

**A****ABO TYPE AND RH FACTOR**

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

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

**Specimen Storage:** Refrigerate  
**Rejection Criteria:** Gross Hemolysis

**Multiple Tests:** ABO, Rh Factor

**CPT Code:** 86900, 86901

**ACE**

See ANGIOTENSIN – 1 – CONVERTING ENZYME

**ACETAMINOPHEN**

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

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

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

**CPT Code:** 82003



**A**

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

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

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

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**AHF :** See FACTOR VIII ASSAY

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**AHG, DIRECT:** See COOMBS, DIRECT

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**ALANINE AMINOTRANSFERASE:** See SGPT

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**ALBUMIN:**

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

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

**Reference Range:** 3.4-5.0 gm/dl

**CPT Code:** 82040

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**ALBUMIN, BODY FLUID**

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

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

**Reference Range:** None  
**CPT Code:** 82042

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

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**ALCOHOL, ETHYL**

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

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

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

**CPT Code:** 82055

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

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

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

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**ALKALINE PHOSPHOTASE**

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

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

**Reference Range:** 50 – 136 IU/L

**CPT Code:** 84075

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

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**A**

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

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

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

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

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**ALPHA-LIPOPROTEIN CHOLESTEROL:** See HDL CHOLESTEROL

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**ALT:** See SGPT

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

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

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**AMINOPHYLLINE:** See THEOPHYLLINE

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

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

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**A****AMMONIA**

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

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

**Rejection Criteria:** Hemolysis, improper storage

**Reference Range:** 11-32 umol/L

**CPT Code:** 82140

**AMNIOSTAT****TEST CODE: AMNIO****SVG****AMPHETAMINE SCREEN, URINE:**

See DRUG SCREEN

**AMYLASE**

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

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

**Reference Range:** 25-115 U/L

**CPT Code:** 82150

**AMYLASE, BODY FLUID**

**Test Code:** FLAMY – Comment fluid type  
**Methodology:** Enzymatic  
**Performed:** Daily, all shifts  
**Laboratory Department:** Chemistry  
  
**Specimen Requirements:** 0.5 ml body fluid in transfer tube  
**Specimen Storage:** Refrigerate  
**Rejection Criteria:** Improper storage  
  
**Reference Range:** None  
  
**CPT Code:** 82150

**AMYLASE, URINE**

**Test Code:** URAMY2  
**Methodology:** Enzymatic  
**Performed:** Daily, all shifts  
**Laboratory Department:** Chemistry  
  
**Specimen Requirements:** 1.0 ml random urine, pH adjusted to 7.0  
**Specimen Storage:** Refrigerate  
**Rejection Criteria:** Hemolysis  
  
**Reference Range:** Random: None  
 24hr. collection: 59 – 401 u/24hrs  
  
**CPT Code:** 82150

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

See CULTURE, ANAEROBIC

**ACE (ANGIO CONVERT ENZYME)****TEST CODE: ACE****Quest #683X****ACE (ANGIO CONVERT ENZYME) CSF****TEST CODE: QACESF****Quest #34692N****ANTIBIOTIC ASSOCIATED COLITIS:**

See CLOSTRIDIUM CYTOTOXIN ASSAY

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**ANTIBODY ELUTION**

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

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**ANTIBODY IDENTIFICATION**

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

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**ANTIBODY SCREEN**

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

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

**Specimen Storage:** Refrigerate  
**Rejection Criteria:** Hemolysis

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

**CPT Code:** 86850

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

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

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

**Reference Range:** Negative  
 All positive results are immediately called

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

**CPT Code:** 86403

**ANTIGEN- HAEMOPHILUS INFLUENZA (H.INFLUENZA)**

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

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

**Specimen Storage:** Refrigerate  
**Rejection Criteria:** None

**Reference Range:** Negative  
All positive results are immediately called

**CPT Code:** 86403

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

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

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

**Specimen Storage:** Refrigerate  
**Rejection Criteria:** None

**Reference Range:** Negative  
All positive results are immediately called

**CPT Code:** 86403

**ANTIGEN- NEISSERIA MENINGITIDES B / E.COLI K1**

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

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

**Specimen Storage:** Refrigerate  
**Rejection Criteria:** None

**Reference Range:** Negative  
All positive results are immediately called

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

**CPT Code:** 86403

**ANTIGEN-STREPTOCOCCUS PNEUMONIA (S.PNEUMONIA)**

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

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

**Specimen Storage:** Refrigerate  
**Rejection Criteria:** None

**Reference Range:** Negative  
All positive results are immediately called

**CPT Code:** 86403

**ANTIGLOBULIN, DIRECT:** See COOMBS, DIRECT

**A****ANTIGLOBULIN, INDIRECT:**

See ANTIBODY SCREEN

**ANTIHEMOPHILIC FACTOR:**

See FACTOR VIII ASSAY

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

See ASO TITER

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

See PT (PARTIAL THROMBOPLASTIN TIME)

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

See SALICILATES, SERUM

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

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

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**ATRETOL:** See CARBAMAZEPINE (TEGRETOL)

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**AUSTRALIAN ANTIGEN:** See HEPATITIS B SURFACE ANTIGEN

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**AUTOIMMUNE ELUTION:** See ANTIBODY ELUTION

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

See ANTIGEN – followed by specific bacteria

**BASIC METABOLIC PANEL**

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

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

**Multiple Tests w/ Ref Range:**

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

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

See DRUG SCREEN

**BENZODIAZEPINES, URINE**

See DRUG SCREEN

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

**B**

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**BETA HCG:** See HCG, BETA SUBUNIT

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

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**BETA STREP GROUP A, RAPID**

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

**Specimen Requirement:** 2 Swabs break ampule

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

**Specimen Storage:** Refrigerate

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

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

**CPT Code:** 87430

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

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

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

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**BETA – SUBUNIT HCG:** See HCG, BETA-SUBUNIT

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**B****BICARBONATE (HCO<sub>3</sub>)**

**Test Code:** HCO<sub>3</sub>  
**Methodology:** R405  
**Performed:** Daily, all shifts  
**Laboratory Department:** Chemistry

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

**Reference Range:** 22-26 mmol/L

**CPT Code:** 82374

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

See URINALYSIS

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

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

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

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

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

**CPT Code:** 82248

**B****BILIRUBIN (NEONATAL)**

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

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

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

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

**CPT Code:** 82247, 82248

**BILIRUBIN, TOTAL**

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

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

**Specimen Storage:** Refrigerate  
**Rejection Criteria:** Exposure to light

**Reference Range:** Total: 0.1-1.0 mg/dl

**CPT Code:** 82247

**BLASTO BY CF:** See BLASTOMYCOSIS ANTIGEN BY COMPLEMENT FIXATION

**BLASTOMYCES ANTIBODY**

**TEST CODE: BLASTO**

**SVG**

**B**

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**BLOOD ALCOHOL LEVEL:** See ALCOHOL, ETHYL

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**BLOOD COUNT:** See CBC

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**BLOOD COUNT WITH DIFFERENTIAL:** See CBC WITH DIFFERENTIAL

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**BLOOD CULTURE**

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

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

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

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

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

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

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

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

**CPT Code:** 87040

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**BLOOD CULTURE-FUNGUS**

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

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

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

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

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

**CPT Code:** 87103

**BLOOD CULTURE-MYCOBACTERIA TB**

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

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

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

**CPT Code:** 87116

**B****BLOOD GASES, ARTERIAL & CAPILLARY**

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

**Specimen Collection:** Specimens must be collected anaerobically in an ABG Syringe and placed in a crioplast container immediately to slow down metabolism of oxygen by the blood cells (using ice may elevate the PO<sub>2</sub>). The specimen must be transported to the laboratory within 15 minutes of collection.  
*Note if capillary*

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

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

**Reference Range:**  
(Arterial gases)

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

**CPT Code:** 82803  
82805 – capillary blood gas

**BLOOD GASES- CAPILLARY**

See Above

**B**

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**BLOOD GASES - VENOUS**

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

**Specimen Collection:** Specimens must be collected anaerobically in an ABG Syringe or heparinized Vacutainer tube and placed in a crioplast container immediately to slow down metabolism of oxygen by the blood cells (using ice may elevate the PO<sub>2</sub>). The specimen must be transported to the laboratory within 15 minutes of collection.

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

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

**Reference Range:** pH: 7.35 - 7.45  
pO<sub>2</sub>, pCO<sub>2</sub>, O<sub>2</sub> Saturation, TCO<sub>2</sub>, HCO<sub>3</sub>, Base: None Established

**CPT Code:** 82803

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**BLOOD GROUP ANTIBODIES:** See ANTIBODY SCREEN

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**BLOOD SUGAR:** See GLUCOSE

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**BLOOD TYPE:** See ABO TYPE AND RH FACTOR

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**B****BLOOD UREA NITROGEN (BUN)**

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

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**BLOOD, OCCULT:** See OCCULT BLOOD

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**BNP (B-TYPE NATPIURETIC PEPTIDE)**

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

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

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

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

**Specimen Storage:** Room Temperature  
**Rejection Criteria:** Inadequate specimen

**Reference Range:** See Pathology Report

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

See CULTURE, RESPIRATORY

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

See THEOPHYLLINE

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

See BLOOD UREA NITROGEN

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

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

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

**Reference Range:** 8.5 – 10.1 mg/dL

**CPT Code:** 82310

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**CALCIUM, IONIZED**

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

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

**Specimen Storage:** Green top tube, wet ice

**Rejection Criteria:** Air bubbles in specimen, clots.

**Reference Range:** 1.12 – 1.23 mmol/L

**CPT Code:** 82330

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**CALCIUM, 24HR URINE**

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

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

**Specimen Storage:** Refrigerate during and after collection

**Rejection Criteria:** Incomplete collection

**Reference Range:** 42-353 mg/24hrs

**CPT Code:** 82310

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# C

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## CALCIUM, RANDOM URINE

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

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

**Reference Range:** No established range

**CPT Code:** 82310

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## CALCULUS ANALYSIS

See STONE ANALYSIS

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## CAMPYLOBACTER CULTURE:

See CULTURE, STOOL

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## CAMPYLOBACTER PYLORI ANTIBODY:

See HELICOBACTER PYLORI ANTIBODY

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## CANDIDA CULTURE:

See CULTURE, YEAST

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## CANDIDIASIS:

See CULTURE, YEAST

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## CANNABINOIDS, SCREEN:

See DRUG SCREEN

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**CARBAMAZEPINE (TEGRETOL)**

<b>Test Code:</b>	<b>TEGRET</b>
<b>Methodology:</b>	PETINIA – Particle Enhanced Turbidimetric ImmunoAssay
<b>Performed:</b>	Daily, all shifts
<b>Laboratory Department:</b>	Chemistry
<b>Specimen Requirements:</b>	0.5 ml heparinized plasma, GREEN or serum, RED Trough specimens are recommended –collect serum just before next dose.
<b>Specimen Storage:</b>	Refrigerate
<b>Rejection Criteria:</b>	Hemolysis
<b>Trade Names:</b>	Tegretol, Atretol
<b>Reference Range:</b>	Therapeutic: 4.0 – 10.0 ug/ml Panic Value: >15 ug/ml
<b>CPT Code:</b>	80156

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**CARBON DIOXIDE - CO<sub>2</sub>- Total (plasma/serum)**

<b>Test Code:</b>	<b>CO<sub>2</sub></b>
<b>Methodology:</b>	Biochromatic
<b>Performed:</b>	Daily, all shifts
<b>Laboratory Department:</b>	Chemistry
<b>Specimen Requirements:</b>	0.5 ml heparinized plasma, GREEN or serum, RED <b>process as soon as possible</b>
<b>Specimen Storage:</b>	Refrigerate
<b>Rejection Criteria:</b>	Hemolysis, exposure to air
<b>Reference Range:</b>	22 – 34 mmol/L Significant abnormal: >40 mmol/L
<b>CPT Code:</b>	82374

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**C****CARBON MONOXIDE (CO)**

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

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

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

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

**CPT Code:** 82375

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**CARBOXYHEMOGLOBIN:** See CARBON MONOXIDE

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

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

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

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**CBC WITH DIFFERENTIAL**

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

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

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

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

**PEDIATRIC:** None established

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

**CPT Code:** 85025

**CBC WITH MANUAL DIFFERENTIAL**

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

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

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

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

**PEDIATRIC:** None established

**CPT Code:** 85025





**C****CHEMISTRY PANEL:**

See COMPREHENSIVE METABOLIC PANEL

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

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

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

**Reference Range:** 99-111 mmol/L

**CPT Code:** 82435

**CHLORIDE (CL) – CSF**

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

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

**Reference Range:** Normal: 118-132 mmol/L

**CPT Code:** 82435

**CHLORIDE (CL) 24HR URINE**

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

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

**Reference Range:** 110-250 mmol/24hrs

**CPT Code:** 82435

**CHLORIDE (CL) – RANDOM URINE**

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

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

**Reference Range:** None

**CPT Code:** 82435

**CHOLESTEROL**

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

**CHOLESTEROL FRACTIONATION**

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

**C****CHOLESTEROL, HDL:**

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

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

**Reference Range:** 40 – 60 mg/dl

**CPT Code:** 83718

**CHOLESTEROL, DIRECT LDL:**

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

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

**Reference Range:** < 130 mg/dl

**CPT Code:** 83721

**CHORIONIC GONADOTROPIN:**

See HCG, QUANTITATIVE

**CHROMOGRANIN A****TEST CODE: QCGA****Quest #34468X****CITRULLINE PEPETIDE ANTIBODY (CCP)****TEST CODE: QCPAB****Quest #11173X****CK (CPK, CREATNINE, PHOSPHOKINASE):**

See CPK

# C

## CK-MB

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

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

**Reference Range:** 0.0 – 3.6 ng/ml

**CPT Code:** 82553

## CKMB IF CPK IS ELEVEATED

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

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

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

**CPT Code:** 82550, CKMB – 82553

**CLINITEST:** See REDUCING SUBSTANCE

**CLOSTRIDIUM DIFFICILE TOXIN A & B**

**TEST CODE: CDIFF**

**SVG**

**CLOTTING FACTOR I:**

See FIBRINOGEN

**C**

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

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**CO2:**See CARBON DIOXIDE

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**COCAINE METABOLITE SCREEN, URINE:**See DRUG SCREEN

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**COCCIDIOMYCOSIS CULTURE:**See CULTURE, FUNGUS

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

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

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

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**COMPLETE BLOOD COUNT:**See CBC

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**COMPREHENSIVE METABOLIC PANEL**

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

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

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

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

**CPT Code:** 80053

**COOMBS, DIRECT**

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

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

**Specimen Storage:** Refrigerate  
**Rejection Criteria:** Gross hemolysis

**Reference Range:** Negative

**CPT Code:** 86880

**COOMBS, INDIRECT:**

See ANTIBODY SCREEN

**C**

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**C. PNEUMONIA CULTURE****TEST CODE: TWARC****SVG**

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**17-OH CORTICOSTEROIDS****TEST CODE: QOHCS****Quest #2394N**

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**CORTISOL****TEST CODE: COR****SVG**

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**COXSACKIE VIRUS CULTURE****TEST CODE: AEVCUL****SVG**

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**C-PEPTIDE****TEST CODE: CPEP****Quest #372X**

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**CPK (CREATININE PHOSPHOKINASE)**

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

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

**Reference Range:** 21- 232 IU/L

**CPT Code:** 82550

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**CPK-MB:**See CK-MB

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# C

## C-REACTIVE PROTEIN

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

## C-REACTIVE PROTEIN HIGH SENSITIVITY (CARDIO)

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

**CREAT:** See CREATNINE, BLOOD

**CREATNINE CLEARANCE:** See CREATNINE CLEARANCE

**CREATNINE KINASE:** See CPK

**CREATNINE PHOSPHOKINASE:** See CPK

**CREATININE**

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

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

**Reference Range:** Male: 0.8 – 1.3 mg/dL  
Female: 0.6 – 1.0 mg/dL

**CPT Code:** 82565

**CREATININE CLEARANCE**

**Test Code:** CRCL  
**Methodology:** Alkaline Picrate (Jaffe Reaction)  
**Performed:** Weekdays, day shift  
**Laboratory Department:** Chemistry

**Specimen Requirements:** 5.0 ml aliquot of well-mixed 24hr urine collection and 0.5 ml serum, RED, collected at the start of the 24 hour urine collection. Please record the total amount of urine collected, **patient height and weight and hours of collection.**

**Specimen Storage:** Refrigerate  
**Rejection Criteria:** Missing information

**Multiple Tests:** **BLCR – blood creatinine**  
**Cr. Clear– creatinine clearance result**

**Reference Range:** Female: BLCR 0.6 – 1.0 mg/dL  
CR Clear 75 – 115 ml/min

Male: BLCR 0.8 – 1.3 mg/dL  
CR Clear 85 – 125 ml/min

**CPT Code:** 82570

**C****CREATININE, RANDOM URINE**

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

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

**Reference Range:** None

**CPT Code:** 82570

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

See CULTURE, FUNGUS

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

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

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

**Reference Range:** No crystals seen

**CPT Code:** 89060

**CSF CELL COUNT:**

See CELL COUNT WITH DIFFERENTIAL, SPINAL FLUID

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

**C****CULTURE, ABCESS:**

See CULTURE, WOUND

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

See CULTURE, RESPIRATORY

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

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**C**

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

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

**Methodology:** Culture, Gram Stain

**Performed:** Daily, all shifts

**Reported:** Negatives held 3 days

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

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

**Specimen Storage:** Refrigerate

**Reference Range:** No Growth

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

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

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

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

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

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

**Reference Range:** No Growth

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

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

<b>CULTURE, RSV AND SMEAR</b>	<b>TEST CODE: RVCUL RSVSM</b>	<b>SVG</b>
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**CULTURE, SPINAL FLUID:** See CULTURE, CSF

**CULTURE, SPUTUM:** See CULTURE, RESPIRATORY

<b>CULTURE, STOOL</b>	<b>TEST CODE: STCUL</b>	<b>SVG</b>
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**C**

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

**TEST CODE: STCWG**

**SVG**

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**CULTURE, STOOL with Gram Stain**

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

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

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

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

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**CULTURE, TISSUE**

**TEST CODE: TISCUL**

**SVG**

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

**TEST CODE: TISCWG  
ANCUL**

**SVG**

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

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

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

**Specimen Storage:** Refrigerate

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

**Reference Range:** No Growth

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

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

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**CULTURE, URETHRA:** See CULTURE, GENITAL

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

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**CULTURE, VAGINAL:** See CULTURE, GENITAL

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**CULTURE, WOUND, BACTERIA** TEST CODE: WNDCUL SVG

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**CULTURE, WOUND, BACTERIA** TEST CODE: WNDCWG SVG  
**with Gram Stain (Non Stat Order Only)**

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

**CYTOLOGY, GYN (THIN PREP PAP SMEAR) 1 SLIDE**

**Methodology:** Manual Microscopy  
**Performed:** Daily  
**Laboratory Department:** Cytology

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

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

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

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

**CPT Code:** 88142

**CYTOLOGY, NON GYN**

**Methodology:** Manual Microscopy  
**Performed:** Weekdays  
**Laboratory Department:** Cytology

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

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

**Rejection Criteria:** Inadequate specimen collection or preservative.

**Reference Range:** No abnormal cells seen.

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

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

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**D**

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**DARVOCET:** See ACETAMINOPHEN

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**DAT (DIRECT ANTIGEN TEST)** See COOMBS, DIRECT

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**DATRIL:** See ACETAMINOPHEN

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**D-DIMER**

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

Specimen Requirements: 0.5 mL sodium citrate plasma, LIGHT BLUE

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

Reference Range: <0.48 ug/mL

CPT Code: 85379

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**DEPAKENE:** See VALPROIC ACID

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**DEPAKOTE:** See VALPROIC ACID

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**DHEA SULFATE**

**TEST CODE: DHEAS**

**Quest #402X**

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**DIFFERENTIAL, SMEAR TO PATHOLOGISTS:** See SMEAR TO PATHOLOGISTS

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**DIG:** See DIGOXIN

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**D****DIGOXIN (LANOXIN)**

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

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

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

**CPT Code:** 80162

**DILANTIN, TOTAL (PHENYTOIN,TOTAL)**

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

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

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

**CPT Code:** 80185

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

**D**

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

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

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**DONNATAL:**See PHENOBARBITAL

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**DRUG SCREEN, RAPID (DRUGS OF ABUSE SCREEN)**

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

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

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

**Reference Range:** None detected.

**CPT Code:** 80100 x 7

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

See CULTURE, STOOL

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

See CULTURE, RESPIRATORY

**ELECTROLYTES (NA, K, CL, CO2)**

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

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

**Multiple Tests:** Sodium, Potassium, Chloride, Carbon Dioxide

**Reference Range:**

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

**CPT Code:** 80051

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

**E**

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

<b>Test Code:</b>	<b>EOSCT</b>
<b>Methodology:</b>	Wright Stain
<b>Performed:</b>	Daily, day shift
<b>Laboratory Department:</b>	Hematology

<b>Specimen Requirements:</b>	1.0ml urine or 1 nasopharyngeal swab
<b>Specimen Storage:</b>	Refrigerate
<b>Rejection Criteria:</b>	Frozen Specimen

<b>Reference Range:</b>	None Seen
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<b>CPT Code:</b>	89190
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**E**

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

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**ERYTHROCYTE COUNT:**See CBC (WITH OR WITHOUT DIFFERENTIAL)

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**ERYTHROCYTE SEDIMENTATION:**See SED RATE

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

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**ESKALITH:**See LITHIUM

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**ESR:**See SED RATE

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

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

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**ETHANOL, BLOOD:**See ALCOHOL, ETHYL

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

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**ETHYL ALCOHOL:**See ALCOHOL, ETHYL

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**ETOH:**See ALCOHOL, ETHYL

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**EXEDRIN:**See ACETAMINOPHEN

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**F****FACTOR I**

See FIBRINOGEN, ACTIVITY

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

See GLUCOSE

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

See GLUCOSE

**FDP:**

See FIBRIN SPLIT PRODUCTS

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

**F****FERRITIN**

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

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

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

**CPT Code:** 82728

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

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

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

**Reference Range:** <5 ug/mL

**CPT Code:** 85362

**F****FIBRINOGEN**

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

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

**Specimen Storage:** Frozen  
**Rejection Criteria:** Thawed specimen

**Reference Range:** 225 - 458 mg/dL

**CPT Code:** 85384

**FIBRINOGEN DEGRADATION:** See FIBRIN SPLIT PRODUCTS or D-DIMER

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

**FOLIC ACID:** See FOLATE

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

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

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

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

**F****FREE T4**

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

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

**Reference Range:** 0.60 – 1.20 ng/dL

**CPT Code:** 84439

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

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

# G

**GABAPENTIN (Neurotin)**

**TEST CODE: QGABA**

**Quest #3557X**

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**GAMMA GLUTAMYL TRANSFERASE (GAMMA GTP, GGT, GGTP)**

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

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

**Reference Range:** 5-85 IU/L

**CPT Code:** 82977

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**GARAMYCIN:** See GENTAMICIN

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**GARDNERELLA CULTURE:** See CULTURE, GENITAL

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**GASES, BLOOD:** See BLOOD GASES

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**GASTRIC pH AND OCCULT BLOOD**

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

**Specimen Requirements:** 1.0ml gastric fluid  
**Specimen Storage:** Refrigerate

**Multiple Tests:** GPH and GABL  
**Reference Range:** Blood negative

**CPT Code:** 82270

**G**

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

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

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

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

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

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

**CPT Code:**                80170

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

See PROTEIN (TOTAL)

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

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

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

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

**CPT Code:** 82947

**GLUCOSE, BODY FLUID (OTHER THAN CSF)**

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

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

**Reference Range:** None

**CPT Code:** 82945

# G

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## GLUCOSE, SPINAL FLUID (CSF)

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

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

**Reference Range:** 40-75 mg/dl

**CPT Code:** 82945

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## GLUCOSE - POST DOSE

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

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

**Specimen Storage:** Refrigerated

**Reference Range:** <136 mg/dL

**CPT Code:** 82947

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## GLUCOSE - POST PARANIAL - 2HR

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

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

**Reference Range:** <140 mg/dL

**CPT Code:** 82947

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# G

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

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

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

**Specimen Storage:** Refrigerated

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

**CPT Code:** 82951, 82952 (x2)

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

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

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

**Specimen Storage:** Refrigerated

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

**CPT Code:** 82951, 82952 (x3)

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# G

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## GLUCOSE TOLERANCE - 3HR - 100 GM CHALLENGE - GESTATIONAL

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

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

**Specimen Storage:** Refrigerated

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

**CPT Code:** 82951, 82952 (x3)

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**GLUTAMIC OXALOACETIC TRANSFERASE:** See SGOT (AST)

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**GLUTAMIC PYRUVIC TRANSFERASE:** See SGPT (ALT)

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**GLUTAMYL TRANSPEPTIDASE, GAMMA:** See GGTP

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**GLYCATED HGB:** See HEMOGLOBIN A1C

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**GLYCOHEMOGLOBIN:** See HEMOGLOBIN A1C

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**GOUT CRYSTALS:** See CRYSTALS, BODY FLUID

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**G****GRAM STIAN - STAT**

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

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

**Reference Range:** No Organisms Seen

**CPT Code:** 87205

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

See BETA STREP GROUP A, RAPID

**GROUP A STREP CULTURE:**

See CULTURE, BETA STREP GROUP A

**GROUP B STREP ANTIGEN:**

See BETA STREP GROUP B-RAPID CERVICAL

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

See GAMMA GLUTAMYUL TRANSFERASE

**GTT:**

See GLUCOSE TOLERANCE TEST

**GUIAC:**

See OCCULT BLOOD

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

See HEMOGLOBIN AND HEMATOCRIT

**HCG, BETA:**

See HCG, BETA-SUBUNIT

**HCG, BETA-SUBUNIT:**

See HCG, QUANT

**HCG, QUALITATIVE, URINE:**

See PREGNANCY TEST, URINE or SERUM

**HCG, QUANTITATIVE (HCG, BETA – SUBUNIT)**

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

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

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

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

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

See HEMATOCRIT

# H

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**HDL:** See CHOLESTEROL

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

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## HEMATOCRIT

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

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

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

**CPT Code:** 85014

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**HEMOCCULT:** See OCCULT BLOOD

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## HEMOGLOBIN

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

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

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

**CPT Code:** 85018

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**HEMOGLOBIN & HEMATOCRIT:** See HEMOGLOBIN and HEMATOCRIT

---

# H

## HEMOGLOBIN A1C

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

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

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

**CPT Code:** 83036

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

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**HEMOGLOBIN, GLYCATED:** See HEMOGLOBIN A1C

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**HEMOGLOBINOPATHY EVALUATION      TEST CODE: QHPE      Quest #35489X**

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**HEMOGLOBIN SATURATION:** See O2 SATURATION

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**HEMOGRAM:** See CELL PROFILE

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**HEPARIN COFACTOR:** See ANTI-THROMBIN III

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**HEPARIN LOW MOLECULAR WEIGHT      TEST CODE: HEPLW      SVG**

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

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# H

## HEPATIC PANEL

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

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

**Reference Range:**

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

**CPT Code:** 80076

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

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

**H**

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

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

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

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**HSV:**See HERPES SIMPLEX VIRUS CULTURE

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

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**HUMAN CHORIONIC GONADOTROPIN:**See HCG

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

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

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**I**

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

**I**

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**INDIRECT AHG:** See ANTIBODY SCREEN

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**INDIRECT ANTIGLOBULIN:** See ANTIBODY SCREEN

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**INDIRECT COOMBS:** See ANTIBODY SCREEN

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**INFECTIOUS MONONUCLEOSIS:** See MONOSPOT

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**INFLUENZA A AND B, RAPID EIA**

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

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

**CPT Code:** 87400

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**INFLUENZA A SMEAR** TEST CODE: FLUASM SVG

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**INFLUENZA B SMEAR** TEST CODE: FLUBSM SVG

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**INSULIN** TEST CODE: INSUL Quest #561X

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**INTESTINAL PARASITES:** See OVA and PARASITES

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# I

## IRON

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

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

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

**CPT Code:** 83540

## IRON AND IRON BINDING CAPACITY

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

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

**Multiple Tests:** Iron, Iron Binding Capacity, Iron Saturation

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

Iron Binding Capacity: 250-450 ug/dl

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

**CPT Code:** 83550

**K**

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**K:** See POTASSIUM

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

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

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

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**KIDNEY STONE ANALYSIS:**    See STONE ANALYSIS

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

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

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**L**

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**L – LACTATE:** See LACTIC ACID

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**LACTATE:** See LACTIC ACID

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**LACTATE DEHYDROGENASE:** See LDH (LD)

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**LACTIC ACID**

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

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

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

**Rejection Criteria:** Wrong tube type, gross hemolysis

**Reference Range:** 0.4 - 2.0 mmol/L

**CPT Code:** 83605

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**LACTIC ACID DEHYDROGENASE:** See LDH (LD)

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**LAMOTRIGINE/LAMICTAL**

**TEST CODE: LAMOT**

**Quest #22060X**

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**LANOXICAPS:** See DIGOXIN

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**LANOXIN:** See DIGOXIN

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# L

## LDH

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

## LDH (LD), BODY FLUID

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

## LDH ISOENZYMES

**TEST CODE: QISOLD**

**Quest #4411X**

## LDL:

See CHOLESTEROL FRACTIONATION

## LEAD (Blood)

**TEST CODE: QLEADB**

**Quest #56713P**

## LEIDEN ANALYSIS:

See FACTOR V (LEIDEN) MUTATION ANALYSIS

**L**

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

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

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**LEUKEMIA PANEL:**See LYMPHOMA/LEUKEMIA PANEL

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**LI:**See LITHIUM

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

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**LIPASE**

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

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

**Reference Range:** 73 - 393 U/L

**CPT Code:** 83690

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**LIPID PROFILE:**See CHOLESTEROL FRACTIONATION

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**LIPIDS, STOOL:**See FAT, FECAL

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

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**LIQUIPRIN:**See ACETAMINOPHEN

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**LITHANE:**See LITHIUM

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**L****LITHIUM**

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

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

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

**Trade Names:** Eskalith, Cibaleth

**CPT Code:** 80178

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**LITHOBID:** See LITHIUM

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**LITHONATE:** See LITHIUM

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**LITHOTABS:** See LITHIUM

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

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**LOW DENSITY CHOLESTEROL:** See CHOLESTEROL FRACTIONATION

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

# M

**MCH:** See CBC

**MCHC:** See CBC

**MCV:** See CBC

**MACROSCOPIC URINE EXAM:** See URINALYSIS

## MAGNESIUM

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

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

**Reference Range:** 1.6 - 2.4 mg/dL

**CPT Code:** 83735

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

**MARAX:** See THEOPHYLLINE

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

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

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

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

**M**

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<b>METANEPHRINES (24 HR URINE)</b>	<b>TEST CODE: METS</b>	<b>Quest #3681N</b>
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<b>METHADONE (URINE)</b>	<b>TEST CODE: QMETU</b>	<b>Quest #8418Z</b>
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**METHEMOGLOBIN**

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

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

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

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

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

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

**Reference Range:** Negative

**CPT Code:** 86308

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

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

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

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

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**MUMPS CULTURE:** See CULTURE, VIRAL

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

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

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**M**

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

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**MYCOBACTERIUM SMEAR:** See CULTURE, ACID FAST

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**MYCOPLASMA HOMONIS CULTURE:** See CULTURE, MYCOPLASMA HOMINIS

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

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

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**MYELIN BASIC PROTEIN**      See Multiple Sclerosis Panel 2

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

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

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

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

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**N**

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**N.MENINGITIDIS ANTIGEN:** See ANTIGEN, NEISSERIA MENINGITIDIS

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

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**NA:** See SODIUM

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**NASOPHARYNGEAL CULTURE:** See CULTURE, RESPIRATORY (FOR BACTERIA)

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**NEISSERIA GONORRHOEAE CULTURE:** See CULTURE, GC

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**NEISSERIA GONORRHOEAE DNA PROBE:** See GC DNA PROBE

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**NEUROBLASTOMA PROFILE:** See HOMOVANILLIC ACID

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

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**NEUTRAL FAT:** See FAT, FECES, QUALITATIVE

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

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**O****OBSTETRICS PANELS**

See ST. VINCENT TEST CATALOG

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

See Multiple Sclerosis Panel 1 or 2

**OPIATES SCREEN, URINE:**

See DRUG SCREEN

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

<b>O</b>
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**OT:**

See SGOT

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

**TEST CODE: QOPEX**

**Quest #681X**

**P**

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**PANCREATIC ENZYMES:** See AMYLASE, SERUM

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**PAPILLOMA VIRUS DETECTION:** See HUMAN PAPILLOMAVIRUS

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**PAP SMEAR** See CYTOLOGY, GYN (THIN PREP)

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**PARAINFLUENZA SMEARS** TEST CODE: PARASM SVG

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**PARAPERTUSSIS CULTURE:** TEST CODE: RVCUL SVG

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**PARASITE ID** TEST CODE: PARAID SVG

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**PARASITOLOGY EXAM:** See OVA AND PARASITES

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

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**PARTIAL THROMBOPLASTIN:** See PTT

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

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**PATHOLOGY SPECIMENS:** Manual Request Histology Dept.

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**PCP SCREEN URINE:** See DRUG SCREEN

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**PERTUSSIS SMEAR & CULTURE** TEST CODE: PERCUL SVG

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**PERTUSSIS, PCR** TEST CODE: BPPCR SVG

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

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**pH, BLOOD**

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

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

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

**CPT Code:** 83986

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**pH, BODY FLUID**

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

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

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

**CPT Code:** 83986

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# P

## pH, URINE

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

## PHENOBARBITAL

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

**PHENOTYPING FOR LEUKEMIA/LYMPHOMA:** FLOW CTYOMETRY SVG

**P**

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

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**PHENYTOIN, TOTAL (DILANTIN, TOTAL)****Test Code:** DIL2**Methodology:** PETINIA – Particle Enhanced Turbidimetric Immunassay**Performed:** Daily, all shifts**Laboratory Department:** Chemistry**Specimen Requirements:** 0.5 ml lithium heparin plasma, GREEN or serum, RED.  
Draw just before next dose, peak specimens are not recommended.**Specimen Storage:** Refrigerate**Rejection Criteria:** Gross hemolysis, severe lipemia**Reference Range:** Therapeutic: 10.0- 20.0 ug/ml  
Panic value: >30.0 ug/ml**CPT Code:** 80185

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**PHOS:** See PHOSPHOROUS

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**PHOS, ALK:** See ALKALINE PHOSPHATASE

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**PHOSPHATASE, ALKALINE:** See ALKALINE PHOSPHATASE

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**PHOSPHATE:** See PHOSPHOROUS

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**PHOSPHOLIPID ANTIBODIES** See LUPUS ANTICOAGULANT EVALUATION

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# P

## PHOSPHOROUS

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

## PHOSPHOROUS, 24HR URINE

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

## PHOSPHOROUS, RANDOM URINE

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

**P**

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

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

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

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

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**PLATELET COUNT**

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

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

**Reference Range:** 140-440 k/uL

**CPT Code:** 85049

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**P****PLATELET FUNCTION ASSAY**

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

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

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

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

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

**CPT Code:** 85576

**PLTS:** See PLATELET COUNT

**PNEUMOCOCCUS ANTIGEN:** See ANTIGEN, STREPTOCOCCUS PNEUMONIAE

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

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

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

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

**POST-VASECTOMY SEMEN:** See SEMEN ANALYSIS

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**P**

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**POTASSIUM (K)**

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

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**POTASSIUM (K)-24HR URINE**

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

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**P04:** See PHOSPHOROUS

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# P

## PPD (TUBERCULIN)

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

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

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

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

**Multiple Tests:** No

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

**CPT Code:** 86580

## PREALBUMIN

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

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

**Specimen Storage:** Refrigerate

**Rejection Criteria:** Gross hemolysis, severe lipemia

**Reference Range:** 18.0 - 35.7 mg/dL

**CPT Code:** 84134

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**PREGNANCY TEST, SERUM (QUALITATIVE HCG)**

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

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

**Reference Range:** Negative

**CPT Code:** 84703

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**PREGNANCY TEST, URINE (QUALITATIVE HCG)**

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

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

**Reference Range:** Negative

**CPT Code:** 81025

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

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

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

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

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

**CPT Code:** 84702

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

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

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

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

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**PROSTATIC ANTIGEN:** See PSA (Prostatic Antigen)

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**P**

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**PROTEIN, (SPINAL FLUID)**

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

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

**Reference Range:** 15 - 45 mg/dL

**CPT Code:** 84155

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**PROTEIN, TOTAL**

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

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

**Reference Range:** 6.4 - 8.2 g/dL

**CPT Code:** 84155

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**PROTEIN, TOTAL, BODY FLUID (OTHER THAN CSF)**

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

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

**Reference Range:** None

**CPT Code:** 84156

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**PROTEIN, (URINE RANDOM)**

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

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

**Reference Range:** Negative

**CPT Code:** 84155

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**PROTEIN, (URINE 24 HR, QUANTITATION)**

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

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

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

**Reference Range:** 0-149 mg/24 hours

**CPT Code:** 84156

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**PROTEIN, (URINE RANDOM, QUANTITATION)**

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

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

**Reference Range:** < 11.9 mg/dL

**CPT Code:** 84155

**P**

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

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

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

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

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

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

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**PROTHROMBIN TIME:**See PT (PROTHROMBIN TIME)

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**PROTIME:**See PT (PROTHROMBIN TIME)

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**PROTIME MIXING STUDY:**See PT MIXING STUDY

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

Enzyme Immunoassay

**Performed:**

Daily, all shifts

**Laboratory Department:**

Chemistry

**Specimen Requirements:**

0.5 mL heparinized plasma, GREEN or serum, RED

**Specimen Storage:**

Refrigerate

**Rejection Criteria:**

Hemolysis, lipemia

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

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**PSA (Prostatic Antigen), Total - Screening**

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

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

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

**CPT:** G0103

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

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**PT (PROTHROMBIN TIME)**

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

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

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

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

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

**CPT Code:** 85610

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

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**P**

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

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**PTT:**See PTT (PARTIAL THROMBOPLASTIN TIME)

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

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**PTT (PARTIAL THROMBOPLASTIN TIME)**

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

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

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

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

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

**Reference Range:** 23.6 - 35.4 sec.

**CPT Code:** 85730

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**PURIFIED PROTEIN DERIVATIVE (PPD):**See PPD

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

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**Q**

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

**TEST CODE: MQUAD**

**BELLIN**

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**QUANTIFERON TB-GOLD**

**TEST CODE: TBGOLD**

**SVG**

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**QUANTITATIVE IMMUNES**

See IgA, IgG and IgM

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**QUANTITATIVE URINE PROTEIN:**

See PROTEIN, URINE QUANTITATION

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**QUIBRON:**

See THEOPHYLLINE

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**QUINIDINE**

**TEST CODE: QUIN**

**Quest #66944P**

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

See BETA STREP GROUP A, RAPID

**RBC:**

See CBC

**RBC ANTIBODY SCREEN:**

See ANTIBODY SCREEN

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

See CBC

**RDW:**

See CBC

**RED BLOOD COUNT:**

See CBC

**REDUCING SUBSTANCE, FECES**

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

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

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

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

**CPT Code:** 84376

**R****REDUCING SUBSTANCE, URINE**

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

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

**Reference Range:** Negative

**CPT Code:** 84376

**RENAL PANEL**

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

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

**Reference Range:**

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

**CPT Code:** 80069

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

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

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

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

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

**Reference Range:** Negative for RSV by (EIA)

**CPT Code:** 87420

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

See RESPIRATORY SYNCYTIAL VIRUS EIA

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

**S****SALICYLAMINE:**

See SALICYLATES, SERUM

**SALICYLATES**

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

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

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

**Trade Names:** Aspirin, Salicylamide

**CPT Code:** 80196

**SALMONELLA CULTURE:**

See CULTURE, STOOL

**SCOTCH TAPE TEST:**

See PINWORM PREP

**SED (SEDIMENTATION) RATE**

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

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

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

**CPT Code:** 85651

**S**

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**SEDAPAP-10:** See ACETAMINOPHEN

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**SEDRATE:** See SED RATE

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**SEMEN ANALYSIS** Mayo

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**SEROTONIN** TEST CODE: QSERO Quest #29851X

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

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**SGOT (AST)**

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

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

**Reference Range:** 10 – 37 IU/L

**CPT Code:** 84450

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**SGPT (ALT)**

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

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

**Reference Range:** 30 – 65 IU/L

**CPT Code:** 84460

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**S****SHIGELLA CULTURE:**

See CULTURE, STOOL

**SLO-PHYLLINE:**

See THEOPHYLLINE

**SMEAR, ACID FAST:**

See CULTURE, ACID FAST

**SMEAR, GRAM STAIN:**

See GRAM STAIN

**SMEAR, INFLUENZA A & B:**

See INFLUENZA SCREEN

**SMEAR, MALARIAL:**

See MALARIAL BLOOD SMEAR

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

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**SODIUM (NA)**

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

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

**Reference Range:** 133-142 mmol/L

**CPT Code:** 84295

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**SODIUM (NA), 24HR URINE**

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

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

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

**Reference Range:** 40-220 mmol/24hrs

**CPT Code:** 84295

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

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

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

**SPECIFIC GRAVITY, (Urine)**

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

**SPERM COUNT:** See SEMEN ANALYSIS

**SPINAL FLUID COUNT:** See CELL COUNT, FLUID

**SPINAL FLUID, GLUCOSE:** See GLUCOSE, SPINAL FLUID

**SPINAL FLUID, PROTEIN:** See PROTEIN, SPINAL FLUID

**SPINAL FLUID VDRL:** See VDRL, CSF

**S**

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**SPOROTRICHOSIS:** See CULTURE, FUNGUS

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**SPUTUM CULTURE:** See CULTURE, RESPIRATORY

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

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

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**STOOL, FAT:** See FAT, FECES

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**STREP GROUP A, RAPID**

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

**Specimen Requirement:** 2 Swabs break ampule

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

**Specimen Storage:** Refrigerate

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

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

**CPT Code:** 87430

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

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

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

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**S**

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

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**SUGAR:**See GLUCOSE

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**SUGAR, FASTING:**See GLUCOSE

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

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**SYPHILIS SEROLOGY:**See RPR

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**T**

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

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**T4, FREE**

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

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<b>T4:T8 Ratio</b>	<b>TEST CODE: T4T8RA</b>	<b>SVG</b>
<b>TACROLIMUS</b>	<b>TEST CODE: QTACRO</b>	<b>Quest #70007X</b>
<b>TB CULTURE:</b>	<b>TEST CODE: TBBC</b>	<b>SVG</b>
<b>TB GOLD (QUANTIFERON)</b>	<b>TEST CODE: TBGOLD</b>	<b>SVG</b>
<b>*SMGB LAB must receive the blood within 10 hours of drawing and by 1200 M-F, SVG Lab must receive the blood within 12 hours of drawing and by 1300 M-F</b>		
<b>TB SMEAR &amp; CULTURE</b>	<b>TEST CODE: TBCUL</b>	<b>SVG</b>

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**T****THERAPUTIC PHLEBOTOMY**

**Test Code:** MTHWD  
**Performed:** Patient must have procedure performed at the hospital laboratory  
**Procedure Notes:** Contact St. Mary's Blood Bank 498-4672  
for patient preparation requirements and guidelines for the procedure  
**CPT Code:** 99198

**THROAT CULTURE:** See CULTURE, RESPIRATORY

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

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

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

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

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

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

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

**TIBC:** See IRON-IRON BINDING CAPACITY

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

# T

## TISSUE SPECIMEN- DIAGNOSTIC - PATHOLOGY

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

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

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

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

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

**Reference Range:** Varies with specimen

**CPT Code:** 88304

## TISSUE SPECIMEN – IDENTIFICATION - PATHOLOGY

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

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

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

**Note: Frozen sections must arrive fresh, in saline.**

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

**Reference Range:** Varies with specimen

**CPT Code:** 88302

**T**

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

**T****TRG:**

See TRIGLYCERIDES

**TRIGLYCERIDES**

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

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

**Reference Range:** 30 - 200 mg/dL

**CPT Code:** 84478

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

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

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

**Reference Range:** 0.00 -1.50 ng/ml

**CPT Code:** 84484

**T****TSH (THYROID STIMULATING HORMONE)**

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

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

See CULTURE, ACID FAST

**TYLENOL:**

See ACETAMINOPHEN

**TYPE AND RH:**

See ABO TYPE and RH FACTOR

# U

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**UA:** See URINALYSIS

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**UCG URINE, QUALITATIVE:** See PREGNANCY TEST, QUALITATIVE

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## UREA NITROGEN, URINE RANDOM

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

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

**Reference Range:** None

**CPT Code:** 84540

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## UREA NITROGEN, URINE TIMED

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

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

**Specimen Storage:** Refrigerate during and after collection

**Reference Range:** 7 - 20 g/24hrs

**CPT Code:** 84540

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**UREA NITROGEN, SERUM:** See BUN

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**UREAPLASMA CULTURE:** See CULTURE, UREAPLASMA

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# U

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**URETHRAL CULTURE:**

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

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**URIC ACID**

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

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

**Reference Range:** 2.6 - 7.2 mg/dL

**CPT Code:** 84550

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**URIC ACID CRYSTALS:**

See CRYSTALS, BODY FLUID

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**URIC ACID, 24HR URINE**

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

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

**Reference Range:** None

**CPT Code:** 84560

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# U

## URIC ACID, URINE RANDOM

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

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

**Reference Range:** None  
**CPT Code:** 84560

## URINALYSIS (automated with reflex to microscopy)

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

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

**Specimen Storage:** Refrigerate  
**Rejection Criteria:** Contamination with stool

**Multiple Tests:**

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

Microscopic Exam (done reflexively based on automated results)

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

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

**CPT Code:** 81003

# U

## URINALYSIS – Automated MACRO only

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

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

**Specimen Storage:** Refrigerated  
**Rejection Criteria:** Contamination with stool

**Multiple Tests:**

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

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

**CPT Code:** 81003

## URINALYSIS – Microscopic only

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

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

**Specimen Storage:** Refrigerated  
**Rejection Criteria:** Contamination with stool

**Multiple Tests:**

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

**CPT Code:** 81015

**U**

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

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**URINE DRUG SCREEN**See DRUG SCREEN, RAPID (Drugs of Abuse Screen)

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**URINE PHOSPHORUS:**See PHOSPHOROUS, URINE

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**URINE PROTEIN, QUALITATIVE:**See URINALYSIS

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**URINE PROTEIN, QUANTITATIVE:**See PROTEIN, URINE QUANTITATION

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**URINE SCREEN:**See CULTURE, URINE

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**URINE UREA NITROGEN:**See UREA NITROGEN, URINE

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**URINE, MACROSCOPIC:**See URINALYSIS

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**V**

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**VAGINAL CULTURE:** See CULTURE, GENITAL

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**VALPROATE:** See VALPROIC ACID

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**VALPROIC ACID (DEPAKENE)**

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

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

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

**CPT Code:** 80164

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**VANCOMYCIN**

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

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

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

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

**CPT Code:** 80202

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

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**V****VANILLYLMANDELIC ACID:**

See VMA

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

Bayer Rapid Point 405

**Performed:**

Daily, all shifts

**Laboratory Department:**

Chemistry

**Specimen Collection:**

Specimens must be collected anaerobically in an ABG Syringe or heparinized Vacutainer tube and placed in a crioplast container immediately to slow down metabolism of oxygen by the blood cells (using ice may elevate the PO<sub>2</sub>). The specimen must be transported to the laboratory within 15 minutes of collection.

**Specimen Requirements:**

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

**Specimen Storage:**

Transport blood to the lab immediately!!

**Rejection Criteria:**

Air bubbles in specimen, clots.

**Reference Range:**

pH: 7.35 - 7.45  
pO<sub>2</sub>, pCO<sub>2</sub>, O<sub>2</sub> Saturation, TCO<sub>2</sub>, HCO<sub>3</sub>, Base: None Established

**CPT Code:**

82803

**VIRAPAP:**

See HUMAN PAPILLOMAVIRUS

**V****VIRAL CULTURE:**

SVG

\*ORDER IS VIRUS DEPENDENT – GENERAL VIRUS CULTURE IS NO LONGER AVAILABLE

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

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

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

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

**Reference Range:** 3.0-10.5 k/ul

**CPT Code:** 85048

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

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

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

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

**CPT Code:** 87210

**WHITE BLOOD CELL COUNT:**

See WBC

<b>W</b>
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**WORM ID**

**TEST CODE: WORMID**

**SVG**

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**WOUND CULTURE:**

**TEST CODE: WNDCUL**

**SVG**

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<b>Y</b>
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**YEAST CULTURE:**

**TEST CODE: YSTCUL**

**SVG**

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**YEAST SMEAR (Calcofluor White Stain)**

**TEST CODE: FGSM**

**SVG**

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**Z**

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

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

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