Test Name: **10-HYDROXYCARBAZEPINE (TRILEPTAL)**

**Test ID:** OXCARB

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 2 ML HEPARINIZED PLASMA (GREEN TOP) - REFRIGERATED

**Additional Information:** AVOID HEMOLYSIS

---

Test Name: **11-DEOXYCORTISOL**

**Test ID:** DEOX

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 1ML - FROZEN FROM PLAIN RED TOP

**Additional Information:** EARLY AM SPECIMEN PREFERRED; SST TUBE IS UNACCEPTABLE

Centrifuge and transfer serum to plastic vial.

---

Test Name: **14-3-3 PROTEIN**

**Test ID:** MISCNB

**Testing Facility:** Reference Laboratory

**Specimen Handling:** CSF - FROZEN ASAP

**Additional Information:** AKA: CJD (CREUTZFELDT-JAKOB); FROZEN URINE ALSO ACCEPTABLE

PATIENT HISTORY MUST ACCOMPANY THE SPECIMEN

---

Test Name: **17-HYDROXYCORTICOSTEROIDS**

**Test ID:** U17OHC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 15 ML URINE FROM 24 HR COLL. - REF

**Additional Information:** COLLECT WITH 10 g OF BORIC ACID; 25 ml 6N HCL OR 50% ACETIC ACID

---

Test Name: **17-HYDROXYPREGNENOLONE**

**Test ID:** PREGH

**Testing Facility:** Reference Laboratory

**Volume:** SERUM 2ML - PLAIN RED TOP - REF

**Container:** PLAIN RED PREFERRED; SST ACCEPTABLE

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

---

Test Name: **17-HYDROXYPROGESTERONE**

**Test ID:** 17OHP

**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: 17-HYDROXYPROGESTERONE NEONATE/INFANT
Test ID: MISC
Testing Facility: Reference Laboratory
Specimen Handling: SERUM .5ML - FROZEN FROM PLAIN RED
Additional Information: SST UNACCEPTABLE
Centrifuge and transfer serum to plastic tube

Test Name: 17-KETOSTEROIDS,UR
Test ID: U17K
Testing Facility: Reference Laboratory
Specimen Handling: 15 ML URINE FROM 24 HR COLL. - REF
Additional Information: DO NOT USE PRESERVATIVES

Test Name: 17-OH PROGESTERONE (See 17-Hydroxyprogesterone)

Test Name: 18-HYDROXYCORTISOL, FREE, 24 HR URINE
Test ID: MISC
Testing Facility: Reference Laboratory
Specimen Handling: 10ML URINE FROM A 24 HR COLLECTION
Additional Information: NO PRESERVATIVES RANDOM SPECIMEN ACCEPTABLE

Test Name: 18-OH CORTICOSTERONE
Test ID: 18OHC
Synonyms: 18 Hydroxy B Steroid
Testing Facility: Reference Laboratory
Volume: 3 ml (2 ml min) Serum
Container: SST
Specimen Handling: Centrifuge, aliquot and freeze within 1 hour of collection
Storage: Frozen
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.

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.
Aultman Hospital Laboratory Test Directory

**Test Name: Test**

**ID:**

**Additional Information:** Blood tests may be needed in correlation with the 24-hour urine specimen, laboratory drop-offs are discouraged on Saturdays after 12 noon, or on Sundays.

---

**Test Name:** 5-HIAA, 24 HR UR

**Test ID:** UHIAAD

**Testing Facility:** Reference Laboratory

**Volume:** 15 ML URINE FROM 24 HR COLL. - REF

**Additional Information:** PRESERVE WITH 6N HCL (Ph <3) DIETARY RESTRICTIONS

---

**Test Name:** 5-NUCLEOTIDASE

**Test ID:** 5NUCP

**Testing Facility:** Reference Laboratory

**Volume:** SERUM 2 ML – FROZ

**Additional Information:** REJECT HEMOLYZED SAMPLE

---

**Test Name:** 5TH'S DISEASE (see Parovirus 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**

**Synonyms:** Hemoglobin A1C, glycosolated hemoglobin

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Sunday-Friday, results available next day. (Run on afternoons/midnights)

**Specimen Type:** Whole blood

**Volume:** 1.5 mL

**Container:** 5 mL EDTA

**Specimen Handling:** Store refrigerated.

---

**Test Name:** AAT, A1A, A-1 ANTITRYPSIN (see Alpha-1 Antitrypsin)

---

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

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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.
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
ACETAMINOPHEN
ACETA

**Synonyms:** Paracetamol, Tylenol

**Testing Facility:** Aultman Laboratory

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

**Specimen Type:** Serum. Do not use SST.

- **Volume:** 1 mL
- **Container:** Plain Red top. SST not acceptable

**Specimen Handling:** Centrifuge and transfer serum to plastic vial. **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
**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 / Transfer 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 Name: Test
ID:
Test ID: ACP
Test Includes: Prostatic Acid Phosphatase
Testing Facility: Reference Laboratory
Precollection Instructions: Collect on ice. Avoid hemolysis.
Specimen Type: 1 ML SERUM FROM SST - FROZEN
Container: 7 mL SST
Specimen Handling: Serum should be separated from the clot ASAP and frozen. DO NOT PRESERVE.

Test Name: ACTH
Test ID: ACTH2
Synonyms: Adrenocorticotropic Hormone
Testing Facility: Reference Laboratory
Precollection Instructions: Prechill 2 lav top tube before collection.
Specimen Type: Plasma (frozen)
Volume: 5 mL
Container: Two lav top tube.
Specimen Handling: Avoid hemolysis. Keep on ice after drawing. Centrifuge in cold. Freeze immediately.

Test Name: ACYL Carnitine, Plasma
Test ID: ACYLPL
Testing Facility: Reference Laboratory
Specimen Type: 1 ML EDTA PLASMA - REFRIGERATED
Container: Lavender
Specimen Handling: Remove plasma from cells ASAP

Test Name: ADAMTS 13
Test ID: ADM13
Testing Facility: Reference Laboratory
Specimen Handling: 1 ML CITRATED PLASMA – FROZEN
Additional Information: GOES TO MAYO CLINIC

Test Name: ADDERALL, URINE
Test ID: DRUGU
<table>
<thead>
<tr>
<th>Test Name:</th>
<th>ADENOSINE DEAMINASE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>SAD</td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td>Volume:</td>
<td>1ML SERUM-FROZEN</td>
</tr>
<tr>
<td>Container:</td>
<td>RED TOP</td>
</tr>
<tr>
<td>Specimen Handling:</td>
<td>Centrifuge and transfer serum to plastic vial. Freeze ASAP.</td>
</tr>
<tr>
<td>Additional Information:</td>
<td>1 ML PLEURAL FLUID - FROZEN; USE STERILE CONTAINER</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>ADENOVIRUS AB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>SADNAB</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>TITER DONE IF SCREEN IS POSITIVE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>ADH (SEE ANTI-DIURETIC HORMONE) Testing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility:</td>
<td>Reference Laboratory</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>ADMARK APOE GENOTYPE</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>EDTA WHOLE BLOOD 10 ML - REFRIGERATED</td>
</tr>
<tr>
<td>Additional Information:</td>
<td>SHIP WITHIN 24 HRS</td>
</tr>
</tbody>
</table>
Test Name: ADRENAL ANTIBODY
Test 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, Trichomomas vaginalis DNA Testing Facility: Aultman Laboratory
Turnaround Time: 3 days
Specimen Collection / BD Affirm VPIII Ambient Transport System 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 FLUID
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

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>ALAUL</th>
<th>Synonyms: Aminolevulinic Acid.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>ALAU</td>
<td></td>
</tr>
<tr>
<td>Facility:</td>
<td>Reference Laboratory</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>24-hr urine.</td>
<td></td>
</tr>
<tr>
<td>Volume:</td>
<td>Submit entire collection to lab.</td>
<td></td>
</tr>
<tr>
<td>Specimen Handling:</td>
<td>Refrigerate during collection. Protect from light.</td>
<td></td>
</tr>
<tr>
<td>Additional Information:</td>
<td>Send 15 mL aliquot to reference lab. pH should be 2-4.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>ALBUMIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>ALB</td>
</tr>
<tr>
<td>Facility:</td>
<td>Aultman Laboratory</td>
</tr>
<tr>
<td>Turnaround Time:</td>
<td>Done 7 days/wk, 24 hrs/day. Results available the same day.</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>Avoid hemolysis. Separate from cells within 1 hour. Storage: Refrigerate.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>ALCOHOL LEVEL (See Ethanol)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>ALDOLASE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>ALD</td>
</tr>
<tr>
<td>Facility:</td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Handling:</td>
<td>SERUM 1 ML FROM SST TUBE - REFRIGERATED</td>
</tr>
<tr>
<td>Additional Information:</td>
<td>GOOD 5 DAYS REFRIGERATED</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>ALDOSTERONE, SERUM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>ALDOS</td>
</tr>
<tr>
<td>Facility:</td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Handling:</td>
<td>1 ML SERUM FROM SST TUBE - FROZEN</td>
</tr>
<tr>
<td>Additional Information:</td>
<td>EDTA PLASMA ALSO ACCEPTABLE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>ALDOSTERONE, UR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>UALDOS</td>
</tr>
<tr>
<td>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>pH &lt; 7.5 - BORIC ACID TO CORRECT PH</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: 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
Volume: 1 mL
Container: 7 mL SST
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>Test Name: ALLERGEN, ALTERNARIA TENIUS IGE</th>
<th>Test ID: ATENS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Testing Facility: Reference Laboratory</td>
<td>Specimen Type: 1 ML SERUM – REFRIGERATED</td>
</tr>
<tr>
<td>Additional Information: 1 ML OF SERUM – 7 ALLERGENS</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name: ALLERGEN, ASPERGILLUS FUMIGATIS IGE</th>
<th>Test ID: AFUMIG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Testing Facility: Reference Laboratory</td>
<td>Specimen Type: 1 ML SERUM-REF</td>
</tr>
<tr>
<td>Specimen Handling: 1 ml will do up to 7 allergens</td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

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

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

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>ALLERGEN, CACAO/COCOA IGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>COCOA</td>
</tr>
<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>1ml of serum will do up to 7 allergens</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>ALLERGEN, CANDIDA ALBICANS IGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>CNDIDA</td>
</tr>
<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>1ml of serum will do up to 7 allergens</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>ALLERGEN, CASEIN IGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>MCASIN</td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td>Volume:</td>
<td>1ML SERUM-REF</td>
</tr>
<tr>
<td>Specimen Handling:</td>
<td>1ml of serum will do up to 7 allergens</td>
</tr>
<tr>
<td>Test Name</td>
<td>Test ID</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>ALLERGEN, CASHEW</td>
<td>CASHEW</td>
</tr>
<tr>
<td>ALLERGEN, CAT DANDER IGE</td>
<td>CATDND</td>
</tr>
<tr>
<td>ALLERGEN, CHICKEN FEATHERS IGE</td>
<td>CHKF</td>
</tr>
<tr>
<td>ALLERGEN, CHICKEN MEAT IGE</td>
<td>CHCKN</td>
</tr>
</tbody>
</table>

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.
<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, CLAM IGE</td>
<td>CLAM</td>
<td>Reference</td>
<td>1 ml serum -REF</td>
<td>1 ml will do up to 7 allergens</td>
</tr>
<tr>
<td>ALLERGEN, COCKLEBUR IGE</td>
<td>COKBUR</td>
<td>Reference</td>
<td>1 ML SERUM-REF</td>
<td>1ml of serum will do up to 7 allergens</td>
</tr>
<tr>
<td>ALLERGEN, COCKROACH IGE</td>
<td>CROACH</td>
<td>Reference</td>
<td>1 ML SERUM-REF</td>
<td>1ml of serum will do up to 7 allergens</td>
</tr>
<tr>
<td>ALLERGEN, COCONUT IGE</td>
<td>COCNUT</td>
<td>Reference</td>
<td>1 ML SERUM-REF</td>
<td>1 ml will do up to 7 allergens</td>
</tr>
<tr>
<td>ALLERGEN, COD IGE</td>
<td>CODFSH</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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
Test Name: ALLERGEN, LAMB'S QUARTER IGE
Test ID: LAMBQU
Facility: Reference Laboratory
Specimen Type: 1ml serum - REF
Specimen Handling: 1ml of serum will do up to 7 allergens

Test Name: ALLERGEN, LATEX IGE
Test ID: LATEXA
Testing Facility: Reference Laboratory
Volume: 1ml serum-Ref
Specimen Handling: 1ml of serum will do up to 7 allergens

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

Test Name: ALLERGEN, MEADOW FESCUE (GRASS) IGE
Test ID: MFESCU
Testing Facility: Reference Laboratory
Volume: 1 ML SERUM-REF
Specimen Handling: 1 ml will do up to 7 allergens

Test Name: ALLERGEN, MILK IGE
Test ID: MILKC
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</th>
<th>Test ID</th>
<th>Facility</th>
<th>Volume</th>
<th>Specimen Handling</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALLERGEN, MOUNTAIN JUNIPER TREE IGE</td>
<td>MTJUNI</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, MULBERRY TREE IGE</td>
<td>MULBRY</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, OAK TREE IGE</td>
<td>OAK</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, OAT IGE</td>
<td>OAT</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, ORANGE IGE</td>
<td>ORNGE</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>Test Name</td>
<td>Test ID</td>
<td>Testing Facility</td>
<td>Volume</td>
<td>Specimen Handling</td>
</tr>
<tr>
<td>---------------------------</td>
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<td>-----------------</td>
<td>------------------------------------</td>
</tr>
<tr>
<td>ALLERGEN, ORCHARD GRASS</td>
<td>ORCHRD</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, ORCHARD GRASS IGE</td>
<td>ORCHRD</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, PEANUT IGE</td>
<td>PEANUT</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, PECAN NUT IGE</td>
<td>PECAN</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, PENICILLIUM CHRYSOGENUM</td>
<td>PNOTAT</td>
<td>PENICILLIM NOTATUM</td>
<td>1 ML SERUM-REF</td>
<td>1ml of serum will do up to 7 allergens</td>
</tr>
<tr>
<td>ALLERGEN, PIGWEED IGE IGE</td>
<td>PIGWEED</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Test Name: ALLERGEN, PISTACHIO IGE  
Test ID: PISTAC  
Testing Facility: Reference Laboratory  
Volume: 1 ML SERUM-REF  
Specimen Handling: 1ml of serum will do up to 7 allergens

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

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

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

Test Name: ALLERGEN, RYE GRASS IGE
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
Test Name: ALLERGEN, SCALLOP IGE
Test ID: SCALOP

Testing Facility: Reference Laboratory
Volume: 1ml serum-Ref
Specimen Handling: 1ml of serum will do up to 7 allergens

---

Test Name: ALLERGEN, SESAME SEED IGE
Test ID: SESAME

Testing Facility: Reference Laboratory
Volume: 1 ML SERUM-REF
Specimen Handling: 1 ml will do up to 7 allergens

---

Test Name: ALLERGEN, SHEEP SORREL IGE
Test ID: SORREL

Testing Facility: Reference Laboratory
Volume: 1 ml serum- Ref
Specimen Handling: 1ml of serum will do up to 7 allergens

---

Test Name: ALLERGEN, SHRIMP
Test ID: SHRIMP

Testing Facility: Reference Laboratory
Volume: 1 ML SERUM-REF

---

Test Name: ALLERGEN, SOYBEAN IGE
Test ID: SOYBM

Testing Facility: Reference Laboratory
Volume: 1 ML SERUM-REF
Specimen Handling: 1ml of serum will do up to 7 allergens

---

Test Name: ALLERGEN, SYCAMORE TREE IGE
Test ID: SYCMOR

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

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

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

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

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

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

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: AFPS
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 preferred. Plain Red tube also acceptable. Storage: Refrigerate.

Test Name: ALPHA MELANOCYTE STIMULATING HORMONE
Test ID: MISC
Testing Facility: Reference Laboratory
Specimen Type: 2 mL EDTA PLASMA – FROZEN ASAP
Additional Information: 1. Fasting preferred

Test Name: ALPHA SUBUNIT OF PGH
Test ID: ALPSUB
Testing Facility: Reference Laboratory
Specimen Handling: 2 ML SERUM FROM PLAIN RED TOP TUBE - FROZEN
Additional Information: MEASURES ALSUB OF LH, FSH, TSH, AND HCG

Test Name: ALPHA THALASSEMIA GENE
Test ID: ATHALS
Testing Facility: Reference Laboratory
Specimen Handling: 
Volume: 5 ML EDTA
Storage: ROOM TEMPERATURE

Test Name: ALPHA-1 ANTITRYPSIN
Test ID: AAT
Synonyms: AAT, A1A
Testing Facility: Aultman Laboratory
Turnaround Time: Done M - F. Results available the same day.
Specimen Type: Serum only Volume: 1 - 2 mL.
  Container: 7 mL SST
Specimen Handling: Avoid lipemia. Refrigerate, after 72 hours freeze.

Test Name: ALPHA-1 ANTITRYPSIN GENOTYPE

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: Alpha-1 Antitrypsin Mutation (see Alpha-1 Antitrypsin Phenotype)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Test Name: ALPHA-1-ANTITRYSIN, RANDOM STOOL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID: STA1A</td>
</tr>
<tr>
<td>Specimen Type: 5 GRAMS OF STOOL IN A CLEAN CONTAINER - FROZEN</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name: ALPHA-1-ANTITRYSIN,24 HR FECES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID: MISC</td>
</tr>
<tr>
<td>Specimen Handling: 10 GRAMS OF A 24 HR STOOL - FROZEN</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name: ALPHA-2-ANTIPLASMIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID: MISC</td>
</tr>
<tr>
<td>Specimen Handling: 2 ML SODIUM CITRATED PLASMA (BLUE TOP TUBE) – FROZEN</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name: ALPRAZOLAM(XANAX)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID: MISC</td>
</tr>
<tr>
<td>Specimen Handling: 4 ML SERUM - PLAIN RED TOP - REFRIGERATED</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name: ALT (SGPT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID: ALT</td>
</tr>
<tr>
<td>Turnaround Time: Done 7 days/wk, 24 hrs/day. Results available the same day.</td>
</tr>
<tr>
<td>Specimen Type: Serum</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:
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 TUBE 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
Specimen Handling: 2 ML PLASMA FROM HEPARINIZED TUBE (GREEN TOP) - FROZEN

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>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMINO ACID, UR QUANT</td>
<td>EITHER LITHIUM OR SODIUM HEPARIN TUBES ACCEPTABLE</td>
</tr>
<tr>
<td>Test ID: AAQTUR</td>
<td></td>
</tr>
<tr>
<td>Testing Facility: Reference Laboratory</td>
<td></td>
</tr>
<tr>
<td>Specimen Handling: 15 ML URINE - FROZEN</td>
<td>CODE CAN BE USED FOR RANDOM OR 24 HR SPECIMEN</td>
</tr>
<tr>
<td>Additional Information: CODE CAN BE USED FOR RANDOM OR 24 HR SPECIMEN</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name: AMINOLEVULENIC ACID (SEE ALA) Testing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility: Reference Laboratory</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name: AMIODARONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID: AMIOD</td>
</tr>
<tr>
<td>Testing Facility: Reference Laboratory</td>
</tr>
<tr>
<td>Additional Information: PLAIN RED TOP: NO SST</td>
</tr>
</tbody>
</table>

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

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

### AMMONIA

<table>
<thead>
<tr>
<th>Test ID: AMM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Synonyms: NH3</td>
</tr>
<tr>
<td>Testing Facility: Aultman Laboratory</td>
</tr>
<tr>
<td>Turnaround Time: Done 7 days/wk, 24 hrs/day. Results available the same day.</td>
</tr>
<tr>
<td>Specimen Type: Plasma</td>
</tr>
<tr>
<td>Volume: 2 - 4 mL</td>
</tr>
<tr>
<td>Container: 5 mL green top tube.</td>
</tr>
<tr>
<td>Test Name: Test</td>
</tr>
<tr>
<td>----------------</td>
</tr>
<tr>
<td>ID:</td>
</tr>
</tbody>
</table>

**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.

---

<table>
<thead>
<tr>
<th>Test Name: AMOEBA AB (SEE E. HISTOLYTICA IGG) Testing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility: Reference Laboratory</td>
</tr>
</tbody>
</table>

---

<table>
<thead>
<tr>
<th>Test Name: AMOXAPINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID: AMOX</td>
</tr>
</tbody>
</table>

**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.

---

<table>
<thead>
<tr>
<th>Test Name: AMPHETAMINE CONFIRMATION, URINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID: UAMPC</td>
</tr>
</tbody>
</table>

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 10ml urine, refrigerated

---

<table>
<thead>
<tr>
<th>Test Name: AMYLASE ISOENZYMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID: AMYISO</td>
</tr>
</tbody>
</table>

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 1 ML SERUM FROM SST TUBE - REFRIGERATED

**Additional Information:** INCLUDES TOTAL AMYLASE, PANCREATIC AND SALIVARY ISOENZYME

---

<table>
<thead>
<tr>
<th>AMYLASE, 24 HOUR URINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMU24</td>
</tr>
</tbody>
</table>

**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 |

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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>AMYBF</td>
<td>AMYBF</td>
<td>Aultman Laboratory</td>
<td>Done 7 days/wk, 24 hrs/day. Results available the same day.</td>
<td>Body fluid</td>
<td>2 - 4 mL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AMYLASE, RANDOM URINE</td>
<td>AMUR</td>
<td>Aultman Laboratory</td>
<td>Done 7 days/wk, 24 hrs/day. Results available the same day.</td>
<td>Random urine</td>
<td>2 - 4 mL</td>
<td>Urine tube</td>
<td></td>
</tr>
<tr>
<td>AMYLASE, SERUM</td>
<td>AMY</td>
<td>Aultman Laboratory</td>
<td>Done 7 days/wk, 24 hrs/day. Results available the same day.</td>
<td>Serum</td>
<td>1 mL</td>
<td>7 mL SST</td>
<td></td>
</tr>
<tr>
<td>AMYLOID B-PROTEIN</td>
<td>MISC</td>
<td>Reference Laboratory</td>
<td>3ML EDTA PLASMA FROZEN</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANA COMPREHENSIVE PANEL</td>
<td></td>
<td></td>
<td>SENT TO SCIENCE INSTITUTE - REFERRAL CODE 91408</td>
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<tr>
<td>ANABOLIC STEROID SCREEN, URINE</td>
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</tr>
<tr>
<td>Test Name</td>
<td>Test ID</td>
<td>Testing Facility</td>
<td>Specimen Handling</td>
<td>Additional Information</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANAFRANIL</td>
<td>MISC</td>
<td>Reference Laboratory</td>
<td>4 ML URINE – FROZEN</td>
<td>NMS CODE - ZW86</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANAPLASMA PHAGOCYTOPHILUM ANTIBODIES (IgG, IgM)</td>
<td>MISC</td>
<td>Reference Laboratory</td>
<td>4 ML URINE – FROZEN</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANCA (C-ANCA or P-ANCA) (see Neutrophil Cytoplasmic Antibody)</td>
<td></td>
<td></td>
<td></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>
<td></td>
<td></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>
<td></td>
<td></td>
<td></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>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANNA1 (See Neuronal Antibody)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANSER IFX</td>
<td>ANSER</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: ANTI PHOSPHATIDYLCHOLINE ANTIBODY
- **Test ID:** MISC
- **Testing Facility:** Reference Laboratory
- **Specimen Handling:** SERUM 1ML - REF PLAIN RED TOP
  - Centrifuge and transfer serum to plastic vial.
- **Additional Information:** INCLUDES IGG, IGM, IGA

### Test Name: ANTI 68-KD ANTIBODY
- **Test ID:** AB68
- **Testing Facility:** Reference Laboratory
- **Container:** RED TOP
- **Specimen Handling:** SERUM 1ML - Refrigerated
  - Spin and transfer serum to a separate container
- **Additional Information:** AKA: HSP-70 AB

### Test Name: ANTI STRIATED MUSCLE ANTIBODY (See Skeletal Muscle Antibody)

### Test Name: ANTI YO ANTIBODY (see Purkinje Antibody)

### Test Name: ANTIDIURETIC HORMONE
- **Test ID:** ADH
- **Synonyms:** Arginine Vasopressin
- **Testing Facility:** Reference Laboratory
- **Specimen Type:** 6 ML PLASMA FROM EDTA TUBE (PURPLE TOP) - FROZEN
  - Container: 4 Lavender Top tubes
- **Additional Information:** REMOVE FROM CELLS AND FREEZE WITHIN 2 HOURS OF DRAW

### Test Name: ANTI-DNASE B AB
- **Test ID:** DNASE
- **Testing Facility:** Reference Laboratory
- **Specimen Handling:** 1 ML SERUM FROM SST TUBE - REFRIGERATED

### Test Name: ANTI-FACTOR Xa (for Unfractionated Heparin)
- **Test ID:** UFXA
Test Name: Test
ID:
Synonyms: Heparin Xa for unfractionated Heparin. This is not the same as Factor X. Testing Facility: Aultman Laboratory
Turnaround Time: Batched and done Tuesday and Friday.
Specimen Type: Citrated plasma
Volume: 1 mL
Container: 2 blue top tubes
Specimen Handling: Patient should be drawn in Aultman Outpatient Department; Specimen must be processed in Aultman Coagulation Department within 1 hour of collection.

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

Test Name: ANTIMICROSOMAL ANTIBODY (see Thyroid Antibodies)

Test Name: ANTIMITOCHONDRIAL AB (see Mitochondrial Antibody)

Test Name: ANTI-MULLERIAN HORMONE
Test ID: MULLER
Testing Facility: Reference Laboratory
Volume: 1 ML SERUM FROM AN SST TUBE - FROZEN
Specimen Handling: Centrifuge and transfer serum to plastic vial.

Test Name: ANTINUCLEAR ANTIBODY TITER
Test ID: ANAT
Synonyms: ANA titer.
Test Includes: ANA titer and pattern.
Testing Facility: Aultman Laboratory
Turnaround Time: Done M - F. Results available within 1 day.
Specimen Type: Serum.
Volume: 1 - 2 mL.
Test Name:

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 Ml - 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>Turnaround Time:</td>
<td>Done M - F. Results available within 1 day.</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>

The information contained in this Directory is provided only as general information and is subject to change without notice.
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>ARBOVIRUS AB – SERUM</td>
<td>MISC</td>
<td>Reference Laboratory</td>
<td>1 ML SERUM FROM SST TUBE - REFRIGERATED</td>
<td>PLAIN RED TOP TUBE ALSO ACCEPTABLE; INCLUDES IGG AND IGM FOR 4 ARBOVIRUSES</td>
</tr>
<tr>
<td>ARGININE VASOPRESSIN (See Antidiuretic Hormone)</td>
<td></td>
<td>Reference Laboratory</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ARSENIC, 24 HOUR URINE</td>
<td>UARSND</td>
<td>Reference Laboratory</td>
<td>15 ML URINE FROM 24 HR COLL. - REFRIGERATED</td>
<td>DIETARY RESTRICTIONS; POUR INTO METAL FREE ALIQUOT TUBE</td>
</tr>
<tr>
<td>Test Name:</td>
<td>ARSENIC, RANDOM URINE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------</td>
<td>-----------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test ID:</td>
<td>Testing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facility:</td>
<td>Specimen</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Handling:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional Information:</td>
<td>ARSENIC, RANDOM URINE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>MISC</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reference Laboratory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>URINE 7ML - REF</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PATIENT SHOULD REFRAIN FROM EATING SHELLFISH, LOBSTER, SHRIMP, LOBSTER, FLOUNDER</td>
<td></td>
<td></td>
<td></td>
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</table>

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

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>ASCA/ANCA (SEE IBD SGI DIAGNOSTIC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Testing Facility:</td>
<td>Reference Laboratory</td>
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</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>ASCORBIC ACID (See Vitamin C)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>ASHKENAZI JEWISH PANEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>AJPWO</td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Handling:</td>
<td>3 ML EDTA WHOLE BLOOD (PURPLE TOP) - REFRIGERATE</td>
</tr>
<tr>
<td>Additional Information:</td>
<td>(8 TESTS) INDICATE ETHNICITY OF PATIENT</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>ASMA (see Smooth Muscle Antibody)</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>ASO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>ASON</td>
</tr>
<tr>
<td>Synonyms:</td>
<td>Anti streptolysin O.</td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Aultman Laboratory</td>
</tr>
<tr>
<td>Turnaround Time:</td>
<td>Done M - F. Results available the same day.</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>
Test Name: ASPARTATE TRANSFERASE  (See AST)

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

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

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.
    Volume: 1 mL.
    Container: 7 mL SST
  Specimen Handling: Avoid hemolysis

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

Test Name: AZATHIOPURINE (see Thiopurine Metabolites)
<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>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>BACTERIAL ANTIGENS</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>1ML CSF OR 2ML SERUM - FROZEN</td>
</tr>
<tr>
<td>Additional Information:</td>
<td>URINE NO LONGER ACCEPTABLE</td>
</tr>
</tbody>
</table>

<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>
</tbody>
</table>

| Test Name: | BARTONELLA AB                          |

---

The information contained in this Directory is provided only as general information and is subject to change without notice.
Test Name: BASIC METABOLIC PANEL
Test ID: BMP
Test Includes: Glu, Na, K, Cl, CO2, lyte balance, BUN, creat, b/c ratio, calcium, GFR
Testing Facility: Aultman Laboratory
Turnaround Time: Done 7 days/wk, 24 hrs/day. Results available the same day.
Specimen Type: Serum.
  Volume: 2 - 4 mL.
  Container: 7 mL SST.
Specimen Handling: Avoid hemolysis. Separate serum from cells within 2 hours of collection. Storage: Refrigerate.

Test Name: BATH SALTS (MEPHEDRONE)
Test ID: MISC
Testing Facility: Reference Laboratory
Specimen Handling: 1 ML WHOLE BLOOD - NA CITRATE TUBE
Additional Information: REFRIGERATED; URINE ALSO ACCEPTABLE (10 ML)

Test Name: B-CELL GENE REARRANGEMENT, PCR
Test ID: BCBMD
Testing Facility: Reference Laboratory
Specimen Handling: EDTA WHOLE BLOOD 5ML -REF
Additional Information: BONE MARROW ALSO ACCEPTED
  BCR/ABL FISH TESTING
  BCRFSH
  Reference Laboratory
  10ML NA HEPARIN TUBE -WHOLE BLOOD - ROOM TEMP
  BONE MARROW ALSO ACCEPTED

Test Name: BCR/ABL P190 QUANT PCR
Test ID: 190PCR
<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></td>
<td></td>
<td></td>
<td></td>
<td>BONE MARROW ALSO ACCEPTED</td>
</tr>
<tr>
<td>BCR/ABL P210 QUANT, PCR</td>
<td>BCRPCR</td>
<td>Reference Laboratory</td>
<td>6ML EDTA WHOLE BLOOD - REF</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>BONE MARROW ALSO ACCEPTED</td>
</tr>
<tr>
<td>BERYLLIUM</td>
<td>MISC</td>
<td>Reference Laboratory</td>
<td>2ML SERUM -METAL FREE TUBE WITHOUT ADDITIVE - REF</td>
<td>ALIQUOT INTO METAL FREE POUR OFF TUBE</td>
</tr>
<tr>
<td>BETA 2 GLYCOPROTEIN I</td>
<td>B2GPI</td>
<td>Reference Laboratory</td>
<td>PLASMA</td>
<td>BLUE TOP TUBE - FROZEN</td>
</tr>
<tr>
<td>BETA 2 GLYCOPROTEIN IGG &amp; IGM</td>
<td>B2GPGM</td>
<td>Reference Laboratory</td>
<td>3 ML SERUM</td>
<td>SST</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>REFRIGERATED</td>
</tr>
</tbody>
</table>
**Test Name:** BETA 2 MICROGLOBULIN  
**ID:** B2M  
**Synonyms:** B2 Microglobulin, B2M.  
**Testing Facility:** Aultman Laboratory  
**Turnaround Time:** Test done once per week on Friday. Results available by 3pm.  
**Specimen Type:** Serum.  
**Volume:** 2 mL.  
**Container:** 10 mL plain red top preferred. 7 mL SST acceptable.  
**Specimen Handling:** Centrifuge and transfer serum to plastic vial. Freeze specimen.

---

**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**

The information contained in this Directory is provided only as general information and is subject to change without notice.
**Test Name:** Test  
**ID:** BSO  
**Synonyms:** Group A Beta Strep by culture.  
**Testing Facility:** Aultman Laboratory  
**Turnaround Time:** Done daily 0700 - 2400. Results available in 2 days.  
**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

---

**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
Test Name: Test

ID:

Testing Facility: Aultman Laboratory

Turnaround Time: Done daily

Volume: 1 mL

Container: 4mL Li Heparin green top tube preferred; SST acceptable

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.

Volume: 1 mL.

Container: 7 mL SST.

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.

Volume: 1 mL.

Container: 7 mL SST.

Specimen Handling: Avoid hemolysis. Protect specimen from light. Storage: Refrigerate
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.
      Volume: 1 mL.
      Container: 7 mL SST.
   Specimen Handling: Avoid hemolysis. Protect specimen from light. Storage: Refrigerate.

Test Name: BILIRUBIN, TOTAL, INFANT
   Test ID: BILBT
   Testing Facility: Aultman Laboratory
   Turnaround Time: Urgent/STAT: 1 hour, Routine: 2 hours.
   Specimen Type: Serum or plasma.
      Volume: 30 µL.
      Container: Red or green top microtainer.
   Specimen Handling: Protect specimen from light. Avoid gross hemolysis. 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
   BTTESTO
   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
ID:

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

**Specimen Handling:**

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: BLEEDING TIME (See Platelet Function Assay)

Test Name: BLOOD GAS ANALYSIS
Test ID: BG
Synonyms: BG, gases, blood gas, ABGs.
Turnaround Time: Done 7 days/wk, 24 hrs/day. Results available the same day.
Specimen Type: Arterial blood.
Volume: 2 - 3 mL.
Container: Heparinized syringe.
Specimen Handling: Collect on ice. Bring to lab immediately.

Test Name: BLOOD, URINE DIPSTICK
Test ID: BLDUA
Synonyms: Urinary blood/hemoglobin.
Test Includes: Dipstick for urine blood/hemoglobin.
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.
Specimen Handling: Refrigerate or keep on ice.

Test Name: BMP (See Basic Metabolic Panel)

Test Name: BNP (see Brain Natriuretic Peptide)

Test Name: BODY 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.
Pre-collection Instructions: Use Form 308A, (Cytology Specimens) and Form 1745, (Body Fluid Worksheet). Mark the source of the specimen on the form and include any pertinent clinical information.
Specimen Collection / Deliver to the Cytology department. If Microbiology testing is also ordered, specimen is to be Transfer Instructions: delivered to Microbiology first. After hours, deliver specimen to the Microbiology department.
Specimen Type: Body Fluid; Pleural, Pericardial or Peritoneal Volume: 2 mL (Minimum: 0.5 mL).

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>Container</th>
<th>Specimen Handling</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>BONE GLA PROTEIN (see Osteocalcin)</td>
<td>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. Refrigerate.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BORDETELLA PERTUSSIS ANTIBODIES IGA</td>
<td>BPAA</td>
<td>Reference Laboratory</td>
<td>SEE BORDETELLA PERTUSSIS IGG</td>
</tr>
<tr>
<td>BORDETELLA PERTUSSIS ANTIBODIES IGG</td>
<td>BPAG</td>
<td>Reference Laboratory</td>
<td>SERUM 1 ML - REF</td>
</tr>
<tr>
<td>BORRELLIA BURGDORFERI (SEE LYME ANTIBODY)</td>
<td>Reference Laboratory</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BRAC ANALYSIS – CONTACT AKRON CHILDRENS FOR INFO – 330-543-8792</td>
<td>3 ml lav top tube.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BRAIN NATRIURETIC PEPTIDE</td>
<td>1 mL frozen plasma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BROMIDE, SERUM/PLASMA</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: BRUCELLA ANTIBODY
Test ID: BRUC
Testing Facility: Reference Laboratory
Test Name: BULLOUS PEMPHIGOID ANTIBODY
Test ID: MISC
Testing Facility: Reference Laboratory
Specimen Handling: 1 ML SERUM - REFRIGERATED
Additional Information: AKA: PEMPFIGOID 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.
Volume: 1 mL.
Container: 7 mL SST.
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
<table>
<thead>
<tr>
<th>Test Name</th>
<th>BUPRENORPHINE QUANT, URINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID</td>
<td>UQNTBU</td>
</tr>
<tr>
<td>Testing Facility</td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td>Volume</td>
<td>10 ML URINE, REFRIGERATED</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name</th>
<th>BUPROPION (WELLBUTRIN)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID</td>
<td>BUPRO</td>
</tr>
<tr>
<td>Synonyms</td>
<td>Wellbutrin</td>
</tr>
<tr>
<td>Testing Facility</td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Handling</td>
<td>SERUM 2ML PLAIN RED TOP - FROZEN Centrifuge and transfer serum to plastic vial.</td>
</tr>
<tr>
<td>Additional Information</td>
<td>SST UNACCEPTABLE; INCLUDES BUPROPION AND METABOLITE</td>
</tr>
</tbody>
</table>
**Test Name:** C. DIFFICILE PCR
**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 ACCEPTALBE

---

**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.
Test Name: CA 15-3
Test ID: CA15

Preparation 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.

Aultman Laboratory

Turnaround Time: 7 days. Test done weekly on Thursdays, in by 8 a.m., result by 3 p.m.

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

Specimen Handling: 10 ML EDTA WHOLE BLOOD

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>CDH 24 HR URINE</td>
<td>URCAD</td>
<td>Reference Laboratory</td>
<td>REFRAIN FROM EATING SEAFOOD FOR 72 HRS BEFORE COLLECTION. NO PRESERVATIVE</td>
</tr>
<tr>
<td>CAUSM, BLOOD</td>
<td>CADM</td>
<td>Reference Laboratory</td>
<td>REFRAIN FROM EATING SEAFOOD FOR 72 HRS. REFRIGERATE</td>
</tr>
<tr>
<td>CAFFEINE</td>
<td>CAFF</td>
<td>Reference Laboratory</td>
<td>PLAIN RED TOP TUBE</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Centrifuge and transfer serum to plastic vial.</td>
</tr>
<tr>
<td>CAH (21-HYDROXYLASE DEFICIENCY)</td>
<td>MISC</td>
<td>Reference Laboratory</td>
<td>EDTA whole BLOOD 5 ML - ROOM TEMP</td>
</tr>
<tr>
<td>CAH PANEL 11, NEONATAL, RANDON URINE</td>
<td>MISC</td>
<td>Reference Laboratory</td>
<td>7ML RANDOM URINE - FROZEN</td>
</tr>
<tr>
<td>CALCIDIOL (see Vitamin D, 25-Hydroxy)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CALCIFEROL (see Vitamin D, 25-Hydroxy)</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
Specimen Type: Random urine
<table>
<thead>
<tr>
<th>Test Name</th>
<th>Test ID</th>
<th>Facility</th>
<th>Volume</th>
<th>Container</th>
<th>Storage</th>
</tr>
</thead>
<tbody>
<tr>
<td>CALCIUM, SERUM</td>
<td>CA</td>
<td>Aultman Laboratory</td>
<td>2 - 4 mL</td>
<td>Urine tube</td>
<td>Refrigerate</td>
</tr>
<tr>
<td>CALPROTECTIN</td>
<td>CALPRO</td>
<td>Reference Laboratory</td>
<td>1 mL</td>
<td>7 mL SST</td>
<td>Refrigerate</td>
</tr>
<tr>
<td>CANDIDA ANTIBODY</td>
<td>CNDAGM</td>
<td>Reference Laboratory</td>
<td></td>
<td>Serum 1 mL</td>
<td>Room Temperature</td>
</tr>
<tr>
<td>CANDIDA IMMUNE COMPLEX</td>
<td>CNDIMM</td>
<td>Reference Laboratory</td>
<td></td>
<td>2 ml Serum</td>
<td>Refrigerated</td>
</tr>
<tr>
<td>CANNABINOID CONFIRMATION, URINE</td>
<td>UTHCC</td>
<td>Reference Laboratory</td>
<td>10 ml</td>
<td>Urine, Refrigerated</td>
<td></td>
</tr>
</tbody>
</table>
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
  Volume: 1 mL
  Container: Plain red top (DO NOT use SST)
Specimen Handling: Centrifuge and transfer serum to plastic vial. 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

CARBOHYDRATE DEF TRANSFERRIN
CDTRAN
Reference Laboratory
Container: SST
Specimen Handling: SERUM 1 ML - FROZEN

The information contained in this Directory is provided only as general information and is subject to change without notice.
Test Name: CARBOHYDRATE, URINE  
Test ID: UCARB  
Test Name: CARBON DIOXIDE  
Test ID: CO2  
Synonyms: CO2  
Test Name: CARBON MONOXIDE  
Test ID: CO  
Synonyms: Carboxyhemoglobin  
Test Name: CARBOXYHEMOGLOBIN  (See Carbon Monoxide)  
Test Name: CARCINOEMBRYANIC ANTIGEN (see CEA)  
Test Name: CARDIAC CRP (see C-Reative Protein, High Sensitive)
<table>
<thead>
<tr>
<th>Test Name: CARDIAC SCREEN</th>
<th>Test Includes: Total CK, CKMB, relative index, troponin I, myoglobin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Testing Facility: Aultman Laboratory</td>
<td>Turnaround Time: Done 7 days/wk, 24 hrs/day. Results available 1 hour after receipt</td>
</tr>
<tr>
<td>Specimen Type: Serum or plasma (heparinized) for total CK; plasma (heparin) for CKMB, troponin, myoglobin</td>
<td>Volume: 1 - 2 mL each specimen type</td>
</tr>
<tr>
<td>Container: 7 mL SST or 5 mL green top tube for total CK; 5 mL green top tube for CKMB, troponin, myoglobin</td>
<td>Specimen Handling: Avoid hemolysis. Separate from cells ASAP and refrigerate plasma if not done immediately</td>
</tr>
<tr>
<td>Additional Information: For use in the Emergency Department and Chest Pain Center ONLY.</td>
<td><strong>ALL TESTS MUST BE ORDERED INDIVIDUALLY</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name: CARDIAC THROMBOLYTIC PROTOCOL</th>
<th>Test ID: ERCTP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Testing Facility: Aultman Laboratory</td>
<td>Turnaround Time: Done 7 days/wk, 24 hrs/day. Results available 1 hour after receipt</td>
</tr>
<tr>
<td>Specimen Type: Whole blood, plasma (EDTA and heparinized)</td>
<td>Container: (2) 5 mL lav top tubes AND 5 mL blue top tube AND 5 mL green top tube</td>
</tr>
<tr>
<td>Handling: Label correctly and deliver to lab ASAP</td>
<td>Additional Information: For use only in the Emergency Department</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name: CARDIO IQ CARDIO CRP</th>
<th>Test ID: MISC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Testing Facility: Reference Laboratory</td>
<td>Specimen Handling: 1 ML SERUM - FROZEN</td>
</tr>
<tr>
<td>Additional Information: REJECT: GROSS HEMOLYSIS; ICTERIC OR LIPEMIC</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name: CARDIO IQ LIPOPROTEIN FRACTIONATION, ION MOBILITY</th>
<th>Test ID: MISC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Testing Facility: Reference Laboratory</td>
<td>Specimen Handling: 1 ML SERUM - FROZEN</td>
</tr>
<tr>
<td>Additional Information: FASTING PREFERRED, BUT NOT REQUIRED. EDTA PLASMA ALSO ACCEPTABLE</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name: CARDIOLIPIN ANTIBODY, IGG</th>
<th>Test ID: CARDIG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Synonyms: Anti-phospholipid antibodies</td>
<td>Testing Facility: Reference Laboratory</td>
</tr>
</tbody>
</table>
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 ACCEPTABLE

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
Testing Facility: Reference Laboratory
Test Name: CATECHOLAMINES, FRAC, PL
Test ID: CATP
Testing Facility: Reference Laboratory
Specimen Handling: PLASMA - SPECIAL TUBES IN SENDOUTS
Additional Information: TUBES KEPT ON ICE; COLD FUGED AND FROZEN ASAP

Test Name: CATECHOLAMINES, RANDOM URINE
Test ID: MISC
Testing Facility: Reference Laboratory
Specimen Handling: 10 ML RANDOM URINE - REF
Additional Information: ACIDIFY WITH 6N HCL TO MAINTAIN PH <3.0

CBC

Synonyms: Complete blood count
Test Includes: WBC, RBC, hemoglobin, hematocrit, MCV, MCH, MCHC, RDW, platelet count, automated diff. Reflexes a manual differential if warranted
Testing Facility: Aultman Laboratory
Turnaround Time: Urgent 1 hour; routine: 6 hours
Specimen Type: Whole blood (EDTA)
Volume: 2 mL
Container: 2.5 mL lav top tube. Do not freeze
Storage: Room temperature, or if >12 hours refrigerate

Test Name: CBCD (see CBC)

Test Name: CCP (See Cyclic Citrulline Peptide IGG)

Test Name: CD4/CD8 (See Helper/Suppressor)

Test Name: CD55/CD59
Test ID: MISC
Testing Facility: Reference Laboratory
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
  Specimen Handling: 1 ML SERUM AND 2 EDTA WHOLE BLOOD TUBES Additional Information: REFRIGERATED
<table>
<thead>
<tr>
<th>Test Name</th>
<th>Test ID</th>
<th>Test Number</th>
<th>Testing Facility</th>
<th>Specimen Handling</th>
</tr>
</thead>
<tbody>
<tr>
<td>CELIAC SEROLOGY</td>
<td>CELSER</td>
<td>REQ</td>
<td>Reference Laboratory</td>
<td>2 ML SERUM – REFRIGERATED</td>
</tr>
<tr>
<td>CELL COUNT, BODY FLUID</td>
<td>BFCT</td>
<td></td>
<td>Aultman Laboratory</td>
<td>2 ML SERUM – REFRIGERATED</td>
</tr>
<tr>
<td>CELL COUNT, CSF</td>
<td>CSFCT</td>
<td></td>
<td>Aultman Laboratory</td>
<td>3 mL</td>
</tr>
<tr>
<td>CELL COUNT, SYNOVIAL FLUID</td>
<td>SYNCT</td>
<td></td>
<td>Aultman Laboratory</td>
<td>5 mL lav 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.
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: Done M – F. Results available the same day
Specimen Type: Serum only
Volume: 1 mL
Container: 7 mL SST
Specimen Handling: Avoid lipemia. Refrigerate, after 72 hours freeze.

Test Name: CF (See Cystic Fibrosis)

Test Name: CH50 (COMPLEMENT DEFICIENCY ASSAY)
Test ID: COMPD
<table>
<thead>
<tr>
<th>Test Name: Test</th>
<th>Testing Facility: Reference Laboratory</th>
</tr>
</thead>
<tbody>
<tr>
<td>ID:</td>
<td></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
Test Name: Test
ID:
Testing Facility: Aultman Laboratory
Turnaround Time: Results available the same day if specimen received by 1000
Precollection Instructions: See 24-hr Urine Collection Instructions
Specimen Type: 24-hr urine
  Volume: Send entire collection to lab
  Container: Obtain collection container from lab
Specimen Handling: Collect on ice. No preservatives

CHLORIDE, BODY FLUID
  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
Specimen Type: Serum

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

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

Test Name: CHROMIUM, SERUM
Test ID: CHRSER
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
Additional Information: REJECT IF HEMOLYZED; LIPEMIC; OR ICTERUS
<table>
<thead>
<tr>
<th>Test Name: CHROMOSOME STUDIES - AMNIOTIC FLUID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID: CGAKC; SEND OUTS TO ORDER</td>
</tr>
<tr>
<td>Testing Facility: Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Handling: 20 ML AMNIOTIC FLUID - RM TEMP</td>
</tr>
<tr>
<td>Additional Information: AKA: KARYOTYPE - GIVE ALL PAPERWORK TO SEND OUTS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name: CHROMOSOME STUDIES - BLOOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID: CGBK; SEND OUTS TO ORDER</td>
</tr>
<tr>
<td>Testing Facility: Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Handling: 10 ML NA HEPARIN WHOLE BLOOD - RM TEMP</td>
</tr>
<tr>
<td>Additional Information: AKA: KARYOTYPE - GIVE ALL PAPERWORK TO SEND OUTS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name: CHROMOSOME STUDIES - BLOOD - FRAGILE X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID: FRAX</td>
</tr>
<tr>
<td>Testing Facility: Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Handling: 5 ML EDTA WHOLE BLOOD - RM TEMP</td>
</tr>
<tr>
<td>Additional Information: COPY ORDER AND GIVE TO SEND OUTS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name: CHROMOSOME STUDIES - BONE MARROW</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID: SEND OUTS TO ORDER</td>
</tr>
<tr>
<td>Testing Facility: Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Handling: 10 ML GREEN TOP TUBE (NA HEPARIN) ROOM TEMP</td>
</tr>
<tr>
<td>Additional Information: COPY ORDER AND GIVE TO SEND OUTS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name: CHROMOSOME STUDIES - TISSUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID: MISCNB; SEND OUTS TO ORDER</td>
</tr>
<tr>
<td>Testing Facility: Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Handling: SAMPLE COLLECTED IN HISTO - PUT IN MEDIA BY GROSS ROOM</td>
</tr>
<tr>
<td>Additional Information: KEEP REFRIGERATED</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name: CHROMOSOME STUDIES PRENATAL FISH STUDIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID: SEND OUTS TO ORDER</td>
</tr>
<tr>
<td>Testing Facility: Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Handling: AMNIOTIC FLUID - 2 TUBES</td>
</tr>
<tr>
<td>Additional Information: GIVE PAPERWORK TO SEND OUTS</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>Test Includes</th>
<th>Specimen Handling</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHRONIC EBV</td>
<td>EBVCH</td>
<td>Reference Laboratory</td>
<td>EARLY AND NUCLEAR ANTIGEN:</td>
<td>SERUM 3 ML - REF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name</th>
<th>Test ID</th>
<th>Facility</th>
<th>Specimen Handling</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHYLOMICRON, BODY FLUID</td>
<td>FCHYLO</td>
<td>Reference Laboratory</td>
<td>1 ML BODY FLUID - REF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name</th>
<th>Test ID</th>
<th>Facility</th>
<th>Specimen Handling</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHYMOPAPAIN IGE</td>
<td>CHYMO</td>
<td>Reference Laboratory</td>
<td>SERUM 1 ML - REF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name</th>
<th>Test ID</th>
<th>Facility</th>
<th>Specimen Handling</th>
</tr>
</thead>
<tbody>
<tr>
<td>CIRCULATING ANTIBODY SCREEN</td>
<td>CIRAN</td>
<td>Aultman Laboratory</td>
<td>Specimen must be processed in Aultman Lab within 4 hours of collection; alternatively may be drawn in Aultman Outpatient Lab</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name</th>
<th>Facility</th>
<th>Specimen Handling</th>
</tr>
</thead>
<tbody>
<tr>
<td>CIRCULATING IMMUNE COMPLEX</td>
<td>Reference Laboratory</td>
<td>SERUM - PLAIN RED TOP: 3X 1ML - FROZEN Centrifuge and transfer serum to plastic vial.</td>
</tr>
</tbody>
</table>

Additional Information: 3 TUBES WITH 1 ML EACH; SST IS UNACCEPTABLE. DO NOT THAW
Aultman Hospital Laboratory Test Directory

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

CLO TEST
CLO
Test Includes: Reading of CLO test inoculated by physician or assistant.
Test Name: CLOMIPRAMINE  
Test ID: CLOM  
Synonyms: Anafranil  
Testing Facility: Reference Laboratory  
Specimen Handling: SERUM 2ML - PLAIN RED TOP - REF 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
Specimen Handling: Avoid hemolysis

Test Name: CO2 (see Carbon Dioxide)

Test Name: COAGULATION PANEL
Test ID: CPAN
Test Name: APTT, protime, fibrinogen, platelet count

Facility: Aultman Laboratory

Test Includes: 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

Test Name: COCCIDIOIDES ANTIBODY

Test ID: COCIMG

Test Includes: IgG and IgM

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: COENZYME Q10  
Test ID: COEQ10  
Testing Facility: Reference Laboratory  
Specimen Handling: 2 ML PLASMA FROM A GREEN TOP TUBE: LITHIUM OR SODIUM HEPARIN - FROZEN  
Additional Information: FASTING REQUIRED//AVOID HEMOLYSIS//COLLECT MON – THURSDAY ONLY REMOVE PLASMA FROM CELLS WITHIN 3 HRS

Test Name: COLARIS  
Test ID: MISC  
Testing Facility: Reference Laboratory  
Specimen Handling: DRAW TUBE IN KIT

Test Name: COLD AGGLUTININS  
Test ID: CAGGL  
Testing Facility: Reference Laboratory  
Specimen Handling: SERUM 3 ML - ROOM TEMP  
Additional Information: CLOT AT 37 DEGREES;SPIN AND SEPARATE ASAP

COLLAGEN CROSS LINKS - 24 HR URINE  
MISC  
Reference Laboratory  
Specimen Handling: 10 ML FROM A 24 HR URINE COLLECTION  
Additional Information: NO PRESERVATIVES

Test Name: COLLAGEN CROSSLINKS (See Cross-linked N-telopeptide)

Test Name: COLLAGEN I C-TELOPEPTIDE (SEE C-TELOPEPTIDE)  
Testing Facility: Reference Laboratory

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: ALLOW 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

COMPLEMENT C3/C4
C3C4A
Synonyms: Complement studies
Test Includes: Complement C3 and C4
Testing Facility: Aultman Laboratory
Turnaround Time: Done M - F Results available same day
Specimen Type: Serum only
Volume: 1 mL
Container: 7 mL SST
Test Name: Test
ID:
Specimen Handling: Avoid lipemia. Refrigerate, after 24 hours freeze.

---

Test Name: COMPLEMENT C6
Test ID: C6FUN
Testing Facility: Reference Laboratory
Pre-collection 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
Pre-collection 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
Pre-collection 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:** COMPLEMENT DEFICIENCY  
**ID:** 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 only  
**Volume:** 2-4 mL  
**Container:** 7 mL SST  
**Specimen Handling:** Avoid hemolysis. Separate from cells within 2 hours  
**Storage:** Refrigerate.

---

**Test Name:** CONJUGATED BILIRUBIN  (See Direct Bilirubin)

---

**Test Name:** 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
Test Name:
Additional Information: NO PRESERVATIVES
**Test Name:** CORTISOL, FREE SERUM  
**Test ID:** FRCORT  
**Testing Facility:** Reference Laboratory  
**Specimen Handling:** 2 ML SERUM - PLAIN RED TOP - REF  
Centrifuge and transfer serum to plastic vial.  
**Additional Information:** AVOID HEMOLYSIS

---

**Test Name:** CORTISOL, SALIVARY  
**Test ID:** MISC  
**Testing Facility:** Reference Laboratory  
**Specimen Handling:** SPECIAL KITS AVAILABLE IN SEND OUTS  
**Additional Information:**  
PATIENT NEEDS TO FOLLOW INSTRUCTIONS IN KIT - REF

---

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

---

**Test Name:** COUMADIN (WARFARIN)  
**Test ID:** WARFAR  
**Testing Facility:** Reference Laboratory  
**Volume:** 3 ML SERUM-REFRIGERATED  
**Container:** RED TOP, SST NOT ACCEPTABLE  
**Specimen Handling:** Centrifuge and transfer serum to plastic vial.

---

**Test Name:** COXIELLA IGG, IGM & IGA ANTIBODIES  
**Test ID:** COXIEL  
**Synonyms:** Q FEVER ABS  
**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.
Test Name: COXSACKIE A AB TITER  
Test ID: COXAAB  
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: 7 days. Done weekly on Wednesdays. Results available by 3:00 p.m.  
Pre-collection Instructions: Fasting specimen  
Specimen Type: Serum (frozen)  
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
Aultman Hospital Laboratory Test Directory

Test Name: Test

ID:

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

Specimen Type: Serum

Volume: 1 mL

Container: 7 mL SST

Specimen Handling: Avoid hemolysis Storage: Refrigerate.

---

Test Name: CQ10 (SEE COENZYME Q10)

Testing Facility: Reference Laboratory

---

C-REACTIVE PROTEIN

CRP

Testing Facility: Aultman Laboratory

Turnaround Time: Done M - F Results available the same day

Specimen Type: Serum only

Volume: 1 mL

Container: 7 mL SST

Specimen Handling: Avoid lipemia. Refrigerate, after 72 hours freeze.

---

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 only

Volume: 1 mL

Container: 5 mL SST

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  
**Pre-collection 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  
**Volume:** 1 mL  
**Container:** 7 mL SST **Storage:** Refrigerate.

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

**Test Name:** CRYOFIBRINOGEN  
**Test ID:** CRYOFI  
**Testing Facility:** Reference Laboratory  
**Specimen Handling:** 5 ML SERUM AND 3 ML EDTA PLASMA - ROOM TEMP  
**Additional Information:** FASTING REQUIRED//EDTA PLASMA OK//PUT BLOOD IN 37 DEGREE WATER BATH; CENTRIFUGE IN PREWARMED CARRIERS

Test Name: **CRYOGLOBULIN**

**Test Name:** CRYOGLOBULIN  
**Test ID:** CRYO  
**Test Includes:** This is the Qualitative test  
**Testing Facility:** Aultman Laboratory  
**Turnaround Time:** Within 48 hours  
**Precollection Instructions:** Prewarm tube to 37C  
**Specimen Type:** Serum  
**Volume:** 5 mL  
**Container:** Red top tube (DO NOT use SST)  
**Specimen Handling:** 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

Test Name: **CRYOGLOBULIN, QUANT**

**Test Name:** CRYOGLOBULIN, QUANT  
**Test ID:** CRYOQT  
**Testing Facility:** Reference Laboratory  
**SPECIMEN TYPE:** 1 – 10 ML RED TOP TUBE  
**Specimen Handling:** 5 ML SERUM - PLAIN RED TOP - REF  
**Additional Information:** USE SAME PROCEDURE AS IN HOUSE CRYO FOR PROCESSING

Test Name: **CRYPTOCOCCUS ANTIGEN, CSF**

**Test Name:** CRYPTOCOCCUS ANTIGEN, CSF  
**Test ID:** CRYPC  
**Synonyms:** Cryptococcal antigen, Crypto-LA  
**Test Includes:** Latex agglutination test for Cryptococcus antigen  
**Testing Facility:** Aultman Laboratory  
**Turnaround Time:** Done daily. Results available the same day  
**Specimen Type:** CSF  
**Volume:** 0.2 mL  
**Container:** CSF collection tube #3

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>Specimen Handling</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRYPTOCOCCUS ANTIGEN, SERUM</td>
<td>CRYPS</td>
<td>Collect aseptically according to established procedures</td>
</tr>
<tr>
<td>Synonyms</td>
<td></td>
<td>Cryptococcal antigen, Crypto-LA</td>
</tr>
<tr>
<td>Test Includes</td>
<td></td>
<td>Latex agglutination test for Cryptococcus antigen</td>
</tr>
<tr>
<td>Facility</td>
<td></td>
<td>Aultman Laboratory</td>
</tr>
<tr>
<td>Turnaround Time</td>
<td></td>
<td>Done daily. Results available within 24 hours</td>
</tr>
<tr>
<td>Precollection Instructions</td>
<td></td>
<td>Fasting specimen to avoid lipemia</td>
</tr>
<tr>
<td>Specimen Type</td>
<td></td>
<td>Serum or CSF</td>
</tr>
<tr>
<td>Volume</td>
<td></td>
<td>0.5 mL</td>
</tr>
<tr>
<td>Container</td>
<td></td>
<td>Serum: 7 mL SST, CSF: Sterile tube</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CSF: Sterile tube</td>
</tr>
<tr>
<td>Specimen Handling</td>
<td></td>
<td>Avoid hemolysis. Refrigerate</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name</th>
<th>Test ID</th>
<th>Specimen Handling</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRYPTOSPORIDIUM AG, STOOL</td>
<td>MICRO TO ORDER</td>
<td>STOOL IN FIXATIVE FROM MICRO; 10% FORMALIN OR SAF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name</th>
<th>Test ID</th>
<th>Specimen Handling</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRYSTALS, BODY FLUID</td>
<td>CRYBF</td>
<td>Synovial Fluid</td>
</tr>
<tr>
<td>Turnaround Time</td>
<td></td>
<td>24-48 hours</td>
</tr>
<tr>
<td>Specimen Type</td>
<td></td>
<td>EDTA tube</td>
</tr>
<tr>
<td>Storage</td>
<td></td>
<td>Room temperature.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name</th>
<th>Test ID</th>
<th>Specimen Handling</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSF IGG SYNTHESIS</td>
<td>IGGSF</td>
<td>SERUM/CSF 2 ML EA - REF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name</th>
<th>Test ID</th>
<th>Synonyms</th>
</tr>
</thead>
<tbody>
<tr>
<td>C-TELOPEPTIDE BETA</td>
<td>CTELOP</td>
<td>C-TELOPEPTIDE BETA, CROSS LINKED</td>
</tr>
</tbody>
</table>

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

**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.
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:**

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:**

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.
CULTURE DUODENAL ASPIRATE

**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.

CULTURE EAR

**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.

CULTURE EYE

**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.
CULTURE FUNGUS

CFUNG
Stain and culture for yeast and molds.
Aultman Laboratory
Done 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.

CULTURE GASTRIC ASPIRATE

Test Name: CULTURE GASTRIC ASPIRATE
Test ID: CGASP
Test Includes: Gram stain. Bacterial pathogens cultured include Group B Strep, S. aureus and Listeria.
Testing 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.
Aultman Hospital Laboratory Test Directory

Test Name: CULTURE GENITAL FEMALE
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 MISCNB 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. **Specimen 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.
Test Name: CULTURE RESPIRATORY, UPPER

Includes:

CULTURE RESPIRATORY, UPPER
CRESU
Culture 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:

Handling: Collection:

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.
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  
Includes:  
CULTURE SURFACE  
CSURF  
Culture to rule out Group B Beta Strep, S. aureus, S. pneumoniae and Listeria.  
Aultman Laboratory  
Done daily 0700 - 2400. Results available in 2 days.  
Specimen Type: Cord, axilla.  
Volume: 1 culturette (2 swabs).  
Container: Culturette (2 swabs). Specimen  
Handling: Collection:  
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.  
Transport: Deliver to Microbiology within 2 hours of collection for inpatients.  
Storage: Room temperature.

Test Name: CULTURE SURVEILLANCE  
Test ID: CSURV  
Test Includes: Culture of catheter tips, shunt tubing, hyperalimentation lines. Sensitivity testing is done if indicated.  
Testing 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: Collection:  
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.

CULTURE TISSUE  
CTISS  
Gram stain, aerobic and anaerobic culture for bacterial pathogens. Sensitivity testing will be performed if indicated. Testing Facility: Aultman Laboratory  
Turnaround Time: Done daily 0700 - 2400. Results available in 4 days.
<table>
<thead>
<tr>
<th>Test Name:</th>
<th>CULTURE TRANSFUSION REACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>CTRRX</td>
</tr>
<tr>
<td>Test Includes:</td>
<td>Gram stain and bacterial culture for transfusion reactions. Sensitivity testing is performed if indicated.</td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Aultman Laboratory</td>
</tr>
<tr>
<td>Turnaround Time:</td>
<td>Done daily 0700 - 2400. Results available in 5 days.</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>Blood bag (post-transfusion).</td>
</tr>
<tr>
<td>Volume:</td>
<td>Minimum of 2 mL of blood.</td>
</tr>
<tr>
<td>Container:</td>
<td>Blood bag.</td>
</tr>
<tr>
<td>Specimen Handling:</td>
<td>Collection: Blood bank will deliver the post-transfusion blood bag to Microbiology. Transport: Deliver blood bag to Microbiology IMMEDIATELY. Storage: Room temperature.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>CULTURE UREAPLASMA ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>CUREA</td>
</tr>
<tr>
<td>Test Includes:</td>
<td>Culture for Ureaplasma urealyticum. Mycoplasma hominis culture is included by request.</td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Aultman Laboratory</td>
</tr>
<tr>
<td>Turnaround Time:</td>
<td>Done daily 0700 - 2400. Results available in 5 days.</td>
</tr>
<tr>
<td>Precollection Instructions:</td>
<td>Specify in order comment R/O Mycoplasma if indicated.</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>Cervix, vagina, penis, urethra.</td>
</tr>
<tr>
<td>Volume:</td>
<td>1 culturette or NPH swab.</td>
</tr>
<tr>
<td>Container:</td>
<td>Culturette or NPH swab.</td>
</tr>
</tbody>
</table>
| Specimen Handling: | Collection:  
  a. Cervix/vagina: Moisten speculum with water, not lubricant. Use a double culturette to obtain specimen.  
  b. 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. |

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06-28-2018  09:07
**Test Name:** CULTURE URETHRA  
**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). **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.  
**Container:** Sterile container. **Volume:** 10 mL (1 mL minimum).  
**Transport:** Deliver to Microbiology within 2 hours of collection for inpatients.  
**Storage:** Refrigerate.
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
Test ID: CVIR
Test Includes: 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.
Testing Facility: Aultman Laboratory
Turnaround Time: M – Sat, 0700 - 1530. 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:
   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
CULTURE WOUND ANAEROBIC

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.
Transport: Deliver to Microbiology within 2 hours of collection for inpatients. DO NOT transport a syringe with the needle still attached.
Storage: Room temperature.

**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

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>CYSTIC FIBROSIS DNA SCREEN WITH REQUISITIONS</td>
<td></td>
<td>Reference Laboratory</td>
<td>IF SPECIMEN HAS QUEST REQS ALREADY FILLED OUT, DO NOT ORDER. JUST GIVE BLOOD AND PAPERWORK TO SEND OUTS</td>
</tr>
<tr>
<td>CYSTINE, 24 HR UR</td>
<td>UCYSTD</td>
<td>Reference Laboratory</td>
<td>QUANTITATIVE TEST</td>
</tr>
<tr>
<td>Test Name: CYSTINE, RANDOM URINE</td>
<td></td>
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<td>------------------------------</td>
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<tr>
<td>Facility: Specimen Handling:</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Additional Information:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CYSTINE, RANDOM URINE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MISC</td>
<td></td>
<td></td>
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<tr>
<td>Reference Laboratory</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>10 ML URINE - FROZEN</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>QUALITATIVE TEST</td>
<td></td>
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</tbody>
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<table>
<thead>
<tr>
<th>Test Name: CYTOMEGALOVIRUS ANTIBODY TITER (see CMV Titer)</th>
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</table>

<table>
<thead>
<tr>
<th>Test Name: CYTOPLASMIC NEUTROPHIL ANTIBODY (See Neutrophil Cytoplasmic Antibody)</th>
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<table>
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<tr>
<th>Test Name: D2 or D3 (see Vitamin D, 25-Hydroxy)</th>
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<table>
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<tr>
<th>Test Name: DALMANE (See Flurazepam)</th>
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<tr>
<th>Test Name: DC (see DAT)</th>
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<table>
<thead>
<tr>
<th>Test Name: D-DIMER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID: DIMER</td>
</tr>
<tr>
<td>Testing Facility: Aultman Laboratory</td>
</tr>
<tr>
<td>Turnaround Time: Urgent/STAT: 45 minutes, Routine: 3 hours Specimen</td>
</tr>
<tr>
<td>Type: Plasma (citrated)</td>
</tr>
<tr>
<td>Volume: 5mL</td>
</tr>
<tr>
<td>Container: 5mL blue top tube (MUST be full)</td>
</tr>
<tr>
<td>Specimen Handling: Must be tested within 4 hours of collection in Aultman Lab; alternatively may be drawn in Aultman Outpatient Lab.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name: DELTA ALA, 24 HR URINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID: UAMINO</td>
</tr>
<tr>
<td>Testing Facility: Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Handling: 10ML URINE - REF</td>
</tr>
<tr>
<td>Additional Information: PROTECT FROM LIGHT; NO PRESERVATIVES</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name: DELTA ALA, RANDOM URINE</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: DENGUE FEVER AB
Test ID: DENGT
Test Includes: IGG AND IGM
Testing Facility: Reference Laboratory
Specimen Handling: SERUM 1ML - REF

DEOXYCORTICOSTERONE
MISC
Reference Laboratory
2 ML SERUM -PLAIN RED TOP - FROZEN
SPIN DOWN ASAP AND FREEZE IMMEDIATELY

Test Name: DEOXYPYRININOLINE (SEE DPD GENE MUTATION)

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

Test Name: DESYRIL (See Trazadone)

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

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

**Testing Facility:** Reference Laboratory

**Additional Information:** DR GIVES DEXAMETHASONE BETWEEN 11 AND 12 PM. DRAW SERUM CORTISOL BETWEEN 7-9 AM NEXT MORNING

**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:** Test done once per week in Special Chemistry.

**Specimen Type:** Serum from plain red top tube. No SST.

**Volume:** 1mL

**Container:** Plain red top tube.

**Specimen Handling:** Centrifuge and transfer serum to plastic vial. Freeze serum.
**Test Name:** DHPD (see Dihydropyrimidine-Denhydro)

**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: DIGITOXIN  
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 (DO NOT use SST)  
Volume: 1mL  
Container: Plain red top.  
Specimen Handling: Centrifuge and transfer serum to plastic vial. 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.

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

Test Name: DILANTIN, FREE (See Phenytoin, Free)

**DIPHTHERIA ANTIBODY**

**DIPIGG**

**Testing Facility:** Reference Laboratory

**Container:** SST

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

**Additional Information:** REJECT FOR HEMOLYSIS; GROSS LIPEMIA; GROSS ICTERUS

Test Name: DIRECT COOMBS (see DAT)

**Test Name:** DIRECT COOMBS / DIRECT AHG

**Test ID:** DAT

**Synonyms:** Coombs test, Direct Coombs, Direct AHG

**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: DIRECT LDL, CHOLESTEROL (See LDL-Cholesterol, Direct)

**Testing Facility:** Reference Laboratory

Test Name: DISOPYRAMIDE

**Test ID:** DISOP

**Synonyms:** Norpace

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 2 ML - REF

**Additional Information:** PLAIN RED TOP

Centrifuge and transfer serum to plastic vial.
Test Name: DNASE-B ANTIBODY
ID: DNASE
Testing Facility: Reference Laboratory
Specimen Handling: SERUM 1ML - REF
Additional Information: AKA: ANTI DNASE B

Test Name: DOXEPIN
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
ID: 5FU
Testing Facility: Reference Laboratory
Specimen Handling: 5 ML EDTA WHOLE BLOOD - ROOM TEMP
Additional Information: AKA: DEOXYPYRIDINOLINE

Test Name: DRUG SCREEN, ER
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. No SST. Volume:
Urine: 20mL, Serum: 3mL
Container: Urine: Screw top urine container, Serum: plain red top tube

Test Name: DRUG SCREEN, GASTRIC
ID: DRUGG
Test Includes: Screening for drugs in gastric contents, including analgesics, stimulants, tranquilizers and antidepressants.
Testing Facility: Aultman Laboratory Turnaround Time: Sent to Reference Lab.
Specimen Type: Gastric contents
Volume: 25mL
**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  
**DRUGS**  
**Test Includes:** Screening for acetaminophen, salicylate, ethanol, tricyclic antidepressants.  
**Testing Facility:** Aultman Laboratory  
**Turnaround Time:** Done daily. Results available by 1600 if received by 0800.  
**Specimen Type:** Serum from plain red top tube. No SST.  
**Volume:** 6mL  
**Container:** 10mL plain red top tube.  
**Specimen Handling:** Centrifuge and transfer serum to plastic vial.

**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.  
**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**

**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.

---

**Test Name:** E.HISTOLYTICA AB (See HISTOLYTICA IGG)

**Synonyms:** AMOEBA AB

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 1ML - REF
<table>
<thead>
<tr>
<th>Test Name</th>
<th>EBV ANTIBODY TITER</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Test Includes:</strong></td>
<td>EBV IgM and IgG. Acute/convalescent specimens tested if there was an EBV order in the past 2 months.</td>
</tr>
<tr>
<td><strong>Testing Facility:</strong></td>
<td>Aultman Laboratory</td>
</tr>
<tr>
<td><strong>Turnaround Time:</strong></td>
<td>Done twice weekly Mon through Fri. Results available within 3 days.</td>
</tr>
<tr>
<td><strong>Specimen Type:</strong></td>
<td>Serum</td>
</tr>
<tr>
<td><strong>Volume:</strong></td>
<td>1mL</td>
</tr>
<tr>
<td><strong>Container:</strong></td>
<td>7mL SST</td>
</tr>
<tr>
<td><strong>Specimen Handling:</strong></td>
<td>Avoid hemolysis.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Test Name</th>
<th>EBV DNA QUANTITATIVE PCR</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Test ID:</strong></td>
<td>EBVQNT</td>
</tr>
<tr>
<td><strong>Testing Facility:</strong></td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td><strong>Specimen Handling:</strong></td>
<td>1ML WHOLE BLOOD FROM EDTA TUBE</td>
</tr>
<tr>
<td><strong>Additional Information:</strong></td>
<td>CSF AND BONE MARROW ALSO ACCEPTABLE - REFRIG</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name</th>
<th>EBV NUCLEAR/EARLY (See EBV Chronic Panel)</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 2 ML - REF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name</th>
<th>EBV, CHRONIC PANEL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Test ID:</strong></td>
<td>EBVCH</td>
</tr>
<tr>
<td><strong>Test Includes:</strong></td>
<td>In-house testing of EBV IgG and IgM. EBV nuclear antigen, EBV early antigen. <strong>Testing</strong></td>
</tr>
<tr>
<td><strong>Testing Facility:</strong></td>
<td>Aultman Laboratory</td>
</tr>
<tr>
<td><strong>Turnaround Time:</strong></td>
<td>Test sent to Reference Lab.</td>
</tr>
<tr>
<td><strong>Specimen Type:</strong></td>
<td>Serum</td>
</tr>
<tr>
<td><strong>Volume:</strong></td>
<td>2 – 5mL</td>
</tr>
<tr>
<td><strong>Container:</strong></td>
<td>10mL SST</td>
</tr>
<tr>
<td><strong>Specimen Handling:</strong></td>
<td>Avoid hemolysis. Refrigerate specimen.</td>
</tr>
</tbody>
</table>

| Test Name | ECHINOCOCCUS AB |

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: ECHI
Testing Facility: Reference Laboratory
Specimen Handling: 1 ML SERUM - PLAIN RED TOP TUBE - REF
Centrifuge and transfer serum to plastic vial.

ECHOVIRUS ANTIBODY
ECHO
Testing Facility: Reference Laboratory
Specimen Handling: SERUM 1 ML - REF
Additional Information: INCLUDES SEROTYPES 4,7,9,11,30

Test Name: ECSTASY
Test ID: MIS
Testing Facility: Reference Laboratory
Specimen Handling: 20 ML RANDOM URINE - ROOM TEMP
Additional Information: AKA: MDMA/MDA SCREEN

Test Name: ECSTASY
Test ID: MIS
Testing Facility: Reference Laboratory
Specimen Handling: 5 ML SERUM - PLAIN RED TOP - REF Centrifuge and transfer serum to plastic vial.
Additional Information: AKA: MDMA SST TUBE UNACCEPTABLE

Test Name: EHRlichia Chaffeensis Antibodies (IgG, IgM)
Test ID: ECHAFF
Testing Facility: Reference Laboratory
Specimen Type: Serum
Volume: 1 mL
Container: Plain Red Top. SST tube is unacceptable Specimen Handling: Separate ASAP. Refrigerate.

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

Test Name: ELAVIL (See Amitriptyline/Nortriptyline)
## Test Name: ELECTROLYTES, RANDOM STOOL
**Test ID:** NAKF  
**Testing Facility:** Reference Laboratory  
**Specimen Handling:** STOOL - FROZEN  
**Additional Information:** MUST BE LIQUID SPECIMEN

### ELECTROLYTES, SERUM

**Synonyms:** Lytes  
**Test Includes:** Sodium, potassium, chloride, CO2, electrolyte balance.  
**Facility:** Aultman Laboratory  
**Turnaround Time:** Done 7 days/week, 24 hours/day. Results available the same day.  
**Specimen Type:** Serum  
**Volume:** 2 – 4mL  
**Container:** 7mL SST  
**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.  
**Test Includes:** Sm antibody, RNP antibody, SS-A antibody, SS-B antibody, Centromere Ab, Sceleroderma 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  
**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) Mark the source of the specimen on the form and include any clinical diagnosis.  
**Specimen Handling:** Collection:  
Preferred method: Place the brush in a Cytology container with fixative. Cut off the excess wire.  
Alternative method: Spread the brush on a slide and immediately spray fix the smears with Cytology fixative. Label specimen and or slides with two patient identifiers. Place the slides in a cardboard or plastic container for transport.
<table>
<thead>
<tr>
<th>Test Name: <strong>Transport:</strong> Deliver to the Cytology department. After hours, deliver specimen to the Microbiology department. Storage: Refrigerate or store at room temperature.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Test Name:</strong> ENOLASE (SEE NEURON SPECIFIC ENOLASE) <strong>Testing Facility:</strong> Reference Laboratory</td>
</tr>
<tr>
<td><strong>Test Name:</strong> ENTAMOEBA HISTOLYTICA Ab (See E. HISTOLYTICA IGG)</td>
</tr>
</tbody>
</table>
| **Test Name:** ENTAMOEBA HISTOLYTICA AG  
  **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:** 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  
  **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 |
### EPIDERMAL ANTIBODY

**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

### EPINEPHRINE (FOR EITHER PLASMA OR URINE THIS IS PART OF CATECHOLAMINES)

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

### EPINEPHRINE (see Catecholamines)

### ERYTHROCYTE PROTOPORPHYRIN

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

### ERYTHROCYTE SED RATE

**Synonyms:** ESR, Sed Rate, WSR, Westergren Sed Rate  
**Includes:** Modified Westergren sed rate.  
**Testing Facility:** Aultman Laboratory  
**Specimen Type:** Whole blood (EDTA)  
**Volume:** 2 mL  
**Container:** 2.5 mL lav top tube. Testing should be done within 4 hours of collection.  
**Storage:** 4 hrs at room temperature, 24 hrs refrigerated

### ERYTHROPOIETIN

**Test Name:** ERYTHROPOIETIN  
**Test ID:** ERYTHY  
**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

---

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<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>Volume</th>
<th>Container</th>
<th>Storage</th>
</tr>
</thead>
<tbody>
<tr>
<td>ESTRADIOL</td>
<td>E2</td>
<td>E2</td>
<td>Aultman Laboratory</td>
<td>Done daily. Results available the same day.</td>
<td>Serum</td>
<td>1–2mL</td>
<td>7mL SST</td>
<td>Refrigerate</td>
</tr>
<tr>
<td>ESTRIO,TOTAL</td>
<td>ESTRIO</td>
<td>TOTAL ESTROGENS</td>
<td>Reference Laboratory</td>
<td>2-6 days</td>
<td>Serum</td>
<td>1mL</td>
<td>Ref SST</td>
<td>Refrigerate</td>
</tr>
<tr>
<td>ESTROGEN, FRACTIONATED BLOOD</td>
<td>ESTGEN</td>
<td>TOTAL ESTROGENS</td>
<td>Reference Laboratory</td>
<td>2-6 days</td>
<td>Serum</td>
<td>1mL</td>
<td>Ref SST</td>
<td>Refrigerate</td>
</tr>
<tr>
<td>ESTRONE</td>
<td>EST</td>
<td>TOTAL ESTROGENS</td>
<td>Reference Laboratory</td>
<td>2-6 days</td>
<td>Serum</td>
<td>1mL</td>
<td>Ref SST</td>
<td>SST TUBES ARE UNACCEPTABLE</td>
</tr>
<tr>
<td>Test Name: ETHANOL</td>
<td>Test ID: ALC</td>
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</tr>
<tr>
<td><strong>Test Includes:</strong> Ethanol only.</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>Testing Facility:</strong> Aultman Laboratory</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Turnaround Time:</strong> Done 7 days/week, 24 hours/day. Results available within 1 hour of receipt.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Precollection Instructions:</strong> Do not use alcohol preps or other alcohol-containing substances in pre-venipuncture preparation.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Specimen Type:</strong> Serum. DO NOT use SST.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Volume:</strong> 1mL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Container:</strong> Plain red top</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Specimen Handling:</strong> Keep tube sealed until testing. Separate serum from cells ASAP. <strong>Storage:</strong> Refrigerate.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name: ETHANOL, URINE</th>
<th>Test ID: ETOHU</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Testing Facility:</strong> Reference Laboratory</td>
<td></td>
</tr>
<tr>
<td><strong>Specimen Handling:</strong> URINE 13 ML - REF</td>
<td></td>
</tr>
<tr>
<td><strong>Additional Information:</strong> CALL COURIER FOR TRANSPORT IF STAT; OTHERWISE ALS WILL TAKE</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name: ETHOSUXIMIDE</th>
<th>Test ID: ETHOS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Synonyms:</strong> Zarontin</td>
<td></td>
</tr>
<tr>
<td><strong>Testing Facility:</strong> Reference Laboratory</td>
<td></td>
</tr>
<tr>
<td><strong>Specimen Handling:</strong> 1 ML SERUM -PLAIN RED TOP TUBE - REF Centrifuge and transfer serum to plastic vial.</td>
<td></td>
</tr>
<tr>
<td><strong>Additional Information:</strong> AKA: ZARONTIN. EDTA PLASMA ALSO ACCEPTABLE; COLLECT PRIOR TO NEXT DOSE</td>
<td></td>
</tr>
<tr>
<td>Test Name:</td>
<td>ETHYLENE GLYCOL</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Facility:</td>
<td>MISC</td>
</tr>
<tr>
<td>Reference Laboratory</td>
<td></td>
</tr>
<tr>
<td>Specimen Handling:</td>
<td>SERUM 1 ML - REF</td>
</tr>
<tr>
<td>Additional Information:</td>
<td>STAT TO AKRON CITY TOX LAB - CALL COURIER TO TRANSPORT</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>ETRAFON-FORTE (See Amitriptyline/Nortriptyline)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>EUGLOBULIN LYSIS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>EULYS</td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Handling:</td>
<td>CITRATED PLASMA 2ML - FROZEN</td>
</tr>
<tr>
<td>Additional Information:</td>
<td>DOUBLE SPIN WITHIN 30 MIN AFTER COLLECTION</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>EVEROLIMUS, BLOOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>EVEROL</td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Handling:</td>
<td>2 EDTA Lavender top. Whole blood. Storage: Refrigerated.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>F II (2) MUTATION (see Prothombin Gene Variant)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>F8 AG (see VonWillebrand Antigen)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>FACTOR 11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>F11</td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Handling:</td>
<td>2 ML BLUE TOP PLASMA - FROZEN</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>FACTOR 13 SOLUBILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>F13</td>
</tr>
<tr>
<td>Test Number:</td>
<td>FX13M</td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Handling:</td>
<td>2 ML BLUE TOP PLASMA - FROZEN</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>FACTOR 13, FUNCTIONAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test Name</td>
<td>Test ID</td>
</tr>
<tr>
<td>-----------------------------------</td>
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</tr>
<tr>
<td>FACTOR 5</td>
<td>F5</td>
</tr>
<tr>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td></td>
</tr>
<tr>
<td>Specimen Handling:</td>
<td></td>
</tr>
<tr>
<td>Test Name: FACTOR 7</td>
<td>F7</td>
</tr>
<tr>
<td>Test Name: FACTOR 8 INHIBITOR BETHESDA UNITS</td>
<td>BETHDA</td>
</tr>
<tr>
<td>Test Name: FACTOR 8-C ASSAY (see Factor VIII (8) Activity)</td>
<td></td>
</tr>
<tr>
<td>Test Name: FACTOR 9 ANTGEN</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.
### 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  
**Pre-collection 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.

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

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)

Test Name: FACTOR XI
Test ID: F11
Testing Facility: 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.
<table>
<thead>
<tr>
<th>Test Name</th>
<th>Test ID</th>
<th>Facility</th>
<th>Time</th>
<th>Specimen Type</th>
<th>Volume</th>
<th>Container</th>
<th>Specimen Handling</th>
</tr>
</thead>
<tbody>
<tr>
<td>FACTOR XIII SOLUBILITY</td>
<td>F13</td>
<td>Aultman Laboratory Turnaround</td>
<td>Sent to Reference Lab.</td>
<td>Plasma (frozen)</td>
<td>2mL</td>
<td>(2) 5mL blue top tube (MUST be full)</td>
<td>Separate plasma from cells ASAP and freeze plasma.</td>
</tr>
<tr>
<td>FAI (see SHBG, Sex Hormone Binding Globulin)</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FAT, FECAL QUALITATIVE</td>
<td>FEXAM</td>
<td>Reference Laboratory</td>
<td></td>
<td>10 GM RANDOM STOOL - FROZEN</td>
<td></td>
<td></td>
<td>INCLUDES FAT, MEAT FIBERS, AND STARCH</td>
</tr>
<tr>
<td>FAT, FECAL QUANT</td>
<td>FATF</td>
<td>Reference Laboratory</td>
<td></td>
<td>STOOL (ENTIRE COLLECTION) FROZEN</td>
<td></td>
<td></td>
<td>PUT IN COMMENTS 24,48 OR 72 HR COLLECTION</td>
</tr>
<tr>
<td>FDP (FIB. SPLIT PRODUCTS)</td>
<td>FDP</td>
<td>Reference Laboratory</td>
<td></td>
<td>2 ML BLUE TOP PLASMA - FROZEN</td>
<td></td>
<td></td>
<td>FIBRINOGEN DEGRADATION PRODUCTS</td>
</tr>
</tbody>
</table>
Fecal Leukocytes

Test Name: Fecal Leukocytes
Test ID: FECL2

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: Collection:

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 Name: 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 Name: Fentanyl, Urine
Test ID: UFENT

Testing Facility: Reference Laboratory

Volume: 10 ML URINE

Specimen Handling: REFRIGERATED

Ferritin

Test Name: Ferritin
Test ID: FERR

Testing Facility: Aultman Laboratory

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

Specimen Type: Serum

Volume: 1mL

Container: 7mL SST

Specimen Handling: Avoid hemolysis.

Storage: Refrigerate.

Fetal Maternal Hemorrhage

Test Name: Fetal Maternal Hemorrhage
Test ID: FMH

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:** Fetal Screen  
**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.

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**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.

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**Test Name:** FIBRINOGEN SPLIT PRODUCTS (see FDP)

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

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**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.

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**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.  
**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.

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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 airdrying. 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.

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**Test Name:** FISH FOR MYELODYSPLASIA  
**Test ID:** FSHMDS  
**Testing Facility:** Reference Laboratory  
**Specimen Type:** BLOOD OR BONE MARROW  
**Volume:** 7 ML - BLOOD, 3 ML BONE MARROW  
**Container:** EDTA PREFERRED; SODIUM HEPARIN ACCEPTABLE  
**Specimen Handling:** REFRIGERATED

---

**Test Name:** FISH INSIGHT ANALYSIS  
**Test ID:** ISIGHT  
**Testing Facility:** Reference Laboratory  
**Volume:** 20 ML AMNIOTIC FLUID  
**Container:** STERILE CONTAINER  
**Specimen Handling:** REFRIGERATED

---

**Test Name:** FISH PLASMA CELL MYELOMA  
**Test ID:** FSHPCM  
**Testing Facility:** Reference Laboratory  
**Specimen Type:** BONE MARROW  
**Volume:** 3 ML  
**Container:** EDTA  
**Specimen Handling:** REFRIGERATED

---

**Test Name:** FISH STUDIES  
**Test ID:** MISC  
**Testing Facility:** Reference Laboratory  
**Specimen Handling:** 10ML NA HEPARIN TUBE - WHOLE BLOOD - ROOM TEMP  
**Additional Information:** THIS IS A METHODOLOGY; MUST KNOW WHAT CONDITION DR IS DIAGNOSING;
Test Name: FISH TESTING (see BCR/ABL, Fish Testing Methodology)

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

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### 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

### 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.

### 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

### FOLATE, SERUM
- **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. **Storage:** Refrigerate.

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<table>
<thead>
<tr>
<th>Test Name: Test ID:</th>
</tr>
</thead>
<tbody>
<tr>
<td>FOLIC ACID (see Folate, Serum)</td>
</tr>
</tbody>
</table>

| Test Name: FOLIICLE STIMULATING HORMONE (See FSH) |

<table>
<thead>
<tr>
<th>Test Name: FONDAPARINUX SODIUM (XA INHIBITION) (ARIXTRA) Test ID: FONDXA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Testing Facility: Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Handling: 1 ML CITRATED PLASMA - FROZEN</td>
</tr>
<tr>
<td>Additional Information: DETERMINING PLASMA CONCENTRATION OF ARIXTRA</td>
</tr>
</tbody>
</table>

| 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) |

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

<table>
<thead>
<tr>
<th>Test Name: FREE LIGHT CHAIN - URINE Test ID: UFLCKL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Testing Facility: Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Handling: 2ML - RANDOM URINE - REF</td>
</tr>
<tr>
<td>Additional Information: CAN ALSO BE 24 HR URINE - NO PRESERVATIVE. INLCLUDES KAPPA AND LAMBDA</td>
</tr>
</tbody>
</table>

FREE PHENYTOIN (see Phenytoin, Free)

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>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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<td></td>
<td></td>
</tr>
<tr>
<td>FREE T4 (see T4, Free)</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>FREE TESTOSTERONE</td>
<td></td>
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<tr>
<td>FREE TRI-LODOTHYRONINE</td>
<td></td>
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<td></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>
<td></td>
<td>Follicle stimulating hormone.</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Turnaround Time: Done daily. Results available the same day.</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Specimen Type: Serum</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Volume: 1mL</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Container: 7mL SST</td>
</tr>
<tr>
<td>FTA-ABS</td>
<td>FTA</td>
<td>Aultman Laboratory</td>
<td></td>
<td>Fluorescent Treponemal Antibody test for the confirmation of reactive RPRs.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Test Includes: It is recommended to order an RPR in conjunction with the FTA. Testing Facility: Aultman Laboratory</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:
Turnaround Time: Done as needed. Results available the following day.
Specimen Type: Serum
Volume: 1 mL
Container: 7mL SST
Specimen Handling: Refrigerate

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: FUNGUS CULTURE ONLY
ID: CFUNO

Test Includes: Culture only for yeast and molds.
Testing Facility: Aultman Laboratory

Turnaround Time: Done daily 0700 - 2400. Results available in 4 weeks.
Specimen Type: Varies. See Specimen Collection instructions.
Volume: Varies with specimen. See Specimen Collection instructions.
Container: Sterile container, Petri dish or culturette. Specimen Handling:

A. Respiratory: Collect according to routine 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 a forceps, obtain a scraping from the active border of the lesion. Place the specimen in a sterile container.
D. Nails: Clean the site with a 70% alcohol saturated pad. Collect the shavings from under the nail plate into a sterile container.
E. Hair: Remove dull hairs with a forceps. Place the hairs in a sterile container.
F. Bone marrow: Collect in a yellow top (SPS) vacutainer tube.
G. CSF: Collect 1 mL by standard aseptic technique.
H. Abscess: Aspirate at least 0.5 mL into a syringe.
I. Tissue: Place the specimen in a sterile container. Moisten with sterile saline.
J. Urine: 20 - 50 mL of the first morning void.
K. Blood: 10 mL of blood collected according to procedure for standard blood cultures. Transport: Deliver to Microbiology within 2 hours of collection for inpatients.
Storage: Refrigerate urine and respiratory specimens. Store all other specimens at room temperature.

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

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: GABITRIL  
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: AKA: TIAGABINE

GAD65 - AB  
GAD65  
Testing Facility: Reference Laboratory  
Specimen Handling: SERUM 1 ML - REF  
Additional Information: AKA: GLUTAMIC ACID DECARBOXYLASE

Test Name: GALACTOKINASE  
Test ID: MISC  
Testing Facility: Reference Laboratory  
Specimen Handling: 5 ML WHOLE BLOOD - SODIUM HEPARIN - REF  
Additional Information: MUST ARRIVE WITHIN 48 HRS

Test Name: GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE  
Test ID: G1PHOS  
Testing Facility: Reference Laboratory  
Specimen Handling: 5ML EDTA WHOLE BLOOD - REF  
Additional Information: 4 HR FASTING REQUIRED

Test Name: GAMMA GT  
Test ID: GGT  
Synonyms: Gamma-glutamyl transferase or gamma-glutamyl transpeptidase (also γ-glutamyl transferase, GGT, GGTP, gamma-GT)  
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  
Specimen Handling: Avoid hemolysis Storage: Refrigerate.
Test Name: GANGLIOSIDE ANTIBODY PANEL

Test ID: GANGAB

Test Includes: Asialo-GM1 IgG/IgM, GM1 IgG/IgM, GM2 IgG/IgM, GD 1a IgG/IgM, GD1 b IgG/IgM, GQ 1b IgG/IgM

Testing Facility: Reference Laboratory

Volume: 1 ml serum-Refrigerate

Container: SST

Test Name: GANGLIOSIDE PANEL

Test ID: GANGAB

Testing Facility: Reference Laboratory

Specimen Handling: 3 ML SERUM - REF

Additional Information: OVERNIGHT FASTING IS PREFERRED

Test Name: GARAMYCIN (See Gentamicin)

GASTRIC ANALYSIS

GA

Testing Facility: Reference Laboratory

Specimen Handling: GASTRIC ASP - 10ML

Additional Information: REFRIGERATE

Test Name: GASTRIC INHIBITORY PEPTIDE

Test ID: MISC

Testing Facility: Reference Laboratory

Specimen Handling: PLASMA - SPECIAL TUBES IN SENDOUTS

Additional Information: PLASMA FROZEN; FASTING REQUIRED

Test Name: GASTRIN

Test ID: GAST

Testing Facility: Reference Laboratory

Specimen Handling: 1 ML SERUM - FROZEN

Additional Information: OVERNIGHT FAST IS REQUIRED

Test Name: GBM ANTIBODY (see Glomerular Basement Membrane)
Test Name: GENETICS (see Chromosome Studies - Blood)

Test Name: GENETICS LEUKEMIA (BLOOD) (see Chromosome Studies - Blood)
Test ID: CGLKC

**GENTAMICIN**
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:
- 2 hours before next scheduled dose
- 2 hours 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.
   - 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

**Volume:** 1 mL

**Container:** Plain red top - DO NOT use SST

**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)
Test Name: GHB (GAMMA-HYDROXYBUTYRIC ACID)
Test ID: MISC
Testing Facility: Reference Laboratory
Specimen Handling: SERUM 5 ML - ROOM TEMPERATURE
Additional Information: PLAIN RED TOP - ALSO DONE ON URINE - CODE 1365

Test Name: GIARDIA ANTIBODY
Test ID: GIAGAM
Test Includes: IgG, IgM, and IgA
Testing Facility: Reference Laboratory
Specimen Handling: SERUM 1 ML – FROZ

GIARDIA ANTIGEN
GIARD
Test Includes: Enzyme immunoassay for Giardia antigen.
Testing Facility: Aultman Laboratory
Turnaround Time: Done as needed. Results available in 2 - 5 days.
Precollection Instructions: See Ova & Parasite Exam for instructions.
Specimen Type: Stool, feces-coated rectal swab. Specimens collected in diapers are acceptable for this assay.
Volume: 1 gram or 1 mL liquid.
Container: Clean container with a tight-fitting lid.
Specimen Handling: Collection: See Ova & Parasite Exam for instructions.
Transport: Deliver to Microbiology within 2 hours of collection for inpatients.
Storage: Refrigerate. Microbiology will freeze specimen upon receipt.

Test Name: GLIADIN ANTIBODY
Test ID: GLIAD
Test Includes: Gliadin antibody IgG and IgA
Testing Facility: Aultman Laboratory
Turnaround Time: Done twice weekly
Specimen Type: Serum
Volume: 1 mL
Container: 7 mL SST
Storage: Refrigerate.
Test Name: Test

ID:

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

GLUCOSE TOLERANCE, 2 HOUR PREGNANCY

GTTP2

Synonyms: Diabetes screening for patients with gestational diabetes during pregnancy

Test 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.

GLUCOSE TOLERANCE, 2, 3, 4, 5, 6 HOUR

Test ID: GTT2, GTT3, GTT4, GTT5, GTT6

Test Includes: Serum glucose and urine glucose/ketones

Testing Facility: Aultman Laboratory

Turnaround Time: 2 hours after last specimen is received in 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.

5. Nursing is responsible for the collection of the urine specimens, correctly labeled and identified as fasting, ½ hour 1 hour, 2 hours, etc.

**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 and urine  
**Volume:** For each collection: Serum: 1 mL  
For each collection: Serum: 1 mL, Urine: 1 mL  
**Container:** Serum: 7 mL SST, Urine: Plastic urine tube  
**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  

The information contained in this Directory is provided only as general information and is subject to change without notice.
Test Name: GLUCOSE, 24 HOUR URINE  
Test ID: GLU24  
Test Includes: Collection time, volume, creatinine, glucose Testing  
Facility: Aultman Laboratory  
Turnaround Time: Done 7 days/week. Results are available the same day if the specimen is received by 1000.  
Precollection Instructions: See 24-hour Urine Collection Instructions.  
Specimen Type: 24-hour urine  
Volume: Submit entire collection to laboratory  
Container: Obtain collection container from laboratory  
Specimen Handling: Keep specimen on ice during collection Storage: Refrigerate.

Test Name: GLUCOSE, BODY FLUID  
Test ID: GLUBF  
Test Includes: Body fluid type, glucose  
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  
Storage: Refrigerate.

Test Name: GLUCOSE, RANDOM URINE  
Test ID: GLUR  
Testing Facility: Aultman Laboratory  
Turnaround Time: Done 7 days/week, 24 hours/day. Results available the same day.  
Specimen Type: Random urine  
Volume: 2 – 4 mL  

Test Name: GLUCOSE, SERUM  
Test ID: GLUCOSE, SERUM  
Testing Facility: Aultman Laboratory  
Turnaround Time: Done 7 days/week, 24 hours/day. Results available the same day.  
Specimen Type: Serum  
Volume: 1 mL
Test Name: GLUTAMIC ACID DECARBOXYLASE (see GAD65-AB)

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

Test Name: GLYCOMARK
   Test ID: MISC
   Testing Facility: Reference Laboratory
   Specimen Handling: 1 ML SERUM REF
   Additional Information: EDTA PLASMA ALSO ACCEPTABLE

Test Name: GM1 AB PANEL
   Test ID: GM1ABP
   Test Includes: GM1 IgG & IgM
   Testing Facility: Reference Laboratory
   Specimen Handling: SERUM 1 ML - REF
   Additional Information: OVERNIGHT FASTING IS PREFERRED

Test Name: GOLD
   Test ID: GOLD
   Testing Facility: Reference Laboratory
   Specimen Handling: SERUM 1 ML FROM METAL FREE TUBE
   Additional Information: DK BLUE HEAVY METAL TUBE WITH NO ADDITIVE

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

GONORRHOEAE PCR
   NGPCR1
   Test Includes: PCR test to detect N. gonorrhoeae. NOTE: Specimens collected using the Cobas PCR collection kit cannot be used for culture. Testing Facility: Aultman Laboratory
   Turnaround Time: Done daily M - F. Results available within 1-2 days.
   Precollection Instructions: Use only Powder Free gloves.

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:** Endocervix, vagina, urine.

**Volume:** 1 Cobas PCR female swab, 5mL urine.

**Container:** Cobas PCR transport tube. NOTE: Specimens collected using the Cobas PCR collection kit cannot be used for culture.

**Specimen Handling:** Collection: A.

Female:
1) Remove excess mucus from the cervical os and surrounding mucosa using one of the swabs provided. Discard this swab.
2) Insert the second swab from the collection kit 1 - 12 cm into the endocervical canal.
3) Rotate the swab clockwise in the endocervical canal for 30 seconds to ensure adequate sampling. 4) Withdraw the swab carefully. Avoid any contact with vaginal mucosa.
5) Insert the swab into the Remel transport tube. Snap off the shaft at the score line or cut shaft to fit tube.
6) Cap tube. Label with the patients name.

B. Male:
1) 5mL urine in a sterile container.

**Transport:** Deliver to Microbiology within 2 hours of collection for inpatients. **Storage:** Room temperature. If submitting urine, refrigerate urine.

---

**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
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: Collection:  
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: HPG  
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>ID</th>
<th>Testing Facility</th>
<th>Specimen Handling</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>H. FLU VACCINE RESPONSE</td>
<td></td>
<td>Reference Laboratory</td>
<td>SERUM 1 ML - REF</td>
<td>AKA: HIB OR H. FLU IGG</td>
</tr>
<tr>
<td>H. INFLUENZAE IGG</td>
<td>HINFLU</td>
<td>Reference Laboratory</td>
<td>SERUM 1 ML - REF</td>
<td>AKA: HIB OR H.FLU VACCINE RESPONSE</td>
</tr>
<tr>
<td>H. PYLORI IGG ANTIBODY</td>
<td>HP</td>
<td>Aultman Laboratory</td>
<td>Serum</td>
<td>Synonyms: Helicobacter pylori Antibody</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>1 mL</td>
<td>Test Includes: Detects Helicobacter pylori IgG antibody only Testing Facility: Aultman Laboratory</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>7 mL SST</td>
<td>Turnaround Time: Done twice weekly M – F. Results available within 3 days.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Reference Laboratory</td>
<td>1 GRAM STOOL - REFRIGERATED</td>
<td>Specimen Type: Serum Volume: 1 mL Container: 7 mL SST</td>
</tr>
<tr>
<td>H. PYLORI AB IGM</td>
<td></td>
<td>Reference Laboratory</td>
<td></td>
<td>Additional Information: Test no longer available from Reference Laboratory. Recommend ordering H. pylori IgG or IgA</td>
</tr>
<tr>
<td>H. PYLORI ANTIGEN</td>
<td>HPA</td>
<td>Reference Laboratory</td>
<td></td>
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<tr>
<td>H. PYLORI ANTIGEN</td>
<td>HPA</td>
<td>Reference Laboratory</td>
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<tr>
<td>H. PYLORI ANTIGEN</td>
<td>HPA</td>
<td>Reference Laboratory</td>
<td></td>
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<tr>
<td>HACION (see Triazolam, Serum)</td>
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<tr>
<td>HALDOL (see Haloperidol)</td>
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<tr>
<td>HALOPERIDOL (HALDOL)</td>
<td>HALOP</td>
<td></td>
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</tr>
</tbody>
</table>
Test Name: HANTAVIRUS ANTIBODY
Test ID: HANTAB
Test Includes: IGG AND IGM
Testing Facility: Reference Laboratory
Specimen Handling: SERUM 1 ML - REF

HAPTOGLOBIN
HAPTO
Testing Facility: Aultman Laboratory
Turnaround Time: Done M – F. Results available the same day.
Specimen Type: Serum only
  Volume: 1 mL
  Container: 7 mL SST
Specimen Handling: Avoid hemolysis and lipemia. Refrigerate, after 72 hours freeze.

Test Name: HCG, QUANTITATIVE
Test ID: HCG
Synonyms: This assay is used to monitor hCG as an assessment of pregnancy. It is not the assay of choice for use as a tumor marker. To order hCG as a tumor marker, order AHCGT. Test Includes: LMP, hCG
Testing Facility: Aultman Laboratory
Turnaround Time: Done 24 hours/day, 7 days/week. Results available same day. Precollection Instructions: Note the date of LMP when ordering.
Specimen Type: Serum
  Volume: 2 mL
  Container: 7 mL SST Storage:
    Refrigerate.

Test Name: HCG, TUMOR MARKER
Test ID: HCGT
Synonyms: This test is intended to be used as a tumor marker. It should not be used for the assessment of pregnancy. For pregnancy assessment, order “HCG.” Testing Facility: Aultman Laboratory
Turnaround Time: Done 24 hours/day, 7 days/week. Results available same day.
Specimen Type: Serum
  Volume: 2 mL
<table>
<thead>
<tr>
<th>Test Name:</th>
<th>HCV RNA QUANTITATIVE PCR (See Hepatitis C RNA Quantitative PCR) Testing Facility: Reference Laboratory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Container: 7 mL SST Storage:</td>
<td>Refrigerate.</td>
</tr>
<tr>
<td>Specimen Handling: 3 ML EDTA PLASMA - FROZEN</td>
<td></td>
</tr>
<tr>
<td>Additional Information:</td>
<td>SERUM IS ALSO ACCEPTABLE</td>
</tr>
</tbody>
</table>

| Test Name: HCV VIRAL LOAD (See Hepatitis C RNA Quantitative PCR) |

| Test Name: HCV Viral Load, Ultrasensitive (See Hepatitis C RNA Quantitative PCR) 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: HDL CHOLESTEROL ONLY
ID:
HDL

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
  Volume: 1 mL
  Container: 7 mL SST 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: MIS
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

HELPER/SUPPRESSOR
HELP

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

Test Name: HEMOCHROMATOSIS DNA PROBE
Test ID: HEMDNA
Synonyms: Hereditary Hemochromatosis
Test Includes: C282Y Mutation, H63D Mutation, S65C Mutation
Testing Facility: Reference Laboratory
Turnaround Time: Sent to Reference Lab
Specimen Type: Whole blood from EDTA
Volume: 3 mL
Container: 2 lav top tubes
Specimen Handling: Keep blood at room temperature. Do not spin.
Storage: Ambient
Test Name: HEMOGLOBIN
   ID: HGB

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: HEMOGLOBIN A1C (see A1C)

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

Test Name: HEMOGLOBIN, PLASMA
   Test ID: HGBP
Testing Facility: Reference Laboratory
Specimen Handling: 1 ML PLASMA FROM NA HEPARIN - REF
Additional Information: Avoid hemolysis; separate from cells within 1 hour of collection.

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
Test Name: Test
ID:

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
<table>
<thead>
<tr>
<th>Test Name</th>
<th>HEPARIN INDUCED THROMBOCYTOPENIA (SEE PLATELET FACTOR 4 (PF4) AKA: HIT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Testing Facility</td>
<td>Reference Laboratory</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name</th>
<th>HEPARIN, LOW MOLECULAR WEIGHT (see Heparin Factor Xa)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HEPARIN, UNFRACTIONATED</td>
</tr>
<tr>
<td></td>
<td>MISC</td>
</tr>
<tr>
<td>Testing Facility</td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Handling</td>
<td>CITRATED PLASMA 2ML - FROZEN Additional</td>
</tr>
<tr>
<td>Information</td>
<td>SEPARATE FROM CELLS ASAP</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name</th>
<th>HEPATIC FUNCTION PANEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID</td>
<td>HFP</td>
</tr>
<tr>
<td>Test Includes</td>
<td>Albumin, total bilirubin, direct bilirubin, alk phos, AST, ALT, total protein</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 only</td>
</tr>
<tr>
<td>Volume</td>
<td>2 mL</td>
</tr>
<tr>
<td>Container</td>
<td>7 mL SST</td>
</tr>
<tr>
<td>Specimen Handling</td>
<td>Avoid hemolysis. Separate serum from cells within 2 hours of collection.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name</th>
<th>HEPATITIS E Antibodies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID</td>
<td>HEPE</td>
</tr>
<tr>
<td>Test Includes</td>
<td>HEPATITIS IGG AND IGM</td>
</tr>
<tr>
<td>Testing Facility</td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Type</td>
<td>SERUM 1ML-REG</td>
</tr>
<tr>
<td>Specimen Handling</td>
<td>SEPARATE SERUM FROM CELLS ASAP</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name</th>
<th>HEPATITIS A ANTIBODIES TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID</td>
<td>AHAVT</td>
</tr>
<tr>
<td>Test Includes</td>
<td>IGG AND IGM BUT DOES NOT DIFFERENTIATE BETWEEN THEM</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: HEpatitis A Igg/Igm (See Hepatitis A Antibodies Total)
Testing Facility: Aultman Laboratory

Test Name: HEpatitis A Igm AntibiOdes
Test ID: AHAVM
Test Includes: EIA screening for IgM antibodies to Hepatitis A Testing Facility: Aultman Laboratory
Turnaround Time: Done Mon – Fri. Results available in 2 days.
Specimen Type: Serum
Volume: 1 – 2 mL
Container: 7 mL SST
Specimen Handling: Avoid hemolysis

HEpatitis B CoRe ANtibody
HBCAB
HBcAb, Core antibody
Aultman Laboratory
Sent to Reference Lab
Specimen Type: Serum
Volume: 2 mL
Container: 7 mL SST
Specimen Handling: Avoid hemolysis. Refrigerate.

Test Name: HEpatitis B CoRe Igm
Test ID: HBCM
Synonyms: HBcIgM, Core-M, Core-IgM
Testing Facility: Aultman Laboratory
Turnaround Time: Done Mon – Fri
Specimen Type: Serum
Volume: 1 mL
Container: 7 mL SST
Specimen Handling: Avoid hemolysis

Test Name: HEpatitis B E AB
The information contained in this Directory is provided only as general information and is subject to change without notice.
Test Name: HEPATITIS B E AG
Test ID: HBEAG
Testing Facility: Reference Laboratory
Specimen Type: 1 ML SERUM FROM SST - REF

Test Name: HEPATITIS B SURFACE AG, CONF.
Test ID: HBCNF
Testing Facility: Reference Laboratory
Volume: 1ML SERUM
Container: SST
Specimen Handling: REFRIGERATED
<table>
<thead>
<tr>
<th>Test Name:</th>
<th>HEPATITIS B SURFACE ANTIBODY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Synonyms:</td>
<td>HBsAb, Hepatitis B immune status</td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Aultman Laboratory</td>
</tr>
<tr>
<td>Turnaround Time:</td>
<td>Done Mon – Fri</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>Serum</td>
</tr>
<tr>
<td>Volume:</td>
<td>2 mL</td>
</tr>
<tr>
<td>Container:</td>
<td>7 mL SST</td>
</tr>
<tr>
<td>Specimen Handling:</td>
<td>Avoid hemolysis</td>
</tr>
<tr>
<td>Additional Information:</td>
<td>NOTE: A Hepatitis B Surface Ab is done on all Hepatitis B Surface Ag negative/Hepatitis B Core Ab positive specimens.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>HEPATITIS B SURFACE ANTIBODY QUANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>AHBSQ</td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Reference Lab</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>1 ML SERUM FROM SST TUBE - REFRIGERATED</td>
</tr>
<tr>
<td>Specimen Handling:</td>
<td>Refrigerate</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>HEPATITIS B SURFACE ANTIGEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>HBSAG</td>
</tr>
<tr>
<td>Synonyms:</td>
<td>HBsAg, HAA (Hepatitis Australia Antigen)</td>
</tr>
<tr>
<td>Test Includes:</td>
<td>All repeatedly reactive (positive) Hepatitis B Surface Ag tests are confirmed by neutralization.</td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Aultman Laboratory</td>
</tr>
<tr>
<td>Turnaround Time:</td>
<td>Done M – F. Results available in 2 days.</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>Serum</td>
</tr>
<tr>
<td>Volume:</td>
<td>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>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>HEPATITIS B VIRAL DNA ULTRAQUANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>HBVDNU</td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Reference Lab</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>2 ML SERUM FROM SST TUBE - REFRIGERATED</td>
</tr>
<tr>
<td>Specimen Handling:</td>
<td>SEPARATE SERUM FROM CELLS WITHIN 24 HRS</td>
</tr>
</tbody>
</table>
### Hepatitis C RNA Quantitative PCR

**Test Name:** Hepatitis C RNA Quantitative PCR  
**Test ID:** HCQPCR  
**Synonyms:** HCV Viral Load, Heptimax, Hep C Quant  
**Testing Facility:** 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.

### Hepatitis C Antibody

**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

### Hepatitis C Genotype

**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:** 1 mL  
**Container:** 7 mL SST  
**Specimen Handling:** Freeze serum

### 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

### Hepatitis C, Viral Load (See Hepatitis C RNA PCR)
<table>
<thead>
<tr>
<th>Test Name:</th>
<th>HEPATITIS DELTA AB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>AHD</td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Handling:</td>
<td>SERUM 1 ML - REF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>HEPATITIS E AB IGG (SEE HEPATITIS E ANTIBODIES)</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>SEPARATE FROM CELLS ASAP</td>
</tr>
<tr>
<td></td>
<td>HEPATITIS E AB IGM (SEE HEPATITIS E ANTIBODIES)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>HEPATITIS, ACUTE PROFILE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>HEPAC</td>
</tr>
<tr>
<td>Synonyms:</td>
<td>Hepatitis A, B and C screening</td>
</tr>
<tr>
<td>Test Includes:</td>
<td>Hepatitis B Surface Ag, Hepatitis B Core IgM Ab, Hepatitis C Ab, Hepatitis A IgM</td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Aultman Laboratory</td>
</tr>
<tr>
<td>Turnaround Time:</td>
<td>Done Mon – Fri</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>Serum</td>
</tr>
<tr>
<td>Volume:</td>
<td>3 – 5 mL</td>
</tr>
<tr>
<td>Container:</td>
<td>10 mL SST</td>
</tr>
<tr>
<td>Specimen Handling:</td>
<td>Avoid hemolysis</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>HEREDITARY HEMOCHROMATOSIS (See Hemochromatosis DNA Probe) Testing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Testing Facility:</td>
<td>Reference Laboratory</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>HERPES 6 VIRUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>HV6ABS</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 1 ML - REF</td>
</tr>
<tr>
<td>Additional Information:</td>
<td>AGENT CAUSING ROSEOLA</td>
</tr>
<tr>
<td>Test Name:</td>
<td>HERPES SIMPLEX 1 AND 2 IGG AND IGM</td>
</tr>
<tr>
<td>-----------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td>Test ID:</td>
<td>HSVAB</td>
</tr>
<tr>
<td>Synonyms:</td>
<td>HSV 1and 2 IgG and IgM</td>
</tr>
<tr>
<td>Test Includes:</td>
<td>HSV IgG Type 1 Antibody, HSV IgG Type 2 Antibody, HSV IgM Types 1 and 2 (combined) Antibodies</td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Aultman Laboratory</td>
</tr>
<tr>
<td>Turnaround Time:</td>
<td>Sent to Reference Lab</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>
</tbody>
</table>

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

<p>| Test Name: | HERPES VIRUS AB (see HSV 1 and 2 AB) |</p>
<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>HEXOSAMINIDASE A (SEE TAY SACHS CARRIER SCRN)</td>
<td></td>
<td>Reference Laboratory</td>
<td>1 ML EDTA PLASMA - FROZEN ASAP</td>
<td>CENTRIFUGE IMMEDIATELY; AVOID HEMOLYSIS</td>
</tr>
<tr>
<td>HG LEVEL (see Mercury Blood)</td>
<td></td>
<td>Reference Laboratory</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIB (see H. Flu Vaccine Response)</td>
<td></td>
<td>Reference Laboratory</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIGH SENSITIVE C-REACTIVE PROTEIN (see C-Reactive Protein, High Sensitive)</td>
<td></td>
<td>Reference Laboratory</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIGH SENSITIVE CRP (see C-Reactive Protein, High Sensitive)</td>
<td></td>
<td>Reference Laboratory</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HISTAMINE, PLASMA</td>
<td>PHISTA</td>
<td>Reference Laboratory</td>
<td>1 ML EDTA PLASMA - FROZEN ASAP</td>
<td>CENTRIFUGE IMMEDIATELY; AVOID HEMOLYSIS</td>
</tr>
<tr>
<td>HISTAMINE, URINE, 24 HOUR</td>
<td>UHISTA</td>
<td>Reference Laboratory</td>
<td>15 ML FROM 24 HR COLLECTION - REF</td>
<td></td>
</tr>
<tr>
<td>HISTONE ANTIBODY</td>
<td>HIST</td>
<td>Reference Laboratory</td>
<td>SERUM 1 ML - REF</td>
<td>CENTRIFUGE WITHIN 1 HOUR OF COLLECTION</td>
</tr>
<tr>
<td>HISTOPLASMA ANTIBODY</td>
<td>HISTAB</td>
<td>Reference Laboratory</td>
<td>SERUM 1 ML - REF</td>
<td>FASTING PREFERRED</td>
</tr>
<tr>
<td>HISTOPLASMA URINE ANTIGEN</td>
<td>HISTOAG</td>
<td>Reference Laboratory</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test Name: HIT (SEE ANTI-PLATELET FACTOR 4 ABS)</td>
<td>Testing Facility: Reference Laboratory</td>
<td>Specimen Handling: CITRATED PLASMA 2ML - FROZEN</td>
<td>Additional Information: SEE HEPARIN INDUCED THROMBOCYTOPENIA</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td></td>
</tr>
</tbody>
</table>

| Test Name: HIT TEST (see Platelet Factor 4) |

HIV 1 / 2 ANTIBODY

HIV

**Test Includes:** Repeatedly reactive (positive) HIV 1 / 2 tests are confirmed by Western Blot for HIV 1. Negative or indeterminate Western Blot specimens may be tested for the presence of HIV 2 by physician order. **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: 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 | Testing Facility: Reference Laboratory | **Volume:** 1 ML SERUM-REF |

**Test Includes:** Differentiation from antibodies to HIV 1 and HIV 2

**Container:** SST

**Additional Information:** PLASMA ACCEPTABLE

---

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

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<table>
<thead>
<tr>
<th>Test Name: HIV 1/2 Combo (Ag/Ab)</th>
<th>Test ID: HIV12C</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Test Includes:</strong> HIV 1/2 antibodies and P24 antigen</td>
<td><strong>Testing Facility:</strong> Reference Laboratory</td>
</tr>
<tr>
<td><strong>Volume:</strong> 1 ML SERUM-REF</td>
<td><strong>Container:</strong> SST</td>
</tr>
<tr>
<td><strong>Additional Information:</strong> PLASMA ALSO ACCEPTABLE</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name: HIV 2 EIA</th>
<th>Test ID: HIEIA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Turnaround Time:</strong> Sent to Reference Lab</td>
<td><strong>Specimen Type:</strong> Serum</td>
</tr>
<tr>
<td><strong>Volume:</strong> 1 mL</td>
<td><strong>Container:</strong> 7 mL SST</td>
</tr>
<tr>
<td><strong>Specimen Handling:</strong> Refrigerate</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HIV DNA PCR (BABY)</th>
<th>MISC</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Test Number:</strong> HIVPCR</td>
<td><strong>Testing Facility:</strong> Reference Laboratory</td>
</tr>
<tr>
<td><strong>Specimen Handling:</strong> ACD(B) 1 TUBE ROOM TEMP</td>
<td><strong>Additional Information:</strong> SPECIAL STUDY ON BABIES</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name: HIV-1 CORECEPTOR TROPISM</th>
<th>MISC</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Testing Facility:</strong> Reference Laboratory</td>
<td><strong>Specimen Handling:</strong> 2 ML EDTA PLASMA - FROZEN</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name: HIV-1 CORECEPTOR TROPISM w/REFLEX</th>
<th>MISC</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Testing Facility:</strong> Reference Laboratory</td>
<td><strong>Specimen Handling:</strong> 2 ML EDTA PLASMA - FROZEN</td>
</tr>
<tr>
<td><strong>Additional Information:</strong> REFLEXED TO ULTRADEEP SEQUENCING</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name: HIV-1 CULTURE (BABY)</th>
<th>MISC</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Test Number:</strong> HIVCUL</td>
<td><strong>Testing Facility:</strong> Reference Laboratory</td>
</tr>
</tbody>
</table>
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
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

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

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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.
  Specimen Collection / Transfer Instructions:
    Specimen Type: Serum
    Volume: 1 mL
    Container: 7 mL SST tube
    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
Test Name: Test

ID:

Turnaround Time: Results are available within 2-3 days.

Specimen Collection / Collection: Preservative solutions: Follow collection device instructions. Transfer Instructions:

Specimen Type: PreservSITE (ThinPrep) preservative

Container: PreservSITE (ThinPrep) container

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

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

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: SERUM 1 ML - REF

Additional Information: EDTA PLASMA IS ALSO ACCEPTABLE

Test Name: HU ANTIBODY (see Neuronal Nuclear Antibody)
Test Name: HUMAN PLACENTAL LACTOGEN (SEE PLACENTAL LACTOGEN)
Testing Facility: Reference Laboratory

Test Name: HUMORAL IMMUNITY EVAL. PANEL
Test ID: MISC
Testing Facility: Reference Laboratory
Specimen Handling: SERUM 4 ML - REF
Additional Information: CHECKS 6 SEROTYPES

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 HEMOLYZED 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.

The information contained in this Directory is provided only as general information and is subject to change without notice.
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
Test ID: IMMFUN
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 M – F. Results available the same day.
Specimen Type: Serum only
   Volume: 1 mL
   Container: 7 mL SST
Specimen Handling: Avoid lipemia. Refrigerate, after 72 hours freeze.

Test Name: IMMUNOGLOBULIN E
Test ID: IGE
Synonyms: IgE
Testing Facility: Aultman Laboratory
Turnaround Time: Done M – F. Results available the same day.
Specimen Type: Serum
IMMUNOGLOBULIN G

Test ID: IGG
Synonyms: IgG
Testing Facility: Aultman Laboratory
Turnaround Time: Done M – F. Results available the same day.
Specimen Type: Serum only
Volume: 1 mL
Container: 7 mL SST
Specimen Handling: Avoid lipemia. Refrigerate, after 72 hours freeze.

IMMUNOGLOBULIN M

Test ID: IGM
Synonyms: IgM
Testing Facility: Aultman Laboratory
Turnaround Time: Done M – F. Results available the same day.
Specimen Type: Serum only
Volume: 1 mL
Container: 7 mL SST
Specimen Handling: Avoid lipemia. Refrigerate, after 72 hours freeze.

IMMUNOGLOBULIN PANEL

Test ID: IMMUN
Synonyms: Quantitative immunoglobulins
Test Includes: IgA, IgG and IgM
Testing Facility: Aultman Laboratory
Turnaround Time: Done M – F. Results available the same day.
Specimen Type: Serum only
Volume: 2 mL
Container: 7 mL SST
Specimen Handling: Avoid lipemia. Refrigerate, after 72 hours freeze.

IMURAN (see Thiopurine Metabolites)

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.
Precollection 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.

Test Name: INSULIN ANTIBODY
Test ID: INSAB
Testing Facility: Reference Laboratory
Specimen Handling: 1 ML SERUM - REFRIGERATED

Test Name: INSULIN, FREE (BIOACTIVE)
Test ID: FINS
Testing Facility: Reference Laboratory
Specimen Handling: 1 ML SERUM - REFRIGERATED
Additional Information: EDTA PLASMA ALSO ACCEPTABLE

Test Name: INSULIN-LIKE GROWTH FACTOR (see Somatomedin C)

Test Name: INTRINSIC ANTIBODY (See Intrinsic Factor Blocking Ab)
Testing Facility: Reference Laboratory
Specimen Handling: SERUM 1 ML - REF

Test Name: INTRINSIC FACTOR BLOCKING ANTIBODY
Test ID: INTFCT
Testing Facility: Reference Laboratory
Container: SST
Specimen Handling: SERUM 1 ML - REF

Test Name: IODINE
Test ID: BIODIN
Testing Facility: Reference Laboratory
Specimen Type: 1 ML SERUM FROM DARK BLUE TUBE WITH NO ADDITIVE - REFRIGERATED
Specimen Handling: DO NOT USE BETADINE DURING VENIPUNCTURE. POUR OFF INTO METAL FREE TRANSPORT TUBE

Test Name: IONIZED CALCIUM (see Calcium, Ionized)
### IRON STUDIES

**Test Name:** IRON STUDIES  
**Test ID:** FES  
**Synonyms:** Fe studies  
**Test Includes:** Total iron, iron binding capacity (IBC) and % saturation  
**Testing Facility:** Aultman Laboratory  
**Turnaround Time:** Test performed 7 days/week, 24 hours/day. Results available same day.  
**Specimen Type:** Serum  
**Volume:** 2 mL  
**Container:** 7 mL SST  
**Specimen Handling:** Avoid hemolysis. Separate serum from cells within 2 hours of collection. **Storage:** Refrigerate.

### IRON STUDY, LIVER BIOPSY

**Test Name:** IRON STUDY, LIVER BIOPSY  
**Test ID:** PATH  
**Test Number:** FET  
**Testing Facility:** Reference Laboratory  
**Specimen Handling:** LIVER BX OR PARAFFIN BLOCK  
**Additional Information:** REFRIGERATE; SEND PATH REPORT WITH SPECIMEN

### ISLET CELL ANTIBODY

**Test Name:** ISLET CELL ANTIBODY  
**Test ID:** ISLET  
**Testing Facility:** Reference Laboratory  
**Specimen Handling:** SERUM 1 ML - REF  
**Additional Information:** AKA: ICA

### JAK-2 V617F MUTATION DETECTION

**Test Name:** JAK-2 V617F MUTATION DETECTION  
**Test ID:** JAK2

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>Storage</th>
</tr>
</thead>
<tbody>
<tr>
<td>JAK2 NON V617F MUTATION</td>
<td>JAKNON</td>
<td>Reference Laboratory</td>
<td>2 LAVENDER TOP TUBES</td>
<td>REFRIGERATE</td>
</tr>
<tr>
<td>JC POLYOMA VIRUS DNA BY PCR</td>
<td>MISC</td>
<td>Reference Laboratory</td>
<td>1 ML EDTA PLASMA - FROZEN ASAP</td>
<td>CSF ALSO ACCEPTABLE</td>
</tr>
<tr>
<td>JO-1 ANTIBODY</td>
<td>JO1</td>
<td>Reference Laboratory</td>
<td>SERUM 1 ML - REF</td>
<td></td>
</tr>
<tr>
<td>K2 (HERBAL OR SYNTHETIC MARIJUANA)</td>
<td>MISC</td>
<td>Reference Laboratory</td>
<td>10 ML URINE - REFRIG</td>
<td></td>
</tr>
</tbody>
</table>
Test Name: KAPPA/LAMBDA LIGHT CHAINS, TOTAL (SERUM)
Test ID: MISC
Testing Facility: Reference Laboratory
Specimen Type: Serum - refrigerated
Volume: 1 mL
Container: 7 ml SST
Specimen Handling: Avoid lipemia. Refrigerate

Test Name: KAPPA/LAMBDA LIGHT CHAINS, TOTAL (URINE)
Test ID: MISCNB
Testing Facility: Reference Laboratory
Specimen Type: Random Urine – Refrigerate
Volume: 5 mL
Container: Send Out urine tube
Specimen Handling: Refrigerate – no preservative.

Test Name: KAPPA/LAMBDA, FREE, URINE
Test ID: UKLFR
Testing Facility: Reference Laboratory
Volume: 2ML URINE
Specimen Handling: 2 ML RANDOM OR FROM WELL MIXED 24 HOUR COLLECTION Storage: REFRIGERATED

Test Name: KARYOTYPE (SEE CHROMOSOME ANALYSIS - PICK CORRECT SOURCE)
Testing Facility: Reference Laboratory

Test Name: KARYOTYPE (see Chromosome Studies - Blood)

Test Name: KEPPRA
Test ID: KEPPRA
Synonyms: Levetiracetam
Testing Facility: Reference Laboratory
Specimen Handling: 1 ML SERUM - PLAIN RED TOP - REFRIG Centrifuge and transfer serum to plastic vial.
Additional Information: PLAIN RED TOP: AKA - LEVETIRACETAM

Test Name: KETAMINE AND METABOLITE
<table>
<thead>
<tr>
<th>Test Name: KETONES (see B-Hydroxybutyrate)</th>
<th>Testing Facility: Aultman Laboratory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Synonyms: Acetone (u)</td>
<td>Turnaround Time: Done 7 days/week, 24 hours/day. Results available the same day.</td>
</tr>
<tr>
<td>Test ID: MISC</td>
<td>Specimen Type: Random urine</td>
</tr>
<tr>
<td></td>
<td>Volume: 1 mL</td>
</tr>
<tr>
<td></td>
<td>Container: Plastic urine tube</td>
</tr>
<tr>
<td></td>
<td>Specimen Handling: Keep on ice or refrigerate</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name: KLEIHAUER-BETKE STAIN</th>
<th>Testing Facility: Aultman Laboratory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID: KBS</td>
<td>Turnaround Time: 24 hours</td>
</tr>
<tr>
<td>Synonyms: KB Stain</td>
<td>Specimen Type: Whole blood (EDTA)</td>
</tr>
<tr>
<td></td>
<td>Volume: 3 mL</td>
</tr>
<tr>
<td></td>
<td>Container: 5 mL lav top tube Storage:</td>
</tr>
<tr>
<td></td>
<td>Refrigerated.</td>
</tr>
</tbody>
</table>

| Test Name: L. PHEUMOPHILIA (see Legionella IGG) |

<table>
<thead>
<tr>
<th>Test Name: L/S RATIO/PG BY CHROMATOGRAPHY</th>
<th>Testing Facility: Reference Laboratory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>Turnaround Time: 1-4 days. Performed by Cleveland Clinic Laboratory.</td>
</tr>
<tr>
<td></td>
<td>Additional Information: Reported with L/S (Lecithin/Sphingomyelin) Ratio and PG (Phosphatidylglycerol) result.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name: LACOSAMIDE</th>
<th>Testing Facility: Reference Laboratory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID: LACOS</td>
<td>Specimen Handling: 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.
Test Name: Test
ID:
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
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
Test Name: LAMBERT EATON AB  
Test ID: LAMBRT  
Testing Facility: Reference Laboratory  
Specimen Handling: 2ML SERUM - REF  
Additional Information:  AKA: LEMS

Test Name: LAMELLAR BODY COUNT  
Test ID: MISC  
Testing Facility: Reference Laboratory  
Turnaround Time: Sent to Akron City Toxicology Lab. Done 7 days a week, 24 hours a day. Results available same day received.  
Specimen Type: Unspun amniotic fluid obtained via abdominal amniocentesis or vaginal Volume: 1 ml  
Container: Deliver to lab immediately  
Additional Information:  Reported as Mature/Immature/Transitional

Test Name: LAMOTRIGINE (LAMICTAL)  
Test ID: LMTR  
Testing Facility: Reference Laboratory  
Specimen Handling: 1 ML SERUM - PLAIN RED TOP - REFRIG Centrifuge and transfer serum to plastic vial. Additional Information: PLAIN RED TOP

Test Name: LANOXIN (see Digoxin)

LAXATIVE ABUSE SCREEN  
MISC  
Reference Laboratory  
Specimen Handling: 10 GM RANDOM STOOL - REFRIG  
Additional Information:  TRANSPORT IN ACID WASHED TUBE

Test Name: LD ISOENZYMES  
Test ID: LDISO  
Testing Facility: Reference Laboratory  
Specimen Handling: SERUM 1 ML - ROOM TEMPERATURE Additional Information: INCLUDES TOTAL LD

The information contained in this Directory is provided only as general information and is subject to change without notice.
Test Name: LD, BODY FLUID
Test ID: LDBF
Synonyms: Body fluid LDH
Test Includes: Body fluid type, LD
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: LD, SERUM
Test ID: LD
Synonyms: LDH, lactate dehydrogenase
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
Specimen Handling: Avoid hemolysis Storage: Refrigerate.

Test Name: LDL, CHOLESTEROL DIRECT
Test ID: LDLDCT
Synonyms: LDL DIRECT CHOLESTEROL
Testing Facility: Reference Laboratory
Precollection Instructions: PATIENT MUST BE FASTING
Specimen Handling: SERUM 1 ML – REF

Test Name: LEAD, BLOOD
Test ID: LEAD2
Testing Facility: Reference Lab
Specimen Type: Whole blood Container: (EDTA) Navy Blue with additive - Refrigerate
Specimen Handling: Heavy Metal form for Leads MUST accompany the sample. Cannot be sent without it
Additional Information: Lavendar top tube (EDTA) is acceptable but not preferred.

Test Name: LEAD, URINE 24 HOUR
Test ID: ULEADQ
Test Name: LEGIONELLA ANTIBODIES
Testing Facility: Reference Laboratory
Volume: 1 ml serum-Ref
Specimen Handling: Refrigerated
Additional Information: AKA: L.PNEUMOPHILIA; TESTS SEROGROUPS 1-6,8

Test Name: LEGIONELLA PNEUMOPHILIA IGG,IGM (See Legionella Antibodies)
Testing Facility: Reference Laboratory

Test Name: LEGIONELLA URINE ANTIGEN
Test ID: LUA
Test Includes: Rapid immunochromatographic assay for detection of legionella pneumophila serogroup 1 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 a needle and aspirate the urine into a syringe. Do NOT collect urine from the 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: LEIDEN FACTOR V (see APC Resistance)

Test Name: LEMS (SEE LAMBERT EATON)
Testing Facility: Reference Laboratory
LEPTOSPIRA ANTIBODY
LEPAB
Reference Laboratory

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

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

Facility:
- **Volume**: 2 ML SERUM-REF
- **Container**: RED TOP

**Specimen Handling**: Centrifuge and transfer serum to plastic vial. Refrigerate.
Aultman Hospital Laboratory Test Directory

Test Name: Test
ID:

LIDOCAINE
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
Volume: 1 mL
Container: 7 mL SST

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
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.

Pre-collection 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: 

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>LISTERIA ANTIBODY</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>1 ML SERUM FROM PLAIN RED TOP TUBE – REFRIGERATED</td>
</tr>
<tr>
<td>Additional Information:</td>
<td>SST ALSO ACCEPTABLE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>LISTERIA CSF</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 CSF REFRIG</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>LITHIUM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>LITH</td>
</tr>
<tr>
<td>Synonyms:</td>
<td>Lithobid</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>Precollection Instructions:</td>
<td>Usual sampling time: Trough - 12 hours after evening dose.</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>1 ML SERUM FROM PLAIN RED TOP TUBE – REFRIGERATED</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>LITHOBID (See LITHIUM)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>LIVER CYTOSOL AUTOANTIBODIES</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>SERUM 1 ML – REF</td>
</tr>
</tbody>
</table>

| Test Name:                  | LIVER FIBROSIS (FIBRO TEST) - (See Fibrosure) |

The information contained in this Directory is provided only as general information and is subject to change without notice.
Test Name: LIVER KIDNEY MICROSOMAL ANTIBODIES (SEE LKM AB) Testing
Facility: Reference Laboratory

Test Name: LKM ANTIBODY
Test ID: LKM
Testing Facility: Reference Laboratory
Specimen Handling: SERUM 1 ML - REFRIGERATED
Additional Information: AKA: LIVER KIDNEY MICROSOMAL ANTIBODY

Test Name: LONG CHAIN FATTY ACID
Test ID: LCFA
Testing Facility: Reference Laboratory
Specimen Handling: 1ML SERUM - PLAIN RED TOP - REF
Additional Information: AKA: VERY LONG CHAIN FATTY ACIDS (C22 - C26)

LORAZEPAM
MISC
Reference Laboratory
SERUM 3 ML - REF
PLAIN RED TOP
Centrifuge and transfer serum to plastic vial.

Test Name: LP (a) (see Lipoprotein (a))

Test Name: LUFYLLIN (see Dyphylline)

Test Name: LUPUS ANALYZER
Test ID: ANALZ
Synonyms: Lupus profile, Analyzer, Comprehensive Autoimmune Panel, ANA Comprehensive Panel. This is NOT lupus anticoagulant.
Test Includes: ANA, DNA, ENA, SCLAB, MRCS1, C3C4A, RF, MITO, PARIE, RIBAB, SMUSC, CCP Testing
Facility: Aultman Laboratory
Turnaround Time: Depends on individual test schedule
Specimen Type: Serum

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: LUVANOX (see Heparin Factor Xa)

Test Name: LYME AB EARLY DISEASE (< 30 days signs/symptoms) WITH REFLEX
Test ID: LMERLY
Synonyms: Lyme Abs IgG & IgM, Borrelia Burghdorferi Abs Testing
Facility: Reference Laboratory
Turnaround Time: 1-4 days
Specimen Type: 1 ml Serum (SST)
Storage: Refrigerated
Additional Information: Positive or equivocal results will automatically reflex to Lyme IgG and IgM Western Blot

Test Name: LYME ANTIBODIES IGG, IGM, CSF
Test ID: BBURG
Testing Facility: Reference Laboratory
Volume: 1 ML CSF REFRIGERATED

Test Name: LYME ANTIBODY (See Lyme Ab Early Disease) Testing
Facility: Reference Laboratory

Test Name: LYME DISEASE PCR, CSF/SYN FLUID
Test ID: LYPCR
Testing Facility: Reference Laboratory
Specimen Handling: CSF 1 ML - FROZEN ASAP
Additional Information: SYNOVIAL FLUID ALSO ACCEPTABLE
LYMPHOCYTE MITOGEN SCREEN
LTTMS
Reference Laboratory
20 ML WHOLE BLOOD COLLECTED IN NA HEPARIN - ROOM TEMP
COLLECT MON-THUR. DELIVER TO REFERENCE LAB WITHIN 24 HRS OF COLLECTION

Test Name: LYMPHOCYTE TRANSFORMATION TEST

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

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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: MAGNESIUM 24 HR UR
#### Test ID: UMAGD
#### Testing Facility: Reference Laboratory
#### Specimen Handling: 15 ML FROM 24 HR COLLECTION - REF

**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
- **Volume:** 1 mL
- **Container:** 7 mL SST
#### Specimen Handling: Avoid hemolysis **Storage:** Refrigerate.
Test Name: MALARIA SMEAR

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.

Container: Slide holder. 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.

---

Test Name: MANGANESE

Test ID: 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

---

Test Name: MARIJUANA (SYNTHETIC) AKA: K2

Test ID: MISC

Testing Facility: Reference Laboratory

Specimen Handling: 10 ML URINE - REFRIG

---

Test Name: MEASLES (see Rubeola IGG Antibodies)
Test Name: MEASLES-RUBEOLA IGG AND IGM
ID: MISC
Reference Laboratory
Specimen Handling: SERUM 1 ML - REF
Additional Information: PLAIN RED TOP
Centrifuge and transfer serum to plastic vial.

Test Name: MECONIUM DRUG SCREEN
Test ID: DRUGM
Testing Facility: Reference Laboratory
Specimen Handling: 4 GM MECONIUM – ROOM TEMPERATURE
Additional Information: INCLUDES: MARIJUANA, COCAINE, OPIATES, PHENCYCLIDINE, AMPHETAMINES, BARBITURATES, METHADONE, BENZOS, BUPRENORPHINE

Test Name: MELANIN, UR QUAL
Test ID: MELU
Testing Facility: Reference Laboratory
Specimen Handling: 15 ML URINE - FROZEN
Additional Information: RANDOM COLLECTION - PROTECT FROM LIGHT

Test Name: MELANOCYTE STIMULATING HORMONE (see Alpha Melanocyte Stimulating Hormone)
Testing Facility: Reference Laboratory

Test Name: MELATONIN
Test ID: MISC
Testing Facility: Reference Laboratory
Specimen Handling: 3 ML EDTA PLAS - FROZEN
Additional Information: SHOULD BE DRAWN IN DARKNESS; SPIN AND FREEZE ASAP

Test Name: MELLARIL (see Thiordazine)

Test Name: MEN2/FMTC, EXONS 10,11,13-16
Test ID: MISC
Testing Facility: Reference Laboratory
Specimen Handling: 5 ML LAVENDER WHOLE BLOOD - ROOM TEMP
Additional Information: 20 ML AMNIOTIC FLUID ALSO ACCEPTABLE

The information contained in this Directory is provided only as general information and is subject to change without notice.
Test Name: MEPHEDRONE (see Bath Salts Testing)

Test Name: MEPHENYTOIN
Test ID: MEPH
Synonyms: Mesantoin
Testing Facility: Reference Laboratory
Specimen Handling: SERUM 2 ML - PLAIN RED - REF
Centrifuge and transfer serum to plastic vial.

Additional Information: SST TUBES ARE UNACCEPTABLE

MERCAPTOPURINE, 6MP
Test Number: PRO-PREDICTOR
Testing Facility: Reference Laboratory
Specimen Handling: 2 LAV TOPS WHOLE BLD; REFRIG

Additional Information: SEND IN REFRIGERATED SPECIMEN BOX

Test Name: MERCURY, 24 HR UR
Test ID: UMERC3
Testing Facility: Reference Laboratory
Specimen Handling: 15 ML URINE FROM 24 HR COLL - REF

Additional Information: AVOID SEAFOOD FOR 48 HRS PRIOR TO COLLECTION; SEND IN ACID WASHED TUBE

Test Name: MERCURY, BLOOD
Test ID: MERC2
Testing Facility: Reference Laboratory
Specimen Handling: 7 ML WHOLE BLOOD FROM DARK BLUE TUBE WITH ADDITIVE (EDTA) – ROOM TEMPERATURE

Additional Information: TRANSPORT IN ORIGINAL TUBE

Test Name: MESANTOIN (see Mephenytoin)

Test Name: METANEPHRINES, 24 HR UR
Test ID: METU
Testing Facility: Reference Laboratory
Specimen Handling: 15 ML URINE FROM 24 HR COLL - REF
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
METHB
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
Synonyms: Celontin
<table>
<thead>
<tr>
<th>Test Name:</th>
<th>METHYLHISTAMINE</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>15 ML URINE FROM 24 HR COLL - REF Additional Information: AKA: N-METHYLHISTAMINE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>METHYLMALONIC ACID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>MMA</td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Handling:</td>
<td>SERUM 1 ML - REF Additional Information: AKA: MMA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>METHYLMALONIC ACID, URINE</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>5 mL urine (random or 24hr), unpreserved, refrigerated. METHYLPHENIDATE(RITALIN) RITAL Additional Information: PLASMA FROM SODIUM HEPARIN TUBE ACCEPTABLE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>MEXILETINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>MEX</td>
</tr>
<tr>
<td>Synonyms:</td>
<td>Mexitil</td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Handling:</td>
<td>1 ML SERUM - PLAIN RED TOP - REFRIG Centrifuge and transfer serum to plastic vial. Additional Information: EDTA EDTA PLASMA ALSO ACCEPTABLE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>MI PANEL - (See Cardiac Screen)</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: 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
MICROSOMAL ANTIBODY
MCRS1

Test Includes: Microsomal Antibody, Thyroid Peroxidase Antibodies, included in Thyroid Antibody test (THYAB)
Testing Facility: Aultman Laboratory
Turnaround Time: Test performed once per week, on Tuesday.
Specimen Type: Serum from plain red top tube. Volume: 2 mL
   Container: 10 mL plain red top or 7 mL SST tube
Specimen Handling: Centrifuge and transfer serum to plastic vial. Freeze.

MICROSPORIDIA
Test ID: MICRO TO ORDER
Testing Facility: Reference Laboratory
Specimen Handling: 2 GRAM STOOL IN FORMALIN VIAL Additional Information: ROOM TEMPERATURE

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

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.
### MONONUCLEOSIS

**Synonyms:** Heterophile agglutination test, MONOSPOT  
**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Routine: Done daily M – F. Results available in 1 day. STAT/urgent: Done as received. Results available in 15 minutes.

**Specimen Type:** Serum  
- **Volume:** 1 mL  
- **Container:** 7 mL SST

**Specimen Handling:** Avoid hemolysis

### MOTILIN

**Test ID:** MISC  
**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 2 ML-FROZ

**Additional Information:** POUR OFF ASAP; FASTING REQ

### MOTOR/SENSORY NEUROPATHY EVAL

**Test ID:** MSNE  
**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 3 ML - REF

### MRSA SCREEN PCR

**Test ID:** MRPCR  

**Test Includes:** Screening of nares for detection of Methicillin Resistant Staphylococcus aureus.  
**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done twice daily. Results available in 1 day.

**Specimen Collection / Insert swabs into nare, parallel to the nasal septum, gently roll 5 times along anterior nare. Slowly**
**Transfer Instructions:** withdraw swabs and repeat in other nare with same swabs. Carefully place swabs into the transport tube and close cap.

**Specimen Type:** Nares  
- **Volume:** 1 culturette, 2 swabs  
- **Container:** 1 culturette, 2 swabs
<table>
<thead>
<tr>
<th>Test Name: MSH-IF (see Melanocyte Stimulating Hormone)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test Name: MTHFR</td>
</tr>
<tr>
<td>Test ID: MTHFR</td>
</tr>
<tr>
<td>Testing Facility: Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Handling: 2 LAV TOP: WHOLE BLD ROOM TEMP</td>
</tr>
<tr>
<td>Additional Information: INCL C677T AND A1298C</td>
</tr>
<tr>
<td>Turnaround Time: Sent to Reference Lab</td>
</tr>
<tr>
<td>Volume: 5 mL</td>
</tr>
<tr>
<td>Container: 2 – Lav top tubes</td>
</tr>
<tr>
<td>Specimen Handling: Refrigerate</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Test Name: MUCIN CLOT</td>
</tr>
<tr>
<td>Test ID: MISC</td>
</tr>
<tr>
<td>Synonyms: Ropes test</td>
</tr>
<tr>
<td>Testing Facility: Aultman Laboratory</td>
</tr>
<tr>
<td>Turnaround Time: Sent to a Reference Lab</td>
</tr>
<tr>
<td>Specimen Type: Synovial fluid</td>
</tr>
<tr>
<td>Volume: 1 mL</td>
</tr>
<tr>
<td>Container: Sterile container</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Test Name: MUCOPOLYSACCHARIDES, URINE, QUAL</td>
</tr>
<tr>
<td>Test ID: UMUCOP</td>
</tr>
<tr>
<td>Testing Facility: Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Handling: 20 ML URINE - FROZ</td>
</tr>
<tr>
<td>Additional Information: MUST BE FROZEN ASAP; EARLY AMSpec PREFERRED</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Test Name: MULLERIAN HORMONE (SEE ANTI-MULLERIAN HORMONE)</td>
</tr>
<tr>
<td>Testing Facility: Reference Laboratory</td>
</tr>
<tr>
<td>Volume: 1 mL</td>
</tr>
<tr>
<td>Container: Plain Red Top tube</td>
</tr>
</tbody>
</table>
### Specimen Handling:

- Centrifuge and transfer serum to plastic vial.

### Additional Information:

- AKA: 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>
</tbody>
</table>

The information contained in this Directory is provided only as general information and is subject to change without notice.
Test Name: MUMP IGM
Test ID: Testing
Facility: Reference Laboratory
Specimen Handling: SERUM 1 ML - REF
Additional Information: WILL TITER IF POSITIVE

Test Name: MURAMIDASE (see Lysozyme, Urine)

Test Name: MUSK ANTIBODY
Test ID: MISC
Test Number: REQ
Testing Facility: Reference Laboratory
Specimen Handling: SERUM 2 ML - ROOM TEMPERATURE

Test Name: MYASTHENIA GRAVIS PANEL (SEE THE 3 ACETYLCHOLINE RECEPTOR ANTIBODIES)
Testing Facility: Reference Laboratory

Test Name: MYCOPHENOLIC ACID
Test ID: MISC
Testing Facility: Reference Laboratory
Specimen Handling: 1 ML SERUM - PLAIN RED TOP - REF - EDTA WHOLE BLOOD ALSO ACCEPTABLE Centrifuge and transfer serum to plastic vial.
Additional Information: IF CCF TRANSPLANT PATIENT, DO NOT ORDER A TEST, JUST PUT IN COMMENTS. OTHERWISE ORDER MISC

Test Name: MYCOPLASMA ANTIBODY TITER
Test ID: MYCO
Test Includes: 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
Turnaround Time: IgM done daily M – F. Results available within 2 days. IgG results available within 5 days.
Specimen Type: Serum
    Volume: 1 mL
    Container: 7 mL SST

Test Name: MYCOPLASMA PCR
Test ID: MISC
Aultman Hospital Laboratory Test Directory

Test Name: Test

ID:

Test Number: MARK ON REQ

Testing Facility: Reference Laboratory

Specimen Handling: NPH SWAB

Additional Information: CALL AKRON CHILDRENS COURIER FOR PICK UP

Test Name: MYCOPLASMA URINE ANTIGEN (NOT AVAILABLE AT ANY REFERENCE LAB)

Testing Facility: Reference Laboratory

MYELIN BASIC PROTEIN, CSF
CMBP
Reference Laboratory

Specimen Handling: CSF 2 ML - REF

Test Name: MYELIN BASIC PROTEIN, CSF

CMBP
Reference Laboratory

Specimen Handling: CSF 2 ML - REF

Test Name: MYOGLOBIN URINE, QUANT

Test ID: MYOU

Testing Facility: Reference Laboratory

Specimen Handling: 3 ML RANDOM URINE - FROZEN - SPECIAL TUBE. PH BEFORE FREEZING Additional

Information: EARLY AM SPEC. PREFERRED

Test Name: MYOGLOBIN, PLASMA

Test ID: MYOS

Synonyms: Myohemoglobin

Testing Facility: Aultman Laboratory

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

Specimen Type: Plasma

Volume: 1 mL

Container: 5 mL green top tube

Specimen Handling: Centrifuge and transfer plasma to separate container within 2 hours

Storage: Refrigerate.

Test Name: MYOSITIS AssessR

Test ID: MYSOIT

Testing Facility: Reference Laboratory

Specimen Type: 6 ml serum-REF

Container: SST

Specimen Handling: Refrigerated

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

Test Name: N METHYLHISTAMINE, URINE
Test ID: MISC
Testing Facility: Reference Laboratory
Specimen Handling: 5ML FROM 24 HR URINE - REF
Additional Information: RANDOM URINE ACCEPTABLE; NO PRESERVATIVE

Test Name: NARCOLEPSY PANEL
Test ID: NARCO
Testing Facility: Reference Laboratory
Specimen Handling: 2 ACD(B) TUBES - WHOLE BLOOD - ROOM TEMP
Additional Information: INCLUDES DR2/DQ1; EDTA ALSO ACCEPTABLE

Test Name: NARCOTICS PANEL
Test ID: REQ
Testing Facility: Reference Laboratory
Specimen Handling: SERUM 1 ML - REF

Test Name: NATURAL KILLER ACTIVITY
Test ID: MISC
Testing Facility: Reference Laboratory
Specimen Handling: 2 LAVENDER TOPS - WHOLE BLOOD
Additional Information: ROOM TEMP; DO NOT REFRIGERATE

Test Name: NEBCIN (see Tobramycin)

Test Name: NEOGEN SCREEN
Test ID: NEO
Testing Facility: Reference Laboratory
Specimen Handling: FILTER PAPER
Additional Information: COLLECTED BY FLOOR/ SENT OUT BY LAB

Test Name: NEOPLAST BASIC PARANEOPLASTIC PROFILE
Test ID: MISC
Test Name: NEURON SPECIFIC ENOLASE  
Test ID: NSE  
Testing Facility: Reference Laboratory  
Specimen Handling: SERUM 2 ML - REF

Additional Information: PACKAGE IN ATHENA KIT

---

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  
Turnaround Time: Done twice weekly
Test Name: NH₃ (see Ammonia)

Test Name: NIACIN (VITAMIN B3)
Test ID: VITB3
Testing Facility: Reference Laboratory
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

Test Name: NICKEL
Test ID: MISC
Testing Facility: Reference Laboratory
Specimen Handling: 3 ML SERUM - ROOM TEMP FROM METAL FREE TUBE
Additional Information: DK BLUE TUBE WITHOUT ADDITIVE

Test Name: NICOTINE AND METABOLITE, URINE
Test ID: UNICOT
Testing Facility: Reference Laboratory
Specimen Handling: 5 ML - URINE – Room Temperature

Test Name: NICOTINE/COTITINE, SERUM
Test ID: NICOT
Testing Facility: Reference Laboratory
Specimen Handling: 2 ML SERUM - PLAIN RED TOP - REF Centrifuge and transfer serum to plastic vial.
Additional Information: SST TUBES ARE UNACCEPTABLE
Test Name: NMO, IGG SERUM
ID: NMOA4
Reference Laboratory
Specimen Type: 1 ml Serum-Refrigerate Container: SST

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.

Test Name: NOD2/CARD15
Test ID: MISC
Test Number: REQ
Testing Facility: Reference Laboratory
Specimen Handling: EDTA WHOLE BLOOD
Additional Information: 2 LAVENDER TOPS

Test Name: NORPACE (See Disopyramide)

Test Name: NORPRAMIN (See Desipramine)

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

Test Name: NT PRO BNP
Aultman Hospital Laboratory Test Directory

Test Name: N-TELOPEPTIDE (See Crosslinked N-telopeptide)

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: 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>Testing Facility</th>
<th>Specimen Handling</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>OLANZAPINE</td>
<td>MISC</td>
<td>Reference Laboratory</td>
<td>2 ML SERUM - PLAIN RED TOP - REF Centrifuge and transfer serum to plastic vial.</td>
<td>SST TUBES UNACCEPTABLE; AKA: ZYPREXA</td>
</tr>
<tr>
<td>OLIGOCLONAL BANDS, CSF</td>
<td>OBAND</td>
<td>Reference Laboratory</td>
<td>SPECIMENS MUST BE COLLECTED IN THE SAME 24 HR PERIOD</td>
<td></td>
</tr>
<tr>
<td>OmpC</td>
<td>MISC</td>
<td>Reference Laboratory</td>
<td>SERUM 1 ML - REF</td>
<td>MAY ALSO BE aOmpC</td>
</tr>
<tr>
<td>OPIATE CONFIRMATION</td>
<td>OPICON</td>
<td>Reference Laboratory</td>
<td>10ml urine, refrigerated</td>
<td></td>
</tr>
<tr>
<td>OPIATE SCREEN</td>
<td>UOPI</td>
<td>Reference Laboratory</td>
<td>10ml urine, refrigerated</td>
<td></td>
</tr>
<tr>
<td>ORGANIC ACIDS, URINE</td>
<td>UORA</td>
<td>Reference Laboratory</td>
<td>10 ML URINE - FROZ</td>
<td>RANDOM COLLECTION; NO PRESERVATIVES</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>Handling</th>
</tr>
</thead>
<tbody>
<tr>
<td>ORGANIC ACIDS, PLASMA</td>
<td></td>
<td>Reference Lab.</td>
<td>Liquid stool 1 ml - frozen</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OSMOLALITY, SERUM</td>
<td>OSMOS</td>
<td>Aultman Lab.</td>
<td>Serum, 1 mL, 7 mL SST</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OSMOLALITY, URINE</td>
<td>OSMOU</td>
<td>Aultman Lab.</td>
<td>Urine, random, 1 mL, plastic urine tube</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OSMOLALITY, FECAL</td>
<td>SOSM</td>
<td>Reference Lab.</td>
<td>Whole blood, 5 ml, EDTA, refrigerated</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OSMOTIC FRAGILITY</td>
<td>FRAG</td>
<td>Reference Lab.</td>
<td>EDTA whole blood, refrigerated</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OSTEOCALCIN, HUMAN</td>
<td>MISC</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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

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>OXALATE, 24 HR UR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>OXU24</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>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>OXAZEPAM(SERAX)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>OXAZ</td>
</tr>
<tr>
<td>Synonyms:</td>
<td>Serax</td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Handling:</td>
<td>SERUM 1 ML PLAIN RED TOP - REF</td>
</tr>
<tr>
<td>Additional Information:</td>
<td>SST TUBES UNACCEPTABLE; COLLECT JUST PRIOR TO NEXT DOSE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>OXCARBAZEPINE (TRILEPTAL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>OXCARB</td>
</tr>
<tr>
<td>Reference Laboratory</td>
<td></td>
</tr>
<tr>
<td>Specimen Handling:</td>
<td>2 ML SERUM - PLAIN RED TOP - FROZEN</td>
</tr>
<tr>
<td>Additional Information:</td>
<td>AKA: 10-HYDROXYCARBAZEPINE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>OXYCODONE CONFIRMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>UOXYCC</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>OXYGEN DISSOCIATION (see P50)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>P50</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>10 ML NA HEPARIN - WHOLE BLOOD - REF</td>
</tr>
<tr>
<td>Additional Information:</td>
<td>AKA: OXYGEN DISSOCIATION</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>PAI -1 ACTIVITY</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: PAI-1 GENE STUDY (4G/5G)
Test ID: PAIGEN
Testing Facility: Reference Laboratory
Specimen Handling: 2 LAV - WHOLE BLOOD - ROOM TEMP
Additional Information: NOT TO BE CONFUSED WITH ACTIVITY

Test Name: PAIN MANAGEMENT DRUG SCREEN
Test ID: PMDS
Synonyms: QUANTITATIVE PAIN PANEL
Test Includes: Cannabinoid, Benzylecgonine, Amphetamine, Methamphetamine, Buprenorphine, Nurbuprenorphine, Methadone, EDDP, Tramadol, Desmethyltramadol, Fentanyl, Norfentanyl, Codeine, Morphine, Dihydrocodeine, Hydorcodone, Oxycodone, Hydromorphone, Oxymorphone
Testing Facility: Reference Laboratory
Volume: 10 ml Urine, Refrigerated

Test Name: PANCREASTATIN
Test ID: FPANS
Testing Facility: Reference Laboratory
Specimen Handling: 2 ML SERUM FROM SST TUBE - FROZEN
Additional Information: FASTING REQUIRED

Test Name: PANCREATIC ELASTASE 1
Test ID: PANCEF
Testing Facility: Reference Laboratory
Specimen Type: STOOL 1 GRAM - FROZEN
Additional Information: NO PRESERVATIVE OR FIXATIVE

Test Name: PANCREATIC POLYPEPTIDE
Test ID: MISC
Aultman Hospital Laboratory Test Directory

**Test Name:** PARANEOPLASTIC PNL.
**Test ID:** MISC
**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: PARADOXSMAL 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.
Test Name: PEMPHIGOID AB
Test ID: MISC
Testing Facility: Reference Laboratory
Specimen Handling: 1 ML SERUM - REFRIGERATED
Additional Information: AKA: BULLOUS PEMPHIGOID AB

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

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

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:** 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

**Volume:** 1 mL

**Container:** Plain red top. DO NOT use SST

**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

**Testing Facility:** Reference Laboratory

**Specimen Handling:** HEPARINIZED PLASMA - 1ML FROZEN

**Additional Information:** OVERNIGHT FASTING PREFERRED; NON FASTING ACCEPTED ON CHILDREN

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

**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.

### PHOSPHATIDYLCHOLINE AB IGG, IGA, IGM

**Test Name:** PHOSPHATIDYLCHOLINE AB IGG, IGA, IGM  
**Test ID:** MISC  
**Testing Facility:** Reference Laboratory  
**Specimen Handling:** 1 ML SERUM - REFRIGERATED

### PHOSPHATIDYLSEERINE AB (IGG, IGM & IGA)

**Test Name:** PHOSPHATIDYLSEERINE AB (IGG, IGM & IGA)  
**Test ID:** PHOGMA  
**Testing Facility:** Reference Laboratory  
**Specimen Type:** SERUM-REF  
**Volume:** 0.5 ml  
**Container:** SST

### PHOSPHOLIPID AB (see Cardiolipin Ab)

**Test Name:** PHOSPHOLIPID AB (see Cardiolipin Ab)

### PHOSPHORUS, 24 HOUR URINE

**Test Name:** PHOSPHORUS, 24 HOUR URINE  
**Test ID:** PHU24  
**Synonyms:** Inorganic phosphorus  
**Test Includes:** Collection time, volume, creatinine, phosphorus
<table>
<thead>
<tr>
<th>Test Name:</th>
<th>PHOSPHORUS, RANDOM URINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>PHUR</td>
</tr>
<tr>
<td>Synonyms:</td>
<td>Inorganic phosphorus</td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Aultman Laboratory</td>
</tr>
<tr>
<td>Turnaround Time:</td>
<td>If specimen is received by 1000, results available the same day.</td>
</tr>
<tr>
<td>Precollection Instructions:</td>
<td>No preservative. See 24-hour Urine Collection Instructions.</td>
</tr>
<tr>
<td>Specimen Handling:</td>
<td>Keep specimen on ice during collection.</td>
</tr>
</tbody>
</table>

| Specimen Type: | Random urine |
| Volume: | 2 mL |
| Container: | Plastic urine tube |

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>PHOSPHORUS, SERUM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>PHOS</td>
</tr>
<tr>
<td>Synonyms:</td>
<td>Inorganic phosphorus</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</td>
</tr>
<tr>
<td>Volume:</td>
<td>1 mL</td>
</tr>
<tr>
<td>Container:</td>
<td>7 mL SST</td>
</tr>
</tbody>
</table>

| Specimen Handling: | Avoid hemolysis. Separate serum from cells within 2 hours. Storage: Refrigerate. |

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>PINWORM EXAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>PIN</td>
</tr>
<tr>
<td>Test Includes:</td>
<td>Examination of scotch tape prep for pinworms (Enterobius vermicularis). Testing Facility: Aultman Laboratory</td>
</tr>
<tr>
<td>Turnaround Time:</td>
<td>Done daily 0700 - 2400. Results available in 1 day.</td>
</tr>
<tr>
<td>Precollection Instructions:</td>
<td>Patient should not be active. The specimen should be collected prior to washing or using the restroom.</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>Scotch tape preparation of stool.</td>
</tr>
<tr>
<td>Volume:</td>
<td>1 scotch tape prep.</td>
</tr>
<tr>
<td>Container:</td>
<td>Slide holder. Specimen Handling: Collection:</td>
</tr>
<tr>
<td>A.</td>
<td>Collect specimen in the early morning.</td>
</tr>
<tr>
<td>B.</td>
<td>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.</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: Pittsburgh Supplemental Screen (see Neogen Screen)

Test Name: PLAC TEST (see LP-PLA2)
<table>
<thead>
<tr>
<th>Test Name</th>
<th>ID</th>
<th>Specimen Handling</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>PLACENTAL LACTOGEN</td>
<td></td>
<td>SERUM 1 ML PLAIN RED TOP - FROZ Centrifuge and transfer serum to plastic vial.</td>
<td>SST TUBES UNACCEPTABLE</td>
</tr>
<tr>
<td>PLASMA FREE HEMOGLOBIN</td>
<td>HGBPF</td>
<td>HEP. PLASMA 2 ML - REFRIGERATED</td>
<td>GREEN TOP TUBE; CENTRIFUGE WITHIN 1 HR</td>
</tr>
<tr>
<td>PLASMA RENIN ACTIVITY (See Renin Activity)</td>
<td></td>
<td>2ML EDTA PLASMA - FROZEN</td>
<td>SAME AS RENIN ACTIVITY</td>
</tr>
<tr>
<td>PLASMA RENIN ACTIVITY (see Renin Activity)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PLASMINOGEN</td>
<td>PLGFUN</td>
<td>2 ML BLUE TOP PLASMA - FROZEN</td>
<td>MEASURES ACTIVITY</td>
</tr>
<tr>
<td>PLASMINOGEN ACTIVATOR INHIBITOR - ACTIVITY (SEE PAI-1 ACTIVITY)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PLASMINOGEN ACTIVATOR INHIBITOR - GENE STUDY (SEE PAI-1 GENE STUDY)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PLATELET AB DIRECT</td>
<td>PLABD</td>
<td>2 LAV TOP: WHOLE BLD ROOM TEMP</td>
<td></td>
</tr>
</tbody>
</table>
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 / Transfer Instructions: Clarify orders that read "Platelet Function test" to distinguish Plateletworks fro PFA 100. Call Coag (ext. #33987) for clarification. To be drawn on the floor, OPD, & ER by trained VP techs or trained personnel in OH only.
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

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 Type</th>
<th>Container</th>
<th>Specimen Handling</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>PNEUMOCOCCAL IGG ABS, 23 SEROTYPES</td>
<td>PNE23</td>
<td>Reference Laboratory</td>
<td>1.5 ML SERUM-REF</td>
<td>SST</td>
<td>REFRIGERATED</td>
<td>Used to evaluate humoral immunity; pre and post vaccination samples recommended</td>
</tr>
<tr>
<td>PNEUMOCOCCAL POLYSACCHARIDE (See Pneumococcal IgG, 23 Serotypes) Testing</td>
<td></td>
<td>Reference Laboratory</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PNH PANEL</td>
<td>PNHPNL</td>
<td>Reference Laboratory</td>
<td>1-10ML GREEN TOP (SODIUM HEPARIN) ROOM TEMP</td>
<td></td>
<td></td>
<td>WHOLE BLOOD; AKA CD55/CD59; RM. TEMP</td>
</tr>
<tr>
<td>POLIOVIRUS ANTIBODY</td>
<td>MISC</td>
<td>Reference Laboratory</td>
<td>SERUM 1 ML - REF</td>
<td></td>
<td></td>
<td>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
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

PORPHYRINS, FRAC, UR  
UPORR  
Reference Laboratory  
Specimen Handling: 15 ML URINE FROM 24 HR COLL - REF  
Additional Information: PROTECT FROM LIGHT WITH FOIL

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
Aultman Hospital Laboratory Test Directory

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

POTASSIUM, RANDOM URINE
KUR
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
Volume: 1 mL
Container: 7 mL SST
Specimen Handling: Avoid hemolysis. Separate serum from cells within 2 hours of collection. 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</th>
<th>Test ID</th>
<th>Facility</th>
<th>Synonyms</th>
<th>Turnaround Time</th>
<th>Specimen Type</th>
<th>Volume</th>
<th>Container</th>
<th>Storage</th>
</tr>
</thead>
<tbody>
<tr>
<td>PREALBUMIN</td>
<td>PRALB</td>
<td>Aultman Laboratory</td>
<td></td>
<td>Done M – F.</td>
<td>Serum only</td>
<td>2 mL</td>
<td>7 mL SST</td>
<td>Avoid lipemia.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Results available the same day.</td>
<td></td>
<td></td>
<td></td>
<td>Refrigerate, after 72 hours freeze.</td>
</tr>
<tr>
<td>PREDNISONE</td>
<td>MISC</td>
<td>Reference Laboratory</td>
<td></td>
<td></td>
<td>3 ML SERUM - REFRIGERATED</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PREGNANCY TEST, SERUM</td>
<td>PREGS</td>
<td>Aultman Laboratory</td>
<td>Qualitative hCG</td>
<td>Done daily.</td>
<td>Serum only</td>
<td>1 mL</td>
<td>7 mL SST</td>
<td>Refrigerate.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Results available the same day.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Random urine</td>
<td>2 mL</td>
<td>Plastic urine tube</td>
<td></td>
</tr>
<tr>
<td>PREGNENOLONE</td>
<td>PREGN</td>
<td>Reference Laboratory</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Test Name: PRENATAL BLOOD BANK  
Test ID: PNPB  
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: PRENATAL GENETIC SCREEN  
Test ID: PGS  
Synonyms: Downs Risk Profile, Triple Screen, Downs Screen  
Test Includes: AFP, unconjugated estriol, hCG, risk factors Testing  
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
<table>
<thead>
<tr>
<th>Test Name: PRENATAL PANEL 1</th>
<th>Test ID: PNP1+PNPB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test Includes: Hemogram/Platelets, RPR, RUBIS, HBSAG, ABO/RH, ABS Testing</td>
<td></td>
</tr>
<tr>
<td>Testing Facility: Aultman Laboratory</td>
<td></td>
</tr>
<tr>
<td>Turnaround Time: See Individual Tests</td>
<td></td>
</tr>
<tr>
<td>Specimen Type: Multiple</td>
<td></td>
</tr>
<tr>
<td>Container: (1) 5 mL Lav top tube, AND (1) 7 mL SST, AND (1) 6 mL pink top EDTA</td>
<td></td>
</tr>
<tr>
<td>Specimen Handling: See Individual Tests</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name: PRENATAL PANEL 4</th>
<th>Test ID: PNP4 + PNBP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test Includes: CBC, RPR, RUBIS, HBSAG, ABO/RH, ABS</td>
<td></td>
</tr>
<tr>
<td>Testing Facility: Aultman Laboratory</td>
<td></td>
</tr>
<tr>
<td>Turnaround Time: See Individual Tests</td>
<td></td>
</tr>
<tr>
<td>Specimen Type: Multiple</td>
<td></td>
</tr>
<tr>
<td>Container: (1) 5 mL Lav top tube, AND (1) 7 mL SST, AND (1) 6 mL pink top EDTA</td>
<td></td>
</tr>
<tr>
<td>Specimen Handling: See Individual Tests</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name: PRENATAL PANEL 7</th>
<th>Test ID: PNP7 + PNBB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test Includes: CBC, RPR, RUBIS, VARIS, HBSAG, HIV, ABO/RH, ABS</td>
<td></td>
</tr>
<tr>
<td>Testing Facility: Aultman Laboratory</td>
<td></td>
</tr>
<tr>
<td>Turnaround Time: See individual tests</td>
<td></td>
</tr>
<tr>
<td>Specimen Type: Multiple</td>
<td></td>
</tr>
</tbody>
</table>
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
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: 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:
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.

PROCAINAMIDE/NAPA
PROC
Testing Facility: Reference Laboratory
Specimen Handling: SERUM 1ML PLAIN RED TOP - REF
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
  PROLACTIN
  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.
Additional Information: COLLECT 2-6 HRS POST DOSE; SST TUBES UNACCEPTABLE
<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>PROPERDIN FACTOR B</td>
<td>MISC</td>
<td>Reference Laboratory</td>
<td>SERUM 1 ML - REF</td>
<td>AKA: COMPLEMENT FACTOR B</td>
</tr>
<tr>
<td>PROSTAGLANDIN E2</td>
<td>MISC</td>
<td>Reference Laboratory</td>
<td>SERUM 3 ML - FROZ</td>
<td></td>
</tr>
</tbody>
</table>
Test Name: 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 30C 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.

Test Name: PROSTATE SPECIFIC ANTIGEN ULTRASENSITIVE (See PSA Ultrasensitive) Testing

Facility: Reference Laboratory

Test Name: PROSTATIC ACID PHOSPHATASE

Test ID: ACP

Testing Facility: Reference Laboratory

Specimen Handling: SERUM 2 ML - FROZ

Additional Information: PLASMA IS UNACCEPTABLE

Test Name: 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

Test Name: PROTEIN C (see Protein C Activity)

Test Includes:

- PROTEIN C ACTIVITY
  PROTC

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

The information contained in this Directory is provided only as general information and is subject to change without notice.
Test Name: PROTEIN S (see Protein S Activity)

PROTEIN S ACTIVITY

Testing Facility: Aultman Laboratory
Turnaround Time: Sent to Reference Lab

Precollection Instructions: Ordered for rare Type II Protein S deficiency; otherwise order Protein S Free Antigen

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 S ANTIGEN

Test ID: ZPSAG

Testing Facility: Reference Laboratory

Specimen Handling: 2 ML BLUE TOP PLASMA - FROZEN

Test Name: PROTEIN S FREE ANTIGEN

Test ID: PRSFA

Testing Facility: Aultman Laboratory
Turnaround Time: Batched, run once per week (Tuesday)

Precollection Instructions: Replaces Protein S Activity as routine screening test for Protein S deficiency

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, 24 HOUR URINE

Test ID: PRU24

Test Includes: Collection time, volume, creatinine, protein

Testing Facility: Aultman Laboratory
Turnaround Time: If specimen is received by 1000, results available the same day

Precollection Instructions: Collect on ice with no preservatives. 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

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: PROTEIN, BODY FLUID</th>
<th>Test ID: PROTEIN, BODY FLUID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test Includes: Body fluid type, protein</td>
<td></td>
</tr>
<tr>
<td>Testing Facility: Aultman Laboratory</td>
<td></td>
</tr>
<tr>
<td>Turnaround Time: Done 7 days/week, 24 hours/day. Results available the same day.</td>
<td></td>
</tr>
<tr>
<td>Specimen Type: Body fluid</td>
<td></td>
</tr>
<tr>
<td>Volume: 2 – 4 mL</td>
<td></td>
</tr>
</tbody>
</table>

**PROTEIN, RANDOM URINE**
PRUR

**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: PROTEIN, TOTAL, SERUM**

**Test ID:** PROT

**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

**Specimen Handling:** Avoid hemolysis. Separate serum from cells within 2 hours of collection.

---

**Test Name: PROTHROMBIN GENE VARIANT**

**Test ID:** PTGEN

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 2 LAV TOP: WHOLE BLD ROOM TEMP

**Additional Information:** AKA: F II MUTATION INCLUDES G20210A

---

**Test Name: PROTHROMBIN TIME**

**Test ID:** PRO

**Synonyms:** Protime, PT

**Test Includes:** Protime, INR

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** STAT/urgent: 45 minutes, Routine: 3 hours
Test Name: Test
ID:
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.

PROTIME
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
Test 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
Test ID: PSA
Synonyms: Prostate specific antigen
Test Includes: Done daily. Results available the same day. Testing Facility: Aultman Laboratory
Specimen Type: Serum only
  Volume: 2 mL

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: PSA, FREE AND TOTAL</th>
<th>Test ID: SAF</th>
<th>Testing Facility: Reference Laboratory</th>
<th>Specimen Handling: SERUM 2 ML - FROZEN</th>
</tr>
</thead>
</table>

| Test Name: PSA, ULTRASENSITIVE OR 3RD GENERATION | Test ID: PSU | Testing Facility: Reference Laboratory | Specimen Handling: 1 ML SERUM - FROZEN |
Aultman Hospital Laboratory Test Directory

Test Name: PSEUDOCHOLINESTERASE PHENOTYPE (See Pseudocholinesterase & Dibucaine No.)

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: 4 days. Done on Monday and Thursday only.
   Precollection Instructions: A fasting, morning specimen is preferred. Collect on ice.
   Specimen Type: Serum
      Volume: 1 mL
      Container: 3.5 mL or 5 mL SST. 4 mL Plain Red Top also acceptable.
   Specimen Handling: Aliquot serum and freeze. Avoid lipemia, hemolysis and icteric specimens.

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

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: 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-CHELLED 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
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
**Test Name:** Urinary RBC, urinary red blood cells  
**Test Includes:** Microscopic examination of urine specimen for red blood cells  
**Facility:** Aultman Laboratory  
**Turnaround Time:** Done 7 days/week, 24 hours/day. Results available the same day  
**Pre-collection Instructions:** Keep on ice or refrigerate  
**Specimen Type:** Random urine  
**Volume:** 2 mL  
**Container:** Plastic urine tube

---

**Test Name:** RBP (see Retinol Binding Protein)

---

**Test Name:** REDUCING SUB, FECAL  
**Test ID:** STRED  
**Testing Facility:** Reference Laboratory  
**Specimen Handling:** STOOL 10 GRAMS - FROZEN Additional Information: RANDOM SPECIMEN

---

**Test Name:** REDUCING SUBSTANCES, URINE  
**Test ID:** REDUA  
**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:** REGIONAL PANEL (see ALLERGY PANEL - GREAT LAKES RAST PANEL)  
**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: RENAL CALCULI
ID: 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
  Volume: 2 – 4 mL
  Container: 7 mL SST

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
<table>
<thead>
<tr>
<th>Test Name: RESPIRATORY SYNCYTIAL VIRUS (see RSV Antibody)</th>
</tr>
</thead>
</table>

**RESPIRATORY VIRUS PCR**  
MISCNB  
**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

---

<table>
<thead>
<tr>
<th>Test Name: RETICULIN IGA &amp; IGG ANTIBODIES</th>
</tr>
</thead>
</table>

**Test ID:** RETAB  
**Testing Facility:** Reference Laboratory  
**Container:** SST  
**Specimen Handling:** SERUM 1 ML - REF

---

<table>
<thead>
<tr>
<th>Test Name: RETICULOCYTES</th>
</tr>
</thead>
</table>

**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.

---

<table>
<thead>
<tr>
<th>Test Name: RETINOL (see Vitamin A)</th>
</tr>
</thead>
</table>

---

<table>
<thead>
<tr>
<th>Test Name: RETINOL BINDING PROTEIN (RBP)</th>
</tr>
</thead>
</table>

**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: REVT3
Testing Facility: Reference Laboratory  
Specimen Handling: SERUM 1 ML - REF

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
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.
### Test Name: Test

**ID:**

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 10 ML URINE - REF OR ROOM TEMP

**Additional Information:** DATE RAPE DRUG

---

### Test Name: ROSEOLA (see Herpes Virus 6)

---

### Test Name: ROTAVIRUS SCREEN

**Test ID:** ROTA

**Test Includes:** Rapid membrane immunoassay.

**Testing Facility:** Aultman Laboratory

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

**Specimen Type:** Stool.

**Volume:** 1 gram.

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

**Specimen Handling:**
- Collection: Avoid contamination with water, urine, paper or mineral oil. Specimens cannot be removed from the toilet bowl. Diapers are not accepted.
- Transport: Deliver to Microbiology within 2 hours of collection for inpatients.
- Storage: Refrigerate.

**RPR**

**RPR**

**Test Includes:** Screening procedure for the detection of syphilis. RPR titer and FTA are done on all reactive RPR tests.

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done M – F. Results available in 1 day.

**Specimen Type:** Serum

**Volume:** 1 mL

**Container:** 7 mL SST

---

### Test Name: RSV ANTIBODY

**Test ID:** RSVAB

**Testing Facility:** Reference Laboratory

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

**Additional Information:** PLAIN RED TOP: RESPIRATORY SYNCYTIAL VIRUS

---

### Test Name: RSV SCREEN

**Test ID:** RSV

---

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: 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.

Container: Sterile container, syringe (do NOT transport with the needle attached) or 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

Turnaround Time: Results available within 5 days.

Specimen Type: Serum

---

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: RYTHMOL (see Propafenone)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Test Name: SALICYLATE</strong></td>
</tr>
<tr>
<td>Test ID: SAL</td>
</tr>
<tr>
<td>Synonyms: Aspirin, acetylsalicylic acid</td>
</tr>
<tr>
<td>Testing Facility: 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>Precollection Instructions:</strong> Usual sampling time: 1 – 3 hours after an oral dose</td>
</tr>
<tr>
<td><strong>Specimen Type:</strong> Serum (DO NOT use SST)</td>
</tr>
<tr>
<td>Volume: 1mL</td>
</tr>
<tr>
<td>Container: Plain red top</td>
</tr>
<tr>
<td><strong>Specimen Handling:</strong> Centrifuge and transfer serum to plastic vial. Storage: Refrigerate.</td>
</tr>
</tbody>
</table>

**Test Name: SALIVARY CORTISOL (SEE CORTISOL, SALIVARY)**

Testing Facility: Reference Laboratory
The information contained in this Directory is provided only as general information and is subject to change without notice.

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<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>Test Name: Test</td>
<td></td>
<td></td>
<td></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>
<tr>
<td>Test Name: SERAX (see Oxazepam)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test Name: SEROTONIN, SERUM</td>
<td>SEROT</td>
<td>Reference Laboratory</td>
<td>1 ML SERUM FROM SST - FROZEN</td>
<td>CENTRIFUGE AND SEPARATE WITHIN 1 HR</td>
</tr>
<tr>
<td>Test Name: SEROTONIN 24 HR URINE</td>
<td>MISC</td>
<td>Reference Laboratory</td>
<td>10 ML URINE FROM 24 HR COLL - FROZEN</td>
<td>DIETARY RESTRICTIONS - SEE 5-HIAA</td>
</tr>
<tr>
<td>Test Name: SEROTONIN METABOLITE (see 5-HIAA, 24 Hour Urine)</td>
<td>MISC</td>
<td>Reference Laboratory</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test Name: SEROTONIN RELEASE ASSAY</td>
<td>MISC</td>
<td>Reference Laboratory</td>
<td>SERUM 1 ML - FROZ</td>
<td>UNFRACTIONATED HEPARIN</td>
</tr>
<tr>
<td>Test Name: SERTRALINE(ZOLOFT)</td>
<td>MISC</td>
<td>Reference Laboratory</td>
<td>2 ML SERUM - PLAIN RED TOP - REF</td>
<td>SST TUBES ARE UNACCEPTABLE</td>
</tr>
<tr>
<td>Test Name: SEX HORMONE BINDING GLOBULIN</td>
<td>SHBG2</td>
<td>Reference Laboratory</td>
<td>Serum - refrigerated</td>
<td></td>
</tr>
</tbody>
</table>
**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:

1. 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

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<table>
<thead>
<tr>
<th>Test Name:</th>
<th>Test</th>
<th>ID:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turnaround Time:</td>
<td>1-3 days</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>Whole blood (EDTA)</td>
<td></td>
</tr>
<tr>
<td>Volume:</td>
<td>1 mL</td>
<td></td>
</tr>
<tr>
<td>Container:</td>
<td>5 mL lav top tube</td>
<td></td>
</tr>
<tr>
<td>Storage:</td>
<td>Refrigerate.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>SIF (see Immunofixation Electrophoresis, serum)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>SIROLIMUS (see Rapamune)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>SJOGRESNS ANTIBODIES (see SS-A and SS-B Antibody Panel)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skeleton Muscle Antibody</td>
<td></td>
</tr>
<tr>
<td>Synonyms:</td>
<td>Anti striated muscle antibody</td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Aultman Laboratory</td>
</tr>
<tr>
<td>Turnaround Time:</td>
<td>Sent to Reference Lab</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>1 ML SERUM FROM SST - REFRIGERATED</td>
</tr>
<tr>
<td>Specimen Handling:</td>
<td>PLAIN RED TOP ALSO ACCEPTABLE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>SM AND RNP ANTIBODY PANEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>SMRP</td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>1 ML SERUM FROM SST TUBE - REFRIGERATED</td>
</tr>
<tr>
<td>Additional Information:</td>
<td>See ENA Antibody Panel</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>SMA 7 (see BMP)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>SMITHS ANTIBODIES (see SM &amp; RNP Antibody Panel)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>SMOOTH MUSCLE ANTIBODY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>SMUSC</td>
</tr>
<tr>
<td>Synonyms:</td>
<td>ASMA</td>
</tr>
<tr>
<td>Test Includes:</td>
<td>Smooth muscle antibody screen with titer if positive Testing</td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Aultman Laboratory</td>
</tr>
<tr>
<td>Turnaround Time:</td>
<td>Done M – F. Results available in 3 days.</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>Serum</td>
</tr>
<tr>
<td>Volume:</td>
<td>1 – 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.
### SODIUM, 24 HOUR URINE

**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  
**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.

### SODIUM, BODY FLUID

**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

### SODIUM, RANDOM URINE

**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

### SODIUM, SERUM

**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  
**Volume:** 1 mL  
**Container:** 7 mL SST. Separate serum from cells within 2 hours of collection. **Storage:** Refrigerate.
Test Name: SOLUBLE LIVER ANTIGEN ANTIBODY
ID: LIVSOL
Testing Facility: Reference Laboratory
Specimen Handling: SERUM 1 ML - REF

Additional Information: AKA: TRANSFERRIN RECEPTOR

Test Name: SOLUBLE TRANSFERRIN RECEPTOR AB
ID: STRANS
Testing Facility: Reference Laboratory
Specimen Handling: SERUM 1 ML - REF

Additional Information: AKA: TRANSFERRIN RECEPTOR

Test Name: SOMATOMEDIN-C
ID: SOMAT
Synonyms: IGF-1, Insulin like Growth Factor
Testing Facility: Aultman Laboratory
Turnaround Time: Done weekly (Friday). Results available the same day.
Specimen Type: Serum
Volume: 1 mL
Container: Plain red top tube or 7ml SST Specimen Handling: Plain red top tube or 7ml SST Separate serum from cells ASAP and freeze serum. Avoid hemolysis.

Test Name: SOMATOSTATIN
ID: SOMATO
Testing Facility: Reference Laboratory
Specimen Handling: EDTA PLASMA 2 ML - FROZEN

Additional Information: PRE-CHILL LAV. TOP TUBES BEFORE COLLECTION

Test Name: SOTALOL
ID: MISC
Testing Facility: Reference Laboratory
Specimen Handling: 1 ML SERUM - PLAIN RED TOP - ROOM TEMP Centrifuge and transfer serum to plastic vial.

Additional Information: SST TUBES ARE UNACCEPTABLE

Test Name: SPECIFIC GRAVITY, BODY FLUID
ID: SGBF
Test Includes: Body fluid type, volume, specific gravity
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:** Test

**ID:**

**Turnaround Time:** Done daily. Results available by 1600

**Specimen Type:** Body fluid

**Volume:** 2.2 mL minimum

---

**SPECIFIC GRAVITY, URINE**

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 clinical diagnosis.

**Transfer Instructions:**

**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 / 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.  
**Specimen Handling:** 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
Specimen Handling: SERUM 1 ML - REF
### 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

### SUBSTANCE "P"
- **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.

The information contained in this Directory is provided only as general information and is subject to change without notice.
Test Name: SWEAT CHLORIDE
Synonyms: Sweat test
Additional Information: Please refer to Akron Children's Hospital

Test Name: SYNTHETIC CANNABINOIDS (SEE CANNABINOIDS, SYNTHETIC)
Testing Facility: Reference Laboratory

Test Name: 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
Specimen Handling: Avoid gross lipemia Storage: Refrigerate.

Test Name: T. WHIPPLEI DNA, PCR
Test ID: MISC
Testing Facility: Reference Laboratory
Specimen Handling: 2 ML CSF - REF
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.

Test Name: T3, REVERSE
Test ID: REVT3
Testing Facility: Reference Laboratory Specimen Handling: SERUM 1 ML - REF

Test Name: T3, TOTAL
Test ID: T3

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: T3, triiodothyronine</th>
<th>Test ID:</th>
<th>Synonyms: Total T3, triiodothyronine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Testing Facility: Aultman Laboratory</td>
<td>Turnaround Time:</td>
<td>Done daily. Results available the same day.</td>
</tr>
<tr>
<td>Specimen Type: Serum</td>
<td>Volume:</td>
<td>1 mL</td>
</tr>
<tr>
<td>Container: 7 mL SST Storage:</td>
<td></td>
<td>Refrigerate.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name: T4, FREE</th>
<th>Test ID: FT4</th>
<th>Synonyms: Free thyroxine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Testing Facility: Aultman Laboratory</td>
<td>Turnaround Time:</td>
<td>Done Monday and Thursday. Results available the same day.</td>
</tr>
<tr>
<td>Specimen Type: Serum</td>
<td>Volume:</td>
<td>1 mL</td>
</tr>
<tr>
<td>Container: 7 mL SST</td>
<td>Specimen Handling:</td>
<td>Avoid gross lipemia. Heparin use affects results. Storage:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Refrigerate.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name: T4, TOTAL</th>
<th>Test ID: T4</th>
<th>Synonyms: T4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Testing Facility: Aultman Laboratory</td>
<td>Turnaround Time:</td>
<td>Done daily. Results available the same day.</td>
</tr>
<tr>
<td>Specimen Type: Serum</td>
<td>Volume:</td>
<td>1 mL</td>
</tr>
<tr>
<td>Container: 7 mL SST</td>
<td>Storage:</td>
<td>Refrigerate.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TACROLIMUS</th>
<th>TACRO</th>
<th>Synonyms: FK506</th>
</tr>
</thead>
<tbody>
<tr>
<td>Testing Facility: Reference Laboratory</td>
<td>Specimen Handling:</td>
<td>EDTA WHOLE BLD - REFRIGERATE</td>
</tr>
<tr>
<td>Additional Information:</td>
<td></td>
<td>SEE FILE BOX. SEND TO TRANSPLANT HOSPITAL IF ONE ON FILE</td>
</tr>
</tbody>
</table>

<p>| Test Name: TAPENTADOL AND METABOLITE, URINE | Test ID: TAPENU | Testing Facility: Reference Laboratory |</p>
<table>
<thead>
<tr>
<th>Test Name</th>
<th>Specimen Handling</th>
</tr>
</thead>
<tbody>
<tr>
<td>TAY SACHS CARRIER SCREEN</td>
<td>2 ml Urine, Refrigerated</td>
</tr>
<tr>
<td>TBG (see Thyroxine Binding Globulin)</td>
<td></td>
</tr>
<tr>
<td>TBG (THYROXIN BINDING GLOBULIN)</td>
<td></td>
</tr>
<tr>
<td>TCR GENE REARRANGEMENT, QUANT PCR</td>
<td>Tissue, Bone Marrow or Whole Blood</td>
</tr>
<tr>
<td>TEGRETOL (see Carbamazepine)</td>
<td></td>
</tr>
<tr>
<td>TEICHOIC ACID AB</td>
<td></td>
</tr>
<tr>
<td>TERMINAL TRANSFERASE STAIN</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: TESTOSTERONE, TOTAL
ID: TESTO
Synonyms: Testosterone
Testing Facility: Aultman Laboratory
Turnaround Time: Done daily. Results available the same day.
Specimen Type: Serum Volume: 1 mL.
Container: 10 ml plain red top. SST tube is acceptable
Specimen Handling: Centrifuge and transfer serum to plastic vial. Storage: Refrigerate.

Test Name: TESTOSTERONE, TOTAL AND FREE
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
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
ID: QUAD
Testing Facility: Reference Laboratory
Specimen Handling: SERUM 2 ML - REF
Additional Information: SAME AS QUAD SCREEN

Test Name: THALLIUM, 24 HR URINE
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
ID: MISC
Testing Facility: Reference Laboratory
THEOPHYLLINE
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.

Precollection 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
Volume: 1 mL
Container: Plain Red Top (DO NOT use SST)
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
Test ID: THIOCY
Testing Facility: Aultman Laboratory
Turnaround Time: Sent to Reference Lab
Specimen Type: Serum

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: THIOGUANINE (SEE 6-THIOGUANINE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Testing Facility: Reference Laboratory</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name: Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>ID:</td>
</tr>
<tr>
<td>Volume: 2 mL</td>
</tr>
<tr>
<td>Container: Plain red top</td>
</tr>
</tbody>
</table>

Specimen Handling: Centrifuge and transfer serum to plastic vial.

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: THIOPURINE METABOLITES</th>
<th>Test ID: THIOM</th>
</tr>
</thead>
</table>

**Test Number:** REQ  
**Testing Facility:** Reference Laboratory  
**Specimen Handling:** 2 LAVENDERS - WHOLE BLOOD

<table>
<thead>
<tr>
<th>Test Name: THIORIDAZINE (MELLARIL)</th>
<th>Test ID: THIOR</th>
</tr>
</thead>
</table>

**Testing Facility:** Reference Laboratory  
**Specimen Handling:** SERUM 3 ML FROM PLAIN RED - REF  
Centrifuge and transfer serum to plastic vial.  
**Additional Information:** SST TUBES ARE UNACCEPTABLE

<table>
<thead>
<tr>
<th>Test Name: THIORIDAZINE (MELLARIL)</th>
<th>Test ID: THIOR</th>
</tr>
</thead>
</table>

**Testing Facility:** Reference Laboratory  
**Specimen Handling:** SERUM 3 ML FROM PLAIN RED - REF  
Centrifuge and transfer serum to plastic vial.  
**Additional Information:** SST TUBES ARE UNACCEPTABLE

<table>
<thead>
<tr>
<th>Test Name: THIORIDAZINE (MELLARIL)</th>
<th>Test ID: THIOR</th>
</tr>
</thead>
</table>

**Testing Facility:** Reference Laboratory  
**Specimen Handling:** SERUM 3 ML FROM PLAIN RED - REF  
Centrifuge and transfer serum to plastic vial.  
**Additional Information:** SST TUBES ARE UNACCEPTABLE

<table>
<thead>
<tr>
<th>Test Name: THIORIDAZINE (MELLARIL)</th>
<th>Test ID: THIOR</th>
</tr>
</thead>
</table>

**Testing Facility:** Reference Laboratory  
**Specimen Handling:** SERUM 3 ML FROM PLAIN RED - REF  
Centrifuge and transfer serum to plastic vial.  
**Additional Information:** SST TUBES ARE UNACCEPTABLE

<table>
<thead>
<tr>
<th>Test Name: THORAZINE (SEE CHLORPROMAZINE)</th>
<th>Testing Facility: Reference Laboratory</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Test Name: THROMBIN TIME</th>
<th>Test ID: TT</th>
</tr>
</thead>
</table>

**Test Includes:** Heparin dose, thrombin time  
**Testing Facility:** Aultman Laboratory  
**Turnaround Time:** Urgent/STAT: 45 minutes, Routine: 3 hours  
**Specimen Type:** Plasma (citrated)  
**Volume:** 5 mL  
**Container:** 5 mL blue top tube (MUST be full)  
**Specimen Handling:** Specimen must be tested within 4 hours of collection in Aultman Lab; alternatively, may be drawn in Aultman Outpatient Lab.

<table>
<thead>
<tr>
<th>Test Name: THROMBOPHILIA PANEL</th>
<th>Test ID: MISC</th>
</tr>
</thead>
</table>

**Test Number:** REQ  
**Testing Facility:** Reference Laboratory  
**Specimen Handling:** 2 LAVENDERS - WHOLE BLOOD  
**Additional Information:** INCLUDES: F V LEIDEN, PGVAR; MTHFR; PAI GENE STUDY, F13

<table>
<thead>
<tr>
<th>Test Name: THROMBOTIC MARKER PANEL</th>
<th>Test ID:</th>
</tr>
</thead>
</table>

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

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<table>
<thead>
<tr>
<th>Test Name</th>
<th>Test ID</th>
<th>Test Includes</th>
<th>Testing Facility</th>
<th>Specimen Handling</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>THYROGLOBULIN</td>
<td>TG</td>
<td>Thyroglobulin Antibodies, Thyroglobulin</td>
<td>Reference Laboratory</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>THYROID ANTIBODIES</td>
<td>THYAB</td>
<td>Thyroglobulin antibodies, Thyroid Peroxidase Antibodies (Microsomal).</td>
<td>Aultman Laboratory</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>THYROID PANEL</td>
<td>THYAB</td>
<td>Thyroglobulin antibodies, Thyroid Peroxidase Antibodies (Microsomal).</td>
<td>Aultman Laboratory</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>THYROID PEROXIDASE ANTIBODY</td>
<td>TSH</td>
<td>TSH</td>
<td>Aultman Laboratory</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>THYROID STIMULATING HORMONE</td>
<td>TSH</td>
<td>TSH</td>
<td>Aultman Laboratory</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Test Name</td>
<td>Test ID</td>
<td>Facility</td>
<td>Container</td>
<td>Specimen Handling</td>
<td></td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>---------</td>
<td>-----------------------------------</td>
<td>-----------------</td>
<td>-----------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>THYROID STIMULATING IMMUNOGLOBULIN</td>
<td>TSI</td>
<td>Reference Laboratory</td>
<td>7 mL SST</td>
<td>Avoid gross hemolysis Storage: Refrigerate.</td>
<td></td>
</tr>
<tr>
<td>THYROTROPIN RECEPTOR ANTIBODY (SEE TSH RECEPTOR ANTIBODY)</td>
<td></td>
<td>Reference Laboratory</td>
<td></td>
<td>Serum 1 ML REF</td>
<td></td>
</tr>
<tr>
<td>THYROTROPIN RELEASING HORMONE</td>
<td></td>
<td>Reference Laboratory</td>
<td></td>
<td>Aultman Laboratory</td>
<td></td>
</tr>
<tr>
<td>THYROTROPIN RELEASING HORMONE</td>
<td></td>
<td>Reference Laboratory</td>
<td>Special tube (TRH) in Send Out Department</td>
<td>Call Send-Outs for tube spin and freeze spec.</td>
<td></td>
</tr>
<tr>
<td>THYROXINE BINDING GLOBULIN (SEE TBG)</td>
<td>TBG</td>
<td>Reference Laboratory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TIAGABINE</td>
<td>MISC</td>
<td>Reference Laboratory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TISSUE TRANSGLUTAMINASE (see Endomysial Antibody IGA)</td>
<td></td>
<td>Reference Laboratory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TISSUE TRANSGLUTAMINASE IGG</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Test Name: Test
ID: 
Test ID: TTGIGG
Testing Facility: Reference Laboratory
Specimen Handling: SERUM 1 ML - REF
Additional Information: WANT IGA: ORDER ENDO       WANT IGG: TTGIGG

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

TOBRAMYCIN
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.
Pre-collection 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
Individually 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.
  2. 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
Volume: 1 mL
Container: Plain red top (DO NOT use SST)
Specimen Handling: Centrifuge and transfer serum to plastic vial. Timing of the specimen is critical. Return to lab immediately. 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</th>
<th>Test ID</th>
<th>Facility</th>
<th>Synonyms</th>
<th>Specimen Handling</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOCAINIDE</td>
<td>TOCAIN</td>
<td>Reference Laboratory</td>
<td>Tonocard</td>
<td>SERUM 2 ML FROM PLAIN RED TOP</td>
<td>SST TUBES ARE UNACCEPTABLE</td>
</tr>
<tr>
<td>TOFRANIL (see Imipramine/Desipramine)</td>
<td></td>
<td></td>
<td></td>
<td>REF Centrifuge and transfer serum to plastic vial.</td>
<td></td>
</tr>
<tr>
<td>TOPAMAX (see Topiramate)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
TOPIRAMATE
TOP
Reference Laboratory
SERUM 1 ML FROM PLAIN RED TOP - REF
Centrifuge and transfer serum to plastic vial.

Additional Information: SST TUBES ARE UNACCEPTABLE

Test Name: TORCH CONGENITAL DISEASE
Test ID: TORCH
Synonyms: This test is to be ordered only on neonates or cord blood specimens. For others, order individual tests.
Test Includes: Toxoplasma IgG and IgM, CMV IgG and IgM, Rubella IgM and quantitative IgM Testing
Facility: Aultman Laboratory
Turnaround Time: Done twice weekly M - F. Results available within 3 days.
Precollection Instructions: Note if specimen is cord blood
Specimen Type: Serum
Volume: 1 mL
Container: 7 mL SST

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: TOXOPLASMA ANTIBODY TITER
Test ID: TOXO
Synonyms: Toxoplasma titer
Test Includes: Toxoplasma IgG and IgM. Acute and convalescent specimens are tested if requested and if there has been a previous Toxoplasma order in the past 2 months. 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: TOXOPLASMOSIS IMMUNE STATUS (see TOXO TITER)

TPMT ENZYME
TPMTE
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: 5ml whole blood
Specimen Handling: Ship ambient or with cold pack

Test Name: TPMT PHENOTYPE/ACTIVITY (See TPMT Enzyme) Testing
Facility: Reference Laboratory

Test Name: TPO (see Microsomal Antibody)

Test Name: TRANSFERRIN
Test ID: TRF
Testing Facility: Aultman Laboratory
Turnaround Time: Done M – F. Results available the same day.
Specimen Type: Serum only
Volume: 1 mL
Container: 7 mL SST
Specimen Handling: Avoid lipemia and hemolysis. Refrigerate, after 72 hours freeze.

Test Name: TRANSFERRIN RECEPTOR (see Soluble Transferrin Receptor AB)
<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>TRANSGLUTAMINASE</td>
<td>TRAZ</td>
<td>Desyrel</td>
<td>Reference Laboratory</td>
<td>SERUM 2 ML FROM PLAIN RED - REF Centrifuge and transfer serum to plastic vial.</td>
<td>SST TUBES ARE UNACCEPTABLE</td>
</tr>
<tr>
<td>TRANSKETOLASE</td>
<td>TRAZ</td>
<td></td>
<td>Reference Laboratory</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tranzene</td>
<td>TRAZ</td>
<td>Trichinosis antibody</td>
<td>Aultman Laboratory</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRAZODONE (DESYREL)</td>
<td>TRAZ</td>
<td>Desyrel</td>
<td>Reference Laboratory</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRH</td>
<td>TRAZ</td>
<td></td>
<td>Aultman Laboratory</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRIAVIL (see Amitriptyline/Nortriptyline)</td>
<td>TRAZ</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRICHINELLA ANTIBODY</td>
<td>TRICH</td>
<td></td>
<td>Aultman Laboratory</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRICHINOSIS ANTIBODY</td>
<td>TRICH</td>
<td></td>
<td>Aultman Laboratory</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: TRICYCLIC ANTIDEPRESSANT, QUANT
Test ID: MISC
Testing Facility: Reference Laboratory
Specimen Handling: 2 ML SERUM - PLAIN RED TOP - REF Centrifuge and transfer serum to plastic vial.
Additional Information: SST UNACCEPTABLE; THIS IS A QUANTITATIVE TEST

Test Name: TRIFLUOPERAZIEN
Test ID: MISC
Testing Facility: Reference Laboratory
Specimen Handling: SERUM 4ML FROM PLAIN RED TOP - ROOM TEM Centrifuge and transfer serum to plastic vial.
Additional Information: SST TUBES ARE UNACCEPTABLE; PROTECT FROM LIGHT

TRIGLYCERIDES
TRIG
Aultman Laboratory

Turnaround Time: Done 7 days/week, 24 hours/day. Results available the same day.
Precollection Instructions: A 12-hour fast is required
Specimen Type: Serum
Volume: 1 mL
Container: 7 mL SST
Specimen Handling: Avoid hemolysis Storage: Refrigerate.

Test Name: TRILEPTAL (See Oxycarbamezine) Testing
Facility: Reference Laboratory

Test Name: TRIMIPRAMINE
Test ID: TRIM
Synonyms: Surmontil
Testing Facility: Aultman Laboratory
Turnaround Time: Sent to Reference Lab

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>TROPONIN I</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>TROP1</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 within 2 hours of receipt.</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>Plasma (Lithium Heparin)</td>
</tr>
<tr>
<td>Volume:</td>
<td>1 mL</td>
</tr>
<tr>
<td>Container:</td>
<td>4 mL Green top (Lithium Heparin)</td>
</tr>
<tr>
<td>Specimen Handling:</td>
<td>Separate plasma from cells within 2 hours of collection and store in refrigerator. Freeze if not performed within 48 hours.</td>
</tr>
<tr>
<td>Additional Information:</td>
<td>Stablility: 2-8°C - 2 days, frozen - 8 weeks</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>TROPONIN T</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>TNT</td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Handling:</td>
<td>1 ML SERUM - FROZEN</td>
</tr>
<tr>
<td>Additional Information:</td>
<td>DISCONTINUE BIOTIN THERAPY 8 HRS PRIOR TO DRAW</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>TRYPANOSOMA CRUZI ANTIBODY</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>SERUM 1 ML - REF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>TRYPSIN, FECAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRYPF</td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td>STOOL 2 GM - REF</td>
<td></td>
</tr>
<tr>
<td>Additional Information:</td>
<td>RANDOM STOOL - REFRIG</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>TRYPSIN, SERUM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>TRYPSI</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.
Test Name: TRYPsinogen  
Test ID: TRYSI  
Testing Facility: Reference Laboratory  
Specimen Handling: 1 ML SERUM - FROZEN  
Additional Information: ALLOW SAMPLE TO SIT AT ROOM TEMP FOR 15 MIN BEFORE SPINNING

Test Name: TRYptase  
Test ID: TRYPT  
Testing Facility: Reference Laboratory Specimen Handling: SERUM 1 ML - REF

Test Name: TSH Receptor Antibody  
Test ID: MISC  
Testing Facility: Reference Laboratory  
Specimen Handling: 1 ML SERUM - PLAIN RED TOP PREFERRED - REF Centrifuge and transfer serum to plastic vial.  
Additional Information: SST ALSO ACCEPTABLE BUT NOT PREFERRED

Test Name: TSH, 3RD GENERATION  
Test ID: MISC  
Testing Facility: Reference Laboratory  
Specimen Handling: SERUM 2 ML - REF  
Additional Information: AKA: ULTRASENSITIVE TSH

Test Name: TSI (see Thyroid Stim. Immunoglobulins)

Test Name: TTG, Tissue Transglutaminase  
Test ID: want IGA: order ENDO - want IGG: order TGTIG  
Facility: Aultman Laboratory

The information contained in this Directory is provided only as general information and is subject to change without notice.
Test Name: TULAREMIA ANTIBODY
Test ID: TULGM
Testing Facility: Reference Laboratory
Specimen Handling: 1 ML SERUM FROM SST TUBE - REFRIGERATED
Aultman Hospital Laboratory Test Directory

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
Pre-collection 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
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

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>Test Includes</th>
<th>Testing Facility</th>
<th>Turnaround Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>UGT1A1 GENE POLYMORPHISM</td>
<td></td>
<td>MISC</td>
<td></td>
<td>Aultman Laboratory</td>
<td>Sent to Reference Lab</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Aultman Laboratory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Test Name: ULTRASENSITIVE TSH (see TSH, 3rd Generation)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Test Name: UNCONJUGATED BILIRUBIN (See Indirect Bilirubin)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Test Name: UREA NITROGEN, 24 HOUR URINE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Test Name: UREA NITROGEN, RANDOM URINE</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: URIC ACID, 24 HOUR URINE
Test ID: URU24
Test Includes: Collection time, volume, creatinine, uric acid
Testing Facility: Aultman Laboratory
Turnaround Time: Done daily. If specimen received before 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
Storage: Refrigerate.

URIC ACID, BODY FLUID
URIBF
Test Includes: Body fluid type, uric 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
Storage: Refrigerate.

Test Name: URIC ACID, RANDOM URINE
Test ID: URUR
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
Storage: Refrigerate.

Test Name: URIC ACID, SERUM
Test ID: URIC
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

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: Avoid hemolysis Storage:
Refrigerate.

Additional Information: **If patient is on Elitek; the patient must be drawn in the main hospital Out Patient Lab only; Draw a pre-chilled green top tube. Transport specimen on ice**

---

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 / 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.
Test Name: UROPORPHYRINOGEN-1-SYNTHASE  
Test ID: U1S  
Testing Facility: Reference Laboratory  
Specimen Handling: HEP. WHOLE BLD - REFRIGERATE  
Additional Information: COLLECT ON ICE: AKA PBG DEAMINASE

Test Name: UROVYSIS,FISH VYSIS  
Test ID: UROVYSIS,FISH  
Testing Facility: Reference Laboratory  
Specimen Handling: 50ML URINE (ADDED TO PRESERVATIVE KIT AVAILABLE IN SEND OUTS)  
Additional Information: ROOM TEMPERATURE

Test Name: VALIUM (SEE DIAZEPAM) Testing  
Facility: Reference Laboratory

Test Name: VALPROIC ACID  
Test ID: VALPR  
Synonyms: Depacon, Depakene, Depakote  
Test Includes: Time of last dose, valproic acid  
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 just prior (30 minutes) to next dose.  
Note: 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.  
Specimen Type: Serum  
Volume: 1 mL  
Container: Plain red top (DO NOT use SST)  
Specimen Handling: Centrifuge and transfer serum to plastic vial.  
Storage: Refrigerate.

VANADIUM  
MISC

The information contained in this Directory is provided only as general information and is subject to change without notice.
Test Name: VANCOMYCIN
Test ID: VANCP (peak), VANCT (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.

Pre-collection Instructions:
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
Volume: 1 mL
Container: Plain red top

Specimen Handling: Centrifuge and transfer serum to plastic vial. Timing of the specimen is critical. Return to lab immediately. 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

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>Container</th>
<th>Specimen Handling</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>VARICELLA IGM</td>
<td>VZVM</td>
<td>Reference Laboratory</td>
<td>1 mL</td>
<td>Plain red top</td>
<td>Centrifuge and transfer serum to plastic vial.</td>
<td></td>
</tr>
<tr>
<td>VARICELLA IMMUNE STATUS</td>
<td>VARIS</td>
<td>Aultman Laboratory</td>
<td>1 mL</td>
<td>7 mL SST</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VARICELLA PCR CSF</td>
<td>VZPCR</td>
<td>Reference Laboratory</td>
<td>REQ</td>
<td>1 ML CSF - REFRIG</td>
<td>CALL AKRON CHILDRENS COURIER FOR PICK UP</td>
<td></td>
</tr>
<tr>
<td>VASOPRESSIN INTESTINAL PEPTIDE</td>
<td>VIP</td>
<td>Reference Laboratory</td>
<td>1 ML</td>
<td>Special Kit (Protease Inhibitor Tube) Available in Send Outs</td>
<td>A BUTTERFLY MUST BE USED THE DRAW THE BLOOD</td>
<td></td>
</tr>
<tr>
<td>VDRL, CSF</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
Test Name: VDRLCF
Testing Facility: Reference Laboratory
Specimen Handling: 1 ML CSF - REFRIGERATED

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
Test Name: Test
ID:

VICODIN, URINE
MISC

Test Number: FILL OUT REQ
Testing Facility: Reference Laboratory
Specimen Handling: 5 ML - URINE - REF

Additional Information: CALL COURIER TO TRANSPORT

Test Name: VIMPAT - (See Lacosamide)

Test Name: VIP (see Vasopressin Intestinal Peptide)

Test Name: VIRAL LOAD (See Hepatitis C or HIV Quantitative PCR)

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

Test Name: VISCOSITY, SERUM
Test ID: VISC
Testing Facility: Reference Laboratory
Specimen Handling: 5 ML SERUM FROM A PLAIN RED TOP TUBE – REFRIGERATED

Additional Information: SST ALSO ACCEPTABLE – 5ML IS STRICT MINIMUM

Test Name: VITAMIN A
Test ID: VITA
Testing Facility: Reference Laboratory
Specimen Handling: SERUM 2 ML - FROZ
Additional Information: PROTECT FROM LIGHT; OVERNIGHT FASTING PREFERRED

Test Name: VITAMIN B1 (THIAMINE)
Test ID: VITB1
Testing Facility: Reference Laboratory
Specimen Type: WHOLE BLOOD
Container: Green Top
Specimen Handling: GREEN TOP - WHOLE BLD 5 ML – FROZEN
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

VITAMIN B12  
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  
Volume: 1 mL  
Container: 7 mL SST  
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.
Aultman Hospital Laboratory Test Directory

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
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

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: VITK
Testing Facility: Reference Laboratory
Specimen Type: 1 ml serum (frozen)
Container: SST
Additional Information: PROTECT FROM LIGHT - OVERNIGHT FASTING PREFERRED;

Test ID: VLCFA (see Long Chain Fatty Acid)

Test Name: VMA
Test ID: VMAU
Testing Facility: Reference Laboratory
Specimen Handling: 10 ML UNPRESERVED URINE FROM 24 HR COLLECTION - REFRIGERATED

Test Name: VOLATILE SCREEN, SERUM
Test ID: VOLS
Testing Facility: Reference Laboratory
Specimen Handling: 2 ML SERUM - REF
Additional Information: CALL COURIER TO TRANSPORT

Test Name: VOLTAGE GATED CALCIUM CHANNEL
Test ID: VOLTCA
Testing Facility: Reference Laboratory
Specimen Type: 1 ML SERUM - REFRIGERATED
Specimen Handling: SST ACCEPTABLE – SEPARATE SERUM ASAP

Test Name: VON WILLEBRAND ACTIVITY (see Ristocetin Cofactor)

Test Name: VON WILLEBRAND FACTOR RELATED ANTIGEN (see VonWillebrand Factor Antigen)

Test Name: VON WILLEBRAND MULTIMERS
Test ID: VWMUL
Testing Facility: Reference Laboratory
Specimen Type: 2 ML PLASMA (CITRATED BLUE TOP TUBE) - FROZEN
Specimen Handling: PLATELET POOR PLASMA

Test Name: VON WILLEBRAND RISTOCETIN (SEE RISTOCETIN)

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 (Lisdexamphetamine), 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
<table>
<thead>
<tr>
<th>Test Name:</th>
<th>WEST NILE ANTIBODY, CSF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>CWESTG</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>CSF</td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Handling:</td>
<td>2 ML CSF - REFRIGERATED</td>
</tr>
<tr>
<td>Additional Information:</td>
<td>IGG ONLY</td>
</tr>
</tbody>
</table>

| Test Name: | Westergren Sed Rate (See Erythrocyte Sed Rate) |

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>WHIPPLES DISEASE AB</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 CSF - REFRIG</td>
</tr>
<tr>
<td>Additional Information:</td>
<td>EDTA WHOLE BLOOD ALSO ACCEPTABLE</td>
</tr>
</tbody>
</table>

| Test Name: | WSR (See Erythrocyte Sed Rate) |

| Test Name: | XANAX (see Alprazolam) |

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>XYLOSE ABSORPTION TEST - ADULT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>XYLOSE</td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Handling:</td>
<td>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:</td>
<td>ALL SPECIMENS REFRIGERATED</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>YEAST ID AND SENSITIVITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test ID:</td>
<td>MICRO TO ORDER</td>
</tr>
<tr>
<td>Testing Facility:</td>
<td>Reference Laboratory</td>
</tr>
<tr>
<td>Specimen Handling:</td>
<td>PURE CULTURE ON AGAR SLANT - ROOM TEMP</td>
</tr>
<tr>
<td>Additional Information:</td>
<td>SEND IN DOUBLE CANISTER</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Name:</th>
<th>YO - ANTIBODY (SEE PURKINJE ANTIBODY) Testing</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.
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
Test Name: ZARONTIN (SEE ETHOSUXIMIDE)
Testing Facility: Reference Laboratory

Test Name: ZINC PROTOPORPHYRIN
Test ID: ZPP
Testing Facility: Reference Laboratory
Container: 1 ML WHOLE BLOOD FROM EDTA (Navy Blue) TUBE - REFRIGERATED
Specimen Handling: WHOLE BLD - REFRIGERATE
Additional Information: ALTERNATE SPECIMEN – 1 ML WHOLE BLOOD FROM EDTA (LAVENDER TOP)

Test Name: ZINC
Test ID: ZINC
Testing Facility: Reference Laboratory
Container: 1 ML PLASMA (DARK BLUE TUBE WITH ADDITIVE) - REFRIGERATED
Specimen Handling: PLASMA -1 ML FROM METAL FREE TUBE - REF

Test Name: ZINC, URINE
Test ID: ZINCU
Testing Facility: Reference Laboratory
Specimen Handling: 10 ML FROM 24 HR UNPRESERVED URINE POURED INTO METAL FREE TRANSPORT TUBE – REFRIGERATED
Additional Information: RANDOM URINE // DIETARY RESTRICTIONS APPLY

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

Test Name: ZONE 8 (see ALLERGY PANEL - GREAT LAKES RAST PANEL) Testing Facility: Reference Laboratory

Test Name: ZONEGRAN (See Zonisamide)

Test Name: ZONISAMIDE (ZONEGRAN)
Test ID: ZONIS
Testing Facility: Reference Laboratory

The information contained in this Directory is provided only as general information and is subject to change without notice.
Specimen Handling: SERUM 1 ML FROM PLAIN RED - REF Centrifuge and transfer serum to plastic vial.

Additional Information: SST TUBES ARE NOT ACCEPTABLE