<table>
<thead>
<tr>
<th>Test Name:</th>
<th>10-HYDROXYCARBAZEPINE (TRILEPTAL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>OXCARB</td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Handling:</td>
<td>2 ML HEPARINIZED PLASMA (GREEN TOP) - REFRIGERATED</td>
</tr>
<tr>
<td>Additional Information:</td>
<td>AVOID HEMOLYSIS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>11-DEOXYCORTISOL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>DEOX</td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Handling:</td>
<td>SERUM 1ML - FROZEN FROM PLAIN RED TOP</td>
</tr>
<tr>
<td>Additional Information:</td>
<td>EARLY AM SPECIMEN PREFERRED; SST TUBE IS UNACCEPTABLE</td>
</tr>
<tr>
<td></td>
<td>Centrifuge and transfer serum to plastic vial.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>14-3-3 PROTEIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>MISCNB</td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Handling:</td>
<td>CSF - FROZEN ASAP</td>
</tr>
<tr>
<td>Additional Information:</td>
<td>AKA: CJD (CREUTZFELDT-JAKOB); FROZEN URINE ALSO ACCEPTABLE</td>
</tr>
<tr>
<td></td>
<td>PATIENT HISTORY MUST ACCOMPANY THE SPECIMEN</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>17-HYDROXYCORTICOSTEROIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>U17OHC</td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Handling:</td>
<td>15 ML URINE FROM 24 HR COLL. - REF</td>
</tr>
<tr>
<td>Additional Information:</td>
<td>COLLECT WITH 10 g OF BORIC ACID; 25 ml 6N HCL OR 50% ACETIC ACID</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>17-HYDROXYPROGENSENOLONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>PREGH</td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td>Volume:</td>
<td>SERUM 2ML - PLAIN RED TOP - REF</td>
</tr>
<tr>
<td>Container:</td>
<td>PLAIN RED PREFERRED; SST ACCEPTABLE</td>
</tr>
<tr>
<td>Specimen Handling:</td>
<td>Centrifuge and transfer serum to plastic vial.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>17-HYDROXYPROGESTERONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>17OHP</td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Reference Laboratory</td>
</tr>
</tbody>
</table>

The information contained in this Directory is provided only as general information and is subject to change without notice.
<table>
<thead>
<tr>
<th>Test Name</th>
<th>Test ID</th>
<th>Testing Facility</th>
<th>Specimen Handling</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test</td>
<td>ID:</td>
<td></td>
<td>17-HYDROXYPROGESTERONE NEONATE/INFANT</td>
<td>Specimen Handling: SERUM .5ML - FROZEN FROM PLAIN RED</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Additional Information: SST IS UNACCEPTABLE</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Centrifuge and transfer serum to plastic vial.</td>
</tr>
<tr>
<td>17-KETOSTEROIDS, UR</td>
<td>U17K</td>
<td>Reference Laboratory</td>
<td>15 ML URINE FROM 24 HR COLL. - REF</td>
<td>Specimen Handling: DO NOT USE PRESERVATIVES</td>
</tr>
<tr>
<td>17-OH PROGESTERONE (See 17-Hydroxyprogesterone)</td>
<td></td>
<td></td>
<td>17-OH PROGESTERONE (See 17-Hydroxyprogesterone)</td>
<td>Specimen Handling:</td>
</tr>
<tr>
<td>18-HYDROXYCORTISOL, FREE, 24 HR URINE</td>
<td>MISC</td>
<td>Reference Laboratory</td>
<td>10ML URINE FROM A 24 HR COLLECTION</td>
<td>Additional Information: NO PRESERVATIVES RANDOM SPECIMEN ACCEPTABLE</td>
</tr>
<tr>
<td>18-OH CORTICOSTERONE</td>
<td>18OHC</td>
<td>Reference Laboratory</td>
<td></td>
<td>Specimen Handling: Centrifuge, aliquot and freeze within 1 hour of collection</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Storage: Frozen</td>
</tr>
</tbody>
</table>

The information contained in this Directory is provided only as general information and is subject to change without notice.
Test Name: 21-HYDROXYLASE ANTIBODY

Test ID: MISC

Testing Facility: Reference Laboratory

Specimen Type: SST

Specimen Handling: 1ML SERUM - REFRIGERATED

---

Test Name: 24 HOUR URINE COLLECTION INSTRUCTIONS (For Inpatients Only)

Testing Facility: Aultman Laboratory

Volume: 24 hr urine collection

Specimen Handling: Refrigerate. Do not pour off into secondary container. Send Out Department will process.

Additional Information:

1. All 24-hr urine specimens are to be collected in appropriate containers available from the laboratory.
2. All 24-hr urine containers should be placed in a pink plastic bucket with ice packed around the specimen during collection.
3. Accurate results can only be obtained if the urine is collected according to the following instructions:
   a. Discard the first voided urine the morning of the test. Note the exact date and time.
   b. Place all further urine specimens in the collection container.
   c. Have the patient void at the exact time the morning of the second day. Include this last specimen in the collection.
   d. Note the exact date and time.
   e. Send the properly labeled container with a requisition inquiry to the lab.

---

Test Name: 24 HOUR URINE COLLECTION INSTRUCTIONS (For Outpatients Only)

Testing Facility: Aultman Laboratory

Specimen Collection / Transfer Instructions:

1. All 24-hr urine specimens are to be collected in appropriate containers available from the laboratory. Patient will need a brown collection container, large plastic biobag for transport, urine collection cup, and 24-Hour Urine Sample Instructions Form.
2. Drink usual amount of liquid during the collection period, but NOT alcoholic beverages. Accurate results can only be obtained if the urine is collected according to the following instructions:
   a. Empty bladder when waking up in the morning. DO NOT COLLECT OR SAVE THIS URINE.
   b. Record the start date and time.
   c. From this time on, collect and save all urine passed throughout the date and night. Pour into brown plastic container. Keep the urine refrigerated during and after collection. If this is not possible, place the brown container in a large container filled with ice. Keep the brown plastic container surrounded by ice, but not totally immersed causing the lid or identification tag to become wet.
   d. Empty bladder the next morning, collecting at the same hour as above. Add this urine to the brown plastic container.
   e. Record the stop date and time. (The start and stop time should match to be a complete 24-hour collection)
   f. Record your height and weight.
   g. Transport the brown urine container, in the large plastic biobag, to the laboratory or blood draw station as soon as possible. Mark your name and date of birth on the container.

Volume: 24 hr urine collection

Specimen Handling: Refrigerate or pack ice around container in a cooler.

---

The information contained in this Directory is provided only as general information and is subject to change without notice.
### Test Name: 5-HIAA, 24 HR UR

<table>
<thead>
<tr>
<th>Test ID:</th>
<th>UHIAAD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Testing Facility:</td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td>Volume:</td>
<td>15 ML URINE FROM 24 HR COLL. - REF</td>
</tr>
<tr>
<td>Additional Information:</td>
<td>PRESERVE WITH 6N HCL (pH &lt;3)</td>
</tr>
</tbody>
</table>

### Test Name: 5-NUCLEOTIDASE

<table>
<thead>
<tr>
<th>Test ID:</th>
<th>5NUCP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Testing Facility:</td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td>Volume:</td>
<td>SERUM 2 ML – FROZ</td>
</tr>
<tr>
<td>Additional Information:</td>
<td>REJECT HEMOLYZED SAMPLE</td>
</tr>
</tbody>
</table>

### Test Name: 5TH'S DISEASE (see Parvovirus B19 Antibody)

### Test Name: 6-MP (see Thiopurine Metabolites)

### Test Name: 6-THIOGUANINE, 6-TG (see Thiopurine Metabolites)

### Test Name: 6-THIOGUANINE/6GT (see Thiopurine Metabolites)

### A1C

<table>
<thead>
<tr>
<th>Synonyms:</th>
<th>Hemoglobin A1C, glycosolated hemoglobin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Testing Facility:</td>
<td>Aultman Laboratory</td>
</tr>
<tr>
<td>Turnaround Time:</td>
<td>Sunday-Friday, results available next day. (Run on afternoons/midnights)</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>Whole blood</td>
</tr>
<tr>
<td>Volume:</td>
<td>1.5 mL</td>
</tr>
<tr>
<td>Container:</td>
<td>5 mL EDTA</td>
</tr>
<tr>
<td>Specimen Handling: Store refrigerated.</td>
<td></td>
</tr>
</tbody>
</table>

### Test Name: AAT, A1A, A-1 ANTITRYPSIN (see Alpha-1 Antitrypsin)
Test Name: AB SCREEN / INDIRECT AHG
Test ID: ABS
Synonyms: Antibody screen, Indirect Coombs, Indirect AHG.
Test Includes: Blood Bank will reflex additional testing when positive result. Testing Facility: Aultman Laboratory
Turnaround Time: 45 minutes
Container: 6 ml pink top EDTA

Additional Information: NOTE: All specimens sent to Blood Bank for testing must have a handwritten identification label that includes the patient’s first and last name, Medical Record number (Date of Birth is acceptable for Outpatients), date and time of collection and collector’s initials. Specimens missing any of the elements listed above will be rejected and must be recollected.

Test Name: ABO/RH
Test ID: ABO
Synonyms: Blood type, ABO and Rh
Test Includes: ABO and Rh
Testing Facility: Aultman Laboratory
Turnaround Time: 30 minutes Container: 6 ml Pink EDTA.

Additional Information: NOTE: All specimens sent to Blood Bank for testing must have a handwritten identification label that includes the patient’s first and last name, Medical Record number (Date of Birth is acceptable for Outpatients), date and time of collection and collector’s initials. Specimens missing any of the elements listed above will be rejected and must be recollected.

Test Name: ABSOLUTE T-CELL AND SUB-SETS (see Helper/Suppressor)

Test Name: ACE (SEE ANGIOTENSIN CONVERTING ENZYME)
Test ID: ACE
Testing Facility: Reference Laboratory
Volume: 1 ML SERUM FROM SST TUBE - REFRIGERATED
Container: SST
Test Name: ACETAMINOPHEN  
**ID:** ACETA  
**Synonyms:** Paracetamol, Tylenol  
**Testing Facility:** Aultman Laboratory  
**Turnaround Time:** Done 7 days/week, 24 hrs/day. Results available same day.  
**Specimen Type:** Serum.  
**Volume:** 1 mL  
**Container:** SST. Plain Red top. Also acceptable plasma lithium heparin – Separate from cells within 2 hours of collection.  
**Storage:** Refrigerate.

Test Name: ACETOACETIC ACID (See B-Hydroxybutyrate)

Test Name: ACETYLCHOLINE REC. BINDING ANTIBODY  
**Test ID:** ACHRA  
**Testing Facility:** Reference Laboratory  
**Volume:** SERUM 1 ML - REF  
**Container:** SST  
**Additional Information:** REJECT HEMOLYZED SPEC.

Test Name: ACETYLCHOLINE REC. BLOCKING ANTIBODY  
**Test ID:** ACEBLC  
**Testing Facility:** Reference Laboratory  
**Volume:** SERUM 1 ML - REF  
**Container:** SST  
**Specimen Handling:** CENTRIFUGE WITHIN 1 HOUR OF COLLECTION

Test Name: ACETYLCHOLINE REC. MODULATING ANTIBODY  
**Test ID:** ACRMA  
**Testing Facility:** Reference Laboratory  
**Specimen Handling:** 1 ML SERUM FROM SST - REFRIGERATED  
**Storage:** SST

Test Name: ACETYLCHOLINESTERASE, AMNIOTIC FLUID  
**Test ID:** ACHE  
**Testing Facility:** Reference Laboratory  
**Specimen Handling:** AMNIOTIC FLUID  1 ML - ROOM TEMP  
**Additional Information:** COLLECT AND TRANSPORT IN STERILE CONTAINER

The information contained in this Directory is provided only as general information and is subject to change without notice.
Test Name: ACETYLCHOLINESTERASE, RBC  
Test ID: ACHOL  
Testing Facility: Reference Laboratory  
Specimen Handling: 4 ML EDTA WHOLE BLOOD - REF  
Additional Information: SPECIMEN MUST ARRIVE WITHIN 72 HRS OF DRAW

Test Name: ACHE & FETAL HEMOGLOBIN, AMNIOTIC FLUID  
Test ID: ACHFHB  
Testing Facility: Reference Laboratory  
Specimen Handling: 2 ML AMNIOTIC FLUID - ROOM TEMPERATURE  
Additional Information: COLLECT AND TRANSPORT IN STERILE CONTAINER

Test Name: ACID FAST CULTURE ONLY  
Test ID: CAFO  
Synonyms: AFB culture, TB culture, mycobacterial culture.  
Test Includes: A culture for mycobacteria only. No microscopic exam is performed. Testing Facility: Aultman Laboratory  
Turnaround Time: Set up on M, W and F. Results available in 8 weeks.  
Specimen Collection / Instructions: 1. Sputum: See CULTURE RESPIRATORY, LOWER  
2. Stool: See CULTURE STOOL  
3. CSF: See CULTURE SPINAL FLUID  
4. Wounds: See CULTURE WOUND  
5. Body fluids: See CULTURE BODY FLUID  
6. Tissue: See CULTURE TISSUE  
7. Blood: See CULTURE BLOOD  
8. Urine: See CULTURE URINE  
9. Bronch wash: See CULTURE RESPIRATORY, LOWER  
Specimen Type: Sputum, stool, urine, CSF, wounds, body fluids, tissues, blood, bronch wash.  
Volume: Fluids: 10 mL; Wounds: 2 swabs; Tissue: 1 cm.  
Container: Sterile leak-proof container or double culturette.  
Specimen Handling: Deliver to Microbiology within 2 hours of collection for Inpatients Storage:  
1. Refrigerate: stool, sputum, urine  
2. Room temperature: wound, CSF, tissue, blood, body fluids

Test Name: ACID PHOSPHATASE  
Test ID: ACP
<table>
<thead>
<tr>
<th>Test Name</th>
<th>Test ID</th>
<th>Synonyms</th>
<th>Testing Facility</th>
<th>Precollection Instructions</th>
<th>Specimen Type</th>
<th>Volume</th>
<th>Container</th>
<th>Specimen Handling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prostatic Acid Phosphatase</td>
<td></td>
<td></td>
<td>Reference Laboratory</td>
<td>Collect on ice. Avoid hemolysis.</td>
<td>1 ML SERUM FROM SST - FROZEN</td>
<td></td>
<td>7 mL SST</td>
<td>Serum should be separated from the clot ASAP and frozen. DO NOT PRESERVE.</td>
</tr>
<tr>
<td>ACTH</td>
<td>ACTH2</td>
<td>Adrenocorticotropic Hormone</td>
<td>Reference Laboratory</td>
<td>Prechill 2 lav top tube before collection.</td>
<td>Plasma (frozen)</td>
<td>5 mL</td>
<td>Two lav top tube</td>
<td>Avoid hemolysis. Keep on ice after drawing. Centrifuge in cold. Freeze immediately.</td>
</tr>
<tr>
<td>ACYL Carnitine, Plasma</td>
<td>ACYLPL</td>
<td></td>
<td>Reference Laboratory</td>
<td></td>
<td>1 ML EDTA PLASMA - REFRIGERATED</td>
<td></td>
<td>Lavender</td>
<td>Remove plasma from cells ASAP</td>
</tr>
<tr>
<td>ADAMTS 13</td>
<td>ADM13</td>
<td></td>
<td>Reference Laboratory</td>
<td></td>
<td>1 ML CITRATED PLASMA – FROZEN</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GOES TO MAYO CLINIC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADDERALL, Urine</td>
<td>DRUGU</td>
<td></td>
<td>Aultman Laboratory</td>
<td></td>
<td>5 ML URINE - REF</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test Name</td>
<td>Test ID</td>
<td>Testing Facility</td>
<td>Volume</td>
<td>Container</td>
<td>Specimen Handling</td>
<td>Additional Information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>ADENOSINE DEAMINASE</td>
<td>SAD</td>
<td>Reference Laboratory</td>
<td>1ML SERUM-FROZEN</td>
<td>RED TOP</td>
<td>Centrifuge and transfer serum to plastic vial. Freeze ASAP.</td>
<td>1 ML PLEURAL FLUID - FROZEN; USE STERILE CONTAINER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADENOVIRUS AB</td>
<td>SADNAB</td>
<td>Reference Laboratory</td>
<td>SERUM 1 ML - REF</td>
<td></td>
<td></td>
<td>TITER DONE IF SCREEN IS POSITIVE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADH (SEE ANTI-DIURETIC HORMONE)</td>
<td></td>
<td>Reference Laboratory</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADMARK APOE GENOTYPE</td>
<td>MISC</td>
<td>Reference Laboratory</td>
<td>EDTA WHOLE BLOOD 10 ML - REFRIGERATED</td>
<td></td>
<td></td>
<td>SHIP WITHIN 24 HRS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Test Name: ADRENAL ANTIBODY
ID: ADREN
Testing Facility: Reference Laboratory
Specimen Handling: SERUM 2 ML - REFRIGERATED
Additional Information: TITER DONE IF SCREEN IS POSITIVE

Test Name: ADRENOCORTICOTROPIC HORMONE (See ACTH)

Test Name: AFFIRM PATHOGENS DIRECT DNA PROBE
Test ID: AFFIRM
Synonyms: Bacterial Vaginosis Panel
Test Includes: Candida sp, Gardnerella vaginalis, Trichomonas vaginalis DNA Testing
Testing Facility: Aultman Laboratory
Turnaround Time: 3 days
Specimen Collection / Transfer Instructions:
   Specimen Type: Vaginal fluid
   Storage: 72 hours refrigerated
Additional Information: TEST DOES NOT DETECT GC OR CLINICAL SYNDROMES OTHER THAN VAGINITIS/VAGINOSIS. ORDER CULTURE GC ONLY OR N. GONORRHOEAE PCR OR CULTURE WOUND AS APPROPRIATE.

Test Name: AFP, MATERNAL SERUM
Test ID: MSAFP
Test Number: MARK ON REQ
Testing Facility: Reference Laboratory
Specimen Handling: 1 ML SERUM - REFRIGERATED

Test Name: AFP, AMNIOTIC FLD
Test ID: AFPAG
Testing Facility: Reference Laboratory
Specimen Handling: 2 ML FLUID – REFRIGERATED

Test Name: AFP4 (see Quad Screen)

Test Name: ALA, 24 HOUR URINE

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Aultman Hospital Laboratory Test Directory

Test Name: Aminolevulinic Acid.
Test ID: ALAU
Synonyms: Aminolevulinic Acid.

Testing Facility: Reference Laboratory
Specimen Type: 24-hr urine.
Volume: Submit entire collection to lab.
Specimen Handling: Refrigerate during collection. Protect from light.
Additional Information: Send 15 mL aliquot to reference lab. pH should be 2-4.

Test Name: ALBUMIN
Test ID: ALB

Testing Facility: Aultman Laboratory

Turnaround Time: Done 7 days/wk, 24 hrs/day. Results available the same day.
Specimen Type: Serum or plasma lithium heparin
Volume: 1 mL
Container: SST. Also acceptable plasma lithium heparin – Separate from cells within 2 hours of collection.
Specimen Handling: Avoid hemolysis.
Storage: Refrigerate.

Test Name: ALCOHOL LEVEL (See Ethanol)

Test Name: ALDOLASE
Test ID: ALD

Testing Facility: Reference Laboratory
Specimen Handling: SERUM 1 ML FROM SST TUBE - REFRIGERATED
Additional Information: GOOD 5 DAYS REFRIGERATED

Test Name: ALDOSTERONE, SERUM
Test ID: ALDOS
Testing Facility: Reference Laboratory
Specimen Handling: 1 ML SERUM FROM SST TUBE - FROZEN
Additional Information: EDTA PLASMA ALSO ACCEPTABLE

Test Name: ALDOSTERONE, UR
Test ID: UALDOS
Testing Facility: Reference Laboratory

The information contained in this Directory is provided only as general information and is subject to change without notice.
Test Name: ALKALINE PHOSPHAT ISOENZYMES
Test ID: ALKISO
Testing Facility: Reference Laboratory
Specimen Type: 2 ML SERUM FROM SST TUBE - REFRIGERATED
Container: 7 mL SST

Test Name: ALKALINE PHOSPHATASE, SERUM
Test ID: AP
Synonyms: Alk phos.
Testing Facility: Aultman Laboratory
Turnaround Time: Done 7 days/wk, 24 hrs/day. Results available the same day.
Specimen Type: Serum or plasma lithium heparin
Volume: 1 mL
Container: SST. Also acceptable plasma lithium heparin – Separate from cells with 2 hours of collection.
Specimen Handling: Avoid hemolysis.
Storage: Refrigerate.

Test Name: ALLERGEN PINE NUT IGE
Test ID: PINENT
Testing Facility: Reference Laboratory
Volume: 1 ML SERUM-REF
Specimen Handling: 1 ml will do up to 7 allergens

Test Name: ALLERGEN, ALMOND IGE
Test ID: ALMOND
Testing Facility: Reference Laboratory
Specimen Type: 1 ML SERUM-REF
Specimen Handling: 1ml of serum will do up to 7 allergens
<table>
<thead>
<tr>
<th><strong>Test Name</strong></th>
<th><strong>Test ID</strong></th>
<th><strong>Testing Facility</strong></th>
<th><strong>Specimen Type</strong></th>
<th><strong>Specimen Handling</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>ALLERGEN, ALTERNARIA TENIUS IGE</td>
<td>ATENS</td>
<td>Reference Laboratory</td>
<td>1 ML SERUM – REFRIGERATED</td>
<td>1 ML OF SERUM – 7 ALLERGENS</td>
</tr>
<tr>
<td>ALLERGEN, ASPERGILLUS FUMIGATIS IGE</td>
<td>AFUMIG</td>
<td>Reference Laboratory</td>
<td>1 ML SERUM-REF</td>
<td>1 ml will do up to 7 allergens</td>
</tr>
<tr>
<td>ALLERGEN, BEEF IGE</td>
<td>BEEFMT</td>
<td>Reference Laboratory</td>
<td>1 ml serum-REF</td>
<td>1 ml will do up to 7 allergens</td>
</tr>
<tr>
<td>ALLERGEN, BERMUDA GRASS IGE</td>
<td>BRMUDA</td>
<td>Reference Laboratory</td>
<td>1 ML SERUM-REF</td>
<td>1 ml of serum will do up to 7 allergens</td>
</tr>
<tr>
<td>ALLERGEN, BIRCH TREE IGE</td>
<td>BIRCHT</td>
<td>Reference Laboratory</td>
<td>1 ML SERUM-REF</td>
<td>1ml of serum will do up to 7 allergens</td>
</tr>
</tbody>
</table>
Test Name: ALLERGEN, BOX ELDER TREE IGE
Test ID: BELDER
Testing Facility: Reference Laboratory
Specimen Type: 1 ML SERUM-REF
Specimen Handling: 1ml of serum will do up to 7 allergens

Test Name: ALLERGEN, BRAZILNUT IGE
Test ID: BRAZIL
Testing Facility: Reference Laboratory
Volume: 1 ML SERUM-REF
Additional Information: 1ml of serum will do up to 7 allergens

Test Name: ALLERGEN, CACAO/COCOA IGE
   COCOA
   Reference Laboratory
   1 ML SERUM-REF
   1ml of serum will do up to 7 allergens

Test Name: ALLERGEN, CANDIDA ALBICANS IGE
Test ID: CNDIDA
Testing Facility: Reference Laboratory
Volume: 1 ML SERUM-REF
Specimen Handling: 1ml of serum will do up to 7 allergens

Test Name: ALLERGEN, CASEIN IGE
Test ID: MCASIN
Testing Facility: Reference Laboratory
Volume: 1ML SERUM-REF Specimen Handling:
1ml of serum will do up to 7 allergens

The information contained in this Directory is provided only as general information and is subject to change without notice.
### Aultman Hospital Laboratory Test Directory

**Test Name:** ALLERGEN, CASHEW  
**Test ID:** CASHEW  
**Testing Facility:** Reference Laboratory  
**Specimen Type:** 1ML SERUM-REF  
**Specimen Handling:** 1ml of serum will do up to 7 allergens

---

**Test Name:** ALLERGEN, CAT DANDER IGE  
**Test ID:** CATDND  
**Testing Facility:** Reference Laboratory  
**Volume:** 1 ML SERUM-REF  
**Specimen Handling:** 1ml of serum will do up to 7 allergens

---

**Test Name:** ALLERGEN, CHICKEN FEATHERS IGE  
**Test ID:** CHCKF  
**Testing Facility:** Reference Laboratory  
**Volume:** 1ml serum-REF  
**Specimen Handling:** 1 ml will do up to 7 allergens

---

**Test Name:** ALLERGEN, CHICKEN MEAT IGE  
**Test ID:** CHCKN  
**Testing Facility:** Reference Laboratory  
**Volume:** 1 ML SERUM-REF  
**Specimen Handling:** 1ml of serum will do up to 7 allergens

---

**ALLERGEN, CLADOSPORIUM HERBARUM IGE**  
**CHERB**  
**Reference Laboratory**

---

The information contained in this Directory is provided only as general information and is subject to change without notice.
Test Name: ALLERGEN, CLAM IGE  
Test ID: CLAM  
Testing Facility: Reference Laboratory  
Volume: 1 ml serum -REF  
Specimen Handling: 1 ml will do up to 7 allergens

Test Name: ALLERGEN, COCKLEBUR IGE  
Test ID: COKBUR  
Testing Facility: Reference Laboratory  
Volume: 1 ML SERUM-REF  
Specimen Handling: 1ml of serum will do up to 7 allergens

Test Name: ALLERGEN, COCKROACH IGE  
Test ID: CROACH  
Testing Facility: Reference Laboratory  
Volume: 1 ML SERUM-REF  
Specimen Handling: 1ml of serum will do up to 7 allergens

Test Name: ALLERGEN, COCONUT IGE  
Test ID: COCNUt  
Testing Facility: Reference Laboratory  
Volume: 1 ML SERUM-REF Specimen Handling: 1 ml will do up to 7 allergens

Test Name: ALLERGEN, COD IGE  
Test ID: CODFSH
Test Name: ALLERGEN, COMMON RAGWEED IGE
Test ID: SRAGWD
Testing Facility: Reference Laboratory
Volume: 1 ML SERUM-REF
Specimen Handling: 1 ml will do up to 7 allergens
<table>
<thead>
<tr>
<th>Test Name</th>
<th>Test ID</th>
<th>Facility</th>
<th>Volume</th>
<th>Specimen Handling</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALLERGEN, LAMB'S QUARTER IGE</td>
<td>LAMBQU</td>
<td>Reference Laboratory</td>
<td>1ml serum</td>
<td>1ml of serum will do up to 7 allergens</td>
</tr>
<tr>
<td>ALLERGEN, LATEX IGE</td>
<td>LATEXA</td>
<td>Reference Laboratory</td>
<td>1ml serum-Ref</td>
<td>1ml of serum will do up to 7 allergens</td>
</tr>
<tr>
<td>ALLERGEN, MACEDAMIA NUT IGE</td>
<td>MACADA</td>
<td>Reference Laboratory</td>
<td>1 ML SERUM-REF</td>
<td>1 ml will do up to 7 allergens</td>
</tr>
<tr>
<td>ALLERGEN, MEADOW FESCUE (GRASS) IGE</td>
<td>MFESCU</td>
<td>Reference Laboratory</td>
<td>1 ML SERUM-REF</td>
<td>1 ml will do up to 7 allergens</td>
</tr>
<tr>
<td>ALLERGEN, MILK IGE</td>
<td>MILKC</td>
<td>Reference Laboratory</td>
<td>1 ML SERUM-REF</td>
<td>1ml of serum will do up to 7 allergens</td>
</tr>
</tbody>
</table>

The information contained in this Directory is provided only as general information and is subject to change without notice.
Test Name: ALLERGEN, MOUNTAIN JUNIPER TREE IGE
Test ID: MTJUNI
Testing Facility: Reference Laboratory
Volume: 1ml serum-Ref
Specimen Handling: 1ml of serum will do up to 7 allergens

Test Name: ALLERGEN, MULBERRY TREE IGE
Test ID: MULBRY
Testing Facility: Reference Laboratory
Volume: 1 ML SERUM-REF
Specimen Handling: 1 ml will do up to 7 allergens

Test Name: ALLERGEN, OAK TREE IGE
Test ID: OAK
Testing Facility: Reference Laboratory
Volume: 1 ML SERUM-REF
Specimen Handling: 1ml of serum will do up to 7 allergens

Test Name: ALLERGEN, OAT IGE
Test ID: OAT
Testing Facility: Reference Laboratory
Volume: 1 ML SERUM-REF
Specimen Handling: 1ml of serum will do up to 7 allergens

Test Name: ALLERGEN, ORANGE IGE
Test ID: ORNGE
Testing Facility: Reference Laboratory
Volume: 1 ML SERUM-REF
Specimen Handling: 1ml of serum will do up to 7 allergens
<table>
<thead>
<tr>
<th>Test Name: ALLERGEN, ORCHARD GRASS</th>
<th>Test ID: ORCHRD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Testing Facility:</strong> Reference Laboratory</td>
<td></td>
</tr>
<tr>
<td><strong>Volume:</strong> 1ml serum-Ref</td>
<td></td>
</tr>
<tr>
<td><strong>Specimen Handling:</strong> 1ml of serum will do up to 7 allergens</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name: ALLERGEN, ORCHARD GRASS IGE</th>
<th>Test ID: ORCHRD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Testing Facility:</strong> Reference Laboratory</td>
<td></td>
</tr>
<tr>
<td><strong>Volume:</strong> 1 ml serum-Ref</td>
<td></td>
</tr>
<tr>
<td><strong>Specimen Handling:</strong> 1ml of serum will do up to 7 allergens</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name: ALLERGEN, PEANUT IGE</th>
<th>Test ID: PEANUT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Testing Facility:</strong> Reference Laboratory</td>
<td></td>
</tr>
<tr>
<td><strong>Volume:</strong> 1 ML SERUM-REF</td>
<td></td>
</tr>
<tr>
<td><strong>Specimen Handling:</strong> 1ml of serum will do up to 7 allergens</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name: ALLERGEN, PECAN NUT IGE</th>
<th>Test ID: PECAN</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Testing Facility:</strong> Reference Laboratory</td>
<td></td>
</tr>
<tr>
<td><strong>Volume:</strong> 1ML SERUM-REF</td>
<td></td>
</tr>
<tr>
<td><strong>Specimen Handling:</strong> 1ml of serum will do up to 7 allergens</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name: ALLERGEN, PENICILLIUM CHRYSOGENUM</th>
<th>Test ID: PNOTAT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Synonyms:</strong> PENICILLIM NOTATUM</td>
<td></td>
</tr>
<tr>
<td><strong>Testing Facility:</strong> Reference Laboratory</td>
<td></td>
</tr>
<tr>
<td><strong>Volume:</strong> 1 ML SERUM-REF</td>
<td></td>
</tr>
<tr>
<td><strong>Specimen Handling:</strong> 1ml of serum will do up to 7 allergens</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name: ALLERGEN, PIGWEED IGE IGE</th>
</tr>
</thead>
</table>

The information contained in this Directory is provided only as general information and is subject to change without notice.
<table>
<thead>
<tr>
<th>Test Name</th>
<th>Test ID</th>
<th>Testing Facility</th>
<th>Volume</th>
<th>Specimen Handling</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALLERGEN, PISTACHIO IGE</td>
<td>PISTAC</td>
<td>Reference Laboratory</td>
<td>1 ML SERUM-REF</td>
<td>1ml of serum will do up to 7 allergens</td>
</tr>
<tr>
<td>ALLERGEN, POTATO</td>
<td>POTATO</td>
<td>Reference Laboratory</td>
<td>1 ML SERUM-REF</td>
<td>1 ml will do up to 7 allergens</td>
</tr>
<tr>
<td>ALLERGEN, RICE IGE</td>
<td>RICE</td>
<td>Reference Laboratory</td>
<td>1 ML SERUM-REF</td>
<td>1ml of serum will do up to 7 allergens</td>
</tr>
<tr>
<td>ALLERGEN, RUSSIAN THISTLE IGE</td>
<td>THISTL</td>
<td>Reference Laboratory</td>
<td>1 ML SERUM-REF</td>
<td>1 ml will do up to 7 allergens</td>
</tr>
<tr>
<td>ALLERGEN, RYE GRASS IGE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Test Name: Test
ID:
Test ID: RYEGRS
Testing Facility: Reference Laboratory
Volume: 1 ML SERUM-REF
Specimen Handling: 1 ml will do up to 7 allergens

The information contained in this Directory is provided only as general information and is subject to change without notice.
<table>
<thead>
<tr>
<th>Test Name</th>
<th>Test ID</th>
<th>Facility</th>
<th>Volume</th>
<th>Specimen Handling</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALLERGEN, SCALLOP IGE</td>
<td>SCALOP</td>
<td>Reference Laboratory</td>
<td>1 ml serum-Ref</td>
<td>1ml of serum will do up to 7 allergens</td>
</tr>
<tr>
<td>ALLERGEN, SESAME SEED IGE</td>
<td>SESAME</td>
<td>Reference Laboratory</td>
<td>1 ML SERUM-REF</td>
<td>1 ml will do up to 7 allergens</td>
</tr>
<tr>
<td>ALLERGEN, SHEEP SORREL IGE</td>
<td>SORREL</td>
<td>Reference Laboratory</td>
<td>1 ml serum- Ref</td>
<td>1ml of serum will do up to 7 allergens</td>
</tr>
<tr>
<td>ALLERGEN, SHRIMP</td>
<td>SHRIMP</td>
<td>Reference Laboratory</td>
<td>1 ML SERUM-REF</td>
<td></td>
</tr>
<tr>
<td>ALLERGEN, SOYBEAN IGE</td>
<td>SOYBM</td>
<td>Reference Laboratory</td>
<td>1 ML SERUM-REF</td>
<td>1ml of serum will do up to 7 allergens</td>
</tr>
<tr>
<td>ALLERGEN, SYCAMORE TREE IGE</td>
<td>SYCMOR</td>
<td>Reference Laboratory</td>
<td>1 ML SERUM-REF</td>
<td></td>
</tr>
<tr>
<td>Test Name</td>
<td>Test ID</td>
<td>Testing Facility</td>
<td>Volume</td>
<td>Specimen Handling</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-----------------</td>
<td>------------------------</td>
<td>-------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>ALLERGEN, TIMOTHY GRASS IGE</td>
<td>TIMTHY</td>
<td>Reference Laboratory</td>
<td>1 ML SERUM-REF</td>
<td>1 ml will do up to 7 allergens</td>
</tr>
<tr>
<td>ALLERGEN, TOMATO IGE</td>
<td>TOMATO</td>
<td>Reference Laboratory</td>
<td>1 ML SERUM-REF</td>
<td>1ml of serum will do up to 7 allergens</td>
</tr>
<tr>
<td>ALLERGEN, WALNUT IGE</td>
<td>WALNUT</td>
<td>Reference Laboratory</td>
<td>1 ML SERUM-REF</td>
<td>1ml of serum will do up to 7 allergens</td>
</tr>
<tr>
<td>ALLERGEN, WALNUT TREE IGE</td>
<td>WNUTTR</td>
<td>Reference Laboratory</td>
<td>1 ML SERUM-REF</td>
<td>1 ml will do up to 7 allergens</td>
</tr>
<tr>
<td>ALLERGEN, WHEAT IGE</td>
<td>WHEAT</td>
<td>Reference Laboratory</td>
<td>1 ML SERUM-REF</td>
<td>1ml of serum will do up to 7 allergens</td>
</tr>
<tr>
<td>ALLERGEN, WHITE ASH TREE IGE</td>
<td>WHTASH</td>
<td>Reference Laboratory</td>
<td>1 ML SERUM-REF</td>
<td>1 ml will do up to 7 allergens</td>
</tr>
</tbody>
</table>
### Test Name: ALLERGEN, WHITE BEAN IGE
- **Test ID:** WTBEAN
- **Testing Facility:** Reference Laboratory
- **Volume:** 1 ML SERUM-REF
- **Specimen Handling:** 1ml of serum will do up to 7 allergens

### Test Name: ALLERGEN, WHITE PINE TREE IGE
- **Test ID:** WTPINE
- **Testing Facility:** Reference Laboratory
- **Volume:** 1 ML SERUM-REF
- **Specimen Handling:** 1 ml will do up to 7 allergens

### Test Name: ALLERGEN, YEAST IGE
- **Test ID:** BYEAST
- **Testing Facility:** Reference Laboratory
- **Volume:** 1 ML SERUM-REF
- **Specimen Handling:** 1ml of serum will do up to 7 allergens

### Test Name: ALLERGY PANEL - GREAT LAKES RAST PANEL (23 ALLERGENS)
- **Test ID:** MISC
- **Testing Facility:** Reference Laboratory
- **Specimen Handling:** SERUM - 4 ML REF, 1 ML OF SERUM WILL DO 7 ALLERGY TESTS.
- **Additional Information:** 23 TESTS IN THE PANEL. MAY ALSO BE CALLED REGIONAL PANEL, ZONE 8.

### Test Name: ALLERGY PANEL (see Rast Test)

### Test Name: ALPHA 1 ANTITRYPSIN PHENOTYPE
- **Test ID:** A1APHE
- **Testing Facility:** Reference Laboratory
- **Specimen Handling:** 1 ML PLASMA FROM LITHIUM HEPARIN TUBE (GREEN TOP) - REFRIGERATED
- **Additional Information:** EDTA WHOLE BLOOD AT ROOM TEMP ALSO ACCEPTABLE

### Test Name: ALPHA 1 ANTI-TRYPSIN SERUM LEVEL & SERP TAR GENOTYP (See Alpha-1 Antitrypsin Genotype)

### Test Name: ALPHA FETOPROTEIN

---

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<table>
<thead>
<tr>
<th>Test Name</th>
<th>Test ID</th>
<th>Testing Facility</th>
<th>Turnaround Time</th>
<th>Specimen Type</th>
<th>Volume</th>
<th>Container</th>
<th>Storage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test</td>
<td>AFPS</td>
<td>Aultman Laboratory</td>
<td>Done 7 days/week, 24 hrs/day. Results available same day</td>
<td>Serum</td>
<td>1 mL</td>
<td>7 mL SST preferred, Plain Red tube also acceptable</td>
<td>Refrigerate.</td>
</tr>
<tr>
<td>ALPHA MELANOCYTE STIMULATING HORMONE</td>
<td>MISC</td>
<td>Reference Laboratory</td>
<td>Done 7 days/week, 24 hrs/day. Results available same day</td>
<td>2 mL EDTA PLASMA – FROZEN ASAP</td>
<td>2 mL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALPHA SUBUNIT OF PGH</td>
<td>ALPSUB</td>
<td>Reference Laboratory</td>
<td>Done 7 days/week, 24 hrs/day. Results available same day</td>
<td>Serum</td>
<td>2 mL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALPHA THALASSEMIA GENE</td>
<td>ATHALS</td>
<td>Reference Laboratory</td>
<td>Done 7 days/week, 24 hrs/day. Results available same day</td>
<td>EDTA</td>
<td>5 mL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALPHA-1 ANTITRYPSIN</td>
<td>AAT</td>
<td>Aultman Laboratory</td>
<td>Done 7 days/week, 24 hrs/day. Results available the same day</td>
<td>Serum</td>
<td>1-2 mL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Synonyms:</td>
<td>AAT, A1A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Storage:</td>
<td>SST or plasma lithium heparin</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test Name</td>
<td>Test ID</td>
<td>Synonyms</td>
<td>Testing Facility</td>
<td>Volume</td>
<td>Specimen Handling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------------------</td>
<td>---------</td>
<td>-----------------------------------</td>
<td>-------------------------------</td>
<td>---------------------------------</td>
<td>------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALPHA-1 ANTITRYPSIN GENOTYPE</td>
<td>MISC</td>
<td>A1AT; A1AT Deficiency; Serpinia1</td>
<td>Reference Laboratory</td>
<td>5 ML WHOLE BLOOD (EDTA) – ROOM TEMP</td>
<td>LEAVE IN ORIGINAL TUBE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alpha-1 Antitrypsin Mutation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALPHA-1-ANTITRYPSIN, RANDOM STOOL</td>
<td>STA1A</td>
<td></td>
<td>Reference Laboratory</td>
<td>5 GRAMS OF STOOL IN A CLEAN CONTAINER - FROZEN</td>
<td>NO PRESERVATIVES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALPHA-1-ANTITRYPSIN, 24 HR FECES</td>
<td>MISC</td>
<td></td>
<td>Reference Laboratory</td>
<td>10 GRAMS OF A 24 HR STOOL - FROZEN</td>
<td>MUST BE FROM A 24 HR COLLECTION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALPHA-2-ANTIPLASMIN</td>
<td>MISC</td>
<td></td>
<td>Reference Laboratory</td>
<td>2 ML SODIUM CITRATED PLASMA (BLUE TOP TUBE) – FROZEN</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALPRAZOLAM(XANAX)</td>
<td>MISC</td>
<td></td>
<td>Reference Laboratory</td>
<td>4 ML SERUM - PLAIN RED TOP - REFRIGERATED</td>
<td>Centrifuge and transfer serum to plastic vial. SST NOT ACCEPTABLE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALT (SGPT)</td>
<td>ALT</td>
<td>SGPT</td>
<td></td>
<td>1 mL</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The information contained in this Directory is provided only as general information and is subject to change without notice.
Test Name: Test
  ID:
  Container: SST or plasma lithium heparin
  Specimen Handling: Avoid hemolysis.
  Storage: Refrigerate.

Test Name: ALUMINUM
  Test ID: ALUM
  Testing Facility: Reference Laboratory
  Specimen Handling: 1 ML SERUM FROM DARK BLUE TUBE WITH NO ADDITIVE – ROOM TEMPERATURE
  Additional Information: DK BLUE TOP TUBE/ NO ADDITIVE - HEAVY METAL

Test Name: AMA (see Mitochondrial Antibody)

Test Name: AMIKACIN ( PEAK)
  Test ID: AMIP
  Synonyms: Amikin
  Testing Facility: Reference Laboratory
  Specimen Handling: 1 ML PLASMA FROM HEPARINIZED TUBE (GREEN TOP) - FROZEN
  Additional Information: SERUM FROM PLAIN RED TOP TUBE ALSO ACCEPTABLE
                  30 MIN POST IM INJECTION OR 30 MIN POST IV INFUSION

Test Name: AMIKACIN (RANDOM)
  Test ID: MISC
  Testing Facility: Reference Laboratory
  Specimen Handling: 1 ML PLASMA FROM HEPARINIZED TUBE (GREEN TOP) – FROZEN
  Additional Information: EITHER SODIUM OR LITHIUM HEPARIN ACCEPTED
                  SERUM FROM PLAIN RED TOP ALSO ACCEPTABLE

Test Name: AMIKACIN (TROUGH)
  Test ID: AMIT
  Testing Facility: Reference Laboratory
  Specimen Handling: 1 ML PLASMA FROM HEPARINIZED TUBE (GREEN TOP) – FROZEN
  Additional Information: EITHER SODIUM OR LITHIUM HEPARIN ACCEPTED
                  SERUM FROM PLAIN RED TOP TUBE ALSO ACCEPTABLE

Test Name: AMINO ACID PLASMA, QUANTITATIVE
  Test ID: AAQTPL
  Testing Facility: Reference Laboratory

The information contained in this Directory is provided only as general information and is subject to change without notice.
**Test Name:** AMINO ACID, UR QUANT  
**Test ID:** AAQTUR  
**Testing Facility:** Reference Laboratory  
**Specimen Handling:** 15 ML URINE - FROZEN  
**Additional Information:** CODE CAN BE USED FOR RANDOM OR 24 HR SPECIMEN

---

**Test Name:** AMINOLEVULENIC ACID (SEE ALA) Testing  
**Facility:** Reference Laboratory

---

**Test Name:** AMIODARONE  
**Test ID:** AMIOD  
**Testing Facility:** Reference Laboratory  
**Specimen Handling:** 3 ML SERUM FROM PLAIN RED TOP TUBE - FROZEN  
**Additional Information:** PLAIN RED TOP: NO SST  
Centrifuge and transfer serum to plastic vial.

---

**Test Name:** AMITRIL (See Amitriptyline/Nortriptyline)

---

**Test Name:** AMITRIPTYLINE/NORTRIPTYLINE  
**Test ID:** AMINOR  
**Facility:** Reference Laboratory  
**Specimen Type:** 2 ML PLASMA (DARK BLUE EDTA) – REFRIGERATED  
**Alternative specimen:** Serum from plain red top tube  
**Specimen Handling:** Centrifuge and transfer plasma  
**Additional Information:** REMOVE PLASMA FROM CELLS WITHIN 2 HRS OF COLLECTION

---

**Test Name:** AMMONIA  
**Test ID:** AMM  
**Synonyms:** NH3  
**Testing Facility:** Aultman Laboratory  
**Turnaround Time:** Done 7 days/wk, 24 hrs/day. Results available the same day.  
**Specimen Type:** Plasma  
**Volume:** 2 - 4 mL  
**Container:** 5 mL green top tube.
Specimen Handling: Draw without clenched fist or tourniquet. Specimen should be filled completely, mix tubes by gentle inversion, place on ice, cold centrifuge and analyze within 30 minutes. Specimens for ammonia should not be drawn outside the main hospital campus. Deliver to main lab immediately. Avoid hemolysis.

Test Name: AMOEBA AB (SEE E. HISTOLYTICA IGG) Testing
Testing Facility: Reference Laboratory

Test Name: AMOXAPINE
Test ID: AMOX
Testing Facility: Reference Laboratory
Specimen Type: 2 ML SERUM FROM PLAIN RED TOP TUBE - REFRIGERATED
Container: Red top tube (DO NOT use SST)
Specimen Handling: Centrifuge and transfer serum to plastic vial. Refrigerate.

Test Name: AMPHETAMINE CONFIRMATION, URINE
Test ID: UAMPC
Testing Facility: Reference Laboratory
Specimen Handling: 10ml urine, refrigerated

Test Name: AMYLASE ISOENZYMES
Test ID: AMYISO
Testing Facility: Reference Laboratory
Specimen Handling: 1 ML SERUM FROM SST TUBE - REFRIGERATED
Additional Information: INCLUDES TOTAL AMYLASE, PANCREATIC AND SALIVARY ISOENZYME

AMYLASE, 24 HOUR URINE
AMU24
Test Includes: Collection time, volume, creatinine, amylase.
Testing Facility: Aultman Laboratory
Turnaround Time: Done daily. Results available the same day if specimen is received before 1000. Precollection Instructions: See 24-hr Urine Collection Instructions.
Specimen Type: 24-hr urine.
Volume: Submit entire urine collection to lab.
Container: Obtain collection container from lab.
Specimen Handling: Add no preservative. Collect on ice. Storage: Refrigerate
Test Name: AMYLASE, BODY FLUID
  Test ID: AMYBF
  Test Includes: Body fluid type, amylase.
  Testing Facility: Aultman Laboratory
  Turnaround Time: Done 7 days/wk, 24 hrs/day. Results available the same day.
  Specimen Type: Body fluid
    Volume: 2 - 4 mL
    Storage: Refrigerate

Test Name: AMYLASE, RANDOM URINE
  Test ID: AMUR
  Testing Facility: Aultman Laboratory
  Turnaround Time: Done 7 days/wk, 24 hrs/day. Results available the same day.
  Specimen Type: Random urine
    Volume: 2 - 4 mL
    Container: Urine tube
    Storage: Refrigerate

Test Name: AMYLASE, SERUM
  Test ID: AMY
  Testing Facility: Aultman Laboratory
  Turnaround Time: Done 7 days/wk, 24 hrs/day. Results available the same day.
  Specimen Type: Serum. Also acceptable plasma lithium heparin - Separate from cells within 2 hours of collection.
    Volume: 1 mL
    Container: SST or plasma lithium heparin
  Specimen Handling: Avoid hemolysis.
    Storage: Refrigerate.

Test Name: AMYLOID B-PROTEIN
  Test ID: MISC
  Testing Facility: Reference Laboratory
  Specimen Handling: 3ML EDTA PLASMA FROZEN
  Additional Information: SENT TO SCIENCE INSTITUTE - REFERRAL CODE 91408

Test Name: ANA COMPREHENSIVE PANEL (see Lupus Analyzer)
<table>
<thead>
<tr>
<th>Test Name</th>
<th>Test ID</th>
<th>Testing Facility</th>
<th>Specimen Handling</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANABOLIC STEROID SCREEN, URINE</td>
<td>MISC</td>
<td>Reference Laboratory</td>
<td>4 ML URINE – FROZEN</td>
<td>NMS CODE - ZW86</td>
</tr>
<tr>
<td>ANAFRANIL (See Clomipramine)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANAPLASMA PHAGOCYTOPHILUM ANTIBODIES (IgG, IgM)</td>
<td>MISC</td>
<td>Reference Laboratory</td>
<td>1 ML SERUM FROM AN SST TUBE - REFRIGERATED</td>
<td>Centrifuge and transfer serum to plastic vial.</td>
</tr>
<tr>
<td>ANCA (C-ANCA or P-ANCA) (see Neutrophil Cytoplasmic Antibody)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANDROSTENEDIONE</td>
<td>ANDRO</td>
<td>Reference Laboratory</td>
<td>2 ML SERUM FROM SST TUBE - REFRIGERATED</td>
<td></td>
</tr>
<tr>
<td>ANGIOTENSIN CONVERTING ENZYME, CSF</td>
<td>CACE</td>
<td>Reference Laboratory</td>
<td>CSF 1 ML - FROZEN ASAP</td>
<td>AKA: ACE, CSF</td>
</tr>
<tr>
<td>ANGIOTENSIN 1 CONVERTING ENZYME</td>
<td>ACE</td>
<td>Reference Laboratory</td>
<td>2 ML SERUM FROM SST TUBE – REFRIGERATED</td>
<td></td>
</tr>
<tr>
<td>ANNA1 (See Neuronal Antibody)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANSER IFX</td>
<td></td>
<td></td>
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The information contained in this Directory is provided only as general information and is subject to change without notice.
<table>
<thead>
<tr>
<th>Test Name</th>
<th>Test ID</th>
<th>Testing Facility</th>
<th>Specimen Type</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANTI PHOSPHATIDYLCHOLINE ANTIBODY</td>
<td>MISC</td>
<td>Reference Laboratory</td>
<td>SERUM 1ML - REF PLAIN RED TOP</td>
<td>INCLUDES IGG, IGM, IGA</td>
</tr>
<tr>
<td>ANTI 68-KD ANTIBODY</td>
<td>AB68</td>
<td>Reference Laboratory</td>
<td>RED TOP</td>
<td>AKA: HSP-70 AB</td>
</tr>
<tr>
<td>ANTI STRIATED MUSCLE ANTIBODY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANTI YO ANTIBODY (see Purkinje Antibody)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANTIDIURETIC HORMONE</td>
<td>ADH</td>
<td>Reference Laboratory</td>
<td>6 ML PLASMA FROM EDTA TUBE (PURPLE TOP) - FROZEN</td>
<td>REMOVE FROM CELLS AND FREEZE WITHIN 2 HOURS OF DRAW</td>
</tr>
<tr>
<td>ANTI-DNASE B AB</td>
<td>DNASE</td>
<td>Reference Laboratory</td>
<td>1 ML SERUM FROM SST TUBE - REFRIGERATED</td>
<td></td>
</tr>
<tr>
<td>ANTI-FACTOR Xa (for Unfractionated Heparin)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test Name: Test</td>
<td></td>
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<tr>
<td>----------------</td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>ID:</strong></td>
<td></td>
<td></td>
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<tr>
<td><strong>Test ID:</strong> UFXA</td>
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<tr>
<td><strong>Synonyms:</strong> Heparin Xa for unfractionated Heparin. This is not the same as Factor X. <strong>Testing</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Facility:</strong> Aultman Laboratory</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Turnaround Time:</strong> Batched and done Tuesday and Friday.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Specimen Type:</strong> Citrated plasma</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Volume:</strong> 1 mL</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Container:</strong> 2 blue top tubes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Specimen Handling:</strong> Patient should be drawn in Aultman Outpatient Department; Specimen must be processed in Aultman Coagulation Department within 1 hour of collection.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name: ANTI-FACTOR Xa (Low molecular weight heparin)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Test ID:</strong> LMXA</td>
</tr>
<tr>
<td><strong>Synonyms:</strong> Heparin Xa for Lovenox. This is not the same as Factor X. <strong>Testing</strong></td>
</tr>
<tr>
<td><strong>Facility:</strong> Aultman Laboratory</td>
</tr>
<tr>
<td><strong>Turnaround Time:</strong> Batched and done Tuesday and Friday.</td>
</tr>
<tr>
<td><strong>Specimen Type:</strong> Citrated plasma</td>
</tr>
<tr>
<td><strong>Volume:</strong> 1 mL</td>
</tr>
<tr>
<td><strong>Container:</strong> 2 blue top tubes</td>
</tr>
<tr>
<td><strong>Specimen Handling:</strong> Patient should be drawn in Aultman Outpatient Department; Specimen must be processed in Aultman Coagulation Department within 1 hour of collection.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name: ANTIMICROSOMAL ANTIBODY (see Thyroid Antibodies)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Test Name: ANTIMITOCHONDRIAL AB (see Mitochondrial Antibody)</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Test Name: ANTI-MULLERIAN HORMONE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Test ID:</strong> MULLER</td>
</tr>
<tr>
<td><strong>Testing Facility:</strong> Reference Laboratory</td>
</tr>
<tr>
<td><strong>Volume:</strong> 1 ML SERUM FROM AN SST TUBE - FROZEN</td>
</tr>
<tr>
<td><strong>Specimen Handling:</strong> Centrifuge and transfer serum to plastic vial.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name: ANTINUCLEAR ANTIBODY TITER</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Test ID:</strong> ANAT</td>
</tr>
<tr>
<td><strong>Synonyms:</strong> ANA titer.</td>
</tr>
<tr>
<td><strong>Test Includes:</strong> ANA titer and pattern.</td>
</tr>
<tr>
<td><strong>Testing Facility:</strong> Aultman Laboratory</td>
</tr>
<tr>
<td><strong>Turnaround Time:</strong> Done M - F. Results available within 1 day.</td>
</tr>
<tr>
<td><strong>Specimen Type:</strong> Serum.</td>
</tr>
</tbody>
</table>

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The information contained in this Directory is provided only as general information and is subject to change without notice.
Test Name:
  Volume: 1 - 2 mL.
  Container: 7 mL SST.

Specimen Handling: Avoid hemolysis.
<table>
<thead>
<tr>
<th>Test Name:</th>
<th>ANTINUCLEAR ANTIBODY, BODY FLUID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>ANAB</td>
</tr>
<tr>
<td>Test Includes:</td>
<td>ANA screen with titer and pattern if positive.</td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Aultman Laboratory</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>Body fluid</td>
</tr>
<tr>
<td>Volume:</td>
<td>1 MI - REFRIGERATED</td>
</tr>
<tr>
<td>Additional Information:</td>
<td>CSF IS NOT ACCEPTABLE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>ANTINUCLEAR ANTIBODY, SERUM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>ANA</td>
</tr>
<tr>
<td>Synonyms:</td>
<td>FANA, ANA.</td>
</tr>
<tr>
<td>Test Includes:</td>
<td>ANA screen with titer and pattern if positive. Testing Facility: Aultman Laboratory</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>Serum</td>
</tr>
<tr>
<td>Volume:</td>
<td>1 - 2 mL</td>
</tr>
<tr>
<td>Container:</td>
<td>7 mL SST</td>
</tr>
<tr>
<td>Specimen Handling:</td>
<td>Avoid hemolysis.</td>
</tr>
</tbody>
</table>

| Test Name: | ANTI-PHOSPHOLIPID ANTIBODY (See Cardiolipin Antibody) |

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>ANTI-THROMBIN III</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>AT3</td>
</tr>
<tr>
<td>Synonyms:</td>
<td>Anti-thrombin III activity.</td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Aultman Laboratory</td>
</tr>
<tr>
<td>Turnaround Time:</td>
<td>Batched; run once per week.</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>Plasma (citrated).</td>
</tr>
<tr>
<td>Volume:</td>
<td>2 mL</td>
</tr>
<tr>
<td>Container:</td>
<td>2 - 5 mL blue top tube (must be full)</td>
</tr>
<tr>
<td>Specimen Handling:</td>
<td>Specimen must be processed in Aultman Lab within 4 hours of collection; alternatively may be drawn at Aultman Outpatient Department.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>ANTI-YO (PURKINJE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>ANTIYO</td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Reference Laboratory</td>
</tr>
</tbody>
</table>
Test Name: APC RESISTANCE
Test ID: APCV
Factor V Leiden. This is the screening test for Factor V Leiden. Positive screens will be sent to a reference lab for PCR testing per physician approval.

Testing Facility: Aultman Laboratory

Turnaround Time: Test batched and performed once per week.
Specimen Type: Plasma from 3.2% Sodium Citrate and whole blood EDTA. Volume: 5 ml

Container: 2 full blue top tubes, 1 lavender tube.

Specimen Handling: Whole blood. Keep all tubes at room temperature. Do not refrigerate. Blood must be processed in Aultman Lab within 4 hours of collection; alternatively may be drawn in Aultman Outpatient Department.

Test Name: APCA (See Parietal Cell Antibody)

Test Name: APOLIPOPROTEIN A1
Test ID: APOALZ

Testing Facility: Reference Laboratory
Specimen Handling: 1 ML SERUM FROM SST TUBE - REFRIGERATED

Test Name: APOLIPOPROTEIN B
Test ID: APOB

Testing Facility: Reference Laboratory
Specimen Handling: 2 ML SERUM FROM SST TUBE - REFRIGERATED

Test Name: APOLIPOPROTEIN E
Test ID: MISC

Testing Facility: Reference Laboratory
Specimen Handling: 3 ML EDTA WHOLE BLOOD - REFRIGERATED

Additional Information: SEE ADMARK APOE

The information contained in this Directory is provided only as general information and is subject to change without notice.
Test Name: APT TEST
Test ID: APT
Synonyms: APT test for fetal hemoglobin in stool or gastric contents.
Testing Facility: Aultman Laboratory
Turnaround Time: Done as necessary. Results available within 12 hours.
Specimen Type: Bloody stool or gastric contents (blood MUST be visible).
Specimen Handling: Keep specimen protected from air to prevent drying.

Test Name: APTT
Test ID: APTT
Synonym: Clotting time.
Test Includes: Dosing information supplied by nursing. Testing Facility: Aultman Laboratory
Turnaround Time: Urgent/STAT: 45 minutes; routine: 3 hours.
Specimen Type: Plasma (citrated).
Volume: 2 mL.
Container: 5 mL blue top tube (MUST be full).
Specimen Handling: Non-heparinized patients: Testing must be done within 4 hours after collection in Aultman Lab; alternatively may be drawn in Aultman Outpatient Department. Heparinized patients: Specimen must be processed in Aultman Coagulation Department within 1 hour of collection.

Test Name: APTT, 50-50 MIXING STUDY
Test ID: APTTM
Test Includes: Dosing information supplied by nursing, APTT. Testing Facility: Aultman Laboratory
Turnaround Time: Urgent/STAT: 45 minutes; routine: 3 hours.
Specimen Type: Plasma (citrated).
Volume: 2 mL.
Container: 5 mL blue top tube (MUST be full).
Specimen Handling: Testing must be done within 4 hours after collection in Aultman Lab; alternatively may be drawn in Aultman Outpatient Department.

Test Name: ARBOVIRUS AB – CSF
Test ID: MISCNB
<table>
<thead>
<tr>
<th>Test Name</th>
<th>Test ID</th>
<th>Testing Facility</th>
<th>Specimen Type</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Synonyms:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Aultman Hospital Laboratory Test Directory</strong></td>
<td></td>
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<tr>
<td><strong>Test Name:</strong></td>
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<td></td>
</tr>
<tr>
<td><strong>Test ID:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Synonyms:</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

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ARSENIC, RANDOM URINE
MISC
Reference Laboratory
URINE 7ML - REF
PATIENT SHOULD REFRAIN FROM EATING SHELLFISH, LOBSTER, SHRIMP, LOBSTER, FLOUNDER

Test Name: ARSENIC, BLOOD
Test ID: ASB
Testing Facility: Reference Laboratory
Specimen Handling: 7 ML WHOLE BLOOD (DARK BLUE TUBE WITH ADDITIVE) – ROOM TEMP
Additional Information: DK BLUE TOP TUBE / WITH ADDITIVE

Test Name: ASCA/ANCA (SEE IBD SGI DIAGNOSTIC)
Testing Facility: Reference Laboratory

Test Name: ASCORBIC ACID (See Vitamin C)

Test Name: ASHKENAZI JEWISH PANEL
Test ID: AJPWO
Testing Facility: Reference Laboratory
Specimen Handling: 3 ML EDTA WHOLE BLOOD (PURPLE TOP) - REFRIGERATE
Additional Information: (8 TESTS) INDICATE ETHNICITY OF PATIENT

Test Name: ASMA (see Smooth Muscle Antibody)

Test Name: ASO
Test ID: ASO
Synonyms: Anti streptolysin O.
Testing Facility: Aultman Laboratory
Turnaround Time: Done 7days/wk, 24hrs/day. Results available same day.
Specimen Type: Serum or Plasma lithium heparin – Separate from cells within 2 hours of collection.
  Volume: 1 mL.
  Container: SST or Plasma lithium heparin.

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### ASPARTATE TRANSFERASE (See AST)

**Test Name:** ASPERGILLUS ANTIBODIES  
**Test ID:** ASPER  
**Testing Facility:** Reference Laboratory  
**Specimen Handling:** 1 ML SERUM FROM SST TUBE - REFRIGERATED

### ASPERGILLUS ANTIGEN, SERUM

**Test Name:** ASPERGILLUS ANTIGEN, SERUM  
**Test ID:** MISC  
**Testing Facility:** Reference Laboratory  
**Specimen Type:** 1 ML SERUM – REFRIGERATED  
**Additional Information:** SPIN DOWN SST TUBE, BUT DO NOT SEPARATE FROM SERUM. LEAVE IN ORIGINAL TUBE

### AST (SGOT)

**Test Name:** AST (SGOT)  
**Test ID:** AST  
**Synonyms:** SGOT, aspartate transferase  
**Testing Facility:** Aultman Laboratory  
**Turnaround Time:** Done 7 days/wk, 24 hrs/day. Results available within 1 day  
**Specimen Type:** Serum or plasma lithium heparin  
**Volume:** 1 mL  
**Container:** SST. Also acceptable plasma lithium heparin – Separate from cells within 2 hours of collection  
**Specimen Handling:** Avoid hemolysis  
**Storage:** Refrigerate

### AZATHIOPURINE (IMURAN)

**Test Name:** AZATHIOPURINE (IMURAN)  
**Test ID:** MISC  
**Testing Facility:** Reference Laboratory  
**Specimen Handling:** 2 LAVENDER TOPS - WHOLE BLOOD  
**Additional Information:** REFRIGERATED

### AZATHIOPURINE (see Thiopurine Metabolites)

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06-28-2018  09:07
<table>
<thead>
<tr>
<th>Test Name:</th>
<th>B. PERTUSSIS DFA (See B. pertussis PCR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Additional Information:</td>
<td>Test no longer available at reference lab</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>B. PERTUSSIS PCR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>BPPCR</td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Handling:</td>
<td>NPH SWAB</td>
</tr>
<tr>
<td>Additional Information:</td>
<td>CALL AKRON CHILDRENS COURIER FOR PICK UP</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>BABESIA MICROTI ANTIBODIES (IgG, IgM), IFA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>MISC</td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>Serum</td>
</tr>
<tr>
<td>Volume:</td>
<td>1 mL</td>
</tr>
<tr>
<td>Container:</td>
<td>Plain Red Top. SST tube is unacceptable.</td>
</tr>
<tr>
<td>Specimen Handling:</td>
<td>Centrifuge and transfer serum to plastic vial. Refrigerate</td>
</tr>
</tbody>
</table>

**BACTERIAL ANTIGENS**

MISC
Reference Laboratory
1ML CSF OR 2ML SERUM - FROZEN
URINE NO LONGER ACCEPTABLE

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>BARBITURATES CONFIRMATION, URINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>UBARBC</td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Handling:</td>
<td>10 mL urine, refrigerated</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>BARIUM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>MISC</td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Handling:</td>
<td>2 ML SERUM FROM METAL FREE TUBE WITHOUT ADDITIVE - REF</td>
</tr>
<tr>
<td>Additional Information:</td>
<td>ALIQUOT INTO METAL FREE POUR OFF TUBE</td>
</tr>
<tr>
<td>Test Name</td>
<td>Test ID</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>BARTONELLA AB</td>
<td>CAT</td>
</tr>
<tr>
<td>BASIC METABOLIC PANEL</td>
<td>BMP</td>
</tr>
<tr>
<td>BATH SALTS (METHEDRONE)</td>
<td>MISC</td>
</tr>
<tr>
<td>B-CELL GENE REARRANGEMENT, PCR</td>
<td>BCBMD</td>
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<tr>
<td>BCR/ABL FISH TESTING</td>
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<tr>
<td>BCR/ABL P190 QUANT PCR</td>
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<tr>
<td>Test Name</td>
<td>Test ID</td>
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<tr>
<td>--------------------------------</td>
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<tr>
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<td>190PCR</td>
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<tr>
<td><strong>Test Name: BCR/ABL P210 QUANT, PCR</strong></td>
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<tr>
<td><strong>Test Name: BERYLLIUM</strong></td>
<td>MISC</td>
</tr>
<tr>
<td><strong>Test Name: BETA 2 GLYCOProtein I</strong></td>
<td>B2GPI</td>
</tr>
<tr>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Test Name: BETA 2 GLYCOProtein IGG &amp; IGM</strong></td>
<td>B2GPGM</td>
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</table>
Test Name: BETA 2 MICROGLOBULIN
Test ID: B2M
Synonyms: B2 Microglobulin, B2M.
Testing Facility: Aultman Laboratory
Turnaround Time: Done 7 days/wk, 24 hrs/day. Results available same day.
Specimen Type: Serum or plasma lithium heparin – Separate from cells within 2 hours of collection.
  Volume: 2 mL.
  Container: SST or plasma lithium heparin.

Test Name: BETA CAROTENE
Test ID: CAROT
Testing Facility: Reference Laboratory
Specimen Handling: 2 ML SERUM - REF POUR IN AMBER TUBE
Additional Information: FASTING PREFERRED/SPIN DOWN ASAP/ PROTECT FROM LIGHT

Test Name: BETA GLUCURONIDASE
Test ID: MISC
Testing Facility: Reference Laboratory
Specimen Handling: CSF 1 ML - FROZEN

Test Name: BETA STREP ANTIGEN SCREEN
Test ID: BSA
Test Includes: Group A Beta Strep antigen screen. All negative tests are confirmed by culture.
Testing Facility: Aultman Laboratory
Turnaround Time: Done 24 hrs/day. Urgent/STAT results available within 30 minutes; routine results available within the same shift.
Specimen Collection / Transfer Instructions:
1. Using a tongue blade, depress the tongue so the back of the throat is clearly visible.
2. Without getting buccal or tongue contamination, insert the culturette to the back of the throat and swab both tonsillar areas, the posterior pharynx and any area of inflammation, ulceration or exudation. A good gag reflex indicates a satisfactory specimen.
3. Return swabs to culturette sheath.
Specimen Type: Throat swab.
  Volume: 1 culturette (2 swabs).
  Container: Culturette.
Specimen Handling: Deliver to Microbiology within 2 hours of collection for inpatients.
  Storage: Refrigerate.

BETA STREP CULTURE ONLY
BSO
Test Name: Test

ID:

Synonyms: Group A Beta Strep by culture.

Testing Facility: Aultman Laboratory

Turnaround Time: Done daily 0700 - 2400. Results available in 2 days.

Specimen Collection:
1. Using a tongue blade, depress the tongue so the back of the throat is clearly visible.

Transfer Instructions:
2. Without getting buccal or tongue contamination, insert the culturette to the back of the throat and swab both tonsillar areas, the posterior pharynx and any area of inflammation, ulceration or exudation. A good gag reflex indicates a satisfactory specimen.
3. Return swabs to culturette sheath.

Specimen Type: Throat swab.

Volume: 1 culturette (2 swabs) Container:
Culturette.

Specimen Handling: Deliver to Microbiology within 2 hours of collection for inpatients. Storage:
Refrigerate

---

Test Name: BETA-2 GLYCOPROTEIN 1, IGA

Test ID: BETAA

Testing Facility: Reference Laboratory

Volume: 1 ML SERUM-REF Storage: REFRIGERATED

---

Test Name: BETA-2 GLYCOPROTEIN IGG

Test ID: B2GPI

Testing Facility: Reference Laboratory

Specimen Type: 2 ML SERUM-REF Specimen Handling: REFRIGERATED

---

Test Name: BETA-2-TRANSFERRIN

Test ID: MISC

Testing Facility: Reference Laboratory

Specimen Handling: 0.5 ML BODY FLUID (NASAL,OTIC ETC)

Additional Information: FREEZE ASAP; DO NOT REJECT ANY VOLUME

---

Test Name: BG (See Blood Gas Analysis)

---

Test Name: B-HYDROXYBUTYRATE

Test ID: BHB

Synonyms: Serum Ketones

Testing Facility: Aultman Laboratory

The information contained in this Directory is provided only as general information and is subject to change without notice.
### BILE ACIDS, FRACTIONATED

**BILE**

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 1 ML - REF

**Additional Information:** OVERNIGHT FASTING PREFERRED

---

**Test Name:** BILE SALTS (SEE BILE ACIDS)

**Testing Facility:** Reference Laboratory

---

**Test Name:** BILIRUBIN, DIRECT, ADULT OR INFANT

**Test ID:** BILAD

**Synonyms:** Conjugated bilirubin

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/wk, 24 hrs/day. Results available the same day.

**Specimen Type:** Serum or plasma lithium heparin – Separate from cells within 2 hours of collection.

**Volume:** 1 mL.

**Container:** SST or plasma lithium heparin

**Specimen Handling:** Avoid hemolysis. Protect specimen from light.

**Storage:** Refrigerate.

---

**Test Name:** BILIRUBIN, INDIRECT PANEL

**Test ID:** BILAI

**Synonyms:** Unconjugated bilirubin

**Test Includes:** Total, direct and indirect bilirubin.

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/wk, 24 hrs/day. Results available the same day.

**Specimen Type:** Serum or plasma lithium heparin – Separate from cells within 2 hours of collection.

**Volume:** 1 mL.

**Container:** SST or plasma lithium heparin

**Specimen Handling:** Avoid hemolysis. Protect specimen from light.

**Storage:** Refrigerate
Test Name: TEST
Test ID:

Test Name: BILIRUBIN, TOTAL, ADULT OR INFANT
Test ID: BILT
Testing Facility: Aultman Laboratory
Turnaround Time: Done 7 days/wk, 24 hrs/day. Results available the same day.
Specimen Type: Serum or plasma lithium heparin – Separate from cells within 2 hours of collection.
Volume: 1 mL.
Container: SST or plasma lithium heparin
Specimen Handling: Avoid hemolysis. Protect specimen from light.
Storage: Refrigerate.

Test Name: BILIRUBIN, URINE DIPSTICK
Test ID: BILUA
Synonyms: Urine bilirubin.
Test Includes: Dipstick for urine bilirubin.
Testing Facility: Aultman Laboratory
Turnaround Time: Done 7 days/wk, 24 hrs/day. Results available the same day.
Specimen Type: Random urine.
Volume: 2 mL.
Container: Plastic urine tube. Refrigerate or keep on ice.

BIOAVAILABLE TESTOSTERONE
BTSTO
Test Includes: Total Testosterone, Bioavailable testosterone and SHBG (Free testosterone calculated) Testing Facility: Reference Laboratory
Specimen Handling: 3ML SERUM - PLAIN RED TOP - REF
Additional Information: PLAIN RED TOP/ SST TUBE ARE UNACCEPTABLE
Centrifuge and transfer serum to plastic vial.

Test Name: BIOPSY
Testing Facility: Aultman Laboratory
Turnaround Time: Monday - Saturday, 2 working days. Small biopsies should be received by 4:00pm M-F, 12:00pm Saturday. Large Biopsies should be received by 12:00pm M-F, 10:30am Saturday.
Precollection Instructions: Use Tissue Examination Request (form 23A). If the surgeon is different than the requesting physician, write the surgeon’s name on the request. Include the clinical diagnosis.
Specimen Collection / Take specimen to Histology Department. After Histology is closed, take specimen to Microbiology.
Transfer Instructions:
Container: 10% Formalin Biopsy bottles are available in the Histology Department during department hours. After hours, biopsy bottles can be obtained from the frozen section room located off the receiving

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area in Surgery or in Microbiology. 10% Formalin Bottles are also available though ALS Customer Service for Physician offices.

**Specimen Handling: Culture:**

If a culture is also ordered, split specimen and place part of the specimen in a sterile container for Microbiology and the rest of the specimen in 10% Formalin. If there is not enough specimen to split, do not put in formalin. Place entire specimen in a sterile container and deliver immediately to Microbiology, along with a Microbiology requisition and a Tissue Examination Request Form. If coming from a physician office and not in 10% Formalin, you must call the customer service department for a stat pick-up. The specimen needs to be delivered to the lab within 2 hours.

**Skin Biopsy for Immunofluorescence:**

1. Nerve, Muscle, Renal or Myocardial Biopsy.
2. These specimens require special handling and must be done when the Pathologist and Histotechnologist are available. Call ext 33948 to schedule one of these tests. **Additional Information:** Store specimen at room temperature.

---

**Test Name:** BIOTINIDASE  
**Test ID:** MISC  
**Testing Facility:** Reference Laboratory  
**Specimen Handling:** SERUM 2ML FROM SST - FROZEN  
**Additional Information:** SEPARATE WITHIN 1 HR OF COLLECTION: WHOLE BLOOD IS NOT ACCEPTABLE

---

**Test Name:** BK POLYOMA DNA QUANT PCR (see BK Virus DNA Quant, PCR)

---

**Test Name:** BK VIRUS DNA QUANT PCR  
**Test ID:** BKQUAN  
**Testing Facility:** Reference Laboratory  
**Specimen Handling:** EDTA PLASMA 1ML FROZEN  
**Additional Information:** SEPARATE PLASMA FROM CELLS WITHIN 2 HRS
Test Name: BLOOD GAS ANALYSIS

Test Name: BLOOD, URINE DIPSTICK

Test Name: BMP (See Basic Metabolic Panel)

Test Name: BNP (see Brain Natriuretic Peptide)

Test Name: BODY FLUID FOR CYTOLOGY

The information contained in this Directory is provided only as general information and is subject to change without notice.
Test Name: Test
ID:

Container: Collect in a clean container. If the specimen is also for culture, container must be sterile. Large sterile 2000 mL bottles are available from Central Service. Specimen Handling: Refrigerate.

Test Name: BONE GLA PROTEIN (see Osteocalcin)

<table>
<thead>
<tr>
<th>Test Name</th>
<th>BORDETTLEA PERTUSSIS ANTIBODIES IGA</th>
</tr>
</thead>
<tbody>
<tr>
<td>BPAA</td>
<td><strong>Testing Facility:</strong> Reference Laboratory</td>
</tr>
<tr>
<td><strong>Specimen Handling:</strong> SERUM 1 ML - REF</td>
<td></td>
</tr>
<tr>
<td><strong>Additional Information:</strong> SEE BORDETTLEA PERTUSSIS IGG</td>
<td></td>
</tr>
</tbody>
</table>

Test Name: BORDETTLEA PERTUSSIS ANTIBODIES IGG

<table>
<thead>
<tr>
<th>Test Name</th>
<th>BORDETTLEA PERTUSSIS ANTIBODIES IGG</th>
</tr>
</thead>
<tbody>
<tr>
<td>BPAG</td>
<td><strong>Testing Facility:</strong> Reference Laboratory</td>
</tr>
<tr>
<td><strong>Specimen Handling:</strong> SERUM 1 ML - REF</td>
<td></td>
</tr>
</tbody>
</table>

Test Name: BORRELIA BURGDORFERI (SEE LYME ANTIBODY) Testing Facility: Reference Laboratory

Test Name: BRAC ANALYSIS – CONTACT AKRON CHILDRENS FOR INFO – 330-543-8792

Test Name: BRAIN NATRIURETIC PEPTIDE

<table>
<thead>
<tr>
<th>Test Name</th>
<th>BRAIN NATRIURETIC PEPTIDE</th>
</tr>
</thead>
<tbody>
<tr>
<td>BNPT</td>
<td><strong>Test ID:</strong> BNPT</td>
</tr>
<tr>
<td><strong>Synonyms:</strong> BNP</td>
<td></td>
</tr>
<tr>
<td><strong>Testing Facility:</strong> Reference Laboratory</td>
<td></td>
</tr>
<tr>
<td><strong>Specimen Type:</strong> Plasma (EDTA)</td>
<td></td>
</tr>
<tr>
<td><strong>Volume:</strong> 1 mL frozen plasma <strong>Container:</strong></td>
<td></td>
</tr>
<tr>
<td>3 ml lav top tube.</td>
<td></td>
</tr>
<tr>
<td><strong>Specimen Handling:</strong> Separate from cells and freeze within 24 hours.</td>
<td></td>
</tr>
</tbody>
</table>

Test Name: BROMIDE, SERUM/PLASMA

<table>
<thead>
<tr>
<th>Test Name</th>
<th>BROMIDE, SERUM/PLASMA</th>
</tr>
</thead>
<tbody>
<tr>
<td>BROM</td>
<td><strong>Test ID:</strong> BROM</td>
</tr>
<tr>
<td><strong>Testing Facility:</strong> Reference Laboratory</td>
<td></td>
</tr>
</tbody>
</table>
**Test Name:** BRUCELLA ANTIBODY  
**Test ID:** BRUC  
**Testing Facility:** Reference Laboratory

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**BRONCHOSCOPY SPECIMENS**

**Testing Facility:** Aultman Laboratory  
**Turnaround Time:** Monday-Friday received by 3:00pm, Saturday received by 11:00am. 2 working days. Certain non-Gyn cases will require additional stains and will take longer.  
**Precollection Instructions:** Use Form 308A, (Cytology Specimens – one per specimen) Form 1217, (Bronchoscopy Specimen Worksheet) and Form 23A for biopsies. Include the name of the Bronchscopist and the clinical diagnosis information on all requisitions.  
**Specimen Type:** Bronchial Washing, Bronchial Brushing, Bronchial Biopsy, Transbronchial Needle Aspiration, Bronchoalveolar Lavage  
**Specimen Handling:** Specimen Collection Procedure:  
1. Cytology brush  
2. Biopsy forceps  
3. Small biopsy bottle with formalin  
4. Cardboard folder for air-dried slide  
5. Cytology container with preservative (plastic screw top with fixative) Pre-filled containers can be obtained from the Cytology Department.  
6. Needle to retrieve the biopsy specimen from the forceps  
7. Specimen labels for each container Procedure:  
1. Using a pencil, label one slide with two patient identifiers  
2. After collecting the brushing sample, smear one slide. DO NOT SPRAY. This slide is for Microbiology.  
3. Place the brush in the Cytology container with preservative and cut off the wire.  
4. Place the biopsy sample in the small biopsy bottle containing formalin. If the biopsy is for culture, place the specimen in a sterile container with a small amount of saline.  
5. Collect the washing or lavage in the appropriate collection container.  
6. The Bronchoscopist should mark the Bronchoscopy Specimen Worksheet upon finishing the procedure.  
7. Label all the specimens with two patient identifiers.  
8. Place the air-dried slide in the cardboard folder.  
9. Wrap the completed Tissue Requisition around the biopsy bottle and secure with a rubber band. Place all the samples and requisitions in the same container.  

**Additional Information:** Deliver to the Cytology department. After hours, deliver specimen to the Microbiology department. Storage: Refrigerate.
Test Name: Test
ID:
Specimen Handling: SERUM 1 ML - REF

Test Name: BULLOUS PEMPHIGOID ANTIBODY
Test ID: MISC
Testing Facility: Reference Laboratory
Specimen Handling: 1 ML SERUM - REFRIGERATED
Additional Information: AKA: PEMPHIGOID AB
   BUN, BODY FLUID
   BUNBF
   Synonyms: Body fluid urea nitrogen.
Test Includes: Body fluid type, BUN.
Testing Facility: Aultman Laboratory
Turnaround Time: Done 7 days/wk, 24 hrs/day. Results available the same day.
Specimen Type: Body fluid.
   Volume: 2 - 4 mL.
   Storage: Refrigerate.

Test Name: BUN, SERUM
Test ID: BUN
Synonyms: Blood urea nitrogen.
Testing Facility: Aultman Laboratory
Turnaround Time: Done 7 days/wk, 24 hrs/day. Results available the same day.
Specimen Type: Serum or plasma lithium heparin – Separate from cells within 2 hours of collection.
   Volume: 1 mL.
   Container: SST or plasma lithium heparin
   Storage: Refrigerate.

Test Name: BUPIVACAINE
Test ID: BUPIV
Testing Facility: Reference Laboratory
Specimen Type: SERUM-1ML
   Container: RED TOP
Specimen Handling: SEPARATE SERUM FROM CELLS AND TRANSFER TO SEPARATE CONTAINER; FREEZE Storage: FROZEN
Additional Information: SST UNACCEPTABLE

The information contained in this Directory is provided only as general information and is subject to change without notice.
Test Name: BUPRENORPHINE QUANT, URINE
Test ID: UQNTBU
Testing Facility: Reference Laboratory
Volume: 10 ML URINE, REFRIGERATED

Test Name: BUPROPION (WELLBUTRIN)
Test ID: BUPRO
Synonyms: Wellbutrin
Testing Facility: Reference Laboratory
Specimen Handling: SERUM 2ML PLAIN RED TOP - FROZEN Centrifuge and transfer serum to plastic vial.
Additional Information: SST UNACCEPTABLE; INCLUDES BUPROPION AND METABOLITE
**Test Name:** C. DIFFICILE PCR  
**Test ID:** CDPCR  
**Test Includes:** Detection of Clostridium difficile toxin B gene (tcdB) by PCR.  
**Testing Facility:** Aultman Laboratory  
**Turnaround Time:** Done twice daily. Results available in 1 day.  
**Precollection Instructions:** Precollection Instructions: Collect prior to therapy if possible. Include temperature, diagnosis and therapy.  
**Specimen Collection:** 1. Avoid contamination with water, urine or paper. Do not remove specimens from toilet bowl.  
**Transfer Instructions:** 2. Collect specimen in a clean container.  
**Specimen Type:** Liquid or soft stools only. Formed stools and swabs will be rejected. A special request must be made by the physician if the stool is not of a liquid or soft consistency. Contact Microbiology at ext. 36113.  
**Volume:** 1 gram.  
**Container:** Clean container with a tight-fitting lid.  
**Specimen Handling:** Deliver to Microbiology within 2 hours of collection for inpatients. Storage: Refrigerate.

---

**Test Name:** C1 ESTERASE INHIBITOR FUNCTIONAL  
**Test ID:** C1EFUN  
**Testing Facility:** Reference Laboratory  
**Specimen Handling:** 1 ML SERUM - PLAIN RED TOP - FROZEN Centrifuge and transfer serum to plastic vial.  
**Additional Information:** SST UNACCEPTABLE; FREEZE WITHIN 1 HR OF DRAW; DO NOT THAW

---

**Test Name:** C1Q BINDING  
**Test ID:** COMC1Q  
**Synonyms:** C1Q COMPLEMENT PROTEIN  
**Testing Facility:** Reference Laboratory  
**Specimen Handling:** 1 ML SERUM - PLAIN RED TOP - REFRIG Centrifuge and transfer serum to plastic vial.  
**Additional Information:** EDTA PLASMA ALSO ACCEPTABLE

---

**Test Name:** C282 Y MUTATION (See Hereditary Hemochromatosis)

---

**Test Name:** CA 125 TUMOR MARKER  
**Test ID:** CA125  
**Synonyms:** Cancer antigen 125  
**Testing Facility:** Aultman Laboratory  
**Turnaround Time:** Test performed 7 days per week, 24 hours per day. Results available the same day.
Aultman Hospital Laboratory Test Directory

Test Name: CA 15-3
Test ID: CA15
Testing Facility: Aultman Laboratory

Turnaround Time: 7 days/wk, 24hr/day. Results available same day.
Specimen Type: Serum
Volume: 2 mL
Container: SST

Test Name: CA 19-9
Test ID: CA19
Testing Facility: Aultman Laboratory

Turnaround Time: Done 7 days/week. 24 hrs/day. Results available same day.
Specimen Type: Serum
Volume: 1 mL
Container: 7 mL SST
Storage: Refrigerate

Test Name: CA 27-29
Test ID: CA27
Testing Facility: Aultman Laboratory

Turnaround Time: Done 7 days/week. 24 hrs/day. Results available same day.
Specimen Type: Serum
Volume: 1 mL
Container: 7 mL SST
Storage: Refrigerate

Test Name: CADISIL
Test ID: MISC
Testing Facility: Reference Laboratory

Precollection Instructions: It has been suggested that the assay not be performed until at least 3 weeks after the completion of primary chemotherapy and at least 2 months following abdominal surgery.

Specimen Type: Serum only
Volume: 1 - 3 mL
Container: 7 mL SST
Specimen Handling: Avoid hemolysis and gross lipemia
Storage: Refrigerate.
<table>
<thead>
<tr>
<th>Test Name</th>
<th>Test ID</th>
<th>Facility</th>
<th>Specimen Handling</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>CADMIUM 24 HR URINE</td>
<td>URCAD</td>
<td>Reference Laboratory</td>
<td>10 ML URINE FROM A 24 HR COLLECTION - REF</td>
<td>REFRAIN FROM EATING SEAFOOD FOR 72 HRS BEFORE COLLECTION. NO PRESERVATIVE</td>
</tr>
<tr>
<td>CADMIUM, BLOOD</td>
<td>CADM</td>
<td>Reference Laboratory</td>
<td>4 ML WHOLE BLOOD FROM METAL FREE TUBE WITH ADDITIVE</td>
<td>REFRAIN FROM EATING SEAFOOD FOR 72 HRS. REFRIGERATE</td>
</tr>
<tr>
<td>CAFFEINE</td>
<td></td>
<td>Reference Laboratory</td>
<td>SERUM .5ML- RM TEMP</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAH (21-HYROXYLASE DEFICIENCY)</td>
<td>MISC</td>
<td>Reference Laboratory</td>
<td>EDTA WHOLE BLOOD 5 ML - ROOM TEMP</td>
<td></td>
</tr>
<tr>
<td>CAH PANEL 11, NEONATAL, RANDON URINE</td>
<td>MISC</td>
<td>Reference Laboratory</td>
<td>7 ML RANDOM URINE - FROZEN</td>
<td>NO PRESERVATIVES</td>
</tr>
<tr>
<td>CALCIDIOL (see Vitamin D, 25-Hydroxy)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CALCIFEROL (see Vitamin D, 25-Hydroxy)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Test Name: CALCITONIN
   Test ID: CALCIT
   Testing Facility: Reference Laboratory
   Specimen Handling: SERUM 1 ML - FROZ
   Additional Information: OVERNIGHT FASTING PREFERRED

Test Name: CALCITRIOL (See Vitamin D 1,25 Dihydroxy)

Test Name: CALCIUM, 24 HOUR URINE
   Test ID: CAU24
   Test Includes: Collection time, volume, creatinine, calcium
   Testing Facility: Aultman Laboratory
   Turnaround Time: Results available the same day if the specimen is received by 1000
   Precollection Instructions: See 24-hr Urine Collection Instructions
   Specimen Type: 24-hr urine
   Volume: Submit entire collection to lab
   Container: Obtain collection container from lab
   Specimen Handling: Collect on ice Storage:
      Refrigerate.

CALCIUM, IONIZED
   CAION
   Aultman Laboratory
   Turnaround Time: Done 7 days/wk, 24 hrs/day Results available the same day
   Specimen Type: Whole blood (heparinized)
   Volume: Tube must be full
   Container: 2 mL or 4 mL green top tube
   Specimen Handling: Draw specimen without tourniquet and without introducing air into specimen. Place specimen on ice. Specimen will be corrected for pH changes when analyzed but must be received within 8 hrs. TUBE MUST BE FULL.
   Storage: Refrigerate.

Test Name: CALCIUM, RANDOM URINE
   Test ID: CAUR
   Testing Facility: Aultman Laboratory
   Turnaround Time: Done 7 days/wk, 24 hrs/day Results available the same day
Aultman Hospital Laboratory Test Directory

Test Name: CALCIUM, SERUM
Test ID: CA
Testing Facility: Aultman Laboratory
Turnaround Time: Done 7 days/wk, 24 hrs/day. Results available the same day
Specimen Type: Serum or plasma lithium heparin – Separate from cells within 2 hours of collection.
Volume: 1 mL
Container: SST or plasma lithium heparin
Storage: Refrigerate.

Test Name: CALPROTECTIN
Test ID: CALPRO
Testing Facility: Reference Laboratory
Specimen Handling: 1 GRAM UNPRESERVED STOOL - FROZEN
Additional Information: COLLECT UNDILUTED SAMPLE IN CLEAN LEAKPROOF CONTAINER

Test Name: CANDIDA ANTIBODY
Test ID: CNDAGM
Test Includes: IGG, IGM, IGA
Testing Facility: Reference Laboratory
Container: SST
Specimen Handling: SERUM 1 ML - REF
Storage: ROOM TEMPERATURE

Test Name: CANDIDA IMMUNE COMPLEX
CNDIMM
Reference Laboratory
Specimen Handling: 2 ML SERUM - REFRIGERATED

Test Name: CANNABINOID CONFIRMATION, URINE
Test ID: UTHCC
Testing Facility: Reference Laboratory

The information contained in this Directory is provided only as general information and is subject to change without notice.
Test Name: CANNABINOIDS SCREEN, SYNTHETIC, URINE
Test ID: MISC
Testing Facility: Reference Laboratory
Specimen Handling: 5 ML RANDOM URINE - REF

Test Name: CAP (I-84 PTH) ASSAY
Test ID: MISC
Testing Facility: Reference Laboratory
Specimen Handling: 2 ML EDTA PLASMA - FROZEN
Additional Information: REFERRAL LAB CODE 11100; PROCESS WITHIN 1 HR OF COLLECTION

Test Name: CARBAMAZEPINE
Test ID: CARB
Synonyms: Tegretol
Test Includes: Time of last dose, carbamazepine
Testing Facility: Aultman Laboratory
Turnaround Time: Done 7 days/week, 24 hours/day Results available the same day
Precollection Instructions: Usual sampling time: trough level drawn prior (30 minutes) to next dose. A trough level approximates the lowest steady state concentration in serum between doses. Since the evening dose is often the longest dosing interval, a morning trough may be desirable but not necessary
Specimen Type: Serum or plasma lithium heparin
Volume: 1 mL
Container: SST/Plain red acceptable/plasma lithium heparin – Separate from cells within 2 hours of collection.
Storage: Refrigerate.

Test Name: CARBAMAZEPINE,FREE
Test ID: FCARB
Testing Facility: Reference Laboratory
Specimen Handling: 2 ML SERUM - PLAIN RED TOP - REF
Centrifuge and transfer serum to plastic vial.
Additional Information: EDTA PLASMA ALSO ACCEPTALBE

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<table>
<thead>
<tr>
<th>Test Name</th>
<th>Test ID</th>
<th>Facility</th>
<th>Container</th>
<th>Specimen Handling</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>CARBOHYDRATE, URINE</td>
<td>UCARB</td>
<td>Reference Laboratory Specimen</td>
<td>SST</td>
<td>SERUM 1 ML - FROZEN</td>
<td>FASTING IS PREFERRED</td>
</tr>
<tr>
<td>CARBON DIOXIDE</td>
<td>CO2</td>
<td>Aultman Laboratory</td>
<td>SST or plasma lithium heparin</td>
<td>Volume 1 mL</td>
<td>Refrigerate.</td>
</tr>
<tr>
<td>CARBON MONOXIDE</td>
<td>CO</td>
<td>Aultman Laboratory</td>
<td>5 mL green top tube</td>
<td>Volume 2 mL</td>
<td>Return to lab immediately Do not centrifuge</td>
</tr>
<tr>
<td>CARBOXYHEMOGLOBIN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CARCINOEMBRYANIC ANTIGEN</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Test Name: CARDIAC CRP (see C-Reative Protein, High Sensitive)
**Test Name:** CARDIAC SCREEN
**Test ID:** MI
**Test Includes:** Total CK, CKMB, relative index, high sensitive troponin I, myoglobin

**Testing Facility:** Aultman Laboratory
**Turnaround Time:** Done 7 days/wk, 24 hrs/day. Results available 1 hour after receipt in lab
**Specimen Type:** Serum or plasma (heparinized) for total CK; plasma (heparin) for CKMB, troponin, myoglobin
**Volume:** 1 - 2 mL each specimen type
**Container:** 7 mL SST or 5 mL green top tube for total CK; 5 mL green top tube for CKMB, troponin, myoglobin
**Specimen Handling:** Avoid hemolysis. Separate from cells ASAP and refrigerate plasma if not done immediately
**Additional Information:** For use in the Emergency Department and Chest Pain Center ONLY.

**Test Name:** CARDIAC THROMBOLYTIC PROTOCOL
**Test ID:** ERCTP
**Test Includes:** CBC, Coag Panel, Basic Metabolic Panel, total CK, CKMB, high sensitive troponin I, myoglobin

**Testing Facility:** Aultman Laboratory
**Turnaround Time:** Done 7 days/wk, 24 hrs/day. Results available 1 hour after receipt
**Specimen Type:** Whole blood, plasma (EDTA and heparinized)
**Container:** (2) 5 mL lav top tubes AND 5 mL blue top tube AND 5 mL green top tube
**Specimen Handling:** Label correctly and deliver to lab ASAP
**Additional Information:** For use only in the Emergency Department

**Test Name:** CARDIO IQ CARDIO CRP
**Test ID:** MISC
**Testing Facility:** Reference Laboratory
**Specimen Handling:** 1 ML SERUM - FROZEN
**Additional Information:** REJECT: GROSS HEMOLYSIS; ICTERIC OR LIPEMIC

**Test Name:** CARDIO IQ LIPOPROTEIN FRACTIONATION, ION MOBILITY
**Test ID:** MISC
**Testing Facility:** Reference Laboratory
**Specimen Handling:** 1 ML SERUM - FROZEN
**Additional Information:** FASTING PREFERRED, BUT NOT REQUIRED. EDTA PLASMA ALSO ACCEPTABLE

**Test Name:** CARDIOLIPIN ANTIBODY, IGG
**Test ID:** CARDIG
Test Name: Test
ID:
Synonyms: Anti-phospholipid antibodies
Testing Facility: Reference Laboratory
Specimen Type: 1 ML SERUM FROM SST - REFRIGERATED
Container: SST
Specimen Handling: Avoid hemolysis and refrigerate

Test Name: CARDIOLIPIN IGA ANTIBODIES
Test ID: CARDA
Testing Facility: Reference Laboratory
Specimen Type: 2 ML SERUM FROM SST – REFRIGERATED

Test Name: CARDIOLIPIN IGM ANTIBODIES
TEST ID: CARDIM
TESTING FACILITY: Reference Laboratory
Specimen Type: 1 ML SERUM FROM SST – REFRIGERATED

Test Name: CARDIZEM (see Diltiazem)

Test Name: CARNITINE
Test ID: CARN
Testing Facility: Reference Laboratory
Specimen Handling: 3 ML SERUM - REFRIGERATED
Additional Information: EDTA PLASMA ALSO ACCEPTALBE

Test Name: CAROTENE (see Beta Carotene)

Test Name: CAT SCRATCH AB
Test ID: CAT
Synonyms: BARTONELLA AB
Testing Facility: Reference Laboratory Specimen Handling: SERUM 1 ML - REF

Test Name: CATAPRES (see Clonidine)

Test Name: CATECHOLAMINES, 24 HOUR URINE
Test ID: URCAT2
<table>
<thead>
<tr>
<th>Test Name: CATECHOLAMINES,FRAC,PL</th>
<th>Test ID: CATP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Testing Facility:</strong> Reference Laboratory</td>
<td></td>
</tr>
<tr>
<td><strong>Specimen Handling:</strong> PLASMA - SPECIAL TUBES IN SENDOUTS</td>
<td></td>
</tr>
<tr>
<td><strong>Additional Information:</strong> TUBES KEPT ON ICE; COLD FUGED AND FROZEN ASAP</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name: CATECHOLAMINES,RANDOM URINE</th>
<th>Test ID: MISC</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Testing Facility:</strong> Reference Laboratory</td>
<td></td>
</tr>
<tr>
<td><strong>Specimen Handling:</strong> 10 ML RANDOM URINE - REF</td>
<td></td>
</tr>
<tr>
<td><strong>Additional Information:</strong> ACIDIFY WITH 6N HCL TO MAINTAIN PH &lt;3.0</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name: CBCD (see CBC)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Test Name: CCP   (See Cyclic Citrulline Peptide IGG)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Test Name: CD4/CD8   (See Helper/Supressor)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Test Name: CD55/CD59</th>
<th>Test ID: MISC</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Testing Facility:</strong> Reference Laboratory</td>
<td></td>
</tr>
</tbody>
</table>

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The information contained in this Directory is provided only as general information and is subject to change without notice.
Aultman Hospital Laboratory Test Directory

Test Name: Test
ID: 

Specimen Handling: 2 LAVENDER TOP TUBES (EDTA PLASMA) WHOLE BLOOD – ROOM TEMPERATURE

Additional Information: AKA: PNH (PAROXYSMAL NOCTURNAL HEMOGLOBINURIA); NOT AVAILABLE FOR BONE MARROW

Test Name: CEA
Test ID: CEA
Synonyms: Carcinoembryonic antigen
Testing Facility: Aultman Laboratory
Turnaround Time: Done 7 days/wk, 24 hrs/day
Specimen Type: Serum only
  Volume: 2 - 4 mL
  Container: 7 mL SST
Specimen Handling: Avoid hemolysis Storage: Refrigerate.

Test Name: CELIAC ANTIBODIES
Testing Facility: Reference Laboratory
Additional Information: ORDER ENDO,GLIAD,RETAB

Test Name: CELIAC GENETICS
Test ID: CELGEN
Test Number: REQ
Testing Facility: Reference Laboratory
Specimen Handling: 3ML EDTA WHOLE BLOOD - REFRIG

CELIAC PANEL
ENDO; RETICAB GLIAD
Aultman Laboratory
Turnaround Time: Endomysial and Reticulin Ab sent to Reference Lab. Gliadin Ab performed in-house
Specimen Type: Serum
  Volume: 3 mL
  Container: 10 mL SST
Specimen Handling: Refrigerate

Test Name: CELIAC PLUS
Test ID: CELPLU
Testing Facility: Reference Laboratory

The information contained in this Directory is provided only as general information and is subject to change without notice.
Test Name: CELIAC SEROLOGY  
Test ID: CELSER  
Test Number: REQ  
Testing Facility: Reference Laboratory  
Specimen Handling: 2 ML SERUM – REFRIGERATED

Test Name: CELL COUNT, BODY FLUID  
Test ID: BFCT  
Test Includes: Fluid type, clarity and color, cell count. Differential is done as warranted for dialysate fluid, pleural fluid, peritoneal fluid and pericardial fluid and shunt or ventricular fluid. Testing Facility: Aultman Laboratory  
Turnaround Time: Shunt or Ventricular fluid within 1 hour. All other fluids: 4 hours.  
Specimen Type: Body fluid  
Volume: 3 mL  
Container: Shunt or Ventricular fluid: sterile container. All other fluids: 5 mL lav top tube. Storage: Room temperature, or if > 4 hours refrigerate.

Test Name: CELL COUNT, CSF  
Test ID: CSFCT  
Test Includes: Fluid type, clarity and color, cell count. Differential is done for CSF fluid Testing Facility: Aultman Laboratory  
Turnaround Time: CSF: within 1 hour  
Specimen Type: Body fluid  
Volume: 3 mL  
Container: Sterile container.  
Storage: Room temperature.

CELL COUNT, SYNOVIAL FLUID  
SYNCT  
Test Includes: Fluid type, clarity and color, cell count. Differential is done for all synovial fluids  
Testing Facility: Aultman Laboratory  
Turnaround Time: 4 hours

The information contained in this Directory is provided only as general information and is subject to change without notice.
Test Name: Test
ID:
Specimen Type: Body fluid
  Volume: 3 mL
  Container: 5 mL lav top tube
  Storage: Room temperature, or if > 4 hours refrigerate.

Test Name: CELLCEPT DRUG LEVEL (see Mycophenolic Acid)

Test Name: CENTROMERE AB TITER
  Test ID: MISC
  Testing Facility: Reference Laboratory
  Specimen Type: Serum
    Volume: 1 ml
    Container: SST
  Specimen Handling: Refrigerate

Test Name: CENTROMERE ANTIBODY
  Test ID: MISC
  Specimen Type: Serum
    Volume: 1 ml
    Container: SST
  Specimen Handling: Refrigerate

Test Name: CERULOPLASMIN
  Test ID: CERUL
  Testing Facility: Aultman Laboratory
  Turnaround Time: Performed 7days/wk, 24hours/day. Results available same day.
  Specimen Type: Serum or plasma lithium heparin – Separate from cells within 2 hours of collection.
    Volume: 1 mL
    Container: SST of plasma lithium heparin

Test Name: CF (See Cystic Fibrosis)
<table>
<thead>
<tr>
<th>Test Name:</th>
<th>CH50 (COMPLEMENT DEFICIENCY ASSAY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>COMPD</td>
</tr>
<tr>
<td>Facility:</td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Handling:</td>
<td>1 ML SERUM - PLAIN RED TOP - FROZEN</td>
</tr>
<tr>
<td>Additional Information:</td>
<td>CENTRIFUGE WITHIN 1 HOUR OF COLLECTION. TRANSFER SERUM TO PLASTIC CONTAINER.</td>
</tr>
</tbody>
</table>

Test Name: CHARCO-MARIE-TOOTH SYNDROME (see CMT Complete)
Test Name: CHLAMYDIA ANTIBODY  
Test ID: CHLAM  
Test Includes: C. PNEUMONIAE; C.TRACHOMATIS AND C. PSITTACI  
Testing Facility: Reference Laboratory  
Specimen Handling: SERUM 1 ML - REF  

Test Name: CHLAMYDIA PCR  
Test ID: CTPCR  
Test Includes: PCR test to detect C. trachomatis.  
Testing Facility: Aultman Laboratory  
Turnaround Time: Done M - F. Results available within 1-2 days.  
Specimen Collection / Transfer Instructions:  
1. Female:  
   A. Remove excess mucus from the cervical os and surrounding mucosa using one of the swabs provided. Discard this swab.  
   B. Insert the second swab from the collection kit 1 - 12 cm into the endocervical canal.  
   C. Rotate the swab clockwise in the endocervical canal for 30 seconds to ensure adequate sampling.  
   D. Withdraw the swab carefully. Avoid any contact with vaginal mucosa.  
   E. Insert the swab in the transport tube. Snap off the shaft at score line or cut shaft to fit tube.  
   F. Cap tube. Label with the patient’s name.  
2. Male:  
   A. Collect 5 mL of urine in a sterile container.  
   B. Cap container. Label with the patients name.  
Specimen Type: Endocervix, vagina, urine.  
Volume: 1 Cobas PCR swab, 5mL urine.  
Container: Cobas PCR transport tube. NOTE: Specimens collected using the Cobas PCR collection kit cannot be used for culture.  
Specimen Handling: Deliver to Microbiology  
Storage: Room temperature. In urine submitte, refrigerate urine. 

Test Name: CHLORADIAZEPoxide (See Librium and Metabolites)  
Testing Facility: Reference Laboratory  

Test Name: CHLORAZEPATE (see Diazepam)  

Test Name: CHLORIDE, 24 HOUR URINE  
Test ID: CLU24  
Test Includes: Collection time, volume, creatinine, chloride  

The information contained in this Directory is provided only as general information and is subject to change without notice.
Test Name: CHLORIDE, BODY FLUID
Test ID: CLBF
Test Includes: Body fluid type, chloride
Testing Facility: Aultman Laboratory
Turnaround Time: Done 7 days/wk, 24 hrs/day. Results available the same day
Specimen Type: Body fluid Volume: 2 - 4 mL

Test Name: CHLORIDE, CSF
Test ID: CLCSF
Test Includes: Body fluid type, chloride
Testing Facility: Aultman Laboratory
Turnaround Time: Done 7 days/wk, 24 hrs/day. Results available the same day
Specimen Type: CSF Volume: 2 - 4 mL

Test Name: CHLORIDE, RANDOM URINE
Test ID: CLUR
Testing Facility: Aultman Laboratory
Turnaround Time: Done 7 days/wk, 24 hrs/day. Results available the same day
Specimen Type: Random urine Volume: 2 - 4 mL Container: Plastic urine tube

Test Name: CHLORIDE, SERUM
Test ID: CL
Testing Facility: Aultman Laboratory
Turnaround Time: Done 7 days/wk, 24 hrs/day. Results available the same day
Test Name: Test
ID:
Specimen Type: Serum or plasma lithium heparin – Separate from cells within 2 hours of collection.
  Volume: 1 mL
  Container: SST or plasma lithium heparin
  Storage: Refrigerate.

Test Name: CHOLESTEROL, SERUM
Test ID: CHOL
Testing Facility: Aultman Laboratory
Turnaround Time: Done 7 days/wk, 24 hrs/day. Results available the same day
Specimen Type: Serum or plasma lithium heparin – Separate from cells within 2 hours of collection.
  Volume: 1 mL
  Container: SST or plasma lithium heparin
  Storage: Refrigerate.

Test Name: CHOLINESTERASE & DIBUCAINE NO. (See Pseucholinesterase & Dibucaine No.)
Testing Facility: Reference Laboratory

Test Name: CHROMIESTERASE, SERUM
Test ID: CHSR
Testing Facility: Reference Laboratory
Specimen Handling: 2 ML SERUM FROM DARK BLUE TUBE WITH NO ADDITIVE – ROOM TEMPERATURE
Additional Information: Pour off in metal free tube.

Test Name: CHROMIUM,24 HR URINE
Test ID: UCHRO
Testing Facility: Reference Laboratory
Specimen Handling: 4ML ALIQUOT FROM A 24 HR URINE - REFRIGERATE
Additional Information: NO PRESERVATIVES

Test Name: CHROMOGRANIN A
Test ID: CHROMA
Testing Facility: Reference Laboratory
Specimen Handling: SERUM 1 ML - REF

The information contained in this Directory is provided only as general information and is subject to change without notice.
<table>
<thead>
<tr>
<th>Test Name</th>
<th>Test ID</th>
<th>Facility</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHROMOSOME STUDIES - AMNIOTIC FLUID</td>
<td>CGAKC; SEND OUTS TO ORDER</td>
<td>Reference Laboratory</td>
<td>REJECT IF HEMOLYZED;LIPEMIC; OR ICTERUS</td>
</tr>
<tr>
<td>CHROMOSOME STUDIES - BLOOD</td>
<td>CGBK; SEND OUTS TO ORDER</td>
<td>Reference Laboratory</td>
<td>AKA: KARYOTYPE - GIVE ALL PAPERWORK TO SEND OUTS</td>
</tr>
<tr>
<td>CHROMOSOME STUDIES - BLOOD - FRAGILE X</td>
<td>FRAX</td>
<td>Reference Laboratory</td>
<td>COPY ORDER AND GIVE TO SEND OUTS</td>
</tr>
<tr>
<td>CHROMOSOME STUDIES - BONE MARROW</td>
<td>SEND OUTS TO ORDER</td>
<td>Reference Laboratory</td>
<td>COPY ORDER AND GIVE TO SEND OUTS</td>
</tr>
<tr>
<td>CHROMOSOME STUDIES - TISSUE</td>
<td>MISCNB ; SEND OUTS TO ORDER</td>
<td>Reference Laboratory</td>
<td>SAMPLE COLLECTED IN HISTO - PUT IN MEDIA BY GROSS ROOM</td>
</tr>
<tr>
<td>CHROMOSOME STUDIES PRENATAL FISH STUDIES</td>
<td>SEND OUTS TO ORDER</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The information contained in this Directory is provided only as general information and is subject to change without notice.
Test Name: CHRONIC EBV  
Test ID: EBVCH  
Test Includes: EARLY AND NUCLEAR ANTIGEN:  
Testing Facility: Reference Laboratory  
Specimen Handling: SERUM 3 ML - REF

Test Name: CHYLOMICRON, BODY FLUID  
Test ID: FCHYLO  
Test Number: FCHYLO  
Testing Facility: Reference Laboratory  
Specimen Handling: 1 ML BODY FLUID - REF  
Additional Information: STERILE CONTAINER; SPECIFY FLUID TYPE

Test Name: CHYMOPAPAIN IGE  
Test ID: CHYMO  
Testing Facility: Reference Laboratory  
Specimen Handling: SERUM 1 ML - REF

Test Name: CIRCULATING ANTIBODY SCREEN  
Test ID: CIRAN  
Synonyms: Circulating anticoagulant, lupus anticoagulant, lupus antibody  
Test Includes: Platelet neutralization, circulating antibodies  
Testing Facility: Aultman Laboratory  
Turnaround Time: Batched and done on Fridays  
Specimen Type: Citrated plasma  
Volume: 4 mL  
Container: (2) 5ml blue top tubes (MUST be full)  
Specimen Handling: Specimen must be processed in Aultman Lab within 4 hours of collection; alternatively may be drawn in Aultman Outpatient Lab

CIRCULATING IMMUNE COMPLEX  
CIC  
Reference Laboratory
Test Name: CITRATE, 24 HR UR
Test ID: CITU
Testing Facility: Reference Laboratory
Specimen Handling: 10 ML URINE FROM A 24 HR COLLECTION - REF
Additional Information: NO PRESERVATIVES

Test Name: CITRATE, RANDOM URINE
Test ID: MISC
Testing Facility: Reference Laboratory
Specimen Handling: 10ML URINE - REF
Additional Information: NO PRESERVATIVES

Test Name: CJD, CSF (NEURON SPECIFIC ENOLASE)
Test ID: MISCNB
Testing Facility: Reference Laboratory
Specimen Handling: CSF 1 ML - FROZEN ASAP
Additional Information: AKA: CREUTZFELDT-JAKOB DISEASE

Test Name: CK ISOENZYMES
Test ID: CKISO
Testing Facility: Reference Laboratory
Specimen Handling: 1 ML SERUM - FROZEN
Additional Information: INCLUDES TOTAL CPK

Test Name: CKMB PROFILE
Test ID: CKMB
Test Includes: Total CK, CKMB, relative index
Testing Facility: Aultman Laboratory
Turnaround Time: Done 7 days/wk, 24 hrs/day. Results available within 2 hours after received in lab
Specimen Type: Serum for CK; Heparinized plasma for CKMB
Volume: 1mL serum; 1 mL plasma
Container: 7 mL SST for CK; 5 mL green top tube for CKMB

The information contained in this Directory is provided only as general information and is subject to change without notice.
Test Name: Test
ID:

Specimen Handling: Separate from cells ASAP. Avoid hemolysis Storage: Refrigerate.

---

CLO TEST
CLO

Test Includes: Reading of CLO test inoculated by physician or assistant.

Testing Facility: Aultman Laboratory

Turnaround Time: Test set up by physician. Results available 24 hours after inoculation.

Specimen Type: Gastric biopsy.

Volume: Determined by the physician.

Container: CLO test.

Specimen Handling: Collection: Specimen is collected by the physician and placed in the CLO test. Transport: Deliver to Microbiology within 2 hours of collection for inpatients. Storage: Room temperature

---

Test Name: CLOMIPRAMINE

Test ID: CLOM

Synonyms: Anafranil

Testing Facility: Reference Laboratory

Specimen Handling: SERUM 2ML - PLAIN RED TOP - REFRIGERATED
Centrifuge and transfer serum to plastic vial.

---

Test Name: CLONAZEPAM

Test ID: MISC

Synonyms: Klonopin

Testing Facility: Reference Laboratory

Specimen Handling: 2 ML SERUM - PLAIN RED TOP - REFRIGERATED
Centrifuge and transfer serum to plastic vial.

---

Test Name: CLOZAPINE (CLOZARIL)

Test ID: CLOZSP

Testing Facility: Reference Laboratory

Specimen Handling: 2 ML EDTA SERUM - FROZEN
Centrifuge and transfer serum to plastic vial.

Additional Information: 2 ML SERUM FROM PLAIN RED TOP - FROZEN - ALSO ACCEPTABLE

---

Test Name: CMP (See Comprehensive Metabolic Panel)
| Test Name: | CMT EVALUATION (CHARCOT MARIE TOOTH) |
| Test ID: | MISC |
| Testing Facility: | Reference Laboratory |

| Test Name: | CMV DNA QUAL PCR |
| Test ID: | MISCNB |
| Testing Facility: | Reference Laboratory |
| Specimen Type: | CSF, AMNIOTIC FLUID, TISSUE, BONE MARROW OR URINE ACCEPTABLE |
| Container: | Sterile Container |
| Specimen Handling: | FROZEN; REFRIGERATE BONE MARROW |

| Test Name: | CMV DNA QUANT PCR |
| Test ID: | CMVQNT |
| Testing Facility: | Reference Laboratory |
| Container: | 2 EDTA tubes |
| Specimen Handling: | 1 ML EDTA PLASMA - FROZEN ASAP |
| Additional Information: | CSF, WHOLE BLOOD, AMNIOTIC FLUID OR URINE UNACCEPTABLE ORDER CMV QUAL PCR |

| Test Name: | CMV DNA QUANT PCR (CCF TRANSPLANT PTS) |
| Test ID: | NO CODE |
| Testing Facility: | Reference Laboratory |
| Specimen Handling: | 2 LAVENDER TOPS - WHOLE BLOOD |
| Additional Information: | DO NOT ORDER A TEST; PUT IN COMMENTS ONLY |

| Test Name: | CMV IMMUNE STATUS (See CMV Titer) |

| Test Name: | CMV TITER |
| Test ID: | CMV |
| Synonyms: | Cytomegalovirus titer |
| Test Includes: | CMV IgG and IgM Acute/convalescent specimens are tested if requested and if there was a CMV order in the past 2 mos |
| Testing Facility: | Aultman Laboratory |
| Turnaround Time: | Done twice weekly Monday through Friday. Results available within 3 days |
| Specimen Type: | Serum |
| Volume: | 1 mL |
| Container: | 7 mL SST |

The information contained in this Directory is provided only as general information and is subject to change without notice.
Test Name: Test
ID:
Specimen Handling: Avoid hemolysis

Test Name: CO2 (see Carbon Dioxide)

Test Name: COAGULATION PANEL
Test ID: CPAN
Test Includes: APTT, protime, fibrinogen, platelet count
Testing Facility: Aultman Laboratory
Turnaround Time: 1 hour
Specimen Type: Citrated plasma and EDTA whole blood
Container: 5 mL lav top tube AND 5 mL blue top tube (MUST be full)
Specimen Handling: Specimen must be processed in Aultman Lab within 4 hours of collection; alternatively may be drawn in Aultman Outpatient Lab

Test Name: COBALT
Test ID: MISC
Testing Facility: Reference Laboratory
Specimen Handling: WHOLE BLOOD - METAL FREE - REF
Additional Information: DK BLUE METAL FREE TUBE WITH ADDITIVE

Test Name: COCAINE, URINE SCREEN
Test ID: COC
Test Includes: Screening for cocaine. Does not include confirmation
Testing Facility: Aultman Laboratory
Turnaround Time: 1 hour
Specimen Type: Random urine
Volume: 5 mL
Container: Urine tube

Test Name: COCAINE, URINE SCREEN
Test ID: ERCOC
Test Includes: For use by ER personnel only. Screening for cocaine. Does not include confirmation
Testing Facility: Aultman Laboratory
Turnaround Time: 1 hour
Specimen Type: Random urine
Volume: 5 mL
Container: Urine tube

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<table>
<thead>
<tr>
<th>Test Name</th>
<th>Test ID</th>
<th>Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>COCCIDIOIDES ANTIBODY</td>
<td>COCIMG</td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td>Test Includes: IgG and IgM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Testing Facility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specimen Handling</td>
<td>SERUM 1ML - REF</td>
<td></td>
</tr>
<tr>
<td>Additional Information</td>
<td>PREFER PLAIN RED - SST ACCEPTABLE</td>
<td>Centrifuge and transfer serum to plastic vial.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COENZYME Q10</td>
<td>COEQ10</td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Handling</td>
<td>2 ML PLASMA FROM A GREEN TOP TUBE: LITHIUM OR SODIUM HEPARIN - FROZEN</td>
<td></td>
</tr>
<tr>
<td>Additional Information</td>
<td>FASTING REQUIRED//AVOID HEMOLYSIS//COLLECT MON – THURSDAY ONLY</td>
<td>REMOVE PLASMA FROM CELLS WITHIN 3 HRS</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COLARIS</td>
<td>MISC</td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Handling</td>
<td>DRAW TUBE IN KIT</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COLD AGGLUTININS</td>
<td>CAGGL</td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Handling</td>
<td>SERUM 3 ML - ROOM TEMP</td>
<td></td>
</tr>
<tr>
<td>Additional Information</td>
<td>CLOT AT 37 DEGREES; SPIN AND SEPARATE ASAP</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COLLAGEN CROSS LINKS - 24 HR URINE</td>
<td>MISC</td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Handling</td>
<td>10 ML FROM A 24 HR URINE COLLECTION</td>
<td></td>
</tr>
<tr>
<td>Additional Information</td>
<td>NO PRESERVATIVES</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COLLAGEN CROSSLINKS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(See Cross-linked N-telopeptide)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Test Name: COLLAGEN I C-TELOPEPTIDE (SEE C-TELOPEPTIDE)

Test Name: COLLAGEN IC-TELOPEPTIDE (see C-Telopeptide)

Test Name: COLORADO TICK FEVER
Test ID: COLAB
Test Includes: IGG AND IGM
Testing Facility: Reference Laboratory
Specimen Handling: SERUM 1 ML - REF

Test Name: COMPLEMENT C 1
Test ID: MISC
Testing Facility: Reference Laboratory
Specimen Handling: SERUM 1 ML - FROZEN
Additional Information: ALLOW SPECIMEN TO CLOT AT ROOM TEMPERATURE FOR 1 HOUR. CENTRIFUGE AND TRANSFER SERUM TO PLASTIC CONTAINER AND FREEZE ASAP.

Test Name: COMPLEMENT C 2
Test ID: COMPC2
Testing Facility: Reference Laboratory
Container: SST
Specimen Handling: SERUM 1 ML - FROZEN
Additional Information: SALLOW SPECIMEN TO CLOT AT ROOM TEMPERATURE FOR 1 HOUR. CENTRIFUGE AND TRANSFER SERUM TO PLASTIC CONTAINER AND FREEZE ASAP.

Test Name: COMPLEMENT C 5
Test ID: COMPC5
Testing Facility: Reference Laboratory
Precollection Instructions: PATIENT SHOULD BE FASTING
Specimen Type: 1 ML SERUM - FROZEN
Volume: SST

Test Name: COMPLEMENT C3/C4
Test ID: C3C4A
Synonyms: Complement studies
Test Includes: Complement C3 and C4
Test Name: COMPLEMENT C6
Test ID: C6FUN
Testing Facility: Reference Laboratory
Precollection Instructions: PATIENT SHOULD BE FASTING
Specimen Collection / COLLECT ON ICE Transfer Instructions:
  Volume: 1 ML SERUM FROZEN
  Container: RED TOP CONTAINER
Specimen Handling: CENTRIFUGE SPECIMEN AND REMOVE SERUM AND FREEZE ASAP

Test Name: COMPLEMENT C7
Test ID: C7FUN
Testing Facility: Reference Laboratory
Precollection Instructions: PATIENT SHOULD BE FASTING
Specimen Collection / COLLECT ON ICE Transfer Instructions:
  Volume: 1 ML SERUM - FROZEN
  Container: RED TOP
Specimen Handling: CENTRIFUGE SPECIMEN AND REMOVE SERUM AND FREEZE ASAP

Test Name: COMPLEMENT C8
Test ID: COMPF8
Testing Facility: Reference Laboratory
Precollection Instructions: PATIENT SHOULD BE FASTING
Specimen Collection / COLLECT ON ICE Transfer Instructions:
  Specimen Type: 1 ML SERUM-FROZEN
  Container: RED TOP
Specimen Handling: CENTRIFUGE SPECIMEN AND REMOVE SERUM AND FREEZE ASAP
Aultman Hospital Laboratory Test Directory

Test Name: Test
ID:

COMPLEMENT DEFICIENCY
COMDEF

Synonyms: CH50, TOTAL COMPLEMENT

Testing Facility: Reference Laboratory
Container: RED TOP
Specimen Handling: 1 ML SERUM - FROZEN
Additional Information: CENTRIFUGE WITHIN 1 HOUR OF COLLECTION

Test Name: COMPOUND S  (See 11-Deoxycortisol)

Test Name: COMPREHENSIVE AUTOIMMUNE PANEL (See Lupus Analyzer)
Test Includes: Antinuclear Antibody, ENA Panel, SCL-70 Ab, Microsomal Ab, Complement C3/C4, Rheumatoid Factor, Mitochondrial Ab, Parietal Cell Ab, Ribosomal Ab, Smooth Muscle Ab, Cyclic Citrullinated Peptide
Testing Facility: Aultman Laboratory

Test Name: COMPREHENSIVE METABOLIC PANEL
Test ID: CMP
Test Includes: Glu, Na K, Cl, BUN, creat, b/c ratio, calcium, protein, albumin, globulin, a/g ratio, total bili, alk phos, AST
Testing Facility: Aultman Laboratory
Turnaround Time: Done 7 days/wk, 24 hrs/day. Results available the same day
Specimen Type: Serum or plasma lithium heparin – Separate from cells within 2 hours of collection.
Volume: 2-4 mL
Container: SST or plasma lithium heparin
Specimen Handling: Avoid hemolysis. Separate from cells within 2 hours
Storage: Refrigerate.

Test Name: CONJUGATED BILIRUBIN (See Direct Bilirubin)

CONVENTIONAL PAP SMEAR
Testing Facility: Aultman Laboratory
Turnaround Time: Monday-Friday received by 3:00pm. 4 working days. Abnormal PAP smear results take longer pending Pathologist review.
Precollection Instructions: Requisition: In-patient Pap smears should be ordered in Cerner. Use the source “Pap smear”. The Cerner requisition will accompany the slides to Cytology. Out-patients are ordered on paper requisitions, Cytology Specimen Req. Form 308A.
Specimen Collection / Transfer Instructions: Diagnostic accuracy is dependent on factors such as the site from which the specimen is obtained, the conditions under which the specimen is obtained (i.e. menstruation, lubricant contamination, glove powder contamination), and the technique used to obtain the sample.

The information contained in this Directory is provided only as general information and is subject to change without notice.
Materials need to obtain a conventional pap smear:
1. Cytology requisition Form 308A for out-patients
2. Cerner requisition for in-patients
3. Vaginal speculum
4. Bottle of spray fixative (can be obtained from Cytology Dept., McKinley 374)
5. Pink frosted-end slides
6. Lead pencil to write two patient identifiers and source on the label-end.

Cytology requisition Form 308A, cardboard folders and specimen collection devices are available through ALS for physician offices. Materials for in-house patients can be obtained from Central Service.

Proper labeling of specimen slides:
Slides must be labeled with two patient identifiers and the source of the specimen (i.e. cx, endocx, vag, etc) on the frosted end of the slide. Please use lead pencil, not ink.

Please include the following information on the requisition:
1. Two patient identifiers
2. The doctor submitting the Pap smear
3. The patient’s LMP
4. Pertinent clinical history (history of abnormal bleeding, previous abnormalities, previous cancer treatments, birth control or hormone replacement, hysterectomy)
5. The date of the procedure
6. Patient’s gender

Preparation:
Before using the spray fixative, “prime” the bottle by pumping the nozzle a few times to bring the fixative into the tubing. It is extremely important that you do not let the cellular material on the slides air dry. If the nozzle is clogged, clean it with alcohol or water.

Collection procedure:
NOTE: The Pap smear collection must be performed by a physician or a nurse practitioner.

1. Place the patient on her back.
2. Gently insert the vaginal speculum. Warm water can be used to lubricate and warm up the speculum. Do not use lubricating jelly because this will 3. For a sample to be considered adequate, it is necessary to obtain a specimen from the endocervix and exocervix for patients with a cervix intact.
4. Exocervical samples: use either a wooden or plastic collection device to gently scrape the area.
5. Endocervical samples: The Transformation zone must be sampled by using an endocervical brush.
6. Vaginal samples can be obtained using a spatula.

Evenly spread the cellular material on all slides being submitted and spray fix immediately.

When spray fixing the slides, hold the bottle of fixative about 6-8 inches from the slide and give it 3 quick sprays. Holding the bottle too close will result in dispersing the cellular material. Holding the bottle too far away will result in air-drying.
Specimen Handling: Conventional Pap smears are kept at room temperature. It is not necessary to refrigerate the slides but they can be. Place the properly labeled dried fixed glass slides in the cardboard folders. Place the cardboard folder in a biohazard bag and seal it. Place the appropriate paperwork in the pouch on the outside of the bag.

Out-patient Pap smears will be picked up and delivered by courier to Cytology. In-patient Pap smears can be sent to Cytology via the tube system (#832) or hand-delivered directly to Cytology.

Test Name: COPPER, 24 HR UR
Test ID: UCOPD
Testing Facility: Reference Laboratory
Specimen Handling: 15 ML URINE FROM 24 HR COLL. - REF
Additional Information: PUT INTO METAL FREE URINE CONTAINER

Test Name: COPPER, RANDOM URINE
Test ID: UCOPR
Testing Facility: Reference Laboratory
Specimen Handling: 7 ML RANDOM URINE - REFRIGERATED
Additional Information: PUT SAMPLE INTO A METAL FREE URINE CONTAINER

Test Name: COPPER
Test ID: COPPER
Testing Facility: Reference Laboratory
Specimen Handling: 1 ML PLASMA (DARK BLUE EDTA TUBE) - REFRIGERATED
Additional Information: DK BLUE METAL FREE TUBE WITH ADDITIVE

Test Name: CORONARY RISK PANEL (see Lipid)

Test Name: CORTICOSTERONE (COMP B)
Test ID: MISC
Testing Facility: Aultman Laboratory Specimen Handling: SERUM 1 ML - REF

Test Name: CORTISOL, 24 HR UR
Test ID: UFRCRT
Testing Facility: Reference Laboratory
Specimen Handling: 15 ML URINE FROM A 24 HR URINE - REF
Additional Information: NO PRESERVATIVES
<table>
<thead>
<tr>
<th>Test Name: CORTISOL, FREE SERUM</th>
</tr>
</thead>
<tbody>
<tr>
<td>ID: FRCORT</td>
</tr>
<tr>
<td><strong>Testing Facility:</strong> Reference Laboratory</td>
</tr>
<tr>
<td><strong>Specimen Handling:</strong> 2 ML SERUM - PLAIN RED TOP - REF</td>
</tr>
<tr>
<td>Centrifuge and transfer serum to plastic vial.</td>
</tr>
<tr>
<td><strong>Additional Information:</strong> AVOID HEMOLYSIS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name: CORTISOL, SALIVARY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Test ID:</strong> MISC</td>
</tr>
<tr>
<td><strong>Testing Facility:</strong> Reference Laboratory</td>
</tr>
<tr>
<td><strong>Specimen Handling:</strong> SPECIAL KITS AVAILABLE IN SEND OUTS</td>
</tr>
<tr>
<td><strong>Additional Information:</strong> PATIENT NEEDS TO FOLLOW INSTRUCTIONS IN KIT - REF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name: CORTISOL, SERUM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Test ID:</strong> Corta; CortP</td>
</tr>
<tr>
<td><strong>Testing Facility:</strong> Aultman Laboratory</td>
</tr>
<tr>
<td><strong>Turnaround Time:</strong> Done 24 hours/day 7 days per week. Results available the same day</td>
</tr>
<tr>
<td><strong>Precollection Instructions:</strong> Order Corta for am draws. Order CortP for pm draws. For stimulation tests, order a separate cortisol for each time indicated by physician</td>
</tr>
<tr>
<td><strong>Specimen Type:</strong> Serum</td>
</tr>
<tr>
<td><strong>Volume:</strong> 1 - 2 mL</td>
</tr>
<tr>
<td><strong>Container:</strong> 7ml Plain Red top or SST.</td>
</tr>
<tr>
<td><strong>Specimen Handling:</strong> If drawn in red top: Centrifuge and transfer serum to plastic vial. <strong>Storage:</strong> Refrigerate.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name: COUMADIN (WARFARIN)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Test ID:</strong> WARFAR</td>
</tr>
<tr>
<td><strong>Testing Facility:</strong> Reference Laboratory</td>
</tr>
<tr>
<td><strong>Volume:</strong> 3 ML SERUM-REFRIGERATED</td>
</tr>
<tr>
<td><strong>Container:</strong> RED TOP, SST NOT ACCEPTABLE</td>
</tr>
<tr>
<td><strong>Specimen Handling:</strong> Centrifuge and transfer serum to plastic vial.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name: COXIELLA IGG, IGM &amp; IGA ANTIBODIES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Test ID:</strong> COXIEL</td>
</tr>
<tr>
<td><strong>Synonyms:</strong> Q FEVER ABS</td>
</tr>
<tr>
<td><strong>Testing Facility:</strong> Reference Laboratory</td>
</tr>
<tr>
<td><strong>Volume:</strong> 1 ML SERUM-REF <strong>Container:</strong> SST</td>
</tr>
</tbody>
</table>
Test Name: COXSACKIE A AB TITER
Test ID: COXAAAB
Testing Facility: Reference Laboratory
Specimen Handling: SERUM 2 ML - REF

COXSACKIE B AB
COXB
Test Includes: TYPES 1-6
Testing Facility: Reference Laboratory Specimen Handling: SERUM 2 ML - REF

Test Name: C-PEPTIDE
Test ID: CPEP
Testing Facility: Aultman Laboratory
Turnaround Time: Performed 7 days/wk, 24 hours/day. Results available same day.
Precollection Instructions: Fasting specimen
Specimen Type: Serum
Volume: 2 mL
Container: 10 mL red top or 7 mL SST tube
Specimen Handling: If drawn in red top: Centrifuge and transfer serum to plastic vial. Freeze serum. Avoid icteric specimens

Test Name: CPK ISOENZYMES
Test ID: CKISO
Synonyms: Fractionated CPK, CPK electrophoresis
Test Includes: Total CK and BB, MB and MM fractions
Testing Facility: Aultman Laboratory
Turnaround Time: Sent to Reference Lab
Specimen Type: Serum
Volume: 1 mL
Container: 7 mL SST
Specimen Handling: Avoid hemolysis. Freeze specimen within 12 hours of collection

Test Name: CPK, SERUM
Test ID: CK
Synonyms: Creatine kinase, CK
Testing Facility: Aultman Laboratory

The information contained in this Directory is provided only as general information and is subject to change without notice.
Test Name: Test
ID:
**Turnaround Time:** Done 7 days/wk, 24 hrs/day. Results available the same day
**Specimen Type:** Serum or plasma lithium heparin – Separate from cells within 2 hours of collection.
  - **Volume:** 1 mL
  - **Container:** SST or plasma lithium heparin.
**Specimen Handling:** Avoid hemolysis
  - **Storage:** Refrigerate.

Test Name: CQ10 (SEE COENZYME Q10)
**Testing Facility:** Reference Laboratory

Test Name: C-REACTIVE PROTEIN
Test ID: CRP
**Testing Facility:** Aultman Laboratory
**Turnaround Time:** Done 7 days/week, 24 hours/day. Results available same day.
**Specimen Type:** Serum or plasma lithium heparin – Separate from cells within 2 hours of collection.
  - **Volume:** 1 mL
  - **Container:** SST or Plasma Lithium Heparin

Test Name: C-REACTIVE PROTEIN, HIGH SENSITIVE
**Test ID:** CRPHS
**Synonyms:** Cardiac CRP
**Testing Facility:** Aultman Laboratory
**Turnaround Time:** Done 7 days per week, 24 hours per day. Results available same day.
**Specimen Type:** Serum or plasma lithium heparin – Separate from cells within 2 hours of collection.
  - **Volume:** 1 mL
  - **Container:** SST or Plasma Lithium Heparin
**Specimen Handling:** Centrifuge and separate serum from cells within 2 hours
  - **Storage:** Refrigerate.

Test Name: CREATININE CLEARANCE
**Test ID:** CRCL
**Test Includes:** Collection time, volume, urine creatinine, serum creatinine, creatinine clearance
**Testing Facility:** Aultman Laboratory
**Turnaround Time:** Done daily. Results available the same day if specimen received by 1000
**Precollection Instructions:** See 24-hr Urine Collection Instructions. Patient’s height (inches), weight (lbs) and collection period (hrs) is required
**Specimen Type:** 24-hr urine, serum
  - **Volume:** Urine: submit entire collection to lab; serum: 1 mL

The information contained in this Directory is provided only as general information and is subject to change without notice.
Test Name: CREATININE, 24 HOUR URINE
Test ID: CRU24
Test Includes: Collection time, volume, creatinine
Testing Facility: Aultman Laboratory
Turnaround Time: Done daily. Results available the same day if specimen is received by 1000
Precollection Instructions: See 24-hr Urine Collection Instructions
Specimen Type: 24-hr urine
Volume: Submit entire collection to lab
Container: Obtain collection container from lab
Specimen Handling: Collect on ice Use no preservative

CREATININE, BODY FLUID
CRBF
Test Includes: Body fluid type, creatinine
Testing Facility: Aultman Laboratory
Turnaround Time: Done 7 days/wk, 24 hrs/day Results available the same day
Specimen Type: Body fluid Volume:
2 - 4 mL

Test Name: CREATININE, RANDOM URINE
Test ID: CRUR
Testing Facility: Aultman Laboratory
Turnaround Time: Done 7 days/wk, 24 hrs/day Results available the same day
Specimen Type: Random urine
Volume: 2 - 4 mL
Container: Urine tube

Test Name: CREATININE, SERUM
Test ID: CRE
Testing Facility: Aultman Laboratory
Turnaround Time: Done 7 days/wk, 24 hrs/day. Results available the same day
Specimen Type: Serum or plasma lithium heparin – Separate from cells within 2 hours of collection.
Volume: 1 mL
Container: SST or Plasma Lithium heparin.

The information contained in this Directory is provided only as general information and is subject to change without notice.
Test Name: CREUTZFELDT-JAKOB DISEASE (SEE CJD)
Testing Facility: Reference Laboratory
Specimen Handling: 1 ML CSF - FROZEN ASAP

Test Name: CROSSED-LINKED N-TELOPEPTIDE, SERUM
Test ID: MISC
Specimen Type: 2 ml Serum Storage: Frozen

Test Name: CROSSED-LINKED N-TELOPEPTIDE, URINE
Test ID: UNTX2
Test Includes: X-Linked N-Telopeptide
Testing Facility: Reference Laboratory
Volume: 5 ml (2 ml min) Urine
Container: Clean Container
Storage: Refrigerate
Additional Information: Random or from 24 hour urine collection

Test Name: CRP  (See C-Reactive Protein)

Test Name: CRP, CARDIAC  (See C-Reactive Protein, High Sensitive)
### Test Name: CRP, HIGH SENSITIVE
(See C-Reactive Protein, High Sensitive)

<table>
<thead>
<tr>
<th>Test Name</th>
<th>CRP, HIGH SENSITIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID</td>
<td>CRP</td>
</tr>
<tr>
<td>Testing Facility</td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Handling</td>
<td>5 ML SERUM AND 3 ML EDTA PLASMA - ROOM TEMP</td>
</tr>
<tr>
<td>Additional Information</td>
<td>FASTING REQUIRED//EDTA PLASMA OK//PUT BLOOD IN 37 DEGREE WATER BATH; CENTRIFUGE IN PREWARMED CARRIERS</td>
</tr>
</tbody>
</table>

### Test Name: CRYOFIBRINOGEN

<table>
<thead>
<tr>
<th>Test Name</th>
<th>CRYOFIBRINOGEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID</td>
<td>CRYOFI</td>
</tr>
<tr>
<td>Testing Facility</td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Handling</td>
<td>5 ML SERUM AND 3 ML EDTA PLASMA - ROOM TEMP</td>
</tr>
<tr>
<td>Additional Information</td>
<td>FASTING REQUIRED//EDTA PLASMA OK//PUT BLOOD IN 37 DEGREE WATER BATH; CENTRIFUGE IN PREWARMED CARRIERS</td>
</tr>
</tbody>
</table>

### Test Name: CRYOFIBRINOGEN

<table>
<thead>
<tr>
<th>Test Name</th>
<th>CRYOFIBRINOGEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID</td>
<td>CRYOFI</td>
</tr>
<tr>
<td>Testing Facility</td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Handling</td>
<td>5 ML SERUM AND 3 ML EDTA PLASMA - ROOM TEMP</td>
</tr>
<tr>
<td>Additional Information</td>
<td>FASTING REQUIRED//EDTA PLASMA OK//PUT BLOOD IN 37 DEGREE WATER BATH; CENTRIFUGE IN PREWARMED CARRIERS</td>
</tr>
</tbody>
</table>

### Test Name: CRYOGLOBULIN

<table>
<thead>
<tr>
<th>Test Name</th>
<th>CRYOGLOBULIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID</td>
<td>CRYO</td>
</tr>
<tr>
<td>Testing Facility</td>
<td>Aultman Laboratory</td>
</tr>
<tr>
<td>Turnaround Time</td>
<td>Within 48 hours</td>
</tr>
<tr>
<td>Precollection Instructions</td>
<td>Prewarm tube to 37C</td>
</tr>
<tr>
<td>Specimen Type</td>
<td>Serum</td>
</tr>
<tr>
<td>Volume</td>
<td>5 mL</td>
</tr>
<tr>
<td>Container</td>
<td>Red top tube (DO NOT use SST)</td>
</tr>
<tr>
<td>Specimen Handling</td>
<td>Immediately after drawing, place tube in a cup of 37C water and return it to the lab ASAP. If drawing outside the hospital, keep tube in 37o water for one hour before centrifuging. Centrifuge and transfer serum to plastic vial Keep at room temp</td>
</tr>
</tbody>
</table>

### Test Name: CRYOGLOBULIN, QUANT

<table>
<thead>
<tr>
<th>Test Name</th>
<th>CRYOGLOBULIN, QUANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID</td>
<td>CRYOQT</td>
</tr>
<tr>
<td>Testing Facility</td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Type</td>
<td>1 – 10 ML RED TOP TUBE</td>
</tr>
<tr>
<td>Specimen Handling</td>
<td>5 ML SERUM - PLAIN RED TOP - REF</td>
</tr>
<tr>
<td>Additional Information</td>
<td>USE SAME PROCEDURE AS IN HOUSE CRYO FOR PROCESSING</td>
</tr>
</tbody>
</table>

### Test Name: CRYPTOCOCCUS ANTIGEN, CSF

<table>
<thead>
<tr>
<th>Test Name</th>
<th>CRYPTOCOCCUS ANTIGEN, CSF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID</td>
<td>CRYPC</td>
</tr>
<tr>
<td>Synonyms</td>
<td>Cryptococcal antigen, Crypto-LA</td>
</tr>
<tr>
<td>Test Includes</td>
<td>Latex agglutination test for Cryptococcus antigen</td>
</tr>
<tr>
<td>Testing Facility</td>
<td>Aultman Laboratory</td>
</tr>
<tr>
<td>Turnaround Time</td>
<td>Done daily. Results available the same day</td>
</tr>
<tr>
<td>Specimen Type</td>
<td>CSF</td>
</tr>
<tr>
<td>Volume</td>
<td>0.2 mL</td>
</tr>
</tbody>
</table>

The information contained in this Directory is provided only as general information and is subject to change without notice.
CRYPTOCOCCUS ANTIGEN, SERUM
CRYPS

Synonyms: Cryptococcal antigen, Crypto-LA
Test Includes: Latex agglutination test for Cryptococcus antigen Testing
Facility: Aultman Laboratory
Turnaround Time: Done daily. Results available within 24 hours
Pre-collection Instructions: Fasting specimen to avoid lipemia
Specimen Type: Serum or CSF
   Volume: 0.5 mL
   Container: Serum: 7 mL SST, CSF: Sterile tube
   CSF: Sterile tube
Specimen Handling: Avoid hemolysis. Refrigerate

CRYPTOSPORIDIUM AG, STOOL
Test ID: MICRO TO ORDER
Testing Facility: Reference Laboratory
Specimen Handling: STOOL IN FIXATIVE FROM MICRO; 10% FORMALIN OR SAF
Additional Information: MICRO WILL ORDER AND BRING TO SEND OUTS: ROOM TEMP

CRYSTALS, BODY FLUID
Test ID: CRYBF
Testing Facility: Aultman Laboratory
Turnaround Time: 24-48 hours
Specimen Type: Synovial Fluid
   Volume: 2 - 4 mL
   Container: EDTA tube
   Storage: Room temperature.

CSF IGG SYNTHESIS
Test ID: IGGSF
Testing Facility: Reference Laboratory
Specimen Handling: SERUM/CSF 2 ML EA - REF
Additional Information: NEED BOTH CSF & SERUM: AVOID HEMOLYSIS

C-TELOPEPTIDE BETA
Test ID: CTELOP
Synonyms: C-TELOPEPTIDE BETA, CROSS LINKED
Aultman Hospital Laboratory Test Directory

Test Name: Test
ID:

Testing Facility: Reference Laboratory
Specimen Handling: 1 ML SERUM FROM SST TUBE - FROZ
Additional Information  FASTING IS REQUIRED
Centrifuge and transfer serum to plastic vial within 2 hrs

CULTURE ACID FAST

Test ID: CAF
Test Includes: Microscopic examination and culture for Mycobacteria. Testing
Facility: Aultman Laboratory

Turnaround Time: Setup M, W, F. Stain is also done STAT by request. Culture results available in 8 weeks. Results of the stain are available the same day.
Specimen Type: Sputum, stool, urine, CSF, wounds, body fluids, tissues, blood, bronch wash. Volume:
Fluids: 10 mL; wounds: 2 swabs; tissue: 1 cm.
Container: Sterile leak-proof container or double culturette. Specimen Handling:

1. Sputum: See CULTURE RESPIRATORY, LOWER.
2. Stool: See CULTURE STOOL.
3. CSF: See CULTURE SPINAL FLUID.
4. Wounds: See CULTURE WOUND.
5. Body fluids: See CULTURE BODY FLUID.
6. Tissue: See CULTURE TISSUE.
7. Blood: See CULTURE BLOOD.
8. Urine: See CULTURE URINE.
9. Bronch wash: See CULTURE RESPIRATORY, LOWER.
Transport: Deliver to Microbiology within 2 hours of collection for inpatients.
Storage: Refrigerate: stool, sputum, urine. Room temperature: Wound, CSF, tissue, blood, body fluids

The information contained in this Directory is provided only as general information and is subject to change without notice.
Test Name: CULTURE BLOOD

CBL

Test Includes: Aerobic and anaerobic culture for pathogens in the blood. Sensitivity testing is performed if indicated.

Testing Facility: Aultman Laboratory

Turnaround Time: Done daily. Results available in 5 days.

Precollection Instructions:
1. For a diagnosis of rule out fungus, order a routine blood culture and enter the comment Hold for fungus.
2. For Mycobacteria requests, draw 2 5mL green top vacutainers in addition to blood culture bottles.
3. Current recommendations are that 2 blood cultures be collected over a 24-hour period. If additional cultures are requested, the physician needs to order blood cultures x X, where X is the number of draws.
4. Exceptions to the recommendation of 2 blood cultures per 24-hour period are diagnoses of SBE or AIDS.
5. Blood cultures drawn by venipuncture should be collected at times 0 and 30 minutes. Blood cultures drawn by nursing personnel should be drawn at least 30 minutes apart. Do not draw multiple blood cultures from one site at the same time.

Specimen Type: Blood.

Volume: 8 - 10 mL: use aerobe bottle and anaerobe bottle; if <1 mL is collected, use aerobe bottle only; For NICU, draw 1 mL and inoculate aerobic bottle only.

Container: Blood culture bottles (aerobic and anaerobic).

Specimen Handling: Collection:
1. Careful attention to aseptic technique is essential to prevent contamination of blood with skin flora.
2. Disinfect the top of each blood culture bottle with a 70% alcohol pad. Allow the alcohol pad to sit on the surface of the bottle top for 1 minute before removing. DO NOT use iodine, betadine or green surgical alcohol to clean blood culture bottles.
3. Apply the tourniquet. Select an appropriate venipuncture site. Release the tourniquet.
4. Pinch the wings on the Chloroprep Applicator to break ampule and release the antiseptic. Do not touch the sponge. Wet the sponge by repeatedly pressing and releasing the sponge against the treatment area until liquid is visible on the skin. Use repeated back and forth motions on the skin for 30 seconds.
5. For infants less than 2 months old, gently cleanse the area for 30 seconds using a Frepp/Sepp kit. Be careful not to apply excessive pressure.
6. Wait 30 seconds. Do NOT touch the prepped area with nonsterile objects. For NICU babies, wait 30 seconds BY THE CLOCK before proceeding.
7. Completely open the sterile syringe package. Open a needle package. Have a gauze pad available when you withdraw the needle from the vein.
8. Reapply the tourniquet.
9. Using aseptic technique, install the syringe into the needle hub. Place the syringe with needle on the sterile half of the syringe package.
10. If you are using a 10 cc syringe, withdraw 10 mL of blood (1 mL from NICU babies). Avoid air bubbles. Release the tourniquet. Use a gauze pad to cover the venipuncture site as you withdraw the needle.
11. Without changing the 32 gauge needle, inject 5 mL of blood into the aerobic culture bottle. Inject the remaining volume into the anaerobic bottle. Minimum volume per bottle is 0.5 mL, maximum volume per bottle is 5 mL. Volumes of blood <1mL should be inoculated into aerobic bottle only.
12. Wipe the top of each bottle with a 70% alcohol pad.
13. Document time of collection and initials of person collecting specimen on culture bottles. If the specimen is a port, document port type on the label and requisition.

Transport: Deliver to Microbiology within 2 hours of collection.

Storage: Room temperature.

---

**Test Name:** CULTURE BODY FLUID

**Test ID:** CBF

**Test Includes:** Gram stain, aerobic and anaerobic cultures for bacterial pathogens. Sensitivity testing performed if indicated.

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done daily 0700 – 2400. Results available in 4-5 days.

**Specimen Type:** Body fluid, bone marrow aspirate, joint fluid, paracentesis fluid, pericardial fluid, pleural fluid, prostatic fluid, synovial fluid, thoracentesis fluid, suprapubic urine.

**Volume:** 10 - 20 mL. Additional volume is necessary if other tests are ordered.

**Container:** Sterile container or a syringe WITHOUT A NEEDLE. If the specimen is a bone marrow aspirate, place in SPS.

**Specimen Handling:** Collection:
1. The specimen is usually collected by a physician using standard aseptic techniques.
2. A body fluid worksheet is available to assist with ordering and computer entry.

Transport: Deliver to Laboratory accession area within 2 hours of collection for inpatients.

Storage: Room temperature

---

**Test Name:** CULTURE BRONCH, QUANTITATIVE

**Test ID:** QBAL

**Test Includes:** Gram stain and quantitative culture for potential respiratory pathogens including S. pneumoniae, H. influenzae, MRSA and gram negative bacilli. Identification and sensitivity performed if threshold is met.

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done daily 0700 – 2400. Results available within 2 days.

**Specimen Type:** Bronchoalveolar lavage, mini BAL or protected specimen brush **Volume:** 5 mL

**Container:** Sterile container

**Specimen Handling:** Collection: Specimen collection is performed by a trained physician

Transport: Deliver to Microbiology within 2 hours of collection.

Storage: Refrigerate.

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**CULTURE CHLAMYDIA**

**CCHL**

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done M, T, W, Th, Sa. Results available in 2 days.

**Precollection Instructions:** 1. If possible, collect specimen prior to therapy.

The information contained in this Directory is provided only as general information and is subject to change without notice.
Test Name: Test
ID:

2. Note in comments if C. pneumoniae is suspected.

Specimen Type: Conjunctiva, male urethra, epididymis, endocervix/urethra, Fallopian tube, lymph node, lung.
Volume: 1 culturette, 1 NPH swab, 1 mL fluid, 1 cm biopsy.
Container: Culturette, NPH swab, sterile container. Specimen Handling:

Collection:

a. Collect specimen using standard aseptic techniques.
b. Collect specimen according to the source: conjunctiva: NPH swab scraping; male urethra: NPH swab inserted 4 cm; epididymis: aspirate; endocervix/urethra: culturette; Fallopian tube: culturette or biopsy; lymph node: bubo aspirate; lung: aspirate or biopsy. c. Place culturette/NPH swab in M4 viral transport media (VTM).

Transport: Transport specimen on ice. Deliver to Microbiology ASAP and within 2 hours of collection for inpatients.

Test Name: CULTURE CMV
Test ID: MISCNB
Testing Facility: Reference Laboratory
Turnaround Time: 21 days

Specimen Type: Urine, respiratory aspirate, tissue biopsy, body fluid, throat Volume:
Urine: 10 mL; others: 2 mL or 1 cm.

Container: Sterile container, Universal Transport Medium for throat specimens

Specimen Handling:

Collection:

a. Use standard aseptic protocols for tracheal aspirate, bronch wash or biopsy.
b. Refer to CUR for urine collection.

Storage: Refrigerate

Test Name: CULTURE CMV, BLOOD (See CMVQNT) Testing
Facility: Aultman Laboratory

Test Name: CULTURE DIALYSIS FLUID
Test ID: CDIAL
Synonyms: Peritoneal dialysis culture.
Test Includes: Gram stain, WBCs by leukocyte esterase, aerobic and anaerobic culture. Testing Facility: Aultman Laboratory
Turnaround Time: Done daily 0700 - 2400. Results available in 5 days.

Specimen Type: Peritoneal dialysis fluid.
Volume: 100 mL.
Container: Sterile container
Specimen Handling: Collection: Pour off approximately 100 mL of peritoneal dialysis fluid into a sterile container. Transport: Deliver to Microbiology within 2 hours of collection for inpatients.

The information contained in this Directory is provided only as general information and is subject to change without notice.
**Test Name:** CULTURE DUODENAL ASPIRATE  
**Test ID:** CDUO

**Storage:** Room temperature.
**Synonyms:** Jejunal or duodenal aspirate for colony count.
**Test Includes:** Gram stain, aerobe and anaerobe cultures at 1:1, 1:10 and 1:100 dilutions. **Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done daily 0700 - 2400. Results available in 4 days.

**Specimen Type:** Duodenal aspirate.

- **Volume:** 3 mL.
- **Container:** Sterile container with a tight-fitting lid.

**Specimen Handling:** Collection: The specimen is usually collected by a physician. Transport: Deliver to Microbiology within 2 hours of collection for inpatients. Storage: Room temperature.

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**Test Name:** CULTURE EAR  
**Test ID:** CEAR

**Test Includes:** Bacterial pathogens routinely cultured include S. aureus, S. pneumoniae, Moraxella catarrhalis and Gram negative rods. Sensitivity testing is performed if indicated. **Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done daily 0700 - 2400. Results available in 2 days.

**Specimen Type:** Ear.

- **Volume:** 1 culturette (2 swabs). **Container:** Culturette.

**Specimen Handling:** Collection: Using a sterile swab from a culturette, obtain material from the area of inflammation. Transport: Deliver to Microbiology within 2 hours of collection for inpatients. Storage: Refrigerate.

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**Test Name:** CULTURE EYE  
**Test ID:** CEYE

**Test Includes:** Bacterial pathogens routinely cultured include S. aureus, S. pneumoniae, Haemophilus, Neisseria and Gram negative rods. Sensitivity testing performed if indicated. **Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done daily 0700 - 2400. Results available in 2 days.

**Specimen Type:** Eye, conjunctiva.

- **Volume:** 1 culturette (2 swabs). **Container:** Culturette.

**Specimen Handling:** Collection: Using a sterile culturette swab, obtain the sample from the conjunctiva of the infected eye. Transport: Deliver to Microbiology within 2 hours of collection for inpatients. Storage: Refrigerate EXCEPT when the request includes culture for N. gonorrhoeae. Then store at room temperature.
Test Name: CULTURE FUNGUS
Test ID: CFUNG
Includes: Testing
Facility: Aultman Laboratory
Time: Daily 0700 - 2400. Stain results available in 1 day. Culture results available in 4 weeks.

Container: Sterile container, Petri dish or culturette.

Specimen Handling: Collection:

- a. Respiratory: collect according to sputum and bronchoscopy instructions.
- b. Ear, eye, nose, throat, vagina, cervix: Use culturette.
- c. Skin: cleanse lesion with a 70% alcohol saturated pad. Air dry. Using a blade or blunt end of forceps, obtain scraping from the active border of the lesion. Place in a sterile container.
- d. Nails: clean the site with a 70% alcohol saturated pad. Collect shavings from under the nail plate into a sterile container.
- e. Hair: remove dull hairs with forceps. Place hairs in a sterile container.
- f. Bone marrow: collect in a yellow top (SPS) vacutainer tube.
- g. CSF: collect 1 mL by standard aseptic techniques.
- h. Abscess: aspirate at least 0.5 mL into a syringe.
- i. Tissue: place specimen in a sterile container with a sterile gauze pad moistened with sterile saline.
- j. Urine: collect 20 - 50 mL of the first morning void.
- k. Blood: collect 10 mL of blood according to procedure for standard blood cultures.

Transport: Deliver to Microbiology within 2 hours of collection for inpatients.
Storage: Refrigerate: Urine and respiratory specimens. Room temperature: All other specimens.

Test Name: CULTURE GASTRIC ASPIRATE
Test ID: CGASP
Test Includes: Gram stain. Bacterial pathogens cultured include Group B Strep, S. aureus and Listeria.
Facility: Aultman Laboratory
Turnaround Time: Done daily 0700 - 2400. Results available in 2 days.
Specimen Type: Gastric aspirate.
Volume: 1 mL.
Container: Sterile container.
Specimen Handling: Collection: Specimens are collected by NICU personnel or physician.
Transport: Deliver to Microbiology within 2 hours of collection for inpatients. Storage: Refrigerate.

CULTURE GC ONLY

CGC
Culture for N. gonorrhoeae only. Aultman Laboratory
Done daily 0700 - 2400. Results available in 3 days.

Specimen Type: Cervix, vagina, genital, urethral, penis, eye, throat, rectal swab.
Volume: 1 culturette (2 swabs) or 1 NPH swab.
Container: Culturette, NPH swab or inoculated GC media in transport bag with tablet. Specimen Handling: Collection:

a. Cervix, vagina, genital: See CULTURE GENITAL FEMALE.
b. Urethra, penis: See CULTURE URETHRA.
c. Throat: See CULTURE RESPIRATORY, UPPER.
d. Eye: See CULTURE EYE.
e. Rectal swab: Collect with Culturette.
   1) Remove swab from sheath.
   2) Insert through anal orifice and move from side to side.
   3) Return swab to sheath.
Transport: Deliver to Microbiology within 2 hours of collection for inpatients. Storage: Room temperature.

Test Name: CULTURE GENITAL FEMALE - THIS TEST HAS BEEN DISCONTINUED. SEE BELOW.
Test Includes: Order AFFIRM Direct DNA Probe test for the identification of bacterial vaginosis. Specimens from genital sites with clinical syndromes other than vaginitis/vaginosis should be ordered as a Culture Wound. If GC is suspected, order a Culture GC Only or N. gonorrhoea PCR.

Testing Facility: Aultman Laboratory

Test Name: CULTURE GENITAL FEMALE W/ANAEROBES
Test ID: CGEFN
Test Includes: Microscopic exam for Trichomonas and yeasts, aerobe culture for Group B Beta Strep, N. gonorrhoeae, S. aureus, Enterobacteriaceae, Listeria, and anaerobe culture for B. fragilis group. Sensitivity testing is performed if indicated. Testing Facility: Aultman Laboratory

Turnaround Time: Done daily 0700 - 2400. Results available in 3 days.
Precollection Instructions: For best recovery of anaerobes, oxygen exposure must be minimized. Anaerobic transport media is available in Microbiology (x36113). Anaerobic transport tubes must be kept in an upright position when opened to minimize loss of CO2 from the tube.

Specimen Type: Uterus, Fallopian tubes, ovary, abdominal cavity.
Volume: 1 culturette (2 swabs) and 1 anaerobic transport tube.
Container: Culturette and anaerobic transport tube.

Specimen Handling: Collection: Specimen is usually collected by a physician according to standard aseptic techniques.
Transport: Deliver to Microbiology within 2 hours of collection for inpatients. Anaerobic transport media MUST be sent.
Storage: Room temperature.

CULTURE HERPES

CHER
Culture for HSV 1 and 2 and/or Varicella in non-genital sources.
Aultman Laboratory
Done daily 0700 - 2400. Results available in 6 days, except for Varicella (14 days).

Precollection Instructions: Collect specimen prior to treatment with ointment. Note in comments if Varicella virus is suspected.

Specimen Type: Fluid, lesion material, gargle.
Volume: 1 culturette or 1 mL of fluid, 5-8 mL gargle
Container: Culturette in M4 viral transport media or sterile container.

Specimen Handling: Collection: Collect fluid or cellular material from the base of the lesion with a culturette. Place the culturette in M4 viral transport media (VTM). M4 is available from Microbiology (x36113).
Transport: Deliver to Microbiology within 2 hours of collection for inpatients.
Storage: Refrigerate.

Test Name: CULTURE LEGIONELLA
Test ID: LEGCULT
Test Includes: Immunofluorescent stain and culture for Legionella species. Testing
Facility: Aultman Laboratory

Turnaround Time: Done daily 0700 - 2400. Stain results available M, W, F; culture results available in 7 days.
Specimen Type: Tissue, biopsy, body fluid, bronch wash, bronch biopsy, tracheal aspirate, lung, lymph node, sputum.
Volume: 2 mL.
Container: Sterile container.

Specimen Handling: Collection:
  a. Tissue: see CULTURE TISSUE;
Test Name: CULTURE RESPIRATORY VIRUS - THIS TEST HAS BEEN DISCONTINUED. SEE BELOW.

Testing Facility: Reference Laboratory

Additional Information: Throat specimens - Order PCR Respiratory ID Panel
BAL & Bronch Washes - Order MISCB for Respiratory Virus PCR

b. Biopsy: see CULTURE TISSUE;
c. Body fluid: see CULTURE BODY FLUID;
d. Bronch wash: see CULTURE RESPIRATORY LOWER;
e. Bronch biopsy: see CULTURE TISSUE;
f. Tracheal aspirate: see CULTURE RESPIRATORY LOWER;
g. Lung: see CULTURE TISSUE;
h. Lymph node: see CULTURE TISSUE.

Transport: Deliver to Microbiology within 2 hours of collection for inpatients.

CULTURE RESPIRATORY, LOWER  
CRSL1  
Gram stain and culture for common respiratory pathogens including Staphylococcus, Streptococcus, S. pneumoniae, H. influenzae and Gram negative bacilli. Sensitivity testing is performed if indicated.  

**Testing Facility:** Aultman Laboratory  

**Turnaround Time:** Done daily 0700 - 2400. Results available in 2 days.  

**Precollection Instructions:** If antibiotic and culture are ordered simultaneously, hold the antibiotic until the culture has been obtained, but no longer than 2 hours.  

**Specimen Type:** Sputum, tracheal aspirate, bronch wash, bronch brush, Lukens tube.  

**Volume:** 5 mL.  

**Container:** Sterile container.  

**Handling:** Collection:  
A. Patient should rinse mouth to minimize oral contamination. Instruct the patient to inhale repeatedly to the full capacity of his lungs and exhale the air with an expulsive cough. Do NOT collect saliva.  
NOTE: Inpatient specimens showing a predominance of epithelial cells or equal amounts of epithelial cells and polys are rejected for culture. A copy of the report on rejected specimens is printed to the nursing floor as a method of notification to recollect a new specimen.  
B. If the patient is unable to produce sputum within 2 hours, notify Respiratory Therapy to collect a nebulized sputum.  

**Transport:** Deliver to Microbiology within 2 hours of collection for inpatients.  

**Storage:** Refrigerate.
Aultman Hospital Laboratory Test Directory

Test Name: CULTURE RESPIRATORY, UPPER
Test ID: CRESU

Cultures for common upper respiratory pathogens including S. aureus, S. pneumoniae, Group A Beta Strep and Haemophilus (if <12 years old). Sensitivity testing is performed if indicated. Testing Facility: Aultman Laboratory

Turnaround Time: Done daily 0700 - 2400. Results available in 2 days.

Specimen Type: Throat, nasopharyngeal, nose.

Volume: 1 culturette (2 swabs) or 1 NPH swab.

Container: Culturette or NPH culturette. Specimen Handling:

a. Nasopharyngeal:
1) Use a culturette swab to clear the nostril.
2) Using an NPH wire swab bent close to the cotton tip, enter the nostril until resistance is met. Turn the swab downward and continue.
3) Obtain the specimen from above the soft palate area.
4) Return the swab to the sheath. b. Throat:
1) With a tongue blade, depress the tongue so the back of the throat is clearly visible.
2) Without getting buccal or tongue contamination, insert the culturette to the back of the throat. Swab both tonsillar areas, the posterior pharynx and any areas of inflammation, ulceration or exudation. A good gag reflex is indicative of a satisfactory specimen. c. Nose:
1) Insert the tip of a culturette into the nostril until resistance is met. Gently rotate the swab and withdraw.
2) Specimens to determine Staph carriers should be taken from the anterior nares only, not inside the nostrils.

Transport: Deliver to Microbiology within 2 hours of collection for inpatients.
Storage: Refrigerate.

Test Name: CULTURE SPINAL FLUID
Test ID: CCSF

Synonyms: Lumbar puncture, shunt fluid, ventricular fluid.

Test Includes: Lumbar puncture source includes gram stain and aerobic culture. Shunt and ventricular fluid sources include gram stain, aerobic and anaerobic culture. Sensitivity testing is performed if indicated. Testing Facility: Aultman Laboratory

Turnaround Time: Done daily. Routine Gram stain results available within 8 hours; urgent/STAT within 30 minutes. Culture results available in 4 days.

Precollection Instructions: The CSF worksheet (form 360) must accompany all CSF specimens. The physician must indicate the tests requested in order of preference.

Specimen Type: Cerebrospinal fluid, shunt fluid, ventricular fluid.

Volume: 1 mL. Additional CSF will be required for each test requested (CFUNO, CAF, CRYPTC, CVIR). Container: Sterile body fluid tubes.

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Test Name: CULTURE STOOL WITH YERSINIA
Test ID: CSTY
Test Includes: Bacterial pathogens routinely cultured include Salmonella, Shigella, and Campylobacter. Yersinia is routinely done on patients ages 12 and under. Testing Facility: Aultman Laboratory
Turnaround Time: Done daily 0700 - 2400. Results available in 3 days.
Precollection Instructions: Note in the order comments if the request is to include Aeromonas or Pleisiomonas.
Specimen Type: Stool, rectal swabs.
  Volume: 1 gram or at least visible material on 2 culturettes (4 swabs).
  Container: Clean container with a tight-fitting lid or 2 culturettes (4 swabs).
Specimen Handling: Collection: A. Stool:
  1) The entire contents of the first specimen of the day is preferred.
  2) Avoid contamination with water, urine, paper, barium or mineral oil. Do not remove specimens from the toilet bowl.
  3) Specimens received in a diaper are not acceptable and will be rejected by Microbiology.B. Rectal swabs:
  1) Remove swab from the sheath.
  2) Insert through the anal orifice and move from side to side to sample crypts.
  3) Return swab to the sheath
Transport: Deliver to Microbiology within 2 hours of collection for inpatients.
Storage: Refrigerate.
Test Name:

Test ID: Test

Includes:

1) Remove swab from the sheath.
2) Insert through the anal orifice and move from side to side to sample crypts.
3) Return swab to the sheath.

Transport: Deliver to Microbiology within 2 hours of collection for inpatients.
Storage: Refrigerate.
**Test Name:** CULTURE SURFACE  
**Test ID:** CSURF  
**Test Includes:** Culture to rule out Group B Beta Strep, S. aureus, S. pneumoniae and Listeria.  
**Facility:** Aultman Laboratory  
**Turnaround Time:** Done daily 0700 - 2400. Results available in 2 days.  
**Specimen Type:** Cord, axilla.  
**Volume:** 1 culturette (2 swabs).  
**Container:** Culturette (2 swabs).  
**Specimen Handling:**  
A. If excessive exudate is present, cleanse the area with normal saline.  
B. Enter wound with culturette swabs to obtain drainage.  
C. Return swabs to sheath.  
**Storage:** Deliver to Microbiology within 2 hours of collection for inpatients.  
**Storage:** Room temperature.

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**Test Name:** CULTURE SURVEILLANCE  
**Test ID:** CSURV  
**Test Includes:** Culture of catheter tips, shunt tubing, hyperalimentation lines. Sensitivity testing is done if indicated.  
**Facility:** Aultman Laboratory  
**Turnaround Time:** Done daily 0700 - 2400. Results available in 2 days.  
**Precollection Instructions:** When ordering, indicate the type of catheter tip in the site field. It is recommended to also order blood cultures.  
**Specimen Type:** Catheter tip, shunt tubing, hyperalimentation tube.  
**Volume:** Piece of tip or tubing.  
**Container:** Sterile container.  
**Specimen Handling:**  
b. Cleanse skin at the cannula site with betadine.  
c. Aseptically remove cannula.  
d. Using sterile scissors, clip the cannula tip and place it in a sterile specimen container.  
**Transport:** Deliver to Microbiology within 2 hours of collection for inpatients.  
**Storage:** Room temperature.

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**Test Name:** CULTURE TISSUE  
**Test ID:** CTISS  
**Test Includes:** Gram stain, aerobic and anaerobic culture for bacterial pathogens. Sensitivity testing will be performed if indicated.  
**Facility:** Aultman Laboratory  
**Turnaround Time:** Done daily 0700 - 2400. Results available in 4 days.
CULTURE TRANSFUSION REACTION

**Test Name:** CULTURE TRANSFUSION REACTION

**Test ID:** CTRRX

**Test Includes:** Gram stain and bacterial culture for transfusion reactions. Sensitivity testing is performed if indicated.

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done daily 0700 - 2400. Results available in 5 days.

**Specimen Type:** Blood bag (post-transfusion).

- **Volume:** Minimum of 2 mL of blood. **Container:** Blood bag.

**Specimen Handling:**
- **Collection:** Blood bank will deliver the post-transfusion blood bag to Microbiology.
- **Transport:** Deliver blood bag to Microbiology IMMEDIATELY. Storage: Room temperature.

CULTURE UREAPLASMA ONLY

**Test Name:** CULTURE UREAPLASMA ONLY

**Test ID:** CUREA

**Test Includes:** Culture for Ureaplasma urealyticum. Mycoplasma hominis culture is included by request. **Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done daily 0700 - 2400. Results available in 5 days.

**Precollection Instructions:** Specify in order comment R/O Mycoplasma if indicated.

**Specimen Type:** Cervix, vagina, penis, urethra.

- **Volume:** 1 culturette or NPH swab. **Container:** Culturette or NPH swab.

**Specimen Handling:**
- **Cervix/vagina:** Moisten speculum with water, not lubricant. Use a double culturette to obtain specimen.
- **Urethra/ Penis:** Collect specimen prior to first voided morning urine using an NPH swab inserted into the anterior urethra. Avoid contamination with external sources and skin surfaces. **Transport:** Deliver to Microbiology within 2 hours of collection for inpatients. **Storage:** Room temperature.

CULTURE URETHRA
### CURET

**Test Name:** Gram stain and cultures for N. gonorrhoeae and Ureaplasma.  
**Aultman Laboratory**  
Done daily 0700 - 2400.  Gram stain results available the same day.  Culture results available in 5 days.  

**Specimen Type:** Urethral or penis discharge.  **Volume:** 2 NPH swabs.  
**Container:** NPH swabs.  Note: Gonopak Martin plates are available in Microbiology for direct inoculation in the detection of N. gonorrhoeae.

**Specimen Handling:** 
**Collection:**  
A. Collect urethral discharge prior to first voided morning urine using an NPH swab inserted into the anterior urethra.  Two swabs are necessary if the Gram stain is to be done.  B. Avoid contamination with skin surfaces.  
**Transport:** Deliver to Microbiology within 2 hours of collection for inpatients.  
**Storage:** Room temperature.

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### CULTURE URINE

**Test Name:** CULTURE URINE  
**Test ID:** CUR  
**Test Includes:** Bacterial culture.  Sensitivity testing is performed if indicated.  
**Testing Facility:** Aultman Laboratory  
**Turnaround Time:** Done daily 0700 - 2400.  Culture results available in 2 days.

**Precollection Instructions:** On inpatients, separate specimens for urinalysis and culture are required.  
**Specimen Type:** Urine, except for suprapubic (order CBF).  
**Volume:** 10 mL (1 mL minimum).  
**Container:** Sterile container.  
**Specimen Handling:** 
**Collection:**  
A. Catheter urine:  
1) Swab catheter port with povidone iodine.  
2) Puncture port with a needle and aspirate urine into a syringe.  
3) DO NOT collect urine from a drainage bag.  B. Clean void urine:  
1) Cleanse urinary meatus with towelettes.  
2) Have patient void a small amount for discard.  
3) Collect midstream urine specimen into sterile urine container.  
**Transport:** Deliver to Microbiology within 2 hours of collection for inpatients.  
**Storage:** Refrigerate.

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CULTURE VIBRIO
CVIB
Culture for Vibrio species including V. cholera and V. parahemolyticus.
Aultman Laboratory
Done daily 0700 - 2400. Results available in 2 days.

Specimen Type: Stool, rectal swabs.
Volume: 1 gram or at least a visible specimen on 2 swabs of double culturette.
Container: Clean container with a tight-fitting lid or culturette (2 swabs).

Specimen Handling: Collection:
A. Stool:
1) The entire contents of the first specimen of the day is preferred.
2) Avoid contamination with water, urine, paper, barium or mineral oil. Do not remove specimens from the toilet bowl.
B. Rectal swabs:
1) Remove swab from the sheath.
2) Insert through the anal orifice and move from side to side to sample crypts.
3) Return swab to the sheath.
Transport: Deliver to Microbiology within 2 hours of collection for inpatients.
Storage: Refrigerate.

CULTURE VIRUS
CVIR
Viruses detectable in tissue culture system used are: Adenovirus, Cytomegalovirus, Enteroviruses, Herpes Simplex Viruses 1 & 2, Influenza Virus A & B, Parainfluenza Virus Type 1, 2 and 3, RSV, Varicella.
Aultman Laboratory
Done daily 0700 - 2400. Results available in 7 to 21 days, depending on source.

Precollection Instructions: Include diagnosis and specific virus(es) requested.
Specimen Type: Stool, lesions, body fluids and tissue.
Volume: 1 mL fluid or 1 culturette.
Container: Sterile container or culturette. Viral transport media (VTM) is available in Microbiology (Ext. 34814).

Specimen Handling: Collection:
A. Collect specimen with NPH swab or culturette. Place swab in viral transport media (VTM).
B. Collect gargle specimens by having patient gargle for 10-15 seconds with sterile saline and expectorate into a sterile container.
C. Vesicular fluid may be collected with a needle and syringe.
D. Other fluids should be collected in a sterile container.
Transport: Deliver to Microbiology within 2 hours of collection for inpatients.
Storage: Refrigerate.

CULTURE WOUND AEROBE
Test Name: **CULTURE WOUND ANAEROBIC**  
Test ID: CWDAN  
**Test Includes:** Anaerobic culture for bacterial pathogens. This test MUST be ordered in conjunction with an aerobic culture and gram stain (CWD). Sensitivity testing will be performed if indicated. **Testing Facility:** Aultman Laboratory  
**Turnaround Time:** Done daily 0700 - 2400. Results available in 4 days.  
**Precollection Instructions:** Anaerobic transport media MUST be used for collection. To minimize oxygen exposure, keep transport tubes in an upright position when opened.  
**Specimen Type:** Abscess, appendix, Bartholin cyst, bile, boil, cyst, endometrium, gall bladder, incision, IUD, peritoneum, placenta, ulcer, uterus, deep wounds. NOTE: Anaerobes are not cultured from superficial wounds such as burns, scrapings or the perianal region where stool contamination is evident.  
**Volume:** 1 mL fluid or 1 culturette (2 swabs) AND 1 anaerobic transport tube (2 swabs).  
**Container:** Sterile container, syringe or 1 culturette (2 swabs) AND 1 anaerobic transport tube (2 swabs). Anaerobic transport media is available in Microbiology (x36374). The anaerobic culture will NOT be set up if a culturette is received without also sending anaerobic transport media.  
**Specimen Handling:** Collection:  
A. Evaluate whether free fluid might be obtained deep in peripheral areas via syringe aspiration. Otherwise, use a double culturette AND anaerobic transport media.  
B. If excessive exudate is present, cleanse area with normal saline.  
C. If necessary, massage area to obtain deep exudate.  
D. Enter wound with swabs to obtain drainage.  
CYCLIC AMP, URINE
CYAMP
Reference Laboratory
SERUM AND URINE ARE REQUIRED
1 ML SERUM FROM PLAIN RED TOP - REF// 15 ML RANDOM URINE - FROZEN

Test Name: CYCLIC CITRULLINE PEPTIDE
Test ID: CCP
Synonyms: CCP
Testing Facility: Aultman Laboratory
Turnaround Time: Done twice weekly
Specimen Type: Serum
Volume: 1 mL
Container: 7 mL SST
Specimen Handling: Refrigerate specimen

Test Name: CYCLOSPORA AND ISOSPORA
Test ID: MICRO TO ORDER
Testing Facility: Reference Laboratory
Specimen Handling: 5 GRAMS OF STOOL IN 10% FORMALIN OR SAF Additional Information: MICRO TO ORDER

Test Name: CYCLOSPORINE
Test ID: CYCLO
Testing Facility: Reference Laboratory
Specimen Type: Whole Blood
Volume: 2 mL minimum
Container: 2 Lav top tubes
Additional Information: CONSULT TRANSPLANT FILE BOX AND SEND ACCORDINGLY

Test Name: CYSTIC FIBROSIS DNA SCREEN
Test ID: CFSCR
<table>
<thead>
<tr>
<th>Test Name</th>
<th>Test ID</th>
<th>Testing Facility</th>
<th>Specimen Handling</th>
<th>Additional Information</th>
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</thead>
<tbody>
<tr>
<td>CYSTIC FIBROSIS DNA SCREEN WITH REQUISITIONS</td>
<td>UCYSTDN</td>
<td>Reference Laboratory</td>
<td>2 LAV TOP - WHOLE BLD ROOM TEMP</td>
<td>IF SPECIMEN HAS QUEST REQS ALREADY FILLED OUT, DO NOT ORDER. JUST GIVE BLOOD AND PAPERWORK TO SEND OUTS</td>
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<td>CYSTINE, 24 HR UR</td>
<td>UCYSTD</td>
<td>Reference Laboratory</td>
<td>15 ML URINE FROM 24 HR COLL - FROZ</td>
<td>QUANTITATIVE TEST</td>
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<tr>
<td>Test Name</td>
<td>Test ID</td>
<td>Facility</td>
<td>Handling</td>
<td>Additional Information</td>
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<td>----------</td>
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<td>--------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------</td>
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<tr>
<td>CYSTINE,RANDOM UR</td>
<td>DIMER</td>
<td>Aultman Laboratory</td>
<td>Specimen Type: Plasma (citrated). Volume: 5mL Container: 5mL blue top tube (MUST be full)</td>
<td>Must be tested within 4 hours of collection in Aultman Lab; alternatively may be drawn in Aultman Outpatient Lab.</td>
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<tr>
<td>DELTA ALA,24 HR URINE</td>
<td>UAMINO</td>
<td>Reference Laboratory</td>
<td>Specimen Type: 10ML URINE - REF</td>
<td>PROTECT FROM LIGHT; NO PRESERVATIVES</td>
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<td>DELTA ALA,RANDOM URINE</td>
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<tr>
<td>Testing Facility:</td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Handling:</td>
<td>10ML URINE - REF</td>
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<td>Additional Information:</td>
<td>PROTECT FROM LIGHT; NO PRESERVATIVES</td>
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<table>
<thead>
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<th>Test Name:</th>
<th>DENGUE FEVER AB</th>
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<tbody>
<tr>
<td>Test ID:</td>
<td>DENGTE</td>
</tr>
<tr>
<td>Test Includes:</td>
<td>IGG AND IGM</td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Handling:</td>
<td>SERUM 1ML - REF</td>
</tr>
</tbody>
</table>

| Test Name:                        | DEOXYPYRININOLINE (SEE DPD GENE MUTATION)                           |

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>DESIPRAMINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>DES</td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Reference Lab</td>
</tr>
<tr>
<td>Precollection Instructions:</td>
<td>Specimen should be drawn just prior to next dose.</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>4 ml Plasma from dark blue tube with additive</td>
</tr>
<tr>
<td>Alternative specimen:</td>
<td>2 ml plasma from edta (purple top) tube</td>
</tr>
<tr>
<td>Specimen Handling:</td>
<td>Centrifuge and transfer serum to plastic tube. Refrigerate.</td>
</tr>
</tbody>
</table>

| Test Name:                        | DESYRIL (See Trazadone)                                              |

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>DEXAMETHASONTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>DEXA</td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Handling:</td>
<td>SERUM 1ML -PLAIN RED TOP - REF</td>
</tr>
<tr>
<td>Additional Information:</td>
<td>SST TUBES ARE UNACCEPTABLE; DRAW SPECIMEN BETWEEN 8-10 AM</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>DEXAMETHASONTE SUPPRESSION TEST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Testing Facility:</td>
<td>Reference Laboratory</td>
</tr>
</tbody>
</table>
DEXAMETHASONE SUPPRESSION, PSYCH

Synonyms: Dexamethasone suppression test used in psychiatric testing.
Test Includes: Cortisol levels measured prior to and following the administration of dexamethasone. Testing Facility: Aultman Laboratory
Turnaround Time: Cortisols are done Monday – Friday. Results available the same day if specimen is received prior to 1:00 p.m.
Precollection Instructions: The following are the standard conditions unless modified by the physician:
1. Day 1: At 2300, give the patient 1mg Dexamethasone (oral).
2. Day 2: Draw a cortisol level at 1600 and 2300. Minor variations (~1 hour) from these times will not affect the test.
3. Each cortisol level must be ordered separately in the computer.
Specimen Type: Serum from plain red top.
Volume: 1mL for each cortisol level.
Container: Plain red top.
Specimen Handling: Centrifuge and transfer serum to plastic vial.

Test Name: DHEA, UNCONJUGATED
Test ID: DHEAU
Testing Facility: Reference Laboratory
Precollection Instructions: OVERNIGHT FASTING PREFERRED
Specimen Handling: SERUM 2ML - PLAIN RED TOP - ROOM TEMP Centrifuge and transfer serum to plastic vial.

Test Name: DHEA-SO4
Test ID: DHEAS
Synonyms: Dehydroepiandrosterone-sulfate. DHEA Sulfate.
Testing Facility: Aultman Laboratory
Turnaround Time: Done 7days/week, 24hours/day. Results available same day.
Specimen Type: Serum or plasma lithium heparin.
Volume: 1mL
Container: SST or Plasma Lithium Heparin

Test Name: DHPD (see Dihydropyrimidine-Denydro)
Test Name: DIAPHORASE (SEE METHEMOGLOBIN REDUCTASE)
Testing Facility: Reference Laboratory

Test Name: DIAZEPAM (VALIUM)
Test ID: DIAZEP
Synonyms: Valium
Testing Facility: Reference Laboratory
Specimen Handling: SERUM 3 ML - REF
Additional Information: PLAIN RED TOP
Centrifuge and transfer serum to plastic vial.
Test Name: DIGITAL HOUSE
ID: 65
Test Name: DIGITOXIN
Test ID: DIGIT
Testing Facility: Reference Laboratory
Specimen Handling: 1 ML SERUM FROM PLAIN RED TOP TUBE - REFRIGERATED
Additional Information: Centrifuge and transfer serum to plastic vial.

Test Name: DIGOXIN
Test ID: DIG
Synonyms: Lanoxin
Test Includes: Time of last dose, digoxin.
Testing Facility: Aultman Laboratory
Turnaround Time: Done 7 days/week, 24 hours/day. Results available the same day.
Precollection Instructions: 1. Usual sampling time: A trough level drawn prior (30 minutes) to the next dose, but at least 8 hours after the last dose.
   2. If the patient has been given Digibind, digoxin levels cannot be run until the Digibind is cleared (7 - 10 days).
Specimen Type: Serum. Plain red top acceptable. Plasma lithium heparin – Separate from cells within 2 hours of collection.
   Volume: 1mL
   Storage: Refrigerate.

Test Name: DIHYDROTESTOSTERONE
Test ID: DHT
Testing Facility: Reference Laboratory
Specimen Handling: 1 ML SERUM - PLAIN RED TOP - REFRIG Centrifuge and transfer serum to plastic vial.

Test Name: DIHYDROTESTOSTERONE, FREE, SERUM
Test ID: MISC
Test Includes: Dihydrotestosterone, %DHT Free, DHT, Free
Testing Facility: Reference Laboratory
Volume: 5 mL
Container: 5mL serum collected in a red-top tube (no gel), or an SST tube. Specimen Handling: Refrigerate
Additional Information: Centrifuge and transfer serum to plastic vial.
<table>
<thead>
<tr>
<th>Test Name:</th>
<th>DILANTIN (See Phenytoin)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DILANTIN, FREE (See Phenytoin, Free)</td>
<td></td>
</tr>
<tr>
<td>DIPHTHERIA ANTIBODY</td>
<td></td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td>Container:</td>
<td>SST</td>
</tr>
<tr>
<td>Specimen Handling:</td>
<td>SERUM 1 ML - REF</td>
</tr>
<tr>
<td>Additional Information:</td>
<td>REJECT FOR HEMOLYSIS; GROSS LIPEMIA; GROSS ITCERUS</td>
</tr>
<tr>
<td>Test Name:</td>
<td>DIRECT COOMBS (see DAT)</td>
</tr>
<tr>
<td>DIRECT COOMBS / DIRECT AHG</td>
<td></td>
</tr>
<tr>
<td>Test ID:</td>
<td>DAT</td>
</tr>
<tr>
<td>Synonyms:</td>
<td>Coombs test, Direct Coombs, Direct AHG</td>
</tr>
<tr>
<td>Test Includes:</td>
<td>Blood Bank will reflex additional testing when positive result Testing</td>
</tr>
<tr>
<td>Facility:</td>
<td>Aultman Laboratory</td>
</tr>
<tr>
<td>Turnaround Time:</td>
<td>30 minutes</td>
</tr>
<tr>
<td>Container:</td>
<td>6 ml pink top EDTA</td>
</tr>
<tr>
<td>Additional Information:</td>
<td>NOTE: All specimens sent to Blood Bank for testing must have a handwritten identification label that includes the patient’s first and last name, Medical Record number (Date of Birth is acceptable for Outpatients), date and time of collection and collector’s initials. Specimens missing any of the elements listed above will be rejected and must be recollected.</td>
</tr>
<tr>
<td>Test Name:</td>
<td>DIRECT LDL,CHOLESTEROL (See LDL-Cholesterol, Direct)</td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td>Test Name:</td>
<td>DISOPYRAMIDE</td>
</tr>
<tr>
<td>Test ID:</td>
<td>DISOP</td>
</tr>
<tr>
<td>Synonyms:</td>
<td>Norpace</td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Handling:</td>
<td>SERUM 2 ML - REF</td>
</tr>
<tr>
<td>Additional Information:</td>
<td>PLAIN RED TOP</td>
</tr>
<tr>
<td></td>
<td>Centrifuge and transfer serum to plastic vial.</td>
</tr>
</tbody>
</table>
### Test Name: DNASE-B ANTIBODY

**Test ID:** DNASE

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 1ML - REF

**Additional Information:** AKA: ANTI DNASE B

---

### Test Name: DOXEPIN

**Test ID:** DOX

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 2ML plasma from a dark blue tube with additive
Centrifuge and transfer serum to plastic vial.

**Additional Information:** Alternative specimen: 2 ml plasma from edta (purple top) tube

---

### Test Name: DPD GENE MUTATION ANALYSIS

**Test ID:** 5FU

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 5 ML EDTA WHOLE BLOOD - ROOM TEMP

**Additional Information:** AKA: DEOXYPYRIDINOLINE

---

### Test Name: DRUG SCREEN, ER

**Test ID:** ERDS

**Test Includes:** Serum screened for: salicylate, acetaminophen, ethanol, tricyclic antidepressants. Urine screened for: salicylate, cannabinoid, cocaine, benzodiazepines, opiates, barbiturates, PCP, amphetamine. The screening DOES NOT include confirmation.

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Within 2 hours.

**Precollection Instructions:** List current known medications.

**Specimen Type:** Urine and serum from plain red top tube or SST or plasma
lithium heparin – Separate from cells within 2 hours of collection.

**Volume:** Urine: 20mL, Serum: 3mL

**Container:** Urine: Screw top urine container, Serum: plain red top tube/SST/plasma lithium heparin

---

### Test Name: DRUG SCREEN, GASTRIC

**Test ID:** DRUGG

**Test Includes:** Screening for drugs in gastric contents, including analgesics, stimulants, tranquilizers and antidepressants.
Test Name: DRUG SCREEN, MECONIUM
Test ID: DRUGM
Test Includes: Screening for drugs in meconium, including amphetamines, cocaine, marijuana, opiates and PCP.
Testing Facility: Aultman Laboratory
Turnaround Time: Sent to Reference Lab.
Specimen Type: Frozen meconium (first stool of infant) Volume:
At least 3g
Container: Plastic sterile specimen container.
Specimen Handling: Freeze specimen.

Test Name: DRUG SCREEN, SERUM
Test ID: DRUGS
Test Includes: Screening for acetaminophen, salicylate, ethanol, tricyclic antidepressants.
Testing Facility: Aultman Laboratory
Turnaround Time: Done 7days/week, 24hours/day. Results available same day
Specimen Type: SST or Plain red top or Plasma lithium heparin – Separate from cells within 2 hours of collection.
Volume: 6mL
Container: SST/Red Top/Plasma Lithium Heparin
Specimen Handling: Centrifuge and transfer serum to plastic vial when using red top or plasma lithium heparin.

Test Name: DRUG SCREEN, URINE
Test ID: DRUGU
Test Includes: Screening for salicylate, cannabinoids, cocaine, benzodiazepines, opiates, barbiturates, PCP, amphetamine, propoxyphene, methadone. Also includes: pH and specific gravity. Does not include confirmation.
Testing Facility: Aultman Laboratory
Turnaround Time: Done daily. Results available by 1600 if received by 0800.
Precollection Instructions: List patient’s current medications.
Specimen Type: Random urine
Volume: minimum 10 mL
Container: Screw top urine container.

The information contained in this Directory is provided only as general information and is subject to change without notice.
Test Name: Test
ID:
Specimen Handling: Store at 2-8 C for 24 hours. If longer than 24 hours, freeze specimen.

Test Name: DS DNA ANTIBODY – TEST IS NO LONGER AVAILABLE AT ANY REFERENCE LAB

D-XYLOSE TEST
DXY
Test Includes: Fasting and 2-hour serum D-xylose, fasting and 5-hour urine D-xylose.
Testing Facility: Aultman Laboratory Turnaround Time: Sent to Reference Lab.
Precollection Instructions: 1. Schedule the test with Venipuncture the day before the test. Order DXY for 0600 collection category.
2. The patient should be NPO after midnight except for water, and remain fasting for the duration of the test.
3. Obtain 25g of D-xylose from pharmacy.
4. The patient should be NPO after midnight except for water, and remain fasting for the duration of the test.
5. Nursing will notify Venipuncture to draw the fasting specimen.
6. Venipuncture will notify nursing that the fasting specimen was obtained and to administer the D-xylose.
7. Give the patient 25g of D-xylose dissolved in 250mL H2O, followed immediately with an additional 250mL H2O. For patients 13 years and younger, the D-xylose dose is 0.5g/kg up to 25g. Note the dose given in the comment field.
8. Collect all urine for the next 5 hours in a 24-hour urine container and send to the Lab. Keep urine refrigerated.
9. A blood specimen is to be drawn exactly 2 hours after the D-xylose is given. Venipuncture will call to verify the time.

Specimen Type: Whole blood and urine
Volume: 2mL blood for each draw. Urine collected in 5 hours.
Container: Gray top (sodium fluoride/potassium oxalate) for each draw. 24-hour urine container for urine.

Test Name: DYPHYLLINE
Test ID: DYPH
Synonyms: Elixophylline, Lufyllin
Testing Facility: Aultman Laboratory Turnaround
Time: Sent to Reference Lab.
Specimen Type: Serum
Volume: 2 mL
Container: Red top tube (DO NOT use SST)
Specimen Handling: Centrifuge and transfer serum to plastic vial. Refrigerate.
<table>
<thead>
<tr>
<th>Test Name: E.HISTOLYTICA AB (See HISTOLYTICA IGG)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Synonyms: AMOEBA AB</td>
</tr>
<tr>
<td>Testing Facility: Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Handling: SERUM 1ML - REF</td>
</tr>
</tbody>
</table>

**EBV ANTIBODY TITER**

*EBV*

**Synonyms:** Epstein Barr Virus antibody titer, Mono titer.

**Test Includes:** EBV IgM and IgG. Acute/convalescent specimens tested if there was an EBV order in the past 2 months.

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done twice weekly Mon through Fri. Results available within 3 days.

**Specimen Type:** Serum

**Volume:** 1mL

**Container:** 7mL SST

**Specimen Handling:** Avoid hemolysis.

<table>
<thead>
<tr>
<th>Test Name: EBV DNA QUALITATIVE PCR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test Includes: Test No Longer Available from Reference Lab. Order EBV PCR, Quantitative</td>
</tr>
<tr>
<td>Testing Facility: Reference Laboratory</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name: EBV DNA QUANTITATIVE PCR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID: EBVQNT</td>
</tr>
<tr>
<td>Testing Facility: Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Handling: 1ML WHOLE BLOOD FROM EDTA TUBE</td>
</tr>
</tbody>
</table>

**Additional Information:** CSF AND BONE MARROW ALSO ACCEPTABLE - REFRIG

<table>
<thead>
<tr>
<th>Test Name: EBV, CHRONIC PANEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID: EBVCH</td>
</tr>
<tr>
<td>Test Includes: In-house testing of EBV IgG and IgM. EBV nuclear antigen, EBV early antigen.</td>
</tr>
<tr>
<td>Testing Facility: Aultman Laboratory</td>
</tr>
<tr>
<td>Turnaround Time: Test sent to Reference Lab.</td>
</tr>
</tbody>
</table>

The information contained in this Directory is provided only as general information and is subject to change without notice.
<table>
<thead>
<tr>
<th>Test Name</th>
<th>Specimen Type</th>
<th>Volume</th>
<th>Container</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test</td>
<td>Serum</td>
<td>2 – 5mL</td>
<td>10mL SST</td>
<td>Avoid hemolysis. Refrigerate specimen.</td>
</tr>
<tr>
<td><strong>ECHINOCOCCUS AB</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ECHI</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Reference Laboratory</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>1 ML SERUM -PLAIN RED TOP TUBE - REF</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Centrifuge and transfer serum to plastic vial.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ECCHOVIRUS ANTIBODY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ECHO</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Reference Laboratory</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SERUM 1 ML - REF</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>INCLUDES SEROTYPES 4,7,9,11,30</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ECSTASY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>MISC</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Reference Laboratory</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>20 ML RANDOM URINE - ROOM TEMP</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>AKA: MDMA/MDA SCREEN</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ECSTASY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>MISC</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Reference Laboratory</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>5 ML SERUM - PLAIN RED TOP - REF</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Centrifuge and transfer serum to plastic vial.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>AKA: MDMA</strong></td>
<td></td>
<td></td>
<td></td>
<td>SST TUBE UNACCEPTABLE</td>
</tr>
<tr>
<td><strong>EHRLICHIA CHAFFEENSIS ANTIBODIES (IgG, IgM)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ECHAFF</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Reference Laboratory</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Serum</strong></td>
<td></td>
<td>1 mL</td>
<td>Plain Red Top. SST tube is unacceptable Specimen</td>
<td></td>
</tr>
<tr>
<td><strong>Handling: Separate ASAP. Refrigerate.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The information contained in this Directory is provided only as general information and is subject to change without notice.
Aultman Hospital Laboratory Test Directory

Test Name: ELASTASE, FECAL (See PANCREATIC ELASTASE) Testing
Facility: Reference Laboratory

Test Name: ELAVIL (See Amitriptyline/Nortriptylene)

Test Name: ELECTROLYTES, RANDOM STOOL
Test ID: NAKF
Testing Facility: Reference Laboratory
Specimen Handling: STOOL - FROZEN
Additional Information: MUST BE LIQUID SPECIMEN

Test Name: ELECTROLYTES, SERUM
Test ID: LYTE
Synonyms: Lytes
Test Includes: Sodium, potassium, chloride, CO2, electrolyte balance.
Testing Facility: Aultman Laboratory
Turnaround Time: Done 7 days/week, 24 hours/day. Results available the same day.
Specimen Type: Serum or plasma lithium heparin – Separate from cells within 2 hours of collection.
  Volume: 2 – 4mL
  Container: SST or Plasma Lithium Heparin
Specimen Handling: Avoid hemolysis. Separate from cells within 2 hours of collection.
Storage: Refrigerate.

Test Name: ELECTROLYTES, 24 HR STOOL
Test ID: NAKF
Testing Facility: Reference Laboratory
Specimen Handling: STOOL - FROZEN
Additional Information: MUST BE LIQUID STOOL, 24 HR COLLECTION

Test Name: ELIXOPHYLLINE (See Dyphylline)

Test Name: ENA PANEL
Test ID: ENA1
Synonyms: Extractable nuclear antigen, Smith antibody, Ribonucleoprotein, Sjogrens syndrome A, Sjogrens syndrome B.

The information contained in this Directory is provided only as general information and is subject to change without notice.
Test Name: Test
ID:

Test Includes: Sm antibody, RNP antibody, SS-A antibody, SS-B antibody, Centromere Ab, Scleroderma Ab, JO-1 Ab, Chromatin Ab

Testing Facility: Reference Laboratory

Turnaround Time: 1-3 days

Specimen Type: Serum

Volume: 2mL

Container: 7mL SST

Specimen Handling: Avoid hemolysis. Refrigerate serum.

---

Test Name: ENCAINIDE
Test ID: ENC
Synonyms: Enkaid

Testing Facility: Aultman Laboratory

Turnaround Time: Test sent to Reference Lab.

Specimen Type: Serum

Volume: 3mL

Container: Red top tube (DO NOT use SST)

Specimen Handling: Centrifuge and transfer serum to plastic vial. Refrigerate serum.

---

ENDOMYSIAL AB, IGG
MISC

Testing Facility: Reference Laboratory

Specimen Handling: SERUM 1 ML - REF

Additional Information: AKA: TISSUE TRANSGLUTAMINASE WANT IGG - ORDER TGTIGG WANT IGA - ORDER ENDO

---

Test Name: ENDOMYSIAL ANTIBODY
Test ID: ENDO

Synonyms: Transglutaminase IgA, Tissue Transglutaminase Test

Includes: Done twice weekly

Testing Facility: Aultman Laboratory

Specimen Type: Serum

Volume: 1mL

Container: 7mL SST

Specimen Handling: Refrigerate serum.

---

Test Name: ENDOSCOPIC BRUSHINGS FOR CYTOLOGY

Testing Facility: Aultman Laboratory

The information contained in this Directory is provided only as general information and is subject to change without notice.
**Test Name:** ENOLASE (SEE NEURON SPECIFIC ENOLASE)  
**Testing Facility:** Reference Laboratory

---

**Test Name:** ENTAMOEBA HISTOLYTICA Ab (See E. HISTOLYTICA IGG)  
**Test ID:** ENTEIA  
**Testing Facility:** Reference Laboratory  
**Specimen Handling:** STOOL FROM MICRO - FROZEN  
**Additional Information:** MICRO WILL ORDER AND BRING TO SENDOUTS - FROZEN

---

**Test Name:** ENTEROVIRUS PCR  
**Test Number:** ENPCR  
**Test ID:** REQ  
**Testing Facility:** Reference Laboratory  
**Specimen Handling:** CSF 1 ML - REF  
**Additional Information:** CALL KIDS COURIER FOR PICK UP

---

**Test Name:** EOSINOPHIL COUNT  
**Test ID:** EOCT  
**Synonyms:** Absolute EO count.  
**Testing Facility:** Aultman Laboratory  
**Turnaround Time:** 6 hours  
**Specimen Type:** Whole blood  
**Volume:** 3mL

---

The information contained in this Directory is provided only as general information and is subject to change without notice.

06-28-2018  09:07
| Test Name: Test |
| ID: |
| Container: 5mL lav top tube. |
| Storage: Room temperature, or if > 12 hours refrigerate. |

| Test Name: EOSINOPHIL SMEAR |
| Test ID: EOS |
| Test Includes: Specimen source, eosinophil count |
| Testing Facility: Aultman Laboratory |
| Turnaround Time: 24 – 48 hours |
| Specimen Type: Secretions from the nose, paranasal sinuses, trachea or bronchi, or urine. |
| Container: As appropriate: nasal or sputum swab, sputum container, bronchial lavage container, urine tube. |
| Storage: Room temperature. |

| Test Name: EPIDERMAL ANTIBODY |
| Test ID: MISC |
| Testing Facility: Reference Laboratory |
| Specimen Handling: SERUM 2 ML - FROZ |
| Additional Information: IF SCREEN IS POSITIVE, WILL REFLEX TO TITER |

| Test Name: EPINEPHRINE (FOR EITHER PLASMA OR URINE THIS IS PART OF CATECHOLAMINES) |
| Testing Facility: Reference Laboratory |

| Test Name: EPINEPHRINE (see Catecholamines) |

| Test Name: ERYTHROCYTE PROTOPORPHYRIN |
| Testing Facility: Reference Laboratory |
| Additional Information: Test no longer available at Reference Laboratory. See Zinc Protoporphyrin |

| Test Name: ERYTHROCYTE SED RATE |
| Test ID: ESR |
| Synonyms: ESR, Sed Rate, WSR, Westergren Sed Rate |
| Test Includes: Modified Westergren sed rate. |
| Testing Facility: Aultman Laboratory |
| Specimen Type: Whole blood (EDTA) |
| Volume: 2 mL |
| Container: 2.5 mL lav top tube. |
| Storage: Sample is good stored 4 hours at room temperature, 24 hrs refrigerated |

The information contained in this Directory is provided only as general information and is subject to change without notice.
Test Name: ERYTHROPOIETIN  
Test ID: ERYTH  
Testing Facility: Reference Laboratory  
Precollection Instructions: Due to diurnal variation, it is recommended that specimens be collected between 7:30a and noon.  
Specimen Type: Serum  
Volume: 1 mL  
Container: SST tube  
Specimen Handling: Refrigerate

Test Name: ESR (See Erythrocyte Sed Rate)

Test Name: ESTRADIOL  
Test ID: E2  
Synonyms: E2  
Testing Facility: Aultman Laboratory  
Turnaround Time: Done daily. Results available the same day.  
Specimen Type: Serum or plasma lithium heparin – Separate from cells within 2 hours of collection.  
Volume: 1 – 2mL  
Container: SST or Plasma Lithium Heparin.  
Storage: Refrigerate.

Test Name: ESTRIOL, TOTAL  
Test ID: ESTRIO  
Testing Facility: Reference Laboratory  
Specimen Handling: 1 ML SERUM -PLAIN RED TOP TUBE - REF  
Centrifuge and transfer serum to plastic vial.

Test Name: ESTROGEN, FRACTIONATED BLOOD  
Test ID: ESTGEN  
Synonyms: TOTAL ESTROGENS  
Test Includes: Estradiol, Estrone, Estrogens Total  
Testing Facility: Reference Laboratory  
Turnaround Time: 2-6 days  
Specimen Type: 1 ml Serum – Refrigerate  
Container: SST  
Specimen Handling: Separate serum from cells with 2 hours of collection and transfer to aliquot container. Refrigerate.
Test Name: ESTRONE
Test ID: EST
Testing Facility: Reference Laboratory
Specimen Handling: SERUM 1ML FROM PLAIN RED TOP - REF Centrifuge and transfer serum to plastic vial.
Additional Information: SST TUBES ARE UNACCEPTABLE

Test Name: ETHANOL
Test ID: ALC
Test Includes: Ethanol only.
Testing Facility: Aultman Laboratory
Turnaround Time: Done 7 days/week, 24 hours/day. Results available within 1 hour of receipt.
Precollection Instructions: Do not use alcohol preps or other alcohol-containing substances in pre-venipuncture preparation.
Specimen Type: Serum or plasma lithium heparin – Separate from cells within 2 hours of collection.
Volume: 1mL
Container: Plain red top/SST/Plasma lithium Heparin
Specimen Handling: Keep tube sealed until testing. Separate serum from cells ASAP.
Storage: Refrigerate.

Test Name: ETHANOL, URINE
Test ID: ETOHU
Testing Facility: Aultman Hospital
Specimen Type: Random URINE 10 ml
Container: Screw top urine container.

Test Name: ETHOSUXIMIDE
Test ID: ETHOS
Synonyms: Zarontin
Testing Facility: Reference Laboratory
Specimen Handling: 1 ML SERUM -PLAIN RED TOP TUBE - REF Centrifuge and transfer serum to plastic vial.
Additional Information: AKA: ZARONTIN. EDTA PLASMA ALSO ACCEPTABLE; COLLECT PRIOR TO NEXT DOSE
<table>
<thead>
<tr>
<th>Test Name</th>
<th>Test ID</th>
<th>Facility</th>
<th>Specimen Handling</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>ETHYLENE GLYCOL</td>
<td></td>
<td>Reference Laboratory</td>
<td>SERUM 1 ML - REF</td>
<td>STAT TO AKRON CITY TOX LAB- CALL COURIER TO TRANSPORT</td>
</tr>
<tr>
<td>EUGLOBULIN LYSIS</td>
<td>EULYS</td>
<td>Reference Laboratory</td>
<td>CITRATED PLASMA 2ML - FROZEN</td>
<td>DOUBLE SPIN WITHIN 30 MIN AFTER COLLECTION</td>
</tr>
<tr>
<td>ETRAFON-FORTE (See Amitriptyline/Nortriptyline)</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>EVEROLIMUS, BLOOD</td>
<td>EVEROL</td>
<td>Reference Laboratory</td>
<td>2 EDTA Lavender top. Whole blood.</td>
<td>Refrigerated.</td>
</tr>
<tr>
<td>F II (2) MUTATION (see Prothombin Gene Variant)</td>
<td></td>
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<tr>
<td>F8 AG (see VonWillebrand Antigen)</td>
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<tr>
<td>FACTOR 11</td>
<td>F11</td>
<td>Reference Laboratory</td>
<td>2 ML BLUE TOP PLASMA - FROZEN</td>
<td></td>
</tr>
<tr>
<td>FACTOR 13 SOLUBILITY</td>
<td>F13</td>
<td>Reference Laboratory</td>
<td>2 ML BLUE TOP PLASMA - FROZEN</td>
<td></td>
</tr>
<tr>
<td>FACTOR 13, FUNCTIONAL</td>
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<td></td>
</tr>
</tbody>
</table>

The information contained in this Directory is provided only as general information and is subject to change without notice.
Test Name: FXIII  
Test ID: FXIII  
Testing Facility: Reference Laboratory  
Specimen Handling: 1ML CITRATED PLASMA - FROZ Additional Information: DO NOT THAW

Test Name: FACTOR 5  
Test ID: F5  
Testing Facility: Reference Laboratory  
Specimen Handling: 2 ML BLUE TOP PLASMA - FROZEN

**FACTOR 5 LEIDEN - APCV will be done unless order also states: Genetic, PCR, or DNA testing**  
F5LEI - true genetic requests, APCV - orders reading "Factor V Leiden"  
APCV - Aultman Laboratory, F5LEI - Reference Laboratory 7-10 days  
Specimen Type: 2 full 5 mL blue top tubes (3.2% sodium citrate), 1 full EDTA tube  
Specimen Handling: Keep all tubes at room temperature. DO NOT REFRIGERATE. Blood must be processed in Aultman Laboratory within 4 hours of collection; alternatively may be drawn in Aultman Outpatient Department.

Test Name: FACTOR 7  
Test ID: F7  
Testing Facility: Reference Laboratory  
Specimen Handling: 2 ML BLUE TOP PLASMA - FROZEN

Test Name: FACTOR 8 INHIBITOR BETHESDA UNITS  
Test ID: BETHDA  
Testing Facility: Reference Laboratory  
Specimen Handling: 2 ML BLUE TOP PLASMA - FROZEN  
Additional Information: CAN BE USED FOR FACTOR 8 OR FACTOR 9 INHIBITOR BETHESDA UNITS

Test Name: FACTOR 8-C ASSAY (see Factor VIII (8) Activity)

Test Name: FACTOR 9 ANTIGEN  
Test ID: MISC  
Testing Facility: Reference Laboratory  
Specimen Handling: 1ML CITRATED PLASMA - FROZ  
Additional Information: MAYO CODE 90496

The information contained in this Directory is provided only as general information and is subject to change without notice.
Test Name: FACTOR H
Test ID: MISC
Testing Facility: Reference Laboratory
Specimen Handling: 8-10 ML EDTA WHOLE BLOOD - ROOM TEMP
Additional Information: MML449

Test Name: FACTOR I
Test ID: MISC
Testing Facility: Reference Laboratory
Specimen Handling: 8-10 ML EDTA WHOLE BLOOD - ROOM TEMP
Additional Information: MML450

FACTOR II
F2
Aultman Laboratory
Urgent/STAT: 3 hours, Routine: batched
Specimen Type: Plasma (citrated)
Volume: 2mL
Container: (2) 5mL blue top tubes (MUST be full)
Specimen Handling: Specimen must be processed in Aultman Lab within 4 hours of collection; alternatively may be drawn in Aultman Outpatient Department.

Test Name: FACTOR II GENE MUTATION (20210A) (SEE PROTHROMBIN GENE VARIANT)
Testing Facility: Reference Laboratory

Test Name: FACTOR IX
Test ID: F9
Testing Facility: Aultman Laboratory
Turnaround Time: Urgent/STAT: 3 hours, Routine: Batched
Precollection Instructions: Notify the lab (coag) if this test is to be ordered at any time other than M – F 0700 – 1530 so that adequate staffing can be provided.
Specimen Type: Plasma (citrated)
Volume: 5mL
Container: 2 – 5mL blue top tubes (MUST be full)
Specimen Handling: Specimen must be processed in Aultman Lab within 4 hours of collection; alternatively may be drawn in Aultman Outpatient Department.
Test Name: FACTOR V
Test ID: F5
Testing Facility: Aultman Laboratory Turnaround
Time: Sent to Reference Lab.
Specimen Type: Plasma (frozen)
Volume: 2mL
Container: (2) 5mL blue top tubes (MUST be full).
Specimen Handling: Separate plasma from cells ASAP and freeze plasma.

Test Name: FACTOR V LEIDEN (See APC Resistence)

Test Name: FACTOR VII
Test ID: FACTOR 7
Testing Facility: Reference Laboratory
Container: (2) 5mL blue top tubes (MUST be full).
Specimen Handling: Separate plasma from cells ASAP and freeze plasma.

FACTOR VIII
F8
Aultman Laboratory
Urgent/STAT: 3 hours, Routine: Batched
Precollection Instructions: Notify the lab (coag) if this test is to be ordered at any time other than M — F 0700 – 1530 so that adequate staffing can be provided.
Specimen Type: Plasma (citrated)
Volume: 5mL
Container: 2 – 5mL blue top tube (MUST be full).
Specimen Handling: Specimen must be processed in Aultman Lab within 4 hours of collection; alternatively may be drawn in Aultman Outpatient Department.

Test Name: FACTOR VIII ANTIGEN
Test ID: MISC
Testing Facility: Reference Laboratory
Specimen Handling: 1ML CITRATED PLASMA - FROZ
Additional Information: NOT TO BE CONFUSED WITH F8AG (VWF AG)

Test Name: FACTOR VIII INHIBITOR

The information contained in this Directory is provided only as general information and is subject to change without notice.
Test Name: FACTOR X
Test ID: F10
Testing Facility: Aultman Laboratory
Turnaround Time: Urgent/STAT: 3 hours, Routine: batched
Specimen Type: Plasma (citrated)
Volume: 2 mL
Container: (2) 5mL blue top tubes (MUST be full)
Specimen Handling: Specimen must be processed in Aultman Lab within 4 hours of collection; alternatively may be drawn in Aultman Outpatient Department.

Test Name: FACTOR XA (See Heparin Factor Xa)

FACTOR XI
F11
Aultman Laboratory
Sent to Reference Lab.
Specimen Type: Plasma (frozen)
Volume: 2mL
Container: (2) 5mL blue top tube (MUST be full)
Specimen Handling: Separate plasma from cells ASAP and freeze plasma.

Test Name: FACTOR XII
Test ID: F12
Testing Facility: Aultman Laboratory Turnaround
Time: Sent to Reference Lab.
Specimen Type: Plasma (frozen)
Volume: 2mL
Container: (2) 5mL blue top tube (MUST be full)
Specimen Handling: Separate plasma from cells ASAP and freeze plasma.
Test Name: FACTOR XIII SOLUBILITY
Test ID: F13
Testing Facility: Aultman Laboratory Turnaround
Time: Sent to Reference Lab.
Specimen Type: Plasma (frozen)
Volume: 2mL
Container: (2) 5mL blue top tube (MUST be full)
Specimen Handling: Separate plasma from cells ASAP and freeze plasma.

Test Name: FAI (see SHBG, Sex Hormone Binding Globulin)

Test Name: FAT, FECAL QUALITATIVE
Test ID: FEXAM
Testing Facility: Reference Laboratory
Specimen Handling: 10 GM RANDOM STOOL - FROZEN
Additional Information: INCLUDES FAT, MEAT FIBERS, AND STARCH

Test Name: FAT, FECAL QUANT
Test ID: FATF
Testing Facility: Reference Laboratory
Specimen Handling: STOOL (ENTIRE COLLECTION) FROZEN
Additional Information: PUT IN COMMENTS 24,48 OR 72 HR COLLECTION

Test Name: FDP (FIB. SPLIT PRODUCTS)
Test ID: FDP
Testing Facility: Reference Laboratory
Specimen Handling: 2 ML BLUE TOP PLASMA - FROZEN
Additional Information: FIBRINOGEN DEGRADATION PRODUCTS
Fecal Leukocytes

**Test Includes:** Microscopic examination of stool for WBC’s.

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done daily 0700 - 2400. Results available the same day.

**Specimen Type:** Stool.

**Volume:** Minimum of 1 gram.

**Container:** Clean container with a tight-fitting lid. Specimen Handling:

A) The entire contents of the first specimen of the day is preferred.
B) Avoid contamination with water, urine, paper, barium or mineral oil. Do not remove specimens from the toilet bowl.
C) Specimens received in a diaper are not acceptable and will be rejected by Microbiology.

**Transport:** Deliver to Microbiology within 2 hours of collection for inpatients. Storage: Refrigerate.

FELBAMATE

**Test ID:** FELBA

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 2 ML SERUM - PLAIN RED TOP - REF

Centrifuge and transfer serum to plastic vial.

**Additional Information:** COLLECT 1 HR PRIOR TO NEXT DOSE

FENTANYL, URINE

**Test ID:** UFENT

**Testing Facility:** Reference Laboratory

**Volume:** 10 ML URINE

**Specimen Handling:** REFRIGERATED

FERRITIN

**Test ID:** FERR

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done daily. Results available the same day.

**Specimen Type:** Serum or Plasma lithium heparin – Separate from cells within 2 hours of collection.

**Volume:** 1mL

**Container:** SST or Plasma lithium heparin.

**Specimen Handling:** Avoid hemolysis.

**Storage:** Refrigerate.

The information contained in this Directory is provided only as general information and is subject to change without notice.
Test Name: FETAL MATERNAL HEMORRHAGE
Test ID: FMH
Synonyms: Fetal Screen
Test Includes: Blood Bank will reflex additional testing when positive result Testing
Facility: Aultman Laboratory
Turnaround Time: 30 minutes
Container: 6 ml pink top EDTA

Additional Information: NOTE: All specimens sent to Blood Bank for testing must have a handwritten identification label that includes the patient’s first and last name, Medical Record number (Date of Birth is acceptable for Outpatients), date and time of collection and collector’s initials. Specimens missing any of the elements listed above will be rejected and must be recollected.

Test Name: FIBRINOGEN
Test ID: FIB
Testing Facility: Aultman Laboratory
Turnaround Time: Urgent/STAT: 45 minutes, Routine: 3 hours
Specimen Type: Plasma (citrated)
Volume: 2mL
Container: 5mL blue top tube (MUST be full)
Specimen Handling: Specimen must be processed in Aultman Lab within 4 hours of collection; alternatively may be drawn in Aultman Outpatient Department.

Test Name: FIBRINOGEN SPLIT PRODUCTS (see FDP)

Test Name: FIBROSPECT II
Test ID: FIBRO
Testing Facility: Reference Laboratory
Specimen Handling: 2 ML SERUM - REF

Test Name: FIBROSURE - HEPATITIS C VIRUS
Test ID: LIVFIB
Synonyms: Fibrotest-Actitest; Liver Fibrosis
Testing Facility: Reference Laboratory Specimen Handling: 3 mL Serum, Frozen.
Additional Information: 8 hour fasting required. Patient must be ≥ 14 years old.

FINE NEEDLE ASPIRATION
Testing Facility: Aultman Laboratory
Turnaround Time: Monday-Friday received by 3:00pm, Saturday received by 11:00am. 2 working days. Certain non-Gyn cases will require additional stains and will take longer.

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Precollection Instructions: This procedure is performed in the Radiology Department with a Cytotechnologist and a Pathologist in attendance. These procedures are scheduled in advance through the Radiology Department. The procedures are performed Monday thru Friday from 8am-3pm. Any questions concerning these procedures may be directed to the Cytology Department.

Specimen Collection / Cerner requisition for In-patients. Use Form 308A (Cytology requisition) for Out-patients.

Transfer Instructions: The following information must be included on the requisition:

1. The patient's name and medical record number (if there is one. New patients will be assigned a medical record number by the computer)
2. Patient's birth date
3. Patient's address, if the patient is to be billed
4. Insurance information
5. Patient's Medicare or Medicaid number
6. The source of the specimen. Indicate the source of each specimen if there are multiple sites done during the same procedure.
7. Any pertinent clinical information
8. Indicate any other special testing to be done on this specimen. (i.e. Flow Cytometry, special stains)
9. Cerner requisitions must include a Cerner Order ID number with the source of the specimen.

Supplies:
1. Pre-filled specimen containers with Cytology Non-Gyn preservative.
2. Specimen and requisition labels
3. Aspirate needle(s)
4. Glass slides
5. Bottle of spray fixative (supplied by Cytology on request)
6. Cardboard folder(s)

Collection:
Cytology prefers the collection of any aspirates into a container with Cytology Non-Gyn preservative. Pre-filled containers will be supplied by Cytology by request from office.

*Please do not rinse the needle in the preservative until the very last pass of the needle. This preservative should not be introduced into the patient and it is not sterile.*

If the physician does not want to aspirate the specimen into preservative, smears from the aspirate can be made by aspirating the material onto a glass slide and spray fixing the slide with spray fixative. This must be done immediately after the specimen is introduced onto the glass slide to prevent air drying. Hold the spray fixative bottle about 4 inches over the slide and give 3-4 quick squirts of spray to cover the entire area of the specimen. Let this air-dry before closing any slides in the cardboard folders. This will prevent any specimen being lost by sticking to the folder.

It is very important to label all slides and containers with two patient identifiers and the source of the specimen(s) especially if the physician is obtaining specimens from multiple sites.

Specimen Handling: Transport to the Lab:
Any specimens from outside offices will be picked up by an ALS courier and delivered to the Cytology Department for processing. Specimens obtained inside the hospital will be transported by lab courier, any nursing personnel or radiology staff to Cytology for processing. After hours, deliver...
specimen to the Microbiology department.

Storage:
Specimens collected in preservative can be stored at room temperature for 2 weeks after collection. Glass slide specimens can be kept at room temperature. Either specimen can be refrigerated but it is not necessary.

Any specimen not in preservative needs to be refrigerated immediately after collection until transport to Cytology by the courier.

**Additional Information:** MSDS are available for Cytology Non-Gyn preservative by request.

<table>
<thead>
<tr>
<th>Test Name</th>
<th>Test ID</th>
<th>Testing Facility</th>
<th>Specimen Type</th>
<th>Volume</th>
<th>Container</th>
<th>Specimen Handling</th>
</tr>
</thead>
<tbody>
<tr>
<td>FISH FOR MYELODYSPLASIA</td>
<td>FSHMDS</td>
<td>Reference Laboratory</td>
<td>BLOOD OR BONE MARROW</td>
<td>7 ML -BLOOD, 3 ML BONE MARROW</td>
<td>EDTA PREFERRED; SODIUM HEPARIN ACCEPTABLE</td>
<td>REFRIGERATED</td>
</tr>
<tr>
<td>FISH INSIGHT ANALYSIS</td>
<td>ISIGHT</td>
<td>Reference Laboratory</td>
<td>AMNIOTIC FLUID</td>
<td>20 ML AMNIOTIC FLUID</td>
<td>STERILE CONTAINER</td>
<td>REFRIGERATED</td>
</tr>
<tr>
<td>FISH PLASMA CELL MYELOMA</td>
<td>FSHPCM</td>
<td>Reference Laboratory</td>
<td>BONE MARROW</td>
<td>3 ML</td>
<td>EDTA</td>
<td>REFRIGERATED</td>
</tr>
<tr>
<td>FISH STUDIES</td>
<td>MISC</td>
<td>Reference Laboratory</td>
<td></td>
<td></td>
<td>10ML NA HEPARIN TUBE -WHOLE BLOOD - ROOM TEMP</td>
<td>THIS IS A METHODOLOGY; MUST KNOW WHAT CONDITION DR IS DIAGNOSING;</td>
</tr>
</tbody>
</table>

The information contained in this Directory is provided only as general information and is subject to change without notice.
Test Name: FISH, CLL
Test ID: CLLFSH
Testing Facility: Reference Laboratory
Volume: 8 ML WHOLE EDTA BLOOD - REF
Specimen Handling: REFRIGERATED

FK-506 (See Tacrolimus)

Test Name: FLECAINIDE
Test ID: FLEC
Synonyms: Tambocor
Testing Facility: Reference Laboratory
Specimen Handling: 1 ML SERUM - PLAIN RED TOP - REFRIG Centrifuge and transfer serum to plastic vial.
Additional Information: DRAW 1 HR PRIOR TO NEXT DOSE

Test Name: FLOW FOR LEUKEMIA/LYMPHOMA (ADULTS)
Test ID: FLOW
Testing Facility: Aultman Laboratory
Turnaround Time: 7 working days.
Specimen Type: Peripheral blood or bone marrow.
Volume: 10mL
Container: Bone marrow – 10mL green top tube (sodium heparin), Peripheral blood – 10mL yellow top (ACD – solution B).
Specimen Handling: Keep specimen at room temperature. Keep in original collection tube.
Additional Info: Testing performed Mon – Thurs 7am – 3pm  Friday – 7am – 2 pm.

Test Name: FLOW CYTOMETRY FOR LEUKEMIA/LYMPHOMA (PEDIATRIC)
TEST ID: MISC
TESTING FACILITY: REFERENCE LAB
CONTAINER: SODIUM HEPARIN TUBE (MIN 4 ML) – ROOM TEMPERATURE
ADDITIONAL INFORMATION: EDTA (LAVENDER TOP) ALSO ACCEPTABLE – ROOM TEMPERATURE
Test Name: FLUOXETINE  
Test ID: FLUOX  
Synonyms: Prozac  
Testing Facility: Reference Laboratory  
Specimen Handling: 1 ML SERUM - PLAIN RED TOP - REFRIG Centrifuge and transfer serum to plastic vial.  
Additional Information: AKA: PROZAC - DRAW >12 HRS POST DOSE

Test Name: FLURAZEAPAM  
Test ID: FLUR  
Testing Facility: Reference Laboratory  
Specimen Handling: SERUM 2 ML - REF  
Additional Information: PLAIN RED TOP Centrifuge and transfer serum to plastic vial.

Test Name: FOLATE, RBC  
Test ID: FOLRBC  
Testing Facility: Reference Laboratory  
Specimen Handling: EDTA WHOLE BLOOD – 2 LAVENDER TOP TUBES  
Additional Information: FROZEN BLOOD SHOULD BE PROTECTED FROM LIGHT DURING AND AFTER COLLECTION: TRANSFER TO AMBER SEND OUT TUBE FOR THE FROZEN SAMPLE; REGULAR SEND OUT TUBE FOR REFRIGERATED SAMPLE

Test Name: FOLATE, SERUM  
Test ID: FOL  
Synonyms: Folic acid  
Testing Facility: Aultman Laboratory  
Turnaround Time: Done daily. Results available the same day.  
Precollection Instructions: Fasting specimen is preferable.  
Specimen Type: Serum.  
Volume: 1mL  
Container: 7mL SST  
Specimen Handling: Avoid hemolysis.

The information contained in this Directory is provided only as general information and is subject to change without notice.
Test Name: FOLIC ACID (see Folate, Serum)

Test Name: FOLLICLE STIMULATING HORMONE (See FSH)

Test Name: FONDAPARINUX SODIUM (XA INHIBITION) (ARIXTRA)
  Test ID: FONDXA
  Testing Facility: Reference Laboratory
  Specimen Handling: 1 ML CITRATED PLASMA - FROZEN
  Additional Information: DETERMINING PLASMA CONCENTRATION OF ARIXTRA

Test Name: FRACTIONATED BILIRUBIN (indirect, direct, total) (see Bilirubin, Indirect)

Test Name: FRACTIONATED CK (CPK) (see CK Isoenzymes)

Test Name: FRAGILE X (SEE CHROMOSOME ANALYSIS - FRAGILE X)
  Testing Facility: Reference Laboratory

Test Name: FREE ANDROGEN INDEX (see SHBG, Sex Hormone Binding Globulin)

Test Name: FREE KAPPA / FREE LAMBDA LIGHT CHAINS (Serum)
  Test ID: KLFRS
  Test Includes: Total free Kappa light chains, total free Lambda light chains and free Kappa/Lambda ratio
  Testing Facility: Reference Laboratory
  Specimen Type: Serum - Refrigerated
    Volume: 1 mL
    Container: 7 mL SST
  Specimen Handling: Separate from cells/gel barrier, refrigerate. Avoid lipemia and hemolysis.

Test Name: FREE LIGHT CHAIN - URINE
  Test ID: UFLCKL
  Testing Facility: Reference Laboratory
  Specimen Handling: 2ML - RANDOM URINE - REF
  Additional Information: CAN ALSO BE 24 HR URINE - NO PRESERVATIVE. INCLUDES KAPPA AND LAMBDA

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<table>
<thead>
<tr>
<th>Test Name</th>
<th>Test ID</th>
<th>Testing Facility</th>
<th>Specimen Handling</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>FREE PHENYTOIN (see Phenytoin, Free)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>FREE PSA</td>
<td>PSAF</td>
<td>Reference Laboratory</td>
<td>SERUM 1 ML - FROZ</td>
<td>INCLUDES TOTAL AND FREE; DO NOT ORDER PSA WITH THIS</td>
</tr>
<tr>
<td>FREE T3 (see T3, Free)</td>
<td></td>
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<tr>
<td>FREE T4 (see T4, Free)</td>
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<tr>
<td>FREE TESTOSTERONE (See Testosterone, Total &amp; Free)</td>
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<tr>
<td>FREE TRI-LODOTHYRONINE (see T3, Free)</td>
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<tr>
<td>FRUCTOSAMINE</td>
<td>FRUC</td>
<td>Reference Laboratory</td>
<td>SERUM 2 ML - REF</td>
<td></td>
</tr>
<tr>
<td>FSH</td>
<td>FSH</td>
<td>Aultman Laboratory</td>
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<tr>
<td>Synonyms: Follicle stimulating hormone.</td>
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<tr>
<td>Turnaround Time: Done daily. Results available the same day.</td>
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<tr>
<td>Specimen Type: Serum</td>
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<tr>
<td>Volume: 1mL</td>
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<tr>
<td>Container: 7mL SST</td>
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<tr>
<td>FTA-ABS</td>
<td>FTA</td>
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</tbody>
</table>

The information contained in this Directory is provided only as general information and is subject to change without notice.
Test Name: Fluorescent Treponemal Antibody test for the confirmation of reactive RPRs.
Synonyms: Fluorescent Treponemal Antibody test for the confirmation of reactive RPRs.
Test Includes: It is recommended to order an RPR in conjunction with the FTA.
Testing Facility: Aultman Laboratory
Turnaround Time: Done as needed. Results available the following day.
Specimen Type: Serum
  Volume: 1 mL
  Container: 7mL SST
Specimen Handling: Refrigerate

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Test Name: FTA-ABS, CSF
Test ID: FTACSF
Testing Facility: Reference Laboratory
Specimen Handling: 1 ML CSF REFRIG
Additional Information: FORWARDED TO FOCUS

---

Test Name: FUNGAL SEROLOGY
Test ID: FUNSE
Synonyms: Fungal antibodies
Test Includes: aspergillus fumigatus, blastomyces dermatitidis, coccidiodes immitis and histoplasma capsulatum.
Testing Facility: Reference Laboratory
Specimen Type: 1 ML SERUM FROM SST TUBE - REFRIGERATED
Specimen Handling: Avoid hemolysis.

---

Test Name: FUNGAL SMEAR
Test ID: FUNSO
Test Includes: Microscopic exam for fungal elements by calcofluor white stain.
Testing Facility: Aultman Laboratory
Turnaround Time: Setup M - F. Results available the next day.
Specimen Type: Varies.
  Container: Sterile container.
Specimen Handling: Refer to CFUNG.
**Test Name:** G-6-PD  
**Test ID:** G6PDQT  
**Synonyms:** Glucose-6-phosphate dehydrogenase  
**Testing Facility:** Reference Laboratory  
**Specimen Handling:** 5 mL Lavender Top - whole blood. Refrigerated. Leave in original tube.

---

**Test Name:** GABAPENTIN  
**Test ID:** GAB  
**Testing Facility:** Reference Laboratory  
**Specimen Handling:** 1 ML SERUM PLAIN RED TOP TUBE - REF Centrifuge and transfer serum to plastic vial.  
**Additional Information:** DRAW SPECIMENT 2 HRS POST LAST DOSE
<table>
<thead>
<tr>
<th>Test Name:</th>
<th>Test</th>
<th>ID:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GABITRIL</strong></td>
<td></td>
<td>MISC</td>
</tr>
<tr>
<td><strong>GAD65 - AB</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>GAD65</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>GALACTOKINASE</strong></td>
<td></td>
<td>MISC</td>
</tr>
<tr>
<td><strong>GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE</strong></td>
<td></td>
<td>G1PHOS</td>
</tr>
<tr>
<td><strong>GAMMA GT</strong></td>
<td></td>
<td>GGT</td>
</tr>
</tbody>
</table>

**Synonyms:** Gamma-glutamyl transferase or gamma-glutamyl transpeptidase (also γ-glutamyl transferase, GGT, GGTP, gamma-GT)

<table>
<thead>
<tr>
<th><strong>Testing Facility:</strong></th>
<th>Aultman Laboratory</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Turnaround Time:</strong></td>
<td>Done 7 days/week, 24 hours/day. Results available the same day.</td>
</tr>
<tr>
<td><strong>Specimen Type:</strong></td>
<td>Serum or Plasma lithium heparin – Separate from cells within 2 hours of collection.</td>
</tr>
<tr>
<td><strong>Volume:</strong></td>
<td>1 mL</td>
</tr>
<tr>
<td><strong>Container:</strong></td>
<td>SST or Plasma Lithium Heparin</td>
</tr>
<tr>
<td><strong>Specimen Handling:</strong></td>
<td>Avoid hemolysis</td>
</tr>
<tr>
<td><strong>Storage:</strong></td>
<td>Refrigerate.</td>
</tr>
<tr>
<td>Test Name: GANGLIOSIDE ANTIBODY PANEL</td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Test ID: GANGLAB</td>
<td></td>
</tr>
<tr>
<td>Test Includes: Asialo-GM1 IgG/IgM, GM1 IgG/IgM, GM2 IgG/IgM, GD 1a IgG/IgM, GD1 b IgG/IgM, GQ 1b IgG/IgM</td>
<td></td>
</tr>
<tr>
<td>Testing Facility: Reference Laboratory</td>
<td></td>
</tr>
<tr>
<td>Volume: 1 ml serum-Refrigeante</td>
<td></td>
</tr>
<tr>
<td>Container: SST</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name: GANGLIOSIDE PANEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID: GANGLAB</td>
</tr>
<tr>
<td>Testing Facility: Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Handling: 3 ML SERUM - REF</td>
</tr>
<tr>
<td>Additional Information: OVERNIGHT FASTING IS PREFERRED</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name: Garamycin (See Gentamicin)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test Name: GASTRIC ANALYSIS</td>
</tr>
<tr>
<td>Test ID: GA</td>
</tr>
<tr>
<td>Testing Facility: Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Handling: GASTRIC ASP - 10ML</td>
</tr>
<tr>
<td>Additional Information: REFRIGERATE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name: GASTRIC INHIBITORY PEPTIDE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID: MISC</td>
</tr>
<tr>
<td>Testing Facility: Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Handling: PLASMA - SPECIAL TUBES IN SENDOUTS</td>
</tr>
<tr>
<td>Additional Information: PLASMA FROZEN; FASTING REQUIRED</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name: GASTRIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID: GAST</td>
</tr>
<tr>
<td>Testing Facility: Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Handling: 1 ML SERUM - FROZEN</td>
</tr>
<tr>
<td>Additional Information: OVERNIGHT FAST IS REQUIRED</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name: GBM ANTIBODY (see Glomerular Basement Membrane)</th>
</tr>
</thead>
</table>

The information contained in this Directory is provided only as general information and is subject to change without notice.
Test Name: GENETICS (see Chromosome Studies - Blood)

Test ID: CGLKC

GENETAMICIN

GENTP (PEAK); GENTT (TROUGH)

Synonyms: Garamycin, Genticin

Test Includes: Time of last dose, gentamicin

Testing Facility: Aultman Laboratory

Turnaround Time: Done 7 days/week, 24 hours/day. Results available the same day.

Precollection Instructions: Usual sampling times:

- 3 hour before next scheduled dose
- 3 hour after IV infusion is completed, or 1 hour after IM injection

1. Trough:
2. Peak:
3. Trough and peak levels should be collected around the same dosing interval
4. Trough and peak levels must be ordered on separate requisitions

Individualized dosing:
1. Three separate levels should be done at 1 hour, 2 hours and 4 hours after IV infusion is completed. Order on 3 separate requisitions, identifying the specimen in order comments. One order must have the following information in order comments: a. Patient weight; b. Dosage given.
   c. Time infusion started and finished.
   d. All other antibiotics given.
2. Copies of individualized dosing levels are sent to pharmacy for dosing calculations. Pharmacy makes the recommendations.
3. If patient’s most recent serum creat is > 2.0 mg/dL, call pharmacy for timing for individualized dosing specimens.

Specimen Type: Serum/Plain Red Top/Plasma Lithium heparin – Separate from cells within 2 hours of collection.

Volume: 1 mL

Container: SST/Plain Red Top/Plasma Lithium Heparin

Specimen Handling: Centrifuge and transfer serum to plastic vial. Timing is critical. Return to lab immediately. Avoid hemolysis.

Storage: Refrigerate.

Test Name: GFR (see Creatinine serum)

Test Name: GGT (see Gamma GT)

Test Name: GGTP (see Gamma GT)

The information contained in this Directory is provided only as general information and is subject to change without notice.
<table>
<thead>
<tr>
<th>Test Name</th>
<th>Test ID</th>
<th>Test Includes</th>
<th>Testing Facility</th>
<th>Turnaround Time</th>
<th>Specimen Type</th>
<th>Volume</th>
<th>Container</th>
<th>Specimen Handling</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GHB (GAMMA-HYDROXYBUTYRIC ACID</strong></td>
<td>MISC</td>
<td></td>
<td>Reference Laboratory</td>
<td></td>
<td>Serum 5 ML - ROOM TEMPERATURE</td>
<td></td>
<td></td>
<td>PLAIN RED TOP - ALSO DONE ON URINE - CODE 1365</td>
</tr>
<tr>
<td><strong>GIARDIA ANTIBODY</strong></td>
<td>GIAGAM</td>
<td>IgG, IgM, and IgA</td>
<td>Reference Laboratory</td>
<td></td>
<td>Serum 1 ML – FROZ</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>GIARDIA ANTIGEN</strong></td>
<td>GIARD</td>
<td>Enzyme immunoassay for Giardia antigen.</td>
<td>Aultman Laboratory</td>
<td>Done as needed. Results available in 2 - 5 days.</td>
<td>Stool, feces-coated rectal swab. Specimens collected in diapers are acceptable for this assay.</td>
<td>1 gram or 1 mL liquid.</td>
<td>Clean container with a tight-fitting lid.</td>
<td>Collection: See Ova &amp; Parasite Exam for instructions. Transport: Deliver to Microbiology within 2 hours of collection for inpatients. Storage: Refrigerate. Microbiology will freeze specimen upon receipt.</td>
</tr>
<tr>
<td><strong>GLIADIN ANTIBODY</strong></td>
<td>GLIAD</td>
<td>Gliadin antibody IgG and IgA</td>
<td>Aultman Laboratory</td>
<td>Done twice weekly</td>
<td>Serum</td>
<td>1 mL</td>
<td>7 mL SST</td>
<td></td>
</tr>
</tbody>
</table>
Test Name: GLOMERULAR BASEMENT MEMBRANE IGG  
Test ID: GBMBG  
Synonyms: GBM Ab  
Testing Facility: Reference Laboratory  
Specimen Handling: SERUM 1 ML - REF

Test Name: GLUCAGON  
Test ID: GLUCA  
Testing Facility: Reference Laboratory  
Specimen Type: 1 ML PLASMA FROM THE PROTEASE INHIBITOR (SPECIAL KIT) AVAILABLE IN SEND OUTS  
Specimen Handling: 1 ML - FROZEN  
Additional Information: A BUTTERFLY MUST BE USED TO DRAW THE BLOOD

Test Name: GLUCOSE TOLERANCE, 2 HOUR PREGNANCY  
Test ID: GTTP2  
Synonyms: Diabetes screening for patients with gestational diabetes during pregnancy  
Species includes: Serum glucose: Fasting, 1 hour, 2 hours. No urines  
Testing Facility: Aultman Laboratory  
Turnaround Time: 2 hours after the last specimen is received in the lab  
Precollection Instructions: See Precollection Instructions for GLUCOSE TOLERANCE. Dose: 100 g glucose (1 bottle).  
Specimen Type: Serum  
Volume: 1 mL  
Container: 5 mL SST  
Storage: Refrigerate.

Test Name: GLUCOSE TOLERANCE, 2, 3, 4 Hour  
Test ID: GTT2, GTT3, GTT4  
Test Includes: Serum glucose  
Testing Facility: Aultman Laboratory  
Turnaround Time: 2 hours after last specimen is received in the lab  
Precollection Instructions: Glucose Tolerance  
1. Schedule test with venipuncture 24 hours in advance.  
2. Patient should be NPO after midnight except for water. NO SMOKING.  
3. Obtain a bottle of glucola (normal dose: 100 grams glucose) from Chemistry. (Note: Patients weighing less than 100 lb DO NOT receive a full bottle of glucola. Call Chemistry (ext. 33994) for the exact amount to be given.)
4. The morning of the test, both a fasting glucose and a fasting urine must be collected and analyzed prior to the administration of the glucola. Chemistry will call the nursing unit with the time to administer the glucola. The glucola must be consumed within 20 minutes of when it is first administered.

SPECIAL CONDITIONS
1. DO NOT schedule any other procedures, X-rays or therapy with the tolerance test. As per the American Diabetes Association, test accuracy depends upon minimal stress and activity by the patient.
2. DO NOT catheterize the patient for the test unless specifically ordered by the attending physician.
3. During the test, avoid any medication that coats the stomach or intestines. If barium has been given previous to the tolerance test, allow 2 - 3 days for the barium to clear the intestinal tract before the tolerance is performed.
4. If the patient becomes ill during the tolerance test and vomits, notify the lab to discontinue testing. Notify the physician that the test was discontinued.

**Specimen Type:** Serum

**Volume:** For each collection: Serum: 1 mL

**Container:** Serum: 7 mL SST

**Storage:** Refrigerate.

---

**GLUCOSE, 1 HOUR CHALLENGE**

**GLU1P**

**Synonyms:** Gestational diabetic screening. Intended for prenatal and other diabetic screening using a 50-gram glucose challenge.

**Test Includes:** 1-hour glucose

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/week, 24 hours/day. Results available the same day.

**Specimen Type:** Serum

**Volume:** 1 mL

**Container:** 5 mL SST

**Storage:** Refrigerate.

---

**Test Name:** GLUCOSE, 2 HOUR POSTPRANDIAL

**Test ID:** GLU2P

**Test Includes:** 2 hour glucose

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/week, 24 hours/day. Results available the same day.

**Precollection Instructions:** A glucose level is to be drawn 2 hours after a 100 g glucose load is given (preferable) or following a breakfast or lunch containing at least 100 g of carbohydrate.

**Specimen Type:** Serum

**Volume:** 1 mL
<table>
<thead>
<tr>
<th>Test Name</th>
<th>Test ID</th>
<th>Test Includes</th>
<th>Testing Facility</th>
<th>Turnaround Time</th>
<th>Specimen Type</th>
<th>Volume</th>
<th>Container</th>
<th>Storage</th>
</tr>
</thead>
<tbody>
<tr>
<td>GLUCOSE, 24 HOUR URINE</td>
<td>GLU24</td>
<td>Collection time, volume, creatinine, glucose</td>
<td>Aultman Laboratory</td>
<td>Done 7 days/week. Results are available the same day if the specimen is received by 1000.</td>
<td>24-hour urine</td>
<td>Submit entire collection to laboratory</td>
<td>Obtain collection container from laboratory</td>
<td>Refrigerate.</td>
</tr>
<tr>
<td>GLUCOSE, BODY FLUID</td>
<td>GLUBF</td>
<td>Body fluid type, glucose</td>
<td>Aultman Laboratory</td>
<td>Done 7 days/week, 24 hours/day. Results available the same day.</td>
<td>Body fluid</td>
<td>2 – 4 mL</td>
<td>Refrigerate.</td>
<td></td>
</tr>
<tr>
<td>GLUCOSE, RANDOM URINE</td>
<td>GLUR</td>
<td>Random urine</td>
<td>Aultman Laboratory</td>
<td>Done 7 days/week, 24 hours/day. Results available the same day.</td>
<td>Random urine</td>
<td>2 – 4 mL</td>
<td>Plastic urine tube</td>
<td>Refrigerate.</td>
</tr>
<tr>
<td>GLUCOSE, SERUM</td>
<td>GLUC2</td>
<td>Serum or Plasma Lithium Heparin – Separate from cells within 2 hours of collection.</td>
<td>Aultman Laboratory</td>
<td>Done 7 days/week, 24 hours/day. Results available the same day.</td>
<td>Serum or Plasma Lithium Heparin</td>
<td>1 mL</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The information contained in this Directory is provided only as general information and is subject to change without notice.
### Test Name: Test

<table>
<thead>
<tr>
<th><strong>ID:</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Container:</strong></td>
<td>SST or Plasma lithium heparin.</td>
</tr>
<tr>
<td><strong>Storage:</strong></td>
<td>Refrigerate.</td>
</tr>
</tbody>
</table>

---

### Test Name: GLUTAMIC ACID DECABOXYLASE (see GAD65-AB)

---

### Test Name: GLYCATED HEMOGLOBIN, GLYCOSOLATED HEMOGLOBIN (see A1C Hemoglobin)

---

### Test Name: GLYCOMARK

<table>
<thead>
<tr>
<th><strong>Test ID:</strong></th>
<th>MISC</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Testing Facility:</strong></td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td><strong>Specimen Handling:</strong></td>
<td>1 ML SERUM REF</td>
</tr>
<tr>
<td><strong>Additional Information:</strong></td>
<td>EDTA PLASMA ALSO ACCEPTABLE</td>
</tr>
</tbody>
</table>

---

### Test Name: GM1 AB PANEL

<table>
<thead>
<tr>
<th><strong>Test ID:</strong></th>
<th>GM1ABP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Test Includes:</strong></td>
<td>GM1 IgG &amp; IgM</td>
</tr>
<tr>
<td><strong>Testing Facility:</strong></td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td><strong>Specimen Handling:</strong></td>
<td>SERUM 1 ML - REF</td>
</tr>
<tr>
<td><strong>Additional Information:</strong></td>
<td>OVERNIGHT FASTING IS PREFERRED</td>
</tr>
</tbody>
</table>

---

### Test Name: GOLD

<table>
<thead>
<tr>
<th><strong>Test ID:</strong></th>
<th>GOLD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Testing Facility:</strong></td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td><strong>Specimen Handling:</strong></td>
<td>SERUM 1 ML FROM METAL FREE TUBE</td>
</tr>
<tr>
<td><strong>Additional Information:</strong></td>
<td>DK BLUE HEAVY METAL TUBE WITH NO ADDITIVE</td>
</tr>
</tbody>
</table>

---

### Test Name: GONADOTROPIN RELEASING HORMONE

<table>
<thead>
<tr>
<th><strong>Test ID:</strong></th>
<th>MISC</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Testing Facility:</strong></td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td><strong>Specimen Handling:</strong></td>
<td>SERUM 3 ML - FROZ</td>
</tr>
<tr>
<td><strong>Additional Information:</strong></td>
<td>SEPARATE ASAP; DO NOT THAW</td>
</tr>
</tbody>
</table>

---

### GONORRHOEAE PCR

<table>
<thead>
<tr>
<th><strong>NGPCR1</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Test Includes:</strong></td>
<td>PCR test to detect N. gonorrhoeae. NOTE: Specimens collected using the Cobas PCR collection kit cannot be used for culture. <strong>Testing Facility:</strong> Aultman Laboratory</td>
</tr>
<tr>
<td><strong>Turnaround Time:</strong></td>
<td>Done daily M - F. Results available within 1-2 days.</td>
</tr>
</tbody>
</table>

---

The information contained in this Directory is provided only as general information and is subject to change without notice.
**Test Name:** GRAM STAIN  
**Test ID:** GSO  
**Test Includes:** Gram stain for bacteria, fungi and WBCs. Generally Gram stains are not done alone; they are included in a lower respiratory, wound, body fluid and tissue culture. **Testing Facility:** Aultman Laboratory  
**Turnaround Time:** Done daily 0700 - 2400. Routine: results available the same day; Urgent/STAT: within 30 minutes.  
**Specimen Type:** Varies.  
**Volume:** 1 culturette or minimal fluid.  
**Container:** Culturette or sterile container.  
**Specimen Handling:** Collection: Varies. Refer to specific collection procedures.  
**Transport:** Deliver to Microbiology within 2 hours of collection for inpatients.  
**Storage:** Varies. Refer to specific collection procedures.

---

**Test Name:** GRANULOCYTE ANTIBODY  
**Test ID:** NEUTR  
**Testing Facility:** Aultman Laboratory  
**Turnaround Time:** Sent to Reference Lab  
**Specimen Type:** Serum  
**Volume:** 1 mL  
**Container:** Red Top  
**Specimen Handling:** Centrifuge and transfer serum to plastic vial. Room Temperature

---

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Test Name: GREAT LAKES PANEL (10 ALLERGENS) (see Rast Test)

Test Name: GROUP B STREP PCR
Test ID: GBPCR
Testing Facility: Aultman Laboratory
Turnaround Time: Done Monday-Saturday. Results available in 2 days.
Specimen Type: Vagina, rectum.
Volume: 1 swab of each.
Container: Culturette (2 swabs) Specimen Handling:
A. With a culturette, obtain one swab each of the vaginal introitus and the anorectum.
B. Cervical cultures are not acceptable for determining colonization.
C. A speculum should not be used for culture collection.
Transport: Deliver to Microbiology within 2 hours of collection for inpatients.
Storage: Refrigerate.

Test Name: GROWTH HORMONE
Test ID: GH
Testing Facility: Reference Laboratory
Specimen Type: 1 ml serum - refrigerated
Volume: 1 mL
Container: SST tube
Specimen Handling: Separate serum from cells and refrigerate

Test Name: GROWTH HORMONE RELEASING FACTOR
Test ID: MISC
Testing Facility: Reference Laboratory
Specimen Handling: 3 ML SERUM - FROZEN
Additional Information: SEPARATE ASAP; DO NOT THAW

Test Name: H. PYLORI STOOL ANTIGEN
Test ID: HAPAG
Testing Facility: Aultman Laboratory Turnaround Time: Sent to Reference Lab.
Specimen Type: Stool
Volume: 1 gm
Container: Sterile container
Specimen Handling: Refrigerate

Test Name: H. FLU (INFLUENZAE) IGG (see H. Flu Vaccine Response)

The information contained in this Directory is provided only as general information and is subject to change without notice.
<table>
<thead>
<tr>
<th>Test Name:</th>
<th>H. FLU VACCINE RESPONSE (See H.influenza IgG)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Testing Facility:</td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Handling:</td>
<td>SERUM 1 ML - REF</td>
</tr>
<tr>
<td>Additional Information:</td>
<td>AKA: HIB OR H. FLU IGG</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>H. INFLUENZAE IGG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>HINFLU</td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Handling:</td>
<td>SERUM 1 ML - REF</td>
</tr>
<tr>
<td>Additional Information:</td>
<td>AKA: HIB OR H.FLU VACCINE RESPONSE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>H. PYLORI IGG ANTIBODY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>HP</td>
</tr>
<tr>
<td>Synonyms:</td>
<td>Helicobacter pylori Antibody</td>
</tr>
<tr>
<td>Test Includes:</td>
<td>Detects Helicobacter pylori IgG antibody only</td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Aultman Laboratory</td>
</tr>
<tr>
<td>Turnaround Time:</td>
<td>Done twice weekly M – F. Results available within 3 days.</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>Serum</td>
</tr>
<tr>
<td>Volume:</td>
<td>1 mL</td>
</tr>
<tr>
<td>Container:</td>
<td>7 mL SST</td>
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</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>H. PYLORI AB IGM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Testing Facility:</td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td>Additional Information:</td>
<td>Test no longer available from Reference Laboratory. Recommend ordering H. pylori IgG or IgA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>H. PYLORI ANTIGEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>HPAG</td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Handling:</td>
<td>1 GRAM STOOL - REFRIGERATED</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>HALCION (see Triazolam, Serum)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>HALDOL (see Haloperidol)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>HALOPERIDOL (HALDOL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>HALOP</td>
</tr>
<tr>
<td>Synonyms:</td>
<td>Haldol</td>
</tr>
</tbody>
</table>

The information contained in this Directory is provided only as general information and is subject to change without notice.
<table>
<thead>
<tr>
<th>Test Name</th>
<th>Test ID</th>
<th>Test Includes</th>
<th>Testing Facility</th>
<th>Specimen Handling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hantavirus Antibody</td>
<td>HANTAB</td>
<td>IGG AND IGM</td>
<td>Reference Laboratory</td>
<td>Serum 1 ML - REF</td>
</tr>
<tr>
<td>Haptoglobin</td>
<td>HAPTO</td>
<td></td>
<td>Aultman Laboratory</td>
<td>Avoid hemolysis and lipemia. Refrigerate, after 72 hours freeze.</td>
</tr>
<tr>
<td>HCG, Quantitative</td>
<td>HCG</td>
<td>LMP, hCG</td>
<td>Aultman Laboratory</td>
<td>Serum 2 mL, 7 mL SST</td>
</tr>
<tr>
<td>HCG, Tumor Marker</td>
<td>HCGT</td>
<td></td>
<td>Aultman Laboratory</td>
<td>Serum 2 mL</td>
</tr>
</tbody>
</table>

The information contained in this Directory is provided only as general information and is subject to change without notice.
<table>
<thead>
<tr>
<th>Test Name</th>
<th>Testing Facility</th>
<th>Container</th>
<th>Storage</th>
<th>Test ID</th>
<th>Specimen Handling</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCV RNA QUANTITATIVE PCR</td>
<td>Reference Laboratory</td>
<td>7 mL SST</td>
<td>Refrigerate.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HCV RNA, QUAL TMA</td>
<td>Reference Laboratory</td>
<td>3 ML EDTA PLASMA - FROZEN</td>
<td></td>
<td>MISC</td>
<td>Serum is also acceptable</td>
<td></td>
</tr>
<tr>
<td>HCV VIRAL LOAD</td>
<td>Reference Laboratory</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HCV Viral Load, Ultrasensitive</td>
<td>Reference Laboratory</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Test Name: HDL CHOLESTEROL ONLY
Test ID: HDO
Synonyms: HDL cholesterol
Test Includes: HDL cholesterol ONLY
Testing Facility: Aultman Laboratory
Turnaround Time: Done daily. Results are available the next day.
Precollection Instructions: A 12-hour fast is required.
Specimen Type: Serum or Plasma Lithium Heparin – Separate from cells within 2 hours of collection.
Volume: 1 mL
Container: SST or Plasma
Lithium Heparin
Storage: Refrigerate.

Test Name: HEAVY METALS - BLOOD
Test ID: HMETB
Synonyms: Heavy Metals Panel
Testing Facility: Reference Laboratory
Specimen Handling: DARK BLUE METAL FREE TUBE WITH EDTA ADDITIVE
Additional Information: LEAVE IN ORIGINAL TUBE

Test Name: HEAVY METALS - RANDOM URINE
Test ID: MISC
Testing Facility: Reference Laboratory
Specimen Handling: 10 ML URINE - POUR IN ACID WASHED TUBE - FROZEN
Additional Information: REFRAIN FROM SEAFOOD FOR 72 HRS BEFORE TEST

Test Name: HEAVY METALS - URINE
Test ID: HMETU
Testing Facility: Reference Laboratory
Specimen Handling: 10 ML FROM 24 HR COLLECTION - POUR IN ACID WASHED TUBE - REF
Additional Information: REFRAIN FROM SEAFOOD FOR 72 HRS BEFORE TEST; INCLUDES MERCURY, LEAD, ARSENIC, CADMIUM

Test Name: HEAVY METALS PANEL (See Heavy Metals - Blood)

Test Name: HELICOBACTER PYLORI AG, STOOL (SEE H. PYLORI AG, STOOL)
Testing Facility: Reference Laboratory
Test Name: HELPER/SUPPRESSOR (ADULTS)
Test ID: HELP1
Synonyms: CD3/CD4
Test Includes: Total lymphocytes, number of T cells, natural killer cells, helper cells and suppressor cells, % total of each cell type and helper/suppressor ratio (CD3, CD4, CD8, CD19, CD56).

Testing Facility: Aultman Laboratory
Turnaround Time: 2 working days
Specimen Type: Whole blood
Volume: 5 mL
Container: 5 mL lav top tube
Specimen Handling: Deliver specimen to lab ASAP. Keep specimen at room temperature.

Test Name: Helper/Suppressor (Pediatrics <12 years old)
Test ID: MISC
Testing Facility: Reference Laboratory
Specimen Type: Edta Whole Blood
Container: Edta Lavender Top Tube
Storage: Room Temperature
Special Instructions: Deliver specimens to testing laboratory within 24 hours of collection.

Test Name: HEMATOCRIT
Test ID: HCT
Testing Facility: Aultman Laboratory
Turnaround Time: Urgent/STAT: 30-60 minutes, Routine: 6 hours
Specimen Type: Whole blood (EDTA)
Volume: 2 mL
Container: 2.5 mL lav top tube
Storage: Room temperature.

Test Name: HEMATOCRIT, SPUN
Test ID: SHCT
Testing Facility: Aultman Laboratory
Turnaround Time: 6 hours
Precollection Instructions: Fill 3-4 hematocrit tubes within 1 cm of the end of the tube and seal the empty end with clay.
Specimen Type: Whole blood
Container: Capillary tube
Storage: Room temperature.
<table>
<thead>
<tr>
<th>Test Name:</th>
<th>HEMOCHROMATOSIS DNA PROBE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>HEMDNA</td>
</tr>
<tr>
<td>Synonyms:</td>
<td>Hereditary Hemochromatosis</td>
</tr>
<tr>
<td>Test Includes:</td>
<td>C282Y Mutation, H63D Mutation, S65C Mutation</td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td>Turnaround Time:</td>
<td>Sent to Reference Lab</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>Whole blood from EDTA</td>
</tr>
<tr>
<td>Volume:</td>
<td>3 mL</td>
</tr>
<tr>
<td>Container:</td>
<td>2 lav top tubes</td>
</tr>
<tr>
<td>Specimen Handling:</td>
<td>Keep blood at room temperature. Do not spin.</td>
</tr>
<tr>
<td>Storage:</td>
<td>Ambient</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>HEMOGLOBIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>HGB</td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Aultman Laboratory</td>
</tr>
<tr>
<td>Turnaround Time:</td>
<td>Urgent/STAT: 30-60 minutes, Routine: 6 hours</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>Whole blood (EDTA)</td>
</tr>
<tr>
<td>Volume:</td>
<td>2 mL</td>
</tr>
<tr>
<td>Container:</td>
<td>2.5 mL lav top tube</td>
</tr>
<tr>
<td>Storage:</td>
<td>Room temperature</td>
</tr>
</tbody>
</table>

| Test Name: | HEMOGLOBIN A1C (see A1C) |

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>HEMOGLOBIN ELECTROPHORESIS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>HGBE</td>
</tr>
<tr>
<td>Synonyms:</td>
<td>Hemoglobin fractionation</td>
</tr>
<tr>
<td>Test Includes:</td>
<td>Hemoglobin A1, A2, S and F. Test includes interpretation by a pathologist.</td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Aultman Laboratory</td>
</tr>
<tr>
<td>Turnaround Time:</td>
<td>Done weekly on Thursday</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>Whole blood (EDTA)</td>
</tr>
<tr>
<td>Volume:</td>
<td>5 mL</td>
</tr>
<tr>
<td>Container:</td>
<td>5 mL lav top tube</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>HEMOGLOBIN, PLASMA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>HGBP</td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Handling:</td>
<td>1 mL PLASMA FROM NA HEPARIN - REF</td>
</tr>
<tr>
<td>Additional Information:</td>
<td>Avoid hemolysis; separate from cells within 1 hour of collection.</td>
</tr>
</tbody>
</table>
Test Name: HEMOGRAM, WITH PLATELETS
Test ID: HGMP
Test Includes: WBC, RBC, hemoglobin, hematocrit, indices and platelets
Testing Facility: Aultman Laboratory
Turnaround Time: Urgent/STAT: 30 minutes, Routine: 6 hours
Specimen Type: Whole blood (EDTA)
  Volume: 2 mL
  Container: 2.5 mL lav top tube

Test Name: HEMOSIDERIN, URINE
Test ID: HEMOS
Testing Facility: Aultman Laboratory
Turnaround Time: Done Mon – Fri
Precollection Instructions: Requires a fresh, within 1 hour of collection, unrefrigerated first morning specimen
Specimen Type: First morning urine
  Volume: 5 mL
  Container: Plastic urine tube
Specimen Handling: Do not refrigerate; send to the lab within an hour of collection.
Test Name: HEP A Ab (See Hepatitis A Antibodies Total)

Test Name: HEP B CORE ANTIBODY TOTAL
Test ID: HBCAB
Testing Facility: Reference Laboratory
Specimen Handling: SERUM 1 ML - REF
Additional Information: DOES NOT DIFFERENTIATE BETWEEN IGG AND IGM

Test Name: HEP B S AB QUANT
Test ID: HBSQT
Testing Facility: Reference Laboratory
Specimen Handling: SERUM 2 ML - REF

Test Name: HEP B VIRAL DNA
Test ID: HBDNA
Testing Facility: Reference Laboratory
Specimen Handling: EDTA PLASMA 2ML FROZEN
Additional Information: SERUM ALSO ACCEPTED

Test Name: HEP C GENOTYPE
Test ID: HCGEN
Testing Facility: Reference Laboratory
Specimen Handling: SERUM 2 ML - FROZ
Additional Information: EDTA PLASMA ALSO ACCEPTABLE

Test Name: HEP C TMA QUAL
Test ID: MISC
Testing Facility: Reference Laboratory
Specimen Handling: 2 ML EDTA PLASMA - FROZEN
Additional Information: SERUM ALSO ACCEPTED

Test Name: HEPARIN FACTOR Xa (10a) (see Anti-Factor Xa (10a))

Test Name: HEPARIN INDUCED THROMBOCYTOPENIA
Test ID: HIT
Synonyms: HIT Test, Platelet Factor 4
Testing Facility: Aultman Laboratory
Turnaround Time: Sent to Reference Lab
Test Name: Test
ID:
Specimen Type: Citrated plasma
Volume: 2 mL
Container: Blue top tube
Specimen Handling: Centrifuge and separate plasma from cells. Freeze plasma.

Test Name: HEPARIN INDUCED THROMBOCYTOPENIA (SEE PLATELET FACTOR 4 (PF4) AKA: HIT)
Testing Facility: Reference Laboratory

Test Name: HEPARIN, LOW MOLECULAR WEIGHT (see Heparin Factor Xa)
HEPARIN, UNFRAGMENTED
MISC
Testing Facility: Reference Laboratory
Specimen Handling: CITRATED PLASMA 2ML - FROZEN Additional
Information: SEPARATE FROM CELLS ASAP

Test Name: HEPATIC FUNCTION PANEL
Test ID: HFP
Test Includes: Albumin, total bilirubin, direct bilirubin, alk phos, AST, ALT, total protein
Testing Facility: Aultman Laboratory
Turnaround Time: Done 7 days/week, 24 hours/day. Results available the same day.
Specimen Type: Serum or Plasma Lithium Heparin – Separate from cells within 2 hours of collection.
Volume: 2 mL
Container: SST or Plasma Lithium Heparin
Specimen Handling: Avoid hemolysis. Separate serum from cells within 2 hours of collection.

Test Name: HEPATITIS E Antibodies
Test ID: HEPE
Test Includes: HEPATITIS IGG AND IGM
Testing Facility: Reference Laboratory
Specimen Type: SERUM 1ML-REG
Specimen Handling: SEPARATE SERUM FROM CELLS ASAP

Test Name: HEPATITIS A ANTIBODIES TOTAL
Test ID: AHAVT
Test Includes: IGG AND IGM BUT DOES NOT DIFFERENTIATE BETWEEN THEM
Testing Facility: Reference Laboratory
Volume: 1 ML SERUM-REF
Container: SST

The information contained in this Directory is provided only as general information and is subject to change without notice.
<table>
<thead>
<tr>
<th>Test Name:</th>
<th>HEPATITIS A IGG/IGM (See Hepatitis A Antibodies Total)</th>
<th>Testing Facility:</th>
<th>Aultman Laboratory</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>HEPATITIS A IGM ANTIBODIES</th>
<th>Test ID:</th>
<th>AHAVM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test Includes:</td>
<td>Screening for IgM antibodies to Hepatitis A testing.</td>
<td>Testing Facility:</td>
<td>Aultman Laboratory</td>
</tr>
<tr>
<td>Turnaround Time:</td>
<td>Done 7 days/week, 24 hours/day. Results available same day.</td>
<td>Specimen Type:</td>
<td>Serum or plasma lithium heparin – Separate from cells within 2 hours of collection.</td>
</tr>
<tr>
<td>Volume:</td>
<td>1 – 2 mL</td>
<td>Container:</td>
<td>SST or Plasma Lithium Heparin.</td>
</tr>
<tr>
<td>Specimen Handling:</td>
<td>Avoid hemolysis</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>HEPATITIS B CORE ANTIBODY</th>
<th>Test ID:</th>
<th>HBCAB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test Includes:</td>
<td>HBcAb, Core antibody</td>
<td>Testing Facility:</td>
<td>Sent to reference lab</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>Serum</td>
<td>Volume:</td>
<td>2 mL</td>
</tr>
<tr>
<td>Container:</td>
<td>7 mL SST</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specimen Handling:</td>
<td>Avoid hemolysis. Refrigerate.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>HEPATITIS B CORE IGM</th>
<th>Test ID:</th>
<th>HBCM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Synonyms:</td>
<td>HBcIgM, Core-M, Core-IgM</td>
<td>Testing Facility:</td>
<td>Aultman Laboratory</td>
</tr>
<tr>
<td>Turnaround Time:</td>
<td>Done 7 days/week, 24 hours/day. Results available same day.</td>
<td>Specimen Type:</td>
<td>Serum or plasma lithium heparin – Separate from cells within 2 hours of collection.</td>
</tr>
<tr>
<td>Volume:</td>
<td>1 mL</td>
<td>Container:</td>
<td>SST or plasma lithium heparin.</td>
</tr>
<tr>
<td>Specimen Handling:</td>
<td>Avoid hemolysis</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>HEPATITIS B E AB</th>
<th>Test ID:</th>
<th>HBEAB</th>
</tr>
</thead>
<tbody>
<tr>
<td>The information contained in this Directory is provided only as general information and is subject to change without notice.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Test Name</td>
<td>Test ID</td>
<td>Testing Facility</td>
<td>Specimen Type</td>
</tr>
<tr>
<td>---------------------------</td>
<td>---------</td>
<td>------------------------</td>
<td>--------------------------------</td>
</tr>
<tr>
<td>HEPATITIS B E AG</td>
<td>HBEAG</td>
<td>Reference Laboratory</td>
<td>1 ML SERUM FROM SST - REF</td>
</tr>
<tr>
<td>HEPATITIS B SURFACE AG, CONF.</td>
<td>HBCNF</td>
<td>Reference Laboratory</td>
<td>1 ML SERUM</td>
</tr>
</tbody>
</table>
Test Name: HEPATITIS B SURFACE ANTIBODY
Test ID: HBSAB
Synonyms: HBsAb, Hepatitis B immune status
Testing Facility: Aultman Laboratory
Turnaround Time: Done 7 days/week, 24 hours/day. Results available same day.
Specimen Type: Serum or plasma lithium heparin – Separate from cells within 2 hours of collection.
  Volume: 2 mL
  Container: SST or Plasma lithium heparin.
Specimen Handling: Avoid hemolysis

Test Name: HEPATITIS B SURFACE ANTIBODY QUANT
Test ID: AHBSQ
Testing Facility: Reference Lab
Specimen Type: 1 ML SERUM FROM SST TUBE - REFRIGERATED
Specimen Handling: Refrigerate

Test Name: HEPATITIS B SURFACE ANTIGEN
Test ID: HBSAG
Synonyms: HBsAg, HAA (Hepatitis Australia Antigen)
Test Includes: All repeatedly reactive (positive) Hepatitis B Surface Ag tests are confirmed by neutralization.
Testing Facility: Aultman Laboratory
Turnaround Time: Done 7 days/week, 24 hours/day. Results available same day.
Specimen Type: Serum or plasma lithium heparin – Separate from cells within 2 hours of collection.
  Volume: 2 mL
  Container: SST or plasma lithium heparin.
Specimen Handling: Avoid hemolysis

Test Name: HEPATITIS B VIRAL DNA ULTRAQUANT
Test ID: HBVDNU
Testing Facility: Reference Lab
Specimen Type: 2 ML SERUM FROM SST TUBE - REFRIGERATED
Specimen Handling: SEPARATE SERUM FROM CELLS WITHIN 24 HRS

HEPATITIS C RNA Quantitative PCR
HCQPCR
HCV Viral Load, Heptimax, Hep C Quant
Aultman Laboratory
Sent to Reference Lab

Specimen Type: EDTA Plasma
Volume: 3 mL
Specimen Handling: EDTA Plasma refrigerated. Serum is also acceptable but not preferred.

---

**Test Name:** HEPATITIS C ANTIBODY
**Test ID:** HCV1
**Synonyms:** Non-A, non-B hepatitis, transfusion associated hepatitis

**Test Includes:** Hepatitis C antibody (2nd generation)
**Testing Facility:** Aultman Laboratory
**Turnaround Time:** Done M - F. Results available in 2 days.

Specimen Type: Serum
Volume: 2 mL
Container: 7 mL SST
Specimen Handling: Avoid hemolysis

---

**Test Name:** HEPATITIS C GENOTYPE
**Test ID:** HCGEN
**Synonyms:** HCV Genotype

**Test Includes:** Sent to Reference Lab
**Testing Facility:** Aultman Laboratory
**Specimen Type:** Serum (frozen)
Volume: 1mL
Container: 7 mL SST
Specimen Handling: Freeze serum

---

**Test Name:** HEPATITIS C IMMUNOBLOT (See Hepatitis C RNA Quantitative PCR)
**Additional Information:** Hepatitis C Immunoblot is no longer available as reference labs. HCV Quant RNA PCR is the standard test to confirm positive HCV antibodies

---

**Test Name:** HEPATITIS C, VIRAL LOAD (See Hepatitis C RNA PCR)

---

**Test Name:** HEPATITIS DELTA AB
**Test ID:** AHD
**Testing Facility:** Reference Laboratory
**Specimen Handling:** SERUM 1 ML - REF

---

The information contained in this Directory is provided only as general information and is subject to change without notice.
**Test Name:** HEPATITIS E AB IGG (SEE HEPATITIS E ANTIBODIES)
**Testing Facility:** Reference Laboratory
**Specimen Handling:** SERUM 1 ML - REF
**Additional Information:** SEPARATE FROM CELLS ASAP

**Test Name:** HEPATITIS E AB IGM (SEE HEPATITIS E ANTIBODIES)
**Testing Facility:** Reference Laboratory
**Specimen Handling:** SERUM 1 ML - REF
**Additional Information:** SEPARATE FROM CELLS ASAP

**Test Name:** HEPATITIS, ACUTE PROFILE
**Test ID:** HEPAC
**Synonyms:** Hepatitis A, B and C screening
**Test Includes:** Hepatitis B Surface Ag, Hepatitis B Core IgM Ab, Hepatitis C Ab, Hepatitis A IgM
**Testing Facility:** Aultman Laboratory
**Turnaround Time:** Done 7days/week, 24hours/day. Results available same day.
**Specimen Type:** Serum or plasma lithium heparin – Separate from cells within 2 hours of collection.
**Volume:** 3 – 5 mL
**Container:** SST or Plasma Lithium Heparin
**Specimen Handling:** Avoid hemolysis

**Test Name:** HEPTIMAX - VIRAL LOAD (See Hepatitis C RNA Quantitative PCR)

**Test Name:** HEREDITARY HEMOCHROMATOSIS (See Hemochromatosis DNA Probe) Testing Facility: Reference Laboratory

**Test Name:** HERPES 6 VIRUS
**Test ID:** HV6ABS
**Test Includes:** IGG AND IGM
**Testing Facility:** Reference Laboratory
**Specimen Handling:** SERUM 1 ML - REF
**Additional Information:** AGENT CAUSING ROSEOLA

**Test Name:** HERPES PCR TESTING (SEE HSV PCR; THIS CAN ALSO INCLUDE LESIONS (ORDER THOSE AS MISC))

The information contained in this Directory is provided only as general information and is subject to change without notice.
<table>
<thead>
<tr>
<th>Test Name: HERPES SIMPLEX 1 AND 2 IGG AND IGM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Test ID:</strong> HSVAB</td>
</tr>
<tr>
<td><strong>Synonyms:</strong> HSV 1 and 2 IgG and IgM</td>
</tr>
<tr>
<td><strong>Test Includes:</strong> HSV IgG Type 1 Antibody, HSV IgG Type 2 Antibody, HSV IgM Types 1 and 2 (combined) Antibodies</td>
</tr>
<tr>
<td><strong>Testing Facility:</strong> Aultman Laboratory</td>
</tr>
<tr>
<td><strong>Turnaround Time:</strong> Sent to Reference Lab</td>
</tr>
<tr>
<td><strong>Specimen Type:</strong> Serum</td>
</tr>
<tr>
<td><strong>Volume:</strong> 1 mL</td>
</tr>
<tr>
<td><strong>Container:</strong> 7 mL SST.</td>
</tr>
<tr>
<td><strong>Specimen Handling:</strong> Refrigerate specimen</td>
</tr>
</tbody>
</table>

| Test Name: HERPES SIMPLEX VIRUS PCR, CSF (see HSV PCR, CSF) |

| Test Name: HERPES VIRUS AB (see HSV 1 and 2 AB) |
### Test Name: HEXOSAMINIDASE A (SEE TAY SACHS CARRIER SCRN)

**Testing Facility:** Reference Laboratory

---

### Test Name: HG LEVEL (see Mercury Blood)

---

### Test Name: HIB (see H. Flu Vaccine Response)

---

### Test Name: HIGH SENSITIVE C-REACTIVE PROTEIN (see C-Reactive Protein, High Sensitive)

---

### Test Name: HIGH SENSITIVE CRP (see C-Reactive Protein, High Sensitive)

---

### Test Name: HISTAMINE, PLASMA

**Test ID:** PHISTA

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 1 ML EDTA PLASMA - FROZEN ASAP

**Additional Information:** CENTRIFUGE IMMEDIATELY; AVOID HEMOLYSIS

---

### Test Name: HISTAMINE, URINE, 24 HOUR

**Test ID:** UHISTA

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 15 ML FROM 24 HR COLLECTION - REF

---

### Test Name: HISTONE ANTIBODY

**Test ID:** HIST

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 1 ML - REF

**Additional Information:** CENTRIFUGE WITHIN 1 HOUR OF COLLECTION

---

### Test Name: HISTOPLASMA ANTIBODY

**Test ID:** HISTAB

**Test Includes:** HISTO MYCELIAL AB-CF, HISTO YEAST-CF, HISTOPLASMOSIS AB-ID

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 1 ML - REF

**Additional Information:** FASTING PREFERRED

---

### Test Name: HISTOPLASMA URINE ANTIGEN

**Test ID:** HISTOAG

---

The information contained in this Directory is provided only as general information and is subject to change without notice.
Test Name: HIT (SEE ANTI-PLATELET FACTOR 4 ABS)
Testing Facility: Reference Laboratory
Specimen Handling: CITRATED PLASMA 2ML - FROZEN
Additional Information: SEE HEPARIN INDUCED THROMBOCYTOPENIA

Test Name: HIT TEST (see Platelet Factor 4)

Test Name: HIV 1 / 2 ANTIBODY
Test ID: HIV
Test Includes: Assay for the detection of HIV p24 antigen and antibodies to HIV Type 1, including Group O (HIV-1 + “O”) and/or Type 2 (HIV-2).
Testing Facility: Aultman Laboratory
Turnaround Time: Done 7days/week, 24hours/day. Results available same day.
Specimen Type: Serum or lithium heparin – Separate from cells within 2 hours of collection.
  Volume: 2 mL
  Container: SST or Plasma lithium heparin.
Specimen Handling: Avoid hemolysis

Test Name: HIV 1 GENOTYPE
Test ID: HIVGEN
Testing Facility: Aultman Laboratory
Turnaround Time: Sent to Reference Lab
Specimen Type: Plasma
  Volume: 2 mL
  Container: Lavender top tube (EDTA)
Specimen Handling: Freeze

Test Name: HIV 1/2 AB DIFFERENTIATION
Test ID: HIV12M
Test Includes: Differentiation from antibodies to HIV 1 and HIV 2
Testing Facility: Reference Laboratory
  Volume: 1 ML SERUM-REF
  Container: SST
Additional Information: PLASMA ACCEPTABLE
### Test Name: HIV 1/2 Combo (Ag/Ab)
**Test ID:** HIV12C  
**Test Includes:** HIV 1/2 antibodies and P24 antigen  
**Testing Facility:** Reference Laboratory  
**Volume:** 1 ML SERUM-REF  
**Container:** SST  
**Additional Information:** PLASMA ALSO ACCEPTABLE

### Test Name: HIV 2 EIA
**Test ID:** HIEIA  
**Turnaround Time:** Sent to Reference Lab  
**Specimen Type:** Serum  
**Volume:** 1 mL  
**Container:** 7 mL SST  
**Specimen Handling:** Refrigerate

### HIV DNA PCR (BABY)
**Test Number:** HIVPCR  
**Testing Facility:** Reference Laboratory  
**Specimen Handling:** ACD(B) 1 TUBE ROOM TEMP  
**Additional Information:** SPECIAL STUDY ON BABIES

### Test Name: HIV-1 CORECEPTOR TROPISM
**Test ID:** MISC  
**Testing Facility:** Reference Laboratory  
**Specimen Handling:** 2 ML EDTA PLASMA - FROZEN

### Test Name: HIV-1 CORECEPTOR TROPISM w/REFLEX
**Test ID:** MISC  
**Testing Facility:** Reference Laboratory  
**Specimen Handling:** 2 ML EDTA PLASMA - FROZEN  
**Additional Information:** REFLEXED TO ULTRADEEP SEQUENCING

### Test Name: HIV-1 CULTURE (BABY)
**Test ID:** MISC  
**Test Number:** HIVCUL  
**Testing Facility:** Reference Laboratory
Test Name: Test

ID:

Specimen Handling: ACD(B) 1 TUBE ROOM TEMP Additional

Information: SPECIAL STUDY ON BABIES

Test Name: HIV-1 GENOTYPE

Test ID: HIVGEN

Testing Facility: Reference Laboratory

Specimen Handling: EDTA PLASMA 2 ML - FROZEN Additional

Information: SERUM ALSO ACCEPTED

Test Name: HIV-1 INTEGRASE GENOTYPE

Test ID: HIVIGT

Testing Facility: Reference Laboratory

Specimen Type: 2 ML PLASMA

Container: EDTA

Storage: FROZEN

Test Name: HIV-1 P24 ANTIGEN (See HIV 1/2 Combo Ag/AB)

Testing Facility: Reference Laboratory

HIV-1 RNA QUAL, TMA

HIVTMA

Testing Facility: Reference Laboratory

Specimen Type: 1.6 ML PLASMA FROM EDTA TUBE (FROZEN)

Specimen Handling: CENTRIFUGE AND TRANSFER PLASMA TO PLASTIC CONTAINER; FREEZE Additional

Information: This is a qualitative test. Preferred test is HIV Quant RNA by PCR.

Test Name: HIV-1 RNA QUANT, CSF

Test ID: MISC

Testing Facility: Reference Laboratory

Specimen Handling: 2 ML CSF - FROZEN

Test Name: HIV-1 VIRAL LOAD (See HIV Quant RNA by PCR) Testing Facility: Reference Laboratory

Test Name: HIV-2 ANTIBODY

Test ID: MISC

The information contained in this Directory is provided only as general information and is subject to change without notice.
Test Name: Test
ID:
Testing Facility: Reference Laboratory
Specimen Handling: SERUM 1 ML - REF
Additional Information: DONE BY WESTERN BLOT; MUST USE UNOPENED TUBE

Test Name: HLA B27
Test ID: MISC
Testing Facility: Reference Laboratory
Specimen Handling: 2 EDTA (LAVENDER TOP) WHOLE BLOOD - ROOM TEMP
Additional Information: GOES TO MAYO CLINIC

Test Name: HLA B27, PCR
TEST ID: MISC
Testing Facility: Reference Laboratory
Special Handling: 2 Lavender top tubes – Whole Blood
Additional Info: Room Temperature

Test Name: HLA NARCOLEPSY
Test ID: NARCO
Testing Facility: Reference Laboratory
Specimen Type: Whole blood
  Volume: 7 mL
  Container: EDTA
Specimen Handling: Preferred Specimen: 7 mL EDTA WB
  Alt: ACD(B) 2 TUBES ROOM TEMP
Additional Information: MUST REACH LAB WITHIN 24 HRS. INCLUDES HLA DR2/DQ1. DO NOT draw/ship on Saturday or day before a holiday.

Test Name: HLA TYPING (A,B,C)
Test ID: MISC
Testing Facility: Reference Laboratory
Specimen Handling: ACD(B) 2 TUBES ROOM TEMP
Additional Information: PHENOTYPE: DONOR/RECIPIENT TRANSPLANT TESTING

Test Name: HLA-B 5701 TYPING
Test ID: BS701
Testing Facility: Reference Laboratory
Turnaround Time: Sample cannot be shipped on Saturday or the day before a holiday.

The information contained in this Directory is provided only as general information and is subject to change without notice.
Test Name: Test

ID:

Specimen Type: Whole Blood
   Volume: 14 mL. For pediatric volume - see Additional Information
   Container: EDTA Whole Blood. (Alternate tube type - 2 - ACD(B) TUBES)

Specimen Handling: Do NOT spin. Refrigerated.
   Additional Information: Pediatric Volume: 0-1 yr - 3 mL
      1-5 yrs - 5 mL
      5-10 yrs - 7 mL
      >10 yrs - 14 mL

Test Name: HOMOCYSTEINE

Test ID: HOMO

Testing Facility: Aultman Laboratory

Turnaround Time: Done 24 hours/day, 7 days/week. Results available same day.

Transfer Instructions: transfer on ice

Specimen Type: Plasma only (Lithium Heparin)
   Volume: 1 mL
   Container: Lithium Heparin

Specimen Handling: Centrifuge and separate serum from cells ASAP.

Storage: Refrigerate.

Test Name: HOMOVANILLIC ACID, URINE

Test ID: UHVA

Testing Facility: Reference Laboratory

Specimen Handling: 10ML OF ACIDIFIED 24 HR URINE

Additional Information: AKA: HVA - REFRIGERATE

Test Name: HPP (see Pancreatic Polypeptide)

Test Name: HPV GENOTYPES 16 AND 18

Test ID: MISC

Testing Facility: Reference Laboratory

Specimen Handling: SPECIMEN COMES FROM MICRO

HPV SCREEN, DNA PROBE

HPV

Test Includes: DNA probe for the detection of Human Papilloma Virus (HPV), high risk types including Genotype 16 & 18.

Testing Facility: Aultman Laboratory

The information contained in this Directory is provided only as general information and is subject to change without notice.
**Test Name:** HSP-70 ANTIBODY  
**Testing Facility:** Reference Laboratory  
**Specimen Handling:** 1 ML SERUM - REFRIGERATED  
**Additional Information:** SEE ANTI-68 KD ANTIBODY

---

**Test Name:** HSV (see Herpes Simplex Virus 1 & 2 Antibodies)

---

**Test Name:** HSV 1 &2 AB  
**Test ID:** HSVAB  
**Testing Facility:** Reference Laboratory  
**Specimen Handling:** SERUM 1 ML - REF  
**Additional Information:** HERPES SIMPLEX IGG &IGM

---

**Test Name:** HSV PCR CSF  
**Test ID:** HSPCR  
**Test Number:** PAPER REQ  
**Testing Facility:** Reference Laboratory  
**Specimen Handling:** CSF 1 ML - REF  
**Additional Information:** CALL AKRON CHILDRENS COURIER FOR PICK UP

---

**Test Name:** HSV PCR LESIONS  
**Test ID:** MISC  
**Test Number:** PAPER REQ  
**Testing Facility:** Reference Laboratory  
**Specimen Handling:** SWAB FROM LESION  
**Additional Information:** CALL AKRON CHILDRENS COURIER FOR PICK UP

---

**Test Name:** HTLV I / II  
**Test ID:** HTLVSC  
**Testing Facility:** Reference Laboratory
Test Name: Test
ID:
Specimen Handling: SERUM 1 ML - REF
Additional Information: EDTA PLASMA IS ALSO ACCEPTABLE

Test Name: HU ANTIBODY (see Neuronal Nuclear Antibody)
<table>
<thead>
<tr>
<th>Test Name: HUMAN PLACENTAL LACTOGEN (SEE PLACENTAL LACTOGEN)</th>
<th>Testing Facility: Reference Laboratory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test Name: HUMORAL IMMUNITY EVAL. PANEL</td>
<td>Test ID: MISC</td>
</tr>
<tr>
<td>Testing Facility: Reference Laboratory</td>
<td>Specimen Handling: SERUM 4 ML - REF</td>
</tr>
<tr>
<td>Additional Information: CHECKS 6 SEROTYPES</td>
<td></td>
</tr>
</tbody>
</table>

| Test Name: HUNTINGTON DISEASE MUTATION | Test ID: MISC |
| Testing Facility: Reference Laboratory | Specimen Handling: 2 LAVENDER TOPS - WHOLE BLOOD |
| Additional Information: ROOM TEMP; WAIVER MUST BE SIGNED AND SENT WITH ALL SPECIMEN. CALL 1-866-436-3463 FOR COPY OF WAIVER |

| Test Name: HVA (SEE HOMOVANILLIC ACID) Testing | Facility: Reference Laboratory |

| Test Name: HYDROCODONE CONFIRMATION, URINE | Test ID: HYDCU |
| Testing Facility: Reference Laboratory | Specimen Handling: 10 mL urine, refrigerated |

| Test Name: HYDROXYPROLINE, URINE | Test ID: HYPU |
| Testing Facility: Reference Laboratory | Specimen Handling: 15 ML FROM 24 HRS COLLECTION - REF |
| Additional Information: MEASURES TOTAL; FOR RANDOM SAMPLES, USE CODE 37407N |

| Test Name: HYPERCOAGULABILITY PANEL | Additional Information: Must contact doctor's office for exact testing; each office is different |

| Test Name: HYPERSENSITIVITY PNEUMONITIS | Test ID: HYPNE |
| Synonyms: Test for detection of 5 IgG antibodies |
| Test Includes: Antibodies for: aspergillus fumigatus, aspergillus niger, micropolyspora faeni, thermoactinomyces vulgaris and saccharomonospora viridis Testing Facility: Aultman Laboratory |

The information contained in this Directory is provided only as general information and is subject to change without notice.
Test Name: HYPOGLYCEMIC PANEL (See Sulfonurea Panel)
Testing Facility: Reference Laboratory

Test Name: IBD 7 SEROLOGY (See IBD sgi DIAGNOSTIC)
Testing Facility: Reference Laboratory

Test Name: IBD sgi DIAGNOSTIC
Test ID: IBDSG
Testing Facility: Reference Laboratory
Specimen Handling: 2 ML SERUM AND EDTA WHOLE BLOOD
Additional Information: COLLECT SST TUBE AND 1 LAVENDER TOP TUBE - REF

Test Name: ICA (see CAION)

Test Name: ICA (SEE ISLET CELL ANTIBODY)
Testing Facility: Reference Laboratory

Test Name: IFE, SERUM
Test ID: IFES
Synonyms: Serum immunofixation electrophoresis
Test Includes: Interpretation of IFE by a pathologist
Testing Facility: Aultman Laboratory
Turnaround Time: Done daily as needed. Results available the same day.
Precollection Instructions: Fasting specimen preferred.
Specimen Type: Serum
Volume: 2 mL
Container: 7 mL SST.
Specimen Handling: Avoid hemolysis and lipemia.

Test Name: IFE, URINE
Test ID: IFEU
Synonyms: Urine immunofixation electrophoresis.
Test Includes: Interpretation of IFE by a pathologist.
Testing Facility: Aultman Laboratory

The information contained in this Directory is provided only as general information and is subject to change without notice.
Aultman Hospital Laboratory Test Directory

Test Name: IGA (see Immunoglobulin A)

Test Name: IGD
Test ID: IGD
Testing Facility: Reference Laboratory
Specimen Handling: SERUM 1 ML - FROZEN
Additional Information: CSF ALSO ACCEPTABLE

IGE (see Immunoglobulin E)

Test Name: IGF-1 (see Somatomedin-C)

Test Name: IGF-BP3
Test ID: MISC
Testing Facility: Reference Laboratory
Specimen Handling: 1 ML SERUM - REFRIGERATED
Additional Information: REJECT IF HEMOLYIZED OR LIPEMIC

Test Name: IGG (see Immunoglobulin G)

Test Name: IGG INDEX, CSF
Test ID: TOURT
Synonyms: IgG synthesis (CSF)
Test Includes: CSF IgG and albumin, serum IgG and albumin, IgG/albumin index and IgG synthesis rate
Testing Facility: Aultman Laboratory
Turnaround Time: Sent to Reference Lab
Precollection Instructions: Test requires CSF and serum
Specimen Type: CSF (obtained by physician) and serum
Volume: CSF: 3 mL, Serum: 3 mL
Container: Serum: 7 mL SST
Specimen Handling: Avoid hemolysis. Deliver to lab immediately. Refrigerate specimen.
Test Name: IGG SUBCLASSES, 1234  
Test ID: IG1234  
Synonyms: Fractionated IgG  
Test Includes: IgG1, IgG2, IgG3, IgG4  
Testing Facility: Reference Laboratory  
Specimen Type: Serum - refrigerated  
Volume: 1 mL  
Container: 7 mL SST.  
Specimen Handling: Avoid hemolysis and lipemia. Refrigerate

Test Name: IGM (see Immunoglobulin M)

Test Name: IMIPRAMINE  
Test ID: IMIP  
Testing Facility: Reference Laboratory  
Specimen Handling: 2 ML PLASMA FROM DARK BLUE TUBE WITH ADDITIVE (EDTA) - Refrigerated  
Centrifuge and transfer serum to plastic vial within 2 hrs of collection  
Additional Information: COLLECT SPECIMEN IMMEDIATELY PRIOR TO NEXT DOSE.
Test Name: IMMUNE FUNCTION ASSAY

Reference Laboratory

Specimen Handling: 10 ML SODIUM HEPARIN - WHOLE BLOOD - ROOM TEMP. LITHIUM HEPARIN IS NOT ACCEPTABLE.

Additional Information: DRAW MON THRU THURS. MUST ARRIVE AT CCF BY 12 NOON, MON THRU FRIDAY.

Test Name: IMMUNO FECAL BLOOD

Test ID: IMMUNO FECAL BLOOD

Synonyms: Hemoccult ICT, IFOB

Testing Facility: Aultman Laboratory

Turnaround Time: Done 7 days/wk, 24 hrs/day. Results available the same day.

Specimen Type: Feces

Volume: 2 gm

Container: Hemoccult ICT slide

Specimen Handling: Maintain specimen slide at room temperature and transport at room temperature. DO NOT REFRIGERATE.

Test Name: IMMUNOELECTROPHORESIS (see Immunofixation Electrophoresis)

Test Name: IMMUNOFIXATION ELECTROPHORESIS (See IFE, Serum)

Test Name: IMMUNOGLOBULIN A

Test ID: IGA

Synonyms: IgA

Testing Facility: Aultman Laboratory

Turnaround Time: Done 7 days/week, 24 hours/day. Results available the same day.

Specimen Type: Serum and plasma lithium heparin – Separate from cells within 2 hours of collection.

Volume: 1 mL

Container: SST or Plasma Lithium heparin

Test Name: IMMUNOGLOBULIN E

Test ID: IGE

Synonyms: IgE

Testing Facility: Aultman Laboratory

Turnaround Time: Done 7 days/week, 24 hours/day. Results available the same day.

Specimen Type: Serum only

Volume: 1 mL

Container: 7 mL SST.
Test Name: IMMUNOGLOBULIN G
Test ID: IGG
Synonyms: IgG
Testing Facility: Aultman Laboratory
Turnaround Time: Done 7 days/week, 24 hours/day. Results available the same day.
Specimen Type: Serum or plasma lithium heparin – Separate from cells within 2 hours of collection.
  Volume: 1 mL
  Container: SST or plasma lithium heparin.

Test Name: IMMUNOGLOBULIN M
Test ID: IGM
Synonyms: IgM
Testing Facility: Aultman Laboratory
Turnaround Time: Done 7 days/week, 24 hours/day. Results available the same day.
Specimen Type: Serum or plasma lithium heparin – Separate from cells within 2 hours of collection.
  Volume: 1 mL
  Container: SST or Plasma lithium heparin.

Test Name: IMMUNOGLOBULIN PANEL
Test ID: IMMUN
Synonyms: Quantitative immunoglobulins
Test Includes: IgA, IgG and IgM
Testing Facility: Aultman Laboratory
Turnaround Time: Done 7 days/week, 24 hours/day. Results available the same day.
Specimen Type: Serum or plasma lithium heparin – Separate from cells within 2 hours of collection.
  Volume: 2 mL
  Container: SST or Plasma lithium heparin.

Test Name: IMURAN (see Thiopurine Metabolites)

Test Name: INDIRECT SCREEN OR INDIRECT COOMBS (see AB Screen / Indirect AHG)

Test Name: INFLIXIMAB/HACA MEASUREMENT
Test ID: MISC
Test Number: REQ
Testing Facility: Reference Laboratory
Specimen Handling: SERUM 2 ML - ROOM TEMPERATURE
Test Name: INFLUENZA A AB
Test ID: FLUA
Testing Facility: Reference Laboratory
Specimen Handling: SERUM 1 ML - REF
Additional Information: INCLUDES IGG AND IGM

Test Name: INFLUENZA B AB
Test ID: FLUB
Testing Facility: Reference Laboratory
Specimen Handling: SERUM 1 ML - REF
Additional Information: INCLUDES IGG AND IGM

Test Name: INHIBIN A
Test ID: INHIB
Testing Facility: Reference Laboratory
Specimen Handling: SERUM 2 ML - REF

Test Name: INHIBIN B
Test ID: INHIBB
Testing Facility: Reference Laboratory
Specimen Handling: SERUM 1 ML - FROZEN
Additional Information: MOSTLY USED FOR INFERTILITY TESTING

Test Name: INR (see Prothrombin Time)

Test Name: INSULIN
Test ID: INSLN
Testing Facility: Aultman Laboratory
Turnaround Time: Done daily. Results available the same day.
Pre-collection Instructions: NOTE: If insulin levels are ordered in conjunction with a glucose tolerance, each individual insulin must be ordered separately with the time (fasting, 2 hours, 1 hour, etc.) noted in order entry comments.
Specimen Type: Serum
Volume: 1 mL
Container: 7 ml SST
Specimen Handling: Avoid hemolysis Storage: Refrigerate.
<table>
<thead>
<tr>
<th>Test Name</th>
<th>Test ID</th>
<th>Facility</th>
<th>Specimen Handling</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>INSULIN ANTIBODY</td>
<td>INSAB</td>
<td>Reference Laboratory</td>
<td>1 ML SERUM - REFRIGERATED</td>
<td></td>
</tr>
<tr>
<td>INSULIN, FREE (BIOACTIVE)</td>
<td>FINS</td>
<td>Reference Laboratory</td>
<td>1 ML SERUM - REFRIGERATED</td>
<td>EDTA PLASMA ALSO ACCEPTABLE</td>
</tr>
<tr>
<td>INTRINSIC FACTOR BLOCKING ANTIBODY</td>
<td>INTFCT</td>
<td>Reference Laboratory</td>
<td>SERUM 1 ML - REF</td>
<td></td>
</tr>
<tr>
<td>IODINE</td>
<td>BIODIN</td>
<td>Reference Laboratory</td>
<td>1 ML SERUM FROM DARK BLUE TUBE WITH NO ADDITIVE - REFRIGERATED</td>
<td>DO NOT USE BETADINE DURING VENIPUNCTURE. POUR OFF INTO METAL FREE TRANSPORT TUBE</td>
</tr>
<tr>
<td>IONIZED CALCIUM (see Calcium, Ionized)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IRON STUDIES</td>
<td>FES</td>
<td>Aultman Laboratory</td>
<td></td>
<td>Test performed 7 days/week, 24 hours/day. Results available same day.</td>
</tr>
</tbody>
</table>

The information contained in this Directory is provided only as general information and is subject to change without notice.
### Aultman Hospital Laboratory Test Directory

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>IRON STUDY, LIVER BIOPSY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>PATH</td>
</tr>
<tr>
<td>Test Number:</td>
<td>FET</td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Handling:</td>
<td>LIVER BX OR PARAFFIN BLOCK</td>
</tr>
<tr>
<td>Additional Information:</td>
<td>REFRIGERATE; SEND PATH REPORT WITH SPECIMEN</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>IRON, TOTAL, SERUM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>FE</td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Aultman Laboratory</td>
</tr>
<tr>
<td>Turnaround Time:</td>
<td>Done 7 days/week, 24 hours/day. Results available the same day.</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>Serum or plasma lithium heparin – Separate from cells within 2 hours of collection.</td>
</tr>
<tr>
<td>Volume:</td>
<td>1 mL</td>
</tr>
<tr>
<td>Container:</td>
<td>SST of plasma lithium heparin.</td>
</tr>
<tr>
<td>Specimen Handling:</td>
<td>Avoid hemolysis. Separate serum from cells within 2 hours of collection.</td>
</tr>
<tr>
<td>Storage:</td>
<td>Refrigerate.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>ISLET CELL ANTIBODY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>ISLET</td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Handling:</td>
<td>SERUM 1 ML -REF</td>
</tr>
<tr>
<td>Additional Information:</td>
<td>AKA: ICA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>JAK-2 V617F MUTATION DETECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>JAK2</td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Handling:</td>
<td>2 LAVENDER TOPS - WHOLE BLOOD</td>
</tr>
<tr>
<td>Storage:</td>
<td>REFRIGERATE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>JAK2 NON V617F MUTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>JAKNON</td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td>Volume:</td>
<td>2 LAVENDER TOP TUBES</td>
</tr>
<tr>
<td>Storage:</td>
<td>REFRIGERATE</td>
</tr>
</tbody>
</table>

The information contained in this Directory is provided only as general information and is subject to change without notice.
Test Name: JC POLYOMA VIRUS DNA BY PCR
Test ID: MISC
Testing Facility: Reference Laboratory
Specimen Handling: 1 ML EDTA PLASMA - FROZEN ASAP Additional Information: CSF ALSO ACCEPTABLE

Test Name: JO-1 ANTIBODY
Test ID: JO1
Testing Facility: Reference Laboratory
Specimen Handling: SERUM 1 ML - REF

Test Name: K2 (HERBAL OR SYNTHETIC MARIJUANA)
Test ID: MISC
Testing Facility: Reference Laboratory
Specimen Handling: 10 ML URINE - REFRIG

The information contained in this Directory is provided only as general information and is subject to change without notice.
<table>
<thead>
<tr>
<th>Test Name</th>
<th>ID</th>
<th>Testing Facility</th>
<th>Specimen Type</th>
<th>Volume</th>
<th>Container</th>
<th>Specimen Handling</th>
</tr>
</thead>
<tbody>
<tr>
<td>KAPPA/LAMBDA LIGHT CHAINS, TOTAL</td>
<td>MISC</td>
<td>Reference Laboratory</td>
<td>Serum - refrigerated</td>
<td>1 mL</td>
<td>7 ml SST</td>
<td>Avoid lipemia. Refrigerate</td>
</tr>
<tr>
<td>KAPPA/LAMBDA LIGHT CHAINS, TOTAL</td>
<td>MISCNB</td>
<td>Reference Laboratory</td>
<td>Random Urine – Refrigerate</td>
<td>5 mL</td>
<td>Send Out urine tube</td>
<td>Refrigerate – no preservative.</td>
</tr>
<tr>
<td>KAPPA/LAMBDA, FREE, URINE</td>
<td>UKLFR</td>
<td>Reference Laboratory</td>
<td>Random Urine – Refrigerate</td>
<td>2 mL</td>
<td>Send Out urine tube</td>
<td>Random or from well mixed 24 hour collection Refrigerated</td>
</tr>
<tr>
<td>KARYOTYPE (SEE CHROMOSOME ANALYSIS - PICK CORRECT SOURCE)</td>
<td></td>
<td>Reference Laboratory</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>KARYOTYPE (see Chromosome Studies - Blood)</td>
<td></td>
<td>Reference Laboratory</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>KEPPRA</td>
<td>KEPPRA</td>
<td>Reference Laboratory</td>
<td>1 ML SERUM - PLAIN RED TOP - REFRIG Centrifuge</td>
<td></td>
<td></td>
<td>PLAIN RED TOP: AKA - LEVETIRACETAM</td>
</tr>
<tr>
<td>KETAMINE AND METABOLITE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test Name: Test ID: Test ID: MISC</td>
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<td>----------------------------------</td>
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<td></td>
</tr>
<tr>
<td><strong>Testing Facility:</strong> Reference Laboratory</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Specimen Handling:</strong> SERUM 2 ML FROM PLAIN RED - REF Centrifuge and transfer serum to plastic vial. <strong>Additional Information:</strong> SST TUBES ARE UNACCEPTABLE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name: KETONES (see B-Hydroxybutyrate) KETONES, URINE KETUA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Synonyms:</strong> Acetone (u)</td>
</tr>
<tr>
<td><strong>Testing Facility:</strong> Aultman Laboratory</td>
</tr>
<tr>
<td><strong>Turnaround Time:</strong> Done 7 days/week, 24 hours/day. Results available the same day.</td>
</tr>
<tr>
<td><strong>Specimen Type:</strong> Random urine</td>
</tr>
<tr>
<td><strong>Volume:</strong> 1 mL</td>
</tr>
<tr>
<td><strong>Container:</strong> Plastic urine tube</td>
</tr>
<tr>
<td><strong>Specimen Handling:</strong> Keep on ice or refrigerate</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name: KLEIHAUER-BETKE STAIN</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Test ID:</strong> KBS</td>
</tr>
<tr>
<td><strong>Synonyms:</strong> KB Stain</td>
</tr>
<tr>
<td><strong>Testing Facility:</strong> Aultman Laboratory</td>
</tr>
<tr>
<td><strong>Turnaround Time:</strong> 24 hours</td>
</tr>
<tr>
<td><strong>Specimen Type:</strong> Whole blood (EDTA)</td>
</tr>
<tr>
<td><strong>Volume:</strong> 3 mL</td>
</tr>
<tr>
<td><strong>Container:</strong> 5 mL lav top tube <strong>Storage:</strong> Refrigerated.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name: L. PHEUMOPHILIA (see Legionella IGG)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Test Name: L/S RATIO/PG BY CHROMATOGRAPHY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Testing Facility:</strong> Reference Laboratory</td>
</tr>
<tr>
<td><strong>Turnaround Time:</strong> 1-4 days. Performed by Cleveland Clinic Laboratory.</td>
</tr>
<tr>
<td><strong>Additional Information:</strong> Reported with L/S (Lecithin/Sphingomyelin) Ratio and PG (Phosphatidylglycerol) result.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name: LACOSAMIDE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Test ID:</strong> LACOS</td>
</tr>
<tr>
<td><strong>Testing Facility:</strong> Reference Laboratory</td>
</tr>
<tr>
<td><strong>Specimen Handling:</strong> 2 mL serum. Plain Red top tube.</td>
</tr>
</tbody>
</table>

The information contained in this Directory is provided only as general information and is subject to change without notice.
Centrifuge and transfer serum to plastic vial.
Refrigerate

Additional Information: SST is unacceptable.

Test Name: LACTATE (see Lactic Acid)

Test Name: LACTIC ACID, BODY FLUID
Test ID: LACBF
Test Includes: Body fluid type, lactic acid
Testing Facility: Aultman Laboratory
Turnaround Time: Done 7 days/week, 24 hours/day. Results available the same day.
Specimen Type: Body fluid
  Volume: 2 – 4 mL
  LACTIC ACID, CSF
  LACSF
Synonyms: Lactate
Test Includes: Specimen type, lactic acid
Testing Facility: Aultman Laboratory
Turnaround Time: Done 7 days/week, 24 hours/day. Results available the same day.
Specimen Type: CSF
  Volume: 1 mL
  Container: Deliver to lab ASAP

Test Name: LACTIC ACID, WHOLE BLOOD
Test ID: LAC
Synonyms: Lactate
Testing Facility: Aultman Laboratory
Turnaround Time: Done 7 days/week, 24 hours/day. Results available the same day.
Precollection Instructions: Draw without a tourniquet
Specimen Type: Whole blood
  Volume: 2mL
  Container: 1 Lithium Heparin green top or 1 arterial/venous blood gas syringe
Specimen Handling: Collect on ice. Avoid hemolysis. Deliver to stat lab immediately. Specimens for lactic acid should not be drawn outside the main hospital campus.

Test Name: LACTOSE TOLERANCE TEST
Test ID: LTT

The information contained in this Directory is provided only as general information and is subject to change without notice.
Test Name: Test
ID:

Test Includes: Fasting glucose and glucose levels drawn at 15, 30, 45, 60, 90, and 120 minutes after the administration of lactose. Testing Facility: Aultman Laboratory

Turnaround Time: Within 2 hours after the last specimen is received.

Precollection Instructions: Schedule test with venipuncture 24 hours in advance.

Specimen Type: Serum
- Volume: 1 mL
- Container: 5 mL SST

---

Test Name: LACTOTYPE
Test ID: LACTO

Testing Facility: Reference Laboratory

Specimen Handling: EDTA WHOLE BLOOD

Additional Information: 2 LAV TOPS
<table>
<thead>
<tr>
<th>Test Name</th>
<th>Test ID</th>
<th>Testing Facility</th>
<th>Specimen Handling</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>LAMBERT EATON AB</td>
<td>LAMBRT</td>
<td>Reference Laboratory</td>
<td>2ML SERUM - REF</td>
<td>AKA: LEMS</td>
</tr>
<tr>
<td>LAMELLAR BODY COUNT</td>
<td>MISC</td>
<td>Reference Laboratory</td>
<td>Unspun amniotic fluid</td>
<td>Reported as Mature/Immature/Transitional</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>obtained via abdominal</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>amniocentesis or vaginal</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Volume: 1 ml</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Container: Deliver to lab</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>immediately</td>
<td></td>
</tr>
<tr>
<td>LAMOTRIGINE (LAMICTAL)</td>
<td>LMTR</td>
<td>Reference Laboratory</td>
<td>1 ML SERUM - PLAIN RED TOP</td>
<td>Plain PLAIN RED TOP</td>
</tr>
<tr>
<td>Lanoxin (see Digoxin)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LAXATIVE ABUSE SCREEN</td>
<td>MIS</td>
<td>Reference Laboratory</td>
<td>10 GM RANDOM STOOL -</td>
<td>TRANSPORT IN ACID WASHED TUBE</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>REFRIG</td>
<td></td>
</tr>
<tr>
<td>LD ISOENZYMES</td>
<td>LDISO</td>
<td>Reference Laboratory</td>
<td>SERUM 1 ML - ROOM</td>
<td>INCLUDES TOTAL LD</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>TEMPERATURE</td>
<td></td>
</tr>
</tbody>
</table>
## Aultman Hospital Laboratory Test Directory

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>LD, BODY FLUID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>LDBF</td>
</tr>
<tr>
<td>Synonyms:</td>
<td>Body fluid LDH</td>
</tr>
<tr>
<td>Test Includes:</td>
<td>Body fluid type, LD</td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Aultman Laboratory</td>
</tr>
<tr>
<td>Turnaround Time:</td>
<td>Done 7 days/week, 24 hours/day. Results available the same day.</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>Body fluid</td>
</tr>
<tr>
<td>Volume:</td>
<td>2 – 4 mL</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>LD, SERUM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>LD</td>
</tr>
<tr>
<td>Synonyms:</td>
<td>LDH, lactate dehydrogenase</td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Aultman Laboratory</td>
</tr>
<tr>
<td>Turnaround Time:</td>
<td>Done 7 days/week, 24 hours/day. Results available the same day.</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>Serum or plasma lithium heparin – Separate from cells within 2 hours of collection.</td>
</tr>
<tr>
<td>Volume:</td>
<td>1 mL</td>
</tr>
<tr>
<td>Container:</td>
<td>SST or Plasma Lithium Heparin.</td>
</tr>
<tr>
<td>Specimen Handling:</td>
<td>Avoid hemolysis</td>
</tr>
<tr>
<td>Storage:</td>
<td>Refrigerate.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>LDL, CHOLESTEROL DIRECT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>LDLDCT</td>
</tr>
<tr>
<td>Synonyms:</td>
<td>LDL DIRECT CHOLESTEROL</td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td>Precollection Instructions:</td>
<td>PATIENT MUST BE FASTING</td>
</tr>
<tr>
<td>Specimen Handling:</td>
<td>SERUM 1 ML – REF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>LEAD, BLOOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>LEAD2</td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Reference Lab</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>Whole blood</td>
</tr>
<tr>
<td>Container:</td>
<td>(EDTA) Navy Blue with additive - Refrigerate</td>
</tr>
<tr>
<td>Specimen Handling:</td>
<td>Heavy Metal form for Leads MUST accompany the sample. Cannot be sent without it</td>
</tr>
<tr>
<td>Additional Information:</td>
<td>Lavendar top tube (EDTA) is acceptable but not preferred.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>LEAD, URINE 24 HOUR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>ULEADQ</td>
</tr>
</tbody>
</table>

The information contained in this Directory is provided only as general information and is subject to change without notice.
<table>
<thead>
<tr>
<th>Test Name:</th>
<th>LEGIONELLA ANTIBODIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Testing Facility:</td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td>Volume:</td>
<td>1 ml serum-Ref</td>
</tr>
<tr>
<td>Specimen Handling:</td>
<td>Refrigerated</td>
</tr>
<tr>
<td>Additional Information:</td>
<td>AKA: L.PNEUMOPHILIA; TESTS SEROGRPS 1-6,8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>LEGIONELLA PNEUMOPHILIA IGG, IGM (See Legionella Antibodies)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Testing Facility:</td>
<td>Reference Laboratory</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>LEGIONELLA URINE ANTIGEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>LUA</td>
</tr>
<tr>
<td>Test Includes:</td>
<td>Rapid immunochromatographic assay for detection of legionella pneumophila serogroup 1 antigen in urine.</td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Aultman Laboratory</td>
</tr>
<tr>
<td>Turnaround Time:</td>
<td>Done Mon – Fri, 24 hours a day, Sat and Sun 0700 – 2400. Performed Sat and Sun 0000-0700, Stat requests only. Results available the same day.</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>Urine (catheter or clean void).</td>
</tr>
<tr>
<td>Volume:</td>
<td>2 mL</td>
</tr>
<tr>
<td>Container:</td>
<td>Sterile container.</td>
</tr>
<tr>
<td>Specimen Handling:</td>
<td>Collection:</td>
</tr>
<tr>
<td></td>
<td>A. Catheter: Swab catheter port with povidone iodine. Puncture the port with a needle and aspirate the urine into a syringe. Do NOT collect urine from the drainage bag.</td>
</tr>
<tr>
<td></td>
<td>B. Clean void: Cleanse urinary meatus with towelettes. Have the patient void a small amount for discard. Collect a midstream urine specimen.</td>
</tr>
<tr>
<td>Transport:</td>
<td>Deliver to Microbiology within 2 hours of collection for inpatients.</td>
</tr>
<tr>
<td>Storage:</td>
<td>Refrigerate.</td>
</tr>
</tbody>
</table>

| Test Name: | LEIDEN FACTOR V (see APC Resistance) |

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>LEMS (SEE LAMBERT EATON)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Testing Facility:</td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td>LEPTOSPIRA ANTIBODY</td>
<td></td>
</tr>
<tr>
<td>LEPAB</td>
<td></td>
</tr>
<tr>
<td>Reference Laboratory</td>
<td></td>
</tr>
</tbody>
</table>

The information contained in this Directory is provided only as general information and is subject to change without notice.
Test Name: LEUKOCYTE ACID PHOSPHATASE  
Test ID: LACP  
Testing Facility: Aultman Laboratory  
Turnaround Time: 24 hours  
Specimen Type: Whole blood  
Volume: 3 mL  
Container: 5 mL green top tube or 5 mL lav (EDTA) top tube Storage: Room temperature.

Test Name: LEUKOCYTE ALKALINE PHOSPHATASE  
Test ID: LAP  
Testing Facility: Aultman Laboratory  
Turnaround Time: 24 hours  
Specimen Type: Heparinized whole blood  
Volume: 5 mL  
Container: 5 mL green top tube  
Specimen Handling: Return to lab ASAP Storage: Refrigerate.

Test Name: LEVETIRACETAM (SEE KEPPRA LEVEL) Testing  
Facility: Reference Laboratory

Test Name: LH  
Test ID: LH  
Synonyms: Luteinizing hormone  
Testing Facility: Aultman Laboratory  
Turnaround Time: Done on daily. Results available the same day.  
Specimen Type: Serum  
Volume: 1 mL  
Container: 7 mL SST Storage: Refrigerate.

Test Name: LIBRIUM AND METABOLITE  
Test ID: LIBRI  
Test Includes: Nordiazepam, Librium
Test Name:
  Test ID: Testing

Facility:

  Volume: 2 ML SERUM-REF
  Container: RED TOP

Specimen Handling: Centrifuge and transfer serum to plastic vial. Refrigerate.
Test Name: LIDOCAINE

Test ID: LIDO

Synonyms: Xylocaine

Testing Facility: Reference Laboratory

Specimen Handling: SERUM 1ML PLAIN RED
Centrifuge and transfer serum to plastic vial.

Additional Information: SST TUBES ARE UNACCEPTABLE

Test Name: LIGHT CHAIN QUANTITATION (see Kappa or Lambda Light Chain)

Test Name: LIPASE, SERUM

Test ID: LIP

Testing Facility: Aultman Laboratory

Turnaround Time: Done 7 days/week, 24 hours/day. Results available the same day.

Specimen Type: Serum or plasma lithium heparin – Separate from cells within 2 hours of collection.
- Volume: 1 mL
- Container: SST or Plasma Lithium Heparin.

Specimen Handling: Separate serum from cells ASAP

Storage: Refrigerate.

Test Name: LIPASE, URINE

Test ID: LIP24

Testing Facility: Reference Laboratory

Specimen Handling: 15 ML FROM RANDOM URINE - REFRIG

Test Name: LIPID PROFILE

Test ID: LIPID

Test Includes: Cholesterol, triglycerides, HDL, LDL and VLDL cholesterol and cholesterol/HDL cholesterol ratio

Testing Facility: Aultman Laboratory

Turnaround Time: Done daily. Results available the next day.

Precollection Instructions: A 12-hour fast is required

Specimen Type: Serum or Plasma lithium heparin – Separate from cells within 2 hours of collection.
- Volume: 2 mL
Test Name: LIPOPROTEIN (a)
Test ID: LPA
Testing Facility: Reference Laboratory
Specimen Handling: SERUM 1 ML - REF
Additional Information: AKA: LP(a)

Test Name: LIPOPROTEIN ANALYSIS BY NMR (see NMR Lipid Profile)
LIPOPROTEIN ASSOCIATED PHOSPHOLIPASE A2
MISC
Aultman Laboratory

Test Name: LIPOPROTEIN PHENOTYPE
Test ID: LIPOP
Testing Facility: Reference Laboratory
Specimen Handling: SERUM 4 ML - REF
Additional Information: PLAIN RED TOP; 12 HR FAST
LIQUID-BASED PAP SMEAR

Testing Facility: Aultman Laboratory

Turnaround Time: Monday-Friday received by 3:00pm. 4 working days. Abnormal PAP smear results take longer pending Pathologist review.

Precollection Instructions: Requisition: Use Cerner requisition for in-patient specimens. Use Form 308-A (Cytology) for outpatient specimens

Specimen Collection / Transfer Instructions:
The following information must be included on the requisition:

1. The patient’s name, birth date, medical record number
2. Mark the source (cervical, vaginal, endocervical, vault)
3. Include any pertinent clinical information (esp. post menopausal bleeding, previous abnormal history)
4. Mark the HPV Reflex box if additional testing is requested with an ASCUS result
5. Mark the “HPV Testing Regardless” box if HPV testing is requested no matter what the diagnosis is.
6. List any physicians that require a copy of the report
7. The patient’s Social Security number is helpful but not required

Collection procedure:
NOTE: THIS PROCEDURE MUST BE PERFORMED BY A PHYSICIAN OR A NURSE PRACTITIONER UNDER THE DIRECTION OF A PHYSICIAN.

1. Place the patient in the dorsolithotomy position.
2. Insert a vaginal speculum. Use warm water to warm up and lubricate the speculum. Do not use vaginal lubricants prior to specimen collection. Lubricants can interfere with cell transfer to the slide and obscure cells.
3. Insert the collection device into the endocervical canal. Gently apply pressure until the bristles form against the cervix.
   a) Endocervical brush/spatula collection device - slowly rotate 1/4 or 1/2 turn in one direction. DO NOT over rotate.
   B) Broom-like device - rotate the broom in a clockwise direction five times.
4. Rinse the collection device into the vial (10 times, swirling vigorously to further release material)
5. Discard collection device.
6. Tightly the cap to prevent leaking.
7. Vials with specimen will be viable up to 4 weeks after collection. They do not need to be refrigerated.

Materials needed:
1. Vial used to collect and transport the specimen
2. Cervix brush collection device or the combo kit collection device
Specimen vials and collection device supplies are available through Cytology.
Test Name: Testing

Facility:

Container: It is very important to record two patient identifiers on the specimen vial. The date of collection and the physician’s name are also helpful for accessioning purposes. Specimen vials do not need to be refrigerated before or after collection. Do not use the vials after the expiration date on the vial. Specimens are viable up to 4 weeks after collection.

Specimen Handling: Place the vial and the requisition into a biohazard bag for transport to the laboratory by the ALS courier. In-house Surepath specimens can also arrive via the tube system. During normal day shift hours, the specimens should be delivered directly to Cytology and placed in the designated drop-off collection box in the department. After hours, the specimens can be dropped off in the ALS accessioning area in the designated drop-off place.
<table>
<thead>
<tr>
<th>Test Name</th>
<th>Test ID</th>
<th>Facility</th>
<th>Specimen Handling</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>LISTERIA ANTIBODY</td>
<td>MISC</td>
<td>Reference Laboratory</td>
<td>1 ML SERUM FROM PLAIN RED TOP TUBE – REFRIGERATED</td>
<td>SST ALSO ACCEPTABLE</td>
</tr>
<tr>
<td>LISTERIA CSF</td>
<td>MISC</td>
<td>Reference Laboratory</td>
<td>1 ML CSF REFRIG</td>
<td></td>
</tr>
<tr>
<td>LITHIUM</td>
<td>LITH</td>
<td>Aultman Laboratory</td>
<td>Trough - 12 hours after evening dose.</td>
<td></td>
</tr>
<tr>
<td>Synonyms: Lithobid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Precollection Instructions:</td>
<td>Usual sampling time:</td>
<td>Serum/Plain red top/Plasma lithium heparin – Separate from cells within 2 hours of collection.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Container: SST/Plain Red Top/Plasma Lithium heparin</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LITHOBID (See LITHIUM)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LIVER CYTOSOL AUTOANTIBODIES</td>
<td>MISC</td>
<td>Reference Laboratory</td>
<td>SERUM 1 ML – REF</td>
<td></td>
</tr>
<tr>
<td>Test Name</td>
<td>Test ID</td>
<td>Facility</td>
<td>Specimen Handling</td>
<td>Additional Information</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>---------------</td>
<td>---------------------</td>
<td>-----------------------------</td>
<td>----------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>LIVER FIBROSIS (FIBRO TEST)</td>
<td>Testing</td>
<td>Specimen</td>
<td>Handling</td>
<td>Test Name: LIVER FIBROSIS (FIBRO TEST) - (See Fibrosure)</td>
</tr>
<tr>
<td>LIVER KIDNEY MICROSONAL ANTIBODIES (SEE LKM AB)</td>
<td>Testing</td>
<td>Reference Laboratory</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LKM ANTIBODY</td>
<td>LKM</td>
<td>Reference Laboratory</td>
<td>Serum 1 ML - Refrigerated</td>
<td>AKA: LIVER KIDNEY MICROSONAL ANTIBODY</td>
</tr>
<tr>
<td>LONG CHAIN FATTY ACID</td>
<td>LCFA</td>
<td>Reference Laboratory</td>
<td>Serum 1 ML - Refrigerated</td>
<td>AKA: VERY LONG CHAIN FATTY ACIDS (C22 - C26)</td>
</tr>
<tr>
<td>LP (a) (see Lipoprotein (a))</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LUFYLLIN (see Dyphylline)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LORAZEPAM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LUPUS ANALYZER</td>
<td>ANALZ</td>
<td>Aultman Laboratory</td>
<td></td>
<td>Synonyms: Lupus profile, Analyzer, Comprehensive Autoimmune Panel, ANA Comprehensive Panel. This is NOT lupus anticoagulant.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Test Includes:</strong> ANA, DNA, ENA, SCLAB, MRCS1, C3C4A, RF, MITO, PARIE, RIBAB, SMUSC, CCP <strong>Testing</strong></td>
</tr>
</tbody>
</table>

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LUVANOX (see Heparin Factor Xa)

LYME AB EARLY DISEASE (< 30 days signs/symptoms) WITH REFLEX

LYME ANTIBODIES IGG, IGM, CSF

LYME ANTIBODY (See Lyme Ab Early Disease) Testing

LYME DISEASE PCR, CSF/SYN FLUID

LYMPHOCYTE MITOGEN SCREEN

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<table>
<thead>
<tr>
<th>Test Name</th>
<th>Test ID</th>
<th>Facility</th>
<th>Specimen Handling</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>LYMPHOCYTE TRANSFORMATION TEST</td>
<td>MISC</td>
<td>Reference Laboratory</td>
<td>20 ML SODIUM HEPARIN - WHOLE BLOOD - ROOM TEMP</td>
<td>DRAW BLOOD IN 5 TUBES FOR 1-2 ANTIGENS. DRAW ADDITIONAL 3 TUBES FOR 3 OR MORE. MUST ARRIVE IN LAB WITHIN 24 HRS. DRAW MON-THUR ONLY</td>
</tr>
<tr>
<td>LYSOSOMAL ENZYME SCREEN</td>
<td>LES</td>
<td>Reference Laboratory</td>
<td>SEND ON ICE</td>
<td>2-10ML GREEN TOPS AND RANDOM URINE</td>
</tr>
<tr>
<td>LYSOZYME, 24 HR UR</td>
<td>LYSOU</td>
<td>Reference Laboratory</td>
<td>15 ML FROM 24 HR COLLECTION - REF</td>
<td></td>
</tr>
<tr>
<td>LYSOZYME, SERUM</td>
<td>LYSO2</td>
<td>Reference Laboratory</td>
<td>2ML SERUM - FROZEN</td>
<td>CENTRIFUGE WITHIN 1 HOUR OF COLLECTION</td>
</tr>
<tr>
<td>LYSOZYME, RANDOM UR</td>
<td>MISC</td>
<td>Reference Laboratory</td>
<td>10 ML UR - REF</td>
<td>SPIN DOWN AND SEND SUPERNATANT FROZEN</td>
</tr>
<tr>
<td>MAG AB IGM</td>
<td>MISC</td>
<td>Reference Laboratory</td>
<td>SERUM 1 ML - REF</td>
<td></td>
</tr>
</tbody>
</table>
Test Name: MAGNESIUM 24 HR UR
Test ID: UMAGD
Testing Facility: Reference Laboratory
Specimen Handling: 15 ML FROM 24 HR COLLECTION - REF

Test Name: MAGNESIUM, FECAL
MISC
Reference Laboratory
5 MG STOOL - REFRIG
MUST BE LIQUID STOOL

Test Name: MAGNESIUM, RBC
Test ID: MAGRBC
Testing Facility: Reference Laboratory
Specimen Handling: 1 ML RED BLOOD CELLS – DARK BLUE WITH ADDITIVE (EDTA) – CENTRIFUGE WHOLE BLOOD AND DISCARD PLASMA WITHIN 4 HRS OF COLLECTION. POUR RED BLOOD CELLS INTO TRANSPORT TUBE.
Additional Information: ROOM TEMPERATURE

Test Name: MAGNESIUM, SERUM
Test ID: MG
Synonyms: Mg
Testing Facility: Aultman Laboratory
Turnaround Time: Done 7 days/week – 24 hours/day. Results available the same day.
Specimen Type: Serum or plasma lithium heparin – Separate from cells within 2 hours of collection.
Volume: 1 mL
Container: SST or plasma lithium heparin.
Specimen Handling: Avoid hemolysis
Storage: Refrigerate.

The information contained in this Directory is provided only as general information and is subject to change without notice.
MALARIA SMEAR
MAL

Test Includes: Microscopic examination for Malaria.

Testing Facility: Aultman Laboratory

Turnaround Time: Done daily 0700 - 2400. Stat requests only 0000-0700. Results available in 1 day.

Specimen Type: Blood from a fingerstick or EDTA tube.

Volume: 6 thin smears and 6 thick smears on glass microscope slides.

Specimen Handling: Collection:

A. Thin smears:
1) Using a 70% alcohol pad, clean the area of the finger to be punctured. Allow the skin to air dry.
2) Puncture the finger with controlled motion using a blood lancet.
3) Allow the blood to form a droplet by applying gentle pressure to the finger.
4) Handling the clean slides by the edges, touch the slide to the finger and obtain a small drop of blood. Using a second clean slide, spread the blood the length of the slide. The angle between the spreading slide and the blood drop should be about 30° so that the cells are distributed evenly. Draw the film out to a feathery edge.
5) Make 6 slides in the same manner.

B. Thick smears:
1) Using a 70% alcohol pad, clean the area of the finger to be punctured. Allow the skin to air dry.
2) Puncture the finger with controlled motion using a blood lancet.
3) Allow the blood to form a droplet by applying gentle pressure to the finger.
4) Place 2-3 drops of blood on a clean slide and pool the drops into a thick film with the corner of another slide. Make the pool about the size of a dime.
5) Allow the slide to air dry.
6) If EDTA is used, thick and thin smears must be made within 1 hour of collection.

Transport: Deliver to Microbiology as soon as possible. Storage: Room temperature.

MANGANESE
SMANG

Testing Facility: Reference Laboratory

Specimen Handling: 2 ML SERUM FROM DARK BLUE WITHOUT ADDITIVE – ROOM TEMPERATURE

Additional Information: POUR OFF INTO TRACE ELEMENT TUBE

MARIJUANA (SYNTHETIC) AKA: K2
MISC

Testing Facility: Reference Laboratory

Specimen Handling: 10 ML URINE - REFRIG

MEASLES (see Rubeola IGG Antibodies)

MEASLES-RUBEOLA IGG AND IGM

The information contained in this Directory is provided only as general information and is subject to change without notice.
<table>
<thead>
<tr>
<th>Test Name</th>
<th>Test ID</th>
<th>Testing Facility</th>
<th>Specimen Handling</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>MISC</td>
<td></td>
<td>Reference Laboratory</td>
<td>SERUM 1 ML - REF</td>
<td>PLAIN RED TOP Centrifuge and transfer serum to plastic vial.</td>
</tr>
<tr>
<td>MECONIUM DRUG SCREEN</td>
<td>DRUGM</td>
<td>Reference Laboratory</td>
<td>4 GM MECONIUM – ROOM TEMPERATURE</td>
<td>INCLUDES: MARIJUANA, COCAINE, OPIATES, PHENCYCLIDINE, AMPHETAMINES, BARBITURATES, METHADONE, BENZOS, BUPRENORPHINE</td>
</tr>
<tr>
<td>MELANIN, UR QUAL</td>
<td>MELU</td>
<td>Reference Laboratory</td>
<td>15 ML URINE - FROZEN</td>
<td>RANDOM COLLECTION - PROTECT FROM LIGHT</td>
</tr>
<tr>
<td>MELANOCYTE STIMULATING HORMONE</td>
<td></td>
<td>Reference Laboratory</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MELATONIN</td>
<td>MISC</td>
<td>Reference Laboratory</td>
<td>3 ML EDTA PLAS - FROZEN</td>
<td>SHOULD BE DRAWN IN DARKNESS; SPIN AND FREEZE ASAP</td>
</tr>
<tr>
<td>MELLARIL (see Thiordazine)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEN2/FMTC, EXONS 10,11,13-16</td>
<td>MISC</td>
<td>Reference Laboratory</td>
<td>5 ML LAVENDER WHOLE BLOOD - ROOM TEMP</td>
<td>20 ML AMNIOTIC FLUID ALSO ACCEPTABLE</td>
</tr>
</tbody>
</table>

The information contained in this Directory is provided only as general information and is subject to change without notice.
<table>
<thead>
<tr>
<th>Test Name</th>
<th>Test ID</th>
<th>Synonyms</th>
<th>Testing Facility</th>
<th>Specimen Handling</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEPHEDRONE (see Bath Salts Testing)</td>
<td></td>
<td></td>
<td>Reference Laboratory</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEPHENYTOIN</td>
<td>MEPH</td>
<td>Mesantoin</td>
<td>Reference Laboratory</td>
<td>SERUM 2 ML - PLAIN RED - REF</td>
<td>Centrifuge and transfer serum to plastic vial.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>SST TUBES ARE UNACCEPTABLE</td>
</tr>
<tr>
<td>MESANTOIN (see Mephenytoin)</td>
<td></td>
<td></td>
<td>Reference Laboratory</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MERCAPTOPURINE, 6MP</td>
<td></td>
<td>MISC</td>
<td>Reference Laboratory</td>
<td>2 LAV TOPS WHOLE BLD; REFRIG</td>
<td>SEND IN REFRIGERATED SPECIMEN BOX</td>
</tr>
<tr>
<td>MERCURY, 24 HR UR</td>
<td>UMERC3</td>
<td></td>
<td>Reference Laboratory</td>
<td>15 ML URINE FROM 24 HR COLL - REF</td>
<td>AVOID SEAFOOD FOR 48 HRS PRIOR TO COLLECTION; SEND IN ACID WASHED TUBE</td>
</tr>
<tr>
<td>MERCURY, BLOOD</td>
<td>MERC2</td>
<td></td>
<td>Reference Laboratory</td>
<td>7 ML WHOLE BLOOD FROM DARK BLUE TUBE WITH ADDITIVE (EDTA) – ROOM TEMPERATURE</td>
<td>TRANSPORT IN ORIGINAL TUBE</td>
</tr>
<tr>
<td>METANEPHRINES, 24 HR UR</td>
<td>METU</td>
<td></td>
<td>Reference Laboratory</td>
<td>15 ML URINE FROM 24 HR COLL - REF</td>
<td></td>
</tr>
</tbody>
</table>
### Test Name: METANEPHRINES, PLASMA  
**Test ID:** METP  
**Testing Facility:** Reference Laboratory  
**Specimen Handling:** EDTA PLASMA 2 ML - FROZEN  
**Additional Information:** NOT DONE ON SERUM

### Test Name: METHADONE & METABOLITE  
**Test ID:** MMTAB  
**Testing Facility:** Reference Laboratory  
**Specimen Handling:** SERUM 2ML - PLAIN RED TOP - ROOM TEMP Centrifuge and transfer serum to plastic vial.  
**Additional Information:** PUT "PEAK" OR "TROUGH" IN COMMENTS; SST UNACCEPTABLE

### Test Name: METHEMOGLOBIN  
**Test ID:** METHB  
**Testing Facility:** Aultman Laboratory  
**Turnaround Time:** Done 7 days/week, 24 hours/day. Results available within 2 hours.  
**Specimen Type:** Whole blood  
**Volume:** 2 mL  
**Container:** 5 mL green top tube  
**Specimen Handling:** MUST BE DRAWN AT MAIN HOSPITAL OPD. MUST BE PROCESSED WITHIN 2 HRS

### Test Name: METHEMOGLOBIN REDUCTASE  
**Test ID:** MISC  
**Testing Facility:** Reference Laboratory  
**Specimen Handling:** 1 ACD(B) TUBE - REF  
**Additional Information:** LEAVE IN ORIGINAL TUBE

### Test Name: METHOTREXATE/STAT  
**Test ID:** METHS  
**Synonyms:** Mexate, MTX  
**Testing Facility:** Reference Laboratory  
**Specimen Handling:** SERUM 1 ML - FROZ  
**Additional Information:** CALL AKRON CHILDRENS COURIER FOR PICK UP

### Test Name: METHSUXIMIDE  
**Test ID:** MISC

---

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<table>
<thead>
<tr>
<th>Test Name</th>
<th>Test ID</th>
<th>Testing Facility</th>
<th>Specimen Handling</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test</td>
<td></td>
<td>Reference Laboratory</td>
<td>SERUM 2 ML - REF</td>
<td>PLAIN RED TOP Centrifuge and transfer serum to plastic vial.</td>
</tr>
<tr>
<td>METHYLHISTAMINE</td>
<td>MISC</td>
<td>Reference Laboratory</td>
<td>15 ML URINE FROM 24 HR COLL - REF</td>
<td>AKA: N-METHYLHISTAMINE</td>
</tr>
<tr>
<td>METHYLMALONIC ACID</td>
<td>MMA</td>
<td>Reference Laboratory</td>
<td>SERUM 1 ML - REF</td>
<td>AKA: MMA</td>
</tr>
<tr>
<td>METHYLMALONIC ACID, URINE</td>
<td>MISC</td>
<td>Reference Laboratory</td>
<td>5 mL urine (random or 24hr), unpreserved, refrigerated. METHYLPHENIDATE(RITALIN) RITAL</td>
<td>PLASMA FROM SODIUM HEPARIN TUBE ACCEPTABLE</td>
</tr>
<tr>
<td>MEXILETINE</td>
<td>MEX</td>
<td>Reference Laboratory</td>
<td>1 ML SERUM - PLAIN RED TOP - FROZEN Centrifuge and transfer serum to plastic vial.</td>
<td>EDTA PLASMA ALSO ACCEPTABLE</td>
</tr>
<tr>
<td>MI PANEL - (See Cardiac Screen)</td>
<td></td>
<td>Reference Laboratory</td>
<td>1 ML SERUM - PLAIN RED TOP - REFRIG Centrifuge and transfer serum to plastic vial.</td>
<td>Additional Information: EDTA PLASMA ALSO ACCEPTABLE</td>
</tr>
</tbody>
</table>

The information contained in this Directory is provided only as general information and is subject to change without notice.
### Test Name: MICROALBUMIN, 24 HOUR URINE

**Test ID:** MALBU  
**Test Includes:** Collection time, volume, creatinine, microalbumin 24-hour excretion and excretion rate  
**Testing Facility:** Aultman Laboratory  
**Turnaround Time:** Done daily. If specimen is received by 0900, results are available the same day.  
**Precollection Instructions:** No preservative necessary. See 24-hour Urine Collection Instructions.  
**Specimen Type:** 24-hour urine  
**Volume:** Submit entire urine collection to lab  
**Container:** Obtain collection container from lab  
**Specimen Handling:** Keep specimen on ice during collection

### Test Name: MICROALBUMIN, RANDOM URINE

**Test ID:** MALBR  
**Test Includes:** Microalbumin, albumin/creatinine ratio  
**Testing Facility:** Aultman Laboratory  
**Turnaround Time:** Done daily. If specimen is received by 0900, results are available the same day.  
**Specimen Type:** Urine, random  
**Volume:** 10 mL  
**Container:** Plastic urine tube
Test Name: Test
ID:

Test Name: MICROsomAL ANtiBODY
Test ID: MCRS1

Test Includes: Microsomal Antibody, Thyroid Peroxidase Antibodies, included in Thyroid Antibody test (THYAB)
Testing Facility: Aultman Laboratory
Turnaround Time: Done 7 days/week, 24 hours/day. Results available same day.
Specimen Type: Serum or plasma lithium heparin – Separate from cells within 2 hours of collection.
Volume: 2 mL
Container: SST or Plasma Lithium Heparin.
Specimen Handling: Centrifuge and transfer serum to plastic vial. Freeze.

Test Name: MICROsporidia
Test ID: MICRO TO ORDER
Testing Facility: Reference Laboratory
Specimen Handling: 2 GRAM STOOL IN FORMALIN VIAL
Additional Information: ROOM TEMPERATURE

Test Name: MITOCHONDRIAL ANTIbody
Test ID: Mito
Synonyms: AMA
Test Includes: Mitochondrial antibody screen
Testing Facility: Aultman Laboratory
Turnaround Time: Done M – F. Results available within 3 days.
Specimen Type: Serum
Volume: 1 – 2 mL
Container: 7 mL SST
Specimen Handling: Avoid hemolysis

Test Name: MITOTANE, SERUM
Test ID: MTANE
Testing Facility: Reference Laboratory
Specimen Handling: 2 mL serum. Plain Red top.
Centrifuge and transfer serum to plastic vial.
Storage: Refrigerated
Additional Information: SST is unacceptable.
<table>
<thead>
<tr>
<th>Test Name</th>
<th>Test ID</th>
<th>Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>MMA (see Methylmalonic Acid)</td>
<td>Testing</td>
<td>Aultman Laboratory</td>
</tr>
<tr>
<td>MONONUCLEOSIS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MONO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Synonyms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heterophile agglutination test, MONOSPOT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Testing Facility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aultman Laboratory</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Turnaround Time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Routine: Done daily M – F. Results available in 1 day. STAT/urgent: Done as received. Results available in 15 minutes.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specimen Type</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Serum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Volume</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 mL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Container</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 mL SST</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specimen Handling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Avoid hemolysis</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name</th>
<th>Test ID</th>
<th>Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>MOTILIN</td>
<td>MISC</td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Handling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SERUM 2 ML – FROZ</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional Information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>POUR OFF ASAP; FASTING REQ</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name</th>
<th>Test ID</th>
<th>Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>MOTOR/SENSORY NEUROPATHY EVAL</td>
<td>MSNE</td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Handling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SERUM 3 ML - REF</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name</th>
<th>Test ID</th>
<th>Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>MRSA SCREEN PCR</td>
<td>MRPCR</td>
<td>Aultman Laboratory</td>
</tr>
<tr>
<td>Test Includes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Screening of nares for detection of Methicillin Resistant Staphylococcus aureus.</td>
<td>Testing</td>
<td>Aultman Laboratory</td>
</tr>
<tr>
<td>Turnaround Time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Done twice daily. Results available in 1 day.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specimen Collection /</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insert swabs into nare, parallel to the nasal septum, gently roll 5 times along anterior nare. Slowly withdraw swabs and repeat in other nare with same swabs. Carefully place swabs into the transport tube and close cap.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transfer Instructions</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Aultman Hospital Laboratory Test Directory

Test Name: Test
ID:  
Specimen Type: Nares
  Volume: 1 culturette, 2 swabs
  Container: 1 culturette, 2 swabs
Specimen Handling: Deliver to Microbiology within 2 hours of collection for inpatients. Refrigerate.

Test Name: MSH-IF (see Melanocyte Stimulating Hormone)

Test Name: MTHFR
Test ID: MTHFR
Testing Facility: Reference Laboratory
Specimen Handling: 2 LAV TOP: WHOLE BLD ROOM TEMP
Additional Information: INCL C677T AND A1298C
  Turnaround Time: Sent to Reference Lab
   Volume: 5 mL
   Container: 2 – Lav top tubes
Specimen Handling: Refrigerate

Test Name: MUCIN CLOT
Test ID: MISC
Synonyms: Ropes test
Testing Facility: Aultman Laboratory
Turnaround Time: Sent to a Reference Lab
Specimen Type: Synovial fluid
   Volume: 1 mL
   Container: Sterile container

Test Name: MUCOPOLYSACCHARIDES, URINE, QUAL
Test ID: UMUCOP
Testing Facility: Reference Laboratory
Specimen Handling: 20 ML URINE - FROZ
Additional Information: MUST BE FROZEN ASAP; EARLY AM SPEC PREFERRED

Test Name: MULLERIAN HORMONE (SEE ANTI-MULLERIAN HORMONE)
<table>
<thead>
<tr>
<th>Test Name:</th>
<th>MUMPS ANTIBODY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>MUMP</td>
</tr>
<tr>
<td>Test Includes:</td>
<td>Mumps IgG. Does not include mumps IgM. Order IgM -MUMPM Testing</td>
</tr>
<tr>
<td>Facility:</td>
<td>Aultman Laboratory</td>
</tr>
<tr>
<td>Turnaround Time:</td>
<td>Results available within 5 days</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>Serum</td>
</tr>
<tr>
<td>Volume:</td>
<td>1 mL</td>
</tr>
<tr>
<td>Container:</td>
<td>7 mL SST.</td>
</tr>
<tr>
<td>Specimen Handling:</td>
<td>Refrigerate specimen.</td>
</tr>
<tr>
<td>Test Name: Test</td>
<td>Test ID:</td>
</tr>
<tr>
<td>----------------</td>
<td>---------</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Reference Laboratory</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Specimen Handling:</th>
<th>SERUM 1 ML - REF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Additional Information:</td>
<td>WILL TITER IF POSITIVE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name: MURAMIDASE (see Lysozyme, Urine)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Test Name: Test</th>
<th>Test ID:</th>
<th>MUSK ANTIBODY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>MISC</td>
</tr>
<tr>
<td>Test Number:</td>
<td>REQ</td>
<td></td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Reference Laboratory</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Specimen Handling:</th>
<th>SERUM 2 ML - ROOM TEMPERATURE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Test Name: MYASTHENIA GRAVIS PANEL (SEE THE 3 ACETYLCHOLINE RECEPTOR ANTIBODIES)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Testing Facility:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name: Test</th>
<th>Test ID:</th>
<th>MYCOPHENOLIC ACID</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>MISC</td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Reference Laboratory</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Specimen Handling:</th>
<th>1 ML SERUM - PLAIN RED TOP -REF - EDTA WHOLE BLOOD ALSO ACCEPTABLE Centrifuge and transfer serum to plastic vial.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Additional Information:</td>
<td>IF CCF TRANSPLANT PATIENT, DO NOT ORDER A TEST, JUST PUT IN COMMENTS. OTHERWISE ORDER MIS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name: MYCOPLASMA ANTIBODY TITER</th>
<th>Test ID:</th>
<th>MYCO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test Includes:</td>
<td>Mycoplasma IgG and IgM. Acute/convalescent specimens tested if requested, and if there has been a previous MYCO order in the past 2 months. Testing Facility: Aultman Laboratory</td>
<td></td>
</tr>
<tr>
<td>Turnaround Time:</td>
<td>IgM done daily M – F . Results available within 2 days. IgG results available within 5 days.</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>Serum</td>
<td></td>
</tr>
<tr>
<td>Volume:</td>
<td>1 mL</td>
<td></td>
</tr>
<tr>
<td>Container:</td>
<td>7 mL SST</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name: Test</th>
<th>Test ID:</th>
<th>MYCOPLASMA PCR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>MISC</td>
</tr>
</tbody>
</table>

---

The information contained in this Directory is provided only as general information and is subject to change without notice.
<table>
<thead>
<tr>
<th>Test Name: MYCOPLASMA URINE ANTIGEN (NOT AVAILABLE AT ANY REFERENCE LAB)</th>
<th>Test Number: MARK ON REQ</th>
<th>Testing Facility: Reference Laboratory</th>
</tr>
</thead>
<tbody>
<tr>
<td>MYELIN BASIC PROTEIN, CSF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CMBP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reference Laboratory</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specimen Handling: CSF 2 ML - REF</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name: MYOGLOBIN URINE, QUANT</th>
<th>Test ID: MYOU</th>
<th>Testing Facility: Reference Laboratory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specimen Handling: 3 ML RANDOM URINE - FROZEN - SPECIAL TUBE. PH BEFORE FREEZING</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional Information: EARLY AM SPEC. PREFERRED</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name: MYOGLOBIN, PLASMA</th>
<th>Test ID: MYOS</th>
<th>Synonyms: Myohemoglobin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Testing Facility: Aultman Laboratory</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Turnaround Time: Done 7 days/week, 24 hours/day. Results available the same day.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specimen Type: Plasma</td>
<td>Volume: 1 mL</td>
<td></td>
</tr>
<tr>
<td>Container: 5 mL green top tube</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specimen Handling: Centrifuge and transfer plasma to separate container within 2 hours</td>
<td>Storage: Refrigerate.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name: MYOSITIS AssessR</th>
<th>Test ID: MYSOIT</th>
<th>Testing Facility: Reference Laboratory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specimen Type: 6 ml serum-REF</td>
<td>Container: SST</td>
<td></td>
</tr>
<tr>
<td>Specimen Handling: Refrigerated</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The information contained in this Directory is provided only as general information and is subject to change without notice.
<table>
<thead>
<tr>
<th>Test Name</th>
<th>Test ID</th>
<th>Testing Facility</th>
<th>Specimen Handling</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>MYSOLINE (see Primidone)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N M ETHYLHISTAMINE, URINE</td>
<td>MISC</td>
<td>Reference Laboratory</td>
<td>5ML FROM 24 HR URINE - REF</td>
<td>RANDOM URINE ACCEPTABLE; NO PRESERVATIVE</td>
</tr>
<tr>
<td>NARCOLEPSY PANEL</td>
<td>NARCO</td>
<td>Reference Laboratory</td>
<td>2 ACD(B) TUBES - WHOLE BLOOD- ROOM TEMP</td>
<td>INCLUDES DR2/DQ1; EDTA ALSO ACCEPTABLE</td>
</tr>
<tr>
<td>NARCOTICS PANEL</td>
<td>MISC</td>
<td>Reference Laboratory</td>
<td>SERUM 1 ML - REF</td>
<td></td>
</tr>
<tr>
<td>NATURAL KILLER ACTIVITY</td>
<td>MISC</td>
<td>Reference Laboratory</td>
<td>2 LAVENDER TOPS - WHOLE BLOOD</td>
<td>ROOM TEMP; DO NOT REFRIGERATE</td>
</tr>
<tr>
<td>NEBCIN (see Tobramycin)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NEOGEN SCREEN</td>
<td>NEO</td>
<td>Reference Laboratory</td>
<td>FILTER PAPER</td>
<td>COLLECTED BY FLOOR/ SENT OUT BY LAB</td>
</tr>
<tr>
<td>NEOPLAST BASIC PARANEOPLASTIC PROFILE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Test Name: NEURON SPECIFIC ENOLASE  
Test ID: NSE  
Testing Facility: Reference Laboratory  
Specimen Handling: SERUM 2 ML - REF

Test Name: NEURONAL NUCLEAR ANTIBODY (HU)  
Test ID: NEUAB  
Testing Facility: Reference Laboratory  
Specimen Handling: SERUM 1 ML - REF  
Additional Information: OVERNIGHT FAST PREFERRED; POS CONFIRMED WITH WB

Test Name: NEURONTIN (See Gabapentin)

Test Name: NEUROTENSIN  
Test ID: MISC  
Testing Facility: Reference Laboratory  
Specimen Handling: 3 ML PLASMA FROM A SPECIAL Z-TUBE - FROZEN  
Additional Information: FASTING REQUIRED  
NEUTROPHIL ANTIBODY (SEE GRANULOCYTE ANTIBODY)  
NEUTR  
Reference Laboratory  
Specimen Handling: 1 ML SERUM - PLAIN RED TOP - REF  
Centrifuge and transfer serum to plastic vial.  
Additional Information: SST UNACCEPTABLE AKA: GRANULOCYTE AB

Test Name: NEUTROPHIL CYTOPLASMIC ANTIBODY  
Test ID: ANCA  
Synonyms: ANCA  
Test Includes: Cytoplasmic neutrophil Ab, C-ANCA, P-ANCA, semi-quantitative by EIA (ELISA) method  
Testing Facility: Aultman Laboratory
### Test Name: Test

**Test Name:** NH3 (see Ammonia)

**Test Name:** Niacin (Vitamin B3)

**Test Name:** Nickel

**Test Name:** Nicotine and Metabolite, Urine

**Test Name:** Nicotine/Cotinine, Serum

---

**Test Name:** Test

**Test Name:** NH3 (see Ammonia)

**Test Name:** Niacin (Vitamin B3)

**Test Name:** Nickel

**Test Name:** Nicotine and Metabolite, Urine

**Test Name:** Nicotine/Cotinine, Serum

---

**Turnaround Time:** Done twice weekly

**Specimen Type:** Serum

**Volume:** 1 mL

**Container:** 7 mL SST

**Specimen Handling:** Refrigerate serum

---

**Test Name:** NH3 (see Ammonia)

**Test Name:** Niacin (Vitamin B3)

**Test Name:** Nickel

**Test Name:** Nicotine and Metabolite, Urine

**Test Name:** Nicotine/Cotinine, Serum

---

**Testing Facility:** Reference Laboratory

**Testing Facility:** Reference Laboratory

**Specimen Handling:** Refrigerate serum

**Specimen Handling:** 2 ML SERUM - PLAIN RED TOP - FROZEN Centrifuge and transfer serum to plastic vial.

**Additional Information:** MUST BE FROZEN WITHIN 15 MIN OF COLLECTION// PROTECT FROM LIGHT

**Specimen Handling:** 3 ML SERUM - ROOM TEMP FROM METAL FREE TUBE

**Additional Information:** DK BLUE TUBE WITHOUT ADDITIVE

**Specimen Handling:** 5 ML - URINE – Room Temperature

**Specimen Handling:** 2 ML SERUM - PLAIN RED TOP - REF Centrifuge and transfer serum to plastic vial.

**Additional Information:** SST TUBES ARE UNACCEPTABLE

---

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### NMO, IGG SERUM

**Test Name:** NMO, IGG SERUM  
**Test ID:** NMOA4  
**Reference Laboratory**  
**Specimen Type:** 1 ml Serum-Refrigerate  
**Container:** SST

---

### NMR LIPID PROFILE

**Test Name:** NMR LIPID PROFILE  
**Test ID:** NMRLPD  
**Testing Facility:** Reference Laboratory  
**Specimen Handling:** 2 ML SERUM FROM PLAIN RED TOP - REF  
Centrifuge and transfer serum to plastic vial.  
**Additional Information:** SST UNACCEPTABLE: EDTA PLASMA ALSO ACCEPTED; ALLOW TO CLOT 30 MIN BEFORE SPINNING.

---

### NOD2/CARD15

**Test Name:** NOD2/CARD15  
**Test ID:** MISC  
**Test Number:** REQ  
**Testing Facility:** Reference Laboratory  
**Specimen Handling:** EDTA WHOLE BLOOD  
**Additional Information:** 2 LAVENDER TOPS

---

### NORPACE (See Disopyramide)

**Test Name:** NORPACE (See Disopyramide)

---

### NORPRAMIN (See Desipramine)

**Test Name:** NORPRAMIN (See Desipramine)

---

### NORTRIPTYLINE

**Test Name:** NORTRIPTYLINE  
**Test ID:** NOR  
**Testing Facility:** Reference Laboratory  
**Specimen Type:** 2 ML PLASMA FROM DARK BLUE TUBE WITH ADDITIVE (EDTA) – REFRIGERATE  
**Alternative specimen:** 2 ml serum from a plain red top tube  
**Specimen Handling:** Centrifuge and transfer serum to plastic vial within 2 hrs of collection  
**Additional Information:** Collect immediately prior to next dose

---

### NT PRO BNP

**Test Name:** NT PRO BNP

---

The information contained in this Directory is provided only as general information and is subject to change without notice.
Test Name: PBNP
Test ID: PBNP
Testing Facility: Aultman Laboratory
Turnaround Time: Done 7 days per week, 24 hours per day.
Specimen Type: Plasma (Lithium Heparin)
Volume: 1 mL
Container: 4 mL Green top (Lithium Heparin)

Test Name: N-TELOPEPTIDE (See Crosslinked N-telopeptide)

O2 SATURATION
O2SAT
Aultman Laboratory
Turnaround Time: Done 7 days/week, 24 hours/day. Results available within 1 hour.
Precollection Instructions: Collect on ice
Specimen Type: Whole blood
Volume: 1 mL
Container: Arterial blood gas syringe
Specimen Handling: Return to lab immediately

Test Name: OCCULT BLOOD, FECAL
Test ID: OCC
Synonyms: Hemoccult
Testing Facility: Aultman Laboratory
Turnaround Time: Done 7 days/week; 24 hours/day. Results available the same day.
Specimen Type: Feces
Volume: 2 g
Container: Hemoccult slide
Specimen Handling: Keep slide at room temperature, DO NOT REFRIGERATE.

Test Name: OCCULT BLOOD, GASTRIC
Test ID: OCCG
Testing Facility: Aultman Laboratory
Turnaround Time: Done 7 days/week; 24 hours/day. Results available the same day.
Specimen Type: Gastric contents
Volume: 2 g

The information contained in this Directory is provided only as general information and is subject to change without notice.
<table>
<thead>
<tr>
<th>Test Name</th>
<th>Test ID</th>
<th>Facility</th>
<th>Handling</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gastroccult slide</strong></td>
<td></td>
<td><strong>Keep slide at room temperature, DO NOT REFRIGERATE.</strong></td>
<td><strong>Container:</strong> Gastroccult slide</td>
</tr>
<tr>
<td><strong>OLANZAPINE</strong></td>
<td>MISC</td>
<td><strong>Reference Laboratory</strong></td>
<td><strong>Testing Facility:</strong> Reference Laboratory</td>
</tr>
<tr>
<td><strong>2 ML SERUM -PLAIN RED TOP - REF Centrifuge and transfer serum to plastic vial.</strong></td>
<td></td>
<td><strong>Specimen Handling:</strong></td>
<td><strong>Specimen Handling:</strong> 2 ML SERUM -PLAIN RED TOP - REF Centrifuge and transfer serum to plastic vial.</td>
</tr>
<tr>
<td><strong>OLIGOCLONAL BANDS, CSF</strong></td>
<td>OBAND</td>
<td><strong>Reference Laboratory</strong></td>
<td><strong>Specimen type:</strong> 1 ML EACH CSF/ SERUM FROM SST - REFRIGERATED</td>
</tr>
<tr>
<td><strong>SPECIMENS MUST BE COLLECTED IN THE SAME 24 HR PERIOD</strong></td>
<td></td>
<td><strong>Specimen Handling:</strong></td>
<td><strong>Specimen Handling:</strong> SPECIMENS MUST BE COLLECTED IN THE SAME 24 HR PERIOD</td>
</tr>
<tr>
<td><strong>OmpC</strong></td>
<td>MISC</td>
<td><strong>Reference Laboratory</strong></td>
<td><strong>Specimen Handling:</strong> SERUM 1 ML - REF</td>
</tr>
<tr>
<td><strong>MAY ALSO BE aOmpC</strong></td>
<td></td>
<td></td>
<td><strong>Specimen Handling:</strong> SERUM 1 ML - REF</td>
</tr>
<tr>
<td><strong>OPIATE CONFIRMATION</strong></td>
<td>OPICON</td>
<td><strong>Reference Laboratory</strong></td>
<td><strong>Specimen Handling:</strong> 10ml urine, refrigerated</td>
</tr>
<tr>
<td><strong>OPIATE SCREEN</strong></td>
<td>UOPI</td>
<td><strong>Reference Laboratory</strong></td>
<td><strong>Specimen Handling:</strong> 10ml urine, refrigerated</td>
</tr>
<tr>
<td><strong>ORGANIC ACIDS, URINE</strong></td>
<td>UORA</td>
<td><strong>Reference Laboratory</strong></td>
<td><strong>Specimen Handling:</strong> 10 ML URINE - FROZ</td>
</tr>
<tr>
<td><strong>RANDOM COLLECTION; NO PRESERVATIVES</strong></td>
<td></td>
<td></td>
<td><strong>Specimen Handling:</strong> 10 ML URINE - FROZ</td>
</tr>
</tbody>
</table>
Test Name: ORGANIC ACIDS, PLASMA (NO LONGER AVAILABLE AT ANY REFERENCE LAB)
Test ID: Testing Facility: Reference Laboratory

Test Name: OSMOLALITY, SERUM
Test ID: OSMOS Testing Facility: Aultman Laboratory
Turnaround Time: Done 7 days/week, 24 hours/day. Results available the same day.
Specimen Type: Serum
Volume: 1 mL
Container: 7 mL SST

OSMOLALITY, URINE
OSMOU Aultman Laboratory
Turnaround Time: Done 7 days/week, 24 hours/day. Results available the same day.
Specimen Collection / Transfer Instructions:
Specimen Type: Urine, random
Volume: 1 mL Container: Plastic urine tube

OSMOLALITY, FECAL
Test ID: SOSM Testing Facility: Reference Laboratory
Specimen Handling: LIQUID STOOL 1 ML - FROZEN
Additional Information: FORMED STOOLS WILL BE REJECTED

OSMOTIC FRAGILITY
Test ID: FRAG Testing Facility: Reference Laboratory
Specimen Handling: 5ML EDTA WHOLE BLD - REFRIG
Additional Information: A CONTROL TUBE MUST ACCOMPANY PATIENT TUBE

OSTEOCALCIN, HUMAN
Test ID: MISC

The information contained in this Directory is provided only as general information and is subject to change without notice.
Test Name: **OSTEOMARK, 24 HR URINE** (See Cross-linked N-telopeptide, Urine)
Testing Facility: Reference Laboratory

Test Name: **OSTEOMARK, RANDOM URINE** (See Cross-linked N-telopeptide, Urine)
Testing Facility: Reference Laboratory

---

**TEST NAME: OVA & PARASITE EXAM**
**TEST ID: OVAP**

Test Includes: Microscopic exam (direct and concentrated smear) for intestinal parasites.

Testing Facility: REFERENCE LAB

Turnaround Time: Done M - F.

Precollection Instructions: Travel history must be included. It is imperative that all stool specimens be free of purgatives such as magnesium and oil, and materials like barium, bismuth and kaolin.

Specimen Type: STOOL PLACED INTO THE O & P KIT

Volume: 2 grams of stool or 5 - 7 mL of liquid.

Container: Clean container with a tight-fitting lid.

Specimen Handling: Collection:

A. Specimen should be collected in a clean, dry container. The specimen must be free of water and urine.

B. For best results, several specimens, preferably 3 taken at 2 - 3 day intervals, should be sent. More than one specimen from the same day should not be sent.

---

Test Name: **OVARY ANTIBODY**
Test ID: OVARAN
Testing Facility: Reference Laboratory
Container: RED TOP
Specimen Handling: SERUM 1ML - FROZEN
CENTRIFUGE AND TRANSFER SERUM TO SEPARATE CONTAINER
<table>
<thead>
<tr>
<th>Test Name</th>
<th>Test ID</th>
<th>Facility</th>
<th>Handling</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>OXALATE, 24 HR UR</td>
<td>OXU24</td>
<td>Reference Laboratory</td>
<td>15 ML URINE FROM 24 HR COLL - REF</td>
<td></td>
</tr>
<tr>
<td>OXAZEPAM (SERAX)</td>
<td>OXAZ</td>
<td>Reference Laboratory</td>
<td>SERUM 1 ML PLAIN RED TOP - REF</td>
<td>Centrifuge and transfer serum to plastic vial.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Additional Information: SST TUBES UNACCEPTABLE; COLLECT JUST PRIOR TO NEXT DOSE</td>
</tr>
<tr>
<td>OXCARBAZEPINE (TRILEPTAL)</td>
<td></td>
<td>Reference Laboratory</td>
<td>2 ML SERUM - PLAIN RED TOP - FROZEN</td>
<td>Centrifuge and transfer serum to plastic vial.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Additional Information: AKA: 10-HYDROXYCARBAZEPINE</td>
</tr>
<tr>
<td>OXYCODONE CONFIRMATION</td>
<td>UOXYCC</td>
<td>Reference Laboratory</td>
<td>10 mL urine, refrigerated</td>
<td></td>
</tr>
<tr>
<td>OXYGEN DISSOCIATION (see P50)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P50</td>
<td>MISC</td>
<td>Reference Laboratory</td>
<td>10 ML NA HEPARIN - WHOLE BLOOD - REF</td>
<td>AKA: OXYGEN DISSOCIATION</td>
</tr>
<tr>
<td>PAI -1 ACTIVITY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test Name</td>
<td>Test ID</td>
<td>Facility</td>
<td>Handling</td>
<td>Additional Information</td>
</tr>
<tr>
<td>-----------</td>
<td>-----------</td>
<td>----------------------</td>
<td>----------------------------------------------</td>
<td>-------------------------------------------------------------</td>
</tr>
<tr>
<td>PAI</td>
<td>PAI</td>
<td>Reference Laboratory</td>
<td>Specimen Handling: 1 ML CITRATED PLASMA - FROZ</td>
<td>NOT TO BE CONFUSED WITH GENE STUDY</td>
</tr>
<tr>
<td>PAI-1 GENE STUDY (4G/5G)</td>
<td>PAI GEN</td>
<td>Reference Laboratory</td>
<td>Specimen Handling: 2 LAV - WHOLE BLOOD - ROOM TEMP</td>
<td>NOT TO BE CONFUSED WITH ACTIVITY</td>
</tr>
<tr>
<td>PAIN MANAGEMENT DRUG SCREEN</td>
<td>PMDS</td>
<td>Reference Laboratory</td>
<td>Synonyms: QUANTITATIVE PAIN PANEL</td>
<td>Test Includes: Cannabinoid, Benzylecognine, Amphetamine, Methamphetamine, Buprenorphine, Nurbuprenorphine, Methadone, EDDP, Tramadol, Desmethyltramadol, Fentanyl, Norfentanyl, Codeine, Morphine, Dihydrocodeine, Hydorcodone, Oxycodone, Hydromorphone, Oxymorphone Volume: 10 ml Urine, Refrigerated</td>
</tr>
<tr>
<td>PANCREASTATIN</td>
<td>FPANS</td>
<td>Reference Laboratory</td>
<td>Specimen Handling: 2 ML SERUM FROM SST TUBE - FROZ</td>
<td>FASTING REQUIRED</td>
</tr>
<tr>
<td>PANCREATIC ELASTASE 1</td>
<td>PANCEF</td>
<td>Reference Laboratory</td>
<td>Specimen Type: STOOL 1 GRAM - FROZEN</td>
<td>NO PRESERVATIVE OR FIXATIVE</td>
</tr>
<tr>
<td>PANCREATIC POLYPEPTIDE</td>
<td>MISC</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The information contained in this Directory is provided only as general information and is subject to change without notice.
Testing Facility: Reference Laboratory
Specimen Handling: 4 ML SERUM FROM PLAIN RED TOP TUBE - REFRIGERATED
Additional Information: SST TUBE ALSO ACCEPTABLE

Test Name: PARATHORMONE (see PTH, intact)

Test Name: PARATHYROID HORMONE LEVEL (see PTH, intact)

Test Name: PARIETAL CELL ANTIBODY
Test ID: PARIE
Synonyms: APCA
Test Includes: Detection of gastric parietal cell antibodies
Testing Facility: Aultman Laboratory
Turnaround Time: Done M – F. Results available within 3 days.
Specimen Type: Serum
  Volume: 1 – 2 ML
  Container: 7 mL SST
Specimen Handling: Avoid hemolysis

Test Name: PAROXETINE
Test ID: MISC
Testing Facility: Reference Laboratory
Specimen Handling: SERUM 2ML PLAIN RED TOP - REF
Centrifuge and transfer serum to plastic vial.
Additional Information: SST TUBES ARE UNACCEPTABLE

The information contained in this Directory is provided only as general information and is subject to change without notice.
Test Name: PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (see CD55/CD59)

Test Name: PARVOVIRUS ANTIBODY
  Test ID: PAB
  Testing Facility: Reference Laboratory
  Specimen Handling: SERUM 1 ML - REF
  Additional Information: INCLUDES IGG AND IGM; AKA: FIFTH'S DISEASE
  PARVOVIRUS PCR
  MISC
  Reference Laboratory
  EDTA PLASMA 1 ML - FROZEN
  Additional Information: SERUM, WHOLE BLOOD, BONE MARROW AND AMNIOTIC FLUID ALSO ACCEPTABLE

Test Name: PB LEVEL (see Lead, blood)

Test Name: PBG DEAMINASE (see Uroporphyrinogen-1 Synthetase)

Test Name: PCB (SEE POLYCHLORINATED BIPHENYS) Testing
  Facility: Reference Laboratory

Test Name: PCR RESPIRATORY ID PANEL
  Test ID: RESPID
  Test Includes: Detection of Adenovirus, Coronavirus (4 subtypes), Human Metapneumovirus, Human Rhinovirus/Enterovirus, Influenza A (4 subtypes), Influenza B, Parainfluenza 1-4, RSV, Bordetella pertussis/parapertussis, Chlamydia pneumoniae, and Mycoplasma pneumoniae Testing Facility: Aultman Laboratory
  Turnaround Time: Within 24 hours, performed on Day and Midnight shifts
  Specimen Type: NPH swab
    Container: Viral Transport Medium
    Storage: Refrigerate

Test Name: PEMOLINE
  Test ID: MISC
  Testing Facility: Reference Laboratory
  Specimen Handling: SERUM 2 ML - REF
  Additional Information: PLAIN RED TOP

The information contained in this Directory is provided only as general information and is subject to change without notice.
<table>
<thead>
<tr>
<th>Test Name</th>
<th>Test ID</th>
<th>Testing Facility</th>
<th>Specimen Handling</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>PEMPHIGOID AB</td>
<td>MISC</td>
<td>Reference Laboratory</td>
<td>1 ML SERUM - REFRIGERATED</td>
<td>AKA: BULLOUS PEMPHIGOID AB</td>
</tr>
<tr>
<td>PENTOBARBITOL</td>
<td>MISC</td>
<td>Reference Laboratory</td>
<td>SERUM 2 ML - REF</td>
<td>PLAIN RED TOP</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Centrifuge and transfer serum to plastic vial.</td>
</tr>
</tbody>
</table>
Test Name: PENTOBARBITOL (STAT)
PENTOBARBITOL (STAT)
MISC
Test Number: QUERY
Testing Facility: Reference Laboratory
Specimen Handling: SERUM 2 ML - REF
Additional Information: CALL COURIER TO TRANSPORT

Test Name: PF4 (see Platelet Factor 4)

Test Name: PFA-100 (see Platelet Function Analysis)

Test Name: PH (venous)
Test ID: PHV
Synonyms: pH
Testing Facility: Aultman Laboratory
Turnaround Time: Done 7 days/week, 24 hours/day. Results available the same day.
Specimen Collection / Collect on ice Transfer Instructions:
Specimen Type: Whole blood
Volume: 2 mL
Container: 5 mL green top tube
Specimen Handling: Collect on ice. Bring to lab immediately.

Test Name: PH, BODY FLUID
Test ID: PHBF
Synonyms: pH, body fluid
Testing Facility: Aultman Laboratory
Turnaround Time: Done 7 days/week, 24hrs/day. Results available same day.
Specimen Collection / Do not introduce air into specimen. Collect anaerobically. Transfer Instructions:
Specimen Type: Body fluid
Volume: 1 ml
Container: Sterile container or sterile syringe Specimen Handling: Refrigerate.

Test Name: PH, STOOL
Test ID: PHF
Testing Facility: Reference Laboratory
Test Name: PHENOBARB
Test ID: PHBAR
Test Includes: Time of last dose, phenobarbital
Testing Facility: Aultman Laboratory
Turnaround Time: one 7 days/week, 24 hours/day. Results available the same day.
Precollection Instructions: Usual sampling time: trough level. NOTE: Due the phenobarbital's long elimination half-life, the actual sampling time is not critical. However, when making comparative measurements, it is important that the sampling time be consistent.
Specimen Type: Serum/Plain red top/Plasma Lithium Heparin – Separate from cells within 2 hours of collection.
Volume: 1 mL
Container: SST/Plain Red Top/Plasma Lithium Heparin
Specimen Handling: Centrifuge and transfer serum to plastic vial.
Storage: Refrigerate.

Test Name: PHENYLALANINE
Test ID: PHENL
Testing Facility: Reference Laboratory
Specimen Handling: HEPARINIZED PLASMA - 1ML FROZEN
Additional Information: OVERNIGHT FASTING PREFERRED; NON FASTING ACCEPTED ON CHILDREN

Test Name: PHENYTOIN
Test ID: PHENY
Synonym: Dilantin
Test Name: PHENYTOIN, FREE
Test ID: PHENF
Testing Facility: Reference Laboratory
Specimen Handling: SERUM 3 ML - REF
Additional Information: PLAIN RED TOP - DOES NOT INCLUDE TOTAL
Centrifuge and transfer serum to plastic vial.

Test Name: PHOSPHATIDYLCHOLINE AB IGG, IGA, IGM
Test ID: MISC
Testing Facility: Reference Laboratory
Specimen Handling: 1 ML SERUM - REFRIGERATED

Test Name: PHOSPHATIDYLSERINE AB (IGG, IGM & IGA)
Test ID: PHOGMA
Testing Facility: Reference Laboratory
Specimen Type: SERUM-REF
Volume: 0.5 ml Container: SST

Test Name: PHOSPHOLIPID AB (see Cardiolipin Ab)

Test Name: PHOSPHORUS, 24 HOUR URINE
Test ID: PHU24

The information contained in this Directory is provided only as general information and is subject to change without notice.
Test Name: PHOSPHORUS, RANDOM URINE
Test ID: PHUR
Synonyms: Inorganic phosphorus
Testing Facility: Aultman Laboratory
Turnaround Time: If specimen is received by 1000, results available the same day.
Precollection Instructions: No preservative. See 24-hour Urine Collection Instructions.
Specimen Handling: Keep specimen on ice during collection.
Specimen Type: Random urine
Volume: 2 mL Container: Plastic urine tube

Test Name: PHOSPHORUS, SERUM
Test ID: PHOS
Synonyms: Inorganic phosphorus
Testing Facility: Aultman Laboratory
Turnaround Time: Done 7 days/week, 24 hours/day. Results available the same day.
Specimen Type: Serum or Plasma lithium heparin – Separate from cells within 2 hours of collection.
Volume: 1 mL Container: SST or Plasma Lithium Heparin
Specimen Handling: Avoid hemolysis. Separate serum from cells within 2 hours.
Storage: Refrigerate.

Test Name: PINWORM EXAM
Test ID: PIN
Test Includes: Examination of scotch tape prep for pinworms (Enterobius vermicularis).
Testing Facility: Aultman Laboratory
Turnaround Time: Done daily 0700 - 2400. Results available in 1 day.
Precollection Instructions: Patient should not be active. The specimen should be collected prior to washing or using the restroom.
Specimen Type: Scotch tape preparation of stool.
Specimen Handling: Collection:
A. Collect specimen in the early morning.

The information contained in this Directory is provided only as general information and is subject to change without notice.
B. Place a 3 inch strip of CLEAR (do NOT use frosted) scotch tape, sticky side out, over one end of a tongue depressor. Hold in place with thumb and finger.
C. Spread buttocks and press the tongue depressor against the right and left perianal folds, being careful to cover the area between moist and dry areas.
D. Spread the tape smoothly sticky side down on a microscope slide. Label the slide with the patient’s name and date of collection. Submit the slide to Microbiology in a cardboard slide holder.

Transport: Deliver to Microbiology within 2 hours of collection for inpatients.
Storage: Room temperature.

Test Name: PITTSBURGH SUPPLEMENTAL SCREEN (see Neogen Screen)

Test Name: PLAC TEST (see LP-PLA2)
Test Name: PLACENTAL LACTOGEN
Test ID: Testing
Facility: Reference Laboratory
Specimen Handling: SERUM 1 ML PLAIN RED TOP - FROZ Centrifuge and transfer serum to plastic vial.
Additional Information: SST TUBES UNACCEPTABLE

Test Name: PLASMA FREE HEMOGLOBIN
Test ID: HGBPF
Testing Facility: Reference Laboratory
Specimen Handling: HEP. PLASMA 2 ML - REFRIGERATED
Additional Information: GREEN TOP TUBE; CENTRIFUGE WITHIN 1 HR

Test Name: PLASMA RENIN ACTIVITY (See Renin Activity)
Testing Facility: Reference Laboratory
Specimen Handling: 2ML EDTA PLASMA - FROZEN
Additional Information: SAME AS RENIN ACTIVITY

Test Name: PLASMA RENIN ACTIVITY (see Renin Activity)

Test Name: PLASMINOGEN
Test ID: PLGFUN
Testing Facility: Reference Laboratory
Specimen Handling: 2 ML BLUE TOP PLASMA - FROZEN
Additional Information: MEASURES ACTIVITY

Test Name: PLASMINOGEN ACTIVATOR INHIBITOR - ACTIVITY (SEE PAI-1 ACTIVITY)
Testing Facility: Reference Laboratory

Test Name: PLASMINOGEN ACTIVATOR INHIBITOR - GENE STUDY (SEE PAI-1 GENE STUDY)
Testing Facility: Reference Laboratory

Test Name: PLATELET AB DIRECT
Test ID: PLABD
Testing Facility: Reference Laboratory

The information contained in this Directory is provided only as general information and is subject to change without notice.
Test Name: PLATELET AB INDIRECT
Test ID: PLABI
Testing Facility: Reference Laboratory
Specimen Handling: 2 ML SERUM - PLAIN RED TOP - FROZEN

Test Name: PLATELET AGGREGATION – See Precollection Instructions
Precollection Instructions: MUST BE SCHEDULED with Coagulation Lab (ext. 33987).
   Once scheduled, patient must be drawn in Aultman Outpatient Lab.

   PLATELET COUNT
PLT

Synonyms: Quantitative platelet count
Testing Facility: Aultman Laboratory
Turnaround Time: Urgent: 30-60 minutes, Routine: 6 hours
Specimen Type: Venous blood (EDTA) or free flowing capillary blood Volume:
   2 mL EDTA blood
Container: 2.5 mL lav top tube
Specimen Handling: A platelet count must be performed within 3 hours of collection.
   Storage: Room temperature, or if > 12 hours refrigerate.
Additional Information: If unopettes are requested for a platelet count, the Hematology staff will set them up from the
   EDTA specimen collected.

Test Name: PLATELET FACTOR 4 AB
Test ID: HIT
Testing Facility: Reference Laboratory
Specimen Handling: 2 ML BLUE TOP PLASMA - FROZEN
Additional Information: AKA: HIT (HEPARIN INDUCED THROMBOCYTOPENIA)

Test Name: PLATELET FUNCTION (Plateletworks)
Test ID: PLTF
Synonyms: Plateletworks
Testing Facility: Aultman Laboratory
Turnaround Time: Specimen should be run within 10 minutes of collection.
Specimen Collection / Clarify orders that read "Platelet Function test" to distinguish Plateletworks fro PFA 100. Call Coag
Transfer Instructions: (ext. #33987) for clarification. To be drawn on the floor, OPD, & ER by trained VP techs or trained
personnel in OH only.

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Aultman Hospital Laboratory Test Directory

Test Name: PLATELET FUNCTION ASSAY
Test ID: PFA
Synonyms: Replaces Bleeding Time
Test Includes: Done daily. Results within 1 hour.
Testing Facility: Aultman Laboratory
Specimen Type: 2 Blue tops (3.2 % sodium citrate) and 1 Lavender top (EDTA) Volume: 2 mL
Container: See above
Specimen Handling: Collect with 19 gauge needle or larger and return to lab immediately for testing. Testing MUST be completed within 4 hours of collection in Aultman Lab; alternatively, specimen may be drawn in Aultman Outpatient Lab.

PLATELET GLYCOPROTEIN 2b/3a
MISC
Aultman Laboratory
Turnaround Time: Sent to Reference Lab
Specimen Type: Serum
Volume: 2 mL
Container: 7 mL SST
Specimen Handling: Freeze

Test Name: PM1 ANTIBODY
Test ID: MISC
Testing Facility: Reference Laboratory
Specimen Handling: SERUM 1 ML - REF
Additional Information: PLAIN RED TOP
Centrifuge and transfer serum to plastic vial.

Test Name: PML/RARA T(15;17) QUANT PCR
Test ID: APLPCR
Testing Facility: Reference Laboratory
Specimen Handling: 3ML EDTA WHOLE BLOOD - ROOM TEMP Additional Information: BONE MARROW ALSO ACCEPTABLE

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<thead>
<tr>
<th>Test Name: PNEUMOCOCCAL IGG ABS, 23 SEROTYPES</th>
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<tbody>
<tr>
<td><strong>Test ID:</strong> PNE23</td>
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<tr>
<td><strong>Testing Facility:</strong> Reference Laboratory</td>
</tr>
<tr>
<td><strong>Specimen Type:</strong> 1.5 ML SERUM-REF</td>
</tr>
<tr>
<td><strong>Container:</strong> SST</td>
</tr>
<tr>
<td><strong>Specimen Handling:</strong> REFRIGERATED</td>
</tr>
<tr>
<td><strong>Additional Information:</strong> Used to evaluate humoral immunity; pre and post vaccination samples recommended</td>
</tr>
</tbody>
</table>

| Test Name: PNEUMOCOCCAL POLYSACCHARIDE (See Pneumococcal IgG, 23 Serotypes) Testing Facility: Reference Laboratory |

<table>
<thead>
<tr>
<th>Test Name: PNH PANEL</th>
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<tbody>
<tr>
<td><strong>Test ID:</strong> PNHPNL</td>
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<tr>
<td><strong>Testing Facility:</strong> Reference Laboratory</td>
</tr>
<tr>
<td><strong>Specimen Handling:</strong> 1-10ML GREEN TOP (SODIUM HEPARIN) ROOM TEMP</td>
</tr>
<tr>
<td><strong>Additional Information:</strong> WHOLE BLOOD; AKA CD55/CD59; RM. TEMP</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name: POLIOVIRUS ANTIBODY</th>
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</thead>
<tbody>
<tr>
<td><strong>Test ID:</strong> MISC</td>
</tr>
<tr>
<td><strong>Testing Facility:</strong> Reference Laboratory</td>
</tr>
<tr>
<td><strong>Specimen Handling:</strong> SERUM 1 ML - REF</td>
</tr>
<tr>
<td><strong>Additional Information:</strong> INCLUDES TYPE 1,2 AND 3</td>
</tr>
</tbody>
</table>
Test Name: POLYCHLORINATED BIPHENYLS
Test ID: Testing Facility: Reference Laboratory
Specimen Handling: SERUM 3 ML PLAIN RED TOP - ROOM TEMP
Centrifuge and transfer serum to plastic vial.
Additional Information: SST TUBES ARE UNACCEPTABLE

Test Name: PORPHOBILINOGEN 24 HR URINE
Test ID: UPBGQT
Testing Facility: Reference Laboratory
Specimen Handling: 15 ML URINE FROM 24 HR COLL - FROZEN
Additional Information: PROTECT FROM LIGHT WITH FOIL; NO PRESERVATIVES

Test Name: PORPHOBILINOGEN, RANDOM URINE
Test ID: PBGRU
Testing Facility: Reference Laboratory
Specimen Handling: 15 ML URINE - FROZEN
Additional Information: RANDOM COLLECTION // PROTECT FROM LIGHT

Test Name: PORPHYRIA TESTING TO TEXAS (FROM ONCOLOGY)
Test ID: MISC
Test Number: MARK ON REQ
Testing Facility: Reference Laboratory
Specimen Handling: SERUM (PLAIN RED TOP)/STOOL/24 HR URINE/GREEN TOP/LAV TOP
Additional Information: GIVE ALL SPECIMENS TO SEND OUTS FOR PROCESSING

Test Name: PORPHYRIN, RANDOM URINE
Test ID: PORPH
Synonyms: Qualitative urine porphyrins
Testing Facility: Aultman Laboratory
Turnaround Time: Done daily. Results available by 1600.
Specimen Type: Random urine
Volume: 2 mL
Container: Plastic urine tube

The information contained in this Directory is provided only as general information and is subject to change without notice.
Test Name: Porphyrins Total Plasma
Test ID: PLPORP
Testing Facility: Reference Laboratory
Specimen Handling: HEP. PLASMA 3 ML - FROZEN
Additional Information: PROTECT FROM LIGHT; AVOID HEMOLYSIS

Test Name: Porphyrins, Fractionated Plasma
Test ID: MISC
Testing Facility: Reference Laboratory
Specimen Handling: HEP. PLASMA 3 ML - FROZEN
Additional Information: MUST BE PROTECTED FROM LIGHT

Test Name: Post Vas Analysis
Test ID: PVAS
Synonyms: Post Vasectomy Semen Analysis, Post Vasectomy Sperm Count
Test Includes: Presence or absence of spermatozoa and semi-quantitation if present
Testing Facility: Aultman Laboratory
Turnaround Time: Results available the same day. Done M – F, 7 a.m. – 3 p.m.
Specimen Type: Semen
Volume: 2 mL
Container: Sterile urine container
Specimen Handling: Specimen should be delivered to lab within one hour of collection. Please call ALS for courier service.

Test Name: Potassium, 24 Hour Urine
Test ID: KU24
Test Name: POTASSIUM, BODY FLUID
   Test ID: KBF
   Test Includes: Body fluid type, potassium
   Testing Facility: Aultman Laboratory
   Turnaround Time: Done 7 days/week, 24 hours/day. Results available the same day.
   Specimen Type: Body fluid
      Volume: 2 – 4 mL

Test Name: POTASSIUM, RANDOM URINE
   Test ID: KUR
   Testing Facility: Aultman Laboratory
   Turnaround Time: Done 7 days/week, 24 hours/day. Results available the same day.
   Specimen Type: Random urine
      Volume: 2 mL
      Container: Plastic urine tube

Test Name: POTASSIUM, SERUM
   Test ID: K
   Testing Facility: Aultman Laboratory
   Turnaround Time: Done 7 days/week, 24 hours/day. Results available the same day.
   Specimen Type: Serum or Plasma lithium heparin – Separate from cells within 2 hours of collection.
      Volume: 1 mL
      Container: SST or plasma lithium heparin.
   Specimen Handling: Avoid hemolysis. Separate serum from cells within 2 hours of collection.
      Storage: Refrigerate.
### PREALBUMIN
- **Test Name:** PREALBUMIN
- **Test ID:** PRALB
- **Testing Facility:** Aultman Laboratory
- **Turnaround Time:** Done 7 days/week, 24 hours/day. Results available the same day.
- **Specimen Type:** Serum only
  - **Volume:** 2 mL
  - **Container:** 7 mL SST

### PREDNISONE
- **Test Name:** PREDNISONE
- **Test ID:** MISC
- **Testing Facility:** Reference Laboratory
- **Specimen Handling:** 3 mL SERUM - REFRIGERATED

### PREGNANCY TEST, SERUM
- **Test Name:** PREGNANCY TEST, SERUM
- **Test ID:** PREGS
- **Synonyms:** Qualitative hCG
- **Testing Facility:** Aultman Laboratory
- **Turnaround Time:** Done daily. Results available the same day.
- **Specimen Type:** Serum only
  - **Volume:** 1 mL
  - **Container:** 7 mL SST
  - **Storage:** Refrigerate.

### PREGNANCE TEST, URINE
- **Test Name:** PREGNANCE TEST, URINE
  - **Test ID:** MISC
  - **Testing Facility:** Reference Laboratory
  - **Specimen Handling:** 3 mL SERUM - REFRIGERATED

### PREGNENOLONE
- **Test Name:** PREGNENOLONE
- **Test ID:** PREGN
- **Testing Facility:** Reference Laboratory
- **Specimen Handling:** SERUM 1 ML PLAIN RED TOP - REF
### PRENATAL BLOOD BANK

**Test Name:** PRENATAL BLOOD BANK  
**Test ID:** PNPB  
**Test Includes:** ABO & ABS. Blood Bank will reflex additional testing when positive ABS.  
**Facility:** Aultman Laboratory  
**Turnaround Time:** 45 minutes  
**Container:** 6 ml pink top EDTA  
**Additional Information:** NOTE: All specimens sent to Blood Bank for testing must have a handwritten identification label that includes the patient’s first and last name, Medical Record number (Date of Birth is acceptable for Outpatients), date and time of collection and collector’s initials. Specimens missing any of the elements listed above will be rejected and must be recollected.

### PRENATAL GENETIC SCREEN

**Test Name:** PRENATAL GENETIC SCREEN  
**Test ID:** PGS  
**Synonyms:** Downs Risk Profile, Triple Screen, Downs Screen  
**Test Includes:** AFP, unconjugated estriol, hCG, risk factors  
**Facility:** Aultman Laboratory  
**Turnaround Time:** Done M – F. Results available by 1600.  
**Precollection Instructions:** A Prenatal Testing Requisition MUST be received with the specimen, and include the following patient information: birth date, weight, race, LMP and/or ultrasound date and gestational age by ultrasound.  
**Specimen Type:** Serum only  
**Volume:** 2 – 4 mL  
**Container:** 7 mL SST  
**Specimen Handling:** Separate from cells and place serum in green cryovial
PRENATAL PANEL
PNP1 & PNPB

CPT: NOTE: To be

Test Includes: Hemogram, RPR, hepatitis B surface antigen, rubella immune status. To order blood bank tests, also order PNPB.

Testing Facility: Aultman Laboratory

Turnaround Time: 1 – 3 days

Specimen Type: Whole blood and serum

Volume: Whole blood: 5 mL, Serum: 2 mL Container: 5 mL lav top tube and 7 mL SST

Test Name: PRENATAL PANEL 1
Test ID: PNP1+PNPB

Test Includes: Hemogram/Platelets, RPR, RUBIS, HBSAG, ABO/RH, ABS Testing

Facility: Aultman Laboratory

Turnaround Time: See Individual Tests

Specimen Type: Multiple

Container: (1) 5 mL Lav top tube, AND (1) 7 mL SST, AND (1) 6 mL pink top EDTA

Specimen Handling: See Individual Tests

Test Name: PRENATAL PANEL 4
Test ID: PNP4 + PNPB

Test Includes: CBC, RPR, RUBIS, HBSAG, ABO/RH, ABS Testing

Facility: Aultman Laboratory

Turnaround Time: See Individual Tests

Specimen Type: Multiple

Container: (1) 5 mL Lav top tube, AND (1) 7 mL SST, AND (1) 6 mL pink top EDTA

Specimen Handling: See Individual Tests

Test Name: PRENATAL PANEL 7
Test ID: PNP7 + PNBB

Test Includes: CBC, RPR, RUBIS, VARIS, HBSAG, HIV,ABO/RH, ABS Testing

Facility: Aultman Laboratory

Turnaround Time: See individual tests

Specimen Type: Multiple
PRENATAL PANEL 8
YPNP8 & PNPB

Test Includes: HGMP, RPR, RUBIS, HBSAG, HIV, ABO/RH, ABS
Testing Facility: Aultman Laboratory
Turnaround Time: See Individual Tests
Specimen Type: Multiple

Specimen: (1) 5 mL Lav top tube, AND (1) 7 mL SST, AND (1) 6 mL pink top EDTA
Specimen Handling: See Individual Tests

Test Name: PRIMIDONE
Test ID: PRIM
Synonyms: Mysoline
Testing Facility: Reference Laboratory
Specimen Handling: SERUM 1 ML PLAIN RED TOP - REF
Centrifuge and transfer serum to plastic vial.
Additional Information: SST TUBES ARE UNACCEPTABLE: INCLUDES PHENOBARBITOL

Test Name: PRO BNP (see NT Pro BNP)

Test Name: PROCAINAMIDE/NAPA
Test ID: PROC
Synonyms: Pronestyl
Test Includes: Time of last dose, procainamide, n-acetylprocainamide (NAPA) and procainamide + NAPA
Testing Facility: Aultman Laboratory Turnaround Time: Sent to a reference lab

Precollection Instructions: Usual sampling times:
IV:
1. Immediately after loading dose or
2. (2) hours after start of IV maintenance infusion.
Oral:
1. Trough level drawn just prior (30 minutes) to next scheduled dose or
2. Peak:

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Test Name: Test
ID: 

PO (conventional dosage formulation): 75 minutes
PO (extended release formulation): > 2 hours
NOTE: The oral absorption of procainamide is highly variable. Thus, multiple samples may be required to measure peak concentration.

Specimen Type: Serum. DO NOT use SST.
Volume: 1 mL
Container: Plain red top
Specimen Handling: Centrifuge and transfer serum to plastic vial.

Additional Information: SST TUBES ARE UNACCEPTABLE

---

Test Name: PROCALCITONIN
Test ID: MISC

Testing Facility: Reference Laboratory
Specimen Handling: 2 ML SERUM - FROZEN
Additional Information: EDTA PLASMA ALSO ACCEPTABLE

---

Test Name: PRODUCTS OF CONCEPTION
Testing Facility: Aultman Laboratory
Precollection Instructions: Use Tissue Examination Request (Form 23A). If the surgeon is different than the requesting physician, write the surgeon’s name on the request. Include the clinical diagnosis.
Specimen Collection / Transfer Instructions:
  Container: 1. If specimen is for (Chromosome Analysis) the specimen should be sent fresh or with saline. Do not place specimen in formalin. Formalin will destroy the specimen sent for chromosome analysis.
  2. Only if specimen is for Routine Histology, the specimen should be sent in 10% Neutral Buffered Formalin (NBF) biopsy bottles.
  Specimen Handling: Store specimen at room temperature.

---

Test Name: PROGESTERONE
Test ID: PROG
Synonyms: P4
Test Name: Test
ID:

Testing Facility: Aultman Laboratory
Turnaround Time: Done daily. Results available the same day.
Specimen Type: Serum only
  Volume: 1 mL
  Container: 7 mL SST Storage: Refrigerate.

Test Name: PROGRAF (FK506) (AKA: TACROLIMUS, SEE FILE BOX)
Testing Facility: Reference Laboratory

Test Name: PROINSULIN
  Test ID: IPROIN
Testing Facility: Reference Laboratory
Specimen Handling: SERUM 1 ML - FROZEN
Additional Information: OVERNIGHT FAST REQUIRED

Test Name: PROLACTIN
  Test ID: PROL
Testing Facility: Aultman Laboratory
Turnaround Time: Done daily. Results available the same day.
Specimen Type: Serum
  Volume: 1 mL
  Container: 7 mL SST
  Storage: Refrigerate.

Test Name: PROMETHEUS TESTING (see individual test)

Test Name: PRONESTYL (See Procainamide/Napa) Testing
Facility: Aultman Laboratory

Test Name: PROPAFENONE
  Test ID: PROP
Testing Facility: Reference Laboratory
Specimen Handling: SERUM 1 ML PLAIN RED TOP - REF Centrifuge and transfer serum to plastic vial.

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### PROPERDIN FACTOR B

**Test Name:** PROPERDIN FACTOR B  
**Test ID:** MISC  
**Testing Facility:** Reference Laboratory  
**Specimen Handling:** SERUM 1 ML - REF  
**Additional Information:** AKA: COMPLEMENT FACTOR B

### PROSTAGLANDIN E2

**Test Name:** PROSTAGLANDIN E2  
**Test ID:** MISC  
**Testing Facility:** Reference Laboratory  
**Specimen Handling:** SERUM 3 ML - FROZ
Prostate Cancer Gene 3 (PCA3)

Synonyms: Progensa PCA3
Testing Facility: Reference Laboratory

Precollection Instructions: Before collection, the patient should undergo an attentive digital rectal exam (three strokes per lobe).

Specimen Collection / Transfer Instructions: 1. Collect a first-catch (approximately 20-30 mL of the initial stream) urine sample in a urine collection cup after DRE has been performed. Urine sample should be processed immediately following steps 2 and 3.
   2. Invert the sample five times to resuspend the cells. Transfer 2.5 mL of urine (fill until the fluid level is between the black lines) into the urine specimen transport tube using the disposable pipette provided.
   3. Recap the urine specimen transport tube tightly and invert five times to mix.

Specimen Type: Urine
Volume: 2.5 mL
Container: Gen-Probe PROGENSA Urine Specimen Transport Kit

Specimen Handling: Processed urine specimens must be shipped at 30°C or below (may be frozen) and should be received by the test facility within five days of collection. Freeze sample and ship frozen if specimen storage will be greater than 5 days.

Additional Information:
- Stability: refrigerated - 14 days, frozen - 3 months
- Cause for rejection: specimen volume < 2 mL; incorrect collection kit; unfrozen specimen received after five days.

PROSTATE SPECIFIC ANTIGEN ULTRASENSITIVE (See PSA Ultrasensitive) Testing
Facility: Reference Laboratory

PROSTATIC ACID PHOSPHATASE
Test ID: ACP
Testing Facility: Reference Laboratory
Specimen Handling: SERUM 2 ML - FROZ
Additional Information: PLASMA IS UNACCEPTABLE

PROTEIN 14-3-3
Test ID: MISCNB
Testing Facility: Reference Laboratory
Specimen Handling: CSF AND/OR URINE 3 ML OF EACH - FROZ
Additional Information: CLEVELAND CLINIC TO CASE WESTERN RESERVE UNIV

PROTEIN C (see Protein C Activity)

PROTEIN C ACTIVITY
PROTC
Test Includes: 

The information contained in this Directory is provided only as general information and is subject to change without notice.
### Test Name: Test
### ID:

**Testing Facility:** Aultman Laboratory  
**Turnaround Time:** Test is batched and run once per week (Tuesdays)

**Precollection Instructions:** Note if patient is on coumadin

**Specimen Type:** Plasma (citrated)  
**Volume:** 2 mL  
**Container:** (2) 5 mL blue top tube – must be FULL

**Specimen Handling:** Specimen must be processed in Aultman Lab within 4 hours of collection; alternatively, the patient may be drawn in the Aultman Outpatient Lab

---

### Test Name: PROTEIN C ANTIGEN
### Test ID: ZPCAG

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 2 ML BLUE TOP PLASMA - FROZEN

**Additional Information:**  
REJECT IF GROSS HEMOLYSIS IS PRESENT

---

### Test Name: PROTEIN ELECTROPHORESIS, SERUM
### Test ID: SPE

**Synonyms:** Serum protein fractionation  
**Test Includes:** Total protein, albumin, alpha 1, alpha 2, beta and gamma fractions, interpretation by a pathologist

**Testing Facility:** Aultman Laboratory  
**Turnaround Time:** Done M, W, F. Results available the same day.

**Precollection Instructions:** Fasting specimen is preferred

**Specimen Type:** Serum  
**Volume:** 1 mL  
**Container:** 7 mL SST

**Specimen Handling:** Avoid hemolysis and lipemia

---

### Test Name: PROTEIN ELECTROPHORESIS, URINE
### Test ID: UPE

**Test Includes:** Pattern interpretation by a pathologist

**Testing Facility:** Aultman Laboratory  
**Turnaround Time:** Done M, W, F. Results available the same day.

**Precollection Instructions:** See 24-hour Urine Collection Instructions

NOTE: A first morning void specimen can be used instead of a 24-hour collection. Random urines other than the first morning void are discouraged but can be done if ordered by the physician.

**Specimen Type:** 24-hour urine or random urine  
**Volume:** Submit entire urine collection to lab. Random requires at least 50 mL (30 mL minimum).  
**Container:** Obtain urine collection container from lab

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<td><strong>Test Name:</strong> PROTEIN S ACTIVITY</td>
</tr>
<tr>
<td><strong>Test ID:</strong> PROTS</td>
</tr>
<tr>
<td><strong>Testing Facility:</strong> Aultman Laboratory</td>
</tr>
<tr>
<td><strong>Turnaround Time:</strong> Sent to Reference Lab</td>
</tr>
<tr>
<td><strong>Precollection Instructions:</strong> Ordered for rare Type II Protein S deficiency; otherwise order Protein S Free Antigen</td>
</tr>
<tr>
<td><strong>Specimen Type:</strong> Plasma (citrated)</td>
</tr>
<tr>
<td><strong>Volume:</strong> 2 mL</td>
</tr>
<tr>
<td><strong>Container:</strong> (2) 5 mL blue top tube – must be FULL</td>
</tr>
<tr>
<td><strong>Specimen Handling:</strong> Specimen must be processed in Aultman Lab within 4 hours of collection; alternatively, the patient may be drawn in the Aultman Outpatient Lab</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Test Name: PROTEIN S ANTIGEN</th>
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<tbody>
<tr>
<td><strong>Test ID:</strong> ZPSAG</td>
</tr>
<tr>
<td><strong>Testing Facility:</strong> Reference Laboratory</td>
</tr>
<tr>
<td><strong>Specimen Handling:</strong> 2 ML BLUE TOP PLASMA - FROZEN</td>
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<th>Test Name: PROTEIN S FREE ANTIGEN</th>
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</thead>
<tbody>
<tr>
<td><strong>Test ID:</strong> PRSFA</td>
</tr>
<tr>
<td><strong>Testing Facility:</strong> Aultman Laboratory</td>
</tr>
<tr>
<td><strong>Turnaround Time:</strong> Batched, run once per week (Tuesday)</td>
</tr>
<tr>
<td><strong>Precollection Instructions:</strong> Replaces Protein S Activity as routine screening test for Protein S deficiency</td>
</tr>
<tr>
<td><strong>Specimen Type:</strong> Plasma (citrated)</td>
</tr>
<tr>
<td><strong>Volume:</strong> 2 mL</td>
</tr>
<tr>
<td><strong>Container:</strong> (2) 5 mL blue top tube – must be FULL</td>
</tr>
<tr>
<td><strong>Specimen Handling:</strong> Specimen must be processed in Aultman Lab within 4 hours of collection; alternatively, the patient may be drawn in the Aultman Outpatient Lab</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name: PROTEIN, 24 HOUR URINE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Test ID:</strong> PRU24</td>
</tr>
<tr>
<td><strong>Test Includes:</strong> Collection time, volume, creatinine, protein</td>
</tr>
<tr>
<td><strong>Testing Facility:</strong> Aultman Laboratory</td>
</tr>
<tr>
<td><strong>Turnaround Time:</strong> If specimen is received by 1000, results available the same day</td>
</tr>
<tr>
<td><strong>Precollection Instructions:</strong> Collect on ice with no preservatives. See 24-hour Urine Collection Instructions.</td>
</tr>
<tr>
<td><strong>Specimen Type:</strong> 24-hour urine</td>
</tr>
<tr>
<td><strong>Volume:</strong> Submit entire urine collection to lab</td>
</tr>
<tr>
<td><strong>Container:</strong> Obtain urine collection container from lab</td>
</tr>
</tbody>
</table>

The information contained in this Directory is provided only as general information and is subject to change without notice.
<table>
<thead>
<tr>
<th>Test Name</th>
<th>Test ID</th>
<th>Test Includes</th>
<th>Testing Facility</th>
<th>Turnaround Time</th>
<th>Specimen Type</th>
<th>Volume</th>
<th>Container</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROTEIN, BODY FLUID</td>
<td>PROTEIN, BODY FLUID</td>
<td>Body fluid type, protein</td>
<td>Aultman Laboratory</td>
<td>Done 7 days/week, 24 hours/day. Results available the same day.</td>
<td>Body fluid</td>
<td>2 – 4 mL</td>
<td>Plastic urine tube</td>
</tr>
<tr>
<td>PROTEIN, RANDOM URINE</td>
<td>Prur</td>
<td></td>
<td>Aultman Laboratory</td>
<td>Done 7 days/week, 24 hours/day. Results available the same day.</td>
<td>Random urine</td>
<td>2 mL</td>
<td>Plastic urine tube</td>
</tr>
<tr>
<td>PROTEIN, TOTAL, SERUM</td>
<td>Prot</td>
<td>Serum or plasma lithium heparin – Separate from cells within 2 hours of collection.</td>
<td>Aultman Laboratory</td>
<td>Done 7 days/week, 24 hours/day. Results available the same day.</td>
<td>Serum or plasma lithium heparin</td>
<td>1 mL</td>
<td>SST or Plasma Lithium Heparin.</td>
</tr>
<tr>
<td>PROTHROMBIN GENE VARIANT</td>
<td>PTGEN</td>
<td></td>
<td>Reference Laboratory</td>
<td></td>
<td></td>
<td></td>
<td>2 LAV TOP: WHOLE BLD ROOM TEMP</td>
</tr>
<tr>
<td>PROTHROMBIN TIME</td>
<td>PRO</td>
<td>Protime, PT, Protime, INR</td>
<td>Aultman Laboratory</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The information contained in this Directory is provided only as general information and is subject to change without notice.
Test Name: PROTIME
ID: 50:50 MIX
Synonyms: Protime, PT
Test Includes: Protime, INR
Testing Facility: Aultman Laboratory
Turnaround Time: STAT/urgent: 45 minutes, Routine: 3 hours
Specimen Type: Plasma (citrated)
Volume: 2 mL
Container: 5 mL blue top tube (MUST be full)
Specimen Handling: Store specimen in original tube. Specimen is stable within 24 hours of collection in original capped tube. Alternatively, specimen may be drawn in Aultman Outpatient Lab.

Test Name: PROTOPORPHYRIN, FRACTIONATED, RBC
Testing Facility: Aultman Laboratory
Additional Information: Test no longer available at reference laboratory. See Zinc Protoporphyrins.

Test Name: PROTRIPTYLINE
ID: MISC
Synonyms: Vivactil
Testing Facility: Reference Laboratory
Specimen Handling: SERUM 2 ML - REF
Additional Information: PLAIN RED TOP
Centrifuge and transfer serum to plastic vial.

Test Name: PROZAC (see Fluoxetine)

Test Name: PSA
ID: PSA
Synonyms: Prostate specific antigen
Test Includes: Done daily. Results available the same day.
Testing Facility: Aultman Laboratory
Specimen Type: Serum only
<table>
<thead>
<tr>
<th>Test Name</th>
<th>Test ID</th>
<th>Testing Facility</th>
<th>Specimen Handling</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSA, FREE AND TOTAL</td>
<td>PSAF</td>
<td>Reference Laboratory</td>
<td>SERUM 2 ML - FROZEN</td>
</tr>
<tr>
<td>PSA, ULTRASENSITIVE OR 3RD GENERATION</td>
<td>PSAU</td>
<td>Reference Laboratory</td>
<td>1 ML SERUM - FROZEN</td>
</tr>
<tr>
<td>Test Name: PSEUDOCHOLINESTERASE PHENOTYPE (See Pseudocholinesterase &amp; Dibucaine No.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| **Test Name:** PSEUDOCHOLINESTERASE & DIBUCAINE NO.  
**Test ID:** PCHEP  
**Synonyms:** PSEUDOCHOLINESTERASE PHENOTYPE; CHOLINESTERASE & DIBUCAINE NO. Testing  
**Facility:** Reference Laboratory  
**Specimen Handling:** 1 ML SERUM - REF |

| Test Name: PSEUDOCHOLINESTERASE, TOTAL, SERUM  
**Test ID:** PSCH  
**Test Number:** PCHES  
**Testing Facility:** Reference Laboratory  
**Specimen Handling:** SERUM 1 ML - FROZ |

| Test Name: PTH, INTACT  
**Test ID:** PTH  
**Synonyms:** Parathyroid hormone, N-terminal PTH  
**Test Includes:** PTH, intact  
**Testing Facility:** Aultman Laboratory  
**Turnaround Time:** Done 7days/week, 24hours/day. Results available same day.  
**Precollection Instructions:** A fasting, morning specimen is preferred.  
**Specimen Type:** Serum  
**Volume:** 1 mL  
**Container:** 3.5 mL or 5 mL SST. 4 mL Plain Red Top also acceptable. |

| Test Name: PTH-RELATED PROTEIN  
**Test ID:** PTHRP  
**Testing Facility:** Reference Laboratory  
**Specimen Type:** SPECIALPROTEASE INHIBITOR TUBE KIT AVAILABLE IN SEND OUTS DEPARTMENT  
**Specimen Handling:** 1.0 ML PLASMA FROM SPECIAL TUBE - FROZEN  
**Additional Information:** A BUTTERFLY MUST BE USED FOR DRAWING BLOOD |

| Test Name: PTH-RP (see PTH - Related Protein) |

| Test Name: PURKINJE ANTIBODY  
**Test ID:** ANTIYO  
**Synonyms:** ANTI-YO AB |
Test Name: PYRUVATE KINASE
Test ID: MISC
Testing Facility: Reference Laboratory
Specimen Handling: WHOLE BLOOD (ACD)B
Additional Information: REFRIGERATE
PYRUVIC ACID
PYRUV
Reference Laboratory
Specimen Handling: 2 ML EDTA WHOLE BLOOD (SENDOUTS WILL MIX WITH PERCHLORIC ACID)
Additional Information: COLLECT IN PRE-CHILLED PURPLE TOP TUBES. ADD 1:1 DILUTION OF 8% PERCHLORIC ACID TO BLOOD AND MIX. REFRIG FOR 10 MIN. CENTRIFUGE AND SEND SUPERNATANT - REF

Test Name: Q FEVER ANTIBODY (See Coxiella IgG, IgM, IgA Abs)
Synonyms: Coxiella burnetii Abs
Testing Facility: Reference Laboratory

Test Name: Q10 (SEE COENZYME Q10) Testing
Facility: Reference Laboratory

Test Name: QUAD SCREEN
Test ID: QUAD
Test Includes: AFP, bHCG, Unconjugated estriol and Inhibin A
Testing Facility: Aultman Laboratory
Turnaround Time: Sent to a Reference Lab
Specimen Collection / Completed prenatal requisition must accompany the specimen Transfer Instructions:
Specimen Type: Serum
Volume: 2 mL
Container: SST
Specimen Handling: Refrigerate

Test Name: QUAD SCREEN (TETRA)
Test ID: QUAD

The information contained in this Directory is provided only as general information and is subject to change without notice.
Test Name: QUANTIFERON GOLD (TB TEST)
Test ID: QUANTTB
Testing Facility: Reference Laboratory
Specimen Handling: 4 SPECIAL TUBES IN SEND OUTS. FOLLOW DRAWING INSTRUCTIONS
Additional Information: SPECIMEN MUST BE IN MAIN LAB BY 12:30PM, M-F. Do not draw on weekends, holidays, or the day before a holiday.

Test Name: QUINIDINE, SERUM
Test ID: QUIN
Synonyms: Quinaglute, Quinidex
Testing Facility: Reference Laboratory
Specimen Handling: SERUM 1 ML PLAIN RED TOP - REF
Centrifuge and transfer serum to plastic vial.
Additional Information: SST TUBES ARE UNACCEPTABLE

Test Name: RABIES ANTIBODY
Test ID: MISC
Testing Facility: Reference Laboratory
Specimen Handling: 2 ML SERUM FROM PLAIN RED TOP - REFRIGERATED

Test Name: RAPAMUNE
Test ID: RAPA
Testing Facility: Reference Laboratory
Specimen Handling: 2 ML EDTA WHOLE BLOOD - REF
Additional Information: IF NOT A TRANSPLANT PATIENT, SEND TO TRANSPLANT HOSPITAL FOR TESTING

Test Name: RAPID FLU
Test ID: RFLU
Test Includes: Rapid membrane immunoassay for influenza A and B. All negative flu tests will be followed with a respiratory viral culture. Testing Facility: Aultman Laboratory
Test Name: RAST TESTING (ALLERGY TESTS)
Test ID: MISC
Testing Facility: Reference Laboratory
Specimen Handling: SERUM
Additional Information: 1 ML OF SERUM WILL DO 7 ALLERGY TESTS; DRAW ACCORDINGLY

RATIO PROT/CREAT URINE RANDOM
RPCUR
Aultman Laboratory
Turnaround Time: 2 hours.
Specimen Type: Urine random
Volume: 10 ml Container: Urine

Test Name: RBC FOLATE (See Folate, RBC)

Test Name: RBC, URINE
Test ID: RBCUA

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<table>
<thead>
<tr>
<th>Test Name</th>
<th>Test ID</th>
<th>Facility</th>
<th>Synonyms</th>
<th>Test Includes</th>
<th>Turnaround Time</th>
<th>Precollection Instructions</th>
<th>Specimen Type</th>
<th>Volume</th>
<th>Container</th>
</tr>
</thead>
<tbody>
<tr>
<td>RBC</td>
<td>Testing</td>
<td>Aultman Laboratory</td>
<td>Urinary RBC, urinary red blood cells</td>
<td>Microscopic examination of urine specimen for red blood cells Test</td>
<td>Done 7 days/week, 24 hours/day. Results available the same day.</td>
<td>Keep on ice or refrigerate</td>
<td>Random urine</td>
<td>2 mL</td>
<td>Plastic urine tube</td>
</tr>
<tr>
<td>RBP (see Retinol Binding Protein)</td>
<td>STRED</td>
<td>Reference Laboratory</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REDUCING SUB, FECAL</td>
<td>STRED</td>
<td>Aultman Laboratory</td>
<td></td>
<td></td>
<td>Done 7 days/week, 24 hours/day. Results available the same day.</td>
<td>Keep on ice or refrigerate</td>
<td>Random urine</td>
<td>2 mL</td>
<td>Plastic urine tube</td>
</tr>
<tr>
<td>REDUCING SUBSTANCES, URINE</td>
<td>REDUA</td>
<td>Aultman Laboratory</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Random urine</td>
<td>2 mL</td>
<td>Plastic urine tube</td>
</tr>
<tr>
<td>REGIONAL PANEL</td>
<td>REDUA</td>
<td>Reference Laboratory</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The information contained in this Directory is provided only as general information and is subject to change without notice.
Test Name: Test
ID:

**RENAL CALCULI**
ZCALC

**Synonyms:** Urinary Calculi, Stone Analysis

**Test Includes:** This tests for the qualitative detection of the 8 most common constituents of renal calculi (Carbonate, Cystine, Phosphate, Magnesium, Calcium, Ammonia, Uric Acid, and Oxalate.)

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** 5-7 days

**Specimen Type:** Renal calculi

- **Volume:** > 1 mm
- **Container:** Any sterile container

**Storage:** Room temperature

---

**Test Name:** RENAL FUNCTION PANEL

**Test ID:** RFP

**Test Includes:** Glu, Na, K, Cl, CO2, lyte balance, BUN, creat, b/c ratio, calcium, albumin, phosphorus

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/week, 24 hours/day. Results available the same day.

**Specimen Type:** Serum or plasma lithium heparin – Separate from cells within 2 hours of collection.

- **Volume:** 2 – 4 mL
- **Container:** SST or Plasma Lithium Heparin.

**Specimen Handling:** Avoid hemolysis. Separate serum from cells within 2 hours of collection.

**Storage:** Refrigerate.

---

**Test Name:** RENIN ACTIVITY

**Test ID:** RENIND

**Synonyms:** PLASMA RENIN ACITIVITY, DIRECT RENIN

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 3ML EDTA PLASMA - FROZEN

**Additional Information:** WILL REJECT HEMOLYZED SPEC.

---

**Test Name:** REPTILASE

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 2 ML BLUE TOP PLASMA - FROZEN

**Additional Information:** CENTRIFUGE WITHIN 1 HOUR OF COLLECTION
### RESPIRATORY VIRUS PCR

**Test Includes:** Influenza A, Influenza B, RSV A, RSV B, Parainfluenza 1, Parainfluenza 2, Parainfluenza 3, Rhinovirus, Metapneumovirus, and Adenovirus.

**Testing Facility:** Reference Laboratory

**Turnaround Time:** 4-6 DAYS

**Specimen Type:** BAL or BRONCH WASHINGS

**Volume:** 0.5 ML

**Container:** STERILE CONTAINER

**Specimen Handling:** FROZEN

---

### RETICULIN IGA & IGG ANTIBODIES

**Test ID:** RETAB

**Testing Facility:** Reference Laboratory

**Container:** SST

**Specimen Handling:** SERUM 1 ML - REF

---

### RETICULOCYTES

**Test ID:** RETIC

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** 60 minutes

**Specimen Type:** Whole blood (EDTA)

**Volume:** 2 mL

**Container:** 2.5 mL lav top tube

**Storage:** Room temperature, or if > 12 hours refrigerate.

---

### RETINOL (see Vitamin A)

---

### RETINOL BINDING PROTEIN (RBP)

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 2 ML - REF

**Additional Information:** 12 HR FAST REQUIRED; CANNOT BE HEMOLYZED
**Test Name:** REVERSE T3  
**Test ID:** REV3  
**Testing Facility:** Reference Laboratory  
**Specimen Handling:** SERUM 1 ML - REF

---

**Test Name:** RHEUMATOID FACTOR, SERUM  
**RF**  
**Synonyms:** RA, Rheumatoid factor IgM  
**Test Includes:** Enzyme Immunoassay (EIA) test for rheumatoid factor IgM  
**Testing Facility:** Aultman Laboratory  
**Turnaround Time:** Done twice weekly  
**Specimen Type:** Serum  
**Volume:** 2 mL  
**Container:** 7 mL SST  
**Specimen Handling:** Avoid hemolysis

---

**Test Name:** RHEUMATOID FACTOR, SYNOVIAL FLUID  
**Test ID:** RFBF  
**Testing Facility:** Reference Laboratory  
**Specimen Handling:** 1 ML SYNOVIAL FLUID - REF  
**Additional Information:** NO OTHER FLUID IS ACCEPTABLE

---

**Test Name:** RHOGAM WORKUP  
**Test ID:** RHO  
**Test Includes:** ABO, ABS & FMH. Used when there is suspected bleed between mother and fetus  
**Testing Facility:** Aultman Laboratory  
**Turnaround Time:** 45 minutes  
**Container:** 6 ml pink top EDTA  
**Additional Information:** NOTE: All specimens sent to Blood Bank for testing must have a handwritten identification label that includes the patient’s first and last name, Medical Record number (Date of Birth is acceptable for Outpatients), date and time of collection and collector’s initials. Specimens missing any of the elements listed above will be rejected and must be recollected.

---

**Test Name:** RIBOSOMAL P ANTIBODY  
**Test ID:** RIBAB  
**Synonyms:** Ribosomal Antibody  
**Testing Facility:** Aultman Laboratory

---

The information contained in this Directory is provided only as general information and is subject to change without notice.
Test Name: Test
ID:

Turnaround Time: Results available within 5 days
Specimen Type: Serum
Volume: 1 mL
Container: 7 mL SST
Specimen Handling: Refrigerate specimen

Test Name: RICKETTSIAL AB PANEL
Test ID: ROCK
Test Includes: RMSF AND TYPHUS
Testing Facility: Reference Laboratory
Specimen Handling: SERUM 2ML - REF
RISPERIDONE
MISC
Testing Facility: Reference Laboratory
Container: RED TOP TUBE; Centrifuge and transfer serum to plastic vial. Specimen Handling: SERUM 1 ML - REF
Additional Information: SST TUBES ARE UNACCEPTABLE

Test Name: RISTOCETIN CO-FACTOR
Test ID: RISTO
Testing Facility: Reference Laboratory
Specimen Handling: 2 ML BLUE TOP PLASMA - FROZEN

Test Name: RITALIN
Test ID: RITAL
Synonyms: METHYLPHENIDATE
Testing Facility: Reference Laboratory
Specimen Handling: 3 ML SERUM - PLAIN RED TOP - FROZEN Centrifuge and transfer serum to plastic vial.

Test Name: ROCKY MT ANTIBODY (SEE RICKETTSIA AB PANEL)
Synonyms: RMSF
Testing Facility: Reference Laboratory Specimen Handling: SERUM 1 ML - REF

Test Name: ROHYPNOL

The information contained in this Directory is provided only as general information and is subject to change without notice.
<table>
<thead>
<tr>
<th>Test Name</th>
<th>Test ID</th>
<th>Testing Facility</th>
<th>Specimen Handling</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>MISC</td>
<td></td>
<td>Reference Laboratory</td>
<td>10 ML URINE - REF OR ROOM TEMP</td>
<td>DATE RAPE DRUG</td>
</tr>
<tr>
<td></td>
<td>ROSEOLA (see Herpes Virus 6)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ROTA</td>
<td>ROTA</td>
<td>Aultman Laboratory</td>
<td>Done daily. Results available the same day.</td>
<td></td>
</tr>
<tr>
<td>ROTAVIRUS SCREEN</td>
<td>ROTA</td>
<td>Aultman Laboratory</td>
<td>Done daily. Results available the same day.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>RPR</td>
<td>Aultman Laboratory</td>
<td>Done M – F. Results available in 1 day.</td>
<td></td>
</tr>
<tr>
<td>RSV ANTIBODY</td>
<td>RSVAB</td>
<td>Reference Laboratory</td>
<td>SERUM 1 ML - REF</td>
<td>PLAIN RED TOP: RESPIRATORY SYNCYTIAL VIRUS</td>
</tr>
<tr>
<td>RSV SCREEN</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The information contained in this Directory is provided only as general information and is subject to change without notice.
Test Name: Test
ID:
Test ID: RSV
Test Includes: Enzyme immunoassay (EIA) screen. If screen is negative, a culture for Respiratory Syncytial Virus (RSV) will be performed (CRV). Testing Facility: Aultman Laboratory

Turnaround Time: Done daily, 24 hours a day. Results available the same day.

Specimen Type: Nasal wash (specimen of choice) or NPH.
Volume: Minimum of 1 mL, maximum of 2 mL of liquid or 1 NPH swab.

Specimen Handling: Collection:
A. Nasal wash: Infuse 1 - 2 mL of saline into nasal passages. Use a suction device to collect washings.
B. NPH: Flexible Flocked NPH swab is recommended.
1) Carefully insert a flexible-flocked swab through the nose into the posterior nasopharynx and rotate swab.
2) Keep the swab near the septum and floor of the nose. Repeat the process on the other nostril.
3) Place swab in Viral Transport Media (M6).

Transport: Deliver to Microbiology within 2 hours of collection for inpatients.
Storage: Refrigerate.

Test Name: RUBELLA IGM
Test ID: RUBM
Testing Facility: Reference Laboratory

Specimen Handling: SERUM 1 ML - REF

RUBELLA IMMUNE STATUS
RUBIS

Synonyms: German measles immune status

Test Includes: Immune status assay for the detection of IgG antibodies for German measles. This test IS NOT for determining acute (current) or congenital infection. For that diagnosis, use the RUBM test code. Testing Facility: Aultman Laboratory

Turnaround Time: Done M – F. Results available the next day.

Specimen Type: Serum
Volume: 1 mL
Container: 7 mL SST

Test Name: RUBEOLA IGG ANTIBODY
Test ID: RUBEO

Synonyms: Measles

Test Includes: Detects rubeola IgG only
Testing Facility: Aultman Laboratory
Test Name: Test
ID:

**Turnaround Time:** Results available within 5 days.

**Specimen Type:** Serum
- **Volume:** 1 mL
- **Container:** 7 mL SST

---

Test Name: RYTHMOL (see Propafenone)

---

Test Name: SALICYLATE

- **Test ID:** SAL
- **Synonyms:** Aspirin, acetylsalicylic acid

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/week, 24 hours/day. Results available the same day.

**Precollection Instructions:** Usual sampling time: 1 – 3 hours after an oral dose
- **Specimen Type:** Serum/Plain Red Top/Plasma Lithium Heparin – Separate from cells within 2 hours of collection.
- **Volume:** 1mL
- **Container:** SST/Plain Red Top/Plasma Lithium Heparin

**Specimen Handling:** Centrifuge and transfer serum to plastic vial.
**Storage:** Refrigerate.

---

Test Name: SALIVARY CORTISOL (SEE CORTISOL, SALIVARY)

**Testing Facility:** Reference Laboratory
Test Name: SALMONELLA, TOTAL ANTIBODY, EIA

Synonyms: Widal Test for Typhoid
Test Includes: Salmonella H Type A, Salmonella H Type B, Salmonella H Type D, Salmonella O Type D, Salmonella O Type Vi

Testing Facility: Reference Laboratory
Turnaround Time: Mon-Fri. Report available in 3 days.

Specimen Collection / Blood collected by venipuncture should be allowed to clot at room temperature and then Transfer Instructions: centrifuged.

Specimen Type: Serum
Volume: 1 mL
Container: Transport: plastic screw-cap vial

Specimen Handling: Serum should be separated as soon as possible and refrigerated or stored frozen if not tested within one week.

Test Name: SCL-70 ANTIBODY

Test ID: SCLAB
Synonyms: Autoantibodies to SCL-70 antigen, Scleroderma Ab
Testing Facility: Aultman Laboratory

Turnaround Time: Results available within 5 days
Specimen Type: Serum
Volume: 1 mL
Container: 7 mL SST

Specimen Handling: Refrigerate specimen

Test Name: SCLERODERMA ANTIBODY (see SCL-70 Antibody)

Test Name: SECRETIN

Test ID: MISC
Testing Facility: Reference Laboratory

Specimen Handling: 3 ML PLASMA FROM SPECIAL G.I. PRESERVATIVE TUBE - FROZEN
Additional Information: COLLECT IN TRASYLOL TUBES; 12 HR FASTING REQUIRED

Test Name: SED RATE (see Erythrocyte Sed Rate)

Test Name: SELENIUM

Test ID: PSELEN
Testing Facility: Reference Laboratory

Specimen Type: 2 ML PLASMA FROM DARK BLUE TUBE WITH ADDITIVE (EDTA) – ROOM TEMPERATURE

The information contained in this Directory is provided only as general information and is subject to change without notice.
<table>
<thead>
<tr>
<th>Test Name:</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test</td>
<td></td>
</tr>
<tr>
<td>ID:</td>
<td></td>
</tr>
<tr>
<td>Additional Information:</td>
<td>2 ML SERUM FROM A DARK BLUT TUBE WITHOUT ADDITIVE IS ALSO ACCEPTABLE POUR OFF INTO A TRACE ELEMENT TRANSPORT TUBE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>SERAX (see Oxazepam)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEROTONIN, SERUM</td>
<td></td>
</tr>
<tr>
<td>Test ID:</td>
<td>SEROT</td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>1 ML SERUM FROM SST - FROZEN</td>
</tr>
<tr>
<td>Additional Information:</td>
<td>CENTRIFUGE AND SEPARATE WITHIN 1 HR</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEROTONIN 24 HR URINE</td>
<td></td>
</tr>
<tr>
<td>Test ID:</td>
<td>MISC</td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Handling:</td>
<td>10 ML URINE FROM 24 HR COLL - FROZEN</td>
</tr>
<tr>
<td>Additional Information:</td>
<td>DIETARY RESTRICTIONS - SEE 5-HIAA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEROTONIN METABOLITE (see 5-HIAA, 24 Hour Urine)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEROTONIN RELEASE ASSAY</td>
<td></td>
</tr>
<tr>
<td>Test ID:</td>
<td>MISC</td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Handling:</td>
<td>SERUM 1 ML - FROZ</td>
</tr>
<tr>
<td>Additional Information:</td>
<td>UNFRACTIONATED HEPARIN</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>SERTRALINE(ZOLOFT)</td>
<td></td>
</tr>
<tr>
<td>Test ID:</td>
<td>MISC</td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Handling:</td>
<td>2 ML SERUM - PLAIN RED TOP - REF</td>
</tr>
<tr>
<td>Additional Information:</td>
<td>SST TUBES ARE UNACCEPTABLE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEX HORMONE BINDING GLOBULIN</td>
<td></td>
</tr>
<tr>
<td>Test ID:</td>
<td>SHBG2</td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>Serum - refrigerated</td>
</tr>
</tbody>
</table>

The information contained in this Directory is provided only as general information and is subject to change without notice.
Test Name: Test
ID:
Volume: 3 mL
Container: 7 mL SST tube
Specimen Handling: Separate from cells/gel barrier, refrigerate. Avoid lipemia.

Test Name: SGOT (see AST)

Test Name: SGPT (see ALT)

SHIGA TOXINS 1 & 2
SHIGA
Test Includes: Shiga toxins 1 and 2.
Testing Facility: Aultman Laboratory
Turnaround Time: Done M–F, 0700 – 2400. Results available in 3 days.
Specimen Type: Stool.
Volume: 1 gram or at least visible material on 1 culturette (2 swabs).
Container: Clean container with a tight-fitting lid or 1 culturette (2 swabs).
Specimen Handling: Collection:
A. Stool
1) The entire contents of the first specimen of the day is preferred.
2) Avoid contamination with water, urine, paper, barium or mineral oil. Do not remove specimens from the toilet bowl.
3) Specimens received in a diaper are not acceptable and will be rejected by Microbiology.
Transport: Deliver to Microbiology within 2 hours of collection for inpatients. Storage: Refrigerate.

Test Name: SHUNT PANEL
Test ID: SHUNT
Test Includes: Gram stain, Aerobic and Anaerobic Culture, Cell Count, Glucose and Protein. Sensitivity testing performed if indicated. Testing Facility: Aultman Laboratory Turnaround Time: Refer to individual tests.
Specimen Type: Shunt or Ventricular Fluid
Volume: Minimum 10 ml
Container: Sterile container
Specimen Handling: Collection: The specimen is usually collected by the physician.
Transport: Deliver the specimen to Microbiology immediately.
Storage: Room temperature.

Test Name: SICKLE CELL
Test ID: SC
Test Includes: This test is done for screening purposes. It is a solubility test that differentiates between sickling and non-sickling hemoglobins, but does not identify the hemoglobin type. **Cannot be performed on children < 6 months of age.** Testing Facility: Aultman Laboratory

The information contained in this Directory is provided only as general information and is subject to change without notice.
<table>
<thead>
<tr>
<th>Test Name</th>
<th>Test ID</th>
<th>Synonyms</th>
<th>Testing Facility</th>
<th>Turnaround Time</th>
<th>Specimen Type</th>
<th>Specimen Handling</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SIF (see Immunofixation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electrophoresis, serum)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SIROLIMUS (see Rapamune)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SJOGRENS ANTIBODIES (see SS-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A and SS-B Antibody Panel)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SKELETAL MUSCLE ANTIBODY</td>
<td>SKELS</td>
<td>Anti striated muscle antibody</td>
<td>Aultman Laboratory</td>
<td>Sent to</td>
<td>1 ML SERUM FROM SST - REFRIGERATED</td>
<td>PLAIN RED TOP ALSO ACCEPTABLE</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Reference Lab</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SM AND RNP Antibody Panel</td>
<td>SMRP</td>
<td></td>
<td>Reference Laboratory</td>
<td></td>
<td>1 ML SERUM FROM SST TUBE - REFRIGERATED</td>
<td></td>
<td>See ENA Antibody Panel</td>
</tr>
<tr>
<td>SMA 7 (see BMP)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SMITHS Antibodies (see SM &amp;</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RNP Antibody Panel</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SMOOTH MUSCLE ANTIBODY</td>
<td>SMUSC</td>
<td>ASMA</td>
<td>Aultman Laboratory</td>
<td>Done M – F.</td>
<td>Serum</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Results available in 3 days.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The information contained in this Directory is provided only as general information and is subject to change without notice.
### Test Name: SODIUM, 24 HOUR URINE

**Test ID:** NAU24  
**Test Includes:** Collection time, volume, creatinine, sodium  
**Testing Facility:** Aultman Laboratory  
**Turnaround Time:** Specimen received by 1000, results available the same day  
**Precollection Instructions:** No preservative. See 24-hour Urine Collection Instructions.  
**Specimen Type:** 24-hour urine  
**Volume:** Submit entire urine collection to lab  
**Container:** Obtain urine collection container from lab.  
**Specimen Handling:** Keep specimen on ice during collection.

---

### Test Name: SODIUM, BODY FLUID

**Test ID:** NABF  
**Test Includes:** Body fluid type, sodium  
**Testing Facility:** Aultman Laboratory  
**Turnaround Time:** one 7 days/week, 24 hours/day. Results available the same day.  
**Specimen Type:** Body fluid  
**Volume:** 2 – 4 mL

---

### Test Name: SODIUM, RANDOM URINE

**Test ID:** NAUR  
**Testing Facility:** Aultman Laboratory  
**Turnaround Time:** Done 7 days/week, 24 hours/day. Results available the same day.  
**Specimen Type:** Random urine  
**Volume:** 4 mL  
**Container:** Plastic urine tube

---

### Test Name: SODIUM, SERUM

**Test ID:** NA  
**Testing Facility:** Aultman Laboratory  
**Turnaround Time:** Done 7 days/week, 24 hours/day. Results available the same day.  
**Specimen Type:** Serum or Plasma Lithium Heparin – Separate from cells within 2 hours of collection.  
**Volume:** 1 mL  
**Container:** SST or Plasma Lithium Heparin.  
**Storage:** Refrigerate.

---

The information contained in this Directory is provided only as general information and is subject to change without notice.
<table>
<thead>
<tr>
<th>Test Name: SOLUBLE LIVER ANTIGEN ANTIBODY</th>
<th>Test ID: LIVSOL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Testing Facility: Reference Laboratory</td>
<td></td>
</tr>
<tr>
<td>Specimen Handling: SERUM 1 ML - REF</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name: SOLUBLE TRANSFERRIN RECEPTOR AB</th>
<th>Test ID: STRANS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Testing Facility: Reference Laboratory</td>
<td></td>
</tr>
<tr>
<td>Specimen Handling: SERUM 1 ML - REF</td>
<td></td>
</tr>
<tr>
<td>Additional Information: AKA: TRANSFERRIN RECEPTOR</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name: SOMATOMEDIN-C</th>
<th>Test ID: SOMAT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Synonyms: IGF-1, Insulin like Growth Factor</td>
<td></td>
</tr>
<tr>
<td>Testing Facility: Aultman Laboratory</td>
<td></td>
</tr>
<tr>
<td>Turnaround Time: Done weekly (Friday). Results available the same day.</td>
<td></td>
</tr>
<tr>
<td>Specimen Type: Serum</td>
<td></td>
</tr>
<tr>
<td>Volume: 1 mL</td>
<td></td>
</tr>
<tr>
<td>Container: Plain red top tube or 7ml SST</td>
<td></td>
</tr>
<tr>
<td>Specimen Handling: Plain red top tube or 7ml SST</td>
<td></td>
</tr>
<tr>
<td>Separate serum from cells ASAP and freeze serum. Avoid hemolysis.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name: SOMATOSTATIN</th>
<th>Test ID: SOMATO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Testing Facility: Reference Laboratory</td>
<td></td>
</tr>
<tr>
<td>Specimen Handling: EDTA PLASMA 2 ML - FROZEN</td>
<td></td>
</tr>
<tr>
<td>Additional Information: PRE-CHILL LAV. TOP TUBES BEFORE COLLECTION</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name: SOTALOL</th>
<th>Test ID: MISC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Testing Facility: Reference Laboratory</td>
<td></td>
</tr>
<tr>
<td>Specimen Handling: 1 ML SERUM - PLAIN RED TOP - ROOM TEMP Centrifuge and transfer serum to plastic vial.</td>
<td></td>
</tr>
<tr>
<td>Additional Information: SST TUBES ARE UNACCEPTABLE</td>
<td></td>
</tr>
</tbody>
</table>

| Test Name: SPECIFIC GRAVITY, BODY FLUID | Test ID: SGBF |

The information contained in this Directory is provided only as general information and is subject to change without notice.
Test Name: Test  
ID:  
Test Includes: Body fluid type, volume, specific gravity  
Testing Facility: Aultman Laboratory  
Turnaround Time: Done daily. Results available by 1600  
Specimen Type: Body fluid  
Volume: 2.2 mL minimum

Test Name: SPECIFIC GRAVITY, URINE  
Test ID: SGUA  
Testing Facility: Aultman Laboratory  
Turnaround Time: Done 7 days/week, 24 hours/day. Results available the same day.  
Specimen Collection / Keep on ice or refrigerate  
Transfer Instructions:  
Specimen Type: Random urine  
Volume: 2 mL  
Container: Plastic urine tube

Test Name: SPEP (see Protein Electrophoresis, serum)

Test Name: SPERM ANTIBODIES  
Test ID: SPERM  
Test Includes: IgG, IgA, IgM  
Testing Facility: Aultman Laboratory  
Turnaround Time: Sent to Reference Lab  
Specimen Type: Serum  
Volume: 1 mL  
Container: 7 mL SST  
Specimen Handling: Avoid hemolysis. Refrigerate specimen.

Test Name: SPINAL FLUID FOR CYTOLOGY  
Testing Facility: Aultman Laboratory  
Turnaround Time: Monday-Friday received by 3:00pm, Saturday received by 11:00am. 2 working days. Certain non-Gyn cases will require additional stains and will take longer.  
Specimen Collection / Use Form 308A, (Cytology Specimens). Be sure to write the date and time of collection and the  
Transfer Instructions: clinical diagnosis.  
Specimen Type: Cerebrospinal fluid  
Volume: Minimum 1 mL fluid.  
Container: Sterile CSF plastic tube with cap.
Specimen Handling: Deliver to the Laboratory immediately. If Microbiology testing is also ordered, specimen is to be delivered to Microbiology first. After hours, deliver specimen to the Microbiology department.
Specimen Handling: Refrigerate.

Test Name: SPRUE ANTIBODY PANEL
Testing Facility: Reference Laboratory
Additional Information: ORDER ENDO; GLIAD; RETAB

Test Name: SPUN HEMATOCRIT (see Hematocrit, Spun)
**Test Name:** SPUTUM FOR CYTOLOGY

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Monday-Friday received by 3:00pm, Saturday received by 11:00am. 2 working days. Certain non-Gyn cases will require additional stains and will take longer.

**Specimen Collection / Transfer Instructions:** Use Form 308A, (Cytology Specimens). Mark the source of the specimen on the form and include any pertinent clinical information.

**Specimen Type:** Early morning specimen is preferred.

**Container:** Collect in a clean container. If the specimen is also for culture, container must be sterile.

**Specimen Handling:** Deliver to the Cytology department. If Microbiology testing is also ordered, specimen is to be delivered to Microbiology first. After hours, deliver specimen to the Microbiology department. Refrigerate.

---

**Test Name:** SS-A AND SS-B ANTIBODY PANEL

**Test ID:** SSAB

**Synonyms:** Sjogren’s antibodies

**Test Includes:** SSA and SSB

**Testing Facility:** Reference Laboratory

**Turnaround Time:** 3 – 5 days

**Specimen Type:** Serum

**Volume:** 1 – 2 mL

**Container:** 7 mL SST

**Specimen Handling:** Avoid hemolysis

**Additional Information:** See ENA Antibody Panel

---

**Test Name:** STARCH, FECAL (SEE FECAL EXAM) Testing

**Facility:** Reference Laboratory

---

**Test Name:** STEROID SCREEN, URINE (SEE ANABOLIC STEROID SCREEN)

**Testing Facility:** Reference Laboratory

---

**Test Name:** STONE RISK DIAGNOSTIC PROFILE (URINE)

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** REFRIGERATED

**Additional Information:** SPECIAL KIT REQUIRED. AVAILABLE IN SEND OUTS

---

**Test Name:** STOOL EXAMINATION, QUALITATIVE

**Test ID:** FEXAM

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 10 GRAMS STOOL - FROZEN

The information contained in this Directory is provided only as general information and is subject to change without notice.
Test Name: STOOL, OSMOLALITY (SEE OSMOLALITY, FECAL) Testing  
Facility: Reference Laboratory

Test Name: STOOL, PH (SEE PH, STOOL)  
Testing Facility: Reference Laboratory

STREP PNEUMO IGG (14) SUBTYPES (See Pneumo IgG-23 serotypes)  
Testing Facility: Reference Laboratory

Test Name: STREP PNEUMONIAE URINE ANTIGEN  
Test ID: SPAG  
Test Includes: Rapid immunochromographic assay for the detection of Streptococcus pneumoniae antigen in urine.  
Testing Facility: Aultman Laboratory  
Turnaround Time: Done Mon – Fri, 24 hours a day, Sat and Sun 0700 – 2400. Performed Sat and Sun 0000-0700 Stat requests only. Results available the same day.  
Specimen Type: Urine (catheter or clean void).  
Volume: 2 mL  
Container: Sterile Container Specimen  
Handling: Collection:  
A. Catheter: Swab catheter port with povidone iodine. Puncture the port with needle and aspirate urine into a syringe. Do not collect urine from a drainage bag.  
B. Clean Void: Cleanse urinary meatus with towelettes. Have the patient void a small amount for discard. Collect a midstream urine specimen.  
Transport: Deliver to Microbiology within 2 hours of collection for inpatients.  
Storage: Refrigerate.

Test Name: STREPTOMYCIN ANTIMICROBIAL LEVEL  
Test ID: MISC  
Testing Facility: Aultman Laboratory  
Turnaround Time: Sent to Reference Lab  
Specimen Type: Serum  
Volume: 2 mL  
Container: 10 mL plain red top. SST tubes are unacceptable.  
Specimen Handling: Centrifuge and transfer serum to plastic vial. Frozen. Indicate peak or trough.

Test Name: STREPTOZYME AB  
Test ID: STRPTO  
Testing Facility: Reference Laboratory

The information contained in this Directory is provided only as general information and is subject to change without notice.
### Test Name: STRIATED MUSCLE AB
**Test ID:** SKAB
**Testing Facility:** Reference Laboratory
**Specimen Handling:** SERUM 1 ML - REF
**Additional Information:** AKA: SKELETAL MUSCLE

### Test Name: STRONGYLOIDES AB
**Test ID:** MISC
**Testing Facility:** Reference Laboratory
**Specimen Handling:** SERUM 1 ML - FROZ
**Additional Information:** FORWARDED TO FOCUS

### Test Name: SUBSTANCE "P"
**Test ID:** MISC
**Testing Facility:** Reference Laboratory
**Specimen Handling:** 2 ALIQUOTS OF 1 ML EACH SERUM - FROZ
**Additional Information:** SEPARATE SERUM AND FREEZE ASAP

### Test Name: SUGAR WATER TEST (see Surose Hemolysis)

### Test Name: SULFATIDE ANTIBODY
**Test ID:** MISC
**Testing Facility:** Reference Laboratory
**Specimen Handling:** 1 ML SERUM - REFRIGERATED
**Additional Information:** FORWARDED TO ATHENA

### Test Name: SULFONYLUREA HYPOGLYCEMIA PANEL, URINE
**Testing Facility:** Aultman Laboratory
**Additional Information:** This test is no longer available

### Test Name: SULFONYLUREA HYPOGLYCEMIA PNL, SERUM
**Test ID:** SULFON
**Testing Facility:** Reference Laboratory
**Specimen Handling:** 2 ML SERUM - PLAIN RED TOP - FROZEN Centrifuge and transfer serum to plastic vial.
### SWEAT CHLORIDE
**Synonyms:** Sweat test

**Additional Information:** Please refer to Akron Children's Hospital

### SYNTHETIC CANNABINOIDS (SEE CANNABINOIDS, SYNTHETIC)
**Testing Facility:** Reference Laboratory

### T UPTAKE
**Test ID:** TUP
**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done daily. Results available the same day.

**Specimen Type:** Serum
- **Volume:** 1 mL
- **Container:** 7 mL SST
- **Storage:** Refrigerate.

### T. WHIPPLEI DNA, PCR
**Test ID:** MISC
**Testing Facility:** Reference Laboratory

**Specimen Handling:** 2 ML CSF - REFRIG

**Additional Information:** EDTA WHOLE BLOOD ALSO ACCEPTABLE

### T3, FREE
**Test ID:** FT3
**Synonyms:** Unbound triiodothyronine
**Testing Facility:** Aultman Laboratory

**Turnaround Time:** 24 hours/day, 7 days/week

**Specimen Type:** Serum
- **Volume:** 2 mL
- **Container:** 7 mL SST
- **Storage:** Refrigerate.

### T3, REVERSE
**Test ID:** REVT3
**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 1 ML - REF
Test Name: T3
Test ID: T3
Synonyms: Total T3, triiodothyronine
Testing Facility: Aultman Laboratory
Turnaround Time: Done daily. Results available the same day.
Specimen Type: Serum
   Volume: 1 mL
   Container: 7 mL SST
   Storage: Refrigerate.

---

Test Name: T4, FREE
Test ID: FT4
Synonyms: Free thyroxine
Testing Facility: Aultman Laboratory
Turnaround Time: Done 7 days/week, 24 hours/day. Results available same day.
Specimen Type: Serum or Plasma Lithium Heparin – Separate from cells within 2 hours of collection.
   Volume: 1 mL
   Container: SST or Plasma Lithium Heparin
   Storage: Refrigerate.

---

Test Name: T4, TOTAL
Test ID: T4
Synonyms: T4
Testing Facility: Aultman Laboratory
Turnaround Time: Done daily. Results available the same day.
Specimen Type: Serum
   Volume: 1 mL
   Container: 7 mL SST
   Storage: Refrigerate.

---

Test Name: TACROLIMUS
Test ID: TACRO
Synonyms: FK506
Testing Facility: Reference Laboratory
Specimen Handling: EDTA WHOLE BLD - REFRIGERATE
Additional Information: SEE FILE BOX. SEND TO TRANSPLANT HOSPITAL IF ONE ON FILE

---

Test Name: TAPENTADOL AND METABOLITE, URINE
Test ID: TAPENU
Testing Facility: Reference Laboratory
Specimen Handling: 2 ml Urine, Refrigerated
### TAY SACHS CARRIER SCREEN
- **Test Name:** TAY SACHS CARRIER SCREEN
- **Test ID:** HEXA
- **Testing Facility:** Reference Laboratory
- **Specimen Handling:** 5ML EDTA WHOLE BLOOD - ROOM TEMP
- **Additional Information:** MUST BE STORED AND SHIPPED AT ROOM TEMP

### TBG (see Thyroxine Binding Globulin)
- **Test Name:** TBG
- **Test ID:** TBG
- **Testing Facility:** Reference Laboratory
- **Specimen Handling:** SERUM 1 ML - REF

### TCR GENE REARRANGEMENT, QUANT PCR
- **Test Name:** TCR GENE REARRANGEMENT, QUANT PCR
- **Test ID:** TGAMMA
- **Testing Facility:** Reference Laboratory
- **Specimen Type:** Tissue, Bone Marrow or Whole Blood
- **Specimen Handling:** TISSUE (10 mm square) - FROZEN
  - TISSUE EMBEDDED (10 mm square) - Ambient
  - EDTA WHOLE BLOOD - 5ML ROOM TEMP

### TEGRETOL (see Carbamazepine)
- **Test Name:** TEGRETOL
- **Test ID:** TEICAC
- **Testing Facility:** Reference Laboratory
- **Specimen Handling:** SERUM 1 ML - REF

### TERMINAL TRANSFERASE STAIN
- **Test Name:** TERMINAL TRANSFERASE STAIN
- **Test ID:** TDT
- **Testing Facility:** Aultman Laboratory
- **Turnaround Time:** Sent to Reference Lab
- **Specimen Type:** Whole Blood
- **Container:** Lavender Top
- **Specimen Handling:** Room temperature
  - TESTOSTERONE, BIOAVAILABLE (see Bioavailable Testosterone)
### Test Name: TESTOSTERONE, TOTAL

- **Test Name:** TESTOSTERONE, TOTAL  
- **Test ID:** TESTO  
- **Synonyms:** Testosterone  
- **Testing Facility:** Aultman Laboratory  
- **Turnaround Time:** Done daily. Results available the same day.  
- **Specimen Type:** Serum or Plasma Lithium Heparin – Separate from cells within 2 hours of collection.  
- **Volume:** 1 mL.  
- **Container:** SST or Plasma Lithium Heparin  
- **Specimen Handling:** Centrifuge and transfer serum to plastic vial.  
- **Storage:** Refrigerate.

### Test Name: TESTOSTERONE, TOTAL AND FREE

- **Test Name:** TESTOSTERONE, TOTAL AND FREE  
- **Test ID:** TFTST  
- **Testing Facility:** Reference Laboratory  
- **Specimen Handling:** 1ML SERUM - PLAIN RED - REFRIG Centrifuge and transfer serum to plastic vial.  
- **Additional Information:** SST UNACCEPTABLE

### Test Name: TETANUS ANTIBODY

- **Test Name:** TETANUS ANTIBODY  
- **Test ID:** TETAN  
- **Testing Facility:** Reference Laboratory  
- **Specimen Handling:** SERUM 1 ML - FROZ  
- **Additional Information:** REJECT IF GROSSLY HEMOLYZED, LIPEMIC OR ICTERIC

### Test Name: TETRA SCREEN

- **Test Name:** TETRA SCREEN  
- **Test ID:** QUAD  
- **Testing Facility:** Reference Laboratory  
- **Specimen Handling:** SERUM 2 ML - REF  
- **Additional Information:** SAME AS QUAD SCREEN

### Test Name: THALLIUM, 24 HR URINE

- **Test Name:** THALLIUM, 24 HR URINE  
- **Test ID:** MISC  
- **Testing Facility:** Reference Laboratory  
- **Specimen Handling:** 10 ML FROM A 24 HR SPECIMEN  
- **Additional Information:** METAL FREE TUBE - UNPRESERVED URINE

### Test Name: THALLIUM, BLOOD

The information contained in this Directory is provided only as general information and is subject to change without notice.
Test Name: THEOPHYLLINE
Test ID: THEO
Synonyms: Aminophylline, Theodur, Slo-Bid, Slo-Phyllin, Theo-Dur
Test Includes: Time of last dose, theophylline
Testing Facility: Aultman Laboratory
Turnaround Time: Done 7 days/week, 24 hours/day. Results available the same day.
Pre-collection Instructions: Usual sampling times:
   IV:
   1. Prior to IV infusion
   2. 30 minutes after loading dose to measure adequacy of dose
   3. 4 – 6 hours after beginning therapy
   4. 12 - 18 hours after beginning therapy
   5. Repeat as necessary to evaluate therapy Oral: Peak levels are recommended:
   1. 2 hours after administration of a rapid release product
   2. 4 hours after administration of a sustained release product
Trough levels can be obtained prior (30 minutes) to the next dose.
NOTE: This assay does not measure dyphyllin (Lufyllin). To measure dyphyllin, order the test DYPH.
Specimen Type: Serum/Plain Red Top/Plasma Lithium Heparin – Separate from cells within 2 hours of collection.
   Volume: 1 mL
   Container: SST/Plain Red Top/Plasma Lithium Heparin
Specimen Handling: Centrifuge and transfer serum to plastic vial. Avoid hemolysis
   Storage: Refrigerate.

Test Name: THIAMINE (SEE VITAMIN B1) Testing
Facility: Reference Laboratory

Test Name: THIAMINE NUTRITIONAL STATUS (TRANSKETOLASE)
Test ID: MISC
Testing Facility: Aultman Laboratory
Turnaround Time: Sent to Reference Lab
Specimen Type: Heparinized whole blood
Specimen Handling: Frozen. Pour in plastic tube and freeze

Test Name: THIOCYANATE

The information contained in this Directory is provided only as general information and is subject to change without notice.
Test Name: THIOCY
Testing Facility: Aultman Laboratory
Turnaround Time: Sent to Reference Lab
Specimen Type: Serum
  Volume: 2 mL
  Container: Plain red top
Specimen Handling: Centrifuge and transfer serum to plastic vial.

Test Name: THIOGUANINE (SEE 6-THIOGUANINE)
Testing Facility: Reference Laboratory
<table>
<thead>
<tr>
<th>Test Name</th>
<th>Test ID</th>
<th>Testing Facility</th>
<th>Specimen Handling</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>THIOPURINE METABOLITES</td>
<td>THIOM</td>
<td>Reference Laboratory</td>
<td>2 LAVENDERS - WHOLE BLOOD</td>
<td></td>
</tr>
<tr>
<td>THIOPURINE METABOLITES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>THIORIDAZINE (MELLARIL)</td>
<td>THIOR</td>
<td>Reference Laboratory</td>
<td>SERUM 3 ML FROM PLAIN RED - REF</td>
<td>SST TUBES ARE UNACCEPTABLE</td>
</tr>
<tr>
<td>THIORIDAZINE (MELLARIL)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>THORAZINE (SEE CHLORPROMAZINE) Testing Facility</td>
<td>Reference Laboratory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>THORAZINE (SEE CHLORPROMAZINE) Testing Facility</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>THROMBIN TIME</td>
<td>TT</td>
<td>Aultman Laboratory</td>
<td>Specimen must be tested within 4 hours of collection in Aultman Lab; alternatively, may be drawn in Aultman Outpatient Lab.</td>
<td></td>
</tr>
<tr>
<td>THROMBIN TIME</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>THROMBOPHILIA PANEL</td>
<td>MISC</td>
<td>Reference Laboratory</td>
<td>2 LAVENDERS - WHOLE BLOOD</td>
<td>INCLUDES: F V LEIDEN, PGVAR, MTHFR, PAI GENE STUDY, F13</td>
</tr>
<tr>
<td>THROMBOPHILIA PANEL</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>THROMBOTIC MARKER PANEL</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

The information contained in this Directory is provided only as general information and is subject to change without notice.
Test Name: THYROGLOBULIN
Test ID: TG
Test Includes: Thyroglobulin Antibodies, Thyroglobulin
Testing Facility: Reference Laboratory
Specimen Type: Serum - Refrigerated
  Volume: 1 mL
  Container: SST
Specimen Handling: Centrifuge and transfer serum to plastic vial.

Test Name: THYROID ANTIBODIES
Test ID: THYAB
Test Includes: Thyroglobulin antibodies, Thyroid Peroxidase Antibodies (Microsomal). NOTE: Thyroid Peroxidase Antibodies (Microsomal) can be ordered individually – see MCRS1
Testing Facility: Aultman Laboratory
Turnaround Time: Done 7 days/week, 24 hours/day. Results available same day.
Specimen Type: Serum
  Volume: 2 mL
  Container: SST

Test Name: THYROID PANEL – Order T3, T4, TSH.

Test Name: THYROID STIMULATING HORMONE
Test ID: TSH
Synonyms: TSH
Testing Facility: Aultman Laboratory
Turnaround Time: Done daily. Results available the same day.
Specimen Type: Serum or plasma lithium heparin – Separate from cells within 2 hours of collection.
Test Name: Test
ID:
Volume: 1 Ml
Container: SST or plasma lithium heparin.
Specimen Handling: Avoid gross hemolysis
Storage: Refrigerate.

Test Name: THYROID STIMULATING IMMUNOGLOBULIN
Test ID: TSI
Testing Facility: Reference Laboratory
Specimen Handling: SERUM 1 ML - REF

Test Name: THYROTROPIN RECEPTOR ANTIBODY (SEE TSH RECEPTOR ANTIBODY)
Testing Facility: Reference Laboratory

THYROTROPIN RELEASING HORMONE
MISC
Aultman Laboratory
Turnaround Time: Sent to Reference Lab
Specimen Type: Plasma
Volume: 2 mL
Container: Special tube (TRH) in Send Out Department
Specimen Handling: Call Send-Outs for tube spin and freeze spec.

Test Name: THYROXINE BINDING GLOBULIN (SEE TBG)
Test ID: TBG
Testing Facility: Reference Laboratory

Test Name: TIAGABINE
Test ID: MISC
Testing Facility: Reference Laboratory
Specimen Handling: SERUM 2 ML FROM PLAIN RED - REF Centrifuge and transfer serum to plastic vial.
Additional Information: SST TUBES ARE UNACCEPTABLE

Test Name: TISSUE TRANSGLUTAMINASE (see Endomysial Antibody IGA)

Test Name: TISSUE TRANSGLUTAMINASE IGG
Test Name: TITANIUM
Test ID: MISC
Testing Facility: Reference Laboratory
Specimen Handling: SERUM OR WHOLE BLD; METAL FREE TUBE
Additional Information: DK BLUE METAL FREE TUBE ROOM TEMPERATURE

Test Name: TOBRAMYCIN
Test ID: TOBP (peak), TOBT (trough)
Synonyms: Nebcin
Test Includes: Time of last dose, Tobramycin
Testing Facility: Aultman Laboratory
Turnaround Time: Test performed 7 days/week, 24 hours/day. Results available the same day.
Precollection Instructions: Usual sampling times:
1. Trough: 2 hours before next scheduled dose
2. Peak: 2 hours after IV infusion is completed, or 1 hour after IM injection
3. Trough and peak levels should be collected around the same dosing interval
4. Trough and peak levels must be ordered on separate requisitions
   Individualized dosing:
   1. Three separate levels should be done at 1 hour, 2 hours and 4 hours after IV infusion is completed. Order on (3) separate requisitions, identifying the specimen in order comments. One order must have the following information in order comments: a. Patient weight
      b. Dosage given
      c. Time infusion started and finished
      d. All other antibiotics given
   2. Copies of individualized dosing levels are sent to pharmacy for dosing calculations. Pharmacy makes the recommendations.
   3. If patient’s most recent serum creat is > 2.0 mg/dL, call pharmacy for timing for individualized dosing specimens
Specimen Type: Serum/Plain Red Top/Plasma lithium heparin – Separate from cells within 2 hours of collection.
Volume: 1 mL
Container: SST/Plain Red Top/Plasma Lithium Heparin.
Specimen Handling: Centrifuge and transfer serum to plastic vial. Timing of the specimen is critical. Return to lab immediately.
Storage: Refrigerate.
<table>
<thead>
<tr>
<th>Test Name</th>
<th>ID</th>
<th>Synonyms</th>
<th>Testing Facility</th>
<th>Specimen Handling</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOCAINIDE</td>
<td>TOCAIN</td>
<td>Tonocard</td>
<td>Reference Laboratory</td>
<td>SERUM 2 ML FROM PLAIN RED TOP - REF Centrifuge and transfer serum to plastic vial.</td>
<td>SST TUBES ARE UNACCEPTABLE</td>
</tr>
<tr>
<td>TOCOPHEROL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOFRANIL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOPAMAX</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test Name:</td>
<td>TORCH CONGENITAL DISEASE</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>-----------</td>
<td>---------------------------</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test ID:</td>
<td>TORCH</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Synonyms:</td>
<td>This test is to be ordered only on neonates or cord blood specimens. For others, order individual tests.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test Includes:</td>
<td>Toxoplasma IgG and IgM, CMV IgG and IgM, Rubella IgM and quantitative IgM Testing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facility:</td>
<td>Aultman Laboratory</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Turnaround Time:</td>
<td>Done twice weekly M - F. Results available within 3 days.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Precollection Instructions:</td>
<td>Note if specimen is cord blood</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>Serum</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Volume:</td>
<td>1 mL</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Container:</td>
<td>7 mL SST</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Test Name: | TOTAL COMPLEMENT (see CH50) |

| Test Name: | TOXOCARA ANTIBODY |
| Test ID: | TOXCAR |
| Testing Facility: | Reference Laboratory |
| Specimen Handling: | SERUM 1 ML - REF |
| Additional Information: | FORWARDED TO FOCUS |

| Test Name: | TOXOPLASMA DNA PCR |
| Test ID: | TXPCR |
| Testing Facility: | Reference Laboratory |
| Specimen Handling: | EDTA WHOLE BLOOD 1 ML - REF |
| Additional Information: | CSF AND AMNIOTIC FLUID ALSO ACCEPTABLE |

| Test Name: | TOXOPLASMOsis ANTIBody TITER |
| Test ID: | TOXO |
| Synonyms: | Toxoplasma titer |
### Test Name: TOXOPLASMOSIS IMMUNE STATUS (see TOXO TITER)

#### Test Name: TPMT ENZYME
- **Test ID:** TPMTE
- **Testing Facility:** Reference Laboratory
- **Specimen Type:** EDTA
- **Volume:** 5 mL whole blood
- **Specimen Handling:** Ambient or cold pack

#### Test Name: TPMT Genetics
- **Test ID:** TPMTG
- **Testing Facility:** Reference Laboratory
- **Specimen Type:** EDTA
- **Volume:** 5 mL whole blood
- **Specimen Handling:** Ship ambient or with cold pack

#### Test Name: TPMT PHENOTYPE/ACTIVITY (See TPMT Enzyme)
- **Facility:** Reference Laboratory

#### Test Name: TPO (see Microsomal Antibody)

#### Test Name: TRANSFERRIN
- **Test ID:** TRF
- **Testing Facility:** Aultman Laboratory
- **Turnaround Time:** Done 7 days/week, 24 hours/day. Results available the same day.
- **Specimen Type:** Serum or plasma lithium heparin – Separate from cells within 2 hours of collection.
- **Volume:** 1 mL
- **Container:** SST or Plasma Lithium Heparin

#### Test Name: TRANSFERRIN RECEPTOR (see Soluble Transferrin Receptor AB)
<table>
<thead>
<tr>
<th>Test Name</th>
<th>Test ID</th>
<th>Facility</th>
<th>Handling</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRANSGLUTAMINASE (see Endomysial Antibody)</td>
<td>TRA</td>
<td>Testing Facility</td>
<td>Specimen Handling: SERUM 2 ML FROM PLAIN RED - REF Centrifuge and transfer serum to plastic vial.</td>
</tr>
<tr>
<td>TRANSKETOLASE (see Thiamine Nutritional Status)</td>
<td>TRZ</td>
<td>Aultman Laboratory</td>
<td>Additional Information: SST TUBES ARE UNACCEPTABLE</td>
</tr>
<tr>
<td>Tranzene (see CHLORAZEPATE)</td>
<td>TRZ</td>
<td>Aultman Laboratory</td>
<td>Additional Information: FOCUS WILL ONLY ACCEPT PATIENTS &lt;= 1 YEAR OF AGE</td>
</tr>
<tr>
<td>TRAZODONE (DESYREL)</td>
<td>TRZ</td>
<td>Reference Laboratory</td>
<td>TREPONEMA PALLIDUM AB, IGG AND IGM</td>
</tr>
<tr>
<td>TRH (see Thyrotropin Releasing Hormone)</td>
<td>TRZ</td>
<td>Reference Laboratory</td>
<td>Additional Information: FOCUS WILL ONLY ACCEPT PATIENTS &lt;= 1 YEAR OF AGE</td>
</tr>
<tr>
<td>TRIAVIL (see Amitriptyline/Nortriptyline)</td>
<td>TRZ</td>
<td>Reference Laboratory</td>
<td>Additional Information: FOCUS WILL ONLY ACCEPT PATIENTS &lt;= 1 YEAR OF AGE</td>
</tr>
<tr>
<td>TRICHINELLA ANTIBODY</td>
<td>TRZ</td>
<td>Aultman Laboratory</td>
<td>Turnaround Time: Sent to Reference Lab</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Specimen Type: Serum</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Volume: 1 mL</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Container: 7 mL SST</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Specimen Handling: Refrigerate specimen</td>
</tr>
</tbody>
</table>

The information contained in this Directory is provided only as general information and is subject to change without notice.
<table>
<thead>
<tr>
<th>Test Name</th>
<th>Test ID</th>
<th>Facility</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRICHINOSIS ANTIBODY</td>
<td>TRIC</td>
<td>Reference Laboratory</td>
<td></td>
</tr>
<tr>
<td>TRICYCLIC ANTIDEPRESSANT, QUANT</td>
<td>MISC</td>
<td>Reference Laboratory</td>
<td>SST UNACCEPTABLE; THIS IS A QUANTITATIVE TEST</td>
</tr>
<tr>
<td>TRIFLUOPERAZIEN</td>
<td>MISC</td>
<td>Reference Laboratory</td>
<td>SST TUBES ARE UNACCEPTABLE; PROTECT FROM LIGHT</td>
</tr>
<tr>
<td>TRIGLYCERIDES</td>
<td>TRIG</td>
<td>Aultman Laboratory</td>
<td>A 12-hour fast is required</td>
</tr>
<tr>
<td>TRILEPTA (See Oxycarbamezine)</td>
<td></td>
<td>Reference Laboratory</td>
<td></td>
</tr>
<tr>
<td>TRIMIPRAMINE</td>
<td>TRIM</td>
<td>Aultman Laboratory</td>
<td></td>
</tr>
</tbody>
</table>

The information contained in this Directory is provided only as general information and is subject to change without notice.
Test Name: Troponin I High Sensitive
Test ID: TROPHS
Testing Facility: Aultman Hospital
Turnaround Time: Done 7 days/week, 24 hours/day. Results available within 2 hours of receipt.
Specimen Type: Plasma (Lithium Heparin)
Volume: 1 ml
Container Type: 4 ml green top (Lithium heparin)
Specimen Handling: Separate plasma from cells within 2 hours of collection and store in refrigerator. Freeze if not performed within 24 hours.

Test Name: TROPONIN T
Test ID: TNT
Testing Facility: Reference Laboratory
Specimen Handling: 1 ML SERUM - FROZEN
Additional Information: DISCONTINUE BIOTIN THERAPY 8 HRS PRIOR TO DRAW

Test Name: TRYPANOSOMA CRUZI ANTIBODY
Test ID: MISC
Testing Facility: Reference Laboratory
Specimen Handling: SERUM 1 ML - REF

Trypsin, fecal
TRYPF
Reference Laboratory
STOOL 2 GM - REF
Additional Information: RANDOM STOOL - REFRIG

Test Name: TRYPSIN, SERUM
Test ID: TRYSI
Testing Facility: Reference Laboratory

The information contained in this Directory is provided only as general information and is subject to change without notice.
<table>
<thead>
<tr>
<th>Test Name</th>
<th>Test ID</th>
<th>Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td><strong>Container:</strong> Red Top</td>
</tr>
<tr>
<td>Specimen Handling</td>
<td></td>
<td>1 ML SERUM - REFRIGERATED</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CENTRIFUGE AND TRANSFER SERUM TO SEPARATE CONTAINER</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name</th>
<th>Test ID</th>
<th>Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRYPSINOGEN</td>
<td>TRYPSI</td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Handling</td>
<td></td>
<td>1 ML SERUM - FROZEN</td>
</tr>
<tr>
<td>Additional Information</td>
<td></td>
<td>ALLOW SAMPLE TO SIT AT ROOM TEMP FOR 15 MIN BEFORE SPINNING</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name</th>
<th>Test ID</th>
<th>Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRYPTASE</td>
<td>TRYP</td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Handling</td>
<td></td>
<td>SERUM 1 ML - REF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name</th>
<th>Test ID</th>
<th>Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>TSH RECEPTOR ANTIBODY</td>
<td>MISC</td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Handling</td>
<td></td>
<td>1 ML SERUM - PLAIN RED TOP PREFERRED - REF Centrifuge and transfer serum to plastic vial.</td>
</tr>
<tr>
<td>Additional Information</td>
<td></td>
<td>SST ALSO ACCEPTABLE BUT NOT PREFERRED</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name</th>
<th>Test ID</th>
<th>Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>TSH, 3RD GENERATION</td>
<td>MISC</td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Handling</td>
<td></td>
<td>SERUM 2 ML - REF</td>
</tr>
<tr>
<td>Additional Information</td>
<td></td>
<td>AKA: ULTRASENSITIVE TSH</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name</th>
<th>Test ID</th>
<th>Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>TSI (see Thyroid Stim. Immunoglobulins)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name</th>
<th>Test ID</th>
<th>Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>TTG, Tissue Transglutaminase</td>
<td>TGTIG</td>
<td>Aultman Laboratory</td>
</tr>
<tr>
<td>Test ID: want IGA: order ENDO - want IGG: order TGTIG</td>
<td>Testing</td>
<td></td>
</tr>
<tr>
<td>Test Name:</td>
<td>TULAREMIA ANTIBODY</td>
<td></td>
</tr>
<tr>
<td>-----------</td>
<td>---------------------</td>
<td></td>
</tr>
<tr>
<td>Test ID:</td>
<td>TULGM</td>
<td></td>
</tr>
<tr>
<td>Facility:</td>
<td>Reference Laboratory</td>
<td></td>
</tr>
<tr>
<td>Handling:</td>
<td>1 ML SERUM FROM SST TUBE - REFRIGERATED</td>
<td></td>
</tr>
</tbody>
</table>
Test Name: TYLENOL (see Acetaminophen)

Test Name: TYPE AND SCREEN
Test ID: TS
Test Includes: ABO & ABS. Blood Bank will reflex additional testing when positive ABS Testing
Facility: Aultman Laboratory
Turnaround Time: 45 minutes
Container: 6 ml pink top EDTA
Additional Information: NOTE: All specimens sent to Blood Bank for testing must have a handwritten identification label that includes the patient’s first and last name, Medical Record number (Date of Birth is acceptable for Outpatients), date and time of collection and collector’s initials. Specimens missing any of the elements listed above will be rejected and must be recollected.

Test Name: TYPHUS GROUP ANTIBODIES
Test ID: TYPH
Synonyms: Rickettsial Ab panel
Test Includes: IgG and IgM
Testing Facility: Aultman Laboratory
Turnaround Time: Sent Reference Lab
Precollection Instructions: Can be done on serum or CSF
Specimen Type: Serum or CSF
Volume: Serum: 1 mL, CSF: 1 mL
Container: Serum: 7 mL SST, CSF: sterile CSF container Specimen Handling: Refrigerate

Test Name: TYROSINE
Test ID: MISC
Testing Facility: Reference Laboratory
Specimen Handling: HEP PLASMA 2 ML - FROZEN
Additional Information: GREEN TOP TUBE; SPIN AND FREEZE ASAP; FASTING

Test Name: U1S (SEE UROPORPHYRINOGEN-1-SYNTHASE) Testing Facility: Reference Laboratory

Test Name: U1S (see Uroporphyrinogen-1-Synthase)

Test Name: UGT1A1 GENE POLYMORPHISM
Test ID: MISC
Test Name: UGT1A1 GENE POLYMORPHISM
Facility: Aultman Laboratory
Turnaround Time: Sent to Reference Lab
Specimen Type: Whole blood
Volume: 5 mL
Container: EDTA
Specimen Handling: Room temperature

Test Name: ULTRASENSITIVE TSH (see TSH, 3rd Generation)

Test Name: UNCONJUGATED BILIRUBIN (See Indirect Bilirubin)

Test Name: UREA NITROGEN, 24 HOUR URINE
Facility: Aultman Laboratory
Turnaround Time: Done daily. If specimen received by 1000, results available the same day.
Pre collection Instructions: No preservative. See 24-hour Urine Collection Instructions.
Specimen Type: 24-hour urine
Volume: Submit entire urine collection to lab
Container: Obtain urine collection container from lab
Specimen Handling: Keep specimen on ice during collection.

Test Name: UREA NITROGEN, RANDOM URINE
Facility: Aultman Laboratory
Turnaround Time: Done 7 days/week, 24 hours/day. Results available the same day.
Specimen Type: Random urine
Volume: 2 mL
Container: Plastic urine tube

The information contained in this Directory is provided only as general information and is subject to change without notice.
<table>
<thead>
<tr>
<th>Test Name: URIC ACID, 24 HOUR URINE</th>
<th>Test ID: URU24</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test Includes:</td>
<td>Collection time, volume, creatinine, uric acid Testing</td>
</tr>
<tr>
<td>Facility: Aultman Laboratory</td>
<td></td>
</tr>
<tr>
<td>Turnaround Time:</td>
<td>Done daily. If specimen received before 1000, results available the same day.</td>
</tr>
<tr>
<td>Pre-collection Instructions:</td>
<td>No preservative. See 24-hour Urine Collection Instructions.</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>24-hour urine</td>
</tr>
<tr>
<td>Volume:</td>
<td>Submit entire urine collection to lab</td>
</tr>
<tr>
<td>Container:</td>
<td>Obtain urine collection container from lab</td>
</tr>
<tr>
<td>Specimen Handling:</td>
<td>Keep specimen on ice during collection Storage:</td>
</tr>
<tr>
<td></td>
<td>Refrigerate.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name: URIC ACID, BODY FLUID</th>
<th>Test ID: URIBF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test Includes:</td>
<td>Body fluid type, uric acid</td>
</tr>
<tr>
<td>Testing Facility: Aultman Laboratory</td>
<td></td>
</tr>
<tr>
<td>Turnaround Time:</td>
<td>Done 7 days/week, 24 hours/day. Results available the same day.</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>Body fluid</td>
</tr>
<tr>
<td>Volume:</td>
<td>2 – 4 mL</td>
</tr>
<tr>
<td>Storage:</td>
<td>Refrigerate.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name: URIC ACID, RANDOM URINE</th>
<th>Test ID: URUR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Testing Facility: Aultman Laboratory</td>
<td></td>
</tr>
<tr>
<td>Turnaround Time:</td>
<td>Done 7 days/week, 24 hours/day. Results available the same day.</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>Random urine</td>
</tr>
<tr>
<td>Volume:</td>
<td>2 mL</td>
</tr>
<tr>
<td>Container:</td>
<td>Plastic urine tube</td>
</tr>
<tr>
<td>Storage:</td>
<td>Refrigerate.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name: URIC ACID, SERUM</th>
<th>Test ID: URIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Testing Facility: Aultman Laboratory</td>
<td></td>
</tr>
<tr>
<td>Turnaround Time:</td>
<td>Done 7 days/week, 24 hours/day. Results available the same day.</td>
</tr>
<tr>
<td>Specimen Type: Serum or Plasma Lithium Heparin – Separate from cells within 2 hours of collection.</td>
<td></td>
</tr>
<tr>
<td>Volume:</td>
<td>1 mL</td>
</tr>
</tbody>
</table>
Test Name: URINALYSIS
Test ID: UA
Synonyms: UA

**Test Includes:** Source, color, appearance, urine dipstick for specific gravity, glucose, bilirubin, ketones, blood, pH, protein, urobilinogen, nitrate, leukocytes. Microscopic analysis will be reflexed by abnormal results. **Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/week, 24 hours/day. Results available the same day.

**Precollection Instructions:** A first morning void specimen is preferred

**Specimen Collection / Keep on ice or refrigerate**

**Transfer Instructions:**

- **Specimen Type:** Random urine
- **Volume:** 2 mL (minimum)
- **Container:** Plastic urine tube
Test Name: URINARY BLOOD/HEMOGLOBIN (see Blood, Urine Dipstick)

Test Name: URINE BUN (see Urea Nitrogen, Random Urine)

Test Name: URINE FOR CYTOLOGY
Testing Facility: Aultman Laboratory
Turnaround Time: Monday-Friday received by 3:00pm, Saturday received by 11:00am. 2 working days. Certain non-Gyn cases will require additional stains and will take longer.
Specimen Collection / Transfer Instructions: Use Form 308A, (Cytology Specimens). Mark the source of the specimen on the form and include any pertinent clinical information. Mark VOID or CATH.
Specimen Type: Collect the first part or all (not midstream) of the second or later void of the day.
Volume: Minimum of 50 mL for adult patients, 10 mL minimum for pediatric patients.
Container: Cytology urine container with fixative. If Microbiology or Urinalysis is also ordered, send separate specimens for these tests.
Specimen Handling: Deliver to the Cytology department. After hours, deliver specimen to the Microbiology department. Refrigerate

Test Name: UROBILINOGEN 24 HR URINE
Test ID: UROU
Testing Facility: Aultman Laboratory
Turnaround Time: Test sent to Reference Lab
Specimen Type: Urine
Volume: 15 mL
Container: Urine container, 24 HR collection
Specimen Handling: Refrigerate, Wrap in foil to protect from light

UROBILINOGEN, FECAL
UBGF
Aultman Laboratory
Turnaround Time: Test sent to Reference Lab
Specimen Type: Random stool
Volume: 5 g
Specimen Handling: Refrigerate

Test Name: UROBILINOGEN, RANDOM URINE
Test ID: UROU
Testing Facility: Reference Laboratory

The information contained in this Directory is provided only as general information and is subject to change without notice.
<table>
<thead>
<tr>
<th>Test Name</th>
<th>Test ID</th>
<th>Facility</th>
<th>Specimen Handling</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>UROPORPHYRINOGEN-1-SYNTHASE</strong></td>
<td><strong>U1S</strong></td>
<td>Reference Laboratory</td>
<td><strong>HEP. WHOLE BLD - REFRIGERATE</strong></td>
<td><strong>COLLECT ON ICE: AKA PBG DEAMINASE</strong></td>
</tr>
<tr>
<td><strong>UROVSION,FISH VYSIS</strong></td>
<td><strong>UROVSION,FISH</strong></td>
<td>Reference Laboratory</td>
<td><strong>50ML URINE (ADDED TO PRESERVATIVE KIT AVAILABLE IN SEND OUTS)</strong></td>
<td><strong>ROOM TEMPERATURE</strong></td>
</tr>
<tr>
<td><strong>VALIUM (SEE DIAZEPAM) Testing</strong></td>
<td></td>
<td>Reference Laboratory</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>VALPROIC ACID</strong></td>
<td><strong>VALPR</strong></td>
<td>Aultman Laboratory</td>
<td></td>
<td><strong>Turnaround Time:</strong> Done 7 days/week, 24 hours/day. Results available the same day. <strong>Precollection Instructions:</strong> Usual sampling time: Trough level drawn just prior (30 minutes) to next dose. <strong>NOTE:</strong> A trough level approximates the lowest steady state concentration in serum between doses. Since the evening dose is often the longest dosing interval, a morning trough level may be desirable but not necessary. <strong>Specimen Type:</strong> Serum/Plain Red Top/Plasma Lithium Heparin – Separate from cells within 2 hours of collection. <strong>Volume:</strong> 1 mL <strong>Container:</strong> SST/Plain Red Top/Plasma Lithium Heparin <strong>Specimen Handling:</strong> Centrifuge and transfer serum to plastic vial if collected in red top. <strong>Storage:</strong> Refrigerate.</td>
</tr>
<tr>
<td><strong>VANADIUM</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>MISC</strong></td>
</tr>
</tbody>
</table>

The information contained in this Directory is provided only as general information and is subject to change without notice.
Test Name: VANCOMYCIN
Test ID: VANC (peak), VANC (trough)
Synonyms: Vancocin
Test Includes: Time of last dose, vancomycin
Testing Facility: Aultman Laboratory
Turnaround Time: Done 7 days/week, 24 hours/day. Results available the same day.

Precollection Instructions: Usual sampling times:
1. Trough: 1/2 hour or less before next scheduled dose
2. Peak: 1/2 hour – 1 hour after IV infusion is completed.
3. Trough and peak levels should be collected around the same dosing interval.
4. Trough and peak levels must be ordered on separate requisitions.

Individualized dosing:
1. Three separate levels should be done at 1 hour, 2 hours and 4 hours after IV infusion is completed. Order on 3 separate requisitions, identifying the specimen in order comments. One order must have the following information in order comments: a. Patient weight b. Dosage given c. Time infusion started and finished d. All other antibiotics given 
2. Copies of individualized dosing levels are sent to pharmacy for dosing calculations. Pharmacy makes the recommendations.
3. If patient’s most recent serum creat is >2.0 mg/dL, call pharmacy for timing for individualized dosing specimens.

Specimen Type: Serum/Plain Red Top/Plasma Lithium Heparin – Separate from cells within 2 hours of collection.
Volume: 1 mL
Container: SST/Plain Red Top/Plasma Lithium Heparin

Specimen Handling: Centrifuge and transfer serum to plastic vial in collected in red top.
Storage: Refrigerate.

Test Name: VANCOMYCIN (Random)
Test ID: VANCR
Synonyms: Random Vancomycin
Test Includes: Time of last dose, vancomycin
Testing Facility: Aultman Laboratory
Turnaround Time: Done 7 days/week, 24 hours/day. Results available the same day.

Specimen Type: Serum
<table>
<thead>
<tr>
<th>Test Name:</th>
<th>VARICELLA IGM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>VZVM</td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Handling:</td>
<td>SERUM 1 ML - REF</td>
</tr>
<tr>
<td>Additional Information:</td>
<td>REJECT IF GROSSLY HEMOLYZED, LIPEMIC OR ICTERIC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>VARICELLA IMMUNE STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>VARIS</td>
</tr>
<tr>
<td>Synonyms:</td>
<td>Chicken pox immune status</td>
</tr>
<tr>
<td>Test Includes:</td>
<td>Detection of IgG antibodies for Varicella zoster</td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Aultman Laboratory Turnaround</td>
</tr>
<tr>
<td>Time:</td>
<td>Done twice weekly.</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>Serum</td>
</tr>
<tr>
<td>Volume:</td>
<td>1 mL</td>
</tr>
<tr>
<td>Container:</td>
<td>7 mL SST</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>VARICELLA PCR CSF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>VZPCR</td>
</tr>
<tr>
<td>Test Number:</td>
<td>REQ</td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Handling:</td>
<td>1 ML CSF - REFRIG</td>
</tr>
<tr>
<td>Additional Information:</td>
<td>CALL AKRON CHILDRENS COURIER FOR PICK UP</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>VASOPRESSIN INTESTINAL PEPTIDE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>VIP</td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>1 ML PLASMA FROM THE SPECIAL KIT (PROTEASE INHIBITOR TUBE) AVAILABLE IN SEND OUTS</td>
</tr>
<tr>
<td>Specimen Handling:</td>
<td>1 ML - FROZEN</td>
</tr>
<tr>
<td>Additional Information:</td>
<td>A BUTTERFLY MUST BE USED THE DRAW THE BLOOD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>VDRL, CSF</th>
</tr>
</thead>
</table>

The information contained in this Directory is provided only as general information and is subject to change without notice.
Test Name: VERY LONG CHAIN FATTY ACIDS
Test ID: LCFA
Testing Facility: Reference Laboratory
Specimen Handling: 1 ML SERUM - PLAIN RED TOP - REF
Additional Information: AVOID ALCOHOL FOR 24 HRS PRIOR TO TEST; OVERNIGHT FASTING REQUIRED
<table>
<thead>
<tr>
<th>Test Name:</th>
<th>Test</th>
<th>ID:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>VICODIN, URINE</td>
<td>MISC</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test Number:</td>
<td>FILL OUT REQ</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Reference Laboratory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specimen Handling:</td>
<td>5 ML - URINE - REF</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional Information:</td>
<td>CALL COURIER TO TRANSPORT</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>VIMPAT - (See Lacosamide)</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>VIP (see Vasopressin Intestinal Peptide)</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>VIRAL LOAD (See Hepatitis C or HIV Quantitative PCR)</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>VIRAL LOAD (HIV) See HIV Quant RNA by PCR Testing</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Testing Facility:</td>
<td>Reference Laboratory</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>VISCOSITY, SERUM</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>VISC</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Reference Laboratory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specimen Handling:</td>
<td>5 ML SERUM FROM A PLAIN RED TOP TUBE – REFRIGERATED</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional Information:</td>
<td>SST ALSO ACCEPTABLE – 5ML IS STRICT MINIMUM</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>VITAMIN A</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>VITA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Reference Laboratory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specimen Handling:</td>
<td>SERUM 2 ML - FROZ</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional Information:</td>
<td>PROTECT FROM LIGHT; OVERNIGHT FASTING PREFERRED</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>VITAMIN B1 (THIAMINE)</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>VITB1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Reference Laboratory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>2 ml WHOLE BLOOD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Container:</td>
<td>EDTA LAVENDER</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specimen Handling:</td>
<td>LAVENDER - WHOLE BLD 5 ML – FROZEN</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Test Name: VITAMIN B1, PLASMA
Test ID: PVITB1
Testing Facility: Reference Laboratory
Volume: 1 ML PLASMA FROM SODIUM OR LITHIUM (GREEN TOP) TUBE
Container: HEPARIN
Specimen Handling: FROZEN - separate plasma within 1 hour of collection

Test Name: VITAMIN B12
Test ID: B12
Synonyms: B12
Testing Facility: Aultman Laboratory
Turnaround Time: Done daily. Results available the same day
Pre-collection Instructions: A fasting specimen is preferred
Specimen Type: Serum or plasma lithium heparin – Separate from cells within 2 hours of collection.
Volume: 1 mL
Container: SST or Plasma Lithium Heparin
Specimen Handling: Avoid hemolysis
Storage: Refrigerate.

Test Name: VITAMIN B12 BINDING CAPACITY
Test ID: B12BIN
Testing Facility: Reference Laboratory
Specimen Handling: 1 ML SERUM - FROZEN
Additional Information: AKA: TRANSCOBALAMIN

Test Name: VITAMIN B2
Test ID: VITB2
Testing Facility: Reference Laboratory
Container: Green (Sodium or lithium heparin)
Specimen Handling: PLASMA 2 ML - FROZEN
Additional Information: PROTECT FROM LIGHT

Test Name: VITAMIN B6
Test ID: VITB6
Testing Facility: Reference Laboratory
Container: Heparin
Specimen Handling: PLASMA 2 ML - FROZEN
Additional Information: PROTECT FROM LIGHT; OVERNIGHT FASTING; NO ALCOHOL OR VITAMINS 24 HRS PRIOR TO TEST.
Test Name: VITAMIN C (ASCORBIC ACID)
Test ID: VITC
Testing Facility: Reference Laboratory
Container: Heparin
Specimen Handling: 1 ml plasma -FROZEN
Centrifuge and transfer plasma to plastic vial ASAP. Freeze immediately. Protect from Light.
Additional Information: PROTECT FROM LIGHT/OVERNIGHT FASTING PREFERRED/DO NOT THAW/REFRAIN FROM VITAMIN SUPPLEMENTS FOR 24 HRS

Test Name: VITAMIN D (1,25 DIHYDROXY)
Test ID: 125VTD
Testing Facility: Reference Laboratory
Container: SST
Specimen Handling: 3 ml serum – Refrigerate

VITAMIN D, 25-HYDROXY
VIDH
Test Includes: Total combined 25-Hydroxy D2 and D3
Testing Facility: Aultman Laboratory Turnaround
Time: Done daily.
Specimen Type: Serum
  Volume: 1 mL minimum
  Container: 7ml SST
Specimen Handling: Separate serum from cells within 2 hours of collection. Storage:
  Refrigerate.

Test Name: VITAMIN D3 (see Vitamin D, 25 Hydroxy))

Test Name: VITAMIN E
Test ID: VITE
Testing Facility: Reference Laboratory
Container: EDTA
Specimen Handling: 2 ml plasma- Frozen
Centrifuge and transfer to separate container ASAP. Freeze plasma immediately.
Additional Information: PROTECT FROM LIGHT; OVERNIGHT FASTING PREFERRED

Test Name: VITAMIN K
<table>
<thead>
<tr>
<th>Test Name</th>
<th>Test ID</th>
<th>Testing Facility</th>
<th>Specimen Type</th>
<th>Container</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>VITK</td>
<td>VITK</td>
<td>Reference Laboratory</td>
<td>1 ml serum (frozen)</td>
<td>SST</td>
<td>PROTECT FROM LIGHT - OVERNIGHT FASTING PREFERRED;</td>
</tr>
<tr>
<td>VLCFA (see Long Chain Fatty Acid)</td>
<td>VOLS</td>
<td>Reference Laboratory</td>
<td>10 ml UNPRESERVED URINE FROM 24 HR COLLECTION</td>
<td>REF</td>
<td>CALL COURIER TO TRANSPORT</td>
</tr>
<tr>
<td>VMA</td>
<td>VMAU</td>
<td>Reference Laboratory</td>
<td>10 ml UNPRESERVED URINE FROM 24 HR COLLECTION</td>
<td>REF</td>
<td>CALL COURIER TO TRANSPORT</td>
</tr>
<tr>
<td>VOLATILE SCREEN, SERUM</td>
<td>VOLS</td>
<td>Reference Laboratory</td>
<td>2 ML SERUM</td>
<td>REF</td>
<td>CALL COURIER TO TRANSPORT</td>
</tr>
<tr>
<td>VOLTAGE GATED CALCIUM CHANNEL</td>
<td>VOLTCA</td>
<td>Reference Laboratory</td>
<td>1 ML SERUM</td>
<td>SST</td>
<td>SST ACCEPTABLE – SEPARATE SERUM ASAP</td>
</tr>
<tr>
<td>VON WILLEBRAND ACTIVITY (see Ristocetin Cofactor)</td>
<td>VWMUL</td>
<td>Reference Laboratory</td>
<td>2 ML PLASMA (CITRATED BLUE TOP TUBE) - FROZEN</td>
<td>PLATELET POOR PLASMA</td>
<td>PLATELET POOR PLASMA</td>
</tr>
<tr>
<td>VON WILLEBRAND FACTOR RELATED ANTIGEN (see VonWillebrand Factor Antigen)</td>
<td></td>
<td>Reference Laboratory</td>
<td>2 ML PLASMA (CITRATED BLUE TOP TUBE) - FROZEN</td>
<td>PLATELET POOR PLASMA</td>
<td>PLATELET POOR PLASMA</td>
</tr>
</tbody>
</table>

The information contained in this Directory is provided only as general information and is subject to change without notice.
Test Name: VON WILLIEBRAND FACTOR ANTIGEN
Test ID: FBAG
Synonyms: vwFactor Ag, vwF Ag, Factor 8 Related Antigen, vonWillebrand Antigen
Testing Facility: Aultman Laboratory
Turnaround Time: Batched and done once per week.
Specimen Type: Plasma (citrated)
Volume: 2mL
Container: (2) 5mL blue top tubes (MUST be full); Do Not Refrigerate Blue Tops
Specimen Handling: Specimen must be processed in Aultman Lab within 4 hours of collection; alternatively may be drawn in Aultman Outpatient Department.

Test Name: VORICONAZOLE, SERUM
Test ID: MISC
Testing Facility: Reference Laboratory
Specimen Handling: 2 ML SERUM - PLAIN RED TOP - FROZEN Centrifuge and transfer serum to plastic vial. Additional Information: SPIN DOWN WITHIN 2 HRS OF DRAW

Test Name: VYVANSE (Lysdexamphetamine), URINE
Test ID: MISC
Testing Facility: Reference Laboratory
Specimen Handling: 5 mL urine (minimum), refrigerated.

Test Name: VZV PCR (SEE VARICELLA PCR) Testing
Facility: Reference Laboratory

Test Name: WARFARIN LEVEL (see Coumadin Level)

Test Name: WELLBUTRIN (see Bupropion)

Test Name: WEST NILE ANTIBODY, SERUM
Testing facility: Reference laboratory
Test ID: NILE
Specimen type: 2 ML SERUM - REFRIGERATED
Specimen Handling: SEPARATE SERUM WITHIN 2 HRS

The information contained in this Directory is provided only as general information and is subject to change without notice.
<table>
<thead>
<tr>
<th>Test Name: WEST NILE ANTIBODY, CSF</th>
<th>Test ID: CWESTG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specimen Type: CSF</td>
<td>Testing Facility: Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Handling: 2 ML CSF - REFRIGERATED</td>
<td>Additional Information: IGG ONLY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name: Westergren Sed Rate (See Erythrocyte Sed Rate)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Test Name: WHIPPLES DISEASE AB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID: MISC</td>
</tr>
<tr>
<td>Testing Facility: Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Handling: 2 ML CSF - REFRIG</td>
</tr>
<tr>
<td>Additional Information: EDTA WHOLE BLOOD ALSO ACCEPTABLE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name: WSR (See Erythrocyte Sed Rate)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Test Name: XANAX (see Alprazolam)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Test Name: XYLOSE ABSORPTION TEST - ADULT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID: XYLOSE</td>
</tr>
<tr>
<td>Testing Facility: Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Handling: 1 ML SERUM - FASTING; 1 ML SERUM 2 HRS POST XYLOSE DOSE - REF; 5 ML URINE 5 HRS POST DOSE</td>
</tr>
<tr>
<td>Additional Information: ALL SPECIMENS REFRIGERATED</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name: YEAST ID AND SENSITIVITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID: MICRO TO ORDER</td>
</tr>
<tr>
<td>Testing Facility: Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Handling: PURE CULTURE ON AGAR SLANT - ROOM TEMP</td>
</tr>
<tr>
<td>Additional Information: SEND IN DOUBLE CANISTER</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name: YO - ANTIBODY (SEE PURKINJE ANTIBODY) Testing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility: Reference Laboratory</td>
</tr>
</tbody>
</table>

The information contained in this Directory is provided only as general information and is subject to change without notice.
Aultman Hospital Laboratory Test Directory

Test Name: Test
ID:

Test Name: ZAP-70
Test ID: MISC

Testing Facility: Reference Laboratory

Specimen Handling: 5ML EDTA WHOLE BLOOD - ROOM TEMP

Additional Information: BONE MARROW ALSO ACCEPTABLE
<table>
<thead>
<tr>
<th>Test Name:</th>
<th>ZARONTIN (SEE ETHOSUXIMIDE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Testing Facility:</td>
<td>Reference Laboratory</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>ZINC PROTOPORPHYRIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>ZPP</td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td>Container:</td>
<td>1 ML WHOLE BLOOD FROM EDTA (Navy Blue) TUBE - REFRIGERATED</td>
</tr>
<tr>
<td>Specimen Handling:</td>
<td>WHOLE BLD - REFRIGERATE</td>
</tr>
<tr>
<td>Additional Information:</td>
<td>ALTERNATE SPECIMEN – 1 ML WHOLE BLOOD FROM EDTA (LAVENDER TOP)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>ZINC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>ZINC</td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td>Container:</td>
<td>1 ML PLASMA (DARK BLUE TUBE WITH ADDITIVE) - REFRIGERATED</td>
</tr>
<tr>
<td>Specimen Handling:</td>
<td>PLASMA - 1 ML FROM METAL FREE TUBE - REF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>ZINC, URINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>ZINCU</td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Handling:</td>
<td>10 ML FROM 24 HR UNPRESERVED URINE POURED INTO METAL FREE TRANSPORT TUBE – REFRIGERATED</td>
</tr>
<tr>
<td>Additional Information:</td>
<td>RANDOM URINE // DIETARY RESTRICTIONS APPLY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>ZOLOFT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>MISC</td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Handling:</td>
<td>1 ML SERUM - PLAIN RED TOP - REF Centrifuge and transfer serum to plastic vial.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>ZONE 8 (see ALLERGY PANEL - GREAT LAKES RAST PANEL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Testing Facility:</td>
<td>Reference Laboratory</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>ZONEGRAN (See Zonisamide)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>ZONISAMIDE (ZONEGRAN)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>ZONIS</td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Reference Laboratory</td>
</tr>
</tbody>
</table>
Aultman Hospital Laboratory Test Directory

Test Name:

**Specimen Handling:** SERUM 1 ML FROM PLAIN RED - REF Centrifuge and transfer serum to plastic vial.

**Additional Information:** SST TUBES ARE NOT ACCEPTABLE

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