA
(IMMUNE STATUS TESTING)
RED MEASLES****TEST CODE: RUBO****SVG**

S**SALICYLAMINE:**

See SALICYLATES, SERUM

SALICYLATES

Test Code: SAL2
Methodology: Colorimetric
Performed: Daily, all shifts
Laboratory Department: Chemistry

Specimen Requirements: 0.5 ml lithium heparin plasma, GREEN or serum, RED
Specimen Storage: Refrigerate
Rejection Criteria: Gross hemolysis, severe lipemia

Reference Range: Therapeutic: <20 mg/dl
Panic value: >30 mg/dl
Lethal value: >60 mg/dl

Trade Names: Aspirin, Salicylamide

CPT Code: 80196

SALMONELLA CULTURE:

See CULTURE, STOOL

SCOTCH TAPE TEST:

See PINWORM PREP

SED (SEDIMENTATION) RATE

Test Code: SR
Methodology: Modified Westegren
Performed: Daily, all shifts
Laboratory Department: Hematology

Specimen Requirements: 2.0ml whole blood, LAVENDER, **MUST BE PROCESSED WITHIN 12 HRS**
Specimen Storage: < 2 hrs. ROOM TEMPERATURE
< 12 hrs. REFRIGERATED
Rejection Criteria: Gross hemolysis

Reference Range: Males 0-50: 0 - 15 mm/hr Males >50: 0 - 20 mm/hr
Females 0-50: 0 - 20 mm/hr Females >50: 0 - 30 mm/hr

CPT Code: 85651

S

SEDAPAP-10: See ACETAMINOPHEN

SEDRATE: See SED RATE

SEMEN ANALYSIS Mayo

SEROTONIN TEST CODE: QSERO Quest #29851X

**SJOGRENS ANTIBODY
SSA & SSB** TEST CODE: ENA2 SVG

SGOT (AST)

Test Code: OT
Methodology: Kinetic
Performed: Daily, all shifts
Laboratory Department: Chemistry

Specimen Requirements: 0.5ml lithium heparin plasma or serum, GREEN or RED
Specimen Storage: Refrigerate
Rejection Criteria: Gross hemolysis, severe lipemia, and gross icterus

Reference Range: 10 – 37 IU/L

CPT Code: 84450

SGPT (ALT)

Test Code: GPT
Methodology: Kinetic
Performed: Daily, all shifts
Laboratory Department: Chemistry

Specimen Requirements: 0.5 ml lithium heparin plasma or serum, GREEN or RED
Specimen Storage: Refrigerate
Rejection Criteria: Gross hemolysis, severe lipemia, and gross icterus

Reference Range: 30 – 65 IU/L

CPT Code: 84460

S**SHIGELLA CULTURE:**

See CULTURE, STOOL

SLO-PHYLLINE:

See THEOPHYLLINE

SMEAR, ACID FAST:

See CULTURE, ACID FAST

SMEAR, GRAM STAIN:

See GRAM STAIN

SMEAR, INFLUENZA A & B:

See INFLUENZA SCREEN

SMEAR, MALARIAL:

See MALARIAL BLOOD SMEAR

SMEAR TO PATHOLOGISTS**Test Code:** MANUALLY ORDERED**Methodology:** Wright Stain**Performed:** Daily, day shift**Laboratory Department:** Pathology**Specimen Requirements:** 1.0ml EDTA whole blood, LAVENDER**Specimen Storage:** Room temperature**Rejection Criteria:** Clotted blood**Reference Range:** An indication/diagnosis must accompany order. A CBC report must accompany the order, or a CBCWD2 (CPT 85007, 85027) test must be added to the order. Interpretative report sent.**SMEAR, PNEUMOCYSTIS:****TEST CODE: PCYST****SVG****SMEAR, RESPIRATORY VIRUSES:****TEST CODE: RSVSM****SVG****SMITH ANTIGEN****TEST CODE: ENA****SVG**

SODIUM (NA)

Test Code: NA
Methodology: Ion selective electrode
Performed: Daily, all shifts
Laboratory Department: Chemistry

Specimen Requirements: 0.5ml lithium heparin plasma, GREEN or serum, RED
Specimen Storage: Refrigerate
Rejection Criteria: Gross hemolysis, severe lipemia

Reference Range: 133-142 mmol/L

CPT Code: 84295

SODIUM (NA), 24HR URINE

Test Code: NAU
Methodology: Ion selective electrode
Performed: Daily, all shifts
Laboratory Department: Chemistry

Specimen Requirements: 1.0ml aliquot of 24hr urine collection. Please indicate hours of collection and total volume on specimen vial and on test request form.

Specimen Storage: Refrigerate during and after collection
Rejection Criteria: None

Reference Range: 40-220 mmol/24hrs

CPT Code: 84295

SOMATOMEDIN C (IGF-1)**TEST CODE: SOMC****Quest #839X**

S**SPECIFIC GRAVITY, (Body Fluid)**

Test Code:	FLSG
Methodology:	Refractometer
Performed:	Daily, all shifts
Laboratory Department:	Urinalysis
Specimen Requirements:	0.5 mL of fluid
Specimen Storage:	Refrigerate
Rejection Criteria:	Contaminated specimen
Reference Range:	None
CPT:	84315

SPECIFIC GRAVITY, (Urine)

Test Code:	SPGRU
Methodology:	Automated
Performed:	Daily, all shifts
Laboratory Department:	Urinalysis
Specimen Requirements:	1.0 mL of fluid
Specimen Storage:	Refrigerate
Rejection Criteria:	Contaminated specimen
Reference Range:	None
CPT:	81003

SPERM COUNT: See SEMEN ANALYSIS

SPINAL FLUID COUNT: See CELL COUNT, FLUID

SPINAL FLUID, GLUCOSE: See GLUCOSE, SPINAL FLUID

SPINAL FLUID, PROTEIN: See PROTEIN, SPINAL FLUID

SPINAL FLUID VDRL: See VDRL, CSF

S

SPOROTRICHOSIS: See CULTURE, FUNGUS

SPUTUM CULTURE: See CULTURE, RESPIRATORY

STONE ANALYSIS **TEST CODE: STONE** **Louis C Herring**

STOOL, CULTURE **TEST CODE: STCUL** **SVG**

STOOL, FAT: See FAT, FECES

STREP GROUP A, RAPID

Test Code: RSA
Methodology: EIA
Performed: Daily, all shifts
Laboratory Department: Rapid test SMGB Microbiology
Back up Culture **SVG Microbiology**

Specimen Requirement: 2 Swabs break ampule

Specimen Collection: Depress tongue with tongue depressor. Extend sterile swab between the tonsillar pillars and behind the uvula. Sweep back and forth across posterior pharynx, tonsillar areas and any inflamed or ulcerated areas. Avoid touching cheeks, tongue, uvula, or lips when withdrawing the swabs.

Specimen Storage: Refrigerate

Reflux Testing: Cultures are automatically set up on negative rapid tests. There is no extra charge for this culture. Cultures are held for two days.

Reference Range: Reported as positive or negative for Group A Strep.

CPT Code: 87430

STREP CULTURE, GROUP A: See CULTURE, BETA STREP GROUP A

STREP CULTURE, GROUP B: See CULTURE, BETA STREP GROUP B

STREPTOCOCCAL ANTIBODIES **TEST CODE: ASO** **SVG**

S

**STREPTOCOCCUS PNEUMONIAE
URINARY ANTIGEN****TEST CODE: SPUA****SVG**

SUGAR:See GLUCOSE

SUGAR, FASTING:See GLUCOSE

SYNOVIAL FLUID ANALYSIS**Test Code:** SYCT2
Methodology: Varies
Performed: Daily, all shifts
Laboratory Department: Hematology**Specimen Requirements:** 3.0ml synovial fluid EDTA (LAVENDER), preferred
3.0ml synovial fluid in sterile container (needleless capped Syringe) acceptable
if brought to the laboratory **immediately****Specimen Storage:** Refrigerate
Rejection Criteria: Contamination, clotted specimen**Multiple Tests:** Includes Fluid Count and Differential if indicated, & Crystals
Reference Range: See individual tests**CPT Code:** 89051

SYPHILIS SEROLOGY:See RPR

T

T3 (Total)	TEST CODE: T3	SVG
T3, FREE (not tracer dialysis)	TEST CODE: FT3	SVG
T3, FREE (Tracer Dialysis)	TEST CODE: QFT3TD	Quest #3434N
T4 (THYROXINE)	TEST CODE: T4	SVG

T4, FREE

Test Code:	FT4
Methodology:	Colorimetric Immunoassay
Performed:	Daily, all shifts
Laboratory Department:	Chemistry
Specimen Requirements:	0.5 ml lithium heparin plasma, GREEN or serum, RED
Specimen Storage:	Refrigerate
Rejection Criteria:	Hemolysis, lipemia
Reference Range:	0.60 – 1.20 ng/dL
CPT Code:	84439

T4:T8 Ratio	TEST CODE: T4T8RA	SVG
TACROLIMUS	TEST CODE: QTACRO	Quest #70007X
TB CULTURE:	TEST CODE: TBBC	SVG
TB GOLD (QUANTIFERON)	TEST CODE: TBGOLD	SVG

***SMGB LAB must receive the blood within 10 hours of drawing and by 1200 M-F,
SVG Lab must receive the blood within 12 hours of drawing and by 1300 M-F**

TB SMEAR & CULTURE	TEST CODE: TBCUL	SVG
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T

TB SMEAR: See CULTURE, ACID FAST

TEDREAL: See PHENOBARBITAL

TEGRETOL: See CARBAMAZEPINE

TEMPRA: See ACETAMINOPHEN

TEST FOR FETAL-MATERNAL HEMMORHAGE: See KLEIHAUER

TESTOSTERONE **TEST CODE: TESTO** **SVG**

TESTOSTERONE, FREE AND TOTAL **TEST CODE: QFTEST** **Quest #36170X**

THEO-DUR: See THEOPHYLLINE

THEOPHYLLINE

Test Code: THEO2
Methodology: PETINIA
Performed: Daily, all shifts
Laboratory Department: Chemistry

Specimen Requirements: 0.5ml lithium heparin plasma, GREEN or serum, RED
Peak specimen drawn 4 hr. post dose
Trough specimen drawn prior to next dose

Specimen Storage: Refrigerate
Rejection Criteria: Gross hemolysis, severe lipemia

Reference Range: Therapeutic: 10-20 ug/mL
Panic Value: >20 ug/mL

Trade Names: Aminophylline, Broconar, Elixophyllin, Slo-Phyllin, Theo-Dur, Quibron, Marax, Asbron, Uniphyll

CPT Code: 80198

T**THERAPUTIC PHLEBOTOMY**

Test Code: MTHWD
Performed: Patient must have procedure performed at the hospital laboratory

Procedure Notes: Contact St. Mary's Blood Bank 498-4672
for patient preparation requirements and guidelines for the procedure

CPT Code: 99198

THROAT CULTURE: See CULTURE, RESPIRATORY

THROAT CULTURE FOR STREP: See CULTURE, BETA STREP GROUP A

THROMBIN TIME **TEST CODE: TT** **SVG**

THROMBOSIS PANEL **TEST CODE: THOMB** **SVG**

THYROGLOBULIN ANTIBODY **TEST CODE: TGLOAB** **SVG**

THYROGLOBULIN PANEL **TEST CODE: TGPAN** **SVG**
{Thyroglobulin & Thyroglobulin Antibody}

THYROID PEROXIDASE AB (ANTI-TPO) **TEST CODE: APAB** **Quest #5081X**

THYROXINE (T4) **TEST CODE: T4** **SVG**

TIBC: See IRON-IRON BINDING CAPACITY

TISSUE CULTURE **TEST CODE: TISCUL** **SVG**

T

TISSUE SPECIMEN- DIAGNOSTIC - PATHOLOGY

Methodology: Manual microscopy
Performed: Mon.- Fri., Day shift
Laboratory Department: Histology

Specimen Requirements: Specimen in clean, sealed container. Cover specimen with 10% formalin or saline to avoid dehydration of sample. Label container with patient's name, date of birth, date of service, and type of specimen.
Send information: Patients name, address, date of birth, sex, surgeon's name, type of surgery, any pre-operative diagnosis, patient;s insurance information, and any pertinent history.

If a frozen section is anticipated, please contact the histology lab (884-4777 M-F, day shift) one to two days in advance (if possible).

Note: frozen sections must be sent fresh, in saline.

Specimen Storage: Refrigerate
Rejection Criteria: Dehydrated specimen, inadequate information
Multiple Tests: At the pathologist's discretion, additional stains and testing may be ordered. These will be charged accordingly.

Reference Range: Varies with specimen

CPT Code: 88304

TISSUE SPECIMEN – IDENTIFICATION - PATHOLOGY

Methodology: Manual microscopy
Performed: Mon. – Fri., day shift
Laboratory Department: Histology

Specimen Requirements: Specimen in clean, sealed container. Cover specimen with 10% formalin or saline to avoid dehydration of sample. Label container with patient's name, date of birth, date of service, and type of specimen.
Send information: Patient's name, address, date of birth, sex, surgeon's name, type of surgery, any pre-operative diagnosis, patient's insurance information, and any pertinent history.

If a frozen section is anticipated, please contact the histology lab (884-4777 M-F, Day shift) one or two days in advance (if possible).

Note: Frozen sections must arrive fresh, in saline.

Specimen Storage: Refrigerate
Rejection Criteria: Dehydrated specimen, inadequate information
Multiple Tests: At the pathologist's discretion, additional tests may be ordered and will be charged

Reference Range: Varies with specimen

CPT Code: 88302

T

TISSUE TRANSGLUTAMINE IGA	TEST CODE: TTIGAB	SVG
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TOBRAMYCIN PEAK	TEST CODE: TOBP	SVG
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TOBRAMYCIN TROUGH	TEST CODE: TOBT	SVG
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TOPIRAMATE (Toxamax)	TEST CODE: QTOP	Quest # 30965X
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TOTAL PROTEIN:	See PROTEIN	
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TOTAL T4:	TEST CODE: T4	SVG
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TOXIGENIC E.COLI:	See CULTURE, STOOL	
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TOXOPLASMA IGG & IGM ANTIBODIES	TEST CODE: YTOXO	Mayo #81647
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TOXOPLAMA IGG ANTIBODIES	TEST CODE: YTOXOG	Mayo #8267
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TOXOPLASMA IGM ANTIBODIES	TEST CODE: YTOXOM	Mayo #8865
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TRANSAMINASE SGOT:	See SGOT	
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TRANSAMINASE SGPT:	See SGPT	
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TRANSFERRIN	TEST CODE: TRANSF	SVG
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TRANSFERRIN SATURATION:	See IRON-IRON BINDING CAPACITY	
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TRICHOMONIS:	See WET PREP MOUNT FOR TRICHOMONIS	
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T**TRG:**

See TRIGLYCERIDES

TRIGLYCERIDES

Test Code: TRIG
Methodology: Enzymatic
Performed: Daily, day shift
Laboratory Department: Chemistry

Specimen Requirements: 0.5 ml lithium heparin plasma GREEN or serum, RED
Specimen Storage: Refrigerate
Rejection Criteria: Gross hemolysis

Reference Range: 30 - 200 mg/dL

CPT Code: 84478

TRILEPTAL (10-Hydrozycarbazepine)**TEST CODE: QTRIL****Quest #36637Z****TROPONIN I**

Test Code: TROP2
Methodology: Enzymatic Immunoassay
Performed: Daily, all shifts
Laboratory Department: Chemistry

Specimen Requirements: 0.5 ml lithium heparin plasma, GREEN or serum, RED
Specimen Storage: Refrigerate
Rejection Criteria: Hemolysis

Reference Range: 0.00 -1.50 ng/ml

CPT Code: 84484

T**TSH (THYROID STIMULATING HORMONE)**

Test Code:	TSH2
Methodology:	Enzyme Immunoassay
Performed:	Daily, all shifts
Laboratory Department:	Chemistry
Specimen Requirements:	0.5 ml lithium heparin plasma, GREEN or serum, RED
Specimen Storage:	Refrigerate
Rejection Criteria:	Hemolysis, severe lipemia
Reference Range:	0.34 - 4.82 uIU/ml
CPT Code:	84443

**TUBERCULOSIS CULTURE, ACID FAST,
with SMEAR****TEST CODE: TBCUL****SVG****TUBERCULOSIS SMEAR:**

See CULTURE, ACID FAST

TYLENOL:

See ACETAMINOPHEN

TYPE AND RH:

See ABO TYPE and RH FACTOR

U

UA: See URINALYSIS

UCG URINE, QUALITATIVE: See PREGNANCY TEST, QUALITATIVE

UREA NITROGEN, URINE RANDOM

Test Code: UREAU
Methodology: Enzymatic
Performed: Daily, All shifts
Laboratory Department: Chemistry

Specimen Requirements: 1.0 ml aliquot of a random urine sample.
Specimen Storage: Refrigerate

Reference Range: None

CPT Code: 84540

UREA NITROGEN, URINE TIMED

Test Code: UUREA
Methodology: Enzymatic
Performed: Daily, day shift
Laboratory Department: Chemistry

Patient Preparation: No alcohol consumption during collection period
Specimen Requirements: 25.0 ml aliquot of 24-hr urine collection. Note total 24 hour volume on test request form.

Specimen Storage: Refrigerate during and after collection

Reference Range: 7 - 20 g/24hrs

CPT Code: 84540

UREA NITROGEN, SERUM: See BUN

UREAPLASMA CULTURE: See CULTURE, UREAPLASMA

U

URETHRAL CULTURE:

See CULTURE, GENITAL (for bacteria) or CULTURE, HERPES SIMPLEX VIRUS or CULTURE, CHLAMYDIA TRACHOMATIS or CULTURE, MYCOPLASMA/UREAPLASMA

URIC ACID

Test Code: URIC
Methodology: Uricase
Performed: Daily, all shifts
Laboratory Department: Chemistry

Specimen Requirements: 0.5 ml lithium heparin plasma, GREEN or serum, RED
Specimen Storage: Refrigerate
Rejection Criteria: Hemolysis

Reference Range: 2.6 - 7.2 mg/dL

CPT Code: 84550

URIC ACID CRYSTALS:

See CRYSTALS, BODY FLUID

URIC ACID, 24HR URINE

Test Code: URICU
Methodology: Uricase
Performed: Daily, all shifts
Laboratory Department: Chemistry

Specimen Requirements: 1.0 ml aliquot of 24 hr. urine collection. Label total volume
Specimen Storage: Refrigerate
Rejection Criteria: Inadequate specimen

Reference Range: None

CPT Code: 84560

U

URIC ACID, URINE RANDOM

Test Code: RURICU
Methodology: Uricase
Performed: Daily, all shifts
Laboratory Department: Chemistry

Specimen Requirements: 1.0 ml aliquot of a random urine sample
Specimen Storage: Refrigerate
Rejection Criteria: Inadequate specimen

Reference Range: None
CPT Code: 84560

URINALYSIS (automated with reflex to microscopy)

Test Code: UMA2
Methodology: Automated with microscopy
Performed: Daily, all shifts
Laboratory Department: Urinalysis

Specimen Requirements: 10.0ml random urine in a screw cap container (in a sterile container if a culture is also ordered or potentially wanted as a reflux test).

Specimen Storage: Refrigerate
Rejection Criteria: Contamination with stool

Multiple Tests:

Specific Gravity:	1.001-1.035
pH:	5.0-9.0
Protein:	neg-trace
Bilirubin:	neg
Urobilinogen:	0.2-1.0eu/dl
Glucose:	neg
Occult blood:	neg
Ketones:	neg
Nitrates:	neg
Leukocyte esterase:	neg

Microscopic Exam (done reflexively based on automated results)

WBC:	0-3 / hpf
RBC:	0-3 / hpf
Epithelial Cells:	None Seen - Few / hpf
Bacteria	None Seen

Note: A pH of 7.5 or greater may cause false positive urine protein results.

CPT Code: 81003

U

URINALYSIS – Automated MACRO only

Test Code: UMAC2
Methodology: Automated
Performed: Daily, all shifts
Laboratory Department: Urinalysis

Specimen Requirements: 10.0 ml random urine in a screw cap container (in a sterile container if a culture is also ordered or potentially wanted as a reflux test).

Specimen Storage: Refrigerated
Rejection Criteria: Contamination with stool

Multiple Tests:

Specific Gravity:	1.001-1.035
pH:	5.0-9.0
Protein:	neg-trace
Bilirubin:	neg
Urobilinogen:	0.2-1.0eu/dl
Glucose:	neg
Occult blood:	neg
Ketones:	neg
Nitrates:	neg
Leukocyte esterase:	neg

Note: A pH of 7.5 or greater may cause false positive urine protein results.

CPT Code: 81003

URINALYSIS – Microscopic only

Test Code: UMI2
Methodology: Microscopic
Performed: Daily, all shifts
Laboratory Department: Urinalysis

Specimen Requirements: 10.0 ml random urine in a screw cap container (in a sterile container if a culture is also ordered or potentially wanted as a reflux test).

Specimen Storage: Refrigerated
Rejection Criteria: Contamination with stool

Multiple Tests:

WBC:	0-3 / hpf
RBC:	0-3 / hpf
Epithelial Cells:	None Seen - Few / hpf
Bacteria	None Seen

CPT Code: 81015

U

URINE CULTURE**TEST CODE: URCUL****SVG**

URINE DRUG SCREENSee DRUG SCREEN, RAPID (Drugs of Abuse Screen)

URINE PHOSPHORUS:See PHOSPHOROUS, URINE

URINE PROTEIN, QUALITATIVE:See URINALYSIS

URINE PROTEIN, QUANTITATIVE:See PROTEIN, URINE QUANTITATION

URINE SCREEN:See CULTURE, URINE

URINE UREA NITROGEN:See UREA NITROGEN, URINE

URINE, MACROSCOPIC:See URINALYSIS

V

VAGINAL CULTURE: See CULTURE, GENITAL

VALPROATE: See VALPROIC ACID

VALPROIC ACID (DEPAKENE)

Test Code: DEP2
Methodology: PETINIA – Particle Enhanced Turbidimetric Immunoassay
Performed: Daily, all shifts
Laboratory Department: Chemistry

Specimen Requirements: 0.5 ml lithium heparin plasma, GREEN or serum, RED
Specimen Storage: Refrigerate
Rejection Criteria: Gel-barrier tube, hemolysis, and severe lipemia

Reference Range: Therapeutic: 50 -100 ug/ml
Panic Value: >150 ug/ml

CPT Code: 80164

VANCOMYCIN

Test Code: VANT2 (TROUGH) OR VANP2 (PEAK)
Methodology: PETINIA - Particle Enhanced Turbidimetric Immunoassay
Performed: Daily, all shifts
Laboratory Department: Chemistry

Specimen Requirements: 0.5 ml lithium heparin plasma, GREEN or serum, RED
Trough: Collect just before next dose
Peak: Varies by drug manufacture

Specimen Storage: Refrigerate
Rejection Criteria: Gel-barrier tube, hemolysis, and severe lipemia

Reference Range: Trough: 5 – 10 ug/ml
Peak: 30 – 40 ug/ml
Panic Value: >90 ug/ml

CPT Code: 80202

VANCOMYCIN RESISTANT ENTEROCOCCUS (V.R.E. TESTING – CULTURE) **TEST CODE: VRECUL** **SVG**

V**VANILLYLMANDELIC ACID:**

See VMA

VARICELLA ZOSTER IGG**TEST CODE: VARZ****SVG****VARICELLA ZOSTER CULTURE****TEST CODE: VZVCUL****SVG****VARICELLA ZOSTER SMEAR****TEST CODE: VZVSM****SVG****VDRL, CSF****TEST CODE: SFVDRL****SVG****VDRL, Serum****TEST CODE: RPR****SVG****VENOUS, BLOOD GASES****Test Code:****VBG****Methodology:**

Bayer Rapid Point 405

Performed:

Daily, all shifts

Laboratory Department:

Chemistry

Specimen Collection:

Specimens must be collected anaerobically in an ABG Syringe or heparinized Vacutainer tube and placed in a crioplast container immediately to slow down metabolism of oxygen by the blood cells (using ice may elevate the PO₂). The specimen must be transported to the laboratory within 15 minutes of collection.

Specimen Requirements:

3 mL lithium or sodium heparinized whole blood.
Full Vacutainer Tube or Blood gas syringe
Indicate the patient's Oxygen level.

Specimen Storage:

Transport blood to the lab immediately!!

Rejection Criteria:

Air bubbles in specimen, clots.

Reference Range:

pH: 7.35 - 7.45
pO₂, pCO₂, O₂ Saturation, TCO₂, HCO₃, Base: None Established

CPT Code:

82803

VIRAPAP:

See HUMAN PAPILLOMAVIRUS

V**VIRAL CULTURE:****SVG*****ORDER IS VIRUS DEPENDENT – GENERAL VIRUS CULTURE IS NO LONGER AVAILABLE**

VITAMIN B1 (whole blood)	TEST CODE: QFVB1	Quest #5042X
VITAMIN B6 (whole blood)	TEST CODE: VITB6	Quest #926X
VITAMIN B12	TEST CODE: B12	SVG
VITAMIN D (1,25 - Dihydroxy)	TEST CODE: QVITD	Quest #16558
VITAMIN D (25 - Hydroxy) (TOTAL)	TEST CODE: QVD25H	Quest #17306
VMA, 24 HR URINE	TEST CODE: VMAU	Quest #3004N
VOLATILE SCREEN, BLOOD (ROUTINE)	TEST CODE: YVOS	Mayo #89190
VOLATILE SCREEN, PLASMA (STAT)	TEST CODE: VOLS	Theda Clark Appleton
VON WILLEBRAND MULTIMER	TEST CODE: MA	Quest #5168X
VON WILLEBRAND SCREENING PROFILE		
{Includes: Factor VIII, von Willebrand Factor Antigen, von Willebrand Factor Activity}	TEST CODE: VWPRO	SVG
vWF ANTIGEN ACTIVITY	TEST CODE: QVWFAA	Quest #4459X
V. R. E. CULTURE	TEST CODE: VRECUL	SVG
VZV CULTURE:	TEST CODE: VZVCUL	SVG

W**WARFARIN****TEST CODE: YWARP****Mayo #8760****WBC**

Test Code: WBCB
Methodology: Automated/Optical Impedance
Performed: Daily, all shifts
Laboratory Department: Hematology

Specimen Requirements: 3.0ml whole blood, gently mixed, LAVENDER or 500ul EDTA microtainer
Specimen Storage: Refrigerate
Rejection Criteria: Freezing or clots

Reference Range: 3.0-10.5 k/ul

CPT Code: 85048

WEST NILE ANTIBODIES, CSF**TEST CODE: QWNABS****Quest #36597N****WEST NILE CSF RNA, PCR****TEST CODE: QWNPCR****Quest #17563X****WET PREPARATION FOR TRICHIMONAS / YEAST**

Test Code: WTP
Methodology: Microscopy
Performed: Daily, all shifts
Department: Microbiology

Specimen Requirements: Culturette swab of vaginal canal or urethra
Cervix is not the specimen of choice
Specimen Storage: Refrigerate- break ampule in culturette, send to lab immediately
Rejection Criteria: Inappropriate transport medium, unbroken ampule, delay in transport to lab

Reference Range: No Trichimonas seen
No Yeast seen
No Clue cells seen

CPT Code: 87210

WHITE BLOOD CELL COUNT:

See WBC

W

WORM ID

TEST CODE: WORMID

SVG

WOUND CULTURE:

TEST CODE: WNDCUL

SVG

Y

YEAST CULTURE:

TEST CODE: YSTCUL

SVG

YEAST SMEAR (Calcofluor White Stain)

TEST CODE: FGSM

SVG

Z

ZARONTIN**TEST CODE: ZAR****Quest #36160P**

ZINC, PLASMA**TEST CODE: QZINCP****Quest #945X**
