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Subject:	LABORATORY TEST SCHEDULE				
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LABORATORY TEST SCHEDULE

Tests are listed in alphabetical order according to the section test is performed in. Sections include Blood Gas, Chemistry, Coagulation, Group, Hematology, Immunology, Microbiology, Radioimmunoassay, Special Chemistry, Stat Analysis, Therapeutic Drug Monitoring, Toxicology, and Urinalysis. Refer to specific policies in this manual for Blood Bank, Microbiology and Molecular Diagnostics. Sections are subject to change; inquiry on tests not found can be obtained by calling the Laboratory office 541-6040.

Key:

MIN = minutes

HR = hours

N/A = not applicable

* = performed stat if approved by pathologist

PST = 4 ml green with gel

SST = 4 ml gold with gel

Blood Gas

TEST	SPECIMEN TYPE	ROUTINE REPORTING INTERVAL	STAT REPORTING INTERVAL	BLOOD COLLECTION TUBE NEEDED	COMMENTS REGARDING SPECIAL PATIENT PREPARATION, HANDLING OF SPECIMEN, DATES & TIMES PERFORMED, ETC.
ART BLD GAS/CRITICAL CARE	ARTERIAL BLOOD	1 H	15 MIN	HEPARIN-SYRINGE	AVOID GETTING AIR IN SYRINGE. PLACE ON ICE. TEST IS FOR ABGS' IN CRITICAL CARE UNITS PERFORMED BY RT.
ART BLOOD GAS-CAPILLARY	BLOOD –SKIN PUNCTURE	1 H	15 MIN	HEPARIN – CAPILLARY	PERFORMED BY RT IN SPECIAL CARE NSY.
ARTERIAL BLOOD GAS	ARTERIAL BLOOD	1 H	15 MIN	HEPARIN-SYRINGE	AVOID AIR IN SYRINGE. PLACE ON ICE.
O2HB (O2 SAT)	BLOOD	1 H	15 MIN	HEPARIN-SYRINGE	SPECIMEN: PLACE ON ICE.

PH+HCO ₃ +PCO ₂ VENOUS	BLOOD	1 H	15 MIN	PST	PERFORMED: ALL SHIFTS. SPECIMEN: PLACE ON ICE.
VENOUS PH	BLOOD	2 H	15 MIN	PST	PERFORMED ON ALL SHIFTS. SPECIMEN: PLACE ON ICE.

Chemistry

ACETONE (KETONES)	BLOOD	4 H	1 H	PST OR SST	PERFORMED ON ALL SHIFTS.
ALBUMIN	BLOOD	8 H	1 H	PST OR SST	PERFORMED ON ALL SHIFTS.
ALCOHOL	BLOOD	4 H	1 H	SST OR PST	DO NOT PREP WITH ALCOHOL. ANALYZE IMMEDIATELY. KEEP SAMPLE STOPPERED AT ALL TIMES. IF REQUESTED BY LAW ENFORCEMENT, THEY OBTAIN CONSENT & RETAIN SPECIMEN.
ALKALINE PHOSPHATASE	BLOOD	8 H	1 H	PST OR SST	NONE.
ALPHA 1 ANTITRYPSIN	BLOOD	6 H	*	RED	PERFORMED DAILY. SPECIMEN MINIMUM: 0.2 ML SERUM.
AMMONIA	BLOOD	4 H	40 MIN	PST ONLY	KEEP ON ICE. SPECIMEN SHOULD BE DELIVERED TO LAB IMMEDIATELY. SPECIMEN SHOULD BE SPUN AND PLASMA TAKEN OFF THE CELLS WITHIN 20 MINUTES. SPECIMEN ACCEPTABLE REFRIGERATED 3 HOURS OR FROZEN 24 HOURS.
AMYLASE	BLOOD	4 H	1 H	PST OR SST	NONE.
ASCITES ALBUMIN PROFILE	BLOOD & ASCITES FLUID	24 H	*	RED	COLLECT BLOOD IF FRESH SAMPLE COLLECTED DAY OF FLUID IS NOT IN LAB. PERFORMED: M-SUNDAY, DAYSHIFT.
ASO	BLOOD	8 H	*	RED	PERFORMED: DAILY, DAYSHIFT. 0.5 ML SERUM.
BMP (BASIC METABOLIC PANEL)	BLOOD	6 H	1 H	PST OR SST	PERFORMED ON ALL SHIFTS.
BILIRUBIN, DIRECT	BLOOD	6 H	1 H	PST OR SST	NONE.
BILIRUBIN, TOTAL	BLOOD	6 H	1 H	PST OR SST	NONE.

BILIRUBIN, TOTAL-NEONATAL	BLOOD	6 H	1 H	HEPARIN MICRO COLLECTION	THIS TEST IS FOR INFANTS LESS THAN 1 MONTH OF AGE. EXPECTED RANGE: LESS THAN 12.0 MG/DL.
B-HCG QUANTITATION	BLOOD	8H	1H	PST OR SST	PERFORMED ON ALL SHIFTS. SERUM IS THE PREFERRED SPECIMEN.
BNP	BLOOD	4H	1H	EDTA PURPLE	WHOLE BLOOD GOOD ONLY 4HRS AFTER COLLECTION UNLESS PLASMA TAKEN OFF CELLS AND FROZEN
B12/FOLATE	BLOOD	6H	*	SST	COMBINE VITAMIN B12 & FOLATE TESTING. SEE INDIVIDUAL TESTS FOR COMMENTS.
BLOOD SUGAR SCREEN	BLOOD	4 H	2 H	PST OR SST	ORDERED FOR BLOOD SUGAR TESTING DURING PREGNANCY. 1 HOUR FASTING REQUIRED. GIVE 50G OF GLUCOLA, DRAW GLUCOSE 1 HOUR LATER. IF REQUESTED, FASTING SPECIMEN IS NOT DRAWN
BUN (BLOOD UREA NITROGEN)	BLOOD	6 H	1 H	PST OR SST	NONE.
C3	BLOOD	6 H	1 H	RED	PERFORMED DAILY, DAYSHIFT. SERUM - 0.2 ML MINIMUM.
C4	BLOOD	6 H	1 H	RED	PERFORMED: DAILY, DAYSHIFT. SERUM - 0.2 ML MINIMUM.
CAFFEINE	BLOOD	6 H	2 H	SST OR PST	TEST PERFORMED ON ALL SHIFTS. TEST TO BE ORDERED ONLY FOR INFANTS AND CHILDREN.
CALCIUM	BLOOD	6 H	1 H	PST OR SST	PERFORMED ON ALL SHIFTS.
CANCER ANTIGEN 125	BLOOD	8 H	2 H	PST OR SST	PERFORMED ON ALL SHIFTS.
CARBON DIOXIDE (CO2)	BLOOD	6 H	1 H	PST OR SST	PERFORMED ON ALL SHIFTS.

CARBOXYHEMO- GLOBIN (CARBON MONOXIDE)	BLOOD	30 MIN	30 MIN	ABG SYRINGE, PST, OR EDTA	PLACE ON ICE. HEPARIN SPECIMEN ACCEPTED.
CARDIAC MB PANEL	BLOOD	2 H	1 H	PST OR SST	INCLUDES CK & MB ANALYSIS.
CEA (VITROS ECI)	BLOOD	8 H	2 H	LAV	PERFORMED ON ALL SHIFTS. 1.0 ML MINIUM SPECIMEN REQUIRED.
CHEMISTRY PROFILE (NEO)	BLOOD	6 H	1 H	MICRO HEPARIN	TEST DEFINED FOR NEONATES ONLY.
CHLORIDE	BLOOD	6 H	1 H	PST OR SST	PERFORMED ON ALL SHIFTS.
CHOLESTEROL	BLOOD	6 H	1 H	PST OR SST	PERFORMED ON ALL SHIFTS.
CHOLINESTERASE (PSEUDO)	BLOOD	6 H	1 H	PST OR SST	PERFORMED ON ALL SHIFTS.
CORTISOL AM	BLOOD	8 H	1 H	PST OR SST	PERFORMED DAILY. EDTA PLASMA SHOULD NOT BE USED.
CORTISOL PM	BLOOD	8 H	1 H	PST OR SST	PERFORMED EVENING SHIFT. EDTA PLASMA SHOULD NOT BE USED.
CORTISOL STIMUATION	BLOOD	8 H	N/A	PST OR SST	SEE CORTISOL STUDIES IN THIS MANUAL.
CMP (COMPREHENSIVE METABOLIC PANEL)	BLOOD	6 H	1 H	PST OR SST	PERFORMED ON ALL SHIFTS.
CREATINE PHOSPHOKINASE (CPK)	BLOOD	8 H	1 H	PST OR SST	PERFORMED ON ALL SHIFTS.
CREATININE	BLOOD	8 H	1 H	PST OR SST	PERFORMED ON ALL SHIFTS.
C-REACTIVE PROTEIN (CRP)	BLOOD	8H	1H	PST OR SST	ALL SHIFTS.
CREATININE CLEAR 24 HOUR	BLOOD & URINE	12 H	4 H	PST OR SST	PUT TIME OF URINE COLLECTION ON URINE BOTTLE.
CREATININE CLEAR 4 HOUR	BLOOD & URINE	12 H	4 H	PST OR SST	PUT COLLECTION TIME ON URINE BOTTLE.
DIRECT LDL CHOL	BLOOD	8H	2H	PST OR SST	PERFORMED ON ALL SHIFTS. NO SPECIAL PREPARATION.
ELECTROLYTES	BLOOD	6 H	1 H	PST OR SST	PERFORMED ON ALL SHIFTS.

FERRITIN	BLOOD	24 H	1 H	PST OR SST	PERFORMED ON ALL SHIFTS. SPECIMEN 0.5 ML SERUM OR PLASMA REQUIRED. HEMOLYZED SPECIMENS SHOULD BE AVOIDED.
FETAL SCALP PH	BLOOD	1 H	30 MIN	CAPILLARY	COLLECTION MADE BY PHYSICIAN.
FOLATE SERUM	BLOOD	6 H	*	PST OR SST	PERFORMED 24HRS. 0.5 ML SERUM REQUIRED. BEST RESULT IF OBTAINED BEFORE THERAPY.
FOLLICLES STIMUATING HORMONES (FSH)	BLOOD	8 H	1 H	PST OR SST	PERFORMED ON ALL SHIFTS. 300UL SPECIMEN REQUIRED INTERPRETATION REPORTED WITH RESULTS. FREEZE SPECIMEN UNTIL ASSAYED.
FREE THYROXINE (T4)	BLOOD	6 H	1 H	SST ONLY	PERFORMED ON ALL SHIFTS. 150 UL SPECIMEN REQUIRED.
GAMMA GLUTAMYL TRANSPEP (GAMMA GT)	BLOOD	6 H	1 H	PST OR SST	PERFORMED ON ALL SHIFTS.
GLUCOSE	BLOOD	6 H	1 H	PST OR SST	PERFORMED ON ALL SHIFTS.
GLUCOSE 2 HR PC	BLOOD	4 H	1 H	PST OR SST	DRAW 2 HOURS AFTER MEAL.
GLUCOSE TOLERANCE	BLOOD & URINE	3 H AFTER LAST COLLECT TIME	1 H AFTER LAST COLLECT TIME	PST OR SST	SEE PROCEDURE IN THIS MANUAL FOR DETAIL. ORDER APPROPRIATE TOLERANCE ACCORDING TO TIME INDICATED BY PHYSICIAN.
GLYCATED HGB	BLOOD	6 H	2 H	EDTA	PERFORMED DAILY. ALSO KNOWN AS GLYCOSYLATED HEMOGLOBIN. 1 ML-EDTA WHOLE BLOOD.
HAPTOGLOBIN	BLOOD	8 H	1 H	RED	PERFORMED: DAILY, DAYSHIFT. 2.0 ML SERUM.
HOMOCYSTEINE	BLOOD	24 H	2 H	EDTA	PERFORMED DAILY
HYPERALIMENTATION PANEL	BLOOD	6 H	1 H	PST OR SST	PERFORMED ON ALL SHIFTS.

IGA	BLOOD	6 H	1 H	RED	PERFORMED: DAILY, DAYSHIFT. 0.2 ML SERUM.
IGG	BLOOD	6 H	1 H	RED	PERFORMED: DAILY, DAYSHIFT. 0.2 ML SERUM.
IGM	BLOOD	6 H	1 H	RED	PERFORMED: DAILY, DAYSHIFT. 0.2 ML SERUM.
IRON	BLOOD	6 H	1 H	PST OR SST	PERFORMED ON ALL SHIFTS.
IRON/IBC	BLOOD	6 H	1 H	SST ONLY	IBC PERFORMED ON DAYSHIFT ONLY.
LACTATE DEHYDROGENASE (LDH)	BLOOD	8 H	1 H	PST OR SST	PERFORMED ON ALL SHIFTS.
LACTIC ACID	BLOOD	4 H	1 H	SODIUM FLUORIDE	REMOVE PLASMA FROM CELLS WITHIN 15 MINUTES. SPECIMEN ACCEPTABLE IN NAFL TUBE FOR 2 HOURS. ONCE PLASMA IS REMOVED – GOOD FOR 14 DAYS REFRIGERATED OR 1 MONTH FROZEN.
LIPASE	BLOOD	8 H	1 H	PST OR SST	NONE.
LIPID PROFILE	BLOOD	24 H	6 H	PST OR SST	14 HOUR FAST REQUIRED.
LITHIUM, SERUM	BLOOD	6 H	1 H	SST ONLY	SAMPLE SHOULD BE DRAWN 12 HOURS AFTER LAST DOSE OR BEFORE NEXT DOSE.
LUTENIZING HORMONE	BLOOD	8 H	1 H	PST OR SST	PERFORMED ON ALL SHIFTS. 300 UL SPECIMENS REQUIRED. INTERPRETATION REPORTED WITH RESULTS, FREEZE SPECIMEN UNTIL ASSAYED.
MAGNESIUM, SERUM	BLOOD	8 H	1 H	PST OR SST	PERFORMED ON ALL SHIFTS.
METHEMOGLOBIN	BLOOD	4 H	20 MIN	PST OR ABG SYRINGE	PLACE SPECIMEN ON ICE.
MICROALBUMIN, URINE PROFILE	URINE	6 H	1 H	N/A	PERFORMED DAILY, DAYSHIFT.
MISC ALBUMIN	MISC	8 H	*	N/A	SPECIFY ON REQUEST TYPE OF SPECIMEN.

MISC AMYLASE	MISC	4 H	*	N/A	SPECIFY ON REQUEST TYPE OF SPECIMEN.
MISC CALCIUM	MISC	8 H	*	N/A	SPECIFY ON REQUEST TYPE OF SPECIMEN.
MISC CHLORIDE	MISC	8 H	*	N/A	SPECIFY ON REQUEST TYPE OF SPECIMEN.
MISC CHOLESTEROL	MISC	6 H	*	N/A	SPECIFY ON REQUEST TYPE OF SPECIMEN.
MISC CPK	MISC	8 H	*	N/A	SPECIFY ON REQUEST TYPE OF SPECIMEN.
MISC CREATININE	MISC	8 H	*	N/A	SPECIFY ON REQUEST TYPE OF SPECIMEN.
MISC GLUCOSE	MISC	8 H	*	N/A	SPECIFY ON REQUEST TYPE OF SPECIMEN.
MISC LACTIC ACID	MISC	4 H	1 H	N/A	SPECIFY ON REQUEST TYPE OF SPECIMEN.
MISC LDH	MISC	8 H	*	N/A	SPECIFY ON REQUEST TYPE OF SPECIMEN.
MISC LIPASE	MISC	8 H	*	N/A	SPECIFY ON REQUEST TYPE OF SPECIMEN.
MISC MAGNESIUM	MISC	8 H	*	N/A	SPECIFY ON REQUEST TYPE OF SPECIMEN.
MISC OSMOLALITY	MISC	8 H	*	N/A	SPECIFY ON REQUEST TYPE OF SPECIMEN.
MISC PH	MISC	2 H	*	N/A	DO NOT USE THIS TEST FOR PH ON GASTRIC CONTENTS OR FECES.
MISC PHOSPHORUS	MISC	8 H	*	N/A	SPECIFY ON REQUEST TYPE OF SPECIMEN.
MISC POTASSIUM	MISC	8 H	*	N/A	SPECIFY ON REQUEST TYPE OF SPECIMEN.
MISC RA	MISC	8 H	*	N/A	SPECIFY ON REQUEST TYPE OF SPECIMEN.
MISC SGOT	MISC	6 H	*	N/A	SPECIFY ON REQUEST TYPE OF SPECIMEN.

MISC SODIUM	MISC	8 H	*	N/A	SPECIFY ON REQUEST TYPE OF SPECIMEN.
MISC TOTAL BILIRUBIN	MISC	8 H	*	N/A	SPECIFY ON REQUEST TYPE OF SPECIMEN.
MISC TOTAL PROTEIN	MISC	3 H	*	N/A	SPECIFY ON REQUEST TYPE OF SPECIMEN.
MISC TRIGLYCERIDE	MISC	8 H	*	N/A	SPECIFY ON REQUEST TYPE OF SPECIMEN.
MISC UREA NITROGEN	MISC	8 H	*	N/A	SPECIFY ON REQUEST TYPE OF SPECIMEN.
MYOGLOBIN	BLOOD	1 H	1 H	PST OR SST (PST PREFERRED)	HEMOLYZED SPECIMENS NOT ACCEPTED.
OSMOLALITY, SERUM	BLOOD	6 H	1 H	SST OR PST	ORDER THIS TEST IF SPECIMEN IS SERUM OR PLASMA.
P 50 CALCULATED	BLOOD	8 H	*	PST	SPECIAL INSTRUCTIONS: COLLECT ANAEROBICALLY IN VACUTAINER. PERFORMED 7AM-2PM.
PHOSPHORUS	BLOOD	8 H	1 H	PST OR SST	PERFORMED ON ALL SHIFTS.
POTASSIUM	BLOOD	6 H	1 H	PST OR SST	PERFORMED ON ALL SHIFTS.
PREALBUMIN	BLOOD	24 H	1 H	RED	SPECIMEN: 0.5 ML SERUM REQUIRED. PLASMA SHOULD NOT BE USED. SCHEDULE OF TESTING – DAILY. STAT ANALYSIS PERFORMED ON DAYSHIFT ONLY.
PREGNANCY TEST (SERUM)	BLOOD	8 H	1 H	PST OR SST	PERFORMED ON ALL SHIFTS. SPECIMEN: 0.5 ML REQUIRED
PROGESTERONE	BLOOD	N/A	N/A	PST OR SST	PERFORMED ON ALL SHIFTS DAILY.

PROLACTIN	BLOOD	8 H	1 H	PST OR SST	PERFORMED ON ALL SHIFTS. 300 UL SPECIMENS REQUIRED. INTERPRETATION REPORTED WITH RESULTS. FREEZE SPECIMEN UNTIL ASSAYED.
PROSTATE SPECIFIC ANTIGEN (PSA)	BLOOD	48 H	*	SST	PERFORMED: DAILY. SPECIMEN: 1.0 ML SERUM REQUIRED (NO PLASMA).
RA TEST	BLOOD OR SYNOVIAL FLUID	6 H	1 H	RED	PERFORMED: DAILY, DAYSHIFT. SPECIMEN: 0.5 ML SERUM OR SYNOVIAL FLUID.
RENAL PANEL	BLOOD	6 H	1 H	PST OR SST	PERFORMED ON ALL SHIFTS.
ROMI PROFILE	BLOOD	1 H	1 H	PST ONLY	INCLUDES: TROPONIN ONLY. TESTING WILL ALSO BE DONE AT 3 H, 6 H, & 12 H. TESTS MAY ALSO BE ORDERED INDIVIDUALLY.
RUBELLA ANTIBODIES, IGG	BLOOD	8 H	2 H	SST	PERFORMED DAILY.
SALICYLATE	BLOOD	6 H	1 H	SST OR PST	PERFORMED ALL SHIFTS.
SGOT (AST)	BLOOD	6 H	1 H	PST OR SST	NONE.
SGPT (ALT)	BLOOD	6 H	1 H	PST OR SST	NONE
SODIUM	BLOOD	6 H	1 H	PST OR SST	NONE
T3 UPTAKE	BLOOD	6H	1H	SST OR PST	PERFORMED ON ALL SHIFTS. SPECIMEN 300 MICROLITERS MINIMUM REQUIRED FREEZE UNTIL ASSAYED.
TESTOSTERONE, TOTAL	BLOOD	6 H	1 H	SST OR PST	PERFORMED ON ALL SHIFTS.
THYROID PANEL	BLOOD	6 H	1 H	SST OR PST	PERFORMED ON ALL SHIFTS. INCLUDES: 4T FREE T4 & TSH.
THYROID STIMULATING HORMONE (TSH)	BLOOD	6 H	1 H	SST OR PST	PERFORMED ON ALL SHIFTS. SPECIMEN: SERUM OR PLASMA. FREEZE UNTIL ASSAYED. GROSS HEMOLYSIS & LIPEMIA WILL INTERFERE.

THYROXINE (T4)	BLOOD	6 H	1 H	SST OR PST	PERFORMED ON ALL SHIFTS. SPECIMEN: 300 MICROLITERS SERUM MINIMUM REQUIRED.
TOTAL T3	BLOOD	6 H	1 H	SST OR PST	PERFORMED ON ALL SHIFTS. 150 UL SPECIMENS REQUIRED.
TOTAL PROTEIN	BLOOD	8 H	1 H	PST OR SST	PERFORMED ON ALL SHIFTS.
TRANSFERRIN	BLOOD	8 H	1 H	RED	PERFORMED: DAILY, DAYSHIFT. SPECIMEN: 0.2 ML SERUM REQUIRED (PLASMA NOT RECOMMENDED).
TRH STIMULATION PROFILE	BLOOD	N/A	N/A	SST	SEE COLLECTION PROCEDURE IN THIS MANUAL.
TRIGLYCERIDE	BLOOD	8 H	1 H	PST OR SST	PATIENT PREPARATION: 14 HOUR FAST REQUIRED BEFORE COLLECTION.
TROPONIN I	BLOOD	1 H	1 H	PST ONLY	HEMOLYZED SPECIMENS NOT ACCEPTED.
URINE PROTEIN, QUANT	24 H URINE	24 H	4 H	N/A	PUT COLLECTION DATE AND TIME ON URINE CONTAINER.
UREA CLEARANCE	BLOOD & URINE	8 H	4 H	PST OR SST	KEEP REFRIGERATED. PUT COLLECTION DATE/TIME ON URINE CONTAINER.
URIC ACID	BLOOD	8 H	1 H	PST OR SST	PERFORMED ON ALL SHIFTS.
URINE AMYLASE	URINE	4 H	2 H	N/A	2 HR COLLECTIONS PREFERRED OVER RANDOM.
URINE CALCIUM	URINE	8 H	4 H	N/A	KEEP URINE REFRIGERATED. PUT COLLECTION DATE/TIME ON URINE CONTAINER.
URINE CHLORIDE	URINE	8 H	4 H	N/A	KEEP URINE REFRIGERATED. PUT COLLECTION DATE/TIME ON URINE CONTAINER.
URINE CREATININE	URINE	8 H	4 H	N/A	KEEP URINE REFRIGERATED. PUT COLLECTION DATE/TIME ON URINE CONTAINER.

URINE GLUCOSE QUANT	24 H URINE	8 H	4 H	N/A	KEEP URINE REFRIGERATED. PUT COLLECTION DATE/TIME ON URINE CONTAINER.
URINE MAGNESIUM	URINE	8 H	4 H	N/A	KEEP URINE REFRIGERATED. PUT COLLECTION DATE/TIME ON URINE CONTAINER.
URINE OSMOLALITY	URINE	8 H	4 H	N/A	KEEP URINE REFRIGERATED. PUT COLLECTION DATE/TIME ON URINE CONTAINER.
URINE PHOSPHORUS	URINE	8 H	4 H	N/A	KEEP URINE REFRIGERATED. PUT COLLECTION DATE/TIME ON URINE CONTAINER.
URINE POTASSIUM	URINE	8 H	4 H	N/A	KEEP URINE REFRIGERATED. PUT COLLECTION DATE/TIME ON URINE CONTAINER.
URINE SODIUM	URINE	8 H	4 H	N/A	KEEP URINE REFRIGERATED. PUT COLLECTION DATE/TIME ON URINE CONTAINER.
URINE UREA NITROGEN	URINE	8 H	4 H	N/A	KEEP URINE REFRIGERATED. PUT COLLECTION DATE/TIME ON URINE CONTAINER.
URINE URIC ACID	URINE	8 H	4 H	N/A	KEEP URINE REFRIGERATED. PUT COLLECTION DATE/TIME ON URINE CONTAINER.
VITAMIN B12	BLOOD	6 H	*	SST	PERFORMED ON ALL SHIFTS. BEST RESULTS IF PATIENT IS FASTING. MUST BE DRAWN BEFORE THERAPY. SPECIMEN 0.5.ML SERUM MINIMUM.

Coagulation

ACT-BEDSIDE	BLOOD	N/A	15 MIN	ACT	COLLECTED BY COAG TECH OR NURSING. ALWAYS PERFORMED STAT AFTER COLLECTION.
ACT-CV SURGERY	BLOOD	N/A	15 MIN	ACT	ORDERED FOR ACT IN SURGERY ONLY.
ACT-DIALYSIS	BLOOD	N/A	15 MIN	ACT	ACT DIALYSIS ONLY.
ACTIVATED PROTEIN C RESISTANCE (FV LEIDEN SCREEN)	BLOOD	4 H	1 H	BLUE & LAV	M-F, 7AM-3PM. BORDERLINE AND POSITIVE RESULTS REFLEX TO FVL (DNA).
ANTI-THROMBIN III	BLOOD	4 H	40 MIN	BLUE	DAILY. DAYSHIFT ONLY (7AM – 3PM).
COAGULATION CONSULT	N/A	24 H	< 24 H	N/A	REPORTED BY PATHOLOGIST.
D-DIMER (QUANTITATIVE)	BLOOD	4 H	30 MIN	BLUE	PERFORMED ON ALL SHIFTS. SEND TO LAB STAT.
DIL RUSSELL VIPER VENOM	BLOOD	8 H ON DAY PERFORMED	*	BLUE	PERFORMED 7AM-3PM TUESDAY AND FRIDAY
FACTOR IX ASSAY	BLOOD	8 H	4 H	BLUE	PERFORMED 7AM-3PM, M-F.
FACTOR V ASSAY	BLOOD	8 H	4 H	BLUE	PERFORMED DAILY. DAYSHIFT ONLY, 7AM – 3PM.
FACTOR VII ASSAY	BLOOD	8 H	4 H	BLUE	PERFORMED 7AM-3PM, M-F.
FACTOR VIII ASSAY	BLOOD	8 H	4 H	BLUE	PERFORMED DAILY. DAYSHIFT ONLY, 7AM – 3PM
FACTOR VIII INHIBITOR	BLOOD	24 H	8 H	BLUE/4	PERFORMED 7AM-3PM, M-F.
FACTOR X ASSAY	BLOOD	8 H	4 H	BLUE	PERFORMED 7AM-3PM, M-F.
FACTOR XI ASSAY	BLOOD	24 H	4 H	BLUE	PERFORMED 7AM-3PM, M-F.
FACTOR XII ASSAY	BLOOD	24 H	4 H	BLUE	PERFORMED 7AM-3PM, M-F.
FACTOR XIII ASSAY	BLOOD	24 H	N/A	BLUE	REQUIRES 24-HR INCUBATION.
FIBRIN DEGRADATION PRODUCT	BLOOD	4 H	45 MIN	BLUE	PERFORMED ON ALL SHIFTS.
FIBRINOGEN	BLOOD	4 H	1 H	BLUE	PERFORMED ON ALL SHIFTS.

HEPARIN ANTI-XA	CITRATED PLASMA	8H	*	BLUE	DAILY. DAYSHIFT ONLY. 7AM – 3PM. MUST BE IN LAB PRIOR TO 1PM TO BE COMPLETED SAME DAY. NO LINE DRAWS.
HEPARIN NEUTRALIZATION	BLOOD	4 H	45 MIN	BLUE	REQUIRES BASELINE THROMBIN TIME RESULT.
HEXAGONAL PHOSPHOLIPID NEUT.	BLOOD	8 H	*	BLUE	TEST PERFORMED 7AM-3PM TUESDAY & FRIDAY.
PLATELET FUNCT ASSAY PHASE I	BLOOD	4 H	1 H	BLUE/2	PERFORMED ON ALL SHIFTS. PHLEBOTOMY DRAW ONLY-MUST BE HAND DELIVERED. DO NOT SEND THROUGH TUBE SYSTEM.
PLT FUNCT ASSAY PHASE II	BLOOD	4 H	1 H	BLUE	PERFORMED IF PHASE I IS ABNORMAL.
PROTEIN C (ACTIVITY)	BLOOD	4 H	N/A	BLUE	7AM-3PM, M-F.
PROTEIN S (ACTIVITY)	BLOOD	1 WEEK	N/A	BLUE	PERFORMED ON WEDNESDAYS, 7AM-3PM.
PROTHROMBIN TIME	BLOOD	4 H	1 H	BLUE	NA.
PTT	BLOOD	4 H	1 H	BLUE	NA.
PTT MIXING STUDY COMPREHENSIVE	BLOOD	8 H	2 H	BLUE/4	PERFORMED M-F DAYSHIFT ONLY.
PT/PTT 1:1 MIX	BLOOD	4H	1H	BLUE	PERFORMED ON ALL SHIFTS.

Group

COAGULATION PROFILE	BLOOD	8 H	1-1.5 H	BLUE/2, LAV	PATHOLOGY INTERPRETATION BY REQUEST.
COLLAGEN (ARTHRITIS) PANEL	BLOOD	6 H	90 MIN	GRAY, SST/2	PANEL INCLUDES: ESR, RA, URIC ACID, FANA, & CRP.
CSF GLUCOSE	CSF	4 H	40 MIN	N/A	PERFORMED ON ALL SHIFTS.
CSF PROFILE	CSF	4 H	1 H	N/A	VDRL SENT OFF ONLY BY PHYSICIAN REQUEST. INCLUDES: CELL COUNT, PROTEIN, AND GLUCOSE.
CSF TOTAL PROTEIN	CSF	4 H	40 MIN	N/A	PERFORMED ON ALL SHIFTS.

DIC PROFILE	BLOOD	8 H	1-1.5 H	BLUE/2, LAV	PATHOLOGY INTERPRETATION BY REQUEST ONLY.
HEPATIC FUNCTION PANEL	BLOOD	6 H	60 MIN	PST	PERFORMED ON ALL SHIFTS.
HYPERCOAG/THROMBOSIS PANEL	BLOOD	1 WEEK FOR IN HOUSE TEST	*	BLUE / 3 LAV / 3 ACD / 1 SST / 1	TESTING PERFORMED ON SPECIFIC DAYS.
LIPID PANEL	BLOOD	24 H	6 H	SST/2	14 HOUR FAST REQUIRED. PERFORMED M-F.
LUPUS ANTICOAG PROFILE	BLOOD	8 H ON DAY PERFORMED.	*	BLUE/2 & SST	TESTING ON DIFFERENT DAYS.
PRE-ECLAMPTIC PANEL	BLOOD & URINE	6 H	1 H	LAV & PST OR SST	URINE SHOULD BE COLLECTED.
VON WILLEBRAND'S PANEL	BLOOD	24 H	8 H	BLUE/5	SOME TESTS ARE SENT TO REFERENCE LAB.

Hematology

ANEMIA STUDY WITH PATHOLOGIST INTERPRETATION WITHOUT INTERPRETATION	BLOOD	24 H	12 H	LAV & SST	MUST SPECIFY IF TO BE DONE WITH PATHOLOGIST INTERPRETATION. INCLUDES CBC, RETIC, IRON/IBC, AND FERRITIN. FURTHER STUDIES MAY BE ORDERED BASED ON THESE RESULTS.
BODY FLUID EXAM	FLUID	6 H	3 H	LAV, SPECIAL	PERFORMED ON ALL SHIFTS.
BONE MARROW WORK-UP (DIFF)	BONE MARROW	48 H	24 H	DIRECT SMEAR AT BEDSIDE	PRE SCHEDULE WITH SPECIAL HEMATOLOGY, DAY SHIFT.
BRONCHOALVEOLAR LAVAGE	FLUID	8 H	3 H	MISC	SPECIMEN FIRST GOES TO MICROBIOLOGY.
CBC (ABSOLUTE COUNTS)	BLOOD	6 H	45 MIN	LAV	PERFORMED ON NEONATES IN THIS INSTITUTION.
CBC WITH WBC (DIFF)	BLOOD	6 H	1 H	LAV	INCLUDES 10 PARAMETERS & 5 PART DIFF.
CELL COUNT FLUID (SMEAR)	SMEAR	6 H	2 H	N/A	TEST ORDERED WHEN A SMEAR FROM A BODY FLUID IS RECEIVED FOR A CELL COUNT.
CSF CELL COUNT	CSF	4 H	1 H	N/A	INCLUDES WHITE & RED CELL COUNTS.

FLUID CRYSTALS	SYNOVIAL FLUID OR MISC.	4 H	2 H	N/A	PERFORMED ON ALL SHIFTS – CAN BE ORDERED SEPARATE FROM PROFILE.
FLUID MUCIN CLOT	SYNOVIAL FLUID OR MISC	4 H	2 H	N/A	PERFORMED ON ALL SHIFTS – CAN BE ORDERED SEPARATE FROM PROFILE.
HEMATOCRIT	BLOOD	6 H	1 H	LAV	PERFORMED ON ALL SHIFTS.
HEMOGLOBIN	BLOOD	6 H	1 H	LAV	PERFORMED ON ALL SHIFTS.
KLEIHAUER, FETAL HGB STAIN	BLOOD SMEAR	24 H	12 H	N/A	PERFORMED ON ALL SHIFTS.
LEAD, WHOLE BLOOD	BLOOD	6 H	1 H	EDTA	PERFORMED DAILY, DAYSHIFT. 1 ML WHOLE BLOOD.
LEUKOCYTE ALKALINE PHOSPHATASE (LAP SCORE)	SODIUM HEPARIN-DARK GREEN	24 H	12 H	N/A	PERFORMED M-F ONLY. CUT OFF TIME 13:00. DAYSHIFT ONLY. NO COLLECTION AFTER 1300 ON FRIDAY. PROTECT FROM LIGHT. SEND TO LAB ASAP.
MALARIA SMEAR	SMEAR	8H	*	LAV	CONTACT CORE LAB FOR INSTRUCTIONS
MISC-BODY FLD HEMATOCRIT	MISC	6 H	1 H	N/A	SPECIFY SPECIMEN TYPE ON REQUEST.
MISC-BODY FLD HEMOGLOBIN	MISC	6 H	1 H	N/A	SPECIFY SPECIMEN TYPE ON REQUEST.
PATHOLOGIST SMEAR INTERP	SMEAR	8 H	4 H	N/A	REPORTED BY PATHOLOGIST.
PLATELET COUNT	BLOOD	6 H	1 H	LAV	PERFORMED ON ALL SHIFTS.
POST VASECTOMY SEMEN EXAM	SEMEN	48 H	24 H	N/A	PERFORMED M-F, ALL SHIFTS.
RBC SEDIMENTATION RATE	BLOOD	1 H	1 H	VACU	SPECIMEN: EDTA MAY BE USED-DO NOT USE HEPARINIZED BLOOD.
RED BLOOD CELL COUNT	BLOOD	8 H	1 H	LAV	PERFORMED ON ALL SHIFTS.
RETICULOCYTE COUNT	BLOOD	6 H	1 H	LAV	PERFORMED ON ALL SHIFTS.
SICKLE CELL SCREEN	BLOOD	6 H	1 H	LAV	PERFORMED ON ALL SHIFTS.
SPERM (SEMEN) FOR FERTILITY	SEMEN	48 H	24 H	N/A	PERFORMED MON – FRI.

SYNOVIAL FLUID EXAM	FLUID	8 H	4 H	RED & LAV	SPECIMEN: 2 TUBES REQUIRED; 1 TUBE WITHOUT ANTICOAGULANT & 1 EDTA TUBE.
TOTAL EOSINOPHIL COUNT	BLOOD	8 H	4 H	LAV	PERFORMED ON ALL SHIFTS.
WBC & DIFF	BLOOD	6 H	1 H	LAV	PERFORMED ON ALL SHIFTS.
WHITE BLOOD CELL COUNT	BLOOD	6 H	1 H	LAV	PERFORMED ON ALL SHIFTS.

Immunology

ANTI-CARDIOLIPIN PROFILE	BLOOD	8 H	*	RED	PERFORMED MONDAYS & THURSDAYS
ANTI-CENTROMERE	BLOOD	8H	*	RED	PERFORMED: M-F, DAYSHIFT. 0.4 ML MINIMUM
ANTI-DNA DOUBLE STRAND	BLOOD	8 H	*	RED	PERFORMED: M, W, F. POSITIVES WILL BE TITERED.
ANTI-HISTONE	BLOOD	8H	*	RED	PERFORMED: M-F, DAYSHIFT. 0.4 ML MINIMUM
ANTI-Jo1	BLOOD	8H	*	RED	PERFORMED: M-F, DAYSHIFT. 0.4 ML MINIMUM.
ANTI-RNP	BLOOD	8H	*	RED	PERFORMED: M-F, DAYSHIFT. 0.4 ML MINIMUM.
ANTI-Scl 70	BLOOD	8H	*	RED	PERFORMED: M-F, DAYSHIFT. 0.4 ML MINIMUM.
ANTI-SM	BLOOD	8H	*	RED	PERFORMED: M-F, DAYSHIFT. 0.4 ML MINIMUM.
ANTI-SSA(Ro)	BLOOD	8H	*	RED	PERFORMED: M-F, DAYSHIFT. 0.4 ML MINIMUM.
ANTI-SSB(La)	BLOOD	8H	*	RED	PERFORMED: M-F, DAYSHIFT. 0.4 ML MINIMUM.
B. ABORTUS	BLOOD	8 H	2 H	RED	PERFORMED: MONDAY-SUNDAY, DAYSHIFT. SPECIMEN: 1 ML SERUM REQUIRED.

CLOSTRIDIUM DIFF TOXIN A	STOOL	24 H	1 H	N/A	PERFORMED: M-F, DAYSHIFT. MINIMUM – 1 ML IF LIQUID, 0.5 GMS IF SOLID. REFRIGERATE AT 2-8C. UNTIL PROCESSED.
CYTOMEGALOVIRUS IGG & IGM	BLOOD	48 H	*	RED	PERFORMED: MON-SAT DAYSHIFT. 0.5 ML MINIMUM.
EPSTEIN BARR VIRUS EBV-IGG/IGM	BLOOD	48 H	4 H	SERUM	0.5 ML SERUM REQUIRED. PERFORMED SUN, TUES, THURS, DAYSHIFT.
FANA PROFILE	BLOOD	6 H	*	RED	PERFORMED M-F. POSITIVE TEST WILL BE TITERED. EXPECTED RESULT: NEGATIVE.
FEBRILE AGGLUTININS	BLOOD	8 H	2 H	RED	PERFORMED: MONDAY-SUNDAY, DAYSHIFT. SPECIMEN: 2.0 ML SERUM.
FETAL LUNG MATURITY	AMNIOTIC FLUID	4 H	1 H	N/A	SPECIMEN: MINIMUM 1.0 ML AMNIOTIC FLUID.
FUNGAL SEROLOGY	BLOOD	48 H	*	RED	TEST REQUIRES 48 HOURS SETUP TUES/FRI.
H. PYLORI ANTIGEN	STOOL	6 H	2 H	N/A	PERFORMED DAILY DAYSHIFT.
HELICOBACTER PYLORI, IGG ANTIBODY	BLOOD	8 H	4 H	RED	TEST PERFORMED: WEDNESDAY & SUNDAY.
HEMOGLOBIN ELECTROPHORESIS	BLOOD	8 H	3 H	LAV	PERFORMED: DAILY, DAYSHIFT. 1 ML EDTA WHOLE BLOOD. IF MICRO SPECIMEN: 3 MICRO BULLETS FULL.
HEPARIN ASSOCIATED ANTIBODY	BLOOD	8 H	2 H	RED	MUST BE IN LAB BEFORE 1PM TO BE COMPLETED SAME DAY-NO LINE DRAWS.
HEPATITIS A AB-IGM	BLOOD	24 H	1 H	SST	PERFORMED: DAILY, DAYSHIFT. SERUM ONLY.
HEPATITIS B CORE IGM AB	BLOOD	8 H	1 H	SST	PERFORMED: DAILY, DAYSHIFT. SERUM ONLY.

ANTI-HEPATITIS B S AB	BLOOD	48H	*	SST	PERFORMED: DAILY, DAYSHIFT. SERUM ONLY.
HEPATITIS B SURFACE AG	BLOOD	24 H	3 H	SST	PERFORMED: DAILY, DAYSHIFT. SERUM ONLY.
HEPATITIS C ANTIBODY	BLOOD	48 H MINIMUM	*	SST	PERFORMED: DAILY, DAYSHIFT. SPECIMEN: 1.0 ML SERUM ONLY.
HEPATITIS PROFILE	BLOOD	6 H	*	SST	PERFORMED: DAILY, DAYSHIFT. INCLUDES: B SURFACE AG, B CORE IGM AB, AND A & C AB. SERUM ONLY.
HUMAN IMMUNE DEFICIENCY VIRUS (HIV) 1 / 2	BLOOD	24 H	*	SST	PERFORMED: TUESDAYS, THURSDAYS, & SUNDAYS, DAYSHIFT.
IMMUNO QUANTITATION	BLOOD	8 H	1 H	RED	PERFORMED: DAILY, DAYSHIFT. SPECIMEN: PLASMA SHOULD NOT BE USED, 0.2 ML SERUM REQUIRED. INCLUDES: IGG, IGA, & IGM.
L/S RATIO	AMNIOTIC FLUID	8 H	4 H	N/A	PERFORMED: M-F, DAYSHIFT. SPECIMEN: 3-4 ML, PROTECT FROM LIGHT & PLACE ON ICE.
LYME DISEASE SEROLOGY	BLOOD	24 H	1 H	2 SST	PERFORMED: DAILY, DAYSHIFT. SERUM (NO PLAMA).
METHOTREXATE	BLOOD	8 H	1 H	SST OR PST	NONE.
MONO TEST	BLOOD	6 H	15 MIN	RED	SPECIMEN: 0.1 ML SERUM MINIMUM.
MUMPS-IGG	BLOOD	8 H	2 H	RED	PERFORMED M-F, DAYSHIFT. SPECIMEN 0.5 ML SERUM REQUIRED.
OLIGOCLONAL PROFILE	BLOOD & CSF	8 H	*	N/A	PERFORMED TUES/THURS. SPECIMEN: 1.0 ML SERUM & CSF.
P. TULARENSIS	BLOOD	8 H	2 H	RED	PERFORMED: DAILY, DAYSHIFT. SPECIMEN: 1 ML SERUM REQUIRED.
PG AGGLUTINATION	AMNIOTIC FLUID	4 H	1H	N/A	SCHEDULE OF TESTING: DAILY. SPECIMEN: 0.1 ML FRESH UNCONTAMINATED

					AMNIOTIC FLUID REQUIRED. AMNIOTIC FLUID OBTAINED FROM A VAGINAL POOL ACCEPTABLE.
PROTEIN ELECTROPHORESIS (CSF)	CSF	8 H	*	N/A	PERFORMED: M, W, F. SPECIMEN: 0.5 ML MINIMUM REQUIRED.
PROTEIN ELECTROPHORESIS (SERUM)	BLOOD	8 H	*	RED	PERFORMED: M, W, F. SPECIMEN: 0.5 ML MINIMUM OF SERUM (PLASMA NOT ACCEPTED).
PROTEIN ELECTROPHORESIS (URINE)	URINE	8 H	*	N/A	PERFORMED: M, W, F. SPECIMEN: URINE (RANDOM OR 24 HOUR), 10-12 ML REQUIRED.
PROTEUS AGGLUTINATIONS	BLOOD	8 H	2 H	RED	PERFORMED: DAILY, DAYSHIFT.
RPR	BLOOD	24 H	2 H	RED	PERFORMED: DAILY, DAYSHIFT. SPECIMEN: 1.0 ML SERUM OR PLASMA REQUIRED (NO HEMOLYSIS).
RUBEOLA (MEASLES) IGG	BLOOD	8 H	2 H	RED	PERFORMED M-F, DAYSHIFT. 0.5 ML SERUM REQUIRED.
SERUM IEP -IMMUNO-ELECTROPHORESIS	BLOOD	24-48 H	*	RED	PERFORMED: MONDAY-FRIDAY, DAYSHIFT. SPECIMEN: 0.5 ML SERUM REQUIRED.
SHIGA-TOXINS/E.COLI	STOOL	24 H	*	N/A	PERFORMED: DAILY, DAYSHIFT. STOOL TO BE FROZEN IF GN BROTH INOCULATION CANNOT BE PERFORMED IN 2H.
STREPTOZYME	BLOOD	4 H	15 MIN	RED	PERFORMED: DAILY, DAYSHIFT. SPECIMEN: 1.0 ML SERUM OR PLASMA.
URINE IEP -IMMUNO-ELECTROPHORESIS	URINE	24-48 H	*	N/A	PERFORMED: MONDAY-FRIDAY, DAYSHIFT. SPECIMEN: 10-12 ML RANDOM URINE REQUIRED.

Microbiology (Rapid Testing)

CRYPTOCOCCAL ANTIGEN	CSF or SERUM	8 H	1 H	RED OR CSF #4	PERFORMED: DAILY, ALL SHIFTS.
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FETAL FIBRONECTIN	SWAB WITH SPECIAL SUPPLIED COLLECTION TRANSPORT	2 H	2 H	N/A	PERFORMED DAILY, SHIFTS. SPECIAL SUPPLIED COLLECTION CONTAINER MUST BE USED. STORE AT 2-8 C IF NOT TESTED WITHIN 8 HOURS. TRANSPORT REFRIGERATED. IF NOT TESTED WITHIN 3 DAYS, SPECIMEN MUST BE FROZEN.
GIARDIA/ CRYPTOSPORIDIUM IMMUNOASSAY	STOOL	8 H	1 H	N/A	PERFORMED DAILY; ALL SHIFTS.
GROUP A STREP ID	THROAT SWAB	4 H	30 MIN	N/A	PERFORMED DAILY; ALL SHIFTS.
INFLUENZA A & B	NASAL WASH NASO- PHARYNGEAL SWAB	2 H	30 MIN	N/A	PERFORMED DAILY ALL SHIFTS. SEND SWAB, PREFERABLY A NASOPHARYNGEAL SWAB, IN TUBE WITH 1 ML SALINE.
LEGIONELLA ANTIGEN	URINE	4H	30 MIN	N/A	PERFORMED: DAILY ALL SHIFTS.
RESP. SYNCYTIAL VIRUS (RSV) RAPID ANTIGEN	NASAL WASH, NASO- PHARYNGEAL SWAB	24 H	2 H	N/A	PERFORMED: DAILY ALL SHIFTS. SPECIMEN: 1-3 ML OF SALINE WASHES CAN BE STORED AT ROOM TEMP FOR UP TO 4 HOURS OR AT 2-8C FOR UP TO 24 HOURS, BEFORE TESTING. COLLECT BY TO PLACING A FEW DROPS OF SALINE INTO NOSTRILS, THEN SUCTION, USING A BULB SYRINGE. NASOPHARNGEAL SWAB CAN BE POLYESTER, RAYON, FOAM OR COTTON ON FLEXIBLE SHAFTS IN 1 ML OF SALINE WITHIN 1 HOUR OF COLLECTION. IF IMMEDIATE TESTING IS NOT POSSIBLE, STORE AT ROOM TEMP FOR 4 HOURS

					OR AT 2-8C FOR UP TO 48 HOURS. DO NOT USE CALCIUM ALGINATE SWABS.
S. PNEUMONIA ANTIGEN	URINE	4 H	30 MIN	N/A	PERFORMED DAILY, ALL SHIFTS.

Enzyme Immunoassay

ROTAVIRUS, STOOL	STOOL	24-36 H	3 H	N/A	PERFORMED: DAILY, DAYSHIFT. SPECIMEN: STOOL SAMPLES COLLECTED IN A CUP OR COLLECTION TUBE WITH SCOOP ARE ACCEPTABLE. A COTTON SWAB CAN BE USED IF SUFFICIENT MATERIAL IS OBTAINED. CONTAINERS SHOULD BE FREE OR PRESERVATIVES, METAL IONS OR DETERGENTS. SAMPLES SHOULD BE PLACED IN FREEZER IF NOT TO BE RUN IMMEDIATELY.
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Special Chemistry

COPROPORPHYRIN	URINE	6 H	*	N/A	SCREEN PERFORMED M-F, DAYSHIFT.
CRYOGLOBULIN	BLOOD	24 H	*	RED	SPECIAL COLLECTION METHOD WILL HOLD FOR 72 HOURS BEFORE REPORTING AS NEG.
PHENOPHTHALEIN	URINE STOOL	6 H	*	N/A	PERFORMED M-F, DAYSHIFT.
PORPHOBILINOGEN, QUAL	URINE	6 H	*	N/A	SCREEN PERFORMED M-F, DAYSHIFT.
PORPHYRIN FRACTIONS, QUAL	URINE	6 H	*	N/A	SCREEN PERFORMED M-F, DAYSHIFT.
SWEAT TEST	N/A	6 H	2 H	N/A	OUTPATIENT SCHEDULED ON TUESDAY, INPATIENTS M-F.

UROPORPHYRIN, QUAL	URINE	6 H	*	N/A	SCREEN PERFORMED M-F, DAYSHIFT.
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Stat Analysis

IONIZED CALCIUM	BLOOD	1 H	40 MIN	PST	NONE
NEONATE LAB PANEL	SYRINGE	1 H	15 MIN	HEPARIN SYRINGE	TEST IS DEFINED FOR PANEL USED IN SPECIAL CARE NURSERY.
STAT LAB PROF (HEM/CHEM)	WHOLE BLOOD	10 MIN	10 MIN	HEPARIN SYRINGE	PERFORMED IN CV SURGERY.
STAT VENOUS PROF (HEM/CHEM)	WHOLE BLOOD	10 MIN	10 MIN	PST	PERFORMED IN ED LAB.

Therapeutic Drug Monitoring

ACETAMINOPHEN	BLOOD	8 H	1 H	SST OR PST	EXPECTED RANGE: 10-30 MCG/ML
AMIKACIN PEAK	BLOOD	8 H FROM DOSE	1 H	SST OR PST	DRAW 30 MINUTES AFTER IV IS COMPLETE, 1 H AFTER IM.
AMIKACIN TROUGH	BLOOD	8 H FROM DOSE	1 H AFTER PEAK IS DRAWN	SST OR PST	DRAW 1 H, UP TO IMMEDIATELY BEFORE DOSE.
CARBAMAZEPINE	BLOOD	8 H	1 H	SST OR PST	PRODUCT NAME: TEGRETOL OPTIMUM COLLECT TIME A.M.
DIGOXIN	BLOOD	8 H	1 H	SST OR PST	OPTIMUM COLLECTION TIME A.M. OR 6 HOURS AFTER DOSE.
DILANTIN (PHENYTOIN)	BLOOD	8 H	1 H	SST OR PST	OPTIMUM COLLECTION TIME A.M.
DRUG SCREEN (EMIT) LIMITED	URINE	24 H	3 H	N/A	PERFORMED ON ALL SHIFTS.
GENTAMICIN PEAK	BLOOD	8 H FROM DOSE	1 H	SST OR PST	DRAW 30 MINUTES AFTER IV IS COMPLETE, 1 H AFTER IM.
GENTAMICIN TROUGH	BLOOD	8 H FROM DOSE	1 H AFTER PEAK IS DRAWN	SST OR PST	DRAW 1 H, UP TO IMMEDIATELY BEFORE DOSE.
GENTAMICIN, RANDOM	BLOOD	8 H	1 H	SST OR PST	PERFORMED ON ALL SHIFTS.
LIDOCAINE, SERUM	BLOOD	8 H	1 H	SST OR PST	OPTIMUM COLLECT TIME IS IN A.M.
PHENOBARBITAL	BLOOD	8 H	1 H	SST OR PST	OPTIMUM COLLECT TIME IS IN A.M.
PROCAINIMIDE/NAPA	BLOOD	8 H	1 H	SST OR PST	PERFORMED ON ALL SHIFTS.

QUINIDINE	BLOOD	8 H	1 H	SST OR PST	OPTIMUM COLLECTION TIME A.M.
THEOPHYLLINE	BLOOD	8 H	1 H	SST OR PST	OPTIMUM COLLECTION TIME A.M.
TOBRAMYCIN PEAK	BLOOD	8 H FROM DOSE	1 H	SST OR PST	DRAW 30 MINUTES AFTER IV IS COMPLETE, 1 H AFTER IM.
TOBRAMYCIN TROUGH	BLOOD	8 H FROM DOSE	1 H AFTER PEAK IS DRAWN	SST OR PST	DRAW 1 H, UP TO IMMEDIATELY BEFORE DOSE.
TOBRAMYCIN, RANDOM	BLOOD	8 H FROM DOSE	1 H	SST OR PST	PERFORMED ON ALL SHIFTS.
VALPROIC ACID	BLOOD	8 H	1 H	SST OR PST	OPTIMUM COLLECT TIME IS IN A.M.
VANCOMYCIN PEAK	BLOOD	8 H FROM DOSE	1 H	SST OR PST	DRAW 1 HOUR AFTER IV IS COMPLETE, 1 H AFTER IM.
VANCOMYCIN TROUGH	BLOOD	8 H FROM DOSE	1 H	SST OR PST	DRAW 1 H, UP TO IMMEDIATELY BEFORE DOSE.
VANCOMYCIN, RANDOM	BLOOD	8 H	1 H	SST OR PST	PERFORMED ON ALL SHIFTS.

Toxicology

COTININE, QUANTITATION-BLOOD	BLOOD	6 H	2 H	RED	PERFORMED M-F. USED TO DETERMINE SMOKING STATUS.
DRUG SCREEN, COMPREHENSIVE	URINE	24 H	4 H	N/A	PERFORMED M-F, DAYSHIFT AS NEEDED.
DRUG SCREEN (NON-MEDICAL)	URINE	6 H	2 H	N/A	ORDER AS "DS" AND REQUIRES CHAIN OF CUSTODY COLLECTION. CAN BE ORDERED ON ER INDUSTRIAL SCREEN OUTPATIENT AND EMPLOYEE INTERVENTION.
METHADONE, URINE	URINE	6 H	2 H	N/A	REQUIRES CHAIN OF CUSTODY COLLECTION. CAN BE ORDERED ON ER INDUSTRIAL SCREEN OUTPATIENT AND EMPLOYEE INTERVENTION.

METHAQUALONE URINE	URINE	6 H	2 H	N/A	REQUIRES CHAIN OF CUSTODY COLLECTION. CAN BE ORDERED ON ER INDUSTRIAL SCREEN OUTPATIENT AND EMPLOYEE INTERVENTION.
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Urinalysis

APT TEST/FETAL HEMOGLOBIN	GASTRIC CONTENTS	6 H	60 MIN	N/A	SCREENING TEST ONLY.
BILE SPECIMEN EXAM	FLUID	N/A	15 MIN	SYRINGE	SPECIFY FLUID TYPE ON REQUEST.
EOSINOPHIL, MISCELLANEOUS	MISC	8 H	4 H	N/A	ENTER SPECIMEN TYPE ON ORDER.
FAT IN URINE	URINE	8 H	1 H	N/A	NONE.
FECAL FAT, QUALITATIVE	STOOL	24 H	12 H	N/A	PERFORMED ON ALL SHIFTS.
MISC SPECIFIC GRAVITY	MISC	4 H	1 H	N/A	SPECIFY ON REQUEST SPECIMEN TYPE.
OCCULT BLOOD, MISC	GASTRIC FLUID	4 H	1 H	N/A	TEST IS FOR GASTRIC CONTENTS ONLY.
OCCULT BLOOD-FECES	FECES	4 H	1 H	N/A	TEST IS FOR FECES ONLY.
PH FECES	STOOL	2 H	1 H	N/A	PERFORMED ON ALL SHIFTS.
PH, GASTRIC	GASTRIC CONTENT	2 H	1 H	N/A	PERFORMED ON ALL SHIFTS.
PREGNANCY (URINE)	URINE	4 H	15 MIN	N/A	PERFORMED ON ALL SHIFTS
REDUCING SUBSTANCE-FECES	STOOL	4 H	1 H	N/A	PERFORMED ON ALL SHIFTS.
SPECIFIC GRAVITY- URINE	URINE	4 H	1 H	N/A	PERFORMED ON ALL SHIFTS.
URINALYSIS W/ MICROSCOPIC	URINE	4 H	1 H	N/A	KEEP URINE REFRIGERATED.
URINE BILIRUBIN	URINE	4 H	1 H	N/A	SPECIAL INSTRUCTIONS: PROTECT URINE FROM LIGHT & KEEP REFRIGERATED.
URINE BLOOD	URINE	4 H	1 H	N/A	KEEP URINE REFRIGERATED.
URINE GLUCOSE	URINE	4 H	1 H	N/A	KEEP URINE REFRIGERATED.
URINE KETONE	URINE	4 H	1 H	N/A	KEEP URINE REFRIGERATED.
URINE MICROSCOPIC	URINE	4 H	1 H	N/A	KEEP URINE REFRIGERATED.

URINE PH	URINE	4 H	1 H	N/A	KEEP URINE REFRIGERATED.
URINE PROTEIN, QUAL	URINE	4 H	1 H	N/A	KEEP URINE REFRIGERATED.
WBC IN FECES	STOOL	12 H	1 H	N/A	PERFORMED ON ALL SHIFTS.