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Subject:	LABORATORY TEST SCHEDULE				
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LABORATORY TEST SCHEDULE

In-house laboratory tests are listed in alphabetical order by name. Refer to specific policies in this manual for Transfusion Service (700), Microbiology (600) and Molecular Diagnostics (650) collections. Inquiry on tests not found can be obtained by calling the Laboratory office 541-6040 or on the MCL intranet website in the "Online Test Catalog."

Key:

MIN = minutes

HR = hours

N/A = not applicable

* = performed stat if approved by pathologist

PST = 4 ml green with gel

SST = 4 ml gold with gel

TEST	SPECIMEN TYPE	ROUTINE REPORTING INTERVAL	STAT REPORTING INTERVAL	BLOOD COLLECTION TUBE NEEDED	COMMENTS REGARDING SPECIAL PATIENT PREPARATION, HANDLING OF SPECIMEN, DATES & TIMES PERFORMED, ETC.
ACETAMINOPHEN	BLOOD	8 H	1 H	SST OR PST	EXPECTED RANGE: 10-30 MCG/ML
ACETONE (KETONES)	BLOOD	4 H	1 H	PST OR SST	PERFORMED ON ALL SHIFTS.
ACT-BEDSIDE	BLOOD	N/A	15 MIN	WHOLE BLOOD	COLLECTED BY COAG TECH OR NURSING. ALWAYS PERFORMED STAT AFTER COLLECTION.
ACTIVATED PROTEIN C RESISTANCE (FV LEIDEN SCREEN)	BLOOD	4 H	NA	BLUE & LAV	M-F, 7AM-3PM. BORDERLINE AND POSITIVE RESULTS REFLEX TO FVL (DNA).
ALBUMIN	BLOOD	8 H	1 H	PST OR SST	PERFORMED ON ALL SHIFTS.

ALCOHOL	BLOOD	4 H	1 H	SST OR PST	DO NOT PREP WITH ALCOHOL. ANALYZE IMMEDIATELY. KEEP SAMPLE STOPPERED AT ALL TIMES. IF REQUESTED BY LAW ENFORCEMENT. THEY OBTAIN CONSENT & RETAIN SPECIMEN.
ALKALINE PHOSPHATASE	BLOOD	8 H	1 H	PST OR SST	NONE.
ALPHA 1 ANTITRYPSIN	BLOOD	6 H	1 H	RED	PERFORMED ON ALL SHIFTS.
AMIKACIN PEAK	BLOOD	8 H FROM DOSE	1 H	SST OR PST	DRAW 30 MINUTES AFTER IV IS COMPLETE, 1 H AFTER IM.
AMIKACIN TROUGH	BLOOD	8 H FROM DOSE	1 H AFTER PEAK IS DRAWN	SST OR PST	DRAW 1 H, UP TO IMMEDIATELY BEFORE DOSE.
AMMONIA	BLOOD	4 H	40 MIN	PST ONLY	KEEP ON ICE. SPECIMEN SHOULD BE DELIVERED TO LAB IMMEDIATELY. SPECIMEN SHOULD BE SPUN AND PLASMA TAKEN OFF THE CELLS WITHIN 20 MINUTES. SPECIMEN ACCEPTABLE REFRIGERATED 3 HOURS OR FROZEN 24 HOURS.
AMYLASE	BLOOD	4 H	1 H	PST OR SST	NONE.
ANEMIA STUDY WITH PATHOLOGIST INTERPRETATION WITHOUT INTERPRETATION	BLOOD	24 H	12 H	LAV & SST	MUST SPECIFY IF TO BE DONE WITH PATHOLOGIST INTERPRETATION. INCLUDES CBC, RETIC, IRON/IBC, AND FERRITIN. FURTHER STUDIES MAY BE ORDERED BASED ON THESE RESULTS.
ANTI-CARDIOLIPIN PROFILE	BLOOD	8 H	NA	RED	PERFORMED MONDAYS & THURSDAYS
ANTI-CENTROMERE	BLOOD	8H	NA	RED	PERFORMED: M-F, DAYSHIFT. 0.4 ML MINIMUM
ANTI-DNA DOUBLE STRAND	BLOOD	8 H	NA	RED	PERFORMED: M, W, F. POSITIVES WILL BE TITERED.
ANTI-HEPATITIS B S AB	BLOOD	48H	NA	SST	PERFORMED: DAILY, DAYSHIFT. SERUM ONLY.

ANTI-HISTONE	BLOOD	8H	NA	RED	PERFORMED: M-F, DAYSHIFT. 0.4 ML MINIMUM
ANTI-Jo1	BLOOD	8H	NA	RED	PERFORMED: M-F, DAYSHIFT. 0.4 ML MINIMUM.
ANTI-RNP	BLOOD	8H	NA	RED	PERFORMED: M-F, DAYSHIFT. 0.4 ML MINIMUM.
ANTI-Scl 70	BLOOD	8H	NA	RED	PERFORMED: M-F, DAYSHIFT. 0.4 ML MINIMUM.
ANTI-SM	BLOOD	8H	NA	RED	PERFORMED: M-F, DAYSHIFT. 0.4 ML MINIMUM.
ANTI-SSA(Ro)	BLOOD	8H	NA	RED	PERFORMED: M-F, DAYSHIFT. 0.4 ML MINIMUM.
ANTI-SSB(La)	BLOOD	8H	NA	RED	PERFORMED: M-F, DAYSHIFT. 0.4 ML MINIMUM.
ANTI-THROMBIN III	CITRATED PLASMA	4 H	NA	BLUE	DAILY. DAYSHIFT ONLY (7AM – 3PM).
APT TEST/FETAL HEMOGLOBIN	GASTRIC CONTENTS	6 H	60 MIN	N/A	SCREENING TEST ONLY.
ART BLD GAS/CRITICAL CARE	ARTERIAL BLOOD	1 H	15 MIN	HEPARIN-SYRINGE	AVOID GETTING AIR IN SYRINGE. PLACE ON ICE. TEST IS FOR ABGS' IN CRITICAL CARE UNITS PERFORMED BY RT.
ART BLOOD GAS-CAPILLARY	BLOOD –SKIN PUNCTURE	1 H	15 MIN	HEPARIN – CAPILLARY	PERFORMED BY RT IN SPECIAL CARE NSY
ARTERIAL BLOOD GAS	ARTERIAL BLOOD	1 H	15 MIN	HEPARIN-SYRINGE	AVOID AIR IN SYRINGE. PLACE ON ICE.
ASCITES ALBUMIN PROFILE	BLOOD & ASCITES FLUID	24 H	*	RED	COLLECT BLOOD IF FRESH SAMPLE COLLECTED DAY OF FLUID IS NOT IN LAB. PERFORMED: M-SUNDAY, DAYSHIFT.
ASO	BLOOD	8 H	*	RED	PERFORMED: DAILY, DAYSHIFT. 0.5 ML SERUM.
B. ABORTUS	BLOOD	8 H	NA	RED	PERFORMED: MONDAY-SUNDAY, DAYSHIFT. SPECIMEN: 1 ML SERUM REQUIRED.
B12/FOLATE	BLOOD	6H	*	SST	COMBINE VITAMIN B12 & FOLATE TESTING. SEE INDIVIDUAL TESTS FOR COMMENTS.
B-HCG QUANTITATION	BLOOD	8H	1H	PST OR SST	PERFORMED ON ALL SHIFTS. SERUM IS THE PREFERRED SPECIMEN.

BETA-2-GLYCOPROTEIN 1 AB	BLOOD	N/A	8 HR	RED	PERFORMED ON MON & THURS DAYS
BILE SPECIMEN EXAM	FLUID	N/A	15 MIN	SYRINGE	SPECIFY FLUID TYPE ON REQUEST.
BILIRUBIN, DIRECT	BLOOD	6 H	1 H	PST OR SST	NONE.
BILIRUBIN, TOTAL	BLOOD	6 H	1 H	PST OR SST	NONE.
BILIRUBIN, TOTAL-NEONATAL	BLOOD	6 H	1 H	HEPARIN MICRO COLLECTION	THIS TEST IS FOR INFANTS LESS THAN 1 MONTH OF AGE. EXPECTED RANGE: LESS THAN 12.0 MG/DL.
BLOOD SUGAR SCREEN	BLOOD	4 H	2 H	PST OR SST	ORDERED FOR BLOOD SUGAR TESTING DURING PREGNANCY. 1 HOUR FASTING REQUIRED. GIVE 50G OF GLUCOLA, DRAW GLUCOSE 1 HOUR LATER. IF REQUESTED, FASTING SPECIMEN IS NOT DRAWN
BMP (BASIC METABOLIC PANEL)	BLOOD	6 H	1 H	PST OR SST	PERFORMED ON ALL SHIFTS.
BNP	BLOOD	4H	1H	EDTA PURPLE	WHOLE BLOOD GOOD ONLY 4HRS AFTER COLLECTION UNLESS PLASMA TAKEN OFF CELLS AND FROZEN
BODY FLUID EXAM	FLUID	6 H	3 H	LAV, SPECIAL	PERFORMED ON ALL SHIFTS.
BONE MARROW WORK-UP (DIFF)	BONE MARROW	48 H	NA	DIRECT SMEAR AT BEDSIDE	PRE SCHEDULE WITH SPECIAL HEMATOLOGY, DAY SHIFT.
BRONCHOALVEOLAR LAVAGE	FLUID	8 H	3 H	MISC	SPECIMEN FIRST GOES TO MICROBIOLOGY. NO CELL COUNT; ONLY DIFFERENTIAL.
BUN (BLOOD UREA NITROGEN)	BLOOD	6 H	1 H	PST OR SST	NONE.
C3	BLOOD	6 H	1 H	RED	PERFORMED ON ALL SHIFTS
C4	BLOOD	6 H	1 H	RED	PERFORMED ON ALL SHIFTS
CAFFEINE	BLOOD	6 H	2 H	SST OR PST	TEST PERFORMED ON ALL SHIFTS. TEST TO BE ORDERED ONLY FOR INFANTS AND CHILDREN.
CALCIUM	BLOOD	6 H	1 H	PST OR SST	PERFORMED ON ALL SHIFTS.
CANCER ANTIGEN 125	BLOOD	8 H	2 H	PST OR SST	PERFORMED ON ALL SHIFTS.

CARBAMAZEPINE	BLOOD	8 H	1 H	SST OR PST	PRODUCT NAME: TEGRETOL OPTIMUM COLLECT TIME A.M.
CARBON DIOXIDE (CO ₂)	BLOOD	6 H	1 H	PST OR SST	PERFORMED ON ALL SHIFTS.
CARBOXYHEMOGLOBIN (CARBON MONOXIDE)	BLOOD	30 MIN	30 MIN	ABG SYRINGE, PST, OR EDTA	PLACE ON ICE. HEPARIN SPECIMEN ACCEPTED.
CBC (ABSOLUTE COUNTS)	BLOOD	6 H	45 MIN	LAV	PERFORMED ON ALL SHIFTS.
CBC WITH WBC (DIFF)	BLOOD	6 H	1 H	LAV	INCLUDES 10 PARAMETERS & 5 PART DIFF.
CEA	BLOOD	8 H	2 H	LAV	PERFORMED ON ALL SHIFTS. 1.0 ML MINIUM SPECIMEN REQUIRED.
CELL COUNT FLUID (SMEAR)	SMEAR	6 H	2 H	N/A	TEST ORDERED WHEN A SMEAR FROM A BODY FLUID IS RECEIVED FOR A CELL COUNT.
CHEMISTRY PROFILE (NEONATAL)	BLOOD	6 H	1 H	MICRO HEPARIN	TEST DEFINED FOR NEONATES ONLY.
CHLAMYDIA TRACHOMATIS					REFER TO MOLECULAR POLICY #650
CHLORIDE	BLOOD	6 H	1 H	PST OR SST	PERFORMED ON ALL SHIFTS.
CHOLESTEROL	BLOOD	6 H	1 H	PST OR SST	PERFORMED ON ALL SHIFTS.
CK-MB	BLOOD	2 H	1 H	PST, SST, EDTA	PERFORMED ON ALL SHIFTS
CHOLINESTERASE (PSEUDO)	BLOOD	6 H	1 H	PST OR SST	PERFORMED ON ALL SHIFTS.
CLOSTRIDIUM DIFF TOXIN A and B	STOOL	24 H	1.5 H	N/A	PERFORMED: M-F, DAYSHIFT. MINIMUM – 1 ML IF LIQUID, 0.5 GMS IF SOLID. REFRIGERATE AT 2- 8C. UNTIL PROCESSED.
CMP (COMPREHENSIVE METABOLIC PANEL)	BLOOD	6 H	1 H	PST OR SST	PERFORMED ON ALL SHIFTS.
COAGULATION CONSULT	N/A	24 H	< 24 H	N/A	REPORTED BY PATHOLOGIST.
COAGULATION PROFILE	BLOOD	8 H	1-1.5 H	BLUE/2, LAV	PATHOLOGY INTERPRETATION BY REQUEST. HAND DELIVER PFA. DO NOT SEND THROUGH TUBE SYSTEM
COLLAGEN (ARTHRITIS) PANEL	BLOOD	6 H	NA	GRAY, SST/2	PANEL INCLUDES: ESR, RA, URIC ACID, FANA, & CRP.
C-PEPTIDE	BLOOD	6 H	2 H	SST	PERFORMED ON ALL SHIFTS

COPROPORPHYRIN	URINE	6 H	NA	N/A	SCREEN PERFORMED M-F, DAYSHIFT.
CORTISOL AM	BLOOD	8 H	1 H	PST OR SST	PERFORMED ON ALL SHIFTS. EDTA PLASMA SHOULD NOT BE USED.
CORTISOL PM	BLOOD	8 H	1 H	PST OR SST	PERFORMED ON ALL SHIFTS. EDTA PLASMA SHOULD NOT BE USED.
CORTISOL STIMUATION	BLOOD	8 H	N/A	PST OR SST	SEE CORTISOL STUDIES IN THIS MANUAL.
COTININE, QUANTITATION-BLOOD	BLOOD	6 H	2 H	RED	PERFORMED M-F. USED TO DETERMINE SMOKING STATUS.
C-REACTIVE PROTEIN (CRP)	BLOOD	8H	1H	PST OR SST	ALL SHIFTS.
CREATINE PHOSPHOKINASE (CPK)	BLOOD	8 H	1 H	PST OR SST	ALL SHIFTS.
CREATININE	BLOOD	8 H	1 H	PST OR SST	PERFORMED ON ALL SHIFTS.
CREATININE CLEAR 24 HOUR	BLOOD & URINE	12 H	4 H	PST OR SST	PUT TIME OF URINE COLLECTION ON URINE BOTTLE.
CREATININE CLEAR 4 HOUR	BLOOD & URINE	12 H	4 H	PST OR SST	PUT COLLECTION TIME ON URINE BOTTLE.
CRYOGLOBULIN	BLOOD	72 H	NA	RED AT 37°C	SET-UP DAILY. FASTING SAMPLE REQUIRED. CALL LAB FOR SAND.
CRYPTOCOCCAL ANTIGEN	CSF or SERUM	8 H	1 H	RED OR CSF TUBE #4	PERFORMED: DAILY, ALL SHIFTS.
CSF CELL COUNT	CSF	4 H	1 H	STERILE SCREW TOP CONTAINER	INCLUDES WHITE & RED CELL COUNTS.
CSF GLUCOSE	CSF	4 H	40 MIN	STERILE SCREW TOP CONTAINER	PERFORMED ON ALL SHIFTS.
CSF PROFILE	CSF	4 H	1 H	STERILE SCREW TOP CONTAINER	VDRL SENT OFF ONLY BY PHYSICIAN REQUEST. INCLUDES: CELL COUNT, PROTEIN, AND GLUCOSE.
CSF TOTAL PROTEIN	CSF	4 H	40 MIN	STERILE SCREW TOP CONTAINER	PERFORMED ON ALL SHIFTS.
CYTOMEGALOVIRUS IGG & IGM	BLOOD	48 H	NA	RED	PERFORMED: TUES, THURS, AND SAT DAYSHIFT, 0.5 ML MINIMUM
D-DIMER (QUANTITATIVE)	CITRATED PLASMA	4 H	30 MIN	BLUE	PERFORMED ON ALL SHIFTS. SEND TO LAB STAT.
DIC PROFILE	BLOOD	8 H	1-1.5 H	BLUE/2, LAV	PATHOLOGY INTERPRETATION BY

					REQUEST ONLY.
DIFF REVIEW	BLOOD	24 HR	NA	EDTA WITH SLIDE	PATHOLOGY INTERPRETATION, IF APPLICABLE, UNLESS SPECIFICALLY REQUESTED.
DIGOXIN	BLOOD	8 H	1 H	SST OR PST	OPTIMUM COLLECTION TIME A.M. OR 6 HOURS AFTER DOSE.
DILANTIN (PHENYTOIN)	BLOOD	8 H	1 H	SST OR PST	OPTIMUM COLLECTION TIME A.M.
DILUTE RUSSELL VIPER VENOM	CITRATED PLASMA	8 H ON DAY PERFORMED	*	BLUE	PERFORMED 7 AM-3 PM TUES & FRI
DRUG SCREEN (EMIT) LIMITED	URINE	24 H	3 H	STERILE SCREW TOP CONTAINER	PERFORMED ON ALL SHIFTS.
DRUG SCREEN (NON-MEDICAL)	URINE	6 H	2 H	STERILE SCREW TOP CONTAINER	ORDER AS "DS" AND REQUIRES CHAIN OF CUSTODY COLLECTION. CAN BE ORDERED ON ER INDUSTRIAL SCREEN OUTPATIENT AND EMPLOYEE INTERVENTION.
DRUG SCREEN, COMPREHENSIVE	URINE	24 H	4 H	STERILE SCREW TOP CONTAINER	PERFORMED M-F, DAYSHIFT AS NEEDED.
ELECTROLYTES	BLOOD	6 H	1 H	PST OR SST	PERFORMED ON ALL SHIFTS.
ENA PANEL (EXTRACTABLE NUCLEAR ANTIGEN TEST)	BLOOD	8 H	NA	RED	PERFORMED DAY SHIFT ONLY. TUES, THURS, AND SUN. 0.4 ML MINIMUM
EPSTEIN BARR VIRUS EBV-IGG/IGM	BLOOD	48 H	NA	SERUM	0.5 ML SERUM REQUIRED. PERFORMED SUN, TUES, THURS, DAYSHIFT.
ESTRADIOL	BLOOD	6 H	2 H	PST, SST, EDTA	PERFORMED ON ALL SHIFTS
ERYTHROCYTE SEDIMENTATION RATE	BLOOD	6 HR	1 HR	EDTA OF SED RATE TUBE	PERFORMED ON ALL SHIFTS.
FACTOR V ASSAY	CITRATED PLASMA	8 H	NA	BLUE	PERFORMED DAILY. DAYSHIFT ONLY, 7AM - 3PM
FACTOR V LEIDEN	BLOOD	7 DAYS	NA	EDTA	REFER TO MOLECULAR POLICY #650
FACTOR VIII ASSAY	CITRATED PLASMA	8 H	NA	BLUE	PERFORMED DAILY. DAYSHIFT ONLY, 7AM - 3PM
FACTOR VIII INHIBITOR	CITRATED PLASMA	24 H	NA	BLUE/4	PERFORMED 7AM-3PM, M-F

FANA PROFILE	BLOOD	8 H	NA	RED	PERFORMED M-F. POSITIVE TEST WILL BE TITERED. EXPECTED RESULT: NEGATIVE.
FAT IN URINE	URINE	8 H	1 H	STERILE SCREW TOP CONTAINER	NONE.
FEBRILE AGGLUTININS	BLOOD	8 H	2 H	RED	PERFORMED: MONDAY-SUNDAY, DAYSHIFT. SPECIMEN: 2.0 ML SERUM.
FECAL FAT, QUALITATIVE	STOOL	24 H	12 H	STERILE SCREW TOP CONTAINER	PERFORMED ON ALL SHIFTS.
FERRITIN	BLOOD	24 H	1 H	PST OR SST	PERFORMED ON ALL SHIFTS. SPECIMEN 0.5 ML SERUM OR PLASMA REQUIRED. HEMOLYZED SPECIMENS SHOULD BE AVOIDED.
FETAL FIBRONECTIN	SWAB WITH SPECIAL SUPPLIED COLLECTION TRANSPORT	2 H	2 H	SPECIAL SUPPLIED COLLECTION DEVICE.	PERFORMED DAILY, SHIFTS. SPECIAL SUPPLIED COLLECTION CONTAINER MUST BE USED. STORE AT 2-8 C IF NOT TESTED WITHIN 8 HOURS. TRANSPORT REFRIGERATED. IF NOT TESTED WITHIN 3 DAYS, SPECIMEN MUST BE FROZEN.
FETAL LUNG MATURITY	AMNIOTIC FLUID	4 H	1 H	AMBER STERILE SCREW TOP CONTAINER	SPECIMEN: MINIMUM 1.0 ML AMNIOTIC FLUID. PROTECT FROM LIGHT & SEND ON ICE.
FIBRINOGEN	CITRATED PLASMA	4 H	1 H	BLUE	PERFORMED ON ALL SHIFTS.
FLUID CRYSTALS	SYNOVIAL FLUID OR MISC.	4 H	2 H	N/A	PERFORMED ON ALL SHIFTS – CAN BE ORDERED SEPARATE FROM PROFILE.
FLUID MUCIN CLOT	SYNOVIAL FLUID OR MISC	4 H	2 H	N/A	PERFORMED ON ALL SHIFTS – CAN BE ORDERED SEPARATE FROM PROFILE.
FOLATE	BLOOD	6 H	1H	PST OR SST	PERFORMED 24HRS. 0.5 ML SERUM REQUIRED. BEST RESULT IF OBTAINED BEFORE THERAPY.

FOLLICLES STIMUATING HORMONES (FSH)	BLOOD	8 H	1 H	PST OR SST	PERFORMED ON ALL SHIFTS. INTERPRETATION REPORTED WITH RESULTS. FREEZE SPECIMEN UNTIL ASSAYED.
FREE THYROXINE (FT4)	BLOOD	6 H	1 H	SST OR PST	PERFORMED ON ALL SHIFTS.
FT3	BLOOD	6 H	2 H	SST	PERFORMED ON ALL SHIFTS.
FUNGAL SEROLOGY	BLOOD	48 H	NA	RED	TEST REQUIRES 48 HOURS SETUP TUES/FRI.
GAMMA GLUTAMYL TRANSPEP (GGT)	BLOOD	6 H	1 H	PST OR SST	PERFORMED ON ALL SHIFTS.
GENTAMICIN PEAK	BLOOD	8 H FROM DOSE	1 H	SST OR PST	DRAW 30 MINUTES AFTER IV IS COMPLETE, 1 H AFTER IM.
GENTAMICIN TROUGH	BLOOD	8 H FROM DOSE	1 H AFTER PEAK IS DRAWN	SST OR PST	DRAW 1 H, UP TO IMMEDIATELY BEFORE DOSE.
GENTAMICIN, RANDOM	BLOOD	8 H	1 H	SST OR PST	PERFORMED ON ALL SHIFTS.
GIARDIA/CRYPTOSPORIDIUM IMMUNOASSAY	STOOL	8 H	1 H	N/A	PERFORMED DAILY; ALL SHIFTS.
GLUCOSE	BLOOD	6 H	1 H	PST OR SST	PERFORMED ON ALL SHIFTS.
GLUCOSE 2 HR PC	BLOOD	4 H	1 H	PST OR SST	DRAW 2 HOURS AFTER MEAL.
GLUCOSE TOLERANCE	BLOOD & URINE	3 H AFTER LAST COLLECT TIME	1 H AFTER LAST COLLECT TIME	PST OR SST	SEE PROCEDURE IN THIS MANUAL. ORDER TOLERANCE ACCORDING TO TIME INDICATED BY PHYSICIAN.
GLYCATED HGB	BLOOD	6 H	2 H	EDTA	PERFORMED DAILY. ALSO KNOWN AS HEMOGLOBIN A1C AND GLYCOSYLATED HGB. EDTA WHOLE BLOOD.
GROUP A STREP ID	THROAT SWAB	4 H	30 MIN	N/A	PERFORMED DAILY; ALL SHIFTS.
H. PYLORI ANTIGEN	STOOL	6 H	2 H	N/A	PERFORMED DAILY DAYSHIFT.
HAPTOGLOBIN	BLOOD	8 H	1 H	RED	PERFORMED ON ALL SHIFTS.
HCV QUANT VIRAL LOAD	BLOOD	7 DAYS		SST / 2	REFER TO MOLECULAR POLICY #650
HELICOBACTER PYLORI, IGG ANTIBODY	BLOOD	8 H	2 H	RED	TEST PERFORMED: SAT AND SUN
HEMATOCRIT	BLOOD	6 H	1 H	LAV	PERFORMED ON ALL SHIFTS.
HEMOGLOBIN	BLOOD	6 H	1 H	LAV	PERFORMED ON ALL SHIFTS.

HEMOGLOBIN ELECTROPHORESIS	BLOOD	8 H	NA	LAV	PERFORMED: TUES & THURS DAYSHIFT. 1 ML EDTA WHOLE BLOOD. IF MICRO SPECIMEN: 3 MICRO BULLETS FULL.
HEPARIN ANTI-XA	CITRATED PLASMA	8H	NA	BLUE	DAILY. DAYSHIFT ONLY. 7AM – 3PM. MUST BE IN LAB PRIOR TO 1PM TO BE COMPLETED SAME DAY. NO LINE DRAWS.
HEPARIN ASSOCIATED ANTIBODY	BLOOD	8 H	2 H	RED	MUST BE IN LAB BEFORE 1PM TO BE COMPLETED SAME DAY-NO LINE DRAWS.
HEPARIN NEUTRALIZATION	CITRATE PLASMA	4 H	45 MIN	BLUE	REQUIRES BASELINE THROMBIN TIME RESULT.
HEPATIC FUNCTION PANEL	BLOOD	6 H	60 MIN	PST	PERFORMED ON ALL SHIFTS.
HEPATITIS A AB-IGM	BLOOD	8 H	1 H	SST	PERFORMED: DAILY, DAYSHIFT. SERUM ONLY.
HEPATITIS B CORE IGM AB	BLOOD	8 H	1 H	SST	PERFORMED: DAILY, DAYSHIFT. SERUM ONLY.
HEPATITIS B SURFACE AG	BLOOD	8 H	1 H	SST	PERFORMED: DAILY, DAYSHIFT. SERUM ONLY.
HEPATITIS C ANTIBODY	BLOOD	8 H	1 H	SST	PERFORMED: DAILY, DAYSHIFT. SPECIMEN: 1.0 ML SERUM ONLY.
HEPATITIS PROFILE	BLOOD	8 H	1 H	SST	PERFORMED: DAILY, DAYSHIFT. INCLUDES: B SURFACE AG, B CORE IGM AB, AND A & C AB. SERUM ONLY.
HEXAGONAL PHOSPHOLIPID NEUT.	CITRATED PLASMA	8 H	NA	BLUE	TEST PERFORMED DAY SHIFT MON & THURS
HIV QUANT VIRAL LOAD	BLOOD	7 DAYS		EDTA / 2	REFER TO MOLECULAR POLICY #650
HOMOCYSTEINE	BLOOD	24 H	2 H	EDTA	PERFORMED ON ALL SHIFTS.
HPV (HUMAN PAPILLOMAVIRUS)					REFER TO MOLECULAR POLICY #650
HUMAN IMMUNE DEFICIENCY VIRUS (HIV) 1 / 2	BLOOD	24 H	NA	SST	PERFORMED DAILY. DAYSHIFT.
HYPERALIMENTATION PANEL	BLOOD	6 H	1 H	PST OR SST	PERFORMED ON ALL SHIFTS.

HYPERCOAG / THROMBOSIS PANEL	BLOOD	1 WEEK FOR IN HOUSE TEST	NA	BLUE / 3 LAV / 3 ACD / 1 SST / 1	TESTING PERFORMED ON SPECIFIC DAYS.
IGA	BLOOD	6 H	1 H	RED	PERFORMED ON ALL SHIFTS.
IGE	BLOOD	8 H	2 H	SST	PERFORMED ON ALL SHIFTS
IGG	BLOOD	6 H	1 H	RED	PERFORMED ON ALL SHIFTS.
IGM	BLOOD	6 H	1 H	RED	PERFORMED ON ALL SHIFTS.
IMMUNO QUANTITATION	BLOOD	8 H	1 H	RED	PERFORMED: DAILY, DAYSHIFT. SPECIMEN: PLASMA SHOULD NOT BE USED, 0.2 ML SERUM REQUIRED. INCLUDES: IGG, IGA, & IGM.
INFLUENZA A & B	NASAL WASH NASO-PHARYNGEAL SWAB	2 H	30 MIN	N/A	PERFORMED DAILY ALL SHIFTS. SEND SWAB, PREFERABLY A NASOPHARYNGEAL SWAB, IN TUBE WITH 1 ML SALINE.
INSULIN	BLOOD	6 H	2 H	SST, EDTA	PERFORMED ON ALL SHIFTS
INTACT-PTH	BLOOD	8 H	40 MIN	EDTA, SST	PERFORMED DAILY. SCHEDULED FOR SURGERY PATIENTS. COLLECT EDTA FOR SURGERY PATIENTS.
IONIZED CALCIUM	BLOOD	1 H	40 MIN	PST (INPATIENTS) SST (OUTREACH)	INPATIENT: DO NOT CENTRIFUGE. MUST BE ANALYZED WITHIN 2 HRS IF AT ROOM TEMP OR WITHIN 4 HRS IF STORED AT 4C. OUTREACH: KEEP SPECIMEN ANAEROBIC (NO NOT OPEN THE TUBE OR TRANSFER THE SAMPLE.) ONCE CENTRIFUGES, SPECIMENS ARE STABLE FOR 48 HRS AT ROOM TEMP AND FOR DAYS AT 4C. DIFFERENCES BETWEEN THE IONIZED CALCIUM RESULT AND THE IONIZED CALCIUM NORMALIZED TO pH 7.4 ARE DUE TO THE SAMPLE HAVING A pH SIGNIFICANTLY

					DIFFERENT FROM pH 7.4. IT IS RECOMMENDED THAT IONIZED CALCIUM NORMALIZED TO pH 7.4 BE INTERPRETED WITH CAUTION AND ONLY USED WHEN THE CLINICIAN HAS KNOWLEDGE OF THE PATIENT'S ACID/BASE STATUS.
IRON	BLOOD	6 H	1 H	PST OR SST	PERFORMED ON ALL SHIFTS.
IRON/IBC DIRECT TIBC	BLOOD	6 H	1 H	SST ONLY	PERFORMED ON ALL SHIFTS.
KLEIHAUER, FETAL HGB STAIN	BLOOD SMEAR	24 H	12 H	N/A	PERFORMED ON ALL SHIFTS.
L/S RATIO	AMNIOTIC FLUID	8 H	4 H	AMBER TINTED STERILE SCREW TOP CONTAINER	PERFORMED: M-F, DAYSHIFT. SPECIMEN: 3-4 ML, PROTECT FROM LIGHT & PLACE ON ICE.
LACTATE DEHYDROGENASE (LDH)	BLOOD	8 H	1 H	PST OR SST	PERFORMED ON ALL SHIFTS.
LACTIC ACID	BLOOD	4 H	1 H	SODIUM FLUORIDE	REMOVE PLASMA FROM CELLS WITHIN 15 MINUTES. SPECIMEN ACCEPTABLE IN NAFL TUBE FOR 2 HOURS. ONCE PLASMA IS REMOVED – GOOD FOR 14 DAYS REFRIGERATED OR 1 MONTH FROZEN.
LEAD, WHOLE BLOOD	BLOOD	6 H	1 H	LAV	PERFORMED DAILY, DAYSHIFT. 1 ML WHOLE BLOOD.
LEGIONELLA ANTIGEN	URINE	4H	30 MIN	N/A	PERFORMED: DAILY ALL SHIFTS.
LEUKOCYTE ALKALINE PHOSPHATASE (LAP SCORE)	BLOOD	24 H	NA	SODIUM HEPARIN DARK GREEN TUBE	PERFORMED M-F ONLY. CUT OFF TIME 13:00. NO COLLECTION AFTER 1300 ON FRIDAY. PROTECT FROM LIGHT. SEND TO LAB ASAP.

LIDOCAINE, SERUM	BLOOD	8 H	1 H	SST OR PST	OPTIMUM COLLECT TIME IS IN A.M.
LIPASE	BLOOD	8 H	1 H	PST OR SST	NONE.
LIPID PANEL	BLOOD	24 H	6 H	SST	14 HOUR FAST REQUIRED. PERFORMED M-F.
LITHIUM, SERUM	BLOOD	6 H	1 H	SST ONLY	SAMPLE SHOULD BE DRAWN 12 HOURS AFTER LAST DOSE OR BEFORE NEXT DOSE.
LUPUS ANTICOAG PROFILE	BLOOD	8 H ON DAY PERFORMED.	NA	BLUE/2 & SST	TESTING ON MON & THURS. DAY SHIFT.
LUTENIZING HORMONE	BLOOD	8 H	1 H	PST OR SST	PERFORMED ON ALL SHIFTS. INTERPRETATION WITH RESULTS, FREEZE SPECIMEN UNTIL ASSAYED.
LYME DISEASE SEROLOGY	BLOOD	24 H	1 H	2 SST	PERFORMED: DAILY, DAYSHIFT. SERUM (NO PLASMA).
MAGNESIUM	BLOOD	8 H	1 H	PST OR SST	PERFORMED ON ALL SHIFTS.
METHEMOGLOBIN	BLOOD	4 H	20 MIN	PST OR ABG SYRINGE	PLACE SPECIMEN ON ICE.
METHOTREXATE	BLOOD	8 H	1 H	SST OR PST	NONE.
MICROALBUMIN, URINE PROFILE	URINE	6 H	1 H	N/A	PERFORMED DAILY, DAYSHIFT.
MISC ALBUMIN	MISC	8 H	NA	N/A	SPECIFY ON REQUEST TYPE OF SPECIMEN.
MISC AMYLASE	MISC	4 H	NA	N/A	SPECIFY ON REQUEST TYPE OF SPECIMEN.
MISC CALCIUM	MISC	8 H	NA	N/A	SPECIFY ON REQUEST TYPE OF SPECIMEN.
MISC CHLORIDE	MISC	8 H	NA	N/A	SPECIFY ON REQUEST TYPE OF SPECIMEN.
MISC CHOLESTEROL	MISC	6 H	NA	N/A	SPECIFY ON REQUEST TYPE OF SPECIMEN.
MISC CPK	MISC	8 H	NA	N/A	SPECIFY ON REQUEST TYPE OF SPECIMEN.
MISC CREATININE	MISC	8 H	NA	N/A	SPECIFY ON REQUEST TYPE OF SPECIMEN.
MISC GLUCOSE	MISC	8 H	NA	N/A	SPECIFY ON REQUEST TYPE OF SPECIMEN.
MISC LACTIC ACID	MISC	4 H	1 H	N/A	SPECIFY ON REQUEST TYPE OF SPECIMEN.
MISC LDH	MISC	8 H	NA	N/A	SPECIFY ON REQUEST TYPE OF SPECIMEN.

MISC LIPASE	MISC	8 H	NA	N/A	SPECIFY ON REQUEST TYPE OF SPECIMEN.
MISC MAGNESIUM	MISC	8 H	NA	N/A	SPECIFY ON REQUEST TYPE OF SPECIMEN.
MISC OSMOLALITY	MISC	8 H	NA*	N/A	SPECIFY ON REQUEST TYPE OF SPECIMEN.
MISC PH	MISC	2 H	NA	N/A	DO NOT USE THIS TEST FOR PH ON GASTRIC CONTENTS OR FECES.
MISC PHOSPHORUS	MISC	8 H	NA	N/A	SPECIFY ON REQUEST TYPE OF SPECIMEN.
MISC POTASSIUM	MISC	8 H	NA	N/A	SPECIFY ON REQUEST TYPE OF SPECIMEN.
MISC RA	MISC	8 H	NA	N/A	SPECIFY ON REQUEST TYPE OF SPECIMEN.
MISC SGOT	MISC	6 H	NA	N/A	SPECIFY ON REQUEST TYPE OF SPECIMEN.
MISC SODIUM	MISC	8 H	NA	N/A	SPECIFY ON REQUEST TYPE OF SPECIMEN.
MISC SPECIFIC GRAVITY	MISC	4 H	1 H	N/A	SPECIFY ON REQUEST SPECIMEN TYPE.
MISC TOTAL BILIRUBIN	MISC	8 H	NA	N/A	SPECIFY ON REQUEST TYPE OF SPECIMEN.
MISC TOTAL PROTEIN	MISC	3 H	NA	N/A	SPECIFY ON REQUEST TYPE OF SPECIMEN.
MISC TRIGLYCERIDE	MISC	8 H	NA	N/A	SPECIFY ON REQUEST TYPE OF SPECIMEN.
MISC UREA NITROGEN	MISC	8 H	NA	N/A	SPECIFY ON REQUEST TYPE OF SPECIMEN.
MISC-BODY FLD HEMATOCRIT	MISC	6 H	1 H	N/A	SPECIFY SPECIMEN TYPE ON REQUEST.
MISC-BODY FLD HEMOGLOBIN	MISC	6 H	1 H	N/A	SPECIFY SPECIMEN TYPE ON REQUEST.
MONO TEST	BLOOD	6 H	45 MIN	RED	SPECIMEN: 0.1 ML SERUM MINIMUM.
MONOCLONAL URINE PROTEIN	URINE	NA	NA	NA	ONLY PERFORMED ON 24 HR URINE. PERFORMED: M, W, F DAYSHIFT
MRSA PCR	SWAB	18 HRS		NASAL	REFER TO MOLECULAR POL#.650
MUMPS-IGG	BLOOD	8 H	2NA	RED	PERFORMED M-F, DAYSHIFT. SPECIMEN 0.5 ML SERUM REQUIRED.

MYOGLOBIN	BLOOD	1 H	1 H	PST OR SST (PST PREFERRED)	HEMOLYZED SPECIMENS NOT ACCEPTED.
NEISSERIA GONORRHEAE					REFER TO MOLECULAR POLICY #650
NEONATE LAB PANEL	SYRINGE	1 H	15 MIN	HEPARIN SYRINGE	TEST IS DEFINED FOR PANEL USED IN SPECIAL CARE NURSERY.
O2HB (O2 SAT)	BLOOD	1 H	15 MIN	HEPARIN- SYRINGE	SPECIMEN: PLACE ON ICE.
OCCULT BLOOD, MISC	GASTRIC FLUID	4 H	1 H	N/A	TEST IS FOR GASTRIC CONTENTS ONLY.
OCCULT BLOOD-FECES	FECES	4 H	1 H	N/A	TEST IS FOR FECES ONLY.
OLIGOCLONAL PROFILE	BLOOD & CSF	8 H	NA	N/A	PERFORMED TUES/THURS. SPECIMEN: 1.0 ML SERUM & CSF.
OSMOLALITY, SERUM	BLOOD	6 H	1 H	SST OR PST	ORDER THIS TEST IF SPECIMEN IS SERUM OR PLASMA.
P. TULARENSIS	BLOOD	8 H	2 H	RED	PERFORMED: DAILY, DAYSHIFT. SPECIMEN: 1 ML SERUM REQUIRED.
PATHOLOGIST SMEAR INTERP	SMEAR	24 HR	4 H	N/A	REPORTED BY PATHOLOGIST.
PG AGGLUTINATION	AMNIOTIC FLUID	4 H	1H	AMBER TINTED STERILE SCREW TOP CONTAINER	SCHEDULE OF TESTING: DAILY. SPECIMEN: 0.1 ML FRESH UNCONTAMINATED AMNIOTIC FLD REQUIRED. AMNIOTIC FLD OBTAINED FROM A VAGINAL POOL ACCEPTABLE. PROTECT FROM LIGHT & SEND ON ICE.
PH FECES	STOOL	2 H	1 H	N/A	PERFORMED ON ALL SHIFTS.
PH, GASTRIC	GASTRIC CONTENT	2 H	1 H	N/A	PERFORMED ON ALL SHIFTS.
PH+HCO3+PCO2 VENOUS	BLOOD	1 H	15 MIN	PST	PERFORMED: ALL SHIFTS. SPECIMEN: PLACE ON ICE.
PHENOBARBITAL	BLOOD	8 H	1 H	SST OR PST	OPTIMUM COLLECT TIME IS IN A.M.
PHENOPHTHALEIN	URINE STOOL	6 H	*	N/A	PERFORMED M-F, DAYSHIFT.
PHOSPHORUS	BLOOD	8 H	1 H	PST OR SST	PERFORMED ON ALL SHIFTS.
PLATELET COUNT	BLOOD	6 H	1 H	LAV	PERFORMED ON ALL

					SHIFTS.
PLATELET FUNCT ASSAY PHASE I	BLOOD	4 H	1 H	BLUE/2	PERFORMED ON ALL SHIFTS. PHLEBOTOMY DRAW ONLY-MUST BE HAND DELIVERED. DO NOT SEND THROUGH TUBE SYSTEM. MUST USE A 21 GAUGE NEEDLE FOR COLLECTION.
PLT FUNCT ASSAY PHASE II	BLOOD	4 H	1 H	BLUE	PERFORMED IF PHASE I IS ABNORMAL.
PORPHOBILINOGEN, QUAL	URINE	6 H	NA	N/A	SCREEN PERFORMED SAT & SUN, DAYSHIFT.
PORPHYRIN FRACTIONS, QUAL	URINE	6 H	NA	N/A	SCREEN PERFORMED SAT & SUN DAYSHIFT.
POST VASECTOMY SEMEN EXAM	SEMEN	48 H	24 H	N/A	PERFORMED M-F, ALL SHIFTS.
POTASSIUM	BLOOD	6 H	1 H	PST OR SST	PERFORMED ON ALL SHIFTS.
PREALBUMIN	BLOOD	24 H	1 H	RED	SPECIMEN: 0.5 ML SERUM REQUIRED. PLASMA SHOULD NOT BE USED. SCHEDULE OF TESTING – DAILY. STAT ANALYSIS PERFORMED ON DAYSHIFT ONLY.
PRE-ECLAMPTIC PANEL	BLOOD & URINE	6 H	1 H	LAV & PST OR SST	URIC ACID ALSO ORDERED
PREGNANCY (URINE)	URINE	4 H	15 MIN	N/A	PERFORMED ON ALL SHIFTS
PREGNANCY TEST (SERUM)	BLOOD	8 H	1 H	PST OR SST	PERFORMED ON ALL SHIFTS. SPECIMEN: 0.5 ML REQUIRED
PROCAINIMIDE/NAPA	BLOOD	8 H	1 H	SST OR PST	PERFORMED ON ALL SHIFTS.
PROGESTERONE	BLOOD	N/A	N/A	PST OR SST	PERFORMED ON ALL SHIFTS DAILY.
PROLACTIN	BLOOD	8 H	1 H	PST OR SST	PERFORMED ON ALL SHIFTS. 300 UL SPECIMENS REQUIRED. INTERPRETATION REPORTED WITH RESULTS. FREEZE SPECIMEN UNTIL ASSAYED.
PROSTATE SPECIFIC ANTIGEN (PSA)	BLOOD	8 H	1H	SST	PERFORMED ON ALL SHIFTS. 1.0 ML SERUM REQUIRED (NO PLASMA).
PROTEIN C (ACTIVITY)	BLOOD	4 H	N/A	BLUE	7AM-3PM, M-F.

PROTEIN ELECTROPHORESIS (CSF)	CSF	8 H	NA	N/A	PERFORMED: M, W, F. SPECIMEN: 1.0 ML MINIMUM REQUIRED.
PROTEIN ELECTROPHORESIS (SERUM)	BLOOD	8 H	NA	RED	PERFORMED: M, W, F. SPECIMEN: 1.0 ML MINIMUM OF SERUM (PLASMA NOT ACCEPTED).
PROTEIN ELECTROPHORESIS (URINE)	URINE	8 H	NA	N/A	PERFORMED: M, W, F. SPECIMEN: URINE (RANDOM OR 24 HOUR), 20-30 ML REQUIRED.
PROTEIN S (ACTIVITY)	BLOOD	1 WEEK	N/A	BLUE	PERFORMED ON WED, 7AM-3PM
PROTEUS AGGLUTINATIONS	BLOOD	8 H	2 H	RED	PERFORMED: DAILY, DAYSHIFT. 2 ML SERUM.
PROTHROMBIN MUTATION G20210A	BLOOD	7 DAYS		EDTA	REFER TO MOLECULAR POLICY #650
PROTHROMBIN TIME	BLOOD	4 H	1 H	BLUE	PERFORMED ON ALL SHIFTS
PT/PTT 1:1 MIX	BLOOD	4H	2H	BLUE	PERFORMED ON ALL SHIFTS.
PTT	BLOOD	4 H	1 H	BLUE	PERFORMED ON ALL SHIFTS
RA TEST	BLOOD OR SYNOVIAL FLUID	6 H	1 H	RED	PERFORMED ON ALL SHIFTS. SPECIMEN: 0.5 ML SERUM OR SYNOVIAL FLUID.
RBC SEDIMENTATION RATE	BLOOD	1 H	1 H	SPECIAL BLACK TUBE OR LAV	SPECIMEN: EDTA MAY BE USED-DO NOT USE HEPARINIZED BLOOD.
RED BLOOD CELL COUNT	BLOOD	8 H	1 H	LAV	PERFORMED ON ALL SHIFTS.
REDUCING SUBSTANCE-FECES	STOOL	4 H	1 H	N/A	PERFORMED ON ALL SHIFTS.
RENAL PANEL	BLOOD	6 H	1 H	PST OR SST	PERFORMED ON ALL SHIFTS.

RESP. SYNCYIAL VIRUS (RSV) RAPID ANTIGEN	NASAL WASH, NASOPHARYNGEAL SWAB	24 H	2 H	N/A	PERFORMED: DAILY ALL SHIFTS. SPECIMEN: 1-3 ML OF SALINE WASHES CAN BE STORED AT ROOM TEMP FOR UP TO 4 HOURS OR AT 2-8C FOR UP TO 24 HOURS, BEFORE TESTING. COLLECT BY TO PLACING A FEW DROPS OF SALINE INTO NOSTRILS, THEN SUCTION, USING A BULB SYRINGE. NASOPHARYNGEAL SWAB CAN BE POLYESTER, RAYON, FOAM OR COTTON ON FLEXIBLE SHAFTS IN 1 ML OF SALINE WITHIN 1 HOUR OF COLLECTION. IF IMMEDIATE TESTING IS NOT POSSIBLE, STORE AT ROOM TEMP FOR 4 HOURS OR AT 2-8C FOR UP TO 48 HOURS. DO NOT USE CALCIUM ALGINATE SWABS.
RETICULOCYTE COUNT	BLOOD	6 H	1 H	LAV	PERFORMED ON ALL SHIFTS.
ROMI PANEL (ED ONLY)	BLOOD	1H	30 MIN	LAV ONLY FOR ONSET. PST for 3hr, 6 hr, 12 hr	ONSET TROPONIN DONE IN ED STAT LAB BY BIOSITE METHOD. 3HR, 6HR, & 12 HR TROPONINS DONE IN CORE LAB BY MORE SENSITIVE METHOD.
ROMI PANEL	BLOOD	1 H	1 H	PST ONLY	TROPONIN ONLY. TESTING WILL ALSO BE DONE AT 3 H, 6 H, & 12 H. TESTS MAY ALSO BE ORDERED INDIVIDUALLY.

ROTAVIRUS, STOOL	STOOL	24-36 H	3 H	STOOL COLLECTED IN A CUP OR COLLECTION TUBE WITH SCOOP ARE ACCEPTABLE	PERFORMED: DAILY, DAYSHIFT. A COTTON SWAB CAN BE USED IF SUFFICIENT MATERIAL IS OBTAINED. CONTAINERS SHOULD BE FREE OR PRESERVATIVES, METAL IONS OR DETERGENTS. SAMPLES SHOULD BE PLACED IN FREEZER IF NOT TO BE RUN IMMEDIATELY.
RPR	BLOOD	24 H	NA	SST	PERFORMED: DAILY, DAYSHIFT. SPECIMEN: 1.0 ML SERUM OR EDTA PLASMA REQUIRED (NO HEMOLYSIS).
RUBELLA ANTIBODIES, IGG	BLOOD	8 H	2 H	SST	PERFORMED ON ALL SHIFTS.
RUBEOLA (MEASLES) IGG	BLOOD	8 H	2 H	SST	PERFORMED M-F, DAYSHIFT. 1.0 ML SERUM REQUIRED.
S. PNEUMONIA ANTIGEN	URINE OR CSF	4 H	30 MIN	STERILE SCREW TOP CONTAINER	PERFORMED DAILY, ALL SHIFTS.
SALICYLATE	BLOOD	6 H	1 H	SST OR PST	PERFORMED ALL SHIFTS.
SERUM IEP -IMMUNO-ELECTROPHORESIS	BLOOD	24-48 H	NA	RED	PERFORMED: MON, WED, & FRI DAYSHIFT. SPECIMEN: 1.0 ML SERUM REQUIRED.
SGOT (AST)	BLOOD	6 H	1 H	PST OR SST	NONE.
SGPT (ALT)	BLOOD	6 H	1 H	PST OR SST	NONE
SHIGA-TOXINS/E.COLI	STOOL	24 H	NA	N/A	PERFORMED: DAILY, DAYSHIFT. STOOL TO BE FROZEN IF GN BROTH INOCULATION CANNOT BE PERFORMED IN 2H.
SICKLE CELL SCREEN	BLOOD	6 H	1 H	LAV	PERFORMED ON ALL SHIFTS.
SODIUM	BLOOD	6 H	1 H	PST OR SST	NONE
SPECIFIC GRAVITY-URINE	URINE	4 H	1 H	N/A	PERFORMED ON ALL SHIFTS.
SPERM (SEMEN) FOR FERTILITY	SEMEN	48 H	24 H	N/A	PERFORMED MON-FRI
STAT LAB PROF (HEM/CHEM)	WHOLE BLOOD	10 MIN	10 MIN	HEPARIN SYRINGE	PERFORMED IN CV SURGERY.

STREPTOZYME	BLOOD	4 H	45 MIN	RED	PERFORMED: DAILY, DAYSHIFT. SPECIMEN: 1.0 ML SERUM OR PLASMA.
SWEAT TEST	N/A	6 H	2 H	N/A	OUTPATIENT SCHEDULED ON TUESDAY, INPATIENTS M-F.
SYNOVIAL FLUID EXAM	FLUID	8 H	4 H	RED & LAV	SPECIMEN: 2 TUBES REQUIRED; 1 TUBE WITHOUT ANTICOAGULANT & 1 EDTA TUBE.
T3 UPTAKE	BLOOD	8 H	2 H	SST	PERFORMED ON ALL SHIFTS. SPECIMEN 300 MICROLITERS MINIMUM REQUIRED FREEZE UNTIL ASSAYED.
TESTOSTERONE, TOTAL	BLOOD	6 H	1 H	SST OR PST	PERFORMED ON ALL SHIFTS.
THEOPHYLLINE	BLOOD	8 H	1 H	SST OR PST	OPTIMUM COLLECTION TIME A.M.
THYROID PANEL	BLOOD	6 H	1 H	SST OR PST	PERFORMED ON ALL SHIFTS. INCLUDES: FREE T4 & TSH.
THYROID STIMULATING HORMONE (TSH)	BLOOD	8 H	2 H	SST, PST, EDTA	PERFORMED ON ALL SHIFTS. SPECIMEN: SERUM OR PLASMA. FREEZE UNTIL ASSAYED. GROSS HEMOLYSIS & LIPEMIA WILL INTERFERE.
THYROXINE (T4)	BLOOD	8 H	2 H	SST	PERFORMED ON ALL SHIFTS. SPECIMEN: 300 MICROLITERS SERUM MINIMUM REQUIRED.
TOBRAMYCIN PEAK	BLOOD	8 H FROM DOSE	1 H	SST OR PST	DRAW 30 MINUTES AFTER IV IS COMPLETE, 1 H AFTER IM.
TOBRAMYCIN TROUGH	BLOOD	8 H FROM DOSE	1 H AFTER PEAK IS DRAWN	SST OR PST	DRAW 1 H, UP TO IMMEDIATELY BEFORE DOSE.
TOBRAMYCIN, RANDOM	BLOOD	8 H FROM DOSE	1 H	SST OR PST	PERFORMED ON ALL SHIFTS.
TOTAL EOSINOPHIL COUNT	BLOOD	8 H	4 H	LAV	PERFORMED ON ALL SHIFTS.
TOTAL PROTEIN	BLOOD	8 H	1 H	PST OR SST	PERFORMED ON ALL SHIFTS.
TOTAL T3	BLOOD	6 H	1 H	SST	PERFORMED ON ALL SHIFTS. 150 UL SPECIMEN REQUIRED.

TRANSFERRIN	BLOOD	8 H	1 H	RED	PERFORMED ON ALLS SHIFTS. SPECIMEN: 0.2 ML SERUM REQUIRED (PLASMA NOT RECOMMENDED).
TRH STIMULATION PROFILE	BLOOD	N /A	N /A	SST OR PST	SEE COLLECTION PROCEDURE IN THIS MANUAL.
TRIGLYCERIDE	BLOOD	8 H	1 H	PST OR SST	PATIENT PREPARATION: 14 HOUR FAST REQUIRED BEFORE COLLECTION.
TROPONIN I SCREEN (EMERGENCY DEPT. ONLY) BIOSITE METHOD	BLOOD	1 H	1 H	LAV	HEMOLYZED SPECIMENS NOT ACCEPTED.
TROPONIN I (CORE LAB) ECi METHOD MORE SENSITIVE	BLOOD	1H	1H	PST	HEMOLYZED SPECIMENS NOT ACCEPTED
UREA CLEARANCE	BLOOD & URINE	8 H	4 H	PST OR SST	KEEP REFRIGERATED. PUT COLLECTION DATE/TIME ON URINE CONTAINER.
URIC ACID	BLOOD	8 H	1 H	PST OR SST	PERFORMED ON ALL SHIFTS.
URINALYSIS WITH MICROSCOPIC	URINE	4 H	1 H	STERILE SCREW TOP CONTAINER	KEEP URINE REFRIGERATED.
URINE IEP –IMMUNO-ELECTROPHORESIS	URINE	24-48 H	NA	N/A	TESTING: MON, WED & FRI DAYSHIFT. SPECIMEN: 20-30 ML RANDOM URINE REQUIRED.
URINE AMYLASE	URINE	4 H	2 H	N/A	2 HR COLLECTIONS PREFERRED OVER RANDOM.
URINE BILIRUBIN	URINE	4 H	1 H	N/A	SPECIAL INSTRUCTIONS: PROTECT URINE FROM LIGHT & KEEP REFRIGERATED.
URINE BLOOD	URINE	4 H	1 H	N/A	KEEP URINE REFRIGERATED.
URINE CALCIUM	URINE	8 H	4 H	N/A	KEEP URINE REFRIGERATED. PUT COLLECTION DATE/TIME ON URINE CONTAINER.
URINE CHLORIDE	URINE	8 H	4 H	N/A	KEEP URINE REFRIGERATED. PUT COLLECTION DATE/TIME ON URINE CONTAINER.
URINE CREATININE	URINE	8 H	4 H	N/A	KEEP URINE REFRIGERATED. PUT COLLECTION DATE/TIME ON URINE CONTAINER.

URINE GLUCOSE	URINE	4 H	1 H	N/A	KEEP URINE REFRIGERATED.
URINE GLUCOSE QUANT	24 H URINE	8 H	4 H	N/A	KEEP URINE REFRIGERATED. PUT COLLECTION DATE/TIME ON URINE CONTAINER.
URINE KETONE	URINE	4 H	1 H	N/A	KEEP URINE REFRIGERATED.
URINE MAGNESIUM	URINE	8 H	4 H	N/A	KEEP URINE REFRIGERATED. PUT COLLECTION DATE/TIME ON URINE CONTAINER.
URINE MICROSCOPIC	URINE	4 H	1 H	N/A	KEEP URINE REFRIGERATED.
URINE OSMOLALITY	URINE	8 H	4 H	N/A	KEEP URINE REFRIGERATED. PUT COLLECTION DATE/TIME ON URINE CONTAINER.
URINE PH	URINE	4 H	1 H	N/A	KEEP URINE REFRIGERATED.
URINE PHOSPHORUS	URINE	8 H	4 H	N/A	KEEP URINE REFRIGERATED. PUT COLLECTION DATE/TIME ON URINE CONTAINER.
URINE POTASSIUM	URINE	8 H	4 H	N/A	KEEP URINE REFRIGERATED. PUT COLLECTION DATE/TIME ON URINE CONTAINER.
URINE PROTEIN, QUAL	URINE	4 H	1 H	N/A	KEEP URINE REFRIGERATED.
URINE PROTEIN, QUANT	24 H URINE	24 H	4 H	N/A	PUT COLLECTION DATE AND TIME ON URINE CONTAINER.
URINE SODIUM	URINE	8 H	4 H	N/A	KEEP URINE REFRIGERATED. PUT COLLECTION DATE/TIME ON URINE CONTAINER.
URINE UREA NITROGEN	URINE	8 H	4 H	N/A	KEEP URINE REFRIGERATED. PUT COLLECTION DATE/TIME ON URINE CONTAINER.
URINE URIC ACID	URINE	8 H	4 H	N/A	KEEP URINE REFRIGERATED. PUT COLLECTION DATE/TIME ON URINE CONTAINER.
UROPORPHYRIN, QUAL	URINE	6 H	NA	N/A	SCREEN PERFORMED M-F, DAYSHIFT.
VALPROIC ACID	BLOOD	8 H	1 H	SST OR PST	OPTIMUM COLLECT TIME IS IN A.M.
VANCOMYCIN PEAK	BLOOD	8 H FROM DOSE	1 H	SST OR PST	DRAW 1 HOUR AFTER IV IS COMPLETE, 1 H AFTER IM.

VANCOMYCIN TROUGH	BLOOD	8 H FROM DOSE	1 H	SST OR PST	DRAW 1 H, UP TO IMMEDIATELY BEFORE DOSE.
VANCOMYCIN, RANDOM	BLOOD	8 H	1 H	SST OR PST	PERFORMED ON ALL SHIFTS.
VASCULITIS PANEL	BLOOD	24 H	NA	SERUM	PERFORMED SUN & WED. DAYSHIFT ONLY.
VENOUS PH	BLOOD	2 H	15 MIN	PST	PERFORMED ON ALL SHIFTS. SPECIMEN: PLACE ON ICE.
VITAMIN B12	BLOOD	6 H	2 H	SST	PERFORMED ON ALL SHIFTS. BEST RESULTS IF PATIENT IS FASTING. MUST BE DRAWN BEFORE THERAPY. SPECIMEN 0.5.ML SERUM MINIMUM.
VON WILLEBRAND'S PANEL	BLOOD	24 H	NA	BLUE/5	MOST TESTS ARE SENT TO REFERENCE LAB. FVIII PERFORMED IN-HOUSE
WBC & DIFF	BLOOD	6 H	1 H	LAV	PERFORMED ON ALL SHIFTS.
WBC IN FECES	STOOL	12 H	1 H	N/A	PERFORMED ON ALL SHIFTS.
WHITE BLOOD CELL COUNT	BLOOD	6 H	1 H	LAV	PERFORMED ON ALL SHIFTS.