

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
1,25-dihydroxyvitamin D Calcitriol, Vitamin D 1,25-OH 1,25-Dihydroxy-Vit-D, ***Double Check Order*** make sure you are choosing the correct Vitamin D test code.	VITD	1 RED top (Do not use gel tubes)	Optimal 2 mL, minimum 0.6 mL Red top serum. Separate from cells and freeze. Send on ice pack. Stability: 7 days at room temp and 2-8°C, 2 months at -20°C. Test done once a month.		SPH Special Chem
7-Dehydrocholesterol Sterol, Lathosterol, Sterols, Desmosterol, SLOS, Smith Lemli Opitz Syndrome	DEHYDB	Amniotic fluid RED?	Refer Outpatients to Children's Hospital for amniotic fluid collection. Send copy of Cytogenetics requisition with transport batch.	Y	Children's Hospital
11-Deoxycortisol (Compound S)	DEOXYB	1 RED top or 1 LAV top	1 mL serum or plasma. Refrigerate and send on ice pack. TAT by performing lab is 7 days.		HICL
11 Deoxycortisol Series (pre ACTH dose and 60 minutes post dose)	DEOXYB and DOX60B	1 RED top or 1 LAV top	1 mL serum or plasma. Refrigerate and send on ice pack. TAT by performing lab is 7 days.		HICL
17-Hydroxyprogesterone	17OHP	1 RED Top	2 mL RED Top serum. Allow to clot upright for at least one hour. Centrifuge and aliquot into 13 x 75 mm aliquot tube. Freeze and send on dry ice.		SPH Special Chem
17-Hydroxyprogesterone Stimulation for 20 minutes, 30 minutes, an 60 minutes	OHP20 OHP30 OHP60		2 mL RED Top serum. Allow to clot upright for at least one hour. Centrifuge and aliquot into 13 x 75 mm BD non- additive vacutainer. Freeze and send on dry ice.		SPH Special chem

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2,3-Dinor-11Beta-Prostaglandin F2 Alpha, Urine	MISCB CRU UTIM	24-hour urine collection No preservative preferred.	Mandatory Lab Agency pre-approval required for Outpatients (request to be done by patient doctor). Ask patient to sign OOC/OOP consent form. Instruct patient to refrigerate urine during 24 hour collection. Accessioning: process 24 hour urine: 1 aliquot for CRR 1 aliquot for 23 BPG, spun and aliquot 5 mL, freeze immediately and send on dry ice. TAT from performing lab is 11 days.	Y Application and patient consent from ordering physician required.	Hospitals In-Common Laboratory Inc. 57 Gervais Dr. North York, ON M3C 1Z2 Phone 416-391-1499 Ext.248 Fax Phone 416-385-1957
3,4-Methylenedioxyamphetamine	DRSCB	1 RED top or >2mL Urine	2-4 mL serum or urine. Refrigerate and send on ice pack. Sunquest LIS Order Entry: Second screen: DRSC1 =;3,4 Methylenedioxyamphetamine	Y	Provincial Toxicology Centre
5, 1 Nucleotidase (5,1 NTD)(5NTD)	MISCB	1 SST Gold top	2.0 mL serum. 0.5 mL minimum. Ship Serum frozen. Mandatory Lab Agency pre-approval required for Outpatients (request to be done by patient Dr.). For Outpatients, do not collect without preapproval if test is ordered alone. Complete Quest Diagnostics' Test Request Form and Put Fax Result to SPH Lab request sticker	Y Application and patient consent from ordering physician required.	Quest Diagnostics/ Nichols Institute 33608 Ortega Highway San Juan, Capistrano, CA 92675 1(800) 553-5445

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5HIAA (5-Hydroxy Indole Acetic Acid) (Serotonin. 5-Hydroxytryptamine - 5HT)	HIAAU Add CRU , UTIM	24 hour urine collected in 6 M HCl, refrigerate during collection.	Only done on 24 hr samples. Random is unavailable. Collect in acid container only. Refrigerate. Send on ice pack. For 48 h before and during collection, patients should not consume foods high in serotonin such as avocados, bananas, butternuts, cantaloupe, dates, eggplant, grapefruit, honeydew melon, kiwi, melons, nuts, pineapple, plantains, plums, tomatoes, or medications such as L-dopa, acetaminophen, salicylates, and cough syrup containing guaifenesin.		VGH Lab
ABO Antibody Titres (Anti A titre, Antibody A titre)	ABOAT	Transplant Recipient: 2 RED top Transplant Donor: 6mL LAV top	Confirm with Transfusion Medicine that testing has been arranged.		SPH Transfusion Medicine (Blood Bank)
ABO/Rh Type	ABR	6 mL LAV top	Deliver copy of requisition with specimen to Transfusion Medicine. If testing is not clinically indicated, self-pay is required at \$27.85.		SPH Transfusion Medicine (Blood Bank)
Adalimumab, Humira, Anti Adalimumab Ab	ADALIB	1 RED top	2 mL serum, minimum 1 mL, frozen and sent on dry ice. Collect trough sample. Do not take biotin supplements 48 hours before collection. Specify IBD or rheumatic diseases in the modifier. OOC/OOP consent form required. TAT from performing lab is 10 days.	Y form letter	Hospitals In Common
ACL (Anti-Cardiolipin Antibody, Anti Cardiolipin Ab)	ACA	1 SST Gold top	1.0 mL serum. Freeze Serum. Send on ice pack. Avoid hemolysis >2.90		VGH Lab
Acebutolol	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Acebutolol	Y	Provincial Toxicology Centre

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Acetaminophen (Tylenol)	APHN	1 PST Light green top	0.5 mL plasma, send on ice pack.		SPH Chem.
Acetazolamide (Diamox)	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Acetazolamide	Y	Provincial Toxicology Centre
Acetone	ACTNB	1 RED top	2-4 mL RED top serum or urine. Refrigerate and send on ice pack. Sunquest Lab LIS Order Entry: SD0177=SER or ;Urine SPQ1=; ACETONE SQDLD=;DD Mmm YYYY e.g. 31 Mar 2015 or UNAVOE SQTLD=;HH:MM e.g. 13:50 or UNAVOE	Y	Provincial Toxicology Centre
	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Acetone		
Acetylcholine Receptor Antibodies (Choline-Receptor Antibody) (Myasthenia Gravis Evaluation; MG antibodies; Myoid Antibody)	ACETRB	1 SST Gold top	2 mL serum. Refrigerate Serum and send on ice pack. Copy of requisition for sendout. Anti-Musk Ab: Order MUSKB along with ACETR. Copy of requisition for UBC Lab. Put Fax Result to SPH Lab request sticker on requisition or on Sunset Printout.		UBC Lab via VGH Lab 604-822-7175

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Acid Lipase, Lymphocyte Acid Lipase, bloodspot Acid esterase, Wolman disease; cholesteryl ester storage disorder	ALIPBB	NBS Card	<p>Optimal: 4 spots, Minimum: 1 spot. Preferred: Collect using syringe and drip blood on blood spot card. Acceptable: Collect 1 – 2 mL EDTA blood and transfer to blood spot card. EDTA blood must be transferred to blood spot card within 6 hrs of collection. If using finger/heel prick, allow blood to drip rather than touching blood spot card with patient's finger/heel.</p> <p>Obtain minimum one completely filled circle that is soaked through the back of card.</p> <p>Copy of requisition for Approval. Identify name of test on blood spot card. Allow blood spots to dry completely on flat surface for minimum 4 hrs. Do not expose to heat or direct sunlight. Once dry, place blood spot card in sealed plastic bag with a sachet of desiccant (if available). Store in 4°C if there is delay in shipping. Ship at room temperature by overnight courier to Specimen Receiving 2J20. Inform lab at 6048752307 to expect the sample.</p>	Y	Children's Hospital – Biochemical Genetics Lab 604-875-2307

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Acylcarnitine Profile, Bloodspot	ACYDOT	Blood spot Whatman 903 NBS card (Newborn Screening card, Blood Dot Card)	4 blood spots on Blood Dot Card (NBS Newborn Screening Whatman 903 NBS Filter card), minimum 2 spots. Collection: Preferred: Use syringe and needle method: collect 2 mL in to Syringe, activate safety device on needle. Remove needle. Apply blood immediately to blood spots. Use Butterfly with syringe assembly if other blood work is collected at the same time. Alternate method: Collect 3mL EDTA tube with needle and holder. Apply blood to blood spots with transfer pipette. Do NOT use the pneumatic tube system to transport wet bloodspot cards. Wet bloodspot cards must NOT be packaged in biohazard bags. Complete patient information on Blood Dot Card, write Acylcarnitine Profile on card. Allow blood dots to air dry for at least 3 hours. Form Transport Batch and send separately, do not batch with other NBS cards. Send Card at room temp. Copy of requisition for approval.	Y	Children's Hospital – Biochemical Genetics Lab Room 2F22 604-875-2307
Acylcarnitine, Serum (Dr must specify serum test, otherwise order Bloodspot Test)	ACYSER	1 RED top	1.0 mL Red top serum preferred. Minimum 0.5 mL. Freeze and ship frozen on dry ice the same day or overnight. Copy of requisition for approval.	Y	Children's Hospital – Biochemical Genetics Lab Room 2F22
ACTH Stimulation Test (cosyntropin test)	CORSB COR30 COR60	1 SST Gold top	Patient given ACTH (Cosyntropin) to stimulate adrenal glands. Cortisol is measured before infusion (baseline) and at 30 min and 60 min post infusion.		SPH Special Chemistry Lab
ACTH Stimulation of Adrenal Androgen baseline (includes 17OHP predose and Androstenedione predose)	AACTHB	1 RED top	2 mL RED Top serum. Allow to clot upright for at least one hour. Centrifuge and aliquot into 13 x 75 mm BD non-additive vacutainer. Freeze and send on dry ice.		SPH Special Chem

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
ACTH, Inferior Petrosal Sinus Sampling	ACTHPS	1LAV top on ice	Collect on ice, deliver to Lab ASAP. 1.0 mL plasma in False Bottom or 13 x 75 Polypropylene tube, freeze immediately. Send frozen on dry ice. Specimen must arrive @ SPH frozen. Copy of requisition for Special Chemistry. Order Entry: free text Sample Timing and Site info in Modifier field and result ACTHTG, IPSITE (second screen). e.g. ACTHTG = ;Baseline or ;10 min post etc.... IPSITE = ;Peripheral vein or ;Left inferior petrosal sinus. etc...		SPH Special Chemistry Lab
ADAMTS13 Activity and Inhibitor Profile ADAMTS13 Antibody von Willebrand Factor Cleaving Protease	ADM13B	2 BLUE top citrate	Double spin all tubes and separate plasma into separate polypropylene tubes. Freeze all tubes within 2 hours of collection. Send frozen on dry ice. Minimum volume 1.5 mL each aliquot.	Y-HP	VGH Autoimmune Lab
Adenovirus PCR (blood)	CADVL	1 RED top	Must have SPH Medical Microbiologist consult with CW Microbiologist, test will only be performed with instruction from CW Microbiologist. 3 mL RED top whole blood. Samples must be sent, on ice pack, Monday to Friday 800 to 2300 or Saturday, Sunday and Statutory Holidays 800 to 1600. Specimen must be received within 48 hours of collection.	Y-Medical Microbiologist	Children's Virology
Adenovirus PCR (non-blood)	PVPCR	1 mL urine or swabs, body fluids, etc	Refrigerate.		SPH Virology
Adrenocorticotrophic Hormone	ACTH	1 LAV on ice	1.0 mL EDTA Plasma collected on ice, centrifuge at 4°C, stored and sent frozen on dry ice. Specimen must arrive @SPH frozen.		SPH Special Chemistry Lab

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ACTH test codes for stimulation and suppression tests (DO NOT confuse with ACTH Stimulation that tests for cortisol)	ACTH0 ACTH15 ACTH30 ACTH45 ACTH60 ACTH90	1 LAV on ice	1.0 mL EDTA Plasma collected on ice, centrifuge at 4°C, stored and sent frozen on dry ice. Specimen must arrive @SPH frozen.		SPH Special Chemistry Lab
AFB Fluid Culture	PTBF	Fluid in sterile container			SPH Microbiology
AFB Urine Culture Urine Mycobacteriology	PTBM	40 mL urine	Three (3) first morning, clean catch midstream samples only.		BCCDC Lab via SPH Microbiology Lab
AH50 (Alternative Complement, CH10/CH100, CH50 Alternate) (Immunology Profile)	APH50B	1 RED top	Allow to clot for 60 minutes at room temperature. Centrifuge at 4°C. Separate serum and freeze immediately. Send specimen on dry ice. Copy of requisition for send out.	Y – all others N – no approval for OP.	VGH Lab
Alanine Amino-Transferase (SGPT)	ALT	1 PST Light green top	0.5 mL lithium heparin plasma, send on ice pack		SPH Chem.
Albumin	ALB	1 PST Light green top	0.5 mL lithium heparin plasma, send on ice pack		SPH Chem.

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Albumin – Fluid	FALB FLUIDB	PST, SST, RED top or non preservative container	0.5 mL fluid. Synovial fluid Albumin not available. FLUIDB: PLEUR; DIA; PERIT; BAL; PCF PPD Dialysate FLUIDB codes (get PET info from Modifier field): DIAL24 = Dialysate 24hr DIALON = Dialysate Overnight DIALP1 = Dialysate PET 1 DIALP2 = Dialysate PET 2 DIALP3 = Dialysate PET 3		SPH Chem
Alcohol (Ethanol, Ethyl Alcohol)	ALC	1 PST Light green top	0.5 mL lithium heparin plasma, send on ice pack. DO NOT USE ALCOHOL SWAB TO CLEAN. Samples for suspected impaired drivers should be collected by the emergency physician and not by a laboratory staff.		SPH Chem
Alcohol (Urine)	MISCB	Random urine	50 mL urine. Freeze and send on dry ice. If reason for testing is not clinical, patient must pay prior to collection, cost is \$32.00. TAT by performing lab is 1 day.	y	LifeLabs
Adrenal vein sampling Includes Aldosterone (VALD) and Cortisol (VCORT)	AVSAC	6 mL Lav top EDTA	Copy of requisition for Special Chemistry. The top table of req is PRE sampling, bottom table is POST sampling. Order Entry: free text AVS sample number and AVS site in Modifier field and result AVNUM, AVSITE (second screen): e.g. AVNUM = ;2f enter HIDE if no tube # given on requisition AVSITE = ;Pre Left Adrenal ***PRE and POST must be at beginning of AVSITE free text.		SPH Special Chemistry

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Baseline Pre Saline Suppression (Aldosterone and Renin)	SALPRE	3 mL EDTA on ice	Collect in pre chilled EDTA tube and then place on ice, centrifuge at 4°C ASAP (within 15 minutes). 1.0 mL EDTA plasma store at -20°C and send Frozen (dry ice preferred). A complete saline suppression procedure includes a random renin (RNN) and aldosterone (ALDRB), included in SALPRE, collected prior to infusion and SALPOS specimen taken 4 hours after saline infusion. Copy of requisition for Special Chemistry (esp. if there is 4 hours between collection times and no indication of saline suppression request).		SPH Special Chem Lab
Post Saline Suppression (Aldosterone and Renin)	SALPOS	3 mL EDTA on ice	Collect in pre chilled EDTA tube and then place on ice, centrifuge at 4°C ASAP (within 15 minutes). 1.0 mL EDTA plasma store at -20°C and send Frozen (dry ice preferred). A complete saline suppression procedure includes a random renin (RNN) and aldosterone (ALDRB), included in SALPRE, collected prior to infusion and SALPOS specimen taken 4 hours after saline infusion. Copy of requisition for Special Chemistry (esp. if there is 4 hours between collection times and no indication of saline suppression request).		SPH Special Chem Lab
Aldosterone (Random)	ALDRB	3 mL EDTA on ice (RED top serum is acceptable for Aldosterone samples)	If the order is for Aldosterone only (renin is not required) RED top serum is also acceptable. If the order is for Aldosterone and Renin collect in pre chilled EDTA tube and then place on ice, centrifuge at 4°C ASAP (within 15 minutes). 1.0 mL EDTA plasma store and send Frozen (dry ice preferred).		SPH Special Chem Lab

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Aldosterone (Supine)	ALDSUB	3 mL EDTA on ice (RED top serum is acceptable for Aldosterone samples)	If the order is for Aldosterone only (renin is not required) RED top serum is also acceptable. If the order is for Aldosterone and Renin, collect on pre chilled EDTA tube and then placed on ice, centrifuge at 4°C ASAP (within 15 minutes). 1.0 mL EDTA plasma store and send Frozen (dry ice preferred). Collect blood after one hour in the prone position.		SPH Special Chem Lab
Aldosterone (Upright)	ALDUPB	3 mL EDTA on ice (RED top serum is acceptable for Aldosterone samples)	If the order is for Aldosterone only (renin is not required) RED top serum is also acceptable. If the order is for Aldosterone and Renin, collect on pre chilled EDTA tube and then placed on ice, centrifuge at 4°C ASAP (within 15 minutes). 1.0 mL EDTA plasma store and send Frozen (dry ice preferred). Collect after the patient has been awake ambulating and/or seated in upright posture. The patient should not have been lying down at any time two hours prior to collection.		SPH Special Chem Lab
Aldosterone (Urine)	ALDUU Add CRU, UTIM	24 Hr Urine, no preservative (Unsuitable if collected in Acid)	3 mL urine. Keep frozen. Patient should be off β -blockers and diuretics for 2 weeks prior to test. Refrigerate during collection. Measure 24 hour volume. Aliquot 3 mL in 12 x 75 plastic tube for urine creatinine, 3 mL in 12 x 75 plastic tube for urine Aldosterone from well mixed urine (do not send whole collection). Centrifuge and decant both aliquots. Freeze Aldosterone tube, refrigerate creatinine and send on both on ice pack. Referring sites need to include 24 hour volume, patient's height and weight on requisition.		SPH Special Chem Lab
Alkaline Phosphatase	ALKP	1 PST light green top	0.5 mL lithium heparin plasma, send on ice pack.		SPH Chem

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Alkaline Phosphatase Isoenzymes (Alkaline Phosphatase Fractionated)	ALKIA	1 PST light green top (Serum acceptable)	2 mL plasma Patient should avoid high fat meal. VGH will only perform if alkaline phosphatase level is elevated. Freeze plasma or Serum.	Y	VGH Lab
Allopurinol And Oxypurinol	MISCB	2 RED top	5 mL serum, separate and freeze Send on dry ice. Lab Agency approval required for all patients before collection. Copy of requisition for send out. Put Fax Result to SPH Lab request sticker on requisition or on Sunset Printout.	Y Application and patient consent from ordering physician required.	Sunnybrook Medical Centre Attn: Dr. Adel Fam Room A2002 2075 Bayview Ave. Toronto, Ontario M4N3M5
Alpha 1 Antitrypsin	AAT	1 SST Gold top	0.5 mL serum send on ice pack		SPH Special Chem
Alpha 1 Antitrypsin Fecal (Suspect Protein Losing Enteropathy)	AATB	Fresh Random Stool (Walnut size)	Prior consultation required. Minimum 10 g stool in sterile container. Freeze as soon as possible (within 30 minutes) after collection. Sent on dry ice. Do not contaminate stool with urine. Outpatients: instruct patient to freeze sample before transporting to the lab and keep sample cold while transport to the lab as soon as possible. TAT from performing lab is 7 days.	Y Form Letter	Hospitals In Common

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Alpha 1 Antitrypsin Genotyping. Phenotyping will be performed if required	A1ATGB (AATPB only ordered by SPH Special Chem)	1 RED top and 1 LAV top	A1ATGB requires approval. Please give a copy of requisition to Special Chemistry only if the samples are coming from out of province. Referring Labs: Aliquot serum from RED top tube. Do not open or aliquot LAV top. Freeze and send on dry ice. MSJ Lab: aliquot red serum and freeze and send with LAV with req. to SPH. SPH Accessioning: give ALL specimens to Special Chem. RESOE field APP001.	Y	SPH Special Chemistry
Alpha 2 Macroglobulin* *Unavailable For Immunodeficiency Clinic At SPH.	MISCB	1 SST Gold top	1 mL serum. Send frozen on dry ice. Approval required for all patients. Additional information on HICL website. Consent form required. TAT from performing lab 16 days.	Y Application and patient consent from ordering physician required.	Hospitals In-Common Laboratory Inc. 57 Gervais Dr. North York, ON M3C 1Z2 Phone 416-391-1499 Ext.248 Fax 416-385-1957
AASA, Urine Alpha aminoadipic semialdehyde, Pyridoxine dependent epilepsy, PDE, Antiquitin deficiency, B6 dependent epilepsy, Pyridoxine dependent seizures, P6C, Piperidine 6-carboxylate NOT AVAILABLE IN BC	AASAB	Random urine in sterile container	Concentrated morning specimen preferred. Optimal 5 mL, minimum 2 mL in non-preserved sterile container. Copy of requisition for approval. Freeze urine and send frozen.	Y	
Alpha Fetoprotein	ALFPB, (CAFPB for CSF)	1 SST Gold top Fluid	2.0 mL serum. Freeze Serum. Send on ice pack. For Fluids: order FLDTYP in Sunquest, SPECFL =; Fluid type e.g. Peritoneal Fluid		VGH

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Alpha-Fucosidase	AFUC	1 DKGRN top Lithium heparin *whole blood*	<p>Prior consultation is required. Do not spin. Keep at room temperature. Same-day shipping to have specimen arrive by 1200 hrs, is preferred.</p> <p>If shipping overnight, use overnight courier, to have specimen arrive by 1200 hrs, the day after collection.</p> <p>Inform Biochemical Genetics Lab to expect sample.</p> <p>Whole blood, ship at room temperature to Specimen Receiving Room 2J20.</p> <p>Send copy of requisition with transport batch.</p>	Y	Children's Hospital – Biochemical Genetics Lab 604-875-2307
Alpha-Galactosidase, WBC (Fabry Disease)	FABRYB	blood DOT CARD Whatman 903 Blood Spot Card	<p>Optimal: 4 spots, minimum 2 spots. Follow collection instructions on reverse of blood dot card.</p> <p>Preferred: Collect using syringe and drip blood on blood spot card.</p> <p>Acceptable: Collect 1 – 2 mL Heparin blood and transfer to blood spot card. Heparin blood must be transferred to blood spot card within 6 hrs of collection.</p> <p>If using finger/heel prick, allow blood to drip rather than touching blood spot card with patient's finger/heel.</p> <p>Obtain minimum one completely filled circle that is soaked through the back of card.</p> <p>Write Pompe clearly on blood dot card.</p> <p>Do NOT use the pneumatic tube system to transport wet bloodspot cards.</p> <p>Wet bloodspot cards must NOT be packaged in biohazard bags.</p> <p>Allow to blood spots to dry at least 4 hours. Once dry, place blood spot card in sealed plastic bag with a sachet of desiccant (if available). Store in 4°C if there is delay in shipping. Ship at room temperature by overnight courier to Specimen Receiving 2J20. Inform lab at 6048752307 to expect the sample.</p> <p>Send copy of requisition with transport batch.</p>		Children's Hospital – Biochemical Genetics Lab 604-875-2307

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Alpha-Glucosidase, Blood Spot (POMPE testing), Acid maltase, bloodspot; glycogen storage II, bloodspot; a-glucosidase, bloodspot	AGLUCB	blood DOT CARD Whatman 903 Blood Spot Card	<p>Optimal: 4 spots, minimum 2 spots. Follow collection instructions on reverse of blood dot card.</p> <p>Preferred: Collect using syringe and drip blood on blood spot card.</p> <p>Acceptable: Collect 1 – 2 mL Heparin blood and transfer to blood spot card. Heparin blood must be transferred to blood spot card within 6 hrs of collection.</p> <p>If using finger/heel prick, allow blood to drip rather than touching blood spot card with patient's finger/heel.</p> <p>Obtain minimum one completely filled circle that is soaked through the back of card.</p> <p>Write Pompe clearly on blood dot card.</p> <p>Do NOT use the pneumatic tube system to transport wet bloodspot cards. Wet bloodspot cards must NOT be packaged in biohazard bags.</p> <p>Allow to blood spots to dry at least 4 hours. Once dry, place blood spot card in sealed plastic bag with a sachet of desiccant (if available). Store in 4°C if there is delay in shipping. Ship at room temperature by overnight courier to Specimen Receiving 2J20. Inform lab at 6048752307 to expect the sample.</p> <p>Send copy of requisition with transport batch.</p>		Children's Hospital – Biochemical Genetics Lab 604-875-2307

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Alpha-Iduronidase, WBC (Mucopolysaccharidosis type I)	IDUR1B	blood DOT CARD Whatman 903 Blood Spot Card	<p>Optimal: 4 spots, minimum 2 spots. Follow collection instructions on reverse of blood dot card.</p> <p>Preferred: Collect using syringe and drip blood on blood spot card.</p> <p>Acceptable: Collect 1 – 2 mL Heparin blood and transfer to blood spot card. Heparin blood must be transferred to blood spot card within 6 hrs of collection. If using finger/heel prick, allow blood to drip rather than touching blood spot card with patient's finger/heel.</p> <p>Obtain minimum one completely filled circle that is soaked through the back of card.</p> <p>Write Pompe clearly on blood dot card.</p> <p>Do NOT use the pneumatic tube system to transport wet bloodspot cards. Wet bloodspot cards must NOT be packaged in biohazard bags.</p> <p>Allow to blood spots to dry at least 4 hours. Once dry, place blood spot card in sealed plastic bag with a sachet of desiccant (if available). Store in 4°C if there is delay in shipping. Ship at room temperature by overnight courier to Specimen Receiving 2J20. Inform lab at 6048752307 to expect the sample.</p> <p>Send copy of requisition with transport batch.</p>		Children's Hospital – Biochemical Genetics Lab 604-875-2307

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Alpha-Mannosidase	WAMAN	1 DK GRN top Lithium heparin *whole blood*	<p>1. Prior consultation and approval by Children's Lab Biochemical Geneticist is required.</p> <p>Optimal volume 6 mL, minimum 3 mL whole blood. Keep at room temperature. Copy of requisition for Sendout. Collect Monday – Thursday only or consult Supervisor.</p> <p>SPH Sendout person:</p> <p>Send specimen to Children's Hospital Lab by 12:00 hrs (specimen must be at Children's Lab by 12:00 hours Monday – Friday, the day after collection).</p> <p>Send copy of requisition with transport batch.</p> <p>Put colour CW Biochemical Genetics Lab address sticker on TDG container</p> <p>Call BGL at 6048752307 to notify and to expect the package.</p>	Y	Children's Hospital – Biochemical Genetics Lab Room 2F22 604-875-2307
Alpha-Subunit Pituitary Tumor Marker, Serum Mayo Test ID: APGH (Alpha Glycoprotein Subunit, Alpha Subunit, HCG, Alpha-PGH (Pituitary Glycoprotein Hormone, Serum Chorionic Gonadotropins, Alpha-Subunit))	MISCB	1 SST GOLD top RED Top is acceptable	<p>1.0 mL serum, minimum 0.35 mL., freeze and send on dry ice.</p> <p>Copy of requisition for Sendout bench.</p> <p>SPH Sendout: must generate Mayo Clinic Order in MayoLink, Mayo test ID:APGH</p> <p>Mandatory Lab Agency pre-approval required for Outpatients. OOC/OOP consent form required. TAT by performing lab is 8 days.</p>	Y Application and patient consent from ordering physician required.	Specimen Process Centre Mayo Medical Laboratories 3050 Superior Drive NW Rochester, MN 55901 1-800-533-1710

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Alpha Thalassemia	ATHCW	6 mL LAV top	Send at room temperature. Send copy of requisition with transport batch. Ordering Dr must complete Molecular Genetics Laboratory C&W requisition: http://www.elabhandbook.info/phsa/Files/RequisitionForms%2f1_20140722_042203_CWMG_REQ_0000_v4.2_General_Requisition%20edit.pdf	N - if ordered by Drs.: Foltz Jackson, Leger, Leitch, Ramadan, Ross, Merkley, Davis, Schmidt, and Yenson	Children's Hospital
Alprazolam (Xanax)	ALPRB	1 RED top or >2 mL Urine	2-4 mL serum or urine. Refrigerate and send on ice pack. Copy of requisition for send out.	Y	Provincial Toxicology Centre
Aluminum MSJ Outpatients – send patient to VH or SPH for special collection.	ALUMB	1K2EDTA Dark blue top *Special Collection tube from Supervisor*	4.0 mL K2EDTA whole blood Send on ice pack. Copy of requisition for send out. Refrigerate and send on ice. Special Collection procedure link path (copy and paste to your Intranet browser): \\vch\departments\Chemistry (Dept PHCLAB)\Accessioning\Collection Booklet\Aluminum Collection and Processing Procedure.doc. Consent form required. TAT from performing lab is 10 days.	Y Application and patient consent from ordering physician required.	Hospitals In-Common Laboratory Inc. 57 Gervais Dr. North York, ON M3C 1Z2 Phone 416-391-1499 Ext.248 Fax Phone 416-385-1957
Amikacin (Pre/Trough)	AMIPR	1 PST Light green top * SST serum also acceptable*	1.0 mL plasma. Freeze plasma. Provide dose time, must be ½ hr Pre, and 1 hr Post dose. Sunquest Last Dose format: AMIDL: ;DD Mmm YYYY e.g. 31 Mar 2014 or UNAVOE AMITLD: ;HH:MM e.g. 13:50 or UNAVOE		VGH Lab

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Amikacin (Post/Peak)	APO	1 PST Light green top * SST serum also acceptable*	1.0 mL plasma. Freeze plasma. Provide dose time, must be ½ hr Pre, and 1 hr Post dose. Sunquest Infusion format: ITSA: ;HH:MM ITFA: ;HH:MM		VGH Lab
Amikacin Random Level	AR	1 PST Light green top * SST serum also acceptable*	1.0 mL plasma. Freeze plasma. Provide dose time, must be ½ hr Pre, and 1 hr Post dose. Sunquest Last Dose format: AMIDL: ;DD Mmm YYYY e.g. ;31 Mar 2014 or UNAVOE AMITLD: ;HH:MM e.g. ;13:50 or UNAVOE		VGH Lab
Amiloripine	AMILOB	1 RED top or >2 mL Urine	2-4 mL serum or urine. Refrigerate and send on ice pack. Copy of requisition for send out.	Y	Provincial Toxicology Centre
Amino Acids (Urine) – Random	RUAM add CRR	Random sample, early morning collection.	On approval of children's Medical Biochemist. Must mix urine with magnetic stir bar for 5 minutes before removing aliquot for creatinine. Ship entire remaining specimen frozen, do not split with other testing. Send copy of requisition with transport batch.	Y	Children's Hospital
Timed Urine Amino Acids	TUAM add CRU, UTIM	24 hr urine	Note: Must mix urine with magnetic stir bar for 5 minutes before removing aliquot for creatinine. Ship entire remaining specimen frozen, do not split with other testing. Send copy of requisition with transport batch.		Children's Hospital

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Amino Acids Urine Normalized (cystinuria monitor and screen, Amino Aciduria, Hartnup disease, Argininosuccinic aciduria, Renal tubulopathy, HHH syndrome, LPI)	UAMC	Random Urine	Entire urine collection required. Freeze entire sample and send frozen.	Y	Children's Hospital
Amino Acids Urine Timed Output	UAMT	Random Urine	Specific order for KNOWN cystinuria patients only. Entire urine collection required. Freeze entire sample and send frozen.	Y	Children's Hospital
Amino Acids Urine Absolute (Amino Acids, 24 hour urine)	UAMA	24 Hour Urine container, no additive	If 24 hour urine cystine is requested, check if patient is a known Cystinuria by calling BCCH Biochemical GeneticsLab at (604) 875-2307 or patient's doctor. 24 hour urine cystine is ONLY done on KNOWN Cystinuria patients, If ordered specifically by doctor for monitoring purposes. **Entire 24 hour urine collection required. Freeze entire 24 hour urine container and send frozen.**	Y	Children's Hospital
Amino Acids, Bloodspot Bloodspot amino acids, Bloodspot phenylalanine, Bloodspot PKU, PKU monitor, Amino acid monitor, Citrullinemia Monitor, MSUD Monitor, Tyrosinemia Monitor, Bloodspot succinylacetone, Bloodspot citrulline, Bloodspot Leucine. Phenylalanine, Phenylalanine Monitor; Blood Dot Card Phenylalanine	BAM For confirmed PKU deficient patients only. Do not use this code for initial Newborn screening	Heel or finger prick on Whatman 903 NBS card (Newborn Screening card, Blood Dot Card)	Optimal 4 spots, minimum 2 spots. Specimen must be on supplied blotter card (New born screen card). Place barcode on back of NBS card after collection. Allow blood dot cards to dry flat 2-3 hours first. Do not insert wet samples inside glassine envelopes. Avoid high temperatures. Do NOT use the pneumatic tube system to transport wet bloodspot cards. Wet bloodspot cards must NOT be packaged in biohazard bags. Scan on transport batch and courier each sample as soon as it is dry. Ship at room temperature.		Children's Hospital Newborn Screening Laboratory 4480 Oak Street, Room 2F27 Vancouver, BC V6H 3V4

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Amino Acids Chromatography (Test Includes: Alanine, A-Amino-N-Butyric Acid, Arginine, Asparagine, Aspartic Acid, Citrulline, Cystine, Glutamic Acid, Glutamine, Glycine, Histidine, Hydroxyproline, Isoleucine, Leucine, Lysine, Methionine, Ornithine, Phenylalanine, Proline, Serine, Taurine, Threonine, Tyrosine, Urea, Valine)	PAMINO	Newborns: 1 DK GRN top Lithium heparin on ice *Na Heparin acceptable* Adult: 2 DK GRN top Lithium heparin on ice *Na Heparin acceptable*	Process STAT. If from WGH, forward sample to BCCH if already frozen. Adult must be fasting 12 hours or overnight, Babies must fast a minimum of 4 hours. Do NOT use Ammonium Heparin Contact Medical Biochemist for approval Collect on ice and centrifuge at 4°C within 60 minutes of collection. Do NOT use Buffy layer, remove plasma and freeze. Send on dry ice within 3 days of collection. Send copy of requisition with transport batch.	Y	Children's Hospital – Biochemical Genetics Lab Room 2F22 604-875-2307
Amino Acid Quantitation, CSF Alanine, a-amino-N-butyric acid, arginine, asparagine, aspartic acid, citrulline, cystine, glutamic acid, glutamine, glycine, histidine, hydroxyproline, isoleucine, leucine, lysine, methionine, ornithine, phenylalanine, proline, serine, taurine, threonine, tyrosine, urea, valine.	CAMINO	1 mL CSF keep cold	Optimal 1 mL CSF, minimum 0.5 mL. Blood stained CSF can give falsely high amino acid values. If CSF sample is blood stained, spin at 1800 g, take off CSF supernatant and freeze. Note on requisition that CSF was blood stained and CSF was taken off after spinning. Send frozen CSF on dry ice as soon as possible. Send copy of requisition with transport batch.	Y	Children's Hospital – Biochemical Genetics Lab Room 2F20
Amino Levulinic Acid (Urine) (Delta-Aminolevulinic Acid)	ALAU	50 mL urine	24 hr collection. No preservative. Protect from light pH 4.0-7.0. Refrigerate. Freeze if > 2 weeks old. Copy of requisition for send out.	Y	VGH Lab

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Aminosalicylic acid	SPQ	1 RED top	2-4 mL RED top serum or urine. Refrigerate and send on ice pack. Sunquest Lab LIS Order Entry: SD0177=SER or ;Urine SPQ1=; Aminosalicylic acid SQDLD=;DD Mmm YYYY e.g. 31 Mar 2015 or UNAVOE SQTLD=;HH:MM e.g. 13:50 or UNAVOE	Y	Provincial Toxicology Centre
	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Aminosalicylic Acid		
Amiodarone and Metabolite (Desethylamiodarone)	AMDRB	1 RED top	3.0 mL serum, minimum 1.0 mL. Freeze and send on dry ice. Collect a trough specimen.	Y	Provincial Toxicology Centre
Amitriptyline & Metabolites (Elevail) by HPLC	AMIB	1 RED top	2-4 mL serum or urine. Refrigerate and send on ice pack. Copy of requisition for send out. Ward should record last dose time. Sample should be collected as a trough sample.	Y	Provincial Toxicology Centre
	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Amitriptyline		

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Amoeba Serology (Entamoeba Serology)	AMOEB	5 mL SST Gold top	Refrigerate. Send on ice pack.		BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory
Ammonia	NH4	1 PST Light green top on ice For Babies: 1 full draw PST Light green top microtube *Sodium heparin acceptable*	2 mL minium plasma for adults. 0.3 mL minimum plasma for babies. Do NOT use a tourniquet during collection. Must be venous or line collection only. Venous blood must be collected on ice and deliver to the Lab IMMEDIATELY. Centrifuge @ 4°C. Separate plasma within 15 minutes. Freeze immediately. Test within 24- 48 HRS of collection. Send frozen on dry ice.	N	Children's Hospital
Amoxicillin	SPQ	1 RED top	2-4 mL RED top serum or urine. Refrigerate and send on ice pack. Ward should supply last dose time. Specimen should be a trough sample. Sunquest Lab LIS Order Entry: SD0177=SER or ;Urine SPQ1=; AMOXICILLIN SQDLD=;DD Mmm YYYY e.g. 31 Mar 2015 or UNAVOE SQTLD=;HH:MM e.g. 13:50 or UNAVOE	Y	Provincial Toxicology Centre
	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Amoxicilin		

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Amphetamines In Urine Ecstasy MDA (Methylenedioxyamphetamine) MDMA (Methylenedioxymethamphetamine) Methamphetamines (Desoxyn) Speed (Amphetamines)	AMPHR part of UDSC	Random urine	>1.0 mL urine. Refrigerate if not done immediately. Add DRSCB if Dr specifies Amphetamines confirmation (or aka names) and give copy of requisition for Medical Biochemist approval.	Y – if DRSCB ordered	SPH Chem
Amphetamines In Urine, Confirmation	DRSCB	Urine	Refrigerate. Send 50 mL Urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Amphetamines confirmation	Y	Provincial Toxicology Centre

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Amphotericin B	SPQ	6 mL LAV top	<p>3 mL EDTA Plasma. Collect trough level prior to dose level and Collect peak level (2 hour Post dose) or IV peak level (30 minutes Post dose). Freeze. Send on ice pack. For further info call 604-806-68184. Send creatinine result with specimen. ***protect from light***</p> <p>BCCDC Toxicology is developing this test. Call Prov Tox before sending test out of Province (require Med Micro approval). Feb 28, 2013. Sunquest Order Entry instructions: free Text in the following fields SD0177 = PLS-EDTA SPQ1 = ;Amphotericin B SQDLD = ;DD MMM YYYY e.g. ;15 APR 2013 or UNAVOE SQTLD = ;HH:MM e.g. ;07:00 or UNAVOE</p>	Y - Med Micro	<p>ProvLab-Alberta (Edmonton Site) Contact: Dr. Jeff Fuller, Clinical Scientist, Mycology Section, 780-407-7242 OR: The Fungus Testing Laboratory Department Of Pathology, Room 329E. Mail Code 7750 The University Of Texas Health Science Center at San Antonio San Antonio, Texas 78229-3900 Phone: (210) 567-4131</p>
Amylase	AMY	1 PST Light green top	<p>0.5 mL lithium heparin plasma. Send out bench will take the following steps: 1) Result AMY as CRLAB-;See lipase result. 2) Check if a lipase has been ordered at the same time. If not, order an LIPA. No need to send in for approval.</p>		
Amylase, Fluid	MISCNB	PST, SST, RED top or non preservative container	<p>0.5 mL fluid, send on ice pack. Synovial fluid Amylase not available. Include fluid type in test name. For example: Amylase, dialysate overnight or Amylase, pleural fluid. Send request for approval. If approved, log in FAMY and send to VGH. If not approved, result in MEM as NRAVL. Do not credit.</p>	Y	VGH

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Anaplasma Phagocytophila Serology	EHRL	5 mL SST Gold top	Refrigerate. Send on ice pack		BC Centre For Disease Control (BCCDC Sendout)
Androstenedione (For series tests, order ANDR60 for the hour collection)	ANDROP	1 RED top	2 mL red top serum. Aliquot into a 13 x 75 mm non-additive vacutainer. Freeze and send on dry ice.		SPH Special Chem
Angiotensin Converting Enzyme, Serum (ACE)	ACEB	1 SST Gold top	Send 2 mL serum preferred minimum 0.5 mL. Store and send on ice pack. Copy of requisition for send out. Put add copy #85031 request sticker on requisition or on Sunset Printout.		Royal Jubilee Hospital Attn: Laboratory-5th flr D&T, 1926 Bay Street, Victoria BC, V8R1J8
Angiotensin Converting Enzyme, CSF	CACEB	1 mL CSF	Freeze and send on dry ice. Additional information on HICL website. Copy of requisition for send out. Put Fax Result to SPH Lab request sticker on requisition or on Sunset Printout. Consent form required. TAT from performing lab is 3 days.		Hospitals In-Common Laboratory Inc. 57 Gervais Dr. North York, ON M3C 1Z2 Phone 416-391-1499
Anthrax Serology	ATRX	5 mL SST Gold top	Refrigerate. Send on ice pack.		BC Centre For Disease Control
ABO and Antibody screen, Group and screen, Type and screen (NOT for crossmatch, or tranfusion)	ABRSCN	6 mL LAV top	Send specimen to Transfusion Medicine with all requisitions. Test code for: PDROPs, Referred-ins, transplant pre-assessment, hematology baseline, or any other situation where results are informational and not used for transfusion. <i>If in doubt, confirm with TM before ordering.</i>		SPH Transfusion Medicine

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Anti 21 Hydroxylase Ab 21-OH Ab Hydroxylase Antibody OH21 Ab 21OH Ab Mayo Test ID: OH21 Not available. See Anti Adrenal Antibody test	MISCB	1 RED top SST Gold top acceptable	1.0 mL serum, minimum 0.4 mL. Freeze and send on dry ice. Stability 21 days frozen. SPH Sendout must generate Mayo Clinic Order in MayoLink. Mayo ID: OH21 OOO/OOP consent form and Agency approval required. Copy of requisition for Sendout bench. TAT time from performing lab is 9 days. Not available. See Anti Adrenal Antibody test	Y Application and patient consent from ordering physician required.	Specimen Process Centre Mayo Medical Laboratories 3050 Superior Drive NW Rochester, MN 55901 1-800-533-1710
Anti Adrenal Antibody	ADRENB	1 RED top	2.0 mL serum. Freeze and send on dry ice. Copy of requisition for send out. Put Fax Result to SPH Lab request sticker on requisition or on Sunset Printout.	Y	Royal Jubilee Hospital
Anti AMPA antibodies	AMPRB	1 RED top or 1 SST Gold top	1 mL serum minimum. Prior approval is required. Freeze serum, send frozen on dry ice. Use Mitogen Diagnostics Laboratory Requisition (in the Requisitions Folder of the Accessioning Folder). Put Fax Result to SPH Lab request sticker on requisition or on Sunset Printout.	Y	Mitogen 3415C 3rd Avenue NW Calgary AB T2N 0M4 Phone: (403)800-8851
Anti Cyclic Citrullinated Peptide Antibody (Anti CCP)	CCPEP	1 SST Gold top	1 mL serum. Freeze. Send frozen on ice pack		VGH Lab
Anti D	AICBSB	Three 6 mL LAV top	Complete CBS Antibody Investigation Request Form and write "Check for Anti-D on form" Blank request forms in Forms/Reqs section. Copy of requisition for send out.		CBS via SPH TM

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Anti-DNA only (ADNA, SLE, double stranded DNA)	DSDNAB Use this code if no other auto-immune tests ordered	1 SST Gold top	1 mL serum. Aliquot and Freeze. Send on ice pack.		VGH Lab
Anti-DNA with other autoimmune tests ordered	ANAEB	1 SST Gold top	1 mL serum. Aliquot and Freeze. Send on ice pack. Stability: 3 days @ 4°C.		VGH Lab
Anti DPPX (dipeptidyl aminopeptidase-like 6)	DPPXB	1 RED top or 1 SST Gold top	1 mL serum minimum. Prior approval is required. Freeze serum, send frozen on dry ice. Use Mitogen Diagnostics Laboratory Requisition (in the Requisitions Folder of the Accessioning Folder). Put Fax Result to SPH Lab request sticker on requisition or on Sunset Printout.	Y	Mitogen 3415C 3rd Avenue NW Calgary AB T2N 0M4 Phone: (403)800-8851
Anti-GABAb	GBABB	1 RED top or 1 SST Gold top	1 mL serum minimum. Prior approval is required. Freeze serum, send frozen on dry ice. Use Mitogen Diagnostics Laboratory Requisition (in the Requisitions Folder of the Accessioning Folder). Put Fax Result to SPH Lab request sticker on requisition or on Sunset Printout.	Y	Mitogen 3415C 3rd Avenue NW Calgary AB T2N 0M4 Phone: (403)800-8851
Anti Ganglioside GM-1 Antibody (Ganglioside GM-1 Antibody, Peripheral Neuropathy: Autoimmune)	GM1A	1 RED top or 1 SST Gold top	1 mL serum minimum. Prior approval is required. Freeze serum, send frozen on dry ice. Use Mitogen Diagnostics Laboratory Requisition (in the Requisitions Folder of the Accessioning Folder). Put Fax Result to SPH Lab request sticker on requisition or on Sunset Printout.	Y	Mitogen 3415C 3rd Avenue NW Calgary AB T2N 0M4 Phone: (403)800-8851

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Anti Ganglioside CO-GM1 Antibody Peripheral Neuropathy: Autoimmune	MISCB	1 RED top	2.0 mL RED top serum. Separate Serum and freeze. Send Serum on dry ice Use Athena Diagnostic requisition. Test panel #270 Copy of requisition for send out. Put Fax Result to SPH Lab request sticker on requisition or on Sunset Printout. Mandatory MSP pre-approval required for Outpatients (request to be done by patient Dr.). For Outpatients, do not collect without MSP preapproval if test is ordered alone.	Y Form Letter Out of Country Patient Consent	Athena Diagnostics Laboratory 200 Forest Street, 2nd Floor Marlborough, MA 01752
Anti HIV Ag/Ab Combo	HIVCC blocked from SPH ordering	5 mL SST Gold top	Refrigerate. Send on ice pack. Test code is blocked at PHC, use order code HIVCA.		BC Centre For Disease Control
Anti HMGCR	HMGCRB	1 RED top or 1 SST Gold top	1 mL serum minimum. Prior approval is required. Freeze serum, send frozen on dry ice. Use Mitogen Diagnostics Laboratory Requisition (in the Requisitions Folder of the Accessioning Folder). Put Fax Result to SPH Lab request sticker on requisition or on Sunset Printout.	Y	Mitogen 3415C 3rd Avenue NW Calgary AB T2N 0M4 Phone: (403)800-8851
Anti IgA	AIGAB	1 RED top	Minimum 2 mL RED top serum, freeze and send on ice pack. Fax "patient request for Anti-IgA testing" requisition (CBS Req.) to ordering physician's office. Send completed requisition with sample.		CBS via SPH TM

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Anti-Intrinsic Factor Antibodies	IFAB	1 RED top or 5mL SST Gold top	3 mL serum. Freeze. Send frozen on dry ice. Additional information on HICL website Copy of requisition for send out. Put Fax Result to SPH Lab request sticker on requisition or on Sunset Printout. Consent form required. TAT from performing lab is 30 days.	Y Application and patient consent from ordering physician required.	Hospitals In-Common Laboratory Inc. 57 Gervais Dr. North York, ON M3C 1Z2 Phone 416-391-1499 Ext.248 Fax Phone 416-385-1957
Anti-Mitochondrial Antibody	AMA	1 SST Gold top	1 mL serum. Freeze. Send frozen on ice pack		VGH Lab
Anti-Mullerian Hormone	MULAB	1 SST Gold top	1 mL serum. Store aliquot in fridge and send on ice pack. Stability is 7 days, send the day of collection or next day. All patients are self-pay. It is preferable to send patients to Lifelabs for collection. Do not collect without receiving payment. Make copy of billing information for scanning and write on requisition PATIENT PAID for send outs. Put Fax Result to SPH Lab request sticker on requisition or on Sunset Printout. No TAT listed by performing lab. LifeLabs cost is \$78.00. OP must pay prior to collection.	N	LifeLabs
(ANA Pattern, Extractable Nuclear Antibodies ENA, Anti Histone Antibody, DS DNA Ab, Anti-Mitotic Spindle, Anti-Centromere Antibody, Anti Jo-1, Anti-RNP, anti-ribonucleic protein, anti-Ro, anti-La, Scleroderma Antibody, anti-SCL-70, Sjogrens Antibody, Anti-Smith, Anti-Sm, anti-SSA, anti-SSB)	ANAEB	1 SST Gold top	1 mL serum. Aliquot and Freeze. Send on ice pack. Stability: 3 days @ 4°C.		VGH Lab

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Anti Neutrophilic Cytoplasmic Antibodies [C-ANCA(PR3), P-ANCA(MPO), Anti-Myeloperoxidase Ab, Proteinase 3, Perinuclear ANCA)	ANCA	1 SST Gold top	1 mL serum. Freeze. Send frozen on ice pack		VGH Lab
Anti Parietal Cell Antibody	APCA	1 SST Gold top	1 mL serum. Freeze. Send frozen on ice pack		VGH Lab
Anti-Platelet Antibody (Antibody-Investigation, HLA Antibody screen)	NBTB	Adult: 2 x 5mL SST Gold top and 5 x 6mL LAV top Children under 12Y: 5mL SST Gold top and 2 x 6mL LAV top	Spin SST. Refrigerate all samples and send on gel pack to CBS within 24h of collection. Completed platelet antibody investigation request form must accompany specimen. Blank forms found in Requisition file in the Accessioning Folder, "CBS Platelet Allo Immunization Investigation". Check CBS website blood.ca for current version of Platelet Immunology Requisition and sample requirements. Give a copy of the completed requisition to the TM Supervisor.		CBS via SPH TM
Anti-Reticulin Antibody	ASMA	1 SST Gold top	1.0 mL serum. Freeze. Send frozen on ice pack		VGH Lab

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Anti-Ribosomal-P Antibody	MISCB	1 RED top or 1 SST Gold top	1 mL serum minimum. Prior approval is required. Freeze serum, send frozen on dry ice. Use Mitogen Diagnostics Laboratory Requisition (in the Requisitions Folder of the Accessioning Folder). Put Fax Result to SPH Lab request sticker on requisition or on Sunset Printout.		Mitogen 3415C 3rd Avenue NW Calgary AB T2N 0M4 Phone: (403)800-8851
Anti-Saccharomyces Cerviciae Antibodies (ASCA)	ASCA	1 SST Gold top	1.0 mL serum. Freeze. Send frozen on ice pack		VGH Lab
Anti-Smooth Muscle Antibody	ASMA	1 SST Gold top	1.0 mL serum. Freeze. Send frozen on ice pack		VGH Lab

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Anti-Streptolysin-O Titre (ASOT, Anti DNase B, Antideoxyribonuclease, Streptococcalenzyme – Slide Test, Streptozyme, Anti-Hyaluronidase)	ASOTB	5 mL SST Gold top	Refrigerate. Send on ice pack.		BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory
Anti Thrombin III	AT3	2 BLUE top citrate double spun	Full citrate draw. Specimen must be centrifuged within 2 hours of collection. 1.5 mL double spun plasma per factor assay in 2 polypropylene aliquot tubes. Freeze at -20°C, refer in sample must arrive at SPH frozen. Copy of requisition to Special Coagulation.	Y-HP	SPH
Anti Thermophilic Actinomyces	ATAB	1 SST Gold top *1 RED top acceptable (must be aliquoted)*	0.5 mL serum. Refrigerate and send on ice pack to VGH . No need to aliquot if SST. Affix Lung Centre address label to the package for VGH to forward to Lung Centre. Please provide a copy of original requisition. Put Fax Result to SPH Lab request sticker on requisition or on Sunset Printout. Do not freeze.		Carlsten Lab at Diamond Health Care Centre via VGH Lab 7225 – 2775 Laurel Street. 7th Floor Vancouver, BC, V5Z 1M9 604-875-4111 ext. 68989 or 66455
Antithyroid Peroxidase Ab (Anti-microsomal antibodies) (Anti-TPO) (Anti-thyroperoxidase antibodies) (Thyroid microsomal Ab) (ThyMic Ab)	ATPOP	1 SST Gold top	0.5 mL SST serum in False Bottom or 13 x 75 Polypropylene tube. Freeze, send with ice pack up to 2 days after collection or send frozen. This test has replaced the thyroid antibody titre.		SPH Special Chemistry

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Antibody Investigation	AI (only orderable by TM)	Two 6 mL LAV top	Do not collect, Contact TM if test appears on a collection list as it may be an order entry error.		SPH Transfusion Medicine (Blood Bank)
Anti-Xa Activity – (Factor Xa activity, α Xa Level, anti Xa level, Low Molecular Weight Heparin, Daltiparine, Danaparoid, Enoxaparin, Fragmin, Fraxiparine, Heparin Assay, Lovenox, Tinzaparin, Rivaroxaban, Fondaparinux)	HEPQ	1 BLUE top citrate	Full citrate draw. Specimen must be centrifuged within 2 hours of collection. Minimum 1.0 mL Plasma double spun, aliquot in Polypropylene tube. Freeze at -20°C, refer in sample must arrive at SPH frozen. Must know type of heparin and time of last dose – copy of requisition to Special Coagulation.		SPH Special Coag
Apixaban	APIX	1 BLUE top citrate	Full citrate draw. Specimen must be centrifuged within 2 hours of collection. Minimum 1.0 mL Plasma double spun, aliquot in Polypropylene tube. Freeze at -20°C, refer in sample must arrive at SPH frozen. Must know type of heparin and time of last dose – copy of requisition to Special Coagulation.		SPH Special Coag
Apolipoprotein A (APO A)	MISCB	1 SST Gold top	0.5 mL serum. Refrigerate and send on ice pack. Fasting specimen is preferred but not required. If patient is fasting, make note on the requisition of the hours fasting.	Y	Life Labs
Apolipoprotein B (APO B)	APOB APOBR if outpatient	1 SST Gold top *1 PST Light green top acceptable*	0.5 mL serum or lithium heparin plasma. Send on ice pack. Sunquest Order Entry last screen, Diagnosis required: APOBDX= COMDYS: Complex Dyslipidemia HYPERT: Hypertriglyceridemia DYSHYP: Dysbetalipoproteinemia DXFU: Follow up of treated hypercholesterolemia DM: Diabetes Mellitus NGR: Information not on requisition or Free Text the Diagnosis	Y	SPH Special Chem

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
APO E (Genotype) (Apolipoprotein E Isoforms)	APOEGB	1 LAV top	Do NOT spin or open EDTA tube. Store EDTA whole blood at 2 - 4°C. Ship with an ice pack within 7 days of blood collection. Testing is performed if there is a history of unexplained hypertriglyceridemia. Referring Labs: Provide a copy of requisition for approval	Y	SPH Special Chem
APTT (Activated Partial Thromboplastin Time, PTT)	PTT	1 BLUE top citrate	Full citrate tube collection required. Plasma spun within 2 hours of collection and tested within 4 hours of collection. If test is not performed within 4 hours, double spin plasma and store at -20°C for up to 2 weeks, Ship on ice. Specimen must arrive frozen in polypropylene tube.		SPH Coag
Arginase	MISCB	1 DK GRN top Lithium Hep *whole blood*	Prior approval required. Cool and keep on ice, but do not allow to freeze. Do not spin and ship immediately. Copy of requisition for send out.	Y	Children's Hospital – Biochemical Genetics Lab Room 2F22 604-875-2307
Arginine stimulation of growth hormone	GHASF GH30 GH60 GH90 GH120	1 SST Gold top	Minimum volume is 140 uL serum in False Bottom or 13 x 75 Polypropylene tube. Send with ice pack. Collect baseline GHASF prior infusion. GHASF includes GH. Afterward infusion, collect HGH at 30, 60, 90, and 120 minutes.		SPH Special Chemistry

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Arginino-Succinic Acid Lyase	MISCB	2 DK GRN top Lithium Hep *whole blood*	Requires consultation. Please contact Children's Hospital for complete instructions. Copy of requisition for send out.	Y	Children's Hospital – Biochemical Genetics Lab Room 2F22 604-875-2307
Aripiprazole (Abilify, Aripiprex, Opipza)	ARIPB	1 RED top	2.0 mL Red top serum. Minimum 0.150 mL. Spin, separate and refrigerate. Send on ice pack. Include date and time of last dose. VPP sites: sent on ice pack within 5 days of collection, otherwise send frozen. Non-VPP sites: send on Ice pack within 3 days of collection, otherwise send frozen. Stability is 7 days at 2-8°C, Testing Monday -Friday, excluding STAT holidays.		SPH Special Chem
Arsenic (whole blood)	MISCB	1 K2EDTA dark blue top	6.0 ml whole blood, minimum 1.0 mL. Refrigerate and send on ice pack. Do not centrifuge. Do not open tube. MSP approval and OOC/OOP consent form required. TAT from performing lab is 10 days.		Hospitals In-Common Laboratory Inc. 57 Gervais Dr. North York, ON M3C 1Z2 Phone 416-391-1499 Ext.248 Fax Phone 416-385-1957
Arsenic (random urine) (Includes Arsenic Creatinine Ratio)	ASRUB add CRR	Random urine	Patient should avoid seafood for 5 days prior to collection. Use acid washed containers only. Refrigerate and send on ice pack. Consent form required. TAT from performing lab is 10 days.	Y Application and patient consent from ordering physician required.	Hospitals In-Common Laboratory Inc. 57 Gervais Dr. North York, ON M3C 1Z2 Phone 416-391-1499 Ext.248 Fax Phone 416-385-1957

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Arsenic (24h Urine)	ASU add CRU , UTIM	Use orange, horizontal container, do not add hydrochloric acid, do not use neon pink labels.	Patient should avoid seafood for 5 days prior to collection. Use metal free containers only. Use orange, horizontal container, do not add hydrochloric acid, do not use neon pink labels. Refrigerate and send on ice pack. Consent form required. TAT from performing lab is 10 days.	Y Application and patient consent from ordering physician required.	Hospitals In-Common Laboratory Inc. 57 Gervais Dr. North York, ON M3C 1Z2 Phone 416-391-1499 Ext.248 Fax Phone 416-385-1957
Aryl Sulfatase A, WBC Metachromatic leukodystrophy	WASA	1 DK GRN top Lithium Hep *whole blood*	1. Optimal volume 6 mL, minimum 3 mL whole blood. Keep at room temperature. Copy of requisition for Sendout. Collect Monday – Thursday only or consult Supervisor. SPH Sendout person: Send specimen to Children’s Hospital Lab by 12:00 hrs (specimen must be at Children’s Lab by 12:00 hours Monday – Friday, the day after collection). Send copy of requisition with transport batch. Put colour CW Biochemical Genetics Lab address sticker on TDG container Call BGL at 6048752307 to notify and to expect the package.	Y	Children’s Hospital – Biochemical Genetics Lab Room 2F22 604-875-2307
Aryl Sulfatase B, WBC Galactosamine 4-sulphatase; N-acetylgalactosamine 4-sulphatase; ASB; Maroteaux-Lamy syndrome; MPS VI.	ASB	1 DK GRN top Lithium Hep *whole blood*	Prior consultation and approval by Children’s Lab Biochemical Geneticist is required. Optimal volume 6 mL, minimum 3 mL whole blood. Keep at room temperature. Copy of requisition for Sendout. Collect Monday – Thursday only or consult Supervisor. SPH Sendout person: Send specimen to Children’s Hospital Lab by 12:00 hrs (specimen must be at Children’s Lab by 12:00 hours Monday – Friday, the day after collection). Send copy of requisition with transport batch. Put colour CW Biochemical Genetics Lab address sticker on TDG container Call BGL at 6048752307 to notify and to expect the package.	Y	Children’s Hospital – Biochemical Genetics Lab Room 2F22 604-875-2307

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Aryl Sulfatase C, WBC X-Linked ichthyosis; Steroid sulfatase deficiency	WASC add MBW	1 DK GRN top Lithium Hep or Na Hep *whole blood*	<p>1. Testing is only offered for male patients. Minimum 3 mL whole blood. Keep at room temperature. Collect and hand deliver to Sendout person before 08:30 Monday – Friday or consult Supervisor before collection. Copy of requisition for Sendout.</p> <p>SPH Sendout person:.</p> <p>Send specimen to Children's without approval with 09:30 Dynamex Courier. Then give copy of requisition for approval with "Specimen already sent to CW" written on requisition. Specimens collected after 09:30: Seek approval before sending. Same day shipping by taxi, to arrive at Children's Hospital Lab by 12:00 hrs, (no later than 13:00 Mon-Fri, DO NOT use CW Courier).</p> <p>Send copy of requisition with transport batch.</p> <p>Put colour CW Biochemical Genetics Lab address sticker on TDG container</p> <p>Call BGL at 6048752307 to notify and to expect the package.</p>	y	Children's Hospital – Biochemical Genetics Lab Room 2F22 604-875-2307
ASA (Acetylsalicylic Acid, Salicylate, Aspirin)	SALI	1 PST Light green top	0.5 mL Lithium heparin plasma. Send on ice pack		SPH Chem
Ascaris Serology	ASCAB	5 mL SST Gold top	Refrigerate. Send on ice pack.		BC Centre For Disease Control

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Atypical Hemolytic Uremic Syndrome Atypical HUS	MISCB	1 LAV top	Minimum 1 mL EDTA. If to be sent immediately, collect only Monday to Thursday, noon, and send at room temperature. If being collected to put on hold, freeze sample immediately and put in the on-hold rack. Often collected and put on hold with Complement Mediated Glomerulonephritis Ab. Freeze samples together, wrapped with an elastic band. If frozen, send on dry ice. Form letter Application and patient consent from ordering physician required (exception for samples ordered to be put on hold prior to consent and application from OOC/OOP – this hold service is available to nephrologists ordering for inpatients).	Y Form letter application and patient consent required. Exception for on-hold request from nephrologists.	Blueprint Genetics lab Helsinki, Finland Keilaranta 16 A-B, 02150 Espoo Finland
Aspergillus-Serology Or Aspergillus-Precipitins	ASPPRB	1 SST Gold top *1 RED top acceptable (must be aliquoted)*	0.5 mL serum. Refrigerate and send on ice pack to VGH . No need to aliquot if SST. Affix Lung Centre address label to the package for VGH to forward to Lung Centre. Please provide a copy of original requisition. Put Fax Result to SPH Lab request sticker on requisition or on Sunset Printout. Do not freeze.		Carlsten Lab at Diamond Health Care Centre via VGH Lab 604-875-4111 ext. 68989 or 66455
Aspergillus Galactomannan Antigen (Galactomannan Serum EIA)	CBGLAC	1 RED top or	Copy of requisition for Medical Microbiologist approval (Microbiology TRAP test). Aliquot serum and freeze at -70°C Research freezer. Send on dry ice. Specimen must be received at C&W within 48 hours. Medical Microbiologist to decide to send to C&W (after consult with C&W Med Micro) or BCCDC.	Y TRAP By Med. Micro.	See Supervisor – Test available at C&W, Send to C&W Virology if Instructed by Medical Microbiologist.
Galactomannan Assay (Aspergillus antigen)	AGAG	Bronchial Alveolar Lavage	If sample is to go to BCCDC, Order AGAG, modify BCCDC's Specimen Description with Med Micro initials if approved: E.g. SDES = SER, Modifier = AMMMR Give copy of requisition to SPH Microbiology.		BCCDC

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
AST (SGOT, Aspartate transaminase)	AST	1 PST Light green top	0.5 mL lithium heparin plasma. Send on ice pack.		SPH Chem.
Atropine (Diban, Lomotil) NOT AVAILABLE	DRSCB	2 mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Atropine	Y	Provincial Toxicology Centre
Autologous Parathyroid Tissue Transplantation (Cryopreservation –Serum) (label for) Auto Parathyroid Tissue Transplantation	L4APTT	3 RED top	**Collect and Deliver to Transfusion Medicine (Blood Bank) immediately.** TM will remove Serum. For additional information, see form section for Autologous Parathyroid Tissue Transplantation.		SPH Transfusion Medicine (Blood Bank)
Autoimmune Liver Diseases Profile Test Includes: Soluble Liver Antigen (SLA), SP100, gp210, PML, 3EBPO, LC-1, Ro52, Liver Kidney Microsome (LKM), Mitochondrial Oxaloacid Dehydrogenase M2/M3	LIVRB	1 RED top or 1 SST Gold top	1 mL serum minimum. Prior approval is required. Freeze serum, send frozen on dry ice. Use Mitogen Diagnostics Laboratory Requisition (in the Requisitions Folder of the Accessioning Folder). Put Fax Result to SPH Lab request sticker on requisition or on Sunset Printout.	Y	Mitogen 3415C 3rd Avenue NW Calgary AB T2N 0M4 Phone: (403)800-8851

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Autoimmune Inflammatory Myopathy/Myositis Profile (Anti Synthetase) Test Includes: Jo-1 (Histidyl tRNA Synthetase, Mi2, PL7, PL12, Pm/Sc175, Pm/Sc100, Ku, Ro52, SRP, EJ and OJ.	AIMB	1 RED top or 1 SST Gold top	1 mL serum minimum. Prior approval is required. Freeze serum, send frozen on dry ice. Use Mitogen Diagnostics Laboratory Requisition (in the Requisitions Folder of the Accessioning Folder). Put Fax Result to SPH Lab request sticker on requisition or on Sunset Printout.	Y	Mitogen 3415C 3rd Avenue NW Calgary AB T2N 0M4 Phone: (403)800-8851
Autoimmune Neurological Diseases Profile Tests Includes: Anti-GM1 (IgM, IgG), GM2, GM3, GD1a, GD1b, Gt1b, (IgM, IgG), GQ1b (IgM, IgG), (IgM, IgG)	GM1AB for csf order: GMCSFB	1 RED top or 1 SST Gold top	1 mL serum minimum. Prior approval is required. Freeze serum, send frozen on dry ice. Use Mitogen Diagnostics Laboratory Requisition (in the Requisitions Folder of the Accessioning Folder). Put Fax Result to SPH Lab request sticker on requisition or on Sunset Printout.	Y	Mitogen 3415C 3rd Avenue NW Calgary AB T2N 0M4 Phone: (403)800-8851
Autoimmune Paraneoplastic Diseases Profile (Paraneoplastic Ataxia, Encephalomyelitis) Tests Includes: Anti-Yo, Anti Hu, Anti Ri (NOVA-1), Amphiphysin, Amphyphysin, CV2/CRMP-5, PNMA2 (Ma2/Ta), Recoverin, SOX1, Titin.	HUYOB	1 RED top or 1 SST Gold top	1 mL serum or CSF minimum. Prior approval is required. Freeze serum, send frozen on dry ice. Use Mitogen Diagnostics Laboratory Requisition (in the Requisitions Folder of the Accessioning Folder). Put Fax Result to SPH Lab request sticker on requisition or on Sunset Printout. CSF samples from SPH Hematology fridge can be used for these tests.	Y	Mitogen 3415C 3rd Avenue NW Calgary AB T2N 0M4 Phone: (403)800-8851
	CHUYOB	1 mL CSF: CSF orders should include 2 mL serum from SST Gold top			

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Avian Precipitins (Budgie, Chicken, Pigeon, Etc.)	IGGPB	1 SST Gold top *1 RED top acceptable (must be aliquoted)*	0.5 mL serum. Refrigerate and send on ice pack to VGH . No need to aliquot if SST. Affix Lung Centre address label to the package for VGH to forward to Lung Centre. Please provide a copy of original requisition. Put Fax Result to SPH Lab request sticker on requisition or on Sunset Printout. Do not freeze.		Carlsten lab at Diamond Health Care Centre via VGH Lab 604-875-4111 ext 66455
Azatadine	SPQ	1 RED top or	2-4 mL RED top serum. Refrigerate and send on ice pack. Sunquest Lab LIS Order Entry: SD0177=SER or ;Urine SPQ1=;AZATADINE SQDLD=;DD Mmm YYYY e.g. 31 Mar 2015 or UNAVOE SQTLD=;HH:MM e.g. 13:50 or UNAVOE		Provincial Toxicology Centre
	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Azatadine		
BNP NT NT proBNP N-terminal fragment of B type Natriuretic peptide	LBNP	1 PST Light green top *1 SST Gold top acceptable*	0.5 mL serum. Refrigerate, send on ice pack. Stable for 6 days at 2-8 °C Inpatients: Do not repeat LBNP within 7 days unless approved by Biochemist or cardiologist. Do not repeat LBNP if value was <100 within 30 days.		SPH Chemistry
Babesia Serology	BAB	5 mL SST Gold top	Refrigerate. Send on ice pack.		BC Centre For Disease Control

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Balloon Cells	MISCB	SMEAR	Prov lab form HLTH 1811		Prov Lab
Basement Membrane Antibodies (Anti-Glomerular Basement Cell Membrane)	GBM	1 SST Gold top	1 mL serum. Freeze. Send frozen on ice pack		VGH Lab
Barmah Forest Virus Serology	BFV	1 SST Gold top	2.0 mL serum. Refrigerate. Send on ice pack.		BC Centre For Disease Control
Barbiturates NOT ORDERABLE	BARBS	1 RED top	2-4 mL RED top serum. Consult Provincial Toxicology centre toxicology – 7627. State possible barbiturate. Lab will take blood at the time of the request	Y	Provincial Toxicology Centre Weekly Stat Requires Consent
Barbiturates	BARBS	20 mL gastric specimen if available as well.	Send to lab in plain plastic container.	Y	Provincial Toxicology Centre
Barbiturates screen, Urine	BARB	Random urine	1 mL random urine send refrigerated	Y	VGH Chemistry
Bartonella Henselae Serology (Bartonella Serology)	BARTB	5 mL SST Gold top	Refrigerate. Send on ice pack.		BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory
Bartonella Species Nat (Bartonella PCR)	BSBNAT	5 mL SST Gold top	Do not use BSNAT order code. Refrigerate. Send on ice pack. Phone BCCDC ZEP lab if other specimen types. Modify REFTO1 with Med Micro initials if approved: E.g. REFTO1=;Sent to BCCDC-AMMMR	Y – TRAP	BC Centre For Disease Control

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Basic Metabolic Panel	BMPB	1PST light green top	0.5 mL lithium heparin plasma. Refrigerate. NA, K, CL, TCO ₂ , GLUC, URE, CRE		SPH Chem
CML Diagnostic testing FISH –BCR/ABL t(9:22) Cytogenetics	MISCB	1 DRK GRN top Na hep	Mon to Fri 0800 to 1100 HRS. For Friday collections, alert VCH CG Lab 604-875-4111 Local 62505. Do not collect on Saturday or Sunday or on Statutory holidays. If unable to send the same day, leave specimen at room temperature and send to VCH Cytogenetics in the morning. Copy of completed VGH Cytogenetics requisition or BCCA requisition for Sendout person.	N - if ordered by Drs.: Foltz Jackson, Leger, Leitch, Ramadan, Ross, Merkley, Davis, Schmidt and Yenson	VGH Cytogenetics Lab
AML- M3/APL Diagnostic testing FISH –PML/RARA t(15:17) Cytogenetics					
Chromosome Studies (Karyotype) (Chromosome Analysis-Peripheral Blood)					
CML (BCR/ABL) – Minimal Residual Disease (MRD) follow-up (PCR), PCR For BCR-ABL Translocation PML/RARA- AML- M3/APL	PMLMBB	Refer to BCCA requisition for specimen volumes: Four 6 mL LAV top	Mon to Thurs 0800 to 1500 HRS. Do not collect on Fridays Saturday or Sunday or on Statutory holidays, specimen stability 48 hours. If unable to send the same day, leave specimen at room temperature and send to BCCA in the morning. Copy of BCCA Requisition for Sendout person.	N - if ordered by Drs.: Foltz Jackson, Leger, Leitch, Ramadan, Ross, Merkley, Davis, Schmidt and Yenson	B.C. Cancer Control Agency – Molecular Genetics Lab Must Call To Let Them Know It Is Coming. 877-6000, Loc. 2094
C-kit Mutation in MPD	KITMGB	Two 6 mL LAV top			
JAK 2	JAK2MB	6 mL LAV top			
Chimerism for BMT for Pediatrics	CHIMAB	6 mL LAV top from both Donor and Recipient			

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Benzodiazepine In Urine Ativan (Lorazepam) Benzodiazepines Chlordiazepoxide (Librium) Dalmane (Flurazepam) Diazepam (Valium) Flunitrazepam (Rohypnol) Halcion (Triazolam) Librium (Chlordiazepoxide) Lorazepam (Ativan) Oxazepam (Serax) Restoril (Temazepam) Rohypnol (Flunitrazepam) Serax (Oxazepam) Valium (Diazepam) Xanax (Alprazolam)	BZOR part of UDSC	Random urine	>1.0 mL urine. Refrigerate if not done immediately. Add DRSCB if Dr specifies the Benzodiazepine confirmation (or aka names) and give copy of requisition for Medical Biochemist approval.		SPH
Benzodiazepine In Urine, Confirmation	DRSCB	Urine	Refrigerate if not done immediately. Send 50 mL of urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Benzodiazone confirmation		Provincial Toxicology
Benzoyllecgonine (Part Of Serum Cocaine Battery)	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Benzoyllecgorine		Provincial Toxicology Centre

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Benztropine (Cogentin)	DRSCB	>2 mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Benzotropine	Y	Provincial Toxicology Centre
Beta 2 Glycoprotein Screen, B2G Antibodies	B2GP1	1 SST Gold top	2.0 mL serum. Freeze. Send on ice pack		VGH Lab
Beta-2-Microglobulin*	B2MB	1 SST Gold top	1 mL serum. Freeze Serum. Send on ice pack.		VGH
Beta-2-Microglobulin (Random Urine)	MISCNB	Random urine	Collect and submit a fresh urine collection: ask patient to void into toilet, drink a glass of water, wait one hour, and collect urine specimen in sterile container. Copy of requisition for Sendout. Check pH and if necessary adjust to pH 5.5 – 8.0 using 1M NaOH. B-2-microglobulin is unstable in acidic urine. Store and send frozen on dry ice. If specimen thaws, it is unsuitable for analysis. Consent form required. TAT from performing lab is 10 days.	Y Application and patient consent from ordering physician required.	Hospitals In-Common Laboratory Inc. 57 Gervais Dr. North York, ON M3C 1Z2 Phone 416-391-1499 Ext.248 Fax Phone 416-385-1957

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Beta-2-Transferrin (CSF Leak Investigation, Beta Trace, Beta 2 transferrin)	B2TB	Body Fluid – Nasal, ear or other Drainage (as much as possible 10µL minimum) 1 SST Gold top or RED top serum (1 mL minimum)	Collect nasal fluid by bending head toward chest and allowing clear fluid to drip from nose into sterile container; do not blow nose. Fluid must be delivered to lab ASAP. If fluid is collected off site, fluid must be sent frozen on ice pack. Blood sample does not have to be collected at the same time as fluid but blood and fluid should be sent together. Send serum at 2-8 °C Must provide Fluid type during Sunquest Order Entry; at Result Entry field: B2TSS=;fluid type (e.g. ;Nasal fluid, ;ear drainage etc...) Do NOT put CSF as the fluid type.	Y	SPH Special Chemistry
Beta-D-Glucan Fungitell	MISCB	1 SST Gold top	Do NOT aliquot specimen. Collect 3-5mL blood in a serum separator gel tube (SST), centrifuge specimen within 2hrs of collection. Store and ship serum gel tube frozen. Stability frozen: 30 days (store and send frozen) Copy of requisition for Sendout. Get patient to sign OOP consent form. TAT from performing lab is 5 days.	Y Form Letter - Med Micro AND Patient consent form required	Hospitals In-Common Laboratory Inc. 57 Gervais Dr. North York, ON M3C 1Z2 Phone 416-391-1499 Ext.248 Fax Phone 416-385-1957 HICL forward to Viracor- IBT Laboratories
Beta Galactosidase, WBC, morquio B, GM1 gangliosidosis	BGAL	1 DRK GRN top Lithium or Na Hep *whole blood*	1. Optimal volume 6 mL, minimum 3 mL whole blood. Keep at room temperature. Copy of requisition for Sendout. Collect Monday – Thursday only or consult Supervisor. SPH Sendout person: Send specimen to Children's Hospital Lab by 12:00 hrs (specimen must be at Children's Lab by 12:00 hours Monday – Friday, the day after collection). Send copy of requisition with transport batch. Put colour CW Biochemical Genetics Lab address sticker on TDG container Call BGL at 6048752307 to notify and to expect the package.	Y	Children's Hospital – Biochemical Genetics Lab Room 2F22 604-875-2307

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Beta-Glucosidase, Bloodspot Beta Glucocerebrosidase, B-Glucocerebrosidase, Gaucher Disease	BGLUCB	NBS Card Whatman 903 Blood spot card	<p>Optimal 4 spot, minimum 1 spot. Preferred: Collect using syringe and drip blood on blood spot card. Acceptable: Collect 1 – 2 mLs EDTA blood and transfer to blood spot card. EDTA blood must be transferred to blood spot card within 6 hrs of collection. If using finger/heel prick, allow blood to drip rather than touching blood spot card with patient's finger/heel.</p> <p>Obtain minimum one completely filled circle that is soaked through the back of card. Identify name of test on blood spot card. Allow blood spots to dry completely on flat surface for minimum 4 hrs. Do not expose to heat or direct sunlight. Do NOT use the pneumatic tube system to transport wet bloodspot cards. Wet bloodspot cards must NOT be packaged in biohazard bags. Once dry, place blood spot card in sealed plastic bag with a sachet of desiccant (if available). Store in 4°C if there is delay in shipping. Ship at room temperature by overnight courier to Specimen Receiving 2J20. Inform lab at 6048752307 to expect the sample.</p> <p>Send copy of requisition with transport batch.</p>	Y	Children's Hospital – Biochemical Genetics Lab 604-875-2307

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Beta Glucuronidase, WBC Mucopolysaccharidosis type VII, Sly syndrome, MPSVII	BGLR	1 DRK GRN top Lithium Hep *whole blood*	<p>1. Prior consultation and approval by BCCH Lab Biochemical Geneticist is required.</p> <p>Optimal volume 6 mL, minimum 3 mL whole blood. Keep at room temperature. Copy of requisition for Sendout. Collect Monday – Thursday only or consult Supervisor.</p> <p>SPH Sendout person: Send specimen to Children’s Hospital Lab by 12:00 hrs (specimen must be at Children’s Lab by 12:00 hours Monday – Friday, the day after collection). Send copy of requisition with transport batch. Put colour CW Biochemical Genetics Lab address sticker on TDG container Call BGL at 6048752307 to notify and to expect the package.</p>	y	Children’s Hospital – Biochemical Genetics Lab Room 2F22 604-875-2307
Beta Hydroxy Butyrate (ketones)	BOHB	1 PST Light green	0.5 mL lithium heparin plasma. Separate plasma from cells ASAP. Testing needs to be done STAT. Sample stability is 12 hours refrigerated. Referring sites need to aliquot and send frozen.		SPH Chem

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Beta Mannosidase, WBC	BMAN	1 DRK GRN top Lithium Hep *whole blood*	<p>1. Minimum 3 mL whole blood. Keep at room temperature. Collect and hand deliver to Sendout person before 08:30 Monday – Friday or consult Supervisor before collection. Copy of requisition for Sendout.</p> <p>SPH Sendout person: Send specimen to Children's without approval with 09:30 Dynamex Courier. Then give copy of requisition for approval with "Specimen already sent to CW" written on requisition. Specimens collected after 09:30: Seek approval before sending. Same day shipping by taxi, to arrive at Children's Hospital Lab by 12:00 hrs, (no later than 13:00 Mon-Fri, DO NOT use CW Courier).</p> <p>Send copy of requisition with transport batch. Put colour CW Biochemical Genetics Lab address sticker on TDG container Call BGL at 6048752307 to notify and to expect the package.</p>	Y	Children's Hospital – Biochemical Genetics Lab Room 2F22 604-875-2307
Beta Thalassemia	BTHCW	6 mL LAV top	<p>Refrigerate. Send on ice pack. Send copy of requisition with transport batch.</p> <p>Ordering Dr must complete Molecular Genetics Laboratory C&W requisition: http://www.elabhandbook.info/phsa/Files/RequisitionForms%2f1_20140722_042203_CWMG_REQ_0000_v4.2_General_Requisition%20edit.pdf</p>	N - if ordered by Drs.: Foltz Jackson, Leger, Leitch, Ramadan, Ross, Merkley, Davis, Schmidt and Yenson	Children's Hospital

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Bethesda Units (Factor 8) (Inhibitor)	F8AB	2 BLUE top citrate double spun	Full citrate draw. Specimen must be centrifuged within 2 hours of collection. 2.0 mL plasma double spun, aliquot into 2 polypropylene tubes. Freeze at -20°C, refer in sample must arrive at SPH frozen. Copy of requisition for Special Coagulation	Y-HP	SPH Special Coag
Bethesda Units (Factor 9 Inhibitor, Factor IX Inhibitor)	F9IB	3 BLUE top citrate double spun	Full citrate draw. Specimen must be centrifuged within 2 hours of collection. 3.0 mL plasma double spun, aliquot in polypropylene tube. Freeze at -20°C, refer in sample must arrive at SPH frozen. Copy of requisition for Special Coagulation.	Y-HP	SPH Special Coag

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Miscellaneous BGL Test	BGLMSO	Collect LAV top in amount specified on requisition Preferable collection on Monday morning	1. Plasmalogen is only performed upon approval by CWH Biochemical Genetics doctor. To be used for rare biochemical tests for which there is no test code. The clinician has usually consulted with BGL as to what to collect and should have indicated the tube type on the requisition (MSP, IP or any Outpatient req. If request was made on CWH Molecular Genetics Lab requisition, order MDT only). Enter "type of specimen" and "test requested" where prompted at order entry	Y	Children's Hospital
Bile Acids Assay (Bile Salts, Total Bile Acids)	BILEB	1 PST light green top	Minimum 0.2 mL plasma. Fasting for 8 hours minimum preferred but not mandatory. Include the number of hours patient has fasted on requisition. Centrifuge and aliquot plasma. Store and transport at 4 °C for up to 7 days. This test is restricted to pregnant patients. Order UBILE for non-pregnant patients.		Children's Hospital Specimen Receiving 2J20
Bile Acids, Urine	UBILB	Random Urine	10 mL urine concentrated morning specimen. Minimum 2.0 mL. Freeze and send frozen on dry ice. Patient should be temporarily taken off of URSO or ACTIGALL (Ursodeoxycholic acid) for 6 days prior to sample collection. ***Must send copies the Out of Country approval form and the patient signed Consent form with the sample*** TAT from performing lab is 12 weeks.		Children's Hospital

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Bile Pigments, urine (urine Bilirubin)	RTUM	Random urine	Must be fresh sample, received and tested in Lab within 12 hours of collection.		SPH Urinalysis
Bilirubin – Cord	CBIL	1 SST Gold top or PST Light green top	0.5 mL minimum collected by nurse from Cord blood.		SPH Chem
Bilirubin – Direct	DBIL	1 PST	0.5 mL plasma.		SPH Chem
Bilirubin - Total and Direct	BILI	1 PST	0.5 mL plasma.		SPH Chem
Bilirubin - Total	TBIL	1 PST light green top	0.5 mL plasma.		SPH Chem

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Biopterin Urine Pterins, Neopterin	BIOPB	Random urine wrapped in foil	Protect urine from light with aluminium foil. Freeze and send frozen. Send copy of requisition with transport batch.		Children's Hospital
Biotinidase, Serum	BTN	1 RED top on ice.	Optimal: 3.0 mL, minimum 1.0 mL serum. Freeze Serum –70°C. Ship serum frozen, same day or overnight, on dry ice to Specimen Receiving 2J20. Send copy of requisition with transport batch.	Y	Children's Hospital – Biochemical Genetics Lab Room 2F22 604-875-2307
BK Virus PCR, plasma (Polyomavirus PCR, BKV PCR, JC virus)	PPOLY	6mL LAV EDTA	Minimum 2.0 mL plasma. After hour and referring Labs, separate within 6 hours of collection into sterile plastic cryovial. Freeze at –20c. Send Frozen.		SPH Virology Lab
* Patients <19 years old are to be sent to BCCH.*	CBKVL	1 RED top	2 mL RED top whole blood. Patients <19 years old are to be sent to BCCH. Samples must be sent, on ice pack, Monday to Friday 800 to 2300 or Saturday, Sunday and Statutory Holidays 800 to 1600. Specimen must be received within 48 hours of collection.		Children's Hospital Virology
BK Virus PCR, non blood (Urine BK virus, Urine BKV, Urine Polyomavirus PCR, JC virus PCR urine, JC virus CSF, BK virus CSF)	PVPCR	Sterile urine container 1.0 mL CSF	Refrigerate sample and send on ice pack. Sample must be accompanied by frozen EDTA plasma sample collected on same day. Copy of requisition for Virology. Med Micro approval required.	Y	SPH Virology Lab
Blastomyces Dermatitidis Ab	BLASB	5 mL SST Gold top	Refrigerate. Send on ice pack. Modify BCCDC's Specimen Description with Med Micro initials: E.g. SD0163=BLD-AMMMR	Y –TRAP by Medical Microbiologist	BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory
Blastomycosis-Serology (Blastomyces Dermatitidis Ab)	BLASB	5 mL SST Gold top	Refrigerate. Send on ice pack. Modify BCCDC's Specimen Description with Med Micro initials: E.g. SD0163=BLD-AMMMR	Y –TRAP by Medical Microbiologist	BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Blood & Body Fluid Exposure Viral Serology (Occupational Exposure, Needlestick)	PBBFE	5 mL SST Gold top	1. Includes PHBSAG, PHBSAB, HIVCA, PHCV, and PHBCAB Do NOT cancel or Credit the SCM PHCE order in Sunquest. Label samples with PBBFE barcode.		SPH Virology Lab
Blood Culture	PBLOD	1 FA Plus and 1 FN Plus set	Green and Orange bottle.		SPH Microbiology
Blood Culture, Fungus	PFBLOD	1 CultAFB	Narrow neck bottle.		SPH Microbiology
Blood Culture – Pediatric	PBLPED	PF Plus	Yellow bottle for Pediatric Collections.		SPH Microbiology
Blood Culture (TB, MAC, Mycobacterium)	PTBBC	CultAFB	Narrow neck bottle. Second set not allowed. Only 2 sets in 6 weeks permitted.		SPH Microbiology

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Blood Gas, Arterial	BGASP	Syringe, balance Heparinized	>250 µL whole blood without air bubbles. Deliver to Core Lab immediately.		SPH Chemistry
Blood Gas, Capillary		Capillary blood in glass rod.	125 µL whole blood without air bubbles. Put on ice and deliver to Core Lab immediately. Foot MUST be warmed prior to collection as the increased temperature is more favourable to the blood gas results. NICU babies for Lactate: Add BLACT to BGASP battery.		
Blood-Grouping Transplant Society		Two 6 mL LAV top	Red cell transfusion request form.		VGH Lab
Blood Parasite Referral (Malaria Confirmation Ordered By Hematology)	RBPREF	1 LAV top and Thick and Thin slides.	Order on new accession # by Hematology only.		BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory – (Regionally Assisted Testing – RAT)
Blood Urea Nitrogen (BUN, Urea)	URE	1 PST Light green top	0.5 mL lithium heparin plasma. Send on ice pack.		SPH Chem
Blood Urea Nitrogen, fluid (Fluid urea)	FURE	1 PST, SST, RED top or non preservative container	0.5 mL fluid. Synovial fluid urea not available. FLUIDB PLEUR; DIA; PERIT; BAL; PCF PPD Dialysate FLUIDB codes (get PET info from Modifier field): DIAL24 = Dialysate 24hr DIALON = Dialysate Overnight DIALP1 = Dialysate PET 1 DIALP2 = Dialysate PET 2 DIALP3 = Dialysate PET 3		SPH Chem

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
<p>Blueprint Genetics - no kit (to be sent directly to performing lab) This would include the Hereditary Hemorrhagic Telangiectasia Panel **check with Supervisor to see if sample should be sent through BCCH or direct from SPH**</p>	MISCB	6 mL LAV top	<p>Minimum 1.0 mL Whole Blood. Copy of requisition for Sendout. Send at Room Temperature if sending immediately. If the sample cannot be sent on the same day of collection or first thing the next day, freeze and send on dry ice.</p> <p>Ordering physician must complete Blueprint Genetics requisition and approval form.</p> <p>Mandatory Out of Country approval forms, Patient Consent forms (for inpatients and outpatients) and Lab Agency pre-approval or self pay by patient (for outpatients) required.</p>	Y	<p>Blueprint Genetics lab Helsinki, Finland **check requisition for lab address**</p>

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Bone Gla Protein (Osteocalcin)	MISCB	1 RED top *SST Gold top acceptable*	Minimum 1.0 mL serum from Red or gel tube. Stability: 72 hours refrigerated; 3 months frozen. Copy of requisition for Sendout bench. Avoid hemolysis. Spin and separate immediately and split into 2 aliquots. Freeze immediately. Send frozen on dry ice. Consent form required. TAT from performing lab is 12 days.	Y Application and patient consent from ordering physician required.	Hospitals In-Common Laboratory Inc. 57 Gervais Dr. North York, ON M3C 1Z2 Phone 416-391-1499 Ext.248 Fax Phone 416-385-1957
Borrelia By PCR (Borrelia Burgdorferi Nat) (Lyme Disease PCR)	BBNATB	6 mL LAV top *5 mL SST Gold top, CSF, Fluid acceptable *	Refrigerate. Send on ice pack. CSF for Borrelia PCR must be accompanied by 5 mL SST Gold top tube (serum used to screen for Borrelia first). Specify specimen type in SPEC specimen description. Modify BCCDC's Specimen Description with Med Micro initials: E.g. SPEC33=BLD-AMMMR	Y –TRAP by Medical Microbiologist	BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory – Test Requiring Approval (TRAP)
Borrelia Serology (Lyme Disease serology)	BBGMS	5 mL SST Gold top	Refrigerate. Send on ice pack. Serology is NOT performed on CSF.		BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory
Borrelia Burgdorferi Serology	BBGMS	5 mL SST Gold top	Refrigerate. Send on ice pack.		BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
BORRELIA BURGDORFERI IgG	BBG	5 mL SST Gold top	Refrigerate. Send on ice pack.		BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory
BORRELIA BURGDORFERI IgM	BBM	5 mL SST Gold top	Refrigerate. Send on ice pack.		BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory
Borrelia hermsii IgG IFA (Relapsing Fever Serology)	BHG	5 mL SST Gold top	Refrigerate. Send on ice pack.		BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory
Borrelia smear	BORR add CBCDIF	1 LAV top	1.0 mL minimum fill for 3 mL EDTA Vacutainer. If travel history is available it can be entered in the popup box for PHX030 (free test). If not, enter HIDE. Result STYP as PB and SFOR as ;Borrelia. MSJ - make 4 thick and 6 thin smears within one hour of collection and send unstained smears to SPH, with the sample.		SPH Heme
Brancher Enzyme	MISCB	2 DRK GRN top Lithium Hep or Na Hep *whole blood*	Requires consultation. Please refer to children's hospital handbook for complete instructions. Copy of requisition for send out.		Children's Hospital – Biochemical Genetics Lab Room 2F22 604-875-2307
Brucella Abortus Serology	BRUCB	5 mL SST Gold top	Refrigerate. Send on ice pack.		BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Brucella Serology (Brucella Abortus Serology)	BRUCB	5 mL SST Gold top	Refrigerate. Send on ice pack.		BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory
Bullous Autoimmune Skin Disease Profile (BP180, BP230, Desmoglein)	MISCB	1 RED top or 1 SST Gold top	1 mL serum minimum. Prior approval is required. Freeze serum, send frozen on dry ice. Use Mitogen Diagnostics Laboratory Requisition (in the Requisitions Folder of the Accessioning Folder). Put Fax Result to SPH Lab request sticker on requisition or on Sunset Printout.	Y	Mitogen 3415C 3rd Avenue NW Calgary AB T2N 0M4 Phone: (403)800-8851
Bupivacaine	SPQ	1 RED top	2-4 mL RED top serum. Refrigerate and send on ice pack. Sunquest Lab LIS Order Entry: SD0177=SER or ;Urine SPQ1=; BUPIVICAINE SQDLD=;DD Mmm YYYY e.g. 31 Mar 2015 or UNAVOE SQTLD=;HH:MM e.g. 13:50 or UNAVOE	Y	Provincial Toxicology Centre
	DRSCB	2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Bupivacaine		

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Buprenorphine (Suboxone)	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Buprenorphine		Provincial Toxicology Centre
Bupropion	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Bupropion	Y	Provincial Toxicology Centre
Burkholderia Pseudomallei Serology (Meliodosis)	BURKAB	5 mL SST Gold top	Refrigerate. Send on ice pack. Test is sent to Reference Lab by BCCDC.		BC Centre For Disease Control
Buspirone	SPQ	1 RED top	2-4 mL RED top serum. Refrigerate and send on ice pack. Sunquest Lab LIS Order Entry: SD0177=SER or ;Urine SPQ1=; BUSPIRONE SQDLD=;DD Mmm YYYY e.g. 31 Mar 2015 or UNAVOE SQTLD=;HH:MM e.g. 13:50 or UNAVOE	Y	Provincial Toxicology Centre
	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Buspirone		

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Butalbital (Sandoptal)	BUTLB	1 RED top	2-4 mL serum. Refrigerate and send on ice pack. Copy of requisition for send out.	Y	Provincial Toxicology Centre
	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Butalbital		
C1 Esterase Inhibitor (C1 Inhibitor)	C1EST	1 BLUE top citrate	0.5 mL Na Citrate plasma. Freeze plasma and send frozen.		VGH – Autoimmune Lab Ph: 604-874-4111 Loc 63385
C1q Complement (Complement component C1q)	MISB	1 SST Gold top Lav top EDTA acceptable	1.0 mL serum, minimum 0.1 mL. Spin and separate within 1 hour of collection. Freeze and send on dry ice. Stability is 29 days. OOC/OOP consent form and copy of requisition for Sendout bench. TAT time from performing lab is 13 days.	Y Application and patient consent from ordering physician required.	Hospitals In-Common Laboratory Inc. 57 Gervais Dr. North York, ON M3C 1Z2 Phone 416-391-1499 Ext.248 Fax Phone 416-385-1957
C2 Complement	MISCB	1 SST Gold top	1.0 mL serum frozen. Send on dry ice. Specify "Level" on the requisition. Put Fax Result to SPH Lab request sticker on requisition or on Sunset Printout. Consent form required. OOP consent form required. TAT from performing lab is 12 days.	Y Application and patient consent from ordering physician required.	Hospitals In-Common Laboratory Inc. 57 Gervais Dr. North York, ON M3C 1Z2 Phone 416-391-1499 Ext.248 Fax Phone 416-385-1957

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
C3 Complement	C3	1 SST Gold top	0.5 mL serum frozen. Send on dry ice.		SPH Special Chem
C4 Complement	C4	1 SST Gold top	0.5 mL serum frozen. Send on dry ice.		SPH Special Chem
C3C4	C3C4	1 SST Gold top	0.5 mL serum frozen. Send on dry ice.		SPH Special Chem
C5 Complement, Functional, Serum Mayo Test ID: C5FX	MISCB	1 SST Gold top (RED top is acceptable) on <u>wet ice</u> .	Put tube on wet ice immediately after collection. Centrifuge at 4°, separate, and freeze ASAP. 1.0 mL serum, minimum 0.5 mL. Stability is 14 days. Fasting sample preferred. SPH Sendout: must generate Mayo Clinic Order in MayoLink. Mandatory Lab Agency pre-approval required for Outpatients. OOC/OOP consent form required. TAT from performing lab is 4 days.	Y Application and patient consent from ordering physician required.	Specimen Process Centre Mayo Medical Laboratories 3050 Superior Drive NW Rochester, MN 55901 1-800-533-1710
C-Peptide	CPEP	1 SST Gold top	Minimum volume 120 uL serum in False Bottom or 13 x 75 Polypropylene tube, Freeze. 10 hour fasting specimen preferred. Send frozen with dry ice, must arrive at SPH frozen. Fasting preferred but not mandatory		SPH Special Chemistry
C-Reactive Protein (High sensitivity CRP, hsCRP) (performed at SPH)	CRPB	1 PST Light green top	1.0 mL plasma. Refrigerate. Send on ice pack within 3 days of collection or longer if frozen.		SPH Chem Lab MSJ Lab

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
CA 125 Cancer Antigen 125*	CA125B	1 SST Gold top	1 mL serum. Freeze Serum. Send on ice pack.		VGH
CA 15-3 Cancer Antigen 15-3*	CA153B	1 SST Gold top	1 mL serum. Freeze Serum. Send on ice pack.		VGH
CA 19-9 Cancer Antigen 19-9*	CA19B	1 SST Gold top	1 mL serum. Freeze Serum. Send on ice pack.		VGH
Cadmium, Blood	CDWBB	1 K2EDTA Dark blue top	Do not spin. Store in fridge; send on ice pack as whole blood. Minimum volume is 4 mL. Consent form required. TAT from performing lab is 10 days.	Y Application and patient consent from ordering physician required.	Hospitals In-Common Laboratory Inc. 57 Gervais Dr. North York, ON M3C 1Z2 Phone 416-391-1499 Ext.248 Fax Phone 416-385-1957

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Cadmium, Urine	MISCNB (If sending to CW change code to CDRU)	Random Urine, metal free container	10 mL urine, collect and transfer in metal-free container. Indicate "Random". Copy of requisition for Sendout. HICL cost is \$35.00. OP must pay prior to collection. Performed at CW if an emergency only such as suspected poisoning and after approval by CW clinical chemist Put Fax Result to SPH Lab request sticker on requisition or on Sunset Printout. Consent form required. TAT from performing lab is 10 days.	Y Application and patient consent from ordering physician required.	Children's Hospital? Hospitals In-Common Laboratory Inc. 57 Gervais Dr. North York, ON M3C 1Z2 Phone 416-391-1499 Ext.248 Fax Phone 416-385-1957
Caffeine	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Caffeine	Y	Provincial Toxicology Centre
Calcitonin	CLCT	1 RED top on ice	Collect on ice, spin cold and freeze 0.5 mL serum immediately in False Bottom or 13 x 75 Polypropylene tube. Must arrive at SPH frozen.		SPH Special Chemistry
Calcitonin, Fluid NO LONGER ORDERABLE	FCLCT (add FLUIDB)	Fine needle- aspirate- collected with saline in a non- preservative container	Deliver to lab immediately. Freeze sample if not processed same day. Give a copy of the requisition to Special Chemistry.		Spec Chem

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Calcium	CA	1 PST Light green top	0.5 mL lithium heparin plasma.		SPH Chem
Calcium, Ionized (Free Calcium)	CAI (>1 month old)	1 SST Gold top	Must be a full draw. Do not open tube. Put tape over stopper. Send spun on ice pack.		SPH Chem
	ICAWB (neonate)	Capillary blood in glass rod.	125 µL whole blood without air bubbles. Put on ice and deliver to Core Lab immediately. Foot MUST be warmed prior to collection as the increased temperature is more favourable to the results.		SPH Chem
Calcium and Phosphorus	CAPO4	1 PST Light green top	0.5 mL lithium heparin plasma.		SPH Chem
Calcium, Magnesium and Phosphorus (extended lytes)	CAMGPB	1 PST Light green top	0.5 mL lithium heparin plasma.		SPH Chem
Calcium, 24 hour urine	CAU add CRU, UTIM	24 hr urine, no preservative. (Acid container acceptable)	Refrigerate during collection. Measure 24 hour volume. Aliquot 3 mL for urine creatinine, centrifuge and aliquot supernatant to 12 x75 plastic tube. Aliquot approximately 100 mL from well mixed 24 hour collection and adjust the pH of aliquot to pH 2-3 with 6 M HCl (do not send whole collection) for heating at SPH. Referring sites need to include 24 hour volume, patient's height and weight on requisition. Refrigerate and send on ice pack.		SPH Chem

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Calcium, Random Urine	CAR	Random urine	Order code includes urine creatinine and ratio. 3 mL urine, centrifuge and aliquot supernatant to 12 x75 plastic tube.		SPH Chem
Calcium Sensing Receptor Mutation (CASR Gene Sequencing)	MISCB	1 x 6 mL EDTA or ACD A	Store in refrigerator and send on ice pack. Sample must arrive at testing lab in less than one week from collection. Mandatory Out of Country approval forms, Patient Consent forms (for inpatients and outpatients) and MSP pre-approval or self pay by patient (for outpatients) required. Cost is \$750.00 CAD (+ S&H \$150.00)	Y Application and patient consent from ordering physician required.	Blueprint Genetics Keilaranta 16 A-B, 02150 Espoo, Finland
Calculi (Stones)	STON	Stone in sterile container	Refrigerate. Assign and send on Transport Batch. Specimen does not require Order Entry by Anatomic Pathology.		VGH Lab
Calculi (Gall Stone)	STONG	Stone in sterile container	Refrigerate. Assign and send on Transport Batch. Specimen does not require Order Entry by Anatomic Pathology.		VGH Lab
Campylobacter	PFAEC	Stool in sterile container	Stool for culture and sensitivity		SPH Microbiology
Candida-Precipitin Test	MISCB	5 mL SST Gold top	Refrigerate. Send on ice pack.		BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory
Cannabinoids In Urine (THC screen, marijuana, tetrahydrocannabinol)	THCSC	Random urine	>1.0 mL urine. Refrigerate if not done immediately. Add DRSCB only if Dr specifies THC confirmation (or aka names) and give copy of requisition for Medical Biochemist approval.	Y- if DRSCB ordered	SPH

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Cannabinoids In Urine, Confirmation	DRSCB	Random urine	Refrigerate. Send 50 mL Urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED I default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Cannabinoids confirmation	Y	Provincial Toxicology Centre
Carbamazepine Level (Tegretol)	CARBA	1 PST	0.5 mL Lithium Heparin plasma. Ward should record information on dosage, time of last dose and other meds. Specimen should be collected prior to next dose. Refrigerate. Sunquest Last Dose format: CRBDLD: ;DD Mmm YYYY e.g. ;31 Mar 2014 or UNAVOE CRBTLD: ;HH:MM e.g. ;13:50 or UNAVOE		VGH
Carbamazepine, Free	FCARB	1 PST	Minimum 1.0 mL plasma. Refrigerate, dose time required. If prior CARB levels available, order FCARBA and send CARB results with sample		VGH
Carbamazepine, Free ADD ON to CARBA	FCARBA	1 PST	Minimum 1.0 mL plasma. Refrigerate, dose time required. Only order as an add-on to CARBA		VGH
Carbamazepine Epoxide	CBZEB	1 RED top	2 mL serum. Freeze and send on dry ice. Copy of requisition for send out.	Y	BCCDC
Carbon Dioxide	TCO2	1 PST	0.5 mL lithium heparin plasma.		SPH Chem

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Carbon Monoxide (Carboxyhemoglobin)	COHB	1 unopened, unspun PST (7 days) OR blood Gas Syringe (45 mins)	Sample must be fresh. Store at room temp. **Do not spin**		SPH Chem Stat Lab
		MSJ – 1 PST or blood gas syringe			MSJ Lab
Carboxy-THC	SPQ	1 RED top	2-4 mL RED top serum or urine. Refrigerate and send on ice pack. Sunquest Lab LIS Order Entry: SD0177=SER or ;Urine SPQ1=; CARBOXY THC SQDLD=;DD Mmm YYYY e.g. 31 Mar 2015 or UNAVOE SQTLD=;HH:MM e.g. 13:50 or UNAVOE	Y	Provincial Toxicology Centre
	DRSCB	>2mL urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Carboxy-THC		
Carcinoembryonic Antigen*	CEAB	1 SST Gold top	1 mL serum. Freeze Serum. Send on ice pack.		VGH

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Carnitine (Total And Free)	CARNS	1 SST Gold top	1 mL serum. Send frozen on ice pack. Send copy of requisition with transport batch.	Y	Children's Hospital – Biochemical Genetics Lab Room 2F22 604-875-2307
Carnitine Fractional Excretion	CFE add CRR, CARNS and CRE	Random Urine	After removing aliquot for CRR, transfer min 2 ml to a 5 ml tube and ship frozen Consult Children's Hospital before collection.		Children's Hospital
CPT1a,P479L Variant CPT1a P479L variant, CPT1 P479L mutation, CPT1 molecular, CPT1 P479L molecular, CPT1, CPT1 mutation, CPT1a P479L mutation, Carnitine Palmitoyl Transferase mutation	CPTVA	Blood Dot Card (NBS 903 filter card)	Optimal: 4 spots, minimum: 2 spots. For small babies, 2 spots on bloodspot card are sufficient for both acylcarnitine profile (bloodspot) and CPT1a P479L variant. Identify both requests clearly on card. Do NOT use the pneumatic tube system to transport wet bloodspot cards. Wet bloodspot cards must NOT be packaged in biohazard bags. Send copy of requisition with transport batch.	Y	Children's Hospital
Carotene	CARO	1 SST Gold top wrapped in foil	2 mL serum. Protected from light (wrap in foil), freeze.		VGH Lab
Catecholamines (Plasma) (Adrenaline, Dopamine, Epinephrine, Noradrenaline, Pressoramines)	CATP	2 x 6 mL pre-cooled EDTA. Collect/transport on ice.	Do not collect in OP. Patient's physician must book through MSSU. A list of patient medications must be provided with the sample. Overnight fasting required. Patient must be supine for 30 minutes prior to collection and during collection. 5.0 mL EDTA plasma. Collect on ice, spin at 4 ⁰ within 60 minutes and freeze immediately. Send frozen on dry ice same day or next day. Consent form required. TAT from performing lab is 10 days.	Y Application and patient consent from ordering physician required.	Hospitals In-Common Laboratory Inc. 57 Gervais Dr. North York, ON M3C 1Z2 Phone 416-391-1499 Ext.248 Fax Phone 416-385-1957

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Catecholamines (24 hr. Urine) (Epinephrine, Norepinephrine and Dopamine)	CATEU add CRU , UTIM	24 HR urine collection	Collect in a 24 hour urine collection bottle and must be kept refrigerated throughout collection, receipt and processing. Immediately after receiving the sample, pour off 2 x 12x75 aliquot tubes of a well-mixed 24hr collection and freeze. Aliquots must remain frozen at all times, send on dry ice and provide the volume and urine creatinine result.	Y – If more than 1 of 3 tests ordered CAT, VMA or UMETA. If only 1 of 3, no approval needed.	VGH Lab
Catecholamines, Random urine	CATER	10 mL random urine	Must be kept refrigerated throughout collection, receipt and processing. Immediately after receiving the sample, pour off 2 x 12x75 aliquot tubes of a well-mixed urine and freeze. Aliquots must remain frozen at all times, send on dry ice.		
Cathinones, Urine (Bath Salt)	DRSCB	10 mL random urine	Refrigerate. Send on ice pack Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED I default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Cathinones	Y	BCCDC Prov Tox
CD3 CELLS (only use this code if other CD NOT ordered, otherwise use TBNK)	CD3CT add CBCDIF if collected on site (not referred in)	1 LAV AND 1 DK GRN Na Heparin	Must also order CBCDIF. Room temp. Copy of req to SPH immunology. Referred in sites include CBC and differential results with samples.		SPH Flow Cytometry
CD4	HSPP add CBCDIF if collected on site (not referred in)	1 DK GRN Na Heparin or ACD A plus 1 LAV	Must also order CBCDIF. Room temp. Copy of req to SPH immunology. Collect 2 EDTA Monday to Friday until noon. After noon on Friday, weekends and holidays collect 1 ACD A and 1 EDTA. Referred in sites include CBC and differential results with samples.		SPH Flow Cytometry

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
CD8	HSPP add CBCDIF if collected on site (not referred in)	1 DK GRN Na Heparin or ACD A plus 1 LAV	Must also order CBCDIF. Room temp. Copy of req to SPH immunology. Collect 2 EDTA Monday to Friday until noon. After noon on Friday, weekends and holidays collect 1 ACD A and 1 EDTA. Referred in sites include CBC and differential results with samples.		SPH Flow Cytometry
CD4/CD8 Ratio (Helper/Suppressor ratio) (H/S ratio)	HSPP add CBCDIF if collected on site (not referred in)	1 DK GRN Na Heparin or ACD A plus 1 LAV	Must also order CBCDIF. Room temp. Copy of req to SPH immunology. Collect 2 EDTA Monday to Friday until noon. After noon on Friday, weekends and holidays collect 1 ACD A and 1 EDTA. Referred in sites include CBC and differential results with samples.		SPH Flow Cytometry
CD19 (Must Include One Of CD3, CD56, CD57) ***send to BCCH Flow Cytometry if <16 years old***	TBNK add CBCDIF if collected on site (not referred in)	1 DK GRN Na Heparin or ACD A plus 1 LAV	Room temp. Copy of req to SPH immunology. Must also order CBCDIF. Referred in sites include CBC and differential results with samples.		SPH Flow Cytometry
CD19/CD20 ***send to BCCH Flow Cytometry if <16 years old***	TBNK add CBCDIF if collected on site (not referred in)	1 DK GRN Na Heparin or ACD A plus 1 LAV	Drug Monitoring for Rituximab. Must also order CBCDIF. Room temp. Copy of req to SPH immunology. Collect 2 EDTA Monday to Friday until noon. After noon on Friday, weekends and holidays collect 1 ACD A and 1 EDTA. Referred in sites include CBC and differential results with samples.		SPH Flow Cytometry
CD19/CD25 ***send to BCCH Flow Cytometry if <16 years old***	TBNK add CBCDIF if collected on site (not referred in)	1 DK GRN Na Heparin plus 1 LAV	Send room temp. Must also order CBCDIF. Referred in sites include CBC and differential results with samples.		SPH Flow Cytometry

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
CD38 ***send to BCCH Flow Cytometry if <16 years old***	TBNK add CBCDIF if collected on site (not referred in)	2 DK GRN Na Heparin or ACD A plus 1 LAV	Copy of requisition to immunology. Store at room temp. Must also order CBCDIF. If collection is on Friday, consult immunology tech. Test available Mon-Fri. –updated Mar31/05.KL. Referred in sites include CBC and differential results with samples.		SPH Flow Cytometry
CD56 ***send to BCCH Flow Cytometry if <16 years old***	TBNK add CBCDIF if collected on site (not referred in)	1 DK GRN Na Heparin or ACD A plus 1 LAV	Room temp. Copy of req to SPH immunology. Must also order CBCDIF. Referred in sites include CBC and differential results with samples.		SPH Flow Cytometry
CD57 ***send to BCCH Flow Cytometry if <16 years old***	TBNK add CBCDIF if collected on site (not referred in)	1 DK GRN Na Heparin or ACD A plus 1 LAV	Room temp. Copy of req to SPH immunology. Must also order CBCDIF. Referred in sites include CBC and differential results with samples.		SPH Flow Cytometry
Ceruloplasmin	CPL	1 SST Gold top	0.5 mL serum.		SPH Special Chem

Test	Sunquest Code	Specimen	Instructions			Approval	Destination
CH 50 (Classical pathway) (Complement, Total) (Complement, Total Hemolytic) (Immunology Profile)	CH50	1 RED top	0.5 mL serum. Allow blood to clot for 60 minutes at room temperature. Centrifuge at 4°C. Aliquot and freeze serum immediately. Send on dry ice. Copy of requisition for send out.			Y – all others N – no approval for OP.	VGH Lab
Chikungunya Virus Serology	CHIK	5 mL SST Gold top	Refrigerate. Send on ice pack.				BC Centre For Disease Control
Chitotriosidase (Acid Phosphatase)	CHITOB	1 RED top	Separate in 2 aliquots and freeze Serum immediately. Send frozen. Clinical history must be Gaucher's disease. Done 4x a year. Only perform in first week of March, June, September, and December. Check preapproved patient list. Send copy of requisition with transport batch.			Y	Children's Hospital – Biochemical Genetics Lab Room 2F22 604-875-2307
Chlamydia/GC swab (Swab for CT/GC NAT)	CTGC for genital	Chlamydia swab - Cervix - Endocervix - Vagina - Urethral	Store and send at room temp. Sunquest Order Entry instructions: Must input swab site code in second screen. Add "NVALD" to the specimen site code when Yellow label on requisition is indicated.				SPH Microbiology
			SDES	Specimen Site Code	Translation		
				CX	Cervix or Intracervix		
				UR	Urethra		
				VA	Vagina (copy of req.)		
				ECX	Endocervix (If both CX and ECX checked on req, use ECX)		

Test	Sunquest Code	Specimen	Instructions			Approval	Destination
				GENIT-SNG	Genital SITE NOT GIVEN (copy of req.)		
	MCTGC for extragenital	Chlamydia swab - Eye - Throat - Rectal		RECTSW	Rectal Swab (copy of req.)		
				THRT-NVALD	Throat (if collected in orange multitest container, does not need NVALD)		
				EYE-NVALD	Eye		
				MISCSP-;xxxx site	All other sites (copy of req.)		
Chlamydia/GC Swab, Eye (Swab for CT/GC NAT) (Chlamydia Gonorrhea Nat Swab)	DSCG	Chlamydia Swab - Eye - Throat	Store and send at room temperature. Sunquest Order Entry: SD0039: EYE / THROAT (change the default Cervix CX to EYE or THROAT)				BCCDC Microbiology
Chlamydia/GC urine	UCTGC	Chlamydia urine in sterile container	Store refrigerated, send on ice pack.				SPH Microbiology
Chloral Hydrate	DRSCB	1 RED top or >2 mL urine	2-4 mL RED top serum or urine and refrigerate. Send on ice pack. Copy of requisition for send out. Sunquest LIS Order Entry:. Second screen: DRSC1 =;Chloral Hydrate				Provincial Toxicology Centre
Chloride	CL	1 PST	0.5 mL lithium heparin plasma				SPH Chem
Chloride, 24 hour urine	CLU add CRU, UTIM	24 hour urine, no preservative. (Unsuitable if collected in acid)	Refrigerate during collection. 3 mL aliquot from well mixed 24 hour collection (do not send whole collection) centrifuge and aliquot supernatant to 12 x75 plastic tube. Referring sites need to include 24 hour volume, patient's height and weight on requisition. Refrigerate and send on ice pack.				SPH Chem
Chloride, random urine	CLR	Random urine	3 mL aliquot of random urine, centrifuge and aliquot supernatant to 12 x75 plastic tube.				SPH Chem

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Chlorpromazine (Largactil)	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Chlorpromazine	Y	Provincial Toxicology Centre
Chlorpropamide (Diabenese) NOT ORDERABLE	CHPPB	1 RED top or 20 mL Random Urine (see Instructions)	2-4 mL 1 top serum. Refrigerate Serum. Send on ice pack. Sunquest Order Entry instructions for Urine samples: At Container and Specimen Entry: remove "R" and add "UR"	Y	Provincial Toxicology Centre
Cholestanol	CHOB	1 Green Top Na Heparin on ICE	Centrifuge and aliquot minimum 1 mL heparin plasma, freeze and send frozen. Send copy of requisition with transport batch. Put Fax Result to SPH Lab request sticker on requisition or on Sunset Printout.	Y	Children's Hospital C&W will forward.
Cholesterol – Fluid	FCHOL	1 PST, SST, RED top or non preservative container	0.5 mL fluid. FLUIDB PLEUR; DIA; PERIT; BAL; PCF Synovial fluid cholesterol not available.		SPH Chem
Cholesterol, Total serum	CHOL	1 SST Gold top	0.5 mL serum. For fasting status enter the hours the patient has been fasting with one decimal point. For example if the patient has been fasting for 6 hours, enter 6.0. If the fasting status is unknown because the sample has been dropped off or sent in and the patient is unavailable to ask enter PFU.		SPH Chem
Cholesterol Profile (Triglycerides not ordered)	CHOLP	1 SST Gold top	0.5 mL serum.		SPH Chem

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Cholinesterase Phenotype, Cholinesterase and Dibucaine Fluoride Number (Pseudocholinesterase)	PSDCSB	1 RED top or 1 SST Gold top	2 mL serum. Send frozen on dry ice. Copy of requisition for send out. Put Fax Result to SPH Lab request sticker on requisition or on Sunset Printout. Consent form required. TAT from performing lab is 10 days. ICL cost is \$45.00 + \$150 S&H CAD	Y	Hospitals In-Common Laboratory Inc. 57 Gervais Dr. North York, ON M3C 1Z2 Phone 416-391-1499 Ext.248 Fax Phone 416-385-1957
Cholinesterase – RBC and Cholinesterase – Plasma (Exposure To Organophosphate Pesticides Or Toxicity)	MISCB	1 EDTA whole blood	Mix thoroughly by gentle inversion. Lavender top tube MUST be centrifuged for 15 minutes WITHIN 30 minutes of collection. Using a plastic pipette transfer ALL the plasma to a labeled aliquot tube and cap tightly. Save the remaining tube containing Red cells with and cap tightly. Hemolyzed specimens are unacceptable for analysis. Elasticize both tubes together and send both aliquot tube and collection tube. Refrigerate. DO NOT FREEZE Copy of requisition for send out. Put Fax Result to SPH Lab request sticker on requisition or on Sunset Printout.	Y	Lifelab
Chromium, Blood	CHRWBB	1 K2EDTA Dark Blue top (Tubes in Technical Coordinator's office)	4 mL Whole blood. Store and send cold. For Outpatients, do not collect without MSP approval. Consent form required. TAT from performing lab is 10 days.	Y MSP application and patient consent from ordering physician required.	Hospitals In-Common Laboratory Inc. 57 Gervais Dr. North York, ON M3C 1Z2 Phone 416-391-1499 Ext.248 Fax Phone 416-385-1957
Chromium, Urine	CHRRB	Random urine	Collect and transfer in metal-free container. Provide date of birth and gender. Indicate "Random". Avoid mineral supplements for 5 days. HICL cost is \$35.00. OP must pay prior to collection. Performed at CW if an emergency only such as suspected poisoning and after approval by CW clinical chemist. Put Fax Result to SPH Lab request sticker on requisition or on Sunset Printout. Consent form required. TAT from performing lab is 10 days.	Y Application and patient consent from ordering physician required.	Hospitals In-Common Laboratory Inc. 57 Gervais Dr. North York, ON M3C 1Z2 Phone 416-391-1499 Ext.248 Fax Phone 416-385-1957

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Chromogranin A*	CGAB	1 SST Gold top	1 mL serum. Freeze Serum. Send on ice pack.		BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory
Chromosome Analysis (Bone Marrow)	CGMVH	BONE MARROW SOLUTIONS	Must send STAT on the same day. Samples will be coming from Hematology department. Use Dynamex courier for every STAT.		VGH Cytogenetics Lab JPS1 Rm 1800 855 West 12th Avenue
Chromosome Microarray Testing (do not use CMAR code)	CCGM	2 x 3.0mL EDTA whole blood.	Keep at room temperature. Send ASAP (within 48 hours) to Children's Cytogenetics Lab with copy of original requisition . Test available only to some Drs.		Cytogenetics Lab – Children's Hosp Dept of Pathology & Lab. Medicine 4480 Oak Street, Vancouver BC V6H 3V4. Tel: 604 875 2304
Chromosome Analysis Newborn	CCGGBB	NEWBORNS: USE 6 mL Sodium Heparin tube. Minimum 0.5 – 1.0 mL blood is acceptable for newborns	Ordering Dr must have completed Children's Cytogenetics requisition found in: http://www.elabhandbook.info/phsa/Files/requisitionforms%2f1_20110510_022844_Cytogenetics_bloodbiopsy_Req_CW042_v2011.pdf Store and send at room temperature, specimen must be received by Children's Cytogenetics Lab within 72 hours of collection. STAT orders from Maternity must be sent STAT, inform Children's Cytogenetics Lab to expect specimen 604-875-2304. Send copy of requisition with transport batch.	N - if ordered by SPH maternity pediatrician	Children's Hospital Cytogenetics Lab
15q11 Duplication					
Angelman Syndrome					
Bloom Syndrome					
Cri-du-chat Syndrome					
CMA Follow-up					
CGH, Comparative Genomic Hybridization					
DiGeorge Syndrome					
Fanconi Anemia					
Karyotype, Karyotyping, Chromosome Analysis, Chromosomes					

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Kallman's Syndrome					
Mosaicism Constitutional					
Miscellaneous CGL Test					
Miller-Dieker Syndrome					
XX XY Mosaicism, post BMT					
Prader-Willi Syndrome					
Smith Magenis Syndrome					
SRY					
Sotos Syndrome					
Steroid Sulphatase Deficiency					
Sub-Telomeric Testing					
TUPLE 1 Duplication					
Turner's Syndrome					
Wolf-Hirschorn Syndrome					
William's Syndrome					
Chylomicrons (query chylous, pseudo-chylous effusion)	FCHOL/ FTRIG FLUIDB/ FCHYLO	1 PST, SST, RED top or non preservative container	<p>0.5 mL fluid. FLUIDB: PLEUR; DIA; PERIT; PCF Login and Accessioning instructions: Pleural fluid: If "chylomicrons" or "query chylous or pseudo-chylous effusion" requested on fluid, log in FCHOL and FTRIG. Peritoneal Fluid: If "chylomicrons" or "query "chylous ascites" requested on peritoneal fluid, log in FTRIG. Drainage Fluid: If "chylomicrons" or "query chyle" requested on drainage fluid, log in FTRIG.</p> <p>Spin and process CID by PDEC, give decanted CID aliquot of fluid with FTRIG and /or FCHOL request to Advia bench. If FTRIG or FCHOL requested, keep portion of unspun fluid. Label it with non barcoded portion of PDEC label, write "UNSPUN" and store it in Accessioning refrigerator.</p>		SPH Chem

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Circulating Immune Complex (C1q Binding Assay)	CPLX	1 SST Gold top	1.0 mL serum. Separate Serum from clot and freeze within 2 hours. Send frozen on ice pack. Copy of requisition for send out. Patient must sign Out of Country consent form and copy of requisition for Sendout bench. Mandatory lab agency pre-approval required for Outpatients (request to be done by patient doctor). For Outpatients, do not collect without preapproval if test is ordered alone. Ensure patient presents with signed consent form.	Y	Quest Diagnostics/ Nichols Institute 33608 Ortega Highway San Juan, Capistrano, CA 92675 1(800) 553-5445
Citalopram (Celexa)	CITALB	1 RED top	2-4 mL serum or urine. Refrigerate and send on ice pack. Copy of requisition for send out.	Y	Provincial Toxicology Centre
	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Citalopram		
Citrate Platelet	CPLAT	1 CIT	Tape on stopper, do not spin, full tube needed. Deliver to Hematology immediately.		SPH Hem.
Citrate, 24 hour Urine	CTU add CRU, UTIM	24 hour urine collected either in acid or without preservative	Refrigerate during collection. Measure 24 hr. Volume and aliquot 100 mL from well mixed 24 hour collection (do not send whole collection). Freeze and send on ice pack.	Y – if inpatients	VGH Lab
Citrate, random urine	CTR	Random urine	10 mL urine. Freeze and send on ice pack.	Y – if inpatients	VGH Lab
CK (Creatine Kinase) (CPK, Creatine Phosphokinase)	CK	1 PST	0.5 mL lithium heparin plasma.		SPH Chem

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
CK-MB Fraction (CKMB) – Verify with ordering Dr if TROPI can be used.	MISCB	1 SST Gold top	0.5 mL Serum. Store and send frozen. Stability: 4 hours at room temperature, 2 days refrigerated, 6 months frozen. Plasma (Heparin) is acceptable but has up to +12.5% bias. Additional information on HICL website. Test cost is \$18+\$150 S&H Send specimens on dry ice. Copy of requisition for send out. Put Fax Result to SPH Lab request sticker on requisition or on Sunset Printout. Consent form required. TAT from performing lab is 3 days.	Y Application and patient consent from ordering physician required.	Hospitals In-Common Laboratory Inc. 57 Gervais Dr. North York, ON M3C 1Z2 Phone 416-391-1499 Ext.248 Fax Phone 416-385-1957
CK Isoenzyme electrophoresis (CK Macro, CKBB, CKMM) Mayo Test ID: CKELR	MISCB	1 SST Gold top RED top acceptable	2 mL serum, 0.75 mL minimum. freeze and send on dry ice. Stability is 28 days. Copy of requisition for Sendout bench. SPH Sendout: must generate Mayo Clinic Order in MayoLink. Mandatory Lab Agency pre-approval required for Outpatients. OOC/OOP consent form required. TAT from performing lab is 8 days.	Y Application and patient consent from ordering physician required.	Specimen Process Center Mayo Medical Laboratories 3050 Superior Drive NW Rochester, MN 55901 1-800-533-1710

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Clobazam & Desmethyloclobazam (Frisium)	CLBZB	1 RED top	2-4 mL RED top serum or urine. Ward should record information on dosage, time of last dose, and other meds. For therapeutic drug monitoring specimens must be drawn at trough. Serum must be separated from cells within 2 hours of drawing. Refrigerate. Send on ice pack.	y	Provincial Toxicology Center
	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Clobazam		
Clomipramine & Desmethyloclo- Pramine (Anafranil)	CLMPRB	1 RED top	2-4 mL RED top serum or urine. Ward should record information on dosage, time of last dose, and other meds. For therapeutic drug monitoring specimens must be drawn at trough. Serum must be separated from cells within 2 hours of drawing. Refrigerate. Send on ice pack.	y	Provincial Toxicology Center
	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Clomipramine		

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Clonazepam (Rivotril)	Clonazepam (Rivotril)	1 RED top	2-4 mL RED top serum or urine. Ward should record information on dosage, time of last dose, and other meds. For therapeutic drug monitoring specimens must be drawn at trough. Serum must be separated from cells within 2 hours of drawing. Indicate if for toxicity. Refrigerate. Send on ice pack. If patient of Dr. Misri, already pre-approved.		Provincial Toxicology Center
	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Clonazepam		
Clonidine Stimulation of Growth Hormone	GHCSF GH30 GH45 GH60 GH90 GH120	1 SST Gold top	Minimum volume is 140 uL serum in False Bottom or 13 x 75 Polypropylene tube. Send with ice pack. Collect baseline, GHCSF, prior to stimulation. Afterwards, collect HGH at 30, 45, 60, 90, and 120 minute intervals.		SPH Special Chemistry
Clostridium Difficile Toxin	CDT	Stool sample in sterile C&S container.	Do not freeze.		SPH Microbiology

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Clozapine and Noroclozapine (Clozaril, Fazaclo, Versacloz, N-Desmethylozapine, Desmethylozapine)	CLZPB	1 RED top	2.0 mL Red top serum. Minimum 0.150 mL. Spin, separate and refrigerate. Send on ice pack. Include date and time of last dose. VPP sites: sent on ice pack within 5 days of collection, otherwise send frozen. Non-VPP sites: send on Ice pack within 3 days of collection, otherwise send frozen. Stability is 7 days at 2-8°C, Testing Monday -Friday, excluding STAT holidays.		SPH Special Chem
CMV Genotyping (Ganciclovir resistance test)	MISCB	6 mL LAV EDTA	Minimum 3 mL plasma. After hours and referring Labs, aseptically separate within 4 hours of collection into sterile plastic cryovial. Freeze at -20°C. Send frozen.	Y	NML via SPH Virology
CMV IgG (Cytomegalovirus –IgG) (CMV serology, CMV screen)	PCMVG	5 mL SST Gold top	Refrigerate.		SPH Virology Lab
CMV –IgM	CMVSP	1 SST Gold top	Refrigerate. Send on ice pack.		BCCDC

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
CMV – PCR CMV Antigenemia CMV Ag CMV Viral Load CMV NAT Cytomegalovirus PCR	PCMVB	6 mL EDTA Lav	2.0 mL EDTA plasma. Separate plasma within 24 hours of collection. Store at 2 - 8 °C for up to 6 days and at -20 °C for over 6 days.		SPH Virology Lab
* Patients <19 years old are to be sent to BCCH.*	CMVL	1 RED top	2 mL RED top whole blood. Patients <19 years old are to be sent to BCCH. Samples must be sent, on ice pack, Monday to Friday 800 to 2300 or Saturday, Sunday and Statutory Holidays 800 to 1600. Specimen must be received within 48 hours of collection.		Children's Hospital Virology
CMV PCR (non blood) CMV NAT (non blood)	PVPCR	Urine, BAL,tissue, etc...	Sample to SPH Virology. Call Virology when sample arrives.		SPH Virology
CO2 (HCO3, Carbon dioxide, bicarbonate)	TCO2	1 PST	0.5 mL lithium heparin plasma. Test within 24 hours.		SPH Chem
Coagulation Screen (INR, PTT)	COAGB	1 CIT	Full tube required. PTT spun within 2 hours and tested within 4 hours of collection. INR sample must be tested within 24 hours. If either test will not be tested within allowable time: centrifuge sample within 2 hrs (PTT) or 24 hours (INR), double spin plasma, freeze and ship on ice. Sample must arrive frozen in polypropylene tube		SPH Coag

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Cobalt	CBLTB	1 K2EDTA dark blue top	Prior approval is mandatory. Specify Whole Blood on send out requisitions. HICL cost is \$35.00. OP must pay prior to collection or do not collect without MSP approval. Whole blood fridgerated and sent on ice pack. Additional information on HICL website Copy of requisition for send out. Put Fax Result to SPH Lab request sticker on requisition or on Sunset Printout. TAT from performing lab is 10 days.	Y - MSP application and patient consent from ordering physician required.	Hospitals In-Common Laboratory Inc. 57 Gervais Dr. North York, ON M3C 1Z2 Phone 416-391-1499 Ext.248 Fax Phone 416-385-1957
Cocaine	COCQB	1 RED top	2-4 mL RED top serum. Refrigerate Serum. Send on ice pack.	Y	Provincial Toxicology Center
Cocaine In Urine (Benzoylcegonine)	COCR part of UDSC	Random urine	>1.0 mL urine. Refrigerate if not done immediately. Add DRSCB if Dr specifies Cocaine confirmation and give copy of requisition for Medical Biochemist approval.	Y – if DRSCB ordered	SPH
Cocaine In Urine, Confirmation	DRSCB	Random urine	Refrigerate. Send 50 mL Urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED I default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Cocaine confirmation	Y	Provincial Toxicology Center
Coccidioides Serology	COCCB	5 mL SST Gold top	Refrigerate. Send on ice pack. No longer a TRAP test, no Med Micro approval required. 11/2014		BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory
	CDNB	1 RED top	2-4 mL serum or urine. Refrigerate and send on ice pack. Copy of requisition for send out.		

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Codeine NOT ORDERABLE	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Codeine	Y	Provincial Toxicology Center
Cold Agglutinin	COLD	2 RED top and 6 mL LAV top Collected at 37°C SPH collections Use pre-warmed insulated container located in Special Chem warming oven	Keep all tubes at 37°C. Deliver immediately to blood bank. Referring sites: Keep at 37°C for 30-60 minutes, spin RED top and aliquot serum and send at room temperature ASAP, if unable to send the same day, freeze and send next day. Must include, at the same time/shipment, whole blood EDTA, do NOT spin or freeze EDTA tube. Indicate "processed @37°C" on serum aliquot.	Y-HP	SPH Transfusion Medicine (Blood Bank)
Colorado Tick Fever Serology	Check with BCCDC for availability	5 mL SST Gold top	Refrigerate. Send on ice pack.		BC Centre For Disease Control

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Complement mediated Glomerulonephritis Ab tests: C3Neph, C3-Nephritis, anti-CFH, anti-Factor H, and C5b-9, FH Autoantibody	MISCB XTRAL (wrap an elastic band around both tubes)	1 RED Top 1 Tall EDTA	2 mL of each serum and EDTA plasma, each spun down and separated from the cells/clot, frozen, and sent on dry ice. Put Fax Result to SPH Lab request sticker on requisition or on Sunset Printout. Often collected and put on-hold with Atypical Hemolytic Uremic Syndrome (aHUS). Freeze samples together, wrapped with an elastic band. Form letter Application and patient consent from ordering physician required (exception for samples ordered to be put on hold prior to consent and application from OOC/OOP – this hold service is available to nephrologists ordering for inpatients)”	y Form letter application and patient consent required. Exception for on-hold request from nephrologists.	University of Iowa 285 Newton Rd, 5270 CBRB, Iowa City IA 52242-1078 USA
Complete Blood Count	CBC	1 LAV	Minimum 1.0 mL collection using 3 mL EDTA. 0.25 mL for micro EDTA. Sample stable 24 hrs at RT or 36 hrs at 4°C.		SPH Hem
Complete Blood Count with Differential	CBCDIF	1 LAV	Minimum 1.0 mL collection using 3 mL EDTA. 0.25 mL for micro EDTA. Sample stable 24 hrs at RT or 36 hrs at 4°C.		SPH Hem
Comprehensive Drug Analysis (Urine)	DRSCB	50 mL urine	Refrigerate urine	y	Provincial Toxicology Center
Comprehensive Metabolic Panel	CMPB	1 PST light green top	BMPB, CA, ALKP, TBIL, ALB, ALT		SPH Chem

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Congenital Immunodeficiency	TBNK add CBCDIF if collected on site (not referred in)	PST, SST, RED top or non preservative container	Room temp. Copy of req to SPH immunology. Ensure CBCDIF is ordered. Referred in sites include CBC and differential results with samples.		SPH Immunology
Direct Antiglobulin Test (Coombs Test, Direct)	DAT	1 LAV	3.0 mL EDTA blood.		SPH Transfusion Medicine (Blood Bank)
Copeptin (order Copeptin if Anti Diuretic Hormone is requested)	CPTNB	1 PST	Contact clinical/medical biochemist for approval. 0.5 mL plasma. Freeze and send on dry ice. Serum also acceptable. Copy of requisition for send out. Put Fax Result to SPH Lab request sticker on requisition or on Sunset Printout. Consent form required. TAT from performing lab is 7 days.	Y Application and patient consent from ordering physician required.	Hospitals In-Common Laboratory Inc. 57 Gervais Dr. North York, ON M3C 1Z2
Copper	CU add CPL	1 NAVY BLUE metal free vacutainer tube plus 1 SST Gold top	Centrifuge x2 1st pour into navy vacutainer tube & centrifuge again 2nd pour into: falcon polypropylene tubes and freeze 1.0 mL minimum Serum ASAP. If performing Gadolinium-enhanced MRI, wait 2 days after procedure for Gadolinium to clear before collecting sample. Sendout person: Print CPL result with pending CU for Approval. Store at 4 °C and transport on ice. If not sending within the week, freeze and transport frozen on dry ice to Specimen Receiving 2J20. See Children's trace elements collection: http://www.elabhandbook.info/phsa/Files/AdditionalFiles%20f1_20140207_113746_Blood%20Collection%20for%20Trace%20Elements%20rev%20Dec%202013.doc	Y	Children's Hospital Lab

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Copper (24 Hour Urine)	CUU add CRU , UTIM	Use orange, horizontal container, do not add hydrochloric acid, do not use neon pink labels.	Refrigerate. Send aliquot in metal free tube. Indicate if for trace element analysis or lead chelation test. Copy and paste path to Intranet browser: \\vch\departments\Chemistry (Dept PHCLAB)\Accessioning\Miscellaneous Collection Procedures\Childrens_Hospital_24 HR URINE Collection Protocol March 9_09.pdf Copy and paste above path in Intranet browser. Do not need to verify for pH anymore as of April 03/09.	Y	Children's Hospital Lab
Copper, Free	MISCB	1K2EDTA Dark blue top *Special Collection tube from Supervisor*	Venipuncture must be performed using trace element collection process (refer to Aluminum procedure: copy and paste to your Intranet browser:: \\vch\departments\Chemistry (Dept PHCLAB)\Accessioning\Collection Booklet\Aluminum Collection and Processing Procedure.doc Obtain K2EDTA tube from Accessioning Supervisor's Office. Patient MUST present with Lab agency preapproval letter prior to blood collection. Blood is only stable for 14 days. Centrifuge K2EDTA and aliquot 3 mL (1.2 mL min.) plasma with MLA pipette and tips to Simport® Polystyrene aliquot tube. Send on ice pack. Copy of requisition for send out. Complete Quest Diagnostics' Test Request Form and Put Fax Result to SPH Lab request sticker Test is performed every Thursday. Specimen must be received by Quest within 10 days of collection.	Y Application and patient consent from ordering physician required.	Quest Diagnostics/ Nichols Institute 33608 Ortega Highway San Juan, Capistrano, CA 92675 1(800) 553-5445 Quest will forward to: National Medical Services Lab 3701 Welsh Road, Willow Grove, PA 19090
Copper, Tissue	CUTIS	Tissue	See tissue trace elements. Send copy of requisition with transport batch.		Children's Hospital

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Cortisone	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Cortisone	Y	Provincial Toxicology Center
Cortisol, am	COAM	1 SST Gold top	Collect between 06:00-10:00 (+/- 15 min). Refrigerate Serum. Stable for 4 days at 2 - 8 °C. Stable for 12 months at at -20 °C but if frozen must remain frozen until it is received at SPH		SPH Special Chemistry
Cortisol, pm	COPM	1 SST Gold top	Cortisol collected between 14:00-18:00. Refrigerate Serum. Stable for 4 days at 2 - 8 °C. Stable for 12 months at at -20 °C but if frozen must remain frozen until it is received at SPH		SPH Special Chemistry
Cortisol, Free	MISCB	1 SST Gold top	1 mL serum. Freeze serum. Copy of requisition for send out. Put Fax Result to SPH Lab request sticker on requisition or on Sunset Printout.	Y	Esoteric Laboratory
Cortisol, Baseline	CORF	1 SST Gold top	0.5 mL serum. Refrigerate serum. Stable for 4 days at 2 - 8 °C. Stable for 12 months at at -20 °C but if frozen must remain frozen until it is received at SPH		SPH Special Chemistry

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Cortisol, Random	CORT	1 SST Gold top	0.5 mL serum. Refrigerate serum. Stable for 4 days at 2 - 8 °C. Stable for 12 months at at -20 °C but if frozen must remain frozen until it is received at SPH		SPH Special Chemistry
Cortisol order codes for stimulation and suppression tests.	COR0 COR15 COR20 COR30 COR40 COR45 COR60 COR90 COR120	1 SST Gold top	0.5 mL serum. Refrigerate serum. Stable for 4 days at 2 - 8 °C. Stable for 12 months at at -20 °C but if frozen must remain frozen until it is received at SPH		SPH Special Chemistry
Cortisol, Saliva	SCORT	Special Collection Kit in Outpatient Supplies cupboard beside Accessioning Window	Special collection procedure is required; refer to the instructions with each kit. Please check Salivette® kit expiration date before issuing to patient; label kit with barcode and instruct patient to bring kit back to our lab ASAP. Stability: 1 week refrigerated. Copy of requisition for patient to record collection time. Lab Accession: receive specimen in GenLab with actual collection time. Refrigerate and send to VH on Sunquest Transport batch on ice pack. MSJ Inpatients: Request kit from SPH MSJ Outpatients: Send patient to VGH		VGH
Cortisol, 24 hour Urine (17 Ketogenic-Steroids, 17-Hydroxycorticosteroids)	CORU add CRU, UTIM	24 hr urine, no preservative (CORR random urine not orderable)	Refrigerate during collection. Measure 24 hour volume. Aliquot 3 mL in 12 X75 plastic tube for urine creatinine, 3 mL in 12 X 75 plastic tube for urine Cortisol from well mixed urine (do not send whole collection). Centrifuge and decant both aliquots. Freeze Cortisol tube, refrigerate creatinine and send on both on ice pack. Referring sites need to include 24 hour volume, patient's height and weight on requisition.		SPH Special Chemistry

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Corticotropin Releasing Hormone	MISCB	1 RED top	2-4 mL RED top serum. Send frozen on dry ice. Complete Nichols Institute requisition from quest binder. Mandatory Lab agency pre-approval required (request to be done by patient Dr.). For Outpatients, do not collect without preapproval if test is ordered alone. Complete Quest Diagnostics' Test Request Form and Put Fax Result to SPH Lab request sticker	Y Application and patient consent from ordering physician required.	Quest Diagnostics/ Nichols Institute 33608 Ortega Highway San Juan, Capistrano, CA 92675 1(800) 553-5445
Cotinine	SPQ	1 RED top	2-4 mL RED top serum. Refrigerate and send on ice pack. Sunquest Lab LIS Order Entry: SD0177=SER SPQ1=; COTINE SQDLD=;DD Mmm YYYY e.g. 31 Mar 2015 or UNAVOE SQTLD=;HH:MM e.g. 13:50 or UNAVOE	Y	Provincial Toxicology Centre
Cotinine, urine (Nicotine, urine)	COTN	20 mL urine	Refrigerate and send on ice pack	Y	VGH Special Chemistry
Cotrimoxazole (Septra) (Trimethoprim & Sulfamethoxazole)	SPQ MISCB TRISUL	1 RED top	1.0 mL serum, minimum 0.2 mL. Spin and separate within 2 hours. Refrigerate and send on ice pack. Collect at least 60 minutes after dose for peak level. Copy of requisition for send out. Consent form required. TAT from performing lab is 10 days.	Y	Hospitals in Common
COVID-19 Serology (Anti-SAR-CoV-2) AVAILABLE FOR RESEARCH USE ONLY	COVIDSB for anti-N COVIDSC for anti-S	1 SST Gold top	NOT FOR CLINICAL USE Only log in samples that arrive with a study requisition. Aliquot serum to a false bottom tube and freeze in the e601 rack.	Y	Research sample to SPH Special Chemistry

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Coxiella Burnetii Serology (Q fever; Q-fever)	QFEVB	5 mL SST Gold top	Refrigerate. Send on ice pack.		BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory
Coxiella Serology (Coxiella Burnetii Serology)	QFEVB	5 mL SST Gold top	Refrigerate. Send on ice pack.		BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory
Creatinine	CRE	1 PST	0.5 mL lithium heparin plasma.		SPH Chem
Creatinine – Fluid	FCR	1 PST, SST, RED top or non preservative container	0.5 mL fluid. Synovial fluid CR not available. FLUIDB: PLEUR; DIA; PERIT; BAL; PCF PPD Dialysate FLUIDB codes (get PET info from Modifier field): DIAL24 = Dialysate 24hr DIALON = Dialysate Overnight DIALP1 = Dialysate PET 1 DIALP2 = Dialysate PET 2 DIALP3 = Dialysate PET 3		SPH Chem
Creatinine, 24 hour urine	CRU add UTIM	24 hour urine no preservative (Acid container acceptable)	Refrigerate during collection. 3 mL aliquot from well mixed 24 hour collection (do not send whole collection). Referring sites need to include 24 hour volume, patient's height and weight on requisition. Refrigerate and send on ice pack.		SPH Chem
Creatinine, random urine	CRR	Random urine	3 mL aliquot. Refrigerated.		SPH Chem

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Creatinine Clearance	CRU UTIM CRE CCL	24 hour urine no preservative (Acid container acceptable) 1 PST	Refrigerate during collection. 3 mL aliquot from well mixed 24 hour collection (do not send whole collection). Referring sites need to include 24 hour volume, patient's height and weight on requisition. Refrigerate and send on ice pack. 0.5 mL lithium heparin plasma. Blood should be drawn during the 24 hours of urine collection but is acceptable to collect within the 24 hours before or after the urine collection.		SPH Chem
Group and Screen (crossmatch)	GRS	2 x 6 mL EDTA lav top	Send specimen to Tranfusion Medicine along with any requisitions. In Sunquest Collect , two RAR question need to be answered prior to collection. BBEPID answer is YES , if scanned with Sunquest Collect. After these questions are answered, the requisition printout can be discarded. In OP, the pop up box questions are answered as follows: 2NDWIT answer as PATID if patient ID themselves or ALTID-;Full name of identifier if someone else identified the patient. BBEPID answer NO in OP. Requisitions are still required in OP. Patient must have or be given an armband.		SPH Transfusion Medicine (Blood Bank)
Creutzfeldt-Jakob Disease (CJD Disease) – Madcow Disease (BCCDC Creutzfeldt-Jakob Disease 14-3-3 Protein; Protein 14.3.3)	CJDB	min 3 mL CSF fluid	Freeze immediately. Follow CJD procedure in Accessioning manual. Forward via Microbiology to BCCDC. If Micro is unable to forward, then forward to BCCDC. Send in TDG with accordance to TC guidelines, or see appendices for additional information for specimen requirement and shipping information under CJD. TC Guidelines: http://www.tc.gc.ca/eng/tdg/clear-part2-339.htm#app3 Complete NML requisition: https://www.nml-lnm.gc.ca/guide2/infection_engview.php?refdiagID=14		SPH – Microbiology BCCDC will forward to the National Microbiology Lab at Health Canada in Winnipeg.

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Cryofibrinogen	CRYOFB	<p>Preferred 8 hours fasting.</p> <p>3 BLUE top citrate and 1 RED top (for CRYOG)</p> <p>All tubes pre-warmed 37°C. Deliver to Lab in the approved insulated container filled with 37°C sand.</p> <p>It is critical that the sample remain at 37°C prior to separating from the cells</p>	<p>Serum tube: Follow the CRYOG procedure</p> <p>Citrate tubes: Centrifuge 37°C immediately to separate cells from plasma.</p> <p>If no 37°C centrifuge is available (ie for WGH and MSJ): Let the samples sit at 37°C until ≥ 0.5 mL plasma can be aliquoted from each citrate tube. Do not let sit more than 24 hours.</p> <p>Aliquot the plasma and centrifuge at room temperature.</p> <p>Aliquot plasma into tube labeled "citrate plasma collected @ 37°C.</p> <p>Ship at room temperature to SPH.</p> <p>Aliquot as follows: Citrate tube 1 – aliquot into polystyrene tube and label as "4 °C plasma." Citrate tube 2 – aliquot into polystyrene tube and label as "4 °C plasma." Citrate tube 3 – aliquot into two polystyrene tubes, label one "4 °C plasma" and label the other "37°C plasma."</p> <p>Deliver to Special Chem and store at matching temp (37°C oven or 4°C fridge)</p>		SPH Special Chem

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Cryoglobulin (Pyroglobulin)	CRYOG	<p>Preferred 8 hours fasting.</p> <p>1 RED top tube pre-warmed 37 °C.</p> <p>Deliver to Lab in the approved insulated container filled with 37 °C sand located in the Special Chem warming oven.</p> <p>It is critical that the sample remain at 37 oC prior to seperateing from the cells</p>	<p>1. SPH collections: Pre-warm the centrifuge to 37°C.</p> <p>Transfer the specimen from the thermos to the 37°C heat block and let it clot for 60 minutes.</p> <p>After 60 minutes centrifuge at 37°C, 1600 RCF for 10 minutes.</p> <p>Pipette at least 2 mL of serum into a separate tube</p> <p>MSJ collections: Refer to the MSJ-specific procedures for further details.</p> <p>WGH collections: Leave the red top tube in the 37°C heating block until ≥ 2 mL of serum can be aliquoted off the clot. Do not let sit for more than 24 hours.</p> <p>Aliquot serum and centrifuge at room temperature, 1600 RCF for 10 minutes.</p> <p>Pipette ≥ 2 mL of supernatant into a separate tube labeled "Red top serum collected @ 37°C.</p> <p>Ship to SPH at room temperature.</p> <p>SPH Accessioning for all samples: Add sodium azide to serum to obtain a 0.05% concentration. (i.e. add 5 mg sodium azide per 10 mL serum)</p> <p>Aliquot serum into two polystyrene tubes: ≥ 1 mL serum in a tube labeled "4°C serum" and the remaining serum in a tube labeled "37°C serum".</p> <p>Deliver both tubes to Special Chem. Place the 37°C labelled tube in the oven and the 4°C labelled tube in the fridge.</p>		SPH Special Chem
Cryptococcal Antigen	PCRAG for csf: PCRAGC	1 SST Gold top	0.5 mL serum. Refrigerate.		SPH – Microbiology
Crystal – Fluid (Fluid Crystal)	FCRYSB	1 RED top or non preservative container	0.5 mL synovial fluid. Anticoagulant containers such as lithium heparin, EDTA or oxalate may form crystals. STAT available on Weekend dayshift.		SPH Chem

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
CSF Cell Count	FCSF	0.5 mL CSF	STAT. Refrigerate. Also order CDIFP		SPH Hematology
CSF Culture	PCSFC	0.5 mL CSF	STAT to Micro		SPH Microbiology
CSF Cytology	CYTCSF	0.5 mL CSF	STAT to Cytology on dayshift with copy of requisition if not ordered in SCM. Refrigerate in Histology/Cytology bucket after hours (weekdays after 17:00 and weekends). STAT requests during Shift – page AP Tech.		SPH Cytology
CSF Glucose	CSGL	0.5 mL CSF	STAT		SPH Chemistry
CSF LDH	CSFLD	1.0 mL CSF	Freeze. Send on ice pack		VGH Lab
CSF Total Protein	CSFTP	0.5 mL CSF	STAT		SPH Chem
CSF Virology	PCSF	0.5 mL CSF	Refrigerate. Copy of requisition for Virology		SPH Virology
Cyclobenzaprine (Flexiril)	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Cyclobenzaprine		Provincial Toxicology Center

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Cyclosporin Pre Level	CSA	1 LAV	Trough level 10-14 hours for patient on twice/day dosing or 20-24 hours for patient on once/day dosing. Sample MUST have dose times, please followup with ward or patient or referring site if information does not arrive with sample. Make a copy of requisition for Special Chemistry Sunquest Last Dose format: CSADLD: ;DD Mmm YYYY e.g. ;31 Mar 2014 CSATLD: ;HH:MM e.g. ;13:50		SPH Special Chem
Cyclosporin 2 hour Post Level	CSA2	1 LAV	Ask patient for dose time and must collect within 2 hr +/- 15 minutes post dose. Sample MUST have dose times, please followup with ward or patient or referring site if information does not arrive with sample. Make a copy of requisition for Special Chemistry Sunquest Last Dose format: CSADLD: ;DD Mmm YYYY e.g. ;31 Mar 2014 CSATLD: ;HH:MM e.g. ;13:50		SPH Special Chem
Cystathionine (Screen For Neuro-Blastoma Or Metabolic Disease)	RUAM add CRR	10 mL random urine. No preservative.	Must mix urine with magnetic stir bar for 5 minutes before removing aliquot for creatinine. Ship entire remaining specimen frozen, do not split with other testing. Send copy of requisition with transport batch		Children's Hospital – Biochemical Genetics Lab Room 2F22 604-875-2307
Cystatin C	CYSTCB	1 RED top *PST light green top acceptable*	Minimum 1 mL serum. Separate and freeze. Keep frozen and send on dry ice. Consent form required. TAT from performing lab is 5 days.	Y Application and patient consent from ordering physician required.	Hospitals In-Common Laboratory Inc. 57 Gervais Dr. North York, ON M3C 1Z2 Phone 416-391-1499 Ext.248 Fax Phone 416-385-1957

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Cysticercosis Serology (Taenia Solium Serology)	CYSTIB	5 mL SST Gold top	Refrigerate. Send on ice pack.		BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory
Cystine (Urine) Random Or Screen	RUAM add CRR	10 mL. Minimum First morning void preferred.	Must mix urine with magnetic stir bar for 5 minutes before removing aliquot for creatinine. Ship entire remaining specimen frozen, do not split with other testing.		Children's Hospital – Biochemical Genetics Lab Room 2F22 604-875-2307
Cystine (Urine) Quantitative	TUAM add CRU , UTIM	Whole 24- Hour urine. First morning specimen preferred over 24 HR urine.	No preservative. Freeze total collection. Add each sample to bottle as voided.		Children's Hospital – Biochemical Genetics Lab Room 2F22 604-875-2307
Cystine, WBC (Blood)	WCTB	1 DRK GRN Na Heparin tube	Refer patient to CW if possible, call Children's if not possible at 604-875-2307. Whole blood must arrive at C&W within 3 hrs of collection and prior to 1200 hrs. Notify children's hospital lab that the specimen is being sent. Send copy of requisition with transport batch.	Y	Children's Hospital Lab
Cystine, WBC(blood) – known Cytinosis patients	WCT	1 DRK GRN Na Heparin tube	Refer patient to Children's Hospital Lab. If not possible, call Children's at 604-875-2307 or consult Supervisor. Whole blood must arrive at C&W within 1 hrs of collection and prior to 1200 hrs. Notify children's hospital lab that the specimen is being sent. Send copy of requisition with transport batch.	Y	Children's Hospital Lab referred out

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Cytomegalovirus – IgG SPH Virology code	PCMVG	5 mL SST Gold top *Cord blood is unsuitable*	Refrigerate.		SPH Virology Lab
Cytomegalovirus – IgG BCCDC code	CMVIGB	5mL SST Gold Top	Refrigerate. Send on ice pack.		BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory
Cytomegalovirus – IgM	Use CMVSP	5 mL SST Gold top	Refrigerate. Send on ice pack		BC Centre For Disease Control
CMV DNA PCR for non-blood samples	PVPCR	1 mL CSF, Urine, BAL, other fluids or tissue	Freeze. Send on ice pack. Copy of requisition for Virology. Not routinely performed.		SPH Virology
CYP11B1/2 DNA Chimeric Gene Fusion Test (Monogenic Hypertension, Glucocorticoid-remediable Aldosteronism)	MISCB	2 Tall EDTA LAV	<p>Minimum 6 mL EDTA whole blood. Specimen Stability: Room temperature/Refrigerated: 10 days. DO NOT Freeze. Copy of requisition for send out. Patient must sign Out of Country consent form form and copy of requisition for Sendout bench.</p> <p>https://lisdirect.questdiagnostics.com/Consent/static/consent-forms/4%20Athena%20Diagnostics/18%20Athena.pdf</p> <p>Sendout bench: Use Athena Diagnostic requisition: http://www.athenadiagnostics.com/getmedia/59803f78-3214-4fea-ab9f-f129ff2fcbe8/CanadaReq_Web_10-16-2015.pdf</p> <p>Attach copy of MSP pre-approval letter</p> <p>Test panel #779 CYP11B1/CYP11B2 Chimeric Gene Fusion Test</p> <p>Put Fax Result to SPH Lab request sticker on requisition or on Sunset Printout.</p> <p>Mandatory Lab Agency pre-approval required (request to be done by patient Dr.). For Outpatients, do not collect without</p>	Y Application and patient consent from ordering physician required.	Athena Diagnostics Inc. 200 Forest Street, 2nd Floor Marlborough, MA 01752 USA 1 (800) 394-4493

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Cytotoxic Antibody Screen (Panel Reactive Antibody – PRA, DSA, Donor Specific Antibody, HLA panel reactive antibody, HLA antibody screening, Lymphocytotoxic antibodies) (a.k.a at Transplant: lymphocyte or flow crossmatch)	HLADSB	1 RED top	<p>Keep at room temperature. Date of collection and patient's birthdate must be on the tube. STAT requests (Kidney Transplant and Heart Transplant) must be sent immediately. Label TDG container with STAT stickers and send on Sunquest Transport Batch. Transplant Unit Coordinator will notify VH Immunology Tech. Effective August 31st, 2015: The core lab technologist that receives the notification is now responsible for the receipt, handling and shipping of all stat requests for cytotoxic antibody testing. The process is as follows:</p> <p>Sample (1 red top) is collected by laboratory staff or 6B nurse as per normal protocols. Blood collector hands the sample off to the unit coordinator or primary nurse. Nurse or unit coordinator calls the core lab at local 63222 and informs the technologist that, "Stat cytotoxic antibodies are being tubed down now for patient _____ and must be sent to VGH stat".</p> <p>Nurse or unit coordinator tubes the samples to the lab with a yellow STAT flasher. Responsible technologist personally performs or oversees the receipt, packaging and shipping of the sample to VGH stat. Inform the taxi driver to take the samples directly to VGH with no stops. Responsible technologist calls VGH accessioning at 604-875-4111 x61363 to inform them that the sample is in transit. Cytotoxic Antibody Request form (for send out) will print out and MUST accompany blood to VGH. If you can not find the form contact Heart Transplant and request that they send you a copy or their printout</p> <p>Notes: Requests received for cytotoxic antibodies without the stat notification will be processed as routine. The laboratory will no longer call the nursing unit to inquire. If laboratory staff are unsure of the urgency, they will consult with the core supervisor only. If the core lab supervisor is not in the laboratory the designated technologist is responsible. If the pneumatic tube is not operational, the nurse will bring the samples to the lab, ask for the core supervisor and deliver the samples to them personally.</p>		VGH Lab Immunology Tissue Typing
- D Dimer Test (Fibrinogen Degradation products, FDP)	DDIM	1 CIT	<p>Full citrate draw. 1.0 mL plasma from full tube collection. Spun within 2 hours of collection and tested within 8 hours of collection. If test is not performed within 8 hours, double spin plasma and store at -20°C for up to 2 weeks, ship on ice. Specimen must arrive frozen in polypropylene tube.</p>		SPH Coag

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Deaminated Gliadin Antibody	DGAB	1 SST Gold top or Red top	2 mL serum serum. Cetrifuge, separate, and store at 2-8°C. Ship on ice pack.	Y	Royal Jubilee Hospital, Victoria
Dehydroepiandrosterone Sulphate (17 Ketosteroids)	DHEAS	1 SST Gold top	0.5 mL serum in False Bottom or 13 x 75 Polypropylene tube. Send with ice pack.		SPH Special Chemistry
Delta Amino Levulinic Acid	ALAU	24 hrs. Urine	Specimen is to be collected in a dark bottle. No preservative. Refrigerate. Urine should be pH 4-7. It will only be done if porphyrins are elevated. Send urine creatinine result.	Y	VGH Lab
Dengue Serology (do not order DVMS or DVGS separately) (Dengue Virus HI)	DVS	5 mL SST Gold top	Refrigerate. Send on ice pack.		BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory
Desipramine & Metabolite (Norpramin Or Pertofrane) by HPLC	DESIPB	1 RED top	2-4 mL serum or urine. Ward should record information on dosage, time of last dose, and other meds. For therapeutic drug monitoring specimens must be drawn at trough. Serum must be separated from cells within 2 hours of drawing. Refrigerate. Send on ice pack.	Y	Provincial Toxicology Center
Desmopressin Stimulation Test	DDAVP COR15 COR30 COR45 COR60 COR90	1 SST Gold top	DDAVP is baseline, collect prior to patient being given desmopressin injection/infusion. DDVAP includes Cortisol and ACTH. After desmopressin given, collect cortisol at 15, 30, 45, 60, and 90 minutes post.		SPH Special Chemistry Lab

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Dexamethasone level	MISCB	1RED top	Orderable only by SPH Medical Biochemist or Clinical Chemist. Do not collect without prior approval. Centerfuge and separate within 1 hour of collection. 3 mL serum freeze and send on dry ice.	Y	SPH Spec Chem
Dexamethasone Suppression Test	DEXAB (and MISCB Dexamethasone level)	1 SST Gold top	DEXAB includes cortisol. Collect after dexamethasone given. 0.5 mL serum. Refrigerate serum. Stable for 4 days at 2 - 8 °C. Stable for 12 months at at -20 °C but if frozen must remain frozen until it is received at SPH Ask patient if dexamethasone was taken the night before, collect only if medication was taken. Consult with Biochemist if the patient did not take dexamethasone.		SPH Core
Digoxin Level (Lanoxin)	DIGO	1 SST Gold top	0.5 mL serum. 12 hour post oral dose or 6 hour post IV – confirm dose time with patient or nurse. Stable for 2 days at 2-8 °C. Sunquest Last Dose format: DIGDLD: ;DD Mmm YYYY e.g. ;31 Mar 2014 or UNAVOE DIGTLD: ;HH:MM e.g. ;13:50 or UNAVOE		SPH Chem
Diethylpropion (Tenuate)	DIEPB	1 RED top	2-4 mL serum or urine. Refrigerate and send on ice pack. Copy of requisition for send out.	Y	Provincial Toxicology Center
	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Diethylpropion		

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Dihydropteridine Reductase	DHPRB	NBS Card	Blood dot card. Do NOT use the pneumatic tube system to transport wet bloodspot cards. Wet bloodspot cards must NOT be packaged in biohazard bags.	Y	Children's Hospital
Dihydrotestosterone (5 Alpha Reductase Profile 5-a-dihydrotestosterone 5-Alpha-Dihydrotestosterone Allodihydrotestosterone Androstanolone) Mayo Test ID: DHTS	MISCB (DHT blocked for SPH)	1 RED top SST Gold top acceptable	1 mL serum, minimum 0.6 mL. Freeze serum and send on dry ice. SPH Sendout must generate Mayo Clinic Order in MayoLink. Mayo ID:DHTS OOC/OOP consent form and Agency approval required. Copy of requisition for Sendout bench. TAT time from performing lab is 8 days.	Y Application and patient consent from ordering physician required.	Specimen Process Center Mayo Medical Laboratories 3050 Superior Drive NW Rochester, MN 55901 1-800-533-1710
Dilantin –Free (free dilantin, free phenytoin. FDIL includes total and free.)	FDIL (FDILA addon to PHEN)	1 PST light green top	Will print labels for two tubes. Collect two tubes, spin and separate and **Send one tube to VGH STAT on dry ice** . 0.5 mL lithium heparin plasma. Pour off plasma from gel separator tube immediately. Collect prior to next dose. Confirm dose time with patient. Refrigerate and send on ice pack.		VGH
Anti-IIa Inhibitor, Diluted Thrombin Time, Direct Thrombin Inhibitors: Dabigatran, Pradaxa	MISCB	1 CIT light blue top	Instructions: Full citrate draw. Specimen must be centrifuged within 2 hours of collection. 1.0 mL double spun plasma in polypropylene aliquot tube. Freeze at -20°C. Copy of requisition for Sendout. Get patient to sign OOP consent form. Must contact ICL prior to sending sample.	Y Application and patient consent from ordering physician required.	McMaster Lab

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Diltiazem (Cardizem)	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Diltiazem	Y	Provincial Toxicology Center
Diphtheria Antitoxin Level	DIPB	5 mL SST Gold top	Refrigerate. Send on ice pack.		BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory
Diphtheria Serology (Diphtheria Immune Status) (Diphtheria Antitoxin Level)	DIPB	5 mL SST Gold top	Refrigerate. Send on ice pack.		BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory
DNA Extraction Only (Bank DNA; Extract DNA; DNA extraction only; DNA storage; Store DNA; DNA Banking)	MISCB	6 mL EDTA min. 3 mL	“DNA extraction only” may only be collected if the requisition indicates “for BGL send out”. Do not collect without a similar indication on the requisition; please see MGL’s DNA banking policy website: www.genebc.ca). Ship at room temperature to Specimen Receiving Room 2J20.		Children’s Hospital 4500 Oak Street Vancouver, BC V6H 3N1 Rm 2J20
Donath Landsteiner (Paroxysmal Cold Hemoglobinuria)	DLB	1 RED top at 37°C SPH collections Use pre-warmed insulated container located in Special Chem warming oven	Keep at 37°C. Deliver immediately to accessioning. Allow to clot at 37°C for 30 minutes. Centrifuge and freeze Serum. Do not discard or freeze red cells. Send red cells and Serum together on ice pack. Send copy of requisition with transport batch.	Y-HP	Children’s Hospital

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Down's Syndrome Cytogenetic Test, Blood	CCGB	6 mL DRK GRN Na Heparin	Key word "Trisomy" in eLab Doctor's name and date of collection must be included. Copy of Cytogenetics requisition for send out with transport batch.		Cytogenetics Lab At Children's Hospital via Children's Lab
Doxepin & Desmethyldoxepine (Sinequan or Triadapin) Tricyclic Antidepressants	DXPNB	1 RED top	2-4 mL serum or urine. Ward should record information on dosage, time of last dose, and other meds. For therapeutic drug monitoring specimens must be drawn at trough. Serum must be separated from cells within 2 hours of drawing. Refrigerate. Send on ice pack.	y	Provincial Toxicology Center
	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Doxepin		
DPYD Mutation Screen (pre- 5FU/capecitabine dosing)	DPYDMB	6 mL EDTA lav top	Whole blood at room temperature. Store and send same day or next day (within 24 hours). Copy of requisition for send out.		BCCA Cancer Genetics and Genomics
Drug Screen, Qualitative (Urine or Gastric Fluid)	CDSCR	At least 20 mL. Urine OR (Gastric Fluid 10-15 mL)	Refrigerate sample. Send on ice pack. Copy of requisition for send out.	y	VGH Chem

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Immunoassay Drug Screen, Urine (Urine Drugs of Abuse)	UDSC	Random urine	>1 mL urine. Includes MTMR, MOPR, BZOR, COCR, AMPHR, OXYS and FENTU		SPH Chem
Duloxetine	SPQ	1 RED top	2-4 mL RED top serum or urine. Refrigerate and send on ice pack. Sunquest Lab LIS Order Entry: SD0177=SER or ;Urine SPQ1=; DULOXETINE SQDLD=;DD Mmm YYYY e.g. 31 Mar 2015 or UNAVOE SQTLD=;HH:MM e.g. 13:50 or UNAVOE	y	Provincial Toxicology Centre
	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Duloxetine		
EBV IgG (Epstein Barr Virus) (EBV Viral Capsid Antibody IgG)	EBGSB	5 mL SST Gold top	Refrigerate. Send on ice pack.		BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory
EBV IgM (Epstein Barr Virus) (EBV Viral Capsid Antibody IgM)	Use EBVSP	5 mL SST Gold top	Refrigerate. Send on ice pack.		BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
EBV PCR (blood) - EBV Viral Load - EBV NAT (Nucleic Acid Test) - Epstein Barr Virus PCR * Patients <19 years old are to be sent to BCCH.*	PEVB	6 mL EDTA Lav	2.0 mL EDTA plasma, minimum. After hours and referring Labs, separate within 6 hours of collection into sterile plastic cryovial. Freeze at –20°C. Send Frozen.		SPH Virology Lab
	CEBVL	1 RED top	2 mL RED top whole blood. Patients <19 years old are to be sent to BCCH. Samples must be sent, on ice pack, Monday to Friday 800 to 2300 or Saturday, Sunday and Statutory Holidays 800 to 1600. Specimen must be received within 48 hours of collection.		Children's Hospital Virology
EBV DNA PCR (non blood)	PVPCR	1 mL CSF or fluid	Freeze. Send on ice pack		SPH Virology
Echinococcosis Serology	ECHNB	5 mL SST Gold top	Refrigerate. Send on ice pack.		BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory
Eastern Equine Encephalitis Serology	EEE	5 mL SST Gold top	Refrigerate. Send on ice pack		BC Centre For Disease Control

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Eculizumab drug level (serum Eculizumab)	MISCB	5 mL SST Gold top	2 mL serum. Allow blood to clot for 30 minutes at room temperature, centrifuge and separate serum into two 1.8mL Cryovial tubes, freeze. Send on dry ice. Stability 12 months at -20 °C. Mandatory Lab agency pre-approval required (request to be done by patient Dr.). For Outpatients, do not collect without preapproval if test is ordered alone.	Y Application and patient consent from ordering physician required.	Cambridge Biomedical Inc. 1320 Soldiers Field Road Boston, MA 02135, USA 617-456-0700
Ehrlichiosis NAT (Anaplasma PCR, Ehrlichia PCR, Rickettsial Infections)	EHNAT	6 mL EDTA (or CSF, serum; specify sample type)	Refrigerate. Send on ice pack. Modify BCCDC's Specimen Description with Med Micro initials if Approved: E.g. SD0079=BLD-AMMMR	Y –TRAP by Medical Microbiologist	BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory
Ehrlichiosis Serology (Anaplasma phagocytophila Serology)	EHRL	5 mL SST Gold top	Refrigerate. Send on ice pack		BCCDC ZEP (BCCDC Sendout)
Elastase (Stool)	ELASB	At least 100 gram of fresh stool. Optimal 400G	Freeze if testing is delayed more than 1 day immediately.		Children's Hospital Lab Accessioning
Electrolytes, plasma (NA, K, TCO2, CL)	LYTE	1 PST	0.5 mL lithium heparin plasma. Refrigerate.		SPH Chem
Electrolytes+BUN+CRE	REN	1 PST	0.5 mL lithium heparin plasma. Refrigerate		SPH Chem

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Electrolytes, 24 hour urine	UE3U add CRU, UTIM	24 hour urine, no preservative	Refrigerate during collection. 3 mL aliquot from well mixed 24 hour collection (do not send whole collection). Referring sites need to include 24 hour volume, patient's height and weight on requisition. Refrigerate and send on ice pack.		SPH Chem
Electrolytes, random urine	UE3	Random urine	3 mL random urine. Refrigerate		SPH Chem
Protein electrophoresis, serum	PEP	1 SST Gold top	1.0 mL serum. Includes Total protein and albumin. Refrigerate.		SPH Special Chem
Electrophoresis, 24 hour urine (Urine EP 24hr, Urine Bence Jones 24 hr; UBJ 24hr)	PEPU add CRU, UTIM	24 hour urine, no preservative (unsuitable in Acid)	Refrigerate during collection. 50 mL aliquot from well mixed 24 hour collection (do not send whole collection). Referring sites need to include 24 hour volume, patient's height and weight on requisition. Refrigerate and send on ice pack.		SPH Special Chem
Electrophoresis, random urine (Urine EP, random Bence Jones, BJP random)	PEPR	Random urine	10 mL urine. Refrigerate and send on ice pack. **label will say 24 hours but is acceptable as random collection**		SPH Special Chem
Entamoeba Serology	AMOEB	5 mL SST Gold top	Refrigerate. Send on ice pack.		BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory
Enterovirus PCR (non blood) Enterovirus RNA PCR	PVPCR	Non-blood only. CSF, stool, swabs	Freeze CSF, refrigerate stool. Send on ice pack	Y	SPH Virology

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Eosinophils, random urine	EOSUP	Random urine	10 mL urine unspun. Must arrive in the lab less than 4 hours after collection		SPH Hem
Ephedrine	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Ephedrine		Provincial Toxicology Center
Epstein-Barr-Virus or EBV Serology – IgG	EBGSB	5 mL SST Gold top	Refrigerate. Send on ice pack.		BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory
Epstein-Barr-Virus or EBV Serology – IgM And IgG	EBVSP	5 mL SST Gold top	Refrigerate. Send on ice pack.		BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory
Erythrocyte Protoporphyrin (RBC protoporphyrins)	EPP order with HCT	1 LAV top protected from light	1 mL whole blood. Wrap in foil to protect from light. Refrigerate sample. Send with HCT results.		VGH Special Chem
Erythrocyte Sedimentation Rate ESR with Diagnosis	ESRB	1 LAV top	ESR from OP must have a diagnosis. All ESR from OP must include a copy of the requisition to go to the sendout bench. Send the requisition to LifeLabs with the sample. Do not collect between 1000-1500, Monday to Friday. If collected before 1000, give the tube directly to sendout bench. Collection tube must be over half full. Refrigerate immediately. Samples stable for 24 hours at 4°C. Send to LifeLabs on ice with a completed requisition and a STAT label on the front of the bag. Courier to LifeLabs is at 1030, Monday-Friday, if collection is between 1030 on Friday to Sunday at 1500 (or Monday at 1500 on a stat Monday), call a cab to deliver the sample to LifeLabs before to 1900. MSJ-send samples by courier to SPH Monday-Thursday and by cab to LifeLabs on Friday to Sunday. If on the early courier, mark the container as Stat.		LifeLabs

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Erythropoietin (EPO) Level	ERYPOB	1 RED top or 1 SST Gold top	Minimum 1 mL serum, separate within 2 hours of collection. Send frozen on Dry Ice. Copy of requisition for send out. Morning collection is preferred (before noon).	N - if ordered by Drs.: Foltz Jackson, Leger, Leitch, Ramadan, Ross, Merkley, Davis, Schmidt, and Yenson	VGH
Erythropoietin Antibodies (Anti-EPO antibody; Anti EPO Ab)	MISCB	1 RED top	Eprex or AMGEN. Testing site must provide FedEx Account for shipping charges. Find out if patient is/has: 1). Part of VGH study protocol. Please see PRCA 855 study protocol in research binder or 2). Adverse event (PRCA, lack of efficacy, or decreased response) with Eprex treatment. Instruct ordering physician to contact Eprex coordinator, drug safety & surveillance at 1-800-567-3331 or (416)-382-4824 to initiate antibody testing, and coordinate with laboratory accessioning supervisor to draw appropriate specimen, and send out. Specimen must not be drawn until patient is off Eprex treatment for at least 4 days. See Eprex tab for additional info.		Follow information provided by Dr or patient.
		Tube in Collection kit. Study Program EPO-IMU-001	Follow instructions in kit provided by Dr's office. Accessioning Supervisor to complete Janssen Research signed "Physician Acknowledgement of Patient Consent" form and fax to number indicated. Call 416-382-5105 to inform fax was sent. USDA Statement and Commercial Invoice MUST be on SPH PHC Letterhead.	Y Application and patient consent from ordering physician required.	Maria Edwards Manager, Lab Support PPD Development 2244 Danby Road Richmond, VA 23230 USA Tel: 804-254-8430 Fax: 804-253-1104

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Essential Fatty Acids	EFAB	1 Tall LAV	Collect minimum 3 mL EDTA blood. For adults, fasting overnight (8 to 10 hours). For infants <1 year, 4 to 6 hours fast or collect before next feed (2 to 4 hours). Spin and Freeze plasma. Send frozen to BC Children's Lab. Require MSP funding approval for testing. CH will forward to Kennedy Krieger Lab. Send copy of requisition with transport batch.		Biochemical Genetics Lab Children's Hospital
Estradiol	E2	1 RED top	0.5 mL red top serum in False Bottom or 13 x 75 Polypropylene tube. Send on ice pack within 48 hrs of collection or freeze and send frozen.		SPH Special Chem
Estriol	MISCB	1 RED top *SST gold top is acceptable	0.5 mL serum minimum. Refrigerate and send on ice pack. Copy of requisition for send out. Put Fax Result to SPH Lab request sticker on requisition or on Sunset Printout. OOC/OOP consent form required. TAT from performing lab is 7 days.	Y Application and patient consent from ordering physician required.	Hospitals In-Common Laboratory Inc. 57 Gervais Dr. North York, ON M3C 1Z2
Estrone	ESTRB	1 RED top *heparined plasma is acceptable	1 mL serum. Freeze and send on dry ice. Copy of requisition for send out. Put Fax Result to SPH Lab request sticker on requisition or Sunset printout. OOC/OOP consent form required. TAT from performing lab is 30 days.	Y Application and patient consent from ordering physician required.	Hospitals In-Common Laboratory Inc. 57 Gervais Dr. North York, ON M3C 1Z2
Ethosuximide (Zarontin)	ESUXB	1 RED top	2-4 mL serum or urine. Refrigerate and send on ice pack. Copy of requisition for send out.	Y	Provincial Toxicology Center
	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Ethosuximide		

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Ethyl Glucuronide	MISCB	Urine, collected within 12 hours of ingestion	2.5-5 mL urine. Refrigerate. Send on ice pack. Collect urine within 12 hours of ingestion.	Y	Mayo
Ethylene Glycol Stat Test – Process Immediately	EGLYB	1 PST TIGHTLY STOPPERED (serum is acceptable)	Minimum 2 mL plasma (serum is acceptable) Refrigerate Serum. Write STAT on req & container. Send Osmolar Gap. Phone ward and request they contact on-call Medical Biochemist for approval . See instructions in methanol/ethylene glycol section	Y	VGH Lab – Phone To Notify That Specimen Is Being Sent 875 4111 L Local 68203
Everolimus (Afinitor)	MISCB	1 EDTA Lav top	Collect a trough sample and record the patient's last dose information on the requisition. 1.0 mL whole blood, store and send at room temperature. Send the the day of or day after collection. Collect Monday -Thursday before noon. OOC/OOP consent form and agency approval required.	Y	Dynacare 115 Midar Court, Brampton ON L6T5M3
Factor Assays II XII, Factor II-XII Levels (Factor II, Factor V, Factor VII, Factor IX, Factor X, Factor XI, Factor XII OR F2, F5, F7, F9, F10, F11, F12 OR Factor 2, Factor 5, Factor 7, Factor 9, Factor 10, Factor 11, Factor 12)	F2 to F12	2 CIT Full draw	Full citrate draw. Specimen must be centrifuged within 2 hours of collection. 1.5 mL double spun plasma per factor assay in 2 polypropylene aliquot tubes. Freeze at -20°C, refer in sample must arrive at SPH frozen. Copy of requisition to Special Coagulation.	Y-HP	SPH Special Coag
Factor V Leiden (Includes Testing For PTG – Prothrombin Gene Mutation)	TDNA	6 mL EDTA (do not open or centrifuge)	Refrigerate. Send whole blood on ice pack. Always perform with Factor V Leiden.	N - if ordered by Drs.: Foltz Jackson, Leger, Leitch, Ramadan, Ross, Merkley, Davis, Schmidt, and Yenson	VGH Special Coag 875-4111 L66400

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Factor VIII Coagulant (Factor 8, F8, Factor 8 Activity, Factor VIII activity, Factor 8 1 stage, Factor VIII 1 stage, Factor VIII one stage, Factor VIII assay)	F8COA	2 CIT Full draw	Full citrate draw. Specimen must be centrifuged within 2 hours of collection. 1.5 mL double spun plasma in 2 aliquots per factor assay in polypropylene aliquot tube. Freeze at -20°C. Copy of requisition to Special Coagulation.		SPH Special Coag
Factor VIII Antigen Von Willebrand Antigen VWF Antigen Ristocetin Co Factor Von Willebrand Activity	VWB	2 CIT – Full draw	Full citrate draw. Specimen must be centrifuged within 2 hours of collection. 1.5 mL double spun citrate plasma in 2 polypropylene aliquot tubes. Freeze at -20°C, refer in sample must arrive at SPH frozen. Copy of requisition to Special Coagulation. Also Collect 2 citrate tubes for F8AG.	Y	SPH Special Coag
Factor VIII Chromogenic Assay (Factor 8 Chromogenic assay, Chromogenic Factor VIII)	F8CHRO	2 CIT light blue top	Full citrate draw. Specimen must be centrifuged within 2 hours of collection. 2.5 mL citrate plasma double spun, aliquot in 2 polypropylene tubes. Freeze at -20°C, refer in sample must arrive at SPH frozen. Copy of requisition for Special Coagulation. Referring Labs must consult SPH Hematopathologist prior to sending sample.	Y-HP unless ordered by Dr S. Jackson	SPH Special Coag.
Factor VIII Inhibitor (Factor 8 Antibody Screen, Factor VIII Bethesda Units)	F8AB also order F8COA unless from Children's Hosp.	1.5 mL plasma – Full Cit draw	F8IB orderable by Special Coag only. See Hematology prior to collecting. Full citrate draw. Specimen must be centrifuged within 2 hours of collection. 1.5 mL double spun citrate plasma in polypropylene tube. Freeze at -20°C, refer in sample must arrive at SPH frozen. Copy of requisition to Special Coagulation.	Y-HP	SPH Special Coag

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Factor IX Chromogenic Assay (Factor 9 Chromogenic assay, Chromogenic Factor IX, Rebinyn, N9- GP, Factor IX Activity Chromogenic)	F9CHRO also order F9	2 CIT light blue top	Full citrate draw. Specimen must be centrifuged within 2 hours of collection. 2.5 mL citrate plasma double spun, aliquot in 2 polypropylene tubes. Freeze at -20°C, refer in sample must arrive at SPH frozen. Copy of requisition for Special Coagulation. Referring Labs must consult SPH Hematopathologist prior to sending sample.	Y-HP	SPH Special Coag
Factor XIII (F13) Factor XIII Antigen	F13Q	2 CIT light blue top	Full citrate draw. Specimen must be centrifuged within 2 hours of collection. 1.5 mL double spun plasma per factor assay in 2 polypropylene aliquot tubes. Freeze at -20°C, refer in sample must arrive at SPH frozen. Copy of requisition to Special Coagulation.	Y-HP	SPH Special Coag
Fanconi Anemia (breakage studies, chromosome breakage studies, chromosome fragility testing, DEB testing, Mitomycin-C testing)	CCGB	1 DARK GREEN Na Heparin	Minimum 3 mL whole blood. Store and ship at room temperature. Specimen must arrive at Cytogenetics Lab within 72 hours of collection. Copy of requisition for Sendout with transport batch.		Children's Hospital Cytogenetics Lab
Fasciola Serology	FASC	5 mL SST Gold top	Refrigerate. Send on ice pack.		BC Centre For Disease Control
Fasting Blood Sugar (FBS, Fasting glucose, glucose fasting)	FPG	1 PST	0.5 mL lithium heparin plasma. Must be fasting (prefer 9-12 hour)		SPH Chem
Iron Profile - Iron (FE), Fraction Saturation (FSAT), and Unsaturated Iron-Binding Capacity (UIBC)	IRON (Battery)	1 PST	Includes Iron (FE), Fraction Saturation (FSAT), and Unsaturated Iron-Binding Capacity (UIBC - PHC only).		SPH Chem

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Fecal Calprotectin	CALPRB	Random stool sample	10 g (approximately 2 tbsp) of stool. Refrigerate and send on ice pack. Stability is 3 days, send day of collection or next day. Do not collect on Fridays or Saturdays. Patient should not be taking any NSAID medications prior to collection. MSP covered for all patients with IBD. If ordering physician is Dr. Andre Mattman, send out is pre-approved. All other patients must pay prior to collection. Cost is \$126.00. TAT no listed by performing lab.	Y-Unless ordering physician is Dr. Mattman (for GIM samples)	LifeLabs
Fecal Calprotectin, pediatric	CALPRO	Single Stool sample, 5g	Refrigerate and send on icepack. Sample stable in refrigerator for 72 hours from collection time. If transport will take longer, freeze and send frozen on dry ice. MSP covered for all patients receiving biologic therapies for IBD. All other patients must pay, cost is \$26.00.	Y	BCCH
Fecal-Leukocytes		Feces	Lab Initiated Order only. Spec to Microbiology – indicate test and “only” or “also”.		Microbiology SPH
Fecal Fat (fat in feces, fat globules, stool fat semi quantitative)	FGLB	Random Stool	Patient should be on a regular diet. Do not use suppositories, lubricants or creams prior to collection. Sample volume is 400 g (100 g minimum). Analysis should be done as soon as possible on a refrigerated sample. Freeze specimen if delay for greater than 48 hours for analysis and ship frozen on ice pack.		LifeLabs
Fecal Fats For 24h, 48h or 72h Quantitative	FATGB	24h/48h/72h stool in pre weighed paint can. Stool weight will be done by LifeLabs.	Cans are provided by Lifelabs, assure can is well sealed and labeled with patient information. Store in fridge and send in a tightly sealed plastic bag on ice pack. Provide LifeLabs Fecal fat collection instruction to each patient: http://www.lifelabs.com/sites/content_authoring/patients/Patient%20Test%20Instructions/Stool-Fecal-Fat.pdf 38B38BIn collection procedure section Put Fax Result to SPH Lab request sticker on requisition or on Sunset Printout. TAT no listed by performing lab.	Y	LifeLabs

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
<p>Fecal Immunochemical Test – only 1 FIT kit required (not x3)</p> <p>For Inpatient requests including dialysis clinic (GI Clinic is considered Outpatient.) Please direct requests to Medical Biochemist. Manual requisition required.</p>	FITB (for LifeLabs kits only)	<p>1 – Zip lock Kit distributed via LifeLabs</p> <p>2 – Envelope Kit distributed via BCCDC</p>	<p>1 – Sample dropped off in blue see thru zip lock bag with requisition. Login FITB (Collection Date/Time is required on requisition), barcode label specimen container, and send to LifeLabs with copy of Requisition and Sunset requisition. Store sample in fridge and send on ice pack.</p> <p>For Outpatient: Login FITB separately from blood work with Collect time “N” and copy of requisition for patient to return. Open biohazard bag and barcode label specimen container. Instruct patient put the time of collection on requisition. Instruct patient to return specimen with requisition to our Lab or Lifelabs after collection, within 4 days (Test is unsuitable if not tested within 7 days at LifeLabs).</p> <p>For Inpatient requests including clinics: Patient must be between the ages of 50-74 and being discharged (kit is to be taken home and collected there, NOT in ward) Ward must provide signed outpatient requisition Login FITB as for outpatient (as above) and barcode label specimen Send logged in, labelled kit and copy of requisition to requesting ward. Pre transplant patients and long term care patients are an exception and can receive a FIT kit while still inpatients and if they are under 50 years old but these requests will still need Medical Biochemist preapproval. All other requests outside of these criteria must be approved by Medical Biochemist. http://www.lifelabs.com/files/BC/patients/Stool_-_F.I.T._Fecal_Immunochemical_Test.pdf</p> <p>2 – Sample comes in as envelope kit – forward to BCCDC without login. TAT not listed by performing lab.</p>		<p>1 – LifeLabs</p> <p>2 –BCCDC</p>

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Felodipine	SPQ	1 RED top	2-4 mL RED top serum or urine. Refrigerate and send on ice pack. Sunquest Lab LIS Order Entry: SD0177=SER or ;Urine SPQ1=; FELODIPINE SQDLD=;DD Mmm YYYY e.g. 31 Mar 2015 or UNAVOE SQTLD=;HH:MM e.g. 13:50 or UNAVOE	Y	Provincial Toxicology Centre
	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Felodipine		
Fentanyl NOT ORDERABLE	FENTB	1 RED top	2-4 mL RED top serum. This test only upon prior consultation with chief analyst. Refrigerate. Send on ice pack.	Y	Provincial Toxicology Center Contact Chief Analyst 524-7627
Fentanyl, Urine (Street names: Apache, China white, Jackpot and Tango AKA Duragesic)	FENTU part of UDSC	Random urine	>1.0 mL urine. Refrigerate if not done immediately. Add DRSCB if Dr specifies Fentanyl confirmation (or aka names) and give copy of requisition for Medical Biochemist approval.	Y- if confirmation ordered	SPH Chemistry

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Fentanyl, Urine confirmation	DRSCB	Random urine See Instructions	Refrigerate. Send on ice pack. Sunquest LIS Order Entry instructions: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED I default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Fentanyl	Y	Provincial Toxicology Center
Ferritin	FER	1 PST Light green top SST and Dark Green LIHEP are acceptable	0.5 mL serum (1.0 mL serum if lipemic) in False Bottom or 13 x 75 Polypropylene tube. Sample type: serum preferred.		SPH Chemistry
Fetal Bleed Screen (Maternal Investigation)	MI	6mL LAV top	Deliver to Transfusion Medicine (blood bank) with copy of requisition if present.		SPH Transfusion Medicine (Blood Bank)
Fibrinogen	QFIB	1 CIT	1.0 mL plasma from full tube collection. Plasma spun within 2 hours of collection and tested within 8 hours of collection. If test is not performed within 8 hours, double spin plasma and store at -20°C for up to 2 weeks, Ship on ice. Specimen must arrive frozen in polypropylene tube. SPH Accessioning: Do not thaw frozen samples, bring frozen aliquots directly to the Sysmex bench tech.		SPH Coag
Fibronectin Testing (Fetal Fibronectin Testing)	FFN	SWAB	Send swab at room temperature. Clinical request form should be included.		SPH Lab
Filariasis Antibodies (Serology)	FILAB	5 mL SST Gold top	Refrigerate. Send on ice pack.		BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
FISH –22 Micro Deletion (Test Request Usually From PACH Clinic – Dr. Marla Keiss)	CCGB	1 GREEN top Na Heparin send whole blood at room temperature.	See Children’s Hospital Handbook or Children’s Hospital Cytogenetics Laboratory Test Directory Binder for more information. Copy of requisition for send out with transport batch.	Y	Children’s Lab Cytogenetics Lab
FK506 (Tacrolimus) (Prograf)	TAC	3 mL EDTA	Store in fridge. Dose time required. Trough level 10-14 hours for patient on twice/day dosing or 20-24 hours for patient on once/day dosing. Sample MUST have dose times, please followup with ward or patient or referring site if information does not arrive with sample. Make a copy of requisition for Special Chemistry Sunquest Last Dose format: TACDLD: ;DD Mmm YYYY e.g. ;31 Mar 2014 TACTLD: ;HH:MM e.g. ;13:50		SPH Special Chem
Flecainide	MISCB	1 RED top or EDTA Lav top	2 mL serum, minimum 0.5 mL. Freeze and send on dry ice. Collect a trough specimen just prior to next dose. Copy of requisition for send out. Consent form required. TAT from performing lab is 11 days	Y	Hospitals in Common
Flow Cytometry for Acute Leukemia	ALFLB add CBCDIF if collected on site (not referred in). For MSJ send peripheral blood slide along with specimen.	2 DRK GRN Na heparin 1 EDTA FOR CBC & AUTODIFF *ACD(A) also acceptable*	Copy of requisition to immunology. Store at room temp. If collection is on Friday, consult Immunology Tech. Test available Mon-Fri. Referred in sites include CBC and differential results with samples.	Y-HP	SPH – Immunology

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Flow Cytometry for Lymphoproliferative Disorder (Flow Cytometry For Leukemia, Lymphoma, CLL)	LPDFLB add CBCDIF if collected on site (not referred in). For MSJ send peripheral blood slide along with specimen.	2 DRK GRN Na heparin 1 EDTA FOR CBC & AUTODIFF *ACD(A) also acceptable*	Copy of requisition to immunology. Store at room temp. If collection is on Friday, consult Immunology Tech. Test available Mon-Fri. Referred in sites include CBC and differential results with samples.	Y-HP	SPH – Flow Cytometry
Flow Cytometry for Multiple Myeloma (Myeloma Leukemia, Plasma cell neoplasm)	MMFLB add CBCDIF if collected on site (not referred in). For MSJ send peripheral blood slide along with specimen.	2 DRK GRN Na heparin 1 EDTA FOR CBC & AUTODIFF *ACD(A) also acceptable*	Copy of requisition to immunology. Store at room temp. If collection is on Friday, consult Immunology Tech. Test available Mon-Fri. Referred in sites include CBC and differential results with samples.	Y-HP	SPH – Flow Cytometry
Flow Cytometry for T Cell Naïve and Memory Subsets (Naïve T Cells, TSUB, TEMRA, SCID, T Sub)	TSUB	1 EDTA Lav top	Whole blood in EDTA received within 30 hours of collection at room temperature. Only collect Sunday to Thursday (not before a STAT holiday). Send to BCCH same day or first thing the following day, on Fridays samples must arrive at BCCH before noon.		BCCH Flow Cytometry Lab
Flow Cytometry for Immunophenotyping HES (Hypereosinophilic Syndrome)	HESFLB	1 EDTA Lav top (or Bone Marrow, CSF, or Body Fluid)	Whole blood in EDTA received within 30 hours of collection at room temperature. Only collect Sunday to Thursday (not before a STAT holiday). Send to BCCA same day or first thing the following day, on Fridays samples must arrive at BCCA before noon.	Y-HP	BCCA Flow Cytometry Lab
Flow Cytometry for B Cell Naïve and Memory Subsets (Naïve B Cells, CVID, BSUB, B Sub)	BSUB	1 EDTA Lav top	Whole blood in EDTA received within 30 hours of collection at room temperature. Only collect Sunday to Thursday (not before a STAT holiday).	Y-HP	SPH Flow Cytometry

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Fluconazole	MISCB	1 Tall EDTA	1 mL EDTA plasma. Centrifuge immediately, separate, and refrigerate plasma. Red top serum is also acceptable, make a note on the label if sample is serum. Send on ice pack. Approval is required. Patient must sign Out of Country consent form and copy of requisition for Sendout bench. Mandatory Lab Agency pre-approval required (request to be done by patient's doctor.). For Outpatients, do not collect without MSP preapproval if test is ordered alone. Put Fax Result to SPH Lab request sticker on requisition or on Sunset Printout.	Y	NMS Labs 200 Welsh Road, Horsham PA 19044 USA 1-866-522-2206
Flucytosine (5-Fluorocytosine) Mayo ID: FLUC	MISCB	1 RED top SST Gold top acceptable	0.5 mL serum, 0.3 mL minimum. Spin and separate within 2 hours. Store in fridge and send on ice pack. Stability is 28 days. Collect peak level 1-2 hours after dose or a trough level just prior to next dose. SPH Sendout must generate Mayo Clinic Order in MayoLink. Mayo ID: FLUC OOC/OOP consent form and Agency approval required. Copy of requisition for Sendout bench. TAT time from performing lab is 8 days.	Y Medical Microbi. Approval Application and patient consent from ordering physician required.	Specimen Process Center Mayo Medical Laboratories 3050 Superior Drive NW Rochester, MN 55901 1-800-533-1710
Fluid CEA (Carcinoembryonic Antigen)	FCEAB	Fluid in sterile container	Refrigerate and send on ice pack. Sunquest Order Entry:		VGH

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Fluid Cell Count	FCC FLUIDB	Non preservative Container or EDTA	0.5 mL fluid. FLUIDB: PLEUR; SYNOV; DIA; PERIT; BAL; PCF PPD Dialysate FLUIDB codes (get PET info from Modifier field): DIAL24 = Dialysate 24hr DIALON = Dialysate Overnight DIALP1 = Dialysate PET 1 DIALP2 = Dialysate PET 2 DIALP3 = Dialysate PET 3		SPH Hematology
Fluid Culture and Sensitivity (Fluid C&S)	PFLD	Fluid in sterile container			SPH Microbiology
Fluorescence In Situ Hybridization (FISH)	MISCB	1 DK GRN Sodium Heparin	Copy of requisition is mandatory. Destination will be based on the requisition provided.		VGH Lab CH Lab BCCA Lab RCH Lab

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Fluoride	FLRDB	1 DKBLUE trace metals tube or 1 K2EDTA trace metals tube	2 mL serum or plasma in a falcon poly propylene tube. Separate within 2 hrs. freeze and send on dry ice. Copy of requisition for send out. Put Fax Result to SPH Lab request sticker on requisition or on Sunset Printout. Additional information on HICL website Consent form required. TAT from performing lab is 20 days.	Y Application and patient consent from ordering physician required.	Hospitals In-Common Laboratory Inc. 57 Gervais Dr. North York, ON M3C 1Z2 Phone 416-391-1499 Ext.248 Fax Phone 416-385-1957
Fluoxetine (Prozac) (includes Metabolite Norfluoxetine)	FLXTB	1 RED top	2-4 mL serum or urine. Refrigerate and send on ice pack. Copy of requisition for send out.	Y	Provincial Toxicology Center
	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Fluoxetine		
Flupenthixol (Fluanxol)	DRSCB	>2 mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Flupenthixol	Y	Provincial Toxicology Center

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Fluphenazine (Prolixin)	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Fluphenazine	Y	Provincial Toxicology Center
Fluvoxamine (Luvox)	FLVXB	1 RED top	2-4 mL serum or urine. Refrigerate and send on ice pack. Copy of requisition for send out.	Y	Provincial Toxicology Center
	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Fluvoxamine		
Folate, Serum/Plasma	Order as MISCB , test name Serum/Plasma Folate	1 DRKGRN top **Serum also acceptable**	Not routinely available - result as NRAVL - do not need to consult professional staff. If collecting as special request, fasting required. 1 mL plasma or serum. Spin and separate within 2 hours, and freeze immediately. Send frozen on dry ice. OOC/OOP consent form required. Turn around time by performing lab is 5 days.	Only orderable by lab physician	Hospitals in Common
Follicle Stimulating Hormone (Pituitary Gonadotropins +LH)	FSH	1 SST Gold top	0.5 mL serum in False Bottom or 13 x 75 Polypropylene tube. Send on ice pack.		SPH Special Chemistry

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Francisella Tularensis Serology	TUL	5 mL SST Gold top	Refrigerate. Send on ice pack.		BC Centre For Disease Control
Free Dilantin	FDILA	1 mL plasma (Serum acceptable)	Refrigerate Serum, send on ice pack.		VGH Lab
Free Fatty Acids (Total)	FFAB	1 SST Gold top or 1 RED Top	1 mL serum. For adults, fasting overnight (8 to 12 hours). For infants <1 year, 4 to 6 hours fast or collect before next feed (2 to 4 hours). Separate and freeze immediately. Store and send frozen on dry ice. If the specimen thaws, it is unsuitable for analysis. Specimens containing heparin are unsuitable for analysis – heparin plasma or patients receiving heparin therapy are unsuitable for analysis. Stability is 14 days frozen. Copy of requisition for Sendout. Put Fax Result to SPH Lab request sticker on requisition or on Sunset Printout. Consent form required. TAT from performing lab is 14 days.	Y Application and patient consent from ordering physician required.	Hospitals In-Common Laboratory Inc. 57 Gervais Dr. North York, ON M3C 1Z2 Phone 416-391-1499 Ext.248 Fax Phone 416-385-1957
Free Hemoglobin-NO LONGER AVAILABLE	FHGB	1 SST Gold top	Spin at 3000rpm for 10 minutes. Remove serum and spin serum at 3000 rpm for 10 minutes. Minimum 1.0 mL double spun serum. Refrigerate, stable for 1 week.		SPH Special Chemistry
Free Light Chains (Kappa, Lamda, Serum FLC)	KLS	1 SST Gold top	1 mL serum. Refrigerate.		Screening at SPH Special Chemistry Lab, Approved samples to be sent to VGH
Free PSA (see Prostatic Specific Antigen, Free – Includes PSA Total, PSA Free, PSA Free Ratio)	PSAFB	1 SST Gold top	1 mL serum. Freeze Serum. Send on ice pack.		VGH

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Free T3 (free triiodothyronine)	FT3	1 SST Gold top or 1 RED top	1.0 mL serum. Send on ice pack. Stable for 7 days at 2-8 °C. If FT3 and/or FT4 are ordered with a TSH, see TSHB instructions. If FT3 and/or FT4 are with out a TSH and there are specific clinical indications listed on the requisiton, order the tests and also enter SCIND in the modifier field. If there are no specific clinical indicatons listed on the requisition, order FTR		SPH Special Chemistry
Free T4 (free thyroxine)	FT4	1 SST Gold top or 1 RED top			SPH Special Chemistry
Fructosamine	FRUTOB	1 RED top or 1 SST Gold top	1 mL serum. Refrigerate and send on ice pack. Copy of requisition for send out. Additional information on HICL website. Put Fax Result to SPH Lab request sticker on requisition or on Sunset Printout. Consent form required. TAT from performing lab is 5 days.	Y Application and patient consent from ordering physician required.	Hospitals In-Common Laboratory Inc. 57 Gervais Dr. North York, ON M3C 1Z2 Phone 416-391-1499 Ext.248 Fax Phone 416-385-1957
G6PD Screen	G6PB	BABIES – ONE MICRO EDTA; ADULTS – ONE 3mL EDTA tube	Give to Hematology. Copy of requisition to Hem.	Y-HP	SPH Hem
Gabapentin (Neurontin)	GABAB	1 RED top	2-4 mL RED top serum. Ward should record information on dosage, time of last dose, and other meds. For therapeutic drug monitoring specimens must be drawn at trough. Serum must be separated from cells within 2 hours of drawing. Indicate if for toxicity. Refrigerate Serum. Send on ice pack. If patient of Dr. Misri, already pre-approved.	Y	Provincial Toxicology Center

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
GAD65, Blood (Glutamic Acid Decarboxylase Antibody)	GAD65B	1 RED top or 1 SST Gold top	1 mL serum, minimum 0.5 mL. Send frozen on dry ice. Approval required for all patients. Copy of requisition for send out. Put Fax Result to SPH Lab request sticker on requisition or on Sunset Printout. If HUYOB also ordered check paraneoplastic plus and cancel GAD65B. See Mitogen Ordering Guide or supervisor. Consent form required. TAT from performing lab is 7 days.	Y Application and patient consent from ordering physician required.	Hospitals In-Common Laboratory Inc. 57 Gervais Dr. North York, ON M3C 1Z2 Phone 416-391-1499 Ext.248 Fax Phone 416-385-1957
GAD65, CSF (Glutamic Acid Decarboxylase Antibody)	G65CB	1.0 mL CSF	1 mL serum minimum. Prior approval is required. Freeze serum, send frozen on dry ice. Use Mitogen Diagnostics Laboratory Requisition (in the Requisitions Folder of the Accessioning Folder). Put Fax Result to SPH Lab request sticker on requisition or on Sunset Printout.	Y	Mitogen 3415C 3rd Avenue NW Calgary AB T2N 0M4 Phone: (403)800-8851
Galactitol, Urine	GALUB	5 mL random urine, minimum 1 mL urine	No preservative. First morning urine preferred Freeze and send on dry ice. TAT from performing lab is 4-6 weeks. Complete a OOP/OOC form.	Y Form Letter and Out of Country Patient Consent	Children's Hospital Laboratory Rm 2J20

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Galactocerebrosidase (Krabbe Enzyme, WBC) Beta-Galactocerebrosidase, Galactocerebroside B-galactosidase, Galactosylceramidase	KRABBB	blood DOT CARD Whatman 903 Blood Spot Card	<p>Optimal: 4 spots, minimum 2 spots. Follow collection instructions on reverse of blood dot card.</p> <p>Preferred: Collect using syringe and drip blood on blood spot card.</p> <p>Acceptable: Collect 1 – 2 mL Heparin blood and transfer to blood spot card. Heparin blood must be transferred to blood spot card within 6 hrs of collection. If using finger/heel prick, allow blood to drip rather than touching blood spot card with patient's finger/heel.</p> <p>Obtain minimum one completely filled circle that is soaked through the back of card.</p> <p>Write Pompe clearly on blood dot card.</p> <p>Do NOT use the pneumatic tube system to transport wet bloodspot cards. Wet bloodspot cards must NOT be packaged in biohazard bags.</p> <p>Allow to blood spots to dry at least 4 hours. Once dry, place blood spot card in sealed plastic bag with a sachet of desiccant (if available). Store in 4°C if there is delay in shipping. Ship at room temperature by overnight courier to Specimen Receiving 2J20. Inform lab at 6048752307 to expect the sample.</p> <p>Send copy of requisition with transport batch.</p>		Children's Hospital – Biochemical Genetics Lab 604-875-2307
Galactose-1-Phosphate	GA1PB	3 mL EDTA whole blood	Fasting required. Prefereable to send patients to Children's Hospital for collection. Specimens must be collected between 0800-1200 Monday to Friday only. Send at Room Temperature by Taxi. Sample must arrive within 3 hours of collection at BCCH lab. Erroneous results after RBC transfusion. Send copy of requisition with transport batch.	y	Children's Hospital – Biochemical Genetics Lab Room 2F22 604-875-2307
Galactokinase Enzyme	GALKB	6 mL EDTA Lav top Dark Green heparin or yellow ACD acceptable	<p>4 mL whole blood, 2 mL minimum. Refrigerate and send on ice pack. Stability is 10 days. Mayo cost is \$528.90 USD. SPH Sendout: must generate Mayo Clinic Order in MayoLink.</p> <p>Mayo ID:GALK</p> <p>OOO/OOP consent form and Agency approval required. Copy of requisition for Sendout bench. TAT time from performing lab is 14 days.</p>	y Form Letter and Out of Country Patient Consent	Specimen Process Center Mayo Medical Laboratories 3050 Superior Drive NW Rochester, MN 55901 1-800-533-1710

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Gamma GT	GGT	1 PST	0.5 mL lithium heparin.		SPH Chem
Gastrin*	GSTN	1 SST Gold top on ice	Patient must be fasting minimum 8 hours. 0.5 mL serum collected on ice and spun cold, freeze immediately (within 1 hour of collection). Send frozen on dry ice, must arrive at BCCDC frozen. Affix pink "Gastrin and IL-2R" sticker to outer box.		BC Centre For Disease Control
GeneDx Cardiology Genetic test Kit (may have a Blueprint kit with only 1EDTA in kit, please collect a second EDTA and add it to kit)	MISCB and XTRAL (wrap an elastic band around both tubes)	2 tall EDTA included in Kit	1. Package using supplied FedEx Pak and complete pre printed FedEx Waybill, bill to recipient FedEx Acc #249659606. Complete Commercial Invoice. Put specimens in Transport Batch, specify "SPH to GeneDx" in Batch. Put FedEx tracking number on Batch sheet. Store batch sheet in Sendout binder in GeneDx tab. Specimens stable for 7 days. Batch specimens and send at Room Temp. within 3 days of collection. Do not send on Friday. Batch and package maximum 3 Genedx kits in 1 FedEx Pak, or in larger TDG container if more than 3 GeneDx kits received; ship each Pak or container using 1 FedEx Waybill.	y Form Letter Out of Country Patient Consent	GeneDx 207 Perry Parkway Gaithersburg, MD 20877 (301)519-2100 www.genedx.com
Genotyping (Cystic Fibrosis) (Cystic Fibrosis Probes)	CFTRCW	6 mL EDTA whole blood. Do not freeze. Specimen can be refrigerated if stored overnight or over the weekend.	Testing available Mon to Friday 0800-1630 HR. Send samples at room temperature. Send copy of requisition with transport batch. Ordering Dr must complete Molecular Genetics Laboratory C&W requisition: http://www.elabhandbook.info/phsa/Files/RequisitionForms%2f1_20140722_042203_CWMG_REQ_0000_v4.2_General_Requisition%20edit.pdf Must include on requisition whether confirmation of diagnosis or family history or carrier testing.		Children's Hospital Molecular Diagnostic Laboratory Rm 2F40 875 – 2852

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Gentamicin Pre Level	GENPR	1.0 mL LITHIUM Heparin plasma OR serum	<p>Obtain last dose. Send aliquot on ice pack. Microsample should be in conical aliquot tube not adaptor cups. Send Pre and Post dose sample if both are ordered; STAT orders and Babies: send STAT.</p> <p>Routine orders Friday-Sunday (all shifts): send within 2 hours of collection.</p> <p>Routine orders Monday-Thursday (15:00-07:00): aliquot and freeze. Leave note for day send-out tech.</p> <p>Off-hour STAT: send via taxi STAT. Affix bright pink sticker for notification.</p> <p>Sunquest Last Dose format: GENDLD: ;DD Mmm YYYY e.g. ;31 Mar 2014 or UNAVOE GENTLD: ;HH:MM e.g. ;13:50 or UNAVOE</p>		VGH Lab
Gentamicin Post Level	GPO	1.0 mL LITHIUM Heparin plasma OR serum	<p>Obtain infusion Start and Stop time. Send aliquot on ice pack. Microsample should be in conical aliquot tube NOT adaptor cups. Send Pre and Post dose sample if both are ordered.</p> <p>STAT orders and Babies: send STAT.</p> <p>Routine orders Friday-Sunday (all shifts): send within 2 hours of collection.</p> <p>Routine orders Monday-Thursday (15:00-07:00): aliquot and freeze. Leave note for dayshift send-out tech.</p> <p>Off-hour STAT: send via Taxi STAT. Affix bright pink sticker for notification.</p> <p>Sunquest Infusion format: ITSG: ;HH:MM (Time Started) ITFG: ;HH:MM (Time Finished)</p>		VGH Lab

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Gentamicin Random Level	GR	1.0 mL LITHIUM Heparin plasma OR serum	Obtain last dose information. Send aliquot on ice pack. Microsample should be in conical aliquot tube NOT adaptor cups. STAT orders and Babies: send STAT. Routine orders Friday-Sunday (all shifts): send within 2 hours of collection. Routine orders Monday-Thursday (15:00-07:00): aliquot and freeze. Leave note for dayshift send-out tech. Off-hour STAT: send via taxi STAT. Affix bright pink sticker for notification. Sunquest Last Dose format: GENDLD: ;DD Mmm YYYY e.g. ;31 Mar 2014 or UNAVOE GENTLD: ;HH:MM e.g. ;13:50 or UNAVOE		VGH Lab
GHB (Gamma Hydroxybutyrate)	GHBUB	Urine, collected within 5- 12 hours of ingestion	2-4 mL urine. Refrigerate. Send on ice pack. Collect urine within 5-12 hours of ingestion. GHB is usually undetectable in the urine by 12-24 hours.	y	Provincial Toxicology Center

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Gliclazide	SPQ	1 RED top	2-4 mL RED top serum or urine. Refrigerate and send on ice pack. Sunquest Lab LIS Order Entry: SD0177=SER or ;Urine SPQ1=; GLICLAZIDE SQDLD=;DD Mmm YYYY e.g. 31 Mar 2015 or UNAVOE SQTLD=;HH:MM e.g. 13:50 or UNAVOE	Y	Provincial Toxicology Centre
	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Gliclazide		
Glucagon	GLGB	6mL EDTA Lav top on ice *Pre-chilled tube.	2 mL EDTA plasma, minmum 0.45 mL. Fasting required. Collect on ice in pre-chilled tubes and centrifuge at 4°C. Freeze plasma ASAP and send on dry ice. Pre-approval is required and OOC/OOP consent form. TAT from performing lab is 7 days.	Y Application and patient consent from ordering physician required.	Hospitals In-Common Laboratory Inc. 57 Gervais Dr. North York, ON M3C 1Z2 Phone 416-391-1499 Ext.248 Fax Phone 416-385-1957

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Glucagon Stimulation Test	GHST GH30 GH60 GH90 GH120 GH150 GH180 GH210 GH240	1 Gold top SST	Glucagon Stimulation done in Medical Short Stay. After baseline collected, give Glucagon and then collect at 30 min intervals for 4 hours. HGH in False Bottom or 13 x 75 Polypropylene tube. Freeze, send on ice pack.		SPH Special Chem.
Glucose, Fasting	FPG	1 PST	0.5 mL lithium heparin plasma. Fasting 9 – 12 hours.		SPH Chem
Glucose, Fluid (**not synovial fluid, for synovial fluids, see Synovial Fluid Glucose**)	FGL FLUIDB	1 PST, SST, RED top or non preservative container	<p>***For synovial fluids, see Synovial Fluid Glucose***</p> <p>0.5 mL fluid. Sample must be less than 4 hours old.</p> <p>Sunquest Order Entry:</p> <p>FLUIDB: PLEUR; DIA; PERIT; BAL; PCF</p> <p>PPD Dialysate FLUIDB codes (get PET info from Modifier field):</p> <p>DIAL24 = Dialysate 24hr</p> <p>DIALON = Dialysate Overnight</p> <p>DIALP1 = Dialysate PET 1</p> <p>DIALP2 = Dialysate PET 2</p> <p>DIALP3 = Dialysate PET 3</p>		SPH Chem
Glucose, Random	GLUC	1 PST light green top	0.5 mL lithium heparin plasma		SPH Chem

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Glucose test codes for stimulation and suppression tests	GLU0 GLU10 GLU30 GLU40 GLU60 GLU90 GLU120	1 PST light green top	0.5 mL lithium heparin plasma		SPH Chem
Glucose Tolerance Gestational Screen 50g	GTGSB	1 PST	0.5 mL lithium heparin plasma. Must obtain Due Date.		SPH Chem
Glucose Tolerance Gestational 75g Fasting	GGTF	1 PST	0.5 mL lithium heparin plasma. Must be fasting at least 8 hours. This tolerance test should NOT be preformed over the weekend. Glucose tolerance procedures should only be booked and performed during Monday to Friday between 0700 to approximately noon. Please check with the Professional staff if glucose tolerance is to be performed after 12 noon.		SPH Chem
Glucose Tolerance, Gest 75g 60 Min	GG1	1 PST	0.5 mL lithium heparin plasma.		SPH Chem
Glucose Tolerance, Gest 75g 120 Min	GG2B	1 PST	0.5 mL lithium heparin plasma.		SPH Chem
Glucose Tolerance, Diabetic 75g Fasting	GT2DFB	1 PST	0.5 mL lithium heparin plasma. Must be fasting at least 8 hours. This tolerance test should NOT be preformed over the weekend. Glucose tolerance procedures should only be booked and performed during Monday to Friday between 0700 to approximately noon. Please check with the Professional staff if glucose tolerance is to be performed after 12 noon.		SPH Chem

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Glucose Tol, Diabetic 75g 120 Min	GLT2	1 PST	0.5 mL lithium heparin plasma.		SPH Chem
Glucose Tolerance Cystic Fibrosis Fasting	GTCFFB	1 PST	0.5 mL lithium heparin plasma. Must be fasting at least 8 hours. This tolerance test should NOT be preformed over the weekend. Glucose tolerance procedures should only be booked and performed during Monday to Friday between 0700 to approximately noon. Please check with the Professional staff if glucose tolerance is to be performed after 12 noon.		SPH Chem
Glucose Tolerance, CF 60 Min	GTCF1	1 PST	0.5 mL lithium heparin plasma.		SPH Chem
Glucose Tolerance CF 120 Min	GTCF2	1 PST	0.5 mL lithium heparin plasma.		SPH Chem
Insulin Hypoglycemia Pituitary Stimulation Test, Baseline	PSTB	1PST light green top	0.5 mL plasma. Collect prior to infusion. Includes glucose and growth hormone.		
Insulin Hypoglycemia Pituitary Stimulation Test, 0 Min	PST0B, COR0	1 PST light green top and 1 SST gold top	0.5 mL plasma and 1 mL serum. Collect as soon as Capillary Blood glucose falls below 2.5 mmol/L (monitored by nursing staff). Includes glucose and growth hormone. Cortisol if requested.		
Insulin Hypoglycemia Pituitary Stimulation Test, 20 Min	PST20B, COR20	1 PST light green top and 1 SST gold top	0.5 mL plasma and 1 mL serum. Includes glucose and growth hormone. Cortisol if requested.		SPH Special Chem
Insulin Hypoglycemia Pituitary Stimulation Test, 30 Min	PST30B, COR30	1 PST light green top and 1 SST gold top	0.5 mL plasma and 1 mL serum. Includes glucose and growth hormone. Cortisol if requested.		SPH Special Chem

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Insulin Hypoglycemia Pituitary Stimulation Test, 40 Min	PST40B, COR40	1 PST light green top and 1 SST gold top	0.5 mL plasma and 1 mL serum.. Includes glucose and growth hormone. Cortisol if requested.		SPH Special Chem
Insulin Hypoglycemia Pituitary Stimulation Test, 60 Min	PST60B, COR60	1 PST light green top and 1 SST gold top	0.5 mL plasma and 1 mL serum. Includes glucose and growth hormone. Cortisol if requested.		SPH Special Chem
Insulin Hypoglycemia Pituitary Stimulation Test, 90 Min	PST90B, COR90	1 PST light green top and 1 SST gold top	0.5 mL plasma and 1 mL serum. Includes glucose and growth hormone. Cortisol if requested.		SPH Special Chem
Gluthethimide (Doriden)					

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Sulfonylurea, Glyburide, Repaglinide, Gliclazide, tolbutamide, Chlorpropamide MAYO Test ID: FSLFU	MISCNB	Random urine, no preservative	5 mL random urine, minimum 1.2 mL. Freeze and send on dry ice. No preservative. Stability 14 days. SPH Sendout: must generate Mayo Clinic Order in MayoLink. Mayo ID:FSLFU OOC/OOP consent form and Agency approval required. Copy of requisition for Sendout bench. TAT time from performing lab is 11 days.	Y Application and patient consent from ordering physician required.	Specimen Process Center Mayo Medical Laboratories 3050 Superior Drive NW Rochester, MN 55901 1-800-533-1710
Glycine Receptor antibodies	MISCB	1 RED top or SST Gold top (CSF acceptable)	1mL serum aliquot, Send room temperature, sample must arrive in UK with in 72 hours. Refrigerate and sent on ice pack if longer than 72 hours. Sample stability is 4 months 2-8°C. Mandatory Out of Country approval forms, Patient Consent forms (for inpatients and outpatients) and Lab Agency pre approval or self pay by patient (for outpatients) required. Cost is \$240 (test + S&H \$150). Prior to sending out, payment must be received by performing lab. Send out person must consult with supervisor or professional staff regarding payment. Include copy of Dr's email correspondence with Dr Angela Vincent in Oxford. Put Fax Result to SPH Lab request sticker on requisition or on Sunset Printout. TAT from performing lab is 14 days.	Y Application and patient consent from ordering physician required.	Immunology Laboratory, Churchill Hospital, Old Road, Headington Oxford OX3 7LJ UK (Fax +44 1865 225990 Tel +44 1865 225995)

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Glycolic Acid	MISCB	1 SST Gold top	2 mL serum. Send frozen on dry ice. Copy of requisition for send out. Put Fax Result to SPH Lab request sticker on requisition or on Sunset Printout. Lab agency approval must be organized by ordering physician prior to sample collection.	Y Application and patient consent from ordering physician required.	Dr. Albert Fraser Queen Elizabeth Health Sciences Center 1278 Towel Road, Halifax, Nova Scotia, B3h 2y9
Glycols	MISCB	1 SST Gold top	1 mL serum. Freeze. Send frozen on ice pack		VGH Lab
Gold (Serum)	AU	1 NAVY BLUE top metal free tube or 1 K2EDTA Dark blue top	1 mL serum or plasma. Centrifuge x2, after first spin pour into navy vacutainer tube and spin this tube, after second spin, pour into falcon a polypropylene tube. Refrigerate and send on ice. Copy of requisition for sendout. OOC/OOP consent for required. TAT from performing lab is 15 days.	Y Application and patient consent from ordering physician required.	Hospitals In-Common Laboratory Inc. 57 Gervais Dr. North York, ON M3C 1Z2 Phone 416-391-1499 Ext.248 Fax Phone 416-385-1957
Growth Hormone	HGH	1 SST Gold top	Minimum volume is 140 uL serum in False Bottom or 13 x 75 Polypropylene tube. Send with ice pack. ***If Growth Hormone series is requested and lacks necessary info, give copy of requisition to Special Chemistry***		SPH Special Chemistry

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Growth Hormone Suppression (glucose tolerance drink given)	GHSUP GHSP30 GHSP60 GHSP90 GHS120	1 SST Gold top	Minimum volume is 140 uL mL serum (for each timed sample) in False Bottom or 13 x 75 Polypropylene tube. Send with ice pack. Collect baseline, GHSUP, prior to drink. GHSUP includes GH and Glucose. After giving 75g glucose tolerance drink, collect at 30, 60, 90, and 120 minute intervals. Copy of requisition for Special Chemistry Chem. Do not perform glucose again for referred in samples.		SPH Special Chemistry
Growth Hormone test codes for stimulation and suppression tests	GH0 GH30 GH45 GH60 GH90 GH120 GH180 GH210 GH240	1 SST Gold top	Minimum volume is 140 uL serum in False Bottom or 13 x 75 Polypropylene tube. Send with ice pack. ***If Growth Hormone series is requested and lacks necessary info, give copy of requisition to Special Chemistry***		sph special chem
Guaifensin	SPQ	1 RED top	2-4 mL serum or urine. Refrigerate. Send on ice pack. Sunquest Lab LIS Order Entry second screen: SD0177=SER or ;Urine SPQ1=;Guaifensin SQDLD=;DD Mmm YYYY e.g. 31 Mar 2015 or UNAVOE SQTLD=;HH:MM e.g. 13:50 or UNAVOE	y	Provincial Toxicology Center
	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Guaifensin		

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
H. Pylori IgG Serology (helicobacter serology, immunoassay, Antibody)	HPYLOB	5 mL SST Gold top	Refrigerate. Send on ice pack. TAT from performing lab is 4 days.		BCCDC (current)/LifeLabs (January 2025)
Haloperidol (Haldol, Haldol Decanoate, Serenace)	HLPRB	1 RED top	2.0 mL Red top serum. Minimum 0.150 mL. Spin, separate and refrigerate. Send on ice pack. Include and date and time of last dose. VPP sites: sent on ice pack within 5 days of collection, otherwise send frozen. Non-VPP sites: send on Ice pack within 3 days of collection, otherwise send frozen. Stability is 7 days at 2-8°C, Testing Monday -Friday, excluding STAT holidays.		SPH Special Chem
Hantavirus Nat (Hantavirus PCR, Hanta Virus PCR) (Sin Nombre Virus, Hantaan Virus) -Arbovirus Infections	HANTAR	6 mL EDTA (or SST Gold, FLUID, MISC, Specify specimen type)	Refrigerate. Send on ice pack. Modify BCCDC's Specimen Description with Med Micro initials if Approved: E.g. SD0176=BLD-AMMMR	Y –TRAP by Medical Microbiologist	BC Centre For Disease Control
Hanta Virus Serology	HANTA	5 mL SST Gold top	Refrigerate. Send on ice pack.		BC Centre For Disease Control
Haptoglobin	HAP	1 SST Gold top	0.5 mL serum. Refrigerate.		SPH Special Chem

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Heat Stability Test Unstable Hemoglobin Test	HSTBB	1 Tall EDTA tube	Pre-approval by Hematopathologist is required. Test must be pre-booked by contacting the BCCH Complex Hematology Laboratory. Sample should be less than 24 hours old when tested. Transport on cold pack, by overnight courier, to have specimen arrive at C&W lab by 12:00 hrs (noon) the day after collection. Do not freeze. A normal control must be collected at the same time. 2 mL minimum volume if Hgb > 100 g/L; 4 mL minimum volume if Hgb < 100 g/L	Y-HP	Children's Hospital
Heinz Body Stain	HEIB	1 EDTA LAV	1.0 mL Whole blood.		SPH Hem
Helicobacter Pylori Breath Test			Refer patient to a LifeLabs collection centre		Lifelabs
Helicobacter Pylori Serology – IgG	HELIB	5 mL SST Gold top	Refrigerate. Send on ice pack		BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory
Helicobacter Pylori Stool Ag	HPSA	Stool in sterile container	5 grams of feces. Consultation with the BCCDC Program Head (604-707-2622) is required. Only done if previous serology done and reactive or patient was treated for HP.		BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory
Hematocrit	Order CBC	1 LAV	1 mL EDTA or 0.25 mL in micro-EDTA		
Hemochromatosis (HFE Sibling/Parent Genetic Testing) Use this code only if Requisition indicates Sibling/Parent is HFE C282Y/C282Y homozygote	HFESP	1x 6 mL EDTA TALL LAV	Do not freeze EDTA specimen, can be stored overnight or over the weekend at room temperature on the Sendout rack. Testing available Mon to Friday 0800-1630HR. Send at room temp.. Copy of MGL or Outpatient requisition for send out. SPH and MSJ Sendout Tech: Result HFESP test with HFECH code after forming Transport batch. Send to Children's without approval.		Children's Hospital Molecular Diagnostic Laboratory Rm 2F40 875 – 2852

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Hemochromatosis HFE Confirm Diagnosis (Hemochromatosis Confirm)	HFEFER	1 x 6 mL EDTA TALL LAV and 1 PST Light green top	Do not freeze EDTA specimen, can be stored overnight or over the weekend at room temperature on the Sendout rack. Stability 1 week, testing available Mon to Friday 0800-1630HR. Send at room temperature. Copy of MGL or Outpatient requisition for send out. MSJ: Send both EDTA and Light Green PST to SPH SPH Sendout Tech: refer to special worksheet procedure prior to sending sample qualified for HFECD. Send on Transport Batch.	See "Hemochromatosis Send Out Procedure" for PHFE worksheet instructions	Children's Hospital Molecular Diagnostic Laboratory Rm 2F40 875 – 2852
			2mL PST plasma for Ferritin, Iron, UIBC, Fraction Saturation (FSAT) on PCOB.		SPH Chemistry
Hemoglobin	Order CBC	1 EDTA Lav top	1.0 mL minimum draw in 3 mL EDTA or 0.25 mL in micro EDTA.		SPH Hem
Hemoglobin A1C (Glycosylated Hemoglobin)	HA1C	1 EDTA LAV	3.0 mL whole blood.		SPH Chemistry
Hemoglobin Electrophoresis (Thalassemia screen, Thalassemia investigation, hemoglobinopathy investigation, Hemoglobin F, Hemoglobin Investigation HPLC, Fetal Hemoglobin)	HBEIR add CBCDIF , MORFX	3 mL EDTA	Approval required by Hematopathologist. Copy of requisition for approval. Send at room temperature on Sunquest transport batch.	N - if ordered by Drs.: Foltz Jackson, Leger, Leitch, Ramadan, Ross, Merkley, Davis, Schmidt, and Yenson	Children's Hospital

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Hemoglobin H Bodies	HINCB	3 mL EDTA	Approval required by Hematopathologist. Send at room temperature. Copy of requisition for send out.	Y-HP	Children's Hospital
Hgb S Fraction, Quantitative (STAT Quantitative Hgb S Fraction)	HBSB	3 mL EDTA	Hemoglobin S (STAT) quantitative (for patients in sickle cell crisis) Approval required by Hematopathologist. Copy of requisition needed for approval. Give sample to SPH Hematology before sending to Children's Hospital.	Y-HP	Children's Hospital
Hemophilia A or B Genotype	HGENOB	6 mL EDTA or 7 mL ACD B	Only orderable via Hemophilia clinic. Must provide National Inherited Bleeding Disorder (Queen's) Haemophilia A and B requisition (see Requisitions Folder in Accessioning Folder). Must send on same day collection. If sample is collected on Friday, freeze whole sample and send frozen on Monday. Copy of requisition for send out. NIBDGL@queensu.ca	N - if ordered by Drs.: Foltz Jackson, Leger, Leitch, Ramadan, Ross, Merkley, Davis, Schmidt, and Yenson	Attention: Gina Jones/Samira Kheitan Department Of Pathology and Molecular Medicine, Queen's University, Richardson Laboratory, Room 201 Queen's University, 88 Stuart St, Kingston, Ontario, K7L 3N6 Tel: 613-533-3187, Fax: 343-344-2733
Hemosiderin, Urine	UHS	10 mL fresh urine (can be refrigerated overnight)	Approval required by Hematopathologist. Minimum 5 mL urine in conical tube.	Y	SPH Hematology

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Heparin Induced Thrombocytopenia (HIT) Antibodies HIT by ELISA from Referring Hospitals	HITS (do not order HITB)	1 CIT (2.7mL Na Citrate)	Full tube collection required. All Orders must be accompanied by the “4T Score Worksheet” available from Hematology or: \\vch\departments\Chemistry (Dept PHCLAB)\Accessioning\Requisitions\T4_HIT_request_worksheet.pdf Copy and paste above path in Intranet browser. Minimum 1.0 mL Platelet-poor citrated plasma: Spin whole blood. Transfer the top three quarters of the plasma to an aliquot tube. Spin and aliquot again and remove the top three quarters of the plasma to a polypropylene plastic tube suitable for freezing. Referring Labs must complete the “4Ts probability score” form and send with sample. Please send sample frozen on dry ice, specimen must arrive frozen. Copy of requisition for Hematology.		SPH Hematology
	HIT (b by ELISA) to be ordered by Hem Tech ONLY	1 SST Gold top	2 – 4 mL serum. HIT (by ELISA) is to be ordered only by SPH Hematology. If Routine request during off hours, sample should be aliquoted and frozen.	Y-HP	
Hepatitis – Acute (PHBSAG, PHBSAB, PHAM, and PHCV)	PAHEP	5 mL SST Gold top	Refrigerate.		SPH Virology Lab
Hepatitis – Chronic or Previous (PHBSAG, PHBSAB, PHBCAB, and PHCV)	PCHEP	5 mL SST Gold top	Refrigerate		SPH Virology Lab

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Hepatitis – Immune Status (Includes PHBSAB and PHATOT)	PIHEP	5 mL SST Gold top	Refrigerate		SPH Virology Lab
Hepatitis A IgM (Hepatitis A Serology, Anti Hep A, Hepatitis A Acute)	PHAM	5 mL SST Gold top	Refrigerate		SPH Virology Lab
Hepatitis A IgG Antibody (Total) Hepatitis A Immune Status Hepatitis A IgG Hep A IgG Hep A vaccine Anti-HAV (Total) Anti HAV (Total)	PHAIG	5 mL SST Gold top	Refrigerate		SPH Virology Lab
Hepatitis B Surface Antigen (Hep B Surface Ag, Hep B Ag, Hep B carrier, Hep B Acute, Australia Antigen)	PHBSAG	5 mL SST Gold top	Refrigerate		SPH Virology Lab
Hepatitis B Surface Antigen-Quantitative	PHBQAG	6 mL LAV EDTA TLV	After hours and referring Labs, aseptically separate plasma within 4 hours of collection into sterile plastic cryovial. Freeze at –20°C, send frozen.		SPH Virology Lab
Hepatitis B Surface Antibody (anti HBs; anti-HBs, Hep B vaccine, hep B screen, Hep B immune status)	PHBSAB	5 mL SST Gold top	Refrigerate		SPH Virology Lab

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Hepatitis B Core Total Antibody (Hep Bc Ab)	PHBCAB	5 mL SST Gold top	Refrigerate		SPH Virology Lab
Hepatitis B Core IgM	PHBCM	5 mL SST Gold top	Refrigerate		SPH Virology Lab
Hepatitis Be Antigen	PHBEAG	5 mL SST Gold top	Refrigerate		SPH Virology Lab
Hepatitis Be Antibody	PHBEAB	5 mL SST Gold top	Refrigerate		SPH Virology Lab
Hepatitis B DNA Viral Load - PCR (Hep B DNA, Hep B PCR, HBV Viral Load)	HBDNAB	6 mL LAV EDTA TLV	2.0 mL EDTA plasma. Separate plasma within 24 hours of collection. Store at 2 - 8 °C for up to 6 days and at -20 °C for over 6 days.		SPH Virology Lab
Hepatitis B Anti Viral Resistance (Hepatitis B Resistance, HBV DNA Resistance, Hepatitis B Genotype, Hep B Genotype, HepB Genotype)	HBRESB	6 mL LAV EDTA	2.0 mL EDTA plasma, minimum. After hours and referring Labs, separate within 6 hours of collection into sterile plastic cryovial. Freeze at -20°C, send frozen.		SPH Virology Lab
Hepatitis C – Antibody (Hepatitis C, Hep C Ab)	PHCV	5 mL SST Gold top	Refrigerate		SPH Virology Lab

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Hepatitis C Viral Load or PCR Quantitative (NAT) (Hep C Treatment Monitoring, Hep C nucleic acid testing)	HPCRBB	6 mL LAV EDTA	Do not spin or aliquot or open tube. Send whole specimen on ice pack. 3 mL minimum required. Send STAT if request is for Cadaver Transplant Case or other STAT request has been approved by BCCDC Medical Staff. Call BCCDC at (604)-707-2828 (or after hours at 604-707-2819) if approval status is not indicated on requisition. Special instructions required for Needlestick injury, BBF exposure, or Immunosuppression at Order Entry second screen: e.g. SPEC40 = PLS-;Needlestick injury workup		BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory
Hepatitis C Genotyping (Innolipa Hepatitis C Genotyping, HCV Genotype)	HEPCRB	6 mL LAV EDTA	Do not spin or aliquot. Send whole specimen on ice pack.		BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory
Hepatitis C Resistance Testing (NS3, NS5A)	HCVNP	6 mL LAV EDTA	Centerfuge, separate and freeze sample in the CfE FREEZER bucket along with the requisition. If received thawed or at room temperature from referred in sites, store in the CfE FREEZER bucket and write on the requisition “Received cold” or “Received RT” and add today’s date Result as REFTO1 ;CFE, RECD1 HIDE		BC Centre of Excellence
Hepatitis D Antibody - Delta Antibody Or Serology (Hep D Ab)	HDLTAB	5 mL SST Gold top tube	Refrigerate or send frozen on ice.		BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory to forward to NML in Winnipeg
Hepatitis D Viral Load or PCR (Hep D PCR, HEP D Quantification PCR, Hepatitis Delta viral Load by quantitative PCR)	HDVPCR	5 mL SST Gold top tube	Centrifuge, separate and freeze serum. Send on ice. For more information: http://www.nml-lnm.gc.ca/guide2/infection_engview.php?Refdiagid=145		BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory to forward to NML in Winnipeg

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Hepatitis E Virus Serology (anti Hep E)	HEVB	5 mL SST Gold top	Refrigerate and send on ice.		BC Centre For Disease Control)
Hepcidin	MISCB	5 mL SST Gold top	Separate and freeze serum. Send frozen on dry ice. Morning collection preferred (before 1000).	Y Requires biochemist approval before sending	Victoria General Hospital Attention:Dr. Michael Chen 1 Hospital Way Victoria, BC, V8Z 6R5 1-866-370-8355
Hereditary Hemorrhagic Telangiectasia (HHT)	MISCB	1 Lav top EDTA	3 mL whole blood EDTA, at room temperature. Collect only Mon – Wed before 1200. Sample stability at room temperature is 48 hours, collect and send at room temperature on the same day of collection. Cost is \$600.00 USD. Store sample in the refrigerator for up to 2 weeks if unable to send immediately. Patient must sign Out of Country consent form and copy of requisition for Sendout bench. Mandatory Lab Agency pre-approval required (request to be done by patient's doctor). For Outpatients, do not collect without MSP preapproval. Put Fax Result to SPH Lab request sticker on requisition or on Sunset Printout. TAT time from performing lab is 10 to 21 days.	Y Application and patient consent from ordering physician required.	Invitae Corporation, Attn: Client Services, 1400 16th st, San Francisco CA 94103, USA

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
HSV DNA PCR (CSF Herpes Simplex PCR, CSF HSV PCR)	PVPCR	1 mL CSF	Freeze. Send on ice pack		SPH Virology
HSV 1 and 2 PCR for neonates only < 30 days old (Herpes Simplex 1 and 2 NAT Blood)	PVPCR (may be ordered as CHSVB -if so, change to PVPCR)	6 mL EDTA Lav top (if ordered as a CHSVB the tube type will be RED -do not collect)	Only collected on Neonates and potentially transplant patients with disseminated disease. Must have SPH Medical Microbiologist approval prior to collection. If ordered as a CHSVB for CW, do not send to CW and give to SPH Microbiology for approval. Minimum 2.0 mL plasma. Separate within 6 hours of collection into sterile plastic cryovial. Freeze at -20c. Send Frozen.	Y-Medical Microbiologist	SPH Virology
HSV Type Specific Antibody EIA (Herpes Simplex Virus, HSV IgG, HSV screen)	HSVTS	5 mL SST Gold top	Refrigerate		BC Centre For Disease Control
Hexosaminidase, serum Tay Sachs (Non-Pregnant) Hexosaminidase,Serum N-Acetyl-b- Glucosaminidase	HEX	2 Dark Green top Li or Na Heparin tube whole blood	If Tay Sachs carrier testing requested, have patient fill Supplemental information form for Ashkenazi Jewish Carrier and Tay Sachs enzyme screening: Specimens must be collected between 0800 - 1200 Monday to Friday and sent at room Temperature by taxi. Sample must arrive at BCCH within 1 hour of collection. http://www.elabhandbook.info/phsa/Files/AdditionalFiles%20f1_20140214_032456_CWMG_REQ_0110%20v2.2%20AJ%20Carrier%20%26%20Tay%20Sachs%20Enzyme%20Screening%20Supp%20Info%20Form.pdf		Children's Hospital

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Hexosaminidase, White blood cells (Confirm Tay Sachs or Sandhoff's or Carrier Status if Pregnant, Total hexosaminidase, % A Hexosaminidase))	WEX	2 X 6 mL Na Heparin or Li Heparin	<p>1. WEX is the WBC hexosaminidase and collected for pregnant women or women on contraceptives and for a pregnant couple.</p> <p>Minimum 3 mL whole blood. Keep at room temperature. Collect and hand deliver to Sendout person before 08:30 Monday – Friday or consult Supervisor before collection. Copy of requisition for Sendout.</p> <p>Patient must complete requisition "Supplemental Information Sheet, Ashkenazi Jewish Panel & Tay-Sachs Only Carrier Screening" and must be sent with the specimen (see eLab for form)</p> <p>SPH Sendout person:.</p> <p>Send specimen to Children's without approval with 09:30 Dynamex Courier. Then give copy of requisition for approval with "Specimen already sent to CW" written on requisition. Specimens collected after 09:30: Seek approval before sending. Same day shipping by taxi, to arrive at Children's Hospital Lab by 12:00 hrs, (no later than 13:00 Mon-Fri, DO NOT use CW Courier).</p> <p>Send copy of requisition with transport batch.</p> <p>Put colour CW Biochemical Genetics Lab address sticker on TDG container</p> <p>Call BGL at 6048752307 to notify and to expect the package.</p>	y	Children's Hospital
HIV Antibody (Nominal) Adult HIV Confirmatory HIV P24 Antigen Human Immunodeficiency virus antibody AIDS Antibody HIV Ag/Ab Combo Anti HIV Ag/Ab Combo HIV serology HIV diagnosis HIV third/fourth generation HIV 1 and 2 Ag/Ab Combo	HIVCA	5 mL SST Gold top	Refrigerate. Test code is shared with BCCDC. If Dr specify specimen to BCCDC, Order MISCB in Sunquest Lab and send a copy of the requisition to BCCDC.		SPH Virology Lab

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
HIV Antibody (Non-Nominal)	MISCB	5 mL SST Gold top	Refrigerate. Must send a copy of the requisition for BCCDC.		BC Centre For Disease Control 50B50BC/O PHSA Laboratories – Lane Level Laboratory
HIV Newborn/baby Investigation (HIV investigation – newborn, HIV PCR)	VLB	3 mL EDTA	Minimum 1.5 mL plasma (or as much as possible from 3 mL EDTA). After Hours**Aseptically separate plasma within 4 hrs of collection into sterile plastic cryovial. Freeze at –20°C		SPH Virology Lab
All PHC babies/children (no age limit)					
Non PHC sites if >1 year of age			PHC Medical Microbiologist approval is required. Minimum 1.5 mL plasma. After Hours**Aseptically separate plasma within 4 hrs of collection into sterile plastic cryovial. Freeze at –20°C	Y	
Non PHC if <1 year of age	MISCB	3 mL EDTA	Minimum 1.0 mL EDTA for Babies. **Do Not Open Tube And Do Not Spin ** Store in fridge. Send to BCCDC on ice pack with copy of the requisition to BCCDC.		BCCDC
HIV Viral Load HIV 1 RNA Viral Load HIV-1 RNA PCR HIV-1 RNA NAT Roche HIV-1 Taqman Assay, HIV quantitative NAT, Viral Load – HIV	VLB	6 mL EDTA Tall Lav	2.0 mL EDTA plasma. Separate plasma within 24 hours of collection. Store at 2 - 8 °C for up to 6 days and at -20 °C for over 6 days.		SPH Virology Lab

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
HIV 1 Quant NAT (HIV RNA NAT) Use only for Prenatal Use HIV Viral Load VLB code all for others.	HIVTQ	6 mL EDTA for Prenatal.	Do not spin or aliquot EDTA samples. Send whole specimen on ice pack. Send STAT if request is for Cadaver Transplant Case or other STAT request has been approved by BCCDC Medical Staff. Call BCCDC at (604)-707-2828 (or after hours at 604-707-2819) if approval status is not indicated on requisition. Must send a copy of the requisition to BCCDC. Do not use HIVTQ BCCDC code until further notice.	Y Send approval request to SPH Virology	BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory
HIV 2 PCR (HIV 2 Viral Load)	MISCB	6mL LAV EDTA	3 mL EDTA plasma, minimum– after hours and referring Labs, aseptically separate within 4 hours of collection into sterile plastic cryovial. Freeze at –20°C, send frozen. SPH and MSJ only: send to Virology to forward to Ottawa	Y	NML in Winnipeg
HIV Viral Load, CSF PCR	PVPCR	1.0 mL CSF			BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
HIV Genotyping or Phenotype (HIV Drug Resistance Testing, ARV Resistance Testing, Anti RetroViral Resistance Testing, Protease-RT, Integrase, gP41, plasma V3)	HIVRG Add VLB to order	Collect one 6 mL EDTA tube for VLB and HIV Genotype	<p>3 mL EDTA plasma, store and send frozen</p> <p>SPH Accessioning: Before 14:30: Refrigerate EDTA in Virology rack. Put HIV Genotype Requisition in Centre for Excellence (CFE) FREEZER bucket after writing on the requisition "Sample sent to virology" and placing it in a biohazard bag. (CFE will retrieve Virology's Viral Load sample once VLB is completed). Samples received from other sites cold or at room temperature – write on requisition and tube "Recd Cold/RT Mmm DD HH:mm" and refrigerate EDTA in Virology rack.</p> <p>After 14:30: Spin blood, aliquot plasma, and freeze in Virology freezer rack. Put HIV Genotype Requisition in the Centre for Excellence (CFE) FREEZER bucket after writing on the requisition "Sample sent to virology" and placing it in a biohazard bag. If frozen plasma sample received along with the HIV Viral load sample, send all the frozen plasma tubes to Virology along with the requisition. Samples received from other sites cold or at room temperature – write on requisition and tube "Recd Cold/RT Mmm DD HH:mm" and freeze in Virology rack.</p> <p>Note: All Centre for Excellence requisitions go in the Centre For Excellence (CFE) FREEZER bucket. No HIV Genotype plasma samples should be in the Centre For Excellence (CFE) FREEZER bucket.</p> <p>Result MISCB1: REFTO1=;CFE RECD1=HIDE</p>		BC Centre For Excellence VLB by SPH Virology
HIV Tropism (CFE patients: Proviral DNA V3 Genotyping, HIV CR5)	MISCB	3 mL EDTA Tube	<p>Refridgerate whole blood EDTA</p> <p>SPH Accessioning: Refridgerate whole blood EDTA tube in Centre for Excellence (CFE) Fridge bucket along with the requisition.</p> <p>Result MISCB1: REFTO1=;CFE RECD1=HIDE</p>		BC Centre For Excellence
HIV Western Blot	MISCB Order HIVWEB if instructed by SPH Virology	5 mL SST Gold top	Refrigerate. Must include copy of requisition for BCCDC.		BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Histoplasma Antigen Test, Urine	HISTAG	Urine (also need serum)	Send Serum with urine on ice pack. Send SST Serum with sample (Specify sample type; refer to Smarterm or BCCDC collection). Modify BCCDC's Specimen Description with Med Micro initials if Approved: E.g. SD0061=URN-AMMMR	Y-TRAP by Medical Microbiologist	BC Centre For Disease Control Will forward to Miravista Lab, Indianapolis.
Histoplasma Antigen Test, Serum	HISTAG	5 mL SST Gold top	Send Serum on ice pack. Sunquest Order Entry: Remove M container and Add GS container at Container and Specimen Entry screen (Routing Screen). Specify sample is blood and modify BCCDC's Specimen Description with Med Micro initials if Approved: E.g.: SD0061=BLD-AMMMR (search for other MM initials in SQ)	Y-TRAP by Medical Microbiologist	BC Centre For Disease Control Will forward to Miravista Lab, Indianapolis.
Histoplasmosis Serology (Histoplasma Serology)	HISTB	5 mL SST Gold top	Refrigerate. Send on ice pack. Modify BCCDC's Specimen Description with Med Micro initials if Approved: E.g. SD0169=BLD-AMMMR (search for other MM initials in SQ)	Y-TRAP by Medical Microbiologist	BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory
HLA Typing – (donor testing)	HLATYB	2 ACD YELLOW	Keep specimen at room temperature. Date & time of collection must be on the specimens & on the requisition		VGH Lab Tissue Typing
HLA A29	A29B	1 ACD YELLOW	HLA typing for Birdshot retinopathy (should have query this diagnosis). Keep at room temperature.		VGH Lab Tissue Typing
HLA A0201 Typing	A0201B	1 ACD YELLOW	Keep specimen at room temperature.		VGH Lab Tissue Typing

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
HLA A3101 or HLA B1502 for Carbamazepine sensitivity	CBZB	1 ACD YELLOW or 1 Tall EDTA LAV Both solutions A and B acceptable	4 mL Whole blood. Keep at room temperature. Date & time of collection must be on the specimens & on the requisition or print Sunset requisition. (for Carbamazepine-induced drug reaction)		VGH Lab Tissue Typing
HLA B27 Antigen – Disease Association	B27B	1 ACD YELLOW top Both solutions A and B acceptable	Keep specimen at room temperature. Date & time of collection must be on the specimens & on the requisition. A clinical diagnosis must accompany req. Revised Aug/03 (for Ankylosing spondylitis)		VGH Lab Tissue Typing 910 W. 10th
HLA B51	B51B	1 ACD (YELLOW top) Both solutions A and B acceptable	Keep specimen at room temperature. Date & time of collection must be on the specimens & on the requisition. A clinical diagnosis must accompany req. (for Behcet's syndrome)		VGH Lab Tissue Typing 910 W. 10th
HLA B5701 (Abacavir sensitivity test)	B5701B	3 mL EDTA Tube	Refrigerate whole blood EDTA SPH Accessioning: Refrigerate whole blood EDTA tube in Centre for Excellence (CFE) Fridge bucket along with the requisition. Result MISCB1: REFTO1=;CFE RECD1=HIDE		BC Centre For Excellence QA Manager, Carolyn Beatty, SPH Local 69145
HLA B5801	B58B	1 ACD (YELLOW) Both solutions A and B acceptable	Indicate "Query allopurinol sensitivity" as diagnosis on requisition. Send at room temperature, specimen viable for 48 hours only. 6 mL EDTA tube also acceptable. (for Allopurinol-induced adverse drug reaction)		VGH Immunology Lab

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
HLA Typing for Celiac HLA DQ2 DQ8 Typing	CELB	1 ACD (YELLOW) Both solutions A and B acceptable	Send at room temperature, specimen viable for 48 hours only. 6 mL EDTA tube also acceptable.		VGH Immunology Lab
HLA Typing for Narcolepsy HLA DQ0602	DQ06B	1 ACD (YELLOW) Both solutions A and B acceptable	Send at room temperature, specimen viable for 48 hours only. 6 mL EDTA tube also acceptable.		VGH Immunology Lab
HLA Typing for pre transplant monthly collection. Cytotoxic Antibody Screen	CASPB	1 RED top *1 SST Gold top acceptable*	Must be full draw. Send clotted sample in original tube at Room Temperature. Do not spin down. Store at Room Temperature. Send immediately to VGH.		VGH Immunology Lab
HLA Typing for Rheumatoid Arthritis HLA DQ4 Typing	DR4B	1 ACD (YELLOW) Both solutions A and B acceptable	Send at room temperature, specimen viable for 48 hours only. 6 mL EDTA tube also acceptable.		VGH Immunology Lab
HLA Typing For Bone Marrow	HLABM	2 YELLOW (ACD 'B')	Keep specimen at room temperature. Date & time of collection must be on the specimens & on the requisition. A clinical diagnosis must accompany req.		VGH Lab Tissue Typing 910 W. 10th

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
HLA Typing from Heart Transplants	HLAPRE	1 RED top and 2 ACD 'B' Yellow top	Keep specimen at room temperature. Date & time of collection must be on the specimens & on the requisition. A clinical diagnosis must accompany req.		VGH Lab Tissue Typing 910 W. 10th
Homocysteine	HCYS	1 EDTA LAV on ice	Collect on ice. Separate within 1 hour of collection. Freeze. Send on ice pack		VGH Lab
Homovanillic Acid	HVAU CRU UTIM	24 HR urine 15 mL 6M HCL preservative	Collect in collection bottle containing 15mL of 6N HCL. If not collected in acid, acidify in lab, to pH 2 – 4, only if entire collection is received. Acidification must be performed within 12 hours after completion of 24 hr urine collection. Aliquot 50 mL of a well-mixed 24hr collection, refrigerate, send on ice pack.		VGH Lab
Homovanillic Acid	HVAR	20 mL random urine	Must have prior approval. Random is performed only on children. Acidify in lab to pH 2 – 4. Acidification must be performed within 36 hours of random urine collection. Minimum 12 mL refrigerate, send on ice pack	Y	VGH Lab

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
HSV NAT or PCR non blood	PVPCR	CSF, fluid, swabs			SPH Virology
HTLV I/II Antibody or Serology - Human T Lymphotropic Virus Type I/II	HTLVB	5 mL SST Gold top *See instructions if CSF ordered*	Refrigerate. If specimen is CSF (must have serum collected and sent): must change specimen type at Order Entry: Container and Specimen Entry window – Remove GS container and add CC container.		BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory
HTLV I/II PCR Testing **Contact BCCDC HIV Lab prior to collection at (604) 660-9709** **Collect only on Monday and Tuesday** **Send out person-send out immediately after contacting BCCDC**	HTLVPB	6 mL LAV EDTA	Do not spin or aliquot. Send whole specimen at room temperature on Monday or Tuesday only; specimen must arrive at National Lab for HIV Reference Services within 48 hours of collection. Copy of Original and NLHRS requisition for BCCDC to send to Winnipeg. NLHRS requisition: (copy and paste path to Intranet browser) \\vch\departments\Chemistry (Dept PHCLAB)\Accessioning\Requisitions\NLHRS PCR VL Req HIV HTLV Testing Rev B July 23 2014.pdf Put Fax Result to SPH Lab request sticker on requisition or on Sunset Printout.		BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory BCCDC will send to: National Laboratory for HIV Reference Services (NLHRS) Dr. John Kim National Microbiology Laboratory 1015 Arlington Street, Room J1139 Winnipeg, MB, R3E 3R2 (204) 789-6522 / (204) 789-6523

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Human Chorionic Gonadotropin (pregnancy test, HCG Total, HCG Quantitative)	HCG	1 PST Light green top *1 SST Gold top or RED top acceptable*	1.0 mL lithium heparin plasma or serum. Refrigerate, send on ice pack. Stable for 3 days at 2-8 °C.		SPH Chem
Human Chorionic Gonadotropin (HCG Tumor Marker, Beta Human Chorionic Gonadotropin)	HCGTMB (CHCGB for CSF)	1 SST Gold top *1 PST Light green top acceptable*	1 mL serum. Freeze. Send on ice pack.		VGH Lab
Human Herpes Virus 6 PCR (HHV6 PCR, HHV6 NAT, Roseola infantum PCR)	IH6PB	1 Red top	Spin, aliquot, and refrigerate. Send specimen on ice pack. Test is restricted to patients who are immunocompromised or under the age of 3 years old. Must have SPH Medical Microbiologist consult with CW Microbiologist, test will only be performed with instruction from CW Microbiologist. Must send a copy of the requisition with the transport batch.	Y-Medical Microbiologist	Children's Hospital Lab

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Human Herpes Virus 8 DNA PCR (HHV8 DNA PCR)	HHV8P	6 mL LAV EDTA	2.0 mL EDTA plasma, minimum. After hours and referring Labs, separate within 6 hours of collection into sterile plastic cryovial. Freeze at -20°C. Send frozen.		SPH Virology Lab
Hunter Enzyme, Serum (Iduronate Sulphatase, Serum)	HUNS	1 RED top	2-4 mL RED top serum. Prior approval is Required. Freeze serum. Send frozen on dry ice. Send copy of requisition with transport batch.		Children's Hospital – Biochemical Genetics Lab Room 2F22 604-875-2307
Hydrochlorothiazide (Hydrodiuril)	DRSCB	>2 mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Hydrochlorothiazide		Provincial Toxicology Center

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Hydrocortisone	HDCTB	1 RED top	2-4 mL serum or urine. Refrigerate and send on ice pack. Copy of requisition for send out.	Y	Provincial Toxicology Center
	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Hydrocortisone		
Hydromorphone, urine (Confirmation)	DRSCB	2 mL urine	Refrigerate, send on ice pack Sunquest Order Entry: Remove RED default tube at Route screen and add UR container type.		Provincial Toxicology Center
Hydroxychloroquine	MISCB	1 RED top	1 mL serum, minimum 0.5 mL. Spin and separate within 2 hours. Refrigerate and send on ice pack. Collect trough specimen prior to next dose. Copy of requisition for send out. Consent form required. TAT from performing lab is 6 days.	Y	Hospitals in common
Hypoglycemia Test, Fasting	HYPOB GLU10 GLU20 GLU30	1 SST Gold top and 1PST light green top	Collect baseline, HYPOB, prior to infusion. HYPOB includes Insulin, CPEP, and Glucose. After drink collect glucose at 10, 20, and 30 minutes.		SPH Special Chem

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Ibuprofen (Motrin Or Advil)	IBUPB	1 RED top or Dark green top (Na or Li heparin)	1 mL serum or plasma, minimum 0.25 mL. Freeze and send on dry ice. Copy of requisition for send out. Consent form required. TAT from performing lab is 7 days.	Y	Hospitals in Common
Immunoglobulin A (IgA)	IGA	1 SST Gold top	0.5 mL serum. Refrigerate.		SPH Special Chem
IgD, Immunoglobulin D	IGD	1 SST Gold top	1 mL serum. Refrigerate. No approval on patient diagnosed with IgD	Y	VGH Lab
IgE	IGE	1 SST Gold top	1.0 mL serum in a False Bottom or 13 x 75 Polypropylene tube. No visible hemolysis. Freeze.		SPH Special Chem
IgG (Immunoglobulin G)	IGG	1 SST Gold top	0.5 mL serum. Refrigerate.		SPH Special Chem
IgG CSF	IGGCA	1 mL CSF	Freeze. Send frozen on ice pack	Y	VGH Lab
IgG Subclasses (IGGS1, IGGS2, IGGS3, IGGS4, IGG1, IGG2, IGG3, IGG4)	IGGSB	1 SST Gold top	1 mL. Serum total. Freeze and store in freezer in IGGSUB rack (refrigerated serum is stable for 8 days).		SPH Special Chem Lab
IgM, Immunoglobulin M	IGM	1 SST Gold top	0.5 mL serum. Refrigerate		SPH Special Chem Lab

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Imipramine & Metabolites by HPLC	IMPB	1 RED top	2-4 mL serum or urine. Ward should record information on dosage, time of last dose, and other meds. For therapeutic drug monitoring specimens must be drawn at trough. Serum must be separated from cells within 2 hours of drawing. Refrigerate. Send on ice pack.	Y	Provincial Toxicology Center
	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Imipramine		
Immune Cell Markers (Lymphocyte Immunophenotyping, Cell Markers, Flow Cytometry) ***If patient is <16 years old send specimen to BCCH Flow Cytometry Lab***	TBNK add CB CDIF if collected on site (not referred in)	2 DRK GRN Na Heparin tube. 1 EDTA for CBC & Autodiff *ACD(A) also acceptable*	Copy of requisition to immunology. Store at room temp. If collection is on Friday, consult Immunology tech. Test available Mon-Fri. Order TBNK if B & T cell ordered along with Immunoglobulins or diagnosis is "Recurring infection". Referred in sites include CBC and differential results with samples.	Y	SPH – Immunology ***BCCH Flowcytometry lab if patient is <16 years old***
Immunofixation (Ordered by Special Chem Tech only)	IF UIF		Do NOT order. Special Chemistry will review PEL or UEP result and order IF or UIF. Copy of requisition for Special Chemistry.	Y	SPH Special Chem
Immunoglobulin D	IGD	1 SST Gold top	1 mL serum. Refrigerate. No approval on patient diagnosed with IgD	Y	VGH Lab
Immunoglobulins (includes: IGA, IGM, IGGP) (Ig profile, immunoglobulin profile)	IMM	1 SST Gold top	0.5 mL serum. Refrigerate.		SPH Special Chem

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Immunoreactive Trypsinogen	IRTDOT	2-3 blood dots on Whatman 903 NBS card (Newborn Screening card, Blood Dot Card) or Collect 3mL EDTA and then apply blood from EDTA to NBS card.	Transfer into Falcon Polypropylene Tubes or contaminant free tube. Approval required. Freeze and send frozen. Copy of requisition for send out. Put Fax Result to SPH Lab request Y sticker on requisition or on Sunset Printout. Additional information on H		Children's Hospital
Infliximab & Anti-Infliximab Antibodies (anti-INF α drug, Remicade®) Test available to Outpatients and Referred-In locations only, Inpatients must have Biochemist approval.	IFXB	1 RED top or 1 SST Gold top	Minimum volume: 1.0 mL of serum. Centrifuge and freeze aliquot. Send on ice pack or dry ice (preferred). Stability: 30 days frozen, 7 days refrigerated or at ambient temperature. Sunquest Order Entry last screen: Last dose is REQUIRED IFXDLD= ;DD MMM YYYY e.g. 03 NOV 2014 Other Health Authorities: send frozen sample to SPH Lab Accessioning with completed SPH Infliximab Order form and Routine requisition. MSP billable – outpatient, non-responders only, trough is considered <2 weeks prior to next infusion Anti-infliximab antibody test is reflexively performed based on the infliximab concentration. SPH Order Form: https://6c23f059-20fe-43ca-be0a-787934130639.usrfiles.com/ugd/6c23f0_602052e4250841a6a7ba4041504da51b.pdf	Y Requires SPH Infliximab Order Form completed by GI.	SPH Special Chemistry

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Influenza A/B RNA PCR (Respiratory viruses PCR)	RESPCR	2 mL Nasopharyngeal Wash or NP swab, tracheal aspirate or BAL	Refrigerate. Send on ice pack. Sample must be received by virology by noon.		SPH Virology
Infliximab & Anti-Infliximab Antibodies (anti-INF α drug, Remicade®) Test available to Outpatients and Referred-In locations only, Inpatients must have Biochemist approval.	IFXB	1 RED top or 1 SST Gold top	Trough collection preferred. Pour off 2 aliquots of 1.0 mL serum. Freeze and send frozen on dry ice. Include patient history and date and time of last dose on the requisition.		SPH Special Chem
Inhibin A	INHAB	1 SST Gold top	2 mL serum, minimum 0.5 mL. Freeze and send on dry ice. Prior approval is required. Copy of requisition for send out. Not useful if ordered alone. Should not be interpreted as a prenatal screening test. Put Fax Result to SPH Lab request sticker on requisition or on Sunset Printout. Ensure patient has signed OOC/OOP consent form. TAT from performing lab is 8 days	Y Application and patient consent from ordering physician required.	Hospitals In-Common Laboratory Inc. 57 Gervais Dr. North York, ON M3C 1Z2 Phone 416-391-1499 Ext.248 Fax Phone 416-385-1957

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Innolipa Hepatitis C Genotyping	HEPCRB	6 mL EDTA tube	Do not spin or aliquot. Send whole specimen on ice pack. Copy of requisition for send out.		BC Centre For Disease Control 60B60BC/O PHSA Laboratories – Lane Level Laboratory
INR (Prothrombin Time, PT)	INR	1 CIT	Full tube required. INR sample must be tested within 24 hours. If INR will not be tested within 24 hours: centrifuge sample within 24 hours, double spin plasma, freeze and ship on ice. Sample must arrive frozen in polypropylene tube.		SPH Coag
Insulin	INS	1 SST Gold top	Minimum volume 120 uL serum in False Bottom or 13 x 75 Polypropylene tube, Freeze. 10 hour fast preferred. Send frozen with dry ice, must arrive at SPH frozen. Please consult with Special Chem supervisor if these specimen types are collected: Lithium heparin, K3EDTA, and Sodium Citrate. Fasting preferred but not mandatory		SPH Special Chemistry

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Insulin Series (Ca Stimulated HV Insulin)	HVSTMB	5 mL SST Gold top	Freeze serum in False Bottom or 13 x 75 Polypropylene tube and send with dry ice, must arrive at SPH frozen. Copy of requisition for Special Chemistry Sunquest LIS Order Entry: free text Sample Time in Modifier field and result STIMS (stimulation site) and STIMT (Sample Time) in second screen.		SPH Special Chemistry
Insulin Antibodies	INAB	1 RED top or 1 SST Gold top	1 mL serum, aliquot and freeze ASAP. Send serum frozen on dry ice. Copy of requisition for send out. Put Fax Result to SPH Lab request sticker on requisition or on Sunset Printout. Additional information on HICL website. OOC/OOP consent form required. TAT from performing lab is 15 days.	Y Application and patient consent from ordering physician required.	Hospitals In-Common Laboratory Inc. 57 Gervais Dr. North York, ON M3C 1Z2 Phone 416-391-1499 Ext.248 Fax Phone 416-385-1957
Insulin-Like Growth Factor (Somatomedin-C)	IGF1	5 mL SST Gold top (LiHep acceptable)	0.5 mL serum Freeze serum (or plasma) ASAP and send on dry ice. Specimens that arrive at 2-8C are acceptable if they were shipped frozen that day. MSJ: refrigerate and send on ice pack the day of collection. Samples must be frozen if not shipped the same day.		SPH Special Chemistry

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Insulin-Like Growth Factor II (IGF-II, IGF2, IGF 2, IGF-2, Somatomedin A) Mayo Test ID: FIGF2	IGF2B	1 RED top SST Gold top acceptable	0.5 mL serum, 0.1 mL minimum. Spin and separate within 1 hour. Freeze and send on dry ice. SPH Sendout: must generate Mayo Clinic Order in MayoLink. Mayo ID:FIGF2 OOC/OOP consent form and Agency approval required. Copy of requisition for Sendout bench. TAT time from performing lab is 17 days.	Y Application and patient consent from ordering physician required.	Specimen Process Center Mayo Medical Laboratories 3050 Superior Drive NW Rochester, MN 55901 1-800-533-1710 Mayo will forward to: Esoterix Endocrinology 4301 Lost Hills Road Calabasas Hills, CA 91301
Insulin-Like Growth Factor Binding Protein 3 (IGFBP3), Somatomedin C Binding Protein	BP3B	1 RED top or SST Gold top or PST Light green top	2 mL serum or plasma, aliquot and freeze within 2 hours of collection. Send frozen on dry ice. Copy of requisition for send out. Put Fax Result to SPH Lab request sticker on requisition or on Sunset Printout. Mandatory Lab Agency pre-approval required. For Outpatients, do not collect without MSP preapproval if test is ordered alone. OOC/OOP consent form required. TAT from performing lab is 15 days.	Y Application and patient consent from ordering physician required.	Hospitals In-Common Laboratory Inc. 57 Gervais Dr. North York, ON M3C 1Z2 Phone 416-391-1499 Ext.248 Fax Phone 416-385-1957
Interferon, Beta Neutralizing Antibody	INTFB	2 SST Gold top	5 mL serum (minimum 1 mL) Patient must be MS positive. Reference lab needs to know which interferon drug patient is on. http://www.ubcneurology.com/NI%20Lab/NI%20Services.html Put Fax Result to SPH Lab request sticker on requisition or on Sunset Printout.		UBC Research – Dr Oger's Lab

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
INF-g Pathway (CD119 protein expression, INF-gR1, pSTAT1 signalling)	MISCB	2 DRK GRN top Na hep	Mandatory Lab Agency pre-approval required (request to be done by patient Dr.). For Outpatients, do not collect without MSP preapproval if test is ordered alone. Collect and ship by FedEx on Monday. Whole blood at room temperature. Sample must arrive in Calgary on Tuesday. Complete Calgary Lab Services Out of Province requisition. Put Fax Result to SPH Lab request sticker on requisition or on Sunset Printout. Contact Performing Lab when test is picked up by FedEx.	Y Application and patient consent from ordering physician required.	Joanne Luider Calgary Laboratory Services, Flow Cytometry McCaig Tower Rm 7509, Foothills Medical Centre 1403-29th St. N.W. Calgary, Alberta, Canada T2N 2T9 (403) 944-8995
Interferon Gamma, Antibodies (INF gamma antibodies, anti-INF γ , Abs to INF gamma, INF gamma Abs)	MISCB	4 TALL LAV EDTA tubes	Prior to blood collection: Ordering Dr must have prior consultation with SPH Biochemist and NIH Research Lab Dr. Steve Holland, branch chief. sholland@niaid.nih.gov Obtain Genetics Consent form from: Joie Davis, Pediatric Nurse Practitioner, Genetics NIH/NIAID jdavis@niaid.nih.gov Patient must sign Research Consent form from NIH (original signed form must be sent with samples) Patient must sign Out of Country consent form and copy of requisition for Sendout bench. <u>Get Biochemist approval immediately</u> and store and send whole blood at room temperature on day of collection or next day with priority next day delivery service. Send FedEx tracking number to Joie Davis immediately after pickup.	Y Application and patient consent from ordering physician required.	NIH/NIAID/LCID Attn: Dr. Steve Holland/Joie Davis Neutrophil Monitoring Lab Douglas Kuhns 1050 Boyles St Frederick, MD, USA 21702 301 846 1173

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Interleukin 1a (IL-1, IL1, IL1a, Interleukin 1 alpha) Mayo Test ID: FINTA	MISCB	1 RED top SST Gold top acceptable	3 mL serum, 1 mL minimum. Spin and separate immediately. Freeze and send on dry ice. Stability is 30 days. Patient should NOT be on any Corticosteroids, anti-inflammatory medications, or pain killers, if possible, for at least 48 hours prior to collection. SPH Sendout: must generate Mayo Clinic Order in MayoLink. Mayo ID:FINTA OOC/OOP consent form and Agency approval required. Copy of requisition for Sendout bench. TAT time from performing lab is 14 days.	Y Application and patient consent from ordering physician required.	Specimen Process Center Mayo Medical Laboratories 3050 Superior Drive NW Rochester, MN 55901 1-800-533-1710 MML forward to ARUP
Interleukin 1b (IL1 beta, IL-1, IL1, IL1b) Mayo Test ID: FINTB	MISCB	1 RED top SST Gold top acceptable	3 mL serum, 1 mL minimum. Spin and separate immediately. Freeze and send on dry ice. Patient should NOT be on any Corticosteroids, anti-inflammatory medications, or pain killers, if possible, for at least 48 hours prior to collection. SPH Sendout: must generate Mayo Clinic Order in MayoLink. Mayo ID:FINTB OOC/OOP consent form and Agency approval required. Copy of requisition for Sendout bench. TAT time from performing lab is 14 days.	Y Application and patient consent from ordering physician required.	Specimen Process Center Mayo Medical Laboratories 3050 Superior Drive NW Rochester, MN 55901 1-800-533-1710 MML forward to ARUP

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Interleukin 2 (IL2, IL-2) Mayo Test ID: FIL2M	MISCB	1 RED top SST Gold top acceptable	1 mL serum, 0.4 mL minimum. Freeze and send on dry ice. 3 mL serum, 1 mL minimum. Spin and separate immediately. SPH Sendout must generate Mayo Clinic Order in MayoLink. Mayo ID: FIL2M OOC/OOP consent form and Agency approval required. Copy of requisition for Sendout bench. TAT time from performing lab is 12 days.	Y Application and patient consent from ordering physician required.	Specimen Process Center Mayo Medical Laboratories 3050 Superior Drive NW Rochester, MN 55901 1-800-533-1710 MML forward to ARUP
Interleukin 2 Receptor (sCD25), Soluble * (IL2 Receptor, IL2R, sIL2R)	IL2R	5 mL SST Gold top	1 mL serum; 0.3 mL minimum. Freeze serum and send on dry ice. Affix pink "Gastrin and IL-2R" sticker to outer box.		BC Centre For Disease Control

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Interleukin-4 (IL-4, IL 4) Mayo Test ID: FIL4S	MISCB	1 RED top SST Gold top acceptable	1 mL serum. Freeze and send on dry ice. SPH Sendout must generate Mayo Clinic Order in MayoLink. Mayo ID: FIL4S OOC/OOP consent form and Agency approval required. Copy of requisition for Sendout bench. TAT time from performing lab is 11 days.	Y Application and patient consent from ordering physician required.	Specimen Process Center Mayo Medical Laboratories 3050 Superior Drive NW Rochester, MN 55901 1-800-533-1710 MML forwards to Viracor-IBT Lab
Interleukin-5 (IL-5, IL5) Mayo Test ID: IL5P	MISCB	1 LAV top on wet ice	Put tube on wet ice immediately after collection. 0.5 mL plasma, minimum 0.3 mL. Spin, separate and freeze within 30 minutes. Send on dry ice. Stability is 21 days. SPH Sendout must generate Mayo Clinic Order in MayoLink. Mayo ID: IL5P OOC/OOP consent form and Agency approval required. Copy of requisition for Sendout bench. TAT time from performing lab is 8 days.	Y Application and patient consent from ordering physician required.	Specimen Process Center Mayo Medical Laboratories 3050 Superior Drive NW Rochester, MN 55901 1-800-533-1710 MML forwards to Viracor-IBT Lab

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Interleukin-6 (IL-6, IL6, interleukin 6, Cytokines)	MISCB	1 EDTA Lav top	1.0 mL plasma seperated into 2 tubes (0.5 mL in each tube). Freeze and send on dry ice. Agency approval required for all patients. Patient must sign Out of Country consent form form and copy of requisition for sendout bench. TAT from performing lab is 14 days.	Y Application and patient consent from ordering physician required.	Hospitals In-Common Laboratory Inc. 57 Gervais Dr. North York, ON M3C 1Z2 Phone 416-391-1499 Ext.248 Fax Phone 416-385-1957
Cytokine panel 13 (Interleukin panel, Cytokine 12)	MISCB	1 RED top SST Gold top acceptable	1 mL serum, 0.4 minimum. Spin within 2 hours of collection. Freeze and send on dry ice. SPH Sendout must generate Mayo Clinic Order in MayoLink. Mayo ID:FCYTP OOC/OOP consent form and Agency approval required. Copy of requisition for Sendout bench. TAT time from performing lab is 8 days.	Y Application and patient consent from ordering physician required.	Specimen Process Center Mayo Medical Laboratories 3050 Superior Drive NW Rochester, MN 55901 1-800-533-1710 MML forwards to Viracor-IBT Lab

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Interleukin-8 (IL-8, Cytokines, IL-8, interleukin 8) Mayo Test ID: FIL8S	MISCB	1 RED top SST Gold top acceptable	1 mL serum. Freeze and send on dry ice. Stability is 28 days. SPH Sendout must generate Mayo Clinic Order in MayoLink. Mayo ID: FIL8S OOC/OOP consent form and Agency approval required. Copy of requisition for Sendout bench. TAT time from performing lab is 11 days.	Y Application and patient consent from ordering physician required.	Specimen Process Center Mayo Medical Laboratories 3050 Superior Drive NW Rochester, MN 55901 1-800-533-1710 MML forwards to Viracor-IBT Lab

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Interleukin 28B (IL28B) Polymorphism Mayo Test ID:IL28Q	MISCB	6mL EDTA Lav top	3 mL whole blood, minimum 0.4 mL. Store in fridge in original tube at send on ice pack. Stability is 30 days. SPH Sendout must generate Mayo Clinic Order in MayoLink. Mayo ID:IL28Q OOC/OOP consent form and Agency approval required. Copy of requisition for Sendout bench. TAT time from performing lab is 7 days.	Y Application and patient consent from ordering physician required.	Specimen Process Center Mayo Medical Laboratories 3050 Superior Drive NW Rochester, MN 55901 1-800-533-1710

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
TB Interferon Gamma Release Assay (IGRA) TB Interferon Gamma Serology (T Spot, TB Tspot, T-Spot)	TBTS (use only by special request – use TBQS for routine IGRA)	6 mL DRK GRN Lithium Heparin	Order only if special request (e.g. TBQS was already performed). Specimen must arrive at BCCDC by noon on Monday, Tuesday Or Wednesday before noon. Send whole blood. Package separately and affix IGRA organ label to the package. Phone BCCDC-ZEP to inform specimen is en route. ***Write Collection Time on specimen label** The following physicians are pre-approved to order TBQS: Dr. Mark Hull, Dr. William Connors, Dr. David Harris, Dr. Peter Phillips, Dr. Valentina Montessori, Dr. Natasha Press, Dr. Mary Kestler, Dr. Melanie Murray, Dr. Victor Leung, Dr. Queenie Dinh, Dr. Victoria Cook, Dr. Bradley Quan, Dr. Myriam Farah, Dr. John Gill, Dr. Jagbir Gill, Dr. David Landsberg, Dr. James (Jay) Johnston, Dr. Andrew Ignaszewski, Dr. Alyssa Wright, Dr. Sara Belga, Dr. Alison Mah, Dr. Monica Beaulieu, Dr. David Prchal, Dr. Beverly Jung, Dr. Syed Obaid Amin, Dr. Mark Elliott, Dr. Mercedes Kiaii, Dr. Adeera Levin, Dr. Abeed Jamal	Y – Medical Microbiology unless on the pre-approval list. IGRA from Hemodialysis or Renal patient is preapproved.	BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory ZEP Lab: 604-707-2628
Iodine	MISCB	1 K2EDTA dark blue top	2 mL plasma. Transfer plasma into Falcon polypropylene contaminant free tube. Refrigerate and send on ice. Approval required. OOC/OOP consent form required. Copy of requisition for send out. Put Fax Result to SPH Lab request sticker on requisition or on Sunset Printout. Additional information on HICL website. TAT from performing lab is 10 days.	Y Application and patient consent from ordering physician required.	Hospitals In-Common Laboratory Inc. 57 Gervais Dr. North York, ON M3C 1Z2 Phone 416-391-1499 Ext.248 Fax Phone 416-385-1957
Iodine Urine (Free) Mayo Test ID: UIOD	MISCB	24 hour urine collection, no preservative	10 mL urine aliquot from a preservative free 24 hour collection, minimum 0.3 mL. Store in fridge and send on ice pack. Include 24 hr volume on requisition. SPH Sendout must generate Mayo Clinic Order in MayoLink. Mayo ID:UIOD OOC/OOP consent form and Agency approval required. Copy of requisition for Sendout bench. TAT time from performing lab is 4 days.	Y Application and patient consent from ordering physician required.	Specimen Process Center Mayo Medical Laboratories 3050 Superior Drive NW Rochester, MN 55901 1-800-533-1710

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Islet Cell Antibodies, Pancreatic	MISCB	1 RED top	2 mL RED top serum, minimum 0.5 mL. Send frozen on dry ice. Copy of requisition for send out. Put Fax Result to SPH Lab request sticker on requisition or on Sunset Printout. Additional information on HICL website Patient must sign OOC/OOP consent form. TAT from performing lab is 7 days.	Y Form Letter Patient Consent	Hospitals In-Common Laboratory Inc. 57 Gervais Dr. North York, ON M3C 1Z2 Phone 416-391-1499 Ext.248 Fax Phone 416-385-1957
Isoniazid	INZB	1 RED top * SST Gold top or plasma tubes are also acceptable	2 mL serum or plasma. Spin and separate ASAP. Freeze and send on dry ice. Copy of requisition for send out. OOC/OOP consent form required. TAT from performing lab is 7 days.	Y Application and patient consent from ordering physician required.	Hospitals in Common
Isopropanol (Isopropyl alcohol, Acetone Quantitation)	ISOP	1.0ML lithium heparin plasma (Serum is acceptable) Tightly Stoppered	Refrigerate plasma. Write STAT on req & container. Send Osmolar Gap. Phone ward and request they contact on-call Medical Biochemist for approval. See instructions in methanol/ethylene glycol section	Y	VGH Lab – Phone To Notify That Specimen Is Being Sent 875 411 L Local 68203
Isopropanol-Denaturation Or Unstable Hgb		3 mL EDTA plasma	Not available. See Hematology prior to collecting. Copy of requisition to Hem.	Y	
Isopropanol Precipitation		3 mL EDTA plasma	Not available. See Hematology prior to collecting. Copy of requisition to Hem.	Y	

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Itraconazole	ITRAB	1 RED top or 6 mL LAV top	Centrifuge ASAP, 2-4 mL serum or EDTA plasma, Freeze. Send on ice pack. Need dlast dose information. If pre and post dose requested, post dose is 2-hour Post oral or 30 minutes Post IV. Give a copy of requisition and labels to Special Chemistry and put sample in Mass Spec rack. Sunquest Order Entry instructions: free text in the following fields ITRDLD = ;DD MMM YYYY e.g. ;15 APR 2013 ITRTLD = ;HH:MM e.g. ;07:00	N	SPH Special Chem
Japanese Encephalitis Virus Serology	JEV	5 mL SST Gold Top tube	Refrigerate. Send on ice pack.		BC Centre For Disease Control
K (Potassium)	K	1 PST	0.5 mL Lithium Heparin plasma.		SPH Chem
Ketamine	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Ketamine	Y	Provincial Toxicology Center
Ketoconazole	SPQ	2 mL EDTA plasma	Centrifuge ASAP. Freeze plasma. Serum is also acceptable. Send on ice pack. Ask for dose time. Approval from Microbiology is required. Pre and Post dose could be requested. Pre dose is before the dosage. Post dose is 2-hour Post oral or 30 minutes Post IV. Sunquest Order Entry instructions: free Text in the following fields SD0177 = PLS-EDTA SPQ1 = ;Ketoconazole SQDLD = ;DD MMM YYYY e.g. ;15 APR 2013 or UNAVOE SQTLD = ;HH:MM e.g. ;07:00 or UNAVOE	Y Medical Micro Approval	BCCDC Prov Tox

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Ketones (Beta-hydroxybutyrate, Serum)	KETS	1 PST	No longer available as of 12/2017 at SPH. Please order a betahydroxybutyrate (BOHB). KETS still available at MSJ		MSJ Chem
Ketorolac	SPQ	1 RED top	2-4 mL RED top serum or urine. Refrigerate and send on ice pack. Sunquest Lab LIS Order Entry: SD0177=SER or ;Urine SPQ1=; KETOROLAC SQDLD=;DD Mmm YYYY e.g. 31 Mar 2015 or UNAVOE SQTLD=;HH:MM e.g. 13:50 or UNAVOE	y	Provincial Toxicology Centre
	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Ketorolac		
Kleihauer Test	FMH	3 mL EDTA tube	Give to Hematology. Copy of requisition to Hem. Test should be performed on a fresh sample. If unable to do so store in refrigerator overnight. Sample is testable for 24 hours after collection.		SPH

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Lacosamide VIMPAT	MISCB	1 RED top	2-4 mL serum or urine. Refrigerate and send on ice pack. Copy of requisition for send out.	y	Provincial Toxicology Center
	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Lacosamide		
Lactate	LACT	1 GRY	** NO FIST CLENCHING ** mix at least 12 times tube must be at least half filled. NICU babies for BLACT: collect 125 µL in Capillary glass rod without air bubbles. Deliver to Core Lab immediately.		SPH Chem
Lactate, CSF	CSLA	CSF	0.25 mL CSF supernatant		SPH Chem.

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Lactate Dehydrogenase (LDH, LD)	LD	1 PST	0.5 mL lithium heparin plasma.		SPH Chem
Lactate Dehydrogenase, Fluid (FLD)	FLD FLUIDB	1 PST Light green top, SST Gold top, RED top or non preservative container	0.5 mL fluid. Sample must be less than 4 hours old. FLUIDB: PLEUR; DIA; PERIT; BAL; PCF Synovial Fluid LD not available.		SPH Chem
Lamotrigine (Lamictal)	LAMOB	1 RED top	2 -4 mL serum or urine. Ward should record information on dosage, time of last dose, and other meds. For therapeutic drug monitoring specimens must be drawn at trough. Serum must be separated from cells within 2 hours of drawing. Refrigerate. Send on ice pack.		Provincial Toxicology Center
	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Y Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Lamotrigine		
LCMV Serology-Lymphocytic Choriomeningitis	LCMV	5 mL SST Gold top	Refrigerate. Send on ice pack.		BC Centre For Disease Control
LDH, CSF	CSFLD	1.0 mL CSF	Freeze. Send on ice pack.		VGH Lab

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
LDH Isoenzyme Mayo test ID: LD_I	LDHI	5 mL SST Gold top RED top acceptable	2 mL serum, divided into 2 tubes each containing 1 mL, 0.75 mL minimum. Spin and separate within 2 hours of collection. Store at room temperature and send on the day of collection or next day. Stability is 7 days. Do not collect on Fridays or Saturdays. SPH Sendout must generate Mayo Clinic Order in MayoLink. Mayo ID:LD_I OOC/OOP consent form and Agency approval required. Copy of requisition for Sendout bench. TAT time from performing lab is 6 days.	Y Application and patient consent from ordering physician required.	Specimen Process Center Mayo Medical Laboratories 3050 Superior Drive NW Rochester, MN 55901 1-800-533-1710
Lead (Blood)	PBWB	1 Li Heparin DRK GRN top tube	Follow Trace Metal Collection Protocol. Minimum 1.0 mL whole blood, mix well. Do not centrifuge. Store and send tube upright at 4oC within 1 week of collection. Send copy of requisition with transport batch.	Y	Children's Hospital
Lead (Urine)	add CRU, UTIM	Use orange, horizontal container, do not add hydrochloric acid, do not use neon pink labels.	Prior consultation and approval by C&W Lab Physician required. Refrigerate and send CRR result. See CH collection protocol: (copy and paste path to Intranet browser) \\vch\departments\Chemistry (Dept PHCLAB)\Accessioning\Miscellaneous Collection Procedures\Childrens_Hospital_24 HR URINE Collection Protocol March 9_09.pdf. Verify pH must be <4. Indicate on requisition: total urine volume, date and times of collection. Transport on ice by overnight courier to have sample arrive at C&W lab by 12:00 hrs (noon) the day after collection.	Y	Children's Hospital

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Leflunomide, Serum Teriflunomide Leflunomide Metabolite	LEFLUB	1 RED top or DARK GREEN top (Na or Li heparin)	1.0 mL serum or plasma, minimum 0.5 mL. Freeze serum and send on dry ice. Put Fax Result to SPH Lab request sticker on requisition or on Sunset Printout. Mandatory Lab Agency pre-approval required. OOC/OOP consent form required. TAT from performing lab is 10 days	y Application and patient consent from ordering physician required.	Hospitals In-Common Laboratory Inc. 57 Gervais Dr. North York, ON M3C 1Z2 Phone 416-391-1499 Ext.248 Fax Phone 416-385-1957
Legionella Antigen Test	LEGAGB	Random urine	Refrigerate. Send on ice pack.		BC Centre For Disease Control Refer out
Legionella Serology	LEGIOB	5 mL SST Gold top	Refrigerate. Send on ice pack.		BC Centre For Disease Control Refer out
Leishmaniasis Leishmania Serology	LEISHB	5 mL SST Gold top	Refrigerate. Send on ice pack.		BC Centre For Disease Control

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Leptospira PCR or NAT	LEPNB	6 mL LAV top	Must have Medical Microbiologist approval prior to collection. Refrigerate. Send on ice pack. Ask BCCDC ZEP if other specimen types. Modify REFTO1 with Med Micro initials if Approved: E.g. REFTO1=;Sent to BCCDC-AMMMR	Y – TRAP Medical Microbiologist approval prior to collection	BC Centre For Disease Control ZEP
Leptospira-CFT (Blood Culture)	Check with BCCDC for availability	6 mL DRK GRN Heparin	See microbiology for more info.		BC Centre For Disease Control
Leptospirosis – Serology Leptospira Serology	LEPTO	5 mL SST Gold top	Refrigerate. Send on ice pack		BC Centre For Disease Control (BCCDC Sendout)
Leukocyte Adhesion Defect Screen (Leukocyte Adh's'n Defect) CD11, CD18, LAD Flow, XBC661-5	LAD	6 mL LAV top	4 mL (minumum 2 mL) Whole blood specimen. ***Specimen must include a (non related) NORMAL BLOOD as a transport control.*** All patients over 16 years of age must be pre-approved PRE COLLECTION. Call (604) 875-2345. Specimen must be received within 6 hours of collection, only collect between 0300-1100 Monday to Friday. Contact BCCH Immuno Lab before sending.	Y	BC Children's Hospital Lab Specimen Receiving 2J20 4500 Oak Street Vancouver BC V6H3N1 (604)875-2345 ext 7491

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Levamisole (Levamisole is an impurity in cocaine and would be identified when cocaine is ordered)	DRSCB see instruction	10 mL urine	Freeze. Sample should be stored at –20°C. Copy of requisition for send out. Sunquest LIS Order Entry instructions: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED I default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Levamisole		Provincial Toxicology Center
Levetiracetam (Keppra®)	LEVETB	1 RED top	2-4 mL serum or urine. Refrigerate and send on ice pack. Copy of requisition for send out.	Y	Provincial Toxicology Center
	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Levetiracetam		
LGV PCR non blood	MISCB	Rectal swab		Y	BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory Forward to NML Winnipeg

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Lhon Dystonia Mitochondrial Mutation (AKA Lhond Mutation)	MDTB	6 mL EDTA	Prior consultation required. Copy of requisition for send out. Keep and send at room temperature. TAT=12weeks	Y	Children's Hospital – Biochemical Genetics Lab Room 2F22 604-875-2307
Lidocaine (Xylocaine)	LDCNB	1 RED top *plasma from Dark green, Lav, or grey top acceptable	1 mL serum or plasma, minimum 0.2 mL. Freeze and send on dry ice. Collect a trough sample prior to next dose. Copy of requisition for send out. Consent form required. TAT from performing lab is 6 days.	Y	Hospitals in Common
Liley Curve For Bilirubin Pigments Amniotic Fluid Bilirubin, Amniotic Fluid Analysis for Hemolytic Disease of the Newborn	LCC	3 mL Amniotic Fluid	Protected from light. Put our fax # 604 806 8815 on requisition. Copy of requisition for send out.		Children's Hosp. Lab Rm 2F40, 4480 Oak Street
Lipase	LIPA	1 PST	0.5 mL lithium heparin plasma (serum acceptable), refrigerate. If frozen must send frozen.		SPH Lab
Lipase, Fluid	FLIPA	1 PST Light green top, SST Gold top, RED top or non preservative container	0.5 mL fluid. FLUIDB: PLEUR; DIA; PERIT; BAL; PCF Synovial fluid lipase not available.		SPH Chem

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Lipid Profile (CHOL, HDLC, TRIG, LDLC) *If triglycerides not ordered see CHOLP*	LIPID	1 SST Gold top	0.5 mL serum. For fasting status enter the number of hours the patient has been fasting with one decimal place. For example if the patient has been fasting for 6 hours, enter 6.0.		SPH Chem
Lipid Profile, Self Pay	LIPSP	1SST Gold top			SPH Chem
Lipoprotein a	LPAB	1 SST Gold top or 1RED top	1.0 mL serum, send frozen (dry ice preferred).		SPH Chemistry
Lipoprotein Electrophoresis (plasma lipoprotein electrophoresis, lipoprotein pattern)	PLEPB	1 SST Gold top or EDTA Lav top or pleural or ascites fluid	Collect after a 12 to 14 hour fast. Minimum 100 uL/0.1 mL serum, plasma, or fluid. Centrifuge, separate and refrigerate. Do not freeze. Result field APP078 with HIDE.		SPH Special Chemistry
Lithium Level	LITHL	1 SST Gold top	0.5 mL serum. Collect prior to next dose – last dose time required. Sunquest Last Dose format: LITDLD: ;DD Mmm YYYY e.g. ;31 Mar 2014 or UNAVOE LITTLTLD: ;HH:MM e.g. ;13:50 or UNAVOE		SPH Chem
Lithium Erythrocyte		1 RED top and 1 LAV top	1 mL serum and 2 mL whole blood. Through level should be drawn at least 12 hrs after dose. Indicate time last dose of lithium given.		Lions Gate Hospital
Liver Panel LFT	LVP	1 PST	ALKP, ALT, ALB, GGT, TBIL		SPH Chem

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Liver Kidney Microsomal (Type 1)	LKM1	1 SST Gold top	0.5 mL serum. Freeze. Send frozen on ice pack		VGH Lab
Long Chain Fatty Acids Very Long Chain Fatty Acids; C26, C26:C22 ratio, C24, C24:C22 ratio, phytanic acid, pristanic acid)	VLCB	1 DARK GREEN Li Heparin	For Adults: fasting overnight (12 hours), For children 1 – 12 yrs, overnight fast preferred but minimum of 4 hrs is acceptable. For infants < 1 yr, collect before next feed (2 – 4 hrs). Centrifuge ASAP and separate a minimum 2 mL plasma and freeze. Send on dry ice. Copy of requisition for send out. Do not collect on weekends or STAT holidays.	Y	Children's Hospital – Biochemical Genetics Lab Room 2F22 604-875-2307
Lorazepam (Ativan)	LRZPB	1 RED top	2-4 mL serum or urine. Refrigerate and send on ice pack. Copy of requisition for send out.	Y	Provincial Toxicology Center
	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Lorazepam		
Loxapine	DRSCB	>2 mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Loxapine	Y	Provincial Toxicology Center

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
LP PLA2 (PLAC[R])	MISCB	1 RED top	Spin and separate within 2 hours of collection. Minumun 0.5 mL. Refrigerate Serum. Send on ice pack. Specimen only acceptable for 14 days. Patient must sign Out of Country consent form form and copy of requisition for Sendout bench. Mandatory Lab Agency pre-approval required (request to be done by patient Dr.). For Outpatients, do not collect without MSP approval if test is ordered alone.	Y Application and patient consent from ordering physician required.	Quest Diagnostics Nichols Institute 33608 Ortega Highway San Juan, Capistrano, CA 92675 1(800) 553-5445
LSD Screen	LCLSD	1 RED top	2-4 mL RED top serum. Test only upon prior consultation with chief analyst. Refrigerate Serum. Send on ice pack.	Y	Provincial Toxicology Center
Luteinizing Hormone (Leuteotropic Hormone, Pituitary gonadotropins +FSH)	LH	1 SST Gold top	0.5 mL serum in False Bottom or 13 x 75 Polypropylene tube. Send with ice pack within 24 hrs of collection or send frozen.		SPH Special Chemistry
Lyme C6 Peptide Serology	Check with BCCDC for availability	5 mL SST Gold top	Refrigerate. Send on ice pack.		BC Centre For Disease Control
Lyme Disease Serology	BBGMS	5 mL SST Gold top	Refrigerate. Send on ice pack.		BC Centre For Disease Control

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Lyme Disease Supplemental IgG/IgM	BBFLX	5 mL SST Gold top	Refrigerate. Send on ice pack.		BC Centre For Disease Control
Lyme (European) Western Blots	LEWBB	5 mL SST Gold top	Refrigerate. Send on ice pack.		BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory
Lymphocyte Crossmatch	HLAXRB (Recipient) HLAXDB (Donor) HLAAXB (Autologous)	1 RED top 5 ACD B YELLOW top	Keep specimen at room temperature. Date & time of collection must be on the specimens & on the requisition. A clinical diagnosis must accompany req.		VGH Lab Tissue Typing 910 W. 10th
Lymphocyte Stimulation Mitogen	LSM	3 x 6 mL GrLiHep Dark Green top lithium heparin	15 mL whole blood in dark green lithium heparin tube. Store at room temperature. Test must be pre-booked with BCCH Immunology lab. After arranging collection, collect Wednesday after 1300 or early Thursday before 1100 . Must be received in BCCH Immunology no later than 1300 on Thursday. Requires BCCH Immunology requisition.	Y	Children's Hospital Laboratory Specimen Receiving Rm 2J20.
Lysozyme (Muramidase) MAYO Code: MURA	MISCB	6 mL EDTA Lav top	2 mL plasma, minimum 1.0 mL. Spin and separate within 2 hours of collection. Freeze immediately and send on dry ice. Stability is 21 days. Cost is \$193.00 USD. SPH Sendout must generate Mayo Clinic Order in MayoLink. Mayo ID:MURA OOC/OOP consent form and Agency approval required. Copy of requisition for Sendout bench. TAT time from performing lab is 5 days.	Y Application and patient consent from ordering physician required.	Specimen Process Center Mayo Medical Laboratories 3050 Superior Drive NW Rochester, MN 55901 1-800-533-1710

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Macroprolactin (Do NOT order PROL with this test, VH will reflex PROL)	MPROLB	1 PST	Refrigerate send on ice pack	Y	VGH Lab
Magnesium	MG	1 PST	0.5 mL lithium heparin plasma, refrigerate.		SPH Chem
Magnesium, 24 hour urine	MGU add CRU, UTIM	24 hour no preservative (Acid container acceptable)	Refrigerate during collection. Measure 24 hour volume. Aliquot 3 mL for urine creatinine, centrifuge and aliquot supernatant to 12 x75 plastic tube. Aliquot approximately 100 mL from well mixed 24 hour collection and adjust the pH of aliquot to pH 2-3 with 6 M HCl (do not send whole collection) for heating at SPH. Referring sites need to include 24 hour volume, patient's height and weight on requisition. Refrigerate and send on ice pack.		SPH Chem
Magnesium Creatine ratio	MGRU	Random urine	Lab orderable only. Order code includes urine creatinine and ratio. 3 mL aliquot, centrifuge and aliquot supernatant to 12 x75 plastic tube.		SPH Chem
Magnesium, random urine	MGR	Random urine	Lab orderable only. 3 mL aliquot, centrifuge and aliquot supernatant to 12 x75 plastic tube.		SPH Chem
Magnesium, RBC (erythrocyte magnesium, RBC Mg)	MISCB	6 mL EDTA Lav top	Minimum 2.0 mL whole blood. Spin down sample and discard plasma, buffy coat and first layer of red cells. There should be no plasma or buffy coat remaining on red cells. Replace tube cap tightly and store in fridge in primary tube. Send on ice pack. Put Fax Result to SPH Lab request sticker on requisition or on Sunset Printout. Not covered by MSP; cost is \$33.00. Patient must pay prior to collection. Give copy of receipt to billing. TAT by performing lab is 10 days.	Y	LifeLabs

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Magnesium, Stool	STMG	Stool in non preservative container	Liquid specimen required. Test within 4 hours if stored at room temp., and within 24 hours if refrigerated. 0.5mL supernatant required, more if Millipore filtration is required.		SPH Chem
Malaria Stain (Malaria screen, Malaria thin and thick)	MALPCR	1 EDTA (no shared tubes)	**Hand sample directly to core MLT** . Must be in its own tube (no shared tubes). 1.0 mL minimum fill for 3 mL EDTA Vacutainer. If travel history is available it can be entered in the popup box for PHX030 (free text). If not, enter HIDE.		SPH Hem
Malignant-Hyperthermia		1 RED top	Order CPK cholinesterase and dibucaine		
Manganese, Whole Blood	MNWBB	1K2EDTA Dark blue top *Special Collection tube from Supervisor*	Use another dark blue K2EDTA tube as a primer if needed. 6.0 mL whole blood, minimum 1.0 mL. Refrigerate and send on ice. Do not centrifuge whole blood. HICL cost is \$35.00. OP must pay prior to collection. Copy of requisition for Sendout. Put Fax Result to SPH Lab request sticker on requisition or on Sunset Printout. OOC/OOP consent form required. TAT from performing lab is 10 days	Y Application and patient consent from ordering physician required.	Hospitals In-Common Laboratory Inc. 57 Gervais Dr. North York, ON M3C 1Z2 Phone 416-391-1499 Ext.248 Fax Phone 416-385-1957

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Maprotiline (Ludiomil) (tetracyclic Antidepressant)	MISCB	1 RED top or EDTA Lav top	Collect trough sample. 3 mL serum or plasma. Spin and separate ASAP. Freeze and send on dry ice. Copy of requisition for send out. OOC/OOP consent form required. TAT from performing lab is 7 days	Y Application and patient consent from ordering physician required.	Hospitals in Common
Maternal-Antibodies	PRSB	6 mL LAV top or 3 x 6 mL LAV top (if testing requested by CBS)	All specimens stored in fridge. Complete CBS Perinatal Screen Request form. If patient injected with RH gamma globulin note on form.		CBS Note: CBS requires the CBS requisition with due date, hospital for delivery, and requesting physician on the requisition
Measles – IgG - Rubeola IgG Serology	MIGB	5 mL SST Gold top	Refrigerate. Send on ice pack.		BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory
Measles – IgM and IgG - Rubeola IgM and IgG Serology	MEASP	5 mL SST Gold top	Refrigerate. Send on ice pack.		BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Measles PCR non blood (measles culture)	MISPCR	NP Swab, urine			BCCDC
Meconium	DRSCB	Baby sample in sterile container	Refrigerate. Send on ice pack.	Y	Provincial Toxicology Center
Meningococcal Serology	MENS	Indicate specimen type at RESOE (SD0151)			BC Centre For Disease Control
Meperidine (Demerol)	DRSCB	>2 mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Meperidine	Y	Provincial Toxicology Center
Mercury (Blood)	HGWB	1 DRK GRN top Li Heparin tube	Follow Trace Metal Collection Protocol. Minimum 1.0 mL whole blood, mix well. Do not centrifuge. Store and send at 4oC within 1 week of collection. Send copy of requisition with transport batch. http://www.elabhandbook.info/phsa/Files/AdditionalFiles%20f1_20140207_113746_Blood%20Collection%20for%20Trace%20Elements%20rev%20Dec%202013.doc	Y	Children's Hospital

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Mercury (24 Hour Urine)	HGU add CRU, UTIM	Use orange, horizontal container, do not add hydrochloric acid, do not use neon pink labels.	Minimum 10 mL aliquot. All equipment used must be metal free. See CH collection instructions: (copy and paste path to Intranet browser) \\vch\departments\Chemistry (Dept PHCLAB)\Accessioning\Miscellaneous Collection Procedures\Childrens_Hospital_24 HR URINE Collection Protocol March 9_09.pdf	Y	Children's Hospital
Mercury (Random Urine)	HGRU add CRR	50 mL urine	Order code includes urine creatinine and ratio.	Y	Children's' Hospital
Merkel Cell Panel, Anti Merkel Cell panel	MISCB	1 RED top	2 mL of serum (minimum 0.5 mL), freeze. OP patient must pay prior to collection: Charge \$150.00 for shipping. Patient must arrange for payment with University of Washington prior to blood being drawn OR charge \$365.00 for cost of test (price includes shipping). Patient must sign Out of Country consent form form. Copy of AMERK requisition for sendout. Add Phlebotomy fee if no other tests ordered to be done at SPH. Sendout person: Send specimen on dry ice with AMERK Requisition	Y Application and patient consent from ordering physician required.	University of Washington Medical Center 1959 NE Pacific St, Seattle, WA 98195, USA (206)685-6066
Mesantoin (Mephenytoin)	MPHNB	1 RED top	2-4 mL RED top serum. Refrigerate Serum. Send on ice pack.	Y	Provincial Toxicology Center

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Metanephrine & Normetanephrine, 3-Methoxytyramine, Epinephrine, Dopamine, Catecholamine (Urine) 24 hour collection	MCATEX and CRU and UTIM	24 hour collection	Collect in a 24 hour urine collection bottle and must be kept refrigerated throughout collection, receipt and processing. Immediately after receiving the sample, pour off 2 x 12x75 aliquot tubes of a well-mixed 24hr collection and freeze. Aliquots must remain frozen at all times, send on dry ice and provide the volume and urine creatinine result.	Y – if more than one of 3 tests ordered. CAT or VMA or UMETA. If only one of 3, no approval needed.	VGH Lab
Metanephrine & Normetanephrine, 3-Methoxytyramine, Epinephrine, Dopamine, Catecholamin (Urine) Random collection	MCATCR and CRR	50 mL aliquot of RANDOM urine	Must be kept refrigerated throughout collection, receipt and processing. Immediately after receiving the sample, pour off 2 x 12x75 aliquot tubes of a well-mixed urine and freeze. Aliquots must remain frozen at all times, send on dry ice.		
Metanephrines, plasma (Fractionated Metanephrines) or (Free Metanephrines)	METPB	6 mL EDTA plasma	Pre-approval is required. Patient must be fasting and abstain from smoking for at least 4 h prior to collection. patient should rest in a supine position for 15 minutes prior to collection. 1 mL plasma, separate and freeze ASAP. Send frozen on dry ice. Put Fax Result to SPH Lab request sticker on requisition or on Sunset Printout. OOC/OOP consent form required. TAT from performing lab is 10 days.	Y Application and patient consent from ordering physician required.	Hospitals In-Common Laboratory Inc. 57 Gervais Dr. North York, ON M3C 1Z2 Phone 416-391-1499 Ext.248 Fax Phone 416-385-1957
Methadone In Urine Dolophine EDDP 2-Ethylidene-1,5-Dimethyl-3,3-Diphenylpyrrolidine	MTMR part of UDSC	Random Urine	>1.0 mL urine. Refrigerate if not done immediately. Add DRSCB if Dr specifies Methadone <u>confirmation</u> (or aka names) and give copy of requisition for Medical Biochemist approval.	Y – if DRSCB ordered.	SPH

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Methadone In Urine, Confirmation	DRSCB	Random urine	Refrigerate. Send 50 mL Urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED I default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Methadone confirmation	Y	Provincial Toxicology Center
Methamphetamine (Ice)	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Methamphetamine	Y	Provincial Toxicology Center
Methanol – Quantitative (Methyl alcohol) Stat Test – Process Immediately	MEOH	2- 4 mL lithium heparin plasma (Serum is acceptable) Tightly Stoppered.	Refrigerate spun specimen. Write STAT on req & container. Send Osmolar Gap. Phone ward and request they contact on- Call Medical Biochemist for approval. See instructions in methanol/ethylene glycol section	Y	VGH Lab – Phone To Notify That Specimen Is Being Sent 875 4111 Local 68203
	SPQ	1 RED top	2-4 mL serum. Refrigerate Serum. Send on ice pack. Sunquest Lab LIS Order Entry second screen: SD0177=SER or ;Urine SPQ1=;Methapyrilene SQDLD=;DD Mmm YYYY e.g. 31 Mar 2015 or UNAVOE SQTLD=;HH:MM e.g. 13:50 or UNAVOE		

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Methapyrilene	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Methapyrilene	Y	Provincial Toxicology Center
Methaqualone (Urine) Qualitative.	UDRG	urine 50 mL	Refrigerate urine. Send on ice pack. Copy of requisition for send out.	Y	VGH Lab
Methemoglobin	FMHB	1 unopened PST (7 days) OR blood gas Syringe (45 mins)	Sample must be fresh. Store at room temp.		SPH Chem
		MSJ: 1 PST OR blood gas Syringe			MSJ Lab
Methocarbamol (Robaxin)	MCBB	1 RED top	2-4 mL serum or urine. Refrigerate and send on ice pack. Copy of requisition for send out.	Y	Provincial Toxicology Center
	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Methocarbamol		

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Methotrexate	MTXB	1 PST Light green top	1 mL plasma. CSF and EDTA plasma also acceptable. Remove plasma from gel within 1 hour of collection. Ensure last dose information is complete. Test code includes dosage, time, and date of last dose. Send all specimens STAT by cab, regardless of the priority ordered in the computer system. Affix a pink STAT sticker to the sample. Call BCCH after pick-up to alert them of the samples arrival.		Children's Hospital
Methylmalonic Acid (Plasma) (Methylpropanedioic Acid; Isocuccinic Acid)	MMAPB	1 Tall EDTA Lav top or RED top *SST Gold top is acceptable	3.0 mL plasma or serum. Centrifuge and freeze with 6 hours of collection. Write "EDTA plasma" or "Serum" on aliquot tube. Send frozen on dry ice. Copy of requisition for send out. Put Fax Result to SPH Lab request sticker on requisition or on Sunset Printout. Consent form required. TAT from performing lab is 15 days.	Y Application and patient consent from ordering physician required.	Hospitals In-Common Laboratory Inc. 57 Gervais Dr. North York, ON M3C 1Z2 Phone 416-391-1499 Ext.248 Fax Phone 416-385-1957
Methyl Salicylate	SPQ	1 RED top	2-4 mL RED top serum. Refrigerate Serum. Send on ice pack. Sunquest Lab LIS Order Entry second screen: SD0177=SER SPQ1=;Methyl Salicylate SQDLD=;DD Mmm YYYY e.g. 31 Mar 2015 or UNAVOE SQTLD=;HH:MM e.g. 13:50 or UNAVOE	Y	Provincial Toxicology Center
	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Methyl Salicylate		

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Methylphenidate (Ritalin)	MTPDB	1 RED top	2-4 mL serum or urine. Refrigerate and send on ice pack. Copy of requisition for send out.	Y	Provincial Toxicology Center
	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Methylphenidate		
Metoclopramide	SPQ	1 RED top	2-4 mL serum or urine. Refrigerate. Send on ice pack. Sunquest Lab LIS Order Entry second screen: SD0177=SER or ;Urine SPQ1=;Metoclopramide SQDLD=;DD Mmm YYYY e.g. 31 Mar 2015 or UNAVOE SQTLD=;HH:MM e.g. 13:50 or UNAVOE	Y	Provincial Toxicology Center
	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Metoclopramide		

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Metoprolol (Lopressor)	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Metoprolol	Y	Provincial Toxicology Center
Metronidazole	SPQ	1 RED top	2-4 mL serum or urine. Refrigerate. Send on ice pack. Sunquest Lab LIS Order Entry second screen: SD0177=SER or ;Urine SPQ1=;Metronidazole SQDLD=;DD Mmm YYYY e.g. 31 Mar 2015 or UNAVOE SQTLD=;HH:MM e.g. 13:50 or UNAVOE	Y	Provincial Toxicology Center
	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Metronidazole		
Mexitil (Mexiletine Hcl)	MXLTB	1 RED top	2 mL serum. Refrigerate Serum. Send on ice pack. Copy of requisition for send out. Put Fax Result to SPH Lab sticker.	Y	Victoria General Hosp Tel: 727-4167

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Microalbumin, Random Urine (Albumin-Urinary-Microalbumin) (Microalbumin Albumin/Cre Ratio) Microalbumin, 24 Hour Urine	MALBR MALBU add UTIM	Random urine 24 hr urine no preservative. Must not be bloody or in Acid	Refrigerate during collection. 50 mL aliquot from 24 hour collection (do not send whole collection). Referring sites need to include 24 hour volume, patient's height and weight on requisition. Refrigerate and send on ice pack. Do not freeze.		SPH Special Chem
Microfilaria smear	MFILAB add CBCDIF	1 LAV top	1.0 mL minimum fill for 3 mL EDTA Vacutainer. If travel history is available it can be entered in the popup box for PHX030 (free test). If not, enter HIDE. MSJ- make 4 thick and 6 thin smears within one hour of collection and send unstained smears to SPH, with the sample.		SPH Heme
Mirtazapine	MIRB	1 RED top	2-4 mL serum or urine. Refrigerate and send on ice pack. Copy of requisition for send out.		Provincial Toxicology Center
	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Mirtazapine		
Miscellaneous CGL Test Miscellaneous Cytogenetics Test, FISH	MCGL	Na Heparin	Orderable by CW CGL only.		Children's Hospital

Test		Sunquest Code	Specimen	Instructions	Approval	Destination
Mitochondrial DNA Deletions (AKA Mitochondrial Deletions, MTDNA Deletion, Long Range PCR Mutations)		MISCB	1X 6 mL EDTA	Prior consultation required. Copy of requisition for send out. Keep and send at room temperature. TAT=12weeks		Children's Hospital – Biochemical Genetics Lab Room 2F22 604-875-2307
Mixing Studies, PT (INR)		PTS	3 CIT blue top	Full citrate draw. Determine if patient is on oral anticoagulant. Specimen must be centrifuged within 2 hours of collection. Minimum 3.0 mL plasma double spun, aliquot in polypropylene tube. Freeze at -20°C, refer in sample must arrive at SPH frozen. Copy requisition for Special Coag.		SPH Coag
Mixing Studies, PTT (Coagulation Inhibitors (Circulating Inhibitors, Inhibitor screen)		PTTS	3 CIT blue top	Full citrate draw. Determine if patient is on oral anticoagulant. Specimen must be centrifuged within 2 hours of collection. Minimum 3.0 mL plasma double spun, aliquot in polypropylene tube. Freeze at -20°C, refer in sample must arrive at SPH frozen. Copy requisition for Special Coag.		SPH Coag
MMR Serology (Includes MIGB, MUIGB And RUBEB) - Mumps, Measles And Rubella		MUIGB, MIGB and RUBEB	5 mL SST Gold top	Refrigerate. Send on ice pack.		BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory
Miscellaneous MGL Test (Molecular Genetics Lab)		MMGL		Orderable by CW MGL only		Children's Hospital Molecular Genetics Lab (MGL)
Molecular Genetics for Children's Hospital			1 x 6 mL EDTA Lavender top unless specified			
	Achondroplasia AFGR3	Use bolded test code beside test				

Test		Sunquest Code	Specimen	Instructions	Approval	Destination
	<i>Alloimmune thrombocytopenia</i>	name. If no test or test code listed, use MDTB				
	<i>Alpha Thalassemia</i> ATHCW					
	Androgen Insensitivity Syndrome					
	Angelman Syndrome Molecular Genetics ASYN					
	Ashkenazi Carrier Screening AKJ					
	<i>Beta Thalassemia</i> BTHCW					
	Brugada Syndrome BRUG					
	CADASIL NOTCH3					
	Charcot-Marie-Tooth Type 1A					
	Chimerism CHIMAB					
	Cystic Fibrosis CFTRCW					
	Dystonia early onset primary DYT					
	Dystrophinopathies DMD					
	Facioscapulohumeral Dystrophy					
	Familial Mediterranean Fever FMF					

Test		Sunquest Code	Specimen	Instructions	Approval	Destination
	FMR1 Related Disorders FRA			<p>All tests listed in <i>Italics</i> are approved by our Hematopathologists. All others are to be approved by our Biochemists. Minimum 1.0 mL Whole Blood. Copy of requisition for Sendout.</p> <p>Ordering Dr must complete CWH Constitutional Molecular Genetics Laboratory requisition: http://genebc.ca/uploads/FORMS/CWGG_REQ_0000_General_Requisition_extend.pdf</p> <p>Send at Room Temperature unless specified.</p>	<p>Y Approval required.</p> <p>Alpha and Beta Thalassemia: N - if ordered by Drs.: Foltz Jackson, Leger, Leitch, Ramadan, Ross, Merkley, Davis, and Yenson</p>	<p>Children's Hospital Molecular Genetics Lab (MGL) 4500 Oak Street Vancouver, BC Specimen Receiving Room 2J20</p>
	Friedreich Ataxia FRD					
	GLUT1 Deficiency Syndrome					
	<i>Hemoglobin S,E,C</i> SCD					
	<i>Hemophilia A</i>					
	<i>Hemophilia B</i>					
	Hereditary Neuropathy					
	<i>HFE Related Hemochromatosis</i>					
	Huntington Disease HDCW					
	Hyper IgD Syndrome HIDS					
	Hyperkalemic Periodic Paralysis HPE					
	Hypochondroplasia HYP					
	Hypokalemic Periodic Paralysis HPO					
	<i>Kell Hemolytic Disease of Newborn</i>					
	Loeys-Dietz Syndrome					
	Long QT Syndrome LQTS					
	<i>Marfan Syndrome</i>					

Test		Sunquest Code	Specimen	Instructions	Approval	Destination
	Miscellaneous MGL Test MDTB					
	Muenke Syndrome MUENK					
	Myotonic Dystrophy Type 1 DM1					
	Oculopharyngeal Muscular Dystrophy					
	Prader-Willi Syndrome Molecular Genetics PWS					
	<i>RhC Hemolytic Disease of Newborn</i>					
	<i>RhD Hemolytic Disease of Newborn</i>					
	<i>RhE Hemolytic Disease of Newborn</i>					
	Sensorineural Hearing Loss DFN					
	Spinal Muscular Atrophy SMACW					
	Spinobulbar Muscular Atrophy					
	Spinocerebellar Ataxia Panel SAPCW					
	Steroid 5-alpha-reductase deficiency					
	Thanatophoric Dysplasia THDY					

Test		Sunquest Code	Specimen	Instructions	Approval	Destination
	Transthyretin Amyloidosis TAM					
	TRAPS TRAPS					
	Uniparental Disomy UPD # (14, 15, 6, or 7) UPD#					
	Weaver Syndrome 2					
	X-linked hyper IgM Syndrome					
	X-linked Ichthyosis XLI					
	Zygosity TWIN					
Molybdenum, Urine		MBR add CRR	Random urine	Collect and transfer in metal free container. Refrigerate and send on ice pack.	Y	Children's Hospital
Molybdenum, Whole Blood		MBWB	6 mL DRK GRN Li Heparin	Call Children's before collecting test if test is performed. Follow Trace Metal collection protocol. Do not spin. Store upright in fridge and send upright with ice pack. Send copy of requisition with transport batch.	Y	Children's Hospital
Mono Test		MT	1 SST Gold top	0.5 mL serum. Refrigerate.		SPH Hem
Monoacetylmorphine		SPQ	1 RED top	2-4 mL RED top serum or urine. Refrigerate and send on ice pack. Sunquest Lab LIS Order Entry: SD0177=SER or ;Urine SPQ1=; MONOACETYLMORPHINE SQDLD=;DD Mmm YYYY e.g. 31 Mar 2015 or UNAVOE SQTLD=;HH:MM e.g. 13:50 or UNAVOE	Y	Provincial Toxicology

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Monoacetylmorphine		Centre
Morphine In Urine	MOPR Part of UDSC	Random urine	>1.0 mL urine. Refrigerate if not done immediately		SPH
Morphine In Urine, Confirmation	DRSCB	Random urine	Refrigerate. Send 50 mL Urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED I default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Morphine confirmation	Y	Provincial Toxicology Center
Morphology, RBC (slide review, blood smear)	HPR , add CBC	1 LAV	1.0 mL minimum draw for 3 mL EDTA tubes. Slide must be prepared within 6 hours of collection.		SPH Hem

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Morquio A,WBC N-acetyl galactosamine 6-sulphatase, Galactose 6-sulphatase, Mucopolysaccharidosis type IVA, MPS type IVA	WMORA	6 mL Green Lithium Heparin	Prior consultation and approval by Lab Biochemical Geneticist is required. Whole blood must arrive at C&W within 3 hrs of collection and prior to 1200 hrs. If this is not possible, refer patient to C & W hospital Outpatient Laboratory for collection. Keep and send at room temperature.		Children's Hospital
Mucopolysaccharide (MPS) Screen, Urine	MPSU add CRU, UTIM	24 HR urine, no preservative	After removing aliquot for CRR, transfer min 2 ml to a 5 ml tube and ship frozen. See Children's Handbook for detail.		Children's Hospital – Biochemical Genetics Lab Room 2F22 604-875-2307
	MPSU add CRR	50 mL random urine			
Mumps – IgG - Mumps Serology	MUIGB	5 mL SST Gold top	Refrigerate. Send on ice pack.		BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory
Mumps –Anti Mumps IgM and IgG	MUMPS	5 mL SST Gold top	Refrigerate. Send on ice pack.		BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Mumps PCR (non blood)	MISPCR	Buccal swab or 50 mL urine	50 mL of random urine in sterile container. Refrigerate urine.		BC Centre for Disease Control
Murray Valley Encephalitis Virus	MISCB (BCCDC code ZMBAT)	5 mL SST Gold top	Refrigerate. Send on ice pack		BC Centre For Disease Control (BCCDC Sendout)
MPOX (Monkeypox NAT, hMPXV)	MPOX	6 mL EDTA, swabs, urine, or lesion tissue	Lab orderable only. Samples should be stored and shipped refrigerated. Ship TDG Category B by ground, Category A by air.		SPH Virology
Mycophenolic Acid (MPA) or Mycophenolate (Cellcept)	MPA	1 EDTA	1.0 mL EDTA plasma. Send frozen on dry ice. Ask for dose time. No approval required		VGH Lab
Mycoplasma pneumoniae NAT Mycoplasma pneumoniae PCR Hominis Ureaplasma Urealyticum,	CMPN	Genital Swab or MSU 1 RED top CSF	Forward specimen to microbiology to refer out. Must send copy of requisition with transport batch.		Children's Hospital Microbiology

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Myelin Associated Glycoprotein (anti-MAG, MAG antibody)	AM1B	1 RED top or 1 SST Gold top	1 mL serum minimum. Prior approval is required. Freeze serum, send frozen on dry ice. Use Mitogen Diagnostics Laboratory Requisition (in the Requisitions Folder of the Accessioning Folder). Put Fax Result to SPH Lab request sticker on requisition or on Sunset Printout.	Y	Mitogen 3415C 3rd Avenue NW Calgary AB T2N 0M4 Phone: (403)800-8851
N-Acetyl Procainamide (procainamide level)	PROCB	1 RED top	2-4 mL serum. Refrigerate Serum. Send on ice pack.	Y	Provincial Toxicology Center
N-Methylhistamine, Urine Mayo Test ID:NMH24	MISCB CRU UTIM	24-hour urine collection, no preservative. .	5 mL urine aliquot from a 24 hour urine collection, minimum 3 mL. Store in fridge and send on ice pack. Include volume and duration of collection on requisition. Stability is 28 days. Patient must not be taking MAOIs. OOC/OOP consent form and Agency approval required. Copy of requisition for Sendout bench. TAT time from performing lab is 11 days.	Y Application and patient consent from ordering physician required.	HICL

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
C-Telopeptide (CTx)	CTELB	1 SST Gold top	<p>2 mL serum. Freeze and send on dry ice. patient must be fasting 8-10 hours. Do not collect on a Friday or two working days prior to a stat holiday. Collect before and send next day before 12:00. Additional information: http://tests.lifelabs.com/BC/Chemistry/C_TELOPEPTIDE_RANDOM/C_TELOPEPTIDE_RANDOM__Lower_Mainland.aspx?s=1</p> <p>\$65 for Random CTx \$130 for Baseline CTx.</p> <p>OP patient must pay prior to collection. Ask patient to pay at Cashier and make 2 copies of payment receipt, one stapled with copy of requisition for Send Out Tech, the second stapled to original requisition.</p> <p>Put Fax Result to SPH Lab request sticker on requisition or on Sunset Printout. TAT not listed by performing lab.</p>		LifeLabs
N-Telopeptide (Urine) (Collagen Cross Linked N-Telopeptide) (NTx)	NTELB	24 hour collection or random urine from second morning void. No preservatives	<p>24 Hour sample: provide collection date and time and 24 hour urine volume on requisition.</p> <p>Random sample: second morning urine, discard first morning void. 2 mL sample, minimum volume 1 mL, no preservative needed. Provide collection date and indicate Random or 24 hour. Store and send frozen on dry ice. If the specimen thaws, it is unsuitable for analysis. Sample stability frozen is 30 days. Approval required for all patients. OOC/OOP consent form and Agency approval required. Copy of requisition for Sendout bench. TAT time from performing lab is 8 days.</p>	Y Application and patient consent from ordering physician required.	<p>Hospitals In-Common Laboratory Inc. 57 Gervais Dr. North York, ON M3C 1Z2</p> <p>Phone 416-391-1499 Ext.248 Fax Phone 416-385-1957</p>

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Nabilone	SPQ	1 RED top	2-4 mL RED top serum or urine. Refrigerate and send on ice pack. Sunquest Lab LIS Order Entry: SD0177=SER or ;Urine SPQ1=; NABILONE SQDLD=;DD Mmm YYYY e.g. 31 Mar 2015 or UNAVOE SQTLD=;HH:MM e.g. 13:50 or UNAVOE	Y	Provincial Toxicology Centre
	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Nabilone		

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Naltrexone	SPQ	1 RED top	2-4 mL RED top serum or urine. Refrigerate and send on ice pack. Sunquest Lab LIS Order Entry: SD0177=SER or ;Urine SPQ1=; NALTREXONE SQDLD=;DD Mmm YYYY e.g. 31 Mar 2015 or UNAVOE SQTLD=;HH:MM e.g. 13:50 or UNAVOE	Y	Provincial Toxicology Centre
	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Naltrexone		

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Natural Killer cytotoxicity (NK cell, NK assay, NK function) ***If patient is <16 years old sent to BCCH Flow Cytometry Lab***	TBNK add CBCDIF if collected on site (not referred in)	1 DRK GRN (Na Hep), 1 LAV *ACD(A) also acceptable*	Copy of requisition for Flow Cytometry. Referred in sites include CBC and differential results with samples.		SPH Flow cytometry ***If patient is <16 years old sent to BCCH Flow Cytometry Lab***
Neonatal Investigation (Baby only)	NI	Cord – 6 mL EDTA Heel – Micro EDTA	Deliver copy of requisition with specimen to Transfusion Medicine.		SPH Transfusion Medicine (Blood Bank)
Neuron Specific Enolase (NSE) Mayo Test ID: NSE	MISCB	1 RED top SST Gold top acceptable	0.5 mL serum, minimum 0.3 mL. Store in fridge and send on ice pack. Sample stability is 7 days, send day of or day after collection. Do not collect on Fridays or Saturdays. SPH Sendout must generate Mayo Clinic Order in MayoLink. Mayo ID: NSE OOC/OOP consent form and Agency approval required. Copy of requisition for Sendout bench. TAT time from performing lab is 3 days.	Y Application and patient consent from ordering physician required.	Specimen Process Center Mayo Medical Laboratories 3050 Superior Drive NW Rochester, MN 55901 1-800-533-1710

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Newborn Screening aka PKU screen, Neonatal Screen, Phenylalanine Ketone Urea Screen, Blood Spot Screen, Blood Dot Screen, NBS, Newborn Metabolic Screen	NBCL	NBS Card Whatman 903 NBS card (Newborn Screen card, Blood Dot Card)	Optimal 4 dots, minimum 3 dots. Follow collection instructions on reverse of newborn screening card. Apply patient barcode to back of NBS card. Do NOT use the pneumatic tube system to transport wet bloodspot cards. Wet bloodspot cards must NOT be packaged in biohazard bags. Capillary collections preferred. Arterial and venous samples acceptable. Send on Transport Batch at room temperature.		BC Children's Hospital Newborn Screening Laboratory 4480 Oak Street, Room 2F27 Vancouver, BC V6H 3V4
NMDA Receptor Antibodies (Autoimmune Encephalitis)	NMDAB	1 RED top or 1 SST Gold top	1 mL serum minimum. Prior approval is required. Freeze serum, send frozen on dry ice. Use Mitogen Diagnostics Laboratory Requisition (in the Requisitions Folder of the Accessioning Folder). Put Fax Result to SPH Lab request sticker on requisition or on Sunset Printout.	Y	Mitogen 3415C 3rd Avenue NW Calgary AB T2N 0M4 Phone: (403)800-8851

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Neurodegenerative Profile, CSF (amyloid beta 42, total tau, phospho tau, Alzheimer's disease, dementia)	CIPAN	CSF blue top tube	<p>Pre-approval recommended PRIOR to specimen collection. For detailed specimen collection, storage and shipping requirements see: https://www.providencelaboratory.com/test_catalog.php?ID=628</p> <p>In brief, CSF must be collected DIRECTLY into a special BLUE-top tube at the time of lumbar puncture. Collect fraction for Neurodegenerative Profile testing as 2nd or later fraction. No extension tubing allowed when collecting for blue-top tube. Collection into white-top tube or transfer from white-top to blue-top tube is NOT acceptable for Neurodegenerative Profile testing. Sample must arrive at SPH within 14 days of the date of collection.</p> <p>SPH staff - If sample arrives frozen, keep frozen and put in the Special Chem rack in the -20 freezer. If the sample arrives cold, put sample in the Special Chemistry rack in the fridge.</p>	Y Pre-approval prior to collection recommended	SPH Special Chem
Neuromyelitis Optica Autoantibody (NMO) (Aquaporin, Devic's Antibody) Myelin Oligodendrocyte Glycoprotein Antibody	NMOB MOGB (order together)	1 RED top or 1 SST Gold top	<p>1 mL serum minimum. Prior approval is required. Freeze serum, send frozen on dry ice.</p> <p>Use Mitogen Diagnostics Laboratory Requisition (in the Requisitions Folder of the Accessioning Folder).</p> <p>Put Fax Result to SPH Lab request sticker on requisition or on Sunset Printout.</p>	Y	Mitogen 3415C 3rd Avenue NW Calgary AB T2N 0M4 Phone: (403)800-8851

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
NCL, Infantile Neuronal Ceroid Lipofuscinosis, PPT and TPP, Palmitoyl protein thioesterase and tripeptidyl peptidase, INCL, LINCL, CLN1 gene, CLN2 gene, Infantile NCL, Late Infantile NCL, Ceroid lipofuscinosis type 1	INCL	NBS Card	Optimal: 4 spots on Blood Dot Card, minimum 2 spots. Allow card to dry flat on level surface for at least 3 hours prior to packaging for shipment. Do NOT use the pneumatic tube system to transport wet bloodspot cards. Wet bloodspot cards must NOT be packaged in biohazard bags. Identify the test clearly on card. Ship at room temperature.		Children's Hospital
Neurotransmitters, CSF CSF Neurotransmitters, 5-Methyl-Tetrahydrofolate	CNTRNB	CSF	Contact Children's Hospital. Special handling instructions required. CSF collection tubes containing preservative are obtained from Biochemical Genetics, Children's Hospital. Transport specimen to Children's Hospital via Dynamex Courier to ensure door to door delivery. Send copy of requisition with transport batch.		Children's Hospital – Biochemical Genetics Lab Room 2F22 604-875-2307
Nickel, whole blood	NCKLB	1K2EDTA Dark blue top *Special Collection tube from Supervisor*	Not covered by MSP. HICL cost is \$35.00. OP must pay prior to collection. 6 mL whole blood, minimum 1 mL. Do NOT open tube. Refrigerate and send on ice. Put Fax Result to SPH Lab request sticker on requisition or on Sunset Printout. Consent form required. TAT from performing lab is 10 days.	y Application and patient consent from ordering physician required.	Hospitals In-Common Laboratory Inc. 57 Gervais Dr. North York, ON M3C 1Z2 Phone 416-391-1499 Ext.248 Fax Phone 416-385-1957

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Nicotine (Serum)	NICB	1 RED top	2 mL serum from RED top. Refrigerate Serum. Send on ice pack.	Y	Provincial Toxicology Center
Nicotine (Urine) screen, Random See COTN	MISCB	10 mL urine	10 mL Urine Refrigerate and send on ice. Copy of requisition for send out. Consent form required. TAT from performing lab is 5 days.	Y Application and patient consent from ordering physician required.	Hospitals in Common
Niemann Pick Type C (NPC, Niemann-Pick C) Mayo Test ID: OXYWB (Diagnosis of Niemann-Pick disease type A, B, or C and monitoring of Niemann-Pick disease type C)	NPICKB	6 mL EDTA Lav top Dark Green top Heparin or yellow top ACDB acceptable	1.0 mL whole blood in original tube, minimum 0.25 mL. Store in fridge and send on ice pack the day of collection. Stability is 72 hours, collect Monday to Thursday before 1200. SPH Sendout must generate Mayo Clinic Order in MayoLink. Mayo ID:OXYWB OOC/OOP consent form and Agency approval required. Copy of requisition for Sendout bench. TAT time from performing lab is 9 days.	Y Application and patient consent from ordering physician required.	Specimen Process Center Mayo Medical Laboratories 3050 Superior Drive NW Rochester, MN 55901 1-800-533-1710

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Nitrofurantoin	SPQ	1 RED top	2-4 mL RED top serum. Refrigerate Serum. Send on ice pack. Sunquest Lab LIS Order Entry second screen: SD0177=SER SPQ1=;Nitrofurantoin SQDLD=;DD Mmm YYYY e.g. 31 Mar 2015 or UNAVOE SQTLD=;HH:MM e.g. 13:50 or UNAVOE	Y	Provincial Toxicology Center
Nomifensine	SPQ	1 RED top	2-4 mL RED top serum. Refrigerate Serum. Send on ice pack. Sunquest Lab LIS Order Entry second screen: SD0177=SER SPQ1=;Nomifensine SQDLD=;DD Mmm YYYY e.g. 31 Mar 2015 or UNAVOE SQTLD=;HH:MM e.g. 13:50 or UNAVOE	Y	Provincial Toxicology Center
Non-invasive Prenatal Testing (NIPT, Harmony™)	NIPTB	Special Kit in Outpatient cabinet above hand wash sink	1. Please follow NIPT procedure in Outpatient Resource binder: Order using separate Accession Collect both tubes from the Harmony™ kit Label with NIPTB barcodes Receive CID in Sunquest Forward all contents in kit to Sendout person Sendout Person: Send within 72 hours of collection (Stability is 7 days). Form Sunquest Transport Batch with NIPTB CID Label tubes again with Harmony™ kit barcodes, covering Sunquest barcode but leaving patient demographics visible. Send with FedEx Waybill included in Harmony™ Kit. Result PGMDNT worksheet same day. Result PGMDNR worksheet with RGMDYN English text code.		Dynacare Ontario

Test		Sunquest Code	Specimen	Instructions	Approval	Destination
Norovirus PCR	In-patient	NORO	Stool	Forward Inpatient samples to SPH Virology. Send all Outpatient samples to BCCDC with copy of requisition.		SPH Virology
	Out-patient	GIPAN				BCCDC
Nortriptyline (Aventyl) by HPLC		NORTIB	1 RED top	2-4 mL serum or urine. Ward should record information on dosage, time of last dose, and other meds. For therapeutic drug monitoring specimens must be drawn at trough. Serum must be separated from cells within 2 hours of drawing. Refrigerate. Send on ice pack.		Provincial Toxicology Center
		DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Nortriptyline		
Norvenlafaxine		SPQ	1 RED top	2-4 mL RED top serum or urine. Refrigerate and send on ice pack. Sunquest Lab LIS Order Entry: SD0177=SER or ;Urine SPQ1=; NORVENLAFAXINE SQDLD=;DD Mmm YYYY e.g. 31 Mar 2015 or UNAVOE SQTLD=;HH:MM e.g. 13:50 or UNAVOE		Provincial Toxicology Centre
		DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Norvenlafaxine		

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
NTBC Level Orfadin, Nitisinone, Tyrosinemia type I monitoring	NTBCB	6 mL Lith Heparin Green top on ice	1 mL plasma freeze and send on dry ice.		Children's Hospital
OK T3 Antibody	OKT3	1 – 2 mL. Serum or plasma	Refrigerate specimen. Patient information sheet from the ward must accompany specimen. Send out within 7 days after being drawn. Mandatory pre-approval required for Outpatients (request to be done by patient Dr.). For Outpatients, do not collect without MSP preapproval if test is ordered alone.	Y Form Letter Patient Consent	?CW forward to OHSU? OKT3 Antibody Testing Lab. Research B-333 Ortho Pharmaceutical Corp. 1000 Route 202 Raritan, New Jersey 08869-0602 Tel(908) 704-4490
Oligoclonal Banding, CSF (IgG Synthesis Index) Oligoclonal Banding, Plasma/Serum (Log In OLIAS)	OLIA add CSFTP OLIAS Also order serum IGG, ALB	2-4 mL CSF <i>plus</i> 1 PST light green top <i>plus</i> 1 SST Gold top for SPH	Ensure plasma (or Serum) is available within 2 weeks. If plasma/serum is unavailable, then have it collected. 2-4 mL CSF preferred (minimum 1.5 mL CSF). AND 1.0 mL plasma (0.5 mL minimum) from PST light green Lithium Heparin tube (SST gold top tube acceptable) . Send frozen both plasma and CSF (or Serum & CSF) together. IGG and ALB to be done at SPH.		VGH Lab
Oligosaccharides Urine Oligosaccharides, Urine Sialic Acid, Sialic Acid, Aspartyl Glucosamine	OLG	10 mL random urine	Freeze, send frozen.		Children's Hospital – Biochemical Genetics Lab Room 2F22 604-875-2307

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Olanzapine (Zyprexa, lybalvi, olazax, symbyax, Zalasta, Zypadhera)	OLANB	1 RED top	2.0 mL Red top serum. Minimum 0.150 mL. Spin, separate, and freeze. Send frozen. Include and date and time of last dose. Stability is 3 days at 2-8°C, Testing Monday -Friday, excluding STAT holidays.	Y	SPH Special Chem
Opiates In Urine Codeine Dilaudid (Hydromorphone) Heroin Hydromorphone Morphine Vicodin (Hydrocodone)	MOPR part of UDSC	Random urine	>1.0 mL urine. Refrigerate if not performed immediately.		SPH

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Organic Acids (Methyl Malonic Acid Orotic acid, Homogentisic acid, N-acetyl aspartic, adipic, branched chain ketoacids, dicarboxylic acids, ethylmalonic, glutaric, hexanoic glycine, 4-hydroxybutyric pyroglutamine acids, β -hydroxy β -methylglutaric, isovaleric, ketones, lactic acid, methylcitric acids, methylcrotonyl glycine, methylmalonic, propionic, sebacic, suberic, suberylglycine, succinyl acetoacetate, succinyl acetone, Succinylacetone, valproate metabolites and others.)	ORGS add CRR	20 – 25 mL. Urine Minimum 5 mLs	Concentrated morning preferred. Urine MMA (methylmalonic acid) requests are only done on children (<19 yrs) or KNOWN patients with methylmalonic aciduria. Test is not offered for diagnosis of B12 deficiency in adults. After removing aliquot for CRR, transfer min 5 ml to a C&S container and ship frozen. Specimen must be kept frozen at all times. Process STAT. Contact Medical Biochemist for approval. Send copy of requisition with transport batch.	Y-Adults N- Newborns (send STAT)	Children's Hospital – Biochemical Genetics Lab Room 2F22 604-875-2307
Osmolality, fluid	SOSM	1 PST Light green top, SST Gold top, RED top or non preservative container	0.5 mL fluid. FLUIDB: PLEUR; DIA; PERIT; BAL; PCF Synovial fluid OSM not available.		SPH Chem
Osmolality, plasma (OSMC, calculated OSM reflex ordered if ALC, GLUC, NA, and URE ordered)	OSMS	1 PST	0.5 mL plasma. Refrigerate.		SPH Chem

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Osmolality, Stool (stool osmolality) add STMG, STNA, STK	SOSM Stool osmolar gap: SOGAP	Liquid Stool in non preservative container	Liquid specimen required. Test within 4 hours if stored at room temp., and within 24 hours if refrigerated. 0.5mL supernatant required, more if Millipore filtration is required.		SPH Chem
Osmolality, Urine	OSMU	Urine in sterile container	2.0 mL minimum. Refrigerate. Spin and aliquote into a 12 x 75 tube before sending to Urinalysis bench.		SPH Chem
Ova and Parasites, Feces (Stool O&P)	POPI	Stool in SAF Fixative	Ordered and Processed by Microbiology		BCCDC
Oxalate, Plasma Mayo Test ID: POXA1	POXB	1 Dark green top Na Hep on wet ice	<p>Patient must fast for 12 hours, and should avoid taking Vitamin C for 24 hours prior to draw.</p> <p>5 mL plasma, minimum 3 mL. Collect on ice and centrifuge within 1hr of collection at 4°C.</p> <p>Adjust plasma to pH of 2.3-2.7 (with approximately 10 µL of 12N HCl per 1 mL of plasma).</p> <p>Freeze and send on dry ice. Stability is 30 days.</p> <p>SPH Sendout must generate Mayo Clinic Order in MayoLink. Mayo ID:POXA1</p> <p>OOO/OOP consent form and Agency approval required. Copy of requisition for Sendout bench. TAT time from performing lab is 7 days.</p>	Y Form Letter and Out of Country Patient Consent	Specimen Process Center Mayo Medical Laboratories 3050 Superior Drive NW Rochester, MN 55901 1-800-533-1710

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Oxalates (Urine)	OXU	24 HR. Collection in 15 mL. Of 6mol/L HCL	Acidify with HCL to pH <2.0. Mix well, measure volume, aliquot and freeze. Send on ice pack.		VGH Lab
Oxazepam (Serax)	OXZPB	1 RED top	2-4 mL serum or urine. Refrigerate and send on ice pack. Copy of requisition for send out.	y	Provincial Toxicology Center
	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Oxazepam		
Oxcarbazepine	OCBHOB	1 RED top	2-4 mL serum or urine. Refrigerate and send on ice pack. Copy of requisition for send out.	y	Provincial Toxicology Center
	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Oxcarbazepine		

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Oxidative Burst Neutrophil DHR Oxyburst, Oxyburst Assay, Flow Cytometry, NBT, Neutrophil Function	OXYB	6 mL EDTA	<p>All patients over 16 years of age must be pre-approved PRE COLLECTION. Call (604) 875-2345. Test must be pre-booked with Children's Hospital Immunology Laboratory. Minimum 1.0 mL. Specimens MUST include a (non related) NORMAL BLOOD as a transport control collected at the same time as the patient.</p> <p>For Optimal results, EDTA blood must be processed within 24 hours from time of collection.</p> <p>Specimen must be kept at room temperature. DO NOT REFRIGERATE. Send Whole Blood in an insulated container to maintain ambient temperature during transport. Must include a transport control.</p> <p>All requests on patients over 16 years, must be approved by a Hematopathologist before testing.</p>	Y-HP	Children's Hospital Specimen Receiving, Rm 2J20
Oxycodone Confirmation, Urine	DRSCB see instruction	10 mL urine	<p>Outpatients: order OXYS unless requested by Biochemist. Refrigerate urine. Send on ice pack. Copy of requisition for send out.</p> <p>Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED Idefault tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Oxycodone</p>	Y	Provincial Toxicology Center
Oxycodone, Urine screen	OXYR Part of UDSC	Random urine	>1.0 mL urine. Refrigerate urine. Send to SPH on ice pack.		SPH Chemistry

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Oxygen Dissociation (Oxygen Affinity Or P50)	P50	PICO Blood Gas Syringe with electrolyte balanced heparin OR unopened PST light green top	Special collection instruction required. See collection of venous whole blood p50 at Blood Gas bench.		SPH Chem Blood Gas
Oxysterols (Biomarkers for Niemann-Pick C, NPC)	OXSTRB	1 EDTA	Centrifuge and aliquot 1 mL EDTA plasma, freeze and send frozen. Call Children's Hospital – test available ~2015.	y	Children's Hospital C&W will forward.

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Pancreatic Polypeptide Mayo test ID: HPP	PPPB	6ml EDTA Lav top on wet ice	Patient must be fasting for 8 hours. collect on wet ice. 3 mL plasma, minimum is 0.35 mL. Spin, separate, and freeze immediately. Send on dry ice. SPH Sendout must generate Mayo Clinic Order in MayoLink. Mayo ID:HPP OOC/OOP consent form and Agency approval required. Copy of requisition for Sendout bench. TAT time from performing lab is 8 days.	Y Application and patient consent from ordering physician required.	Specimen Process Center Mayo Medical Laboratories 3050 Superior Drive NW Rochester, MN 55901 1-800-533-1710
Paracoccidioides Serology (Paracoccidioides Antibody) TEST NOT AVAILABLE at referral Lab 5/2014, check with BCCDC ZEP before collecting	PACOC	5 mL SST Gold top	Refrigerate. Send on ice pack Modify BCCDC's Specimen Description with Med Micro initials if Approved: E.g. SD0100=BLD-AMMMR	Y –TRAP by Medical Microbiologist	BC Centre For Disease Control
Paragonimus Serology	PARAG	Indicate specimen type at RESOE.	Refrigerate. Send on ice pack.		BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Parasite miscellaneous, blood smear for Babesiosis, Leishmania, Trypanosoma	PSMEAR add CBCDIF	1 LAV top	1.0 mL minimum fill for 3 mL EDTA Vacutainer. If travel history is available it can be entered in the popup box for PHX030 (free test). If not, enter HIDE. Result STYP as PB and SFOR as ;Babesia or ;Trypanasoma or ;Leishmania. MSJ - make 4 thick and 6 thin smears within one hour of collection and send unstained smears to SPH, with the sample.		SPH Heme
Parasite, Macroscopic Exam (Worm or insect ID)	PMACRO				SPH Microbiology
Parathyroid Hormone, Intact (PTH, Intact; parathyrin)	PTHI	1 LAV top	Prefer 8 hours fasting. Spin and separate 1.0 plasma ASAP in False Bottom tube at SPH (or 13 x 75 Polypropylene tube if not at SPH and not false bottom tubes are available). Freeze and send on dry ice.		SPH Special Chemistry
PTH, Fluid	FPTH (add FLUIDB)	Fine needle aspirate collected with saline in non-preservative container	Deliver to lab immediately. Freeze sample if not processed same day. Give a copy of the requisition to Special Chemistry.		SPH Special Chemistry
PTH Selective Venous Series, Parathyroid Venous Series, Parathyroid Sampling	PTHSVB	1 SST Gold top	1.0 mL serum. Send on ice pack. Copy of requisition for Chem. Indicate vein Sites at Order Entry Modifier field and result PTSITE (second screen) with free text: e.g. PTSITE = ;High Left Internal Jugular		SPH Special Chemistry

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Parathyroid Hormone Related Peptide (PTHRP) (PTH Related Peptide) N terminal	PTHRPB	1 LAV top on ice	Collect in pre-chilled tubes, on ice. 0.7 mL plasma, minimum 0.25 mL. Centrifuge at 4°C. Separate plasma ASAP and freeze. Send on dry ice. Approval required for all patients. Must specify "N terminal". Mandatory MSP pre-approval required (request to be done by patient's physician). For Outpatients, do not collect without MSP preapproval if test is ordered alone. Cost is \$118.85 CAD. OOC/OOP consent from required. TAT from performing lab is 10 days.	y Application and patient consent from ordering physician required.	Hospitals In-Common Laboratory Inc. 57 Gervais Dr. North York, ON M3C 1Z2 Phone 416-391-1499 Ext.248 Fax Phone 416-385-1957
Parietal-Cell-Antibody (see AMA + ASMA)	APCA	1 SST Gold top	1 mL serum. Freeze. Send frozen on ice pack		VGH Lab
Paroxetine (Paxil)	PARXB	1 RED top	2-4 mL serum or urine. Refrigerate and send on ice pack. Copy of requisition for send out.	y	Provincial Toxicology Center
	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Paroxetine		

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Paroxysmal Nocturnal Hemoglobinuria PNH Phenotyping (Flow Cytometry For PNH) – CD55/CD59	PNHFLO add CBCDIF if collected on site (not referred in)	1 X 6 mL EDTA for PNHFLO and 1x 3mL EDTA for CBCDIF	Minimum 5 mL whole blood store at room temp. Must be approved by Hematopathologist. Must processed within 48 hours – Do NOT collect on Friday, Saturday or long weekends. Copy of Requisition for Send out. Referred in sites include CBC and differential results with samples.	N - if ordered by Drs.: Foltz Jackson, Leger, Leitch, Ramadan, Ross, Merkley, Davis, Schmidt, and Yenson	VGH Lab (Cell Marker Lab)
Parvovirus B19 IgG - Fifth Disease	PARVGB	5 mL SST Gold top	Refrigerate.		BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory
Parvovirus B19 IgM and IgG - Fifth Disease	PARVP	5 mL SST Gold top	Refrigerate. .		BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory
Parvovirus B19 PCR Human Parvovirus B19 NAT	PVB19B	1 RED top	**Do not open tube and do not spin** Send sample to BCCH within 48 hrs. Send copy of requisition with transport batch.		Children's Hospital Lab
PAX gene RNA			Refer patient to Children's Hospital		
PCB or Polychlorinated Bi Phenols			Not routinely available. For industrial claim consult physician at WCB.		

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
PCP (Angel Dust) – Urine	PCPSMB	50 mL urine	Refrigerate, send on ice pack. Sunquest Order Entry: remove “R” container and add “UR” container.	Y	Provincial Toxicology Center
PCR For AML-M4 For Inversion 16			Any PCR done at BCCA, phone for instruction and specimen requirement.	Y-HP	BCCA
PCR for non-blood specimens (fluids, CSF, urine, swabs) includes: Adenovirus PCR, BK virus PCR, CMV PCR, EBV PCR, Enterovirus PCR, HIV Viral Load HSV 1 & 2 PCR, JC Virus PCR, VZV PCR	PVPCR	Fluid CSF Urine Swabs	Consult SPH Virology for specimen handling		SPH Virology
Pentobarbital (Nembutal) NOT ORDERABLE	PNTBB	1 RED top	2-4 mL serum or urine. Refrigerate and send on ice pack. Copy of requisition for send out.	Y	Provincial Toxicology Center
	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Pentobarbital		

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Perforin expression by Flow Cytometry (Flow Cytometry for T-cell and/or B-cell memory subsets) (for the investigation of primary hemophagocytic lymphohistiocytosis)	MISCB	1x 6 mL EDTA	Whole blood in EDTA received within 30 hours of collection at room temperature. Only collect Sunday to Thursday (not before a STAT holiday). Send to BCCH same day or first thing the following day, on Fridays samples must arrive at BCCH before noon.	Y-HP	BCCH
Perphenazine (Trilafon)	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Perphenazine	Y	Provincial Toxicology Center
Pertussis NAT	CSBP	Special Kit	Special Pertussis Kit Obtained From The Lab (SPH Central Processing Microbiology cupboard).		Children's Hospital Microbiology
pH, Fluid	FPH	Syringe or C&S container Pleural fluid must be in a syringe	0.5 mL fluid. FLUIDB: PLEUR; DIA; PERIT; BAL; PCF Synovial fluid OSM not available. Specimen accepted up to 1 hour from collection.		SPH Chem

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Phendimetrazine	SPQ	1 RED top	2-4 mL serum or urine. Refrigerate. Send on ice pack. Sunquest Lab LIS Order Entry second screen: SD0177=SER or ;Urine SPQ1=;Phendimetrazine SQDLD=;DD Mmm YYYY e.g. 31 Mar 2015 or UNAVOE SQTLD=;HH:MM e.g. 13:50 or UNAVOE	y	Provincial Toxicology Center
	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Phendimetrazine		
Phenelzine (Nardil)	PHLZB	1 RED top	2-4 mL serum or urine. Refrigerate and send on ice pack. Copy of requisition for send out.	y	Provincial Toxicology Center
	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Phenelzine		

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Phenformin	SPQ	1 RED top	2-4 mL RED top serum or urine. Refrigerate and send on ice pack. Sunquest Lab LIS Order Entry: SD0177=SER or ;Urine SPQ1=; PHENFORMIN SQDLD=;DD Mmm YYYY e.g. 31 Mar 2015 or UNAVOE SQTLD=;HH:MM e.g. 13:50 or UNAVOE	Y	Provincial Toxicology Centre
	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Phenformin		
Phenobarbital Level (Phenobarb, Mephobarbital)	MISCB	1 PST (serum acceptable)	*** Send to Royal Columbian Hospital witha Sunset requisition.*** 1.0 mL lithium heparin plasma. Ward should record information on dosage, time of last dose. Spec should be collected prior to next dose. Sunquest Last Dose format: PBADLD: ;DD Mmm YYYY e.g. ;31 Mar 2014 or UNAVOE PBATLD: ;HH:MM e.g. ;13:50 or UNAVOE		RCH
Phenothiazines Qualitative	UDRG	50 mL urine	Refrigerate urine. Send on ice pack.	Y	VGH Lab

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Phenylpropanolamine	PHPLB	1 RED top	2-4 mL serum or urine. Refrigerate and send on ice pack. Copy of requisition for send out.	Y	Provincial Toxicology Center
	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Phenylpropanolamine		
Phenytoin Level (Dilantin, Diphenylhydantoin)	PHEN	1 PST	0.5 mL Lithium heparin plasma. Collect just prior to next dose – confirm last dose time with patient. Refrigerate and send on ice pack. Sunquest Last Dose format: PHNDLD: ;DD Mmm YYYY e.g. ;31 Mar 2014 or UNAVOE PHNTLD: ;HH:MM e.g. ;13:50 or UNAVOE		SPH Chem
Phosphate	PO4	1 PST	0.5 mL plasma, fasting preferred.		SPH Chem

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Phosphatidylserine Antibodies, IgG, IgM, IgA (anti-phosphatidylserine Ab)	MISCB	1 RED top or 1 SST Gold top	1 mL serum minimum. Prior approval is required. Freeze serum, send frozen on dry ice. Use Mitogen Diagnostics Laboratory Requisition (in the Requisitions Folder of the Accessioning Folder). Put Fax Result to SPH Lab request sticker on requisition or on Sunset Printout.	Y	Mitogen 3415C 3rd Avenue NW Calgary AB T2N 0M4 Phone: (403)800-8851
Phosphoethanolamine (Plasma)	PAMINO	6 mL DRK GREEN Li or Na heparin	Prior consultation required. Minimum 1.0 mL blood collected on ice. 12 hours or overnight fast for adults and older babies. 3-4 hours fast or collect before the next feed for small babies or children under 1 year. Centrifuge blood within 1 hr of collection and separate plasma. Ship frozen plasma within 3 days of collection on dry. See Children's Handbook for additional information. Copy of requisition for send out.	Y	Children's Hospital – Biochemical Genetics Lab Room 2F22 604-875-2307
Phosphoethanolamine (Urine)	RUAM add CRU , UTIM	24 HR urine	Freeze during collection. To be ordered with plasma phosphoethanolamine. Patient to be fasting. Must mix urine with magnetic stir bar for 5 minutes before removing aliquot for creatinine. Ship entire remaining specimen frozen, do not split with other testing.	Y	Children's Hospital – Biochemical Genetics Lab Room 2F22 604-875-2307
Phosphoethanolamine Or Hypophosphatasia	RUAM add CRR	Minimum 15 mL random urine	Component of Urine Amino Acids. Note: Must mix urine with magnetic stir bar for 5 minutes before removing aliquot for creatinine. Ship entire specimen frozen, do not split with other testing. Copy of requisition required for send out	Y	Children's Hospital – Biochemical Genetics Lab Room 2F22 604-875-2307

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Phospholipase A2 Receptor (Anti-Phospholipase A2 receptor, anti-PLA2R)	PLA2RB	1 RED top or 1 SST Gold top	1 mL serum minimum. Spin, separate, refrigerate, and send on ice pack within 14 days. Freeze and send on dry ice if >14 days. Copy of requisition for send out.	Y	VGH
Phosphorus, 24 hour urine	PO4U add CRU, UTIM	24 hour urine, no preservative (Acid container acceptable)	Refrigerate during collection. Measure 24 hour volume. Aliquot 3 mL for urine creatinine, centrifuge and aliquot supernatant to 12 x75 plastic tube. Aliquot approximately 100 mL from well mixed 24 hour collection and adjust the pH of aliquot to pH 2-3 with 6 M HCl (do not send whole collection) for heating at SPH. Referring sites need to include 24 hour volume, patient's height and weight on requisition. Refrigerate and send on ice pack.		SPH Chem
Phosphorus, random urine	PO4RU	Random urine	Order code includes urine creatinine and ratio. 3 mL random urine aliquot, centrifuge and aliquot supernatant to 12 x75 plastic tube. Refrigerate and send on ice pack		SPH Chem
Phytosterol (Sterols, sterol profile)	MISCB	1 RED top, protected from light or Dark green top (Na or Li heparin)	Wrap in FOIL, protect from light. 0.5 mL serum or plasma. Centrifuge and freeze serum or plasma. Send on dry ice. Copy of requisition for send out. Put Fax Result to SPH Lab request sticker on requisition or on Sunset Printout. Mandatory Lab Agency pre-approval required for Outpatients. Patient must sign Out of Country consent form and copy of requisition for Sendout bench. TAT from performing lab is 30 days.	Y Application and patient consent from ordering physician required.	Hospitals In-Common Laboratory Inc. 57 Gervais Dr. North York, ON M3C 1Z2 Phone 416-391-1499 Ext.248 Fax Phone 416-385-1957

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Pipecolic Acid Pyridoxine-Responsive Seizure Screen	PIPAB	3 mL EDTA	Fasting not required. Minimum sample 1 mL EDTA plasma. Spin down within 1 hour of collection, freeze, send frozen.		Children's Hospital
Piroxicam	SPQ	1 RED top	2-4 mL RED top serum. Refrigerate Serum. Send on ice pack. Sunquest Lab LIS Order Entry second screen: SD0177=SER SPQ1=;Piroxicam SQDLD=;DD Mmm YYYY e.g. 31 Mar 2015 or UNAVOE SQTLD=;HH:MM e.g. 13:50 or UNAVOE	Y	Provincial Toxicology Center
Plasminogen Activator Inhibitor			Unavailable. See Hematology prior to collecting. Copy of requisition to Hem.	Y	
Plasminogen	MISCB	1 CIT tube	Minimum 0.5 mL Citrated Plasma. Freeze and send on dry ice. Copy of requisition for send out. Ooc/OOP consent form required. Put Fax Result to SPH Lab request sticker on requisition or on Sunset Printout. TAT from performing lab is 7 days.	Y-HP Application and patient consent from ordering physician required.	Hospitals In-Common Laboratory Inc. 57 Gervais Dr. North York, ON M3C 1Z2 Phone 416-391-1499 Ext.248 Fax Phone 416-385-1957
Platelet Aggregation (must have a CBC ordered at the same time)	PLAG	8 CIT tubes <u>Do not place on ice block</u> and 3 mL LAV for CBC	See Hematology prior to collecting. Do not centrifuge. TAPE ON STOPPER. Copy of requisition to Hem. Deliver immediately to Hem.	Y-HP	SPH

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Platelet Neutralization		SEE INHIBITORS	Internal request by Hematopathologist only.		SPH
PMMA	SPQ	1 RED top	2-4 mL RED top serum or urine. Refrigerate and send on ice pack. Sunquest Lab LIS Order Entry: SD0177=SER or ;Urine SPQ1=; PMMA SQDLD=;DD Mmm YYYY e.g. 31 Mar 2015 or UNAVOE SQTLD=;HH:MM e.g. 13:50 or UNAVOE	Y	Provincial Toxicology Centre
	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;PMMA		
Pneumococcal Vaccine Antibody Response (Pre)	PNEUPB	1 SST Gold top	0.5 mL serum, minimum 0.25 mL. Freeze and send on dry ice. Patient must pay \$74.00 for testing if there is no written letter of MSP preapproval. Patient must sign OOC/OOP consent form. SPH Sendout: Do not wait for Post Vaccine specimen before sending. TAT from performing lab is 8 days.	Y Application and patient consent from ordering physician required.	Hospitals In-Common Laboratory Inc. 57 Gervais Dr. North York, ON M3C 1Z2 Phone 416-391-1499 Ext.248 Fax Phone 416-385-1957

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Pneumococcal Vaccine Antibody Response (Post Vaccine)	PNEUPO	1 SST Gold top	0.5 mL serum, minimum 0.25 mL. Freeze and send on dry ice. Patient must pay \$74.00 for testing if there is no written letter of MSP preapproval. Patient must sign OOC/OOP consent form. SPH Sendout: Do not wait for Post Vaccine specimen before sending. TAT from performing lab is 8 days.	Y Application and patient consent from ordering physician required.	Hospitals In-Common Laboratory Inc. 57 Gervais Dr. North York, ON M3C 1Z2 Phone 416-391-1499 Ext.248 Fax Phone 416-385-1957
Polyols Taldo Transaldolase deficiency PPP deficiency Pentose phosphate pathway RPI deficiency Ribose-5-phosphate deficiency	PLYOB	Random urine, no preservative	10 mL preferred (minimum 2.0 mL) random urine. Freeze and send on dry ice. TAT by performing lab is 12 weeks.	Y Consent form required.	Children's Hospital
Porphobilinogen Deaminase	MISCB + HCT	6 mL DRK GRN top Na Heparin *gel separator tubes are unacceptable* and 3 mL EDTA (for HCT)	Pre-approval is required. Order HCT and send result with specimen 7 mL whole blood. Refrigerate and send on ice. Do not freeze. Do not centrifuge. Copy of requisition for send out. Put Fax Result to SPH Lab request sticker on requisition or on Sunset Printout. Consent form required. TAT from performing lab is 10 days.	Y Application and patient consent from ordering physician required.	Hospitals In-Common Laboratory Inc. 57 Gervais Dr. North York, ON M3C 1Z2 Phone 416-391-1499 Ext.248 Fax Phone 416-385-1957
Porphobilinogen, Random Urine	PBGR	12 mL first morning urine specimen (or acute episode) in orange top container, wrapped in foil	For acute porphyrias, collect during acute episode. For non-acute patients, collect freshly voided first morning urine. Sample container must be protected from light and wrapped completely in foil. Sample acceptable up to 4 hours old. Adjust pH to 7.0 – 8.0 with sodium carbonate.	Y	VGH Lab

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Porphobilinogen <u>Quantitative</u>	PBGU add CRU, UTIM	24 HR urine in 5 grams Anhydrous Sodium Carbonate protect from light.	Consultation with Medical/Clinical Biochemist recommended—for both cutaneous and acute porphyria investigations a random urine is used as the first-line test. Specimen must be protected from light, adjust pH to 8-10. Send 50 mL aliquot, frozen, on ice pack.	Y	VGH Lab
Porphyrin (Urine) Copro And Uro Porphyrin	PORR	Random first morning urine specimen	Consultation with Medical/Clinical Biochemist recommended—for initial investigations of cutaneous porphyria a random specimen is usually preferred.	Y	VGH Lab
	PORU add CRU, UTIM	24 h urine collected in 5 grams sodium bicarbonate or sodium carbonate	Specimen must be protected from light, adjust pH to 8-10. Send 50 mL aliquot, frozen, on ice pack. Random – send 10 mL 24 h – send 50 mL		
Porphyrin (Stool)	PSCNF	Random or 24 hr collection	Random collection in a stool jar. Protect from light. Freeze immediately. Test to be performed within 1 2 days of collection. Quantitative: pre weighed tin refrigerates. VGH lab assays only random specimens.	Y	VGH: Random Specimen -Updated: Jan/05 LIFELAB: 24HR Specimen
Porphyrins (Plasma)	PPORB add HCT	3 mL EDTA plasma	Remove plasma from cells immediately after spinning. Protect from light and refrigerate.	Y	VGH Lab

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Posaconazole	POSAB	1 EDTA	1 mL EDTA plasma Centrifuge ASAP. Freeze plasma. Date and time of last dose and dosage of posaconazole preferred but not mandatory.		SPH Lab
Potassium, 24 hour urine	KU add CRU, UTIM	24 hour urine, no preservative (Unsuitable if collected in Acid)	Refrigerate during collection. 3 mL aliquot from well mixed 24 hour collection (do not send whole collection). Referring sites need to include 24 hour volume, patient's height and weight on requisition. Refrigerate and send on ice pack.		SPH Chem
Potassium, random urine	KR	Random urine	3 mL random urine, refrigerate.		SPH Chem
Potassium, stool (Stool potassium)	STK	Stool in non preservative container	Liquid specimen required. Test within 4 hours if stored at room temp., and within 24 hours if refrigerated. 0.5mL supernatant required, more if Millipore filtration is required.		SPH Chem
Powassan Virus Serology	PVA	5 mL SST Gold top	Refrigerate		BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Prazepam	SPQ	1 RED top	2-4 mL RED top serum. Refrigerate Serum. Send on ice pack. Sunquest Lab LIS Order Entry second screen: SD0177=SER SPQ1=;Prazepam SQDLD=;DD Mmm YYYY e.g. 31 Mar 2015 or UNAVOE SQTLD=;HH:MM e.g. 13:50 or UNAVOE	Y	Provincial Toxicology Center
Pre-Admit Group & Screen (Type & Screen)	PGRS	2 x 6 mL LAV top	Signed Type and Screen requisition required for testing. Must ask listed questions about previous blood transfusions and pregnancies		SPH Transfusion Medicine (Blood Bank)
Pre Albumin (Transthyretin)	PALB	1 SST Gold top	0.5 mL serum, refrigerate.		SPH Chem
Prednisone NOT ORDERABLE	PRDNB	1 RED top	2-4 mL serum or urine. Refrigerate and send on ice pack. Copy of requisition for send out.	Y	Provincial Toxicology Center
	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Prednisone		
Pregabalin	PRGLNB	1 RED top	2-4 mL serum or urine. Refrigerate and send on ice pack. Copy of requisition for send out.	Y	Provincial Toxicology Center
	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Pregabalin		

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Pre Heart Transplant EBGSB, RUBEB, TPE, TOXGSB, HSVIGB, MIGB, MUIGB, PHBSAB, PHCV, HIVCA, VZIGB, , PCMVG, PHBSAG, PHBCAB	PHEART	3 x 5 mL SST Gold top	Refrigerate. Send on ice pack.		SPH Virology VZIGB to BCCDC
Pre Renal Transplant Recipient and Donor EBGSB = Anti-EBV IgG TPE = Syphilis HSVIGB = Anti-HSV IgG MIGB = Measles IgG MUIGB = Mumps IgG RUBEB = Rubella IgG VZIGB = Anti-VZV IgG PCMVG = Anti-CMV IgG PHBSAG = HBSAG PHBSAB = Anti-HBS PHBCAB = Anti-HBC Total PHCV = Anti-HCV HIVCA = Anti HIV Ag/Ab HTLVB = Anti-HTLV I/II	<u>Recipient</u> MISCB (name: Renal Transplant Recipient to BCCDC)(change container type to "GS") and XTRAGD (wrap an elastic band around both tubes) Add MISPCR (if West Nile Virus ordered: SPVIR1=;WEST NILE VIRUS, TRANSPLANT)	2 x 5 mL SST Gold top and 6 mL LAV top West Nile Virus (if ordered)	Refrigerate. Send on ice pack. Renal transplant bloodwork is sent entirely to BCCDC. Include a copy of the requisition with the bloodwork sent to BCCDC. If the requisition requests bloodwork to be sent to another hospital for processing and testing, follow the requisition. If you have questions, see the Team Lead, Technical Coordinators, or Shift Supervisors on duty. Add MISPCR (if West Nile virus ordered): SPEC5=PLS SPVIR2=;West Nile virus, transplant		BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory and SPH Virology
	<u>Donor</u> MISCB (name: Renal Transplant Donor to BCCDC) (change container type to "GS") and XTRAGD (wrap an elastic band around both tubes)				BCCDC
Pre Transplant Serum Storage	PRTXSB	1 RED top	Monday -Thursday send to VGH same day or within 24 hours at Room Temp. Friday - Saturday and Statsspin, aliquot, refrigerate and send to VGH on Monday on ice pack		VGH

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Prenatal Biochemical Screen Serum Integrated Prenatal Screen Part 1 Integrated screen Part 2 QUAD: includes: AFP,UE3,hCG, Inhibin A Alpha Fetoprotein – Maternal Serum Maternal Alpha Fetal Protein Triple Marker Screen (Serum) (Includes: Serum Integrated Prenatal Screen SIPS Or Intergrated Prenatal Screen IPS)	PREBIO	1 RED top *5mL SST Gold top acceptable*	1. A completed Prenatal Genetic Screening Laboratory Requisition must be provided by the patient or physician; copy for Sendout. (Sample of req. link): http://www.perinatalservicesbc.ca/NR/ronlyres/84E727DE-B3DD-49AE-8BDE-59312BE2B16A/0/LabReqFillable.pdf or http://www.perinatalservicesbc.ca/ScreeningPrograms/PrenatalGeneticScreening/healthcare-providers/requisition-forms-reports.htm SPH Accessioning Tech: Process PDEC in Sunquest SMART. Aliquot 3.0 mL serum from Red top tube. Freeze specimen. Place one Child label on requisition. Send on dry ice preferred. Send copy of requisition with Child CID label with Transport Batch.		Children's Hospital
Prenatal Guidelines: (Perinatal Screen Request, Prenatal Group and Screen) Pregnancy, Prenatal Patients, Fathers (Only fathers that have been specifically requested by CBS will be tested), Cords (OnlycCords that have been specifically requested by CBS will be tested), Scheduled Therapeutic Abortions, Infertility, Prospective Prenatal Patients, Prospective Fathers	PRSB	6 mL EDTA	All specimens store in fridge. Tests performed are ABO/RH and potentially: Antibody screen, Red Cell Phenotype, and DAT		CBS Note: CBS Requires CBS Requisition With Due Date, Hospital For Delivery, And Requesting Physician Information On This Req.
Prenatal Screen Guidelines: HBVP (Hepatitis B Surface Ag) HIVCC (Anti HIV Ag/Ab Combo) RUBEB (Rubella IgG) TPE (Syphilis – T. Pallidum Screening or RPR))	PRENAT	2 x 5 mL SST Gold top	Refrigerate. Send on ice pack. Must send PSTORE barcode to BCCDC (with/without specimen). STAT requests after hours must be approved by BCCDC Medical Microbiologist @ 604-661-7033		BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Primidone (Mysoline)	PRMDB	1 RED top	2-4 mL serum or urine. Refrigerate and send on ice pack. Copy of requisition for send out.	Y	Provincial Toxicology Center
	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Primidone		
Procalcitonin	PCLT	1 SST Gold top or PST Light green top	Do not order on outpatients, see supervisor if requested. 1 mL serum or plasma, freeze, and send on ice pack. Put in e601 rack. If order is from ICU, it is automatically approved. If the order is not from ICU, it will must be cancelled as NRAVL. If the ward calls, find out if patient is recently transferred from ICU or if they have received IPAC approval. If yes to either of these, testing is approved. If not, direct the ward to IPAC for approval.	Y	SPH Special Chem
Procainamide (Pronestyl; N-Acetyl Procainamide)	MISCB	1 RED top or PST Light green top	0.5 mL serum or plasma, minimum 0.25 mL. Spin and separate within 2 hours. Freeze and send on dry ice. Copy of requisition for send out. Must arrive at HICL within 14 days of collection. Consent form required. TAT from performing lab is 7 days.	Y	Hospitals in Common
Prochlorperazine	SPQ	1 RED top	Refrigerate. Send on ice pack. Sunquest Lab LIS Order Entry second screen: SD0177=SER or ;Urine SPQ1=;Prochlorperazine SQDLD=;DD Mmm YYYY e.g. 31 Mar 2015 or UNAVOE SQTLD=;HH:MM e.g. 13:50 or UNAVOE	Y	Provincial Toxicology Center
	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Prochlorperazine		

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Progesterone	PRGS	1 RED top	Minimum 0.5 mL in False Bottom or 13 x 75 Polypropylene tube, send on ice pack within 7 days or send frozen.		SPH
Proinsulin	MISCB	1 SST Gold top or RED top	12 hour fasting required. 1.0 mL serum, minimum 0.5 mL. Centrifuge at 4°C, freeze, and send on dry ice. Copy of requisition for send out. Put Fax Result to SPH Lab request sticker on requisition or on Sunset Printout. Consent form required. TAT from performing lab is 11 days.	Y Application and patient consent from ordering physician required.	Hospitals In-Common Laboratory Inc. 57 Gervais Dr. North York, ON M3C 1Z2 Phone 416-391-1499 Ext.248 Fax Phone 416-385-1957
Prolactin	PROL	1 SST Gold top	0.5 mL serum in False Bottom or 13 x 75 Polypropylene tube. Send with ice pack. Do NOT order together with MPROLB		SPH Special Chemistry
Proliferating Cell Nuclear Antigen Antibodies	MISCB	1 SST Gold top	2mL serum. Freeze and send on ice pack. Stable for 1 week ambient, 2 weeks refrigerated. Mandatory MSP pre-approval required for Outpatients (request to be done by patient Dr.). For Outpatients, do not collect without MSP preapproval if test is ordered alone. Complete Quest Diagnostics' Test Request Form and Put Fax Result to SPH Lab request sticker	Y Application and patient consent from ordering physician required.	Quest Diagnostics Nichols Institute 33608 Ortega Highway San Juan, Capistrano, CA 92675 1(800) 553-5445
Promazine	SPQ	1 RED top	2-4 mL serum or urine. Refrigerate. Send on ice pack. Sunquest Lab LIS Order Entry second screen: SD0177=SER or ;Urine SPQ1=;Promazine SQDLD=;DD Mmm YYYY e.g. 31 Mar 2015 or UNAVOE SQTLD=;HH:MM e.g. 13:50 or UNAVOE	Y	Provincial Toxicology Center
	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Promazine		

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Propafenone (Rythmol, Rytmonorm)	MISCB	1 RED top or Dark green top Na Heparin	1 mL serum or plasma, minimum 0.5 mL. Freeze and send on dry ice. Collect sample 2-6 hours post oral dose. Copy of requisition for send out. Consent form required. TAT from performing lab is 11 days.	Y Application and patient consent from ordering physician required.	Hospitals in Common
Propranolol (Inderal)	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Propranolol	Y	Provincial Toxicology Center
Propylene Glycol Level	PGLY	1 PST TIGHTLY STOPPERED (serum is acceptable)	Minimum 2 mL plasma (serum is acceptable) Refrigerate Serum. Write STAT on req & container. Send Osmolar Gap. Phone ward and request they contact on-call Medical Biochemist for approval . See instructions in methanol/ethylene glycol section	Y	VGH Lab – Phone To Notify That Specimen Is Being Sent 875 4111 L Local 68203
Prostaglandin D2 (PG D2), Urine Mayo code: FPD2U	MISCNB	Random Urine, no preservative	10 mL urine, minimum 5 mL. Aliquot and freeze within 30 minutes of collection. Send on dry ice. Patient should not be on aspirin, indomethacin, or anti-inflammatory medications for 48 hours prior to collection.SPH Sendout must generate Mayo Clinic Order in MayoLink. Mayo ID:FPD2U OOC/OOP consent form and Agency approval required. Copy of requisition for Sendout bench. TAT time from performing lab is 14 days.	Y Application and patient consent from ordering physician required.	Specimen Process Center Mayo Medical Laboratories 3050 Superior Drive NW Rochester, MN 55901 1-800-533-1710
Prostatic Specific Antigen, Free (Includes PSA Total, PSA Free, PSA Free Ratio) *	PSAFB	1 SST Gold top	1 mL serum. Freeze Serum. Send on ice pack.		BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Prostatic Specific Antigen Screen	PSAB	1 SST Gold top	1 mL serum in False Bottom or 13 x 75 Polypropylene tube, freeze serum. Send with ice pack.		SPH Special Chemistry
Prostatic Specific Antigen (Self Pay)	PSASP	1 SST Gold top	1 mL serum. Pre-pay or collect blood then give copy of request to billing. Store in fridge.		SPH Special Chemistry
Protein C (Antigen and Activity)	PCCA	2 CIT	Full citrate draw. Determine if patient is on oral anticoagulant. Specimen must be centrifuged within 2 hours of collection. 1.5 mL plasma double spun, aliquot in 2 polypropylene tubes. Freeze at -20°C, refer in sample must arrive at SPH frozen. Copy of requisition for Special Coag. For Babies, ask for Hematopathologist approval prior to collecting 1 x 1.8mL citrate by venous; ask Dr to collect if Phlebotomist is not certified to perform venous collection.	Y-HP	SPH Hem
Protein S (Total and Free, Protein S Ag Free)	SACT	1 CIT light blue top	Full citrate draw. Determine if patient is on oral anticoagulant. Specimen must be centrifuged within 2 hours of collection. 1.5 mL plasma double spun, aliquot in 2 polypropylene tubes. Freeze at -20°C, refer in sample must arrive at SPH frozen. Copy of requisition for Special Coag.	Y-HP	SPH Hem
Protein, 24 hour urine	PRU add CRU, UTIM	24 hour urine, no preservative (unsuitable if collected in Acid)	Refrigerate during collection. 3 mL aliquot from well mixed 24 hour collection (do not send whole collection). Referring sites need to include 24 hour volume, patient's height and weight on requisition. Refrigerate and send on ice pack.		SPH Chem

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Protein Creatinine ratio (random urine protein not orderable)	PRCRR	Random urine	Order code includes urine creatinine and ratio. 3 mL random urine, centrifuge and aliquot supernatant to 12 x75 plastic tube. Refrigerate, send on ice pack.		SPH Chem
Protein, Fluid	FTP FLUIDB	1 PST Light green top, SST Gold top, RED top or non preservative container	0.5 mL fluid. FLUIDB: PLEUR; DIA; PERIT; BAL; PCF Synovial Fluid TP not available.		SPH Chem
Protein (Total)	TP	1 SST Gold top	0.5 mL serum		SPH Chem
Prothrombin Gene Mutation (620210a)	TDNA	6 mL EDTA (DO NOT OPEN OR CENTRIFUGE)	Refrigerate. Send whole blood on ice pack. Always perform with Factor V Leiden.	N - if ordered by Drs.: Foltz Jackson, Leger, Leitch, Ramadan, Ross, Merkley, Davis, Schmidt, and Yenson	VGH Special Coag 875-4111 L66400

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Pseudoephedrine	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Pseudoephedrine	Y	Provincial Toxicology Center
Psilocin	SPQ	1 RED top	2-4 mL RED top serum or urine. Refrigerate and send on ice pack. Sunquest Lab LIS Order Entry: SD0177=SER or ;Urine SPQ1=; PSILOCIN SQDLD=;DD Mmm YYYY e.g. 31 Mar 2015 or UNAVOE SQTLD=;HH:MM e.g. 13:50 or UNAVOE	Y	Provincial Toxicology Centre
	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Psilocin		
Psittacosis (Chlamydia) Serology (IgG, IgM) Trachomatis Chlamydia Pneumoniae Chlamydia Psittaci	CHLGRP	5 mL SST Gold top	Refrigerate. Send on ice pack.		BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Purines and Pyrimidines (Creatine, GAA, GMAT, AGAT, Guanidinoacetate, Adenine, Hypoxanthine, Xanthine, Deoxyandenosine, Deoxyinosine, Deoxyguanosine, Adenosine, Indosine, Guanosine, Succinyladenosine, Thymine, NCB-ALA Aminolevulinic Acid, Deoxyuridine, Guanine)	PPGC add CRR	10 mL Random urine in sterile container	Minimum 2 mL. Freeze urine and send frozen.	Y	Children's & Women's Health Centre of British Columbia – Laboratory 4500 Oak Street Vancouver, BC V6H 3N1 Specimen Receiving, 2J20
Pyrilamine	SPQ	1 RED top	2-4 mL serum or urine. Refrigerate. Send on ice pack. Sunquest Lab LIS Order Entry second screen: SD0177=SER or ;Urine SPQ1=;Pyrilamine SQDLD=;DD Mmm YYYY e.g. 31 Mar 2015 or UNAVOE SQTLD=;HH:MM e.g. 13:50 or UNAVOE	Y	Provincial Toxicology Center
	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;pyrilamine		
Pyruvate, Blood		Speak with supervisor before attempting to order or collect	Refer all outpatients to Children's Hospital laboratory. If not possible for inpatients, prior consultation with CW Biochemist by the ordering physician is required at 604-875-2307.	Y	Children's Hospital

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Pyruvate Kinase Screen (Pyruvate Spot Test)	PKSB	Babies: 1.0 mL micro EDTA Adults: 3mL EDTA	Consult with Hematopathologist prior to collection. Optimal 3.0 mL, minimum 1.0 mL whole blood. Refrigerate specimen if testing delayed. Send on wet ice (not Frozen) ice pack. Sample must be tested within 48 hrs of collection ; received at Children's before noon on Friday.	Y-HP	Children's Hospital 604-875-2345 x7502
Quantiferon TB Gold (TB Quantiferon Gold) (Interferon Gamma Release Assay – IGRA)	TBQS	***Special Set*** Contains Lithium heparin Collection sets stored in Outpatient Supply cabinet, next to Viral swabs.	Special Collection Set: "Quantiferon – TB Gold In-Tube" 4 tube set notes: ☒ Lithium heparin additive in all 4 tubes, so insert the 4 tubes in the correct order of draw. E.g. after light green PST. ☒ All 4 tubes need to be collected as a set, if one is wasted, all 4 are wasted. Fill to black mark on tube (1.0mL ±0.2mL fill). 1. Use a 6mL DARK GREEN tube as primer if only TBQS ordered; tube can be removed once blood flow starts. 2. Order of draw for set: Grey cap, Green cap, Yellow cap, Purple cap. 3. Mix 4 tubes 8 times by turning end over end or gently shake for 5 seconds, avoid frothing. 4. Barcode label Grey with 1st CID (bottom barcode), Green with 2nd CID, Yellow with 3rd CID and Purple with the 4th CID. 5th CID is not necessary. Keep tubes upright at Room Temp 22°C ± 5°C for up to 16 hours. 5. Send tubes to Microbiology within 16 hours of collection for incubation. Accessioning Tech SMART track to PMC Spot. 6. Microbiology incubates tubes upright at 37°C for 16-24 hours. 7. Microbiology centrifuge tubes at 2000 rcf for 15 minutes 8. Microbiology transfers plasma to cryovial labelled with matching CID and pen marked N on Gray, T on Red, M on Purple. 9. Store plasma samples up to 1 week at 2 – 8°C or -20°C for extended storage (>1 week). 10. Micro give samples, 3 tube set per biohazard bag labelled with "Attention ZEP Lab", to Accessioning Sendout Tech. 11. Sendout Tech create Transport batch, one batch for all TBQS patients. 12. Samples must arrive at BCCDC before 18:00 Mon – Fri. The following physicians are pre-approved to order TBQS: Dr. Mark Hull, Dr. William Connors, Dr. David Harris, Dr. Peter Phillips, Dr. Valentina Montessori, Dr. Natasha Press, Dr. Mary Kestler, Dr. Melanie Murray, Dr. Victor Leung, Dr. Queenie Dinh, Dr. Victoria Cook, Dr. Bradley Quan, Dr. Myriam Farah, Dr. John Gill, Dr. Jagbir Gill, Dr. David Landsberg, Dr. James (Jay) Johnston, Dr. Andrew Ignaszewski, Dr. Alyssa Wright, Dr. Sara Belga, Dr. Alison Mah, Dr. Monica Beaulieu, Dr. David Prchal, Dr. Beverly Jung, Dr. Syed Obaid Amin, Dr. Mark Elliott, Dr. Mercedes Kiaii, Dr. Adeera Levin, Dr. Abeer Jamal	All non-MSP patients and other private pay patients must go to LifeLabs for this testing	BCCDC ZEP Lab

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Quetiapine (Seroquel)	QUETB	1 RED top	<p>2.0 mL Red top serum. Minimum 0.150 mL. Spin, separate and refrigerate. Send on ice pack. Include and date and time of last dose.</p> <p>VPP sites: sent on ice pack within 5 days of collection, otherwise send frozen. Non-VPP sites: send on Ice pack within 3 days of collection, otherwise send frozen.</p> <p>Stability is 7 days at 2-8°C, Testing Monday -Friday, excluding STAT holidays.</p>		SPH Special Chem
Quinidine (Biquin)	SPQ	<p>1 RED top</p> <p>*Dark green Na or Li hep (no gel) or EDTA acceptable*</p>	<p>1 mL serum, 0.2 mL minimum. Refrigerate and send on ice. Copy of requisition for send out. Specimen must arrive at HICL within 14 days of collection. Consent form required. TAT from performing lab is 7 days.</p>	Y	Hospitals in Common

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Quinine	QUNNB	1 RED top	2-4 mL serum or urine. Refrigerate and send on ice pack. Copy of requisition for send out.	Y	Provincial Toxicology Center
	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Quinine		
Rabies Serology (Rabies Investigation)	RABB	5 mL SST Gold top	Refrigerate. Send on ice pack.		BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory
Ramipril	SPQ	1 RED top	2-4 mL RED top serum or urine. Refrigerate and send on ice pack. Sunquest Lab LIS Order Entry: SD0177=SER or ;Urine SPQ1=; RAMAPRIL SQDLD=;DD Mmm YYYY e.g. 31 Mar 2015 or UNAVOE SQTLD=;HH:MM e.g. 13:50 or UNAVOE	Y	Provincial Toxicology Centre
	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Ramipril		

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Rapid metabolic panel (lytes, creatinine, glucose, lactate and VBG) *** only available from ED, Code Blues and at MSJ and LTC homes after regular hours. Venous Blood Gas from OP	RMP	unspun PST light green top	Wrap tape around top of PST tube. Do not spin. Stat, give directly to Blood Gas bench.		SPH Chem
Allergy Screen *** Follow Allergen SOP to decide whether to collect for CW or LifeLabs	Individual test code for each allergen	1 RED top for CW (PST light green top acceptable) *** 5 mL SST Gold top for Lifelabs	Follow the Specific Allergy Order Entry Guideline for SunQuest Labs (Other Than CW) SOP, located in the OP Binder. CW - 1.0 mL serum or plasma, minimum 0.3 mL. Freeze and send on dry ice. Must include Allergen Specific IgE Ab Requisition and Clinical Indication. TAT by performing lab is 2 weeks. Lifelabs - Full draw 5 mL SST. Aliquot and store in fridge, send on ice pack with Lifelabs Allergen requisition. TAT by performing lab is 8 weeks.		Children's Endocrine Lab or Lifelabs
RBC genotyping (red cell genotype, sickle cell disease, thalassemia)	GCB SB	2 x 6 mL LAV top	Deliver specimen and copies of all accompanying paperwork directly to Transfusion Medicine.		CBS via SPH TM
RBC antigen phenotyping (RBC antigens present, red cell phenotyping, multiple myeloma pretreatment)	PHENO	6 mL LAV top, unopened	Deliver specimen and copies of all accompanying paperwork directly to Transfusion Medicine. Ask patient if they have had a blood transfusion in the past 3 months and write answer on requisition.		SPH Transfusion Medicine
RBC Membrane Flow Analysis (HS, Hereditary spherocytosis, EMA, eosin 5 maleimide, E5M, Osmotic Fragility, OF, RBC Membrane Protein Analysis, Band 3 Protein by Flow, EMA Flow Immunology)	EMARBC	1 LAV top	Optimal 2 mL; Minimum 1 mL Whole blood Test must pre-booked with the CW Immunology Laboratory. Specimen must be received and processed within 48 hours of collection. Transport in an insulated container on a cold pack. Include a peripheral blood smear with all referred in specimens.	Y-HP	Specimen Receiving, 2J20. Children's & Women's Health Centre of British Columbia – Laboratory 4500 Oak Street Vancouver, BC V6H 3N1
Red Cell Folate (RBC Folate)	MISCB (test name RBC Folate) and HCT	2 LAV top	Not routinely available - result as NRAVL - do not need to consult professional staff. If collecting as special request, send HCT result with specimen. 1 mL whole blood, minimum 0.5 mL. Freeze immediately and send on dry ice. Turn around time by performing lab is 2 days. Consent form required.	Y Application and patient consent from ordering physician required.	Hospitals in Common

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Remifentanyl	SPQ	1 RED top	2-4 mL RED top serum or urine. Refrigerate and send on ice pack. Sunquest Lab LIS Order Entry: SD0177=SER or ;Urine SPQ1=; REMIFENTANYL SQDLD=;DD Mmm YYYY e.g. 31 Mar 2015 or UNAVOE SQTLD=;HH:MM e.g. 13:50 or UNAVOE	Y	Provincial Toxicology Centre
	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Remifentanyl		
Renin Aldosterone ratio (Renin Angiotensin ratio)	ALDRB RNN	3 mL EDTA on ice	Collect after patient in a seated position for 5-15 minutes. Collect on pre chilled EDTA tube and then placed on ice, centrifuge at 4°C ASAP (within 15 minutes). 1.0 mL EDTA plasma store at -70°C and send Frozen (dry ice preferred).		SPH Special Chem Lab
Renin (Plasma Renin activity)	RNN	3 mL EDTA on ice	Collect on pre chilled EDTA tube and then placed on ice, centrifuge at 4°C ASAP (within 15 minutes). 1.0 mL EDTA plasma store at -70°C and send Frozen (dry ice preferred). Specify posture at time of collection: Supine = collect blood after one hour in the prone position. Upright = collect blood after two hours in the upright position (standing). Renin Series: Renin collected at different locations minutes apart. Order Entry: Must use Order Comment field to indicate Specimen Site and also add site information in Modifier field. E.g. Order Comment = Left renal or Right Renal		SPH Special Chem Lab

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Renin Supine	RNNSU	3 mL EDTA on ice	Collect on pre chilled EDTA tube and then placed on ice, centrifuge at 4°C ASAP (within 15 minutes). 1.0 mL EDTA plasma store at -70°C and send Frozen (dry ice preferred). Collect blood after one hour in the prone position.		SPH Special Chem Lab
Renin Upright	RNNUP	3.0 mL EDTA on ice	Collect on pre chilled EDTA tube and then placed on ice, centrifuge at 4°C ASAP (within 15 minutes). 1.0 mL EDTA plasma store at -70°C and send Frozen (dry ice preferred). Collect after the patient has been awake ambulating and/or seated in upright posture. The patient should not have been lying down at any time two hours prior to collection.		SPH Special Chem Lab
Resistance to Thyroid Hormone (RTH) Mutation Analysis (THR mutational analysis)	MISCB	6 mL Tall EDTA	Minimum 3 mL EDTA whole blood. Do not spin. Store and send at room temperature. Do NOT freeze. Stability 8 days at room temperature. More information: http://www.questdiagnostics.com/testcenter/TestDetail.action?tabName=OrderingInfo&ntc=16053 Mandatory pre-approval required for Outpatients (request to be done by patient Dr.). For Outpatients, do not collect without MSP preapproval if test is ordered alone. Ensure patient signs consent form. Complete Quest Diagnostics' Test Request Form and Put Fax Result to SPH Lab request sticker	Y Form Letter Patient Consent	Quest Diagnostics Nichols Institute 33608 Ortega Highway San Juan Capistrano, CA 92690-6130 1(800) 553-5445
Respiratory Nucleic Acid Test (NAT) Flu PCR, Influenza A, B, and RSV	LUMXR	Indicate specimen type at RESOE (SD0120)			BC Centre For Disease Control

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
RET (Proto-Oncogene) Multiple Endocrine Neoplasia Type 2 RET Mutation (MEN-2)	MISCB	2 tubes 6 mL EDTA whole blood	Prior consultation required. Send at room temp along with completed form found in between this sleeve. Copy of requisition for send out. If cancer related send to BCCA If non-cancer related send to Children's Hospital	Y	BCCA – Molecular Genetics Laboratory 3rd – Fl 600 West 10th Avenue Children's Hospital – Molecular Diagnostic Laboratory Rm 2J40 – 4480 Oak St.
Reticulocyte Count	RET +CBC	1 LAV	Minimum 1.0 mL collection using 3 mL EDTA. 0.25 mL for micro EDTA. Sample stable 3 days.		SPH Hem
Reticulocyte Count, manual	RETM + CBC	1 LAV	Minimum 1.0 mL collection using 3 mL EDTA. 0.25 mL for micro EDTA. Sample stable 3 days.		SPH Hem
Rheumatoid Factor	RF	0.5 mL Lithium heparin plasma preferred, Serum acceptable	Refrigerate. Send on ice pack. Sample stable for 1 week at 2-8°C. Do not need to be decanted.		VGH Lab
Rheumatoid Factor, Fluid	RF add FLUIDB	Fluid specimen	Refrigerate. Send on ice pack.		VGH Lab

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Rickettsia Rickettsii Antibody	RICKRB	5 mL SST Gold top	Refrigerate. Send on ice pack.		BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory
Rickettsia Serology (Rocky Mountain Spotted Fever)	RICKRB	5 mL SST Gold top	Refrigerate. Send on ice pack.		BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory
Rickettsia Species Serology Weil-Felix, Rickettsia Serology, Scrub Typhus Serology	RICKSP	5 mL SST Gold top	Refrigerate. Send on ice pack.		BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory
Rickettsia Typhi Serology (Endemic Typhus Fever Serology)	RICKTY	5 mL SST Gold top	Refrigerate. Send on ice pack.		BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory
Risperidone, OH-Risperidone, and Total Risperidone (Risperdal, Perseris, Rykindo, Uzedy, Risvan, Paliperidone, Invega, Invega Hafyera, Xeplion)	RISPB	1 RED top	2.0 mL Red top serum. Minimum 0.150 mL. Spin, separate and refrigerate. Send on ice pack. Include and date and time of last dose. VPP sites: sent on ice pack within 5 days of collection, otherwise send frozen. Non-VPP sites: send on Ice pack within 3 days of collection, otherwise send frozen. Stability is 7 days at 2-8°C, Testing Monday -Friday, excluding STAT holidays.		SPH Special Chem

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Ristocetin Induced Platelet Aggregation (must have a CBC ordered at the same time)	RIPAB	5 CIT tubes (full draw) and 3 mL LAV for CBC	See Special Hematology (Special Coagulation) before collecting. Put Tape on tube top. Do not centrifuge samples. Do not put on ice block. Deliver samples directly to Special Hematology with a copy of the requisition.	Y-HP	SPH-Special Hematology
Ritilinic Acid	SPQ	1 RED top	2-4 mL RED top serum or urine. Refrigerate and send on ice pack. Sunquest Lab LIS Order Entry: SD0177=SER or ;Urine SPQ1=; Ritilinic acid SQDLD=;DD Mmm YYYY e.g. 31 Mar 2015 or UNAVOE SQTLD=;HH:MM e.g. 13:50 or UNAVOE	Y	Provincial Toxicology Centre
	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Ritilinic Acid		
Rivaroxaban	RIVA	1 BLUE top citrate	Full citrate draw. Specimen must be centrifuged within 2 hours of collection. Minimum 1.0 mL Plasma double spun, aliquot in Polypropylene tube. Freeze at -20°C, refer in sample must arrive at SPH frozen. Must know type of heparin and time of last dose – copy of requisition to Special Coagulation.		SPH Special Coag
Rohypnol (Flunitrazepam)	FLNPAM	1 RED top	2 – 4 mL serum from RED top. Refrigerate. Send on ice pack. Copy of requisition for send out. Collect blood within 4 to 5 hours of ingestion. If greater than 5 hours, collect urine specimens. Rohypnol usually undetectable in the urine by 24 hours.	Y	Provincial Toxicology Center

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Ross River Virus Serology	RRV	5 mL SST Gold top	Refrigerate. Send on ice pack		BC Centre For Disease Control (BCCDC Sendout)
Rotavirus	GIPAN	Stool sample. Faeces in plain container	Latex agglutination. Do not freeze. Indicate specific test. Send to Prov Lab.		BCCDC
Rubella – IgG Serology - German Measles	RUBEB	5 mL SST Gold top	Refrigerate. Send on ice pack.		BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory
Rubella – IgM And IgG Serology - German Measles	RUBP	5 mL SST Gold top	Refrigerate. Send on ice pack.		BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory
Russell Viper Venom (Inhibitor) (Dilute Russell Viper Venom Time, Lupus Anticoagulant, Anti Phospholipid Antibody, Anti Phospholipid Screen)	DRVTB	2 Citrate tubes.	Full citrate draw. Determine if patient is on oral anticoagulant. Specimen must be centrifuged within 2 hours of collection. Minimum 2.0 mL plasma double spun, aliquot into 2 polypropylene tubes. Freeze at -20, refer in sample must arrive at SPH frozen. Copy requisition for Special Coag.		SPH Special Coag.

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Rufinamide	RUFIB	1 RED top	2-4 mL serum or urine. Refrigerate and send on ice pack. Copy of requisition for send out.	Y	Provincial Toxicology Center
	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Rufinamide		
Salbutamol	SPQ	1 RED top	2-4 mL RED top serum or urine. Refrigerate and send on ice pack. Sunquest Lab LIS Order Entry: SD0177=SER or ;Urine SPQ1=; SALBUTAMOL SQDLD=;DD Mmm YYYY e.g. 31 Mar 2015 or UNAVOE SQTLD=;HH:MM e.g. 13:50 or UNAVOE	Y	Provincial Toxicology Centre
	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;salbutamol		

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Salicylamide	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Salicylamide	Y	Provincial Toxicology Center
Sample Collect Transfusion Reaction	TRXS	6 mL LAV top	Minimum 2 mL Ward to call Transfusion Medicine when reaction occurs. Ward to complete "Transfusion Reaction Report" to accompany specimen collection. Return un-transfused product to Transfusion Medicine		SPH Transfusion Medicine (Blood Bank)
San Filippo A WBC (Heparan Sulphamidase)	MISCB	3 mL DRK GRN top Na Heparin and Li heparin are acceptable **no gel separator tubes**	**Send patient to BCCH for collection if possible** Prior consultation required. Contact CW Biochemical Genetics Laboratory at (604) 875-2307 for approval. Sample must arrive at BCCH before 1200. Do not collect after 0900, Monday – Friday. Sendout person must obtain approval STAT and send by cab. Put CW Biochemical Gentics lab address sticker on TDG container. Alert Children's when sending specimen. 3 ml whole blood minimum. Blood should be kept at room temp. Copy of requisition for send out.	Y	Children's Hospital – Biochemical Genetics Lab Room 2F22 604-875-2307

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
San Filippo C WBC (Mucopolysaccharidosis Type III, Acetyl CoA:Alpha-Glucosaminide N-Acetyl)	MISCB	3 mL DRK GRN top Na Heparin and Li heparin are acceptable **no gel separator tubes**	**Send patient to BCCH for collection if possible** Prior consultation required. Contact CW Biochemical Genetics Laboratory at (604) 875-2307 for approval. Sample must arrive at BCCH before 1200. Do not collect after 0900, Monday – Friday. Sendout person must obtain approval STAT and send by cab. Put CW Biochemical Genetics lab address sticker on TDG container. Alert Children's when sending specimen. 3 ml whole blood minimum. Blood should be kept at room temp. Copy of requisition for send out.	y	Children's Hospital – Biochemical Genetics Lab Room 2F22 604-875-2307
San Filippo D WBC (N-acetylglucosamine-6-sulphatase)	MISCB	3 mL DRK GRN top Na Heparin and Li heparin are acceptable **no gel separator tubes**	**Send patient to BCCH for collection if possible** Prior consultation required. Contact CW Biochemical Genetics Laboratory at (604) 875-2307 for approval. Sample must arrive at BCCH before 1200. Do not collect after 0900, Monday – Friday. Sendout person must obtain approval STAT and send by cab. Put CW Biochemical Genetics lab address sticker on TDG container. Alert Children's when sending specimen. 3 ml whole blood minimum. Blood should be kept at room temp. Copy of requisition for send out.	y	Children's Hospital – Biochemical Genetics Lab Room 2F22 604-875-2307
St. Louis Encephalitis Serology	Check with BCCDC for availability	5 mL SST Gold top	Refrigerate. Send on ice pack. Note: not to be confused with SLE acronyms on requisitions, Dr must specify St Louis Encephalitis.		BC Centre For Disease Control
St. Louis Encephalitis Hi	Check with BCCDC for availability	5 mL SST Gold top	Refrigerate. Send on ice pack.		BC Centre For Disease Control

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Schillings Test			Patient's physician must make arrangements with the Nuclear Med dept at SPH prior to patient having test.		Nuclear Medicine At SPH
Schistosomiasis Serology	SCHISB	5 mL SST Gold top	Refrigerate. Send on ice pack.		BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory
Scleroderma Profile	SCLDB	1 RED top or 1 SST Gold top	1 mL serum minimum. Prior approval is required. Freeze serum, send frozen on dry ice. Use Mitogen Diagnostics Laboratory Requisition (in the Requisitions Folder of the Accessioning Folder). Put Fax Result to SPH Lab request sticker on requisition or on Sunset Printout.	Y	Mitogen 3415C 3rd Avenue NW Calgary AB T2N 0M4 Phone: (403)800-8851
Scrub Typhus Serology (Orientia Tsutsugamushi Serology)	Check with BCCDC for availability	Indicate specimen type at RESOE	Refrigerate. Send on ice pack		BC Centre For Disease Control
Selenium	SELS	1 NAVY BLUE Metal free Vacutainer tube	Centrifuge x2 1st pour into navy vacutainer tube & centrifuge 2nd pour into: falcon polypropylene tubes and freeze ASAP. Plasma from Na heparin navy blue top trace metal tube also acceptable. 1.0mL minimum Serum or heparinised plasma Store at 4 °C and transport on ice. If not sending within the week, freeze and transport frozen on dry ice to Specimen Receiving 2J20. See Children's trace elements collection: http://www.elabhandbook.info/phsa/Files/AdditionalFiles%20f1_20140207_113746_Blood%20Collection%20for%20Trace%20Elements%20rev%20Dec%202013.doc	Y	Children's Hospital Lab Specimen Receiving 2J20. 875 – 7520

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Semen Count or Morphology			Contact Lifelab for additional information. Do not collect on site.		Lifelabs
Sensorineural Hearing Loss (GJB2/6) (do not order DFN code) (Connexin 26; Connexin 30; DFNB1; DFNA3; SNHL; autosomal recessive deafness)	MDTB	6 mL EDTA	Min. 2.0 mL EDTA. Ship at room temperature. Send copy of requisition with transport batch. Ordering Dr must complete Molecular Genetics Laboratory C&W requisition: http://www.elabhandbook.info/phsa/Files/RequisitionForms %2f1_20140722_042203_CWMG_REQ_0000_v4.2_General_ Requisition%20edit.pdf		Children's Hospital 4500 Oak Street Vancouver, BC V6H 3N1 Rm:2J20
Serotonin Release Assay	SERRAB	2 SST Gold top AND 2 CIT light blue top	2 mL SST serum and 2 mL CITRATE (light blue top) plasma. Prior consultation required. Bring directly to HP for approval rather than putting in their box. This is a a STAT sendout test. Apply STAT sticker on approval request. Immediately centerfuge and separate into 2 plastic aliquot tubes. Clearly indicate which tube is "serum" and which is "plasma". Freeze and send on dry ice immediately after approval. Sample stability frozen is 1 year. OOC/OOP consent form required. NO NEED for funding approval. Copy of requisition for Sendout bench. Put Fax Result to SPH Lab request sticker on requisition or on Sunset Printout. TAT from performing lab is 6 days.	Y-HP	McMasters University 1200 Main Street West Hamilton, ON L8N 3Z5

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Serotonin Whole Blood Mayo test ID: SERWB	SEROB	1 EDTA Lav top (PLUS Special serotonin tubes with ascorbic acid from Mayo – must pre-order supply prior to collection).	Patients should not eat avocados, bananas, butternuts, cantaloupe, dates, eggplant, grapefruit, hickory nuts, honeydew melon, kiwifruit, melon, nuts, pecans, pineapple, plantains, plums, tomatoes, or walnuts for 48 hours before or during collection and should discontinue medications including lithium, monoamine oxidase-inhibitors, methyldopa, morphine, reserpine, and reuptake inhibitors (SSRI; eg, PROZAC). Prior approval is required. Must have serotonin (T259) available prior to collection. Draw blood in an EDTA tube. Immediately after collection, transfer 2.5 mL whole blood to a serotonin tube (T259) and mix well. Freeze specimen ASAP and send on dry ice. SPH Sendout must generate Mayo Clinic Order in MayoLink. Mayo ID:SERWB OOC/OOP consent form and Agency approval required. Copy of requisition for Sendout bench. TAT time from performing lab is 8 days.	Y Application and patient consent from ordering physician required.	Specimen Process Center Mayo Medical Laboratories 3050 Superior Drive NW Rochester, MN 55901 1-800-533-1710
Sertraline (Zoloft)	SRTLb	1 RED top	2-4 mL serum or urine. Refrigerate and send on ice pack. Copy of requisition for send out.	Y	Provincial Toxicology Center
	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Sertraline		

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Serum Cidal Level		1 RED top	Consult with the Medical Microbiologist before ordering the test. Pre and Post dose specimens can be collected as described for antibiotic levels. Random samples may also be tested.	Y	SPH – Microbiology
Sex Hormone Binding Globulin (Bioavailable Testosterone, Free Testosterone, Free Androgen Index)	SHBGB	1 RED Top	Minimum 0.5 mL. Spin and freeze. Collection before 10am is preferred but not mandatory. SHBGB includes TES, do not enter both test codes, if requested. Copy of requisition to Special Chem for all Self-Pay requests. Send on ice pack within 5 days of collection or send frozen.		SPH Special Chemistry
Sickle Cell Screen	SIC	1 EDTA tube	Copy of requisition to Hem. Same tube as CBC may be used.		SPH Special Hem

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Sildenafil	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Sildenafil	Y	Provincial Toxicology Center
Sirolimus Level (Rapamycin or Rapamune)	SRO	3 mL EDTA tube.	Store in fridge, send on ice pack. Sunquest Last Dose format: SRODLD: ;DD Mmm YYYY e.g. ;31 Mar 2014 or UNAVOE SROTLD: ;HH:MM e.g. ;13:50 or UNAVOE		VGH Lab
Sitosterol	SITOSB	Lithium Heparin	Do Not collect. Refer patient to Children's Hospital. BCCH BGL ORDER ONLY		Children's Hospital
Skin Antibodies		SKIN BIOPSY	Immunofluorescent method done in histo		SPH – Histology

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Sodium, 24 hour urine	NAU add CRU, UTIM	24 hour urine, no preservative. (Acid container acceptable)	Refrigerate during collection. 3 mL aliquot from well mixed 24 hour collection (do not send whole collection), centrifuge and aliquot supernatant to 12 x75 plastic tube. Referring sites need to include 24 hour volume, patient's height and weight on requisition. Refrigerate and send on ice pack.		SPH Chem
Sodium, random urine	NAR	Random urine	3 mL random urine, centrifuge and aliquot supernatant to 12 x75 plastic tube, refrigerate.		SPH Chem
Sodium, Stool (stool sodium)	STNA	Stool in non preservative container	Liquid specimen required. Test within 4 hours if stored at room temp., and within 24 hours if refrigerated. 0.5mL supernatant required, more if Millipore filtration is required.		SPH Chem
Somatostatin Mayo Test ID: FSOMA	MISCB	1 special collection tube with GI preservative (EDTAGI) Pre-order collection supply is necessary (supplied by Mayo Lab)	Must be 10 – 12 hour fast and no antacids or other medication affecting insulin secretion or intestinal motility for 48 hours prior to collection. Must have special EDTAGI (T125) tubes ordered from Mayo prior to collection. Collect 10 mL into EDTAGI tube. Spin and separate immediately. Aliquot 3 mL plasma, 1 mL minimum, and freeze ASAP. Send on dry ice. SPH Sendout must generate Mayo Clinic Order in MayoLink. Mayo ID:FSOMA OOC/OOP consent form and Agency approval required. Copy of requisition for Sendout bench. TAT time from performing lab is 11 days.	Y Application and patient consent from ordering physician required.	Specimen Process Center Mayo Medical Laboratories 3050 Superior Drive NW Rochester, MN 55901 1-800-533-1710

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Sotolol	DRSCB	>2mL Urine	<p>Refrigerate if not done immediately. Send urine on ice pack.</p> <p>Sunquest LIS Order Entry:</p> <p>*If collection time is now (N), enter time as one minute before in order to get to the route screen*</p> <p>Remove RED (R) default tube at Route screen and add UR container type.</p> <p>Second screen: DRSC1 = URINE-;Sotolol</p>	Y	
Sphingomyelinase, WBC (Niemann Pick A & B)	SPHNGB	blood DOT CARD Whatman 903 Blood Spot Card	<p>Optimal: 4 spots, minimum 2 spots. Follow collection instructions on reverse of blood dot card.</p> <p>Preferred: Collect using syringe and drip blood on blood spot card.</p> <p>Acceptable:</p> <p>Collect 1 – 2 mL Heparin blood and transfer to blood spot card. Heparin blood must be transferred to blood spot card within 6 hrs of collection.</p> <p>If using finger/heel prick, allow blood to drip rather than touching blood spot card with patient's finger/heel.</p> <p>Obtain minimum one completely filled circle that is soaked through the back of card.</p> <p>Write Pompe clearly on blood dot card.</p> <p>Do NOT use the pneumatic tube system to transport wet bloodspot cards. Wet bloodspot cards must NOT be packaged in biohazard bags.</p> <p>Allow to blood spots to dry at least 4 hours. Once dry, place blood spot card in sealed plastic bag with a sachet of desiccant (if available). Store in 4°C if there is delay in shipping. Ship at room temperature by overnight courier to Specimen Receiving 2J20. Inform lab at 6048752307 to expect the sample.</p> <p>Send copy of requisition with transport batch.</p>		Children's Hospital – Biochemical Genetics Lab 604-875-2307

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Spinocerebellar Ataxia Panel (SCA; SCA1; SCA2; SCA3; MJD; Machado-Joseph Disease; Machado Joseph disease; SCA6; CACNA1A; SCA7; Ataxin; ATXN; ATXN1; ATXN2; ATXN3; ATXN7; Olivopontocerebellar Atrophy; OPCA; Cerebelloparenchymal; CPD; CPD1; Menzel; Schut-Haymaker; Schut Haymaker; Holguin)	MISCB	1 Tall LAV	ORDERING PHYSICIAN: For predictive/pre-symptomatic testing, patient must be referred for genetic counseling (Vancouver ph. 604-875-2157) Optimal: 6 mL whole blood; minimum 2 mL Send at room temperature with Molecular Genetics Lab requisition: http://www.elabhandbook.info/phsa/Files/RequisitionForms %2f1_20140214_031358_CWMG_REQ_0000_v4.0_General_ Requisition.pdf	Y – for Inpatients	Children's Hospital Molecular Genetics Lab 604-875-2852
Squamous Cell Carcinoma Antigen*	SCCB	1 RED top	Freeze Serum. Send on ice pack.		BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory
Stem Cell Culture Or Stem Cell Culture For Erythropoietin Or Independent Growth Erythropoietin	STMCB add CBCDIF	2 X 10 mL Heparin (GREEN top) tubes. More needed if low WBC.	Send CBCD results if available. If results are unavailable at the time of refer-out, please log in CB4 and enter ;CBC to Terry Fox Lab 6048776244 Room temperature- send within 24-48 hours of collection. Must phone to inform terry fox lab that specimen is being sent. Must send on Friday even without approval. If not approved, then call to cancel. Copy of requisition for send out. Complete stem cell assay reqs in forms/reqs section	Peripheral blood (STAT approval is required) N - if ordered by Drs.: Foltz Jackson, Leger, Leitch, Ramadan, Ross, Merkley, Davis, Schmidt, and Yenson Bone Marrow No approval	Terry Fox Lab – Stem Cell Assay 604-675-8000 Ext 7746 Terry Fox Lab Will Accept Blood Until 1500hr Only

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Stool Culture	PFAEC	Stool in sterile container, no preservative.	Stool for culture and sensitivity		SPH Microbiology
Streptobacillus Serology (Rat Bite Fever Serology)	Check with BCCDC for availability	5 mL SST Gold top	Refrigerate. Send on ice pack.		BC Centre For Disease Control
Strongyloides Serology	STRGY	5 mL SST Gold top	Refrigerate. Send on ice pack.		BC Centre For Disease Control
Strychnine	STRTB	Random Urine	10 mL urine. Refrigerate and send on ice pack. Copy of requisition for send out. Consent form required. TAT from performing lab is 2 days.	Y	Hospitals in Common
Substance P	MISCB	3 mL EDTA plasma	Patient must be fasting. Freeze specimen. Send on dry ice. Approval required for all patients. For further information phone (614) 293 8629 Information outdated must validate information prior to collection and sending. Mandatory Lab Agency pre-approval required (request to be done by patient Dr.). For Outpatients, do not collect without preapproval if test is ordered alone. Put Fax Result to SPH Lab request sticker on requisition or on Sunset Printout.	Y Application and patient consent from ordering physician required.	Dr. O'dorisio N.1123 Doanhall Ohio State University Hosp. 410 W.10th Ave. Columbus Ohio 43210
Sulfatides, Urine	SULFAB	3 mL random Urine on ice	Prior consultation required. Contact CW Biochemical Genetics Laboratory at (604) 875-2307 for approval. Sample must arrive at BCCH before 1200. Do not collect after 0900, Monday – Friday. Sendout person must obtain approval STAT and send by cab. Put CW Biochemical Genetics lab address sticker on TDG container. Alert Children's when sending specimen. 3 ml urine minimum. Collect on ice, freeze and send frozen. Copy of requisition for send out.	Y	Children's Hospital – Biochemical Genetics Lab Room 2F22 604-875-2307

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Sulfocysteine, Urine	SFCYSB	3 mL random Urine on ice	Prior consultation required. Contact CW Biochemical Genetics Laboratory at (604) 875-2307 for approval. Sample must arrive at BCCH before 1200. Do not collect after 0900, Monday – Friday. Sendout person must obtain approval STAT and send by cab. Put CW Biochemical Genetics lab address sticker on TDG container. Alert Children's when sending specimen. 3 ml urine minimum. Collect on ice, freeze within 30 minutes and send frozen. Copy of requisition for send out.	Y	Children's Hospital – Biochemical Genetics Lab Room 2F22 604-875-2307
Sulfocysteine, Urine	SFCYSB	3 mL random Urine on ice	Prior consultation required. Contact CW Biochemical Genetics Laboratory at (604) 875-2307 for approval. Sample must arrive at BCCH before 1200. Do not collect after 0900, Monday – Friday. Sendout person must obtain approval STAT and send by cab. Put CW Biochemical Genetics lab address sticker on TDG container. Alert Children's when sending specimen. 3 ml urine minimum. Collect on ice, freeze within 30 minutes and send frozen. Copy of requisition for send out.	Y	Children's Hospital Biochemical Genetics Lab Room 2F22 604-875-2307
Sulfonylurea, Serum (Hypoglycemic Agent Screen)	MISCB	1 RED top	3 mL serum, 0.5 mL minimum. Freeze and send on dry ice. Stability is 28 days. SPH Sendout must generate Mayo Clinic Order in MayoLink. Mayo ID:HYPOG OOC/OOP consent form and Agency approval required. Copy of requisition for Sendout bench. TAT time from performing lab is 8 days.	Y Application and patient consent from ordering physician required	Specimen Process Center Mayo Medial Laboratories 3050 Superior Drive NW Rochester, MN 55901 1-800-533-1710

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Acetohexamide Chlorpropamide Tolazamide Tolbutamide Glimepiride Glipizide Glyburide Nateglinide Repaglinide	DRSCB	1 RED top	2-4 mL RED top serum. Refrigerate Serum. Send on ice pack. Special requests must be indicated in Sunquest Order Entry; copy of original requisition.	Y	Provincial Toxicology Center
		20 mL Urine	Sunquest Order Entry instructions for Urine samples: At Container and Specimen Entry: remove "R" and add "UR" Free text request in Result Entry for special orders, e.g.: DRSC1=URINE-;Acetohexamide (example only) or special request (example ONLY): DRSC1=URINE- ;Sulfonylureas and other insulin secretagogues. Attn Dr Schreiber Prov Tox		
Sulindic	SPQ	1 RED top	2-4 mL serum or urine. Refrigerate Serum. Send on ice pack. Sunquest Lab LIS Order Entry second screen: SD0177=SER or ;Urine SPQ1=;Sulindic SQDLD=;DD Mmm YYYY e.g. 31 Mar 2015 or UNAVOE SQTLD=;HH:MM e.g. 13:50 or UNAVOE	Y	Provincial Toxicology Center
Sulpiride	SPQ	1 RED top	2-4 mL RED top serum or urine. Refrigerate and send on ice pack. Sunquest Lab LIS Order Entry: SD0177=SER or ;Urine SPQ1=; SULPIRIDE SQDLD=;DD Mmm YYYY e.g. 31 Mar 2015 or UNAVOE SQTLD=;HH:MM e.g. 13:50 or UNAVOE	Y	Provincial Toxicology Centre
	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Sulpiride		

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Sweat Chloride	SWTB		Refer patient to Children's Hospital. Collection must be pre-booked, call (604) 875-2139.		Children's Hospital
Synapse		6 mL LAV top and 2 RED top	Do not spin. Send to Dr. Wilfred Jeffries		VGH Lab
Synovial (joint) fluid crystals	FCRYSB	Glass tube without anticoagulant (e.g RED top)	Avoid Lithium Heparin, EDTA, SST or Oxalate (but fluid will be examined regardless of the additive present.) Order includes Fat Globules and FLUIDB.		SPH Chem
Synovial Fluid Glucose	FGL	GREY top	Only if collected from fasting patient into a GREY top vacutainer <u>PLUS</u> a concurrent plasma glucose. Credit test with CNCLS if not collected in a grey top tube.		SPH Chem
Syphilis Screening (Blood) (Treponema Pallidum screen, Treponema pallidum Antibody, T pallidum Serology, Treponema Pallidum Confirmatory, Syphilis Confirmatory, Syphilis screening, MHATP, MHA-TP or Microhaemagglutination Treponema Pallidum Test, RPR Rapid Plasma Reagin, Syphilis Screening at Delivery)	TPE	5 mL SST Gold top	Refrigerate. Send on ice pack. If DSTORE is ordered: lab storage instructions to be automatically ordered and auto completed when Syphilis Screening at delivery is signed as an active order or is activated Babies: minimum 200µL serum (~500 µL Gold SST), venous collection preferred.		BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory
FTA, FTA-Abs Fluorescent Treponemal Ab Diagnosis Of Uveitis ART (VDRL) TPPA	TPE and TPSC				

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Syphilis Screening, CSF- Treponema Pallidum screenVDRL	VDRLCB	1 mL CSF	Refrigerate. Send on ice pack.		BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory
T3 (Triiodothyronine), Reverse, Serum (Reverse T3)Mayo Test ID: RT3	MISCB	1 RED top SST Gold top acceptable	0.8 mL serum, minimum 0.4 mL. Store in fridge and send on ice pack. Stability is 28 days. SPH Sendout must generate Mayo Clinic Order in MayoLink. Mayo ID:RT3 OOC/OOP consent form and Agency approval required. Copy of requisition for Sendout bench. TAT time from performing lab is 6 days.	Y Application and patient consent from ordering physician required.	Specimen Process Center Mayo Medical Laboratories 3050 Superior Drive NW Rochester, MN 55901 1-800-533-1710
T3 Total, (Total T3Triiodothyronine,Total)	MISCB	1 SST Gold top	1 mL serum. Refrigerate and send on ice pack. Copy of requisition for send out. Put Fax Result to SPH Lab request sticker on requisition or on Sunset Printout. Consent form required. TAT from performing lab is 3 days.	Y Application and patient consent from ordering physician required.	Hospitals In-Common Laboratory Inc. 57 Gervais Dr. North York, ON M3C 1Z2 Phone 416-391-1499 Ext.248 Fax Phone 416-385-1957

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
T4, Free by Dialysis, Serum Mayo Test ID: FRT4D	MISCB	1 RED top tube SST Gold top acceptable	2.6 mL serum, 1.2 mL minimum. spin and separate within 2 hours of collection. Store in fridge and send on ice pack. Stability is 28 days. Draw blood immediately prior to next dose. SPH Sendout must generate Mayo Clinic Order in MayoLink. Mayo ID:FRT4D OOC/OOP consent form and Agency approval required. Copy of requisition for Sendout bench. TAT time from performing lab is 8 days.	Y Application and patient consent from ordering physician required	Specimen Process Center Mayo Medical Laboratories 3050 Superior Drive NW Rochester, MN 55901 1-800-533-1710
Taenia Solium Serology	CYSTIB	5 mL SST Gold top	Refrigerate. Send on ice pack.		BC Centre for Disease Control C/O PHSA Laboratories—Lane Level Laboratory
Tetanus Antitoxin level (Tetanus Immune Status Discontinued), Lock-Jaw	TETANB	5 mL SST Gold top	Refrigerate. Send on ice pack. Testing is only available in special circumstances after consultation with program head 604-707-2622. Modify BCCDC's Specimen Description with Med Micro initials if Approved: E.g. SD0174=BLD-AMMMR	Y –TRAP by Medical Microbiologist	BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory
Tetrahydrocannabinol	SPQ	1 RED top	2-4 mL serum or urine. Refrigerate. Send on ice pack. Sunquest Lab LIS Order Entry second screen: SD0177=SER or ;Urine SPQ1=;Tetrahydrocannabinol SQDL=;DD Mmm YYYY e.g. 31 Mar 2015 or UNAVOE SQTLD=;HH:MM e.g. 13:50 or UNAVOE	Y	Provincial Toxicology Center

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Tetrahydrocannabinol		
Thallium-Urine 24 hour	MISCB	Urine from a 24 hour collection, no preservative	10 mL aliquot urine from a 24 hour collection, minimum 0.3 mL. Refrigerate and send on ice pack. SPH Sendout must generate Mayo Clinic Order in MayoLink. Mayo ID:TLU OOC/OOP consent form and Agency approval required. Copy of requisition for Sendout bench. TAT time from performing lab is 5 days.	Y Application and patient consent from ordering physician required.	Specimen Process Center Mayo Medical Laboratories 3050 Superior Drive NW Rochester, MN 55901 1-800-533-1710
Theophylline Level(Aminophylline)	THEOP	1 PST	0.5 mL lithium heparine plasma. Must check dose time. Refrigerate plasma. Send on ice pack. Sunquest Last Dose format: THEDLD: ;DD Mmm YYYY e.g. ;31 Mar 2014 or UNAVOE THETLD: ;HH:MM e.g. ;13:50 or UNAVOE		VGH Lab

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Testosterone Tumour Marker	TESTMB	1 SST Gold top	1 mL serum. Freeze and send on ice pack.		VGH
Thermophilic-Fungi-Precipitans (Farmer's Lung Antigen)	THFNB	1 SST Gold top *1 RED top acceptable (must be aliquoted)*	0.5 mL serum. Refrigerate and send on ice pack to VGH . No need to aliquot if SST. Affix Lung Centre address label to the package for VGH to forward to Lung Centre. Please provide a copy of original requisition. Put Fax Result to SPH Lab request sticker on requisition or on Sunset Printout. Do not freeze.		Carlsten Lab at Diamond Health Care Center via VGH Lab 604-875-4111 ext 66455
Thiazide Screen	DRSCB	50 mL urine	Refrigerate Second screen: DRSC1 =Specimen type-;Specify Drug (Specimen type e.g. URINE-;Thiazide)		Provincial Toxicology Center
	SPQ	1 RED top	2-4 mL serum or urine. Refrigerate. Send on ice pack. Sunquest Lab LIS Order Entry second screen: SD0177=SER or ;Urine SPQ1=;Thiethylperazine SQDLD=;DD Mmm YYYY e.g. 31 Mar 2015 or UNAVOE SQTLD=;HH:MM e.g. 13:50 or UNAVOE		Provincial Toxicology

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Thiethylperazine	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Thiethylperazine	Y	Provincial Toxicology Center
ThiocyanateStat Request (process as per Ethyleneglycol procedure)	TCYAN	1 SST Gold top	1 mL serum. Process STAT. Copy of requisition for send out. Contact Medical Biochemist on call for STAT approval	Y	Provincial Toxicology Center
Thiopental (pentothal)	THIOB	1 RED top	2-4 mL serum or urine. Refrigerate and send on ice pack. Copy of requisition for send out.	Y	Provincial Toxicology Center
	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Thiopental		

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Thiopurine Metabolites(6-Mercaptopurine Metabolites; 6-MP Metabolites; 6-TGN; 6-MMPN, Azathioprine Metabolites)**Different from TPMT Enzyme/TPMT Genetics**"	MISCB	3mL EDTA Whole Blood	Send whole blood at 2-8°C. Do NOT centrifuge or freeze. Frozen or hemolyzed samples will be rejected. Sample stability: 3 days at RT, 8 days at 2-8°C. Frozen samples unacceptable	Y	Victoria General Hospital
Thiopurine Methyltransferase (TPMT Enzyme)	TPMTB	6mL EDTA whole blood	Minimum volume 4.0 mL for adults (1.0 ml for children). Do not centrifuge. Refrigerate, send on ice pack. Stable for 14 days. Sendout Tech: check order history to ensure TPMT is not already performed. Send for Approval if history of TPMT report. Send with a Sunset printout.	N Y if previous history	Surrey Memorial Hospital Laboratory
Thiopurine Methyltransferase (TPMT Genetics, TPMT genotype)	TPMTGB	6mL EDTA whole blood	Test NOT routinely done. Do not send with TPMT enzyme test. Consult Supervisor before sending. 3 mL whole blood. Refrigerate and send on ice pack. Sample must arrive at HICL within 7 days of collection. Do not collect on or before a weekend or stat holiday. Mandatory pre-approval required. OOC/OOP consent form required. TAT from performing lab is 21 days.	Y Application and patient consent from ordering physician required.	Hospitals In-Common Laboratory Inc. 57 Gervais Dr. North York, ON M3C 1Z2 Phone 416-391-1499 Ext.248 Fax Phone 416-385-1957
Thioridazine (Mellaril or Serentil)	MISCB	1 RED top or EDTA Lav top	2 mL serum or plasma, minimum 0.7 mL. Freeze and send on dry ice. Copy of requisition for send out. Consent form required. TAT from performing lab is 10 days.	Y Application and patient consent from ordering physician required.	Hospitals in Common

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Thrombin time	TT	1 CIT	1.0 mL plasma from full tube collection. Plasma spun within 2 hours of collection and tested within 8 hours of collection. If test is not performed within 8 hours, double spin plasma and store at -20°C for up to 2 weeks, ship on ice. Specimen must arrive frozen in polypropylene tube		SPH Hem
Thyroglobulin (Thyroglobulin Tumor Marker, Thyroglobulin by Mass Spec, TG by Mass Spec, TG by MS) TG Battery includes thyroglobulin and anti-thyroglobulin antibodies	TG Battery includes thyroglobulin and anti-thyroglobulin antibodies	1 SST Gold top	0.5 mL serum (1.0 mL serum if lipemic) in False Bottom or 13 x 75 Polypropylene tube, freeze serum. Send with ice pack within 3 days or send frozen. BIOTINIDASE		SPH Special Chem
Thyroglobulin, Fluid	FTG (add FLUIDB)	Fine needle aspirate collected with saline in non-preservative container	Deliver to lab immediately. Freeze sample if not processed same day. Give a copy of the requisition to Special Chemistry.		SPH Special Chemistry
Thyroid Receptor Antibody (Thyroid-Stimulating-Antibodies) (Thyroid-Stimulating-Immunoglobulin –T.S.I.G) (Anti TSH Receptor Ab) (Anti-thyrotropin receptor Ab)	TSBRA	1 SST Gold top	1 mL serum in False Bottom or 13 x 75 Polypropylene tube, freeze serum. Send with ice pack.		SPH Special Chemistry

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Thyroid Stimulating Hormone (TSH heterophile antibody – sample and copy of req directly to Chemistry)	TSH TSHB TSHCOM see instruction	1 SST Gold top or 1 RED top	2 mL serum, send on ice pack. Stable for 7 days at 2-8 °C. Order TSHB if the requisition says hypothyroid or hyperthyroid, or if TSH, FT3 and/or FT4 are ordered together. SPH: If there are specific clinical indications listed on the requisition order TSHCOM in addition to TSHB . MSJ: If there are specific clinical indications listed on the requisition add SCIND in the modifier field. If the requisition is for heterophile antibody , add ;HETEROPHILE ANTIBODY in the modifier, make a copy of the requisition, and give the spun sample and requisition directly to Chemistry.		SPH Lab
Tissue Trace Elements Hepatic Iron (Biopsy) Iron, tissue Copper, tissue	CUTISB (copper) FETISB (Iron)	Tissue	Refer to eLab Handbook online for updated instructions or see Children's Hospital binder on send out bench. Collection vial is the standard Microbiology urine container. Send specimens on ice pack for arrival within 2 hours of collection and before 3 pm, Monday to Friday or on dry ice if not sent within stated time. See tissue trace elements reqs on Children's eLab: http://www.elabhandbook.info/phsa/Files/AdditionalFiles%20f1_20140203_120221_Tissue%20TE%20Req%20Lower%20Mainland%20Sep20%2013.doc		Children's Hospital Gem Program 4480 Oak Street Phone 875-2331
Tissue Transglutaminase (Anti Endomysial Antibodies) (Anti-Tissue Transglutaminase) (Anti-Gliadin Antibodies) (Celiac Disease Testing) (Gluten Intolerance Test)	TTGA	1 SST Gold top	1 mL serum. Freeze. Send frozen on ice pack		VGH Lab
Tissue Typing	HLAT	1 RED top	Room temperature		VGH Lab
Tobramycin Pre Dose	TOBPR	1 PST	0.5 mL plasma. Trough ½ Hour Sunquest Last Dose format: TOBDLD: ;DD Mmm YYYY e.g. ;31 Mar 2014 or UNAVOE TOBTLD: ;HH:MM e.g. ;13:50 or UNAVOE		SPH Chem

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Tobramycin Post Dose	TPO	1 PST	0.5 mL plasma. Peak ½ hour post IV infusion – confirm times with nurse prior to collection Sunquest Infusion format (ITST=Start ITFT=Finish): ITST: ;HH:MM ITFT: ;HH:MM		SPH Chem
Tobramycin Random Level	TOR	1 PST	0.5 mL plasma. Sunquest Last Dose format: TOBDLD: ;DD Mmm YYYY e.g. ;31 Mar 2014 or UNAVOE TOBTLD: ;HH:MM e.g. ;13:50 or UNAVOE		SPH Chem
Tocainide	MISCB	1 RED top	2 mL serum from RED top. Refrigerate		VGH Lab 875-4558
Toluene	SPQ	1 RED top	2-4 mL RED top serum. Refrigerate Serum. Send on ice pack. Sunquest Lab LIS Order Entry second screen: SD0177=SER SPQ1=;Toluene SQDLD=;DD Mmm YYYY e.g. 31 Mar 2015 or UNAVOE SQTLD=;HH:MM e.g. 13:50 or UNAVOE		Provincial Toxicology Center
Topiramate (Topamax)	TOPMB	1 RED top	2-4 mL serum or urine. Ward should record information on dosage, time of last dose, and other meds. For therapeutic drug monitoring specimens must be drawn at trough. Serum must be separated from cells within 2 hours of drawing. Indicate if for toxicity. Refrigerate. Send on ice pack.		Provincial Toxicology Center
	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Topiramate		

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
TORCH Screen (Includes Toxoplasma, Rubella, CMV IgG And IgM and HSV IgG only) ***Also order TOXMSB If Symptoms Indicated***	TOXGSB, RUBP, CMVSP HSVTSS	2 x 5 mL SST Gold top	Refrigerate. Send on ice pack.		BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory
TORCH STUDIES For NewbornToxoplasmosis, Rubella, Cytomegalovirus, Herpes Virus	TOXGSB and TOXMSB RUBP CMVSP HSVTSS	2 x 5 mL SST Gold top	2 tubes from Mother. If Mother unavailable, take from baby: 2 mL venously or 4 full clotted BD Microtainer tubes (minimum 0.5 mL Serum accepted) Send Room Temp with Serology Req's		BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory
Total T4Replaced by free T4 or Free Thyroxine	FT4	1 SST Gold top or 1 RED top	1 mL serum, store and send refrigerated. Stable for 7 days at 2-8 °C.		SPH Chemistry
Total Testosterone (Testosterone, ultra sensitive testosterone)	TES	1 RED top *no gel tubes*	2.0 mL serum. Minimum 0.5 mL. Morning Fasting (8 hours) is preferred. If Bioavailable testosterone only, do not log in until clarification from ordering physician. Send on ice pack within 5 days of collection or send frozen. Available to be ordered on all sexes.		SPH Special Chemistry
Toxicology Testing (Toxicology Drug Screen, Toxicology screen)	DRSCB	1 RED top or Random urine	Refrigerate and send on ice pack. Sunquest LIS Order Entry: If urine sample: Remove RED I default tube at Route screen and add UR container type. Second screen: DRSC1 =Specimen type-;Specify Drug (Specimen type e.g. BL=blood, URINE=urine, PLS=plasma)		Provincial Toxicology
Toxocara Serology Or Visceral Larva Migrans	VLVM	5 mL SST Gold top	Refrigerate. Send on ice pack.		BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Toxoplasma — IgG Serology Toxoplasma Gondii IgG	TOXGSB	5 mL SST Gold top	Refrigerate. Send on ice pack.		BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory
Toxoplasmosis –IgM SerologyToxoplasma Gondii IgM	TOXMSB	5 mL SST Gold top	Refrigerate. Send on ice pack.		BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory
Toxoplasma Gondii PCR	TOXOP	1 mL CSF and 5 mL SST Gold top for TOXMSB	Give specimen to SPH Microbiology along with copy of requisition for ordering and Medical Microbiologist approval (Microbiology TRAP test). Modify BCCDC's Specimen Description with Med Micro initials if Approved: E.g. SD0116=BLD-AMMMR (search for MM code)		BC Centre For Disease Control Zoonotic Diseases & Emerging Pathogens
TPNM2 (TPN Monday, Total parenteral nutrition – Monday)	TPNM2	1 PST Light green top and 1 SST Gold top	Tests include: URE, CRE, NA, K, CL, TCO2, GLUC, ALB, TBIL, ALKP, CA, PO4, ALT, TRIG, MG, EGFR		SPH Chem
TPNT2 (TPN Thursday)	TPNT2	1 PST Light green top	Tests include: URE, CRE, NA, K, CL, TCO2, GLUC, ALKP, PO4, MG, EGFR		SPH Chem
	SPQ	1 RED top	2-4 mL RED top serum or urine. Refrigerate and send on ice pack. Sunquest Lab LIS Order Entry: SD0177=SER or ;Urine SPQ1=; TRAMADOL SQDLD=;DD Mmm YYYY e.g. 31 Mar 2015 or UNAVOE SQTL=;HH:MM e.g. 13:50 or UNAVOE		Provincial Toxicology

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Tramadol	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Tramadol		Provincial Toxicology Centre
Transferrin Isoelectric Focusing(Carbohydrate Deficient Glycoprotein Syndrome, CDGS, Carbohydrate deficient transferrin, Congenital Disorder of Glycosylation, Transferrin Isoforms)	TRISOB	1 RED top	Centrifuge and separate minimum 200 µL serum and freeze. Ship serum frozen. Copy of requisition for Send out.		Children's Hospital Specimen Receiving 2J20.
Transferrin isoforms, Ref. OutApo CIII , Apolipoprotein CIII	TIFO	1 SST Gold top or RED top	1 mL serum. Freeze and send on ice pack.		Children's Hospital Ref out to Mayo
Trazodone (Desyrel) (Tetracyclic Antidepressant)	MISCB	1 RED top	1 mL serum, minimum 0.6 mL. Spin and separate within 2 hours. Freeze and send on dry ice. Collect trough sample prior to next dose. Copy of requisition for send out. Dr. Misri's patients do not need approval. Consent form required. TAT from performing lab is 10 days.	Y Application and patient consent from ordering physician required.	Hospitals in Common
Treponema Pallidum Microscopy	TPDE	Specify sample type at RESOE.	Refrigerate. Send on ice pack.		BC Centre For Disease Control

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Treponema Pallidum NAT (Syphilis PCR)	TPNAT	Chancre fluid swab using Aptima swab/UTM viral transfer media (or CSF, Fluid, EDTA)	Refrigerate. Send on ice pack. Modify BCCDC's Specimen Description with Med Micro initials if Approved: E.g. SD0080=SW-AMMMR		BC Centre For Disease Control
Trichinosis Serology (Trichinella Serology)	TRICHB	5 mL SST Gold top	Refrigerate. Send on ice pack.		BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory
Trichloroethanol (Chloral Metabolites)	TRCHLB	Urine, collected within 12 hours of ingestion	1 mL urine. Refrigerate and send on ice pack. Copy of requisition for send out.		Provincial Toxicology Center
Tricyclic Antidepressants Must Specify Which Drug. Use Separate Test Code	AMIB CLMPRB DESIPB IMPB NORTIB TRMPB	1 RED top	2 mL serum. Specify which drug level. Time of last dose required. Serum must be separated within 2 hours of collection. Stable in fridge. Send on Sunquest transport batch. AMIB= Amitriptyline CLMPRB= Clomipramine DESIPB= Desipramine DXPNB= Doxepine IMPB= Imipramine NORTIB= Nortriptyline TRMPB= Trimipramine		Provincial Toxicology Center
Tricyclic Screen, Urine	LCTCA and DRSCB	Random urine	Refrigerate urine. Sunquest order entry: removed "R" default container and add "UR" container.		Provincial Toxicology Center

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Triglycerides	TRIGF	1 SST Gold top	0.5 mL serum. For fasting status enter PF if patient has been fasting 10-14 hours. If the patient has been fasting for less than 10 hours (or not at all) enter ;Fasting for X hours. For example, if the patient came in for bloodwork at 1000 and they had eaten at 0800 you would enter ;Fasting for 2 hours". If the fasting status is unknown because the sample has been dropped off or sent in and the patient is unavailable to ask when they last ate enter UNAVOE.		SPH Chem
Triglycerides, fluid	FTRIG	1 PST Light green top, SST Gold top, RED top or non preservative container	0.5 mL fluid. FLUIDB: PLEUR; DIA; PERIT; BAL; PCF Synovial fluid TRIG not available.		SPH Chem
Trimeprazine	SPQ	1 RED top	2-4 mL serum or urine. Refrigerate. Send on ice pack. Sunquest Lab LIS Order Entry second screen: SD0177=SER or ;Urine SPQ1=;Trimeprazine SQDLD=;DD Mmm YYYY e.g. 31 Mar 2015 or UNAVOE SQTLD=;HH:MM e.g. 13:50 or UNAVOE		Provincial Toxicology Center
	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Trimeprazine		

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Trimethylamines Fish Odour Disease	TRMAB	Random urine	Call Children's Hospital for handling instructions.		Children's Hospital
Trimipramine & Desmethyltrimipramine (Surmontel) (Tricyclic Antidepressant)	TRMPB	1 RED top or EDTA Lav top	3 mL serum or plasma. Spin and separate ASAP. Freeze and send on dry ice. Collect trough sample prior to next dose. Copy of requisition for send out. Consent form required. TAT from performing lab is 5 days.		Hospitals in Common
Tripelennamine (Pyribenzamine)	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Tripelennamine		Provincial Toxicology Center
Tropinin I (to VGH, only if specifically requested)	HSTI	1 PST Light Green Lithium Heparin	1.0 mL Lithium heparin plasma. Stable for 24 hours at 2-8 °C. Order only if specifically requested for Troponin I		VGH
Troponin T	CTROPT	1 PST Light Green Lithium Heparin	1.0 mL lithium heparin plasma. Stable for 24 hours at 2-8 °C.		SPH Chem
Trypanosoma Cruzi Serology (Chagas Disease Serology)	TRYPB	5 mL SST Gold top	Refrigerate. Send on ice pack.		BC Centre For Disease Control
Trypanosoma Serology (So African Sleeping Sickness)	TRYPAN	5 mL SST Gold top	Refrigerate. Send on ice pack.		BC Centre For Disease Control
Tryptase (Total)(Mast Cell Tryptase)	TRYPB	1 RED top	2 mL serum (minimum volue is 0.5 mL). Refridgerate and send on ice pack. Plasma not suitable. Anaphylaxis collections must be collected 15 minutes to 3 hours post allergic reaction. Separate serum ASAP.		Children's Hospital

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Unsaturated Transcobalamins(Transcobalamin I,II)	TRCBB	1 RED top	1 mL serum from RED top. Approval required. Minimum 0.2 mL serum. Freeze. Copy of requisition for send out. Send on ice pack. Refrigerated stability is 4 days; Frozen is 30 days. More information from Quest Diagnostics: http://www.questdiagnostics.com/testcenter/TestDetail.action?ntc=928 Mandatory Lab Agency pre-approval required (request to be done by patient Dr.). For Outpatients, do not collect without preapproval if test is ordered alone. Complete Quest Diagnostics' Test Request Form and Put Fax Result to SPH Lab request sticker		Quest Diagnostics Chantilly Nichols Institute 14225 Newbrook Dr. Chantilly, VA 20151-2228 U.S.A 1(800) 336-3718, Client Services ext. 3000
Unstable Hemoglobin(Isopropanol Stability Test)	ISOPB	2 EDTA	Must be preapproved and booked. Must send within same day collection. Available Monday to Wednesday. –updated Nov23/04. Sunquest Order Entry last screen: ISOPB1: Y or N (preapproved) ISOPB2: Path: CDRJF, CDRNA, CDRSV, CDRPV (by which Dr.)		Complex Hematology Children's Hospital
Urea, 24 hour urine	URU add CRU, UTIM	24 hour urine, no preservative (Unsuitable if collected in Acid)	Refrigerate during collection. 3 mL aliquot from well mixed 24 hour collection (do not send whole collection), centrifuge and aliquot supernatant to 12 x75 plastic tube. Referring sites need to include 24 hour volume, patient's height and weight on requisition. Refrigerate and send on ice pack.		SPH Chem
Urea, random urine	URR	Random urine	3 mL random urine, centrifuge and aliquot supernatant to 12 x75 plastic tube. Refrigerate		SPH Chem
Uric Acid	URCA	1 PST	0.5 mL plasma **For URCA orders on patients specifically on Rasburicase collect the sample in a pre-chilled tube, on ice. Spin at 40C and analyze STAT. Sample should be run with in 20 minutes of collection time.**		SPH Chem

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Uric Acid, 24 hour urine	UAU add CRU, UTIM	24 hour urine, no preservative	Refrigerate during collection. Measure 24 hour volume. Aliquot 3mL for urine creatinine, centrifuge and aliquot supernatant to 12 x75 plastic tube. Aliquot approximately 100 mL from well mixed 24 hour collection and adjust the pH of aliquot to 9-10 using 10 mol/L NaOH (do not send whole collection) for heating at SPH. Referring sites need to include 24 hour volume, patient's height and weight on requisition. Refrigerate and send on ice pack.		SPH Chem
Uric Acid, random urine	UARU	Random urine	Order code includes urine creatinine and ratio. 3 mL random urine, centrifuge and aliquot supernatant to 12 x75 plastic tube. Refrigerate		SPH Chem
Urinalysis (Urine routine and microscopic, Urine R&M, Urine RM)	RTUM	Random urine	10 mL random urine in urine tube. Must be process within 4 hours. Minimum 1 mL urine.		SPH Chem
Urine Culture	PPUR (UTMC lab orderable only)	Sterile urine container	Refrigerate		SPH Microbiology
Urine, GC/Chlamydia	UCTGC	Sterile urine container	Refrigerate		SPH Microbiology
Urinalysis with urine culture if LEU or NIT positive	RTUC	Sterile urine + urinalysis tube	Refrigerate		SPH Chem and Micro

Test	Sunquest Code	Specimen	Instructions		Approval	Destination
Urine Cytology	CYTNGY	Sterile urine container	Put specimen inside biohazard bag and a copy of original requisition for Cytology in specimen bag pouch. Refrigerate in Cytology bin. SPH Outpatient process:			SPH Cytology
			1. Use Order Code CYTNGY order separately from other orders (different Accession number).			
			2. Pre-label the Cytology container with the specimen barcode (including the ones the patient takes away if unable to void immediately).			
			3. Put the Master label and PHN label on the requisition.			
			4. Date and Time of Collection:			
			If Patient will provide specimen in OP, then:	If Patient is not able to void, then:		
			A. Write collection Date and Time on requisition. Provide copy of requisition in specimen pouch. Instruct the patient to drop off in OP Urine drop off tray.	Provide a copy of the requisition, Highlight the Date and Time of collection, Instruct the patient to drop off the specimen at the front counter with Requisition.		
			5. Repeat steps 1-4 if order is Cytology X3 . So a total of 3 labelled containers in separate biohazard bags with a copy of the requisition in each specimen pouch.			

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
			6. Remind patient to tighten the lid properly, and ensure it is not leaking to avoid recollection. Bring urine back to our lab after collection.		
Valium (Quantitative) [Diazepam]	DZPNB	4.0 mL serum (Quantitative) or 20 mL urine (Qualitative)	Assayed weekly. Ward should record information on dosage & time of last dose. Specimen should be collected prior to next dose. Refrigerate.		Provincial Toxicology Center Lab
Valproic Acid Level (Total)(Depakene, Valproate, Depakene, Dival Proex Sodium, Epival)	VAL	1 PST	0.5 mL lithium heparin plasma. Freeze and send on dry ice, dose time required. Sunquest Last Dose format: VALDLD: ;DD Mmm YYYY e.g. ;31 Mar 2014 or UNAVOE VALTLD: ;HH:MM e.g. ;13:50 or UNAVOE. ***If ordered with Free Valproic Acid, PDEC sample for FVALP and send aliquot directly to VGH STAT on dry ice***		SPH Chem
Valproic Acid, Free	FVALP	1 PST	Will print labels for two tubes. Collect two tubes, spin and **Send one tube to VGH STAT on dry ice** Minimum 1.0 mL plasma. Freeze and send on dry ice, dose time required.		VGH Lab
Valproic Acid, Free ADD ON to VAL only	FVALPA	1 PST	Minimum 1.0 mL plasma. Freeze and send on dry ice, dose time required. Only order as an addon to VAL. ***If ordered with Valproic Acid, PDEC sample for FVALP and send aliquot directly to VGH STAT on dry ice***		VGH Lab
Vancomycin Pre Dose	VANPR	1 PST	Trough ½ hour Sunquest Last Dose format: VANDLD: ;DD Mmm YYYY e.g. ;31 Mar 2014 or UNAVOE VANTLD: ;HH:MM e.g. ;13:50 or UNAVOE		SPH Chem

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Vancomycin Peak Draw	VPO	1 PST	Peak 1 hour post IV infusion – confirm times with nurse prior to collection. Sunquest Infusion format (ITSV=Start ITFV=Finish): ITSV: ;HH:MM ITFV: ;HH:MM		SPH Chem
Varicella Zoster Virus –IgG(Chickenpox IgG, VZV)	VZIGB	5 mL SST Gold top	Refrigerate.		BCCDC
Varicella Zoster Virus – PCR (non blood)	PVPCR	1 mL CSF or skin swab	Freeze CSF. Forward to Virology.		SPH Virology Lab
Vascular Endothelial Growth Factor (VEGF)	VEGFB	1 EDTA Lav top	1.0 mL plasma, minimum 0.3 mL. Separate plasma ASAP into a polypropylene tube, freeze and send on dry ice. Agency approval required for all patients. Copy of requisition for Sendout bench. OOC/OOP consent form required. TAT from performing lab is 11 days.	Y Application and patient consent from ordering physician required.	Hospitals In-Common Laboratory Inc. 57 Gervais Dr. North York, ON M3C 1Z2 Phone 416-391-1499 Ext.248 Fax Phone 416-385-1957
Quantitation of Vascular Endothelial Growth Factor D (VEGF-D)Specifically for lymphangioliomyomatosis	MISCB	5 mL SST Gold top	3.0 mL serum. Spin and separate within within two hours and freeze ASAP and send on dry ice. Agency approval required for all patients. Copy of requisition for Sendout bench. OOC/OOP consent form required. Put Fax Result to SPH Lab request sticker Cost is \$711.80 CAD. TAT from performing lab is 3 weeks	Y Application and patient consent from ordering physician required.	Hospitals In-Common Laboratory Inc. 57 Gervais Dr. North York, ON M3C 1Z2 Phone 416-391-1499 Ext.248 Fax Phone 416-385-1957

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Vasoactive Intestinal Polypeptide – (VIP)	VIPB	6 mL EDTA lav top	1.0 mL plasma, minimum 0.75 mL. Spin and freeze aliquot immediately. Send on dry ice. Sample stable for 180 days frozen. Patient must be fasting 10 - 12 hours prior to collection. Do not take any antacid medications or intestinal motility medications for at least 48 hours prior to collection. OOC/OOP consent form and Agency approval required. Copy of requisition for Sendout bench.	Y Application and patient consent from ordering physician required.	Hospitals In-Common Laboratory Inc. 57 Gervais Dr. North York, ON M3C 1Z2 Phone 416-391-1499 Ext.248 Fax Phone 416-385-1957
VDRL Test –CSF (Syphilis-CSF Only, Serology, RPR –CSF Only)	VDRLCB	CSF	Refrigerate. Send on ice pack.		BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory
Venlafaxine	VENLAB	1 RED top	2-4 mL serum or urine. Refrigerate and send on ice pack. Copy of requisition for send out.		Provincial Toxicology Center
	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Venlafaxine		
	VERB	1 RED top	2-4 mL serum or urine. Refrigerate and send on ice pack. Copy of requisition for send out.		

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Verapamil (Isoptin) NOT ORDERABLE	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Verapamil		Provincial Toxicology Center
VHL (Von-Hippel-Lindau)	MISCB	2X 6 mL EDTA	Send refrigerated		BCCA
Vigabatrin (Sabril)	VIGB	1 RED top	2-4 mL serum or urine. Ward should record information on dosage, time of last dose, and other meds. For therapeutic drug monitoring specimens must be drawn at trough. Serum must be separated from cells within 2 hours of drawing. Refrigerate. Send on ice pack.		Provincial Toxicology Center
	DRSC	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Vigabatrin		

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Viral Hemorrhagic Fever protocolVHF protocol, Ebola PCR, Ebola protocol	EBOLAB, EBOLA ;EDTA Ebola PCR ;EDTA Ebola PCR ;GOLD SST for Ebola serology plus other orders: CBCDIF MALS VHFRMPCOAGB PBL0Dx2	2x 6 mL EDTA 1x PST light green 1x CIT light blue 2 x 5 mL SST Gold top (label with non barcode labels) 4x blood culture bottles (2 sets) for Micro	Refer to “Phlebotomy and Sample Transport for Suspect Viral Hemorrhagic Fever (Including Ebola Virus Disease) Patients” procedure. All unpacking and repacking of the secondary pressure vessel must be done in the Class II Biological Safety Cabinet in Microbiology TB room. 2x 3 mL EDTA for Ebola PCR to BCCDC must be repackaged in another Category A TDG compliant system (e.g. STP-100 or STP-130 Category A Shipping System) by a TDG Certified Employee (from Microbiology or Core Lab) according to TDG requirements. SPH Med Micro will contact BCCDC Med Micro to arrange for specimen receipt at BCCDC. 1x 3 mL PST for VGH must be packaged in a Category A TDG compliant system (e.g. STP-100 or STP-130 Category A Shipping System) by a TDG Certified Employee (from Microbiology or Core Lab) according to TDG requirements. Make sure the bright sticker “Suspect VHF” is on the secondary polypropylene pressure vessel lid or Disposable 2-Part Secondary Pressure Vessel (if using STP-130 system). Scan the specimen (or the extra label) on a Transport Batch to VH. Phone VGH 604-601-4407 to inform them to expect a suspect VHF sample.		2x 6 mL EDTA to BCCDC 2x 5 mL Gold SST to BCCDC BCCDC will forward to Winnipeg
			MSJ: Package the polypropylene Secondary Pressure Vessel (TDG container) with STP-100 packing system to SPH. Make sure the bright sticker “Suspect VHF” is on the secondary polypropylene pressure vessel lid. Ensure proper TDG Category A labelling and documentation. Notify SPH Lab to expect a suspect VHF sample.		SPH Lab Accessioning
Viral Load (HIV)	VLB	6 mL EDTA Lav	4 mL EDTA plasma, minimum 2.0 mL. After hours and referring Labs, aseptically separate within 4 hours of collection into sterile plastic cryovial. Freeze at –20°C, send frozen.		SPH Virology Lab
Visceral-Larva-Migrans Of Antibody Against Toxocara (Toxocara Serology)	VLVM	5 mL SST Gold top	Refrigerate. Send on ice pack.		BC Centre For Disease Control

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Viscosity	VIS	3 RED top at 37°C SPH collections Use pre-warmed insulated container located in Special Chem warming oven	Minimum 3.0 mL RED top Serum. Collect at 37°C. Deliver immediately to Bone Marrow Hematology lab. Specimens may remain in 37°C water bath until next morning. Referring sites: Keep at 37°C for 1 – 3 hours (may be longer). Allow specimen to clot completely (Rim clot if necessary). Remove serum (without cells). Indicate specimen process @37°C on label. Refrigerate if sent overnight.		SPH Special Hem Immunology
Vitamin A (Retinol Or Retinoic Acid)	VITAB	1 RED top wrapped in foil *1 DRK GRN Lithium or Na Hep acceptable* Fasting preferred	2 mL serum, minimum 300 µL from RED top. Approval required for all patients. Copy of requisition for approval. Protect barcoded specimen from light with aluminium foil, put another label on outside (on aluminium foil). Freeze and send frozen.		Children's Hospital
Vitamin B1 (RBC Transketolase – Thiamine Pyrophosphate Stimulation, Thiamine diphosphate)	MISCB	3 mL EDTA Lav top *wrap in FOIL*	2 mL EDTA whole blood, minimum 1 mL. Protect from light – wrap in foil. Freeze and send on dry ice. Fasting is recommended, avoid vitamin supplements for 24 hours prior to collection. Copy of requisition for send out. Write "whole blood" on requisition. Put Fax Result to SPH Lab request sticker on requisition or on Sunset Printout. Consent form required. TAT from performing lab is 8 days.	Y Application and patient consent from ordering physician required.	Hospitals In-Common Laboratory Inc. 57 Gervais Dr. North York, ON M3C 1Z2 Phone 416-391-1499 Ext.248 Fax Phone 416-385-1957

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Vitamin B6 (Pyridoxal Phosphate)(Pyridoxine)	VTB6B	6 mL EDTA Lav top *RED top, SST Gold top, PST Light green top are acceptable	2 mL plasma or serum, minimum 1 mL. Protect from light – wrap in foil. Freeze and send on dry ice. Fasting is recommended, avoid vitamin supplements for 24 hours prior to collection. Copy of requisition for send out. Put Fax Result to SPH Lab request sticker on requisition or on Sunset Printout. OOC/OOP consent form required. TAT from performing lab is 10 days.	Y Application and patient consent from ordering physician required.	Hospitals In-Common Laboratory Inc. 57 Gervais Dr. North York, ON M3C 1Z2 Phone 416-391-1499 Ext.248 Fax Phone 416-385-1957
Vitamin B12 Total(Total B12, Cyanocobalamine, Cobalamin)	B12	1 PST Light green top	Centrifuge, refrigerate and send on ice pack.		SPH Chem
Vitamin C (Ascorbic Acid)	MISCB	1 RED top *PST Light green top acceptable	2 mL plasma or serum. Protect from light – wrap in foil. Freeze and send on dry ice. Fasting is recommended, avoid vitamin supplements for 24 hours prior to collection. Copy of requisition for send out. Put Fax Result to SPH Lab request sticker on requisition or on Sunset Printout. OOC/OOP consent form required. TAT from performing lab is 10 days.	Y Application and patient consent from ordering physician required.	Hospitals In-Common Laboratory Inc. 57 Gervais Dr. North York, ON M3C 1Z2 Phone 416-391-1499 Ext.248 Fax Phone 416-385-1957

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Vitamin D Hydroxy-Cholecalciferol (Vitamin D3) (VIT D or 25-Hydroxy-Vit-D) (Vitamin D 25-OH)	VITD3	1 SST Gold top	0.5 mL serum. Freeze. Send with ice packs. Children < 1 year old – send to Children's Hospital. (Forward referred-in specimens without Login)		SPH Lab
	VTD3SP		Vitamin D3 Self Pay: Login the test code VTD3SP Generate invoice for patient to take to cashier to pay. Patient comes back with the payment receipt, make a copy of the payment receipt and then collect the sample. Receipt will then be attached to the billing edits (extract) to finance to reconcile receipt with the payment. (If OP Clerk forgot to generate invoice and patient did not prepay then Billing Clerk needs to make a notation on the billing edits extract to invoice the patient.) Financial class is UR.		
Vitamin E(Alpha Tocopherol)	VITEB	1 RED top - protect from light with aluminium foil	A copy of the original requisition must be sent to professional staff for approval. Keep tube completely covered with foil while clotting and centrifuging. Transfer serum to aliquot tube also wrapped in foil, put another specimen label on the outside, on the aluminium foil. Freeze serum immediately. Send frozen and completely wrapped in foil.		Children's Hospital
VMA (Vanillylmandelic Acid, 24 hour)	VMAU add CRU, UTIM	50 mL aliquot of a 24 HR urine collection in 15 mL of 6 mol/L HCL	Collect in collection bottle containing 15mL of 6N HCL. If not collected in acid, acidify in lab, to pH 2 – 4, only if entire collection is received. Acidification must be performed within 12 hours after completion of 24 hr urine collection. Aliquot 50 mL of a well-mixed 24hr collection, refrigerate, send on ice pack.		VGH Lab

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
VMA, Random urine	VMAR	50 mL aliquot of random urine	Acidify in lab to pH 2 – 4. Acidification must be performed within 36 hours of random urine collection. Minimum 12 mL, refrigerate, send on ice pack.		
Voltage Gated Calcium Channel antibodies	MISCB	5 mL SST tube	2-5 mL serum. Send frozen on ice pack. Ordering physician should have filled out requisition http://med-fom-neuroimmunology.sites.olt.ubc.ca/files/2016/02/Neuroimmlab_Req_v5.0-20170228-1.pdf Put Fax Result to SPH Lab request sticker on requisition or on Sunset Printout.		UBC Lab via VGH Lab 604-822-7175
Voltage Gated Potassium Channel (VGKC)	VGKCB	1 RED top or 1 SST Gold top	1 mL serum minimum. Prior approval is required. Freeze serum, send frozen on dry ice. Use Mitogen Diagnostics Laboratory Requisition (in the Requisitions Folder of the Accessioning Folder). Put Fax Result to SPH Lab request sticker on requisition or on Sunset Printout.	Y	Mitogen 3415C 3rd Avenue NW Calgary AB T2N 0M4 Phone: (403)800-8851
Von Willebrand Multimer Analysis	MULB	1 CIT blue top	See hematology prior to collecting. Copy of requisition to Hem. Double spin tube and separate plasma into 3 or 4 100uL aliquots. Freeze plasma aliquots and send on dry ice. Sendout - fill out the VWFM Testing Patient Data Form and send a copy with the sample. \\Vch\departments\Chemistry (Dept PHCLAB)\Accessioning\KINGSTON HEALTH SCIENCES CENTRE.docx	Y	Core Lab-Hematology Douglas Wing 1 Kingston Health Science Centre 76 Stuart St Kingston, ON K7L2V7 Phone: 613-549-6666 ext. 7806

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Von Willebrand Disease Genotype Testing (VWF Genotype)	MISCB	6 mL EDTA or 7 mL ACD B	Only orderable via Hemophilia clinic. Request must come from one of Hematologists Drs. Ezzat, Jackson, Chen, Ross, Leger, Leitch, P. Yenson, or H. Merkley. Must provide National Inherited Bleeding Disorder (Queen's) von Willebrand Disease requisition (see Requisitions folder in Accessioning folder). Must send on same day collection. If sample is collected on Friday, freeze whole sample and send frozen on Monday. Put Fax Result to SPH Lab request sticker on requisition or on Sunset Printout. NIBDGL@queensu.ca		Attention: Gina Jones/Samira Kheitan Department Of Pathology and Molecular Medicine, Queen's University, Richardson Laboratory, Room 201 Queen's University, 88 Stuart St, Kingston, Ontario, K7L 3N6 Tel: 613-533-3187, Fax: 343-344-2733
VWF Propeptide	MISCB	1 CIT blue top	0.5 mL citrated plasma, freeze and send on dry ice. Put Fax Result to SPH Lab request sticker on requisition or on Sunset Printout and ship overnight to testing lab. Versiti Requisitions must be filled out \\vch\departments\Chemistry (Dept PHCLAB)\Accessioning\Requisitions\Versiti Blood Center of Wisconsin. Only orderable from Hemophilia clinic. Request must come from one of the Hematologists Drs. Ezzat, Jackson, Leger, Chen, Leitch, P. Yenson, D Vergidis, A Al Zaki, C. Ross, W. Davis, R. Schmidt, and H. Merkley.		Versiti Client Service/Hemostasis Reference Lab Blood Center of Wisconsin 638 N. 18 St. Milwaukee, WI 53233 - 2121 1-800 - 245 - 3117, ext 6250
Voriconazole	VORIB	3 mL EDTA Lav top	Minimum 1 mL plasma. Collect trough levels 12 hours after the last dose and prior to the next dose. Centrifuge ASAP. Freeze plasma, send on ice pack. Date and time of last dose and dosage of voriconazole preferred but not mandatory.		SPH Special Chem Lab
	WRFNB	1 RED top	2-4 mL serum or urine. Refrigerate and send on ice pack. Copy of requisition for send out.		

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Warfarin Screen (Qualitative)	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Warfarin		Provincial Toxicology Center
Water Deprivation Baseline	WDB	1 PST light green top	1.0 mL plasma. Refrigerate. WDB includes OSMS and Na. OSMU would be ordered separately as a random test. All subsequent samples are ordered as random tests.		SPH Chem
Weil-Felix-Test (see Rickettsial Infection)	RICKRB	5 mL SST Gold top	Refrigerate. Send on ice pack.		BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory
West Nile Virus Serology(WNV Antibody)**Order only between June 01 – October 30**	WNGS and WNMS	5 mL SST Gold top	Refrigerate. Send on ice pack. **Do not spin or open tube**		BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
West Nile Virus – PCR(Virology PCR Amplification, WNV PCR, WNV NAT)**Order only between June 01 – October 30**	MISPCR	6 mL EDTA tube	Do not spin or aliquot. Send whole specimen on ice pack. Sunquest Order Entry: SPEC5=PLS SPVIR2=;West Nile virus, transplant (only include TRANSPLANT comment if Pre-Renal) Example Only		BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory
Western Equine Encephalitis Serology	WEE	5 mL SST Gold top	Refrigerate. Send on ice pack.		BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory
Whipple's Disease By PCR (Tropheryma whipplei Polymerase Chain Reaction)	DIAGSP	One EDTA tube Prefered sample is CSF or gastric biopsy	Complete requisition includes patient diagnosis and/or clinical history. Give to microbiology immediately. Must arrive at NML within 48 hours of collection. Do not collect Friday, Saturday, Sunday, or Stat days.		MICROBIOLOGY will Refer Out to Winnipeg via BCCDC.
Yellow Fever Serology	YF	5 mL SST Gold top	Refrigerate. Send on ice pack.		BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory
Yersinia Serology	YERSOB	5 mL SST Gold top	Refrigerate. Send on ice pack. Modify BCCDC's Specimen Description with Med Micro initials if Approved: E.g. SD0113=BLD-AMMMR		BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory
Yersinia Pestis Serology	PLAGUE	5 mL SST Gold top	Refrigerate. Send on ice pack.		BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Zika Virus Serology Zika Virus NAT	ZIKAB ZMZIKA	6 mL EDTA 5 mL SST Gold top See Instructions.	Request manual requisition indicating: both the travel and clinical history, including the date of onset of symptoms. The onset date is extremely important to ensure appropriate testing. <u>Sample collection instructions:</u> During acute symptomatic infection order both ZIKAB and ZMZIKA and collect: 5ml EDTA purple top blood tube 5 ml gold top serum separator tube If symptoms have resolved order ZIKAB and collect 5 ml gold top serum separator tube only		BC Centre For Disease Control C/O PHSA Laboratories – Lane Level Laboratory
Zinc, Urine	ZNU add CRU, UTIM	Use orange, horizontal container, do not add hydrochloric acid, do not use neon pink labels.	Aliquot into acid cleaned 250 mL plastic bottles. All equipment used in collection should be metal free. Affix urine creatinine result label with CRR result before sending out. Copy of requisition for approval. Copy and paste path to Intranet browser: \\vch\departments\Chemistry (Dept PHCLAB)\Accessioning\Miscellaneous Collection Procedures\Childrens_Hospital_24 HR URINE Collection Protocol March 9_09.pdf		Children's Hospital
Zinc, Serum	ZN	1 NAVY BLUE metal free vacutainer tube	Centrifuge x2 1st pour into navy vacutainer tube 2nd pour into falcon polypropylene tubes 1.0mL minimum Serum Store at 4 °C and transport on ice. If not sending within the week, freeze and transport frozen on dry ice. See Children's trace elements collection: http://www.elabhandbook.info/phsa/Files/AdditionalFiles%20f1_20140207_113746_Blood%20Collection%20for%20Trace%20Elements%20rev%20Dec%202013.doc Should be drawn at least 6 to 8 hrs after zinc tablet is given. No gross hemolysis		Childrens Hospital Specimen Receiving 2J20

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Zinc Protoporphyrin	MISCB	1 K2EDTA Dark blue top	6 mL whole blood. Refrigerate and send on ice pack. Must arrive at performing lab within 7 days of collection. Do not collect on stat holidays or before weekends. Send to HICL on day of collection or first thing the next day. Recommended to order Lead simultaneously. Copy of requisition for send out. Put Fax Result to SPH Lab request sticker on requisition or on Sunset Printout. Consent form required. TAT from performing lab is 10 days.	Y Application and patient consent from ordering physician required.	Hospitals In-Common Laboratory Inc. 57 Gervais Dr. North York, ON M3C 1Z2 Phone 416-391-1499 Ext.248 Fax 416-385-1957
Ziprasidone	SPQ	1 RED top	2-4 mL RED top serum or urine. Refrigerate and send on ice pack. Sunquest Lab LIS Order Entry: SD0177=SER or ;Urine SPQ1=; ZIPRASIDONE SQDLD=;DD Mmm YYYY e.g. 31 Mar 2015 or UNAVOE SQTLD=;HH:MM e.g. 13:50 or UNAVOE		Provincial Toxicology Centre
	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Ziprasidone		
Zomepirac	SPQ	1 RED top	2-4 mL RED top serum. Refrigerate Serum. Send on ice pack. Sunquest Lab LIS Order Entry second screen: SD0177=SER SPQ1=;Zomepirac SQDLD=;DD Mmm YYYY e.g. 31 Mar 2015 or UNAVOE SQTLD=;HH:MM e.g. 13:50 or UNAVOE		Provincial Toxicology Center

Test	Sunquest Code	Specimen	Instructions	Approval	Destination
Zopiclone (Imovane, Lunesta)	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Zopiclone		Provincial Toxicology Center
Zuclopenthixol (Clopixol)	DRSCB	>2mL Urine	Refrigerate if not done immediately. Send urine on ice pack. Sunquest LIS Order Entry: *If collection time is now (N), enter time as one minute before in order to get to the route screen* Remove RED (R) default tube at Route screen and add UR container type. Second screen: DRSC1 = URINE-;Zuclopenthixol		Provincial Toxicology Center
Other Health Authority and Test Reference Links:					
VCH:					
http://sunset/labrefdocs/test_information.pdf					
BC Children's Hospital eLab Handbook:					
http://www.elabhandbook.info/phsa/Default.aspx					

Test			Sunquest Code	Specimen	Instructions			Approval	Destination
BCCDC Guide to Programs and Services:									
http://www.elabhandbook.info/phsa									
Mayo Medical Lab Test Catalog:									
http://www.mayomedicallaboratories.com/test-catalog/index.html									
Quest Diagnostics:									
http://jdos.nicholsinstitute.com/dos/SanJuanCapistrano/									
Mitogen Advanced Diagnostics:									
http://www.mitogen.ca/diagnostic.html									
Hospital In Commons Laboratory:									
http://iclabs.ca									
Calgary Laboratory Services (CLS)									
http://www.calgarylabservices.com/lab-services-guide/lab-tests/									

Test		Sunquest Code	Specimen	Instructions		Approval	Destination
Updates							
Revision/Review History:							
Date	Revision Type	By	Summary of Changes (Refer to LabQMS for archives)				
26-Jul	minor	Jennifer Clarke	PTBU to PTBM, removed acidification from meta and cate urines, added new hempath				
15-Aug	minor	Jennifer Clarke	changed tube type MMAPB, removed PRENAL (MISCB), updated IRON, FER, HFERER, and CUTISB, FETISB, ESR changed, removed bilirubins to CW				
18-Aug	minor	Jennifer Clarke	added requisition and stat sticker to ERSB, added TSHCOM instructions to TSH				
23-Oct	minor	Jennifer Clarke	serrab to HICL, removed DABI testname, CBC to RET				
6-Nov	minor	Jennifer Clarke	HDLTAB abd HDVPCR to BCCDC, HIV2 to winnipeg, serrab no need for msp approval				
4-Dec	minor	Jennifer Clarke	added PGYLB, updated aldo wording, updated, metanephtrines, urine, added HESFLB, expanded HSV				
8-Jan	minor	Jennifer Clarke	changed mitogen address, changed minimum quinidine, added doctors to tbqs,				
26-Jan	minor	jennifer Clarke	added NTELB, made FHGB unavailable, updated procainamide				
5-Feb	minor	jennifer Clarke	added nicotine to COTN, added TROPI to CTROPT				
14-Mar	minor	jennifer Clarke	added "GS" to container type for BCCDC miscb. Changed pbg urine collection for acute patients				
19-Apr	minor	jennifer Clarke	added cab to PT for clozapines				
6-May	minor	jennifer Clarke	CALPRB ordered by Dr. Mattman needs no approval, MALS to MALPRC, added 2N and 8C to Clozapine stats, non-MSP TBQS patients to Life Labs, GGTT fasting at least 8 hours				

Test		Sunquest Code	Specimen	Instructions		Approval	Destination
15-May	minor	Jennifer Clarke	malaria PCR to malaria NAT, HA1C to chemistry, measles needs no approval				
10-Jun	minor	Jennifer Clarke	added DPYD, removed approval from hep e, removed western blot,				
10-Jul	minor	Jennifer Clarke	added CASPB, added HSTI, removed TAT for VIP (removed on ICL website),				
23-Jul	minor	Jennifer Clarke	changed serrab back to mcmaster, fixed wording on cryog, cryof				
3-Oct	minor	Jennifer Clarke	tumor markers, B12				
31-Oct	minor	Jennifer Clarke	ApoA unorderable, rewrote amylase instructions, added -70°C storage to renins.				
28-Nov	minor	Jennifer Clarke	neuroleptics to SPH, TM updates				
12-Dec	minor	Jennifer Clarke	more neuroleptic updates, changed PI2r to VGH, removed RES1 and replaced with XTRA tube				
22-Jan	minor	Jennifer Clarke	TM updates, remove f8coa from f8chro, h.pylori code, amiodarone, PLA2R testing, cold centrifuge to C5, changed CASR location, changed ADM13B instructions				
4-Feb	minor	Jennifer Clarke	Changed ACEB to RJH and CACE to ICL. Fluid mucin test removed. APOA changed to MISCB				

