

Policy #: 900 (PLH-900-18) **Effective Date:** 9/30/2004 **Reviewed Date:** 7/1/2015

Subject: LABORATORY TEST SCHEDULE

Approved by: Laboratory Director, Jerry Barker (electronic signature)

Approved by: Laboratory Medical Director, Mark P. Burton, MD (electronic signature)

Approved by: Affiliate Lab Medical Director, Chris Giampapa, MD (electronic signature)

Approved by: Affiliate Lab Medical Director, Paul J. Sims, MD (electronic signature)

Approved by: Affiliate Lab Medical Director, F. E. Williamson, MD (electronic signature)

LABORATORY TEST SCHEDULE

Laboratory tests performed In-House are listed alphabetical order by name. Refer to specific policies in this manual for Transfusion Service (700), Microbiology (600) and Molecular Diagnostics (650) collections. Inquiry on tests not found can be obtained by calling the Laboratory Call Center 541-7990 or viewing the "Online Test Catalog".

KEY:

MIN=minutes

H=hours

NA= not applicable

*=performed STAT if approved by pathologist

PST=plasma separation gel tube

SST=serum separation gel tube

TEST	SPECIMEN TYPE	ROUTINE REPORTING INTERVAL	STAT REPORTING INTERVAL	BLOOD COLLECTION TUBE NEEDED	COMMENTS REGARDING SPECIAL PATIENT PREPARATION, HANDLING OF SPECIMEN, DATES & TIMES PERFORMED, ETC.
ACETAMINOPHEN	BLOOD	8 H	1 H	SST OR PST	EXPECTED RANGE: 10-30 MCG/ML
ACETONE (KETONES)	BLOOD	4 H	1 H	PST OR SST	PERFORMED ON ALL SHIFTS.
ACT-BEDSIDE	BLOOD	N/A	15 MIN	WHOLE BLOOD	COLLECTED BY COAG TECH OR NURSING. ALWAYS PERFORMED STAT AFTER COLLECTION.
ACTIVATED PROTEIN C RESISTANCE (FV LEIDEN SCREEN)	BLOOD	4 H	NA	2 BLUE & 1 LAV	M, W & F, 7AM-3PM. BORDERLINE AND POSITIVE RESULTS REFLEX TO FVL (DNA).
AFP (ALPHA-FETOPROTEIN)	BLOOD	8 H	2 H	RED OR SST	PERFORMED DAILY; TURBIDITY MAY CAUSE INTERFERENCE
ALBUMIN	BLOOD	8 H	1 H	PST OR SST	PERFORMED ON ALL SHIFTS.

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

TEST	SPECIMEN TYPE	ROUTINE REPORTING INTERVAL	STAT REPORTING INTERVAL	BLOOD COLLECTION TUBE NEEDED	COMMENTS REGARDING SPECIAL PATIENT PREPARATION, HANDLING OF SPECIMEN, DATES & TIMES PERFORMED, ETC.
ANTI-HISTONE	BLOOD	8H	NA	RED	PERFORMED: M-F, DAYSHIFT. 0.4 ML MINIMUM
ANTI-Jo1	BLOOD	8H	NA	RED	PERFORMED: M-F, DAYSHIFT. 0.4 ML MINIMUM.
ANTI-RNP	BLOOD	8H	NA	RED	PERFORMED: M-F, DAYSHIFT. 0.4 ML MINIMUM.
ANTI-Scl 70	BLOOD	8H	NA	RED	PERFORMED: M-F, DAYSHIFT. 0.4 ML MINIMUM.
ANTI-SM	BLOOD	8H	NA	RED	PERFORMED: M-F, DAYSHIFT. 0.4 ML MINIMUM.
ANTI-SSA(Ro)	BLOOD	8H	NA	RED	PERFORMED: M-F, DAYSHIFT. 0.4 ML MINIMUM.
ANTI-SSB(La)	BLOOD	8H	NA	RED	PERFORMED: M-F, DAYSHIFT. 0.4 ML MINIMUM.
ANTI-THROMBIN III	CITRATED PLASMA	4 H	40 MIN	BLUE	PERFORMED 24/7
APT TEST/FETAL HEMOGLOBIN	GASTRIC CONTENT	6 H	60 MIN	STERILE CONTAINER	SCREENING TEST ONLY.
ART BLD GAS/CRITICAL CARE	ARTERIAL BLOOD	1 H	15 MIN	HEPARIN-SYRINGE	AVOID GETTING AIR IN SYRINGE. PLACE ON ICE. TEST IS FOR ABGS' IN CRITICAL CARE UNITS PERFORMED BY RT.
ART BLOOD GAS-CAPILLARY	BLOOD -SKIN PUNCTURE	1 H	15 MIN	HEPARIN - CAPILLARY	PERFORMED BY RT IN SPECIAL CARE NSY
ARTERIAL BLOOD GAS	ARTERIAL BLOOD	1 H	15 MIN	HEPARIN-SYRINGE	AVOID AIR IN SYRINGE. PLACE ON ICE.
ASCITES ALBUMIN PROFILE	BLOOD & ASCITES FLUID	24 H	*	RED	COLLECT BLOOD IF FRESH SAMPLE COLLECTED DAY OF FLUID IS NOT IN LAB. PERFORMED: M-SUNDAY, DAYSHIFT.
ASO	BLOOD	8 H	*	RED, PST	PERFORMED: DAILY, DAYSHIFT. 0.5 ML SERUM.
B. ABORTUS	BLOOD	8 H	NA	RED	PERFORMED: MONDAY-SUNDAY, DAYSHIFT. SPECIMEN: 1 ML SERUM REQUIRED.
B12/FOLATE	BLOOD	6H	*	SST	COMBINE VITAMIN B12 & FOLATE TESTING. SEE INDIVIDUAL TESTS FOR COMMENTS.

TEST	SPECIMEN TYPE	ROUTINE REPORTING INTERVAL	STAT REPORTING INTERVAL	BLOOD COLLECTION TUBE NEEDED	COMMENTS REGARDING SPECIAL PATIENT PREPARATION, HANDLING OF SPECIMEN, DATES & TIMES PERFORMED, ETC.
B-HCG QUANTITATION	BLOOD	8H	1H	GREEN	PERFORMED ON ALL SHIFTS. SERUM IS THE PREFERRED SPECIMEN.
BETA-HYDROXYBUTYRATE	BLOOD	8 H	1 H	PST, SST OR LAV	DAILY-PERFORMED ON ALL SHIFTS
BILE SPECIMEN EXAM	FLUID	NA	15 MIN	SYRINGE	SPECIFY FLUID TYPE ON REQUEST.
BILIRUBIN, DIRECT	BLOOD	6 H	1 H	PST OR SST	NONE.
BILIRUBIN, TOTAL	BLOOD	6 H	1 H	PST OR SST	NONE.
BILIRUBIN, TOTAL-NEONATAL	BLOOD	6 H	1 H	HEPARIN MICRO COLLECTION	THIS TEST IS FOR INFANTS LESS THAN 1 MONTH OF AGE. EXPECTED RANGE: LESS THAN 12.0 MG/DL.
BLOOD SUGAR SCREEN	BLOOD	4 H	2 H	PST OR SST	ORDERED FOR BLOOD SUGAR TESTING DURING PREGNANCY. 1 HOUR FASTING REQUIRED. GIVE 50G OF GLUCOLA, DRAW GLUCOSE 1 HOUR LATER. IF REQUESTED, FASTING SPECIMEN IS NOT DRAWN
BMP (BASIC METABOLIC PANEL)	BLOOD	6 H	1 H	PST OR SST	PERFORMED ON ALL SHIFTS.
BNP (AT AFFILIATES ONLY)	BLOOD	4H	1H	EDTA PURPLE	WHOLE BLOOD GOOD ONLY 4HRS AFTER COLLECTION UNLESS PLASMA TAKEN OFF CELLS AND FROZEN. EDTA PLASMA STABLE FOR 24 HOURS AT 2-8 C. FREEZE PLASMA AT -20C. IF TESTING IS NOT PERFORMED BEFORE 24 HOURS.
BODY FLUID EXAM	FLUID	6 H	3 H	LAV, SPECIAL	PERFORMED ON ALL SHIFTS.
BONE MARROW WORK-UP (DIFF)	BONE MARROW	48 H	NA	DIRECT SMEAR AT BEDSIDE	PRE SCHEDULE WITH SPECIAL HEMATOLOGY, DAY SHIFT.
BRONCHOALVEOLAR LAVAGE	FLUID	8 H	3 H	MISC	SPECIMEN FIRST GOES TO MICROBIOLOGY.NO CELL COUNT; ONLY DIFFERENTIAL.
BUN (BLOOD UREA NITROGEN)	BLOOD	6 H	1 H	PST OR SST	NONE.
CA 15.3	BLOOD	8 H	2 H	GREEN	PERFORMED DAILY; TURBIDITY MAY CAUSE INTERFERNCE
CA 19.9	BLOOD	8 H	2 H	GREEN	PERFORMED DAILY; HEMOLYSIS OR TURBIDITY MAY CAUSE INTERFERNCE

TEST	SPECIMEN TYPE	ROUTINE REPORTING INTERVAL	STAT REPORTING INTERVAL	BLOOD COLLECTION TUBE NEEDED	COMMENTS REGARDING SPECIAL PATIENT PREPARATION, HANDLING OF SPECIMEN, DATES & TIMES PERFORMED, ETC.
CA 27.29	BLOOD	8 H	2 H	RED OR SST	PERFORMED DAILY; TURBIDITY MAY CAUSE INTERFERENCE
C3	BLOOD	6 H	1 H	GREEN	PERFORMED ON ALL SHIFTS
C4	BLOOD	6 H	1 H	GREEN	PERFORMED ON ALL SHIFTS
CAFFEINE	BLOOD	6 H	2 H	SST OR PST	TEST PERFORMED ON ALL SHIFTS. TEST TO BE ORDERED ONLY FOR INFANTS AND CHILDREN.
CALCIUM	BLOOD	6 H	1 H	PST OR SST	PERFORMED ON ALL SHIFTS.
CAMPYLOBACTER ANTIGEN	Needs to be removed				
CANCER ANTIGEN 125	BLOOD	8 H	2 H	PST OR SST	PERFORMED ON ALL SHIFTS.
CARBAMAZEPINE	BLOOD	8 H	1 H	SST OR PST	PRODUCT NAME: TEGRETOL OPTIMUM COLLECT TIME A.M.
CARBON DIOXIDE (CO ₂)	BLOOD	6 H	1 H	PST OR SST	PERFORMED ON ALL SHIFTS.
CARBOXYHEMOGLOBIN (CARBON MONOXIDE)	BLOOD	30 MIN	30 MIN	ABG SYRINGE or PST	PLACE ON ICE. HEPARIN SPECIMEN ACCEPTED.
CBC (ABSOLUTE COUNTS)	BLOOD	6 H	1 H	LAV	PERFORMED ON ALL SHIFTS.
CBC WITH WBC (DIFF)	BLOOD	6 H	1 H	LAV	INCLUDES 10 PARAMETERS & 5 PART DIFF.
CBC W/O WBC (DIFF)	BLOOD	6 H	1 H	LAV	DOES NOT INCLUDE WBC DIFF
CEA	BLOOD	8 H	2 H	GREEN	PERFORMED ON ALL SHIFTS. 1.0 ML MINIMUM SPECIMEN REQUIRED.
CELL COUNT FLUID (SMEAR)	SMEAR	6 H	2 H	NA	TEST ORDERED WHEN A SMEAR FROM A BODY FLUID IS RECEIVED FOR A CELL COUNT.
CHEMISTRY PROFILE (NEO)	BLOOD	6 H	1 H	MICRO HEPARIN	TEST DEFINED FOR NEONATES ONLY.
CHLAMYDIA TRACHOMATIS	URINE GENITAL THIN PREP PAP	24-48 H	NA	URINE-STERILE CUP OR APTIMA URINE COLLECTION DEVICE ;GENITAL-APTIMA UNISEX SWAB COLLECTION DEVICE; PRESERVCYT PAP	M-F. REFER TO MOLECULAR POLICY #650

TEST	SPECIMEN TYPE	ROUTINE REPORTING INTERVAL	STAT REPORTING INTERVAL	BLOOD COLLECTION TUBE NEEDED	COMMENTS REGARDING SPECIAL PATIENT PREPARATION, HANDLING OF SPECIMEN, DATES & TIMES PERFORMED, ETC.
CHLORIDE	BLOOD	6 H	1 H	PST OR SST	PERFORMED ON ALL SHIFTS.
CHOLESTEROL	BLOOD	6 H	1 H	PST OR SST	PERFORMED ON ALL SHIFTS.
CK-MB	BLOOD	2 H	1 H	PST, SST EDTA	PERFORMED ON ALL SHIFTS.
CLOSTRIDIUM DIFF BY PCR	STOOL-LIQUID OR UNFORMED ONLY	18 H	NA	STERILE CONTAINER	PERFORMED 7 DAYS-DAYSHIFT/PM SHIFT . REFRIGERATE AT 2-8C IF DELAY IN TRANSPORT.
CMP (COMPREHENSIVE METABOLIC PANEL)	BLOOD	6 H	1 H	PST OR SST	PERFORMED ON ALL SHIFTS.
CMV (IGG/IGM)	BLOOD	48 H	1H	RED	PERFORMED TUES, THURS AND SATURDAY. DAYSHIFT ONLY. 1.0 SERUM FROZEN.
COAGULATION CONSULT	N/A	24 H	< 24 H	NA	REPORTED BY PATHOLOGIST.
COAGULATION PROFILE	BLOOD	8 H	1-1.5 H	3 BLUE & 1 LAV	PATHOLOGY INTERPRETATION BY REQUEST. HAND DELIVER PFA. DO NOT SEND THROUGH TUBE SYSTEM
COLLAGEN (ARTHRITIS) PANEL	BLOOD	6 H	NA	LAV, SST AND RED	PANEL INCLUDES: ESR, RA, URIC ACID, FANA, & CRP.
C-PEPTIDE	BLOOD	6 H	2 H	SST	PERFORMED ON ALL SHIFTS.
CORTISOL AM	BLOOD	8 H	1 H	GREEN	PERFORMED ON ALL SHIFTS. EDTA PLASMA SHOULD NOT BE USED.
CORTISOL PM	BLOOD	8 H	1 H	GREEN	PERFORMED ON ALL SHIFTS. EDTA PLASMA SHOULD NOT BE USED.
CORTISOL STIMUATION	BLOOD	8 H	N/A	SST, PST	SEE CORTISOL STUDIES IN THIS MANUAL.
COTININE, QUANTITATION-BLOOD	BLOOD	6 H	2 H	RED	PERFORMED M-F. USED TO DETERMINE SMOKING STATUS.
C-REACTIVE PROTEIN (CRP)	BLOOD	8H	1H	PST OR SST	ALL SHIFTS.
CREATINE PHOSPHOKINASE (CPK)	BLOOD	8 H	1 H	PST OR SST	PERFORMED ON ALL SHIFTS.
CREATININE	BLOOD	8 H	1 H	PST OR SST	PERFORMED ON ALL SHIFTS.
CREATININE CLEAR 24 HOUR	BLOOD & URINE	12 H	4 H	PST OR SST	PUT TIME OF URINE COLLECTION ON URINE BOTTLE.
CREATININE CLEAR 4 HOUR	BLOOD & URINE	12 H	4 H	PST OR SST	PUT COLLECTION TIME ON URINE BOTTLE.

TEST	SPECIMEN TYPE	ROUTINE REPORTING INTERVAL	STAT REPORTING INTERVAL	BLOOD COLLECTION TUBE NEEDED	COMMENTS REGARDING SPECIAL PATIENT PREPARATION, HANDLING OF SPECIMEN, DATES & TIMES PERFORMED, ETC.
CRYOGLOBULIN	BLOOD	72 H	NA	RED AT 37°C	SET-UP DAILY. FASTING SAMPLE REQUIRED. CALL LAB FOR SAND.
CRYPTOCOCCAL ANTIGEN	CSF or SERUM	8 H	1 H	RED OR CSF #4	PERFORMED: DAILY, ALL SHIFTS.
CSF CELL COUNT	CSF	4 H	1 H	STERILE SCREW TOP CONTAINER	INCLUDES WHITE & RED CELL COUNTS.
CSF GLUCOSE	CSF	4 H	40 MIN	STERILE SCREW TOP CONTAINER	PERFORMED ON ALL SHIFTS.
CSF PROFILE	CSF	4 H	1 H	STERILE SCREW TOP CONTAINER	VDRL SENT OFF ONLY BY PHYSICIAN REQUEST. INCLUDES: CELL COUNT, PROTEIN, AND GLUCOSE.
CSF TOTAL PROTEIN	CSF	4 H	40 MIN	STERILE SCREW TOP CONTAINER	PERFORMED ON ALL SHIFTS.
CYTOMEGALOVIRUS IGG & IGM	BLOOD	48 H	NA	RED	PERFORMED: TUES, THURS & SAT DAYSHIFT, 0.5 ML MINIMUM
D-DIMER (QUANTITATIVE)	CITRATED PLASMA	4 H	30 MIN	BLUE	PERFORMED ON ALL SHIFTS. SEND TO LAB STAT.
DIC PROFILE	BLOOD	8 H	1-1.5 H	BLUE/2, LAV	PATHOLOGY INTERPRETATION BY REQUEST ONLY.
DIFF REVIEW	BLOOD	24 HR	NA	EDTA WITH SLIDE	PATHOLOGY INTERPRETATION, IF APPLICABLE.
DIFF REVIEW WITH PATH INTERPRETATION	BLOOD	24 HR	NA	EDTA WITH SLIDE	ORDER WHEN PATHOLOGY INTERPRETATION IS REQUESTED.
DIGOXIN	BLOOD	8 H	1 H	SST ONLY	SERUM ONLY. OPTIMUM COLLECTION TIME A.M. OR 6 HOURS AFTER DOSE.
DILANTIN (PHENYTOIN)	BLOOD	8 H	1 H	SST OR PST	OPTIMUM COLLECTION TIME A.M.
DILUTE RUSSELL VIPER VENOM	CITRATED PLASMA	8 H ON DAY PERFORMED	*	BLUE	PERFORMED 7 AM-3 PM M, W & F
DRUG SCREEN (EMIT) LIMITED	URINE	24 H	3 H	STERILE SCREW TOP CONTAINER	PERFORMED ON ALL SHIFTS.

TEST	SPECIMEN TYPE	ROUTINE REPORTING INTERVAL	STAT REPORTING INTERVAL	BLOOD COLLECTION TUBE NEEDED	COMMENTS REGARDING SPECIAL PATIENT PREPARATION, HANDLING OF SPECIMEN, DATES & TIMES PERFORMED, ETC.
DRUG SCREEN (NON-MEDICAL)	URINE	6 H	2 H	STERILE SCREW TOP CONTAINER	ORDER AS "DS" AND REQUIRES CHAIN OF CUSTODY COLLECTION. CAN BE ORDERED ON ER INDUSTRIAL SCREEN OUTPATIENT AND EMPLOYEE INTERVENTION.
DRUG SCREEN, COMPREHENSIVE	URINE	24 H	4 H	STERILE SCREW TOP CONTAINER	PERFORMED M-F, DAYSHIFT AS NEEDED.
ELECTROLYTES	BLOOD	6 H	1 H	PST OR SST	PERFORMED ON ALL SHIFTS.
ENA PANEL (EXTRACTABLE NUCLEAR ANTIGEN TEST)	BLOOD	8 H	NA	RED	PERFORMED DAYSHIFT ONLY, DAILY. 0.4 ML MINIMUM
EPSTEIN BARR VIRUS EBV-IGG/IGM	BLOOD	48 H	4 H	RED	0.5 ML SERUM REQUIRED FROZEN. PERFORMED TUES, THURS AND SATURDAY DAYSHIFT.
ESTRADIOL	BLOOD	6 H	2 H	GREEN	PERFORMED ON ALL SHIFTS.
ERYTHROCYTE SEDIMENTATION RATE	BLOOD	6 H	1 H	EDTA OR SED RATE TUBE	PERFORMED ON ALL SHIFTS.
FACTOR V ASSAY	CITRATED PLASMA	8 H	NA	BLUE	PERFORMED DAILY. DAYSHIFT ONLY, 7AM - 3PM
FACTOR V LEIDEN	BLOOD	7 DAYS	NA	LAV-EDTA	ONCE WEEKLY- THURSDAY AM. REFER TO MOLECULAR POLICY #650
FACTOR VIII ASSAY	CITRATED PLASMA	8 H	NA	BLUE	PERFORMED THURSDAY, 7AM - 3PM
FANA PROFILE	BLOOD	8 H	NA	RED	PERFORMED M-F. POSITIVE TEST WILL BE TITERED. EXPECTED RESULT: NEGATIVE.
FANA WITH REFLEX ENA	BLOOD	8 H	NA	RED	SEE PLH 814 IN THIS HANDBOOK FOR DETAIL OF ANTIBODY LIST PERFORMED.
FAT IN URINE	URINE	8 H	1 H	STERILE SCREW TOP CONTAINER	NONE.
FEBRILE AGGLUTININS	BLOOD	8 H	2 H	RED	PERFORMED: MONDAY-SUNDAY, DAYSHIFT. SPECIMEN: 2.0 ML SERUM.

TEST	SPECIMEN TYPE	ROUTINE REPORTING INTERVAL	STAT REPORTING INTERVAL	BLOOD COLLECTION TUBE NEEDED	COMMENTS REGARDING SPECIAL PATIENT PREPARATION, HANDLING OF SPECIMEN, DATES & TIMES PERFORMED, ETC.
FECAL FAT, QUALITATIVE	STOOL	24 H	12 H	STERILE SCREW TOP CONTAINER	PERFORMED ON ALL SHIFTS.
FERRITIN	BLOOD	24 H	1 H	PST OR SST	PERFORMED ON ALL SHIFTS. SPECIMEN 0.5 ML SERUM OR PLASMA REQUIRED. HEMOLYZED SPECIMENS SHOULD BE AVOIDED.
FETAL FIBRONECTIN	SWAB WITH SPECIAL SUPPLIED COLLECTION TRANSPORT	2 H	2 H	SPECIAL SUPPLIED COLLECTION DEVICE	PERFORMED DAILY, ALL SHIFTS. SPECIAL SUPPLIED COLLECTION CONTAINER MUST BE USED. STORE AT 2-8 C IF NOT TESTED WITHIN 8 HOURS. TRANSPORT REFRIGERATED. IF NOT TESTED WITHIN 3 DAYS, SPECIMEN MUST BE FROZEN.
FIBRINOGEN	CITRATED PLASMA	4 H	1 H	BLUE	PERFORMED ON ALL SHIFTS.
FLUID CRYSTALS	SYNOVIAL FLUID OR MISC.	4 H	2 H	STERILE CONTAINER	PERFORMED ON ALL SHIFTS – CAN BE ORDERED SEPARATE FROM PROFILE.
FOLATE SERUM	BLOOD	6 H	1 H	PST OR SST	PERFORMED 24HRS. 0.5 ML SERUM REQUIRED. BEST RESULT IF OBTAINED BEFORE THERAPY.
FOLLICLES STIMULATING HORMONES (FSH)	BLOOD	8 H	1 H	GREEN	PERFORMED ON ALL SHIFTS. INTERPRETATION REPORTED WITH RESULTS. FREEZE SPECIMEN UNTIL ASSAYED.
FREE LIGHT CHAINS (KAPPA AND LAMBDA)	BLOOD	8 H	NA	RED	PERFORMED M-F, DAYSHIFT ONLY.
FREE THYROXINE (T4)	BLOOD	6 H	1 H	SST	PERFORMED ON ALL SHIFTS.
FT3	BLOOD	6 H	2 H	SST	PERFORMED ON ALL SHIFTS.
FUNGAL SEROLOGY	BLOOD	48 H	NA	RED	TEST REQUIRES 48 HOURS SETUP TUES/FRI.
GAMMA GLUTAMYL TRANSPEP (GGT)	BLOOD	6 H	1 H	PST OR SST	PERFORMED ON ALL SHIFTS.
GENTAMICIN PEAK	BLOOD	8 H	1 H	SST OR PST	DRAW 30 MINUTES AFTER IV IS COMPLETE, 1 H AFTER IM.

TEST	SPECIMEN TYPE	ROUTINE REPORTING INTERVAL	STAT REPORTING INTERVAL	BLOOD COLLECTION TUBE NEEDED	COMMENTS REGARDING SPECIAL PATIENT PREPARATION, HANDLING OF SPECIMEN, DATES & TIMES PERFORMED, ETC.
GENTAMICIN TROUGH	BLOOD	8 H	1 H	SST OR PST	DRAW 30 MINS BEFORE DOSE (IM AND IVPM)
GENTAMICIN, RANDOM	BLOOD	8 H	1 H	SST OR PST	PERFORMED ON ALL SHIFTS.
GIARDIA/ CRYPTOSPORIDIUM IMMUNOASSAY	STOOL	8 H	1 H	STERILE CONTAINER	PERFORMED DAILY; ALL SHIFTS.
GLUCOSE	BLOOD	6 H	1 H	PST OR SST	PERFORMED ON ALL SHIFTS.
GLUCOSE 2 HR PC	BLOOD	4 H	1 H	PST OR SST	DRAW 2 HOURS AFTER MEAL.
GLUCOSE TOLERANCE	BLOOD	3 H AFTER LAST COLLECT TIME	1 H AFTER LAST COLLECT TIME	PST OR SST	SEE PROCEDURE IN THIS MANUAL. ORDER TOLERANCE ACCORDING TO TIME INDICATED BY PHYSICIAN.
GLYCATED HGB	BLOOD	6 H	2 H	EDTA	PERFORMED DAILY. ALSO KNOWN AS HEMOGLOBIN A1C AND GLYCOSYLATED HGB. EDTA WHOLE BLOOD.
GROUP A STREP ID	THROAT SWAB	4 H	30 MIN	SWAB	PERFORMED DAILY; ALL SHIFTS.
GROUP B STREP BY PCR	SWAB	24-48 H	NA		PERFORMED DAILY- AM SHIFT. REFER TO MOLECULAR POLICY #650
H. PYLORI ANTIGEN	STOOL	6 H	2 H	STERILE CONTAINER	PERFORMED DAILY DAYSHIFT.
HAPTOGLOBIN	BLOOD	8 H	1 H	RED	PERFORMED ON ALL SHIFTS.
HCV QUANT VIRAL LOAD	BLOOD	7 DAYS	NA	SST / 2	ONCE WEEKLY- WEDNESDAY AM. REFER TO MOLECULAR POLICY #650
HELICOBACTER PYLORI, IGG ANTIBODY	BLOOD	8 H	2 H	RED	TEST PERFORMED: WEDNESDAY & SUNDAY. 0.5 ML SERUM REQUIRED. NO PLASMA. NO HEMOLYZED, LIPEMIC OR ICTERIC SAMPLES. ASSAY SHOULD ONLY BE PERFORMED ON SYMPTOMATIC PATIENTS. REFRIGERATE SERUM UP TO 48 HOURS. FREEZE <-20 IF TESTING IS DELAYED MORE THAN 48 HOURS.
HEMATOCRIT	BLOOD	6 H	1 H	LAV	PERFORMED ON ALL SHIFTS.
HEMOGLOBIN	BLOOD	6 H	1 H	LAV	PERFORMED ON ALL SHIFTS.

TEST	SPECIMEN TYPE	ROUTINE REPORTING INTERVAL	STAT REPORTING INTERVAL	BLOOD COLLECTION TUBE NEEDED	COMMENTS REGARDING SPECIAL PATIENT PREPARATION, HANDLING OF SPECIMEN, DATES & TIMES PERFORMED, ETC.
HEMOGLOBIN ELECTROPHORESIS	BLOOD	8 H	NA	LAV	PERFORMED: TUES & THURS DAYSHIFT. 1 ML EDTA WHOLE BLOOD. IF MICRO SPECIMEN: 3 MICRO BULLETS FULL.
HEPARIN ANTI-XA	CITRATED PLASMA	8H	NA	BLUE	DAILY. DAYSHIFT ONLY. 7AM – 3PM. MUST BE IN LAB PRIOR TO 1PM TO BE COMPLETED SAME DAY. NO LINE DRAWS.
HEPARIN ASSOCIATED ANTIBODY	BLOOD	8 H	2 H	RED	MUST BE IN LAB BEFORE 1PM TO BE COMPLETED SAME DAY-NO LINE DRAWS.
HEPARIN NEUTRALIZATION	CITRATE PLASMA	4 H	45 MIN	BLUE	REQUIRES BASELINE THROMBIN TIME RESULT.
HEPATIC FUNCTION PANEL	BLOOD	6 H	60 MIN	PST/SST	PERFORMED ON ALL SHIFTS.
HEPATITIS A AB-IGM	BLOOD	8 H	1 H	SST	DAILY SERUM OR HEPARINIZED PLASMA
HEPATITIS B CORE IGM AB	BLOOD	8 H	1 H	SST	DAILY SERUM OR HEPARINIZED PLASMA
HEPATITIS B SURFACE AG	BLOOD	8 H	1 H	SST	DAILY SERUM OR HEPARINIZED PLASMA
HEPATITIS C ANTIBODY	BLOOD	8 H	1 H	SST	DAILY SERUM OR HEPARINIZED PLASMA
HEPATITIS PROFILE	BLOOD	8 H	1 H	SST	PERFORMED: ON ALL SHIFTS. INCLUDES: B SURFACE AG, B CORE IGM AB, AND A & C AB. SERUM OR HEPARINIZED PLASMA
HEXAGONAL PHOSPHOLIPID NEUT.	CITRATED PLASMA	8 H	NA	BLUE	TEST PERFORMED DAYSHIFT MON & THURS
HIV QUANT VIRAL LOAD	BLOOD	7 DAYS	NA	LAV-EDTA / 3	ONCE WEEKLY- WEDNESDAY AM. REFER TO MOLECULAR POLICY #650
HOMOCYSTEINE	BLOOD	24 H	2 H	GREEN	PERFORMED ON ALL SHIFTS.
HPV (HUMAN PAPILLOMAVIRUS)	GENITAL-PAP	24-72 H	NA	PRESERV-CYT-THIN PREP PAP	M-F. REFER TO MOLECULAR POLICY #650

TEST	SPECIMEN TYPE	ROUTINE REPORTING INTERVAL	STAT REPORTING INTERVAL	BLOOD COLLECTION TUBE NEEDED	COMMENTS REGARDING SPECIAL PATIENT PREPARATION, HANDLING OF SPECIMEN, DATES & TIMES PERFORMED, ETC.
HSV IGG/IGM 1 & 2	BLOOD	8 H	NA	RED	PERFORMED; M, W, & F. NO ANTICOAGULANTS OR PRESERVATIVES SHOULD BE ADDED. AVOID HEMOLYZED, LIPEMIC OR BACTERIALLY CONTAMINATED SERUM. STORE SAMPLE AT ROOM TEMP NO LONGER THAN 8 HOURS. > 8HRS, STORE 2-8C FOR NO LONGER THAN 48 HOURS. IF DELAY IN TESTING, STORE AT -20C OR LOWER.
HSV 1 & 2 BY PCR, CSF	CSF	2 H -ONCE RECEIVED IN DEPT DURING STAFFED HOURS.	NA	NA	M-F. AM/PM SHIFT. WEEKEND/HOLIDAYS: AM SHIFT ONLY. REFER TO MOLECULAR POLICY #650
HUMAN IMMUNE DEFICIENCY VIRUS (HIV) 1 / 2	BLOOD	24 H	NA	SST	PERFORMED DAILY. SERUM OR HEPARINIZED PLASMA
HYPERALIMENTATION PANEL	BLOOD	6 H	1 H	PST OR SST	PERFORMED ON ALL SHIFTS.
HYPERCOAG / THROMBOSIS PANEL	BLOOD	1 WEEK FOR IN HOUSE TEST	NA	4 BLUE, 3 LAV & 2 RED (SST)	PERFORMED ON M, W & F
IGA	BLOOD	6 H	1 H	RED (0.5)	ALL SHIFTS.
IGG	BLOOD	6 H	1 H	RED (0.5)	PERFORMED ON ALL SHIFTS.
IGM	BLOOD	6 H	1 H	RED (0.5)	PERFORMED ON ALL SHIFTS.
IMMUNO QUANTITATION	BLOOD	8 H	1 H	RED	PERFORMED: DAILY, DAYSHIFT. SPECIMEN: PLASMA SHOULD NOT BE USED, 0.2 ML SERUM REQUIRED. INCLUDES: IGG, IGA, & IGM. HEMOLYZED SPECIMENS ARE NOT ACCEPTABLE.
INFLUENZA A & B	NASAL WASH NASO- PHARYNGEAL SWAB	2 H	30 MIN	SWAB	PERFORMED DAILY ALL SHIFTS. SEND SWAB, PREFERABLY A NASOPHARYNGEAL SWAB, IN TUBE WITH 1 ML SALINE.

TEST	SPECIMEN TYPE	ROUTINE REPORTING INTERVAL	STAT REPORTING INTERVAL	BLOOD COLLECTION TUBE NEEDED	COMMENTS REGARDING SPECIAL PATIENT PREPARATION, HANDLING OF SPECIMEN, DATES & TIMES PERFORMED, ETC.
INSULIN	BLOOD	6 H	2 H	SST	PERFORMED ON ALL SHIFTS. SERUM IS THE RECOMMENDED SAMPLE TYPE. ALLOW SERUM TO CLOT ADEQUATELY BEFORE CENTRIFUGATION. SAMPLES THAT HAVE BEEN STORED AT ROOM TEMP FOR MORE THAN 8 HOURS CAN NOT BE USED. REFRIGERATE SAMPLES 2-8C IF THE ASSAY IS NOT COMPLETED IN 8 HOURS. FREEZE SAMPLES AT -20C IF THE SAMPLES CAN NOT BE ASSAYED IN 24 HOURS.
INTACT-PTH	BLOOD	8 H	40 MIN	GREEN	PERFORMED DAILY. SCHEDULED FOR SURGERY PATIENTS. COLLECT EDTA FOR SURGERY PATIENTS. SERUM & PLASMA SAMPLES MAY BE STORED FOR UP TO 2 DAYS AT 2-8C OR 4 WEEKS AT -20C.

TEST	SPECIMEN TYPE	ROUTINE REPORTING INTERVAL	STAT REPORTING INTERVAL	BLOOD COLLECTION TUBE NEEDED	COMMENTS REGARDING SPECIAL PATIENT PREPARATION, HANDLING OF SPECIMEN, DATES & TIMES PERFORMED, ETC.
IONIZED CALCIUM	BLOOD	1 H	40 MIN	Inpatients: PST (HEPARIN WHOLE BLOOD OR PLASMA) OR SST (SERUM) Outpatients: HEPARIN PLASMA OR SERUM	INPATIENT: DO NOT CENTRIFUGE. MUST BE ANALYZED WITHIN 2 HRS IF AT ROOM TEMP OR WITHIN 4 HRS IF STORED AT 4C. HEPARIN PLASMA OR SERUM IS ALSO ACCEPTABLE IF SPECIMEN HAS REMAINED CAPPED OUTREACH: KEEP SPECIMEN ANAEROBIC (DO NOT OPEN THE TUBE OR TRANSFER THE SAMPLE). ONCE CENTRIFUGED, SPECIMENS ARE STABLE FOR 48 HRS AT ROOM TEMP AND FOR 5 DAYS AT 4C. DIFFERENCES BETWEEN THE IONIZED CALCIUM RESULT AND THE IONIZED CALCIUM NORMALIZED TO pH 7.4 ARE DUE TO THE SAMPLE HAVING A pH SIGNIFICANTLY DIFFERENT FROM pH 7.4. IT IS RECOMMENDED THAT IONIZED CALCIUM NORMALIZED TO pH 7.4 BE INTERPRETED WITH CAUTION AND ONLY USED WHEN THE CLINICIAN HAS
IRON	BLOOD	6 H	1 H	PST OR SST	PERFORMED ON ALL SHIFTS.
IRON/IBC DIRECT TIBC	BLOOD	6 H	1 H	SST ONLY	PERFORMED ON ALL SHIFTS.
KLEIHAUER, FETAL HGB STAIN	BLOOD SMEAR	24 H	12 H	NA	PERFORMED ON ALL SHIFTS.
L/S RATIO	AMNIOTIC FLUID	8 H	4 H	AMBER TINTED STERILE SCREW TOP CONTAINER	PERFORMED: M-F, DAYSHIFT. SPECIMEN: 3-4 ML, PROTECT FROM LIGHT & PLACE ON ICE.
LACTATE DEHYDROGENASE (LDH)	BLOOD	8 H	1 H	PST OR SST	PERFORMED ON ALL SHIFTS.
LACTIC ACID	BLOOD	4 H	1 H	SODIUM FLUORIDE	REMOVE PLASMA FROM CELLS WITHIN 15 MINUTES. SPECIMEN ACCEPTABLE IN NAFL TUBE FOR 2 HOURS.

TEST	SPECIMEN TYPE	ROUTINE REPORTING INTERVAL	STAT REPORTING INTERVAL	BLOOD COLLECTION TUBE NEEDED	COMMENTS REGARDING SPECIAL PATIENT PREPARATION, HANDLING OF SPECIMEN, DATES & TIMES PERFORMED, ETC.
LEAD, WHOLE BLOOD	BLOOD	6 H	1 H	LAV	PERFORMED DAILY, DAYSHIFT. 1 ML WHOLE BLOOD.
LEGIONELLA ANTIGEN	URINE	4H	30 MIN	STERILE CONTAINER	PERFORMED: DAILY ALL SHIFTS.
LIDOCAINE, SERUM	BLOOD	8 H	1 H	SST OR PST	OPTIMUM COLLECT TIME IS IN A.M.
LIPASE	BLOOD	8 H	1 H	PST OR SST	PERFORMED ON ALL SHIFTS.
LIPID PANEL	BLOOD	24 H	6 H	SST	14 HOUR FAST REQUIRED.
LITHIUM, SERUM	BLOOD	6 H	1 H	SST ONLY	SAMPLE SHOULD BE DRAWN 12 HOURS AFTER LAST DOSE OR BEFORE NEXT DOSE.
LUPUS ANTICOAG PROFILE	BLOOD	8 H ON DAY PERFORMED.	NA	4 BLUE & RED	TESTING ON M, W & F; DAY SHIFT.
LUTENIZING HORMONE	BLOOD	8 H	1 H	GREEN	PERFORMED ON ALL SHIFTS. INTERPRETATION REPORTED WITH RESULTS, FREEZE SPECIMEN UNTIL ASSAYED.
LYME DISEASE SEROLOGY	BLOOD	24 H	1 H	2 RED	PERFORMED: WED & SUN, DAYSHIFT. SERUM FROZEN (NO PLASMA)
MAGNESIUM, SERUM	BLOOD	8 H	1 H	PST OR SST	PERFORMED ON ALL SHIFTS.
METHEMOGLOBIN	BLOOD	4 H	20 MIN	PST OR ABG SYRINGE	PLACE SPECIMEN ON ICE.
METHOTREXATE	BLOOD	8 H	1 H	SST; RED	PROTECT SERUM/PLASMA FROM LIGHT. MAINTAIN 2-8C FOR TRANSPORT.
MICROALBUMIN, URINE PROFILE	URINE	6 H	1 H	STERILE CONTAINER	PERFORMED DAILY, DAYSHIFT.
MISC ALBUMIN	MISC	8 H	NA	STERILE CONTAINER	SPECIFY ON REQUEST TYPE OF SPECIMEN.
MISC AMYLASE	MISC	4 H	NA	STERILE CONTAINER	SPECIFY ON REQUEST TYPE OF SPECIMEN.
MISC CALCIUM	MISC	8 H	NA	STERILE CONTAINER	SPECIFY ON REQUEST TYPE OF SPECIMEN.
MISC CHLORIDE	MISC	8 H	NA	STERILE CONTAINER	SPECIFY ON REQUEST TYPE OF SPECIMEN.
MISC CHOLESTEROL	MISC	6 H	NA	STERILE CONTAINER	SPECIFY ON REQUEST TYPE OF SPECIMEN.
MISC CPK	MISC	8 H	NA	STERILE CONTAINER	SPECIFY ON REQUEST TYPE OF SPECIMEN.
MISC CREATININE	MISC	8 H	NA	STERILE CONTAINER	SPECIFY ON REQUEST TYPE OF SPECIMEN.
MISC GLUCOSE	MISC	8 H	NA	STERILE CONTAINER	SPECIFY ON REQUEST TYPE OF SPECIMEN.
MISC LACTIC ACID	MISC	4 H	1 H	STERILE CONTAINER	SPECIFY ON REQUEST TYPE OF SPECIMEN.

TEST	SPECIMEN TYPE	ROUTINE REPORTING INTERVAL	STAT REPORTING INTERVAL	BLOOD COLLECTION TUBE NEEDED	COMMENTS REGARDING SPECIAL PATIENT PREPARATION, HANDLING OF SPECIMEN, DATES & TIMES PERFORMED, ETC.
MISC LDH	MISC	8 H	NA	STERILE CONTAINER	SPECIFY ON REQUEST TYPE OF SPECIMEN.
MISC LIPASE	MISC	8 H	NA	STERILE CONTAINER	SPECIFY ON REQUEST TYPE OF SPECIMEN.
MISC MAGNESIUM	MISC	8 H	NA	STERILE CONTAINER	SPECIFY ON REQUEST TYPE OF SPECIMEN.
MISC OSMOLALITY	MISC	8 H	NA	STERILE CONTAINER	SPECIFY ON REQUEST TYPE OF SPECIMEN.
MISC PH	MISC	2 H	NA	STERILE CONTAINER	DO NOT USE THIS TEST FOR PH ON GASTRIC CONTENTS OR FECES.
MISC PHOSPHORUS	MISC	8 H	NA	STERILE CONTAINER	SPECIFY ON REQUEST TYPE OF SPECIMEN.
MISC POTASSIUM	MISC	8 H	NA	STERILE CONTAINER	SPECIFY ON REQUEST TYPE OF SPECIMEN.
MISC RA	MISC	8 H	NA	STERILE CONTAINER	SPECIFY ON REQUEST TYPE OF SPECIMEN.
MISC SGOT	MISC	6 H	NA	STERILE CONTAINER	SPECIFY ON REQUEST TYPE OF SPECIMEN.
MISC SODIUM	MISC	8 H	NA	STERILE CONTAINER	SPECIFY ON REQUEST TYPE OF SPECIMEN.
MISC SPECIFIC GRAVITY	MISC	4 H	1 H	STERILE CONTAINER	SPECIFY ON REQUEST SPECIMEN TYPE.
MISC TOTAL BILIRUBIN	MISC	8 H	NA	STERILE CONTAINER	SPECIFY ON REQUEST TYPE OF SPECIMEN.
MISC TOTAL PROTEIN	MISC	3 H	NA	STERILE CONTAINER	SPECIFY ON REQUEST TYPE OF SPECIMEN.
MISC TRIGLYCERIDE	MISC	8 H	NA	STERILE CONTAINER	SPECIFY ON REQUEST TYPE OF SPECIMEN.
MISC UREA NITROGEN	MISC	8 H	NA	STERILE CONTAINER	SPECIFY ON REQUEST TYPE OF SPECIMEN.
MISC-BODY FLD HEMATOCRIT	MISC	6 H	1 H	STERILE CONTAINER	SPECIFY SPECIMEN TYPE ON REQUEST.
MISC-BODY FLD HEMOGLOBIN	MISC	6 H	1 H	STERILE CONTAINER	SPECIFY SPECIMEN TYPE ON REQUEST.
MONO TEST	BLOOD	6 H	45 MIN	RED	SPECIMEN: 0.1 ML SERUM MINIMUM.
MONOCLONAL URINE PROTEIN	URINE	NA	NA	STERILE CONTAINER	ONLY PERFORMED ON 24 HR URINE. PERFORMED: M, W, F, DAYSHIFT.
MRSA PCR	SWAB	18 HRS	NA	NASAL	M-F. AM/PM SHIFT. WEEKEND/HOLIDAYS: AM SHIFT ONLY. REFER TO MOLECULAR POLICY #650
MUMPS-IGG	BLOOD	8 H	NA	RED	PERFORMED TUES & FRIDAY, DAYSHIFT. SPECIMEN 0.5 ML SERUM REQUIRED.
MYOGLOBIN	BLOOD	1 H	1 H	PST OR SST (PST PREFERRED)	HEMOLYZED SPECIMENS NOT ACCEPTED.

TEST	SPECIMEN TYPE	ROUTINE REPORTING INTERVAL	STAT REPORTING INTERVAL	BLOOD COLLECTION TUBE NEEDED	COMMENTS REGARDING SPECIAL PATIENT PREPARATION, HANDLING OF SPECIMEN, DATES & TIMES PERFORMED, ETC.
NEISSERIA GONORRHEAE	URINE GENITAL THIN PREP PAP	24-48 H	NA	URINE- STERILE CUP OR APTIMA URINE COLLECTION DEVICE ;GENITAL- APTIMA UNISEX SWAB COLLECTION DEVICE; PRESERV CYT PAP	M-F. REFER TO MOLECULAR POLICY #650
NEONATE LAB PANEL	SYRINGE	1 H	15 MIN	HEPARIN SYRINGE	TEST IS DEFINED FOR PANEL USED IN SPECIAL CARE NURSERY.
NT-proBNP	BLOOD	4 H	1 H	EDTA , SST OR PST	SERUM OR PLASMA SAMPLES MY BE STORED UP TO 3 DAYS AT 2-8 DEGREES C OR 12 MONTHS AT -20 DEGREES C. TURBID OR HEMOLYZED SAMPLES ARE UNACCEPTABLE.
O2HB (O2 SAT)	BLOOD	1 H	15 MIN	HEPARIN- SYRINGE	SPECIMEN: PLACE ON ICE.
OCCULT BLOOD, MISC	GASTRIC FLUID	4 H	1 H	STERILE CONTAINER	TEST IS FOR GASTRIC CONTENTS ONLY.
OCCULT BLOOD-FECES	FECES	4 H	1 H	STERILE CONTAINER	TEST IS FOR FECES ONLY.
OLIGOCLONAL PROFILE	BLOOD & CSF	8 H	NA	STERILE CONTAINER & RED	PERFORMED TUES/THURS. SPECIMEN: 1.0 ML SERUM & CSF.
OSMOLALITY, SERUM	BLOOD	6 H	1 H	SST OR PST	ORDER THIS TEST IF SPECIMEN IS SERUM OR PLASMA.
PATHOLOGIST SMEAR INTERP	SMEAR	24 H	4 H	LAV	REPORTED BY PATHOLOGIST.
PH FECES	STOOL	2 H	1 H	STERILE CONTAINER	PERFORMED ON ALL SHIFTS.
PH, GASTRIC	GASTRIC CONTENT	2 H	1 H	STERILE CONTAINER	PERFORMED ON ALL SHIFTS.
PH+HCO3+PCO2 VENOUS	BLOOD	1 H	15 MIN	PST	PERFORMED: ALL SHIFTS. SPECIMEN: PLACE ON ICE.
PHENOBARBITAL	BLOOD	8 H	1 H	SST OR PST	OPTIMUM COLLECT TIME IS IN A.M.
PHENOPHTHALEIN	URINE STOOL	6 H	*	STERILE CONTAINERS	PERFORMED M-F, DAYSHIFT.
PHOSPHORUS	BLOOD	8 H	1 H	PST OR SST	PERFORMED ON ALL SHIFTS.
PLATELET COUNT	BLOOD	6 H	1 H	LAV	PERFORMED ON ALL SHIFTS.

TEST	SPECIMEN TYPE	ROUTINE REPORTING INTERVAL	STAT REPORTING INTERVAL	BLOOD COLLECTION TUBE NEEDED	COMMENTS REGARDING SPECIAL PATIENT PREPARATION, HANDLING OF SPECIMEN, DATES & TIMES PERFORMED, ETC.
POST VASECTOMY SEMEN EXAM	SEMEN	48 H	24 H	STERILE CONTAINER	PERFORMED M-F, 08:00-16:30.
POTASSIUM	BLOOD	6 H	1 H	PST OR SST	PERFORMED ON ALL SHIFTS.
PREALBUMIN	BLOOD	24 H	1 H	GREEN	PLASMA IS UNACCEPTABLE
PRE-ECLAMPTIC PANEL	BLOOD & URINE	6 H	1 H	LAV & PST OR SST	URIC ACID ALSO ORDERED
PREGNANCY (URINE)	URINE	4 H	15 MIN	STERILE CONTAINER	PERFORMED ON ALL SHIFTS
PREGNANCY TEST (SERUM)	BLOOD	8 H	1 H	PST OR SST	PERFORMED ON ALL SHIFTS.
PROGESTERONE	BLOOD	NA	NA	GREEN	PERFORMED ON ALL SHIFTS DAILY.
PROLACTIN	BLOOD	8 H	1 H	GREEN	PERFORMED ON ALL SHIFTS. 300 UL SPECIMENS REQUIRED. INTERPRETATION REPORTED WITH RESULTS. SERUM AND PLASMA STORED UP TO 5 DAYS REFRIGERATED OR 4 WEEKS FROZEN.F18
PROSTATE SPECIFIC ANTIGEN (PSA)	BLOOD	8 H	1 H	GREEN	PERFORMED ON ALL SHIFTS. 1.0 ML SERUM REQUIRED (NO PLASMA).
PROTEIN C (ACTIVITY)	BLOOD	4 H	N/A	BLUE	7AM-3PM, M, W & F.
PROTEIN ELECTROPHORESIS (CSF)	CSF	8 H	NA	STERILE CONTAINER	PERFORMED: M, W, F. SPECIMEN: 1.0 ML MINIMUM REQUIRED.
PROTEIN ELECTROPHORESIS (SERUM)	BLOOD	8 H	NA	RED	PERFORMED: M, W, F. SPECIMEN: 1.0 ML MINIMUM OF SERUM (PLASMA OR HEMOLYZED SPECIMENS NOT ACCEPTED).
PROTEIN ELECTROPHORESIS (URINE)	URINE	8 H	NA	STERILE CONTAINER	PERFORMED: M, W, F. SPECIMEN: URINE (RANDOM OR 24 HOUR), 20-30 ML REQUIRED.
PROTEIN S (ACTIVITY)	BLOOD	1 WEEK	NA	BLUE	7AM-3PM, M, W & F.
PROTEUS AGGLUTINATIONS	BLOOD	8 H	2 H	RED	PERFORMED: DAILY, DAYSHIFT. 2 ML SERUM.
PROTHROMBIN MUTATION G20210A	BLOOD	7 DAYS	NA	LAV-EDTA	ONCE WEEKLY- THURSDAY AM. REFER TO MOLECULAR POLICY #650
PROTHROMBIN TIME	BLOOD	4 H	1 H	BLUE	PERFORMED ON ALL SHIFTS
PT/PTT 1:1 MIX	BLOOD	4H	2 H	BLUE	PERFORMED ON ALL SHIFTS.

TEST	SPECIMEN TYPE	ROUTINE REPORTING INTERVAL	STAT REPORTING INTERVAL	BLOOD COLLECTION TUBE NEEDED	COMMENTS REGARDING SPECIAL PATIENT PREPARATION, HANDLING OF SPECIMEN, DATES & TIMES PERFORMED, ETC.
PTT	BLOOD	4 H	1 H	BLUE	PERFORMED ON ALL SHIFTS
PTT LA	CITRATED PLASMA	8 H ON DAY PERFORMED	*	BLUE	PERFORMED 7 AM-3 PM M, W & F
PTT MIXING STUDY COMPREHENSIVE	BLOOD	8 H	2 H	BLUE/4	PERFORMED M-F DAYSHIFT ONLY.
RA TEST	BLOOD OR SYNOVIAL FLUID	6 H	1 H	RED, PST	PERFORMED ON ALL SHIFTS. SPECIMEN: 0.5 ML SERUM OR SYNOVIAL FLUID.
RED BLOOD CELL COUNT	BLOOD	8 H	1 H	LAV	PERFORMED ON ALL SHIFTS.
REDUCING SUBSTANCE-FECES	STOOL	4 H	1 H	STERILE CONTAINER	PERFORMED ON ALL SHIFTS.
RENAL PANEL	BLOOD	6 H	1 H	PST OR SST	PERFORMED ON ALL SHIFTS.
RESP. SYNCIAL VIRUS (RSV) RAPID ANTIGEN	NASAL WASH, NASOPHARYNGEAL SWAB	24 H	2 H	STERILE CONTAINER	PERFORMED DAILY; ALL SHIFTS. SPECIMEN: 1-3 ML OF SALINE WASHES CAN BE STORED AT ROOM TEMP FOR UP TO 4 HOURS OR AT 2-8C FOR UP TO 24 HOURS, BEFORE TESTING. COLLECT BY TO PLACING A FEW DROPS OF SALINE INTO NOSTRILS, THEN SUCTION, USING A BULB SYRINGE. NASOPHARNGEAL SWAB CAN BE POLYESTER, RAYON, FOAM OR COTTON ON FLEXIBLE SHAFTS IN 1 ML OF SALINE WITHIN 1 HOUR OF COLLECTION. IF IMMEDIATE TESTING IS NOT POSSIBLE, STORE AT ROOM TEMP FOR 4 HOURS OR AT 2-8C FOR UP TO 48 HOURS. DO NOT USE CALCIUM ALGINATE SWABS.
RESPIRATORY VIRAL PANEL BY PCR	NP SWAB OR BRONCH WASH	8 H	4 H	NP SWAB-VTM; BRONCH WASH-STERILE CONTAINER	PERFORMED DAILY; ALL SHIFTS. See POL 612 FOR DETAILS.
RETICULOCYTE COUNT	BLOOD	6 H	1 H	LAV	PERFORMED ON ALL SHIFTS.

TEST	SPECIMEN TYPE	ROUTINE REPORTING INTERVAL	STAT REPORTING INTERVAL	BLOOD COLLECTION TUBE NEEDED	COMMENTS REGARDING SPECIAL PATIENT PREPARATION, HANDLING OF SPECIMEN, DATES & TIMES PERFORMED, ETC.
ROMI PANEL (AFFILIATE LABORATORIES)	BLOOD	1 H	30 MIN	PST	TROPONINS DONE BY iSTAT METHOD.
ROMI PANEL (CORE LAB AND ER)	BLOOD	1 H	1 H	PST, SST OR EDTA PLASMA	TROPONIN ONLY BY VITROS METHOD. TESTING WILL ALSO BE DONE AT 3 H, 6 H, & 12 H. TESTS MAY ALSO BE ORDERED INDIVIDUALLY.
ROTAVIRUS, STOOL	STOOL	24-36 H	3 H	STOOL COLLECTED IN A CUP OR COLLECTION TUBE WITH SCOOP ARE ACCEPTABLE	PERFORMED: DAILY, DAYSHIFT. A COTTON SWAB CAN BE USED IF SUFFICIENT MATERIAL IS OBTAINED. CONTAINERS SHOULD BE FREE OF PRESERVATIVES, METAL IONS OR DETERGENTS. SAMPLES SHOULD BE PLACED IN FREEZER IF NOT TO BE RUN IMMEDIATELY.
RPR	BLOOD	24 H	NA	RED	PERFORMED: DAILY, DAYSHIFT. SPECIMEN: 1.0 ML SERUM OR EDTA PLASMA REQUIRED (NO HEMOLYSIS).
RUBELLA ANTIBODIES, IGG	BLOOD	8 H	2 H	SST, PST	PERFORMED ON ALL SHIFTS.
RUBEOLA (MEASLES) IGG	BLOOD	8 H	2 H	RED	PERFORMED TUESDAY & FRIDAY, DAYSHIFT. 1.0 ML SERUM REQUIRED.
S. PNEUMONIA ANTIGEN	URINE OR CSF	4 H	30 MIN	STERILE SCREW TOP CONTAINER	PERFORMED DAILY, ALL SHIFTS.
SALICYLATE	BLOOD	6 H	1 H	SST OR PST	PERFORMED ALL SHIFTS.
SERUM IEP -IMMUNO-ELECTROPHORESIS	BLOOD	24-48 H	NA	RED	PERFORMED: MON, WED, & FRI DAYSHIFT. SPECIMEN: 1.0 ML SERUM REQUIRED. HEMOLYZED SPECIMENS ARE NOT ACCEPTABLE.
SGOT (AST)	BLOOD	6 H	1 H	PST OR SST	NONE.
SGPT (ALT)	BLOOD	6 H	1 H	PST OR SST	NONE
SHIGA-TOXIN BY PCR- <i>NOTE: INCLUDED IN STOOL PATHOGEN PANEL-PCR ASSAY.</i>	STOOL	18 H	NA	STERILE CONTAINER OR CAREY BLAIR TRANSPORT MEDIA.	PERFORMED: M-F. AM/PM SHIFT. WEEKEND/HOLIDAYS: AM SHIFT ONLY. REFER TO MOLECULAR POLICY #650

TEST	SPECIMEN TYPE	ROUTINE REPORTING INTERVAL	STAT REPORTING INTERVAL	BLOOD COLLECTION TUBE NEEDED	COMMENTS REGARDING SPECIAL PATIENT PREPARATION, HANDLING OF SPECIMEN, DATES & TIMES PERFORMED, ETC.
SICKLE CELL SCREEN	BLOOD	6 H	1 H	LAV	PERFORMED ON ALL SHIFTS.
SODIUM	BLOOD	6 H	1 H	PST OR SST	NONE
SPECIFIC GRAVITY-URINE	URINE	4 H	1 H	STERILE CONTAINER	PERFORMED ON ALL SHIFTS.
SPERM (SEMEN) FOR FERTILITY	SEMEN	48 H	24 H	STERILE CONTAINER	PERFORMED MON-FRI, 08:00-16:30
STAT LAB PROF (HEM/CHEM)	WHOLE BLOOD	10 MIN	10 MIN	HEPARIN SYRINGE	PERFORMED IN CV SURGERY.
STOOL PATHOGEN PANEL- PCR. <i>INCLUDES: SALMONELLA, SHIGELLA, CAMPYLOBACTER, AND SHIGA-TOXIN PRODUCING E. COLI.</i>	STOOL	18 H	NA	STERILE CONTAINER OR CAREY BLAIR TRANSPORT MEDIA.	PERFORMED: M-F. AM/PM SHIFT. WEEKEND/HOLIDAYS: AM SHIFT ONLY. REFER TO MOLECULAR POLICY #650
SWEAT TEST	N/A	6 H	2 H	N/A	OUTPATIENT SCHEDULED ON TUESDAY, INPATIENTS M-F.
SYNOVIAL FLUID EXAM	FLUID	8 H	4 H	RED & LAV	SPECIMEN: 2 TUBES REQUIRED; 1 TUBE WITHOUT ANTICOAGULANT & 1 EDTA TUBE.
T3 UPTAKE	BLOOD	8 H	2 H	SST	PERFORMED ON ALL SHIFTS. SPECIMEN 300 MICROLITERS MINIMUM REQUIRED FREEZE UNTIL ASSAYED.
TESTOSTERONE, TOTAL	BLOOD	6 H	1 H	GREEN	PERFORMED ON ALL SHIFTS.
THEOPHYLLINE	BLOOD	8 H	1 H	SST OR PST	OPTIMUM COLLECTION TIME A.M.
THYROID PANEL	BLOOD	6 H	1 H	SST	PERFORMED ON ALL SHIFTS. INCLUDES: FREE T4 & TSH.
THYROID STIMULATING HORMONE (TSH)	BLOOD	6 H	2 H	SST, PST, EDTA	PERFORMED ON ALL SHIFTS. SPECIMEN: SERUM OR PLASMA. FREEZE UNTIL ASSAYED. GROSS HEMOLYSIS & LIPEMIA WILL INTERFERE.
THYROXINE (T4)	BLOOD	8 H	2 H	SST	PERFORMED ON ALL SHIFTS. SPECIMEN: 300 MICROLITERS SERUM MINIMUM REQUIRED.
TOBRAMYCIN PEAK	BLOOD	8 H FROM DOSE	1 H	SST OR PST	DRAW 30 MINUTES AFTER IV IS COMPLETE, 1 H AFTER IM.
TOBRAMYCIN TROUGH	BLOOD	8 H FROM DOSE	1 H AFTER PEAK IS DRAWN	SST OR PST	DRAW 1 H, UP TO IMMEDIATELY BEFORE DOSE.

TEST	SPECIMEN TYPE	ROUTINE REPORTING INTERVAL	STAT REPORTING INTERVAL	BLOOD COLLECTION TUBE NEEDED	COMMENTS REGARDING SPECIAL PATIENT PREPARATION, HANDLING OF SPECIMEN, DATES & TIMES PERFORMED, ETC.
TOBRAMYCIN, RANDOM	BLOOD	8 H FROM DOSE	1 H	SST OR PST	PERFORMED ON ALL SHIFTS.
TOTAL EOSINOPHIL COUNT	BLOOD	8 H	4 H	LAV	PERFORMED ON ALL SHIFTS.
TOTAL PROTEIN	BLOOD	8 H	1 H	PST OR SST	PERFORMED ON ALL SHIFTS.
TOTAL T3	BLOOD	6 H	1 H	SST	PERFORMED ON ALL SHIFTS. 150 UL SPECIMEN REQUIRED.
TPO ANTIBODIES (THYROID PEROXIDASE AB, IgG)	BLOOD	48 H	NA	RED	PERFORMED M-W-F
TRANSFERRIN	BLOOD	8 H	1 H	GREEN	PERFORMED ON ALL SHIFTS. SPECIMEN: 0.2 ML SERUM REQUIRED (PLASMA NOT RECOMMENDED).
TRH STIMULATION PROFILE	BLOOD	NA	NA	SST	SEE COLLECTION PROCEDURE IN THIS MANUAL.
TRIGLYCERIDE	BLOOD	8 H	1 H	PST OR SST	PATIENT PREPARATION: 14 HOUR FAST REQUIRED BEFORE COLLECTION.
TROPONIN I SCREEN (AFFILIATE LABORATORIES ONLY) iSTAT METHOD	BLOOD	1 H	30 MIN	PST	HEMOLYZED SPECIMENS NOT ACCEPTED.
TROPONIN I (CORE LAB & ER) VITROS METHOD MORE SENSITIVE	BLOOD	1 H	1 H	PST, SST OR EDTA PLASMA	HEMOLYZED SPECIMENS NOT ACCEPTED.
tTg IgA	0.5 ML SERUM	TUES / FRIDAY	48 HR	RED	REFRIGERATE AT 2-8C UP TO 3 DAYS; FREEZE SERUM AT -20C AFTER 3 DAYS
tTg IgG	0.5 ML SERUM	TUES / FRIDAY	48 HR	RED	REFRIGERATE AT 2-8C UP TO 3 DAYS; FREEZE SERUM AT -20C AFTER 3 DAYS
UREA CLEARANCE	BLOOD & URINE	8 H	4 H	PST OR SST	KEEP REFRIGERATED. PUT COLLECTION DATE/TIME ON URINE CONTAINER.
URIC ACID	BLOOD	8 H	1 H	PST OR SST	PERFORMED ON ALL SHIFTS.
URINALYSIS WITH MICROSCOPIC	URINE	4 H	1 H	STERILE SCREW TOP CONTAINER	KEEP URINE REFRIGERATED
URINALYSIS W/O MICROSCOPIC (URINE CHEMISTRIES)	URINE	4 H	1 H	STERILE SCREW TOP CONTAINER	KEEP URINE REFRIGERATED

TEST	SPECIMEN TYPE	ROUTINE REPORTING INTERVAL	STAT REPORTING INTERVAL	BLOOD COLLECTION TUBE NEEDED	COMMENTS REGARDING SPECIAL PATIENT PREPARATION, HANDLING OF SPECIMEN, DATES & TIMES PERFORMED, ETC.
URINE IEP –IMMUNO-ELECTROPHORESIS	URINE	24-48 H	NA	STERILE CONTAINER	TESTING: MON, WED & FRI DAYSHIFT. SPECIMEN: 20-30 ML RANDOM URINE REQUIRED.
URINE AMYLASE	URINE	4 H	2 H	STERILE CONTAINER	2 HR COLLECTIONS PREFERRED OVER RANDOM.
URINE BILIRUBIN	URINE	4 H	1 H	STERILE CONTAINER	SPECIAL INSTRUCTIONS: PROTECT URINE FROM LIGHT & KEEP REFRIGERATED.
URINE BLOOD	URINE	4 H	1 H	STERILE CONTAINER	KEEP URINE REFRIGERATED.
URINE CALCIUM	URINE	8 H	4 H	STERILE CONTAINER	KEEP URINE REFRIGERATED. PUT COLLECTION DATE/TIME ON URINE CONTAINER.
URINE CHLORIDE	URINE	8 H	4 H	STERILE CONTAINER	KEEP URINE REFRIGERATED. PUT COLLECTION DATE/TIME ON URINE CONTAINER.
URINE CREATININE	URINE	8 H	4 H	STERILE CONTAINER	KEEP URINE REFRIGERATED. PUT COLLECTION DATE/TIME ON URINE CONTAINER.
URINE GLUCOSE	URINE	4 H	1 H	STERILE CONTAINER	KEEP URINE REFRIGERATED.
URINE GLUCOSE QUANT	24 H URINE	8 H	4 H	STERILE CONTAINER	KEEP URINE REFRIGERATED. PUT COLLECTION DATE/TIME ON URINE CONTAINER.
URINE KETONE	URINE	4 H	1 H	STERILE CONTAINER	KEEP URINE REFRIGERATED.
URINE MAGNESIUM	URINE	8 H	4 H	STERILE CONTAINER	KEEP URINE REFRIGERATED. PUT COLLECTION DATE/TIME ON URINE CONTAINER.
URINE MICROSCOPIC	URINE	4 H	1 H	STERILE CONTAINER	KEEP URINE REFRIGERATED.
URINE OSMOLALITY	URINE	8 H	4 H	STERILE CONTAINER	KEEP URINE REFRIGERATED. PUT COLLECTION DATE/TIME ON URINE CONTAINER.
URINE PH	URINE	4 H	1 H	STERILE CONTAINER	KEEP URINE REFRIGERATED.

TEST	SPECIMEN TYPE	ROUTINE REPORTING INTERVAL	STAT REPORTING INTERVAL	BLOOD COLLECTION TUBE NEEDED	COMMENTS REGARDING SPECIAL PATIENT PREPARATION, HANDLING OF SPECIMEN, DATES & TIMES PERFORMED, ETC.
URINE PHOSPHORUS	URINE	8 H	4 H	STERILE CONTAINER	KEEP URINE REFRIGERATED. PUT COLLECTION DATE/TIME ON URINE CONTAINER.
URINE POTASSIUM	URINE	8 H	4 H	STERILE CONTAINER	KEEP URINE REFRIGERATED. PUT COLLECTION DATE/TIME ON URINE CONTAINER.
URINE PROTEIN, QUAL	URINE	4 H	1 H	STERILE CONTAINER	KEEP URINE REFRIGERATED.
URINE PROTEIN, QUANT	24 H URINE	24 H	4 H	STERILE CONTAINER	PUT COLLECTION DATE AND TIME ON URINE CONTAINER.
URINE SODIUM	URINE	8 H	4 H	STERILE CONTAINER	KEEP URINE REFRIGERATED. PUT COLLECTION DATE/TIME ON URINE CONTAINER.
URINE UREA NITROGEN	URINE	8 H	4 H	STERILE CONTAINER	KEEP URINE REFRIGERATED. PUT COLLECTION DATE/TIME ON URINE CONTAINER.
URINE URIC ACID	URINE	8 H	4 H	STERILE CONTAINER	KEEP URINE REFRIGERATED. PUT COLLECTION DATE/TIME ON URINE CONTAINER.
UROPORPHYRIN, QUAL	URINE	6 H	NA	STERILE CONTAINER	SCREEN PERFORMED M-F, DAYSHIFT.
VALPROIC ACID	BLOOD	8 H	1 H	SST OR PST	OPTIMUM COLLECT TIME IS IN A.M.
VANCOMYCIN PEAK	BLOOD	8 H FROM DOSE	1 H	SERUM OR EDTA PLASMA	DRAW 1 HOUR AFTER IV IS COMPLETE, 1 H AFTER IM.
VANCOMYCIN TROUGH	BLOOD	8 H FROM DOSE	1 H	SERUM OR EDTA PLASMA	DRAW 1 H, UP TO IMMEDIATELY BEFORE DOSE.
VANCOMYCIN, RANDOM	BLOOD	8 H	1 H	SERUM OR EDTA PLASMA	PERFORMED ON ALL SHIFTS.
VARICELLA (CHICKENPOX)	BLOOD	24 H	1 H	RED	PERFORMED TUESDAY & FRIDAY, DAYSHIFT ONLY. 1.0 ML SERUM REQUIRED.
VASCULITIS PANEL	BLOOD	24 H	NA	RED	PERFORMED SUN & WED. DAYSHIFT ONLY.
VENOUS PH	BLOOD	2 H	15 MIN	PST	PERFORMED ON ALL SHIFTS. SPECIMEN: PLACE ON ICE.

TEST	SPECIMEN TYPE	ROUTINE REPORTING INTERVAL	STAT REPORTING INTERVAL	BLOOD COLLECTION TUBE NEEDED	COMMENTS REGARDING SPECIAL PATIENT PREPARATION, HANDLING OF SPECIMEN, DATES & TIMES PERFORMED, ETC.
VERIFY NOW ARU	BLOOD	1 H	30 MIN	PACKET (REQUEST FROM LAB)	BLOOD MUST BE HAND DELIVERED TO THE LAB; PERFORMED ON ALL SHIFTS.
VERIFY NOW PRU	BLOOD	1 H	30 MIN	PACKET (REQUEST FROM LAB)	BLOOD MUST BE HAND DELIVERED TO THE LAB; PERFORMED ON ALL SHIFTS.
VITAMIN B12	BLOOD	6 H	2 H	SST, PST	PERFORMED ON ALL SHIFTS. BEST RESULTS IF PATIENT IS FASTING. MUST BE DRAWN BEFORE THERAPY. SPECIMEN 0.5.ML SERUM MINIMUM.
VITAMIN D	BLOOD	8 H	1 H	SST	PERFORMED ON ALL SHIFTS
VON WILLEBRAND'S PANEL	BLOOD	24 H	NA	BLUE/5	MOST TESTS ARE SENT TO REFERENCE LAB. FVIII PERFORMED IN-HOUSE
WBC & DIFF	BLOOD	6 H	1 H	LAV	PERFORMED ON ALL SHIFTS.
WBC IN FECES	STOOL	12 H	1 H	STERILE CONTAINER	PERFORMED ON ALL SHIFTS.
WHITE BLOOD CELL COUNT	BLOOD	6 H	1 H	LAV	PERFORMED ON ALL SHIFTS.