
INTERNATIONAL MEDICAL LABORATORY

Directory of Services 2011

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GENERAL INFORMATION

INTRODUCTION

International Medical Laboratory, Inc., is an independent, full-service reference lab dedicated to providing quality laboratory services to patients and physicians across Florida.

Founded in 1980 in Bradenton, Florida by Dr. Eli Drillmann, a board-certified pathologist, as an alternative to national, commercial laboratories, IML's mission has been to provide the type of high quality medical laboratory services under direct pathologist supervision typically only available to physicians in a hospital environment. Since that time, demand for this type of service has developed IML into a full-service reference laboratory with a growing network of Patient Service Centers serving patients and physicians across the state.

IML offers a full-range of lab services. If you have any questions about the scope of services IML can provide for you, please contact our Client Services Department at (800) 288-1465.

ACCREDITATION

International Medical Laboratory, Inc. is accredited by The College of American Pathologists, the industry's most rigorous quality measure. Our state-of-the-art lab facility, licensed by the State of Florida and the Center for Medicare and Medicaid Services (CMS), maintains comprehensive quality assurance and quality control programs, including both internal and external proficiency testing.

QUALITY ASSURANCE

IML maintains a comprehensive, multi-department Quality Assurance Program to assure the quality of the service we provide throughout the lab process.

Work Process Quality Review

Before each patient's specimen is tested, its journey is tracked from phlebotomist to courier and into the lab to ensure that specimens are transported and stored in appropriate containers and at appropriate temperatures. Once it reaches our lab, it goes through a multi-step review process. If there is a problem with a specimen or a question on an order, we will contact the ordering physician the next day to resolve the issue.

Traditional Quality Control

Both manual and computerized measures are used to ensure that all equipment is producing reliable, quality results at all times.

Independent Proficiency Testing

Our employees participate in independent studies to ensure that our results are accurate and valid. These studies, reviewed by the College of American Pathologists, compare our results to standard measurements to confirm precision in all areas of testing.

Internal Proficiency Testing

Our Quality Assurance Program includes the use of "control patients." These are patients whose services are tracked from venipuncture to billing to ensure all steps in the process are working in accordance with our expectations of excellence.

Continuing Education

Our Technical Personnel continues to improve their knowledge in their field through mandatory annual continuing education.

CLIENT SERVICES

Our Client Services Representatives are available to answer questions about available tests, test requirements, turn-around times, test prices, CPT codes, patient results and courier pick-ups. They can also arrange for a consultation with our Pathologist or Technical Staff. They can be reached at (800) 288-1465 between 8am and 5pm Monday through Friday.

LAB TOURS

We welcome the opportunity to show you and your staff our state-of-the-art lab facility. Please contact our Client Services Department at (800) 288-1465 to arrange a tour.

COURIER SERVICES

Our network of couriers will provide specimen pick up, report delivery and supply delivery to your office. Please prepare your specimens for transport by sealing all containers tightly, placing each patient's specimen in a separate, sealed Bio-hazard specimen bag and placing the patient's order in the side pocket of the specimen bag. IML transports all specimens in accordance with the applicable federal, state and local guidelines for the transportation of bio-hazardous materials.

If you require an additional unscheduled pick up, please contact our Client Services Department.

TEST REQUEST FORMS

Each patient's specimens must be accompanied by an IML Test Request Form, which includes an Information Release and an Advance Beneficiary Notice (ABN). Patient name, date of birth, specimen collection date, specimen collection time and test(s) requested must be marked. If the

services are to be billed to the patient or patient's insurance, the patient's address, date of birth, insurance information and a diagnosis code(s) supporting the service must be included. Test orders and diagnosis information will only be accepted when received in writing from the ordering physician's office. Verbal orders cannot be accepted. If the services ordered for a Medicare patient are not "medically necessary" according to Medicare standards, the patient must be told why the services will not be covered and an appropriate ABN executed and submitted if the services are to be performed.

RESULT REPORTING

Most tests results are reported to the physician within 24 hours. Test results may be delivered by courier, fax or printer. In accordance with Florida Administrative Code section 59A-7.028(7)(b), results will not be released to the patient without the written authorization of the ordering physician.

CRITICAL VALUE RESULT REPORTING

Critical Value Results are those results that are so abnormal we feel they could be life-threatening for your patient. IML follows the guidelines outlined in the Journal of the American Medical Association in determining these values. If your patient has a Critical Value result, it will be called to you as soon as they are available, unless you have given other instructions when your IML account was activated. Please be aware that if our Technical Staff feels your patient is in imminent danger, such as a patient with a Hemoglobin less than 5.0 g/dL, we will notify you regardless of other instructions.

REPEAT TESTING

IML strives for excellence in laboratory services and for the production of accurate and reliable lab results. However, if at any time, the ordering physician feels the results of a test do not correlate with the clinical impression of the patient, repeat testing will be done at no charge. If this occurs, please contact our Client Services Department as soon as possible so that we may arrange for re-testing.

REFERENCE RANGES

The reference ranges for the tests ordered print directly on your patient's result report. However, these ranges can vary by age and gender. Please remember to always submit the patient's age and gender on the Test Request form to ensure accurate reference ranges.

ADDITIONAL TESTING

If you require additional testing on a specimen already submitted, our Client Services Department can arrange for this testing to be performed provided that the appropriate specimen for the test was received, the specimen is still viable and the quantity submitted is adequate. Most specimens are archived for 7 days. After that time, a new specimen will need to be collected. Additional test requests must also be received in writing. All add on orders which are to be billed to an insurance require a diagnosis code. If the add on test requires an Advance Beneficiary Notice, your office will be informed and testing delayed until the ABN is received.

STAT TESTING

If you require expedited test results to determine a course of action, a limited number of tests may be ordered "STAT." If your patient requires STAT testing, we ask that contact our Client Services Department at (800) 288-1465 so that they may arrange this service for you. Results of STAT tests will be telephoned to the ordering physician as soon as they are available. The laboratory reserves the right to charge a STAT charge for this service when additional costs are incurred.

SUPPLIES

Supplies and containers used for laboratory specimen collection are provided to our clients at no charge. These include vacuum blood collection tubes, needles, needle holders, urine containers, culture swabs, pap smear kits and tissue biopsy containers. In addition to prompt supply delivery, IML helps keep your inventory current by tracking your usage to make sure you get the supplies you need. In order to comply with federal "anti-kickback" regulation (the "Stark" law), IML will not supply any item not solely used for the purpose of collecting lab specimens for submission to IML.

COMPLIANCE

International Medical Laboratory, Inc. is committed to compliance with all applicable state and federal regulatory agencies and regulations including but not limited to the Agency for Health Care Administration (ACHA), the Center for Medicare and Medicaid Services (CMS) and the Occupational Safety and Health Administration (OSHA). IML maintains policies requiring compliance with patient confidentiality, diagnosis coding and anti-kickback statutes among others and expects that organizations utilizing our services maintain and enforce their own appropriate policies on those topics which affect their practices.

HIPAA

The Health Insurance Portability and Accountability Act (HIPAA) mandated specific standards for electronic transactions between covered entities, security standards for those electronic transactions and privacy standards for Protected Health Information (PHI). IML has addressed HIPAA requirements already in effect and will continue to modify policies and procedures as it becomes necessary to ensure continued compliance with these regulations.

BILLING

IML offers a number of billing options. Services billed to any party other than the client must include patient's address, date of birth and diagnosis information. In order to submit a claim to a private insurance, we must also have the insurance name, patient's member or identification number, group number and claims address. IML will submit one claim to any insurance as a courtesy for your patient but will only accept assignment for contracted insurances. Requisitions submitted without complete billing information will be billed to the ordering client's account. In the absence of any diagnostic information, tests will be assumed to have been ordered for screening purposes.

Client Billing

Clients may choose to have services they have ordered billed to their client account. Clients will receive an itemized bill monthly indicating patient's name, test performed and the charge. If you would like to have services billed to the client account, please mark the "client" or "my account" box in the billing information section of the IML Test Request Form. All services will be itemized on your monthly client bill, which is due upon receipt. If you need the CPT code for a test you have ordered, please contact our Client Services Department.

Patient Billing

If the patient is to be billed for the services performed, please mark the "patient" box in the billing information section of the IML Request Form. Please be sure to include the patient's complete mailing address and telephone number.

Medicare Billing

If a patient is covered by Medicare, please write the patient's complete Medicare number, including the letter prefix or suffix, and the patient's address on the IML Test Request Form. Medicare requires the ordering physician to submit diagnosis information to support the medical necessity of any laboratory test ordered. Any diagnoses used to justify the medical necessity of an ordered test must be reflected in patient's medical chart.

If the test ordered is not expected to be covered by Medicare, the patient must sign and date an Advance Beneficiary Notice (ABN) form agreeing to be responsible for payment if they would like the test performed. The ABN must be submitted to IML prior to testing. Medicare has determined

that “limited coverage” tests may not be covered due to frequency of use or diagnosis criteria. Other tests are excluded from coverage because there is a Local or National Policy excluding them or they are considered by Medicare to be “investigational.” Tests ordered for screening purposes are also not covered by Medicare except for under those circumstances listed in the Screening section below.

Limited Coverage Tests

Limited Coverage tests are those tests that Medicare covers only for certain diagnoses and certain frequencies. Those Limited Coverage tests that are printed on the IML Test Request form are denoted. However, Medicare continuously adds and amends test policies. If the diagnosis code for the patient does not meet Medicare’s requirement for the test or the test is being done more frequently than Medicare considers necessary, the patient must sign the ABN indicating they will be responsible for payment if the test is to be done. Each Limited Coverage Test is governed by a Medicare Policy, either a Local Coverage Determination (LCD, formerly know as Florida Local Medical Review Policy or LMRPs) or National Coverage Determination (NCD) for the test indicating under which conditions it is covered. If you need a copy of a policy for a particular test, please contact our Client Services Department or log onto www.floridamedicare.com to access all LCDs and NCDs.

Investigational / Non-Covered Tests

Certain tests are never covered by Medicare because they are considered “investigational” or are excluded from coverage due to a National or Local Determinations. These tests are listed Florida Medicare Policy for “Non-Covered Services.” This policy is available through our Client Services Department or on www.floridamedicare.com. If you are ordering Investigational or Non-Covered tests on your patient, s/he will need to sign an ABN if they would like the test performed.

Screening

Medicare provides limited coverage of tests ordered for screening purposes. If a tests is ordered more frequently than is allowed for screening purposes, an ABN must be obtained. For those tests ordered for screening purposes, which are not part of the Medicare screening benefit, an appropriate ABN must be submitted. Please remember that the if a test is allowed annually, a full twelve months must have passed before the test will be covered again. If an annual test is scheduled any sooner, coverage will be denied.

Medicaid

If a patient is covered by Medicaid of Florida, please write the patients 10 digit Medicaid Recipient ID Number on the IML Requisition Form. Patient’s address, telephone number and diagnoses information is also required. If the patient is enrolled in a Medicaid managed care program and you are not the primary care physician, the primary care physician’s authorization number is also required. If your patient is enrolled in a Medicaid HMO, please direct them to their network provider.

Private Insurance

If the patient is covered by a private insurance and you would like us to send a claim on their behalf, please submit a copy of the front and back of the insurance card with the IML Requisition form. Diagnosis information is also required for insurance billing. If a copy of the insurance card is not available, please submit the following information: Insurance Company Name, Insurance Company Address, Patient's Policy or ID Number, Patient's Group Number, Name of Insured, Relation of Insured to Patient, Patient's Mailing Address, Patient's Date of Birth.

IML will send one courtesy claim to any insurance company. However, patients will be responsible for any charges not paid by the insurance. IML is currently on contract with the following insurances and networks:

Beech Street Network	Medicare Complete
BCE Emergis	Medicare Railroad
ChampVA	Medicare Rx/Advantage PFFS Plans
ChoiceCare Network	MDI
CCN (Community Care) Network	Multi-Plan
Evolutions	PPO Next
Evercare	Principal
First Health Network	Pro-America
ForMost	PHCS
GEHA	Secure Horizons
Golden Rule	Tricare
HealthSmart	TRPN (Three Rivers Provider Network)
Humana ChoiceCare Network	Up & Up
HumanaOne	United Healthcare
John Alden	United Mine Workers of America
Mail Handler's Benefit Plan	Universal Healthcare Any, Any, Any
Manatee Health Network	State of Florida - Vocational Rehabilitation
Medicaid	Worker's Compensation
Medicare	

PATIENT SERVICE CENTERS

If you prefer not to collect specimens in your office, you may direct your patients to one of our Patient Service Centers listed below with their lab requisition or prescription. For office hours, PSC maps and additional information, please contact our Client Services Department at (800) 288-1465 or visit www.internationalmedicallab.com.

Bradenton

2105 59th Street West

Tel: (941) 794-3400 • Fax: (941) 794-3024

300 Riverside Drive E, Suite 1100

Tel: (941) 746-6000 • Fax: (941) 745-2169

712 53rd Avenue East, Suite A

Tel: (941) 756-1394 • Fax: (941) 756-2761

Ellenton

8231 US Highway 301 North

Tel: (941) 776-3775 • Fax: (941) 776-0426

Englewood

697 Old Englewood Road

Tel: (941) 474-7306 • Fax: (941) 474-7306

2828 South McCall Road, Suite 25

Tel: (941) 475-3404 • Fax: (941) 475-3256

Sarasota

3500 South Tamiami Trail

Tel: (941) 366-3898 • Fax: (941) 366-0512

3333 Clark Road, Suite 120A

Tel: (941) 923-7780 • Fax: (941) 923-8301

St. Petersburg

1446 Pasadena Avenue South

Tel: (727) 384-3840 • Fax: (727) 384-3329

Sun City Center

4020 Sun City Center Boulevard, Suite 15

Tel: (813) 634-4293 • Fax: (813) 634-4298

SPECIMEN COLLECTION AND PROCESSING

The quality of test results reported by any laboratory is directly related to proper collection and handling of the specimens submitted. Patient and specimen identification, correct specimens for the test requested, specimen collection, preparation, and storage at the correct temperature are all essential to producing an accurate test result. Please make sure that at least the quantity specified for the test is submitted. Under no circumstances should specimens in Sharps equipment, such as body fluid in a syringe, be submitted. If you are uncertain about a specimen type or requirement, please contact our Client Services Department for assistance.

Please be aware that IML is unable to accept, process or test any radioactive specimens.

FASTING SPECIMENS

Certain tests require a fasting specimen. It is recommended that the patient fasts 8-12 hours. Patients should not eat anything during the 8-12 hours before these tests but are encouraged to stay hydrated during this period by drinking an adequate amount of water. However, no other beverages, including black coffee, tea or juice should be consumed. Patients should be advised to avoid chewing gum, smoking and excessive exercise during the fast period.

SPECIMEN LABELING

Patient identification and specimen labeling is vital to accurate test results. All specimens must be labeled with the patient's first and last name, as well as date of birth or other unique patient identification number. The date and time of collection should also be indicated. All labeling should be done using a permanent, waterproof writing instrument, such as a permanent marker. Unlabeled specimens may be refused for testing. All containers should be tightly sealed for storage and transport.

BLOOD COLLECTION

Blood may be collected by a vacuum tube and needle assembly or by syringe. Blood should be collected into tubes with the appropriate additive. The color of the tube top indicates which additive, if any, is in the tube.

When tubes of varying colors are to be drawn, they must be drawn in the following order: Blood Culture Tubes, Light Blue Top Tubes, Plain Red Top Tubes, SST (Serum Separator) Tubes, Green Top (Heparin) Tubes, Lavender Top (EDTA) Tubes and Grey Top Tubes

If the blood collected in a tube is not separated into plasma or serum by centrifugation, it is referred to as "whole blood". If whole blood is collected in a tube without anti-coagulant and is then centrifuged, the yellowish fluid in the top half of the tube is "serum." If whole blood is collected in a tube with an anti-coagulant and centrifuged, the yellowish fluid in the top half of the tube is "plasma." The type of anti-coagulant in the tube determines the type of plasma produced, i.e. heparinized plasma is produced by collecting whole blood in a green top tube containing

Lithium or Sodium Heparin and centrifuging it. The top portion of the specimen in the green top tube is then heparinized plasma.

For the benefit of the patient, please do not collect extra specimens. Minimize the amount of blood collected by reviewing the specimen requirements for each test and adding up the number of mLs of each specimen type required. For example, the serum of one SST tube is adequate for a Comprehensive Metabolic Panel, Lipid Panel and TSH. When calculating how many tubes are needed, estimate that you must draw 2.5 times the volume of whole blood for the serum or plasma needed. For example, to get 4 mL of plasma or serum, 10 mL of whole blood must be drawn.

Phlebotomy Basics

The following guidelines should be observed for proper blood collection. These guidelines are designed to serve as reminders of some important steps in blood collection and are not intended to be comprehensive or replace phlebotomist training¹:

1. Identify patient and review order.
2. Position patient. Seated patients should be comfortably seated with arm in straight line from shoulder to wrist.
3. Prepare equipment and proper collection devices prior to venipuncture.
4. Wash hands and apply personal protective equipment.
5. Apply tourniquet midway between elbow and shoulder. Do not use arm on side where patient has had a mastectomy or above an infusion site. Do not leave tourniquet on longer than one minute.
6. Select vein. Cephalic, basilic or median cubital should be used. Vein should be palpable but not pulsating. Pulsating indicates site is artery not vein.
7. Cleanse site using appropriate cleanser such as alcohol. Wipe in outward-moving concentric circles. Do not blow site dry.
8. Insert needle into vein at approximately 15° angle in direct line with vein. Tube should be below site to prevent backflow. Bevel should be facing upward.
9. Release tourniquet prior to removing needle.
10. Once needle is removed, apply pressure to site with clean gauze.
11. Dispose of needle in sharps container. Remove and dispose of gloves appropriately. Wash hands.
12. Label all tubes.
13. For serum, allow the blood to clot for at least 20 minutes and separate from the cells by centrifuging for 10 minutes. For plasma or whole blood collections, thoroughly mix the blood with the additive by inverting the tube 5 to 10 times. Centrifuge and separate from the cells if appropriate.

¹Pendergraph, Garland E., Pendergraph, Cynthia Barfield. Handbook of Phlebotomy and Patient Service Techniques. Williams & Wilkins. 1998.

Common Problems in Collection

- Hemolysis:** Occurs when red blood cells rupture releasing their contents into the serum. Even a slight degree of hemolysis will invalidate many test results and, in particular, elevate potassium and LDH. Hemolysis may be caused by difficult phlebotomy, small gauge needle (less than 18 ga.), placing red top tubes in the refrigerator before clotting is completed at room temperature, vigorous shaking of anti-coagulant specimens or storing in a refrigerator that is too cold
- Lipemia:** Cloudy specimen due to presence of excessive amounts of fat. Occurs often if blood is drawn after meal. Will invalidate many test results. Therefore, fasting specimen is preferred.
- QNS:** Quantity Not Sufficient. This indicates there is not enough specimen to perform the test requested. We are aware that often this is the only specimen obtainable from the patient. However, sometimes "a little is just not enough."

Tube Types

- Red Top Tube:** Contains no anti-coagulant. Used for serum or clotted whole blood. After drawing, gently invert 8 times. Allow blood to clot at room temperature, out of direct sunlight, for 30 minutes. Centrifuge and transfer the serum portion into a properly labeled plastic transfer vial. Prolonged exposure of the serum to the clot may invalidate some test results.
- Red (Tiger) Top / SST Tube:** Serum separator tube contains no anti-coagulant. Includes a gel to separate serum from cells after centrifugation. After drawing, invert tube gently 8 times. Allow blood to clot at room temperature, out of direct sunlight, for 30 minutes. Do not centrifuge before completely clotted. Centrifuge at 3400-3500 rpm for 10-15 minutes. Send the centrifuged and labeled SST tube with its top on to the laboratory. This tube type is not preferred for use in toxicology or Therapeutic Drug Monitoring (TDM) testing.
- Note: Some studies have demonstrated increased Potassium levels as a result of excessively vigorous inverting of tubes. Handle tubes with utmost care.
- Lavender Top Tube:** Contains liquid EDTA anticoagulant. Tube must be filled completely and gently inverted 8 times in order to prevent clotting.
- Gray Top Tube:** Contains Potassium Oxalate as anti-coagulant and Sodium Fluoride as glucose preservative. After drawing, invert gently 8 times to prevent clotting.

Light Blue Top Tube: Contains solution of 3.2% Citrate as anti-coagulant. Used specifically for PT, PTT, and other coagulation tests. It is essential that the tube be properly filled to the "fill" line on the tube. After drawing, invert 4 times to prevent clotting. Partially filled or over-filled tubes invalidate coagulation. If collecting a Light Blue Top Tube using a Winged Infusion(Butterfly) Device, you will need to use an SST as a starter tube. Begin filling the SST to draw the blood through the tubing. Once the SST has begun to fill, discard it and fill the Light Blue Top Tube. This will enable you to completely fill the Light Blue Top Tube. A starter tube is not required for routine venipunctures using a conventional vacutainer or syringe.

Over filled or under filled Light Blue Top Tubes invalidate test results because of the altered ratio of blood to anti-coagulant and cannot be tested.

Green Top Tube: Contains Lithium or Sodium Heparin as anti-coagulant. After drawing, invert 8 times in order to prevent clotting. Use this tube when preparing Heparinized Plasma specimens.

Dark Blue Top Tube: Tube contains no heavy metals. Used for serum Heavy Metal tests. Invert 8 times after collection.

Yellow Top Tube: Contains ACD as anti-coagulant. After drawing, invert 8 times to prevent clotting.

Frozen Specimens

Frozen Serum: Draw Red Top Tube or SST, invert 8 times and allow specimen to clot at room temperature, out of direct sunlight, for 30 minutes. Centrifuge for 15 minutes to ensure good separation. Transfer Serum into plastic container and freeze. Label tube with patient's name, date and "serum." Place "frozen submitted separately" sticker on specimen bag of any other specimens, if specimens of another temperature are being submitted.

Frozen Plasma: Draw in tube with appropriate anti-coagulant, invert tube 8 times and centrifuge 15 minutes. Transfer plasma to plastic tube and freeze. Label tube with patient's name, date and with type of anti-coagulant used (i.e. Heparin, EDTA, Citrate). Place "frozen submitted separately" sticker on specimen bag of any other specimens, if specimens of another temperature are being submitted.

URINE COLLECTION

The following collection devices are used for urine specimens. All containers should be labeled with the patient's complete name and date on the cup or tube not the lid. All containers should be tightly sealed to avoid specimen leakage and then placed in a Bio-Hazard Specimen Transport bag.

Sterile Urine Cups: Used for urine culture and clean catch urinalysis.

Clean Catch Urine Specimen Collection Instructions for Females:

Instruct patient to wash hands, unscrew cap of urine container and remove cleansing towelette from packaging. Separating the folds of the urinary opening, the patient should cleanse the area thoroughly with down ward strokes, using a different part of the towelette for each downward stroke. Patient should begin urinating into the toilet and then move the urine container into the stream of urine (midstream collection). Specimen container should be tightly sealed, labeled and returned to the lab for testing.

Clean Catch Urine Specimen Collection Instructions for Males:

Instruct patient to wash hands, unscrew cap of urine container and remove towelette from packaging. Patient should cleanse the head of the penis using the towelette. If uncircumcised, the foreskin should be pulled back during cleaning procedure. Patient should begin urinating into the toilet, pulling foreskin back if present, and then move the urine container into the stream of urine (midstream collection). Specimen container should be tightly sealed, labeled and returned to the lab for testing.

For Patient Clean Catch Urine Collection Instruction Sheets, please call Client Services at (800) 288-1465.

24 Hour Urine Container: Used for 24 hour urine testing. Should be labeled with collection date, as well as start and completion times. If any preservative has been added to the sample, please note this on the container.

Collection Instructions:

Have patient avoid alcoholic beverages, vitamins and other medications (if possible) for at least 24 hours before beginning and during the course of specimen collection. Inform the patient if the specimen container contains any preservative, warning them not to discard the preservative and to keep the container away from children. Patients should not exceed their normal intake of liquids during the day before or day of the collection unless otherwise directed to do so by their physician. Instruct patient to begin collection period when they wake in the morning, voiding but not collecting their first morning urine. The 24 hour urine container should be labeled with the date and time of this uncollected specimen. All urine for the next 24 hours should be collected. The final collection should be made the next morning, approximately 24 hours from the start of collection. Keep the specimen in a cool place, preferably refrigerated, in a brown paper bag. Return the specimen to the laboratory as soon possible after the end of collection. For Patient 24 Hour Urine Collection Instruction Sheets, please call Client Services at (800) 288-1465.

SPECIMEN STORAGE AND TRANSPORT

Proper collection, storage and transport are vital to producing quality lab results. To help us provide the most accurate results, please ensure that specimens are properly packed for transport and stored at the appropriate temperatures. All specimen containers should be labeled and tightly sealed. Each patient's specimen should be placed in an individual Bio-hazard Specimen Bag, which should also be sealed. The patient's lab request form should be folded and placed in the outside pocket of the Specimen Bag. Specimens should be stored at the temperature specified for the test in the Test Listing, while awaiting courier pick-up. Specimens will be transported from your office by IML courier in accordance with federal, state and local bio-hazardous transport regulations.

TEST LISTING

The following is an alphabetical listing of tests available through IML. If the test you require is not included, please call our Client Services Department at (800) 288-1465 and we will try to arrange this service for you. Specimen Requirements listed are current as of the date of printing but are subject to change without notice.

INDIVIDUAL TEST LISTING

5-HYDROXYINDOLEACETIC ACID (5HIAA)

LAB CODE: 5007

Specimen Requirements: 24 Hour Urine. Collection start and completion times must be noted. Patients should abstain, if possible, from medications, over-the-counter drugs, and herbal remedies for at least 72 hours prior to the test. Patient should not eat avocados, bananas, eggplant, pineapple, plums, tomatoes or walnuts for a 48 hour period prior to start of collection.

Collect: 24 Hour Urine Container

Storage and Transport: Refrigerated during and after collection

Reported: In 3-5 Days

ABO GROUP & RH (BLOOD TYPE)

LAB CODE: 4900

Specimen Requirements: 3mL Serum and 5mL Whole Blood

Collect: Plain Red Top Tube and Lavender Top Tube

Storage and Transport: Refrigerated

Reported: In 2-3 Days

ACE (See Angiotensin Converting Enzyme)

ACETYLCHOLIN RECEPTOR ANTIBODY

LAB CODE: 5011

Specimen Requirements: 2mL Serum

Collect: Serum Separator Tube

Storage and Transport: Refrigerated

Reported: In 4-6 Days

ACID FAST CULTURE & SMEAR (AFB) (See Culture & Smear, Acid Fast, AFB)

ADH (See Antidiuretic Hormone)

ADRENALIN (See Catecholamines, Fractionated)

ADRENOCORTICOTROPHIC HORMONE (ACTH)

LAB CODE: 5015

Specimen Requirements: 1 mL EDTA Plasma
Collect: Lavender Top Tube. Centrifuge. Transfer Plasma into transfer tube. Critical Frozen. Must be separated from cells and frozen within 1 hour.
Storage and Transport: Frozen
Reported: In 3-5 Days
Notes: Please submit a separate sample for any additional tests requiring a frozen sample.

AFB (See Culture, Acid Fast)

AFP (See Alpha-Fetoprotein)

ALBUMIN

LAB CODE: 2201

Specimen Requirements: 2mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 1 Day
Billing Notes: Medicare Limited Coverage Test

ALDOLASE

LAB CODE: 2440

Specimen Requirements: 2 mL serum.
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 3-5 Days

ALDOSTERONE, SERUM

LAB CODE: 5019

Specimen Requirements: 2mL Serum.
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 3-5 Days

ALDOSTERONE, URINE

LAB CODE: 5020

Specimen Requirements: 24 Hour Urine. Collection start and completion times must be noted. Must be shipped within 24 hours of collection.
Collect: 24 Hour Urine Container
Storage and Transport: Refrigerated during and after collection
Reported: In 2-9 Days

ALKALINE PHOSPHATASE

LAB CODE: 2206

Specimen Requirements: 1mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 1 Day

ALKALINE PHOSPHATASE ISOENZYMES (HEAT STABLE)

LAB CODE: 2653

Specimen Requirements: 3mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated. Do not freeze.
Reported: In 1-2 Days

ALLERGY TESTING

For information on Allergy Panels and individual allergens, please contact Client Services.

ALPHA-1-ANTITRYPSIN (ANTI-TRYPSIN)

LAB CODE: 5605

Specimen Requirements: 1mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 3-5 Days

ALPHA-FETOPROTEIN/hCG/ESTRIOL (AFP) (MATERNAL SCREEN)

LAB CODE: 5035

Specimen Requirements: 3 mL Serum. Please indicate the following patient information on the patient's test request: Patient Date of Birth, Weight, Gestational Age and method of calculation, Last Menstrual Period, Number of Fetuses, Race, Insulin Dependency Status, Family History of Neural Tube Defects. Collect specimen between 14-22 weeks gestation. Icteric or grossly hemolyzed specimens are not acceptable. If not shipped same day, sample should be frozen.

Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 3-5 Days
Billing Notes: Medicare Limited Coverage Test

ALPHA-FETOPROTEIN, TUMOR MARKER

LAB CODE: 5036

Specimen Requirements: 2mL Serum
Collected: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 2-4 Days
Billing Notes: Medicare Limited Coverage Test

ALANINE AMINOTRANSFERASE (See ALT)

ALT (ALANINE AMINOTRANSFERASE)

LAB CODE: 2209

Specimen Requirements: 1mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 1 Day

AMINOPHYLLINE (See Theophylline)

AMMONIA

LAB CODE: 2695

Specimen Requirements: 2mL EDTA Plasma. Specimen must be centrifuged immediately and plasma transferred to plastic transfer tube and frozen immediately.
Collect: Lavender Top Tube
Storage and Transport: Frozen
Reported: In 1-2 Days
Notes: Please submit a separate sample for any additional tests requiring a frozen sample.

AMYLASE

LAB CODE: 2100

Specimen Requirements: 2mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 1 Day

AMYLASE ISOENZYMES

LAB CODE: 5855

Specimen Requirements: 2mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 3-5 Days

ANA (See Anti-Nuclear Antibody Screen)

ANAEROBIC CULTURE (See Culture, Anaerobic)

ANDROSTENEDIONE

LAB CODE: 5048

Specimen Requirements: 1mL Serum
Collect: Serum Separator Tube.
Storage and Transport: Refrigerated
Reported In: In 4-7 Days

ANGIOTENSIN CONVERTING ENZYME (ACE)

LAB CODE: 5049

Specimen Requirements: 1mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated.
Reported: In 2-4 Days

ANTI-CENTROMERE ANTIBODY

LAB CODE: 2607

Specimen Requirements: 2mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 2-3 Days
Billing Notes: Medicare Limited Coverage Test

ANTI-DNA (DOUBLE STRAND)

LAB CODE: 2640

Specimen Requirements: 2mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 2-3 Days

ANTI-HISTONE ANTIBODY

LAB CODE: 5061

Specimen Requirements: 1mL Serum.
Collect: Serum Separator Tube.
Storage and Transport: Refrigerate
Reported: In 2-4 Days

ANTI-LA (See SSB Antibodies)**ANTI-MICROSOMAL ANTIBODIES (See Anti-Thyroid Peroxidase Antibodies)**

ANTI-MITOCHONDRIAL ANTIBODIES

LAB CODE: 5063

Specimen Requirements: 1mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 2-4 Days

ANTI-MYOCARDIAL ANTIBODIES

LAB CODE: 5064

Specimen Requirements: 1mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 2-4 Days

ANTI-NUCLEAR ANTIBODY SCREEN (ANA)

LAB CODE: 2600

Specimen Requirements: 2mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 1-3 Days

ANA WITH REFLEX CONFIRMATION PANEL

LAB CODE: 2630

Specimen Requirements: 2mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 1-3 Days
Notes: A positive result on this ANA Screen reflexes to a confirmation panel including SSA, SSB, SM, RNP, SCL-70, JO-1, DSDNA, Centromere and Histone Antibodies.

ANTI-PARIETAL ANTIBODIES

LAB CODE: 5066

Specimen Requirements: 2mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 2-4 Days

ANTI-RO (See SSA Antibodies)

ANTI-RNP ANTIBODIES

LAB CODE: 50000

Specimen Requirements: 1mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 1-3 Days
Billing Notes: Medicare Limited Coverage Test

ANTI-SCLERODERMA (SCL-70) ANTIBODY

LAB CODE: 5069

Specimen Requirements: 1mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 1-3 Days
Billing Notes: Medicare Limited Coverage Test

ANTI-SMITH ANTIBODIES

LAB CODE: 50001

Specimen Requirements: 1mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 1-3 Days
Billing Notes: Medicare Limited Coverage Test

ANTI-SMOOTH MUSCLE ANTIBODIES

LAB CODE: 5070

Specimen Requirements: 1mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 3-5 Days

ANTI-STREPTOLYSIN-O (ASO), QUANTITATIVE

LAB CODE: 4008

Specimen Requirements: 1mL Serum.
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 2-4 Days

ANTI-THYROGLOBULIN ANTIBODIES

LAB CODE: 50014

Specimen Requirements: 1mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 2-4 Days

ANTI-THYROID ANTIBODIES (Includes Anti-TPO & Anti-Thyroglobulin Abs)

LAB CODE: 5015

Specimen Requirements: 2mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 2-4 Days

ANTI-THYROID PEROXIDASE ANTIBODIES (TPO) (MICROSOMAL AB)

LAB CODE: 5017

Specimen Requirements: 2mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 2-4 Days

ANTI-TRYPsin (See Alpha-1-Antitrypsin)**ANTIBODY SCREEN (INDIRECT COOMBS)**

LAB CODE: 4905

Specimen Requirements: 7mL Whole Blood from Plain Red Top and 5mL EDTA Whole Blood
Collect: 1 Plain Red Top Tube (do not use SST) and 1 Lavender Top Tube
Storage and Transport: Refrigerate
Reported: In 2-7 Days

ANTIDIURETIC HORMONE (ADH)

LAB CODE: 5084

Specimen Requirements: 3mL EDTA Plasma
Collect: Lavender Top Tube. Centrifuge. Transfer Plasma to plastic tube. Freeze.
Storage and Transport: Frozen
Reported: In 6-13 Days
Notes: Please submit a separate sample for any additional tests requiring a frozen sample.

ARSENIC, BLOOD

LAB CODE: 5088

Specimen Requirements: 2mL EDTA Whole Blood
Collect: Dark Blue Top Tube with EDTA
Storage and Transport: Room Temperature
Reported: In 3-5 Days

ASO (See Anti-Streptolysin-O)

ASPARTATE AMINOTRANSFERASE (See AST)

AST (ASPARTATE AMINOTRANSFERASE)

LAB CODE: 2208

Specimen Requirements: 1mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 1 Day

BENCE-JONES PROTEIN (See Immunoelectrophoresis, Urine)

BETA-2-MICROGLOBULIN, SERUM

LAB CODE: 5095

Specimen Requirements: 2mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 3-5 Days

BETA-HCG, QUALITATIVE

LAB CODE: 4002

Specimen Requirements: 1mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 1 Day
Billing Notes: Medicare Limited Coverage Test

BETA-HCG, QUANTITATIVE

LAB CODE: 2608

Specimen Requirements: 2mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 1 Day
Billing Notes: Medicare Limited Coverage Test

BICARBONATE (See Carbon Dioxide - CO₂)

BILIRUBIN, DIRECT

LAB CODE: 2112

Specimen Requirements: 1mL Serum. Protect specimen from bright light by wrapping in foil or using amber tube.
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 1 Day

BILIRUBIN, FRACTIONATED (Total, Direct and Indirect)

LAB CODE: 2550

Specimen Requirements: 2mL Serum. Protect specimen from bright light by wrapping in foil or using amber tube.
Collect: Serum Separator Tube
Storage and Transport: Refrigerate
Reported: In 1 Day

BILIRUBIN, TOTAL

LAB CODE: 2205

Specimen Requirements: 1mL Serum. Protect from light specimen from bright light by wrapping in foil or using amber tube.
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 1 Day

BIOPSIES (See Pathology)**BLOOD CULTURE (See Culture, Blood)****BLOOD TYPE (See ABO GROUP and RH)****BLOOD UREA NITROGEN (BUN)**

LAB CODE: 2215

Specimen Requirements: 2mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 1 Day

BUN (See Blood Urea Nitrogen)**C-PEPTIDE**

LAB CODE: 5200

Specimen Requirements: 1 mL Serum. Patient should be fasting 12 hours prior to collection.
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 3-5 Days

C-REACTIVE PROTEIN (CRP), HIGH SENSITIVITY (CARDIAC)

LAB CODE: 4016

Specimen Requirements: 1 mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 1 Day
Billing Notes: Not covered by Medicare

C-REACTIVE PROTEIN (CRP), QUANTITATIVE

LAB CODE: 4012

Specimen Requirements: 1 mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 1 Day

CANCER ANTIGEN 15-3 (CA 15-3)

LAB CODE: 5110

Specimen Requirements: 2mL Serum
Collect: Serum Separator Tube. Centrifuge. Transfer serum into plastic transfer tube. Freeze.
Storage and Transport: Frozen
Reported: 3-5 Days
Notes: Please submit a separate sample for any additional tests requiring a frozen sample.
Billing Notes: Medicare Limited Coverage Test

CANCER ANTIGEN 19-9 (CA 19-9)

LAB CODE: 5111

Specimen Requirements: 2mL Serum
Collect: Serum Separator Tube. Centrifuge. Transfer serum into plastic transfer tube. Freeze.
Storage and Transport: Frozen
Reported: In 4-5 Days
Notes: Please submit a separate sample for any additional tests requiring a frozen sample.
Billing Notes: Not Covered by Medicare

CANCER ANTIGEN 27.29 (CA 27.29)

LAB CODE: 5687

Specimen Requirements: 2mL Serum
Collect: SST. Centrifuge. Transfer serum into plastic transfer tube. Freeze.
Storage and Transport: Frozen

Reported: In 3-5 Days
Notes: Please submit a separate sample for any additional tests requiring a frozen sample.
Billing Notes: Medicare Limited Coverage Test

CANCER ANTIGEN 125 (CA-125)

LAB CODE: 5112

Specimen Requirements: 2mL Serum
Collect: Serum Separator Tube.
Storage and Transport: Refrigerate
Reported: In 3-5 Days
Billing Notes: Medicare Limited Coverage Test

CALCITONIN (THYROCALCITONIN)

LAB CODE: 5117

Specimen Requirements: 2mL Serum
Collect: Serum Separator Tube. Centrifuge. Transfer serum into plastic transfer tube. Freeze.
Storage and Transport: Frozen
Reported: In 4-9 Days
Notes: Please submit a separate sample for any additional tests requiring a frozen sample.

CALCIUM, IONIZED

LAB CODE: 5121

Specimen Requirements: 2mL Serum in unopened SST.
Collect: Serum Separator Tube unopened
Storage and Transport: Refrigerated
Reported: In 3-5 Days
Notes: Please submit a separate sample for any additional tests ordered.
Billing Notes: Medicare Limited Coverage Test

CALCIUM, SERUM

LAB CODE: 2203

Specimen Requirements: 1 mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerate
Reported: In 1 Day
Billing Notes: Medicare Limited Coverage Test

CALCIUM, RANDOM URINE

LAB CODE: 2255

Specimen Requirements: 10mL Random Urine
 Collect: Urine Cup
 Storage and Transport: Refrigerated
 Reported: In 1 Day

CALCIUM, 24 HOUR URINE

LAB CODE: 2231

Specimen Requirements: 24 Hour Urine. Collection start and completion time should be noted.
 Collect: 24 Hour Urine Container
 Storage and Transport: Refrigerated during and after collection
 Reported: In 1 Day

CARBAMAZEPINE (Tegretol)

LAB CODE: 2010

Specimen Requirements: 1mL Serum
 Collect: Serum Separator Tube
 Storage and Transport: Refrigerated
 Reported: In 1 Day

CARBON DIOXIDE (CO₂, Bicarbonate)

LAB CODE: 2214

Specimen Requirements: 1mL Serum in unopened SST
 Collect: Serum Separator Tube unopened
 Storage and Transport: Refrigerated
 Reported: In 1 Day

CARCINOEMBRYONIC ANTIGEN (CEA)

LAB CODE: 2655

Specimen Requirements: 2mL Serum
 Collect: Serum Separator Tube
 Storage and Transport: Refrigerated
 Reported: In 1-2 Days
 Billing Notes: Medicare Limited Coverage Test

CARDIOLIPIN ANTIBODY, IgA

LAB CODE: 5125

Specimen Requirements: 1mL Frozen Serum
 Collect: Serum Separator Tube
 Storage and Transport: Frozen
 Reported: In 3-5 Days

CARDIOLIPIN ANTIBODIES, IgG, IgM, IgA

LAB CODE: 5862

Specimen Requirements: 1mL Frozen Serum
Collect: Serum Separator Tube
Storage and Transport: Frozen
Reported: In 3-5 Days

CAROTENE (ALPHA & BETA), SERUM

LAB CODE: 5126

Specimen Requirements: 2mL Serum. Protect from light.
Collect: Serum Separator Tube. Centrifuge. Transfer serum into plastic tube. Protect from light using amber tubes or foil. Freeze. Patient should fast for 12 hours and consume no alcohol for 1 day.
Storage and Transport: Frozen.
Reported: In 3-7 Days
Notes: Please submit a separate sample for any additional tests requiring a frozen sample.

CATECHOLAMINES, FRACTIONATED, PLASMA

LAB CODE: 5665

Specimen Requirements: 4mL Heparinized Plasma
Collect: Green Top Tube. Centrifuge specimen, and transfer plasma into plastic vial. Plasma should be separated from cells ASAP. Freeze.
Storage and Transport: Frozen
Reported: In 3-5 Days
Notes: Please submit a separate sample for any additional tests requiring a frozen sample.
Comment: Patient should be calm and in a supine position for 30 minutes prior to collection. Fractionated Catecholamines includes Epinephrine, Norepinephrine and Dopamine. If possible, patients should discontinue all drugs at least 1 week prior to collection. Medications known to interfere with the assay include: Alpha-methyldopa (Aldomet), Isoproterenol, Labetalol, Mandelamine, Metoclopramide, Acetaminophen (high concentrations only), Cimetidine, and Catecholamine-containing drugs, MAO inhibitors, diuretics and vasodilators. The patient must stop smoking and drinking coffee or tea for a minimum of four hours before sample is drawn.

CATECHOLAMINES, FRACTIONATED, URINE

LAB CODE: 5130

Specimen Requirements: 24 Hour Urine. Collection start and completion times should be noted. Must stay Refrigerated during collection.

Collect: 24 Hour Urine Container

Storage and Transport: Refrigerated during and after collection

Reported: In 3-5 Days

Comment: Catecholamines, Fractionated includes Epinephrine, Norepinephrine and Dopamine. If possible, patient should discontinue all drugs at least 1 week prior to collection. Medications known to interfere with this assay include: Alpha-methyldopa (Aldomet), Isoproterenol, Labetalol, Mandelamine, Metaclopramide, Acetaminophen (high concentrations only), Cimetidine, and Catecholamine-containing drugs, MAO inhibitors, diuretics, vasodilators. Other interfering substances include smoking and drinking tea within 4 hours of collecting specimen.

CBC WITH DIFFERENTIAL & PLATELET COUNT

LAB CODE: 3000

Specimen Requirements: 4mL EDTA Whole Blood

Collect: Lavender Top Tube. Invert tube 5 times immediately following collection.

Storage and Transport: Refrigerated

Reported: In 1 Day

Billing Notes: Medicare Limited Coverage Test

Comment: If abnormal cells are noted on a manual review of peripheral blood smear or if the automated differential information meets specific criteria, a full manual differential will be performed.

CBC WITHOUT DIFFERENTIAL (See Hemogram)

LAB CODE: 3000

CEA (See Carcinoembryonic Antigen)**CELL COUNT and DIFFERENTIAL, BODY FLUID**

LAB CODE: 3042

Specimen Requirements: 1mL Body Fluid in EDTA

Collect: Lavender Top Tube (with liquid EDTA). Specimen should be placed into lavender top tube and mixed immediately after collection to avoid clotting.

Storage and Transport: Refrigerated

Reported: In 1 Day

Comment: Specimens submitted in syringes with needles are not acceptable. If multiple tubes are drawn, label tubes with the order of drawn (i.e. 1, 2, 3).

CELL COUNT and DIFFERENTIAL, CEREBROSPINAL FLUID (CSF)

LAB CODE: 3045

Specimen Requirements: 1mL CSF Fluid

Collect: Sterile Tube
Storage and Transport: Refrigerated
Reported: In 1 Day

CEREBROSPINAL FLUID CULTURE (See Culture, Cerebrospinal Fluid)

CERULOPLASMIN

LAB CODE: 5135

Specimen Requirements: 1mL Serum.
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 2-4 Days

CH50 (See Complement Total)

CHLAMYDIA CULTURE (See Culture, Chlamydia)

CHLAMYDIA TRACHOMATIS, Amplified Probe, Swab

LAB CODE: 50510

Specimen Requirements: GenProbe APTIMA Swab, ThinPrep Vial, SurePath Vial, Autocyte PREP Tube, M4 Transport Media/Swab, Culturette, GenProbe PACE Swab
Collect: GenProbe APTIMA Swab, ThinPrep Vial, SurePath Vial, Autocyte PREP Tube, M4 Transport Media/Swab, Culturette, GenProbe PACE Swab
Collection Instructions: Follow instructions on collection kit.
Storage and Transport: Refrigerated
Reported: In 5-7 Days

CHLAMYDIA TRACHOMATIS, Amplified Probe, Urine

LAB CODE: 50512

Specimen Requirements: 20mL Urine
Collect: Random Urine
Note: Urine specimen should not be clean catch.
Collection Instructions: The patient should not have urinated for at least one hour prior to collection. Patient should collect the first 10-20 mL of voided urine in a sterile, leakproof container. Collection of larger volume of urine may reduce test sensitivity. Female patients should not cleanse the labial area prior to providing the specimen.
Storage and Transport: Refrigerated
Reported: In 2-7 Days

CHLORIDE

LAB CODE: 2213

Specimen Requirements: 1mL Serum
 Collect: Serum Separator Tube. Centrifuge ASAP.
 Storage and Transport: Refrigerated
 Reported: In 1 Day
 Billing Notes: Medicare Limited Coverage Test

CHOLESTEROL, TOTAL

LAB CODE: 2223

Specimen Requirements: 1mL Serum. Indicate if patient is fasting.
 Collect: Serum Separator Tube
 Storage and Transport: Refrigerated
 Reported: In 1 Day
 Billing Notes: Medicare Limited Coverage Test

CITRIC ACID (Citrate), Urine

LAB CODE: 5147

Specimen Requirements: 24 Hour Urine. Note collection start and completion times.
 Collect: 24 Hour Urine Container
 Storage and Transport: Refrigerated during and after collection
 Reported: In 2-4 Days

CLOSTRIDIUM DIFFICILE, TOXIN A/B

LAB CODE: 6034

Specimen Requirements: 3mL Stool
 Collect: Sterile Cup with leakproof lid.
 Specimens with Formalin, PVA or other preservatives, on swabs, in tissue or dried out are not acceptable. Specimen must be submitted within 24 hours of collection.
 Storage and Transport: Refrigerate
 Reported: In 1-2 Days

CMV (See Cytomegalovirus)

COCCIDIA SMEAR (See Cryptosporidium Smear)

COLD AGGLUTININS

LAB CODE: 5169

Specimen Requirements: 2mL Serum
 Collect: Serum Separator Tube. Specimen should be kept at 37 ° C (98.6 ° F) until clotted. Do not refrigerate specimen until tube has been centrifuged and serum removed from cells.
 Storage and Transport: Refrigerate only after separation from cells.
 Reported: In 4-7 Days

COMPLEMENT C3

LAB CODE: 2680

Specimen Requirements: 1mL Serum
 Collect: Serum Separator Tube
 Storage and Transport: Refrigerated
 Reported: In 1-3 Days

COMPLEMENT C4

LAB CODE: 2681

Specimen Requirements: 1mL Serum
 Collect: Serum Separator Tube
 Storage and Transport: Refrigerated
 Reported: In 1-3 Days

COMPLEMENT TOTAL (CH50)

LAB CODE: 5177

Specimen Requirements: 2mL Serum
 Collect: Serum Separator Tube. Centrifuge. Transfer serum from SST plastic transfer tube. Freeze plastic tube.
 Storage and Transport: Frozen
 Reported: In 3-5 Days
 Notes: Please submit a separate sample for any additional tests requiring a frozen sample.

COOMBS, DIRECT

LAB CODE: 4904

Specimen Requirements: 5mL EDTA Whole Blood
 Collect: Lavender Top Tube. Invert 5 times after collection.
 Storage and Transport: Refrigerate
 Reported: In 2-3 Days

COOMBS, INDIRECT (See Antibody Screen)

COPPER, SERUM

LAB CODE: 5179

Specimen Requirements: 2mL Serum
 Collect: Dark Blue Top Tube without Additive. Do not use SST or Plain Red Top Tube. Do not use Dark blue with EDTA. Centrifuge and transfer serum into transfer tube ASAP.
 Storage and Transport: Refrigerate
 Reported: In 3-7 Days

CORTISOL, TOTAL

LAB CODE: 2305

Specimen Requirements: 2mL Serum

Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 1-3 Days

CK (Creatine Kinase)

LAB CODE: 2105

Specimen Requirements: 1mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 1 Day

CK - MB (Total CK and CK-MB)

LAB CODE: 1767

Specimen Requirements: 1mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 2-3 Days

CPK (See CK)

CREATINE KINASE (See CK)

CREATININE CLEARANCE

LAB CODE: 2245

Specimen Requirements: 24 Hour Urine and 1mL Serum. Note collection start and completion times for 24 Hour Urine.
Collect: 24 Hour Urine Container and Serum Separator Tube.
Storage and Transport: Refrigerated during and after collection
Reported: In 1 Day
Comment: Serum sample should be collected during the same period as the 24 urine sample. Patient's height and weight must be submitted.

CREATININE, SERUM

LAB CODE: 2216

Specimen Requirements: 1mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 1 Day
Billing Notes: Medicare Limited Coverage Test

CREATININE with GFR, SERUM

LAB CODE: 2449

Specimen Requirements: 1mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated

Reported: In 1 Day
Billing Notes: Medicare Limited Coverage Test

CREATININE, URINE, 24 HOUR

LAB CODE: 2230

Specimen Requirements: 24 Hour Urine. Note collection start and completion times for 24 Hour Urine.
Collect: 24 Hour Urine Container
Storage and Transport: Refrigerated during and after collection
Reported: In 1 Day

CRP (See C-Reactive Protein)

CRYOGLOBULINS

LAB CODE: 4015

Specimen Requirements: 5mL Serum
Collect: Pre-warmed (37°C) Plain Red Top Tube. Allow to clot for one hour at 37°C. Centrifuge. Transfer serum into plastic transfer tubes immediately. Do not refrigerate.
Storage and Transport: 37°C or Room Temperature.
Reported: In 7 Days

CRYPTOCOCCAL ANTIGEN

LAB CODE: 5212

Specimen Requirements: 1mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerate
Reported: In 3-5 Days

CRYPTOSPORIDIUM SMEAR by Modified Acid Fast Stain

LAB CODE: 6028

Specimen Requirements: 2 grams Stool
Collect: Sterile cup with Lid
Storage and Transport: Room Temperature
Reported: In 1-3 Days

CRYSTAL ANALYSIS

LAB CODE: 3800

Specimen Requirements: 1mL Body Fluid
Collect: Lavender Top Tube (with Liquid EDTA)
Storage and Transport: Refrigerated
Reported: In 1 Day
Comment: Specimens submitted in syringes with needles are not acceptable.

CULTURES

Organism identification and sensitivities are automatically performed on all significant isolates. Additional charges and CPT coding are dependent on methods and number of anti-microbics tested.

- Check expiration of each swab, culturette, media, or collection device prior to collecting specimen.
- If there is an ampule at the bottom of the culturette, break the ampule to expose swab to transport media once the swab has been replaced into culturette.
- Label the swab with patient name, date, and source of specimen.
- Follow the instructions for each specific test.
- All culture specimens must be submitted within 24 hours of collection.
- Indicate if certain organisms or clinical conditions are suspected (i.e., R/O MRSA, suspect Brucella, etc.)

CULTURE & SMEAR, ACID FAST (AFB)

LAB CODE: 5710

Specimen Requirements:	Submit 3 to 5 early morning Sputum specimens in Sterile Container (minimum 1mL each). Other acceptable specimens are aspirates, bronchial washing, urine, stool, spinal fluid, body fluid, tissue and swabs. Do not submit 24 hour or pooled collections. Submit only one specimen per day. Specify source.
Collect:	Sterile Container
Storage and Transport:	Refrigerated
Reported:	In 8 weeks

CULTURE, AEROBIC (ROUTINE)

LAB CODE: 6000

Specimen Requirements:	Swab in Transport Media. Specify Source.
Collect:	Swab for most sources. When submitting tissue, store tissue in sterile container filled with sterile saline. Do not collect in formalin.
Storage and Transport:	Refrigerated
Reported:	In 2-3 Days
Notes:	Organism identification and sensitivities are automatically performed on all significant isolates. Additional charges and CPT coding are dependent on methods and number of anti-microbics tested.

CULTURE, AEROBIC with GRAM STAIN (ROUTINE)

LAB CODE: 6010

Specimen Requirements:	Swab in Transport Media or Fluid in sterile container. Specify Source.
Collect:	Swab
Storage and Transport:	Swab - Refrigerated; Fluid - Room Temperature
Reported:	In 2-3 Days
Notes:	Organism identification and sensitivities are automatically performed on all significant isolates. Additional charges and CPT coding are dependent on methods and number of anti-microbics tested.

CULTURE, ANAEROBIC (includes Aerobic Culture and Gram Stain)**LAB CODE: 6015**

Specimen Requirements: Swab in Transport Media. Specify Source.
 Collect: Swab
 Storage and Transport: Room Temperature
 Reported: In 2-3 Days
 Notes: Organism identifications are performed on all significant isolates. Beta lactamase is tested for appropriate isolates. Anaerobic sensitivities are not performed. Anaerobic cultures will not be performed on inappropriate sources. Additional charges and CPT coding are dependent on methods and number of anti-microbics tested.

CULTURE, BETA STREP GROUP A**LAB CODE: 6013**

Specimen Requirements: Swab
 Collect: Throat Swab
 Storage and Transport: Room Temperature
 Reported: In 2-3 Days

CULTURE, BETA STREP GROUP B**LAB CODE: 6023**

Specimen Requirements: Swab
 Collect: Genital Swab
 Storage and Transport: Room Temperature
 Reported: In 2-3 Days

CULTURE, BLOOD, Routine Aerobic and Anaerobic**LAB CODE: 6001**

Specimen Requirements: 2 Blood Culture Bottles (1 set of 2 bottles). One bottle is for aerobic, the other for anaerobic. If only one bottle is submitted, aerobic testing will be performed.

Collect: 2 Blood Culture Bottles (1 set). 2-3 sets are recommended in adults (20ml per set). Do not collect more than 3 sets in 24 hours. Label with Collection time and site.

Collection Instructions:

1. Select vein for venipuncture. Aseptically cleanse the skin with alcohol. Wipe the area with alcohol, using a circular motion, wiping out from the "inside" of the circle to the "outside" of the circle for 30 seconds.. Allow to disinfect for 1-2 minutes.
2. Clean the tops of the blood culture bottles with alcohol pad. Allow to disinfect for 1-2 minutes.
3. Draw blood without further touching or further palpating the vein or decontaminated area.
4. Fill each blood culture bottle with a minimum of 10 ml of blood.
5. Mix bottles, gently. Label specimens with complete patient name, time, date and site.

Storage and Transport: Room Temperature. Do not refrigerate.
 Reported: In 7 Days
 Notes: Organism identification and sensitivities are automatically performed on all significant isolates. Additional charges and CPT

coding are dependent on methods and number of anti-microbial tested.

CULTURE, CEREBROSPINAL FLUID (CSF)

LAB CODE: 6002

Specimen Requirements: CSF. Tube 2 or 3 should be used for culture.
Collect: Sterile Plastic Tubes (without additive)
Storage and Transport: Room Temperature. Do not Refrigerate
Reported: In 7 Days
Notes: Organism identification and sensitivities are automatically performed on all significant isolates. Beta lactamase testing is only performed on Haemophilus and Neisseria sp. For pneumococcus, presumptive Penicillin sensitivity will be determined. Additional charges and CPT coding are dependent on methods and number of anti-microbics tested.

CULTURE, CHLAMYDIA

LAB CODE: 5725

Specimen Requirements: M4 Transport Media Swab or Viral Transport Media. Indicate source and patient's date of birth
Collect: M4 Transport Media Swab or Viral Transport Media.
Collection Instructions: Do not use swabs with wooden shafts. Collect specimen on a swab in an area where columnar epithelial cells can be found. Place swab immediately in to M4 media.
Storage and Transport: Refrigerated, if submitted within 24 hours. Otherwise, frozen.
Reported: In 4-7 Days

CULTURE, ENVIRONMENTAL (Culture, Quality Control)

LAB CODE: 6004

Specimen Requirements: Swab in Transport Media
Collect: Swab in Transport Media or Sample in Sterile Container
Storage and Transport: Room Temperature
Reported: In 7 Days

CULTURE, FUNGAL (Nails / Hair / Skin)

LAB CODE: 6025

Specimen Requirements: Nail, Hair or Skin. Indicate Source on request form.
Collect: Nails: Cut Nail into fine pieces. Place in dry, sterile container.
Hair: Place Hair in dry, sterile container.
Skin Scrapings: Place in sterile container with secured lid or between sterile slides in a sterile container with secured lid.
Storage and Transport: Room Temperature
Reported: In 14-28 Days

CULTURE, FUNGAL (Blood)

LAB CODE: 6053

Specimen Requirements: Maximum allowable volume of Whole Blood collected in 1 set of blood culture bottles, Isolater blood tube, or ACD (Yellow Top Tube). Use aseptic technique during venipuncture.

Collect: One Set of Blood Culture bottles

Storage and Transport: Room Temperature

Reported: In 28-56 Days

CULTURE, FUNGAL (Other Sources)

LAB CODE: 6052

Specimen Requirements: Bone Marrow, Cerebrospinal Fluid, Corneal Scrapings, Tissues, Urine, Respiratory (throat, sputum, ear, nose), Urogenital-Vaginal or other cutaneous (exudates, pus, drainage, foot wound) specimens

Collect: Sterile (leakproof) Container

Storage and Transport: Please call Client Services for source specific collection instructions.

Reported: Varies by source

CULTURE, GONORRHEA

LAB CODE: 6003

Specimen Requirements: Swab in Transport Media

Collect: Swab

Storage and Transport: Room Temperature. Do not refrigerate after collection.

Reported: In 3-5 Days

Notes: Specimen must be received within 24 hours of collection. Organism identification and beta-lactamase testing is automatically performed on all significant isolates. Additional charges apply for these procedures.

CULTURE, GENITAL

LAB CODE: 6008

Specimen Requirements: Swab in Transport Media. Specify Source.

Collect: Swab

Storage and Transport: Room Temperature

Reported: In 3-5 Days

Notes: Organism identification and sensitivities are automatically performed on all significant isolates. Additional charges and CPT coding are dependent on methods and number of anti-microbial tested.

CULTURE, HERPES SIMPLEX VIRUS

LAB CODE: 5908

Specimen Requirements: M4 Viral Transport Media, Culturette, CSF, Viral Transport Media or Sterile Container. Specify Source.

Collect: Viral Media, Culturette, Sterile Container

Storage and Transport: Refrigerated

Reported: In 6-8 Days

Notes:

Unacceptable specimens: Whole blood, urine, stool, wooden swabs, and calcium alginate

CULTURE, MYCOBACTERIA (See Culture & Smear, Acid Fast)

CULTURE, QUALITY CONTROL (See Culture, Environmental)

CULTURE, ROUTINE (See Culture, Aerobic)

CULTURE, SPUTUM / RESPIRATORY (includes Gram Stain)

LAB CODE: 6009

Specimen Requirements:

Sputum

Collect:

First morning sputum in Sterile Container

Storage and Transport:

Refrigerated

Reported:

In 2-3 Days

Notes:

Do not collect more than one specimen per day. Organism identification and sensitivities are automatically performed on all significant isolates. Additional charges and CPT coding are dependent on methods and number of anti-microbic tested. Beta lactamase testing will be performed only for Haemophilus, Moraxella and Neisseria.

CULTURE, STOOL (includes Shiga Toxin 1 / 2 and Campylobacter Antigen)

LAB CODE: 6005

Specimen Requirements:

Stool

Collect:

Sterile Specimen Container or clean vial. Cary-Blair transport swab is acceptable. One stool culture specimen per day is adequate.

Storage and Transport:

Refrigerated

Reported:

In 3-5 Days

Notes:

Organism identification and sensitivities are automatically performed on all significant isolates. Additional charges and CPT coding are dependent on methods and number of anti-microbics tested. Routine screening includes Salmonella Shigella, Campylobacter Antigen, Yersinia, Vibrio and Shiga Toxins 1 & 2.

CULTURE, SYNOVIAL FLUID (includes Gram Stain)

LAB CODE: 6010

Specimen Requirements: Synovial Fluid
 Collect: Aseptically aspirated fluid in sterile container or cup. Syringe without needle is acceptable for small quantities. Syringes with needles will not be accepted. Swab is acceptable but not optimal.

Storage and Transport: Room Temperature
 Reported: In 3-5 Days
 Notes: Organism identification and sensitivities are automatically performed on all significant isolates. Additional charges and CPT coding are dependent on methods and number of anti-microbial tested. Beta lactamase testing will be performed only for Neisseria.

CULTURE, THROAT / NOSE / NARES

LAB CODE: 6006

Specimen Requirements: Swab in Transport Media
 Collect: Swab
 Storage and Transport: Room Temperature
 Reported: In 2-3 Days
 Notes: Do not collect more than one specimen per day. Organism identification and sensitivities are automatically performed on all significant isolates. Additional charges and CPT coding are dependent on methods and number of anti-microbial tested. Beta lactamase testing will be performed only for Haemophilus, Moraxella and Neisseria. Please indicate suspected MRSA, when applicable.

CULTURE, URINE (with Colony Count)

LAB CODE: 6007

Specimen Requirements: First Morning Clean Catch Midstream or Catheterized Urine
 Collect: Urine in a sterile, leakproof container. Keep Refrigerated. Swab specimens are undesirable and cannot be used for colony counts.

Storage and Transport: Refrigerated
 Reported: In 2-3 Days
 Notes: Do not collect more than one specimen per day. Organism identification and sensitivities are automatically performed on all significant isolates. Additional charges and CPT coding are dependent on methods and number of anti-microbial tested.

Billing Notes: Medicare Limited Coverage Test

CULTURE, VIRAL

LAB CODE: 5730

Specimen Requirements: Swab in M4 Viral Transport Media or Viral Transport Media. Specify Source.
 Collect: M4 Transport Media
 Storage and Transport: Frozen
 Reported: In 10-26 Days

CYCLOSPORA (See Cryptosporidium Smear)

CYANOCOBALAMIN (See Vitamin B12)

CYCLOSPORINE A (MONOCLONAL)

LAB CODE: 5223

Specimen Requirements: 5mL EDTA Whole Blood
Collect: Lavender Top Tube. Invert 5 times immediately after collection.
Storage and Transport: Refrigerated
Reported: In 3-5 Days

CYTOLOGY, GYNECOLOGICAL (See Pap Smear)

CYTOLOGY, SPUTUM

LAB CODE: 8105

Specimen Requirements: Sputum. Deep cough specimen
Collect: Sterile Container
Collection Instructions: An early morning deep cough specimen is required. Fresh early morning specimens yield the best results. 24 hour specimens are unacceptable. Upon awakening have the patient take a slow deep breath using diaphragmatic breathing. Building up a volume of air behind the sputum helps to propel it forward in the mouth. Hold the deep breath for 2 seconds. Cough twice with the mouth slightly opened. The first cough loosens and the second cough moves the sputum. Spit directly into a sputum cup. Label container with patient name and date/time collected.
Storage and Transport: Refrigerated
Reported: In 3-4 Days

CYTOLOGY, URINE

LAB CODE: 8110

Specimen Requirements: Urine
Collect: Sterile Container
Collection Instructions: For specimens from males, a midday voided urine is preferred. For specimens from females, a catheterized urine is best in order to avoid vaginal contamination. If this is not possible, a midday mid-stream specimen is satisfactory. If the patient has hematuria, it is best to hydrate him/her before collecting the specimen. This is accomplished by having the patient drink one glass of water every 30 minutes for a 3 hour period. A specimen collected over a period of time is unacceptable. Three urines from the same day or from three consecutive days are satisfactory. The specimen should be refrigerated. All containers must be labeled with patient name, date and time collected.
Storage and Transport: Refrigerated
Reported: In 3-4 Days

CYTOMEGALOVIRUS ANTIBODY, IgG

LAB CODE: 5225

Specimen Requirements: 1mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 3-5 Days

CYTOMEGALOVIRUS ANTIBODY, IgM

LAB CODE: 5227

Specimen Requirements: 1mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 3-5 Days

DEHYDROEPIANDROSTERONE (See DHEA)

DEHYDROEPIANDROSTERONE-SULFATE (See DHEA-S)

DEPAKENE (See Valproic Acid)

DHEA (Dehydroepiandrosterone)

LAB CODE: 5234

Specimen Requirements: 2mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 4-6 Days

DHEA SULFATE

LAB CODE: 5235

Specimen Requirements: 2mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 3-5 Days

DIGOXIN (Lanoxin)

LAB CODE: 2000

Specimen Requirements: 1mL Serum. 6-8 Hours after last dose.
Collect: Serum Separator Tube or Plain Red Top Tube
Storage and Transport: Refrigerated
Reported: In 1 Day
Billing Notes: Medicare Limited Coverage Test

DILANTIN (See Phenytoin)

DOPAMINE (See Catecholamines, Fractionated)

EBV (See Epstein Barr Virus)

EPSTEIN BARR VIRUS (EBV) AB TO EARLY AG, IgG

LAB CODE: 5190

Specimen Requirements: 1mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 3-5 Days

EPSTEIN BARR VIRUS (EBV) AB TO NUCLEAR AG, IgG

LAB CODE: 5195

Specimen Requirements: 1mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 3-5 Days

EPSTEIN BARR VIRUS (EBV) AB TO VIRAL CAPSID AG (VCA), IgG

LAB CODE: 5196

Specimen Requirements: 1mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 3-5 Days

EPSTEIN BARR VIRUS (EBV) AB TO VIRAL CAPSID AG (VCA), IgM

LAB CODE: 5197

Specimen Requirements: 1mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 3-5 Days

ELECTROLYTES (See Profile Section at the end of the Test Listing)

ENA (See Extractable Nuclear Antigen Antibodies)

ENVIRONMENTAL CULTURE (See Culture, Environmental)

EOSINOPHIL COUNT (ABSOLUTE)

LAB CODE: 3506

Specimen Requirements: 2mL EDTA Whole Blood
 Collect: Lavender Top Tube. Invert tube 5 times immediately after collection.
 Storage and Transport: Refrigerated
 Reported: In 1 Day

EOSINOPHIL NASAL SMEAR

LAB CODE: 3518

Specimen Requirements: Nasal smear submitted on glass slide.
 Collect: Glass slide submitted in slide holder.
 Storage and Transport: Room Temperature
 Reported: In 1 Day

ERYTHROPOIETIN

LAB CODE: 5247

Specimen Requirements: 1mL Serum
 Collect: Serum Separator Tube. Centrifuge. Transfer Serum from SST into plastic transfer tube. Freeze.
 Storage and Transport: Frozen
 Reported: In 3-5 Days
 Notes: Please submit a separate sample for any additional tests requiring a frozen sample.

ESR (See Sedimentation Rate)

ESTRADIOL

LAB CODE: 2669

Specimen Requirements: 2mL Serum
 Collect: Serum Separator Tube
 Storage and Transport: Refrigerated
 Reported: In 1-3 Days

ESTROGEN, TOTAL

LAB CODE: 5255

Specimen Requirements: 3mL Serum
 Collect: Serum Separator Tube
 Storage and Transport: Refrigerated
 Reported: In 2-5 Days

ESTROGENS, FRACTIONATED (includes Estradiol, Estrone, Estriol)

LAB CODE: 5253

Specimen Requirements: 3mL Serum
 Collect: Serum Separator Tube

Storage and Transport: Refrigerated
Reported: In 4-6 Days

ESTRONE

LAB CODE: 5257

Specimen Requirements: 3mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 3-5 Days

EXTRACTABLE NUCLEAR ANTIGEN ANTIBODIES (Anti-Sm & Anti-RNP)

LAB CODE: 50006

Specimen Requirements: 1mL Serum
Collect: Serum separator tube
Storage and Transport: Refrigerated
Reported: In 1-3 Days

FECAL FAT, QUALITATIVE

LAB CODE: 6031

Specimen Requirements: 0.5mL Random Stool
Collect: Airtight Sterile Container
Storage and Transport: Room Temperature
Reported: In 1-3 Day

FECAL LEUKOCYTES

LAB CODE: 6035

Specimen Requirements: Random Stool
Collect: Sterile Leakproof Container
Storage and Transport: Refrigerate
Reported: In 1 Day

FECAL STAIN FOR WBC (See Fecal Leukocytes)

FERRITIN

LAB CODE: 2604

Specimen Requirements: 2mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 1-2 Days
Billing Notes: Medicare Limited Coverage Test

FINE NEEDLE ASPIRATE (See Cytology, Fine Needle Aspirate)

FLUORESCENT TREPONEMAL ANTIBODY (See FTA-ABS)

FOLATE, RBC

LAB CODE: 5280

Specimen Requirements: Two 2mL EDTA Whole Blood specimens. Fasting specimen is preferred.
Collect: 2 Lavender Top Tubes.
Storage and Transport: Refrigerated
Reported: In 3-5 Days

FOLIC ACID (Folate)

LAB CODE: 2402

Specimen Requirements: 2mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerate
Reported: In 1 Day
Billing Notes: Medicare Limited Coverage Test

FOLLICLE STIMULATING HORMONE (FSH)

LAB CODE: 2662

Specimen Requirements: 2mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 1-3 Days

FSH (See Follicle Stimulating Hormone)

FTA-ABS (Fluorescent Treponemal Antibody)

LAB CODE: 5276

Specimen Requirements: 2mL Serum. Indicate patient's date of birth.
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 3-5 Days
Billing Notes: Medicare Limited Coverage Test

FUNGAL CULTURE (See Culture, Fungal)

G6PD (See Glucose 6 Phosphate Dehydrogenase)

GAMMA-GLUTAMYLTRANSFERASE (GGT)

LAB CODE: 2210

Specimen Requirements: 1mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 1 Day
Billing Notes: Medicare Limited Coverage Test

GASTRIN

LAB CODE: 5290

Specimen Requirements: 2 vials of 1mL Serum
Collect: Serum Separator Tube. Centrifuge. Transfer Serum from SST into 2 plastic vials ASAP. Freeze immediately.
Storage and Transport: Frozen
Reported: In 4-7 Days
Notes: Patient should fast 12 hours prior to collection. Please submit a separate sample for any additional tests requiring a frozen sample.

GESTATIONAL GLUCOSE CHALLENGE (See Glucose, 50 Gram Screen)**GGT (See Gamma-Glutamyltransferase)****GIARDIA LAMBLIA ANTIGEN**

LAB CODE: 5141

Specimen Requirements: 10 g fresh stool refrigerated or Preserved Stool in Ecofix or Unifix
Collect: Sterile leak-proof specimen container
Storage and Transport: Refrigerated.
Reported: In 3-5 Days
Notes: PVA not acceptable

GLUCOSE 6 PHOSPHATE DEHYDROGENASE (G6PD)

LAB CODE: 5293

Specimen Requirements: 7mL EDTA Whole Blood
Collect: Lavender Top Tube
Storage and Transport: Refrigerated
Reported: In 3-5 Days

GLUCOSE, BODY FLUID

LAB CODE: 3049

Specimen Requirements: 1mL Body Fluid
Collect: Plain Red Top Tube
Storage and Transport: Refrigerated
Reported: In 1 Day

GLUCOSE, CSF

LAB CODE: 2125

Specimen Requirements: 1mL CSF
Collect: Sterile Container
Storage and Transport: Refrigerated
Reported: In 1 Day

GLUCOSE, SERUM

LAB CODE: 2217

Specimen Requirements: 1mL Serum or 1mL Sodium Fluoride Plasma
Collect: Serum Separator Tube or Gray Top Tube. Indicate if patient is fasting.
Storage and Transport: Refrigerated
Reported: In 1 Day
Billing Notes: Medicare Limited Coverage Test
Notes: If using a Gray Top Tube, specimen must be centrifuged and plasma transferred into a plastic transfer tube as soon as possible.

GLUCOSE, 50 GRAM SCREEN

LAB CODE: 2101

Specimen Requirements: 1 mL Serum or 1mL Sodium Fluoride Plasma
Collect: Serum Separator Tube or Gray top tube. Remove plasma from Gray Top tube and submit in plastic transfer tube. Collect specimen one hour after giving patient 50 grams of Glucola. Patient does not need to be fasting.
Storage and Transport: Refrigerated
Reported: In 1 Day

GLUCOSE TOLERANCE TEST (GTT)

This test requires that a series of specimens be drawn. The first specimen collected is a fasting glucose. The patient is then given 100 grams of Glucola to drink within 5 minutes. 30 minutes after consumption, the second sample (½ Hour Glucose) is drawn. 30 minutes later the third (1 Hour) specimen is drawn. Thereafter, one specimen is drawn every hour for the duration of the testing period. Each specimen must be labeled with the time drawn. If this test is to be drawn at an IML Patient Service Center, please call for an appointment.

GLUCOSE TOLERANCE (1 HOUR)

LAB CODE: 1501

Includes: Fasting Glucose, ½ Hour Glucose, 1 Hour Glucose
 Specimen Requirements: 2mL Serum or Sodium Fluoride Plasma (each specimen)
 Collect: Serum Separator Tube or Gray Top Tube (each specimen)
 Storage and Transport: Refrigerated
 Reported: In 1 Day

GLUCOSE TOLERANCE (2 HOUR)

LAB CODE: 1506

Includes: Fasting Glucose, ½ Hour Glucose, 1 Hour Glucose, 2 Hour Glucose
 Specimen Requirements: 2mL Serum or Sodium Fluoride Plasma (each specimen)
 Collect: Serum Separator Tube or Gray Top Tube (each specimen)
 Storage and Transport: Refrigerated
 Reported: In 1 Day

GLUCOSE TOLERANCE (3 HOUR)

LAB CODE: 1511

Includes: Fasting Glucose, ½ Hour Glucose, 1 Hour Glucose, 2 Hour Glucose, 3 Hour Glucose
 Specimen Requirements: 2mL Serum or Sodium Fluoride Plasma (each specimen)
 Collect: Serum Separator Tube or Gray Top Tube (each specimen)
 Storage and Transport: Refrigerated
 Reported: In 1 Day

GLYCOHEMOGLOBIN (See Hemoglobin A₁C)**GLYCOSYLATED HEMOGLOBIN (See Hemoglobin A₁C)****GONORRHEA CULTURE (See Culture, Gonorrhea)****GONORRHEA by Amplified Probe, Swab**

LAB CODE: 50511

Specimen Requirements: GenProbe APTIMA Swabs, ThinPrep Vial, Tripath SurePath Vial, Autocyte Tube, M4 Viral Media, Culturette, GenProbe PACE Swab
 Collect: GenProbe APTIMA Swab, ThinPrep Vial, Tripath SurePath Vial, Autocyte Tube, M4 Viral Media, Culturette or GenProbe PACE Swab
 Collection Instructions: Follow instructions on collection kit
 Storage and Transport: Refrigerated
 Reported: In 3-5 Days

GONORRHEA by Amplified Probe, Urine

LAB CODE: 50513

Specimen Requirements: 5mL Urine
Collect: Random Urine
Collection Instructions: The patient should not have urinated for at least one hour prior to collection. Patient should collect the first 10-20 mL of voided urine in a sterile, leakproof container. Collection of larger volume of urine may reduce test sensitivity. Female patients should not cleanse the labial area prior to providing the specimen.
Storage and Transport: Refrigerated
Reported: In 3-5 Days

GONORRHEA by Direct Probe, Swab

LAB CODE: 6018

Specimen Requirements: GenProbe PACE Swab
Collect: GenProbe PACE Swab. Wooden Swabs are unacceptable.
Collection Instructions: Follow instructions on collection kit.
Storage and Transport: Refrigerated
Reported: In 3-5 Days

GRAM STAIN

LAB CODE: 6011

Specimen Requirements: Culturette Swab, direct smear or specimen in sterile container
Collect: Swab, Smear, Sterile Container.
Storage and Transport: Room Temperature
Reported: In 1 Day

GROWTH HORMONE

LAB CODE: 5300

Specimen Requirements: 1mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 3-5 Days
Note: Patient should fast for 12 hours

H & H (See Hemoglobin & Hematocrit)

HAPTOGLOBINS

LAB CODE: 5302

Specimen Requirements: 1mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 3-5 Days

HBSAB (See Hepatitis B Surface Antibody)

HBSAG (See Hepatitis B Surface Antigen)

HCG (See Beta-HCG)

HDL CHOLESTEROL

LAB CODE: 2110

Specimen Requirements: 1mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 1 Day
Billing Notes: Medicare Limited Coverage Test

HPV (See Human Papillomavirus)

HEAVY METALS, WHOLE BLOOD

LAB CODE: 5306

Specimen Requirements: 5mL EDTA Whole Blood
Collect: Dark Blue Top Tube with EDTA
Storage and Transport: Refrigerated
Reported: In 3-5 Days
Notes: Includes Arsenic, Lead and Mercury

HEMATOCRIT

LAB CODE: 3001

Specimen Requirements: 4mL EDTA Whole Blood
Collect: Lavender Top Tube. Invert 5 times immediately after collection.
Storage and Transport: Refrigerated
Reported: In 1 Day
Billing Notes: Medicare Limited Coverage Test

HEMOGLOBIN

LAB CODE: 3004

Specimen Requirements: 2mL EDTA Whole Blood
Collect: Lavender Top Tube. Invert 5 times immediately after collection.
Storage and Transport: Refrigerated
Reported: In 1 Day
Billing Notes: Medicare Limited Coverage Test

HEMOGLOBIN & HEMATOCRIT

LAB CODE: 3009

Specimen Requirements: 2mL EDTA Whole Blood

Collect: Lavender Top Tube. Invert 5 times immediately after collection.
Storage and Transport: Refrigerated
Reported: In 1 Day
Billing Notes: Medicare Limited Coverage Test

HEMOGLOBIN A₁C (Glycohemoglobin) (Glycosylated Hemoglobin)

LAB CODE: 190

Specimen Requirements: 1mL EDTA Whole Blood
Collect: Lavender Top Tube
Storage and Transport: Refrigerated
Reported: In 1 Day
Billing Notes: Medicare Limited Coverage Test

HEMOGLOBIN A₁C with Mean Plasma Glucose (estimated Average Glucose)

LAB CODE: 197

Specimen Requirements: 1mL EDTA Whole Blood
Collect: Lavender Top Tube
Storage and Transport: Refrigerated
Reported: In 1 Day
Billing Notes: Medicare Limited Coverage Test

HEMOGRAM WITH PLATELETS (CBC without Differential)

LAB CODE: 3002

Specimen Requirements: 4mL EDTA Whole Blood
Collect: Lavender Top Tube. Invert tube 5 times immediately after collection.
Storage and Transport: Refrigerated
Reported: In 1 Day
Billing Notes: Medicare Limited Coverage Test

HEPATITIS A ANTIBODY, TOTAL

LAB CODE: 2707

Specimen Requirements: 2mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 2-5 Days

HEPATITIS A ANTIBODY, IgM

LAB CODE: 2705

Specimen Requirements: 2mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 2-4 Days

HEPATITIS B CORE, TOTAL

LAB CODE: 2634

Specimen Requirements: 2mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 2-5 Days

HEPATITIS B CORE, IgM

LAB CODE: 2710

Specimen Requirements: 2mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 2-4 Days

HEPATITIS B SURFACE ANTIBODY (IMMUNE STATUS), Quantitative

LAB CODE: 2702

Specimen Requirements: 2mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 2-4 Days
Billing Notes: Medicare Limited Coverage Test

HEPATITIS B SURFACE ANTIGEN

LAB CODE: 2700

Specimen Requirements: 3mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 2-7 Days
Notes: Positive screens will be automatically reflexed to Hepatitis B Surface Antigen Confirmation at an additional charge.
Billing Notes: Medicare Limited Coverage Test

HEPATITIS BE ANTIBODY

LAB CODE: 5795

Specimen Requirements: 1mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 3-5 Days

HEPATITIS BE ANTIGEN

LAB CODE: 5796

Specimen Requirements: 1mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 3-5 Days

HEPATITIS C ANTIBODY

LAB CODE: 2667

Specimen Requirements: 2mL Serum
 Collect: Serum Separator Tube
 Storage and Transport: Refrigerated
 Reported: In 2-4 Days

HEPATITIS C RNA, QUALITATIVE

LAB CODE: 5033

Specimen Requirements: 5 mL EDTA Plasma
 Collect: 2 Lavender Top Tubes. Centrifuge. Transfer Plasma into plastic transfer tube. Freeze. Label with collection and freezing time. Must be frozen within 4 hours of collection to ensure test accuracy.
 Storage and Transport: Frozen
 Reported: In 4-6 Days
 Notes: Please submit a separate sample for any additional tests requiring a frozen sample.

HEPATITIS PROFILE (See Profile Section)

HERPES CULTURE (See Culture, Herpes)

HERPES SIMPLEX VIRUS 1, IgG

LAB CODE: 50017

Specimen Requirements: 1mL Serum
 Collect: Serum Separator Tube
 Storage and Transport: Refrigerated
 Reported: In 2-4 Days

HERPES SIMPLEX VIRUS 2, IgG

LAB CODE: 50018

Specimen Requirements: 1mL Serum
 Collect: Serum Separator Tube
 Storage and Transport: Refrigerated
 Reported: In 2-4 Days

HERPES SIMPLEX VIRUS 1 / 2, IgM

LAB CODE: 50019

Specimen Requirements: 1mL Serum
 Collect: Serum Separator Tube
 Storage and Transport: Refrigerated
 Reported: In 2-4 Days

HERPES SIMPLEX VIRUS 1 & 2, IgG

LAB CODE: 5321

Specimen Requirements: 1mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 2-4 Days

HERPES SIMPLEX 1 / 2, IgG and IgM

LAB CODE: 5746

Specimen Requirements: 2mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 2-4 Days

HISTOLOGY (See Pathology)

HISTOPLASMA ANTIBODIES (Mycelial & Yeast Phase)

LAB CODE: 5326

Specimen Requirements: 1mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 3-5 Days

HIV 1 ANTIGEN/ANTIBODY COMBINATION SCREEN

LAB CODE: 4020

Specimen Requirements: 2mL Serum
Collect: Serum Separator Tube. Tube must be labeled with patient's complete name.
Storage and Transport: Refrigerated
Reported: In 2-5 Days for screen, 7-10 Days if confirmation is required
Notes: Positive Screens will automatically be reflexed to a confirmation by Immunoblot at an additional charge.

HIV 1 and 2 by IMMUNOBLOT

LAB CODE: 5921

Specimen Requirements: 2mL Serum
Collect: Serum Separator Tube. Tube must be labeled with patient's complete name.
Storage and Transport: Refrigerated
Reported: In 4-6 Days

HLA B27

LAB CODE: 5330

Specimen Requirements: 10mL ACD Whole Blood. Include patient's race and diagnosis on requisition.
Collect: Yellow Top Tube
Storage and Transport: Room Temperature. Do not refrigerate or freeze.
Reported: In 2-4 Days
Billing Notes: Medicare Limited Coverage Test

HOMOCYSTEINE, QUANTITATIVE

LAB CODE: 5501

Specimen Requirements: 2 mL Serum
Collect: Serum Separator tube. Specimen should be centrifuged within 1 hour.
Storage and Transport: Refrigerated
Reported: In 3-5 Days
Billing Notes: Not covered by Medicare for Cardiac Screening

HPV (See Human Papillovirus)

HUMAN CHORIONIC GONADOTROPIN BETA CHAIN (HCG) (See Beta-HCG)

HUMAN PAPILLOMAVIRUS PROBE, High and Low Risk

LAB CODE: 5702

Specimen Requirements: Digene Hybrid Capture or Cytoc ThinPrep[®] transport media
Collect: Collect cervical specimen with cytology brush and place in Digene or Cytoc ThinPrep[®] test kit.
Storage and Transport: Room temperature
Reported: In 3-5 Days
Billing Notes: Medicare Limited Coverage Test

HUMAN PAPILLOMAVIRUS PROBE, High Risk Only

LAB CODE: 5703

Specimen Requirements: Digene Hybrid Capture or Cytoc ThinPrep[®] transport media
Collect: Collect cervical specimen with cytology brush and place in Digene or Cytoc ThinPrep[®] test kit.
Storage and Transport: Room temperature
Reported: In 3-5 Days
Billing Notes: Medicare Limited Coverage Test

HYDROXYTRYPTAMINE, 5- (See Serotonin)

IgA, IgD, IgE, IgG, IgM (See Immunoglobulins)

IMMUNOELECTROPHORESIS, SERUM (See Immunofixation)

IMMUNOELECTROPHORESIS, URINE (Bence-Jones Protein)

LAB CODE: 5339

Specimen Requirements: 10mL Urine
Collect: Sterile Urine Cup
Storage and Transport: Refrigerated
Reported: In 3-5 Days

IMMUNOFIXATION

LAB CODE: 2613

Includes: Quantitative IgG, IgA and IgM.
Specimen Requirements: 5 mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 3-7 Days
Billing Notes: Medicare Limited Coverage Test

IMMUNOFIXATION with Pathologist's Interpretation

LAB CODE: 2688

Includes: Quantitative IgG, IgA, IgM and Immunofixation Interpretation.
Specimen Requirements: 5 mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 3-7 Days
Billing Notes: Medicare Limited Coverage Test

IMMUNOGLOBULIN A (IgA)

LAB CODE: 2683

Specimen Requirements: 1 mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 1-3 Days
Billing Notes: Medicare Limited Coverage Test

IMMUNOGLOBULIN E (IgE)

LAB CODE: 2663

Specimen Requirements: 2m Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 2-4 Days
Billing Notes: Medicare Limited Coverage Test

IMMUNOGLOBULIN G (IgG)

LAB CODE: 2682

Specimen Requirements: 1mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 1-3 Days
Billing Notes: Medicare Limited Coverage Test

IMMUNOGLOBULIN M (IgM)

LAB CODE: 2684

Specimen Requirements: 1mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 1-3 Days
Billing Notes: Medicare Limited Coverage Test

INDIRECT COOMBS (See Antibody Screen)

INR (See Prothrombin Time)

INSULIN

LAB CODE: 5352

Specimen Requirements: 1mL Serum
Collect: Serum Separator Tube. Centrifuge. Transfer serum into plastic transfer tube. Freeze plastic transfer tube immediately.
Storage and Transport: Freeze
Reported: In 2-4
Notes: Please submit a separate sample for any additional tests requiring a frozen sample.

INSULIN ANTIBODIES

LAB CODE: 5351

Specimen Requirements: 1mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 4-8 Days

INSULIN-LIKE GROWTH FACTOR I (See Somatomedin-C)

INTRINSIC FACTOR BLOCKING ANTIBODY

LAB CODE: 5353

Specimen Requirements: 1mL Serum
Collect: Serum Separator Tube. Centrifuge
Storage and Transport: Refrigerated.
Reported: In 4-7 Days

IRON BINDING CAPACITY, TOTAL (TIBC) (Includes Total Iron)

LAB CODE: 2106

Specimen Requirements: 1mL Serum
Collect: Serum Separator Tube. Centrifuge within 1 hour of collection.
Storage and Transport: Refrigerated
Reported: In 1 Day
Billing Notes: Medicare Limited Coverage Test

IRON, TOTAL

LAB CODE: 2219

Specimen Requirements: 1mL Serum
Collect: Serum Separator Tube. Centrifuge within 1 hour of collection.
Storage and Transport: Refrigerated
Reported: In 1 Day
Billing Notes: Medicare Limited Coverage Test

ISOSPORIDIA (See Cryptosporidium Smear)

KIDNEY STONE ANALYSIS (See Stone Analysis)

KOH PREP

LAB CODE: 6012

Specimen Requirements: Hair, Skin or Nails
Collect: Sterile Container
Storage and Transport: Room Temperature
Reported: In 1-2 Days

LACTIC ACID

LAB CODE: 5359

Specimen Requirements: 2mL Sodium Fluoride Plasma
Collect: Gray Top Tube. Specimen should be collected without use of tourniquet or immediately after tourniquet has been applied. Patient should avoid any exercise of arm or hand 30 minutes before or during specimen collection. Mix blood well and centrifuge immediately. Transfer Plasma into plastic transfer tube and refrigerate.
Storage and Transport: Refrigerate
Reported: In 3-5 Days

LANOXIN (See Digoxin)

LD (LACTATE DEHYDROGENASE)

LAB CODE: 2207

Specimen Requirements: 1mL Serum

Collect: Serum Separator Tube. Separate serum from cells ASAP.
Storage and Transport: Refrigerate.
Reported: In 1 Day

LDL CHOLESTEROL (DIRECT)

LAB CODE: 2238

Specimen Requirements: 1mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 1 Day
Billing Notes: Medicare Limited Coverage Test

LDL CHOLESTEROL (CALCULATION) (See Profile Listing, Lipid Profile)

LEAD, BLOOD

LAB CODE: 5368

Specimen Requirements: 5mL EDTA Whole Blood
Collect: Dark Blue Top Tube with EDTA. Collect with lead free materials.
Storage and Transport: Refrigerated
Reported: In 3-5 Days

LEGIONELLA ANTIBODY TITER (Serotypes 1-6, IgG, IgM)

LAB CODE: 5370

Specimen Requirements: 1 mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 3-7 Days

LIPASE

LAB CODE: 2102

Specimen Requirements: 1 mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 1 Day

LITHIUM

LAB CODE: 2020

Specimen Requirements: 1 mL Serum
Collect: Serum Separator Tube. Collect at least 12 hours after last dose.
Centrifuge within 4 hours of collection.
Storage and Transport: Refrigerated
Reported: In 2 Days

LUMINAL (See Phenobarbital)

LUTEINIZING HORMONE (LH)

LAB CODE: 2664

Specimen Requirements: 2mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 1-3 Days

LYME DISEASE ANTIBODIES, IgG & IgM (Borrelia burgdorferi)

LAB CODE: 5381

Specimen Requirements: 1mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: 3-5 Days
Billing Notes: Not covered by Medicare

MAGNESIUM, SERUM

LAB CODE: 2228

Specimen Requirements: 1mL Serum
Collect: Serum Separator Tube. Centrifuge ASAP.
Storage and Transport: Refrigerated
Reported: In 1 Day
Billing Notes: Medicare Limited Coverage Test

MAGNESIUM, URINE

LAB CODE: 2237

Specimen Requirements: 24 Hour Urine. Indicate collection time.
Collect: 24 Hour Urine Container
Storage and Transport: Refrigerated during and after collection
Reported: In 1 Day
Billing Notes: Medicare Limited Coverage Test

MEASLES ANTIBODY, IgG (RUBEOLA)

LAB CODE: 5249

Specimen Requirements: 1mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 3-5 Days

MERCURY, BLOOD

LAB CODE: 5391

Specimen Requirements: 5mL EDTA Whole Blood
Collect: Dark Blue Top Tube with EDTA
Storage and Transport: Refrigerated
Reported: In 3-5 Days

MHA-TP (Treponema Pallidum Antibodies)

LAB CODE: 5400

Specimen Requirements: 2mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 3-5 Days
Billing Notes: Medicare Limited Coverage Test

MICROSPORIDIUM (See Cryptosporidium Smear)

MONONUCLEOSIS SCREEN (MONO)

LAB CODE: 4001

Specimen Requirements: 1mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 1 Day

MUMPS ANTIBODY, IgG

LAB CODE: 5406

Specimen Requirements: 2mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 3-5 Days

MYCOBACTERIA CULTURE (See Culture & Smear, Acid Fast)

MYCOPLASMA PNEUMONIAE, IgG, IgM

LAB CODE: 5408

Specimen Requirements: 1mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 3-5 Days

MYOGLOBIN, SERUM

LAB CODE: 5411

Specimen Requirements: 1mL Serum
Collect: Serum Separator Tube. Separate serum from cells ASAP.
Transfer serum into plastic transfer tube and freeze.
Storage and Transport: Frozen
Reported: In 3-5 Days
Notes: Please submit a separate sample for any additional tests requiring a frozen sample.

MYOGLOBIN, URINE

LAB CODE: 5410

Specimen Requirements: 10 mL Random Urine or 24 Hour Urine Collection
Collect: Sterile Urine Container or 24 Hour Urine Container. Note 24
Hour collection time.
Storage and Transport: Refrigerated during and after collection
Reported: In 3-5 Days

N. GONORRHEAE (See Gonorrhoea)**NAPA (See Procainamide & NAPA)****NTX (N-TELOPEPTIDE, CROSS-LINKED) with Creatinine, Urine**

LAB CODE: 5361

Specimen Requirements: 1mL Urine
Collect: Discard 1st morning void. Collect 2nd morning specimen.
Storage and Transport: Frozen
Reported: In 3-7 Days
Billing Notes: Medicare Limited Coverage Test

OCCULT BLOOD, FECAL by Immunoassay

LAB CODE: 4633

Specimen Requirements: HemoSure Fecal Occult Blood Test Device
Collect: Follow instructions in testing kit
Storage and Transport: Room Temperature
Reported: In 1 Day
Billing Notes: Medicare Limited Coverage Test

OSMOLALITY, SERUM

LAB CODE: 5415

Specimen Requirements: 1mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 3-5 Days

OSMOLALITY, URINE

LAB CODE: 5416

Specimen Requirements: 1mL Random Urine
Collect: Sterile Urine Container
Storage and Transport: Refrigerated
Reported: In 3-5 Days

OVA & PARASITES (O & P) Cryptosporidium/Giardia Antigen**LAB CODE: 6030**

Specimen Requirements: Stool in Ecofix or Unifix
 Collect: O & P Container with Ecofix or Unifix
 Collection Instructions: Collect specimen in a clean, dry container. Transfer specimen to Ecofix container. Do not pass specimen into the toilet, or directly into the Ecofix container. Do not urinate into the specimen or allow any water to mix with the specimen. Label container.
 Storage and Transport: Room Temperature
 Reported: 2-4 Days

OXALATE**LAB CODE: 5418**

Specimen Requirements: 24 Hour Urine
 Collect: 24 Hour Urine Container. Record collection time. Patient should refrain from taking excessive amounts of Ascorbic Acid or Oxalate-rich foods (i.e., spinach, coffee, tea, chocolate, rhubarb) for at least 48 hours before collection.
 Storage and Transport: Refrigerated during and after collection
 Reported: In 3-5 Days

PAP SMEAR, Conventional Methodology**LAB CODE: 8150**

Specimen Requirements: Cervical / Vaginal Pap Smear
 Collect: Pap Pack Collection Instructions
 Collection Instructions:

Label slide with patient name. Spray immediately with cytology fixative. The specimen should be obtained from the site nearest to the lesion if one is present. The smear must be fixed immediately. Do not use lubricant. The patient should be advised not to douche or have intercourse 24-48 hours prior to taking the smear. For optimal results, specimen should be collected 3 weeks following the first day of the Last Menstrual Period. Specimen should not be collected during any bleeding.

A completed requisition form needs to accompany the specimen. The following information is required: Patient's full name, Patient's date of birth, Date of last menstrual period, Date smear collected, Source, Pertinent clinical history i.e. BCP, pregnant, hysterectomy, etc.

Storage and Transport: Room Temperature
 Reported: In 1-3 Days
 Billing Notes: Medicare Limited Coverage Test

PAP SMEAR, ThinPrep® (Monolayer) Methodology**LAB CODE: 8151**

Specimen Requirements: Cervical / Vaginal Pap Smear Specimen
 Collect: Cytoc Thin Prep® specimen container
 Collections Instructions:

Label container with patient name. The specimen should be obtained from the site nearest to the lesion if one is present. Do not use lubricant. The patient should be advised not to douche or have intercourse 24-48 hours prior to taking the smear. Collect with spatula followed by brush. Swirl brush and spatula in vial. For optimal results, specimen should be collected 3 weeks following the first day of the Last Menstrual Period. Specimen should not be collected during any bleeding.

A completed requisition form needs to accompany the specimen. The following information is required: Patient's full name, Patient's date of birth, Date of last menstrual period, Date smear collected, Source, Pertinent clinical history i.e. BCP, pregnant, hysterectomy, etc.

Storage and Transport: Room Temperature
 Reported: In 1-3 Days
 Billing Notes: Medicare Limited Coverage Test

PARATHYROID HORMONE, INTACT	LAB CODE: 5847
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Specimen Requirements: 2 mL Serum.
 Collect: Serum Separator Tube. Centrifuge. Transfer serum into plastic transfer tube. Freeze plastic transfer tube.
 Storage and Transport: Frozen
 Reported: In 2-4 Days
 Notes: Please submit a separate sample for any additional tests requiring a frozen sample.
 Billing Notes: Medicare Limited Coverage Test

PARTIAL THROMBOPLASTIN TIME (PTT)	LAB CODE: 4303
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Specimen Requirements: Complete Tube Citrated Whole Blood 3.2%
 Collect: Light Blue Top Tube. Invert tube 5 times after collection. Tube must be completely filled to "fill" line. Tubes not entirely filled or overfilled will be rejected.
 Storage and Transport: Refrigerated
 Reported: In 1 Day

PATHOLOGY
 Specimen submitted for pathology examination are categorized by Level in accordance with the specimen source and type as outlined by the American Medical Association in their Current Procedure Terminology (CPT) Book by the examining pathologist. Each separately identified or submitted specimen is processed as an individual sample and is charged as such. Additional procedures such as decalcification or special stains will be ordered as required by the pathologist to aid in diagnosis.

Tissue should be submitted in a sterile, leakproof formalin-filled container at Room Temperature, labeled with patient's name, source and site. Tissue containers with formalin fixative are available from the IML Supply Department.

Specimen Requirements: Formalin Fixed Tissue
 Collect: Leakproof Container with Formalin Fixative
 Storage and Transport: Room Temperature

Reported: In 2-4 Days
Billing Notes: Medicare Limited Coverage Test

PHENOBARBITAL (Luminal)

LAB CODE: 2006

Specimen Requirements: 1mL Serum
Collect: Plain Red top tube
Storage and Transport: Refrigerated
Reported: In 3-5 Days

PHENYTOIN

LAB CODE: 2005

Specimen Requirements: 1mL Serum
Collect: Serum Separator Tube or Plain Red Top Tube
Storage and Transport: Refrigerated
Reported: In 1 Day

PHOSPHORUS, INORGANIC, SERUM

LAB CODE: 2204

Specimen Requirements: 1mL Serum
Collect: Serum Separator Tube. Centrifuge within 2 hours of collection.
Storage and Transport: Refrigerated
Reported: In 1 Day
Billing Notes: Medicare Limited Coverage Test

PHOSPHORUS, INORGANIC, URINE

LAB CODE: 2232

Specimen Requirements: 24 Hour Urine
Collect: 24 Hour Urine Container. Record collection time.
Storage and Transport: Refrigerated during and after collection
Reported: In 1 Day

PLATELET COUNT

LAB CODE: 3005

Specimen Requirements: 4mL EDTA Whole Blood
Collect: Lavender Top Tube. Invert tube 5 times immediately after collection.
Storage and Transport: Refrigerated
Reported: In 1 Day
Billing Notes: Medicare Limited Coverage Test

PROTOPORPHYRINS, RBC (ERYTHROCYTE)

LAB CODE: 5453

Specimen Requirements: 5mL EDTA Whole Blood. Protect from light by wrapping tube in foil or transfer whole blood into amber tube.
Collect: Lavender Top Tube
Storage and Transport: Refrigerated
Reported: In 4-7 Days

POTASSIUM, SERUM

LAB CODE: 2212

Specimen Requirements: 1mL Serum
Collect: Serum Separator Tube. Centrifuge ASAP.
Storage and Transport: Refrigerated
Reported: In 1 Day

POTASSIUM, URINE

LAB CODE: 2251

Specimen Requirements: 10mL Random Urine
Collect: Sterile Urine Cup
Storage and Transport: Refrigerated
Reported: In 1 Day

POTASSIUM, 24 HOUR URINE

LAB CODE: 2235

Specimen Requirements: 24 Hour Urine
Collect: 24 Hour Urine Container. Record collection time.
Storage and Transport: Refrigerated during and after collection
Reported: In 1 Day
Billing Notes: Medicare Limited Coverage Test

PREGNANCY TEST, QUALITATIVE, SERUM (See Beta-hCG, Qualitative)

PREGNANCY TEST, QUANTITATIVE, SERUM (See Beta-hCG, Quantitative)

PREGNANCY TEST, QUALITATIVE, URINE

LAB CODE: 4003

Specimen Requirements: 10mL Random Urine.
Collect: Sterile Urine Cup. First Morning Urine recommended.
Storage and Transport: Refrigerated
Reported: In 1 Day
Billing Notes: Medicare Limited Coverage Test

PRO TIME (See Prothrombin Time)

PROGESTERONE

LAB CODE: 2668

Specimen Requirements: 2mL Serum. Patient's age and sex required.
Collect: SST or Plain Red Top Tube (preferred)
Storage and Transport: Refrigerated.
Reported: In 3-5 Days

PROLACTIN

LAB CODE: 2660

Specimen Requirements: 2mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 3-5 Days

PRONESTYL (See Procainamide)

PROSTATIC ACID PHOSPHATASE (PAP)

LAB CODE: 51050

Specimen Requirements: 2mL Serum
Collect: Serum Separator Tube. Centrifuge. Transfer serum into plastic transfer tube and freeze.
Storage and Transport: Frozen
Reported: In 5-7 Days
Notes: Please submit a separate sample for any additional tests requiring a frozen sample.
Billing Notes: Medicare Limited Coverage Test

PROSTATIC SPECIFIC ANTIGEN (PSA)

LAB CODE: 2650

Specimen Requirements: 2mL Serum
Collect: Serum Separator Tube.
Storage and Transport: Refrigerate. Freeze if not submitted to laboratory on same day specimen is collected.
Reported: In 1 Day
Billing Notes: Medicare Limited Coverage Test

PROSTATIC SPECIFIC ANTIGEN, FREE (includes PSA)

LAB CODE: 2048

Specimen Requirements: 2mL Serum
Collect: Serum Separator Tube. Centrifuge. Transfer serum into plastic transfer tube. Freeze plastic transfer tube.

Storage and Transport: Frozen
Reported: In 1-3 Days
Billing Notes: Medicare Limited Coverage Test

PROTEIN ELECTROPHORESIS, SERUM

LAB CODE: 2612

Specimen Requirements: 2mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 3-7 Days
Notes: Test includes Total Protein
Billing Notes: Medicare Limited Coverage Test

PROTEIN ELECTROPHORESIS, SERUM w/ Pathologist's Interpretation

LAB CODE: 1888

Specimen Requirements: 2mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 3-7 Days
Notes: Test includes Total Protein
Billing Notes: Medicare Limited Coverage Test

PROTEIN ELECTROPHORESIS, URINE (Includes Total Protein)

LAB CODE: 5929

Specimen Requirements: 10mL Random Urine
Collect: Sterile Urine Cup
Storage and Transport: Refrigerated
Reported: In 3-5 Days
Billing Notes: Medicare Limited Coverage Test

PROTEIN S, TOTAL

LAB CODE: 5570

Specimen Requirements: 2 mL Sodium Citrated plasma.
Collect: Light Blue top tube. Centrifuge. Transfer plasma into transfer tube. Freeze.
Notes: Separate sample must be submitted if multiple tests are ordered.
Storage and Transport: Frozen
Reported: In 3-5 Days

PROTEIN TOTAL, BODY FLUID

LAB CODE: 3046

Specimen Requirements: 1 mL Body Fluid
Collect: Plain Red top tube
Storage and Transport: Refrigerate
Reported: In 1 Day
Billing Notes: Medicare Limited Coverage Test

PROTEIN TOTAL, CSF

LAB CODE: 2199

Specimen Requirements: 1mL CSF
Collect: Plain Red Top Tube
Storage and Transport: Refrigerated
Reported: In 1 Day
Billing Notes: Medicare Limited Coverage Test

PROTEIN TOTAL, SERUM

LAB CODE: 2200

Specimen Requirements: 1mL Serum
Collect: Serum Separator Tube. Centrifuge within 4 hours of collection.
Storage and Transport: Refrigerated
Reported: In 1 Day
Billing Notes: Medicare Limited Coverage Test

PROTEIN TOTAL, URINE 24 HOUR

LAB CODE: 2254

Specimen Requirements: 24 Hour Urine
Collect: 24 Hour Urine Container. Record collection time.
Storage and Transport: Refrigerated during and after collection
Reported: In 1 Day
Billing Notes: Medicare Limited Coverage Test

PROTEIN TOTAL, URINE RANDOM

LAB CODE: 2253

Specimen Requirements: 10 mL Urine
Collect: Sterile Urine Cup
Storage and Transport: Refrigerated
Reported: In 1 Day
Billing Notes: Medicare Limited Coverage Test

PROTHROMBIN TIME (PROTIME)(PT) with INR

LAB CODE: 4300

Specimen Requirements: Complete Tube Sodium Citrated Whole Blood
Collect: Light Blue Top Tube. Invert 5 times after collection. Tube must be completely filled to "fill" line for testing. Tubes not completely filled or overfilled will be rejected.
Storage and Transport: Refrigerated
Reported: In 1 Day
Billing Notes: Medicare Limited Coverage Test

PROTOPORPHYRIN, RBC (See Porphyrins, RBC)

PSA (See Prostatic Specific Antigen)

PSA FREE (See Prostatic Specific Antigen Free)

PT (See Prothrombin Time)

PTH (See Parathyroid Hormone)

PTT (See Partial Thromboplastin Time)

QUINIDINE

LAB CODE: 2306

Specimen Requirements: 1mL Serum
Collect: Plain Red Top Tube
Storage and Transport: Refrigerated
Reported: In 3-5 Days

RA (See Rheumatoid Factor)

RAPID PLASMA REAGIN (See RPR)

RAST TESTING (See Allergy Testing)

RBC COUNT (Red Blood Cell)

LAB CODE: 3006

Specimen Requirements: 2mL EDTA Whole Blood
Collect: Lavender Top Tube. Invert 5 times after collection.
Storage and Transport: Refrigerated
Reported: In 1 Day

RENIN (PLASMA)

LAB CODE: 5458

Specimen Requirements: 2mL EDTA Plasma. Patient should not be on medications for at least 48 hours prior to collection of specimen. Note patient's posture.
Collect: Lavender Top Tube. Centrifuge. Transfer plasma into 2 plastic transfer tubes. Freeze immediately.
Storage and Transport: Frozen

Reported: In 4-6 Days
Notes: Please submit a separate sample for any additional tests requiring a frozen sample.

RETICULOCYTE COUNT (RETIC)

LAB CODE: 3505

Specimen Requirements: 2mL EDTA Whole Blood
Collect: Lavender Top Tube. Invert tube 5 times immediately after collection.
Storage and Transport: Refrigerated
Reported: In 1 Day
Billing Notes: Medicare Limited Coverage Test

RETINOL (See Vitamin A)

RHEUMATOID FACTOR (RA), QUANTITATIVE

LAB CODE: 4004

Specimen Requirements: 1mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 1 Day
Billing Notes: Medicare Limited Coverage Test

ROTAVIRUS ANTIGEN

LAB CODE: 5463

Specimen Requirements: 1g Stool
Collect: Sterile Leakproof Container
Storage and Transport: Frozen
Reported: In 3-5 Days

ROUTINE CULTURE (See Culture, Aerobic)

RPR (RAPID PLASMA REAGIN)

LAB CODE: 4000

Specimen Requirements: 1mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 2-3 Days
Notes: Positive results on this test will automatically reflex to a titer at an additional charge.
Billing Notes: Medicare Limited Coverage Test

RUBELLA ANTIBODY SCREEN IgG

LAB CODE: 2616

Specimen Requirements: 2mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 3-5 Days

RUBELLA, IgM

LAB CODE: 5467

Specimen Requirements: 1mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 3-5 Days

RUBEOLA (See Measles)**SEDIMENTATION RATE, Westergren (ESR)**

LAB CODE: 3500

Specimen Requirements: 4mL EDTA Whole Blood
Collect: Lavender Top Tube. Invert tube 5 times immediately after collection. Specimen must be submitted for testing on the day it is collected.
Storage and Transport: Refrigerated
Reported: In 1 Day
Billing Notes: Medicare Limited Coverage Test

SEMEN ANALYSIS, COMPLETE (Fertility evaluation)

LAB CODE: 3030

Specimen Requirements: Semen Sample
Collect: Sterile Urine Cup
Storage and Transport: Body Temperature
Reported: In 1 Day
Notes: This test requires a fresh specimen; therefore, this procedure is available only by appointment. Please call Client Services for availability. Patient should have between two and seven days of sexual abstinence before producing the specimen. The World Health Organization experts (WHO) recommend that two ejaculates be evaluated initially. These samples should be collected at least seven days apart and not more than three months apart. If any of the major parameters are abnormal, additional ejaculates should be evaluated. Specimen should be collected at home in a clean, dry container by masturbation or coitus interruptus. Patient should not collect specimen in a condom or use a condom, lubricant or other contaminant as this will affect results. Entire collected specimen should be submitted in a container labeled with patient name and time of collection. Specimen must be kept warm (close

to the body) and dropped off at the lab within 20 minutes of collection.

SEMEN ANALYSIS, POST VASECTOMY

LAB CODE: 3035

Specimen Requirements:	Semen Sample
Collect:	Sterile Urine Cup
Storage and Transport:	Body Temperature
Reported:	In 1 Day
Notes:	This test requires a fresh specimen; therefore, this procedure is available only by appointment. Please call Client Services for availability. Patient should have between two and seven days of sexual abstinence before producing the specimen. The World Health Organization experts (WHO) recommend that two ejaculates be evaluated initially. These samples should be collected at least seven days apart and not more than three months apart. If any of the major parameters are abnormal, additional ejaculates should be evaluated. Specimen should be collected at home in a clean, dry container by masturbation or coitus interruptus. Patient should not collect specimen in a condom or use a condom, lubricant or other contaminant as this will affect results. Entire collected specimen should be submitted in a container labeled with patient name and time of collection. Specimen must be kept warm (close to the body) and dropped off at the lab within 20 minutes of collection.

SEROTONIN (HYDROXYTRYPTAMINE,5-)

LAB CODE: 5471

Specimen Requirements:	3mL Serum
Collect:	Serum Separator Tube. Centrifuge. Transfer serum into 2 transfer tubes and freeze.
Storage and Transport:	Frozen
Reported:	In 4-6 Days
Notes:	Patient should avoid avocados, bananas, eggplant, pineapples, plums, tomatoes and walnuts for a 48-hour period prior to start of collection. Please submit a separate sample for any additional tests requiring a frozen sample.

SEX HORMONE BINDING GLOBULIN

LAB CODE: 5472

Specimen Requirements:	1mL Serum
Collect:	Serum Separator Tube.
Storage and Transport:	Refrigerated
Reported:	In 3-5 Days

SJÖGRENS'S ANTIBODIES (SSA & SSB)

LAB CODE: 50004

Specimen Requirements: 1mL Serum
 Collect: Serum Separator Tube
 Storage and Transport: Refrigerated
 Reported: In 2-4 Days
 Billing Notes: Medicare Limited Coverage Test

SODIUM, SERUM

LAB CODE: 2211

Specimen Requirements: 1mL Serum
 Collect: Serum Separator Tube. Centrifuge ASAP.
 Storage and Transport: Refrigerated
 Reported: In 1 Day

SODIUM, RANDOM URINE

LAB CODE: 2250

Specimen Requirements: 10 mL Random Urine
 Collect: Sterile Urine Cup
 Storage and Transport: Refrigerated
 Reported: In 1 Day

SODIUM, 24 HOUR URINE

LAB CODE: 2234

Specimen Requirements: 24 Hour Urine
 Collect: 24 Hour Urine Container. Record collection time.
 Storage and Transport: Refrigerated during and after collection
 Reported: In 1 Day

SOMATOMEDIN-C (INSULIN-LIKE GROWTH FACTOR I) (IGF1)

LAB CODE: 5480

Specimen Requirements: 1mL Serum
 Collect: Serum Separator Tube
 Storage and Transport: Refrigerated
 Reported: In 3-5 Days

SSA ANTIBODIES (ANTI-RO)

LAB CODE: 50002

Specimen Requirements: 1mL Serum
 Collect: Serum Separator Tube
 Storage and Transport: Refrigerated
 Reported: In 2-4 Days
 Billing Notes: Medicare Limited Coverage Test

SSB ANTIBODIES (ANTI-LA)

LAB CODE: 50003

Specimen Requirements: 1mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 2-4 Days
Billing Notes: Medicare Limited Coverage Test

STONE (CALCULI) ANALYSIS

LAB CODE: 5358

Specimen Requirements: Stone. Do not attach to Cellulose Tape. Do not submit in liquid.
Indicate type of stone submitted.
Collect: Sterile Container or transfer tube
Storage and Transport: Room Temperature
Reported: In 3-5 Days

STOOL CULTURE (See Culture, Stool)

STOOL FOR WBCs (See Fecal Leukocytes)

SURGICAL PATHOLOGY PROCEDURES (See Pathology)

T3 (See Triiodothyronine)

T4 (See Thyroxine)

TEGRETOL (See Carbamazepine)

TESTOSTERONE, FREE

LAB CODE: 5497

Specimen Requirements: 1mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 3-5 Days

TESTOSTERONE, TOTAL

LAB CODE: 2656

Specimen Requirements: 2mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 1-3 Days

THC SCREEN (See Cannabinoid Screen)

THEOPHYLLINE (AMINOPHYLLINE)

LAB CODE: 2008

Specimen Requirements: 1mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 1 Day

THIAMINE (See Vitamin B1)

THROAT CULTURE (See Culture, Throat)

THYROCALCITONIN (See Calcitonin)

THYROGLOBULIN

LAB CODE: 5620

Specimen Requirements: 2mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 3-5 Days

THYROGLOBULIN ANTIBODIES (See Anti-Thyroglobulin Antibodies)

THYROID ANTIBODIES (See Anti-Thyroid Antibodies)

THYROID PEROXIDASE ANTIBODIES (See Anti-Thyroid Peroxidase Antibodies)

THYROID STIMULATING HORMONE (TSH)

LAB CODE: 2610

Specimen Requirements: 2mL Serum
 Collect: Serum Separator Tube
 Storage and Transport: Refrigerated
 Reported: In 1 Day
 Billing Notes: Medicare Limited Coverage Test

THYROXINE (T4)

LAB CODE: 2226

Specimen Requirements: 1mL Serum
 Collect: Serum Separator Tube
 Storage and Transport: Refrigerated
 Reported: In 1 Day
 Billing Notes: Medicare Limited Coverage Test

THYROXINE (T4) FREE

LAB CODE: 2261

Specimen Requirements: 2mL Serum
 Collect: Serum Separator Tube
 Storage and Transport: Refrigerated
 Reported: In 1 Day
 Billing Notes: Medicare Limited Coverage Test

THYROXINE BINDING GLOBULIN

LAB CODE: 5508

Specimen Requirements: 1mL Serum
 Collect: Serum Separator Tube.
 Storage and Transport: Refrigerated
 Reported: In 3-5 Days
 Billing Notes: Medicare Limited Coverage Test

TISSUE EXAMINATIONS (See Pathology)

TOCOPHEROL (See Vitamin E)

TOXOPLASMA ANTIBODIES, IgG

LAB CODE: 5511

Specimen Requirements: 1mL Serum
 Collect: Serum Separator Tube
 Storage and Transport: Refrigerated
 Reported: In 4-6 Days

TOXOPLASMA ANTIBODIES, IgM

LAB CODE: 5512

Specimen Requirements: 1mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 3-5 Days

TRANSFERRIN

LAB CODE: 5513

Specimen Requirements: 1mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 3-5 Days
Billing Notes: Medicare Limited Coverage Test

TREPONEMA PALLIDIUM ANTIBODIES (See MHA-TP)

TRIGLYCERIDES

LAB CODE: 2224

Specimen Requirements: 1mL Serum. Patient should be fasting 8-12 hours prior to collection.
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 1 Day
Billing Notes: Medicare Limited Coverage Test

TRIIODOTHYRONINE (T3) FREE

LAB CODE: 5487

Specimen Requirements: 2mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerate
Reported: In 1-3 Days
Billing Notes: Medicare Limited Coverage Test

TRIIODOTHYRONINE (T3) REVERSE

LAB CODE: 5488

Specimen Requirements: 1mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 4-8 Days
Billing Notes: Medicare Limited Coverage Test

TRIIODOTHYRONINE (T3) TOTAL

LAB CODE: 2260

Specimen Requirements: 2mL Serum
 Collect: Serum Separator Tube
 Storage and Transport: Refrigerated
 Reported: In 1-3 Days
 Billing Notes: Medicare Limited Coverage Test

TRIIODOTHYRONINE (T3) UPTAKE

LAB CODE: 2225

Specimen Requirements: 1mL Serum
 Collect: Serum Separator Tube
 Storage and Transport: Refrigerated
 Reported: In 1 Day
 Billing Notes: Medicare Limited Coverage Test

TSH (See Thyroid Stimulating Hormone)

UREA NITROGEN, BLOOD (See Blood Urea Nitrogen)

UREA NITROGEN, URINE

LAB CODE: 2297

Specimen Requirements: 24 Hour Urine. Record collection time.
 Collect: 24 Hour Urine Container
 Storage and Transport: Refrigerated during and after collection
 Reported: In 1 Day

URIC ACID, SERUM

LAB CODE: 2218

Specimen Requirements: 1mL Serum
 Collect: Serum Separator Tube
 Storage and Transport: Refrigerated
 Reported: In 1 Day

URIC ACID, 24 HOUR URINE

LAB CODE: 2233

Specimen Requirements: 24 Hour Urine. Record collection time.
 Collect: 24 Hour Urine Container
 Storage and Transport: Refrigerated during and after collection
 Reported: In 1 Day

URINALYSIS (microscopic performed on positives)

LAB CODE: 4600

Specimen Requirements: 15mL Random Urine (minimum volume 3mL)
 Collect: Clean catch urine specimen in Sterile Urine Cup
 Storage and Transport: Refrigerated
 Reported: In 1 Day
 Billing Notes: Medicare Limited Coverage Test

URINALYSIS (with microscopic)

LAB CODE: 4620

Specimen Requirements: 15mL Random Urine (minimum volume 5mL)
 Collect: Clean catch urine specimen in Sterile Urine Cup
 Storage and Transport: Refrigerated
 Reported: In 1 Day
 Billing Notes: Medicare Limited Coverage Test

URINE CULTURE (See Culture, Urine)

VALPROIC ACID

LAB CODE: 2009

Specimen Requirements: 1mL Serum
 Collect: Serum Separator Tube
 Storage and Transport: Refrigerated
 Reported: In 1 Day

VANCOMYCIN

LAB CODE: PEAK 2004, TROUGH 2001, RANDOM 2007

Specimen Requirements: 1mL Serum
 Collect: Plain red top tube. Centrifuge. Transfer serum into transport tube. Label tube as "peak", "trough" or "random." Draw Peak 1-2 hours after completion of infusion. Draw Trough 10 minutes before next infusion.
 Storage and Transport: Refrigerated
 Reported: In 1 Day

VANILLYLMANDELIC ACID (VMA)

LAB CODE: 5531

Specimen Requirements: 24 Hour Urine
 Collect: 24 Hour Urine Container. Record collection time. Patient should discontinue all medications, if possible, for 1 week prior to collection.
 Storage and Transport: Refrigerated during and after collection
 Reported: In 4-6 Days

VARICELLA ANTIBODY IgG (IMMUNE STATUS)

LAB CODE: 5532

Specimen Requirements: 1 mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 3-5 Days

VARICELLA ANTIBODY IgM

LAB CODE: 5031

Specimen Requirements: 1 mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 3-5 Days

VASOACTIVE INTESTINAL POLYPEPTIDE

LAB CODE: 5899

Specimen Requirements: 2mL EDTA Plasma collected with Trasylol available through IML Client Services.
Collect: Pre-chilled Lavender Top Tube. Transfer whole blood into tube containing Trasylol. Centrifuge. Transfer plasma into 2 plastic transfer tubes. Label as "Trasylol Plasma". Freeze.
Storage and Transport: Frozen
Reported: In 4-8 Days

VDRL (See RPR)**VIP (See Vasoactive Intestinal Polypeptide)****VIRAL CULTURE (See Culture, Viral)****VITAMIN A (Retinol)**

LAB CODE: 5536

Specimen Requirements: 1 mL Serum
Collect: Serum Separator Tube. Centrifuge. Transfer serum into plastic transfer tube. Protect from light. Freeze.
Storage and Transport: Frozen
Reported: In 3-5 Days
Notes: Please submit a separate sample for any additional tests requiring a frozen sample.

VITAMIN B12

LAB CODE: 2400

Specimen Requirements: 2mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerate
Reported: In 1-2 Days
Billing Notes: Medicare Limited Coverage Test

VITAMIN D, 1,25 DIHYDROXY (Calcifidol)

LAB CODE: 5543

Specimen Requirements: 4mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerate
Reported: In 3-5 Days

VITAMIN D, 25 HYDROXY (Calciferol)

LAB CODE: 5544

Specimen Requirements: 1mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 3-5 Days

VITAMIN E (ALPHA and GAMMA TOCOPHEROL)

LAB CODE: 5545

Specimen Requirements: 1mL Serum. Protect from light by using amber tubes or wrapping tube in foil.
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 3-5 Days

VMA (See Vanillylmandelic Acid)**WBC COUNT (White Blood Cell Count only)**

LAB CODE: 3010

Specimen Requirements: 4mL EDTA Whole Blood
Collect: Lavender Top Tube. Invert tube 5 times after collection.
Storage and Transport: Refrigerated
Reported: In 1 Day
Billing Notes: Medicare Limited Coverage Test

PROFILE LISTING

The profile below are the Organ or Disease Oriented Panels constructed by the American Medical Association as outlined in Current Procedural Terminology (CPT) 2010. When ordering a panel, physicians should ensure that medical necessity requirements are met for all component tests.

BASIC METABOLIC PANEL

LAB CODE: 15007

Component Tests:	BUN, Calcium, Chloride, CO ₂ , Creatinine, Glucose, Potassium, Sodium
Specimen Requirements:	2mL Serum
Collect:	Serum Separator Tube
Storage and Transport:	Refrigerated
Reported:	In 1 Day
Billing Notes:	When ordering a panel, physicians should ensure that medical necessity requirements are met for all component tests.

COMPREHENSIVE METABOLIC PANEL

LAB CODE: 15001

Component Tests:	Albumin, Alkaline Phosphatase, ALT, AST, Total Bilirubin, BUN, Calcium, Chloride, CO ₂ , Creatinine, Glucose, Potassium, Sodium, Total Protein
Specimen Requirements:	2mL Serum
Collect:	Serum Separator Tube
Storage and Transport:	Refrigerated
Reported:	In 1 Day
Billing Notes:	When ordering a panel, physicians should ensure that medical necessity requirements are met for all component tests.

ELECTROLYTE PANEL

LAB CODE: 15000

Component Tests:	Chloride, CO ₂ , Potassium, Sodium
Specimen Requirements:	2mL Serum
Collect:	Serum Separator Tube
Storage and Transport:	Refrigerated
Reported:	In 1 Day
Billing Notes:	When ordering a panel, physicians should ensure that medical necessity requirements are met for all component tests.

GENERAL HEALTH PANEL

LAB CODE: 15002

Component Tests: Comprehensive Metabolic Panel, CBCD, TSH
Specimen Requirements: 2mL Serum and 3mL EDTA Whole Blood
Collect: Serum Separator Tube and Lavender Top Tube
Storage and Transport: Refrigerated
Reported: In 1 Day
Billing Notes: Not covered by Medicare

HEPATIC (LIVER) FUNCTION PANEL

LAB CODE: 15004

Component Tests: Albumin, Alkaline Phosphatase, ALT, AST, Direct Bilirubin, Total Bilirubin, Total Protein
Specimen Requirements: 3mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 1 Day
Billing Notes: Medicare Limited Coverage Test. When ordering a panel, physicians should ensure that medical necessity requirements are met for all component tests.

HEPATITIS ACUTE PANEL

LAB CODE: 15009

Component Tests: Hepatitis A Antibody, IgM
Hepatitis B Core Antibody, IgM
Hepatitis B Surface Antigen
Hepatitis C Antibody
Specimen Requirements: 4mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 4-7 Days
Billing Notes: When ordering a panel, physicians should ensure that medical necessity requirements are met for all component tests.

LIPID PROFILE

LAB CODE: 15008

Component Tests: Total Cholesterol, HDL Cholesterol, Triglycerides and calculated ratios.
Specimen Requirements: 2mL Serum. Patient should be fasting for 8-12 hours.
Collect: Serum Separator Serum
Storage and Transport: Refrigerated
Reported: In 1 Day
Billing Notes: Medicare Limited Coverage Test. When ordering a panel, physicians should ensure that medical necessity requirements are met for all component tests.

OBSTETRIC PANEL

LAB CODE: 15003

Component Tests:	ABO & Rh, Antibody Screen (Indirect Coombs), CBCD, Hepatitis B Surface Antigen, RPR, Rubella Antibody Screen
Specimen Requirements:	6 mL Serum (4mL serum in Plain Red Top Tube) <u>and</u> 4 mL EDTA whole blood
Collect:	1 Plain Red top tube <u>and</u> 1-2 Serum Separator tubes <u>and</u> 1 Lavender top tube. Invert Lavender Top Tube 5 times immediately after collection.
Storage and Transport:	Refrigerated
Reported:	In 3-7 Days
Billing Notes:	When ordering a panel, physicians should ensure that medical necessity requirements are met for all component tests.

RENAL (KIDNEY) PANEL

LAB CODE: 15013

Component Tests:	Albumin, BUN, Calcium, Chloride, CO ₂ , Creatinine, Glucose, Inorganic Phosphorus, Potassium, Sodium
Specimen Requirements:	4mL Serum
Collect:	Serum Separator Tube
Storage and Transport:	Refrigerated
Reported:	In 1 Day
Billing Notes:	When ordering a panel, physicians should ensure that medical necessity requirements are met for all component tests.