Department of Pathology & Laboratory Medicine
Central Zone

Laboratory Test Catalogue

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General Information

Catalogue Information

This catalogue is developed by the Department of Pathology and Laboratory Medicine for all of our customers.

The Laboratory Test Catalogue may be viewed at: https://www.nshealth.ca/documents-and-reports/central-zone-laboratory-testing-catalogue

While every effort is made to keep the Laboratory Test Catalogue up to date, the electronic copy that resides on the document control system is the valid document. Any paper document labeled **Uncontrolled** must be verified against the electronic version prior to use.

Tests Not in Catalogue

Please contact Bayers Road Blood Collection Service at (902) 454-1661 for information on tests not found in this catalogue. For inquiries outside of regular hours please call Laboratory Reporting and Inquiry at (902) 473-2266.

Reference Ranges

Reference values and interpretive information are reported with test results. Inquiries should be directed to (902) 473-2266.

Specimen Receiving Locations

For a list of locations where specimens for Pathology and Laboratory Medicine are received please visit: https://www.nshealth.ca/clinics-programs-and-services/specimen-drop

Blood Collection

Out-Patient Blood Collection Locations and Hours of Operation

For a list of Nova Scotia Health-Central Zone outpatient blood collection locations and hours of operation please consult the reverse side of any Pathology and Laboratory Medicine requisition or visit: https://www.nshealth.ca/laboratory-services/blood-collection

Specimen Collection Information

Venipuncture Policy

The Nova Scotia Health-Central Zone Department of Pathology and Laboratory Medicine Venipuncture Policy can be viewed at:
NSHA CL-BP-040 Venipuncture for Blood Specimen Collection

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Collection, Handling and Transport Instructions

The specimens need to be properly collected, processed, packaged, and transported in accordance with laboratory policies and procedures, in a timely manner and under conditions that will not compromise either the integrity of the specimen or patient confidentiality. Transportation must be compliant with the Transportation of Dangerous Goods (TDG) Act. Please ensure no patient information is visible when packaging specimens to be transported to the laboratory. Detailed information is included with each test listing.

It is essential that an adequate volume/ quantity of specimen be submitted for analysis. Minimum volume/ quantity information is provided in each catalogue listing whenever applicable.

Hemolyzed or lipemic specimens may alter certain test results and may be rejected.

Transfusion Medicine - Specimen Collection Policy

The NSHA CL-BP-040 Venipuncture for Blood Specimen Collection policy and procedure provides specific instructions for collecting specimens for the Transfusion Medicine division of the Department of Pathology and Laboratory Medicine.

Requisition Information

A Nova Scotia Health-Central Zone requisition must be submitted with all specimens.

Required formats and information for laboratory requisitions:
https://policy.nshealth.ca/Site_Published/NSHA/document_render.aspx?documentRender.IdType=6&documentRender.GenericField=&documentRender.Id=108900

Requisitions and Supplies

A number of different Department of Pathology and Laboratory Medicine requisitions and supplies are available from Nova Scotia Health-Central Zone Customer Service by calling (902) 466-8070.

Specimen Labeling

Required formats and information for labeling laboratory specimens:
https://policy.nshealth.ca/Site_Published/NSHA/document_render.aspx?documentRender.IdType=6&documentRender.GenericField=&documentRender.Id=108900
Blood Specimen Label Placement Job Aid | Nova Scotia Health

All Transfusion Medicine specimens and retrievable specimens for other laboratory divisions that are unlabeled will be rejected.

When submitting serum or plasma specimen types, indicate the specimen type on the label.

Frozen Specimens

Specimens need to be frozen if specifically indicated in the Instructions/Shipping requirements. When freezing is indicated, specimens should be frozen as soon as possible. Always freeze specimens in plastic (polypropylene) containers unless instructed otherwise. A frozen specimen may be rejected if received in a thawed state. Ensure frozen specimens are packed in order to maintain the frozen state during transport.
If more than one test is requested on a frozen specimen, split the specimen prior to freezing and submit separately.

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Transport

Please see instructions and shipping procedures under test name for specific requirements. Specimens collected at the HI Site should be delivered to HI Specimen Receiving Room 6509A. Specimens collected at VG Site should be delivered to VG Specimen Receiving, Mackenzie Building Room 126. Specimens collected off-site and referred to QEII HSC should be addressed to:

QEII HSC Specimen Receiving, Mackenzie Building, Room 128, 5788 University Avenue
Halifax, Nova Scotia B3H 1V8

Coagulation Testing

Coagulation specimens are collected in 0.109M buffered sodium citrate tubes unless stated otherwise under the specific test in the catalogue.

Citrate tubes must be:

- completely filled or will be rejected.
- sent to the laboratory as soon as possible after collection as testing is time sensitive.
- transported at room temperature and cannot be packaged on ice or in the same container as other specimens on ice (rejected if received with ice)

Referral testing not in primary tube:

- Specimens must be double spun at centrifuge parameters that are validated for platelet poor plasma by following the steps below:

1. After centrifuging the primary container transfer all plasma into a secondary aliquot tube with the exception of a small layer near the buffy coat (5 mm of plasma).
2. Centrifuge the secondary container and then aliquot 1 ml of the platelet poor plasma into each of the required number of labeled polypropylene aliquot tubes (required number of aliquots is listed under each assay). Do not pipette or disturb the bottom 2 to 5 mm of plasma in the secondary container.
3. Freeze and send on dry ice so no thawing occurs during transport (rejected if received thawed).

Safety

All patients at Nova Scotia Health are cared for using Routine Practices. All blood specimens and body fluids are considered potentially infectious and therefore additional precautions should be used for all specimens at all times.

All specimens referred to Nova Scotia Health-Central Zone from outside sources should be packaged and transported to the laboratory under conditions that comply with Workplace Hazardous Materials Information System (WHMIS) and Transportation of Dangerous Goods (TDG) Regulations. The TDG in its Regulations has listed organisms/diseases for which special packaging and labeling must be applied (ex: infectious substances).

All specimens should be properly sealed prior to being transported. Leaking containers pose a health hazard. Do not submit needles attached to syringes.

Nova Scotia Health adheres to the following:

WHMIS Act and Regulations
TDG Act and Regulations

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Nova Scotia Health - Central Zone - Laboratory Test Catalogue

For information on laboratory tests not listed in this catalogue please contact Laboratory Reporting and Inquiry at (902) 473-2266.

Indicates the test is to be collected in a small volume (2.0 mL Lavender EDTA/1.8 mL Light Blue Sodium Citrate) tube. Where applicable, please refer to the Tube/Specimen information for the tube type required.

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17 Beta Estradiol — see Estradiol

Division: Clinical Chemistry – Core

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50 % Correction — see PT 50% Mix or PTT 50% Mix

Division: Hematopathology – Coagulation

11-Deoxycortisol Serum Compound "S"

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature. Aliquot 1.0 mL serum into plastic vial. **Freeze** at once.
Send copy of requisition.

CIS Mnemonic: 11-Deoxy

1, 25 Dihydroxycholecalciferol — see Vitamin D (1, 25-Dihydroxy) Level

Referred Out: In-Common Laboratories

10, 11 Epoxide — see Carbamazepine-10, 11 Epoxide

Referred Out: In-Common Laboratories

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72 hour Fecal Fat — see Fat, Fecal

Referred Out: In-Common Laboratories

5HIAA, 24-Hour Urine

Tube/Specimen: 24-hour urine collected in a container with 25 mL 6N HCL.

Referred Out: In-Common Laboratories

Instructions: Specimen required: 10 mL urine aliquot of well-mixed collection.
The patient must have a diet free of avocados, bananas, tomatoes, plums, eggplant, hickory nuts, pineapple and mollusks for 2 days prior to

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and during collection. Patients should be off all medications for 3 days if possible.
Record Total Volume of 24 hour urine on both the aliquot and the requisition.
Record the 'Original Container Type' on the requisition as Plain, Acid or Sodium Carbonate.
Send copy of requisition.

Refer to Appendix A for pH adjustment instructions.

Stability: 2 to 8˚C (preferred) for 1 month and frozen for 90 days.

CIS Mnemonic: 5HIAA 24U

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21 Hydroxylase — see Adrenal Antibody

Referred Out: In-Common Laboratories

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17 Hydroxyprogesterone (17 Alpha Hydroxyprogesterone)

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature. Aliquot 1.0 mL serum into plastic vial. **Freeze** at once.
Specimen may be thawed and refrozen once.
Send copy of requisition.

CIS Mnemonic: 17-OHPG

16S

Tube/Specimen: Sterile site fluids, surgically removed tissues, amies without charcoal swabs, CSF.

Requisition: CD0432/ CD0433

Division: Virology-Immunology

Comments: Specimens generally require prior testing by culture with a negative result. Bacterial isolates that grew from a clinical specimen but were not able to be identified may be submitted.

Shipping: Amies swabs are stored at 4°C, fluids/tissues may be stored at 4°C for up to 24 hours then freeze at -20°C.

CIS Mnemonic: 16S

18S — see Mycology (18S)

Referred Out: The Hospital for Sick Children

AAA — see Adrenal Antibody

Referred Out: In-Common Laboratories

AAT — see Alpha-1-Anti-Trypsin

Division: Clinical Chemistry - Core

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ABL kinase domain mutation — see Next Generation Sequencing-Myeloid Panel

Division: Molecular Diagnostics

ABO Antibody Titre

Tube/Specimen: Two 6 .0 mL Lavender EDTA (BD#367863)

Requisition: CD0001_05_2019

Division: Transfusion Medicine

Instructions: Indicate on requisition if patient is undergoing pheresis and whether pre or post.

Comments: NSHA CL-BP-040 Venipuncture for Blood Specimen Collection

Alternate Names: Anti A/Anti B Titre
Isohemagglutinin Titre

ABO Group and Rh Type

Tube/Specimen: 6.0 mL Lavender EDTA (BD#367863)

Requisition: CD0001_05_2019

Division: Transfusion Medicine

Instructions: For medical purposes only

Comments: NSHA CL-BP-040 Venipuncture for Blood Specimen Collection

Note: Specimens for pre and post-natal investigation are sent to IWK Health Centre.

Alternate Names: Blood Group and Rh Type
Group and Type

Absolute Neutrophil Count

Division: Hematopathology – Core

Alternate Names: ANC

AC Blood Sugar — see Glucose AC, Plasma

Division: Clinical Chemistry - Core

ACE — see Angiotensin Converting Enzyme, Plasma

Division: Clinical Chemistry - Core

Acetaminophen

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Tube/Specimen: 4.0 mL Dark Green lithium heparin, no gel separator (BD#367884)

Requisition: CD0002

Division: Clinical Chemistry- Core

Alternate Names: Tylenol

CIS Mnemonic: ACET

Acetylcholine Receptor Antibodies (by RIPA)
(Do not confuse with Ganglionic Acetylcholine Receptor Antibody)

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature. Aliquot 1.0 mL serum into plastic vial.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals.
Send copy of requisition.

Stability: Refrigerated 7 days, frozen 30 days.

CIS Mnemonic: ACHRIPAS

Acetylcholinesterase, Plasma

Tube/Specimen: 3.5 mL Light Green lithium heparin (BD#367961)

Requisition: CD0002

Division: Clinical Chemistry - Core

Alternate Names: Cholinesterase
Pseudo Cholinesterase

CIS Mnemonic: CHE

Acetylsalicylic Acid **see Salicylates**

Division: Clinical Chemistry - Core

Acid Mucopolysaccharide Screen **see Mucopolysaccharide Screen**

Referred Out: In-Common Laboratories

ACTH

Tube/Specimen: 4.0 mL Lavender EDTA (BD#367861) **on ice**

Requisition: CD0002

Division: Clinical Chemistry - Core

Instructions: Collect in plastic pre-chilled tubes and keep on ice.

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Shipping: Separate at 4°C. Transfer 1.0 mL plasma to pre-chilled plastic tube using a plastic pipette. Freeze immediately and send frozen. Thawed specimens are unacceptable.

Alternate Names: Adrenocorticotropic Hormone

CIS Mnemonic: ACTH

Acute Intermittent Porphyria gene mutation

Requisition: IWK Clinical Genomics

Instructions: Do not accession; send directly to IWK Clinical Genomics lab.

Comment: Test is not performed at the QEII. Referring hospitals are to send specimens directly to the IWK Clinical Genomics lab to prevent delay in results.

Alternate Names: AIP gene
PBGD gene
Porphyria gene mutation
HMBS
Hydroxymethylbilane Synthase gene

CIS Mnemonic: None

ADAMTS13 Activity with Reflex Inhibitor

(Do not confuse with Adams 13 Genetics Mutation Testing)

Tube/Specimen: Two 2.7 mL Light Blue buffered sodium Citrate (BD#363083)

Referred Out: Mayo Medical Laboratories

Instructions: Send to Hematopathology Coagulation Lab for processing.

Comment: Test is not performed at the QEII. Referring hospitals are to send specimens directly to the referral site which performs the test to prevent delay in results.

CIS Mnemonic: ADAMP

Adenovirus

Tube/Specimen: Swabs collected in UTM, Urine collected in dry sterile container, stool collected in dry sterile container.

Requisition: CD0432/CD0433

Division: Virology-Immunology

Shipping: Store at 2 to 8°C for up to 3 days. If longer freeze and ship frozen.

CIS Mnemonic: AD
RAN (for stool, tested along with norovirus and rotavirus)

ADH see Copeptin

ADH (Anti-Diuretic Hormone) testing is no longer available at the QEII laboratory or any of the referral laboratories. Please refer to Copeptin testing as a surrogate for ADH.

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Adrenal Antibody

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature. Aliquot at least 1.0 mL serum into plastic vial. **Freeze at once.**
Send copy of requisition.

CIS Mnemonic: ADRAB

Adrenaline

see Catecholamines, Total Plasma

Referred Out: In-Common Laboratories

Adrenocorticotropic Hormone

see ACTH

Division: Clinical Chemistry - Core

AEMA

see Endomysial Antibody

Division: Immunopathology

AF4-MLL gene fusion

Tube/Specimen: 4.0 mL Lavender EDTA (BD#367861)
Peripheral blood: Preferably 2 tubes, minimum volume 1 mL. Stability – 14 days at 4ºC
Bone Marrow: 1 tube, minimum volume 1 mL. Stability – 14 days at 4ºC
Tissue: Send in saline at 4ºC, or frozen on dry ice. Stability – 12 hours in saline at 4ºC, or 7 days frozen
RNA: Stability – 3 months frozen.

Requisition: CD0046 or CD2573

Division: Molecular Diagnostics

Instructions: Blood/bone marrow must be kept at 4ºC, accompanied by requisition.
If multiple Molecular Diagnostics tests are ordered, only 2 tubes of peripheral blood or 1 tube of bone marrow are necessary.

Alternate Names: Translocation (4; 11)
t(4;11)

CIS Mnemonic: t(4;11) RNA

AFP

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002

Division: Clinical Chemistry – Core

Shipping: Separate serum within 5 hours of collection. Serum stable for 7 days at 2 to 8°C. Freeze and send 1.0 mL frozen serum, if longer.

Alternate Names: Alpha Fetoprotein

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CIS Mnemonic: AFP

Aids Test **see HIV-1/HIV-2**

Division: Virology-Immunology

ALA, random urine **see Porphyrin Precursors, random urine**

Referred Out: In-Common Laboratories

ALA Dehydratase **see Porphobilinogen Deaminase**

Referred Out: In-Common Laboratories

Alanine Aminotransferase, Plasma **see ALT, Plasma**

Division: Clinical Chemistry - Core

Albumin, Fluid

Tube/Specimen: 10.0 mL Body Fluid collected in sterile plastic screw top tubes

Requisition: CD0002

Division: Clinical Chemistry - Core

Shipping: If sending specimen from outside QEII HSC, transport at room temperature.

CIS Mnemonic: ALB FLD

Albumin, Plasma

Tube/Specimen: 3.5 mL Light Green lithium heparin (BD#367961)

Requisition: CD0002

Division: Clinical Chemistry – Core

CIS Mnemonic: ALB

Albumin, Random Urine or 24-Hour Urine

Tube/Specimen: Random collection (preferred) using a mid-stream technique to eliminate bacterial contamination or 24-hour urine collection in a plain container.

Requisition: CD0002

Division: Clinical Chemistry - Core

Instructions: Specimen required: 4 mL urine aliquot from well-mixed collection.

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Record the 'Original Container Type' on the requisition as Plain, Acid or Sodium Carbonate.
Record the Total Volume of the 24-hour urine on both the specimen aliquot and the requisition.

Stability: Room temperature for 1 day, 2 to 8˚C (preferred) for 7 days and frozen for 14 days.

Alternate Names: U ACR
Albumin/Creatinine Ratio
Microalbumin, Urine

CIS Mnemonics: ACR RU
ALB 24U

Alcohol, Serum

Tube/Specimen: 4.0 mL Dark Green lithium heparin, no gel separator (BD#367884)

Requisition: CD0002

Division: Clinical Chemistry - Core

Instructions: Use non-alcoholic solutions such as peroxidase, saline or warm water to clean venipuncture site. Do not use alcohol preparations.

Alternate Names: Ethanol
Ethyl Alcohol
ETOH

CIS Mnemonic: ALC

Aldosterone/Renin Activity Ratio, Plasma

Tube/Specimen: **Two** 4.0 mL Lavender EDTA (BD#367861). Indicate on requisition patient's position during collection; upright or lying down (supine).

Referred Out: In-Common Laboratories

Instructions: Patient Preparation: Patient should liberalize (not restrict) sodium intake. The following medications should be held for 4 weeks prior to testing or for as long as is clinically feasible: spironolactone, eplerenone, amiloride, triamterene, potassium-wasting diuretics, confectionary licorice, or chewing tobacco.
The best collection time is before 11 am.
Centrifuge at room temperature within 4 hours of collection; aliquot two 1.0 mL quantities of plasma and **freeze**.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals.
As of July 19, 2022 all Aldosterone and/or Renin requests will be ordered as Aldosterone/Renin Activity Ratio.
Send copy of requisition.

Stability: Room temperature 6 hours, refrigerated 4 hours and frozen 30 days.

CIS Mnemonic: ALDO/REN

Aldosterone, 24-Hour Urine

Tube/Specimen: 24-hour urine collected in plain 24 hour urine bottle

Referred Out: In-Common Laboratories

Instructions: Specimen required: 10 mL urine aliquot from well-mixed collection.
Record the 'Original Container Type' on the requisition as Plain, Acid or Sodium Carbonate.
Record Total Volume of the 24-hour urine on both the aliquot and requisition.
Identify drugs administered within 2 weeks as some drugs have a low cross-reactivity in this assay.

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Comments: Specimens with Boric Acid are acceptable.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals.
Send copy of requisition.

Stability: Room temperature for 2 days, 2 to 8ºC (preferred) for 10 days and frozen for 3 weeks.

CIS Mnemonic: ALDO 24U

ALK

see Alkaline Phosphatase, Plasma

Division: Clinical Chemistry - Core

ALK-NPM gene fusion

Tube/Specimen: Tissue: Formalin-fixed paraffin embedded (FFPE)

Referred Out: MAYO Medical Laboratories

Instructions: Do not accession. NSH and all zones- FFPE tissue will be referred out by the Anatomical Pathology lab.

Comment: Test is not performed at the QEII. IWK and labs from outside NS are to send specimens directly to the referral site which performs the test to prevent delay in results.

Alternate Names: Translocation (2;5)
t(2;5)

CIS Mnemonic: None

ALK PHOS

see Alkaline Phosphatase, Plasma

Division: Clinical Chemistry – Core

Alkaline Phosphatase, Bone

see Bone Alkaline Phosphatase

Referred Out: Mayo Medical Laboratories

Alkaline Phosphatase, Isoenzyme

(Do not confuse with Bone Alkaline Phosphatase)

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Referred Out: In-Common Laboratories

Instructions: Centrifuge and aliquot 1.0 mL serum into a plastic vial. **Freeze.**
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals.
Send copy of requisition.

CIS Mnemonic: ALP ISO

Alkaline Phosphatase, Plasma

Tube/Specimen: 3.5 mL Light Green lithium heparin (BD#367961)

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Requisition: CD0002

Division: Clinical Chemistry - Core

Alternate Names: ALP
ALK
ALK PHOS
Phosphatase, Alkaline

CIS Mnemonic: ALP

ALP

see Alkaline Phosphatase, Plasma

Division: Clinical Chemistry - Core

Alpha Fetoprotein

see AFP

Division: Clinical Chemistry - Core

Alpha Galactosidase, Whole Blood

(Do not confuse with Alpha-Gal IgE)

Tube/Specimen: One 6.0 mL Dark Green **sodium heparin** (BD#367878) or 6.0 mL Dark Green **lithium heparin**, no gel separator (BD#367886)
Collect only Monday to Wednesday before noon.
Contact Referred Out at 902-473-7237 before collection.

Referred Out: Hospital for Sick Children, Metabolic Diseases Laboratory

Instructions: **Do Not Centrifuge.**
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals.
Ship at room temperature same day of collection. **Time Sensitive.**

CIS Mnemonic: MISC REF

Alpha Thalassemia, DNA Testing

Tube/Specimen: Three 4.0 mL Lavender EDTA (BD#367861)

Referred Out: McMaster University Medical Centre

Instructions: **Do Not Centrifuge.**
Ship at room temperature.

CIS Mnemonic: MISC HEM

Alpha Thalassemia Screen

see Hemoglobin Electrophoresis

Division: Hematopathology - Immunology

Alpha Tocopherol

see Vitamin E Level

Referred Out: In-Common Laboratories

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Alpha-1-Acid Glycoprotein

(Do not confuse with Alpha Glycoprotein Subunit)

Tube/Specimen: 6.0 mL Plain Red Top, no gel separator (BD#367815)

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature. Aliquot 1.0 mL serum into a plastic vial and **freeze**.
Send copy of requisition.

CIS Mnemonic: A1AGP

Alpha-1-AntiTrypsin

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002

Division: Clinical Chemistry - Core

Shipping: Separate serum within 5 hours of collection. Serum stable for 48 hours at 2 to 8ºC. Freeze and send frozen serum, if longer.

Alternate Name: AAT

CIS Mnemonic: A1AT

Alpha-1-Antitrypsin Genotype

Tube/Specimen: One 4.0 mL Lavender EDTA (BD#367861) **AND** One 6.0 mL Plain Red Top, no gel separator (BD#367815)

Referred Out: In-Common Laboratories

Instructions: Centrifuge the plain red tube at room temperature and aliquot 1.0 mL of serum.
Do NOT centrifuge the lavender EDTA tube and whole blood should be submitted in original collection tube.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals.
Send copy of requisition.

Stability: Ambient 21 days, refrigerated 30 days, frozen 30 days.

CIS Mnemonic: AAT GENO

Alternate Name: AAT (A1AT) Mutation Analysis

Alpha-1-Antitrypsin Phenotype

See Alpha-1-Antitrypsin Genotype

Referred Out: In-Common Laboratories

Alpha-1-Antitrypsin Proteotype

See Alpha-1-Antitrypsin Genotype

Referred Out: In-Common Laboratories

Alpha-2-Anti Plasmin

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Tube/Specimen: Two 2.7 mL Light Blue buffered sodium citrate (BD#363083)

Referred Out: In-Common Laboratories

Instructions: Send to Hematopathology Coagulation Lab for processing.

Comment: Test is not performed at the QEII. Referring hospitals are to send specimens directly to the referral site which performs the test to prevent delay in results.

CIS Mnemonic: Antiplasmin
A2AP

ALT, Plasma

Tube/Specimen: 3.5 mL Light Green lithium heparin (BD#367961)

Requisition: CD0002

Division: Clinical Chemistry - Core

Alternate Names: Alanine Aminotransferase
SGPT

CIS Mnemonic: ALT

Aluminum Level

Tube/Specimen: 6.0 mL Royal Blue Trace Element K2 EDTA tube (BD 368381)

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature. Aliquot 3.0 mL plasma into a plastic transfer vial. **Freeze.**
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals.
Send copy of requisition.

CIS Mnemonic: ALUM

AMA — see Anti-Mitochondrial Antibodies

Division: Immunopathology

AMH — see Anti-Mullerian Hormone

Referred Out: Mayo Medical Laboratories

Amikacin Level

Tube/Specimen: 6.0 mL Plain Red Top, no gel separator (BD#367815)

Requisition: CD0002A/CD0002B

Referred Out: In-Common Laboratories

Instructions: Do not take blood from catheter or from site of injection of the antibiotic. Take Pre blood specimen immediately before dose is administered.

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Take Post blood specimen 30 minutes after completion of intravenous dose or 60 minutes after an intramuscular dose is administered. The time specimen was collected (pre/post) should be indicated on the requisition and tubes.

Alternate Names: Aminoglycoside Level

CIS Mnemonic: AMIKP (Post)
AMIKT (Pre)
AMIKR (Random)

Amino Acid Quantitative Plasma

Tube/Specimen: 6.0 mL Dark Green **lithium heparin**, no gel separator (BD#367886) **on ice**

Referred Out: IWK Metabolic Lab

Instructions: **Patient fasting is preferred.**
Centrifuge at room temperature immediately or within 4 hours of collection if specimen is kept refrigerated.
Aliquot 2.0 mL heparinized plasma into plastic vial.
Refrigerate for up to 24 hours. If unable to ship within 24 hours, freeze and ship frozen. Otherwise ship same day with cold pack.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals; send directly to IWK Metabolic Lab
Specimen should be accompanied by a Metabolic Investigation Form completed by the ordering physician.

CIS Mnemonic: AA PL

Amino Acid, Quantitative, Random Urine or 24-Hour Urine

Tube/Specimen: Random urine collection must be a mid-stream technique to eliminate bacterial contamination. Timed (12-hour or 24-hour) specimens are also acceptable.

Referred Out: IWK Metabolic Lab

Instructions: Specimen required: 10 mL urine aliquot from well-mixed collection.
Record the 'Original Container Type' on the requisition as Plain, Acid or Sodium Carbonate.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals; send directly to IWK Metabolic Lab
Specimen should be accompanied by a Metabolic Investigation Form completed by the ordering physician.

Stability: Room temperature less than 2 days, 2 to 8˚C (preferred) for 3 days, frozen indefinitely.

CIS Mnemonic: AA RU
AA 24U

Amino Acid Screen, Qualitative, Random Urine or 24-Hour Urine

Tube/Specimen: Collection must be in a plain container; random using mid-stream technique to eliminate bacterial contamination.
Timed 12-hour and 24-hour collections are also acceptable.

Referred Out: IWK Metabolic Lab

Instructions: Specimen required: 10 mL urine aliquot from well-mixed collection.
Record the 'Original Container Type' on the requisition as Plain, Acid or Sodium Carbonate.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals; send directly to IWK Metabolic Lab
Specimen should be accompanied by a Metabolic Investigation Form completed by the ordering physician.

Stability: Room temperature less than 2 days, 2 to 8˚C (preferred) for 3 days, frozen indefinitely.

CIS Mnemonic: Miscellaneous Referred-Out

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Aminoglycoside Levels — see Gentamicin, or Tobramycin, or Vancomycin

Division: Clinical Chemistry - Core

Aminophylline — see Theophylline

Division: Clinical Chemistry - Core

Amiodarone Level

Tube/Specimen: 6.0 mL Plain Red Top, no gel separator (BD#367815)

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature. Aliquot 1.0 mL serum into a plastic transfer vial. **Freeze at once.**
To monitor therapy, draw trough specimen prior to next dose.
Analysis includes Desethylamiodarone.
Send copy of requisition.

CIS Mnemonic: AMIO

Amitriptyline Level

Tube/Specimen: 6.0 mL Plain Red Top, no gel separator (BD#367815)

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature. Aliquot 1.0 mL serum into a plastic transfer vial. **Freeze.**
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals

Note: Royal Blue Trace Element SERUM tube (BD #368380) and Lavender topped EDTA plasma are also acceptable.
Indicate specimen type on tube.
Send copy of requisition.

CIS Mnemonic: AMIT

AML1-ETO gene fusion

Tube/Specimen: 4.0 mL Lavender EDTA (BD#367861)
Peripheral blood: Preferably 2 tubes, minimum volume 1 mL. Stability – 14 days at 4ºC
Bone marrow: 1 tube, minimum volume 1 mL. Stability – 14 days at 4ºC
Tissue: Send in saline at 4ºC, or frozen on dry ice. Stability – 12 hours in saline at 4ºC, or 7 days frozen
RNA: Stability – 3 months frozen.

Requisition: CD0046 or CD2573

Division: Molecular Diagnostics

Instructions: Blood/bone marrow must be kept at 4ºC, accompanied by requisition.
If multiple Molecular Diagnostics are ordered, only 2 tubes of peripheral blood or 1 tube of bone marrow are necessary.

Alternate Names: Translocation (8;21)
t (8;21)
RUNX1-RUNX1T1

CIS Mnemonic: t(8;21) RNA

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Ammonia, Plasma

Tube/Specimen: 2.0 mL Lavender EDTA (BD#367841)

Requisition: CD0002

Division: Clinical Chemistry - Core

Instructions: Tube must be filled to capacity.
Label tube with patient information with waterproof ink, immediately immerse in slurry of ice and water and deliver to Processing area within 20 minutes.
Centrifuge at 4ºC and aliquot plasma within 30 minutes of collection.
Plasma aliquot must be kept on ice before analysis.
Plasma may be stored at 4ºC for up to 2 hours if necessary. Freeze if unable to immediately analyze.

Shipping: Plasma aliquot is stable for 15 minutes at 15 to 25ºC, 2 hours at 4 to 8ºC and 3 weeks frozen.
Freeze/thaw once.

CIS Mnemonic: AMMON

Amoebiasis

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002A/CD0002B

Division: Virology-Immunology

Instructions: Clinical data should be indicated on the requisition.

Note: This test will be referred out by the laboratory.

Alternate Names: Amoebic Serum
Hemagglutination

CIS Mnemonic: AMOEB

Amoebic Serum

see Amoebiasis - IHA

Division: Virology-Immunology

Amylase and CEA, Pancreatic Cyst Fluid

Tube/Specimen: 1 mL Pancreatic Cyst Fluid collected in a sterile plastic screw top container

Requisition: CD0002

Division: Clinical Chemistry - Core

Shipping: If sending specimen from outside QEII HSC, transport refrigerated. Stable 72 hours refrigerated.

CIS Mnemonic: AMYL PCF + CEA PCF

Amylase, Plasma

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Tube/Specimen: 3.5 mL Light Green lithium heparin (BD#367961)

Requisition: CD0002

Division: Clinical Chemistry - Core

Alternate Names: Diastase

CIS Mnemonic: AMYL

Amylase, Urine

Tube/Specimen: Timed urine collection (examples: 2-hour, 24-hour)

Requisition: CD0002

Division: Clinical Chemistry - Core

Instructions: Specimen required: 4 mL urine aliquot from well-mixed collection.
Record the 'Original Container Type' on the requisition as Plain, Acid or Sodium Carbonate.

Comments: Random collections are only available on pancreatic transplant patients.

Stability: Room temperature 1 day, 2 to 8ºC (preferred) for 7 days and frozen for 2 weeks.

CIS Mnemonic: AMYL TU (for timed urine)

ANA — see Anti-Nuclear Antibody

Division: Immunopathology

Anafranil — see Clomipramine

Referred Out: In-Common Laboratories

Anaplasma — see Hem Microorganism

Division: Hematopathology-Microscopy

Anaplasma PCR

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002A/CD0002B

Division: Virology-Immunology

CIS Mnemonic: ANAPLPCR

ANC — see Absolute Neutrophil Count

Division: Hematopathology - Core

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ANCA

see Vasculitis Panel

Division: Immunopathology

Androstenedione

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002

Division: Clinical Chemistry - Core

Shipping: Separate serum within 5 hours of collection. Serum stable for 24 hours at 2 to 8ºC. Freeze and send frozen serum, if longer.

Alternate Names: Delta 4 Androstenedione

CIS Mnemonic: ANDRO

ANF

see Anti-Nuclear Antibody

Division: Immunopathology

Angiotensin Converting Enzyme, Plasma

Tube/Specimen: 3.5 mL Light Green lithium heparin (BD#367961)

Requisition: CD0002

Division: Clinical Chemistry - Core

Shipping: Plasma stable for 7 days at 2 to 8ºC. Frozen aliquots are acceptable.

Alternate Names: ACE

CIS Mnemonic: ACE

Anion Gap, Plasma

Tube/Specimen: 3.5 mL Light Green lithium heparin (BD#367961)

Requisition: CD0002

Division: Clinical Chemistry – Core

Comments: Specimens must be delivered to the laboratory within 2 hours of collection.
Testing for Anion Gap includes Sodium (Na), Potassium (K), Chloride (Cl) and Total CO2.

Shipping: Separate plasma within 2 hours of collection.

Alternate Names: Anion Gap

CIS Mnemonic: AGAP

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Anti A / Anti B Titre — see ABO Antibody Titre

Division: Transfusion Medicine

Anti TTG — see Anti-Tissue Transglutaminase

Division: Immunopathology

Anti-Adrenal Antibody — see Adrenal Antibody

Referred Out: In-Common Laboratories

Anti-AMPA Receptor, Serum or CSF

Tube/Specimen: One 4.0 mL Gold SST (BD#367977) or 3.0 mL CSF

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature and aliquot at least 1.0 mL serum into plastic vial. **Freeze.**
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

Stability: Room temperature 4 days; refrigerated at 2 to 8 ºC for 7 days and frozen >6 months.

CIS Mnemonic: AMPA
AMPA CSF

Antibody Screen — see Type and Screen (ABO/Rh and Antibody Screen)

Division: Transfusion Medicine

Alternate Names: Indirect Antiglobulin Test
IDAT

Anti-Borrelia Antibodies — see Lyme Antibodies

Division: Virology-Immunology

Anti-Cardiolipin Ab

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002

Division: Immunopathology

Comments: This is not the same as an antiphospholipid antibody. Anti-Cardiolipin belongs to Anti Phospholipid Family.

Alternate Names: Cardio Ab
Cardiolipin Antibodies

CIS Mnemonic: ACARD IGG

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Anti-CCP **see Anti Cyclic Citrullinated Peptide**

Division: Immunopathology

Anti-Centromere Antibody **see Anti-Nuclear AB, (ANA)**

Division: Immunopathology

Anti-Centromere B **see Anti-Nuclear AB, (ANA)**

Division: Immunopathology

Anti-Chromatin **see Anti-Nuclear AB, (ANA)**

Division: Immunopathology

Anti-Cochlear Ab FORWARD **see F68KD**

Referred Out: Mayo Medical Laboratories

Anti-Cyclic Citrullinated Peptide

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002

Division: Immunopathology

Alternate Names: Anti-CCP
CCP
Cyclic Citrullinated Peptide Antibody

CIS Mnemonic: ACCP

Anti-Depressant Level **Physician must specify name of drugs**

Anti-Diuretic Hormone (ADH, Vasopressin) **see Copeptin**

ADH testing is no longer available at the QEII laboratory or any of the referral laboratories. Please refer to Copeptin testing as a surrogate for ADH.

Anti-DNA Ab **see Anti-Nuclear AB, (ANA)**

Division: Immunopathology

Anti-Double Stranded DNA **see Anti-ds DNA**

Division: Immunopathology

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Anti-DPPX (Dipeptidyl aminopeptidase-like 6), Serum or CSF

Tube/Specimen: 4.0 mL Gold SST (BD#367977) or 3.0 mL CSF

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature and aliquot at least 1.0 mL serum into plastic vial. **Freeze.**
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

Stability: Room temperature 4 days; refrigerated at 2 to 8 ºC for 7 days and frozen >6 months.

CIS Mnemonic: DPPX
DPPX CSF

Anti-ds DNA see Anti-Nuclear AB, (ANA)

Division: Immunopathology

ANTI-ds DNA see Anti-Nuclear Ab

Division: Immunopathology

Anti-GABAB Receptor, Serum or CSF

Tube/Specimen: 4.0 mL Gold SST (BD#367977) or 3.0 mL CSF

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature and aliquot at least 1.0 mL serum into plastic vial. **Freeze.**
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

Stability: Room temperature 4 days; refrigerated at 2 to 8 ºC for 7 days and frozen >6 months.

CIS Mnemonic: GABAB
GABA CSF

Anti-Glutamic Acid Decarboxylase (Anti-GAD)

Tube/Specimen: 4.0 mL Gold SST (BD#367977) preferred, 6.0 mL Plain Red Top, no gel separator (BD#367815) acceptable.

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature and aliquot 1.0 mL of serum into plastic vial.
Send copy of requisition.

Stability: 7 days at room temperature, 28 days at 2 to 8°C or frozen.

CIS Mnemonic: GAD

Anti-GBM Ab see Vasculitis Panel

Division: Immunopathology

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Anti-Gliadin IgG or IgA **see Anti-Tissue Transglutaminase**

Division: Immunopathology

Anti-Glomerular Basement **see Vasculitis Panel**

Division: Immunopathology

Anti-HMGCR Antibodies **see Myositis Panel - 20 Antibodies or Comprehensive Myositis Panel - 21 Antibodies, Serum**

Referred Out: In-Common Laboratories

Anti-Hu **see Paraneoplastic Antibodies**

Referred Out: In-Common Laboratories

Anti-Hu, CSF **see Paraneoplastic Antibodies**

Referred Out: In-Common Laboratories

Anti-Jo-1 **see Anti-Nuclear AB, (ANA)**

Division: Immunopathology

Anti-LKM **see Liver Kidney Microsomal Antibodies**

Referred Out: In-Common Laboratories

Anti-MAG **see Myelin Associated Glycoprotein Antibody**

Referred Out: In-Common Laboratories

Anti-MOG **see Neuromyelitis Optica (NMO_IgG)**

Referred Out: In-Common Laboratories

Antimicrobial Resistance and Nosocomial Infections (ARNI)
(MRSA, VRE, ESBLs, Acinetobacter, C. difficile, Strep. Pneumoniae)

Tube/Specimen: Isolate, Susceptibility testing

Referred Out: Antimicrobial Resistance and Nosocomial Infections (ARNI)

Instructions: Shipped as Category B.

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Anti-Microsomal Antibodies

see Anti-thyroid Peroxidase Antibodies

Division: Clinical Chemistry – Core

Anti-Mitochondrial Ab

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002

Division: Immunopathology

Alternate Names: AMA2

Anti-MPO

see Vasculitis Panel

Division: Immunopathology

Anti-Mullerian Hormone

Tube/Specimen: 6.0 mL Plain Red Top, no gel separator (BD#367815)

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature and aliquot serum into plastic vial. **Freeze.**
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals.
Send copy of requisition.

Stability: Room temperature 48 hours, refrigerated 7 days, frozen 28 days

CIS Mnemonic: AMH

Anti-Mup44/NT5C1

see **Myositis Panel - 20 Antibodies or Comprehensive Myositis Panel - 21 Antibodies, Serum**

Referred Out: In-Common Laboratories

Anti-MuSK (Muscle Specific Kinase) Antibody

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature and aliquot 1.0 mL serum into plastic vial. **Freeze.**
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

Stability: 28 days frozen

CIS Mnemonic: MUSKAB

Anti-NDNA

see Anti-ds DNA

Division: Immunopathology

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Anti-Neutrophil Cytoplasmic Ab — see Vasculitis Panel

Division: Immunopathology

Anti-Nuclear Antibody (ANA)

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002

Division: Immunopathology

Note: If anti-nuclear ab screen is negative no further test will be reported. If anti-nuclear ab screen is positive the following tests will be reported. Anti-ds DNA: Anti-Chromatin; Anti-Ribosomal P; Anti-SS-A/RO; Anti-SS-B/LA; Anti-Centromere B; Anti-Sm; Anti-Sn/RNP; Anti-RNP; Anti-Scl-70; Anti-JO-1

CIS Mnemonic: ANA QEII

Alternate Names: ANF
Anti-Nuclear Factor
Nuclear Factor

Anti-Nuclear Factor — see Anti-Nuclear Antibody

Division: Immunopathology

Anti-Pancreatic Islet Cell Antibody

Alternate Names: APICA
Islet Cell Antibody
Pancreatic Islet Cell antibody

Note: Pancreatic Islet Cell Antibody testing is no longer offered in Nova Scotia Health Central Zone Laboratories as of September 23rd, 2024. Glutamic Acid Decarboxylase 65 Antibodies (Anti-GAD) will be ordered instead.

Anti-Parietal Cell — see Autoantibodies Panel

Referred Out: In-Common Laboratories

Anti-PC — see Autoantibodies Panel

Referred Out: In-Common Laboratories

Skin Antibodies

Tube/Specimen: Collect two 4.0 mL Gold SST (BD#367977)

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature and aliquot 3 mL serum into one aliquot tube.

Stability: 2 to 8 °C 14 days and frozen 30 days

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CIS Mnemonic: SKIN AB

Alternate Names: Anti-Basement Membrane Antibody
Skin Basement Membrane Antibody
Anti-Pemphigoid Antibody
Anti-Pemphigus Antibody
Anti-Pemphigus/Pemphigoid Antibodies
Intercellular Skin Antibody

Anti-Phospholipase A2 Receptor (Anti-PLA2R)

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature and aliquot at least 1.0 mL serum into plastic vial. **Freeze.**
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
CSF specimen acceptable.
Send copy of requisition.

Stability: Refrigerated at 2 to 8 ºC for 14 days and frozen >14 days.

CIS Mnemonic: PLA2R

Anti-PLA2R see Anti-Phospholipase A2 Receptor

Referred Out: In-Common Laboratories

Anti-Plasmin see Alpha-2-Anti-Plasmin

Referred Out: In-Common Laboratories

Anti-Platelet Antibody/Platelet Typing

Tube/Specimen: **Six** 6.0 mL Yellow ACD glass (BD#364816) **or twelve** 2.7 mL Light Blue buffered sodium citrate (BD#363083)

Referred Out: McMaster University HSC

Instructions: Send to Hematopathology Coagulation Lab for processing.
Store and ship at room temperature. Completed McMaster patient requisition must accompany sample.
https://transfusionresearch.healthsci.mcmaster.ca/wp-content/uploads/2025/11/Patient-Requisition-Form-v2025-11.docx

CIS Mnemonic: Miscellaneous Hematology Referred Out

Anti-PR3 see Vasculitis Panel

Division: Immunopathology

Anti-Proteinase 3 see Vasculitis Panel

Division: Immunopathology

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Anti-Retinal Autoantibody

Tube/Specimen: **Two** 4.0 mL Gold SST (BD#367977) **or two** 6.0 mL Plain Red Top, no gel separator (BD#367815)

Referred Out: Mayo Medical Laboratories

Instructions: Ensure Mayo Ocular Immunology Test Request form is completed by physician.
Centrifuge and aliquot 5 mL serum (minimum volume is 3 mL) into a referred out aliquot tube.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

Stability: Refrigerated 7 days.

CIS Mnemonic: MS REF

Anti-Ri

see Paraneoplastic Antibodies

Referred Out: In-Common Laboratories

Anti-Ri, CSF

see Paraneoplastic Antibodies, CSF

Referred Out: In-Common Laboratories

Anti-Ribosomal P

see Anti-Nuclear AB, (ANA)

Division: Immunopathology

Anti-RNP

see Anti-Nuclear AB, (ANA)

Division: Immunopathology

Anti-Scl-70

see Anti-Nuclear AB, (ANA)

Division: Immunopathology

Skeletal Muscle Antibodies

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature and aliquot at least 1.0 mL serum into plastic vial.
Do not accession for non-Nova Scotia Health Central Zone Hospitals.
Send copy of requisition.

Stability: Refrigerated at 2 to 8 °C 14 days and frozen 30 days.

CIS Mnemonic: SKEAB

Anti-Sm

see Anti-Nuclear AB, (ANA)

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Division: Immunopathology

Anti-Smooth Muscle **see Autoantibodies Panel**

Referred Out: In-Common Laboratories

Anti-SM **see Autoantibodies Panel**

Referred Out: In-Common Laboratories

Anti-Sm/RNP **see Anti-Nuclear AB, (ANA)**

Division: Immunopathology

Anti-SS-A/Ro **see Anti-Nuclear AB, (ANA)**

Division: Immunopathology

Anti-SS-B/La **see Anti-Nuclear Ab**

Division: Immunopathology

Anti-Streptolysin "O" Titer

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002

Division: Clinical Chemistry - Core

Shipping: Separate serum within 5 hours of collection. Serum stable for 48 hours at 2 to 8ºC. Freeze and send frozen serum, if longer.

Alternate Names: ASOT
ASO Titer

CIS Mnemonic: ASOT

Anti-Striated Muscle Antibody **see Autoantibodies Panel**

Referred Out: In-Common Laboratories

Antithrombin (III)
(AT)

Tube/Specimen: 2.7 mL Light Blue buffered sodium citrate (BD#363083), must be a full draw

Requisition: CD0002

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Division: Hematopathology - Coagulation

Referrals: Send 2 frozen aliquots of 1.0 mL platelet-poor plasma (see Coagulation Testing under Specimen Collection Information) in Polypropylene vials (12x75).

CIS Mnemonic: ATIII

Alternate Names: Antithrombin Activity
ATIII Activity

Anti-Thyroglobulin Antibodies

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002

Division: Clinical Chemistry - Core

Comments: Anti-Thyroglobulin requests are automatically also assayed for Thyroglobulin.

Shipping: Separate serum within 5 hours of collection. Serum stable for 7 days at 2 to 8ºC. Freeze and send frozen serum, if longer.

Alternate Names: TAB-TA
Thyroglobulin Antibodies
Thyroid Antibodies-Thyroglobulin

CIS Mnemonic: TGAB

Anti-Thyroid Antibodies see Anti-Thyroid Peroxidase Antibodies

Division: Clinical Chemistry - Core

Anti-Thyroid Peroxidase

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002

Division: Clinical Chemistry - Core

Shipping: Separate serum within 5 hours of collection. Serum stable for 2 days at 2 to 8ºC. Freeze and send frozen serum, if longer.

Alternate Names: Anti-Microsomal Antibodies
Anti-Thyroid Antibodies
Anti-TPO
Thyroid Antibodies

CIS Mnemonic: TPOAB

Anti-Thyrotropin Receptor Antibody see Thyroid Receptor Antibody

Referred Out: In-Common Laboratories

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Anti-Tissue Transglutaminase

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002A/CD0002B

Division: Immunopathology

Shipping: Specimens can only be stored at 2 to 8°C for 7 days, freeze and send frozen serum, if longer.

Note: TTG IgA specimens which flag low for IgA level will be referred out for Gliadin IgG testing.
TTG IgA specimens ≥149 U/mL will be referred out for Endomysial antibody testing if patient is ≥16 years old. If <16 years old, the specimen will be held and referred out for Endomysial antibody testing upon request from a pediatric gastroenterologist only.

Alternate Names: Anti-TTG
TTG
Tissue Transglutaminase
Celiac Screen/Disease

CIS Mnemonic: TTG IGA

Anti-Topoisomerase

see Anti-Nuclear Ab

Division: Immunopathology

Anti-TPO

see Anti-Thyroid Peroxidase Antibodies

Division: Clinical Chemistry - Core

Anti-Xa

Tube/Specimen: 2.7 mL Light Blue buffered sodium citrate (BD#363083)

Requisition: CD0002

Division: Hematopathology - Coagulation

Instructions: Requisition must indicate the type of heparin the patient is receiving.

Referrals: Send 2 frozen aliquots of 1.0 mL platelet-poor plasma (see Coagulation Testing under Specimen Collection Information) in polypropylene vials (12x75).
Send on dry ice.

CIS Mnemonic: ANTIXA

Anti-Yo

see Paraneoplastic Antibodies

Referred Out: In-Common Laboratories

Anti-Yo, CSF

see Paraneoplastic Antibodies, CSF

Referred Out: In-Common Laboratories

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APA

see Autoantibodies Panel

Referred Out: In-Common Laboratories

Apolipoprotein A1

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Referred Out: In-Common Laboratories

Instructions: Fasting (12 to 14 hours) is recommended, but non-fasting is acceptable.
Separate within 2 hours of collection. Aliquot 1.0 mL of serum and freeze.
Lavender EDTA plasma is acceptable.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

Stability: Refrigerated 7 days, frozen 90 days.

CIS Mnemonic: APOA1

Apolipoprotein B

Tube/Specimen: **Nova Scotia Health Central Zone:** 3.5 mL Light Green lithium heparin (BD#367961). **Referrals:** 1.0 mL aliquot of **frozen serum**

Requisition: CD0002

Division: Clinical Chemistry - Core

Shipping: Centrifuge within 4 hours of collection.

Stability: Plasma stable 24 hours at room temperature and 3 days at 2 to 8ºC.
Frozen serum specimens accepted and are stable for 60 days.

Referrals: **Frozen plasma will not be accepted.**

Alternate Names: APO B

CIS Mnemonic: APOB

ARBO Virus

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002A/CD0002B

Division: Virology-Immunology

Instructions: Clinical data should be indicated on the requisition, including specific virus request.
Jamestown Canyon and Snowshoe Hare requests require paired sera collected 14 days apart OR serum AND CSF.

Alternate Names: California Encephalitis
Dengue Virus
Eastern Equine Encephalitis
Western Equine Encephalitis
Chikungunya Virus
Jamestown Canyon

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Snowshoe Hare
Japanese Encephalitis
Powassan
Yellow Fever

CIS Mnemonic: ARBO

Arsenic, Random Urine or 24-Hour, Inorganic

Tube/Specimen: Random collection using a mid-stream technique to eliminate bacterial contamination or 24-hour urine collection (preferred) in a plain container.

Referred Out: In-Common Laboratories

Instructions: Specimen required: 15 mL urine aliquot from well-mixed collection.
Record the 'Original Container Type' on the requisition as Plain, Acid or Sodium Carbonate.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Avoid seafood consumption for five days prior to collection.
Record Total Volume of the 24-hour urine on both the aliquot and requisition.
Send copy of requisition.

Stability: Room temperature 14 days, refrigerated or frozen for 11 months.

CIS Mnemonic: ARS RU (for random urine) and ARS 24U (for 24hour urine)

Arsenic, Whole Blood

Tube/Specimen: Royal Blue topped Trace Element K2 EDTA tube (BD# 368381)

Referred Out: In-Common Laboratories

Instructions: **Do Not Centrifuge.**
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Keep refrigerated.
Send copy of requisition.

CIS Mnemonic: ARS WB

ASA — see Salicylates

Division: Clinical Chemistry - Core

ASCA — see Saccharomyces cer Antibodies

Referred Out: In-Common Laboratories

Ascorbic Acid Level — see Vitamin C

Referred Out: In-Common Laboratories

ASKMA — see Skeletal Muscle Antibodies

Referred Out: In-Common Laboratories

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ASOT — see Anti-Streptolysin "O" Titer

Division: Clinical Chemistry - Core

Aspartate Amino Transferase — see AST, Plasma

Division: Clinical Chemistry - Core

Aspergillosis

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0432/ CD0433

Division: Virology-Immunology

Note: Farmer's Lung, Pidgeon Serum Test, and Bird Antigen Testing not available.

CIS Mnemonic: ASPER

Aspirin — see Salicylates

Division: Clinical Chemistry - Core

AST, Plasma

Tube/Specimen: 3.5 mL Light Green lithium heparin (BD#367961)

Requisition: CD0002

Division: Clinical Chemistry - Core

Alternate Names: Aspartate Amino Transferase
SGOT

CIS Mnemonic: AST

Autoantibodies Panel

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Referred Out: In-Common Laboratories

Instructions: Aliquot serum and **freeze**.

CIS Mnemonic: AUTOAB

Autoimmune Encephalitis Panel

Tube/Specimen: One 4.0 mL Gold SST (BD#367977) or 3.0 mL CSF

Referred Out: In-Common Laboratories

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Instructions: Centrifuge at room temperature and aliquot at least 1.0 mL of serum into plastic vial. **Freeze**.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

Stability: Refrigerated 14 days and frozen 30 days.

CIS Mnemonic: AEP SP or AEP CSF

Autoimmune Inflammatory Myopathy /Myositis Profile

see Myositis Panel - 20 Antibodies or Comprehensive Myositis Panel - 21 Antibodies, Serum

Referred Out: In-Common Laboratories

Autoimmune Liver Disease Profile, Serum

Tube/Specimen: One 4.0 mL Gold SST (BD#367977)

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature and aliquot at least 1.0 mL serum into plastic vial. **Freeze**.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

Stability: Refrigerated 14 days and frozen 60 days.

CIS Mnemonic: ALDAB

Autoimmune Muscle Disease Profile

see Myositis Panel - 20 Antibodies or Comprehensive Myositis Panel - 21 Antibodies, Serum

Referred Out: In-Common Laboratories

Autoimmune Retinopathy Panel (ARP)

see Anti-Retinal Autoantibody

Referred Out: Mayo Medical Laboratories

Autoimmune Thrombocytopenia Purpura

Tube/Specimen: **Six** 6.0 mL Yellow ACD glass (BD#364816) or **twelve** 2.7 mL Light Blue buffered sodium citrate (BD#363083).

Referred Out: McMaster University HSC

Instructions: Send to Hematopathology Coagulation Lab for processing.
Store and ship at room temperature. Completed McMaster patient requisition must accompany sample.
https://transfusionresearch.healthsci.mcmaster.ca/wp-content/uploads/2025/11/Patient-Requisition-Form-v2025-11.docx

CIS Mnemonic: Miscellaneous Hematology Referred Out

Alternate Name(s): ITP (Idiopathic Thrombocytopenia Purpura)

Aventyl

see Amitriptyline

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Referred Out: In-Common Laboratories

Babesia

see Hem Microorganism

Division: Hematopathology-Microscopy

Babesia PCR

Tube/Specimen: 4.0 mL Lavender EDTA (BD#367861)

Requisition: CD0002A/CD0002B

Division: Virology-Immunology

Instructions: Clinical data should be indicated on the requisition.

Note: This test will be referred out by the laboratory.

CIS Mnemonic: BABPCR

Babesia Serology

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002A/CD0002B

Division: Virology-Immunology

Instructions: Clinical data should be indicated on the requisition.

Note: This test will only be referred out by the laboratory if approved by a Microbiologist.

CIS Mnemonic: BABSER

Bacterial vaginosis/Vulvovaginal candidiasis/Trichomoniasis PCR

Tube/Specimen: Aptima Multitest swabs

Requisition: CD0432/ CD0433

Division: Virology-Immunology

Shipping: Store at 2 to 30°C for up to 30 days

CIS Mnemonic: VAG PCR

Barbiturate Screen

Tube/Specimen: 6.0 mL Plain Red Top, no gel separator (BD#367815)

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature.
Aliquot 3.0 mL of serum into plastic transfer vial. **Freeze**.

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Uncontrolled When Printed

Send copy of requisition.

CIS Mnemonic: BARBS

Bartonella Serology

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002A/CD0002B

Division: Microbiology-Immunology

Instructions: Clinical data should be indicated on the requisition.

Note: This test will be referred out by the laboratory.

CIS Mnemonic: BARTSER

B Cell Counts

Tube/Specimen: 6.0 mL Dark Green lithium heparin, no gel separator (BD#367886)

Requisition: CD0002C

Division: Hematopathology - Flow Cytometry

Instructions: Specimens should arrive in the Flow Cytometry lab on the same day of collection, however, must arrive within 24 hours of collection and no later than 14:00 hours on Fridays (or the day before a holiday).
The requisition must accompany the specimen to the Flow laboratory.

Shipping: Maintain specimen at room temperature.

Alternate Name: CD19 TESTING

CIS Mnemonic: Path Flow CD19 B-Cells (Pathology Flow Cytometry CD19 B-Cells)

B-cell lymphoid clonality

Tube/Specimen: 4.0 mL Lavender EDTA (BD#367861)
Peripheral blood: Preferably 2 tubes, minimum volume 1 mL. Stability – 14 days at 4ºC
Bone marrow: 1 tube, minimum volume 1 mL. Stability – 14 days at 4ºC
Tissue: Send in saline at 4ºC, or frozen on dry ice. Stability – 12 hours in saline at 4ºC, or 7 days frozen.
Alternately, send fixed tissue in paraffin block.
DNA: Stability – 3 months at 4ºC or frozen

Requisition: CD0046 or CD2573

Division: Molecular Diagnostics

Instructions: Blood/bone marrow must be kept at 4ºC, accompanied by requisition.
Any specimen referred from outside of Nova Scotia Health Central Zone must also be accompanied by a printout of the CBC results, as it is important to know the white blood cell count prior to extracting the DNA.
If multiple Molecular Diagnostics tests are ordered, only 2 tubes of peripheral blood or 1 tube of bone marrow are necessary.

Alternate Names: Ig gene rearrangement
Ig heavy chain
Lymphoma protocol

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CIS Mnemonic: B-cell DNA

BCL-1 see BCL1-IGH gene fusion

Division: Molecular Diagnostics

BCL1-IGH gene fusion

Tube/Specimen: 4.0 mL Lavender EDTA (BD#367861)
Peripheral blood: 1 tube, minimum volume 1 mL. Stability – 9 days at 4°C
Bone marrow: 1 tube, minimum volume 1 mL. Stability – 9 days at 4°C
Tissue: Formalin-fixed paraffin embedded (FFPE)

Referred Out: MAYO Medical Laboratories

Instructions: NSH and all zones- Send peripheral blood or bone marrow to Esoteric Molecular Diagnostics Lab for processing. FFPE tissue will be referred out by the Anatomical Pathology lab.

Comments: Test is not performed at the QEII. IWK and labs from outside NS are to send specimens directly to the referral site which performs the test to prevent delay in results.

Alternate Names: BCL-1
t(11;14)
Translocation (11;14)
Cyclin-D1 PRAD1
Lymphoma, mantle cell

CIS Mnemonic: BCL-1 DNA

BCL-2 see BCL2-IGH gene fusion

Division: Molecular Diagnostics

BCL2-IGH gene fusion

Tube/Specimen: 4.0 mL Lavender EDTA (BD#367861)
Peripheral blood: 1 tube, minimum volume 1 mL. Stability – 9 days at 4ºC
Bone marrow: 1 tube, minimum volume 1 mL. Stability – 9 days at 4ºC
Tissue: Formalin-fixed paraffin embedded (FFPE)

Referred Out: MAYO Medical Laboratories

Instructions: NSH and all zones- Send peripheral blood or bone marrow to Esoteric Molecular Diagnostics Lab for processing. FFPE tissue will be referred out by the Anatomical Pathology lab.

Comments: Test is not performed at the QEII. IWK and labs from outside NS are to send specimens directly to the referral site which performs the test to prevent delay in results.

Alternate Names: BCL-2
t(14;18)
Translocation (14;18)
Lymphoma, follicular

CIS Mnemonic: BCL-2 DNA

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Uncontrolled When Printed

BCR-ABL gene fusion

Tube/Specimen: 4.0 mL Lavender EDTA (BD#367861)
Peripheral blood: Preferably 2 tubes, minimum volume 1 mL. Stability – 14 days at 4ºC
Bone marrow: 1 tube, minimum volume 1 mL. Stability – 14 days at 4ºC
Tissue: Send in saline at 4ºC, or frozen on dry ice. Stability – 12 hours in saline at 4ºC, or 7 days frozen
RNA: Stability – 3 months frozen

Requisition: CD0046 or CD2573

Division: Molecular Diagnostics

Instructions: Blood/bone marrow must be kept at 4ºC, accompanied by requisition.
If multiple Molecular Diagnostics tests are ordered, only 2 tubes of peripheral blood or 1 tube of bone marrow are necessary.

Alternate Names: Quantitative BCR/abl
Philadelphia chromosome
Translocation (9;22)

CIS Mnemonic: BCRABL RNA

BCR-ABL mutation (Mutation Analysis of BCR-abl transcripts, ABL Kinase domain mutation)

see Next Generation Sequencing-Myeloid Panel

Division: Molecular Diagnostics

B-Ctx

see C-Telopeptide

Referred Out: In-Common Laboratories

Benzodiazepine

see Clonazepam (Clonazepine)

Referred Out: In-Common Laboratories

Beryllium Lymphocyte Proliferation (BeLPT)

Note: Beryllium Lymphocyte Proliferation (BeLPT) test is no longer offered at NSH Central Zone.

Beta-2-Glycoprotein Antibody

Tube/Specimen: One 4.0 mL Gold SST (BD#367977)

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature.
Aliquot serum into one plastic vial for a minimum of 1.0 mL serum.
Freeze at once.
If specimen thaws, it is unsuitable for analysis.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

CIS Mnemonic: B2GLYAB

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Uncontrolled When Printed

Beta-2-Microglobulin, Serum

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002

Division: Clinical Chemistry - Core

Shipping: Separate serum within 5 hours of collection. Serum stable for 7 days at 2 to 8ºC. Freeze and send frozen serum, if longer.

CIS Mnemonic: B2M

Beta-2-Microglobulin, Urine

Tube/Specimen: Random urine with pH adjusted to 6.0 to 8.0 within 30 minutes of collection.

Referred Out: In-Common Laboratories

Instructions: Available at QE II VG site Blood Collection only.
Aliquot and **freeze**.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

CIS Mnemonic: B2M RU

Beta-Carotene (β-Carotene)

see Carotene

Referred Out: In-Common Laboratories

Beta-CrossLaps

see C-Telopeptide

Referred Out: In-Common Laboratories

Beta Hydroxybutyrate, Serum

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature.
Aliquot 1.0 mL of serum into plastic transfer vial. **Freeze** at once.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

Note: Ketone (β-hydroxybutyrate) testing is available as point-of-care (POC) testing on Nova StatStrip meters in select acute care areas, primarily Emergency Departments and Intensive Care Units, where most patients with diabetic ketoacidosis (DKA) are managed. Capillary blood is used for this testing.
When a broader assessment of ketosis is required (e.g., ketogenic diets, starvation, or insulin deficiency), a urinalysis may be requested. This provides a semi-quantitative measurement of urine ketones.
If serum beta-hydroxybutyrate is still specifically required, please contact the Clinical Chemistry lab at 9024736865 to discuss.

CIS Mnemonic: BHYB

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Beta-Transferrin
β-Transferrin (includes β1-Transferrin and β2-Transferrin)

Tube/Specimen: Fluid specimen; indicate source

Referred Out: In-Common Laboratories

Instructions: **Freeze.**
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

CIS Mnemonic: BTRANS

Bethesda (Factor VIII C Inhibitor) see Factor VIII C Inhibitor

Division: Hematopathology - Coagulation

Bethesda (Factor IX Inhibitor) see Factor IX Inhibitor

Division: Hematopathology - Coagulation

Bicarbonate, Plasma

Tube/Specimen: 3.5 mL Light Green lithium heparin (BD#367961)

Requisition: CD0002

Division: Clinical Chemistry - Core

Comments: Specimens must be delivered to the laboratory within 2 hours of collection.

Shipping: Separate plasma within 2 hours of collection

Alternate Names: HCO3
TCO2
Total CO2

CIS Mnemonic: TCO2

Bile Acids/Bile Salts

Tube/Specimen: 4.0 mL Gold SST (BD#367977)
Patient must be fasting for 12 hours. Unknown or Not Fasting status will not be processed.

Referred Out: IWK Chemistry

Instructions: Centrifuge at room temperature within 2 hours of collection.
Aliquot at least 0.5 mL of serum into plastic vial.

Stability: Room temperature 24 hours, refrigerated 7 days, frozen 30 days.

CIS Mnemonic: BILET

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Bilirubin Direct, Plasma

Tube/Specimen: 3.5 mL Light Green lithium heparin (BD#367961)

Requisition: CD0002

Division: Clinical Chemistry - Core

Instructions: Total Bilirubin will also be assayed.

Alternate Names: Direct Bilirubin
VDB

CIS Mnemonic: BILID

Bilirubin Indirect, Plasma

Tube/Specimen: 3.5 mL Light Green lithium heparin (BD#367961)

Requisition: CD0002

Division: Clinical Chemistry - Core

Instructions: Total and Direct Bilirubin will be assayed; the Indirect Bilirubin will be calculated from the Total and Direct.

Alternate Names: Indirect Bilirubin

CIS Mnemonic: BILII

Bilirubin Total, Fluids

Tube/Specimen: 10.0 mL Body Fluid collected in sterile plastic screw top tubes

Requisition: CD0002

Division: Clinical Chemistry - Core

Shipping: If sending specimen from outside QEII HSC, transport at room temperature.
Transport at room temperature wrapped in tin foil to protect from light.

CIS Mnemonic: BILIT FLD

Bilirubin Total, Plasma

Tube/Specimen: 3.5 mL Light Green lithium heparin (BD#367961)

Requisition: CD0002

Division: Clinical Chemistry - Core

Alternate Names: Total Bilirubin
Total VDB

CIS Mnemonic: BILIT

Bioavailable Testosterone, Plasma/Serum

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Tube/Specimen: a) Nova Scotia Health Central Zone collection: 4.0 mL Gold SST (BD#367977) & 3.5 mL Light Green lithium heparin (BD#367961)
OR
b) Outside of Nova Scotia Health Central Zone collection: Gold Stoppered SST **only**.

Requisition: CD0002

Division: Clinical Chemistry - Core

Comments: Testing includes Bioavailable Testosterone, Testosterone, Albumin and Sex Hormone Binding Globulin.

Shipping: Outside of Nova Scotia Health Central Zone collection: Separate serum within 5 hours of collection. Serum stable for 7 days at 2 to 8ºC. Freeze and send two 1.0 mL frozen serum aliquots**. DO NOT SEND FROZEN PLASMA.**

CIS Mnemonic: TESTO BV

Biquin Level — see Quinidine Level

Referred Out: In-Common Laboratories

Blastomycosis

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0432/ CD0433

Division: Microbiology-Immunology

Instructions: Clinical data should be indicated on the requisition.

Note: This test will be referred out by the laboratory.

CIS Mnemonic: BLASTO

Blood C&S — see Blood Cultures

Division: Microbiology

Blood Cultures

Tube/Specimen: Refer to "Microbiology User's Manual" for collection procedures

Requisition: QE 7125

Division: Microbiology

Comments: Used to detect aerobic and anaerobic bacteria, fungi and mycobacteria.

Alternate Names: Blood C&S
Culture & Sensitivity

CIS Mnemonics: Aerobic, Anaerobic, and/or fungal: C BLOOD
Mycobacterium: C BLDTB
Source: Blood
Body Site/Free text: As indicated

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Blood Film, Differential, Manual

Tube/Specimen: 4.0 mL Lavender EDTA (BD#367861)

Division: Hematopathology - Microscopy

Instructions: Any Differential ordered will have a slide reviewed.

Order info: Powerchart - Manual Differential Requested

CIS Mnemonic: Manual Differential Requested

Blood Gases, Arterial

Tube/Specimen: Pre-heparinized Blood Gas syringe at **Room Temperature**.
Maximum heparin ratio must be <10 IU/mL blood
Recommended volume: 1 mL
Minimum volume: 0.7 mL

Requisition: CD3211_05 – 2022

Division: Clinical Chemistry - Core

Comments: Ensure specimen is mixed for at least 20 seconds to ensure proper mixing with heparin. If using syringe, remove needle; do not transport with needle attached; label barrel with patient information in waterproof ink. Place labelled requisition and syringe in a transport bag (**NOT ON ICE**) and deliver to Processing Area immediately. The patient's temperature and whether patient is receiving supplementary oxygen or room air must be indicated on the requisition. The Blood Gas should be analyzed within 30 minutes of collection.

Shipping: If sending specimen from outside QEII HSC, notify Laboratory at 902-473-6545 when specimen is in transport and when it is expected.

Alternate Names: Oxygen Content
Oxygen Saturation
Co-Oximetry

CIS Mnemonic: ABG

Blood Gases, Mixed Venous

Tube/Specimen: Pre-heparinized Blood Gas syringe at **Room Temperature**.
Maximum heparin ratio must be <10 IU/mL blood
Recommended volume: 1 mL
Minimum volume: 0.7 mL
Note: Mixed VBG Panel is only for specimens drawn from the pulmonary artery catheter (PAC) to measure the end result of O2 consumption and delivery.

Requisition: CD3211_05 – 2022

Division: Clinical Chemistry - Core

Comments: Ensure specimen is mixed for at least 20 seconds to ensure proper mixing with heparin. If using syringe, remove needle; do not transport with needle attached; label barrel with patient information in waterproof ink. Place labelled requisition and syringe in a transport bag (**NOT ON ICE**) and deliver to Processing Area immediately. The patient's temperature and whether patient is receiving supplementary oxygen or room air must be indicated on the requisition. The Blood Gas should be analyzed within 30 minutes of collection.

Shipping: If sending specimen from outside QEII HSC, notify Laboratory at 902-473-6545 when specimen is in transport and when it is expected.

Alternate Names: Oxygen Content

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Uncontrolled When Printed

Oxygen Saturation
Co-Oximetry

CIS Mnemonic: MV BGAS

Blood Gases, Venous Extended

Tube/Specimen: Pre-heparinized Blood Gas syringe at **Room Temperature**.
Maximum heparin ratio must be <10 IU/mL blood
Recommended volume: 1 mL
Minimum volume: 0.7 mL
Note: Venous blood gases are not available for collection at Nova Scotia Health Outpatient Blood Collection sites.
Note: VBG ExtPnl requests are limited to patients with diabetic ketoacidosis (DKA) or other critical conditions where arterial specimens cannot be drawn. If electrolytes, glucose, lactate, hemoglobin, or ionized calcium are required; use the standard test requisition form CD0002A and collect specimen(s) as indicated.

Requisition: CD3211_05 – 2022

Division: Clinical Chemistry - Core

Comments: Ensure specimen is mixed for at least 20 seconds to ensure proper mixing with heparin. If using syringe, remove needle; do not transport with needle attached; label barrel with patient information in waterproof ink. Place labelled requisition and syringe in a transport bag (**NOT ON ICE**) and deliver to Processing Area immediately. The patient's temperature and whether patient is receiving supplementary oxygen or room air must be indicated on the requisition. The Blood Gas should be analyzed within 30 minutes of collection.

Shipping: If sending specimen from outside QEII HSC, notify Laboratory at 902-473-6545 when specimen is in transport and when it is expected.

Alternate Names: Oxygen Content
Oxygen Saturation
Co-Oximetry

CIS Mnemonic: VBG E

Blood Gases, Venous Standard

Tube/Specimen: Pre-heparinized Blood Gas syringe at **Room Temperature**.
Maximum heparin ratio must be <10 IU/mL blood
Recommended volume: 1 mL
Minimum volume: 0.7 mL
Note: Venous blood gases are not available for collection at Nova Scotia Health Outpatient Blood Collection sites.

Requisition: CD3211_05 – 2022

Division: Clinical Chemistry - Core

Comments: Ensure specimen is mixed for at least 20 seconds to ensure proper mixing with heparin. If using syringe, remove needle; do not transport with needle attached; label barrel with patient information in waterproof ink. Place labelled requisition and syringe in a transport bag (**NOT ON ICE**) and deliver to Processing Area immediately. The patient's temperature and whether patient is receiving supplementary oxygen or room air must be indicated on the requisition. The Blood Gas should be analyzed within 30 minutes of collection.

Shipping: If sending specimen from outside QEII HSC, notify Laboratory at 902-473-6545 when specimen is in transport and when it is expected.

Alternate Names: Oxygen Content
Oxygen Saturation
Co-Oximetry

CIS Mnemonic: VBG S

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Blood Group and Rh Type **see ABO Group and Rh Type**

Division: Transfusion Medicine

Blood Porphyrins **see Porphyrin Screen, Plasma**

Referred Out: In-Common Laboratories

Blood Sugar **see Glucose AC, Plasma**

Division: Clinical Chemistry - Core

Body Fluids **see specific test for instructions.**

Bone Alkaline Phosphatase
(Bone Specific Alkaline Phosphatase)

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature.
Aliquot 1.0 mL of serum into plastic transfer vial. **Freeze** at once.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

CIS Mnemonic: ALP BONE

Bone Marrow Aspiration- Bedside Collection

Tube/Specimen: See Instructions

Division: Hematopathology-Microscopy

Instructions: For QEII patients: Phone 902-473-6667 to book a technologist to spread the films (available Mon-Fri 09:00-16:00 hours) and collect requested specimens (Flow Cytometry, Molecular Diagnostics or Cytogenetics). Technologist is not available weekends or Holidays unless approved by Hematopathologist. A CBC and manual differential must be collected within 48 hours of the marrow collection.

Order Info: **Powerchart -Lab Pathology Bone Marrow (Power Plan)**

Bone Marrow Aspiration- EDTA Collection

Please Note: Hematology Clinic and Dartmouth General Hospital are the only sites approved for EDTA collections.

Tube/Specimen: 2.0 mL Lavender EDTA (BD#367841)

Division: Hematopathology-Microscopy

Instructions: EDTA Marrows must be received in lab by 16:30 (Monday to Friday only, excluding holidays). The Laboratory must be notified when sending an EDTA bone marrow (Phone 902-473-6667). A CBC and manual differential must be collected within 48 hours of the marrow collection.

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Order info: Powerchart- Lab Pathology Bone Marrow (Powerplan)

Bone Marrow Biopsy

Division: Hematopathology - Microscopy

Instructions: Procedure is done when bone marrow aspiration is booked at 902-473-6667.

Bone Marrow for Cytogenetics

Tube/Specimen: 4.0 mL Dark green sodium heparin (BD#367871) or 6.0 mL Dark green sodium heparin (BD#367878)

Referred out: IWK Clinical genomics Lab. Send STAT same day

Requisition: CD0046 and IWK Oncology Cytogenetic Karyotype Requisition obtained from https://iwkhealth.ca/health-professionals/clinical-genomics

Division: Hematopathology-Microscopy

Instructions: QEII patients for this procedure must be booked with Hematopathology at 902-473-6667.
Complete specimen type and date and time specimen collected on IWK requisition.

Bordetella Pertussis PCR

Tube/Specimen: Nasopharyngeal aspirate/swab (NPA/NPS)

Referred Out: IWK Microbiology Lab

CIS Mnemonic: PERT PCR

Bordetella Pertussis Serology

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002A/CD0002B

Division: Microbiology-Immunology

CIS Mnemonic: BORD

Borrelia Antibodies — see Lyme Antibodies

Division: Virology-Immunology

Borrelia-Lyme — see Lyme Antibodies

Division: Virology-Immunology

BR — see CA 15-3

Division: Clinical Chemistry - Core

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BRAF **see Next Generation Sequencing – Solid Tumor panel**

Division: Molecular Diagnostics

BRCA 1/2 in ovarian cancer **see Somatic BRCA mutation in ovarian tumor**

Division: Molecular Diagnostics

Breast Cancer Marker **see CA 15-3**

Division: Clinical Chemistry - Core

Brucella Abortus Serology

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002A/CD0002B

Division: Virology-Immunology

Instructions: Convalescent specimen should be sent 10-14 days after acute specimen with a new requisition.

CIS Mnemonic: BRUC

BUN **see Urea, Plasma**

Division: Clinical Chemistry - Core

C0 **see Cyclosporine**

Division: Clinical Chemistry - Toxicology

C1 Esterase Inhibitor **see C1 Inactivator**

Division: Clinical Chemistry - Immunology

C1 Esterase Inhibitor "Functional"

Tube/Specimen: 2.7 mL Light Blue buffered sodium citrate (BD#363083)

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature.
Separate plasma. **Freeze** at once.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

CIS Mnemonic: C1ESTF

C1 Inactivator

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Tube/Specimen: 6.0 mL Plain Red Top, no gel separator (BD#367815)

Requisition: CD0002

Division: Clinical Chemistry - Immunology

Shipping: Ensure the specimen is allowed to clot for 30 minutes before centrifuging and removing the serum. Double centrifugation (after serum has been removed from plain red topped tube) is required to prevent red blood cells being present in the specimen. Two aliquot vials should be frozen and sent on dry ice.

Alternate Names: C1 Esterase Inhibitor

CIS Mnemonic: C1 INACT

C1Q Complement Component

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature and separate serum **within 1 hour** of collection.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

Stability: Room temperature 4 days, Refrigerated 10 days, Frozen 29 days.

CIS Mnemonic: C1QCOMP

C2 — see Cyclosporine

Division: Clinical Chemistry - Toxicology

C282Y — see Hemochromatosis

Division: Molecular Diagnostics

C3 C4 — see Complement Serum (C3 C4)

Division: Clinical Chemistry - Core

CA — see Calcium, Plasma

Division: Clinical Chemistry – Core

CA125

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002

Division: Clinical Chemistry - Core

Shipping: Separate serum within 5 hours of collection. Serum stable for 7 days at 2 to 8°C. Freeze and send 1.0 mL frozen serum.

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Uncontrolled When Printed

Alternate Names: Ovarian Cancer Antigen

CIS Mnemonic: CA125

CA15-3

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002

Division: Clinical Chemistry - Core

Shipping: Separate serum within 5 hours of collection. Serum stable for 7 days at 2 to 8°C. Freeze and send frozen serum, if longer.

Alternate Names: Breast Cancer Marker
BR

CIS Mnemonic: CA153

CA 19-9 Level

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002

Division: Clinical Chemistry – Core

Shipping: Separate serum within 5 hours of collection. Serum stable for 7 days at 2 to 8°C. Freeze and send frozen serum, if longer.

CIS Mnemonic: CA199

Cadmium Level Whole Blood

Tube/Specimen: 6.0 mL Royal Blue Trace Element K2 EDTA tube (BD368381)

Referred Out: In-Common Laboratories

Instructions: **Do Not Centrifuge!**
Refrigerate until shipping.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

CIS Mnemonic: CAD

Cadmium, Random Urine or 24-Hour Urine

Tube/Specimen: Random collection using a mid-stream technique to eliminate bacterial contamination or 24-hour urine collection (preferred) in a plain container.

Referred Out: In-Common Laboratories

Instructions: Specimen required: 15 mL urine aliquot from a well-mixed collection.
Record the 'Original Container Type' on the requisition as Plain, Acid or Sodium Carbonate.
Record Total Volume of the 24-hour urine on both the aliquot and the requisition.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals

The electronic copy that resides on the document control system is the valid document. Any paper document labeled **Uncontrolled** must be verified against the electronic version prior to use.
Uncontrolled When Printed

Send copy of requisition.

Stability: Room temperature 1 day, 2 to 8ºC (preferred) for 3 months and frozen for 1 year.

CIS Mnemonic: CAD 24U
CAD RU

Caffeine Level

Tube/Specimen: 6.0 mL Plain Red Top, no gel separator (BD#367815)

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature.
Aliquot 1.0 mL (minimum 0.5 mL) of serum into plastic vial.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Ship refrigerated
Send copy of requisition.

CIS Mnemonic: CAFF

Calcitonin

Tube/Specimen: 4.0 mL Gold SST (BD#367977) **on ice**

Requisition: CD0002

Division: Clinical Chemistry - Core

Instructions: Specimens for this determination should be collected in chilled tubes, kept on ice and delivered immediately to Laboratory Client Support Centre, 1st floor Mackenzie.

Shipping: Centrifuge at 4°C within 1 hour of collection. Freeze immediately and send 1.0 ml frozen serum. Thawed specimens are unacceptable.

Stability: Frozen: 60 days

Alternate Names: Thyrocalcitonin

CIS Mnemonic: CALCIT

Calcium, Ionized

see Ionized Calcium, Plasma

Division: Clinical Chemistry - Core

Calcium, Plasma

Tube/Specimen: 3.5 mL Light Green lithium heparin (BD#367961)

Requisition: CD0002

Division: Clinical Chemistry - Core

Alternate Names: CA

CIS Mnemonic: CA

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Calcium, Random Urine or 24-Hour Urine

Tube/Specimen: Random collection using a mid-stream technique to eliminate bacterial contamination or 24-hour urine collection (preferred) in a plain container.

Requisition: CD0002

Division: Clinical Chemistry - Core

Instructions: Specimen required: 4 mL aliquot of pH adjusted and well-mixed collection.
Record the 'Original Container Type' on the requisition as Plain, Acid or Sodium Carbonate.
Record Total Volume of the 24-hour urine on both the aliquot and the requisition.
Refer to Appendix A for pH adjustment instructions.

Comments: Testing includes Urine Creatinine. Calcium/Creatinine ratio will be calculated for random urine specimens.

Stability: Room temperature for 1 day, 2 to 8ºC (preferred) for 7 days and frozen for 2 weeks.

CIS Mnemonic: CA 24U
CA RU

Calculus Analysis

Tube/Specimen: State origin of calculus. Submit specimen in a clean container without preservative.

Referred Out: In-Common Laboratories

Instructions: Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Ship at room temperature.

CIS Mnemonic: STONE

California Encephalitis see ARBO Virus

Division: Virology-Immunology

Calprotectin, Fecal

Tube/Specimen: Collect 10 g of feces/stool in plain screw-capped plastic container. Do not add preservative.

Referred Out: IWK: Central Zone area only
In-Common Laboratories: non-Nova Scotia Health Central Zone Hospitals

Instructions: **Freeze** specimen.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

Stability: IWK specimens: 3 days refrigerated; 30 days frozen.
ICL specimens: 5 days refrigerated; 1 month frozen.

CIS Mnemonic: CALPRO

CALR (Calreticulin) Mutation see Next Generation Sequencing – Myeloid panel

Division: Molecular Diagnostics

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cAMP — see Cyclic AMP Urine and Serum

Referred Out: Mayo Medical Laboratories

Cancer Associated Retinopathy Panel (CARP) — see Anti-Retinal Autoantibody

Referred Out: Mayo Medical Laboratories

Carbamazepine-10, 11 Epoxide
(Do not confuse with Carbamazepine)

Tube/Specimen: 6.0 mL Plain Red Top, no gel separator (BD#367815)

Referred Out: In-Common Laboratories

Instructions: **Must indicate "Epoxide" on the requisition.**
Aliquot 2.0 mL serum. **Freeze.**
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

CIS Mnemonic: CARBEP

Carbamazepine

Tube/Specimen: 4.0 mL Dark Green lithium heparin, no gel separator (BD#367884)

Requisition: CD0002

Division: Clinical Chemistry - Core

Comments: Blood should be collected just prior to the next dose (trough collection). Specimens should not be collected until the blood concentration is at steady state (3-4 half-lives).

Note: These determinations can be done on micro specimens. Send at least 0.2 mL of serum.

Alternate Names: Tegretol

CIS Mnemonic: CARBA

Carbon Dioxide, Plasma — see Bicarbonate, Plasma

Division: Clinical Chemistry - Core

Carbon Monoxide

Tube/Specimen: **6.0 mL Dark Green lithium heparin, no gel separator (BD#367886)** at **Room Temperature**.
Maximum heparin ratio must be <10 IU/mL blood
Recommended volume: Full tube

Requisition: CD3211_05 – 2022

Division: Clinical Chemistry - Core

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Comments: Label tube with patient information in waterproof ink. Place labelled requisition and tube in transport bag (**NOT ON ICE**) and deliver to Processing Area immediately.

Alternate Names: Carboxyhemoglobin
COHb

CIS Mnemonic: COHB

Carboxyhemoglobin — see Carbon Monoxide

Division: Clinical Chemistry - Core

Carcinoembryonic Antigen — see CEA

Division: Clinical Chemistry – Core

Cardiac Enzymes — see CK, Plasma or Lactic Dehydrogenase, Serum

Division: Clinical Chemistry – Core

Cardio Ab — see Anti-Cardiolipin Ab

Division: Immunopathology

Cardiolipin Antibodies — see Anti-Cardiolipin Ab

Division: Immunopathology

Carnitine Free and Total

Tube/Specimen: Collect one 4.0 mL Gold SST (BD#367977) or 6.0 mL Plain Red Top, no gel separator (BD#367815)

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature.
Aliquot 1.0 mL serum into plastic vial. **Freeze** at once.
Send copy of requisition.

CIS Mnemonic: CARNI

Carotene (Beta-Carotene) (β-Carotene)

Tube/Specimen: Collect two 4.0 mL Gold SST (BD#367977). **Wrap in foil to protect from light!**

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature.
Aliquot 4.0 mL serum into plastic vial. **Wrap aliquot in foil to protect from light. Freeze** at once.
Send copy of requisition.

CIS Mnemonic: CAROQST

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Catecholamines, Total Plasma

Note: Plasma Catecholamines testing is no longer offered at NSH Central Zone. Please refer to **Metanephrines, 24 Hour Urine** as a surrogate.

Catecholamine, 24-Hour Urine

Tube/Specimen: 24-hour urine collection, preserved with 25 mL 6N HCL added to the bottle at the start of collection

Referred Out: In-Common Laboratories

Instructions: Refer to instructions on dietary restrictions and collection instructions in the provided pamphlet.
Record the 'Original Container Type' on the requisition as Plain, Acid or Sodium Carbonate.
Record the Total Volume of the 24-hour urine on both the aliquot and the requisition.
Refer to Appendix A for pH adjustment instructions.

Stability: Refrigerated (preferred) 1 month, frozen >1 month.

Alternate Names: Urinary Catecholamines

CIS Mnemonic: CATS 24U

CBC — see Profile, AutoDiff

Division: Hematopathology - Core

CBF beta-MYH11 gene fusion — see Inversion 16

Division: Molecular Diagnostics

CCP — see Anti-Cyclic Citrullinated Peptide

Division: Immunopathology

CD4 Cells, CD4 Cell Marker — see T Cell Subsets

Division: Hematopathology- Flow Cytometry

CD19 TESTING — see B Cell Counts

Division: Hematopathology- Flow Cytometry

CD34 TESTING — see Stem Cell Enumeration

Division: Hematopathology- HLA

CD55/59 TESTING — see Paroxysmal Nocturnal Hemoglobinuria

Division: Hematopathology – Flow Cytometry

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CEA

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002

Division: Clinical Chemistry - Core

Shipping: Separate serum within 5 hours of collection. Serum stable for 7 days at 2 to 8°C. Freeze and send frozen serum, if longer.

Alternate Names: Carcinoembryonic Antigen

CIS Mnemonic: CEA

CEA and Amylase, Pancreatic Cyst Fluid

Tube/Specimen: 1 mL Pancreatic Cyst Fluid collected in a sterile plastic screw top container

Requisition: CD0002

Division: Clinical Chemistry - Core

Shipping: If sending specimen from outside QEII HSC, transport refrigerated.

Stability: 72 hours refrigerated

CIS Mnemonic: PCF CEA and AMY
Or
PCF AMY and CEA

Celiac Screen/Disease — see Anti-Tissue Transglutaminase

Division: Immunopathology

CellCept — see Mycophenolate

Division: Clinical Chemistry - Toxicology

Cell-free DNA — see Circulating Tumor DNA

Division: Molecular Diagnostics

Cell Surface Markers — see Leukemia and Lymphoma Screening

Division: Hematopathology-Flow Cytometry

Celontin — see Methotrexate

Division: Clinical Chemistry - Core

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Uncontrolled When Printed

Cerebrospinal Fluid

Tube/Specimen: Sterile plastic screw-top tubes

Requisition: QE 7850_12_05

Division: Hematopathology - Core

Instructions: Testing of CSF is conducted in various laboratory disciplines making it desirable for each laboratory to have a separate specimen. Therefore, at least three (3) tubes should be collected. The tubes must be clearly numbered in order of collection. All specimens are sent to the Hematopathology - Core lab.

Specimens from Patients who are suspect or clinically diagnosed with CJD must follow Nova Scotia Health Central Zone Policy and Procedure # IC 09-003.

Shipping: If quantities are not met, it may not be possible to provide the requested test results.
Amounts Required:
Lumbar Puncture or Drain Lumbar Puncture- Microbiology: 1.5 mL; Clinical Chemistry - Core: 1.0 mL; Hematopathology - Core: 1.0 mL; Cytology: 1.0 mL

Ceruloplasmin

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002

Division: Clinical Chemistry - Core

Shipping: Separate serum within 5 hours of collection. Serum stable for 2 weeks at 2 to 8°C. Freeze and send frozen serum, if longer.

CIS Mnemonic: CERULO

CH50 — see Complement CH50

Referred Out: In-Common Laboratories

CHIC-2 — see Hypereosinophilic Syndrome

Referred Out: Mayo Cytogenetics Laboratory

Chicken Pox Titre — see Varicella Zoster Immune Status

Division: Virology-Immunology

Chikungunya Virus — see ARBO Virus

Division: Virology-Immunology

Chimerism Analysis for BMT

Tube/Specimen: 4.0 mL Lavender EDTA (BD#367861)
Peripheral blood: 1 tube, minimum volume 1 mL. Stability – 14 days at 4ºC
Bone marrow: 1 tube, minimum volume 1 mL. Stability – 14 days at 4ºC
Tissue: Send in saline at 4ºC, or frozen on dry ice. Stability – 12 hours in saline at 4ºC, or 7 days frozen

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DNA: Stability – 3 months at 4ºC or frozen.

Requisition: CD0046 or CD2573

Division: Molecular Diagnostics

Instructions: Blood/bone marrow must be kept at 4ºC, accompanied by requisition.
Any specimen referred from outside of Nova Scotia Health Central Zone must also be accompanied by a printout of the CBC results, as it is important to know the white blood cell count prior to extracting the DNA.
If multiple Molecular Diagnostics tests are ordered, only 2 tubes of peripheral blood or 1 tube of bone marrow are necessary.

Alternate Names: Pre-BMT Donor
Pre-BMT Recipient
Post-BMT
Post-BMT Recipient
STR
Short Tandem Repeats
VNTR
Variable Number Tandem Repeats

CIS Mnemonic: PostBMT DNA for Post-BMT
PreBMT-D DNA for pre-BMT donor
PreBMT-R DNA for pre-BMT recipient

Chlamydia PCR, Swab

Tube/Specimen: Hologic Aptima Multitest Swab collected from eye, urethra, cervix, vagina, throat or rectum

Requisition: CD0432/CD0433

Division: Microbiology-Immunology

Shipping: Stable at 2 to 30°C for 60 days

CIS Mnemonic: CTGC

Chlamydia PCR, Urine

Requisition: CD0432/ CD0433

Division: Virology-Immunology

Instructions: 10 to 50 mL first catch urine (first part of the stream) collected in polypropylene container with no preservative

Comments: Patient must not have urinated during the previous 2 hours. This test is recommended for male patients. The preferred specimen for females is a vaginal swab due to the decreased sensitivity of female urine.

Shipping: If sending specimen from outside QEII HSC, transport at room temperature within 24 hours of collection. Refrigerate specimen until time of transport.

CIS Mnemonic: CTGC

Chloride, Plasma

Tube/Specimen: 3.5 mL Light Green lithium heparin (BD#367961)

Requisition: CD0002

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Uncontrolled When Printed

Division: Clinical Chemistry – Core

Comments: Specimens must be delivered to the laboratory within 2 hours of collection.

Shipping: Separate plasma within 2 hours of collection.

Alternate Names: CL

CIS Mnemonic: CL

Chloride, Stool see Fecal Chloride

Referred Out: In-Common Laboratories

Chloride, Random Urine or 24-Hour Urine

Tube/Specimen: Random collection using a mid-stream technique to eliminate bacterial contamination or 24-hour urine collection (preferred) in a plain container.

Requisition: CD0002

Division: Clinical Chemistry - Core

Instructions: Specimen required: 4 mL urine aliquot from well-mixed collection.
Record the 'Original Container Type' on the requisition as Plain, Acid or Sodium Carbonate.
Record the Total Volume of the 24-hour urine on both the aliquot and the requisition.

Comments: No reference ranges are provided for random urine.

Stability: Room temperature 1 day, 2 to 8ºC (preferred) for 7 days and frozen for 2 weeks.

CIS Mnemonic: CL 24U
CL RU

Cholesterol, Plasma

Tube/Specimen: 3.5 mL Light Green lithium heparin (BD#367961)

Requisition: CD0002

Division: Clinical Chemistry - Core

Instructions: Patient fasting is at the discretion of the ordering physician and must be indicated on the requisition.

Alternate Names: Cholesterol Screen
Lipid Profile
Lipid Screen
Lipid Testing

CIS Mnemonic: CHOL

Cholesterol Crystals

Tube/Specimen: 10.0 mL Body Fluid collected in sterile plastic screw top tubes

The electronic copy that resides on the document control system is the valid document. Any paper document labeled **Uncontrolled** must be verified against the electronic version prior to use.
Uncontrolled When Printed

Requisition: CD0002

Division: Clinical Chemistry - Core

Shipping: If sending specimen from outside QEII HSC, transport at room temperature.

CIS Mnemonic: BF CHOLCRY

Cholesterol Screen — see Cholesterol, Plasma

Division: Clinical Chemistry - Core

Cholesterol, HDL — see HDL-Cholesterol, Plasma

Division: Clinical Chemistry - Core

Cholesterol, LDL — see LDL-Cholesterol, Plasma

Division: Clinical Chemistry – Core

Cholinesterase — see Acetylcholinesterase, Plasma

Division: Clinical Chemistry – Core

Cholinesterase Phenotyping (CHE Phenotyping)

Tube/Specimen: 6.0 mL Plain Red Top, no gel separator (BD#367815). If patient has had surgery, collect specimen at least 24 hours post-surgery.

Referred Out: In-Common Laboratories

Instructions: Plasma not acceptable.
Centrifuge at room temperature.
Aliquot 2.0 mL of serum into plastic vial. **Freeze** at once.
Send copy of requisition.

CIS Mnemonic: CHEP

Chorionic Gonadotropin Beta- Subunit — see HCG (Quant), Plasma

Division: Clinical Chemistry - Core

Chrithidia Lucillae — see Anti-Nuclear AB (ANA)

Division: Immunopathology

Chromium 24 Hour Urine

Tube/Specimen: Collect in plain 24 hour urine container. Collection date and 24 hour volume must be provided.
Avoid seafood consumption for five days prior to collection.

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Uncontrolled When Printed

Referred Out: In-Common Laboratories

Instructions: Record total volume.
Record the 'Original Container Type' on the requisition as Plain, Acid or Sodium Carbonate.
Aliquot 13.0 mL of 24 hour urine collection into a transport tube.
Ship at room temperature.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

CIS Mnemonic: CR 24U

Chromium, Plasma

Tube/Specimen: 6.0 mL Royal Blue Trace Element K2 EDTA tube (BD368381)

Referred Out: In-Common Laboratories

Instructions: Centrifuge within 30 minutes of collection.
Aliquot plasma into plastic transfer vial. Store and ship frozen.
Results may be falsely elevated if specimen is not separated within 30 minutes of collection and/or hemolysis is present.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

Utilization: Plasma chromium is used for potential nutritional deficiency; whole blood is the preferred specimen for monitoring following orthopedic arthroplasty.

Stability: 22 days at room temperature and 14 months at 2 to 8°C or frozen.

CIS Mnemonic: CR P

Chromium, Random Urine

Tube/Specimen: Collect a random urine specimen and transfer to a metal-free container. Provide collection date. Indicate "Random". Avoid seafood consumption for five days prior to collection.

Referred Out: In-Common Laboratories

Instructions: Store and send cold.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

Stability: 14 days at room temperature and 11 months at 2 to 8°C or frozen.

CIS Mnemonic: CR RU

Chromium, Whole Blood

Tube/Specimen: 6.0 mL Royal Blue Trace Element K2 EDTA tube (BD368381)

Referred Out: In-Common Laboratories

Instructions: Ship refrigerated. Do not freeze. Do Not Centrifuge**!**
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

Utilization: Used for patients with orthopedic implants made of cobalt-chromium alloys, annual follow-up of levels is recommended for the first five years to assess the function of implants and monitor potential adverse health effects.

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Stability: 20 days at room temperature and 14 months at 2 to 8°C or frozen.

CIS Mnemonic: CR WB

Chromogenic Factor IX see Factor Assay Chromogenic IX

Referred Out: MAYO Medical Laboratories

Chromogranin A

Tube/Specimen: 4.0 mL Lavender EDTA (BD#367861)

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature.
Aliquot at least 1.0 mL plasma into a plastic vial and freeze.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

Stability: Frozen 6 months. If the specimen thaws, it is unsuitable for analysis.

CIS Mnemonic: CHRA

Chromosomal Analysis

Tube/Specimen: 4.0 mL Dark Green sodium heparin (BD#367871) or 6.0 mL Dark Green sodium heparin (BD#367878)

Referred out: IWK Clinical Genomics Lab

Requisition: IWK Constitutional Cytogenetic Karyotype Requisition (available at https://iwkhealth.ca/health-professionals/clinical-genomics)

Instructions: Other specimen types possible see requisition or https://iwkhealth.ca/health-professionals/clinical-genomics for more details.

Chromosome Translocation t (11; 14) see bcl-1 Gene fusion

Division: Molecular Diagnostics

Chromosome Translocation t (14; 18) see bcl-2 Gene fusion

Division: Molecular Diagnostics

Chylomicrons, Body Fluid (Pleural Fluid or Peritoneal Fluid)

Tube/Specimen: Minimum 1.0 mL Body Fluid collected in sterile plastic screw top tubes

Requisition: CD0002

Division: Clinical Chemistry - Core

Shipping: Send to the VG lab ASAP. Specimen is stable for 24 hours at room temperature and 7 days refrigerated.

CIS Mnemonic: BF CHYLO

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Uncontrolled When Printed

Chylomicrons, Plasma

Tube/Specimen: 3.5 mL Light Green lithium heparin (BD#367961) **or** 4.0 mL Gold SST (BD#367977) **or** 6.0 mL Plain Red Top, no gel separator (BD#367815)

Requisition: CD0002

Division: Clinical Chemistry - Core

Shipping: Send to the VG lab. Specimen is stable for 24 hours at room temperature and 7 days refrigerated.

CIS Mnemonic: CHYLO P

Citrate, 24-Hour Urine

Tube/Specimen: 24-hour urine collection in a plain container.

Requisition: CD0002

Division: Clinical Chemistry - Core

Instructions: Specimen required: 4 mL urine aliquot from well-mixed collection.
Record the 'Original Container Type' on the requisition as Plain, Acid or Sodium Carbonate.
Patient must follow special diet provided by the Stone Clinic.
Record Total Volume of the 24-hour urine on both the aliquot and the requisition.

Stability: Room temperature 6 hours, 2 to 8ºC (preferred) for 7 days and frozen for 2 weeks.

Alternate Names: Citric Acid

CIS Mnemonic: CIT 24U
CIT RU [IWK specimens only]

Citrate for Platelet

see Profile, AutoDiff with Citrate for Platelet

Division: Hematopathology – Core

Citric Acid

see Citrate, Urine

Division: Clinical Chemistry – Core

CK, Plasma

Tube/Specimen: 3.5 mL Light Green lithium heparin (BD#367961)

Requisition: CD0002

Division: Clinical Chemistry – Core

Alternate Names: Creatine Kinase
CPK

CIS Mnemonic: CK

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CK isoenzymes (CKMB) — see Troponin T-HS (High Sensitivity), Plasma

CK Isoenzymes (CKMB) testing is no longer offered at NSH Central Zone. Please refer to Troponin T-HS (High Sensitivity), Plasma as a surrogate.

CL — see Chloride, Plasma

Division: Clinical Chemistry - Core

Clinical Bacteriology Referred Out Isolates: Special Bacteriology (Examples: Legionella, Bartonella ID, Bacterial Identifications)

Tube/Specimen: Isolate for identification/typing

Referred Out: National Microbiology Laboratory

Instructions: Shipped as Category B

CIS Mnemonic: C REF ID

CLL hypermutation — see IGHV Somatic Hypermutation

Division: Molecular Diagnostics

CLL MLPA

Tube/Specimen: Two 4.0 mL Lavender EDTA (BD#367861) and one 6.0 mL Dark Green **lithium heparin**, no gel separator (BD#367886)
Peripheral blood: Preferably 2 tubes, minimum volume 1 mL. Stability – 24 hours at 4°C
Bone marrow: 1 tube, minimum volume 1 mL. Stability – 24 hours at 4°C
DNA: Stability – 3 months at 4ºC or frozen.

Requisition: CD0046 or CD2573

Division: Molecular Diagnostics

Instructions: Blood/bone marrow must be kept at 4°C, accompanied by requisition.
Any specimen referred from outside of Nova Scotia Health Central Zone must also be accompanied by a printout of the CBC results, as it is important to know the white blood cell count prior to extracting the DNA.
Any specimen referred from outside of Nova Scotia must also be accompanied by a flow cytometry report that is less than 2 weeks old.
If multiple Molecular Diagnostics tests are ordered, only 2 tubes of peripheral blood or 1 tube of bone marrow are necessary.

CIS Mnemonic: MLPA DNA

Clobazam and Metabolite

Tube/Specimen: 6.0 mL Plain Red Top, no gel separator (BD#367815) (avoid gel separator tubes)

Referred Out: In-Common Laboratories

Instructions: Blood should be collected just prior to the next dose (trough collection). Centrifuge at room temperature. Aliquot 1.0 mL serum.

Alternate Names: Frisium
Desmethylclobazam
Norclobazam

The electronic copy that resides on the document control system is the valid document. Any paper document labeled **Uncontrolled** must be verified against the electronic version prior to use.
Uncontrolled When Printed

CIS Mnemonic: CLOB

Clomipramine Level

Tube/Specimen: 6.0 mL Royal Blue Trace Element **Serum** (BD#368380) preferred
6.0 mL Plain Red Top, no gel separator (BD#367815) or 4.0 mL Lavender EDTA (BD#367861) is acceptable. Must indicate specimen type on tube.

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature and aliquot serum in plastic vial. **Freeze.**
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

CIS Mnemonic: CLOMI

Clonazepam (Clonazepine)

Tube/Specimen: 6.0 mL Plain Red Top, no gel separator (BD#367815)

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature.
Aliquot 3.0 mL of serum into plastic vial.
Freeze immediately.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

CIS Mnemonic: CLONA

Clostridium difficile

Tube/Specimen: Stool collected in plain sterile container.

Requisition: CD0432/CD0433

Division: Virology-Immunology

Instructions: Formed specimens not acceptable.

Comments: C diff antigen test done as a screen; PCR toxin B test used for confirmation. Non-central zone specimens get PCR testing only.

Shipping: Stool may be transported at 2 to 8˚C if it will be received within 72 hours. If it will be received >72 hours freeze specimen.

CIS Mnemonic: CDIFF PCR

Clozapine (Clozaril)

Tube/Specimen: 6.0 mL Royal Blue Trace Element Serum (BD#368380)

Requisition: CD0002

The electronic copy that resides on the document control system is the valid document. Any paper document labeled **Uncontrolled** must be verified against the electronic version prior to use.
Uncontrolled When Printed

Division: Clinical Chemistry - Toxicology

Comments: Blood should be collected just prior to next dose (trough). Blood should not be collected until 7 days after the last dose change.

Shipping: If sending specimen from outside QEII HSC, send frozen serum.

Alternate Names: Clozaril
Desmethylclozapine
Norclozapine

CIS Mnemonic: CLOZA

CMV Antibody Screen

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002A/ CD0002B

Division: Virology-Immunology

Instructions: Indicate on requisition whether immune status (IgG) or recent infection (IgM) is required. For IgM: convalescent specimen should be taken 10-14 days after acute specimen with a new requisition. Indicate if specimen is acute or convalescent.

Alternate Names: Cytomegalovirus Antibody Screen

CIS Mnemonic: CMV IGG
CMV IGM

CMV Antigen

see CMV PCR

Division: Virology-Immunology

CMV Avidity

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002A/CD0002B

Division: Microbiology-Immunology

Instructions: Clinical data should be indicated on the requisition. Provide CMVG (AU/mL) and CMVM (index) results as well as any patient information (ie.pregnancy) on the requisition.

Note: This test will be referred out by the laboratory.

CIS Mnemonic: RMICRO

CMV Blood Culture

see CMV PCR

Division: Virology-Immunology

CMV PCR

Tube/Specimen: 4.0 mL Lavender EDTA (BD#367861)

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Uncontrolled When Printed

Requisition: CD0002

Division: Virology-Immunology

Instructions: Store whole blood at 2 to 25°C for no longer than 24 hours. Separate plasma by centrifuging at 3000g for 20 minutes. Separated plasma should be shipped at 2 to 8°C within 7 days.

Alternate Names: Cytomegalovirus Viral Load
CMV Antigen

CIS Mnemonic: CMV PCR

CMV PCR (Non-blood)

Tube/Specimen: Urine collected in dry sterile container /Bronchial wash.

Requisition: CD0432/CD0433

Division: Virology-Immunology

Shipping: Store at 2 to 8°C for up to 3 days. If longer freeze and ship frozen.

Alternate name: Cytomegalovirus PCR

CIS Mnemonic: CMV

CMV Titre — see CMV Antibody Screen

Division: Virology-Immunology

CO2, Plasma — see Bicarbonate, plasma

Division: Clinical Chemistry - Core

Coagulation Factor Assays

Tube/Specimen: Two 2.7 mL Light Blue buffered sodium citrate (BD#363083), must be a full draw

Requisition: CD0002

Division: Hematopathology - Coagulation

Comments: The Factors required must be indicated on the requisition.

Note: Send 2 frozen aliquots of 1.0 mL platelet-poor plasma (see Coagulation Testing under Specimen Collection Information) in polypropylene vials (12x75). Send on dry ice.

Exception: **FXIII (Factor 13) is not performed at the QEII. Referring hospitals are to send specimen directly to In-Common Laboratories.**

Cobalt, Plasma

Tube/Specimen: 6.0 mL Royal Blue Trace Element K2 EDTA tube (BD368381)

Referred Out: In-Common Laboratories

The electronic copy that resides on the document control system is the valid document. Any paper document labeled **Uncontrolled** must be verified against the electronic version prior to use.
Uncontrolled When Printed

Instructions: Centrifuge as soon as possible.
Aliquot plasma into plastic transfer vial. **Freeze.**
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

Utilization: Whole blood is the preferred specimen for monitoring following orthopedic arthroplasty.

Stability: 22 days at room temperature and 14 months at 2 to 8°C or frozen.

CIS Mnemonic: COB P

Cobalt, Whole Blood

Tube/Specimen: 6.0 mL Royal Blue Trace Element K2 EDTA tube (BD368381)

Referred Out: In-Common Laboratories

Instructions: **Do Not Centrifuge!**
Do not freeze. Ship refrigerated.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

Utilization: Used for patients with orthopedic implants made of cobalt-chromium alloys, annual follow-up of levels is recommended for the first five years to assess the function of implants and to monitor potential adverse health effects.

Stability: 22 days at room temperature and 14 months at 2 to 8°C or frozen.

CIS Mnemonic: COB WB

Coccidioidomycosis Serology

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002A/CD0002B

Division: Virology-Immunology

Instructions: Clinical data should be indicated on the requisition.

Note: For Coccidioidomycoses cultures, see the "Microbiology User's Manual". This test will be referred out by the laboratory.

CIS Mnemonic: COCCIDIO

COHb

see Carbon Monoxide

Division: Clinical Chemistry - Core

Cold Agglutinin Test

see Cold Agglutinin Titre

Division: Transfusion Medicine

Cold Agglutinin Titre

Tube/Specimen: One 6.0 mL Plain Red Top, no gel separator (BD#367815) (or 10 mL plain red top) or one 4.0 mL Lavender EDTA (BD#367861), collected at 37°C

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Uncontrolled When Printed

Requisition: CD0001_05_2019

Division: Transfusion Medicine

Instructions: Specimens must remain at 37°C throughout the procedure until they arrive in Transfusion Medicine.
If specimen cannot arrive in the laboratory at 37°C then spin and separate serum or plasma before sending.
Serum or plasma must be separated within 24 hours.
Testing is batched and will be performed once per week. If required STAT, please call Transfusion Medicine.

Note: Thermal amplitudes are automatically done when Cold Agglutinin Titre results are greater than 640.

Complement Serum (C3 and C4)

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002

Division: Clinical Chemistry - Core

Comments: Indicate on requisition, which Complement is requested.

Shipping: Separate serum as soon as possible. Serum stable for 48 hours at 2 to 8°C. Freeze and send frozen serum, if longer.

Alternate Names: C3 C4

CIS Mnemonic: C3
Complement C3
C3 Complement
C4
Complement C4
C4 Complement
Complement
C3C4
Complement C3C4

Complement CH50

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature.
Aliquot 2.0 mL serum into a plastic vial. **Freeze** at once.
Send copy of requisition.

Note: Plasma is NOT suitable for analysis.

CIS Mnemonic: CH50

Compound "S" see 11-Deoxycortisol

Referred Out: In-Common Laboratories

Coombs Test see Direct Antiglobulin Test or Indirect

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Division: Transfusion Medicine

Co-Oximetry

see Blood Gases

Division: Clinical Chemistry - Core

Copeptin

Tube/Specimen: 3.5 mL Light Green lithium heparin (BD#367961)

Referred Out: In-Common Laboratories

Instructions: Centrifuge.
Aliquot 1.0 mL plasma into a plastic transfer vial. **Freeze at once.**
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

CIS Mnemonic: COPEP

Copper, Plasma

Tube/Specimen: 6.0 mL Royal Blue Trace Element K2 EDTA (BD368381)

Referred Out: In-Common Laboratories

Instructions: Centrifuge **ASAP**.
Aliquot approximately 3.0 mL plasma into a plastic transfer vial. **Freeze.**
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

Utilization: Plasma copper is used for potential nutritional deficiency or in diagnosis of Wilson's disease.

Stability: Room temperature 14 days, refrigerated 21 days and frozen 3 months.

CIS Mnemonic: CU P

Copper, Random Urine or 24-Hour Urine

Tube/Specimen: Random collection (preferred) using a mid-stream technique to eliminate bacterial contamination or 24-hour urine collection in a plain container.

Referred Out: In-Common Laboratories

Instructions: Specimen required: 13 mL urine aliquot from well-mixed collection.
Record the 'Original Container Type' on the requisition as Plain, Acid or Sodium Carbonate.
Record Total Volume of the 24-hour urine on both the aliquot and the requisition.
Avoid mineral supplements for 5 days.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

Utilization: Urine copper is used in diagnosis of Wilson's disease and obstructive liver disease.

Stability: Room temperature 1 day, 2 to 8ºC (preferred) for 3 months and frozen for 1 year.

CIS Mnemonic: CU 24U
CU RU

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Uncontrolled When Printed

Copper, Whole Blood

Tube/Specimen: 6.0 mL Royal Blue Trace Element K2 EDTA (BD368381)

Referred Out: In-Common Laboratories

Instructions: **Do Not Centrifuge**.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

Utilization: Whole blood copper is used for toxicity.

Stability: Room temperature 14 days, refrigerated 28 days and frozen 28 days.

CIS Mnemonic: CU WB

Coproporphyrin, 24 Hour Urine see Porphyrin Screen, 24 Hour Urine

Referred Out: In-Common Laboratories

Cortisol, 24-Hour Urine

Tube/Specimen: 24-hour urine collection in a plain container.

Requisition: CD0002

Division: Clinical Chemistry - Core

Instructions: Specimen required: 4 mL urine aliquot from well-mixed collection.
Record the 'Original Container Type' on the requisition as Plain, Acid or Sodium Carbonate.
Record Total Volume of the 24-hour urine on both the aliquot and the requisition.

Stability: Room temperature for 1 day and 2 to 8ºC (preferred) or frozen for 7 days.

CIS Mnemonic: CORT 24U

Cortisol, Serum

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002

Division: Clinical Chemistry - Core

Instructions: Specimens should ideally be collected prior to 10 am - however, proceed with collection as per physician's direction on the requisition form.
Clinicians must indicate on the requisition form if this test is part of a Dexamethasone Suppression Test (DST) by writing 'Cortisol – DST' in the bottom space on the requisition. (June 6/17) These are to be accessioned as Cortisol (DST).

Shipping: Separate serum within 5 hours of collection. Serum stable for 14 days at 2 to 8°C. Freeze and send frozen serum, if longer.

CIS Mnemonic: CORT
CORT (DST) [post Dexamethasone Suppression Test only]

Coxiella Burnetii see Q-Fever

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Uncontrolled When Printed

Division: Microbiology-Immunology

C-Peptide

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002

Division: Clinical Chemistry - Core

Instructions: Patients should fast for 8 hours prior to collection. Deliver the specimen to the laboratory within 60 minutes of collection. If this is not possible, then centrifuge and separate serum from the gel separator tube into an aliquot tube within 90 minutes of collection.

Referrals: Separate serum from the gel separator tube into an aliquot tube within 90 minutes of collection. Freeze the separated aliquot and ship frozen.

Stability: Separated serum: 5 days at 2 to 8°C and 14 days at -20°C

CIS Mnemonic: CPEP

CPK see CK, Plasma

Division: Clinical Chemistry - Core

C-Reactive Protein-HS (High Sensitivity), Plasma

Tube/Specimen: 3.5 mL Light Green lithium heparin (BD#367961)

Requisition: CD0002

Division: Clinical Chemistry – Core

Alternate Names: CRP
High Sensitive CRP

CIS Mnemonic: CRPHS

Creatine Kinase see CK, Plasma

Division: Clinical Chemistry - Core

Creatinine Clearance, 24-Hour Urine or Timed Urine

Tube/Specimen: Submit both plasma and urine specimens (no preservative) as follows:
Plasma: Collect blood in 3.5 mL Light Green lithium heparin (BD#367961) within +/- 12 hours of a 24-hour urine collection.

Requisition: CD0002

Division: Clinical Chemistry - Core

Instructions: Plasma specimen must be collected within 12 hours pre or post 24-hour urine collection.
Specimen required: 4 mL urine aliquot from well-mixed collection.
Record the 'Original Container Type' on the requisition as Plain, Acid or Sodium Carbonate.
Record the duration of collection in hours (ex: 24 or 2 hour) on both the urine aliquot and the requisition.
Record the Total Volume of the 24-hour urine on both the aliquot and the requisition.

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Uncontrolled When Printed

Indicate on requisition patient height (centimeters) and weight (kilograms).

Stability: Room temperature for 1 day, 2 to 8ºC (preferred) for 7 days and frozen for 2 weeks.

CIS Mnemonic: CRCL 24U (SI Units)
CRCL TU (SI Units) (Timed specimen only)

Creatinine, Fluids

Tube/Specimen: Submit only one of the following specimens:
Dialysate Fluid: 10.0 mL Dialysate Fluid collected in sterile plastic screw top tubes.
Miscellaneous Body Fluid: 10.0 mL Body Fluid collected in sterile plastic screw top tubes

Requisition: CD0002

Division: Clinical Chemistry - Core

Shipping: If sending specimen from outside QEII HSC, transport at room temperature.

CIS Mnemonic: DF PANEL (Cre, Glu, Na, Urea) FOR dialysate fluid
CREA FLD

Creatinine, Plasma

Tube/Specimen: 3.5 mL Light Green lithium heparin (BD#367961)

Requisition: CD0002

Division: Clinical Chemistry - Core

CIS Mnemonic: CREAT

Creatinine, Random Urine or 24-Hour Urine

Tube/Specimen: Random collection using a mid-stream technique to eliminate bacterial contamination or 24-hour urine (preferred) collection in a plain container.

Requisition: CD0002

Division: Clinical Chemistry - Core

Instructions: Specimen required: 4 mL urine aliquot from well-mixed collection.
Record the 'Original Container Type' on the requisition as Plain, Acid or Sodium Carbonate.
Record Total Volume of 24-hour urine on both the aliquot and the requisition.

Stability: Room temperature for 1 day, 2 to 8°C (preferred) for 7 days and frozen for 2 weeks.

CIS Mnemonic: CREA 24U
CREA RU

Creutzfeldt-Jakob Disease

Tube/Specimen: CSF minimum 1.0 mL

Requisition: CD0432/ CD0433

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Uncontrolled When Printed

Division: Microbiology-Immunology

Instructions: Clinical data should be indicated on the requisition.

Note: This test will be referred out by the laboratory.

CIS Mnemonic: CJD

Crithidia Lucillae — see Anti-ds DNA

Division: Immunopathology

Crossmatch — see Type and Screen (ABO/Rh and Antibody Screen)

Division: Transfusion Medicine

CRP, Plasma — see C-Reactive Protein-HS (High Sensitivity)

Division: Clinical Chemistry - Core

Cryofibrinogen

Tube/Specimen: **One** 10.0 mL plain red top (or **two** 6.0 mL Plain Red Top, no gel separator (BD#367815)) at 37ºC **and** **two** 4.0 mL Lavender EDTA (BD#367861) at 37ºC.

Referred Out: Hamilton General Hospital

Instructions: Send to Esoteric Immunology Lab for processing.
Keep specimens at 37ºC during transport.

CIS Mnemonic: MISC HEM

Cryoglobulins at 37°C

Tube/Specimen: **Four** 6.0 mL Plain Red Top, no gel separator (BD#367815) **or** **Two** Plain Red Top (10 mL) collected at 37ºC

Requisition: CD0002

Division: Clinical Chemistry – Immunology

Note: This test requires special handling hence is not offered at ESMH or MVMH. Please advise the patient to proceed to TOMH.

Instructions: Collect in pre-warmed tubes kept at 37ºC. Maintain at 37ºC throughout the procedure and transportation to the laboratory.
Specimen stability at 37ºC is a maximum of 4 hours from collection to centrifugation. If transport is greater than 4 hours, tubes should optimally be centrifuged at 37ºC, double spun to remove any red cells, and separated within 4 hours. Once separated, transport serum in plastic aliquot tubes at room temperature. Minimum 6mL serum is required.

CIS Mnemonic: CRYO 37

Cryptococcal Antigen

Tube/Specimen: Cerebrospinal Fluid (CSF) is the preferred specimen.
Serum separated from blood collected in a 4.0 mL Gold SST (BD#367977) tube is an acceptable alternate specimen.

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Uncontrolled When Printed

Requisition: QE 7125

Division: Microbiology

Comments: This test is only performed on approval by a Microbiologist at 902-473-6624. Refer to "Microbiology User's Manual" for collection procedures.

CIS Mnemonic: C CA

CSF Lactate — see Lactate, Spinal Fluid

Referred Out: IWK Laboratory

C-Telopeptide (CTX)

Tube/Specimen: 4.0 mL Lavender EDTA (BD#367861)
Patient must be fasting for 8 hours! Unknown or Not Fasting status will not be processed.

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature.
Aliquot 1.0 mL of plasma into a plastic vial. **Freeze** at once.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

CIS Mnemonic: CTELO

Culture & Sensitivity — see Blood Cultures

Division: Microbiology

Comments: Refer to "Microbiology User's Manual" for collection procedures

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CYA — see Cyclosporine

Division: Clinical Chemistry - Toxicology

Cyanide
(Do not confuse with Thiocyanate)

Tube/Specimen: 4.0 mL Lavender EDTA (BD#367861)

Referred Out: In-Common Laboratories

Instructions: **Do Not Centrifuge!**
Do Not Freeze! Keep refrigerated.
Send specimen in original collection tube.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

CIS Mnemonic: CYAN

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Uncontrolled When Printed

Cyclic AMP Urine and Serum

Tube/Specimen: Urine and serum are required for testing. Serum must be drawn at time of urine collection.
4.0 mL Gold SST (BD#367977) and random urine specimen.

Referred Out: Mayo Medical Laboratories

Instructions: Centrifuge gold topped tube at room temperature.
Aliquot 1.0 mL serum into a plastic vial.
Aliquot 13.0 mL of urine.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

CIS Mnemonic: CAMP

Cyclic-Citrullinated Peptide — see Anti-Cyclic Citrullinated Peptide

Division: Immunopathology

Cyclin-D1 — see BCL1-IGH gene fusion

Division: Molecular Diagnostics

Cyclosporine

Tube/Specimen: 2.0 mL Lavender EDTA (BD#367841)

Requisition: CD0002

Division: Clinical Chemistry - Toxicology

Instructions: The time specimen collected should be indicated on the requisition and tubes. Time of last medication should be indicated on the requisition.
Cyclosporine can be ordered as C0 (trough, pre-dose) or C2 (peak, 2 hour post-dose).

Shipping: Mix whole blood, transfer whole blood to a plastic tube. Freeze and send on dry ice.

Alternate Names: Neoral
Sandimmune IV
CYA
Cyclosporine A
C0 (Trough)
C2 (Peak)

CIS Mnemonic: CYA
CYA 0 (Trough)
CYA 2 (Peak)

Cyclosporine A — see Cyclosporine

Division: Clinical Chemistry - Toxicology

Cystatin C

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

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Uncontrolled When Printed

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature.
Aliquot at least 1.0 mL serum into a plastic vial. **Freeze** at once.
Send copy of requisition.

Note: Recollect if specimen thaws.

CIS Mnemonic: CYSTC

Cysticercosis

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002A/CD0002B

Division: Virology-Immunology

Instructions: Clinical data should be indicated on the requisition.

Note: This test will be referred out by the laboratory.

CIS Mnemonic: CYSTI

Cystine, Random Urine or 24-Hour Urine — see Amino Acid, Quantitative, Random Urine or 24-Hour Urine

Referred Out: IWK Metabolic Lab

Cytogenetic Testing for IWK — see IWK Cytogenetics Testing

Referred Out: IWK Cytogenetics Lab

Cytomegalovirus Antibody — see CMV Antibody Screen

Division: Virology-Immunology

Cytomegalovirus IgM — see CMV Antibody Screen

Division: Virology-Immunology

Cytomegalovirus Viral Load — see CMV PCR

Division: Virology-Immunology

Cytotoxic Antibodies — see HLA Antibody Testing

Division: Hematopathology - Histocompatibility (HLA)

DADE — see PTT Dade

Division: Hematopathology - Coagulation

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DAT **see Direct Antiglobulin Test**

Division: Transfusion Medicine

D-Dimer

Tube/Specimen: 1.8 mL Light Blue buffered sodium citrate (BD#363080). Must be a full draw.

Requisition: CD0002

Division: Hematopathology - Core

Instructions: Part of DIC screen

Referrals: Send 2 frozen aliquots of 1.0 mL platelet-poor plasma (see Coagulation Testing under Specimen Collection Information) in polypropylene vials (12x75).

CIS Mnemonic: DDIMER

Deaminated gliadin peptide IgG or IgA **see Anti-Tissue Transglutaminase**

Division: Immunopathology

Dehydroepiandrosterone **see DHEA-S**

Division: Clinical Chemistry - Core

Delta 4 Androstenedione **see Androstenedione**

Division: Clinical Chemistry - Core

Dengue Virus **see ARBO Virus**

Division: Virology-Immunology

Depakene **see Valproate**

Division: Clinical Chemistry - Core

Desethylamiodarone **see Amiodarone Level**

Referred Out: In-Common Laboratories

Desipramine **see Imipramine Level**

Referred Out: In-Common Laboratories

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Desmethylclomipramine **see Clomipramine Level**

Referred Out: In-Common Laboratories

Desmethyldoxepin **see Doxepin Level**

Referred Out: In-Common Laboratories

Dexamethasone Suppression Test (DST) **see Cortisol, Serum**

Division: Clinical Chemistry - Core

DHEA-Unconjugated
(Dehydroepiandrosterone unconjugated)

Tube/Specimen: 6.0 mL Plain Red Top, no gel separator (BD#367815) or 4.0 mL Gold SST (BD#367977)

Referred Out: Mayo Medical Laboratories

Instructions: Centrifuge at room temperature.
Aliquot 1.0 mL of serum into plastic vial. **Freeze** at once.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

Note: Make sure "unconjugated" is requested on requisition. Stable frozen for only 14 days.

CIS Mnemonic: MS REF

DHEA-S

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002

Division: Clinical Chemistry - Core

Instructions: DHEA-S is a replacement test for urinary 17-Ketosteroids.

Shipping: Separate serum within 5 hours of collection. Serum stable for 8 days at 2 to 8°C. Freeze and send frozen serum, if longer.

Alternate Names: Dehydroepiandrosterone Sulphate

CIS Mnemonic: DHEAS

Diabetes Mellitus Type 1 Panel

Tube/Specimen: Two 4.0 mL Gold SST (BD#367977)

Referred Out: In-Common Laboratories

Instructions: Centrifuge 2 gold SST tubes at room temperature.
Aliquot serum from both tubes into one plastic vial (minimum 2.0 mL, prefer 4.0 mL).
Do not accession for clients out of Nova Scotia Health *Central Zone*
Send copy of requisition.

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Uncontrolled When Printed

Stability: Ambient 7 days, Refrigerated 7 days, Frozen 28 days.

Note: This panel includes four tests: Glutamic Acid Decarboxylase Antibody (GAD65 Ab), Insulin Antibodies, Islet Antigen 2 Antibody (IA-2 Ab) and Zinc Transporter 8 Antibody (ZnT8 Abs).

CIS Mnemonic: DIABT1AB

Dialysate Fluid — see specific test for instructions.

Division: Clinical Chemistry - Core

Diastase — see Amylase

Division: Clinical Chemistry - Core

DIC Screen
Includes D-Dimer, INR (PT), PTT, Fibrinogen and Thrombin Time

Division: Hematopathology - Core

Differential WBC Count — see Profile

Division: Hematopathology - Core

Differential, Manual — see Blood Film, Differential, Manual

Division: Hematopathology - Microscopy

Digoxin

Tube/Specimen: 4.0 mL Dark Green lithium heparin, no gel separator (BD#367884)

Requisition: CD0002

Division: Clinical Chemistry - Core

Instructions: For informative results specimen should be taken just prior to medication, or 8 hours after the drug has been administered.

CIS Mnemonic: DIG

Dihydrohodamine
(DHR)

Tube/Specimen: 6.0 mL Dark Green sodium heparin (BD#367878) **AND** one 6.0 mL Dark Green sodium heparin (BD#367878) for a CONTROL from an unrelated healthy donor. Label the CONTROL as “Normal Control”.

Referred Out: Mayo Medical Laboratories

Instructions: **Do Not Centrifuge!**
Keep specimens ambient.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals

The electronic copy that resides on the document control system is the valid document. Any paper document labeled **Uncontrolled** must be verified against the electronic version prior to use.
Uncontrolled When Printed

Send copy of requisition.

Stability: 48 hours

CIS Mnemonic: MS REF

Dihydrotestosterone (DHT)

Tube/Specimen: 4.0 mL Gold SST (BD#367977) preferred. Lavender topped EDTA tube, Sodium heparin tube and Lithium heparin tubes acceptable.

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature.
Aliquot 1.0 mL of serum or plasma into plastic vial.
Send copy of requisition.

Stability: 7 days at 2 to 8°C and 3 months frozen.

CIS Mnemonic: DHTSM

Dilantin see Phenytoin

Division: Clinical Chemistry - Core

Diphenylhydantoin see Phenytoin, Free

Referred Out: In-Common Laboratories

Diphtheria Antitoxin

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002A/CD0002B

Division: Microbiology-Immunology

Instructions: Clinical data should be indicated on the requisition.

Note: This test will be referred out by the laboratory.

CIS Mnemonic: DIPHTH

Direct Antiglobulin Test

Tube/Specimen: 6.0 mL Lavender EDTA (BD#367863)

Requisition: CD0001_05_2019

Division: Transfusion Medicine

Instructions: Indicate on requisition date and time required.

Comments: NSHA CL-BP-040 Venipuncture for Blood Specimen Collection

Alternate Names: DAT

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Coombs Test

Direct Bilirubin — see Bilirubin Direct, Plasma

Division: Clinical Chemistry - Core

DLI — see Donor Lymphocyte Infusion

Division: Hematopathology - Flow Cytometry

DNA Testing for IWK — see IWK Molecular Testing

Referred Out: IWK Clinical Genomics Lab

Donor Lymphocyte Infusion

Tube/Specimen: 4.0 mL Lavender EDTA (BD#367861)

Requisition: CD0002C

Division: Hematopathology - Flow Cytometry

Instructions: Specimens must arrive in the Flow Cytometry lab within 24 hours of collection and by 14:00 hours on Friday (or the day before a holiday).
The volume of product collected is required on the requisition.
The requisition must accompany the specimen to the Flow laboratory.

Shipping: Maintain specimen at room temperature.

CIS Mnemonic: T CELL SUB

Dopamine, Urine — see Catecholamines, 24 Hour Urine

Division: In-Common Laboratories

Doxepin Level

Tube/Specimen: 6.0 mL Plain Red Top, no gel separator (BD#367815)

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature.
Aliquot serum into plastic vial. **Freeze**.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

Note: 4.0 mL Lavender EDTA (BD#367861) tubes are also acceptable; must indicate specimen type on tube.

CIS Mnemonic: DOX

Drug Levels
(Micro Mycobacteriology)

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Uncontrolled When Printed

Tube/Specimen: 6.0 mL Plain Red Top, no gel separator (BD#367815)

Referred Out: Infectious Disease Pharmacokinetics Laboratory

Instructions: Ship as Category B

Drugs of Abuse Screen, Random Urine

Tube/Specimen: Random collection using mid-stream technique to avoid bacterial contamination in a plain container.

Requisition: CD0002

Division: Clinical Chemistry – Toxicology

Instructions: Specimen required: 30 mL urine aliquot from well-mixed collection.

Comments: Testing includes amphetamines, benzodiazepines, quetiapine, cannabinoids, cocaine metabolite, opiates, phencyclidine, and ritalin. This test is done for medical purposes only; it will not be done for pre-employment, work related or legal matters.

Stability: Room temperature for 1 day, 2 to 8°C (preferred) for 7 days and frozen for 2 weeks.

CIS Mnemonic: U DS M

D'Xylose Tolerance Test

Note: D'Xylose Tolerance test is no longer offered at NSH Central Zone.

E+ — see Electrolytes (Na, K), Plasma

Division: Clinical Chemistry - Core

E2 — see Estradiol

Division: Clinical Chemistry - Core

Eastern Equine Encephalitis — see ARBO Virus

Division: Virology-Immunology

EB Virus — see Epstein - Barr Virus Antibodies

Division: Virology-Immunology

EBV PCR

Tube/Specimen: 4.0 mL Lavender EDTA (BD#367861)

Requisition: CD0002

Division: Virology-Immunology

Instructions: Store whole blood at 2°C to 25°C for no longer than 24 hours.

The electronic copy that resides on the document control system is the valid document. Any paper document labeled **Uncontrolled** must be verified against the electronic version prior to use.
Uncontrolled When Printed

Separate plasma by centrifuging at 3000g for 20 minutes.
Separated plasma should be shipped at 2°C to 8°C within 6 days, if longer freeze at -20°C and ship frozen.

Note: This test is reserved for post-transplant patients and those with hematological malignancies only upon request.
For infectious mononucleosis testing or pre-transplant EBNA testing refer to Epstein – Barr Virus section below.

Alternate Names: EBV Viral Load
Epstein Barr Virus Viral Load
Epstein Barr Virus PCR

CIS Mnemonic: EBV PCR

Echinococcosis

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: QE 7125

Division: Virology-Immunology

Instructions: Clinical data should be indicated on the requisition.

Note: This test will be referred out by the laboratory.

CIS Mnemonic: ECHINO

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eGFR, Plasma

Tube/Specimen: 3.5 mL Light Green lithium heparin (BD#367961)

Requisition: CD0002

Division: Clinical Chemistry - Core

Instructions: Age and gender must be included.

Note: eGFR should not be used when plasma creatinine is changing rapidly, in pregnancy, age less than 18, or for drug dosing; and should be interpreted with caution in extremes of body habitus eGFR <60 mL/min/1.73mE2 and/or Albumin to Creatinine Ratio (ACR) ≥ 3 mg/mmol for >3 months are diagnostic criterion for Chronic Kidney Disease (CKD).
For more information, refer to the latest Kidney Disease: Improving Global Outcomes (KDIGO) guidelines.
Reported eGFR is based on the CKD-EPI 2021 equation that does not use a race coefficient.

Alternate Names: Estimated Glomerular Filtration Rate

CIS Mnemonic: eGFR

Ehrlichia

see Hem Microorganism

Division: Hematopathology-Microscopy

Ehrlichia PCR

Tube/Specimen: 4.0 mL Lavender EDTA (BD#367861)

Requisition: CD0002A/CD0002B

Division: Virology-Immunology

The electronic copy that resides on the document control system is the valid document. Any paper document labeled **Uncontrolled** must be verified against the electronic version prior to use.
Uncontrolled When Printed

Instructions: Clinical data should be indicated on the requisition.

Note: This test will be referred out by the laboratory.

CIS Mnemonic: EHRPCR

Ehrlichia Serology

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002A/CD0002B

Division: Virology-Immunology

Instructions: Clinical data should be indicated on the requisition.

Note: This test will be referred out by the laboratory.

CIS Mnemonic: EHRSER

Elastase, Stool see Fecal Elastase

Referred Out: In-Common Laboratories

Electrolytes (Na, K), Plasma

Tube/Specimen: 3.5 mL Light Green lithium heparin (BD#367961)

Requisition: CD0002

Division: Clinical Chemistry – Core

Comments: Specimens must be delivered to the laboratory within 2 hours of collection. Testing for Electrolytes include Sodium (Na), Potassium (K).

Shipping: Separate plasma within 2 hours of collection.

Alternate Names: E+
Lytes

CIS Mnemonic: LYTES

Electrolytes, Urine

Tube/Specimen: 24-hour urine collection (preferred) or random collection; no preservative; refrigerate during collection.

Requisition: CD0002

Division: Clinical Chemistry - Core

Instructions: Amount required: 5 mL urine aliquot from well-mixed collection.
Record the 'Original Container Type' on the requisition as Plain, Acid or Sodium Carbonate.

Comments: This test includes Urine NA, Urine K and Urine Cl. Testing on 24 hour specimens includes Urine Creatinine.

Shipping: Transport at room temperature.

The electronic copy that resides on the document control system is the valid document. Any paper document labeled **Uncontrolled** must be verified against the electronic version prior to use.
Uncontrolled When Printed

Record Total Volume on both the specimen aliquot and the requisition

CIS Mnemonic: LYTES 24U
LYTES RU

Electrophoresis of Protein — see Protein Electrophoresis, Serum

Division: Clinical Chemistry - Immunology

Emerging Bacterial Pathogens/ Pathogenic Neisseria, Syphilis, and Vaccine Preventable Bacterial Diseases
(Neisseria meningitides, Neisseria gonorrohoeae, Haemophilus influenza, Bordetella)

Tube/Specimen: Isolate, Susceptibility Testing, Biotyping, Phenotyping, Legal Case Workup, Serology, Genotyping, Genetic Finger Typing, Molecular Detection

Referred Out: National Microbiology Laboratory

Instructions: Shipped as Biological Substances Category B

CIS Mnemonic: C REF ID

ENA Screen — see Anti-nuclear Antibody

Division: Immunopathology

Comments: Testing includes antibodies to ENA, LA (or SSB), RO (or SSB), RNP, Sm, SCL-70 and JO-

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Endomysial Antibody — see Tissue Transglutaminase

Division: Immunopathology

Enteric Diseases Program: Escherichia coli 0157

Tube/Specimen: Isolate, Biotyping, Serotyping, Phage Typing, Pulse Field Gel Electrophoresis (PFGE), Toxin PCR, Other

Referred Out: National Microbiology Laboratory

Instructions: Shipped as Biological Substances Category A

CIS Mnemonic: C REF ID

Enteric Diseases Program: Listeria monocytogenes

Tube/Specimen: Isolate, Serotyping

Referred Out: National Microbiology Laboratory

Instructions: Shipped as Biological Substances Category B.

The electronic copy that resides on the document control system is the valid document. Any paper document labeled **Uncontrolled** must be verified against the electronic version prior to use.
Uncontrolled When Printed

CIS Mnemonic: C REF ID

Enteric Diseases Program: Salmonella species

Tube/Specimen: Isolate, Biotyping, Serotyping, Phage Typing, Pulse Field Gel Electrophoresis (PFGE), Toxin PCR, Tissue Culture Cytotoxicity Assay, Other

Referred Out: National Microbiology Laboratory

Instructions: Shipped as Biological Substances Category B (S. typhi, if isolated, may be sent as a Precautionary Category A)

CIS Mnemonic: C REF ID

Enteric Diseases Program: Shigella species

Tube/Specimen: Isolate, Biotyping, Serotyping, Phage Typing, Pulse Field Gel Electrophoresis (PFGE), Toxin PCR, Tissue Culture Cytotoxicity Assay, Other

Referred Out: National Microbiology Laboratory

Instructions: Shipped as Biological Substances Category B except S. dysenteriae which requires Category A.

CIS Mnemonic: C REF ID

Enterohemorrhagic Ecoli requests

Referred Out: IWK-Microbiology Lab

Instructions: Shipped as Biological Substance Category B.

CIS Mnemonic: C REF ID

Enterovirus

Tube/Specimen: CSF (0.5 mL sterile specimen)/Stool/Throat swab/Respiratory specimens

Requisition: CD0432/CD0433

Division: Virology-Immunology

Comments: **CSF**: IWK, PEI, Cape Breton, ID (infectious disease) and ICU are automatically approved for testing. All other specimens require CSF PCR approval form to be filled out. If the specimen is received without the form, it will be faxed to the requesting location by the microbiology laboratory.
Stool/throat/respiratory specimen: Consult microbiologist. Usually only available for immunocompromised children.

Shipping: **CSF**: Store at room temperature up to 1 day, 4°C up to 7 days, if longer freeze at -20°C and ship frozen.
Stool/Throat/Respiratory: Freeze and ship specimens frozen.

CIS Mnemonic: ME PANEL (CSF)
RMICRO (Stool/throat/respiratory)

Eosinophil Count

Tube/Specimen: 4.0 mL Lavender EDTA (BD#367861)

The electronic copy that resides on the document control system is the valid document. Any paper document labeled **Uncontrolled** must be verified against the electronic version prior to use.
Uncontrolled When Printed

Requisition: CD0002

Division: Hematopathology – Core

Alternate Names: Total Eosinophil Count

Eosinophil, Nasal Smear

Tube/Specimen: Nasal smear

Division: Hematopathology - Microscopy

Instructions: Specimen is sent to Microbiology and prepared on slide; then sent to Microscopy to be stained and viewed.

Order info: Powerchart- Eosinophil Smear Nasal

CIS Mnemonic: EOS NS

Eosinophil, Sputum

Tube/Specimen: Collect in polypropylene container with no preservative.

Division: Hematopathology - Microscopy

Instructions: Specimen is sent to Microbiology and prepared on slide; then sent to Microscopy to be stained and viewed.

Order info: Powerchart- Eosinophil Smear Sputum

CIS Mnemonic: EOS SS

Eosinophil, Random Urine or 24-Hour Urine

Tube/Specimen: Random collection using a mid-stream technique to eliminate bacterial contamination or 24-hour urine collection in a plain container.

Division: Hematopathology – Microscopy

Instructions: Specimen required: 10 mL urine aliquot from a well-mixed collection.
Record the 'Original Container Type' on the requisition as Plain, Acid or Sodium Carbonate.

Stability: Room temperature 2 hours and 2 to 8ºC (preferred) for 24 hours.

Order info: Powerchart- Eosinophil Smear Urine

CIS Mnemonic: EOS RU

Epinephrine

see Catecholamines, Total Plasma

Referred Out: In-Common Laboratories

Epinephrine, Urine

see Catecholamines, 24 Hour Urine

Division: In-Common Laboratories

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Epival — see Valproate

Division: Clinical Chemistry - Core

EPO — see Erythropoietin

Division: Clinical Chemistry - Core

Epoxide Level 10, 11 — see Carbamazepine-10, 11 Epoxide

Referred Out: In-Common Laboratories

Epstein - Barr Virus

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002A/ CD0002B

Division: Virology-Immunology

Comments: Clinical data should be indicated on the requisition.

Note: EBNA IgG testing will be performed on all EBV serology requests. VCA IgM and IgG testing will only be performed on EBNA negative specimens.

CIS Mnemonic: EBNA

Erythropoietin

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002

Division: Clinical Chemistry - Core

Instructions: Since diurnal variation of erythropoietin exists, it is important to collect the specimens at a consistent time of day. Morning specimens taken between 7:30 am and 12:00 noon have been recommended.
High circulating biotin levels may reduce results by more than 10% of the true value. Patients must discontinue any biotin supplement at least 3 days prior to testing.

Comments: EDTA tubes are unacceptable.

Shipping: Serum stable for 7 days at 2 to 8°C. Freeze and send frozen serum, if longer.

Alternate Names: EPO

CIS Mnemonic: EPO

ESR

Tube/Specimen: 4.0 mL Lavender EDTA (BD#367861)

Requisition: CD0002

The electronic copy that resides on the document control system is the valid document. Any paper document labeled **Uncontrolled** must be verified against the electronic version prior to use.
Uncontrolled When Printed

Division: Hematopathology - Core

Instructions: Test must be performed within 10 hours of collection. Unacceptable if specimen more than 10 hours old.

Alternate Names: Sedimentation Rate

Estradiol

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002

Division: Clinical Chemistry - Core

Shipping: Separate serum within 5 hours of collection. Serum stable for 7 days at 2 to 8°C. Freeze and send frozen serum, if longer.

Alternate Names: E2
17 Beta Estradiol

CIS Mnemonic: E2

Ethanol

see Alcohol, Serum

Division: Clinical Chemistry - Core

Ethosuximide Level

Tube/Specimen: 6.0 mL Plain Red Top, no gel separator (BD#367815)

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature.
Aliquot 1.0 mL of serum into plastic vial.
Send copy of requisition.

CIS Mnemonic: ETHOS

Ethyl Alcohol

see Alcohol, Serum

Division: Clinical Chemistry - Core

Ethylene Glycol

Tube/Specimen: 6.0 mL Plain Red Top, no gel separator (BD#367815)

Requisition: CD0002

Division: Clinical Chemistry - Toxicology

Instructions: Use non-alcoholic solutions such as peroxidase, saline or warm water to clean venipuncture site. Do not use alcohol preparations. This test is time sensitive and requires Clinical Chemistry faculty On-call approval before sending through QEII locating at 902-473-2220.
Once approved, send specimen STAT/URGENT to QEII-VG Site CSA. Please contact laboratory at 902-473-5514 to transmit information about sample and shipment. Ensure specimen bag and transport containers are labelled as STAT. If Routine testing, order and send on the next routine run to the QEII.

The electronic copy that resides on the document control system is the valid document. Any paper document labeled **Uncontrolled** must be verified against the electronic version prior to use.
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Comments: Analysis includes quantitation of Glycolic Acid, the primary metabolite of Ethylene Glycol.

Alternate Names: Glycolic Acid

CIS Mnemonic: ETH GLY

ETOH see Alcohol, Serum

Division: Clinical Chemistry - Core

Extractable-Nuclear Antibodies see Anti-nuclear Antibody

Division: Immunopathology

F68KD (hsp-70)

Tube/Specimen: One 4.0 mL Gold SST (BD#367977)

Referred Out: Mayo Medical Laboratories

Instructions: Centrifuge at room temperature.
Aliquot at least 2.0 mL serum and **freeze**.
Send copy of requisition.

Stability: Ambient – 48 hours; Refrigerated – 5 days; Frozen – 1 year

CIS Mnemonic: HSP

Factor Assays II, V, VII, X, VIIIC, IX, XI, XII

Tube/Specimen: Single assay - One 2.7 mL Light Blue buffered sodium citrate (BD#363083), must be a full draw.
Multiple assays - Three 2.7 mL Light Blue buffered sodium citrate (BD#363083), must be a full draw.

Requisition: CD0002

Division: Hematopathology - Coagulation

Comments: Indicate Factors required on the requisition.

Referrals: Send 2 frozen aliquots of 1.0 mL platelet-poor plasma for a single factor and add one aliquot for every additional factor ordered (see Coagulation Testing under Specimen Collection Information) in polypropylene vials (12x75).

Exception: **FXIII (Factor 13) is not performed at the QEII. Referring hospitals are to send specimen directly to In-Common Laboratories.**

Factor Assay Chromogenic VIII

Tube/Specimen: Single assay - One 2.7 mL Light Blue buffered sodium citrate (BD#363083), must be a full draw.

Requisition: CD0002

Division: Hematopathology - Coagulation

Comments: Indicate Chromogenic Factor FVIII required on the requisition.

The electronic copy that resides on the document control system is the valid document. Any paper document labeled **Uncontrolled** must be verified against the electronic version prior to use.
Uncontrolled When Printed

Referrals: Send 2 frozen aliquots of 1.0 mL platelet-poor plasma (see Coagulation Testing under Specimen Collection Information) in polypropylene vials (12x75).

Instruction: **Chromogenic FVIII is only available to be ordered by Hematologists-all other orders will be cancelled.**

Alternate Names: Chrom Factor VIII
Chrom FVIII

CIS Mnemonic: Chrom VIII
CFVIII

Factor Assay Chromogenic IX

Tube/Specimen: **Two** 2.7 mL Light Blue buffered sodium citrate (BD#363083). Must be a full draw.

Requisition: CD0002

Referred Out: Mayo Medical Laboratories

Instruction: Send copy of requisition and specimen to Hematopathology Coagulation Lab for processing if within Central Zone. Only available to be ordered by Hematologists – all other orders will be cancelled.

Comments: Test is not performed at the QEII. Referring hospitals are to send specimens directly to MAYO Medical Laboratories. Must indicate Chromogenic Factor IX on the requisition and send 2 frozen aliquots of 1.0 mL platelet-poor plasma in polypropylene vials (12 x 75)

Referrals: Send 2 frozen aliquots of 1.0 mL platelet-poor plasma (see Coagulation Testing under Specimen Collection Information) in polypropylene vials (12x75).

CIS Mnemonic: CHROM FIX

Factor V Leiden Mutation

Tube/Specimen: 4.0 mL Lavender EDTA (BD#367861) - One tube sufficient for both FV and PT mutation
Peripheral blood: 1 tube, minimum volume 1 mL. Stability - 14 days at 4°C.
Bone marrow: 1 tube, minimum volume 1 mL. Stability - 14 days at 4°C.
Tissue: Send in saline at 4°C, or frozen on dry ice. Stability – 12 hours in saline at 4°C or 7 days frozen.
DNA: Stability – 3 months at 4°C or frozen.

Requisition: CD0046 or CD2573

Division: Molecular Diagnostics

Instructions: Blood/bone marrow must be kept at 4°C, accompanied by requisition.
If multiple Molecular Diagnostics tests are ordered, only 2 tubes of peripheral blood or 1 tube of bone marrow are necessary.
As per hereditary thrombophilia best practice testing guidelines, Factor V Leiden gene mutation testing is restricted to hematologists, medical geneticists, neurologists, and general internists for both adult and pediatric populations.

Alternate Names: FV gene mutation
FV G1691 A mutation

CIS Mnemonic: FVL DNA

Factor VIII C Inhibitor

Tube/Specimen: Two 2.7 mL Light Blue buffered sodium citrate (BD#363083), must be a full draw

Requisition: CD0002

The electronic copy that resides on the document control system is the valid document. Any paper document labeled **Uncontrolled** must be verified against the electronic version prior to use.
Uncontrolled When Printed

Division: Hematopathology - Coagulation

Referrals: Send 4 frozen aliquots of 1.0 mL platelet-poor plasma (see Coagulation Testing under Specimen Collection Information) in polypropylene vials (12x75). Send on dry ice.

CIS Mnemonic: FVIII INHIB
Factor VIII Inhibitor Assay

Alternate Names: Bethesda Assay
Bethesda Inhibitor
Bethesda (Factor VIII C)

Factor VIII Chromogenic Inhibitor

Tube/Specimen: Two 2.7 mL Light Blue buffered sodium citrate (BD#363083), must be a full draw.

Requisition: CD0002

Division: Hematopathology - Coagulation

Comments: Indicate Chromogenic Factor FVIII Inhibitor required on the requisition.

Referrals: Send 4 frozen aliquots of 1.0 mL platelet-poor plasma (see Coagulation Testing under Specimen Collection Information) in polypropylene vials (12x75). Send on dry ice.

Instruction: **FVIII Chromogenic Inhibitor is only available to be ordered by Hematologists-all other orders will be cancelled.**

Alternate Names: Chrom VIII Inhib
Chromogenic Bethesda (Factor 8) Inhibitor
Chromogenic Bethesda (Factor VIII) Assay
Chromogenic Bethesda (Factor VIII) Inhibitor
Chromogenic Bethesda (Factor 8)
Chromogenic Bethesda (Factor VIII C)

CIS Mnemonic: Chrom VIII Inhib
CFVIII INH
Factor VIII Inhibitor Chromogenic

Factor IX Inhibitor

Tube/Specimen: Two 2.7 mL Light Blue buffered sodium citrate (BD#363083), must be a full draw

Requisition: CD0002

Division: Hematopathology - Coagulation

Referrals: Send 4 frozen aliquots of 1.0 mL platelet-poor plasma (see Coagulation Testing under Specimen Collection Information) in polypropylene vials (12x75). Send on dry ice.

CIS Mnemonic: FIX INHIB
Factor IX Inhibitor Assay

Alternate Names: Bethesda (Factor IX) Assay
Bethesda (Factor IX) Inhibitor

Factor VIII Mutation see Hemophilia Carrier Testing

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Uncontrolled When Printed

Division: Molecular Diagnostics

Factor XIII Antigen

Tube/Specimen: Two 2.7 mL Light Blue buffered sodium citrate (BD#363083)

Referred Out: In-Common Laboratories

Instructions: Send to Hematopathology Coagulation Lab for processing.

CIS Mnemonic: Miscellaneous Hematology Referred Out

Comment: Test is not performed at QEII. Referring hospitals are to send specimens directly to the referral site which performs this test to prevent delay in results.

Factor XIII Activity

Tube/Specimen: 2.7 mL Light Blue buffered sodium citrate (BD#363083)

Referred Out: In-Common Laboratories (Nova Scotia Health Central Zone specimens only, see comment)

Instructions: Send to Hematopathology Coagulation Lab for processing.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals

CIS Mnemonic: FXIIIACT
Factor XIII Activity

Comment: **FXIII (Factor 13) is not performed at the QEII. Referring hospitals, outside of Central Zone, are to send specimens directly to In-Common Laboratories.**

Farmer's Lung — see Aspergillosis/Farmer's Lung

Division: Virology-Immunology

Fascioliasis – IFA

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002A/ CD0002B

Division: Virology-Immunology

Instructions: Clinical data should be indicated on the requisition.

Note: This test will be referred out by the laboratory.

CIS Mnemonic: RMICRO

Fat, Fecal — see Fecal Fat 72 Hour

Referred Out: In-Common Laboratories

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Fe

see Iron, Plasma

Division: Clinical Chemistry - Core

FE, Liver

see Iron Level Liver RO

Referred Out: In-Common Laboratories

Fecal Calprotectin

see Calprotectin, Fecal

Referred Out: In-Common Laboratories

Fecal Chloride

Tube/Specimen: 5.0 mL Random stool specimen in naturally liquid form. Formed stool is not acceptable.

Referred Out: In-Common Laboratories

Instructions: Store and send cold.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

CIS Mnemonic: CL FEC

Fecal Elastase

Tube/Specimen: 5.0g Random stool specimen

Referred Out: In-Common Laboratories

Instructions: Send frozen.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

CIS Mnemonic: ELASF

Fecal Electrolytes

(Includes Sodium and Potassium-may order individually)

Tube/Specimen: 5.0 mL Random stool specimen in naturally liquid form. Formed stool is not acceptable.

Referred Out: In-Common Laboratories

Instructions: Send at room temperature.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

CIS Mnemonic: ELYTES F (K FEC for Potassium fecal; NA FEC for Sodium fecal)

Fecal Fat Timed

Tube/Specimen: Timed stool specimen MUST be collected in approved containers. Containers such as metal cans are not acceptable. Approved stool collection containers may be obtained by calling the Referred-Out and Research Bench at 902-473-7237. 72 hour specimens are preferred,

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Uncontrolled When Printed

but non-72 hour specimens are accepted; actual time MUST be indicated.

Referred Out: In-Common Laboratories

Instructions: Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Stable refrigerated for 180 days.
Send copy of requisition.

CIS Mnemonic: FATQ

Fecal Osmolality

see Osmolality Fecal

Referred Out: In-Common Laboratories

Ferritin

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002

Division: Clinical Chemistry - Core

Shipping: Separate within 5 hours of collection. Serum stable for 7 days at 2 to 8°C. Freeze and send frozen serum, if longer.

CIS Mnemonic: FER

Fetal Hemoglobin (Hgb F)

see Hemoglobin Electrophoresis

Division: Hematopathology – Immunology

Alternate Names: Hemoglobin F

Note: This test is not ordered separately. It is included in the Hemoglobin Electrophoresis test.

Fibrinogen

Tube/Specimen: 1.8 mL Light Blue buffered sodium citrate (BD#363080). Must be a full draw.

Requisition: CD0002

Division: Hematopathology - Core

Instructions: Part of DIC Screen

Referrals: Send 2 frozen aliquots of 1.0 mL platelet-poor plasma (see Coagulation Testing under Specimen Collection Information) in polypropylene vials (12x75). Send on dry ice.

CIS Mnemonic: FIB, Fibrinogen, Fibrinogen Assay

Fibrosis-4

Tube/Specimen: 4.0 mL Lavender EDTA (BD#367861) **and** 3.5 mL Light Green lithium heparin (BD#367961).

The electronic copy that resides on the document control system is the valid document. Any paper document labeled **Uncontrolled** must be verified against the electronic version prior to use.
Uncontrolled When Printed

Requisition: CD0002

Division: Clinical Chemistry - Core

Comments: Testing for Fibrosis-4 (FIB-4) is automatically calculated based on the patient's age and test values for AST, ALT and Platelet Count from Profile, No Diff.

Notes: Test is limited to General Practitioners in Nova Scotia Health Central Zone

CIS Mnemonic: FIBROSIS-4

Filariasis – IFA

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002A/CD0002B

Division: Virology-Immunology

Instructions: Clinical data should be indicated on the requisition.

Note: This test will be referred out by the laboratory.

CIS Mnemonic: FILARIAS

FIP1P1/PDGFRα see Hypereosinophilic Syndrome

Referred Out: Mayo Medical Laboratories

Fitzgerald Factor (HMWK)

Tube/Specimen: **One** 2.7 mL Light Blue buffered sodium citrate (BD#363083)

Referred Out: In-Common Laboratories

Instructions: Send to Hematopathology Coagulation Lab for processing.

Comment: Test is not performed at the QEII. Referring hospitals are to send specimens directly to the referral site which performs the test to prevent delay in results.

CIS Mnemonic: HWMK, Kininogen (HMW), Fitzgerald Factor

FK 506

Tube/Specimen: 2.0 mL Lavender EDTA (BD#367841)

Requisition: CD0002

Division: Clinical Chemistry - Toxicology

Instructions: Trough whole blood should be collected before medication.
Specimen should be in Lab by 1200 PM to be done the same day.
The time specimen collected should be indicated on the requisition and tubes.
Time of last medication should be indicated on the requisition.

Comments: Pre-dose (trough) specimen is required.

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Uncontrolled When Printed

Shipping: Mix whole blood, transfer whole blood to a plastic tube. Freeze and send on dry ice.

Note: This determination can be done on micro specimens when necessary.

Alternate Names: Tacrolimus
Tacro

CIS Mnemonic: TACRO

Fletcher Factor (Prekallikrein)

Tube/Specimen: Two 2.7 mL Light Blue buffered sodium citrate (BD#363083)

Referred Out: In-Common Laboratories

Instructions: Send to Hematopathology Coagulation Lab for processing.

Comment: Test is not performed at the QEII. Referring hospitals are to send specimens directly to the referral site which performs the test to prevent delay in results.

CIS Mnemonic: Fletcher Factor, Prekallikrein, PREK

Flow Crossmatch

Referred Out: Immunology and Genetics Laboratory

Flow Cytometry

see Leukemia and Lymphoma Screening

Division: Hematopathology – Flow Cytometry

FLT3

Tube/Specimen: 4.0 mL Lavender EDTA (BD#367861)
Peripheral blood: Preferably 2 tubes, minimum volume 1 mL. Stability – 14 days at 4°C.
Bone marrow: 1 tube, minimum volume 1 mL. Stability – 14 days at 4°C.
Tissue: Send in saline at 4°C, or frozen on dry ice. Stability – 12 hours in saline at 4°C, or 7 days frozen.
DNA: Stability – 3 months at 4°C or frozen.

Requisition: CD0046 or CD2573

Division: Molecular Diagnostics

Instructions: Blood/bone marrow must be kept at 4°C, accompanied by requisition.
Any specimen referred from outside of Nova Scotia Health Central Zone must also be accompanied by a printout of the CBC results, as it is important to know the white blood cell count prior to extracting the DNA.
If multiple Molecular Diagnostics tests are ordered, only 2 tubes of peripheral blood or 1 tube of bone marrow are necessary.

CIS Mnemonic: FLT-3 DNA

Fluoxetine Level

Tube/Specimen: 6.0 mL Plain Red Top, no gel separator (BD#367815)

Referred Out: In-Common Laboratories

The electronic copy that resides on the document control system is the valid document. Any paper document labeled **Uncontrolled** must be verified against the electronic version prior to use.
Uncontrolled When Printed

Instructions: Centrifuge at room temperature.
Aliquot serum in plastic vial. **Freeze.**
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

Note: Royal Blue Trace Element SERUM tube (BD368380) and Lavender topped EDTA plasma tubes are also acceptable. Must indicate specimen type on tube.

CIS Mnemonic: FLUOXN

Folate, Red Cell

Tube/Specimen: 4.0 mL Lavender EDTA (BD#367861)

Requisition: CD0002

Referred Out: In-Common Laboratories

Instructions: Collect 2 x lavender EDTA tubes: one for RBC Folate at ICL, one for Hematocrit (HCT) in-house.
If CBC has been collected on the same collection, HCT value will be included in the CBC result.
Note: Ensure a separate specimen for Hematocrit (or CBC) has been sent for testing before freezing the RBC Folate tube.
Note: Ensure HCT value is obtained before shipping specimen to ICL.
Transport on ice or frozen unless the specimen can arrive at Central Specimen Accessioning (CSA) within 2 hours of collection.

Stability: Ambient 2 hours, Refrigerated 72 hours, Frozen 1 month.

Alternate Names: RBC Folate
Red Blood Cell Folate

CIS Mnemonic: RBCFOL

Folate, Serum

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002

Division: Clinical Chemistry - Core

Instructions: Can be done on the same tube as Vitamin B12 and Ferritin.

Shipping: Separate serum within 5 hours of collection. Serum stable for 7 days at 2 to 8°C. Freeze and send frozen serum, if longer.

Alternate Names: Serum Folate
Folic Acid

CIS Mnemonic: FOL

Folic Acid — see Folate, Serum

Division: Clinical Chemistry - Core

Follicle Stimulating Hormone — see FSH

Division: Clinical Chemistry - Core

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Formic Acid **see Methanol**

Division: Clinical Chemistry - Toxicology

FRDIL **see Phenytoin, Free**

Referred Out: In-Common Laboratories

Free Erythrocyte Protoporphyrins **see Protoporphyrin, Erythrocyte**

Referred Out: In-Common Laboratories

Free Phenytoin **see Phenytoin, Free**

Referred Out: In-Common Laboratories

Free Prostate Specific Antigen **see PSA, Free**

Division: Clinical Chemistry - Core

Free T3

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002

Division: Clinical Chemistry - Core

Shipping: Separate serum within 5 hours of collection. Serum stable for 6 days at 2 to 8°C. Freeze and send frozen serum, if longer.

Alternate Names: Free Triiodothyronine

CIS Mnemonic: FT3

Free T4 **see Thyroxine, Free**

Division: Clinical Chemistry - Core

Free Triiodothyronine **see Free T3**

Division: Clinical Chemistry – Core

Frisium **see Clobazam and Metabolite**

Referred Out: In-Common Laboratories

Fructosamine

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Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature.
Hemolyzed or icteric (jaundiced) specimens are not acceptable.
Aliquot 2.0 mL serum in plastic vial. **Freeze** at once.
Send copy of requisition.

CIS Mnemonic: FRUCAM

FSH

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002

Division: Clinical Chemistry - Core

Shipping: Separate serum within 5 hours of collection. Serum stable for 7 days at 2 to 8°C. Freeze and send frozen serum, if longer.

Alternate Names: Follicle Stimulating Hormone

CIS Mnemonic: FSH

FSH MD — see Facioscapulohumeral Dystrophy

Referred Out: Molecular Genetics Diagnostic Laboratory

FV G1691 A Mutation — see Factor V Leiden Mutation

Division: Molecular Diagnostics

FV Gene Mutation — see Factor V Leiden Mutation

Division: Molecular Diagnostics

FXIII — see Factor XIII Assay

Referred Out: Hamilton General Hospital

G6PD — see Glucose-6-Phosphate Dehydrogenase

Referred Out: In-Common Laboratories

Gabapentin Level

Tube/Specimen: 6.0 mL Plain Red Top, no gel separator (BD#367815)

Referred Out: In-Common Laboratories

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Instructions: Centrifuge at room temperature.
Aliquot 2.0 mL serum in plastic referred-out tube. **Freeze** at once.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

CIS Mnemonic: GABA

GAD65 Antibody Glutamic Acid Decarboxylase see Anti-GAD

Referred Out: In-Common Laboratories

Galactomannan Testing

Tube/Specimen: 4.0 mL Gold SST (BD#367977) or Bronchial Wash (BRW)/Lavage (BAL)

Requisition: CD0002/CD0432/ CD0433

Division: Virology-Immunology

Instructions: Specify test requested on the Microbiology requisition.

Comments: Only one specimen of each type will be processed per week. The most recent collection will be processed.
Testing is only approved for patients from Hematology, 8A, 8B, 6B, Transplant or ID. Any requests from other ordering locations will require director approval.

CIS Mnemonic: GALAC

Gamma Globulins see Immunoglobulins (GAM)

Division: Clinical Chemistry - Core

Gamma Glutamyl see Gamma GT, Plasma

Division: Clinical Chemistry - Core

Gamma GT, Plasma

Tube/Specimen: 3.5 mL Light Green lithium heparin (BD#367961)

Requisition: CD0002

Division: Clinical Chemistry - Core

Alternate Names: Gamma Glutamyl Transpeptidase
Gamma Glutamyltransferase
GGT

CIS Mnemonic: GGT

Ganglioside Antibody see GM1 Ganglioside Antibody or GQ1B IgG Antibody (Physician must specify)

Referred Out: In-Common Laboratories

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Ganglioside GQ1B IgG Antibody see GQ1B IgG Antibody

Referred Out: In-Common Laboratories

Gastrin

Tube/Specimen: 4.0 mL Gold SST (BD#367977) **on ice**
Patient must be fasting (12 hours or longer). Unknown or Not Fasting status will not be processed.

Requisition: CD0002

Division: Clinical Chemistry - Core

Instructions: High circulating biotin levels may reduce results by more than 10% of the true value. Patients must discontinue any biotin supplement at least 3 days prior to testing.
Specimens collected at QEII HSC must be placed on ice and sent to the processing area immediately. Separate the serum from the cells in a refrigerated centrifuge within 1 hour. Aliquot and freeze immediately.

Stability: Frozen: 30 days

Shipping: Send 1.0 mL frozen serum. Thawed specimens are unacceptable.

CIS Mnemonic: GASTRIN

Gene Rearrangements see specific test (bcl-1, bcl-2, BCR/abl)

Division: Molecular Diagnostics

Genetic Testing for C282Y see Hemochromatosis

Division: Molecular Diagnostics

Genetic Testing for IWK see IWK Molecular Testing

Referred Out: IWK Clinical Genomics Lab

Gen Probe AMTD, CSF and Tissue (Amplified Mycobacterium Tuberculosis Detection)

Tube/Specimen: CSF or Tissue

Referred Out: Central Public Health Lab

Instructions: Shipped as Biological Substances Category B or may also be sent as Category A.

Gentamicin Level

Tube/Specimen: 4.0 mL Dark Green lithium heparin, no gel separator (BD#367884)

Requisition: CD0002

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Division: Clinical Chemistry - Core

Comments: Gentamicin may be administered using 2 dosing strategies:
If Gentamicin is administered once daily (much larger than traditional doses) for patients who have good renal function and have no other exclusions, eg. Endocarditis, dialysis, surgical prophylaxis, burns (>20%), only pre specimens are required. Take Pre (trough) blood specimen 6 hours before next dose is administered.
If Gentamicin is administered more often (q8 – 12 hours), both pre and post specimens are required. Take Post (peak) blood specimen 30 minutes after completion of intravenous dose or 60 minutes after an intramuscular dose is administered. Take Pre (trough) blood specimen 30 minutes before next dose is administered.
The time specimen was collected (pre/post) should be indicated on the requisition and tubes.
For information call the laboratory at 902-473-6886.

Alternate Names: Aminoglycoside Level

CIS Mnemonic: GENTPR (1hr Pre-dose, trough level)
GENTPO (Post-dose, peak level)
GENT (Random level)
GENTEX (6hr Pre-dose, extended level)

GGT — see Gamma GT, Plasma

Division: Clinical Chemistry - Core

GH — see Human Growth Hormone

Division: Clinical Chemistry - Core

GH-RH — see Growth Hormone-Releasing Hormone

Referred Out: Mayo Medical Laboratories

Gleevec Blood Monitoring

Tube/Specimen: 4.0 mL Green topped sodium heparin tube. **Do not collect Friday or after 1:00 pm! Keep on ice.**

Referred Out: Warnex Medical Laboratories

Instructions: Send Gleevec Blood Monitoring Form along with specimen.

CIS Mnemonic: Misc. Referred-Out

Globulin — see Protein Total and Albumin Plasma

Division: Clinical Chemistry - Core

Glucagon

Tube/Specimen: Collect two **pre-chilled** 4.0 mL Lavender EDTA (BD#367861) **or** one **pre-chilled** 6.0 mL Lavender EDTA (BD#367863)**. Chill filled tube(s) in wet ice for 10 minutes and then centrifuge.**
Fasting is recommended by the testing site for best results, however not required.

Referred Out: In-Common Laboratories

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Instructions: Centrifuge at 4ºC.
Aliquot 2.0 mL plasma in plastic vial. **Freeze immediately**.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

CIS Mnemonic: GLP

Glucose-6-Phosphate Dehydrogenase (G6PD)

Tube/Specimen: 4.0 mL Lavender EDTA (BD#367861)

Referred Out: In-Common Laboratories

Instructions: Keep refrigerated.
Do NOT freeze.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

CIS Mnemonic: G6PD

Glucose AC, Plasma

Tube/Specimen: 3.5 mL Light Green lithium heparin (BD#367961)

Requisition: CD0002

Division: Clinical Chemistry - Core

Instructions: Specimens must be delivered to the laboratory within 2 hours of collection. Check off AC Glucose on the requisition.
Patient should be fasting for at least 8 hours.

Alternate Names: AC Blood Sugar
Blood Sugar

CIS Mnemonic: GLU AC

Glucose Challenge Test, Plasma

Tube/Specimen: 3.5 mL Light Green lithium heparin (BD#367961)

Requisition: CD0002

Division: Clinical Chemistry - Core

Instructions: Give the patient 50 grams glucose drink. Specimen is collected one (1) hour after the drink is finished.

Note: This test is for pregnant patients. The patient must not be fasting.

Alternate Names: 1-hour GCT

CIS Mnemonic: 1 HR GCT
TRUTOL

Glucose, Fluids

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Tube/Specimen: Submit only one of the following specimens:
Spinal Fluid: 1.0 mL Spinal Fluid collected in sterile plastic screw top tube
Dialysate Fluid: 10 mL Dialysate Fluid collected in sterile plastic screw top tubes
Miscellaneous Body Fluid: 10.0 mL Body Fluid collected in sterile plastic screw top tubes

Requisition: CD0002

Division: Clinical Chemistry - Core

Shipping: If sending specimen from outside QEII HSC, transport at room temperature.

CIS Mnemonic: GLU CSF
DF PANEL (Cre, Glu, Na, Urea) FOR dialysate fluid
GLU FLD

Glucose PC, Plasma

Tube/Specimen: 3.5 mL Light Green lithium heparin (BD#367961)

Requisition: CD0002

Division: Clinical Chemistry - Core

Instructions: Specimens must be delivered to the laboratory within 2 hours of collection.
In order to ensure that timed determinations are taken properly, please give Blood Collection Service at least 30 minutes prior notice.
Blood Collection does not take appointments after 1530 hours.
Check off PC Glucose on the requisition.

Alternate Names: Sugar PC

CIS Mnemonic: GLU PC
GLU PC 2HR

Glucose Profile, Plasma

Tube/Specimen: 3.5 mL Light Green lithium heparin (BD#367961)

Requisition: CD0002

Division: Clinical Chemistry - Core

Instructions: Drawn four times over a 24 hour period 1 hr AC & 2 hr PC breakfast 1 hr AC & 2 hr PC

CIS Mnemonic: GLU AC
GLU PC 2HR

Glucose Random, Plasma

Tube/Specimen: 3.5 mL Light Green lithium heparin (BD#367961)

Requisition: CD0002

Division: Clinical Chemistry - Core

CIS Mnemonic: GLU

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Glucose Tolerance Test (GDM), Plasma

Tube/Specimen: 3.5 mL Light Green lithium heparin (BD#367961)

Requisition: CD0002

Division: Clinical Chemistry - Core

Instructions: For glucose tolerance testing for gestational diabetes mellitus (GDM) three specimens will be drawn: fasting, 60 minutes and 120 minutes after the patient has finished the glucose drink. Specimens must be labeled with collection times.

Comments: **Patient Preparation:**
Fasting and post dosage specimens are required. Patients must be fasting 8 hours. Collect fasting specimen. Patient is given the 75 g glucose drink immediately after taking the fasting glucose blood specimen.

Note: This test is for pregnant females.

Alternate Names: GTT
GTT2

CIS Mnemonic: Glucose Tolerance Test GDM 2 Hour

Glucose Tolerance Test (Non-GDM), Plasma

Tube/Specimen: 3.5 mL Light Green lithium heparin (BD#367961)

Requisition: CD0002

Division: Clinical Chemistry - Core

Instructions: For oral glucose tolerance on everyone except pregnant females, only 2 specimens will be drawn, the fasting specimen and a specimen 120 minutes after the patient has finished glucose drink. Specimens must be labeled with collection times.

Comments: **Patient Preparation:**
Fasting and post dosage specimens are required.
Patients must be fasting 8 hours. Collect fasting specimen. Patient is given the 75 g glucose drink immediately after taking the fasting glucose blood specimen.

Note: This test is for males and non-pregnant females. For pregnant females see Glucose Tolerance Test (GDM), Plasma.
For ages 16 and below please refer patient to IWK for GTT testing.
For ages 17 and above please proceed with GTT testing.

Alternate Names: GTT
GTT2

CIS Mnemonic: Glucose Tolerance Test Non-GDM 2 Hour

Glucose, Urine

Random and 24-hour Urine Glucose testing no longer offered as of February 4, 2019

Glycolic Acid

see Ethylene Glycol

Division: Clinical Chemistry - Toxicology

Glycosylated Hemoglobin

see Hemoglobin A1C

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Division: Clinical Chemistry - Immunology

GM1 Ganglioside Antibody
(Do Not Confuse with GQ1B IgG Antibody)

Tube/Specimen: 6.0 mL Plain Red Top, no gel separator (BD#367815). Gel separator tubes are **not** acceptable.

Referred Out: In-Common Laboratories

Instructions: Transfer 1.0 mL serum in each of two plastic vials. **Freeze immediately.**
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

CIS Mnemonic: GM1AB

Gonadotropin Releasing Hormone (Gn-RH)
(Do Not Confuse with GH-RH)

Tube/Specimen: One 4.0 mL Gold SST (BD#367977)

Referred Out: In-Common Laboratories

Instructions: Aliquot 3.0 mL serum in plastic vial.
Note: Patient should not be on any Steroids, ACTH, Gonadotropin, or Estrogen medications, if possible, for at 48 hours prior to collection of specimen.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

Stability: Refrigerated 7 days, frozen 180 days.

CIS Mnemonic: GNRH S

GP (Surface Glycoprotein Analysis-GP IbIX and IIbIIIa)

Tube/Specimen: **Two** 2.7 mL Light Blue buffered sodium citrate (BD#363083) or one 6.0 mL Yellow ACD glass (BD#364816).

Referred Out: McMaster University HSC

Instructions: Send to Hematopathology Coagulation lab for processing.
Store and ship at room temperature.
Note: Contact Lab prior to collection. Two 2.7mL light blue buffered sodium citrate or one yellow ACD glass tube MUST be collected from a normal control (immediately before or after patient collection) and sent together with patient sample or sample will not be processed."
Completed McMaster patient requisition must accompany sample.
https://transfusionresearch.healthsci.mcmaster.ca/wp-content/uploads/2025/11/Patient-Requisition-Form-v2025-11.docx

CIS Mnemonic: Miscellaneous Hematology Referred Out

GQ1B IgG Antibody
(Do Not Confuse with GM1 Ganglioside Antibody)

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Referred Out: In-Common Laboratories

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Instructions: Aliquot serum and **Freeze**.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

Stability: 21 days frozen.

CIS Mnemonic: GQ1B

Group and Crossmatch — see Type and Screen (ABO/Rh and Antibody Screen)

Division: Transfusion Medicine

Group and Type — see ABO Group and Rh Type

Division: Transfusion Medicine

Growth Hormone — see Human Growth Hormone

Division: Clinical Chemistry - Core

Growth Hormone Releasing Hormone (GH-RH)
(Do Not Confuse with Gn-RH)

Tube/Specimen: Two 4.0 mL Gold SST (BD#367977)

Referred Out: Mayo Medical Laboratories

Instructions: Aliquot 3.0 mL serum into plastic vial. **Freeze immediately**.
If the specimen thaws, it is unsuitable for analysis.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

CIS Mnemonic: GHRH

GTT — see Glucose Tolerance Test, Plasma

Division: Clinical Chemistry - Core

GTT2 — see Glucose Tolerance Test, Plasma

Division: Clinical Chemistry - Core

H63D — see Hemochromatosis

Division: Molecular Diagnostics

Haemophilus influenza
Routine typing from sterile sites or questionable outbreaks

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Tube/Specimen: Isolate, Typing

Referred Out: IWK Microbiology Lab

Instructions: Shipped as Biological Substances Category B
Porter service for delivery

Hantavirus Serology

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002A/CD0002B

Division: Microbiology-Immunology

Instructions: Clinical data should be indicated on the requisition.

Note: This test will be referred out by the laboratory.

CIS Mnemonic: HANTA

Haptoglobin

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002

Division: Clinical Chemistry - Core

Shipping: Separate serum within 5 hours of collection. Serum stable for 7 days at 2 to 8°C. Freeze and send frozen serum, if longer.

CIS Mnemonic: HAPTO

HAV see Hepatitis A Testing

Division: Virology-Immunology

Hb see Profile

Division: Hematopathology - Core

HCG (Quant), Plasma

Tube/Specimen: 3.5 mL Light Green lithium heparin (BD#367961)

Requisition: CD0002

Division: Clinical Chemistry - Core

Shipping: Separate plasma within 5 hours of collection. Plasma stable at 2 to 8°C for 7 days.
Freeze and send frozen plasma, if longer.

Alternate Names: Chorionic Gonadotropin Beta-Subunit
HCG-Beta Subunit

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Human Chorionic Gonadotropin

CIS Mnemonic: HCG

HCG Beta Subunit — see HCG (Quant), Plasma

Division: Clinical Chemistry - Core

HCO3, Plasma — see Bicarbonate, Plasma

Division: Clinical Chemistry - Core

HCT — see Profile

Division: Hematopathology - Core

HDL-Cholesterol, Plasma

Tube/Specimen: 3.5 mL Light Green lithium heparin (BD#367961)

Requisition: CD0002

Division: Clinical Chemistry - Core

Instructions: Patient fasting is at the discretion of the ordering physician and must be indicated on the requisition.

Alternate Names: High Density Lipoprotein Cholesterol

CIS Mnemonic: HDL

Heart Muscle Antibodies

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature and aliquot at least 1.0 mL serum into plastic vial.
Do not accession for non-Nova Scotia Health Central Zone Hospitals.
Send copy of requisition.

Stability: Refrigerated at 2 to 8 °C 14 days and frozen 180 days.

CIS Mnemonic: HEARTAB

Alternate Names: Anti-Cardiac Muscle Antibody
Cardiac Muscle Antibody
ACMA
ACA

Heat Shock Protein — see F68KD

Referred Out: Mayo Medical Laboratories

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Heavy Metal Testing — see Trace Element Panels

Referred Out: In-Common Laboratories

Heinz Bodies

Tube/Specimen: 4.0 mL Lavender EDTA (BD#367861)

Requisition: CD0002

Division: Hematopathology - Core

Helicobacter pylori (H PYLORI)

Tube/Specimen: Stool in sterile container.

Requisition: CD0432/ CD0433

Referred Out: IWK Microbiology Lab

Instructions: Send to VG Microbiology lab with original requisition. Microbiology will refer tests out.
Refrigerate at 2 to 8ºC.
If stool cannot be submitted to the laboratory within 72 hours, the specimen should be frozen at -20ºC.

Note: As of Nov 1, 2016, Helicobacter pylori serology will no longer be performed. Stool antigen testing is the preferred testing method.
If active infection is suspected please submit a fresh stool in a sterile container as explained here.

CIS Mnemonic: HPYL AG

Hem Microorganism

Tube/Specimen: 4.0 mL Lavender EDTA (BD#367861) **or** 4 Thick and 4 Thin Smears

Division: Hematopathology – Microscopy

Comments: Analysis includes Thick & Thin Smear Review

Instructions: EDTA specimens are acceptable if received in the Core Lab within 4 hours of collection; otherwise 4 Thick and 4 Thin smears are required.

Stability: EDTA specimen: 4 hours at room temperature.

Alternate Names: Anaplasma Smear
Babesia Smear
Ehrlichia Smear
Microfilaria Smear
Trypanosoma Smear

Order info: Powerchart- Hematology Microorganisms

CIS Mnemonic: HEM MORG

Hematocrit — see Profile

Division: Hematopathology - Core

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Hemochromatosis

Tube/Specimen: 4.0 mL Lavender EDTA (BD#367861) (preferred)
Peripheral blood: 1 tube, minimum volume 1 mL. Stability – 14 days at 4 degrees Celsius.
Bone marrow: 1 tube, minimum volume 1 mL. Stability – 14 days at 4 degrees Celsius.
Tissue: Send in saline at 4 degrees Celsius, or frozen on dry ice. Stability – 12 hours in saline at 4 degrees Celsius, or 7 days frozen.

Requisition: CD0002 or CD2573

Division: Molecular Diagnostics

Instructions: Blood/bone marrow must be kept at 4 degrees Celsius, accompanied by requisition.
If multiple Molecular Diagnostics tests are ordered, only 2 tubes of peripheral blood or 1 tube of bone marrow are necessary.

Alternate Names: HLA-H
HFE
Human Leukocyte Antigen-H
DNA Probe for Hemochromatosis
Genetic Testing for C282Y
C282Y
H63D

CIS Mnemonic: HH

Hemoglobin see Profile

Division: Hematopathology - Routine

Hemoglobin A1C

Tube/Specimen: 2.0 mL Lavender EDTA (BD#367841). This tube is not to be shared.

Requisition: CD0002

Division: Clinical Chemistry – Immunology

Instructions: The tube collected for this assay cannot be shared for other assays.

Shipping: Send whole blood at room temperature. Specimen is acceptable at room temperature for 24 hours and 7 days at 2 to 8°C.

Alternate Names: Glycosylated Hemoglobin

CIS Mnemonic: HGB A1C

Hemoglobin and Hematocrit, Body Fluid

Tube/Specimen: 4.0 mL Lavender EDTA (BD#367861) Jackson Pratt Drain or JP Drain

Requisition: CD0002

Division: Hematopathology – Core
CIS Mnemonic: HH FLD

Hemoglobin Electrophoresis

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Tube/Specimen: 4.0 mL Lavender EDTA

Requisition: CD0002

Division: Hematopathology – Immunology

Instructions: Specimens must be analyzed within 7 days and stored between 2 to 8 degrees.
Do not store at room temperature.
Hospitals outside Central Zone must send a copy of the CBC report with the specimen.

Alternate Names: Thalassemia Screen
Alpha Thalassemia Screen

CIS Mnemonic: HGB ELEC

Hemogram (i.e. Hb HCT WBC) see Profile

Division: Hematopathology - Core

Hemophilia A Inversion see Hemophilia Carrier Testing

Division: Molecular Diagnostics

Hemophilia and von Willebrand's Disease Genotype

Tube/Specimen: 4.0 mL Lavender EDTA (BD#367861).
Peripheral blood: Preferably 2 tubes, minimum volume 1 mL. Stability – 5 days at 4°C or 1 month frozen.
DNA: Stability – 3 months at 4°C or frozen.

Requisition: CD0046 or CD2573

Division: Molecular Diagnostics

Instructions: Blood must be kept at 4°C or frozen, accompanied by requisition.
Send specimen to Hematopathology Molecular lab who will refer it out to the National Inherited Bleeding Disorder Genotyping Laboratory at Queen's University.

Alternate Names: Hemophilia A inversion
Factor VIII mutation

CIS Mnemonic: F8/VWD DNA

Hemophilia Carrier Testing

Tube/Specimen: 4.0 mL Lavender EDTA (BD#367861)
Peripheral blood: Preferably 2 tubes, minimum volume 1 mL. Stability – 5 days at 4°C or 1 month frozen.
DNA: Stability – 3 months at 4°C or frozen.

Requisition: CD0046 or CD2573

Division: Molecular Diagnostics

Instructions: Blood must be kept at 4°C or frozen, accompanied by requisition.
Send specimen to Hematopathology Molecular lab who will refer it out to the National Inherited Bleeding Disorder Genotyping Laboratory at Queen's University.

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Alternate Names: Hemophilia A inversion
Factor VIII mutation

CIS Mnemonic: Hemophilia Carrier

Hemosiderin, Random Urine or 24-Hour Urine

Tube/Specimen: Random collection using a mid-stream technique to eliminate bacterial contamination or 24-hour urine collection (preferred) in a plain container.

Division: Hematopathology – Microscopy

Instructions: Specimen required: 10 mL urine aliquot from well-mixed collection.
Record the 'Original Container Type' on the requisition as Plain, Acid or Sodium Carbonate.

Stability: Room temperature 2 hours and 2 to 8ºC (preferred) for 24 hours.

Order Info: Powerchart- Hemosiderin Stain Urine or Hemosiderin Urine

CIS Mnemonic: HSID RU

Heparin Induced Thrombocytopenia (HIT)

Tube/Specimen: **Two** 2.7 mL Light Blue buffered sodium citrate (BD#363083), must be a full draw (plasma), and **two** 5.0 mL Gold SST (BD#367986).

Requisition: CD0002

Division: Hematopathology - Coagulation

Instructions: **If sending frozen aliquots please double spin and clearly indicate which aliquots are plasma and which aliquots are serum.** Please send 4 frozen 1.0 mL aliquots of serum and 4 frozen 1.0 mL aliquots of platelet poor plasma. Send frozen on dry ice.
Both serum and plasma specimens must be platelet poor.

Comments: Specimens anticoagulated with heparin are not suitable for testing with this assay and must not be used.
Specimens may be referred out to In-Common Laboratories.

CIS Mnemonic: HIT AB

Hepatitis A Antibody IgG see Hepatitis A Testing

Division: Virology-Immunology

Hepatitis A Antibody IgM see Hepatitis A Testing

Division: Virology-Immunology

Hepatitis A Immune Status see Hepatitis A Testing

Division: Virology-Immunology

Hepatitis A Testing

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

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Requisition: CD0002A/ CD0002B

Division: Virology-Immunology

Comments: Clinical data should be indicated on requisition. Indicate whether immunity (IgG) or recent infection (IgM) is required.

CIS Mnemonic: HEPA IGG (IgG)
HEPA IGM (IgM)

Hepatitis B Core Antibody (Total IgG and IgM)

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002A/ CD0002B

Division: Virology-Immunology

CIS Mnemonic: HEPB CAB

Hepatitis B Core Antibody IgM

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002A/CD0002B

Division: Microbiology-Immunology

Note: This test will be referred out by the laboratory.

CIS Mnemonic: RMICRO

Hepatitis B e Antigen and Antibody

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002A/ CD0002B

Division: Virology-Immunology

CIS Mnemonic: HEPBE

Hepatitis B Genotyping

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002A/CD0002B

Division: Virology-Immunology

Instructions: Specify test requested on the Microbiology requisition.
Clinical data must be indicated on the requisition.

Comments: This test will be referred out by the laboratory.

CIS Mnemonic: RMICRO

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Uncontrolled When Printed

Hepatitis B Surface Antibody

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002A/CD0002B

Division: Virology-Immunology

Comments: Immunity, post vaccination or immunization

Alternate Name: HB Surface Ab

CIS Mnemonic: HEPB SAB

Hepatitis B Surface Antigen

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002A/CD0002B

Division: Virology-Immunology

Comments: Diagnosis, for needlestick injury or prenatal screening

Alternate Name: HB Surface Ag

CIS Mnemonic: HEPB SAG

Hepatitis B Viral Load

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002A/CD0002B

Division: Virology-Immunology

Comments: Quantitative

Alternate Name: HBV DNA

CIS Mnemonic: HBVVL

Hepatitis C Antibody

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002A/CD0002B

Division: Virology-Immunology

Comments: Diagnosis

Alternate Names: Anti HCV
HCV Antibody

CIS Mnemonic: HEPC AB

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Uncontrolled When Printed

Hepatitis C Genotype

Tube/Specimen: One 4.0 mL Gold SST (BD#367977)

Requisition: CD0002A/CD0002B

Division: Virology-Immunology

Note: With availability of antivirals for HCV that are pan-genotypic, routine genotyping will no longer be performed. If required, please contact CZMicrobiologist@nshealth.ca.
This test will auto cancel when logged in to the Microbiology laboratory.
This test will be ordered and referred out by the laboratory if approved.

CIS Mnemonic: HCV GENO

Hepatitis C Resistance

Tube/Specimen: 4.0 mL Lavender EDTA (BD#367861)

Requisition: Laboratory Requisition Form for NON-B.C. Patients Only

Division: Virology-Immunology

Shipping: Whole blood may be transported at 2 to 8ºC if it will be received within 24 hours. If not, separate plasma by centrifugation at 3000g for 20 minutes. Ship one 2mL aliquot at 2 to 8ºC if it will be received within 48 hours otherwise ship plasma frozen.

CIS Mnemonic: HEPCRES

Hepatitis C Riba

Tube/Specimen: Two 4.0 mL Gold SST (BD#367977)

Requisition: CD0002A/ CD0002B

Division: Virology-Immunology

Comment: Confirmatory antibody testing, qualitative

Alternate Name: HCV RIBA

CIS Mnemonic: HEPCRIBA

Hepatitis C Viral Load

Tube/Specimen: Two 4.0 mL Gold SST (BD#367977)

Requisition: CD0002A/ CD0002B

Division: Virology-Immunology

Comment: Quantitative

Alternate Names: HCV PCR
HCV RNA
HCV Viral Load

CIS Mnemonic: HCVVL

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Uncontrolled When Printed

Hepatitis D

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002A/CD0002B

Division: Microbiology-Immunology

Instructions: Clinical data should be indicated on the requisition. Patient must be HBsAG positive.

Note: This test will be referred out by the laboratory.

CIS Mnemonic: HEPD

Hepatitis E

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002A/CD0002B

Division: Microbiology-Immunology

Instructions: Clinical data should be indicated on the requisition.

Note: This test will be referred out by the laboratory.

CIS Mnemonic: HEPE

Her-2 neu FISH

Tube/Specimen: Tissue in paraffin block

Requisition: CD2573

Division: Molecular Diagnostics

Instructions: To be ordered only by a Nova Scotia Health Central Zone pathologist.

Herpes Typing by Real Time PCR

Tube/Specimen: CSF (0.5 mL sterile specimen), Swabs collected in viral transport media, sterile fluids, bronchial wash, tissues

Requisition: CD0432/ CD0433

Division: Virology-Immunology

Comments: For CSF: IWK, PEI, Cape Breton, ID (infectious disease) and ICU are automatically approved for testing. All other specimens require a CSF PCR approval form to be filled out. If the specimen is received without the form, it will be faxed to the requesting location by the Microbiology laboratory.

Shipping: CSF: Store at room temperature up to 1 day, 4°C up to 7 days, if longer freeze at -20°C and ship frozen.
All other specimens store at 4°C up to 3 days, if longer freeze at -70°C

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CIS Mnemonic: ME PANEL (CSF)
EHSVVZ (all other specimens)

Hexosaminidase, Beta

Tube/Specimen: MALES and Non-pregnant Females: 6.0 mL Plain Red Top, no gel separator (BD#367815).
Aliquot 2.0 mL serum in plastic vial. **Freeze.**
Unsuitable if thawed.
PREGNANT Females: Green topped heparinized tube. **Do Not Centrifuge! Do Not Freeze!**

Referred Out: Hospital for Sick Children Metabolic Diseases Laboratory

Instructions: **Contact Referred-Out bench at 902-473-7237.**
Indicate if pregnant or on oral contraceptives.
Indicate the Ethnicity/Race of the patient.
Physician must complete applicable Sick Kids requisition for referral laboratory testing.
If testing for Tay-Sachs Carrier Detection, submit completed Metabolic Diseases & Genome Diagnostics for Tay-Sachs requisition, otherwise submit the Metabolic Disease-Lysosomal Enzyme requisition.

CIS Mnemonic: MISC REF

HFE

see Hemochromatosis

Division: Molecular Diagnostics

Hgb A1C

see Hemoglobin AIC

Division: Clinical Chemistry - Immunology

HGH

see Human Growth Hormone

Division: Clinical Chemistry - Core

High Density Lipoprotein

see HDL-Cholesterol, Plasma

Division: Clinical Chemistry - Core

High Sensitive CRP

see C-Reactive Protein – HS (High Sensitivity), Plasma

Division: Clinical Chemistry - Core

Histamine

Tube/Specimen: 4.0 mL Lavender EDTA (BD#367861)

Referred Out: Mayo Medical Laboratories

Instructions: **Cool immediately** on ice after collection.
Centrifuge at 1500 rpm for 10 minutes at 4°C within 20 minutes of collection.
Aliquot 1.0 mL plasma from the upper part of the tube into an aliquot tube and **freeze immediately**.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals

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Send copy of requisition.

Stability: 28 days frozen. If the specimen thaws, if it unsuitable for analysis.

CIS Mnemonic: HIST

Histone Antibodies

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Referred Out: In-Common Laboratories

Instructions: Aliquot 1.0 mL serum. **Freeze immediately**.
Send copy of requisition.

Note: Ship frozen.

CIS Mnemonic: HISTAB

Histoplasma Capsulation see Histoplasmosis Serology

Division: Virology-Immunology

Histoplasmen see Histoplasmosis Serology

Division: Virology-Immunology

Histoplasmosis Serology

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002A/CD0002B

Division: Virology-Immunology

Instructions: Clinical data should be indicated on the requisition.

Note: For Histoplasmosis cultures, see the “Microbiology User’s Manual”. This test will be referred out by the laboratory.

Alternate Names: Histoplasma Capsulation
Histoplasmen

CIS Mnemonic: HISTO

HIV Genotyping and Drug Resistance

Tube/Specimen: 4.0 mL Lavender EDTA (BD#367861)

Requisition: Laboratory Requisition Form for NON-B.C. Patients Only

Division: Virology-Immunology

Shipping: Whole blood may be transported at 2 to 25ºC if it will be received within 24 hours. If not, separate plasma by centrifugation at 3000g for 20 minutes. Ship one 2mL aliquot of plasma frozen.

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Uncontrolled When Printed

CIS Mnemonic: HIVGDR

HIV Viral Load

see HIV-1 Viral Load

Division: Virology-Immunology

HIV-1 Viral Load

Tube/Specimen: Two 4.0 mL Lavender EDTA (BD#367861)

Requisition: CD0002A/CD0002B

Division: Virology-Immunology

Shipping: Whole blood may be transported at 2 to 25^{0}C if it will be received within 24 hours. If not, separate plasma by centrifugation at 3000g for 20 minutes and ship two 2 mL aliquots at 2 to 8^{0}C.

Alternate Names: HIV Viral Load

CIS Mnemonic: VLNS

HIV-1/HIV-2

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002A / CD0002B

Division: Virology-Immunology

Alternate Names: AIDS Test
HTLV3
Human Immunodeficiency Virus

CIS Mnemonic: HIV

HLA-A

see HLA Typing Autoimmune

Division: Hematopathology – Histocompatibility (HLA)

HLA-A29

see HLA Typing Autoimmune

Division: Hematopathology – Histocompatibility (HLA)

HLA-B

see HLA Typing Autoimmune

Division: Hematopathology – Histocompatibility (HLA)

HLA-B1502

see HLA Typing Autoimmune

Division: Hematopathology - Histocompatibility (HLA)

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HLA-B27

see HLA Typing Autoimmune

Division: Hematopathology - Histocompatibility (HLA)

HLA-B51

see HLA Typing Autoimmune

Division: Hematopathology - Histocompatibility (HLA)

HLA-B5701

see HLA Typing Autoimmune

Division: Hematopathology - Histocompatibility (HLA)

HLA-C

see HLA Typing Autoimmune

Division: Hematopathology - Histocompatibility (HLA)

HLA Antibody Testing

Tube/Specimen: 1 x 6 mL Serum (Plain Red top or aliquoted)

Division: Hematopathology – Histocompatibility (HLA)

Requisition: CD0004

Instructions: Complete recipient clinical history in the section provided on the requisition (Multi-Organ Transplant-Recipient Clinical History)

Shipping: Transport blood specimens at room temperature and protect from freezing. Specimens should arrive in the HLA laboratory within 96 hours of collection. Frozen serum specimens should be packed with sufficient dry ice/ice packs to arrive frozen. Specimens arriving after 3 pm on Friday will be processed the next business day.

Alternate Names: Cytotoxic Antibodies
PRA

HLA Crossmatch – Recipient

Tube/Specimen: 4 x 6.0 mL Yellow ACD glass (BD#364816) (Solution B) and 1 x 6 mL serum (Red top or aliquot)

Requisition: CD0004

Division: Hematopathology – Histocompatibility (HLA)

Instructions: By appointment only. Specimens must be received in the HLA laboratory by 0900 on the scheduled crossmatch date. Specimens received after 0900 may not be processed.
Complete recipient information in the section provided on the requisition. (Multi-Organ Transplant – Recipient Clinical Information)
KPD or CTR: Please indicate if recipient is part of the Kidney Paired Exchange or Canadian Transplant Registry by checking the box provided and indicating the patient's registry number.

Shipping: Transport blood specimens at room temperature and protect from freezing. Specimens should arrive in the HLA laboratory within 72 hours of collection.

CIS Mnemonic: H M RCXM

The electronic copy that resides on the document control system is the valid document. Any paper document labeled **Uncontrolled** must be verified against the electronic version prior to use.
Uncontrolled When Printed

HLA Crossmatch - Living Donor

Tube/Specimen: 4 x 6.0 mL Yellow ACD glass (BD#364816) (Solution B)

Requisition: CD0004

Division: Hematopathology - Histocompatibility (HLA)

Instructions: By appointment only. Specimens must be received in the HLA laboratory by 0900 on the scheduled crossmatch date. Specimens received after 0900 may not be processed.
Complete live donor information in the section provided on the requisition (Multi-Organ Transplant-Live Donor)
Live Donor: Please indicate if donor is part of the Kidney Paired Exchange or Canadian Transplant Registry by checking the box provided and indicating the patient's registry number.

Shipping: Transport blood specimens at room temperature and protect from freezing. Specimens should arrive in the HLA laboratory within 72 hours of collection.

HLA Deceased Donor Typing and Crossmatch

Tube/Specimen: 8 x 6.0 mL Yellow ACD glass (BD#364816) (Solution B)
2 x 4.0 mL Lavender EDTA (BD#367861)
2 x 500uL EDTA Microtainer and 4 x 6.0 mL Yellow ACD glass (BD#364816) (Solution B) for pediatric patients

Requisition: CD0004

Division: Hematopathology - Histocompatibility (HLA)

Shipping: Transport blood specimens at room temperature and protect from freezing. Typing specimens EDTA should arrive in the HLA laboratory within 7 days of collection. Crossmatch specimens (ACD) should arrive in the HLA laboratory within 72 hours of collection. Complete the Deceased Donor information in the section provided on the requisition (Multi-Organ Transplant – Donor Information)

HLA DQ — see HLA Typing Autoimmune

Division: Hematopathology - Histocompatibility (HLA)

HLA DR — see HLA Typing Autoimmune

Division: Hematopathology - Histocompatibility (HLA)

HLA Typing-Autoimmune

Tube/Specimen: 2 x 4.0 mL Lavender EDTA (BD#367861)

Requisition: CD0004

Division: Hematopathology - Histocompatibility (HLA)

Instructions: **HLA B5701** testing is limited to requests from the ID clinic only.

Shipping: Transport blood specimens at room temperature and protect from freezing. Specimens should arrive in the HLA laboratory within 7 days of collection. Specimens arriving after 3 pm on Friday will be processed the next business day.

HLA Typing- Bone Marrow Recipient and Donor (HLA-A, B, C, DR, DQ, DP)

The electronic copy that resides on the document control system is the valid document. Any paper document labeled **Uncontrolled** must be verified against the electronic version prior to use.
Uncontrolled When Printed

Tube/Specimen: 2 x 4.0 mL Lavender EDTA (BD#367861)
2 x 500 µL EDTA Microtainer tubes for pediatric patients under 1 year of age
2 x buccal swabs

Requisition: CD0004

Division: Hematopathology - Histocompatibility (HLA)

Instructions: **BMT Donor Typing-**Complete recipient information in the section provided on the requisition (Bone Marrow Transplant-Donor)

Shipping: Transport specimens at room temperature and protect from freezing. Specimens should arrive in the HLA laboratory within 7 days of collection. Specimens arriving after 3 pm on Friday will be processed the next business day.

Notes: For pediatric peripheral blood collections less than 4 mL, additional specimens may be requested by the laboratory if required. For difficult collections, or when clinically warranted, the laboratory may accept lower minimum specimen requirements. Contact the laboratory for further information.

HLA Typing-Multi Organ Transplant Recipient and Donor (HLA-A, B, C, DR, DQ, DP)

Tube/Specimen: 2 x 4.0 mL Lavender EDTA (BD#367861)
2 x 500 µL EDTA Microtainer tubes for pediatric patients under 1 year of age

Requisition: CD0004

Division: Hematopathology - Histocompatibility (HLA)

Instructions: **Recipient Typing-**Complete recipient clinical history in the section provided on the requisition (Multi-Organ Transplant-Recipient Clinical History)

Donor Typing-Complete donor information in the section provided on the requisition (Multi-Organ Transplant- Donor Information)

KPD or CTR: Please indicate if recipient and donor belong to the Kidney Paired Exchange or Canadian Transplant Registry by checking the box provided and indicating the patient's registry number.

Shipping: Transport blood specimens at room temperature and protect from freezing. Specimens should arrive in the HLA laboratory within 7 days of collection. Specimens arriving after 3 pm on Friday will be processed the next business day.

Notes: For pediatric collections less than 4 mL, additional specimens may be requested by the laboratory if required. For difficult collections, or when clinically warranted, the laboratory may accept lower minimum specimen requirements. Contact the laboratory for further information.

HLA Typing Tissue Bank Donor — see HLA Typing-Multi Organ Transplant

Division: Hematopathology - Histocompatibility (HLA)

HLA-H — see Hemochromatosis

Division: Molecular Diagnostics

HMBS — see Acute Intermittent Porphyria gene mutation

HMGCR Antibodies — see Anti-HMGCR Antibodies

Referred Out: In-Common Laboratories

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Homocysteine

Tube/Specimen: 4.0 mL Lavender EDTA (BD#367861). Patient should be fasting.

Referred Out: In-Common Laboratories

Instructions: **Note: Specimen must be spun and separated within 1 hour of collection!**
Centrifuge, aliquot 2.0 mL plasma and **Freeze**.
Outside hospitals may be accessioned.
Patient is preferred to be fasting but is not required.
Send copy of requisition.

Stability: Once centrifuged is 1 day at room temperature, 2 days refrigerated, and more than 2 days frozen.

CIS Mnemonic: HOMO

Homogentisic Acid — see Organic Acid Analysis

Referred Out: IWK Metabolic Lab

HPV DNA

Tube/Specimen: Cervical specimen collected in Preservcyt solution (thin prep)

Requisition: CD0432/CD0433

Division: Microbiology-Immunology

Comments: Testing restricted to Gynecology Oncology Clinic and Dr. Marshall (St. Martha's Hospital).

Shipping: Specimens stable for 3 months at room temperature

CIS Mnemonic: HPV

HTLV 3 — see HIV-1/HIV-2

Division: Virology-Immunology

HTLV-1/HTLV-II Antibody

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002A/ CD0002B

Division: Virology-Immunology

CIS Mnemonic: HTLV

Human Chorionic Gonadotropin — see HCG (Quant), Plasma

Division: Clinical Chemistry - Core

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Uncontrolled When Printed

Human Growth Hormone

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002

Division: Clinical Chemistry - Core

Instructions: Patient must be fasting for 8 hours prior to collection.
Centrifuge specimen within 90 minutes of collection; aliquot and freeze immediately.

Shipping: Freeze immediately and send 1.0 mL frozen serum.

Stability: Frozen: 60 days

Alternate Names: GH
Growth Hormone
HGH

CIS Mnemonic: GH

Human Immunodeficiency Virus — see HIV-1/HIV-2

Division: Virology-Immunology

Human Leukocyte Antigen — see HLA Tissue Typing

Division: Hematopathology – Histocompatibility (HLA)

Human Leukocyte Antigen-H — see Hemochromatosis

Division: Molecular Diagnostics

Hydatid Disease – IHA (Echinococcosis)

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: QE 7125

Division: Microbiology-Immunology

Note: This test will be referred out by the laboratory.

CIS Mnemonic: C REF ID

Hydroxybutyrate — see Beta Hydroxybutyrate

Referred Out: In-Common Laboratories

Hydroxymethylbilane Synthase Gene — see Acute Intermittent Porphyria gene mutation

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Hypereosinophilic Syndrome (Molecular)
(Do not confuse with Hypereosinophilic Syndrom (Flow Cytometry))

Tube/Specimen: 4.0 mL Lavender EDTA (BD#367861) (whole blood) or bone marrow specimen.

Referred Out: Mayo Medical Laboratories

Instructions: Hematopathology Molecular lab will process specimen.

CIS Mnemonic: HES DNA or MS HM RF (Note: Miscellaneous Hematology Referred Out (MS HM RF) is only to be ordered by Molecular Diagnostics technologists after approval. All other staff are to order HES DNA.)

Hypereosinophilic Syndrome (Flow Cytometry)
(Do not confuse with Hypereosinophilic Syndrom (Molecular))

Tube/Specimen: 6.0 mL Dark Green **lithium heparin**, no gel separator (BD#367886) **and** 4.0 mL Lavender EDTA (BD#367861) for CBC and Auto Differential

Division: Hematopathology-Flow Cytometry

Instructions: Specimens should arrive in the Flow Cytometry lab on the same day of collection, however, must arrive within 24 hours of collection and no later than 14:00 on Fridays (or the day before a holiday). The requisition must accompany the specimen to the Flow laboratory.

Shipping: Maintain specimen at room temperature.
An unstained peripheral blood slide, copy of the CBC results with differential, patient diagnosis must accompany all specimens collected outside of the QEII VG site.
Note: For specimens collected outside of the QEII VG site please notify the Flow Cytometry laboratory (902-473-5549) in advance when requesting this test. Provide patient name, health card number and referral hospital contact information.

CIS Mnemonic: Path flow HES (Pathology Flow Cytometry HES (Hyper Eosinophilic Syndrome)

Hypermutation — see IGHV Somatic Hypermutation

Division: Molecular Diagnostics

IDAT — see Type and Screen (ABO/Rh and Antibody Screen)

Division: Transfusion Medicine

Idiopathic Thrombocytopenia Purpura (ITP) — see Autoimmune Thrombocytopenia Purpura

Referred Out: McMaster University HSC

IG gene rearrangement — see B-cell lymphoid clonality

Division: Molecular Diagnostics

IG Heavy Chain — see B-cell lymphoid clonality

Division: Molecular Diagnostics

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IgA

see Immunoglobulin A

Division: Clinical Chemistry – Core

IgD

see Immunoglobulin D

Referred Out: In-Common Laboratories

IgE

see Immunoglobulin E

Division: Clinical Chemistry - Core

IGF-1

see Insulin Like Growth Factor

Division: Clinical Chemistry - Core

IgG

see Immunoglobulin G

Division: Clinical Chemistry - Core

IgG 4 Subclass

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature.
Aliquot 1.0 mL serum into plastic vial. **Freeze** at once.
Send copy of requisition.

CIS Mnemonic: IgG4SC

IgG Subclasses (IgG 1, IgG 2, IgG 3, IgG 4)

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature.
Aliquot 1.0 mL serum into plastic vial. **Freeze** at once.
Send copy of requisition.

CIS Mnemonic: IgGSC

IgG/TCR Gene Rearrangement

Division: Molecular Diagnostics

Alternate Names: TCR Gene Rearrangement

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IGHV mutation status

see IGHV Somatic Hypermutation

Division: Molecular Diagnostics

IGHV Somatic Hypermutation

Tube/Specimen: 4.0 mL Lavender EDTA (BD#367861)
Peripheral blood: 1 tube, minimum volume 1 mL. Stability – 14 days at 4°C.
Bone marrow: 1 tube, minimum volume 1 mL. Stability – 14 days at 4°C.
Tissue: Send in saline at 4°C, or frozen on dry ice. Stability – 12 hours in saline at 4°C, or 7 days frozen.
DNA: Stability – 3 months at 4°C or frozen.

Requisition: CD0046 or CD2573

Division: Molecular Diagnostics

Instructions: Blood/bone marrow must be kept at 4°C, accompanied by requisition. Any specimen referred from outside of Nova Scotia Health Central Zone must also be accompanied by a printout of the CBC results, as it is important to know the white blood cell count prior to extracting the DNA.
Any specimen referred from outside of Nova Scotia must also be accompanied by a flow cytometry report that is less than 2 weeks old.
If multiple Molecular Diagnostics tests are ordered, only 2 tubes of peripheral blood or 1 tube of bone marrow are necessary.

Alternate Names: CLL hypermutation
Somatic hypermutation
Hypermutation
SHM
IGHV mutation status

CIS Mnemonic: NGS IGHV

IgM

see Immunoglobulin M

Division: Clinical Chemistry - Core

IGRA

Tube/Specimen: 6.0 mL Dark Green **lithium heparin**, no gel separator (BD#367886)

Requisition: CD0432/CD0433

Division: Microbiology

Stability: 3 hours at room temperature, refrigerated: 48 hours.

Instructions: Minimum acceptable volume = 5mL.
Send directly to 3rd floor Microbiology.
Initial processing will be done by the Microbiology lab-3rd floor Mackenzie.
Assay testing will be performed by the Microbiology Lab-4th floor Mackenzie.

CIS Mnemonic: IFNG

Imipramine Level

Tube/Specimen: 6.0 mL Plain Red Top, no gel separator (BD#367815)

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Uncontrolled When Printed

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature.
Aliquot serum into plastic vial. **Freeze**.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

Note: Royal Blue Trace Element SERUM tubes (BD#368380) and lavender topped EDTA (plasma) tubes are acceptable.
Must indicate specimen type on aliquot tube (serum or plasma).

CIS Mnemonic: IMI

Immune Mediated Necrotizing Myopathy And Statin Related Myopathy

see Anti-HMGCR

Referred Out: In-Common Laboratories

Immunodeficiency Testing

Tube/Specimen: 6.0 mL Dark Green **lithium heparin**, no gel separator (BD#367886)

Requisition: CD0002C

Division: Hematopathology-Flow Cytometry

Instructions: Specimens should arrive in the Flow Cytometry lab on the same day of collection, however, must arrive within 24 hours of collection and no later than 14:00 on Fridays (or the day before a holiday).
The requisition must accompany the specimen to the Flow laboratory.

Shipping: Maintain specimen at room temperature.

CIS Mnemonic: Path Flow Immunodeficiency (Pathology Flow Cytometry Immunodeficiency Testing)

Immunofixation Electrophoresis (IFE), serum

see Protein Electrophoresis, Serum

Division: Clinical Chemistry - Immunology

Note: First line testing for monoclonal gammopathy should be a serum protein electrophoresis. Immunofixation Electrophoresis (IFE) will be added on by Immunology Laboratory as a reflex test of Serum Protein Electrophoresis as needed.

Immunoglobulin A

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002

Division: Clinical Chemistry - Core

Instructions: Separate serum within 5 hours of collection. Serum stable for 4 months at 2 to 8°C. Freeze and send frozen serum, if longer.

CIS Mnemonic: IGA

Immunoglobulin D

The electronic copy that resides on the document control system is the valid document. Any paper document labeled **Uncontrolled** must be verified against the electronic version prior to use.
Uncontrolled When Printed

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature.
Aliquot 1.0 mL of serum into plastic vial. **Freeze** at once.
Send copy of requisition.

CIS Mnemonic: IGD

Immunoglobulin E

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002

Division: Clinical Chemistry - Core

Shipping: Centrifuge and aliquot within 5 hours of collection.

Stability: 8 hours at room temperature, 3 days at 2 to 8°C and 6 months frozen at -20°C.

CIS Mnemonic: IGE

Immunoglobulin G

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002

Division: Clinical Chemistry - Core

Instructions: Separate serum within 5 hours of collection. Serum stable for 4 months at 2 to 8°C. Freeze and send frozen serum, if longer.

CIS Mnemonic: IGG

Immunoglobulin M

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002

Division: Clinical Chemistry - Core

Instructions: Separate serum within 5 hours of collection. Serum stable for 4 months at 2 to 8°C. Freeze and send frozen serum, if longer.

CIS Mnemonic: IGM

Immunoglobulins (GAM), Serum

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002

Division: Clinical Chemistry - Core

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Uncontrolled When Printed

Instructions: Separate serum within 5 hours of collection. Serum stable for 4 months at 2 to 8°C. Freeze and send frozen serum, if longer.

Alternate Names: Gamma Globulins

CIS Mnemonic: IMM

Immunoglobulins, Heavy

see Immunoglobulins (GAM)

Division: Clinical Chemistry - Core

Immunoglobulins, Free Light Chain

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002

Division: Clinical Chemistry - Immunology

Shipping: Separate serum and freeze. Send frozen serum on dry ice. Send as a separate aliquot with no other testing ordered.

Alternate Names: Free Kappa
Free Lamda

CIS Mnemonic: Ig FLC

Indirect Antiglobulin Test

see Type and Screen (ABO/Rh and Antibody Screen)

Division: Transfusion Medicine

Indirect Bilirubin

see Bilirubin Indirect, Plasma

Division: Clinical Chemistry - Core

Infectious Mononucleosis

see Epstein-Barr Virus

Division: Microbiology-Immunology

Influenza/RSV/Other Viral Respiratory Testing

Tube/Specimen: Nasopharyngeal swab in viral transport media, Bronch wash, nasopharyngeal aspirate, endotracheal aspirate, sputum, lung tissue, pleural fluid

Requisition: CD0432/CD0433

Division: Virology-Immunology

Comments: An algorithm will be followed according to the season and patient location to determine what testing will be performed.
Routine Influenza testing includes Influenza A, Influenza B and RSV.
Viral respiratory testing includes Adenovirus, Parainfluenza virus 1/2/3/4, Enterovirus, Coronavirus 229E/NL63/OC43, Rhinovirus A/B/C, Bocavirus and Human metapneumovirus.

Shipping: Specimens are stable at 2 to 8°C for 3 days, if it will be received >3 days freeze at -70°C and ship on dry ice.

CIS Mnemonic: RESP PCR (influenza A, B, RSV, SARS-COV-2) (for all specimen types except lung tissue and pleural fluid)
MRVP (Viral respiratory testing on all specimen types if criteria for testing met)

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FLUNAAT (lung tissue, pleural fluid)
RAPRESP (COVID STAT Requests)

Note: **Avian influenza requests, a microbiologist must be notified. They will direct the specimen collection type and test request.**

Inhibitor (Non Specific) — see Lupus Anticoagulant Screen

Division: Hematopathology - Coagulation

Inhibitor (Specific) — see Factor VIII C Inhibitor

Division: Hematopathology - Coagulation

Inorganic Phosphorous — see Phosphorous, Plasma

Division: Clinical Chemistry - Core

INR (PT)

Tube/Specimen: 1.8 mL Light Blue buffered sodium citrate (BD#363080). Must be a full draw.

Requisition: CD0002

Division: Hematopathology – Core

Alternate Names: Prothrombin Time

CIS Mnemonic: PT
INR

Insulin

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002

Division: Clinical Chemistry - Core

Instructions: Patients should fast for 8 hours prior to collection. Deliver the specimen to the laboratory within 60 minutes of collection. If this is not possible, then centrifuge and separate serum from the gel separator tube into an aliquot tube within 90 minutes of collection.

Referrals: Separate serum from the gel separator tube into an aliquot tube within 90 minutes of collection. Freeze the separated aliquot and ship frozen.

Stability: Separated serum: 5 days at 2 to 8°C and 14 days at -20°C

CIS Mnemonic: INSUL

Insulin Antibodies

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Referred Out: In-Common Laboratories

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Instructions: Centrifuge at room temperature.
Aliquot 2.0 mL of serum into plastic vial. **Freeze** at once.
Send copy of requisition.

CIS Mnemonic: INSAB

Insulin like Growth Factor-1

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002

Division: Clinical Chemistry – Core

Instructions: Specimen must be centrifuged within 90 minutes.

Shipping: Separate serum and freeze immediately.

Stability: Frozen: 6 months

Alternate Names: IGF-1
Somatomedin-C

CIS Mnemonic: IGF1

Intact PTH

see Parathyroid Hormone Intact

Division: Clinical Chemistry - Core

Interferon-beta Neutralizing Antibodies

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature.
Aliquot 1.0 mL of serum. **Freeze**.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

CIS Mnemonic: NABS

Interleukin 2 Receptor Alpha Chain

Tube/Specimen: 6.0 mL Plain Red Top, no gel separator (BD#367815) (avoid gel separator tubes)

Referred Out: In-Common Laboratories

Instructions: Avoid all biotin supplements for 48 hours prior to specimen collection.
Centrifuge at room temperature.
Aliquot 1.0 mL of serum. **Freeze** at once.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

Stability: Room temperature unacceptable. Refrigerated 24 hours. Frozen 30 days.

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Alternate Names: Soluble CD25
Soluble IL-2 receptor alpha chain
sIL-2R alpha
sIL-2Ra

CIS Mnemonic: IL2R

Interleukin 6 Vitreous Fluid

Tube/Specimen: 1.0 mL Vitreous Fluid collected into sterile container.

Referred Out: In-Common Laboratories

Instructions: Freeze within 30 minutes of collection.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

Stability: Room temperature 30 minutes. Refrigerated unacceptable. Frozen 30 days.

CIS Mnemonic: IL6 VF

Interleukin 10 Vitreous Fluid

Tube/Specimen: 1.0 mL Vitreous Fluid collected into sterile container.

Referred Out: In-Common Laboratories

Instructions: Freeze within 30 minutes of collection.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

Stability: Room temperature 30 minutes, refrigerated unacceptable, frozen 30 days.

CIS Mnemonic: IL10 VF

Intrinsic Factor Antibodies

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature.
Aliquot 3.0 mL of serum into plastic vial. **Freeze** at once.
Send copy of requisition.

CIS Mnemonic: INFAB

INV 16 see Inversion 16

Division: Molecular Diagnostics

Inversion 16

Tube/Specimen: 4.0 mL Lavender EDTA (BD#367861)

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Peripheral blood: Preferably 2 tubes, minimum volume 1 mL. Stability – 14 days at 4°C.
Bone marrow: 1 tube, minimum volume 1 mL. Stability – 14 days at 4°C.
Tissue: Send in saline at 4°C, or frozen on dry ice. Stability – 12 hours in saline at 4°C, or 7 days frozen.
RNA: Stability – 3 months frozen.

Requisition: CD0046 or CD2573

Division: Molecular Diagnostics

Instructions: Blood/bone marrow must be kept at 4°C, accompanied by requisition.
If multiple Molecular Diagnostics tests are ordered, only 2 tubes of peripheral blood or 1 tube of bone marrow are necessary.

Alternate Names: INV 16
CBF beta-MYH11 gene fusion

CIS Mnemonic: Inv 16 RNA

Iodine Plasma

Tube/Specimen: 6.0 mL Royal Blue Trace Element K2 EDTA tube (BD368381).

Referred Out: In-Common Laboratories

Instructions: **Centrifuge ASAP!** Testing cannot be performed on whole blood.
Aliquot plasma into plastic transfer vial. Keep refrigerated.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

CIS Mnemonic: IODINE

Ionized Calcium, Plasma

Tube/Specimen: 3.5 mL Light Green lithium heparin (BD#367961), **must be a full draw**.
Place on ice immediately after collection.
Transport specimen to the lab **immediately**.

Requisition: CD0021

Division: Clinical Chemistry – Core

Instructions: Ideally no tourniquet should be used. Patient should not be allowed to exercise the forearm or pump fist.
Specimens should be placed on ice immediately after collection and must be centrifuged within 2 hours of collection.
Post-spun specimens should be kept cold and **unopened** before analysis.
If specimen cannot be analyzed immediately, it can be stored **unopened** at 2 to 8ºC up to 3 days.

Shipping: Transport spun specimens on cold pack optimally within 24 hours of centrifugation. Do not use dry ice. Do not freeze.
Unspun specimens must be received in lab on ice within 2 hours of collection.

Alternate Names: Calcium Lvl Ionized

CIS Mnemonic: ICA

Iron, Plasma

Tube/Specimen: 3.5 mL Light Green lithium heparin (BD#367961)

Requisition: CD0002

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Division: Clinical Chemistry - Core

Alternate Names: Fe
Iron Binding
Total Iron Binding Capacity

CIS Mnemonic: IRONTIBC (for TIBC or Iron Studies. This test includes UIBC and %Saturation)

Iron Binding Capacity, Plasma — see Iron, Plasma

Division: Clinical Chemistry - Core

Iron Level Liver RO

Tube/Specimen: Specimen may be sent cold in paraffin block, formaldehyde or other preservative. Unpreserved specimens should be stored and sent frozen.

Referred Out: In-Common Laboratories

Instructions: Send copy of requisition.

CIS Mnemonic: FE LIVER

Islet Transplant Program — see PRA/LAS

Referred Out: University of Alberta

Isoelectric Focusing (IEF)

Tube/Specimen: 4.0 mL Lavender EDTA (BD#367861)

Referred Out: IWK Hematology Lab

Instructions: Send to Hematopathology Coagulation lab for processing.

CIS Mnemonic: Miscellaneous Hematology

Isoenzyme, Alkaline Phosphatase — see Alkaline Phosphatase: Isoenzyme

Referred Out: In-Common Laboratories

Isohemagglutinin Titre — see ABO Antibody Titre

Division: Transfusion Medicine

Isopropanol — see Isopropyl Alcohol, Qualitative

Division: Clinical Chemistry - Toxicology

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Isopropyl Alcohol, Qualitative

Tube/Specimen: 6.0 mL Plain Red Top, no gel separator (BD#367815) or 10 mL Plain Red Top

Requisition: CD0002

Division: Clinical Chemistry - Toxicology

Instructions: Use non-alcoholic solutions such as peroxidase, saline or warm water to clean venipuncture site. Do not use alcohol preparations.
This test is time sensitive and requires Clinical Chemistry faculty On-call approval before sending through QEII locating at 902-473-2220. Once approved, send specimen STAT/URGENT to QEII-VG Site CSA. Please contact laboratory at 902-473-5514 to transmit information about specimen and shipment. Ensure specimen bag and transport containers are labelled as STAT. If Routine testing, order and send on the next routine run to the QEII.

Alternate Names: Isopropanol

CIS Mnemonic: ALC QNT

IWK Clinical Genomics

Tube/Specimen: As per requisition

Referred Out: IWK Clinical Genomics

Instructions: Keep specimen at room temperature.
Send copy of requisition.

CIS Mnemonic: Refer to the upper-right section of the IWK Clinical Genomics laboratory requisitions for the corresponding CIS orderable.

IWK Cytogenetics Testing

Tube/Specimen: 4.0 mL Dark Green sodium heparin (BD#367871) or 6.0 mL Dark Green sodium heparin (BD#367878)

Referred Out: IWK Clinical Genomics Lab

Requisition: IWK Constitutional Cytogenetic Karyotype Requisition (available at https://iwkhealth.ca/health-professionals/clinical-genomics)

Instructions: Other specimen types possible see requisition or https://iwkhealth.ca/health-professionals/clinical-genomics for more details.
Send copy of requisition.
Keep specimen at room temperature.

CIS Mnemonic: CYTOGEN (Refer to the upper-right section of the IWK Clinical Genomics laboratory requisitions for the corresponding CIS orderable.)

IWK Molecular Testing

Tube/Specimen: 4.0 mL Lavender EDTA (BD#367861)

Referred Out: IWK Clinical Genomics Lab

Requisition: IWK Constitutional Molecular Requisition

Instructions: Other specimen types possible - see requisition or https://iwkhealth.ca/health-professionals/clinical-genomics for more details.
Send copy of requisition.
Keep specimens at room temperature.

CIS Mnemonic: MOL IWK (Refer to the upper-right section of the IWK Clinical Genomics laboratory requisitions for the corresponding CIS orderable.)

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Uncontrolled When Printed

IWK Microarray Testing

Tube/Specimen: 4.0 mL Lavender EDTA (BD#367861)

Referred Out: IWK Clinical Genomics Lab

Requisition: IWK Postnatal Microarray Requisition (available at https://iwkhealth.ca/health-professionals/clinical-genomics)

Instructions: Other specimen types possible - see requisition or https://iwkhealth.ca/health-professionals/clinical-genomics for more details
Send copy of requisition.
Keep specimens at room temperature.

CIS Mnemonic: MOL IWK (Refer to the upper-right section of the IWK Clinical Genomics laboratory requisitions for the corresponding CIS orderable.)

JAK2 (v6 7f) — see Jak2 gene mutation

Division: Molecular Diagnostics

JAK2 exon 12 — see Next Generation Sequencing - Myeloid panel

Division: Molecular Diagnostics

Jak2 gene mutation

Tube/Specimen: 4.0 mL Lavender EDTA (BD#367861)
Peripheral blood: 1 tube, minimum volume 1 mL. Stability – 14 days at 4°C.
Bone marrow: 1 tube, minimum volume 1 mL. Stability – 14 days at 4°C.
Tissue: Send in saline at 4°C, or frozen on dry ice. Stability – 12 hours in saline at 4°C, or 7 days frozen. Alternatively, send fixed tissue in paraffin block.
DNA: Stability – 3 months at 4°C or frozen.

Requisition: CD0046 or CD2573

Division: Molecular Diagnostics

Instructions: Blood/bone marrow must be kept at 4°C, accompanied by requisition.
Any specimen referred from outside of Nova Scotia Health-Central Zone must also be accompanied by a printout of the CBC results, as it is important to know the white blood cell count prior to extracting the DNA.
If multiple Molecular Diagnostics tests are ordered, only 2 tubes of peripheral blood or 1 tube of bone marrow are necessary.

Alternate Names: Polycythemia vera
Thrombocythemia
JAK2 (v6 7f)

CIS Mnemonic: JAK2 DNA

Jo-1 — see Anti-nuclear antibody

Division: Immunopathology

Joint Fluid — see Synovial Analysis

Division: Hematopathology - Core

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K+ **see Electrolytes (Na, K), Plasma**

Division: Clinical Chemistry - Core

Karyotype Testing for IWK **see IWK Cytogenetics Testing**

Referred Out: IWK Clinical Genomics Lab

Keppra **see Levetiracetam**

Referred Out: In-Common Laboratories

Ketone, Serum **see Beta Hydroxybutyrate**

Referred Out: In-Common Laboratories

Note: Ketone (β-hydroxybutyrate) testing is available as point-of-care (POC) testing on Nova StatStrip meters in select acute care areas, primarily Emergency Departments and Intensive Care Units, where most patients with diabetic ketoacidosis (DKA) are managed. Capillary blood is used for this testing.
When a broader assessment of ketosis is required (e.g., ketogenic diets, starvation, or insulin deficiency), a urinalysis may be requested. This provides a semi-quantitative measurement of urine ketones.
If serum beta-hydroxybutyrate is still specifically required, please contact the Clinical Chemistry lab at 9024736865 to discuss.

Kidney Function Tests **see Creatinine, Plasma; Urea, Plasma; Albumin, Plasma or Uric Acid, Plasma**

Division: Clinical Chemistry - Core

Kininogen **see Fitzgerald Factor**

Referred Out: Hamilton General Hospital

KIT Asp816Val **see Next Generation Sequencing-Myeloid Panel**

Division: Molecular Diagnostics

Kleihauer-Betke

Tube/Specimen: 4.0 mL Lavender EDTA (BD#367861). **Not performed on Males.**

Referred Out: IWK Hematology Lab

Instructions: Keep whole blood refrigerated.
Do Not Centrifuge.
Note: If specimens are from a non-Nova Scotia Health *Central Zone* Hospital; Do not accession and send directly to the IWK Hematology Lab.

CIS Mnemonics: KLE

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Uncontrolled When Printed

KRAS — see Next Generation Sequencing – Solid Tumor panel

Division: Molecular Diagnostics

LA — see Extractable-Nuclear Antibodies

Division: Immunopathology

Lactate Dehydrogenase — see LD, Serum

Division: Clinical Chemistry – Core

Lactate, Plasma

Tube/Specimen: 4.0 mL Grey sodium fluoride (BD#367925), completely filled and kept on ice.

Requisition: CD0002

Division: Clinical Chemistry - Core

Comments: Ensure specimen is well mixed; invert minimum 8 times.
Label tube with patient information with waterproof ink, immerse in a slurry of ice and water and deliver to Processing area within 30 minutes.

Shipping: Separate plasma immediately and no longer than 60 minutes from collection.
Plasma aliquot is stable for 8 hours at 15 to 25ºC or 14 days at 4 to 8ºC.

Alternate Names: Lactic Acid

CIS Mnemonic: LACT

Lactate, Spinal Fluid (CSF)

Tube/Specimen: Sterile plastic screw-top tubes; send immediately to laboratory receiving area within 30 minutes of collection.

Requisition: QE 7850_12_05

Division: Clinical Chemistry - Core

Comments: Specimen volume required: 0.5 mL; 0.1 mL for pediatric population.

Shipping/Referral: Centrifuge promptly and freeze supernatant; specimen is stable for 24 hours refrigerated and 2 months frozen.

Alternate Names: CSF Lactic Acid

CIS Mnemonic: LAC CSF

Lactic Acid — see Lactate, Plasma and Lactate, Spinal Fluid (CSF)

Division: Clinical Chemistry - Core

Lactic Dehydrogenase — see LD, Serum

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Division: Clinical Chemistry - Core

Lamictal — see Lamotrigine

Division: Clinical Chemistry - Toxicology

Lamotrigine

Tube/Specimen: 6.0 mL Plain Red Top, no gel separator (BD#367815) or 10 mL Plain Red Top

Requisition: CD0002

Division: Clinical Chemistry - Toxicology

Instructions: These determinations can be done on micro specimens. Send at least 0.2 mL of serum.
Blood should be collected just prior to the next dose (trough collection).
Specimens should not be collected until the blood concentration is at steady state (3-4 half-lives).

Alternate Names: Lamictal

CIS Mnemonic: LAMOT

Latex Fixation — see Rheumatoid Factor

Division: Clinical Chemistry - Core

LAV — see HIV-1/HIV-2

Division: Virology-Immunology

LCMV (Lymphocytic Choriomeningitis Virus)

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002A/CD0002B

Division: Microbiology-Immunology

Instructions: Clinical data should be indicated on the requisition.

Note: This test will be referred out by the laboratory.

CIS Mnemonic: RMICRO

LD, Fluids

Tube/Specimen: Miscellaneous Body Fluid: 10.0 mL Body Fluid in sterile plastic screw top tubes

Requisition: CD0002

Division: Clinical Chemistry - Core

Shipping: If sending specimen from outside QEII HSC, transport at room temperature.

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Alternate Names: Fluid Lactate Dehydrogenase
Fluid LDH

CIS Mnemonic: LDH FLD

LD, Serum

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002

Division: Clinical Chemistry - Core

Instructions: **Requests for testing will only be processed if clinical details are provided in brackets next to the LD request. The term 'Do not cancel' will not be accepted.**

Alternate Names: Lactate Dehydrogenase

CIS Mnemonic: LDH

LDH

see LD, Serum

Division: Clinical Chemistry - Core

LDL-Cholesterol, Plasma

Tube/Specimen: 3.5 mL Light Green lithium heparin (BD#367961)

Requisition: CD0002

Division: Clinical Chemistry - Core

Instructions: Patient fasting is at the discretion of the ordering physician and must be indicated on the requisition.

Alternate Names: Cholesterol, LDL
Low Density Lipoprotein Cholesterol

CIS Mnemonic: LDL DCT

LEAD, Whole Blood

Tube/Specimen: Royal Blue Trace Element K2 EDTA tube (BD368381).

Referred Out: In-Common Laboratories

Instructions: **Do Not Centrifuge!**
Ship refrigerated. **Do not freeze.**
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

Stability: 20 days at room temperature and 15 months at 2 to 8° C or frozen.

CIS Mnemonic: LEAD

Legionella

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Tube/Specimen: Urine collected in dry sterile container

Requisition: CD0432/CD0433

Division: Virology-Immunology

Note: Ship at room temperature up to 24 hours or 2 to 8°C within 14 days

CIS Mnemonic: LEGAG

Leishmaniasis – IFA

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002A/CD0002B

Division: Virology-Immunology

Instructions: Clinical data should be indicated on the requisition.

Note: This test will be referred out by the laboratory.

CIS Mnemonic: LEISHSER

Leptospirosis PCR

Tube/Specimen: Urine collected in dry sterile container (no preservative), Whole blood 4.0 mL Lavender EDTA, CSF

Requisition: CD0002A/CD0002B

Division: Virology-Immunology

Instructions: Clinical data should be indicated on the requisition.

CIS Mnemonic: LEPTOPCR

Leptospirosis Serology

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002A/CD0002B

Division: Virology-Immunology

Instructions: Clinical data should be indicated on the requisition.

CIS Mnemonic: LEPTO

Leukemia and Lymphoma Screening – Bone Marrow

Tube/Specimen: 6.0 mL Dark Green **lithium heparin**, no gel separator (BD#367886)

Requisition: CD0046

Division: Hematopathology-Bone Marrow

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Instructions: Specimen to be collected at the same time as Bone Marrow Aspiration.
Specimens should arrive in the Flow Cytometry lab on the same day of collection, however, must arrive within 24 hours of collection and no later than 14:00 on Fridays (or the day before a holiday).
Maintain specimen at room temperature.
The requisition must accompany the specimen to the Flow laboratory.

Shipping: An unstained bone marrow slide, peripheral blood slide, patient diagnosis and a copy of the CBC results with differential and requisition must accompany all specimens collected outside the QEII VG site.
Note: For specimens collected outside of the QEII VG site please notify the Flow Cytometry laboratory (902-473-5549) in advance when requesting this test. Provide patient name, health card number and referral hospital contact information.

CIS Mnemonic: Flow Leukemia/Lymphoma Non-blood (Pathology Flow Cytometry Leukemia/Lymphoma Screening - Non-blood)

Leukemia and Lymphoma Screening – Lymph node, Tissue (including Fine Needle Aspirates), CSF and Body Fluids

Please note that these instructions refer only to the portion of the specimen that is being processed for cell surface marker analysis / flow cytometry testing; if the specimens need to be sent for histological, cytopathology, molecular or other specialized testing please ensure that proper collection procedures are followed as well for those tests. These instructions do not provide information on how to best partition the specimen for the different tests.

Tube/Specimen: Lymph Node/Tissue:
The portion of the lymph node or tissue specimen that is being submitted for cell surface marker / flow cytometry analysis is to be collected and immediately placed in RPMI 1640 medium.
CSF:
Cerebrospinal fluid (CSF) specimens with a low number of cells can be collected without RPMI but need to be received by the Flow Cytometry Laboratory within 30 minutes after collection for adequate processing; if there is an expected delay in transport RPMI solution should be added.
Fluids:
Other body fluids including pleural and peritoneal fluids require the addition of RPMI only if the specimen is not being sent immediately to the laboratory.
Note: The time of collection and the time the RPMI solution is added should be indicated on the requisition. The amount of specimen and the amount of RPMI added to the fluid must be indicated on the requisition form. The requisition must accompany the specimen to the Flow laboratory.

Requisition: CD0002C

Division: Hematopathology-Flow Cytometry

Instructions: Specimens collected at the QEII VG site are to be delivered by STAT porter immediately after collection directly to the Flow Cytometry laboratory (Room 216 Mackenzie Building). Please call the Flow Cytometry lab (902-473-5549) as well to notify that a specimen is on the way. Specimens should be received within 30 minutes or less after collection and in the laboratory no later than 14:00 to ensure processing/optimal results. For urgent specimens collected after hours and on the weekend please contact the "Lymph Node Pathologist On-Call" through the operator / locating to facilitate the processing of the specimen.

Specimens collected outside the QEII VG Site must be delivered to the lab as soon as possible to ensure optimal testing. Specimens should arrive no later than 24 hours after collection and be received in the laboratory no later than 14:00. The requisition and slides should accompany the specimen and the tissue type indicated on the requisition. A copy of the CBC results and differential should be sent if available.
Note: Please notify Flow Cytometry Laboratory (902-473-5549) in advance when requesting this test. Provide patient name, health card number and referral hospital contact information.

Shipping: Specimens from outside hospitals may be shipped at room temperature. If the specimen is not shipped on the same day of collection it should be refrigerated at 2 to 8º Celsius. Please note that the specimen should already be placed in RPMI solution.

CIS Mnemonic: Flow Leukemia/Lymphoma Non-blood (Pathology Flow Cytometry Leukemia/Lymphoma Screening - Non-blood)

Leukemia and Lymphoma Screening – Peripheral Blood

The electronic copy that resides on the document control system is the valid document. Any paper document labeled **Uncontrolled** must be verified against the electronic version prior to use.
Uncontrolled When Printed

Tube/Specimen: 6.0 mL Dark Green **lithium heparin**, no gel separator (BD#367886) **and** 4.0 mL Lavender EDTA (BD#367861) for CBC and Auto Differential

Requisition: CD0002C

Division: Hematopathology-Flow Cytometry

Instructions: Specimens should arrive in the Flow Cytometry lab on the same day of collection, however, must arrive within 24 hours of collection and no later than 14:00 on Fridays (or the day before a holiday). The requisition must accompany the specimen to the Flow laboratory.

Shipping: Maintain specimen at room temperature.
An unstained peripheral blood slide, copy of the CBC results with differential, patient diagnosis and requisition must accompany all specimens collected outside of the QEII VG site.
Note: For specimens collected outside of the QEII VG site please notify the Flow Cytometry laboratory (902-473-5549) in advance when requesting this test. Provide patient name, health card number and referral hospital contact information.

CIS Mnemonic: Flow Leukemia/Lympho - Blood (Pathology Flow Cytometry Leukemia/Lymphoma Screening - Blood)

Levetiracetam

Tube/Specimen: 6.0 mL Plain Red Top, no gel separator (BD#367815) collected prior to next dose.

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature.
Aliquot at least 1.0 mL serum. **Freeze.**
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

CIS Mnemonic: LEVET

LH

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002

Division: Clinical Chemistry – Core

Shipping: Separate serum within 5 hours of collection. Serum stable for 7 days at 2 to 8°C. Freeze and send frozen serum, if longer.

Alternate Names: Luteinizing Hormone
Pituitary Gonadotropins

CIS Mnemonic: LH

Lipase, Plasma

Tube/Specimen: 3.5 mL Light Green lithium heparin (BD#367961)

Requisition: CD0002

Division: Clinical Chemistry - Core

Shipping: If sending specimen from outside QEII HSC transport frozen plasma on dry ice.

CIS Mnemonic: LIPASE

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Uncontrolled When Printed

Lipid Profile

see Cholesterol, Plasma

Division: Clinical Chemistry - Core

Lipid Screen

see Cholesterol, Plasma

Division: Clinical Chemistry - Core

Lipid Testing

see Cholesterol, Plasma

Division: Clinical Chemistry - Core

Lipoprotein (a) (LP(a))

(Do not confuse with APO A1 or B)

Tube/Specimen: 4.0 mL Gold SST (BD#367977)
Fasting is recommended by the testing site for best results, however not required.

Referred Out: In-Common Laboratories

Instructions: Centrifuge within 4 hours of collection and aliquot 1.0 mL serum into plastic vial within 8 hours of collection.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

Stability: Room temperature 24 hours, refrigerated at 2 to 8°C for 7 days and frozen for 6 months.

CIS Mnemonic: LPA

Lithium

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002

Division: Clinical Chemistry - Core

CIS Mnemonic: LITH

Lithium, Whole Blood

(Do not confuse with Lithium, RBC-no longer available)
(Ordering physician must specify)

Tube/Specimen: Royal Blue Trace Element K2 EDTA tube (BD368381).

Referred Out: In-Common Laboratories

Instructions: **Do Not Centrifuge!** Cannot be tested on plasma.
Ship refrigerated. **Do not freeze.**
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

CIS Mnemonic: LITH WB

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Liver FE, Liver Iron — see Iron Level Liver RO

Referred Out: In-Common Laboratories

Liver Kidney Microsomal Antibodies (LKM)

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Referred Out: In-Common Laboratories

Instructions: Aliquot serum and **freeze**.
Send copy of requisition.

CIS Mnemonic: LKMAB

Long Chain Fatty Acid — see Very Long Chain Fatty Acid

Referred Out: In-Common Laboratories

Low Density Lipoprotein — see LDL-Cholesterol, Plasma

Division: Clinical Chemistry – Core

Ludiomil — see Maprotiline Level

Referred Out: In-Common Laboratories

Lung Molecular Panel — see Next Generation Sequencing – Solid Tumor panel

Division: Molecular Diagnostics

Lupus Anticoagulant Screen

Tube/Specimen: **Two** 2.7 mL Light Blue buffered sodium citrate (BD#363083). Tubes must be a full draw.

Requisition: CD0002

Division: Hematopathology - Coagulation

Comments: Includes screening and confirmatory evaluations to detect Lupus Anticoagulants. This is not the same as an anticardiolipin antibody test, which is often referred to as antiphospholipid antibody as well.

Referrals: Send 2 frozen aliquots of 1.0 mL platelet-poor plasma (see Coagulation Testing under Specimen Handling Information) in polypropylene vials (12x75).

Alternate Names: Inhibitor (Non Specific)

CIS Mnemonic: LAC

Luteinizing Hormone — see LH

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Division: Clinical Chemistry - Core

Lyme Antibodies

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002A/CD0002B

Division: Virology-Immunology

Instructions: All Lyme requests will have Anaplasma testing completed. Anaplasma will be added by a rule upon receipt in Micro.

Alternate Names: Anti Borrelia Antibodies
Borrelia Antibodies
Borrelia – Lyme

CIS Mnemonic: LYME

Lymphoma Protocol — see B-cell lymphoid clonality

Division: Molecular Diagnostics

Lymphoma Protocol — see T-cell lymphoid clonality

Division: Molecular Diagnostics

Lysosomal Acid Lipase Activity

Tube/Specimen: 4.0 mL Lavender EDTA (BD#367861). Whole Blood – **Do Not Centrifuge**.

Referred Out: In-Common Laboratories

Instructions: Send to VG CSA; will be frozen upon arrival.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

CIS Mnemonic: LALAB

Lytes — see Electrolytes (Na, K), Plasma

Division: Clinical Chemistry - Core

Lytes, Stool — see Fecal Electrolytes

Referred Out: In-Common Laboratories

L-Asparaginase, Serum

Tube/Specimen: 6.0 mL Plain Red Top, no gel separator (BD#367815) (Avoid gel separator tubes)

Referred Out: In-Common Laboratories

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Instructions: Centrifuge and aliquot 3.0 mL serum into plastic vial.
Note: Transport on ice or frozen unless the specimen can arrive at Referred-out bench within 2 hours of collection.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

Stability: Room temperature 2 hours, refrigerated at 2 to 8°C for 5 days and frozen for 6 months (at -80°C).

CIS Mnemonic: ASPAR

Macroprolactin

Tube/Specimen: One 4.0 mL Gold SST (BD#367977)

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature and aliquot serum into two separate aliquots of at least 1.0 mL each. **Freeze!**
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

CIS Mnemonic: MACPROL

MAG

see Myelin Associated Glycoprotein Antibody

Referred Out: In-Common Laboratories

Magnesium, Plasma

Tube/Specimen: 3.5 mL Light Green lithium heparin (BD#367961)

Requisition: CD0002

Division: Clinical Chemistry – Core

CIS Mnemonic: MG

Magnesium, Random Urine or 24-Hour Urine

Tube/Specimen: Random collection using a mid-stream technique to eliminate bacterial contamination or 24-hour urine collection (preferred) in a plain container.

Requisition: CD0002

Division: Clinical Chemistry - Core

Instructions: Specimen required: 4 mL urine aliquot from a pH adjusted and well-mixed collection.
Record Total Volume of the 24-hour urine on both the aliquot and the requisition.
Record the 'Original Container Type' on the requisition as Plain, Acid or Sodium Carbonate.
Refer to Appendix A for pH adjustment instructions.
It is not acceptable to add preservative to an aliquot.

Stability: Room temperature 1 day, 2 to 8ºC (preferred) for 7 days and frozen for 2 weeks.

CIS Mnemonic: MG 24U
MG RU

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Malarial Parasites

Tube/Specimen: 4.0 mL Lavender EDTA (BD#367861)

Division: Hematopathology – Microscopy

Comments: Analysis includes CBC, Manual Differential, Malarial rapid Screen, & Malarial Thick & Thin Smear Review.

Instructions: EDTA specimens are acceptable if received in the Core Lab within 4 hours of collection; otherwise 4 Thick and 4 Thin smears are required.

Stability: EDTA specimen: 4 hours at room temperature.

Order info: Powerchart- Malaria Investigation

Manganese, Plasma

Tube/Specimen: 6.0 mL Royal Blue Trace Element K2 EDTA (BD368381)

Referred Out: In-Common Laboratories

Instructions **Centrifuge ASAP!**
Aliquot 3.0 mL plasma into plastic transfer vial. **Freeze.**
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

Utilization: Plasma manganese is used for potential nutritional deficiency.

Stability: 20 days at room temperature and 14 months at 2 to 8° C or frozen.

CIS Mnemonic: MANG P

Manganese, Whole Blood

Tube/Specimen: 6.0 mL Royal Blue Trace Element K2 EDTA (BD368381)

Referred Out: In-Common Laboratories

Instructions **DO NOT Centrifuge!**
Ship refrigerated. **Do not freeze.**
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

Utilization: Blood manganese is used for toxicity.

Stability: 20 days at room temperature and 14 months at 2 to 8° C or frozen.

CIS Mnemonic: MANG WB

Maprotiline Level

Tube/Specimen: 6.0 mL Plain Red Top, no gel separator (BD#367815)

Referred Out: In-Common Laboratories

Instructions Centrifuge at room temperature.
Aliquot serum into plastic vial and **freeze**.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals

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Send copy of requisition.

Note: Royal Blue Trace Element SERUM tubes (BD368380) and lavender topped EDTA plasma tubes are acceptable; indicate specimen type on tube.

CIS Mnemonic: MAPROT

Maternal Serum Testing

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Referred Out: IWK Laboratory

Instructions Send directly to IWK refrigerated. Do not send to Referred-out and Research bench.

CIS Mnemonic: MATSCRN1 (1ST Trimester) or MATSCRN2 (2nd Trimester)

Measles Antibody

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002A/CD0002B

Division: Virology-Immunology

Instructions: Indicate on requisition whether immune status (IgG) or recent infection (IgM) is required.

Alternate Names: Rubeola

CIS Mnemonic: MEA IGM (IgM Diagnosis)
MEA IGG (IgG Immunity)

Measles PCR

Tube/Specimen: Urine collected in dry sterile container, nasopharyngeal swab collected in UTM or throat swab collected in UTM

Requisition: CD0432/CD0433

Division: Virology-Immunology

Shipping: Swabs are stable at 2 to 8°C for 2 days, urine is stable at 2 to 8°C for 24 hours. If longer freeze and ship frozen.

CIS Mnemonic: MEASLES

Melanoma Associated Retinopathy Panel (MARP) see Anti-Retinal Autoantibody

Referred Out: Mayo Medical Laboratories

Mellaril see Thioridazine Level

Referred Out: In-Common Laboratories

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Mercury

Tube/Specimen: 6.0 mL Royal Blue Trace Element K2 EDTA (BD#368381)

Referred Out: In-Common Laboratories

Instructions **Do Not Centrifuge**; cannot be tested on plasma.
Do Not Freeze. Ship refrigerated.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

CIS Mnemonic: MERC WB

Mercury Level, Random Urine or 24-Hour Urine

Tube/Specimen: Random collection using a mid-stream technique to eliminate bacterial contamination or 24-hour urine collection (preferred) in a plain container.

Referred Out: In-Common Laboratories

Instructions: Specimen required: 15 mL urine aliquot from well-mixed collection.
Record Total Volume of the 24-hour urine on both the aliquot and the requisition.
Record the 'Original Container Type' on the requisition as Plain, Acid or Sodium Carbonate.
Avoid seafood consumption for 5 days prior to collection.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

Stability: Room temperature 1 day, 2 to 8ºC (preferred) for 3 months and frozen for 1 year.

CIS Mnemonic: MERC 24U
MERC RU

Metanephrines, 24 Hour Urine

Tube/Specimen: 24 hour urine collected with 25 mL of 6 mol/L (6N) HCL. Refrigerate during collection.

Referred Out: In-Common Laboratories

Instructions: Refer to instructions on dietary restrictions and collection instructions in the provided pamphlet.
Specimen required: 50 mL urine aliquot of pH adjusted and well-mixed collection.
Record Total Volume of the 24-hour urine on both the aliquot and the requisition.
Record the 'Original Container Type' on the requisition as Plain, Acid or Sodium Carbonate.
Refer to Appendix A for pH adjustment instructions.
Send copy of requisition.

Stability: 2 to 8ºC for 2 months or frozen for 90 days.

CIS Mnemonic: METAN 24U

Metanephrines, Plasma

Note: Plasma Metanephrines testing is no longer offered at NSH Central Zone. Please refer to **Metanephrines, 24 Hour Urine** as a surrogate.

Met HB

see Methemoglobin

Division: Clinical Chemistry - Core

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Methanol

Tube/Specimen: 6.0 mL Plain Red Top, no gel separator (BD#367815) or 10 mL Plain Red Top

Requisition: CD0002

Division: Clinical Chemistry - Toxicology

Instructions: Use non-alcoholic solutions such as peroxidase, saline or warm water to clean venipuncture site. Do not use alcohol preparations.
This test is time sensitive and requires Clinical Chemistry faculty On-call approval before sending through QEII locating at 902-473-2220. Once approved, send specimen STAT/URGENT to QEII-VG Site CSA. Please contact laboratory at 902-473-5514 to transmit information about specimen and shipment. Ensure specimen bag and transport containers are labelled as STAT. If Routine testing, order and send on the next routine run to the QEII.

Comments: Analysis includes quantitation of Formic Acid, the primary toxic metabolite of Methanol.

Alternate Names: Methyl Alcohol
Formic Acid

CIS Mnemonic: ALC QNT

Methemoglobin

Tube/Specimen: 6.0 mL Dark Green lithium heparin, no gel separator (BD#367886) **whole blood on ice** (tube must be full).

Requisition: CD3211_05 – 2022

Division: Clinical Chemistry - Core

Comments: Label barrel or tube with patient information in waterproof ink, immerse in slurry of ice and water and deliver to Processing Area within 30 minutes.

Shipping: If sending specimen from outside QEII HSC, notify Laboratory at 473-4340 when specimen is in transport and when it is expected.
Specimen must be kept cold but not frozen.

Alternate Names: Met Hb

CIS Mnemonic: METHB

Methotrexate

Tube/Specimen: 4.0 mL Dark Green lithium heparin, no gel separator (BD#367884)

Requisition: CD0002

Division: Clinical Chemistry - Core

Instructions: These determinations can be done on micro specimens. Send at least 0.1 mL of serum for each.
Blood should be collected at various time intervals, according to the protocol being used.
Specimen should be protected from the light (wrap the tube in tin foil).

Stability: 72 hours at room temperature; 14 days at 2 to 8°C; 28 days frozen

Alternate Names: Celontin

CIS Mnemonic: MTX

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Methyl Alcohol — see Methanol

Division: Clinical Chemistry - Toxicology

Methylmalonic Acid Quantitative

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Referred Out: Mayo Medical Laboratories

Instructions: Centrifuge at room temperature.
Aliquot 1.5 mL of serum into plastic vial and **freeze at once**.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

Stability: 48 days frozen.

CIS Mnemonic: MMA

MHA-TP — see Syphilis Serology

Division: Virology-Immunology

Microalbumin, Urine — see Albumin, Urine

Division: Clinical Chemistry - Core

Microarray Testing for IWK — see IWK Molecular Testing

Referred Out: IWK Clinical Genomics Lab

Microfilaria — see Hem Microorganism

Division: Hematopathology-Microscopy

Microglobulin, Beta 2, Urine — see Beta 2 Microglobulin, Urine

Referred Out: In-Common Laboratories

Microsatellite Instability Testing — see MSI

Division: Molecular Diagnostics

Microsomal Antibodies — see Anti-Thyroid Peroxidase Antibodies

Division: Clinical Chemistry - Core

Mitotane

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Tube/Specimen: 6.0 mL Plain Red Top, no gel separator (BD#367815)

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature.
Aliquot 1.0 mL of serum into plastic vial.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

Stability: 7 days at 2 to 8°C; 6 months frozen.

CIS Mnemonic: MITOTANE

Mix (50-50) **see PT 50% Mix or PTT 50% Mix**

Division: Hematopathology - Coagulation

MLPA **see CLL MLPA**

Division: Molecular Diagnostics

MMF **see Mycophenolate**

Division: Clinical Chemistry - Toxicology

Mofetil **see Mycophenolate**

Division: Clinical Chemistry - Toxicology

Molecular Testing for IWK **see IWK Molecular Testing**

Referred Out: IWK Clinical Genomics Lab

Mono **see Epstein-Barr Virus**

Division: Microbiology-Immunology

Monosialoganglioside GM1 (IgM) **see GM1 Ganglioside Antibody**

Referred Out: In-Common Laboratories

Monospot **see Epstein-Barr Virus**

Division: Microbiology-Immunology

MPA **see Mycophenolate**

Division: Clinical Chemistry - Toxicology

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MPL

see Next Generation Sequencing – Myeloid panel

Division: Molecular Diagnostics

MPL exon 10 mutation

see Next Generation Sequencing – Myeloid panel

Division: Molecular Diagnostics

Mpox Virus PCR

Tube/Specimen: Swab collected in UTM, aspirate, tissue

Requisition: CD0432/CD0433

Division: Virology-Immunology

Shipping: Specimens are stable at 2 to 8°C for 3 days. If longer freeze and ship frozen.

CIS Mnemonic: SYMPX

MSI

Tube/Specimen: Tissue in paraffin block.

Requisition: CD2573

Division: Molecular Diagnostics

Instructions: To be ordered only by a Nova Scotia Health Central Zone pathologist.

Alternate Names: Microsatellite instability testing

MTHFR gene mutation

Requisition: IWK Clinical Genomics

Instructions: Do not accession; send directly to IWK Clinical Genomics lab.

Comment: Test is not performed at the QEII. Referring hospitals are to send specimens directly to the IWK Clinical Genomics lab to prevent delay in results.

Alternate Names: Methylenetetrahydrofolate reductase

CIS Mnemonic: None

Mucopolysaccharide Screen, Urine (Polysaccharide Screen) (Acid Mucopolysaccharide)

Tube/Specimen: Collect a random urine specimen; first morning collection preferred.

Referred Out: In-Common Laboratories

Instructions: Aliquot 5 mL of well mixed urine; **freeze**.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals

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Uncontrolled When Printed

Send copy of requisition.

Stability: Not stable at room temperature; 2 to 8°C for 1 week and frozen >1 week.

Note: Provide age, gender and clinical history to facilitate interpretation of analytical findings and recommendation for further testing or consultation.

CIS Mnemonic: MUCO RU

Mumps Antibody

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002A/CD0002B

Division: Microbiology-Immunology

CIS Mnemonic: MUMP IGG (IgG Immunity)
MUMP IGM (IgM Diagnosis)-only performed upon request from Public Health, all others will be canceled and be tested for Mumps IgG

Mumps PCR

Tube/Specimen: Urine collected in dry sterile container and buccal swab collected in UTM

Requisition: CD0432/CD0433

Division: Virology-Immunology

Shipping: Swabs are stable at 2 to 8°C for 2 days, urine is stable at 2 to 8^{0}C for 24 hours. If longer freeze and ship frozen.

CIS Mnemonic: MPS

Muscle Autoimmune Myositis Panel

see Myositis Panel - 20 Antibodies or Comprehensive Myositis Panel - 21 Antibodies, Serum

Referred Out: In-Common Laboratories

Mutation analysis of BCR-abl transcripts (BCR-ABL Mutation, ABL Kinase domain mutation)

see Next Generation Sequencing-Myeloid Panel

Division: Molecular Diagnostics

MYC FISH

Tube/Specimen: Tissue in paraffin block

Requisition: CD2573

Division: Molecular Diagnostics

Instructions: To be ordered only by a Nova Scotia Health Central Zone pathologist.

Mycobacteriology Referred-out Identification, M. leprae request, Susceptibility, Genotyping Services

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Tube/Specimen: Isolate or Mgit Suspension, Identification, M. leprae testing request (skin scraping slides and or tissues on slide or block)

Referred Out: National Reference Centre for Mycobacteriology (NRCM)

Instructions: Susceptibility, Genotyping Services M. tuberculosis (MTB) shipped with Category A requirements
Non MTB shipped as Biological Substances Category B
Remaining shipped as Exempt Human Specimens
National Reference Centre for Mycobacteriology (NRCM) requisition

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Mycobacteriology Referred-out specimens for Mycobacterium leprae (skin scraping slides and or Tissue on slide or block)

Tube/Specimen: Skin scraping slides and or tissues on slide or block

Referred Out: NHDP

Instructions: Shipped as Exempt Human Specimens
National Hansen's Disease Programs (NHDP) requisition

CIS Mnemonic: ROSP

Mycology (Sporothrix, Coccidioides immitis, Cryptococcus, Histoplasma capsulatum, Blastomyces dermatitidis, Aspergillosis)

Tube/Specimen: Isolate

Referred Out: National Centre for Mycology

Instructions: Primarily shipped as Biological Substances category B. If classified as Category A, appropriate handling occurs.
Specimens are shipped mainly for identification, confirmation of identification or susceptibility.

Mycology (18S)

Tube/Specimen: Isolate

Division:: Virology-Immunology

Shipping: Amies swabs are stored at 4˚C, fluids/tissues may be stored at 4˚C for up to 24 hours then freeze at -20˚C.

CIS Mnemonic: 18S

Mycophenolate

Tube/Specimen: 4.0 mL Lavender EDTA (BD#367861)

Requisition: CD0002

Division: Clinical Chemistry - Toxicology

Instructions: This determination can be done on micro specimens when necessary.
Centrifuge at room temperature within 2 hours of collection and aliquot a minimum of 0.2 mL of plasma into a plastic vial.

Stability: Plasma: 1 week at 2 to 8 ºC and frozen for 6 months.
Whole Blood: 2 hours at room temperature. Refrigerated and frozen specimens are not acceptable.

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Comments: Pre-dose specimen is required.

Alternate Names: MPA
MMF
CellCept
Mofetil

CIS Mnemonic: MYCO

Mycoplasma genitalium

Tube/Specimen: Aptima Multitest swab, urine collected in dry sterile container.

Requisition: CD0432/CD0433

Division: Virology-Immunology

Shipping: Swabs are stable at 2 to 30^{0}C for 60 days, urine is stable at 2 to 30^{0}C for 24 hours.

CIS Mnemonic: MYGEN

Mycoplasma PCR

Tube/Specimen: Amies swab, Throat (specimen of choice) or Nasopharyngeal swab

Requisition: CD0432/CD0433

Referred out: IWK Microbiology Lab

Instructions: Clinical data should be indicated on the requisition.

CIS Mnemonic: MPPCR

MYD88 see Next Generation Sequencing – Myeloid panel

Division: Molecular Diagnostics

Myelin Associated Glycoprotein (MAG) Antibody

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature.
Aliquot serum and **freeze**.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

Stability: Room temperature 4 days; refrigerated at 2 to 8 ºC for 7 days and frozen >6 months.

CIS Mnemonic: AMAG

Myelin Oligodendrocyte Glycoprotein (MOG) Antibody see Neuromyelitis Optica (NMO_IgG)

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Referred Out: In-Common Laboratories

Myeloma Screen, Serum & Plasma — see Protein Electrophoresis, Serum

Division: Clinical Chemistry - Immunology

Myositis Panel - 20 Antibodies or Comprehensive Myositis Panel - 21 Antibodies, Serum

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Referred Out: In-Common Laboratories

Instructions: Aliquot at least 1.0 mL of serum (3.0 mL preferred). **Freeze** aliquot.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

Stability: Room temperature 8 hours; refrigerated 14 days and frozen 30 days.

Alternate Names: Anti-Mup44/NT5C1
Autoimmune Inflammatory Myopathy/Myositis Profile
Autoimmune Muscle Disease Profile
Muscle Autoimmune Myositis Panel

CIS Mnemonic: MYOAP (Myositis Panel - 20 Antibodies)
CMYOPS (Comprehensive Myositis Panel - 21 Antibodies)
The Comprehensive Myositis Panel (21 Antibodies) includes Anti-HMGCR in addition to the Myositis Panel (20 Antibodies).
"Comprehensive" or "HMGCR" must be indicated on the requisition for Anti-HMGCR to be included.

Mysoline — see Primidone Level

Referred Out: In-Common Laboratories

N-Acetylprocainamide — see Procainamide/NAPA Level

Referred Out: In-Common Laboratories

N-Methylhistamine, 24-Hour Urine

Tube/Specimen: 24-hour urine collection in a plain container. Preservative 6M Hydrochloric Acid or Sodium Carbonate is acceptable. Refrigerate during collection.

Referred Out: In-Common Laboratories

Instructions: Specimen required: 5 mL urine aliquot of well-mixed collection.
Record Total Volume on both the aliquot and the requisition.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

Stability: Room temperature for 14 days, refrigerated or frozen for 28 days.

CIS Mnemonic: NMHR 24U

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N-Methylhistamine, Random Urine

Tube/Specimen: Random collection using a mid-stream technique to eliminate bacterial contamination.

Referred Out: In-Common Laboratories

Instructions: Specimen required: 5 mL urine aliquot of well-mixed collection.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

Stability: Room temperature for 14 days, refrigerated or frozen for 28 days.

CIS Mnemonic: NMHR RU

Na+ — see Electrolytes (Na, K), Plasma

Division: Clinical Chemistry - Core

NAAT testing for Microbiology Donor Transplant

Tube/Specimen: **Two** 4.0 mL Lavender EDTA (BD#367861)

Requisition: CD0002A/CD0002B

Division: Virology-Immunology

Instructions: This assay includes HIV, HCV and HBV qualitative tests and is only available for live organ donors or tissue bank donors. All others will be rejected.
Tissue bank specimens from Nova Scotia or New Brunswick and live donor specimens from New Brunswick are sent to Micro MPA for accessioning.
Only live donors from Nova Scotia will be accessioned in CSA.
Send whole blood to 4th floor Microbiology for processing. Send copy of requisition.

CIS Mnemonic: NAAT

NABS — see Interferon beta Neutralizing Antibodies

Referred Out: In-Common Laboratories

Neonatal Alloimmune Thrombocytopenia

Tube/Specimen: **From Mother and Father:** **Six** 6.0 mL Yellow ACD glass (BD#364816) or **twelve** 2.7 mL Light Blue buffered sodium citrate (BD#363083) and **two** 6.0 mL Plain Red Top, no gel separator (BD#367815)
From Baby: One (2.0 mL) lavender topped EDTA tube.
Note: Store and ship at room temperature. Completed McMaster patient requisition must accompany sample.
https://transfusionresearch.healthsci.mcmaster.ca/wp-content/uploads/2025/11/Patient-Requisition-Form-v2025-11.docx

Referred Out: McMaster University HSC

Instructions: Send to Hematopathology Coagulation lab for processing.

CIS Mnemonic: Miscellaneous Hematology Referred Out

Neoral — see Cyclosporine

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Division: Clinical Chemistry - Toxicology

Neuromyelitis Optica (NMO_IgG), CSF

Tube/Specimen: Minimum 1.0 mL CSF.

Referred Out: In-Common Laboratories

Instructions: Aliquot in plastic vial. **Freeze at once.**
Do not accession or refer for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

Stability: Room temperature 4 days; refrigerated at 2 to 8 ºC for 7 days and frozen >6 months.

CIS Mnemonic: NMOG CSF

Neuromyelitis Optica (NMO_IgG), Serum

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature.
Aliquot 2.0 mL serum into plastic vial. **Freeze**.
Do not accession or refer for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

Stability: Room temperature 4 days; refrigerated at 2 to 8 ºC for 7 days and frozen >6 months.

CIS Mnemonic: NMOG

Neurontin — see Gabapentin Level

Referred Out: In-Common Laboratories

Neutrophil Oxidative Burst — see Dihydrohodamine (DHR)

Referred Out: Mayo Medical Laboratories

Next Generation Sequencing – Myeloid Panel

Tube/Specimen: 4.0 mL Lavender EDTA (BD#367861)
Peripheral blood: 1 tube, minimum volume 1 mL. Stability – 14 days at 4°C.
Bone marrow: 1 tube, minimum volume 1 mL. Stability – 14 days at 4°C.
Tissue: Send in saline at 4°C, or frozen on dry ice. Stability – 12 hours in saline at 4°C, or 7 days frozen.
DNA: Stability – 3 months at 4°C or frozen.

Requisition: CD0046 or CD2573

Division: Molecular Diagnostics

Instructions: Blood/bone marrow must be kept at 4°C, accompanied by requisition.
Any specimen referred from outside of Nova Scotia Health Central Zone must also be accompanied by a printout of the CBC results, as it is

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Uncontrolled When Printed

important to know the white blood cell count prior to extracting the DNA.
If multiple Molecular Diagnostics tests are ordered, only 2 tubes of peripheral blood or 1 tube of bone marrow are necessary.

Alternate Names: ABL Kinase domain mutation
BCR-ABL Mutation
CALR
JAK2 exon 12
KIT Asp816Val
MPL
MPL exon 10 mutation
Mutation Analysis of BCR-abl transcripts
MYD88
NGS
QBCRA-Mutation Analysis
TP53 mutation

CIS Mnemonic: NGSAML
NGSCLL DNA
NGSCMLR DNA
NGS CMML DNA
NGSHCL
NGSLymph
NGSMCL
NGSMast
NGSMDS
NGSMPN
NGS VEXAS (UBA1)

Next Generation Sequencing - Solid Tumor Panel

Tube/Specimen: Tissue in paraffin block.

Requisition: CD2573

Division: Molecular Diagnostics

Instructions: To be ordered only by a Nova Scotia Health Central Zone pathologist.

Alternate Names: BRAF
KRAS
Lung Molecular Panel

NGS

see Next Generation Sequencing-Myeloid Panel

Division: Molecular Diagnostics

Niacin

see Vitamin B3

Referred Out: In-Common Laboratories

Nicotinic Acetylcholine Receptor Antibody

see Acetylcholine Receptor Antibodies

Referred Out: In-Common Laboratories

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NMDA (NR1) Receptor Antibody, Serum or CSF

Tube/Specimen: 4.0 mL Gold SST (BD#367977) or 3.0 mL CSF

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature and aliquot at least 1.0 mL serum into plastic vial. **Freeze.**
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

Stability: Room temperature 4 days; refrigerated at 2 to 8 ºC for 7 days and frozen >6 months.

CIS Mnemonic: NMDA
NMDA CSF

Noradrenaline — see Catecholamines, Total Plasma

Referred Out: In-Common Laboratories

Nordoxepin — see Doxepin Level

Referred Out: In-Common Laboratories

Norepinephrine — see Catecholamines, Total Plasma

Referred Out: In-Common Laboratories

Norepinephrine, Urine — see Catecholamines, 24 Hour Urine

Division: In-Common Laboratories

Norfluoxetine — see Fluoxetine Level

Referred Out: In-Common Laboratories

Norovirus PCR

Tube/Specimen: Stool collected in dry sterile container.

Requisition: CD0432/CD0433

Division: Virology-Immunology

Comments: Assay tests for Rotavirus and Adenovirus as well.

Shipping: Specimens are stable at 2 to 8°C for 3 days. If longer freeze and ship frozen.

CIS Mnemonic: RAN

Nortriptyline — see Amitriptyline

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Referred Out: In-Common Laboratories

NT-ProBNP

Tube/Specimen: 3.5 mL Light Green lithium heparin (BD#367961)

Requisition: CD0002A or CD0002B

Division: Clinical Chemistry - Core

Instructions: Centrifuge at room temperature within 2 hours after collection.
Shipping from other zones: Serum; aliquot 2.0 mL into a plastic vial. Store and send at -20°C

Stability: 6 days at 2 to 8°C; 1 year at -20°C

Comments: The test will be canceled if a repeat request is made within 6 months of previous, unless for specific clinical reasons, "Do not cancel NT-ProBNP (or BNP)" is written on the requisition form.

Alternate Names: N-terminal B-Type natriuretic peptide (BNP)

CIS Mnemonic: NTPBNP

Nuclear Factor see Anti-Nuclear Antibody

Division: Immunopathology

Occult Blood, Stool

Tube/Specimen: Random stool collection

Requisition: CD0002

Division: Clinical Chemistry - Core

Instructions: Amount Required: Smear of stool on hemoccult card

Comments: Specimen is smeared on hemoccult card by patient or nursing staff. Specimens in other containers will not be accepted. Patients should follow a high fiber diet for 3 days prior to and during collection. All meats, turnip, horseradish, gravy, meat drippings, iron pills and vitamin C preparations should be restricted.

CIS Mnemonic: FOB

Oligoclonal Bands

Tube/Specimen: Minimum 1.0 mL CSF and a minimum 1.0 mL of serum (plain red or gold topped tube), ideally collected at the same time. However, specimens collected within 3 weeks with no intervention are acceptable.
Both specimens are required for testing.

Referred Out: In-Common Laboratories

Instructions: CSA (VG & HI sites): Centrifuge, aliquot and freeze serum in the CSA receiving area.
Centrifuge, aliquot and **freeze** at least 1.0 mL serum.
Freeze at least 1.0 mL CSF.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Testing includes immunoglobulins.
Send copy of requisition.

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Uncontrolled When Printed

CIS Mnemonic: OLBAN CS

Organic Acid Analysis, Urine

Tube/Specimen: 10.0 mL random urine. Collection should be a “clean catch” technique to minimize bacterial contamination.

Referred Out: IWK Metabolic Lab

Instructions: **Freeze**.
Timed specimens are accepted (8-hour, 12-hour or 24-hour collections)
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals; send directly to the IWK Metabolic Lab

CIS Mnemonic: ORGAT RU

Osmolality, Fecal

Tube/Specimen: 5.0 mL random stool specimen in naturally liquid form.

Referred Out: In-Common Laboratories

Instructions: Formed stool not acceptable.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

CIS Mnemonic: OSMO ST

Osmolality, Plasma

Tube/Specimen: 3.5 mL Light Green lithium heparin (BD#367961)

Requisition: CD0002

Division: Clinical Chemistry - Core

CIS Mnemonic: OSMO

Osmolality, Random or 24-Hour Urine

Tube/Specimen: Random collection using mid-stream technique to eliminate bacterial contamination in a plain container (preferred), or 24-hour urine collection in a plain container.

Requisition: CD0002

Division: Clinical Chemistry - Core

Instructions: Specimen required: 4 mL urine aliquot from well-mixed collection.
Record the ‘Original Container Type’ on the requisition as Plain, Acid or Sodium Carbonate.

Stability: Room temperature for 3 hours, 2 to 8ºC (preferred) for 7 days and frozen for 2 weeks.

CIS Mnemonic: OSMO RU
OSMO 24U

Osteocalcin

The electronic copy that resides on the document control system is the valid document. Any paper document labeled **Uncontrolled** must be verified against the electronic version prior to use.
Uncontrolled When Printed

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature within 4 hours of collection.
Aliquot at least 1.0 mL serum and **freeze**.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

Stability: Ambient 8 hours, refrigerated 3 days, frozen 3 months.

CIS Mnemonic: OSTEO

Ovarian Cancer Antigen — see CA125

Division: Clinical Chemistry - Core

Oxalate, 24-Hour Urine

Tube/Specimen: 24-hour urine collection in a plain container. Refrigerate during collection.

Requisition: CD0002

Division: Clinical Chemistry - Core

Instructions: Specimen required: 4 mL urine aliquot of pH adjusted and well-mixed collection.
Record Total Volume of the 24-hour urine on both the specimen aliquot and requisition.
Record the 'Original Container Type' on the requisition as Plain, Acid or Sodium Carbonate.
Patients should refrain from taking excessive amounts of Vitamin C or from consuming Vitamin C rich food for at least 48 hours prior to urine collection.
Refer to Appendix A for pH adjustment instructions.
Random Oxalate specimens require a pH <8.0.

Stability: Room temperature for 1 hour, 2 to 8ºC (preferred) for 7 days (pH<3.0) and frozen for 2 weeks (pH<3.0).

CIS Mnemonic: OXAL 24U
OXA. RU [IWK specimens only]

Oxygen Content — see Blood Gases

Division: Clinical Chemistry - Core

Oxygen Saturation — see Blood Gases

Division: Clinical Chemistry - Core

Pancreatic Cyst Fluid for Amylase and CEA — see Amylase and CEA, Pancreatic Cyst Fluid and CEA and Amylase, Pancreatic Cyst Fluid

Division: Clinical Chemistry - Core

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Uncontrolled When Printed

Pancreatic Polypeptide

Tube/Specimen: 4.0 mL Lavender EDTA (BD#367861).
Patient must be fasting 8 hours prior to collection unless instructed otherwise by the ordering physician.

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature. Aliquot 1.0 mL plasma in plastic vial.
Do not accession or refer for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

Stability: Room temperature 5 days, refrigerated 7 days and frozen 1 year.

CIS Mnemonic: PPOLYQT

Paraneoplastic Antibodies, CSF (Includes anti Ri, Yo, Hu)

Tube/Specimen: Minimum 2.0 mL CSF

Referred Out: In-Common Laboratories

Instructions: Aliquot at least 2.0 mL CSF into plastic vial. **Freeze at once**.
Do not accession or refer for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

Stability: Room temperature 4 days; refrigerated at 2 to 8 ºC for 7 days and frozen >6 months.

CIS Mnemonic: PNPA CSF

Paraneoplastic Antibodies, Serum (Includes anti Ri, Yo, Hu)

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature.
Aliquot 3.0 mL serum into plastic vial. **Freeze at once.**
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

Stability: Room temperature 4 days; refrigerated at 2 to 8 ºC for 7 days and frozen >6 months.

CIS Mnemonic: PNPA SP

Parasite Identification

Tube/Specimen: Organism for identification

Referred Out: Nova Scotia Museum of Natural History

Instructions: Shipped as Category B.

Parasite Screening

Tube/Specimen: Stool collected in SAF fixative

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Uncontrolled When Printed

Requisition: CD0432/CD0433

Division: Virology-Immunology

Comments: EIA for Giardia/Cryptosporidium is done unless there is a history indicated on the requisition of travel, immigration, immunosuppression, worm seen in stool, or for children under 16. Ordering physician to indicate relevant information on the requisition; relevant (travel country, immigration country, immunosuppressed, clinical information indicating worms or other parasites, public health request) added as Order Note by person entering test into CIS.

Shipping: Specimen in SAF fixative can be shipped at room temperature within 7 days

CIS Mnemonic: PARSCRN (EIA screen)
PAR (if any of the information above is indicated)

Parathyroid Hormone Intact

Tube/Specimen: 2.0 mL Lavender EDTA (BD#367841). This tube is not to be shared.

Requisition: CD0002

Division: Clinical Chemistry – Core

Instructions: The tube collected for this assay cannot be shared for other assays.
Overnight fasting (8 hours) is preferred. Please indicate fasting status.

Shipping: Plasma can be stored for 48 hours at 2 to 8°C. Freeze and send frozen plasma, if longer.

Alternate Names: Intact PTH
PTH Intact

CIS Mnemonic: PTHi

Parathyroid Hormone Related Peptide see PTH Related Peptide
Parathyroid Hormone Related Protein

Referred Out: In-Common Laboratories

Paroxetine Level

Note: **Paroxetine Level testing is no longer offered in Nova Scotia Health Central Zone Laboratories.**

Paroxysmal Nocturnal Hemoglobinuria

Tube/Specimen: 4.0 mL Lavender EDTA (BD#367861)

Requisition: CD0002C

Division: Hematopathology – Flow Cytometry

Instructions: Specimen must arrive in Flow Cytometry within 24 hours of collection and no later than 14:00 on Fridays (or day before Holiday). The requisition must accompany the specimen to the Flow laboratory.

Note: Please notify Flow Cytometry lab at 902-473-5549 when requesting this test.

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Uncontrolled When Printed

Alternate Names: PNH
CD55/59 Testing

CIS Mnemonic: Path Flow PNH Request (Pathology Flow Cytometry PNH Request)

Partial Thromboplastin Time — see PTT

Division: Hematopathology - Core

Parvovirus B19 Antibody

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002A/CD0002B

Division: Virology-Immunology

Comments: In investigating a viral exanthem, rubella and measles serology should also be requested.

Instructions: Indicate on the requisition if immunity (IgG) or recent infection (IgM) is required.

CIS Mnemonic: PARV IGG (IgG Immunity)
PARV IGM (IgM Diagnosis)

Parvovirus PCR

Tube/Specimen: 4.0 mL Lavender EDTA (BD#367861)

Requisition: CD0002A/CD0002B

Division: Microbiology-Immunology

Shipping: Whole blood must be transported at 2 to 25 °C and received by Central Zone within 24 hours.
Separated plasma is no longer acceptable.

CIS Mnemonic: PARVPCR

Paxil — see Paroxetine Level

Referred Out: In-Common Laboratories

PBG, Random Urine — see Porphyrin Precursors, Random Urine

Referred Out: In-Common Laboratories

PBG Deaminase — see Porphobilinogen Deaminase

Referred Out: In-Common Laboratories

PCP (Pneumocystis jirovecii) PCR

Tube/Specimen: BAL, bronchial wash, induced sputum, bronchial brush, tissue

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Uncontrolled When Printed

Requisition: CD0432/CD0433

Division: Virology-Immunology/Bacteriology

Comments: Positive or indeterminate PCR specimens will have DFA testing performed.

Shipping: Specimens are stable at 2 to 8°C for 3 days for PCR. However, they must be received in the Central Zone microbiology laboratory within 24 hours for slide preparation.

CIS Mnemonic: PCPPCR

Peripheral Smear

Division: Hematopathology - Microscopy

Comments: Can be done with Profile

PFA

see Platelet Function Assay

Division: Hematopathology - Coagulation

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pH, Body Fluid

Tube/Specimen: Body Fluid collected anaerobically in a pre-heparinized Blood gas syringe on ice.
Maximum heparin ratio must be <10 IU/mL fluid
Recommended volume: 1 mL
Minimum volume: 0.7 mL

Requisition: CD0002

Division: Clinical Chemistry - Core

Instructions: Do not transport with needle attached. Label barrel with patient information in waterproof ink, immerse in a slurry of ice water and deliver to Processing Area immediately.
Indicate fluid type on requisition.

Shipping: Specimen must be kept cold but not frozen.

CIS Mnemonic: PH FLD

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pH, Urine

see Urinalysis (including microscopic examination if required)

Division: Clinical Chemistry - Core

Comments: Urine pH is available by dipstick analysis as part of routine urinalysis.

Phenobarbital

Tube/Specimen: 4.0 mL Dark Green lithium heparin, no gel separator (BD#367884)

Requisition: CD0002

Division: Clinical Chemistry - Core

The electronic copy that resides on the document control system is the valid document. Any paper document labeled **Uncontrolled** must be verified against the electronic version prior to use.
Uncontrolled When Printed

Instructions: These determinations can be done on micro specimens. Send at least 0.5 mL of serum for each.
Blood should be collected just prior to the next dose (trough collection).
Specimens should not be collected until the blood concentration is a steady state (3-4 half-lives).

CIS Mnemonic: PHENO

Phenytoin

Tube/Specimen: 4.0 mL Dark Green lithium heparin, no gel separator (BD#367884)

Requisition: CD0002

Division: Clinical Chemistry - Core

Instructions: Blood should be collected just prior to next dose (trough collection).
Specimens should not be collected until the blood concentration is at a steady state (3-4 half-lives).

Alternate Names: Dilantin

CIS Mnemonic: PHENY

Phenytoin, Free
(Do Not Confuse with Phenytoin)

Tube/Specimen: 6.0 mL Plain Red Top, no gel separator (BD#367815). Physician's order MUST state "Free" or "HPLC".

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature and aliquot at least 1.0 mL serum into a plastic vial.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

Stability: One month refrigerated or 6 months frozen. Specimen may be re-frozen once.

CIS Mnemonic: FPHENY

Philadelphia Chromosome — see BCR/abl Translocation (RT PCR)

Division: Molecular Diagnostics

Phosphatase, Alkaline — see Alkaline Phosphatase, Plasma

Division: Clinical Chemistry - Core

Phosphate — see Phosphorous, Plasma

Division: Clinical Chemistry - Core

Phosphorous Inorganic — see Phosphorous, Plasma

Division: Clinical Chemistry - Core

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Uncontrolled When Printed

Phosphorous, Plasma

Tube/Specimen: 3.5 mL Light Green lithium heparin (BD#367961)

Requisition: CD0002

Division: Clinical Chemistry - Core

Alternate Names: Inorganic Phosphorous
Phosphate
Phosphorus, Inorganic
PO4

CIS Mnemonic: PHOS

Phosphorous, Random Urine or 24-Hour Urine

Tube/Specimen: Random collection using a mid-stream technique to eliminate bacterial contamination or 24-hour urine collection (preferred) in a plain container.

Requisition: CD0002

Division: Clinical Chemistry - Core

Instructions: Specimen required: 4 mL urine aliquot from pH adjusted and well-mixed collection.
Record Total Volume of the 24-hour urine on both the aliquot and the requisition.
Record the 'Original Container Type' on the requisition as Plain, Acid or Sodium Carbonate.
Refer to Appendix A for pH adjustment instructions.

Stability: Room temperature for 1 day, 2 to 8ºC (preferred) for 7 days and frozen for 2 weeks.

Alternate Names: Inorganic Phosphorous
Phosphate
Phosphorus, Inorganic
PO4

CIS Mnemonic: PHOS 24U
PHOS RU

PI Typing

see Alpha-1-Antitrypsin Genotype

Referred Out: In-Common Laboratories

Pituitary Gonadotropins

see LH

Division: Clinical Chemistry - Core

Plasma Hemoglobin

Tube/Specimen: 6.0 mL Dark Green lithium heparin, no gel separator (BD#367886)

Requisition: CD0002

Division: Hematopathology - Core

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Uncontrolled When Printed

Shipping: Send whole blood to the laboratory within three hours of collection. If shipping is delayed, double-spin and freeze the plasma. Send the frozen specimen on dry ice.

Plasminogen

Tube/Specimen: 2.7 mL Light Blue buffered sodium citrate (BD#363083)

Referred Out: In-Common Laboratories

Instructions: Send copy of requisition and specimen to Hematopathology Coagulation lab for processing.

Comment: Test is not performed at the QEII. Referring hospitals are to send specimens directly to the referral site which performs the test to prevent delay in results.

CIS Mnemonic: Plasminogen

Plasminogen Activator Inhibitor

Tube/Specimen: 2.7 mL Light Blue buffered sodium citrate (BD#363083). Patient should not be on anticoagulant therapy.

Referred Out: Mayo Medical Laboratories

Instructions: Send copy of requisition and specimen to Hematopathology Coagulation lab for processing.

Comment: Test is not performed at the QEII. Referring hospitals are to send specimens directly to the referral site which performs the test to prevent delay in results.

CIS Mnemonic: PAI

Platelet Aggregation

Tube/Specimen: 7 x 2.7 mL Light Blue buffered sodium citrate (BD#363083). Collection must follow a non-additive tube.

Requisition: CD0002

Division: Hematopathology – Coagulation

Instructions: Prior arrangements for analysis must be made with Esoteric Advanced Coagulation Lab phone 902-473-4059 by an approved Hematologist. Blood is taken under supervision of Advanced Coagulation Technologist. Completed patient questionnaire must accompany specimen (http://ch-dtsldms01.cdha.nshealth.ca/p3lite/ViewDocument.aspx?ItemID=5971&IsItemID=false&ItemStatus=9).
Discern notification generates when PLT AGG is ordered advising collectors not to obtain samples until Advanced Coagulation Technologist is present

Stability: Keep specimens at room temperature.

CIS Mnemonic: PLT AGG

Platelet Count see Profile

Division: Hematopathology - Core

Platelet Function Assay

Tube/Specimen: **Three** 2.7 mL Light Blue buffered sodium citrate (BD#363083). Collection must follow a non-additive tube. Collect a 4.0 mL Lavender EDTA (BD#367861) and order a CBC. Keep specimens at room temperature.

The electronic copy that resides on the document control system is the valid document. Any paper document labeled **Uncontrolled** must be verified against the electronic version prior to use.
Uncontrolled When Printed

Division: Hematopathology - Coagulation

Instructions: Specimens must be received within three (3) hours of collection. Traumatic draws should be avoided.
Test is available Monday to Friday until 1600 hours.

Alternate Names: PFA

Platelet Function Studies

see Platelet Aggregation

Division: Hematopathology - Coagulation

Platelet Typing

see Anti-Platelet Antibody

Referred Out: McMaster University Health Sciences Centre

PML-RAR gene fusion

Tube/Specimen: 4.0 mL Lavender EDTA (BD#367861)
Peripheral blood: Preferably 2 tubes, minimum volume 1 mL. Stability – 14 days at 4°C.
Bone marrow: 1 tube, minimum volume 1 mL. Stability – 14 days at 4°C.
Tissue: Send in saline at 4°C, or frozen on dry ice. Stability – 12 hours in saline at 4°C, or 7 days frozen.
RNA: Stability – 3 months frozen.

Requisition: CD0046 or CD2573

Division: Molecular Diagnostics

Instructions: Blood/bone marrow must be kept at 4°C, accompanied by requisition.
If multiple Molecular Diagnostics tests are ordered, only 2 tubes of peripheral blood or 1 tube of bone marrow are necessary.

Alternate Names: RAR alpha
Retinoic acid receptor
Translocation (15; 17)
t (15;17)

CIS Mnemonic: PML-RAR RNA

Pneumococcal Immunity

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002A/CD0002B

Division: Microbiology-Immunology

Note: This test will be referred out by the laboratory.

CIS Mnemonic: PNEUMO

Pneumococcal Typing
(Blood, CSF, Sterile site isolates)

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Tube/Specimen: Blood, CSF, sterile site isolates.

Referred Out: National Microbiology Laboratory

Instructions: Shipped as Category B.

CIS Mnemonic: C REF ID

PNH **see Paroxysmal Nocturnal Hemoglobinuria**

Division: Hematopathology – Flow Cytometry

PNP Antibodies **see Paraneoplastic Antibodies, Serum and Paraneoplastic Antibodies, CSF**
PNP Antibodies, CSF

Referred Out: In-Common Laboratories

PO4 **see Phosphorus, Plasma**

Division: Clinical Chemistry - Core

Polycythemia Vera **see Jak2 gene mutation**

Division: Molecular Diagnostics

Polyoma PCR

Tube/Specimen: One 4.0 mL Lavender EDTA (BD#367861)

Requisition: CD0002A/CD0002B

Division: Microbiology-Immunology

Shipping: Whole blood may be transported at 2 to 25^{0}C if it will be received within 24 hours. If not, separate plasma by centrifugation at 3000g for 20 minutes and ship one 2 mL aliquot at 2 to 8^{0}C.

CIS Mnemonic: POLY

Polysaccharide Screen **see Mucopolysaccharide Screen**

Referred Out: In-Common Laboratories

Porphobilinogen Deaminase
(ALA Dehydratase, Uro-1-Synthetase, Hydroxymethylbilane Synthase (Do Not Confuse with Hydroxymethylbilane Synthase Gene))

Tube/Specimen: 6.0 mL Dark Green **lithium heparin**, no gel separator (BD#367886) wrapped in foil to **protect from light and** a 4.0 mL Lavender EDTA (BD#367861).

Referred Out: In-Common Laboratories

Instructions: Send dark green topped heparinized tube wrapped in foil to the Referred-out bench; **Do Not Centrifuge!**

The electronic copy that resides on the document control system is the valid document. Any paper document labeled **Uncontrolled** must be verified against the electronic version prior to use.
Uncontrolled When Printed

Send lavender topped EDTA tube to Hematopathology – Core lab for a hematocrit.
Do not freeze.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

CIS Mnemonic: PBGD

Porphyrins, Blood see Porphyrin Screen, Plasma

Referred Out: In-Common Laboratories

Porphyrin Precursors, Random Urine or 24-Hour Urine
(Do Not Confuse with PBGD)

Tube/Specimen: **Protect from light and refrigerate!**
Random collection (preferred) using a mid-stream technique to eliminate bacterial contamination or 24-hour urine collection in a container with 5g Sodium Carbonate.

Referred Out: In-Common Laboratories

Instructions: Specimen required: 20 mL aliquot of well-mixed urine covered in foil to protect from light.
Record the 'Original Container Type' on the requisition as Plain, Acid or Sodium Carbonate.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

Stability: Refrigerated 2 days; frozen 1 month

Alternate Names: Delta-Aminolevulinic Acid
Porphobilinogen

CIS Mnemonic: PBG RU
PBG 24U

Porphyrin Screen, 24-Hour Urine

Tube/Specimen: 24-hour urine collection in container with 5g Sodium Carbonate
Protect from light and refrigerate during and after collection!

Referred Out: In-Common Laboratories

Instructions: Specimen required: 20 mL aliquot of well-mixed urine covered in foil to protect from light.
Record total volume.
Record the 'Original Container Type' on the requisition as Plain, Acid or Sodium Carbonate.
Preservative MUST be added, and specimen frozen within 2 days of collection.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

Stability: Refrigerated 2 days; frozen 1 month (Apr 26/16)

CIS Mnemonic: PORPHS U

Porphyrin Screen, Plasma

Tube/Specimen: 4.0 mL Lavender EDTA (BD#367861). **Wrap in foil to protect from light!**

The electronic copy that resides on the document control system is the valid document. Any paper document labeled **Uncontrolled** must be verified against the electronic version prior to use.
Uncontrolled When Printed

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature and aliquot 2.0 mL plasma. Protect from light and **freeze immediately**. Avoid hemolysis.
Store and send frozen.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

Stability: Frozen: 2 months

CIS Mnemonic: MS REF

Porphyrin Screen, Fecal

Tube/Specimen: 50g stool in a sterile container.
Protect from light!

Referred Out: In-Common Laboratories

Instructions: **Freeze**.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

CIS Mnemonic: PORPHS F

Post-BMT see Chimerism Analysis for BMT

Division: Molecular Diagnostics

Post-BMT recipient see Chimerism Analysis for BMT

Division: Molecular Diagnostics

Post Transfusion Purpura

Tube/Specimen: **Six** 6.0 mL Yellow ACD glass (BD#364816) **or twelve** 2.7 mL Light Blue buffered sodium citrate (BD#363083) **and one** (10.0 mL) Red topped tube.

Referred Out: McMaster University HSC

Instructions: Send to Hematopathology Coagulation lab for processing.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Store and ship at room temperature. Completed McMaster patient requisition must accompany sample.
https://transfusionresearch.healthsci.mcmaster.ca/wp-content/uploads/2025/11/Patient-Requisition-Form-v2025-11.docx

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Potassium, Fluids

Tube/Specimen: Miscellaneous Body Fluid: 10.0 mL Body Fluid collected in sterile plastic screw top tubes

Requisition: CD0002

Division: Clinical Chemistry - Core

Shipping: If sending specimen from outside QEII HSC, transport at room temperature.

The electronic copy that resides on the document control system is the valid document. Any paper document labeled **Uncontrolled** must be verified against the electronic version prior to use.
Uncontrolled When Printed

CIS Mnemonic: K FLD

Potassium, Plasma

see Electrolytes (Na, K), Plasma

Division: Clinical Chemistry - Core

Potassium, Stool

see Fecal Electrolytes

Referred Out: In-Common Laboratories

Potassium, Random Urine or 24-Hour Urine

Tube/Specimen: Random collection using a mid-stream technique to eliminate bacterial contamination or 24-hour urine (preferred) collection in a plain container.

Requisition: CD0002

Division: Clinical Chemistry - Core

Instructions: Specimen required: 4 mL urine aliquot from well-mixed collection
Record Total Volume of the 24-hour urine on both the aliquot and the requisition.
Record the 'Original Container Type' on the requisition as Plain, Acid or Sodium Carbonate.

Stability: Room temperature for 1 day, 2 to 8ºC (preferred) for 7 days and frozen for 2 weeks.

CIS Mnemonic: K 24U
K RU

PRA

see HLA Antibody Screening

Division: Hematopathology – Histocompatibility (HLA)

PRA/LAS
(Islet Transplant Program ONLY)

Tube/Specimen: Two 5.0 mL Red topped tubes.

Referred Out: University of Alberta

Instructions: **Do Not Accession.**
Centrifuge 15 minutes at 3000 rpm.
Aliquot all serum into plastic transport tube. Label with patient's full name, HCN and date and time of collection.
Freeze at -20ºC or lower (-70ºC is preferred).

PRAD1

see BCL1-IGH gene fusion

Division: Molecular Diagnostics

Prealbumin, Serum

The electronic copy that resides on the document control system is the valid document. Any paper document labeled **Uncontrolled** must be verified against the electronic version prior to use.
Uncontrolled When Printed

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002

Division: Clinical Chemistry - Core

CIS Mnemonic: PREALB

Pre-BMT donor

see Chimerism Analysis for BMT

Division: Molecular Diagnostics

Pre-BMT recipient

see Chimerism Analysis for BMT

Division: Molecular Diagnostics

Pregnancy, Urine

Qualitative urine HCG (urine pregnancy) testing will no longer be offered as of Feb 4, 2019

Prekallikrein

see Fletcher Factor

Referred Out: Hamilton General Hospital

Prenatal Testing Collection

Tube/Specimen: 6.0 mL Lavender EDTA (BD#367863)

Referred Out: IWK

Instructions: **Send directly to IWK** refrigerated. Do not send to Referred-out and Research bench.

Alternate Names: Maternal Antibodies, or Prenatal Screen

CIS Mnemonic: Type and Screen Maternal

Primidone Level

Tube/Specimen: 6.0 mL Plain Red Top, no gel separator (BD#367815)

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature.
Aliquot 0.5 mL of serum into a plastic vial. **Freeze**.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

CIS Mnemonic: Prim

Procainamide/NAPA Levels

Tube/Specimen: 6.0 mL Plain Red Top, no gel separator (BD#367815)

The electronic copy that resides on the document control system is the valid document. Any paper document labeled **Uncontrolled** must be verified against the electronic version prior to use.
Uncontrolled When Printed

PLM Laboratory Test Catalogue

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature.
Aliquot 1.0 mL of serum into a plastic vial. **Freeze**.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

CIS Mnemonic: PROCA

Profile, AutoDiff

Tube/Specimen: 2.0 mL Lavender EDTA (BD#367841)

Requisition: CD0002

Division: Hematopathology - Core

Comments: Testing includes automated differential, WBC count, hematocrit (HCT), hemoglobin (HB), platelet count, and RBC count.

Note: Differentials are automatically performed on every profile. If there are concerns then a manual differential will be performed.

CIS Mnemonic: CBC AUTO

Profile, AutoDiff with Citrate for Platelet

Tube/Specimen: 4.0 mL Lavender EDTA (BD#367861) **and** 2.7 mL Light Blue buffered sodium citrate (BD#363083), must be a full draw.

Requisition: CD0002 – write 'Citrate for Platelet' under 'Other tests'

Division: Hematopathology – Core

Instructions: DO NOT CENTRIFUGE

Comments: Testing includes automated differential, WBC count, RBC count, hematocrit (HCT), hemoglobin (HB), and platelet count (result from Citrate, if needed).

Note: CBC with AutoDiff testing is completed on EDTA specimen. If platelet clumping is present, the platelet count will be enumerated from the Citrate specimen.

CIS Mnemonic: PLTCIT

Profile, Manual Differential

Tube/Specimen: 4.0 mL Lavender EDTA (BD#367861)

Requisition: CD0002

Division: Hematopathology – Microscopy

Comments: Testing includes CBC.

CIS Mnemonic: MDIFF R

Profile, No Diff

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Uncontrolled When Printed

Tube/Specimen: 2.0 mL Lavender EDTA (BD#367841)

Requisition: CD0002

Division: Hematopathology - Core

Comments: ***Request available for Nova Scotia Health Central Zone Inpatient Services and Clinics only***
Testing includes Hematocrit (HCT), Hemoglobin (HB), Platelet Count, Red Cell Count and WBC.

CIS Mnemonic: CBC ND

Progesterone

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002

Division: Clinical Chemistry - Core

Comments: This test must not be confused with 17-Hydroxyprogesterone.

Shipping: Separate serum within 5 hours of collection. Serum stable when removed from gel separator for 10 days at 2 to 8°C. Freeze and send frozen serum, if longer.
Progesterone specimen must be poured off from gel barrier primary SST tubes into an aliquot tube. Serum remaining in gel barrier SST tubes have shown decreases in progesterone levels.

CIS Mnemonic: PROG

Proinsulin

Tube/Specimen: 4.0 mL Gold SST (BD#367977)
Fasting is recommended by the testing site for best results, however not required.

Referred Out: In-Common Laboratories

Instructions: Centrifuge at 4ºC.
Aliquot 1.0 mL of serum into a plastic vial. Store and send frozen.
Send copy of requisition.

CIS Mnemonic: PROIN

Prolactin

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002

Division: Clinical Chemistry - Core

Shipping: Separate serum within 5 hours of collection. Serum stable for 7 days at 2 to 8°C. Freeze and send frozen serum, if longer.

CIS Mnemonic: PROL

Prostatic Specific Antigen see PSA

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Division: Clinical Chemistry - Core

Protein C Activity

Tube/Specimen: 2.7 mL Light Blue buffered sodium citrate (BD#363083), must be a full draw

Requisition: CD0002

Division: Hematopathology - Coagulation

Referrals: Send 2 frozen aliquots of 1.0 mL platelet-poor plasma (see Coagulation Testing under Specimen Collection Information) in polypropylene vials (12x75).

CIS Mnemonic: PROT C

Protein Electrophoresis, Serum

Tube/Specimen: a) Nova Scotia Health Central Zone collection: 4.0 mL Gold SST (BD#367977) & 3.5 mL Light Green lithium heparin (BD#367961)
OR
b) Outside of Nova Scotia Health Central Zone collection: Gold Stoppered SST **only**.

Requisition: CD0002

Division: Clinical Chemistry - Immunology

Comments: Testing includes Total Protein and Protein Electrophoresis.

Shipping: Outside of Nova Scotia Health Central Zone collection: Separate and send 2 frozen aliquots of serum from Gold Stoppered SST.
Do Not Send Frozen Plasma

Alternate Names: Serum Protein Electrophoresis

Mnemonic: SPE

Protein S (Free)

Tube/Specimen: 2.7 mL Light Blue buffered sodium citrate (BD#363083), must be a full draw

Requisition: CD0002

Division: Hematopathology - Coagulation

Referrals: Send 2 frozen aliquots of 1.0 mL platelet-poor plasma (see Coagulation Testing under Specimen Collection Information) in polypropylene vials (12x75).

CIS Mnemonic: PROT S

Protein Total, Fluids

Tube/Specimen: Submit only one of the following specimens:
Spinal Fluid: 1.0 mL Spinal Fluid collected in sterile plastic screw top tube
Miscellaneous Body Fluid: 10.0 mL Body Fluid collected in sterile plastic screw top tubes.

Requisition: CD0002

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Division: Clinical Chemistry - Core

Shipping: If sending specimen from outside QEII HSC, transport at room temperature.

Alternate Names: TP

CIS Mnemonic: TP CSF
TP FLD

Protein Total, Plasma

Tube/Specimen: 3.5 mL Light Green lithium heparin (BD#367961)

Requisition: CD0002

Division: Clinical Chemistry - Core

Instructions: Blood must be collected with minimum stasis.

Alternate Names: TP
Total Protein

CIS Mnemonic: TP

Protein Total, Random Urine or 24-Hour Urine

Tube/Specimen: Random collection using a mid-stream technique to eliminate bacterial contamination or 24-hour urine collection (preferred) in a plain container.

Requisition: CD0002

Division: Clinical Chemistry - Core

Instructions: Specimen required: 4 mL urine aliquot from well-mixed collection
Record Total Volume of 24-hour urine on both the aliquot and the requisition.
Record the 'Original Container Type' on the requisition as Plain, Acid or Sodium Carbonate.

Stability: Room temperature for 1 day, 2 to 8ºC (preferred) for 7 days and frozen for 2 weeks.

Alternate Names: U PCR

CIS Mnemonic: TP 24U
TP RU

Prothrombin gene mutation

Tube/Specimen: 4.0 mL Lavender EDTA (BD#367861) - One tube sufficient for both FV and PT mutation
Peripheral blood: 1 tube, minimum volume 1 mL. Stability – 14 days at 4°C.
Bone marrow: 1 tube, minimum volume 1 mL. Stability – 14 days at 4°C.
Tissue: Send in saline at 4°C, or frozen on dry ice. Stability – 12 hours in saline at 4°C, or 7 days frozen.
DNA: Stability – 3 months at 4°C or frozen.

Requisition: CD0046 or CD2573

Division: Molecular Diagnostics

Instructions: Blood/bone marrow must be kept at 4°C, accompanied by requisition.

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If multiple Molecular Diagnostics tests are ordered, only 2 tubes of peripheral blood or 1 tube of bone marrow are necessary.
As per hereditary thrombophilia best practice testing guidelines, Prothrombin gene mutation testing is restricted to hematologists, medical geneticists, neurologists, and general internists for both adult and pediatric populations.

Alternate Names: PT 20210 mutation

CIS Mnemonic: PT mut DNA

Prothrombin Time — see INR (PT)

Division: Hematopathology - Core

Protoporphyrin, Erythrocyte/Free

(Do Not Confuse with Zinc Protoporphyrins)

Tube/Specimen: **Two** 4.0 mL Lavender EDTA (BD#367861). **Protect from light!**

Referred Out: In-Common Laboratories

Instructions: **Do Not Centrifuge!**
Send one lavender topped tube to Hematopathology – Core lab for CBC; Hematocrit result required.
Refrigerate.
Send copy of requisition.

Stability: Whole blood refrigerated – 2 weeks; frozen – 2 months.

CIS Mnemonic: MISC REF & CBC

Protriptyline Level

Tube/Specimen: 6.0 mL Plain Red Top, no gel separator (BD#367815)

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature.
Aliquot serum into plastic vial and **freeze**.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

Note: Royal Blue Trace Element SERUM tube (BD368380) and lavender topped EDTA plasma tubes also acceptable. Indicate specimen type on aliquot tube.

CIS Mnemonic: PROTR

Proviral HIV DNA V3 Genotyping

Tube/Specimen: 4.0 mL Lavender EDTA (BD#367861)

Referred Out: BC Centre for Excellence

Requisition: Laboratory Requisition Form for NON-B.C. Patients Only

Shipping: Whole blood may be transported at 2 to 25ºC to be received within 24 hours. **Do not centrifuge specimen!**

CIS Mnemonic: HIVPRO

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Uncontrolled When Printed

Prozac **see Fluoxetine Level**

Referred Out: In-Common Laboratories

PSA

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002

Division: Clinical Chemistry - Core

Shipping: Separate serum within 5 hours of collection. Serum stable for 24 hours at 2 to 8°C. Freeze and send frozen serum, if longer.

Alternate Names: Prostate Specific Antigen

CIS Mnemonic: PSA

PSA, Free

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002

Division: Clinical Chemistry - Core

Shipping: Separate serum within 5 hours of collection. Serum stable for 24 hours at 2 to 8°C. Freeze and send frozen serum, if longer. Include age of patient.

Alternate Names: Free Prostate Specific Antigen

CIS Mnemonic: FPSA

Pseudocholinesterase **see Acetylcholinesterase, Plasma**

Division: Clinical Chemistry – Core

Pseudocholinesterase Phenotyping **see Cholinesterase Phenotyping**

Referred Out: In-Common Laboratories

PT **see INR (PT)**

Division: Hematopathology - Core

PT 20210 mutation **see Prothrombin Gene Mutation**

Division: Molecular Diagnostics

PT 50% Mix

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Uncontrolled When Printed

Tube/Specimen: 2.7 mL Light Blue buffered sodium citrate (BD#363083), must be a full draw

Requisition: CD0002

Division: Hematopathology - Coagulation

Instructions: A PT/INR test will be added on as a reflex as this test is done only when the INR (PT) is abnormal.
Referrals: Send 2 frozen aliquots of 1.0 mL platelet-poor plasma (see Coagulation Testing under Specimen Collection Information) in polypropylene vials (12x75mm)

CIS Mnemonic: PT50

PTH Intact

see Parathyroid Hormone Intact

Division: Clinical Chemistry - Core

PTH Related Peptide

Tube/Specimen: 6.0 mL Dark green sodium heparin (BD#367878). Lithium Heparin tubes are **NOT** acceptable.

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature.
Aliquot 1.0 mL plasma into plastic vial and **freeze at once**.
Record primary tube type (i.e. Sodium Heparin) on the aliquot label.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

Stability: Room temperature and refrigerated – 7 days; frozen – 28 days.

CIS Mnemonic: PTHRP

PTP Antibody Testing

see Post Transfusion Purpura

Referred Out: McMaster University HSC

PTT

Tube/Specimen: 1.8 mL Light Blue buffered sodium citrate (BD#363080). Must be a full draw.

Requisition: CD0002

Division: Hematopathology - Core

Instructions: Indicate on requisition if patient is on any anticoagulants.

Alternate Names: Partial Thromboplastin Time
aPTT

CIS Mnemonic: PTT

PTT 50% Mix

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Uncontrolled When Printed

Tube/Specimen: 2.7 mL Light Blue buffered sodium citrate (BD#363083), must be a full draw

Requisition: CD0002

Division: Hematopathology - Coagulation

Instructions: A PTT test will be added on as a reflex as this test is done only when the PTT is abnormal.
Referrals: Send 2 frozen aliquots of 1.0 mL platelet-poor plasma (see Coagulation Testing under Specimen Collection Information) in polypropylene vials (12x75mm)

.

CIS Mnemonic: PTT50

PTT Dade

Tube/Specimen: 2.7 mL Light Blue buffered sodium citrate (BD#363083), must be a full draw

Requisition: CD0002

Division: Hematopathology - Coagulation

Instructions: A PTT test will be added on as a reflex as this test is done only when the PTT is abnormal
Referrals: Send 2 frozen aliquots of 1.0 mL platelet-poor plasma (see Coagulation Testing under Specimen Collection Information) in polypropylene vials (12x75mm).

Alternate Names: DADE

CIS Mnemonic: PTT DADE

Pyridoxal Phosphate
Pyridoxic Acid
Pyridoxine

see Vitamin B6 Level

Referred Out: In-Common Laboratories

Pyruvate
(Do Not Confuse with Pyruvate Kinase)

Tube/Specimen: **Collectors MUST call Clinical Chemistry (VG 473-4340; HI 473-4843) for instructions prior to collection.**
Specimens must be collected at QEII and received at either the HI Stat Lab or VG Core Lab **within 30 minutes of collection**.
6.0 mL Dark Green **lithium heparin**, no gel separator (BD#367886) whole blood tube. **Place on ice!**

Referred Out: In-Common Laboratories

Instructions: Clinical Chemistry must make a filtrate from the specimen before sending it to the Referred-out bench; untreated specimens are not suitable for analysis.
Freeze: if the specimen thaws, it is not suitable for analysis.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

CIS Mnemonic: Pyruvate

Pyruvate Kinase, Whole Blood

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Uncontrolled When Printed

Tube/Specimen: 6.0 mL Yellow ACD glass (BD#364816). **Keep refrigerated!**

Referred Out: Mayo Medical Laboratories

Instructions: 6.0 mL Lavender topped EDTA tube is also acceptable.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

Stability: Refrigerated – up to 20 days.

CIS Mnemonic: PKEA WB

Q-Fever

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002A/CD0002B

Division: Microbiology-Immunology

Comments: This test will be referred out be the laboratory.

Alternate Names: Coxiella Burnetii

CIS Mnemonic: QFEVER

QBCRA – Mutation Analysis

see Next Generation Sequencing-Myeloid Panel

Division: Molecular Diagnostics

QuantiFERON®-TB Gold

see IGRA

Referred Out: St. John Regional Hospital

Quantitative BCR/abl

see BCR-ABL gene fusion

Division: Molecular Diagnostics

Quinidine Level

Tube/Specimen: 6.0 mL Plain Red Top, no gel separator (BD#367815)

Referred Out: Mayo Medical Laboratories

Instructions: Centrifuge at room temperature.
Aliquot 1.0 mL of serum into a plastic vial.
Send copy of requisition.

Stability: Room temperature 14 days, Refrigerated 14 days, Frozen 28 days

CIS Mnemonic: QUINID

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Uncontrolled When Printed

RA Titre — see Rheumatoid Factor

Division: Clinical Chemistry - Core

Rabies Immunity

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002A/CD0002B

Division: Microbiology-Immunology

Instructions: Clinical data should be indicated on the requisition.

Note: This test will be referred out by the laboratory.

CIS Mnemonic: RABIES

Rapamycin — see Sirolimus

Division: Clinical Chemistry - Toxicology

RAR alpha — see PML-RAR gene fusion

Division: Molecular Diagnostics

RARa — see PML – RAR gene fusion

Division: Molecular Diagnostics

RAST Tests (Allergy Testing)

Tube/Specimen: 4.0 mL Gold SST (BD#367977). **A copy of the RAST requisition MUST accompany the specimen.**

Referred Out: IWK

Instructions: Centrifuge at room temperature.
Aliquot at least 2.0 mL of serum into a plastic vial.
A copy of the RAST requisition MUST accompany the specimen.
Do Not Freeze.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals; send directly to IWK lab.

CIS Mnemonic: Order individual tests

RBC Folate — see Folate, Red Cell

Referred Out: In-Common Laboratories

Reagin Screen Test — see Syphilis Serology

Division: Virology-Immunology

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Uncontrolled When Printed

Red Blood Cell Folate — see Folate, Red Cell

Referred Out: In-Common Laboratories

Red Cell Count — see Profile

Division: Hematopathology – Core

Red Cell Folate — see Folate, Red Cell

Referred Out: In-Common Laboratories

Red Cell Survival

Division: Molecular Diagnostics

Comments: This determination is done by Nuclear Medicine. Phone 902-473-7510 to make arrangements.

Reducing Substances, Stool

Tube/Specimen: 3g of random, loose stool.

Referred Out: Mayo Medical Laboratories

Instructions: **Freeze immediately!**
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

Note: Specimens from timed collections (24, 48, and 72 hour) or formed stool are not acceptable.

Stability: Frozen – 7 days

CIS Mnemonic: UREDF

Reptilase Time

Tube/Specimen: 2.7 mL Light Blue buffered sodium citrate (BD#363083)

Referred Out: In-Common Laboratories

Instructions: Send to Hematopathology Coagulation lab for processing.

CIS Mnemonic: Reptilase Time

Reticulocyte Count

Tube/Specimen: 2.0 mL Lavender EDTA (BD#367841)

Requisition: CD0002

Division: Hematopathology - Core

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Uncontrolled When Printed

Comments: Profile must be ordered with test.

CIS Mnemonic: RETCT

Retinoic Acid Receptor — see PML-RAR gene fusion

Division: Molecular Diagnostics

Retinoic Acid Receptor Alpha — see PML – RAR gene fusion

Division: Molecular Diagnostics

Retinol — see Vitamin A

Referred Out: In-Common Laboratories

RF Quantitative — see Rheumatoid Factor, Quantitative

Division: Clinical Chemistry - Core

Rheumatoid Factor, Quantitative

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002

Division: Clinical Chemistry - Core

Instructions: Separate serum within 5 hours of collection.

Stability: Serum stable for 2 days at 2 to 8°C. Freeze and send serum frozen, if longer.

Alternate Names: RF Quantitative

CIS Mnemonic: RF QNT

Riboflavin — see Vitamin B2

Referred Out: In-Common Laboratories

Rickettsia

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002A/CD0002B

Division: Microbiology-Immunology

Instructions: Clinical data should be indicated on the requisition. Indicate specific test request (spotted fever or typhus group).

Note: This test will be referred out by the laboratory.

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Uncontrolled When Printed

CIS Mnemonic: RICK

Rivotril **see Clonazepam**

Referred Out: In-Common Laboratories

RNP **see Anti-Nuclear Antibody (ANA)**

Division: Immunopathology

RO **see Anti-Nuclear Antibody (ANA)**

Division: Immunopathology

ROS1 FISH

Tube/Specimen: Tissue in paraffin block

Requisition: CD2573

Division: Molecular Diagnostics

Instructions: To be ordered only by a Nova Scotia Health Central Zone pathologist.

Rotavirus PCR

Tube/Specimen: Stool collected in dry sterile container

Requisition: CD0432/CD0433

Division: Virology-Immunology

Comments: Assay tests for Norovirus and Adenovirus as well.

Shipping: Specimens are stable at 2 to 8°C for 3 days. If longer freeze and ship frozen.

CIS Mnemonic: RAN

Routine typing of Haemophilus influenza
(From sterile sites or questionable outbreaks)

Tube/Specimen: Isolate, typing

Referred Out: IWK

Instructions: Porter service for delivery.
Shipped as Category B.

RPR **see Syphilis Serology**

Division: Virology-Immunology

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Uncontrolled When Printed

RST

see Syphilis Serology

Division: Virology-Immunology

Rubella

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002A/ CD0002B

Division: Virology-Immunology

Note: Indicate on requisition whether immune status (IgG) or recent infection (IgM) is required.

CIS Mnemonic: RUB IGG (IgG)
RUB IGM (IgM)

Rubeola

see Measles Antibody

Division: Virology-Immunology

Saccharomyces cer. Antibodies
S. cerevisiae Antibodies

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature.
Aliquot at least 1.0 mL serum.
Ship frozen.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

Stability: Refrigerated 7 days, frozen >7 days

CIS Mnemonic: ASCA

Salicylates

Tube/Specimen: 4.0 mL Dark Green lithium heparin, no gel separator (BD#367884)

Requisition: CD0002

Division: Clinical Chemistry - Core

CIS Mnemonic: SAL

Sandimmune IV

see Cyclosporine

Division: Clinical Chemistry - Toxicology

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Uncontrolled When Printed

Schillings Test

Division: Molecular Diagnostics

Comments: Patient is sent to Nuclear Medicine 3rd Floor, ACC Building.

Schistosomiasis-IFA

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002A/CD0002B

Division: Virology-Immunology

Instructions: Clinical data should be indicated on the requisition. Refer to "Microbiology User's Manual" for collection procedures.

Note: This test will be referred out by the laboratory.

CIS Mnemonic: SCHISTO

SCL-70 see Anti-Nuclear Antibody (ANA)

Division: Immunopathology

Sedimentation Rate see ESR

Division: Hematopathology - Core

Selenium Level

Tube/Specimen: Royal Blue topped Trace Element K2 EDTA (BD368381)

Referred Out: In-Common Laboratories

Instructions: **Centrifuge ASAP!**
Aliquot 3.0 mL plasma into plastic transfer vial. **Freeze at once!**
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

Utilization: Plasma selenium is used for potential nutritional deficiency.

Stability: 20 days at room temperature and 14 months at 2 to 8° C or frozen.

CIS Mnemonic: SELES

Serotonin Level

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature.
Aliquot 1.0 mL serum and **freeze ASAP**!
A low tryptophan diet is recommended for 48 hours prior to collection.

The electronic copy that resides on the document control system is the valid document. Any paper document labeled **Uncontrolled** must be verified against the electronic version prior to use.
Uncontrolled When Printed

During this period, patient must abstain from avocados, bananas, coffee, plums, pineapple, tomatoes, walnuts, hickory nut, Mollusks, eggplant, and medications such as aspirin, corticotropins, MAO inhibitors, phenacetin, catecholamines, reserpine and nicotine.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals.
Send copy of requisition.

Stability: Room temperature 48 hours, refrigerated 1 month, frozen 3 months.

CIS Mnemonic: SERO

Serotonin, 24 Hour Urine

Tube/Specimen: 24-hour urine collected in a container with 30 mL 6N HCL as a preservative. Do Not Use Boric acid.

Referred Out: In-Common Laboratories

Instructions
Specimen required: 10 mL urine from a well-mixed collection.
Record Total Volume of 24-hour urine on both the aliquot and the requisition.
Record the 'Original Container Type' on the requisition as Plain, Acid or Sodium Carbonate.
A low tryptophan diet is recommended for 48 hours prior to collection.
During this period, patient must abstain from avocados, bananas, coffee, plums, pineapple, tomatoes, walnuts, hickory nut, Mollusks, eggplant and medications such as aspirin, corticotropins, MAO inhibitors, phenacetin, catecholamines, reserpine and nicotine.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

Stability: Room temperature 48 hours, refrigerated 1 month, frozen 3 months.

CIS Mnemonic: SERO 24U

Serum Folate see Folate Serum

Division: Clinical Chemistry - Core

Sex Hormone Binding Globulin

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002

Division: Clinical Chemistry - Core

Shipping: Separate serum within 5 hours of collection. Serum stable for 8 days at 2 to 8°C. Freeze and send frozen serum, if longer.

CIS Mnemonic: SHBG

Sezary Cells

Tube/Specimen: 4.0 mL Lavender EDTA (BD#367861)

Requisition: CD0002

Division: Hematopathology – Microscopy

Comments: Analysis must include a CBC, Auto Differential, and Manual Differential.

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Uncontrolled When Printed

SGOT, Plasma — see Aspartate Aminotransferase (AST), Plasma

Division: Clinical Chemistry - Core

SGPT, Plasma — see Alanine Aminotransferase (ALT), Plasma

Division: Clinical Chemistry - Core

SHM — see IGHV Somatic Hypermutation

Division: Molecular Diagnostics

Short Tandem Repeats (STR) — see Chimerism Analysis for BMT

Division: Molecular Diagnostics

Sickle Cell Screen

Tube/Specimen: 4.0 mL Lavender EDTA (BD#367861)

Requisition: CD0002

Division: Hematopathology – Core

Shipping: Transport at room temperature is acceptable. If shipping is delayed more than 24 hours post collection, store and ship the specimen between 2 - 8 ˚C

CIS Mnemonic: SICKLE

Sinequan — see Doxepin Level

Referred Out: In-Common Laboratories

Sirolimus

Tube/Specimen: 2.0 mL Lavender EDTA (BD#367841)

Requisition: CD0002

Division: Clinical Chemistry - Toxicology

Instructions: Results are available same day for specimens received by 1200. This determination can be done on micro specimens when necessary.

Comments: Pre-dose specimen is required.

Shipping: Specimens can be stored at 2 to 8°C for 24 hours; if over 24 hours, mix whole blood, transfer to a plastic tube, freeze and send frozen whole blood on dry ice.

Alternate Names: Rapamycin

CIS Mnemonic: SIRO

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SM

see Autoantibodies Panel

Division: Immunopathology

Sodium, Fluids

Tube/Specimen: Submit only one of the following specimens:
10.0 mL Dialysate Fluid collected in sterile plastic screw top tubes.
Miscellaneous Body Fluid: 10.0 mL Body Fluid collected in sterile plastic screw top tubes

Requisition: CD0002

Division: Clinical Chemistry - Core

Shipping: If sending specimen from outside QEII HSC, transport at room temperature.

CIS Mnemonic: DF PANEL (Cre, Glu, Na, Urea) FOR dialysate fluid
NA FLD

Sodium, Plasma

see Electrolytes (Na, K), Plasma

Division: Clinical Chemistry - Core

Sodium, Stool

see Fecal Electrolytes

Referred Out: In-Common Laboratories

Sodium, Random Urine or 24-Hour Urine

Tube/Specimen: Random collection using a mid-stream technique to eliminate bacterial contamination or 24-hour urine collection (preferred) in a plain container.

Requisition: CD0002

Division: Clinical Chemistry - Core

Instructions: Specimen required: 4 mL urine aliquot from well-mixed collection.
Record Total Volume of 24-hour urine on both the aliquot and the requisition.
Record the 'Original Container Type' on the requisition as Plain, Acid or Sodium Carbonate.

Stability: Room temperature for 1 day, 2 to 8ºC (preferred) for 7 days and frozen for 2 weeks.

CIS Mnemonic: NA 24U
NA RU

Somatic BRCA mutation in ovarian tumor

Tube/Specimen: Tissue in paraffin block

Requisition: CD0046 or CD2573

Division: Molecular Diagnostics

Instructions: To be ordered only by a Nova Scotia Health Central Zone pathologist.

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Alternate names: BRCA 1/2 in ovarian cancer

Somatic hypermutation **see IGHV Somatic Hypermutation**

Division: Molecular Diagnostics

Somatomedin-C **see Insulin Like Growth Factor-1**

Division: Clinical Chemistry - Core

Specific Gravity, Fluid

Tube/Specimen: 10.0 mL Body Fluid collected in sterile plastic screw top tubes

Requisition: CD0002

Division: Clinical Chemistry - Core

Shipping: If sending specimen from outside QEII HSC, transport at room temperature.

CIS Mnemonic: SG FLD

Specific Gravity, Random Urine **see Urinalysis (including microscopic examination if required)**

Division: Clinical Chemistry – Core

Comments: Urine Specific Gravity is available by dipstick analysis as part of routine urinalysis.

Spinal Fluid **see specific test for instructions.**

Division: Hematopathology - Core

Spinal Fluid Lactate **see Lactate, Spinal Fluid**

Referred Out: In-Common Laboratories

SSA **see Anti-Nuclear Antibody (ANA)**

Division: Immunopathology

SSB/LA **see Anti-Nuclear AB (ANA)**

Division: Immunopathology

ST OB **see Occult Blood, Stool**

Division: Clinical Chemistry - Core

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Stem Cell Enumeration – Peripheral Blood, Apheresis Product and BM Harvest

Tube/Specimen: 4.0 mL Lavender EDTA (BD#367861)

Requisition: CD0002C

Division: Hematopathology - HLA

Instructions: Specimens should be received within 30 minutes or less after collection to ensure optimal results.
The HLA laboratory (902-473-7841) should be notified in advance when requesting this test.
The volume of product collected is required on the requisition (exception; Peripheral Blood).
Unrelated Donor (MUD) specimens arriving after 16:00 hours are to be stored at 4°C overnight and will be tested the following day.
The requisition must accompany the specimen to the Flow laboratory.

Shipping: Maintain specimen at room temperature.

Alternate Name: CD34 TESTING

CIS Mnemonic: Peripheral Blood – CD34 Peripheral Blood, Pre Harvest
Apheresis Product – CD34 Harvest

Stone

see Calculus Analysis

Referred Out: In-Common Laboratories

Stool Chloride

see Fecal Chloride

Referred Out: In-Common Laboratories

Stool Electrolytes

see Fecal Electrolytes

Referred Out: In-Common Laboratories

Stool Fat

see Fat, Fecal

Referred Out: In-Common Laboratories

Stool for Calprotectin

see Calprotectin, Fecal

Referred Out: In-Common Laboratories

STR

see Chimerism Analysis for BMT

Division: Molecular Diagnostics

Streptococcus, Group B

Tube/Specimen: Vaginal or rectal swabs for culture

Referred Out: IWK

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Instructions: Shipped as Biological Substance Category B.

Strongyloidiasis Serology

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002A/CD0002B

Division: Microbiology-Immunology

Instructions: Clinical data should be indicated on the requisition.

Note: This test will be referred out by the laboratory.

CIS Mnemonic: STRONG

Sugar PC

see Glucose PC, Plasma

Division: Clinical Chemistry - Core

Sulfonylurea

Tube/Specimen: Random urine; keep refrigerated.

Referred Out: Mayo Medical Laboratories

Instructions: Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

Stability: Room temperature for 72 hours, refrigerated for 14 days (preferred), frozen for 180 days.

CIS Mnemonic: FSLFU

Surmontil

see Trimipramine Level

Referred Out: In-Common Laboratories

Synovial Analysis

Tube/Specimen: Synovial Fluid

Requisition: CD0002

Division: Hematopathology - Core

Instructions: Amount required: 5 mL aliquot of synovial fluid collected in 4.0 mL Lavender EDTA tube.

Comments: Indicate on requisition the site of aspiration and which test is requested. Options for testing include Gram Stain, Cell Count, and Crystals. Tests that are not individually requested will not be performed. Send immediately to Laboratory Client Support Services, 1st floor Mackenzie Building.
Should be processed within 4 hours of collection.

Alternate Names: Joint Fluid

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CIS Mnemonic: CCT SYF
CRYS SF

Syphilis PCR

Tube/Specimen: Swab collected in UTM, aspirate, tissue

Requisition: CD0432/CD0433

Division: Virology-Immunology

Shipping: Specimens are stable at 2 to 8˚C for 3 days. If longer freeze and ship frozen.

CIS Mnemonic: SYMPX

Syphilis Serology

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002A/CD0002B

Division: Virology-Immunology

Alternate Names: RPR
MHA – TP
RST
Reagin Screen Test
VDRL
TPPA

CIS Mnemonic: SYPH SCR

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t(11:14) see BCL1-IGH gene fusion

Division: Molecular Diagnostics

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t(14:18) see BCL2-IGH gene fusion

Division: Molecular Diagnostics

T(15:17) see PML-RAR gene fusion

Division: Molecular Diagnostics

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t(2:5) see ALK-NPM gene fusion

Division: Molecular Diagnostics

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t(4:11) see AF4-MLL gene fusion

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Division: Molecular Diagnostics

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t(8:21) **see AML1-ETO gene fusion**

Division: Molecular Diagnostics

T3, Free

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002

Division: Clinical Chemistry - Core

Shipping: Separate serum within 5 hours of collection. Serum stable for 6 days at 2 to 8°C. Freeze and send frozen serum, if longer

Alternate Names: Free Triiodothyronine

CIS Mnemonic: FT3

T4, Free **see Thyroxine, Free**

Division: Clinical Chemistry - Core

T790M **see Circulating Tumor DNA**

Division: Molecular Diagnostics

TAB (MA) **see Anti-Thyroid Peroxidase Antibodies**

Division: Clinical Chemistry - Core

TAB (TA) **see Anti-Thyroglobulin Antibodies**

Division: Clinical Chemistry - Core

Tacro **see FK 506**

Division: Clinical Chemistry - Toxicology

Tacrolimus **see FK 506**

Division: Clinical Chemistry - Toxicology

Taeniasis

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

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Requisition: QE 7125

Division: Virology-Immunology

Instructions: Clinical data should be indicated on the requisition.

Note: This test will be referred out by the laboratory.

T Cell Subsets

Tube/Specimen: 4.0 mL Lavender EDTA (BD#367861)

Requisition: CD0002C

Division: Hematopathology - Flow Cytometry

Instructions: This test is offered Monday to Friday except Holidays. Blood must arrive in the Flow Cytometry laboratory within 48 hours of collection and by 14:00 hours on Friday (or the day before a holiday).
A requisition must accompany specimens collected outside Central Zone to the Flow Cytometry laboratory.

Shipping: Maintain specimen at room temperature.
A copy of the CBC report (including WBC and lymphocyte percent/absolute count), patient diagnosis and requisition must accompany the specimen when collected outside of the QEII VG site.

Alternate Names: CD4 Cells
CD4 Cell Marker
CD8 counts

CIS Mnemonic: T CELL SUB

T-cell Gene Rearrangement see T-cell lymphoid clonality

Division: Molecular Diagnostics

T-cell lymphoid clonality

Tube/Specimen: 4.0 mL Lavender EDTA (BD#367861)
Peripheral blood: Preferably 2 tubes, minimum volume 1 mL. Stability – 14 days at 4°C.
Bone marrow: 1 tube, minimum volume 1 mL. Stability – 14 days at 4°C.
Tissue: Send in saline at 4°C, or frozen on dry ice. Stability – 12 hours in saline at 4°C, or 7 days frozen.
Alternatively, send fixed tissue in paraffin block.
DNA: Stability – 3 months at 4°C or frozen.

Requisition: CD0046 or CD2573

Division: Molecular Diagnostics

Instructions: Blood/bone marrow must be kept at 4°C, accompanied by requisition.
Any specimen referred from outside of Nova Scotia Health Central Zone must also be accompanied by a printout of the CBC results, as it is important to know the white blood cell count prior to extracting the DNA.
If multiple Molecular Diagnostics tests are ordered, only 2 tubes of peripheral blood or 1 tube of bone marrow are necessary.

Alternate Names: T-cell gene rearrangement
TCR beta chain
Lymphoma protocol

CIS Mnemonic: T-cell DNA

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TCR beta chain **see T-cell lymphoid clonality**

Division: Molecular Diagnostics

TCR Gene Rearrangement **see IgG/TCR Gene Rearrangement Study**

Division: Molecular Diagnostics

Tegretol **see Carbamazepine**

Division: Clinical Chemistry - Core

Tegretol Epoxide **see Carbamazepine-10, 11 Epoxide**

Referred Out: In-Common Laboratories

Testosterone

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002

Division: Clinical Chemistry - Core

Shipping: Separate serum within 5 hours of collection. Serum stable for 7 days at 2 to 8°C. Freeze and send frozen serum, if longer.

CIS Mnemonic: TESTO

Tetanus Immunity

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002A/CD0002B

Division: Microbiology-Immunology

Instructions: Clinical data should be indicated on the requisition.

Note: This test will be referred out by the laboratory.

CIS Mnemonic: TET

Thalassemia **see Hemoglobin Electrophoresis**

Division: Hematopathology - Immunology

Thalassemia Screen **see Hemoglobin Electrophoresis**

Division: Hematopathology - Immunology

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Thallium, Random Urine or 24-Hour Urine

Tube/Specimen: Random collection (preferred) using a mid-stream technique to eliminate bacterial contamination in a plain container or 24-hour urine collection in a plain container.

Referred Out: In-Common Laboratories

Instructions: Specimen required: 15 mL urine aliquot from well-mixed collection.
Record Total Volume of 24-hour urine on both the aliquot and the requisition.
Record the 'Original Container Type' on the requisition as Plain, Acid or Sodium Carbonate.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

Stability: Room temperature for 1 day, 2 to 8˚C (preferred) for 3 months and frozen for 1 year.

CIS Mnemonic: THAL 24U
THAL RU

Thallium, Whole Blood

Tube/Specimen: Royal Blue Trace Element K2 EDTA (BD368381)

Referred Out: In-Common Laboratories

Instructions: **Do not centrifuge!** Test cannot be performed on plasma.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

CIS Mnemonic: THAL WB

Theophylline

Tube/Specimen: 4.0 mL Dark Green lithium heparin, no gel separator (BD#367884)

Requisition: CD0002

Division: Clinical Chemistry - Core

Instructions: These determinations can be done on micro specimens, send at least 0.5 mL of serum for each. Blood should be collected just prior to next dose and after a steady state concentration has been achieved (4-5 half-lives).

Alternate Names: Aminophylline

CIS Mnemonic: THEO

Thermal Amplitude see Cold Agglutinin Titre

Division: Transfusion Medicine

Thiamine (Vitamin B1), plasma

Tube/Specimen: 4.0 mL Lavender EDTA (BD#367861). **Wrap in tinfoil within 1 hour of collection to protect from light.**

Referred Out: In-Common Laboratories

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Instructions: Centrifuge at room temperature
Aliquot 2.0 mL of plasma into plastic vial. **Wrap in tinfoil to protect from light! Freeze immediately!**
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Unsuitable if thawed.
Send copy of requisition.

Stability: Room temperature 8 hours, refrigerated 48 hours, frozen 30 days

CIS Mnemonic: Thiam

Thiamine Whole Blood (Vitamin B1)

Tube/Specimen: 4.0 mL Lavender EDTA (BD#367861) collected after 12 to 14 hour fast. **Wrap in tinfoil within 1 hour of collection to protect from light.**

Referred Out: In-Common Laboratories

Instructions: **Freeze whole blood!**
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
For deficiency testing
Send copy of requisition.

Stability: Frozen 28 days. Unsuitable if thawed.

CIS Mnemonic: VITB1 WB

Thiocyanate Level
(Do not confuse with Cyanide)

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature
Aliquot at least 2.0 mL serum. Keep refrigerated.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

CIS Mnemonic: THIOCY

Thiopurine Metabolites
(TPMT Metabolite; Prometheus Thiopurine Metabolites)
(Do not confuse with Thiopurine Methyltransferase Phenotyping or Genotype)

Blood Collection: **Collect MONDAY ONLY!!**
Notify Referred-out bench at 902-473-7237 that specimen is being collected.
Patients have been directed to arrive at blood collection during the following times:
BLBC: 7-10 am Monday Only
BRBC: 7-10 am Monday Only
Cobequid: Collected to meet 10 am run Monday Only
Dartmouth: Collected to meet 10 am run Monday Only
Hants: Collected to meet 9:30 am run Monday Only
HICS: 7-10 am Monday Only
SCCS: 7-10 am Monday Only
STMB: Collected to meet 10 am run Monday Only
VGCS: 7-10 am Monday Only
WLBC: Book appointment 7-9 am Monday Only

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Tube/Specimen: 6.0 mL Lavender EDTA (BD#367863)

Referred Out: In-Common Laboratories

Instructions: **Do not centrifuge. Do not freeze.**
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

Stability: Room temperature for 24 hours, refrigerated for 7 days.

CIS Mnemonic: MS REF

Thiopurine Methyltransferase: Genotype (TPMT Genotyping)

(Do not confuse with Thiopurine Methyltransferase Phenotyping or Thiopurine Metabolite)

Blood Collection: **Collect MONDAY ONLY!!**
Requisition MUST specify "Genotype", otherwise order Thiopurine Methyltransferase: Phenotyping (TPMT).
Notify Referred-out bench at 902-473-7237 that specimen is being collected.
Patients have been directed to arrive at blood collection during the following times:
BLBC: 7-10 am Monday Only
BRBC: 7-10 am Monday Only
Cobequid: Collected to meet 10 am run Monday Only
Dartmouth: Collected to meet 10 am run Monday Only
Hants: Collected to meet 9:30 am run Monday Only
HICS: 7-10 am Monday Only
SCCS: 7-10 am Monday Only
STMB: Collected to meet 10 am run Monday Only
VGCS: 7-10 am Monday Only
WLBC: Book appointment 7-9 am Monday Only

Tube/Specimen: 4.0 mL Lavender EDTA (BD#367861)

Referred Out: In-Common Laboratories

Instructions: **Do not centrifuge.**
Send copy of requisition.

Stability: Specimen must be received at the referral lab within 7 days of collection.

CIS Mnemonic: TPMT GTY

Thiopurine Methyltransferase: Phenotyping (TPMT Phenotyping)

(Do not confuse with Thiopurine Methyltransferase Genotype or Thiopurine Metabolite)

Blood Collection: **Collect MONDAY ONLY!!**
Notify Referred-out bench prior to collection at 902-473-7237; leave a message if necessary.
Patients have been directed to arrive at blood collection during the following times:
BLBC: 7-10 am Monday Only
BRBC: 7-10 am Monday Only
Cobequid: Collected to meet 10 am run Monday Only
Dartmouth: Collected to meet 10 am run Monday Only
Hants: Collected to meet 9:30 am run Monday Only
HICS: 7-10 am Monday Only

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SCCS: 7-10 am Monday Only
STMB: Collected to meet 10 am run Monday Only
VGCS: 7-10 am Monday Only
WLBC: Book appointment 7-9 am Monday Only

Tube/Specimen: 4.0 mL Lavender EDTA (BD#367861) (6.0 mL Lavender EDTA (BD#367863) is acceptable.)

Referred Out: In-Common Laboratories

Instructions: A separate lavender topped EDTA tube should be collected for CBC testing.
Do not centrifuge.
Do not freeze! Keep refrigerated.
Send specimen in original container; do not transfer to polypropylene transfer vial.
Tubes with multiple overlaying labels or tubes and caps wrapped with parafilm will be rejected.
The specimen must be accompanied by a hemoglobin (included in CBC result) result determined on the same collection day.
TPMT phenotyping (enzyme activity) must be measured prior to RBC transfusion to avoid false indication.
TPMT phenotyping (enzyme activity) should be ordered prior to starting a thiopurine drug or discontinuing the drug at least 48 hours.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

CIS Mnemonic: TPMT PTY

Thioridazine Level

Tube/Specimen: 6.0 mL Plain Red Top, no gel separator (BD#367815)

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature
Aliquot at least 3.0 mL serum into plastic transfer vial. **Freeze at once.**
Send copy of requisition.

CIS Mnemonic: Thioridaz

Thrombin Time

Tube/Specimen: 1.8 mL Light Blue buffered sodium citrate (BD#363080). Must be a full draw.

Requisition: CD0002

Division: Hematopathology - Core

Referrals: Send 2 frozen aliquots of 1.0 mL platelet-poor plasma (see Coagulation Testing under Specimen Collection Information) in polypropylene vials (12x75)

CIS Mnemonic: TT

Thrombocythemia — see Jak2 gene mutation

Division: Molecular Diagnostics

Thrombopoietin

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

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Referred Out: Mayo Medical Laboratories

Instructions: Centrifuge at room temperature.
Aliquot at least 1.0 mL serum. **Freeze.**
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

Stability: 30 days frozen.

CIS Mnemonic: TPO

Thrombotic Thrombocytopenia Purpura — see Adams-13 Testing

Referred Out: London HSC-Victoria Hospital

Thyrocalcitonin — see Calcitonin

Division: Clinical Chemistry - Core

Thyroglobulin High Sensitivity

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002

Division: Clinical Chemistry - Core

Comments: Thyroglobulin requests are automatically also assayed for TGAB.

Shipping: Separate serum within 5 hours of collection. Prepare two aliquots.

Stability: Serum stable for 48 hours at room temperature and 72 hours at 2 to 8°C. Prepare two aliquots, freeze and send frozen serum, if longer.

CIS Mnemonic: TG HS

Thyroglobulin Antibodies — see Anti-Thyroglobulin Antibodies

Division: Clinical Chemistry - Core

Thyroid Antibodies — see Anti-Thyroid Peroxidase Antibodies

Division: Clinical Chemistry - Core

Thyroid Antibodies — see Anti-Thyroglobulin Antibodies

Division: Clinical Chemistry - Core

Thyroid Function Tests — see TSH

Division: Clinical Chemistry - Core

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Thyroid Receptor Antibody

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature.
Aliquot 1.0 mL serum into plastic transfer vial and freeze.
Indicate thyroid status of patient including presence of exophthalmos.
Lipemic or hemolyzed specimens are not acceptable.
Send copy of requisition.

Stability: Refrigerated 3 days, frozen 2 months

Alternate Names: Thyrotropin Binding Inhibitory Ig TBII
Thyrotropin Receptor Antibody
Long Acting Thyroid Stimulator LATS

CIS Mnemonic: TRAB

Thyroid Stimulating Hormone see TSH

Division: Clinical Chemistry - Core

Thyroid Stimulating Immunoglobulin (TSI)

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature.
Aliquot 1.0 mL serum into plastic transfer vial. **Freeze at once.**
Send copy of requisition.

CIS Mnemonic: TSI

Thyroxine Binding Globulin (TBG)

(Do not confuse with Thyrotropin Binding Inhibitory Ig-TBII)

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature.
Aliquot 1.0 mL serum into plastic transfer vial. **Freeze at once.**
Send copy of requisition.

CIS Mnemonic: TBG

Thyroxine, Free

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

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Requisition: CD0002

Division: Clinical Chemistry - Core

Shipping: Separate serum within 5 hours of collection. Serum stable for 6 days at 2 to 8°C. Freeze and send frozen serum, if longer.

Alternate Names: T4 Free
Free T4

CIS Mnemonic: FT4

Tissue Transglutaminase — see Anti-Tissue Transglutaminase

Division: Immunopathology

Tobramycin Level

Tube/Specimen: 4.0 mL Dark Green lithium heparin, no gel separator (BD#367884)

Requisition: CD0002

Division: Clinical Chemistry - Core

Comments: Tobramycin may be administered using 2 dosing strategies:
If tobramycin is administered once daily (much larger than traditional doses) for patients who have good renal function and have no other exclusions, e.g. Endocarditis, dialysis, surgical prophylaxis, burns (>20%), only pre specimens are required. Take Pre (trough) blood specimen 6 hours before next dose is administered.
If tobramycin is administered more often (q8 – 12 hours), both pre and post specimens are required. Take Post (peak) blood specimen 30 minutes after completion of intravenous dose or 60 minutes after an intramuscular dose is administered. Take Pre (trough) blood specimen 30 minutes before next dose is administered.
The time specimen was collected (pre/post) should be indicated on the requisition and tubes.
For information call the laboratory at 902-473-6886.

Alternate Names: Aminoglycoside Level

CIS Mnemonic: TOBRAPR (1hr Pre-dose, trough level)
TOBRAPO (Post-dose)
TOBRA (Random level)
TOBRAEX (6hr Pre-dose, extended level)
TOBRANN (Neonatal 22hr level)

Tofranil — see Imipramine Level

Referred Out: In-Common Laboratories

Total Bilirubin — see Bilirubin Total, Plasma

Division: Clinical Chemistry - Core

Total CO2, Plasma — see Bicarbonate, plasma

Division: Clinical Chemistry - Core

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Total Eosinophil Count **see Eosinophil Count**

Division: Hematopathology - Core

Total Iron Binding Capacity **see Iron, Plasma**

Division: Clinical Chemistry - Core

Total Protein, Plasma **see Protein Total, Plasma**

Division: Clinical Chemistry - Core

Total VDB **see Bilirubin Total, Plasma**

Division: Clinical Chemistry - Core

Toxocariasis IFA & IHA

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002A/CD0002B

Division: Virology-Immunology

Instructions: Clinical data should be indicated on the requisition.

Note: This test will be referred out by the laboratory.

CIS Mnemonic: TOXOC

Toxoplasmosis

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002A/ CD0002B

Division: Virology-Immunology

Note: Indicate on requisition whether immune status (IgG) or recent infection (IgM) is required.

CIS Mnemonic: TOXOG (IgG)
TOXOM (IgM)

Toxoplasmosis Avidity

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002A/CD0002B

Division: Microbiology-Immunology

Instructions: Clinical data should be indicated on the requisition.

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Uncontrolled When Printed

Note: This test will be referred out by the laboratory.

CIS Mnemonic: RMICRO

Toxoplasmosis PCR

Tube/Specimen: Amniotic Fluid (minimum 1 mL), CSF (minimum 1 mL), 4.0 mL EDTA Lavender stoppered tube (minimum 3 mL), Pleural Fluid (minimum 1 mL), Vitreous Fluid (minimum 1 mL), Bronchio-alveolar lavage (minimum 10 mL), Tissue

Requisition: CD0432/CD0433

Division: Microbiology-Immunology

Instructions: Clinical data should be indicated on the requisition. For amniotic fluid presence of IgM and IgG in the mother must be confirmed first.

Note: This test will be referred out by the laboratory.

CIS Mnemonic: TOXOPCR

TP see Protein Total, Plasma

Division: Clinical Chemistry - Core

TP53 mutation see Next Generation Sequencing – Myeloid Panel

Division: Molecular Diagnostics

TPMT Genotyping see Thiopurine Methyltransferase: Genotype

Referred Out: In-Common Laboratories

TPMT Metabolite see Thiopurine Metabolites

Referred Out: Mayo Medical Laboratories

TPMT Phenotyping see Thiopurine Methyltransferase: Phenotyping

Referred Out: In-Common Laboratories

TPPA see Syphilis

Division: Virology-Immunology

Trace Element Panels

Referred Out: In-Common Laboratories

Notes: Trace elements are not offered as a panel – Physicians need to specify individual elements to be tested on the requisition.

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Uncontrolled When Printed

Transferrin

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002

Division: Clinical Chemistry - Core

Shipping: Separate serum within 5 hours of collection.

Stability: Serum stable for 3 days at 2 to 8°C. Freeze and send frozen serum, if longer

CIS Mnemonic: TFER

Translocation (11:14) see BCL1-IGH gene fusion

Division: Molecular Diagnostics

Translocation (14:18) see BCL2-IGH gene fusion

Division: Molecular Diagnostics

Translocation (15:17) see PML-RAR gene fusion

Division: Molecular Diagnostics

Translocation (2:5) see ALK-NPM gene fusion

Division: Molecular Diagnostics

Translocation (4:11) see AF4-MLL gene fusion

Division: Molecular Diagnostics

Translocation (8:21) see AML1-ETO gene fusion

Division: Molecular Diagnostics

Translocation (9:22) see BCR-ABL gene fusion

Division: Molecular Diagnostics

Trichinellosis

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0432/ CD0433

Division: Microbiology-Immunology

The electronic copy that resides on the document control system is the valid document. Any paper document labeled **Uncontrolled** must be verified against the electronic version prior to use.
Uncontrolled When Printed

Instructions: Clinical data should be indicated on the requisition.

Note: This test will be referred out by the laboratory.

CIS Mnemonic: TRICHI

Tricyclic Screen (TCA) — Physician must specify name of drug(s)

Triglycerides, Fluids

Tube/Specimen: Miscellaneous Body Fluid: 10.0 mL Body Fluid collected in sterile plastic screw top tubes.

Requisition: CD0002

Division: Clinical Chemistry - Core

Shipping: If sending specimen from outside QEII HSC, transport at room temperature.

CIS Mnemonic: TRIG FLD

Triglycerides, Plasma

Tube/Specimen: 3.5 mL Light Green lithium heparin (BD#367961)

Requisition: CD0002

Division: Clinical Chemistry - Core

Instructions: Patient fasting is at the discretion of the ordering physician and must be indicated on the requisition.

CIS Mnemonic: TRIG

Triiodothyronine, Free — see T3, Free

Division: Clinical Chemistry - Core

Trimipramine Level

Tube/Specimen: Royal Blue topped Trace Element **SERUM** (BD368380)

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature.
Aliquot serum into plastic transfer vial. **Freeze.**
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

Note: Plain red topped tubes and lavender topped EDTA tubes are acceptable. Indicate serum or plasma on aliquot tube.

CIS Mnemonic: TRIM

Triptil — see Protriptyline Level

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Uncontrolled When Printed

Referred Out: In-Common Laboratories

Tropheryma Whipplei

Tube/Specimen: Whole blood: 4.0 mL Lavender EDTA (BD#367861) (2 mL) or bone marrow: 4.0 mL Lavender EDTA (BD#367861)
CSF (0.5 mL), biopsy or tissue - frozen at time of collection and shipped on dry ice.

Requisition: CD0432/CD0433

Division: Microbiology-Immunology

Instructions: Clinical data should be indicated on the requisition.

Note: This test will be referred out by the laboratory.

CIS Mnemonic: TWHIPPCR

Troponin T-HS (High Sensitivity), Plasma

Tube/Specimen: 3.5 mL Light Green lithium heparin (BD#367961)

Requisition: CD0002

Division: Clinical Chemistry – Core

Note: A separate specimen tube is required for Troponin T-HS analysis.
Failure to provide a separate specimen may prolong test turn-around time.

Shipping: Plasma stable for 72 hours at 2 to 8°C. Freeze and send frozen plasma, if longer.

CIS Mnemonic: TROPT HS

Trypanosoma see Hem Microorganism

Division: Hematopathology-Microscopy

Trypanosomiasis

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002A/CD0002B

Division: Microbiology-Immunology

Instructions: Clinical data should be indicated on the requisition including whether American or African Trypanosoma is requested.

Note: This test will be referred out by the laboratory. TRYPANO

CIS Mnemonic: TRYPANO

Tryptase

Tube/Specimen: 4.0 mL Gold SST (BD#367977)
To assess anaphylaxis, collect specimen between 15 to 180 minutes after suspected anaphylactic event.

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Uncontrolled When Printed

To assess systemic mastocytosis or mast cell activation syndrome the specimen may be collected at any time.

Referred Out: In-Common Laboratories

Instructions: Centrifuge as soon as possible.
Aliquot 1.0 mL serum into plastic transfer vial.
Send copy of requisition.

Stability: 7 days at 2 to 8°C and 30 days frozen.

CIS Mnemonic: TRYP

TSH

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002

Division: Clinical Chemistry - Core

Shipping: Separate serum within 5 hours of collection.

Stability: Serum stable for 7 days at 2 to 8°C. Freeze and send frozen serum, if longer.

Alternate Names: Thyroid Stimulating Hormone

CIS Mnemonic: TSH

TSH Receptor Antibody — see Thyroid Receptor Antibody

Referred Out: In-Common Laboratories

TSI — see Thyroid Stimulating Immunoglobulin

Referred Out: In-Common Laboratories

TTG — see Anti-Tissue Transglutaminase

Division: Immunopathology

TTP Assay — see Adams-13 Testing

Referred Out: London HSC-Victoria Hospital

Tularemia (Francisella tularensis)

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002A/CD0002B

Division: Microbiology-Immunology

Instructions: Clinical data should be indicated on the requisition.

The electronic copy that resides on the document control system is the valid document. Any paper document labeled **Uncontrolled** must be verified against the electronic version prior to use.
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Note: This test will be referred out by the laboratory.

CIS Mnemonic: RMICRO

Tylenol see Acetaminophen

Division: Clinical Chemistry - Core

Type and Crossmatch see Type and Screen (ABO/Rh and Antibody Screen)

Division: Transfusion Medicine

Type and Screen (ABO/Rh and Antibody Screen)

Tube/Specimen: 6.0 mL Lavender EDTA (BD#367863)

Requisition: CD0001_05_2019

Division: Transfusion Medicine

Instructions: Indicate on requisition date and time required, the planned procedure, transfusion, and pregnancy history. Send copy of patient's antibody card if patient has known antibodies.

Comments: NSHA CL-BP-040 Venipuncture for Blood Specimen Collection

Note: Inpatient Extended Type and Screen protocol testing valid for 21 days unless patient is transfused platelets/red cells then testing valid for 96 hours only.
Pre-admission protocol Type and Screen testing valid for crossmatching until 2 days post of scheduled surgical date. NOTE: If date unknown the specimen can be held for a surgery date up to 42 days from the specimen draw date.
Outpatient Type and Screen testing valid for 96 hours.
Do not send specimens from patients who have not consented to transfusion (i.e. Jehovah Witness).

Alternate Names: Group and Crossmatch
Crossmatch
Type and Crossmatch

Unbound Calcium see Ionized Ca

Division: Clinical Chemistry - Core

Urate, 24-Hour Urine

Tube/Specimen: 24-hour urine collection in a plain container.

Requisition: CD0002

Division: Clinical Chemistry - Core

Instructions: pH **entire** 24 hour collection to >8.0 with **1N NaOH** upon receipt; it is not acceptable to add preservative to an aliquot.
Specimen required: 4 mL urine aliquot from a pH adjusted and well-mixed collection.
Refer to Appendix A for pH adjustment instructions when multiple tests are required from the same 24-hour collection.
Record Total Volume of 24-hour urine on both the specimen aliquot and the requisition.
Record the 'Original Container Type' on the requisition as Plain, Acid or Sodium Carbonate.

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Uncontrolled When Printed

Stability: Room temperature for 1 hour, 2 to 8˚C (preferred) for 7 days (pH>8.0) and frozen for 2 weeks (pH>8.0).

Alternate Names: Uric Acid Urine

CIS Mnemonic: URIC 24U
U24 URATE

Urea Nitrogen, Plasma

see Urea, Plasma

Division: Clinical Chemistry - Core

Urea Nitrogen, Urine

see Urea, Urine

Division: Clinical Chemistry - Core

Urea, Fluids

Tube/Specimen: Submit only one of the following specimens:
Dialysate Fluid: 10.0 mL Dialysate Fluid collected in sterile plastic screw top tubes.
Miscellaneous Body Fluid: 10.0 mL Body Fluid collected in sterile plastic screw top tubes

Requisition: CD0002

Division: Clinical Chemistry - Core

CIS Mnemonic: DF PANEL (Cre, Glu, Na, Urea) FOR dialysate fluid
UREA FLD

Urea, Plasma

Tube/Specimen: 3.5 mL Light Green lithium heparin (BD#367961)

Requisition: CD0002

Division: Clinical Chemistry - Core

Alternate Names: BUN
Urea Nitrogen

CIS Mnemonic: UREA

Urea, Random Urine or 24-Hour Urine

Tube/Specimen: Random collection using a mid-stream technique to eliminate bacterial contamination or 24-hour urine collection (preferred) in a plain container.

Requisition: CD0002

Division: Clinical Chemistry - Core

Instructions: Specimen required: 4 mL urine aliquot from well-mixed collection.
Record Total Volume of the 24-hour urine on both the aliquot and the requisition.
Record the 'Original Container Type' on the requisition as Plain, Acid or Sodium Carbonate.

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Uncontrolled When Printed

Stability: Room temperature for 1 day, 2 to 8˚C (preferred) for 7 days and frozen for 2 weeks.

Alternate Names: Urea Nitrogen, Urine

CIS Mnemonic: UREA 24U
UREA RU

Uric Acid, Plasma

Tube/Specimen: 3.5 mL Light Green lithium heparin (BD#367961)

Requisition: CD0002

Division: Clinical Chemistry – Core

Stability: 7 days at 2 to 8°C; 90 days frozen

CIS Mnemonic: URIC

Uric Acid, Plasma on Ice (Rasburicase protocol)

Tube/Specimen: **Pre-chilled** 3.5 mL Light Green lithium heparin (BD#367961)
The specimen must be promptly placed on ice and analyzed within 2 hours to prevent ex-vivo metabolism of uric acid by Rasburicase.
Deliver to lab within 1 hour of collection to allow for preanalytical processing time.

Requisition: CD0002

Division: Clinical Chemistry - Core

Comments: Rasburicase protocol for Uric Acid is for the determination of uric acid levels in patients treated with Rasburicase.
A pre-chilled 3.5 mL Light Green lithium heparin (BD#367961) tube will be collected and promptly placed on ice.
The iced specimen and its accompanying requisition will be sent to LCSC to be entered into CIS using the orderable: Uric Acid on Ice.
The specimen will be spun in a refrigerated centrifuge; once centrifuged, the labeled tube will be placed back on ice and sent to appropriate laboratory for analysis.

CIS Mnemonic: UARASB

Uric Acid, Urine see Urate, Urine

Division: Clinical Chemistry - Core

Urinalysis (including microscopic examination if required)

Tube/Specimen: 10 to 50 mL random urine collected in sterile plastic screw top container

Requisition: CD0002

Division: Clinical Chemistry - Core

Comments: Urine will be initially examined only for color, clarity, and chemical analysis (by dipstick). Microscopic analysis will only be performed if urine is cloudy, turbid or if chemical analysis demonstrates an abnormality in color, blood, protein, leukocyte esterase or nitrite. Note that only microscopic elements that reach the threshold for reporting will be displayed.
Deliver to Laboratory within 2 hours of collection. Keep at room temperature.
Urinalysis will be cancelled on specimens that are >8 hours from collection time to the point of analysis.

CIS Mnemonic: UA

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Urinary Catecholamines **see Catecholamines, 24 Hour Urine**

Division: In-Common Laboratories

Urinary Cross Links **see C-Telopeptide**
(Pyridinium Telopeptide and other Peptides)

Referred Out: In-Common Laboratories

Urine HCG, Qualitative **Qualitative urine HCG (urine pregnancy) testing will no longer be offered as of Feb 4, 2019**

Uro-1-Synthetase **see Porphobilinogen Deaminase**

Referred Out: In-Common Laboratories

Uroporphyrin, 24-Hour Urine **see Porphyrin Screen, 24-Hour Urine**

Referred Out: In-Common Laboratories

V W F **see VonWillebrand Workup**

Division: Hematopathology - Coagulation

V W F Activity **see VonWillebrand Workup**

Division: Hematopathology - Coagulation

V W F Antigen **see VonWillebrand Workup**

Division: Hematopathology - Coagulation

Valproate

Tube/Specimen: 4.0 mL Dark Green lithium heparin, no gel separator (BD#367884)

Requisition: CD0002

Division: Clinical Chemistry - Core

Instructions: These determinations can be done on micro specimens; send at least 0.1 mL of serum.

Comments: There is a poor correlation between serum concentration of Valproate and efficacy as an anticonvulsant drug.

Alternate Names: Epival
Depakene

CIS Mnemonic: VALP

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Uncontrolled When Printed

Valproic Acid — see Valproate

Division: Clinical Chemistry - Core

Vancomycin Level

Tube/Specimen: 4.0 mL Dark Green lithium heparin, no gel separator (BD#367884)

Requisition: CD0002

Division: Clinical Chemistry - Core

Instructions: Take Pre (trough) blood specimen immediately before dose is administered. Take Post (peak) blood specimen 2 hours after dose is administered. The time specimen was collected (pre/post) should be indicated on the requisition and tubes.

Comments: Post (peak) Vancomycin levels are only required in certain circumstances (e.g. changing renal function, poor response to therapy, resistant organism, and pharmacokinetic analysis).
For information call the laboratory at 902-473-6886.

Alternate Names: Aminoglycoside Level

CIS Mnemonic: VANCPR (Pre-dose, trough level)
VANC (Random level)

Variable Number Tandem Repeats (VNTR) — see Chimerism Analysis for BMT

Division: Molecular Diagnostics

Varicella Zoster Immune Status

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002A/CD0002B

Division: Virology-Immunology

Instructions: Requisition must indicate immune status.

Alternate Names: Chicken Pox Titre

CIS Mnemonic: VZ IGG

Varicella Zoster PCR

Tube/Specimen: CSF (0.5 mL sterile specimen), swabs collected in viral transport media, sterile fluids, bronchial wash, tissues

Requisition: CD0432/CD0433

Division: Virology-Immunology

Comments: For CSF: IWK, PEI, Cape Breton, ID (infectious disease) and ICU are automatically approved for testing. All other specimens require a CSF PCR approval form to be filled out. If the specimen is received without the form, it will be faxed to the requesting location by the Microbiology laboratory.

The electronic copy that resides on the document control system is the valid document. Any paper document labeled **Uncontrolled** must be verified against the electronic version prior to use.
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Shipping: CSF: Store at room temperature up to 1 day, 4°C up to 7 days, if longer freeze at -20°C and ship frozen.
All other specimens store at 4°C up to 3 days, if longer freeze at -70°C.

CIS Mnemonic: ME PANEL (CSF)
EHSVVZ (all other specimens)

Vascular Endothelial Growth Factor

Tube/Specimen: 4.0 mL Lavender EDTA (BD#367861)

Referred Out: In-Common Laboratories

Instructions: Centrifuge and aliquot 1 mL plasma within 4 hours of collection. **Refrigerate or freeze at once.**
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

Stability: Room temperature 4 hours, refrigerate 48 hours, frozen 1 year.

CIS Mnemonic: VEGF
(Do not confuse with Vascular Endothelial Growth Factor D, VEGF-D)

Vasculitis Panel (ANCA)

(Includes Anti-MPO, Anti-PR3, Anti-GBM)

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002

Division: Microbiology Immunology

Synonyms: ANCA, Anti-Neutrophil Cytoplasmic Antibody, Anti-GBM, Anti-Glomerular Basement Membrane, Anti-MPO, Anti-Myeloperoxidase, Anti-PR3, Anti-Proteinase 3

CIS Mnemonic: Vasc Pnl

Vasoactive Intestinal Polypeptide (VIP)

Tube/Specimen: 4.0 mL Lavender EDTA (BD#367861). **Patient fasting status is preferred as levels may be increased otherwise.**

Referred Out: In-Common Laboratories

Instructions: Centrifuge and aliquot minimum 1 mL plasma into a plastic vial. **Freeze at once.**
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

Stability: Room temperature 4 hours, refrigerated 24 hours, frozen 6 months.

CIS Mnemonic: VIP

Vasopressin — see Copeptin

ADH (Anti-Diuretic Hormone/Vasopressin) testing is no longer available at the QEII laboratory or any of the referral laboratories. Please refer to Copeptin testing as a surrogate for ADH.

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VDB

see Bilirubin Direct, Plasma

Division: Clinical Chemistry - Core

VDRL

Tube/Specimen: CSF minimum 200 µL

Requisition: CD0432/CD0433

Division: Virology-Immunology

Comments: For serum specimens see Syphilis Serology

Shipping: Ship at 2 to 8°C up to 2days, if longer freeze at -70°C.

CIS Mnemonic: VDRL

Very Long Chain Fatty Acid

Tube/Specimen: 4.0 mL Lavender EDTA (BD#367861).
Fasting is recommended by the testing site for best results, however not required.

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature
Aliquot 2.0 mL of plasma into plastic vial. **Freeze at once.**
Serum from 4.0 mL Gold SST (BD#367977) tube is acceptable; indicate specimen type on aliquot.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

CIS Mnemonic: VLCFA

VIP

see Vasoactive Intestinal Polypeptide

Referred Out: Mayo Medical Laboratories

Viscosity, Serum

Tube/Specimen: 6.0 mL Plain Red Top, no gel separator (BD#367815) **kept at 37°C.**

Referred Out: In-Common Laboratories

Instructions: Send to Esoteric Immunology Laboratory to be processed.
Keep serum cold. **Do not freeze.**
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals

CIS Mnemonic: VISC

Vitamin A Level

Tube/Specimen: 6.0 mL Plain Red Top, no gel separator (BD#367815). **Wrap in foil to protect from light!**

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Uncontrolled When Printed

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature.
Aliquot serum, **wrap in tinfoil to protect from light! Freeze!**
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

CIS Mnemonic: VITA

Vitamin B1, Whole Blood see Thiamine, Whole Blood

Referred Out: In-Common Laboratories

Vitamin B2 (Riboflavin)

Tube/Specimen: 4.0 mL Lavender EDTA (BD#367861). **Protect from light!**

Referred Out: In-Common Laboratories

Instructions: Aliquot 2.0 mL of plasma into plastic vial. **Wrap in tinfoil to protect from light! Freeze immediately!**
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

CIS Mnemonic: VITB2

Vitamin B3 (Niacin)

Tube/Specimen: 4.0 mL Lavender EDTA (BD#367861). **Wrap in tinfoil within 1 hour of collection to protect from light.**

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature.
Aliquot 2.0 mL of plasma into plastic vial. **Wrap in tinfoil to protect from light! Freeze.**
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

Stability: Frozen – 56 days

CIS Mnemonic: VITB3

Vitamin B6 Level (Pyridoxic Acid)

Tube/Specimen: **Two** 4.0 mL Lavender EDTA (BD#367861). **Wrap in tinfoil immediately to protect from light!**
Note: Specimen must be centrifuged and frozen **within 1 hour of collection**.

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature.
Aliquot 2.0 mL of plasma into plastic vial. **Wrap in tinfoil to protect from light! Freeze.**
Unsuitable for analysis if thawed.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

The electronic copy that resides on the document control system is the valid document. Any paper document labeled **Uncontrolled** must be verified against the electronic version prior to use.
Uncontrolled When Printed

CIS Mnemonic: VITB6

Vitamin B12

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002

Division: Clinical Chemistry - Core

Shipping: Separate serum within 5 hours of collection.

Stability: Serum stable at 2 to 8°C for 7 days. Freeze and send frozen serum, if longer.

CIS Mnemonic: VITB12

Vitamin C

Tube/Specimen: 6.0 mL Plain Red Top, no gel separator (BD#367815) 6.0 mL. **Wrap in tinfoil to protect from light.**

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature
Aliquot 2.0 mL of plasma into plastic vial. **Wrap in tinfoil to protect from light! Freeze at once!**
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

Note: Dark green or light green topped Lithium Heparin tubes are acceptable.

CIS Mnemonic: VITC

Vitamin D Level, Serum

(Do not confuse with Vitamin D (1, 25 dihydroxy) Level)

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002

Division: Clinical Chemistry - Core

Comments: Assay measures both D2 and D3

Note: Vitamin D (1, 25 Dihydroxy) Level is a separate procedure that is referred out to In-Common Laboratories.

Stability: Serum is stable for 3 days at room temperature and 12 days at 2 to 8°C. Freeze and send frozen serum, if longer.

Alternate Names: Vitamin D (25 Hydroxy)
25 OH Vitamin D
Calcidiol
Vit D Level
Vit D 25 Level
Vitamin D3

CIS Mnemonic: VITD

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Uncontrolled When Printed

Vitamin D (1, 25-dihydroxy) Level

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature.
Aliquot 1.0 mL serum into plastic transfer vial. **Freeze at once!**
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

CIS Mnemonic: 125VITD

Vitamin E Level

Tube/Specimen: 4.0 mL Gold SST (BD#367977). **Wrap in tinfoil to protect from light.**

Referred Out: In-Common Laboratories

Instructions: Centrifuge at room temperature.
Aliquot 2.0 mL serum into plastic transfer vial. **Protect from light! Freeze at once!**
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

CIS Mnemonic: VITE

VNTR

see Chimerism Analysis for BMT

Division: Molecular Diagnostics

Voltage-gated Calcium Channel Antibody

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Referred Out: In-Common Laboratories

Instructions: Aliquot at least 1.0 mL serum. **Freeze!**
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

CIS Mnemonic: VGCC Ab

Voltage-gated Potassium Channel Antibody (VGKC)

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Referred Out: In-Common Laboratories

Instructions: Aliquot at least 1.0 mL serum. **Freeze!**
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

Stability: Room temperature 4 days; refrigerated at 2 to 8 ºC for 7 days and frozen >6 months.

CIS Mnemonic: VGKC Ab

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Uncontrolled When Printed

Von Willebrand Disease Genotype

Tube/Specimen: 4.0 mL Lavender EDTA (BD#367861)
Peripheral blood: Preferably 2 tubes, minimum volume 1 mL.
DNA

Requisition: CD0046 or CD2573

Division: Molecular Diagnostics

Instructions: Blood must be kept at 4°C or frozen and must be accompanied by the requisition.
Send specimen to Hematopathology Molecular lab who will refer it out to the National Inherited Bleeding Disorder Genotyping Laboratory at Queen's University.

Stability: Peripheral blood: 5 days at 4°C or frozen
DNA: 3 months at 4°C or frozen

Alternate Names: VWD genotype

CIS Mnemonic: VWD DNA

Von Willebrand Factor Multimer Assay

Tube/Specimen: 2.7 mL Light Blue buffered sodium citrate (BD#363083)

Referred Out: Mayo Medical Laboratories

Instructions: Send specimen and copy of requisition to Hematopathology Coagulation lab for processing.

Comment: Test is not performed at the QEII. Referring hospitals are to send specimens directly to the referral site which performs the test to prevent delay in results.

CIS Mnemonic: VWF MULT
VWF Multimer
Von Willebrand Factor Multimers

Von Willebrand Workup

Tube/Specimen: **Three** 2.7 mL Light Blue buffered sodium citrate (BD#363083), must be a full draw

Requisition: CD0002

Division: Hematopathology - Coagulation

Comments: Testing includes vWF Ristocetin Cofactor (Activity), vWF Antigen, and Factor VIII.

Referrals: Send 3 frozen aliquots of 1.0 mL platelet-poor plasma (see Coagulation Testing under Specimen Collection Information) in polypropylene vials (12x75).

Alternate Names: VWF
VWF Antigen
VWF Activity

CIS Mnemonic: Von Willebrand Workup

Voriconazole Level

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Uncontrolled When Printed

Tube/Specimen: 6.0 mL Dark Green **lithium heparin**, no gel separator (BD#367886)

Requisition: CD0002

Division: Microbiology-Immunology

Instructions: A trough specimen should be drawn into a dark green topped lithium heparin tube.
Minimum 1.0 mL plasma is required.
The specimen can be centrifuged at 4000g for 10 minutes, plasma separated and **shipped frozen if it will not arrive within 24 hours**.
The time specimen was collected (pre) should be indicated on the requisition and tubes.

Note: This test will be referred out by the Microbiology lab.

CIS Mnemonic: VORI

Water Deprivation Test — see Anti-Diuretic Hormone

Referred Out: In-Common Laboratories

WBC — see Profile

Division: Hematopathology - Core

WBC Count and Differential, Body Fluid

Tube/Specimen: 4.0 mL Lavender EDTA (BD#367861)

Requisition: CD0002

Division: Hematopathology - Core

Shipping: If sending specimen from outside QEII HSC, transport at room temperature.

West Nile Virus IgM Antibody

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002A/CD0002B

Division: Virology-Immunology

Note: This test will be referred out by the laboratory.

CIS Mnemonic: WNVSER

West Nile Virus PCR

Tube/Specimen: 4.0 mL Lavender EDTA (BD#367861)

Requisition: CD0002A/CD0002B

Division: Virology-Immunology

Note: PCR testing done primarily for the purpose of Donor Screening. For diagnosis, please consult a Microbiologist.

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Uncontrolled When Printed

Instructions: Separate plasma by centrifugation at 3000g for 20 minutes. Ship plasma frozen.

CIS Mnemonic: WNV

Western Equine Encephalitis — see ARBO Virus

Division: Virology-Immunology

Xylose Absorption Test — see D'Xylose Tolerance Test

Zarontin — see Ethosuximide Level

Referred Out: In-Common Laboratories

Zika Virus PCR

Tube/Specimen: 4.0 mL Gold SST (BD#367977)/Urine collected in a dry sterile container

Requisition: CD0432/ CD0433

Division: Microbiology-Immunology

Required Info: Travel history, travel dates, date of onset and clinical symptoms.
Zika Clinical Information Data Sheet must be completed and submitted with the specimen.

Note: This test will be referred out by the laboratory.
Zika Virus serology (IgM/IgG) no longer available. PCR testing will be performed if criteria for testing met.

CIS Mnemonic: ZIKA

Zika Virus Serology

Tube/Specimen: 4.0 mL Gold SST (BD#367977)

Requisition: CD0002A/CD0002B

Division: Microbiology-Immunology

Required Info: Travel history, travel dates, date of onset and clinical symptoms.
Zika Clinical Information Data Sheet must be completed and submitted with the specimen.

Note: This test will be referred out by the laboratory.

CIS Mnemonic: ZIKA

Zinc, Plasma

Tube/Specimen: 6.0 mL Royal Blue Trace Element K2 EDTA (BD368381)

Referred Out: In-Common Laboratories

Instructions: **Centrifuge ASAP!**
Aliquot plasma into plastic transfer vial.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals

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Send copy of requisition.

Utilization: Plasma zinc is used for potential nutritional deficiency. Cannot be tested on whole blood.

Stability: Room temperature 14 days, refrigerated 21 days and frozen 3 months.

CIS Mnemonic: ZINCP

Zinc Protoporphyrin

(Do not confuse with Free Erythrocyte Protoporphyrin)

Tube/Specimen: 6.0 mL Royal Blue Trace Element K2 EDTA (BD#368381)

Referred Out: In-Common Laboratories

Instructions: **Do Not Centrifuge!**
Refrigerate.
Do not accession for non-Nova Scotia Health *Central Zone* Hospitals
Send copy of requisition.

Stability: 2 weeks refrigerated.

CIS Mnemonic: ZPP

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APPENDIX A

1. 24 hour Urine processing for Calcium, Oxalate, Magnesium, Phosphorous

Step	Action
1.1	Mix specimen by inversion a minimum of ten times.
1.2	Aliquot all tests other than calcium, oxalate, magnesium, phosphorous and uric acid.
1.3	If uric acid is also ordered, divide the specimen into two equal parts. Use one part for the remainder of this procedure and place the other half aside for use with procedure 2.
1.4	Add 25mL of 6N HCl to the collection container. Add half if urine is halved.
1.5	Mix specimen by inversion a minimum of ten times and allow to sit for five minutes.
1.6	Measure urine pH.
1.7	If urine pH is less than or equal to 3, aliquot specimen. If urine pH is greater than 3, add 3 drops 6N HCl (and mix specimen by inversion a minimum of ten times. Measure pH. Repeat this step until a pH of less than 3 has been reached.
1.8	If uric acid is also ordered, proceed to *Procedure 2: Processing for Uric Acid,* using the other half of the specimen set aside in step 1.3.

2. 24 hour Urine processing for Uric Acid

Step	Action
2.1	Mix specimen by inversion a minimum of ten times.
2.2	Aliquot all tests other than calcium, magnesium, phosphorous, oxalate and uric acid.
2.3	If calcium, magnesium, phosphorous and/or oxalate are also ordered, divide the specimen into two equal parts. Use one part for the remainder of this procedure and place the other half aside for use with *Procedure 1: Processing for Calcium, Oxalate, Magnesium, Phosphorous.*
2.4	Add 25mL of 1N NaOH to the collection container. Add half if urine is halved.
2.5	Mix specimen by inversion a minimum of ten times and allow to sit for five minutes.
2.6	Measure urine pH.
2.7	If urine pH is greater than or equal to 8, aliquot specimen. If urine pH is less than 8, add 3 drops 1N NaOH and mix specimen by inversion a minimum of ten times. Measure pH. Repeat this step until a pH of greater than 8 has been reached.
2.8	If calcium, magnesium, phosphorous and/or oxalate are also ordered, proceed to *Procedure 1: Processing for Calcium, Oxalate, Magnesium, Phosphorous,* using the other half of the specimen set aside in step 2.3.

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3. 24 hour Urine processing for catecholamine, 5-Hydroxyindole acetic acid (5HIAA) and/or Metanephrine

<table>
<tr><th>Step</th><th>Action</th></tr>
<tr><td>3.1</td><td>Mix specimen by inversion a minimum of ten times.</td></tr>
<tr><td>3.2</td><td>Aliquot specimen.</td></tr>
<tr><td>3.3</td><td>Measure urine pH.</td></tr>
<tr><td>3.4</td><td>
<table>
<tr><td>If:</td><td>Then:</td></tr>
<tr><td>pH <2</td><td>Adjust pH by slowly adding 6N NaOH, one drop at a time, until the pH is between 2 and 4.</td></tr>
<tr><td>pH >4 and ≤6 and received in original 24-hour acidified container <u>within</u> 8 hours from the end of collection</td><td>Adjust pH by adding one drop of 6N HCL until the pH is between 2 and 4.
Note: For catecholamine and metanephrine only: If the urine being tested is received in the original plain 24-hour container within 8 hours from the end of the collection time: it is acceptable to adjust the pH.</td></tr>
<tr><td>pH >4 and ≤6 but received <u>greater</u> than 8 hours from the end of collection</td><td>The test will be cancelled automatically by the system upon verification of the pH results.</td></tr>
<tr><td>pH >6</td><td>The test will be cancelled automatically by the system upon verification of the pH results.</td></tr>
</table>
</td></tr>
</table>

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