

# Aultman Hospital Laboratory Test Directory

**Test Name:** 10-HYDROXYCARBAZEPINE (TRILEPTAL)

**Test ID:** OXCARB

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 2 ML HEPARINIZED PLASMA (GREEN TOP) - REFRIGERATED

**Additional Information:** AVOID HEMOLYSIS

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**Test Name:** 11-DEOXYCORTISOL

**Test ID:** DEOX

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM FROM SST TUBE

**Additional Information:** Centrifuge and refrigerate

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**Test Name:** 14-3-3 PROTEIN

**Test ID:** MISCNB

**Testing Facility:** Reference Laboratory

**Specimen Handling:** CSF - FROZEN ASAP

**Additional Information:**AKA: CJD (CREUTZFELDT-JAKOB); FROZEN URINE ALSO ACCEPTABLE

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**Test Name:** 17-HYDROXYCORTICOSTEROIDS

**Test ID:** U17OHC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 15 ML URINE FROM 24 HR COLL. - FROZEN

**Additional Information:** CRITICAL FROZEN

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**Test Name:** 17-HYDROXPREGNENOLONE

**Test ID:** PREGH

**Testing Facility:** Reference Laboratory

**Volume:** SERUM 2ML - PLAIN RED TOP - FROZEN

**Container:** PLAIN RED PREFERRED; SST ACCEPTABLE

**Additional:** Centrifuge and transfer serum to plastic vial.

**Specimen Handling:** CRITICAL FROZEN, MUST BE DONE AT MAIN HOSPITAL

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# Aultman Hospital Laboratory Test Directory

**Test Name:** 17-HYDROXYPROGESTERONE

**Test ID:** 17OHP

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM FROM SST TUBE .5ML

**Additional Information:** Centrifuge and refrigerate

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**Test Name:** 17-KETOSTEROIDS,UR

**Test ID:** U17K

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 15 ML URINE FROM 24 HR COLL. - REF

**Additional Information:** DO NOT USE PRESERVATIVES

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**Test Name:** 18-OH CORTICOSTERONE

**Test ID:** 18OHC

**Synonyms:** 18 Hydroxy B Steroid

**Testing Facility:** Reference Laboratory

**Volume:** 3 ml (1 ml min) Serum

**Container:** SST

**Specimen Handling:** Centrifuge, aliquot and freeze within 1 hour of collection

**Storage:** Frozen

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**Test Name:** 21-HYDROXYLASE ANTIBODY

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Type:** SST

**Specimen Handling:** 1ML SERUM - REFRIGERATED

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# Aultman Hospital Laboratory Test Directory

**Test Name:** 24 HOUR URINE COLLECTION INSTRUCTIONS (For Inpatients Only)

**Testing Facility:** Aultman Laboratory

**Volume:** 24 hr urine collection

**Specimen Handling:** Refrigerate. Do not pour off into secondary container. Send Out Department will process.

- Additional Information:**
1. All 24-hr urine specimens are to be collected in appropriate containers available from the laboratory.
  2. All 24-hr urine containers should be placed in a pink plastic bucket with ice packed around the specimen during collection.
  3. Accurate results can only be obtained if the urine is collected according to the following instructions:
    - a. Discard the first voided urine the morning of the test. Note the exact date and time.
    - b. Place all further urine specimens in the collection container.
    - c. Have the patient void at the exact time the morning of the second day. Include this last specimen in the collection.
    - d. Note the exact date and time.
    - e. Send the properly labeled container with a requisition inquiry to the lab.

## 24 HOUR URINE COLLECTION INSTRUCTIONS (For Outpatients Only)

**Testing Facility:** Aultman Laboratory

- Specimen Collection / Transfer Instructions:**
1. All 24-hr urine specimens are to be collected in appropriate containers available from the laboratory. Patient will need a brown collection container, large plastic biobag for transport, urine collection cup, and 24-Hour Urine Sample Instructions Form.
  2. Drink usual amount of liquid during the collection period, but NOT alcoholic beverages. Accurate results can only be obtained if the urine is collected according to the following instructions:
    - a. Empty bladder when waking up in the morning. DO NOT COLLECT OR SAVE THIS URINE.
    - b. Record the start date and time.
    - c. From this time on, collect and save all urine passed throughout the date and night. Pour into brown plastic container. Keep the urine refrigerated during and after collection. If this is not possible, place the brown container in a large container filled with ice. Keep the brown plastic container surrounded by ice, but not totally immersed causing the lid or identification tag to become wet.
    - d. Empty bladder the next morning, collecting at the same hour as above. Add this urine to the brown plastic container.
    - e. Record the stop date and time. (The start and stop time should match to be a complete 24-hour collection)
    - f. Record your height and weight.
    - g. Transport the brown urine container, in the large plastic biobag, to the laboratory or blood draw station as soon as possible. Mark your name and date of birth on the container.

**Volume:** 24 hr urine collection

**Specimen Handling:** Refrigerate or pack ice around container in a cooler.

- Additional Information:** Blood tests may be needed in correlation with the 24-hour urine specimen, laboratory drop-offs are discouraged on Saturdays after 12 noon, or on Sundays.

# Aultman Hospital Laboratory Test Directory

**Test Name:** 5-HIAA, 24 HR UR

**Test ID:** UHIAAD

**Testing Facility:** Reference Laboratory

**Volume:** 15 ML URINE FROM 24 HR COLL. - REF

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**Test Name:** 5-NUCLEOTIDASE

**Test ID:** 5NUCP

**Testing Facility:** Reference Laboratory

**Volume:** SERUM 2 ML – REF

**Additional Information:** REJECT HEMOLYZED SAMPLE

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**Test Name:** 5TH'S DISEASE (see Parvovirus B19 Antibody)

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**Test Name:** 6-MP (see Thiopurine Metabolites)

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**Test Name:** 6-THIOGUANINE, 6-TG (see Thiopurine Metabolites)

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**Test Name:** 6-THIOGUANINE/6GT (see Thiopurine Metabolites)

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**Test Name:** A1C

**Test ID:** A1C

**Synonyms:** Hemoglobin A1C, glycosolated hemoglobin

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Results available same day. (Run's 24hrs a day, 7 days a week)

**Specimen Type:** Whole blood

**Volume:** 1.5 mL

**Container:** 5 mL EDTA

**Specimen Handling:** Store refrigerated.

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**Test Name:** AAT, A1A, A-1 ANTITRYPSIN (see Alpha-1 Antitrypsin)

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# Aultman Hospital Laboratory Test Directory

**Test Name:** AB SCREEN / INDIRECT AHG

**Test ID:** ABS

**Synonyms:** Antibody screen, Indirect Coombs, Indirect AHG.

**Test Includes:** Blood Bank will reflex additional testing when positive result.

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** 45 minutes

**Container:** 6 ml pink top EDTA

**Additional Information:** NOTE: All specimens sent to Blood Bank for testing must have a handwritten identification label that includes the patient's first and last name, Medical Record number (Date of Birth is acceptable for Outpatients), date and time of collection and collector's initials. Specimens missing any of the elements listed above will be rejected and must be recollected.

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**Test Name:** ABO/RH

**Test ID:** ABO

**Synonyms:** Blood type, ABO and Rh

**Test Includes:** ABO and Rh

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** 30 minutes **Container:**  
6 ml Pink EDTA.

**Additional Information:** NOTE: All specimens sent to Blood Bank for testing must have a handwritten identification label that includes the patient's first and last name, Medical Record number (Date of Birth is acceptable for Outpatients), date and time of collection and collector's initials. Specimens missing any of the elements listed above will be rejected and must be recollected.

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**Test Name:** ABSOLUTE T-CELL AND SUB-SETS (see Helper/Suppressor)

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**Test Name:** ACE (ANGIOTENSIN CONVERTING ENZYME)

**Test ID:** ACE

**Testing Facility:** Reference Laboratory

**Volume:** 1 ML SERUM FROM SST TUBE - REFRIGERATED

**Container:** SST

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# Aultman Hospital Laboratory Test Directory

**Test Name:** ACETAMINOPHEN

**ID:** ACETA

**Synonyms:** Paracetamol, Tylenol

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/week, 24 hrs/day. Results available same day.

**Specimen Type:** Serum.

**Volume:** 1 mL

**Container:** SST. Plain Red top. Also acceptable plasma lithium heparin – Separate from cells within 2 hours of collection.

**Storage:** Refrigerate.

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**Test Name:** ACETOACETIC ACID (See B-Hydroxybutyrate)

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**Test Name:** ACETYLCHOLINE REC. BINDING ANTIBODY

**Test ID:** ACHRAB

**Testing Facility:** Reference Laboratory

**Volume:** SERUM 1 ML - REF

**Container:** SST

**Additional Information:** REJECT HEMOLYZED SPEC.

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**Test Name:** ACETYLCHOLINE REC. BLOCKING ANTIBODY

**Test ID:** ACEBAB

**Testing Facility:** Reference Laboratory

**Volume:** SERUM 1 ML - REF

**Container:** SST

**Specimen Handling:** CENTRIFUGE WITHIN 1 HOUR OF COLLECTION

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**Test Name:** ACETYLCHOLINE REC. MODULATING ANTIBODY

**Test ID:** ACRMA

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 1 ML SERUM FROM SST - REFRIGERATED

**Storage:** SST

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**Test Name:** ACETYLCHOLINESTERASE, AMNIOTIC FLUID

**Test ID:** ACHE

**Testing Facility:** Reference Laboratory- Mayo

**Specimen Handling:** AMNIOTIC FLUID 1 ML - ROOM TEMP

**Additional Information:** COLLECT AND TRANSPORT IN STERILE CONTAINER

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# Aultman Hospital Laboratory Test Directory

**Test Name:** ACETYLCHOLINESTERASE, RBC

**Test ID:** ACHS

**Testing Facility:** Reference Laboratory - Mayo

**Specimen Handling:** 4 ML EDTA WHOLE BLOOD - REF

**Additional Information:** SPECIMEN MUST ARRIVE WITHIN 72 HRS OF DRAW

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**Test Name:** ACHE & FETAL HEMOGLOBIN, AMNIOTIC FLUID

**Test ID:** ACHFHB

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 2 ML AMNIOTIC FLUID -ROOM TEMPERATURE

**Additional Information:** COLLECT AND TRANSPORT IN STERILE CONTAINER

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**Test Name:** ACTH

**Test ID:** ACTH2

**Synonyms:** Adrenocorticotrophic Hormone

**Testing Facility:** Reference Laboratory

**Precollection Instructions:** Prechill 2 lav top tube before collection.

**Specimen Type:** Plasma (frozen)

**Volume:** 5 mL

**Container:** Two lav top tube.

**Specimen Handling:** Keep on ice after drawing. Centrifuge in cold. Freeze immediately.

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**Test Name:** ACYLCARNITINE, PLASMA

**Test ID:** ACYLBI

**Testing Facility:** Reference Laboratory

**Specimen Type:** 1 ML EDTA PLASMA - REFRIGERATED

**Container:** Lavender

**Specimen Handling:** Remove plasma from cells ASAP

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**Test Name:** ADAMTS 13

**Test ID:** ADM13

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 1 ML CITRATED PLASMA – FROZEN

**Additional Information:** GOES TO MAYO CLINIC

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# Aultman Hospital Laboratory Test Directory

**Test Name:** ADDERALL, URINE (AMPHETAMINE URINE)

**Test ID:** UAMPC

**Testing Facility:** Aultman Laboratory

**Specimen Handling:** 5 ML URINE - REF

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**Test Name:** ADENOSINE DEAMINASE, SERUM

**Test ID:** SAD

**Testing Facility:** Reference Laboratory

**Volume:** 1ML SERUM-FROZEN

**Container:** RED TOP

**Specimen Handling:** Centrifuge and transfer serum to plastic vial. Freeze ASAP.

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**Test Name:** ADENOVIRUS AB

**Test ID:** SADNAB

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 1 ML - REF

**Additional Information:** TITER DONE IF SCREEN IS POSITIVE

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**Test Name:** ADMARK APOE GENOTYPE

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** EDTA WHOLE BLOOD 10 ML - REFRIGERATED

**Additional Information:** SHIP WITHIN 24 HRS

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**Test Name:** ADRENAL ANTIBODY

**Test ID:** ADREN

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 2 ML FROM RED TOP - REFRIGERATED

**Additional Information:** TITER DONE IF SCREEN IS POSITIVE

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# Aultman Hospital Laboratory Test Directory

**Test Name:** AFFIRM PATHOGENS DIRECT DNA PROBE

**Test ID:** VAGDNA

**Synonyms:** Bacterial Vaginosis Panel

**Test Includes:** Candida sp, Gardnerella vaginalis, Trichomonas vaginalis DNA

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** 3 days

**Specimen Collection /** BD Affirm VPIII Ambient Transport System

**Specimen Type:** Vaginal fluid

**Storage:** 72 hours refrigerated

**Additional Information:** TEST DOES NOT DETECT GC OR CLINICAL SYNDROMES OTHER THAN VAGINITIS/VAGINOSIS. ORDER CULTURE GC ONLY OR N. GONORRHOEAE PCR OR CULTURE WOUND AS APPROPRIATE.

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**Test Name:** AFP, MATERNAL SERUM

**Test ID:** MSAFP

**Test Number:** MARK ON REQ

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 1 ML SERUM – REFRIGERATED

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**Test Name:** ALA, 24 HOUR URINE

**Test ID:** UAMINO

**Synonyms:** Aminolevulinic Acid.

**Testing Facility:** Reference Laboratory

**Specimen Type:** 24-hr urine.

**Volume:** Submit entire collection to lab.

**Specimen Handling:** Refrigerate during collection. Protect from light.

**Additional Information:** Send 15 mL aliquot to reference lab. pH should be 2-4.

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**Test Name:** ALBUMIN

**Test ID:** ALB

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/wk, 24 hrs/day. Results available the same day.

**Specimen Type:** Serum or plasma lithium heparin

**Volume:** 1 mL

**Container:** SST. Also acceptable plasma lithium heparin – Separate from cells within 2 hours of collection.

**Specimen Handling:** Avoid hemolysis.

**Storage:** Refrigerate.

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# Aultman Hospital Laboratory Test Directory

**Test Name:** ALCOHOL LEVEL (See Ethanol)

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**Test Name:** ALDOLASE

**Test ID:** ALDO

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 1 ML FROM SST TUBE - REFRIGERATED

**Additional Information:** GOOD 5 DAYS REFRIGERATED

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**Test Name:** ALDOSTERONE, SERUM

**Test ID:** ALDOS

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 1 ML SERUM FROM SST TUBE - FROZEN

**Additional Information:** EDTA PLASMA ALSO ACCEPTABLE

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**Test Name:** ALDOSTERONE, UR

**Test ID:** UALDOS

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 5 ML URINE FROM 24 HR COLL. - REF

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**Test Name:** ALKALINE PHOSPHAT ISOENZYMES

**Test ID:** ALKISO

**Testing Facility:** Reference Laboratory

**Specimen Type:** 2 ML SERUM FROM SST TUBE - REFRIGERATED

**Container:** 7 mL SST

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**Test Name:** ALKALINE PHOSPHATASE, SERUM

**Test ID:** AP

**Synonyms:** Alk phos.

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/wk, 24 hrs/day. Results available the same day.

**Specimen Type:** Serum or plasma lithium heparin

**Volume:** 1 mL

**Container:** SST. Also acceptable plasma lithium heparin – Separate from cells with 2 hours of collection.

**Specimen Handling:** Avoid hemolysis.

**Storage:** Refrigerate.

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# Aultman Hospital Laboratory Test Directory

**Test Name:** ALLERGEN PINE NUT IGE

**Test ID:** PINENT

**Testing Facility:** Reference Laboratory

**Volume:** 1 ML SERUM-REF

**Specimen Handling:** 1 ml will do up to 7 allergens

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**Test Name:** ALLERGEN, ALMOND IGE

**Test ID:** ALMOND

**Testing Facility:** Reference Laboratory

**Specimen Type:** 1 ML SERUM-REF

**Specimen Handling:** 1ml of serum will do up to 7 allergens

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**Test Name:** ALLERGEN, ALTERNARIA TENIUS IGE

**Test ID:** ATENS

**Testing Facility:** Reference Laboratory

**Specimen Type:** 1 ML SERUM – REFRIGERATED

**Additional Information:** 1 ML OF SERUM – 7 ALLERGENS

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**Test Name:** ALLERGEN, ASPERGILLUS FUMIGATIS IGE

**Test ID:** AFUMIG

**Testing Facility:** Reference Laboratory

**Specimen Type:** 1 ML SERUM-REF

**Specimen Handling:** 1 ml will do up to 7 allergens

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**Test Name:** ALLERGEN, BEEF IGE

**Test ID:** BEEFMT

**Testing Facility:** Reference Laboratory

**Volume:** 1 ml serum-REF

**Specimen Handling:** 1 ml will do up to 7 allergens

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**Test Name:** ALLERGEN, BERMUDA GRASS IGE

**Test ID:** BRMUDA

**Testing Facility:** Reference Laboratory

**Volume:** 1 ML SERUM-REF

**Specimen Handling:** 1ml of serum will do up to 7 allergens

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# Aultman Hospital Laboratory Test Directory

**Test Name:** ALLERGEN, BIRCH TREE IGE

**Test ID:** BIRCHT

**Testing Facility:** Reference Laboratory

**Volume:** 1 ML SERUM-REF

**Specimen Handling:** 1ml of serum will do up to 7 allergens

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**Test Name:** ALLERGEN, BOX ELDER TREE IGE

**Test ID:** BELDER

**Testing Facility:** Reference Laboratory

**Specimen Type:** 1 ML SERUM-REF

**Specimen Handling:** 1ml of serum will do up to 7 allergens

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**Test Name:** ALLERGEN, BRAZILNUT IGE

**Test ID:** BRAZIL

**Testing Facility:** Reference Laboratory

**Volume:** 1 ML SERUM-REF

**Additional Information:** 1ml of serum will do up to 7 allergens

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**Test Name :** ALLERGEN, CACAO/COCOA IGE

**Test ID:** COCOA

**Testing Facility:** Reference Laboratory

**Specimen Type:** 1 ML SERUM-REF

**Additional Information:** 1ml of serum will do up to 7 allergens

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**Test Name:** ALLERGEN, CANDIDA ALBICANS IGE

**Test ID:** CNDIDA

**Testing Facility:** Reference Laboratory

**Volume:** 1 ML SERUM-REF

**Specimen Handling:** 1ml of serum will do up to 7 allergens

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**Test Name:** ALLERGEN, CASEIN IGE

**Test ID:** MCASIN

**Testing Facility:** Reference Laboratory

**Volume:** 1ML SERUM-REF

**Specimen Handling:** 1ml of serum will do up to 7 allergens

# Aultman Hospital Laboratory Test Directory

**Test Name:** ALLERGEN, CASHEW

**Test ID:** CASHEW

**Testing Facility:** Reference Laboratory

**Specimen Type:** 1ML SERUM-REF

**Specimen Handling:** 1ml of serum will do up to 7 allergens

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**Test Name:** ALLERGEN, CAT DANDER IGE

**Test ID:** CATDND

**Testing Facility:** Reference Laboratory

**Volume:** 1 ML SERUM-REF

**Specimen Handling:** 1ml of serum will do up to 7 allergens

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**Test Name:** ALLERGEN, CHICKEN FEATHERS IGE

**Test ID:** CHCKF

**Testing Facility:** Reference Laboratory

**Volume:** 1ml serum-REF

**Specimen Handling:** 1 ml will do up to 7 allergens

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**Test Name:** ALLERGEN, CHICKEN MEAT IGE

**Test ID:** CHCKN

**Testing Facility:** Reference Laboratory

**Volume:** 1 ML SERUM-REF

**Specimen Handling:** 1ml of serum will do up to 7 allergens

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**Test Name:** ALLERGEN, CLADOSPORIUM HERBARUM IGE

**Test ID:** CHERB

**Testing Facility:** Reference Laboratory

**Volume:** 1 ML SERUM-REF

**Specimen Handling:** 1ml of serum will do up to 7 allergens

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# Aultman Hospital Laboratory Test Directory

**Test Name:** ALLERGEN, CLAM IGE

**Test ID:** CLAM

**Testing Facility:** Reference Laboratory

**Volume:** 1 ml serum -REF

**Specimen Handling:** 1 ml will do up to 7 allergens

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**Test Name:** ALLERGEN, COCKLEBUR IGE

**Test ID:** COKBUR

**Testing Facility:** Reference Laboratory

**Volume:** 1 ML SERUM-REF

**Specimen Handling:** 1ml of serum will do up to 7 allergens

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**Test Name:** ALLERGEN, COCKROACH IGE

**Test ID:** CROACH

**Testing Facility:** Reference Laboratory

**Volume:** 1 ML SERUM-REF

**Specimen Handling:** 1ml of serum will do up to 7 allergens

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**Test Name:** ALLERGEN, COCONUT IGE

**Test ID:** COCNUT

**Testing Facility:** Reference Laboratory

**Volume:** 1 ML SERUM-REF

**Specimen Handling:** 1 ml will do up to 7 allergens

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**Test Name:** ALLERGEN, COD IGE

**Test ID:** CODFSH

**Testing Facility:** Reference Laboratory

**Volume:** 1 ML SERUM-REF

**Specimen Handling:** 1 ml will do up to 7 allergens

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**Test Name:** ALLERGEN, COMMON RAGWEED IGE

**Test ID:** SRAGWD

**Testing Facility:** Reference Laboratory

**Volume:** 1 ML SERUM-REF

The information contained in this Directory is provided only as general information and is subject to change without notice.

# Aultman Hospital Laboratory Test Directory

**Test Name:** ALLERGEN, LAMB'S QUARTER IGE

**Test ID:** LAMBQU

**Testing Facility:** Reference Laboratory

**Specimen Type:** 1ml serum - REF

**Specimen Handling:** 1ml of serum will do up to 7 allergens

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**Test Name:** ALLERGEN, LATEX IGE

**Test ID:** LATEXA

**Testing Facility:** Reference Laboratory

**Volume:** 1ml serum-Ref

**Specimen Handling:** 1ml of serum will do up to 7 allergens

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**Test Name:** ALLERGEN, MACEDAMIA NUT IGE

**Test ID:** MACADA

**Testing Facility:** Reference Laboratory

**Volume:** 1 ML SERUM-REF

**Specimen Handling:** 1 ml will do up to 7 allergens

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**Test Name:** ALLERGEN, MEADOW FESCUE (GRASS) IGE

**Test ID:** MFESCU

**Testing Facility:** Reference Laboratory

**Volume:** 1 ML SERUM-REF

**Specimen Handling:** 1 ml will do up to 7 allergens

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**Test Name:** ALLERGEN, MILK IGE

**Test ID:** MILKC

**Testing Facility:** Reference Laboratory

**Volume:** 1 ML SERUM-REF

**Specimen Handling:** 1ml of serum will do up to 7 allergens

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**Test Name:** ALLERGEN, MOUTAIN JUNIPER TREE IGE

**Test ID:** MTJUNI

**Testing Facility:** Reference Laboratory

**Volume:** 1ml serum-Ref

**Specimen Handling:** 1ml of serum will do up to 7 allergens

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# Aultman Hospital Laboratory Test Directory

**Test Name:** ALLERGEN, MULBERRY TREE IGE

**Test ID:** MULBRY

**Testing Facility:** Reference Laboratory

**Volume:** 1 ML SERUM-REF

**Specimen Handling:** 1 ml will do up to 7 allergens

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**Test Name:** ALLERGEN, OAK TREE IGE

**Test ID:** OAK

**Testing Facility:** Reference Laboratory

**Volume:** 1 ML SERUM-REF

**Specimen Handling:** 1ml of serum will do up to 7 allergens

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**Test Name:** ALLERGEN, OAT IGE

**Test ID:** OAT

**Testing Facility:** Reference Laboratory

**Volume:** 1 ML SERUM-REF

**Specimen Handling:** 1ml of serum will do up to 7 allergens

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**Test Name:** ALLERGEN, ORANGE IGE

**Test ID:** ORNGE

**Testing Facility:** Reference Laboratory

**Volume:** 1 ML SERUM-REF

**Specimen Handling:** 1ml of serum will do up to 7 allergens

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**Test Name:** ALLERGEN, ORCHARD GRASS

**Test ID:** ORCHRD

**Testing Facility:** Reference Laboratory

**Volume:** 1ml serum-Ref

**Specimen Handling:** 1ml of serum will do up to 7 allergens

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**Test Name:** ALLERGEN, ORCHARD GRASS IGE

**Test ID:** ORCHRD

**Testing Facility:** Reference Laboratoy

**Volume:** 1 ml serum-Ref

**Specimen Handling:** 1ml of serum will do up to 7 allergens

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# Aultman Hospital Laboratory Test Directory

**Test Name:** ALLERGEN, PEANUT IGE

**Test ID:** PEANUT

**Testing Facility:** Reference Laboratory

**Volume:** 1 ML SERUM-REF

**Specimen Handling:** 1ml of serum will do up to 7 allergens

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**Test Name:** ALLERGEN, PECAN NUT IGE

**Test ID:** PECAN

**Testing Facility:** Reference Laboratory

**Volume:** 1ML SERUM-REF

**Specimen Handling:** 1ml of serum will do up to 7 allergens

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**Test Name:** ALLERGEN, PENICILLIUM CHRYSOGENUM

**Test ID:** PNOTAT

**Synonyms:** PENICILLIM NOTATUM

**Testing Facility:** Reference Laboratory

**Volume:** 1 ML SERUM-REF

**Specimen Handling:** 1ml of serum will do up to 7 allergens

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**Test Name:** ALLERGEN, PIGWEED IGE IGE

**Test ID:** PGWEED

**Testing Facility:** Reference Laboratory

**Volume:** 1 ML SERUM-REF

**Specimen Handling:** 1ml of serum will do up to 7 allergens

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**Test Name:** ALLERGEN, PISTACHIO IGE

**Test ID:** PISTAC

**Testing Facility:** Reference Laboratory

**Volume:** 1 ML SERUM-REF

**Specimen Handling:** 1ml of serum will do up to 7 allergens

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**Test Name:** ALLERGEN, POTATO

**Test ID:** POTATO

**Testing Facility:** Reference Laboratory

**Volume:** 1 ML SERUM-REF

**Specimen Handling:** 1 ml will do up to 7 allergens

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# Aultman Hospital Laboratory Test Directory

**Test Name:** ALLERGEN, RICE IGE

**Test ID:** RICE

**Testing Facility:** Reference Laboratory

**Volume:** 1 ML SERUM-REF

**Specimen Handling:** 1ml of serum will do up to 7 allergens

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**Test Name:** ALLERGEN, RUSSIAN THISTLE IGE

**Test ID:** THISTL

**Testing Facility:** Reference Laboratory

**Volume:** 1 ML SERUM-REF

**Specimen Handling:** 1 ml will do up to 7 allergens

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**Test Name:** ALLERGEN, RYE GRASS IGE

**Test ID:** RYEGRS

**Testing Facility:** Reference Laboratory

**Volume:** 1 ML SERUM-REF

**Specimen Handling:** 1 ml will do up to 7 allergens

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**Test Name:** ALLERGEN, SCALLOP IGE

**Test ID:** SCALOP

**Testing Facility:** Reference Laboratory

**Volume:** 1ml serum-Ref

**Specimen Handling:** 1ml of serum will do up to 7 allergens

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**Test Name:** ALLERGEN, SESAME SEED IGE

**Test ID:** SESAME

**Testing Facility:** Reference Laboratory

**Volume:** 1 ML SERUM-REF

**Specimen Handling:** 1 ml will do up to 7 allergens

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**Test Name:** ALLERGEN, SHEEP SORREL IGE

**Test ID:** SORREL

**Testing Facility:** Reference Laboratory

**Volume:** 1 ml serum- Ref

**Specimen Handling:** 1ml of serum will do up to 7 allergens

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# Aultman Hospital Laboratory Test Directory

**Test Name:** ALLERGEN, SYCAMORE TREE IGE

**Test ID:** SYCMOR

**Testing Facility:** Reference Laboratory

**Volume:** 1 ML SERUM-REF

**Specimen Handling:** 1ml of serum will do up to 7 allergens

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**Test Name:** ALLERGEN, TIMOTHY GRASS IGE

**Test ID:** TIMTHY

**Testing Facility:** Reference Laboratory

**Volume:** 1 ML SERUM-REF

**Specimen Handling:** 1 ml will do up to 7 allergens

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**Test Name:** ALLERGEN, TOMATO IGE

**Test ID:** TOMATO

**Testing Facility:** Reference Laboratory

**Volume:** 1 ML SERUM-REF

**Specimen Handling:** 1ml of serum will do up to 7 allergens

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**Test Name:** ALLERGEN, WALNUT IGE

**Test ID:** WALNUT

**Testing Facility:** Reference Laboratory

**Volume:** 1 ML SERUM-REF

**Specimen Handling:** 1ml of serum will do up to 7 allergens

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**Test Name:** ALLERGEN, WALNUT TREE IGE

**Test ID:** WNUTTR

**Testing Facility:** Reference Laboratory

**Volume:** 1 ML SERUM-REF

**Specimen Handling:** 1 ml will do up to 7 allergens

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**Test Name:** ALLERGEN, WHEAT IGE

**Test ID:** WHEAT

**Testing Facility:** Reference Laboratory

**Volume:** 1 ML SERUM-REF

**Specimen Handling:** 1ml of serum will do up to 7 allergens

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# Aultman Hospital Laboratory Test Directory

**Test Name:** ALLERGEN, WHITE ASH TREE IGE

**Test ID:** WHTASH

**Testing Facility:** Reference Laboratory

**Volume:** 1 ML SERUM-REF

**Specimen Handling:** 1 ml will do up to 7 allergens

---

**Test Name:** ALLERGEN, WHITE BEAN IGE

**Test ID:** WTBEAN

**Testing Facility:** Reference Laboratory

**Volume:** 1 ML SERUM-REF

**Specimen Handling:** 1ml of serum will do up to 7 allergens

---

**Test Name:** ALLERGEN, WHITE PINE TREE IGE

**Test ID:** WTPINE

**Testing Facility:** Reference Laboratory

**Volume:** 1 ML SERUM-REF

**Specimen Handling:** 1 ml will do up to 7 allergens

---

**Test Name:** ALLERGEN, YEAST IGE

**Test ID:** BYEAST

**Testing Facility:** Reference Laboratory

**Volume:** 1 ML SERUM-REF

**Specimen Handling:** 1ml of serum will do up to 7 allergens

---

**Test Name:** ALLERGY PANEL – RESPIRATORY REGION 5 (22 ALLERGENS)

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM - 4 ML REF, 1 ML OF SERUM WILL DO 7 ALLERGY TESTS.

---

**Test Name:** ALPHA 1 ANTITRYPSIN PHENOTYPE

**Test ID:** A1APHE

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 1 ML SERUM FROM PLAIN RED TOP- REFRIGERATED

**Additional Information:** EDTA WHOLE BLOOD AT ROOM TEMP ALSO ACCEPTABLE

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** ALPHA FETOPROTEIN

**Test ID:** AFPS

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/week, 24 hrs/day. Results available same day

**Specimen Type:** Serum

**Volume:** 1 mL

**Container:** 7 mL SST preferred. Plain Red tube also acceptable.

**Storage:** Refrigerate.

---

**Test Name:** ALPHA MELANOCYTE STIMULATING HORMONE

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Type:** 3 mL EDTA PLASMA – FROZEN ASAP

**Additional Information:**1. Fasting preferred

---

**Test Name:** ALPHA SUBUNIT OF PGH

**Test ID:** ALPSUB

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 2 ML SERUM FROM PLAIN RED TOP TUBE - FROZEN

**Additional Information:** MEASURES ALSUB OF LH,FSH,TSH, AND HCG

---

**Test Name:** ALPHA THALASSEMIA GENE

**Test ID:** ATHALS

**Testing Facility:** Reference Laboratory

**Volume:** 5 ML EDTA

**Storage:** ROOM TEMPERATURE

---

**Test Name:** ALPHA-1 ANTITRYPSIN

**Test ID:** AAT

**Synonyms:** AAT, A1A

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/wk, 24hrs/day. Results available the same day.

**Specimen Type:** Serum. Also acceptable plasma lithium heparin - Separate cells within 2 hours of collection.

**Volume:** 1 - 2 mL.

**Container:** SST or plasma lithium heparin

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** ALPHA-1-ANTITRYPSIN, RANDOM STOOL

**Test ID:** STA1A

**Testing Facility:** Reference Laboratory

**Specimen Type:** 5 GRAMS OF STOOL IN A CLEAN CONTAINER - FROZEN

**Specimen Handling:** NO PRESERVATIVES

---

**Test Name:** ALPHA-1-ANTITRYPSIN,24 HR FECES

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 10 GRAMS OF A 24 HR STOOL - FROZEN

**Additional Information:** MUST BE FROM A 24 HR COLLECTION

---

**Test Name:** ALPHA-2-ANTIPLASMIN

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 2 ML SODIUM CITRATED PLASMA (BLUE TOP TUBE) – FROZEN

---

**Test Name:** ALPRAZOLAM(XANAX)

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 4 ML SERUM - PLAIN RED TOP - REFRIGERATED

**Additional Information:** Centrifuge and transfer serum to plastic vial.  
SST NOT ACCEPTABLE

---

**Test Name:** ALT (SGPT)

**Test ID:** ALT

**Synonyms:** SGPT

**Turnaround Time:** Done 7 days/wk, 24 hrs/day. Results available the same day.

**Specimen Type:** Serum. Also acceptable plasma lithium heparin - Separate from cells within 2 hours of collection.

**Volume:** 1 mL

**Container:** SST or plasma lithium heparin

**Specimen Handling:** Avoid hemolysis.

**Storage:** Refrigerate.

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** ALUMINUM

**Test ID:** ALUM

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 1 ML SERUM FROM DARK BLUE TUBE WITH NO ADDITIVE – ROOM TEMPERATURE

**Additional Information:** DK BLUE TOP TUBE/ NO ADDITIVE - HEAVY METAL

---

**Test Name:** AMA (see Mitochondrial Antibody)

---

**Test Name:** AMIKACIN ( PEAK)

**Test ID:** AMIP

**Synonyms:** Amikin

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 1 ML PLASMA FROM HEPARINIZED TUBE (GREEN TOP) - FROZEN

**Additional Information:** SERUM FROM PLAIN RED TOP TUBE ALSO ACCEPTABLE  
30 MIN POST IM INJECTION OR 30 MIN POST IV INFUSION

---

**Test Name:** AMIKACIN (RANDOM)

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 1 ML PLASMA FROM HEPARINIZED TUBE (GREEN TOP) – FROZEN

**Additional Information:** EITHER SODIUM OR LITHIUM HEPARIN ACCEPTED  
SERUM FROM PLAIN RED TOP ALSO ACCEPTABLE

---

**Test Name:** AMIKACIN (TROUGH)

**Test ID:** AMIT

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 1 ML PLASMA FROM HEPARINIZED TUBE (GREEN TOP) – FROZEN

**Additional Information:** EITHER SODIUM OR LITHIUM HEPARIN ACCEPTED  
SERUM FROM PLAIN RED TOP TUBE ALSO ACCEPTABLE

---

**Test Name:** AMINO ACID PLASMA, QUANTITATIVE

**Test ID:** AAQTPL

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 2 ML PLASMA FROM HEPARINIZED TUBE (GREEN TOP) - FROZEN

**Additional Information:** EITHER LITHIUM OR SODIUM HEPARIN TUBES ACCEPTABLE

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** AMINO ACID,UR QUANT

**Test ID:** AAQTUR

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 15 ML URINE - FROZEN

**Additional Information:** CODE CAN BE USED FOR RANDOM OR 24 HR SPECIMEN

---

**Test Name:** AMIODARONE

**Test ID:** AMIOD

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 3 ML SERUM FROM PLAIN RED TOP TUBE - FROZEN

**Additional Information:** PLAIN RED TOP: NO SST

Centrifuge and transfer serum to plastic vial.

---

**Test Name:** AMITRIPTYLINE/NORTRIPTYLINE

**Test ID:** AMINOR

**Facility:** Reference Laboratory

**Specimen Type:** 2 ML PLASMA (DARK BLUE EDTA) – REFRIGERATED

**Alternative specimen:** Serum from plain red top tube

**Specimen Handling:** Centrifuge and transfer plasma

**Additional Information:** REMOVE PLASMA FROM CELLS WITHIN 2 HRS OF COLLECTION

---

**Test Name:** AMMONIA

**Test ID:** AMM

**Synonyms:** NH3

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/wk, 24 hrs/day. Results available the same day.

**Specimen Type:** Plasma

**Volume:** 2 - 4 mL

**Container:** 5 mL green top tube.

**Additional Information:** Must be collected in Outpatient Lab

**Specimen Handling:** Draw without clenched fist or tourniquet. Specimen should be filled completely, mix tubes by gentle inversion, place on ice, cold centrifuge and analyze within 30 minutes. Specimens for ammonia should not be drawn outside the main hospital campus. Deliver to main lab immediately. Avoid hemolysis.

---



# Aultman Hospital Laboratory Test Directory

**Test Name:** AMOXAPINE

**Test ID:** AMOX

**Testing Facility:** Reference Laboratory

**Specimen Type:** 2 ML SERUM FROM PLAIN RED TOP TUBE - REFRIGERATED

**Container:** Red top tube (DO NOT use SST)

**Specimen Handling:** Centrifuge and transfer serum to plastic vial. Refrigerate.

---

**Test Name:** AMPHETAMINE CONFIRMATION, URINE

**Test ID:** UAMPC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 10ml urine, refrigerated

---

**Test Name:** AMYLASE ISOENZYMES

**Test ID:** AMYISO

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 1 ML SERUM FROM SST TUBE - REFRIGERATED

**Additional Information:** INCLUDES TOTAL AMYLASE, PANCREATIC AND SALIVARY ISOENZYME

---

**Test Name:** AMYLASE, 24 HOUR URINE

**Test ID:** AMU24

**Test Includes:** Collection time, volume, creatinine, amylase.

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done daily. Results available the same day if specimen is received before 1000.

**Precollection Instructions:** See 24-hr Urine Collection Instructions.

**Specimen Type:** 24-hr urine.

**Volume:** Submit entire urine collection to lab.

**Container:** Obtain collection container from lab.

**Specimen Handling:** Add no preservative. Collect on ice.

**Storage:** Refrigerate

---

**Test Name:** AMYLASE, BODY FLUID

**Test ID:** AMYBF

**Test Includes:** Body fluid type, amylase.

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/wk, 24 hrs/day. Results available the same day.

**Specimen Type:** Body fluid

**Volume:** 2 - 4 mL

**Storage:** Refrigerate

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** AMYLASE, RANDOM URINE

**Test ID:** AMUR

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/wk, 24 hrs/day. Results available the same day.

**Specimen Type:** Random urine

**Volume:** 2 - 4 mL

**Container:** Urine tube

**Storage:** Refrigerate

---

**Test Name:** AMYLASE, SERUM

**Test ID:** AMY

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/wk, 24 hrs/day. Results available the same day.

**Specimen Type:** Serum. Also acceptable plasma lithium heparin - Separate from cells within 2 hours of collection.

**Volume:** 1 mL

**Container:** SST or plasma lithium heparin

**Specimen Handling:** Avoid hemolysis.

**Storage:** Refrigerate.

---

**Test Name:** AMYLOID B-PROTEIN

**Test ID:** MISC

**Testing Facility:** Reference Laboratory- Mayo

**Specimen Handling:** 3ML EDTA PLASMA FROZEN

**Additional Information:** SENT TO SCIENCE INSTITUTE - REFERRAL CODE 91408

---

**Test Name:** ANAPLASMA PHAGOCYTOPHILUM ANTIBODIES (IgG, IgM)

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Type:** 1 ML SERUM FROM AN SST TUBE - REFRIGERATED

**Specimen Handling:** Centrifuge and transfer serum to plastic vial.

---

**Test Name:** ANCA (C-ANCA or P-ANCA) (see Neutrophil Cytoplasmic Antibody)

---

**Test Name:** ANDROSTENEDIONE

**Test ID:** ANDRO

**Testing Facility:** Reference Laboratory

**Specimen Type:** 2 ML SERUM FROM SST TUBE - REFRIGERATED

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** ANGIOTENSIN CONVERTING ENZYME, CSF

**Test ID:** CACE

**Testing Facility:** Reference Laboratory

**Specimen Handling:** CSF 1 ML - FROZEN ASAP

**Additional Information:** AKA: ACE, CSF

---

**Test Name:** ANSER IFX

**Test ID:** ANSER

**Test Includes:** IFX and ATI levels

**Testing Facility:** Reference Laboratory

**Specimen Type:** 2 ML SERUM FROM SST - REFRIGERATED

**Additional Information:** SST or Red Top acceptable

---

**Test Name:** ANTI PHOSPHATIDYLSERINE ANTIBODY

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 1ML - REF PLAIN RED TOP

Centrifuge and transfer serum to plastic vial.

**Additional Information:** INCLUDES IGG,IGM,IGA

---

**Test Name:** ANTI 68-KD ANTIBODY

**Test ID:** AB68

**Testing Facility:** Reference Laboratory

**Container:** RED TOP

**Specimen Handling:** SERUM 1ML - Refrigerated

Spin and transfer serum to a separate container

**Additional Information:** AKA: HSP-70 AB

---

**Test Name:** ANTI STRIATED MUSCLE ANTIBODY (See Skeletal Muscle Antibody)

---

**Test Name:** ANTI YO ANTIBODY (see Purkinje Antibody)

---

**Test Name:** ARGININE VASOPRESSIN

**Test ID:** AVAS

**Synonyms:** Antidiuretic Hormone (ADH)

**Testing Facility:** Reference Laboratory

**Specimen Type:** 6 ML PLASMA FROM EDTA TUBE (PURPLE TOP) - FROZEN

**Container:** 4 Lavender Top tubes

**Additional Information:** REMOVE FROM CELLS AND FREEZE WITHIN 2 HOURS OF DRAW **MUST BE DRAWN AT MAIN HOSPITAL**

---

The information contained in this Directory is provided only as general information and is subject to change without notice.

# Aultman Hospital Laboratory Test Directory

**Test Name:** ANTI-DNASE B AB

**Test ID:** DNASE

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 1 ML SERUM FROM SST TUBE - REFRIGERATED

---

**Test Name:** ANTI-FACTOR Xa (for Unfractionated Heparin)

**Test ID:** UFXA

**Synonyms:** Heparin Xa for unfractionated Heparin. This is not the same as Factor X.

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Batched and done on Tuesday's.

**Specimen Type:** Citrated plasma

**Volume:** 1 mL

**Container:** 2 FULL blue top tubes

**Specimen Handling:** Patient should be drawn in Aultman Outpatient Department; Specimen must be processed in Aultman Coagulation Department within 1 hour of collection.

---

**Test Name:** ANTI-FACTOR Xa (Low molecular weight heparin)

**Test ID:** LMXA

**Synonyms:** Heparin Xa for Lovenox. This is not the same as Factor X.

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Batched and done on Tuesday's.

**Specimen Type:** Citrated plasma

**Volume:** 1 mL

**Container:** 2 FULL blue top tubes

**Specimen Handling:** Patient should be drawn in Aultman Outpatient Department; Specimen must be processed in Aultman Coagulation Department within 1 hour of collection.

---

**Test Name:** ANTIMICROSOMAL ANTIBODY (see Thyroid Antibodies)

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**Test Name:** ANTIMITOCHONDRIAL AB (see Mitochondrial Antibody)

---

**Test Name:** ANTI-MULLERIAN HORMONE

**Test ID:** MULLER

**Testing Facility:** Reference Laboratory

**Volume:** 1 ML SERUM FROM AN SST TUBE - FROZEN

**Specimen Handling:** Centrifuge and transfer serum to plastic vial.

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** ANTINUCLEAR ANTIBODY TITER

**Test ID:** ANAT

**Synonyms:** ANA titer.

**Test Includes:** ANA titer and pattern.

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done M - F. Results available within 1 day.

**Specimen Type:** Serum.

**Volume:** 1 - 2 mL.

**Container:** 7 mL SST.

**Specimen Handling:** Avoid hemolysis.

---

**Test Name:** ANTINUCLEAR ANTIBODY, BODY FLUID

**Test ID:** ANAB

**Test Includes:** ANA screen with titer and pattern if positive.

**Testing Facility:** Aultman Laboratory

**Specimen Type:** Body fluid

**Volume:** 1 MI - REFRIGERATED

**Additional Information:** CSF IS NOT ACCEPTABLE

---

**Test Name:** ANTINUCLEAR ANTIBODY, SERUM

**Test ID:** ANA

**Synonyms:** FANA, ANA.

**Test Includes:** ANA screen with titer and pattern if positive.

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done M - F. Results available within 1 day.

**Specimen Type:** Serum

**Volume:** 1 - 2 mL

**Container:** 7 mL SST

**Specimen Handling:** Avoid hemolysis.

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** ANTI-THROMBIN III

**Test ID:** AT3

**Synonyms:** Anti-thrombin III activity.

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Batched; ran on Tuesday's

**Specimen Type:** Plasma (citrated).

**Volume:** 2 mL.

**Container:** 2 FULL blue top tube (must be full)

**Specimen Handling:** Specimen must be processed in Aultman Lab within 4 hours of collection; alternatively, may be drawn at Aultman Outpatient Department.

---

**Test Name:** ANTI-YO (PURKINJE)

**Test ID:** ANTIYO

**Testing Facility:** Reference Laboratory

**Container:** RED TOP PREFERRED, SST ACCEPTABLE

**Specimen Handling:** SERUM 1 ML - REFRIGERATED

Separate serum from cells and transfer to separate container

**Additional Information:** POSITIVES WILL REFLEX; OVERNIGHT FASTING PREFERRED

---

**Test Name:** APC RESISTANCE

**Test ID:** APCV

**Additional Information:** Factor V Leiden. This is the screening test for Factor V Leiden. Positive screens will be sent to a reference lab for PCR testing per physician approval.

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Test batched and performed once per week.

**Specimen Type:** Plasma from 3.2% Sodium Citrate and whole blood EDTA.

**Volume:** 3 ml

**Container:** 2 full blue top tubes, 1 lavender tube.

**Specimen Handling:** Whole blood. Keep all tubes at room temperature. Do not refrigerate. Blood must be processed in Aultman Lab within 4 hours of collection; alternatively may be drawn in Aultman Outpatient Department.

---

**Test Name:** APCA (See Parietal Cell Antibody)

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** APOLIPOPROTEIN A1

**Test ID:** APOA

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 1 ML SERUM FROM SST TUBE

---

**Test Name:** APOLIPOPROTEIN B

**Test ID:** APOB

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 2 ML SERUM FROM SST TUBE - REFRIGERATED

---

**Test Name:** APOLIPOPROTEIN E

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 3 ML EDTA WHOLE BLOOD - REFRIGERATED

**Additional Information:** SEE ADMARK APOE

---

**Test Name:** APTT

**Test ID:** APTT

**Synonym:** Clotting time.

**Test Includes:** Dosing information supplied by nursing.

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Urgent/STAT: 45 minutes; routine: 3 hours.

**Specimen Type:** Plasma (citrated).

**Volume:** 2 mL.

**Container:** 1 FULL blue top tube (MUST be full).

**Specimen Handling:** Non-heparinized patients: Testing must be done within 4 hours after collection in Aultman Lab; alternatively may be drawn in Aultman Outpatient Department.  
Heparinized patients: Specimen must be processed in Aultman Coagulation Department within 1 hour of collection.

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** APTT, 50-50 MIXING STUDY

**Test ID:** APTTM

**Test Includes:** Dosing information supplied by nursing, APTT.

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Urgent/STAT: 45 minutes; routine: 3 hours.

**Specimen Type:** Plasma (citrated).

**Volume:** 2 mL.

**Container:** 5 mL blue top tube (MUST be full).

**Specimen Handling:** Testing must be done within 4 hours after collection in Aultman Lab; alternatively may be drawn in Aultman Outpatient Department.

---

**Test Name:** ARBOVIRUS AB – CSF

**Test ID:** MISCNB

**Testing Facility:** Reference Laboratory - Mayo

**Specimen Type:** 1 ML CSF - REFRIGERATED

**Additional Information:** INCLUDES IGG AND IGM FOR 4 ARBOVIRUSES

---

**Test Name:** ARBOVIRUS AB – SERUM

**Test ID:** MISC

**Testing Facility:** Reference Laboratory - Mayo

**Specimen type:** 1 ML SERUM FROM SST TUBE - REFRIGERATED

**Additional Information:** PLAIN RED TOP TUBE ALSO ACCEPTABLE; INCLUDES IGG AND IGM FOR 4 ARBOVIRUSES

---

**Test Name:** ARSENIC, 24 HOUR URINE

**Test ID:** UARSND

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 15 ML URINE FROM 24 HR COLL. - REFRIGERATED

**Additional Information:** DIETARY RESTRICTIONS; POUR INTO METAL FREE ALIQUOT TUBE

---

**Test Name:** ARSENIC, RANDOM URINE

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** URINE 7ML - REF

**Additional Information:** PATIENT SHOULD REFRAIN FROM EATING SHELLFISH, LOBSTER, SHRIMP, LOBSTER, FLOUNDER



# Aultman Hospital Laboratory Test Directory

**Test Name:** ARSENIC,BLOOD

**Test ID:** ASB

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 7 ML WHOLE BLOOD (DARK BLUE TUBE WITH ADDITIVE) – ROOM TEMP

**Additional Information:** DK BLUE TOP TUBE / WITH ADDITIVE

---

**Test Name:** ASHKENAZI JEWISH PANEL

**Test ID:** AJPWO

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 3 ML EDTA WHOLE BLOOD (PURPLE TOP) - REFRIGERATE

**Additional Information:** (8 TESTS) INDICATE ETHNICITY OF PATIENT

---

**Test Name:** ASMA (see Smooth Muscle Antibody)

---

**Test Name:** ASO

**Test ID:** ASO

**Synonyms:** Anti streptolysin O.

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7days/wk, 24hrs/day. Results available same day.

**Specimen Type:** Serum or Plasma lithium heparin – Separate from cells within 2 hours of collection.

**Volume:** 1 mL.

**Container:** SST or Plasma lithium heparin.

**Specimen Handling:** Avoid lipemia. Refrigerate, after 72 hours freeze.

---

**Test Name:** ASPERGILLUS ANTIBODIES

**Test ID:** ASPER

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 1 ML SERUM FROM SST TUBE – REFRIGERATED

---

**Test Name:** ASPERGILLUS ANTIGEN, SERUM (GALACTOMANNON)

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Type:** 1 ML SERUM – REFRIGERATED

**Additional Information:** SPIN DOWN SST TUBE, BUT DO NOT SEPARATE FROM SERUM. LEAVE IN ORIGINAL TUBE

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** AST (SGOT)

**Test ID:** AST

**Synonyms:** SGOT, aspartate transferase.

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/wk, 24 hrs/day. Results available within 1 day.

**Specimen Type:** Serum or plasma lithium heparin

**Volume:** 1 mL.

**Container:** SST. Also acceptable plasma lithium heparin – Separate from cells within 2 hours of collection.

**Specimen Handling:** Avoid hemolysis

**Storage:** Refrigerate.

---

**Test Name:** B. PERTUSSIS PCR

**Test ID:** MISCNB

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SWAB IN UTM

---

**Test Name:** BABESIA MICROTI ANTIBODIES (IgG, IgM), IFA

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Type:** Serum

**Volume:** 1 mL

**Container:** SST tube

**Specimen Handling:** Centrifuge and Refrigerate

---

**Test Name:** BARBITURATES CONFIRMATION, URINE

**Test ID:** UBARBC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 10 mL urine, refrigerated

---

**Test Name:** BARTONELLA AB

**Test ID:** CAT

**Test Includes:** B. HENSELAE AND B. QUINTANA IGG AND IGM

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 1 ML SERUM -REF

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** BASIC METABOLIC PANEL

**Test ID:** BMP

**Test Includes:** Glu, Na, K, Cl, CO2, lyte balance, BUN, creat, b/c ratio, calcium, GFR

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/wk, 24 hrs/day. Results available the same day.

**Specimen Type:** Serum.

**Volume:** 2 - 4 mL.

**Container:** 7 mL SST.

**Alterative Specimen:** Pasma from a lithium heparin tube, separate from cells within 2 hours of collection.

**Specimen Handling:** Avoid hemolysis. Separate serum from cells within 2 hours of collection.

**Storage:** Refrigerate.

---

**Test Name:** BATH SALTS (MEPHEDRONE) URINE

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 10 ML RANDOM URINE

**Additional Information:** REFRIGERATED

---

**Test Name:** B-CELL GENE REARRANGEMENT, PCR

**Test ID:** BCBMD

**Testing Facility:** Reference Laboratory

**Specimen Handling:** EDTA WHOLE BLOOD 5ML -REF

**Additional Information:** BONE MARROW ALSO ACCEPTED

---

**Test Name:** BCR/ABL FISH TESTING

**Test ID:** BCRFSH

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 10ML NA HEPARIN TUBE AND 10ML EDTA LAV-**WHOLE BLOOD - ROOM TEMP** BONE MARROW ALSO ACCEPTED

---

**Test Name:** BCR/ABL P190 QUANT PCR

**Test ID:** 190PCR

**Testing Facility:** Reference Laboratory

**Volume:** 10 ML EDTA WHOLE BLOOD -REF

**Additional Information:** BONE MARROW ALSO ACCEPTED

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** BCR/ABL P210 QUANT, PCR

**Test ID:** BCRPCR

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 10 ML EDTA WHOLE BLOOD - REF

**Additional Information:** BONE MARROW ALSO ACCEPTED

---

**Test Name:** BETA 2 GLYCOPROTEIN I

**Test ID:** B2GPI

**Testing Facility:** Reference Laboratory

**Specimen Type:** SERUM FROM AN SST TUBE

**Volume:** 1 ML

**Specimen Handling:** REFRIGDERATE

---

**Test Name:** BETA 2 GLYCOPROTEIN IGG & IGM

**Test ID:** B2GPGM

**Testing Facility:** Reference Laboratory

**Volume:** 3 ML SERUM

**Container:** SST

**Storage:** REFRIGERATED

---

**Test Name:** BETA 2 MICROGLOBULIN

**Test ID:** B2M

**Synonyms:** B2 Microglobulin, B2M.

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7days/wk, 24hrs/day. Results available same day.

**Specimen Type:** Serum or plasma lithium heparin – Separate from cells within 2 hours of collection.

**Volume:** 2 mL.

**Container:** SST or plasma lithium heparin.

---

**Test Name:** BETA CAROTENE

**Test ID:** CAROT

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 2 ML SERUM – FROZEN PROTECT FROM LIGHT POUR IN AMBER TUBE

**Additional Information:** FASTING PREFERRED/SPIN DOWN ASAP/ PROTECT FROM LIGHT

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** BETA STREP CULTURE ONLY

**Test ID:** BSO

**Synonyms:** Group A Beta Strep by culture.

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done daily 0700 - 2400. Results available in 2 days.

**Specimen Collection /** 1. Using a tongue blade, depress the tongue so the back of the throat is clearly visible.

**Transfer Instructions:** 2. Without getting buccal or tongue contamination, insert the culturette to the back of the throat and swab both tonsillar areas, the posterior pharynx and any area of inflammation, ulceration or exudation. A good gag reflex indicates a satisfactory specimen.  
3. Return swabs to culturette sheath.

**Specimen Type:** Throat swab.

**Volume:** 1 culturette (2 swabs)

**Container:** Culturette.

**Specimen Handling:** Deliver to Microbiology within 2 hours of collection for inpatients.

Storage: Refrigerate

---

**Test Name:** BETA-2 GLYCOPROTEIN 1, IGA

**Test ID:** BETAA

**Testing Facility:** Reference Laboratory

**Volume:** 1 ML SERUM-REF

**Storage:** REFRIGERATED

---

**Test Name:** BETA-2-TRANSFERRIN

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 0.5 ML BODY FLUID (NASAL, OTIC ETC)

**Additional Information:** FREEZE ASAP; DO NOT REJECT ANY VOLUME

---

**Test Name:** B-HYDROXYBUTYRATE

**Test ID:** BHB

**Synonyms:** Serum Ketones

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done daily

**Volume:** 1 mL

**Container:** 4mL Li Heparin green top tube preferred; SST acceptable

# Aultman Hospital Laboratory Test Directory

**Test Name:** BILE ACIDS, FRACTIONATED

**Test ID:** BILE

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 1 ML - REF

**Additional Information:** OVERNIGHT FASTING PREFERRED

---

**Test Name:** BILIRUBIN, DIRECT, ADULT OR INFANT

**Test ID:** BILAD

**Synonyms:** Conjugated bilirubin

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/wk, 24 hrs/day. Results available the same day.

**Specimen Type:** Serum or plasma lithium heparin – Separate from cells within 2 hours of collection.

**Volume:** 1 mL.

**Container:** SST or plasma lithium heparin

**Specimen Handling:** Avoid hemolysis. Protect specimen from light.

**Storage:** Refrigerate.

---

**Test Name:** BILIRUBIN, INDIRECT PANEL

**Test ID:** BILAI

**Synonyms:** Unconjugated bilirubin

**Test Includes:** Total, direct and indirect bilirubin.

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/wk, 24 hrs/day. Results available the same day.

**Specimen Type:** Serum or plasma lithium heparin – Separate from cells within 2 hours of collection.

**Volume:** 1 mL.

**Container:** SST or plasma lithium heparin

**Specimen Handling:** Avoid hemolysis. Protect specimen from light.

**Storage:** Refrigerate

---

**Test Name:** BILIRUBIN, TOTAL, ADULT OR INFANT

**Test ID:** BILT

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/wk, 24 hrs/day. Results available the same day.

**Specimen Type:** Serum or plasma lithium heparin – Separate from cells within 2 hours of collection.

**Volume:** 1 mL.

**Container:** SST or plasma lithium heparin

**Specimen Handling:** Avoid hemolysis. Protect specimen from light.

**Storage:** Refrigerate.

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** BILIRUBIN, URINE DIPSTICK

**Test ID:** BILUA

**Synonyms:** Urine bilirubin.

**Test Includes:** Dipstick for urine bilirubin.

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/wk, 24 hrs/day. Results available the same day.

**Specimen Type:** Random urine.

**Volume:** 2 mL.

**Container:** Plastic urine tube. Refrigerate or keep on ice.

---

**Test Name:** BIOAVAILABLE TESTOSTERONE

**Test ID:** BTESTO

**Test Includes:** Total Testosterone, Bioavailable testosterone and SHBG (Free testosterone calculated)

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 3ML SERUM - SST - REF

**Additional Information:** Centrifuge and transfer serum to plastic vial.

---

**Test Name:** BIOPSY

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Monday - Saturday, 2 working days. Small biopsies should be received by 4:00pm M-F, 12:00pm Saturday. Large Biopsies should be received by 12:00pm M-F, 10:30am Saturday.

**Precollection Instructions:** Use Tissue Examination Request (form 23A). If the surgeon is different than the requesting physician, write the surgeon's name on the request. Include the clinical diagnosis.

**Specimen Collection / Transfer Instructions:** Take specimen to Histology Department. After Histology is closed, take specimen to Microbiology.

**Container:** 10% Formalin Biopsy bottles are available in the Histology Department during department hours. After hours, biopsy bottles can be obtained from the frozen section room located off the receiving area in Surgery or in Microbiology. 10% Formalin Bottles are also available through ALS Customer Service for Physician offices.

**Specimen Handling:** Culture:

If a culture is also ordered, split specimen and place part of the specimen in a sterile container for Microbiology and the rest of the specimen in 10% Formalin. If there is not enough specimen to split, do not put in formalin. Place entire specimen in a sterile container and deliver immediately to Microbiology, along with a Microbiology requisition and a Tissue Examination Request Form. If coming from a physician office and not in 10% Formalin, you must call the customer service department for a stat pick-up. The specimen needs to be delivered to the lab within 2 hours.

Skin Biopsy for Immunofluorescence:

1. Nerve, Muscle, Renal or Myocardial Biopsy.
2. These specimens require special handling and must be done when the Pathologist and Histotechnologist are available. Call ext 33948 to schedule one of these tests.
3. **Additional Information:** Store specimen at room temperature.

# Aultman Hospital Laboratory Test Directory

**Test Name:** BIOTINIDASE

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 2ML FROM SST - FROZEN

**Additional Information:** SEPARATE WITHIN 1 HR OF COLLECTION: WHOLE BLOOD IS NOT ACCEPTABLE

---

**Test Name:** BK VIRUS DNA QUANT PCR

**Test ID:** BKQUAN

**Testing Facility:** Reference Laboratory

**Specimen Handling:** EDTA PLASMA 1ML FROZEN

**Additional Information:**SEPARATE PLASMA FROM CELLS WITHIN 2 HRS, POUR OFF INTO A STERILE CONTAINER

---

**Test Name :** BLEEDING TIME (See Platelet Function Assay)

---

**Test Name:** BLOOD GAS ANALYSIS

**Test ID:** BG

**Synonyms:** BG, gases, blood gas, ABGs.

**Test Includes:** pH, pCO<sub>2</sub>, pO<sub>2</sub>, HCO<sub>3</sub>, total CO<sub>2</sub>, base excess, O<sub>2</sub> saturation.

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/wk, 24 hrs/day. Results available the same day.

**Specimen Type:** Arterial blood.

**Volume:** 2 - 3 mL.

**Container:** Heparinized syringe.

**Specimen Handling:** Collect on ice. Bring to lab immediately.

---

**Test Name:** BLOOD, URINE DIPSTICK

**Test ID:** BLDUA

**Synonyms:** Urinary blood/hemoglobin.

**Test Includes:** Dipstick for urine blood/hemoglobin.

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/wk, 24 hrs/day. Results available the same day.

**Specimen Type:** Random urine.

**Volume:** 2 mL.

**Container:** Plastic urine tube.

**Specimen Handling:** Refrigerate or keep on ice.

---



# Aultman Hospital Laboratory Test Directory

**Test Name:** BODY FLUID FOR CYTOLOGY

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Monday-Friday received by 3:00pm. 2 working days. Certain non-Gyn cases will require additional stains and will take longer.

**Precollection Instructions:** Use Form 308A, (Cytology Specimens) and Form 1745, (Body Fluid Worksheet). Mark the source of the specimen on the form and include any pertinent clinical information.

**Specimen Collection / Transfer Instructions:** Deliver to the Cytology department. If Microbiology testing is also ordered, specimen is to be delivered to Microbiology first. After hours, deliver specimen to the Microbiology department.

**Specimen Type:** Body Fluid; Pleural, Pericardial or Peritoneal

**Volume:** 25 mL (Minimum: 5 mL).

**Container:** Collect in a clean container. If the specimen is also for culture, container must be sterile. Large sterile 2000 mL bottles are available from Central Service.

**Specimen Handling:** Refrigerate.

---

**Test Name:** BORDETELLA PERTUSSIS ANTIBODIES IGA

**Test ID:** BPAA

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 1 ML - REF

**Additional Information:** SEE BORDETELLA PERTUSSIS IGG

---

**Test Name:** BORDETELLA PERTUSSIS ANTIBODIES IGG

**Test ID:** BPAG

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 1 ML - REF

---

**Test Name:** BORRELLIA BURGDORFERI (SEE LYME ANTIBODY)

---

**Test Name:** BRAC ANALYSIS – CONTACT AKRON CHILDRENS FOR INFO – 330-543-8792

---

**Test Name:** BRAIN NATRIURETIC PEPTIDE

**Test ID:** BNPT

**Synonyms:** BNP

**Testing Facility:** Reference Laboratory

**Specimen Type:** Plasma (EDTA)

**Volume:** 1 mL frozen plasma

**Container:** 3 ml lav top tube.

**Specimen Handling:** Separate from cells and freeze within 24 hours.

# Aultman Hospital Laboratory Test Directory

**Test Name:** BRONCHOSCOPY SPECIMENS

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Monday-Friday received by 3:00pm, Saturday received by 11:00am. 2 working days. Certain non-Gyn cases will require additional stains and will take longer.

**Precollection Instructions:** Use Form 308A, (Cytology Specimens – one per specimen) Form 1217, (Bronchoscopy Specimen Worksheet) and Form 23A for biopsies. Include the name of the Bronchoscopist and the clinical diagnosis information on all requisitions.

**Specimen Type:** Bronchial Washing, Bronchial Brushing, Bronchial Biopsy, Transbronchial Needle Aspiration, Bronchoalveolar Lavage

**Specimen Handling:** Specimen Collection Procedure:

Supplies:

1. Cytology brush
2. Biopsy forceps
3. Small biopsy bottle with formalin
4. Cardboard folder for air-dried slide
5. Cytology container with preservative (plastic screw top with fixative) Pre-filled containers can be obtained from the Cytology Department.
6. Needle to retrieve the biopsy specimen from the forceps
7. Specimen labels for each container

Procedure:

1. Using a pencil, label one slide with two patient identifiers
2. After collecting the brushing sample, smear one slide. DO NOT SPRAY. This slide is for Microbiology.
3. Place the brush in the Cytology container with preservative and cut off the wire.

**CONTINUED TO NEXT PAGE.....**

4. Place the biopsy sample in the small biopsy bottle containing formalin. If the biopsy is for culture, place the specimen in a sterile container with a small amount of saline.
5. Collect the washing or lavage in the appropriate collection container.
6. The Bronchoscopist should mark the Bronchoscopy Specimen Worksheet upon finishing the procedure.
7. Label all the specimens with two patient identifiers.
8. Place the air-dried slide in the cardboard folder.
9. Wrap the completed Tissue Requisition around the biopsy bottle and secure with a rubber band. Place all the samples and requisitions in the same container.

**Additional Information:** Deliver to the Cytology department. After hours, deliver specimen to the Microbiology department. Storage: Refrigerate.

---

**Test Name:** BRUCELLA ANTIBODY

**Test ID:** BRUC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 1 ML - REF

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** BULLOUS PEMPHIGOID ANTIBODY

**Test ID:** MISC

**Testing Facility:** Reference Laboratory - Mayo

**Specimen Handling:** 1 ML SERUM - REFRIGERATED

**Additional Information:** AKA: PEMPHIGOID AB

---

**Test Name:** BUN, BODY FLUID

**Test ID:** BUNBF

**Synonyms:** Body fluid urea nitrogen.

**Test Includes:** Body fluid type, BUN.

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/wk, 24 hrs/day. Results available the same day.

**Specimen Type:** Body fluid.

**Volume:** 2 - 4 mL.

**Storage:** Refrigerate.

---

**Test Name:** BUN, SERUM

**Test ID:** BUN

**Synonyms:** Blood urea nitrogen.

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/wk, 24 hrs/day. Results available the same day.

**Specimen Type:** Serum or plasma lithium heparin – Separate from cells within 2 hours of collection.

**Volume:** 1 mL.

**Container:** SST or plasma lithium heparin

**Storage:** Refrigerate.

---

**Test Name:** BUPIVACAINE

**Test ID:** BUPIV

**Testing Facility:** Reference Laboratory

**Specimen Type:** SERUM-1ML

**Container:** RED TOP

**Specimen Handling:** SEPARATE SERUM FROM CELLS AND TRANSFER TO SEPARATE CONTAINER; FREEZE

**Storage:** FROZEN

**Additional Information:** SST UNACCEPTABLE

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** BUPRENORPHINE QUANT, URINE

**Test ID:** UQNTBU

**Testing Facility:** Reference Laboratory

**Volume:** 10 ML URINE, REFRIGERATED

---

**Test Name:** BUPROPION (WELLBUTRIN)

**Test ID:** MISC

**Synonyms:** Wellbutrin

**Testing Facility:** Reference Laboratory - Mayo

**Specimen Handling:** SERUM 2ML PLAIN RED TOP - FROZEN Centrifuge and transfer serum to plastic vial.

**Additional Information:** SST UNACCEPTABLE; INCLUDES BUPROPION AND METABOLITE

---

**Test Name:** C. DIFFICILE PCR

**Test ID:** CDPCR

**Test Includes:** Detection of Clostridium difficile toxin B gene (tcdB) by PCR.

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done twice daily. Results available in 1 day.

**Precollection Instructions:** Precollection Instructions: Collect prior to therapy if possible. Include temperature, diagnosis and therapy.

**Specimen Collection /** 1. Avoid contamination with water, urine or paper. Do not remove specimens from toilet bowl.

**Transfer Instructions:** 2. Collect specimen in a clean container.

**Specimen Type:** Liquid or soft stools only. Formed stools and swabs will be rejected. A special request must be made by the physician if the stool is not of a liquid or soft consistency. Contact Microbiology at ext. 36113.

**Volume:** 1 gram.

**Container:** Clean container with a tight-fitting lid.

**Specimen Handling:** Deliver to Microbiology within 2 hours of collection for inpatients. Storage: Refrigerate

---

**Test Name:** C1 ESTERASE INHIBITOR FUNCTIONAL

**Test ID:** C1EFUN

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 1 ML SERUM - SST - FROZEN Centrifuge and transfer serum to plastic vial.

**Additional Information:** MUST BE DRAWN AT THE MAIN HOSPITAL, SST UNACCEPTABLE; FREEZE WITHIN 1 HR OF DRAW; DO NOT THAW

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** C1Q BINDING

**Test ID:** COMC1Q

**Synonyms:** C1Q COMPLEMENT PROTEIN

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 1 ML PLASMA - EDTA - FROZEN

---

**Test Name:** CA 125 TUMOR MARKER

**Test ID:** CA125

**Synonyms:** Cancer antigen 125

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Test performed 7 days per week, 24 hours per day. Results available the same day.

**Precollection Instructions:** It has been suggested that the assay not be performed until at least 3 weeks after the completion of primary chemotherapy and at least 2 months following abdominal surgery

**Specimen Type:** Serum only

**Volume:** 1 - 3 mL

**Container:** 7 mL SST

**Specimen Handling:** Avoid hemolysis and gross lipemia

**Storage:** Refrigerate.

---

**Test Name:** CA 15-3

**Test ID:** CA15

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** 7 days/wk, 24hr/day. Results available same day.

**Specimen Type:** Serum

**Volume:** 2 mL

**Container:** SST

---

**Test Name:** CA 19-9

**Test ID:** CA19

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/week. 24 hrs/day. Results available same day.

**Specimen Type:** Serum

**Volume:** 1 mL

**Container:** 7 mL SST

**Storage:** Refrigerate

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** CA 27-29

**Test ID:** CA27

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/week. 24 hrs/day. Results available same day.

**Specimen Type:** Serum

**Volume:** 1 mL

**Container:** 7 mL SST

**Storage:** Refrigerate

---

**Test Name:** CADISIL

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 10 ML EDTA WHOLE BLOOD

**Additional Information:** ROOM TEMPERATURE

---

**Test Name:** CADMIUM 24 HR URINE

**Test ID:** URCAD

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 10 ML URINE FROM A 24 HR COLLECTION - REF

**Additional Information:** REFRAIN FROM EATING SEAFOOD FOR 72 HRS BEFORE COLLECTION. NO PRESERVATIVE

---

**Test Name:** CADMIUM, BLOOD

**Test ID:** CADM

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 7 ML WHOLE BLOOD FROM METAL FREE TUBE WITH ADDITIVE

**Additional Information:** REFRAIN FROM EATING SEAFOOD FOR 72 HRS. REFRIGERATE

---

**Test Name:** CAFFEINE

**Test ID:** CAFF

**Testing Facility:** Reference Laboratory - Mayo

**Specimen Handling:** SST SERUM .5ML- FROZEN

---

**Test Name:** CAH (21-HYDROXYLASE DEFICIENCY)

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** EDTA WHOLE BLOOD 5 ML - ROOM TEMP

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** CALCITONIN

**Test ID:** CALCIT

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SST SERUM 1 ML - REF

**Additional Information:** OVERNIGHT FASTING PREFERRED

---

**Test Name:** CALCIUM, 24 HOUR URINE

**Test ID:** CAU24

**Test Includes:** Collection time, volume, creatinine, calcium

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Results available the same day if the specimen is received by 1000

**Precollection Instructions:** See 24-hr Urine Collection Instructions

**Specimen Type:** 24-hr urine

**Volume:** Submit entire collection to lab

**Container:** Obtain collection container from lab

**Specimen Handling:** Collect on ice

**Storage:** Refrigerate.

---

**Test Name:** CALCIUM, IONIZED

**Test ID:** CAION

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/wk, 24 hrs/day Results available the same day

**Specimen Type:** Whole blood (heparinized)

**Volume:** Tube must be full

**Container:** 2 mL or 4 mL green top tube

**Specimen Handling:** Draw specimen without tourniquet and without introducing air into specimen. Place specimen on ice. Specimen will be corrected for pH changes when analyzed but must be received within 8 hrs.  
TUBE MUST BE FULL.

**Storage:** Refrigerate.

---

**Test Name:** CALCIUM, RANDOM URINE

**Test ID:** CAUR

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/wk, 24 hrs/day Results available the same day

**Specimen Type:** Random urine

**Volume:** 2 - 4 mL

**Container:** Urine tube

**Storage:** Refrigerate.

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** CALCIUM, SERUM

**Test ID:** CA

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/wk, 24 hrs/day. Results available the same day

**Specimen Type:** Serum or plasma lithium heparin – Separate from cells within 2 hours of collection.

**Volume:** 1 mL

**Container:** SST or plasma  
lithium heparin

**Storage:** Refrigerate.

---

**Test Name:** CALPROTECTIN

**Test ID:** CALPRO

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 1 GRAM UNPRESERVED STOOL - FROZEN

**Additional Information:** COLLECT UNDILUTED SAMPLE IN CLEAN LEAKPROOF CONTAINER

---

**Test Name:** CANDIDA ANTIBODY

**Test ID:** CNDAGM

**Test Includes:** IGG, IGM, IGA

**Testing Facility:** Reference Laboratory

**Container:** SST

**Specimen Handling:** SERUM 1 ML - REF

---

**Test Name:** CANDIDA IMMUNE COMPLEX

**Test ID:** CNDIMM

**Testing Facility:** Reference Laboratory - Quest

**Specimen Handling:** 2 ML SERUM - FROZEN

---

**Test Name:** CANNABINOID CONFIRMATION, URINE

**Test ID:** UTHCC

**Testing Facility:** Reference Laboratory

**Volume:** 10 ML URINE, REFRIGERATED

---

**Test Name:** CANNABINOIDS SCREEN, SYNTHETIC, URINE

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 5 ML RANDOM URINE - REF

---



# Aultman Hospital Laboratory Test Directory

**Test Name:** CARBAMAZEPINE

**Test ID:** CARB

**Synonyms:** Tegretol

**Test Includes:** Time of last dose, carbamazepine

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/week, 24 hours/day Results available the same day

**Precollection Instructions:** Usual sampling time: trough level drawn prior (30 minutes) to next dose. A trough level approximates the lowest steady state concentration in serum between doses. Since the evening dose is often the longest dosing interval, a morning trough may be desirable but not necessary

**Specimen Type:** Serum or plasma lithium heparin

**Volume:** 1 mL

**Container:** SST/Plain red acceptable/plasma lithium heparin – Separate from cells within 2 hours of collection.

**Storage:** Refrigerate.

---

**Test Name:** CARBAMAZEPINE, FREE

**Test ID:** FCARB

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 2 ML SERUM - PLAIN RED TOP - REF

**Additional Information:** Centrifuge and transfer serum to plastic vial.

---

**Test Name:** CARBOHYDRATE DEF TRANSFERRIN

**Test ID:** CDTRAN

**Testing Facility:** Reference Laboratory

**Container:** SST

**Specimen Handling:** SERUM 1 ML - FROZEN

**Additional Information:** FASTING IS PREFERRED

---

**Test Name:** CARBOHYDRATE, URINE

**Test ID:** UCARB

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 5ML RANDOM URINE - FROZEN

**Additional Information:** EARLY AM SPECIMEN PREFERRED.

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** CARBON DIOXIDE

**Test ID:** CO2

**Synonyms:** CO2

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/wk, 24 hrs/day. Results available the same day

**Specimen Type:** Serum or plasma lithium heparin – Separate from cells within 2 hours of collection.

**Volume:** 1 mL

**Container:** SST or plasma  
lithium heparin

**Storage:** Refrigerate.

---

**Test Name:** CARBON MONOXIDE

**Test ID:** CO

**Synonyms:** Carboxyhemoglobin

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** 2 hours

**Precollection Instructions:** Collect on ice

**Specimen Type:** Whole blood

**Volume:** 2 mL

**Container:** 5 mL green top tube

**Specimen Handling:** Return to lab immediately Do not centrifuge

---

**Test Name:** CARBOXYHEMOGLOBIN (See Carbon Monoxide)

---

**Test Name:** CARDIOLIPIN ANTIBODY, IGG

**Test ID:** CARDIG

**Synonyms:** Anti-phospholipid antibodies

**Testing Facility:** Reference Laboratory

**Specimen Type:** 1 ML SERUM FROM SST - REFRIGERATED

**Container:** SST

**Specimen Handling:** Avoid hemolysis and refrigerate

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** CARDIOLIPIN IGA ANTIBODIES

**Test ID:** CARDA

**Testing Facility:** Reference Laboratory

**Specimen Type:** 2 ML SERUM FROM SST – REFRIGERATED

---

**Test Name:** CARDIOLIPIN IGM ANTIBODIES

**TEST ID:** CARDIM

**TESTING FACILITY:** Reference Laboratory

**Specimen Type:** 1 ML SERUM FROM SST – REFRIGERATED

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**Test Name:** CARDIZEM (see Diltiazem)

---

**Test Name:** CARNITINE FREE AND TOTAL

**Test ID:** CARNPL

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 1 ML EDTA PLASMA

**Additional Information:** SPIN, POUR OFF AND REFRIDGERATE

---

**Test Name:** CAT SCRATCH AB

**Test ID:** CAT

**Synonyms:** BARTONELLA AB

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 1 ML - REF

---

**Test Name:** CATECHOLAMINES, 24 HOUR URINE

**Test ID:** URCAT2

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 10 ML FROM A 24 HR URINE COLLECTION FROM PRESERVED URINE - REF

**Additional Information:** PH <3.0 WITH 6N HCL: INCLUDES EPINEPRHINE, NOREPINEPHRINE AND DOPAMINE

---

**Test Name:** CATECHOLAMINES,FRAC,PL

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 10 ML SODIUM HEPERIN TUBE, FROZEN CRITICAL

**Additional Information:** MUST BE DONE AT THE MAIN HOSPITAL

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** CATECHOLAMINES,RANDOM URINE

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 10 ML RANDOM URINE - REF

**Additional Information:** ACIDIFY WITH 6N HCL TO MAINTAIN PH <3.0

---

**Test Name:** CBC

**Test ID:** CBC

**Synonyms:** Complete blood count

**Test Includes:** WBC, RBC, hemoglobin, hematocrit, MCV, MCH, MCHC, RDW, platelet count, automated diff.

Reflexes a manual differential if warranted

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Urgent 1 hour; routine: 6 hours

**Specimen Type:** Whole blood (EDTA)

**Container:** 2.5 mL lav top tube. Do not freeze

**Storage:** Room temperature, or if >12 hours refrigerate

**Test Name:** CD4/CD8 (See Helper/Supressor)

---

**Test Name:** CEA

**Test ID:** CEA

**Synonyms:** Carcinoembryonic antigen

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/wk, 24 hrs/day

**Specimen Type:** Serum only

**Volume:** 2 - 4 mL

**Container:** 7 mL SST

**Specimen Handling:** Avoid hemolysis

**Storage:** Refrigerate.

---

**Test Name:** CELIAC GENETICS

**Test ID:** CELGEN

**Testing Facility:** Reference Laboratory – Prometheus

**Specimen Handling:** 3ML EDTA WHOLE BLOOD - REFRIG

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** CELIAC PANEL

**Test ID:** ENDO and GLIAD

**Testing Facility:** Aultman Laboratory

**Specimen Type:** Serum

**Volume:** 3 mL

**Container:** 10 mL SST

**Specimen Handling:** Refrigerate

---

**Test Name:** CELIAC PLUS

**Test ID:** CELPLU

**Testing Facility:** Reference Laboratory - Prometheus

**Container:** 1 ML SERUM AND 2 EDTA WHOLE BLOOD TUBES

**Storage:** REFRIGERATED

---

**Test Name:** CELIAC SEROLOGY

**Test ID:** CELSER

**Testing Facility:** Reference Laboratory - Prometheus

**Specimen Handling:** 2 ML SERUM – REFRIGERATED

---

**Test Name:** CELL COUNT, BODY FLUID

**Test ID:** BFCT

**Test Includes:** Fluid type and cell count. Differential is done as warranted for dialysate fluid, pleural fluid, peritoneal fluid and pericardial fluid and shunt or ventricular fluid.

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Shunt or Ventricular fluid within 1 hour. All other fluids: 4 hours.

**Specimen Type:** Body fluid

**Volume:** 3 mL

**Container:** Shunt or Ventricular fluid: sterile container. All other fluids: 5 mL lav top tube.

**Storage:** Room temperature, or if > 4 hours refrigerate.

---

**Test Name:** CELL COUNT, CSF

**Test ID:** CSFCT

**Test Includes:** Fluid type, clarity and color, cell count. Differential is done for CSF fluid **Testing**

**Facility:** Aultman Laboratory

**Turnaround Time:** CSF: within 1 hour

**Specimen Type:** Body fluid

**Volume:** 3 mL

**Container:** Sterile container.

**Storage:** Room temperature.

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** CELL COUNT, SYNOVIAL FLUID

**Test ID:** SYNCT

**Test Includes:** Fluid type, clarity and color, cell count. Differential is done for all synovial fluids

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** 4 hours

**Specimen Type:** Body fluid

**Volume:** 3 mL

**Container:** 5 mL lav top tube

**Storage:** Room temperature, or if > 4 hours refrigerate.

---

**Test Name:** CENTROMERE ANTIBODY

**Test ID:** MISC

**Specimen Type:** Serum

**Volume:** 1 ml

**Container:** SST

**Specimen Handling:** Refrigerate

---

**Test Name:** CERULOPLASMIN

**Test ID:** CERUL

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Performed 7days/wk, 24hours/day. Results available same day.

**Specimen Type:** Serum or plasma lithium heparin – Separate from cells within 2 hours of collection.

**Volume:** 1 mL

**Container:** SST of plasma lithium heparin

---

**Test Name:** CH50 (COMPLEMENT DEFICIENCY ASSAY)

**Test ID:** COMPD

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 1 ML SERUM - PLAIN RED TOP - FROZEN

**Additional Information:** CENTRIFUGE WITHIN 1 HOUR OF COLLECTION. TRANSFER SERUM TO PLASTIC CONTAINER.

---

**Test Name:** CHLAMYDIA ANTIBODY

**Test ID:** CHLAM

**Test Includes:** C. PNEUMONIAE; C. TRACHOMATIS AND C. PSITTACI

**Testing Facility:** Reference Laboratory – Mayo

**Specimen Handling:** SERUM 1 ML - REF

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** CHLAMYDIA PCR

**Test ID:** CTPCR

**Test Includes:** PCR test to detect *C. trachomatis*.

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done M - F. Results available within 1-2 days.

**Specimen Collection /** 1. Female:

- Transfer Instructions:**
- A. Remove excess mucus from the cervical os and surrounding mucosa using one of the swabs provided. Discard this swab.
  - B. Insert the second swab from the collection kit 1 - 12 cm into the endocervical canal.
  - C. Rotate the swab clockwise in the endocervical canal for 30 seconds to ensure adequate sampling.
  - D. Withdraw the swab carefully. Avoid any contact with vaginal mucosa.
  - E. Insert the swab in the transport tube. Snap off the shaft at score line or cut shaft to fit tube.
  - F. Cap tube. Label with the patient's name.
2. Male:
- A. Collect 5 mL of urine in a sterile container.
  - B. Cap container. Label with the patients name.

**Specimen Type:** Endocervix, vagina, urine.

**Volume:** 1 Cobas PCR swab, 5mL urine.

**Container:** Cobas PCR transport tube. NOTE: Specimens collected using the Cobas PCR collection kit cannot be used for culture.

**Specimen Handling:** Deliver to Microbiology

Storage: Room temperature. In urine submitted, refrigerate urine.

---

**Test Name:** CHLORIDE, 24 HOUR URINE

**Test ID:** CLU24

**Test Includes:** Collection time, volume, creatinine, chloride

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Results available the same day if specimen received by 1000

**Precollection Instructions:** See 24-hr Urine Collection Instructions

**Specimen Type:** 24-hr urine

**Volume:** Send entire collection to lab

**Container:** Obtain collection container from lab

**Specimen Handling:** Collect on ice. No preservatives

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** CHLORIDE, BODY FLUID

**Test ID:** CLBF

**Test Includes:** Body fluid type, chloride

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/wk, 24 hrs/day. Results available the same day

**Specimen Type:** Body fluid

**Volume:** 2 - 4 mL

---

**Test Name:** CHLORIDE, CSF

**Test ID:** CLCSF

**Test Includes:** Body fluid type, chloride

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/wk, 24 hrs/day. Results available the same day

**Specimen Type:** CSF

**Volume:** 2 - 4 mL

---

**Test Name:** CHLORIDE, RANDOM URINE

**Test ID:** CLUR

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/wk, 24 hrs/day. Results available the same day

**Specimen Type:** Random urine

**Volume:** 2 - 4 mL

**Container:** Plastic urine tube

---

**Test Name:** CHLORIDE, SERUM

**Test ID:** CL

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/wk, 24 hrs/day. Results available the same day

**Specimen Type:** Serum or plasma lithium heparin – Separate from cells within 2 hours of collection.

**Volume:** 1 mL

**Container:** SST or plasma,

**Storage:** Refrigerate.

---



# Aultman Hospital Laboratory Test Directory

**Test Name:** CHOLESTEROL, SERUM

**Test ID:** CHOL

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/wk, 24 hrs/day. Results available the same day

**Specimen Type:** Serum or plasma lithium heparin – Separate from cells within 2 hours of collection.

**Volume:** 1 mL

**Container:** SST or plasma  
lithium heparin

**Storage:** Refrigerate.

---

**Test Name:** CHROMIUM, SERUM

**Test ID:** CHRSER

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 2 ML SERUM FROM DARK BLUE TUBE WITH NO ADDITIVE – ROOM TEMPERATURE

**Additional Information:** Pour off in metal free tube.

---

**Test Name:** CHROMIUM,24 HR URINE

**Test ID:** UCHRO

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 4ML ALIQUOT FROM A 24 HR URINE - REFRIGERATE

**Additional Information:** NO PRESERVATIVES

---

**Test Name:** CHROMOGRANIN A

**Test ID:** CHROMA

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 1 ML - REF

**Additional Information:** REJECT IF HEMOLYZED

---

**Test Name:** CHROMOSOME STUDIES - BLOOD

**Test ID:** CGBKC; SEND OUTS TO ORDER

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 10 ML NA HEPARIN WHOLE BLOOD - RM TEMP

**Additional Information:** AKA: KARYOTYPE - GIVE ALL PAPERWORK TO SEND OUTS

---

**Test Name:** CHROMOSOME STUDIES - BONE MARROW

**Test ID:** SEND OUTS TO ORDER

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 10 ML GREEN TOP TUBE (NA HEPARIN) ROOM TEMP

**Additional Information:** COPY ORDER AND GIVE TO SEND OUTS

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** CHROMOSOME STUDIES - TISSUE

**Test ID:** MISCNB ; SEND OUTS TO ORDER

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SAMPLE COLLECTED IN HISTO - PUT IN MEDIA BY GROSS ROOM

**Additional Information:** KEEP REFRIGERATED

---

**Test Name:** CHROMOSOME STUDIES PRENATAL FISH STUDIES

**Test ID:** SEND OUTS TO ORDER

**Testing Facility:** Reference Laboratory

**Specimen Handling:** AMNIOTIC FLUID - 2 TUBES

**Additional Information:** GIVE PAPERWORK TO SEND OUTS

---

**Test Name:** CHRONIC EBV

**Test ID:** EBVCH

**Test Includes:** EARLY AND NUCLEAR ANTIGEN

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 3 ML - REF

---

**Test Name:** CIRCULATING LUPUS ANTICOAGULANTS

**Test ID:** CIRAN

**Synonyms:** Circulating anticoagulant, lupus anticoagulant, lupus antibody, DRVVT Screen & Confirm, DRVVT Screen with reflex testing.

**Test Includes:** Platelet neutralization, circulating antibodies

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Batched and done on Tuesday

**Specimen Type:** Citrated plasma

**Volume:** 4 mL

**Container:** (3) 5ml blue top tubes (**MUST be full**)

**Specimen Handling:** Specimen must be processed in Aultman Lab within 4 hours of collection; alternatively may be drawn in Aultman Outpatient Lab

---

**Test Name:** CITRATE, 24 HR UR

**Test ID:** CITU

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 10 ML URINE FROM A 24 HR COLLECTION - REF

**Additional Information:** NO PRESERVATIVES

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** CITRATE, RANDOM URINE

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 10ML URINE - REF

**Additional Information:** NO PRESERVATIVES

---

**Test Name:** CJD, CSF

**Test ID:** MISCNB

**Testing Facility:** Reference Laboratory

**Specimen Handling:** CSF 1 ML - FROZEN ASAP

**Additional Information:** AKA: CREUTZFELDT-JAKOB DISEASE

---

**Test Name:** CK ISOENZYMES

**Test ID:** CKISO

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 1 ML SERUM - FROZEN

**Additional Information:** INCLUDES TOTAL CPK

---

**Test Name:** CKMB PROFILE

**Test ID:** CKMB

**Test Includes:** Total CK, CKMB, relative index

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/wk, 24 hrs/day. Results available within 2 hours after received in lab

**Specimen Type:** Heparinized plasma for CKMB & CK

**Volume:** 1mL serum; 1 mL plasma

**Container:** 5 mL green top tube for CKMB

**Specimen Handling:** Separate from cells ASAP. Avoid hemolysis

**Storage:** Refrigerate.

---

**Test Name:** CLOMIPRAMINE

**Test ID:** CLOM

**Synonyms:** Anafranil

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 2ML - PLAIN RED TOP - REF Centrifuge and transfer serum to plastic vial.

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** CLONAZEPAM

**Test ID:** MISC

**Synonyms:** Klonopin

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 2 ML SERUM - PLAIN RED TOP - REFRIGERATED  
Centrifuge and transfer serum to plastic vial.

---

**Test Name:** CLOZAPINE (CLOZARIL)

**Test ID:** CLOZSP

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 2 ML SERUM FROM PLAIN RED TOP- FROZEN

**Additional Information:** Centrifuge and transfer serum to plastic vial.

---

**Test Name:** CMV DNA QUAL PCR

**Test ID:** MISCNB

**Testing Facility:** Reference Laboratory

**Specimen Type:** CSF, AMNIOTIC FLUID, TISSUE, BONE MARROW OR URINE ACCEPTABLE

**Container:** Sterile Container

**Specimen Handling:** FROZEN

---

**Test Name:** CMV DNA QUANT PCR

**Test ID:** CMVQNT

**Testing Facility:** Reference Laboratory

**Container:** 2 EDTA tubes

**Specimen Handling:** 1 ML EDTA PLASMA - FROZEN ASAP

---

**Test Name:** CMV ANTIBODY

**Test ID:** CMV

**Synonyms:** Cytomegalovirus titer

**Test Includes:** CMV IgG and IgM Acute/convalescent specimens are tested if requested and if there was a CMV order in the past 2 mos

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done twice weekly Monday through Friday. Results available within 3 days

**Specimen Type:** Serum

**Volume:** 1 mL

**Container:** 7 mL SST

**Specimen Handling:** Avoid hemolysis

---

# Aultman Hospital Laboratory Test Directory

## Test Name: COAGULATION PANEL

**Test ID:** CPAN

**Test Includes:** APTT, protime, fibrinogen, platelet count

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** 1 hour

**Specimen Type:** Citrated plasma and EDTA whole blood

**Container:** 5 mL lav top tube AND 5 mL blue top tube (MUST be full)

**Specimen Handling:** Specimen must be processed in Aultman Lab within 4 hours of collection; alternatively may be drawn in Aultman Outpatient Lab

---

## Test Name: COBALT

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** WHOLE BLOOD - METAL FREE - REF

**Additional Information:** DK BLUE METAL FREE TUBE WITH ADDITIVE

---

## Test Name: COCAINE, URINE SCREEN

**Test ID:** COC

**Test Includes:** Screening for cocaine Does not include confirmation

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** 1 hour

**Specimen Type:** Random urine

**Volume:** 5 mL

**Container:** Urine tube

---

## Test Name: COCCIDIOIDES ANTIBODY

**Test ID:** COCIMG

**Test Includes:** IgG and IgM

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SST SERUM 1ML - REF

---

## Test Name: COENZYME Q10

**Test ID:** COEQ10

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 2 ML PLASMA FROM A GREEN TOP TUBE: LITHIUM OR SODIUM HEPARIN - FROZEN

**Additional Information:** FASTING REQUIRED//AVOID HEMOLYSIS// COLLECT MON – THURSDAY ONLY  
REMOVE PLASMA FROM CELLS ASAP. **CAN ONLY BE PERFORMED AT THE MAIN HOSPITAL**

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** COLD AGGLUTININS

**Test ID:** CAGGL

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 3 ML FROM RED TOP - ROOM TEMP

**Additional Information:** CLOT AT 37 DEGREES;SPIN AND SEPARATE ASAP

---

**Test Name:** COLLAGEN CROSS LINKS - 24 HR URINE

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 10 ML FROM A 24 HR URINE COLLECTION

**Additional Information:** NO PRESERVATIVES

---

**Test Name:** COMPLEMENT C 1

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 1 ML FROM RED TOP - FROZEN

**Additional Information:** ALLOW SPECIMEN TO CLOT AT ROOM TEMPERATURE FOR 1 HOUR. CENTRIFUGE AND TRANSFER SERUM TO PLASTIC CONTAINER AND FREEZE ASAP. **MUST BE DONE AT THE MAIN HOSPITAL**

---

**Test Name:** COMPLEMENT C 2

**Test ID:** COMPC2

**Testing Facility:** Reference Laboratory

**Container:** SST

**Specimen Handling:** SERUM 1 ML - FROZEN

**Additional Information:** SALLOW SPECIMEN TO CLOT AT ROOM TEMPERATURE FOR 1 HOUR. CENTRIFUGE AND TRANSFER SERUM TO PLASTIC CONTAINER AND FREEZE ASAP. **MUST BE DONE AT THE MAIN HOSPITAL**

---

**Test Name:** COMPLEMENT C 5

**Test ID:** COMPC5

**Testing Facility:** Reference Laboratory

**Precollection Instructions:** PATIENT SHOULD BE FASTING

**Specimen Type:** 1 ML SERUM - FROZEN

**Volume:** SST

**Additional Information:** MUST BE DONE AT THE MAIN HOSPITAL

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** COMPLEMENT C3/C4

**Test ID:** C3C4A

**Synonyms:** Complement studies

**Test Includes:** Complement C3 and C4

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Performed 7days/wk, 24hours/day. Results available same day.

**Specimen Type:** Serum only

**Volume:** 1 mL

**Container:** 7 mL SST

---

**Test Name:** COMPLEMENT C6

**Test ID:** C6FUN

**Testing Facility:** Reference Laboratory

**Precollection Instructions:** PATIENT SHOULD BE FASTING

**Specimen Collection /** COLLECT ON ICE

**Volume:** 1 ML SERUM FROZEN

**Container:** RED TOP CONTAINER

**Specimen Handling:** CENTRIFUGE SPECIMEN AND REMOVE SERUM AND FREEZE ASAP

**Additional Information:** MUST BE DONE AT THE MAIN HOSPITAL

---

**Test Name:** COMPLEMENT C7

**Test ID:** C7FUN

**Testing Facility:** Reference Laboratory

**Precollection Instructions:** PATIENT SHOULD BE FASTING

**Specimen Collection /** COLLECT ON ICE

**Volume:** 1 ML SERUM - FROZEN

**Container:** RED TOP

**Specimen Handling:** CENTRIFUGE SPECIMEN AND REMOVE SERUM AND FREEZE ASAP

**Additional Information:** MUST BE DONE AT THE MAIN HOSPITAL

---

**Test Name:** COMPLEMENT C8

**Test ID:** COMPF8

**Testing Facility:** Reference Laboratory

**Precollection Instructions:** PATIENT SHOULD BE FASTING

**Specimen Collection /** COLLECT ON ICE

**Specimen Type:** 1 ML SERUM-FROZEN

**Container:** RED TOP

**Specimen Handling:** CENTRIFUGE SPECIMEN AND REMOVE SERUM AND FREEZE ASAP

**Additional Information:** MUST BE DONE AT THE MAIN HOSPITAL

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** COMPREHENSIVE AUTOIMMUNE PANEL (See Lupus Analyzer)

**Test Includes:** Antinuclear Antibody, ENA Panel, SCL-70 Ab, Microsomal Ab, Complement C3/C4, Rheumatoid Factor, Mitochondrial Ab, Parietal Cell Ab, Ribosomal Ab, Smooth Muscle Ab, Cyclic Citrullinated Peptide

**Testing Facility:** Aultman Laboratory

---

**Test Name:** COMPREHENSIVE METABOLIC PANEL

**Test ID:** CMP

**Test Includes:** Glu, Na K, Cl, BUN, creat, b/c ratio, calcium, protein, albumin, globulin, a/g ratio, total bili, alk phos, AST

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/wk, 24 hrs/day. Results available the same day

**Specimen Type:** Serum or plasma lithium heparin – Separate from cells within 2 hours of collection.

**Volume:** 2-4 mL

**Container:** SST or plasma lithium heparin

**Specimen Handling:** Avoid hemolysis. Separate from cells within 2 hours

**Storage:** Refrigerate.

---



# Aultman Hospital Laboratory Test Directory

**Test Name:** CONVENTIONAL PAP SMEAR

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Monday-Friday received by 3:00pm. 4 working days. Abnormal PAP smear results take longer pending Pathologist review.

**Precollection Instructions:** Requisition: In-patient Pap smears should be ordered in Cerner. Use the source "Pap smear". The Cerner requisition will accompany the slides to Cytology. Out-patients are ordered on paper requisitions, Cytology Specimen Req. Form 308A.

**Specimen Collection /** Diagnostic accuracy is dependent on factors such as the site from which the specimen is obtained, **Transfer Instructions:** the conditions under which the specimen is obtained (i.e. menstruation, lubricant contamination, glove powder contamination), and the technique used to obtain the sample.

Materials need to obtain a conventional pap smear:

1. Cytology requisition Form 308A for out-patients
2. Cerner requisition for in-patients
3. Vaginal speculum
4. Bottle of spray fixative (can be obtained from Cytology Dept., McKinley 374)
5. Pink frosted-end slides
6. Lead pencil to write two patient identifiers and source on the label-end.

Cytology requisition Form 308A, cardboard folders and specimen collection devices are available through ALS for physician offices. Materials for in-house patients can be obtained from Central Service.

Proper labeling of specimen slides:

Slides must be labeled with two patient identifiers and the source of the specimen (i.e. cx, endocx, vag, etc) on the frosted end of the slide. Please use lead pencil, not ink.

Please include the following information on the requisition:

1. Two patient identifiers
2. The doctor submitting the Pap smear
3. The patient's LMP
4. Pertinent clinical history ( history of abnormal bleeding, previous abnormalities, previous cancer treatments, birth control or hormone replacement, hysterectomy)
5. The date of the procedure
6. Patient's gender

Preparation:

Before using the spray fixative, "prime" the bottle by pumping the nozzle a few times to bring the fixative into the tubing. It is extremely important that you do not let the cellular material on the slides air dry. If the nozzle is clogged, clean it with alcohol or water.

Collection procedure:

NOTE: The Pap smear collection must be performed by a physician or a nurse practitioner.

**CONTINUED TO NEXT PAGE....**

# Aultman Hospital Laboratory Test Directory

1. Place the patient on her back.
2. Gently insert the vaginal speculum. Warm water can be used to lubricate and warm up the speculum. Do not use lubricating jelly because this will 3. For a sample to be considered adequate, it is necessary to obtain a specimen from the endocervix and exocervix for patients with a cervix intact.
4. Exocervical samples: use either a wooden or plastic collection device to gently scrape the area.
5. Endocervical samples: The Transformation zone must be sampled by using an endocervical brush.
6. Vaginal samples can be obtained using a spatula.

Evenly spread the cellular material on all slides being submitted and spray fix immediately.

When spray fixing the slides, hold the bottle of fixative about 6-8 inches from the slide and give it 3 quick sprays. Holding the bottle too close will result in dispersing the cellular material. Holding the bottle too far away will result in air-drying.

**Specimen Handling:** Conventional Pap smears are kept at room temperature. It is not necessary to refrigerate the slides but they can be.

Place the properly labeled dried fixed glass slides in the cardboard folders. Place the cardboard folder in a biohazard bag and seal it. Place the appropriate paperwork in the pouch on the outside of the bag.

Out-patient Pap smears will be picked up and delivered by courier to Cytology.

In-patient Pap smears can be sent to Cytology via the tube system (#832) or hand-delivered directly to Cytology.

---

**Test Name: COPPER, 24 HR UR**

**Test ID:** UCOPD

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 15 ML URINE FROM 24 HR COLL. - REF

**Additional Information:** PUT INTO METAL FREE URINE CONTAINER

---

**Test Name: COPPER, RANDOM URINE**

**Test ID:** UCOPR

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 7 ML RANDOM URINE - REFRIGERATED

**Additional Information:** PUT SAMPLE INTO A METAL FREE URINE CONTAINER

---

**Test Name: COPPER**

**Test ID:** COPPER

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 1 ML PLASMA (DARK BLUE EDTA TUBE) - REFRIGERATED

**Additional Information:** DK BLUE METAL FREE TUBE WITH ADDITIVE

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** CORTISOL, 24 HR UR

**Test ID:** UFRCRT

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 15 ML URINE FROM A 24 HR URINE - REF

**Additional Information:** NO PRESERVATIVES

---

**Test Name:** CORTISOL, FREE SERUM

**Test ID:** FRCORT

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 2 ML SERUM - SST - REF

**Additional Information:** AVOID HEMOLYSIS

---

**Test Name:** CORTISOL, SALIVARY

**Test ID:** MISC

**Testing Facility:** Reference Laboratory - Mayo

**Specimen Handling:** SPECIAL KITS AVAILABLE IN SEND OUTS

**Additional Information:** PATIENT NEEDS TO FOLLOW INSTRUCTIONS IN KIT - REF

---

**Test Name:** CORTISOL, SERUM

**Test ID:** CORT

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 24 hours/day 7 days per week. Results available the same day

**Specimen Type:** Serum

**Volume:** 1 - 2 mL

**Container:** 7ml Plain Red top or SST.

**Specimen Handling:** If drawn in red top: Centrifuge and transfer serum to plastic vial.

**Storage:** Refrigerate.

---

**Test Name:** COVID SARS PCR Screen (AH ONLY)

**Test ID:** COVPCR

**Test Includes:** Detection of SARS-COV-2 (COVID-19)

**Turnaround Time:** 2 hours. Offered 24 hours a day.

**Specimen Type:** NPH SWAB

**Container:** Viral Transport Media

**Storage:** Refrigerate

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** COVID/FLU/RSV PCR Screen

**Test ID:** CVFLURV

**Test Includes:** Detection of SARS-COV-2 (COVID-19) Influenza a, Influenza B, and RSV

**Turnaround Time:** 2 hours. Offered 24 hours a day

**Specimen Type:** NPH Swab

**Container:** Viral Transport Media

**Storage:** Refrigerate

---

**Test Name:** COXIELLA IGG, IGM & IGA ANTIBODIES

**Test ID:** QFEV

**Synonyms:** Q FEVER ABS

**Testing Facility:** Reference Laboratory

**Volume:** 1 ML SERUM-REF

**Container:** SST

---

**Test Name:** COXSACKIE A AB TITER

**Test ID:** COXAAB

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 2 ML - REF

---

**Test Name:** COXSACKIE B AB

**TEST ID:** COXB

**Test Includes:** TYPES 1-6

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 2 ML - REF

---

**Test Name:** C-PEPTIDE

**Test ID:** CPEP

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Performed 7days/wk, 24hours/day. Results available same day.

**Precollection Instructions:** Fasting specimen

**Specimen Type:** Serum

**Volume:** 2 mL

**Container:** 10 mL red top or 7 ml SST tube

**Specimen Handling:** If drawn in red top: Centrifuge and transfer serum to plastic vial. Freeze serum.

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** CPK, SERUM

**Test ID:** CK

**Synonyms:** Creatine kinase, CK

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/wk, 24 hrs/day. Results available the same day

**Specimen Type:** Serum or plasma lithium heparin – Separate from cells within 2 hours of collection.

**Volume:** 1 mL

**Container:** SST or plasma lithium heparin.

**Specimen Handling:** Avoid hemolysis

**Storage:** Refrigerate.

---

**Test name:** C-REACTIVE PROTEIN

**Test ID:** CRP

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7days/week, 24hours/day. Results available same day.

**Specimen Type:** Serum or plasma lithium heparin – Separate from cells within 2 hours of collection.

**Volume:** 1 mL

**Container:** SST or plasma lithium heparin

---

**Test Name:** C-REACTIVE PROTEIN, HIGH SENSITIVE

**Test ID:** CRPHS

**Synonyms:** Cardiac CRP

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days per week, 24 hours per day. Results available same day.

**Specimen Type:** Serum or plasma lithium heparin – Separate from cells within 2 hours of collection.

**Volume:** 1 mL

**Container:** SST or Plasma Lithium Heparin

**Specimen Handling:** Centrifuge and separate serum from cells within 2 hours

**Storage:** Refrigerate.

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** CREATININE CLEARANCE

**Test ID:** CRCL

**Test Includes:** Collection time, volume, urine creatinine, serum creatinine, creatinine clearance **Testing**

**Facility:** Aultman Laboratory

**Turnaround Time:** Done daily Results available the same day if specimen received by 1000

**Precollection Instructions:** See 24-hr Urine Collection Instructions Patient's height (inches), weight (lbs) and collection period (hrs) is required

**Specimen Type:** 24-hr urine, serum

**Volume:** Urine: submit entire collection to lab; serum: 1 mL

**Container:** Urine: obtain collection container from lab; serum: 7 mL SST

**Specimen Handling:** Collect urine on ice Use no preservative

**Additional Information:** Serum creatinine must be drawn within 24 hours of urine collection

---

**Test Name:** CREATININE, 24 HOUR URINE

**Test ID:** CRU24

**Test Includes:** Collection time, volume, creatinine

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done daily. Results available the same day if specimen is received by 1000

**Precollection Instructions:** See 24-hr Urine Collection Instructions

**Specimen Type:** 24-hr urine

**Volume:** Submit entire collection to lab

**Container:** Obtain collection container from lab

**Specimen Handling:** Collect on ice Use no preservative

---

**Test Name:** CREATININE, BODY FLUID

**Test ID:** CRBF

**Test Includes:** Body fluid type, creatinine

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/wk, 24 hrs/day Results available the same day

**Specimen Type:** Body fluid

**Volume:** 2 - 4 mL

---

**Test Name:** CREATININE, RANDOM URINE

**Test ID:** CRUR

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/wk, 24 hrs/day Results available the same day

**Specimen Type:** Random urine

**Volume:** 2 - 4 mL

**Container:** Urine tube

The information contained in this Directory is provided only as general information and is subject to change without notice.

# Aultman Hospital Laboratory Test Directory

**Test Name:** CREATININE, SERUM

**Test ID:** CRE

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/wk, 24 hrs/day. Results available the same day

**Specimen Type:** Serum or plasma lithium heparin – Separate from cells within 2 hours of collection.

**Volume:** 1 mL

**Container:** SST or Plasma  
Lithium heparin.

**Storage:** Refrigerate.

---

**Test Name:** CROSSED-LINKED N -TELOPEPTIDE, SERUM (NTX)

**Test ID:** MISC

**Specimen Type:** 2 ml Serum

**Storage:** Frozen

---

**Test Name:** CROSSED-LINKED N -TELOPEPTIDE, URINE

**Test ID:** UNTX2

**Test Includes:** X-Linked N-Telopeptide

**Testing Facility:** Reference Laboratory

**Volume:** 5 ml (2 ml min) Urine

**Container:** Clean Container

**Storage:** Refrigerate

**Additional Information:** Random or from 24 hour urine collection

---

**Test Name:** CRYOFIBRINOGEN

**Test ID:** CRYOFI

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 3 ML PLASMA SODIUM CITRATE - ROOM TEMP

**Additional Information:** FASTING REQUIRED, PUT BLOOD IN 37 DEGREE WATER BATH; CENTRIFUGE IN PREWARMED CARRIERS

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** CRYOGLOBULIN

**Test ID:** CRYO

**Test Includes:** This is the Qualitative test

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Within 48 hours

**Precollection Instructions:** Prewarm tube to 37C

**Specimen Type:** Serum

**Volume:** 5 mL

**Container:** Red top tube (DO NOT use SST)

**Specimen Handling:** Immediately after drawing, place tube in a cup of 37C water and return it to the lab ASAP. If drawing outside the hospital, keep tube in 37C water for one hour before centrifuging. Centrifuge and transfer serum to plastic vial. Keep at room temp.

---

**Test Name:** CRYPTOCOCCUS ANTIGEN, CSF

**Test ID:** CRYPC

**Synonyms:** Cryptococcal antigen, Crypto-LA

**Test Includes:** Latex agglutination test for Cryptococcus antigen

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done daily. Results available the same day

**Specimen Type:** CSF

**Volume:** 0.2 mL

**Container:** CSF collection tube #3

**Specimen Handling:** Collect aseptically according to established procedures

---

**Test Name:** CRYPTOCOCCUS ANTIGEN, SERUM

**Test ID:** CRYPS

**Synonyms:** Cryptococcal antigen, Crypto-LA

**Test Includes:** Latex agglutination test for Cryptococcus antigen

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done daily. Results available within 24 hours

**Precollection Instructions:** Fasting specimen to avoid lipemia

**Specimen Type:** Serum or CSF

**Volume:** 0.5 mL

**Container:** Serum: 7 mL SST, CSF: Sterile tube  
CSF: Sterile tube

**Specimen Handling:** Avoid hemolysis. Refrigerate



# Aultman Hospital Laboratory Test Directory

**Test Name:** CRYPTOSPORIDIUM AG SCREEN, STOOL

**Test ID:** Crypt

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** 48-72 HOURS

**Specimen Handling:** Refrigerate

**Additional Information:** Sterile Container or SAF

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**Test Name:** CRYSTALS, BODY FLUID

**Test ID:** CRYBF

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** 24-48 hours

**Specimen Type:** Synovial Fluid

**Volume:** 2 - 4 mL

**Container:** EDTA tube

**Storage:** Room temperature.

---

**Test Name:** CSF IGG SYNTHESIS

**Test ID:** IGGSF

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM/CSF 2 ML EA - REF

**Additional Information:** NEED BOTH CSF & SERUM: AVOID HEMOLYSIS

---

**Test Name:** C-TELOPEPTIDE BETA

**Test ID:** CTELO

**Synonyms:** C-TELOPEPTIDE BETA, CROSSED LINKED

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 1 ML SERUM FROM SST TUBE - FROZ

**Additional Information:** FASTING IS REQUIRED

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** CULTURE ACID FAST

**Test ID:** CAF

**Test Includes:** Microscopic examination and culture for Mycobacteria.

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Setup M, W, F. Stain is also done STAT by request. Culture results available in 8 weeks. Results of the stain are available the same day.

**Specimen Type:** Sputum, stool, urine, CSF, wounds, body fluids, tissues, blood, bronch wash.

**Volume:** Fluids: 10 mL; wounds: 2 swabs; tissue: 1 cm.

**Container:** Sterile leak-proof container or double culturette.

**Specimen Handling:** Collection:

1. Sputum: See CULTURE RESPIRATORY, LOWER.
2. Stool: See CULTURE STOOL.
3. CSF: See CULTURE SPINAL FLUID.
4. Wounds: See CULTURE WOUND.
5. Body fluids: See CULTURE BODY FLUID.
6. Tissue: See CULTURE TISSUE.
7. Blood: See CULTURE BLOOD.
8. Urine: See CULTURE URINE.
9. Bronch wash: See CULTURE RESPIRATORY, LOWER.

Transport: Deliver to Microbiology within 2 hours of collection for inpatients.

Storage: Refrigerate: stool, sputum, urine. Room temperature: Wound, CSF, tissue, blood, body fluids

# Aultman Hospital Laboratory Test Directory

**Test Name:** CULTURE BLOOD

**Test ID:** CBL

**Test Includes:** Aerobic and anaerobic culture for pathogens in the blood. Sensitivity testing is performed if indicated.

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done daily. Results available in 5 days.

**Precollection Instructions:**

1. For a diagnosis of rule out fungus, order a routine blood culture and enter the comment Hold for fungus.
2. For Mycobacteria requests, draw 2 5mL green top vacutainers in addition to blood culture bottles.
3. Current recommendations are that 2 blood cultures be collected over a 24-hour period. If additional cultures are requested, the physician needs to order blood cultures x X, where X is the number of draws.
4. Exceptions to the recommendation of 2 blood cultures per 24-hour period are diagnoses of SBE or AIDS.
5. Blood cultures drawn by venipuncture should be collected at times 0 and 30 minutes. Blood cultures drawn by nursing personnel should be drawn at least 30 minutes apart. Do not draw multiple blood cultures from one site at the same time.

**Specimen Type:** Blood.

**Volume:** 8- 10 mL: use aerobe bottle and anaerobe bottle; if <1 mL is collected, use aerobe bottle only; For NICU, draw 1 mL and inoculate aerobic bottle only.

**Container:** Blood culture bottles (aerobic and anaerobic).

**Specimen Handling:** Collection:

1. Careful attention to aseptic technique is essential to prevent contamination of blood with skin flora.
2. Disinfect the top of each blood culture bottle with a 70% alcohol pad. Allow the alcohol pad to sit on the surface of the bottle top for 1 minute before removing. DO NOT use iodine, betadine or green surgical alcohol to clean blood culture bottles.
3. Apply the tourniquet. Select an appropriate venipuncture site. Release the tourniquet.
4. Pinch the wings on the Chloroprep Applicator to break ampule and release the antiseptic. Do not touch the sponge. Wet the sponge by repeatedly pressing and releasing the sponge against the treatment area until liquid is visible on the skin. Use repeated back and forth motions on the skin for 30 seconds.
5. For infants less than 2 months old, gently cleanse the area for 30 seconds using a Frepp/Sepp kit. Be careful not to apply excessive pressure.
6. Wait 30 seconds. Do NOT touch the prepped area with nonsterile objects. For NICU babies, wait 30 seconds BY THE CLOCK before proceeding.
7. Completely open the sterile syringe package. Open a needle package. Have a gauze pad available when you withdraw the needle from the vein.
8. Reapply the tourniquet.
9. Using aseptic technique, install the syringe into the needle hub. Place the syringe with needle on the sterile half of the syringe package.
10. If you are using a 10 cc syringe, withdraw 10 mL of blood (1 mL from NICU babies). Avoid air bubbles. Release the tourniquet. Use a gauze pad to cover the venipuncture site as you withdraw the needle.

**CONTINUED TO THE NEXT PAGE....**

# Aultman Hospital Laboratory Test Directory

11. Without changing the 32 gauge needle, inject 5 mL of blood into the aerobic culture bottle. Inject the remaining volume into the anaerobic bottle. Minimum volume per bottle is 0.5 mL, maximum volume per bottle is 5 mL. Volumes of blood <1mL should be inoculated into aerobic bottle only.
  12. Wipe the top of each bottle with a 70% alcohol pad.
  13. Document time of collection and initials of person collecting specimen on culture bottles. If the specimen is a port, document port type on the label and requisition.
- Transport: Deliver to Microbiology within 2 hours of collection.
- Storage:** Room temperature.
- 

**Test Name: CULTURE BODY FLUID**

**Test ID:** CBF

**Test Includes:** Gram stain, aerobic and anaerobic cultures for bacterial pathogens. Sensitivity testing performed if indicated.

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done daily 0700 - 2400. Results available in 4-5 days.

**Specimen Type:** Body fluid, bone marrow aspirate, joint fluid, paracentesis fluid, pericardial fluid, pleural fluid, prostatic fluid, synovial fluid, thoracentesis fluid, suprapubic urine aspirates.

**Volume:** 10 - 20 mL. Additional volume is necessary if other tests are ordered.

**Container:** Sterile container or a syringe WITHOUT A NEEDLE. If the specimen is a bone marrow aspirate, place in SPS.

**Specimen Handling:** Collection:

1. The specimen is usually collected by a physician using standard aseptic techniques.
2. A body fluid worksheet is available to assist with ordering and computer entry.

Transport: Deliver to Laboratory accession area within 2 hours of collection for inpatients. Storage: Room temperature

---

**Test Name: CULTURE BONE**

**Test ID:** CBONE

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done daily 0700 – 2400. Results available within 7 days.

**Container:** Sterile Container, Room temperature

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# Aultman Hospital Laboratory Test Directory

**Test Name:** CULTURE BRONCH, QUANTITATIVE

**Test ID:** QBAL

**Test Includes:** Gram stain and quantitative culture for potential respiratory pathogens including *S. pneumoniae*, *H. influenzae*, MRSA and gram negative bacilli. Identification and sensitivity performed if threshold is met.

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done daily 0700 – 2400. Results available within 2 days.

**Specimen Type:** Bronchoalveolar lavage, mini BAL or protected specimen brush

**Volume:** 5 mL

**Container:** Sterile container

**Specimen Handling:** Collection: Specimen collection is performed by a trained physician  
Transport: Deliver to Microbiology within 2 hours of collection.  
Storage: Refrigerate.

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**Test Name:** CULTURE CATHETER TIP

**Test ID:** CCATH

**Testing Facility:** Aultman Hospital

**Turnaround Time:** Results available in 7 days

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**Test Name:** CULTURE CHLAMYDIA

**Test ID:** CTRACH

**Testing Facility:** Reference Laboratory

**Specimen Type:** M4 or Universal Viral Transport. (UTM)

**Specimen Handling:** Refrigerate immediately after inoculation

---

**Test Name:** CULTURE DIALYSIS FLUID

**Test ID:** CDIAL

**Synonyms:** Peritoneal dialysis culture.

**Test Includes:** Gram stain, WBCs by leukocyte esterase, aerobic and anaerobic culture. **Testing**

**Facility:** Aultman Laboratory

**Turnaround Time:** Done daily 0700 - 2400. Results available in 5 days.

**Specimen Type:** Peritoneal dialysis fluid.

**Volume:** 100 mL.

**Container:** Sterile container

**Specimen Handling:** Collection: Pour off approximately 100 mL of peritoneal dialysis fluid into a sterile container.  
Transport: Deliver to Microbiology within 2 hours of collection for inpatients.  
Storage: Room temperature.

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** CULTURE EAR**Test ID:** CEAR**Test Includes:** Bacterial pathogens routinely cultured include *S. aureus*, *S. pneumoniae*, *Moraxella catarrhalis* and Gram negative rods. Sensitivity testing is performed if indicated.**Testing Facility:** Aultman Laboratory**Turnaround Time:** Done daily 0700 - 2400. Results available in 2 days.**Specimen Type:** Ear.**Volume:** 1 culturette (2 swabs).**Container:** Culturette.**Specimen Handling:** Collection: Using a sterile swab from a culturette, obtain material from the area of inflammation.  
Transport: Deliver to Microbiology within 2 hours of collection for inpatients. Storage: Refrigerate.**Test Name:** CULTURE EYE**Test ID:** CEYE**Test Includes:** Bacterial pathogens routinely cultured include *S. aureus*, *S. pneumoniae*, *Haemophilus*, *Neisseria* and Gram negative rods. Sensitivity testing performed if indicated.**Testing Facility:** Aultman Laboratory**Turnaround Time:** Done daily 0700 - 2400. Results available in 2 days.**Specimen Type:** Eye, conjunctiva.**Volume:** 1 culturette (2 swabs).**Container:** Culturette.**Specimen Handling:** Collection: Using a sterile culturette swab, obtain the sample from the conjunctiva of the infected eye.  
Transport: Deliver to Microbiology within 2 hours of collection for inpatients.  
Storage: Refrigerate EXCEPT when the request includes culture for *N. gonorrhoeae*. Then store at room temperature.

# Aultman Hospital Laboratory Test Directory

**Test Name:** CULTURE FUNGUS

**Test ID:** CFUNG

**Test Includes:** Stain and culture for yeast and molds.

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done daily 0700 - 2400. Stain results available in 1 day. Culture results available in 4 weeks.

**Specimen Type:** Varies. See specimen collection instructions.

**Volume:** Varies. See specimen collection instructions.

**Container:** Sterile container, Petri dish or culturette.

**Specimen Handling:** Collection:

- a. Respiratory: collect according to sputum and bronchoscopy instructions.
- b. Ear, eye, nose, throat, vagina, cervix: Use culturette.
- c. Skin: cleanse lesion with a 70% alcohol saturated pad. Air dry. Using a blade or blunt end of forceps, obtain scraping from the active border of the lesion. Place in a sterile container.
- d. Nails: clean the site with a 70% alcohol saturated pad. Collect shavings from under the nail plate into a sterile container.
- e. Hair: remove dull hairs with forceps. Place hairs in a sterile container.
- f. Bone marrow: collect in a yellow top (SPS) vacutainer tube.
- g. CSF: collect 1 mL by standard aseptic techniques.
- h. Abscess: aspirate at least 0.5 mL into a syringe.
- i. Tissue: place specimen in a sterile container with a sterile gauze pad moistened with sterile saline.
- j. Urine: collect 20 - 50 mL of the first morning void.
- k. Blood: collect 10 mL of blood according to procedure for standard blood cultures.

**Transport:** Deliver to Microbiology within 2 hours of collection for inpatients.

**Storage:** **Refrigerate:** Urine and respiratory specimens.

**Room temperature:** All other specimens.

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**Test Name:** CULTURE FUNGUS, HAIR, SKIN AND NAILS

**Test ID:** CFUNG(HSN)

**Testing Facility:** Aultman Hospital

**Turnaround Time:** Weekly

**Specimen Type:** Skin Scrapings, Nails, Nail Shavings, Hair

**Container:** Sterile Cup

**Specimen Handling:** Room Temperature

# Aultman Hospital Laboratory Test Directory

**Test Name:** CULTURE GC ONLY

**Test ID:** CGC

**Testing Includes:** Culture for *N. gonorrhoeae* only.

**Testing Facility:** Aultman Laboratory

**Turnaround time:** Done daily 0700 - 2400. Results available in 3 days.

**Specimen Type:** Cervix, vagina, genital, urethral, penis, eye, throat, rectal swab.

**Volume:** 1 culturette (2 swabs) or 1 NPH swab.

**Container:** Culturette, NPH swab or inoculated GC media in transport bag with tablet.

**Specimen Handling:** Collection:

- a. Cervix, vagina, genital: See CULTURE GENITAL FEMALE.
- b. Urethra, penis: See CULTURE URETHRA.
- c. Throat: See CULTURE RESPIRATORY, UPPER.
- d. Eye: See CULTURE EYE.
- e. Rectal swab: Collect with Culturette.

1) Remove swab from sheath.

2) Insert through anal orifice and move from side to side.

3) Return swab to sheath.

Transport: Deliver to Microbiology within 2 hours of collection for inpatients.

Storage: Room temperature.

---

**Test Name:** CULTURE HERPES

**Test ID:** CHER

**Test Includes:** Culture for HSV 1 and 2 and/or Varicella in non-genital sources.

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done daily 0700 - 2400. Results available in 6 days, except for Varicella (14 days).

**Precollection Instructions:** Collect specimen prior to treatment with ointment. Note in comments if Varicella virus is suspected.

**Specimen Type:** Fluid, lesion material, gargle.

**Volume:** 1 culturette or 1 mL of fluid, 5-8 mL gargle

**Container:** Culturette in M4 viral transport media or sterile container.

**Specimen Handling:** Collection: Collect fluid or cellular material from the base of the lesion with a culturette. Place the culturette in M4 viral transport media (VTM). M4 is available from Microbiology (x36113).

Transport: Deliver to Microbiology within 2 hours of collection for inpatients.

Storage: Refrigerate.

---



# Aultman Hospital Laboratory Test Directory

**Test Name:** CULTURE LEGIONELLA

**Test ID:** LEGCUL

**Test Includes:** Immunofluorescent stain and culture for Legionella species.

**Testing Facility:** Reference Laboratory

**Specimen Type:** Tissue, biopsy, body fluid, bronch wash, bronch biopsy, tracheal aspirate, lung, lymph node, sputum.

**Volume:** 2 mL.

**Container:** Sterile container.

**Specimen Handling:** Collection:

- a. Tissue: see CULTURE TISSUE;
- b. Biopsy: see CULTURE TISSUE;
- c. Body fluid: see CULTURE BODY FLUID;
- d. Bronch wash: see CULTURE RESPIRATORY LOWER;
- e. Bronch biopsy: see CULTURE TISSUE;
- f. Tracheal aspirate: see CULTURE RESPIRATORY LOWER;
- g. Lung: see CULTURE TISSUE;
- h. Lymph node: see CULTURE TISSUE.

Transport: Deliver to Microbiology within 2 hours of collection for inpatients.

Storage: Room temperature: tissue, biopsy, body fluid, lung, lymph node. Refrigerate: tracheal aspirate, sputum, bronch wash.

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**Test Name:** CULTURE MEDICAL DEVICE

**Test ID:** CMED

**Testing Facility:** Aultman Hospital

**Turnaround Time:** Results available in 7 days

**Specimen Type:** Surgically removed Screws, Plates, Ports, and Tubing

**Handling:** Room Temperature

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# Aultman Hospital Laboratory Test Directory

**Test Name:** CULTURE RESPIRATORY, LOWER

**Test ID:** CRESP

**Testing Includes:** Gram stain and culture for common respiratory pathogens including Staphylococcus, Streptococcus, S. pneumoniae, H. influenzae and Gram-negative bacilli. Sensitivity testing is performed if indicated.

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done daily 0700 - 2400. Results available in 2 days.

**Precollection Instructions:** If antibiotic and culture are ordered simultaneously, hold the antibiotic until the culture has been obtained, but no longer than 2 hours

**Specimen Type:** Sputum, tracheal aspirate, bronch wash, bronch brush, Lukens tube.

**Volume:** 5 mL.

**Container:** Sterile container.

**Specimen Handling:** Collection:

A. Patient should rinse mouth to minimize oral contamination. Instruct the patient to inhale repeatedly to the full capacity of his lungs and exhale the air with an expulsive cough. Do NOT collect saliva.

NOTE: Inpatient specimens showing a predominance of epithelial cells or equal amounts of epithelial cells and polys are rejected for culture. A copy of the report on rejected specimens is printed to the nursing floor as a method of notification to recollect a new specimen.

B. If the patient is unable to produce sputum within 2 hours, notify Respiratory Therapy to collect a nebulized sputum.

Transport: Deliver to Microbiology within 2 hours of collection for inpatients.

Storage: Refrigerate.

# Aultman Hospital Laboratory Test Directory

**Test Name:** CULTURE RESPIRATORY, UPPER

**Test ID:** CTHROAT

**Testing Includes:** Culture for common upper respiratory pathogens including *S. aureus*, *S. pneumoniae*, Group A Beta Strep and *Haemophilus* (if <12 years old). Sensitivity testing is performed if indicated.

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done daily 0700 - 2400. Results available in 2 days.

**Specimen Type:** Throat

**Volume:** 1 culturette (2 swabs) or 1 NPH swab.

**Container:** Culturette or NPH culturette.

**Specimen Handling:** Collection:

a. Nasopharyngeal:

- 1) Use a culturette swab to clear the nostril.
- 2) Using an NPH wire swab bent close to the cotton tip, enter the nostril until resistance is met. Turn the swab downward and continue.
- 3) Obtain the specimen from above the soft palate area.
- 4) Return the swab to the sheath.

b. Throat:

- 1) With a tongue blade, depress the tongue so the back of the throat is clearly visible.
- 2) Without getting buccal or tongue contamination, insert the culturette to the back of the throat. Swab both tonsillar areas, the posterior pharynx and any areas of inflammation, ulceration or exudation. A good gag reflex is indicative of a satisfactory specimen.

c. Nose:

- 1) Insert the tip of a culturette into the nostril until resistance is met. Gently rotate the swab and withdraw.

- 2) Specimens to determine Staph carriers should be taken from the anterior nares only, not inside the nostrils.

**Transport:** Deliver to Microbiology within 2 hours of collection for inpatients.

**Storage:** Refrigerate.

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** CULTURE SPINAL FLUID

**Test ID:** CCSF

**Synonyms:** Lumbar puncture, shunt fluid, ventricular fluid.

**Test Includes:** Lumbar puncture source includes gram stain and aerobic culture. Shunt and ventricular fluid sources include gram stain, aerobic and anaerobic culture. Sensitivity testing is performed if indicated.

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done daily. Routine Gram stain results available within 8 hours; urgent/STAT within 30 minutes. Culture results available in 4 days.

**Precollection Instructions:** The CSF worksheet (form 360) must accompany all CSF specimens. The physician must indicate the tests requested in order of preference.

**Specimen Type:** Cerebrospinal fluid, shunt fluid, ventricular fluid.

**Volume:** 1 mL. Additional CSF will be required for each test requested (CFUNG, CAF, CRYPTC, MEPCR).

**Container:** Sterile body fluid tubes.

**Specimen Handling:** Collection: The specimen is usually collected by a physician.

**Transport:** Deliver the specimen to Microbiology immediately and hand the specimen directly to a technologist. Between midnight and 0600, deliver specimens to a Hematology technologist. **Storage:** Room temperature.

---

**Test Name:** CULTURE STOOL

**Test ID:** CST

**Testing Includes:** Bacterial pathogens routinely cultured include Salmonella, Shigella and Campylobacter.

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done daily 0700 - 2400. Results available in 3 days.

**Precollection Instructions:** Note in the order comment if the request is to include Aeromonas or Pleisiomonas.

**Specimen Type:** Stool, rectal swabs.

**Volume:** 1 gram or at least visible material on 1 culturette (2 swabs).

**Container:** Clean container with a tight-fitting lid or 1 culturette (2 swabs).

**Specimen Handling:** Collection: A. Stool:

- 1) The entire contents of the first specimen of the day is preferred.
- 2) Avoid contamination with water, urine, paper, barium or mineral oil. Do not remove specimens from the toilet bowl.
- 3) Specimens received in a diaper are not acceptable and will be rejected by Microbiology.B. Rectal swabs:
  - 1) Remove swab from the sheath.
  - 2) Insert through the anal orifice and move from side to side to sample crypts.
  - 3) Return swab to the sheath

**Transport:** Deliver to Microbiology within 2 hours of collection for inpatients.

**Storage:** Refrigerate.

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** CULTURE STOOL FOR VRE

**Test ID:** CSVRE

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Results available in 48-72 hours

**Precollection Instructions:** Note in the order comment if the request is to include Aeromonas or Pleisiomonas.

**Specimen Type:** Stool or rectal swabs.

**Container:** Clean container with a tight-fitting lid or 1 dual culturette swab

**Specimen Handling:** REFRIGERATE

---

**Test Name:** CULTURE STOOL WITH YERSINIA

**Test ID:** CSTY

**Test Includes:** Bacterial pathogens routinely cultured include Salmonella, Shigella, and Campylobacter. Yersinia is routinely done on patients ages 12 and under.

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done daily 0700 - 2400. Results available in 3 days.

**Precollection Instructions:** Note in the order comments if the request is to include Aeromonas or Pleisiomonas.

**Specimen Type:** Stool, rectal swabs.

**Volume:** 1 gram or at least visible material on 2 culturettes (4 swabs).

**Container:** Clean container with a tight-fitting lid or 2 culturettes (4 swabs).

**Specimen Handling:** Collection: A. Stool:

- 1) The entire contents of the first specimen of the day is preferred.
  - 2) Avoid contamination with water, urine, paper, barium or mineral oil. Do not remove specimens from the toilet bowl.
  - 3) Specimens received in a diaper are not acceptable and will be rejected by Microbiology.
- B. Rectal swabs:
- 1) Remove swab from the sheath.
  - 2) Insert through the anal orifice and move from side to side to sample crypts.
  - 3) Return swab to the sheath.

Transport: Deliver to Microbiology within 2 hours of collection for inpatients.

Storage: Refrigerate.

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** CULTURE SURVEILLANCE

**Test ID:** CSURV

**Testing Includes:** Culture to rule out Group B Beta Strep, S. aureus, S. pneumoniae and Listeria.

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done daily 0700 - 2400. Results available in 2 days.

**Specimen Type:** Cord, axilla.

**Volume:** 1 culturette (2 swabs).

**Container:** Culturette (2 swabs).

**Specimen Handling:** Collection:

A. If excessive exudate is present, cleanse the area with normal saline.

B. Enter wound with culturette swabs to obtain drainage.

C. Return swabs to sheath.

Transport: Deliver to Microbiology within 2 hours of collection for inpatients.

Storage: Room temperature.

---

**Test Name:** CULTURE TISSUE

**Test ID:** CTISS

**Testing Includes:** Gram stain, aerobic and anaerobic culture for bacterial pathogens. Sensitivity testing will be performed if indicated.

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done daily 0700 - 2400. Results available in 7 days.

**Precollection Instructions:** Specimens placed in formalin CANNOT be cultured for bacteria and are rejected by Microbiology.

**Specimen Type:** Tissues including lung, bronch biopsy, lymph node, autopsy, etc.

**Volume:** Minimal, approximately 1 cm<sup>2</sup>.

**Container:** Sterile container. Do NOT place tissue in culturettes or anaerobic transport media.

**Specimen Handling:** Collection: Specimens are collected surgically or at autopsy. Place specimen in sterile container with sterile gauze pad moistened with sterile saline.

Transport: Use only sterile containers to transport tissue specimens. Deliver to Microbiology within 2 hours of collection for inpatients. Storage: Room temperature.

---

# Aultman Hospital Laboratory Test Directory

**Test Name: CULTURE TRANSFUSION REACTION****Test ID:** CTRRX**Test Includes:** Gram stain and bacterial culture for transfusion reactions. Sensitivity testing is performed if indicated.**Testing Facility:** Aultman Laboratory**Turnaround Time:** Done daily 0700 - 2400. Results available in 5 days.**Specimen Type:** Blood bag (post-transfusion).**Volume:** Minimum of 2 mL of blood.**Container:** Blood bag.**Specimen Handling:** Collection: Blood bank will deliver the post-transfusion blood bag to Microbiology.  
Transport: Deliver blood bag to Microbiology IMMEDIATELY. Storage: Room temperature.**Test Name: CULTURE UREAPLASMA ONLY****Test ID:** CUREA**Test Includes:** Culture for Ureaplasma urealyticum. Mycoplasma hominis culture is included **by request ONLY**.**Testing Facility:** Aultman Laboratory**Turnaround Time:** Done daily 0700 - 2400. Results available in 5 days.**Precollection Instructions:** Specify in order comment R/O Mycoplasma if indicated.**Specimen Type:** Cervix, vagina, penis, urethra.**Volume:** 1 culturette or NPH swab.**Container:** Culturette or NPH swab.**Specimen Handling:** Collection:

- a. Cervix/vagina: Moisten speculum with water, not lubricant. Use a double culturette to obtain specimen.
  - b. Urethra/Penis: Collect specimen prior to first voided morning urine using an NPH swab inserted into the anterior urethra. Avoid contamination with external sources and skin surfaces.
- Transport: Deliver to Microbiology within 2 hours of collection for inpatients.  
Storage: Room temperature.

# Aultman Hospital Laboratory Test Directory

**Test Name:** CULTURE URETHRA

**Test ID:** CURET

**Synonyms:** Gram stain and cultures for N. gonorrhoeae and Ureaplasma.

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done daily 0700 - 2400. Gram stain results available the same day. Culture results available in 5 days.

**Specimen Type:** Urethral or penis discharge.

**Volume:** 2 NPH swabs.

**Container:** NPH swabs. Note: Gonopak Martin plates are available in Microbiology for direct inoculation in the detection of N. gonorrhoeae.

**Specimen Handling:** Collection: ( SEE NEXT PAGE)

A. Collect urethral discharge prior to first voided morning urine using an NPH swab inserted into the anterior urethra. Two swabs are necessary if the Gram stain is to be done. B. Avoid contamination with skin surfaces.

Transport: Deliver to Microbiology within 2 hours of collection for inpatients.

Storage: Room temperature.

---

**Test Name:** CULTURE URINE

**Test ID:** CUR

**Test Includes:** Bacterial culture. Sensitivity testing is performed if indicated.

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done daily 0700 - 2400. Culture results available in 2 days.

**Precollection Instructions:** On inpatients, separate specimens for urinalysis and culture are required.

**Specimen Type:** Urine, except for suprapubic aspirates from bladder then (order CBF).

**Volume:** 10 mL (1 mL minimum).

**Container:** Sterile container.

**Specimen Handling:** Collection:

A. Catheter urine:

- 1) Swab catheter port with povidone iodine.
- 2) Puncture port with a needle and aspirate urine into a syringe.
- 3) DO NOT collect urine from a drainage bag.

B. Clean void urine:

- 1) Cleanse urinary meatus with towelettes.
- 2) Have patient void a small amount for discard.
- 3) Collect midstream urine specimen into sterile urine container.

Transport: Deliver to Microbiology within 2 hours of collection for inpatients.

Storage: Refrigerate.

---



# Aultman Hospital Laboratory Test Directory

## Test Name: CULTURE VIBRIO

**Test ID:** CVIB

**Testing Includes:** Culture for Vibrio species including V. cholera and V. parahemolyticus.

**Testing Facility:** Aultman Laboratory

**Turnaround time:** Done daily 0700 - 2400. Results available in 2 days.

**Specimen Type:** Stool, rectal swabs.

**Volume:** 1 gram or at least a visible specimen on 2 swabs of double culturette.

**Container:** Clean container with a tight-fitting lid or culturette (2 swabs).

**Specimen Handling:** Collection: A. Stool:

- 1) The entire contents of the first specimen of the day is preferred.
- 2) Avoid contamination with water, urine, paper, barium or mineral oil. Do not remove specimens from the toilet bowl. B. Rectal swabs:
  - 1) Remove swab from the sheath.
  - 2) Insert through the anal orifice and move from side to side to sample crypts.
  - 3) Return swab to the sheath.

Transport: Deliver to Microbiology within 2 hours of collection for inpatients. Storage: Refrigerate.

---

## Test Name: CULTURE WOUND

**Test ID:** CWD

**Testing Includes:** Gram stain and culture for aerobic pathogens. Sensitivity testing will be performed if indicated.

**Testing Facility:** Aultman Laboratory

**Turnaround time:** Done daily 0700 - 2400. Results available in 2-3 days.

**Specimen Type:** Abscess, boil, burn, decubitus, incision, pustule, skin, ulcer, surface wound, lesion.

**Volume:** 1 culturette (2 swabs) or 1 mL fluid.

**Container:** Culturette, sterile container, syringe with needle removed.

**Specimen Handling:** Collection:

- A. Evaluate whether free fluid might be obtained deep in peripheral areas via syringe aspiration. Otherwise, collect specimen with a culturette ( 2 swabs).
- B. If excessive exudate is present, cleanse area with normal saline.
- C. If necessary, massage area to obtain deep exudate.
- D. Enter wounds with culturette swabs to obtain drainage.
- E. Return swabs to sheath.

Transport: Deliver to Microbiology within 2 hours of collection for inpatients. DO NOT transport a syringe with the needle still attached. Storage: Room temperature.

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** CULTURE WOUND DEEP PANEL

**Test ID:** CWDP

**Test Includes:** Anaerobic culture for bacterial pathogens. This test MUST be ordered in conjunction with an aerobic culture and gram stain (CWD). Sensitivity testing will be performed if indicated.

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done daily 0700 - 2400. Results available in 7 days.

**Precollection Instructions:** Anaerobic transport media MUST be used for collection. To minimize oxygen exposure, keep transport tubes in an upright position when opened.

**Specimen Type:** Abscess, appendix, Bartholin cyst, bile, boil, cyst, endometrium, gall bladder, incision, IUD, peritoneum, placenta, ulcer, uterus, deep wounds. NOTE: Anaerobes are not cultured from superficial wounds such as burns, scrapings or the perianal region where stool contamination is evident.

**Volume:** 1 mL fluid or 1 culturette (2 swabs) AND 1 anaerobic transport tube (2 swabs).

**Container:** Sterile container, syringe or 1 culturette (2 swabs) AND 1 anaerobic transport tube (2 swabs). Anaerobic transport media is available in Microbiology (x36374). The anaerobic culture will NOT be set up if a culturette is received without also sending anaerobic transport media.

**Specimen Handling:** Collection: **Room Temperature**

- A. Evaluate whether free fluid might be obtained deep in peripheral areas via syringe aspiration. Otherwise, use a double culturette AND anaerobic transport media.
- B. If excessive exudate is present, cleanse area with normal saline.
- C. If necessary, massage area to obtain deep exudate.
- D. Enter wound with swabs to obtain drainage.
- E. Return aerobic swabs to sheath. Place anaerobic swab in anaerobic transport media tube (glass tube). Cap tube.

Transport: Deliver to Microbiology within 2 hours of collection for inpatients. DO NOT transport a syringe with the needle still attached.

---

**Test Name:** CYCLIC CITRULLINE PEPTIDE

**Test ID:** CCP

**Synonyms:** CCP

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done twice weekly

**Specimen Type:** Serum

**Volume:** 1 mL

**Container:** 7 mL SST

**Specimen Handling:** Refrigerate specimen

---

**Test Name:** CYCLOSPORA AND ISOSPORA

**Test ID:** MICRO TO ORDER

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 5 GRAMS OF STOOL IN 10% FORMALIN OR SAF

# Aultman Hospital Laboratory Test Directory

:

**Test Name:** CYCLOSPORINE

**Test ID:** CYCLO

**Testing Facility:** Reference Laboratory

**Specimen Type:** Whole Blood

**Volume:** 2 mL minimum

**Container:** 2 Lav top tubes

**Additional Information:** CONSULT TRANSPLANT FILE BOX AND SEND ACCORDINGLY

---

**Test Name:** CYSTIC FIBROSIS DNA SCREEN WITH REQUISITIONS

**Testing Facility:** Reference Laboratory – Integrated Genetics

**Specimen Handling:** 2 LAV TOP - WHOLE BLOOD - ROOM TEMP

**Additional Information:** IF SPECIMEN HAS QUEST REQS ALREADY FILLED OUT, DO NOT ORDER. JUST GIVE BLOOD AND PAPERWORK TO SEND OUTS

---

**Test Name:** CYSTINE, 24 HR UR

**Test ID:** UCYSTD

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 15 ML URINE FROM 24 HR COLL - FROZ

**Additional Information:** QUANTITATIVE TEST

---

**Test Name:** CYSTINE,RANDOM UR

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Type and Volume:** 10 ML URINE - FROZEN

QUALITATIVE TEST

**Test Name:** D2 or D3 (see Vitamin D, 25-Hydroxy)

---

**Test Name:** D-DIMER

**Test ID:** DIMER

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Urgent/STAT: 45 minutes, Routine: 3 hours

**Specimen Type:** Plasma (citrated).

**Volume:** 3 mL

**Container:** 2.7mL blue top tube (**MUST be full**)

**Specimen Handling:** Must be tested within 4 hours of collection in Aultman Lab; alternatively may be drawn in Aultman Outpatient Lab.

---

**Test Name:** DELTA ALA,24 HR URINE

**Test ID:** UAMINO

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 10ML URINE - REF

---

# Aultman Hospital Laboratory Test Directory

:

**Additional Information:** NO PRESERVATIVES

---

**Test Name:** DELTA ALA,RANDOM URINE

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 10ML URINE - REF

**Additional Information:** NO PRESERVATIVES

---

**Test Name:** DENGUE FEVER AB

**Test ID:** DENG T

**Test Includes:** IGG AND IGM

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 1ML - REF

---

**Test Name:** DEOXYCORTICOSTERONE - 11

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Type:** 2 ML SERUM -SST - REF

# Aultman Hospital Laboratory Test Directory

**Test Name:** DEOXYPYRININOLINE (SEE DPD GENE MUTATION)

---

**Test Name:** DESIPRAMINE

**Test ID:** DES

**Testing Facility:** Reference Lab

**Precollection Instructions:** Specimen should be drawn just prior to next dose.

**Specimen Type:** 4 ml Plasma from dark blue tube with additive

**Alternative specimen:** 2 ml plasma from edta (purple top) tube

**Specimen Handling:** Centrifuge and transfer serum to plastic tube. Refrigerate.

---

**Test Name:** DEXAMETHASONE

**Test ID:** DEXA

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 1ML -SST - REF

**Additional Information:** DRAW SPECIMEN BETWEEN 8-10 AM

---

**Test Name:** DEXAMETHASONE SUPPRESSION TEST

**Testing Facility:** Aultman Laboratory

**Additional Information:** DR GIVES DEXAMETHASONE BETWEEN 11 AND 12 PM. DRAW SERUM CORTISOL BETWEEN 7-9 AM NEXT MORNING

---

**Test Name:** DEXAMETHASONE SUPPRESSION, PSYCH

**Synonyms:** Dexamethasone suppression test used in psychiatric testing.

**Test Includes:** Cortisol levels measured prior to and following the administration of dexamethasone.

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Cortisols are done Monday – Friday. Results available the same day if specimen is received prior to 1:00 p.m.

**Precollection Instructions:** The following are the standard conditions unless modified by the physician:

1. Day 1: At 2300, give the patient 1mg Dexamethasone (oral).
2. Day 2: Draw a cortisol level at 1600 and 2300. Minor variations (~1 hour) from these times will not affect the test.
3. Each cortisol level must be ordered separately in the computer.

**Specimen Type:** Serum from plain red top.

**Volume:** 1mL for each cortisol level.

**Container:** 7ml SST

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** DHEA,UNCONJUGATED

**Test ID:** DHEAU

**Testing Facility:** Reference Laboratory

**Precollection Instructions:** OVERNIGHT FASTING PREFERRED

**Specimen Handling:** SERUM 2ML - SST - REF

---

**Test Name:** DHEA-SO4

**Test ID:** DHEAS

**Synonyms:** Dehydroepiandrosterone-sulfate. DHEA Sulfate.

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7days/week, 24hours/day. Results available same day.

**Specimen Type:** Serum or plasma lithium heparin.

**Volume:** 1mL

**Container:** SST or Plasma Lithium Heparin

---

**Test Name:** DIAZEPAM (VALIUM)

**Test ID:** DIAZEP

**Synonyms:** Valium

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 3 ML - REF

**Additional Information:**PLAIN RED TOP : Centrifuge and transfer serum to plastic vial.

---

**Test Name:** DIGITOXIN

**Test ID:** DIGIT

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 1 ML SERUM FROM PLAIN RED TOP TUBE - REFRIGERATED

**Additional Information:** Centrifuge and transfer serum to plastic vial.

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** DIGOXIN

**Test ID:** DIG

**Synonyms:** Lanoxin

**Test Includes:** Time of last dose, digoxin.

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/week, 24 hours/day. Results available the same day.

**Precollection Instructions:** 1. Usual sampling time: A trough level drawn prior (30 minutes) to the next dose, but at least 8 hours after the last dose.  
2. If the patient has been given Digibind, digoxin levels cannot be run until the Digibind is cleared (7 - 10 days).

**Specimen Type:** Serum. Plain red top acceptable. Plasma lithium heparin – Separate from cells within 2 hours of collection.

**Volume:** 1mL

**Container:** SST. Plain Red top. Plasma Lithium Heparin.

**Storage:** Refrigerate

---

**Test Name:** DIHYDROTESTOSTERONE

**Test ID:** DHT

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 1 ML SERUM - SST - FROZEN

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**Test Name:** DIPHTHERIA ANTIBODY

**Test ID:** DIPIGG

**Testing Facility:** Reference Laboratory

**Container:** SST

**Specimen Handling:** SERUM 1 ML - REF

---

**Test Name:** DIRECT COOMBS (see DAT)

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# Aultman Hospital Laboratory Test Directory

**Test Name:** DIRECT COOMBS / DIRECT AHG

**Test ID:** DAT

**Synonyms:** Coombs test, Direct Coombs, Direct AHG

**Test Includes:** Blood Bank will reflex additional testing when positive result **Testing**

**Facility:** Aultman Laboratory

**Turnaround Time:** 30 minutes

**Container:** 6 ml pink top EDTA

**Additional Information:** NOTE: All specimens sent to Blood Bank for testing must have a handwritten identification label that includes the patient's first and last name, Medical Record number (Date of Birth is acceptable for Outpatients), date and time of collection and collector's initials. Specimens missing any of the elements listed above will be rejected and must be recollected.

---

**Test Name:** DIRECT LDL, CHOLESTEROL (See LDL-Cholesterol, Direct)

**Testing Facility:** Reference Laboratory

---

**Test Name:** DISOPYRAMIDE

**Test ID:** DISOP

**Synonyms:** Norpace

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 2 ML - REF

**Additional Information:** PLAIN RED TOP - Centrifuge and transfer serum to plastic vial.

---

**Test Name:** DNASE-B ANTIBODY

**Test ID:** DNASE

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 1ML - REF

**Additional Information:** AKA: ANTI DNASE B

---

**Test Name:** DOXEPIN

**Test ID:** DOX

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 2ML plasma from a dark blue tube with additive  
Centrifuge and transfer serum to plastic vial.

**Additional Information:** Alternative specimen: 2 ml plasma from edta (purple top) tube

---



# Aultman Hospital Laboratory Test Directory

**Test Name:** DPD GENE MUTATION ANALYSIS

**Test ID:** 5FU

**Testing Facility:** Reference Laboratory - Mayo

**Specimen Handling:** 5 ML EDTA WHOLE BLOOD - ROOM TEMP

**Additional Information:** AKA: DEOXYPYRIDINOLINE

---

**Test Name:** DRUG SCREEN, ER

**Test ID:** ERDS

**Test Includes:** Serum screened for: salicylate, acetaminophen, ethanol, tricyclic antidepressants. Urine screened for: salicylate, cannabinoid, cocaine, benzodiazepines, opiates, barbiturates, PCP, amphetamine. The screening DOES NOT include confirmation.

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Within 2 hours.

**Precollection Instructions:** List current known medications.

**Specimen Type:** Urine and serum from plain red top tube or SST or plasma lithium heparin – Separate from cells within 2 hours of collection.

**Volume:** Urine: 20mL, Serum: 3mL

**Container:** Urine: Screw top urine container, Serum: plain red top tube/SST/plasma lithium heparin

---

**Test Name:** DRUG SCREEN, MECONIUM

**Test ID:** MECDRG

**Test Includes:** Screening for drugs in meconium, including amphetamines, cocaine, marijuana, opiates and PCP.

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Sent to Reference Lab.

**Specimen Type:** Meconium (first stool of infant)

**Volume:** At least 3g

**Container:** Plastic sterile specimen container.

**Specimen Handling:** Refrigerate

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** DRUG SCREEN, SERUM

**Test ID:** DRUGS

**Test Includes:** Screening for acetaminophen, salicylate, ethanol, tricyclic antidepressants.

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7days/week, 24hours/day. Results available same day

**Specimen Type:** SST or Plain red top or Plasma lithium heparin – Separate from cells within 2 hours of collection.

**Volume:** 6mL

**Container:** SST/Red Top/Plasma Lithium Heparin

**Specimen Handling:** Centrifuge and transfer serum to plastic vial when using red top or plasma lithium heparin.

---

**Test Name:** DRUG SCREEN, URINE

**Test ID:** DRUGU

**Test Includes:** Screening for salicylate, cannabinoids, cocaine, benzodiazepines, opiates, barbiturates, PCP, amphetamine, propoxyphene, methadone. Also includes: pH and specific gravity. Does not include confirmation.

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done daily. Results available by 1600 if received by 0800.

**Precollection Instructions:** List patient's current medications.

**Specimen Type:** Random urine

**Volume:** minimum 10 mL

**Container:** Screw top urine container.

**Specimen Handling:** Store at 2-8 C for 24 hours. If longer than 24 hours, freeze specimen.

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** E.HISTOLYTICA AB IGG

**Synonyms:** EHISTO

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 1ML - REF

---

**Test Name:** EBV ANTIBODY TITER

**Test ID:** EBV

**Synonyms:** Epstein Barr Virus antibody titer, Mono titer.

**Test Includes:** EBV IgM and IgG. Acute/convalescent specimens tested if there was an EBV order in the past 2 months.

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done twice weekly Mon through Fri. Results available within 3 days.

**Specimen Type:** Serum

**Volume:** 1mL

**Container:** 7mL SST

**Specimen Handling:** Avoid hemolysis.

---

**Test Name:** EBV DNA QUALITATIVE PCR

**Test Includes:** Test No Longer Available from Reference Lab. Order EBV PCR, Quantitative

**Testing Facility:** Reference Laboratory

---

**Test Name:** EBV DNA QUANTITATIVE PCR

**Test ID:** EBVQNT

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 2ML PLASMA FROM EDTA TUBE

**Additional Information:** REFRIG

---

**Test Name:** EBV, CHRONIC PANEL

**Test ID:** EBPNL

**Test Includes:** EBV IgG and IgM and EBV nuclear antigen

**Testing Facility:** Reference Lab

**Specimen Type:** Serum

**Volume:** Draw 2 – (5mL SST TUBES)

**Container:** 10mL SST

**Specimen Handling:** Avoid hemolysis. Refrigerate specimen.

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** ECHINOCOCCUS AB

**Test ID:** ECHI

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 1 ML SERUM -SST TUBE - REF

---

**Test Name:** ECHOVIRUS ANTIBODY

**Test ID:** ECHO

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 1 ML - REF

**Additional Information:** INCLUDES SEROTYPES 4,7,9,11,30

---

**Test Name:** EHRLICHIA CHAFFEENSIS ANTIBODIES (IgG, IgM)

**Test ID:** ECHAFF

**Testing Facility:** Reference Laboratory

**Specimen Type:** Serum

**Volume:** 1 mL

**Container:** SST TUBE - REF

---

**Test Name:** ELECTROLYTES, RANDOM STOOL

**Test ID:** MISCNB

**Testing Facility:** Reference Laboratory

**Specimen Handling:** STOOL - REF

**Additional Information:** MUST BE LIQUID SPECIMEN

---

**Test Name:** ELECTROLYTES, SERUM

**Test ID:** LYLES

**Synonyms:** Lytes

**Test Includes:** Sodium, potassium, chloride, CO<sub>2</sub>, electrolyte balance.

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/week, 24 hours/day. Results available the same day.

**Specimen Type:** Serum or plasma lithium heparin – Separate from cells within 2 hours of collection.

**Volume:** 2 – 4mL

**Container:** SST or Plasma Lithium Heparin

**Specimen Handling:** Avoid hemolysis. Separate from cells within 2 hours of collection.

**Storage:** Refrigerate.

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** ENA PANEL

**Test ID:** ENAID

**Synonyms:** Extractable nuclear antigen, Smith antibody, Ribonucleoprotein, Sjogrens syndrome A, Sjogrens syndrome B.

**Test Includes:** Sm antibody, RNP antibody, SS-A antibody, SS-B antibody, Centromere Ab, Sceleroderma Ab, JO-1 Ab, Chromatin Ab

**Testing Facility:** Reference Laboratory

**Turnaround Time:** 1-3 days

**Specimen Type:** Serum

**Volume:** 2mL

**Container:** 7mL SST

**Specimen Handling:** Avoid hemolysis. Refrigerate serum.

---

**Test Name:** ENCAINIDE

**Test ID:** ENC

**Synonyms:** Enkaid

**Testing Facility:** Reference Laboratory - Mayo

**Specimen Type:** Serum

**Volume:** 3mL

**Container:** Red top tube (DO NOT use SST)

**Specimen Handling:** Centrifuge and transfer serum to plastic vial. Refrigerate serum.

---

**Test Name:** ENDOMYSIAL ANTIBODY

**Test ID:** ENDO

**Synonyms:** Transglutaminase IgA, Tissue Transglutaminase

**Test Includes:** Done twice weekly

**Testing Facility:** Aultman Laboratory

**Specimen Type:** Serum

**Volume:** 1mL

**Container:** 7mL SST

**Specimen Handling:** Refrigerate serum.

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** ENDOSCOPIC BRUSHINGS FOR CYTOLOGY

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Monday-Friday received by 3:00pm. 2 working days. Certain non-Gyn cases will require additional stains and will take longer.

**Precollection Instructions:** Use Form 308A, (Cytology Specimens) Mark the source of the specimen on the form and include any clinical diagnosis.

**Specimen Handling:** Collection:

Preferred method: Place the brush in a Cytology container with fixative. Cut off the excess wire.

Alternative method: Spread the brush on a slide and immediately spray fix the smears with Cytology fixative. Label specimen and or slides with two patient identifiers. Place the slides in a cardboard or plastic container for transport.

Transport: Deliver to the Cytology department. After hours, deliver specimen to the Microbiology department.

Storage: Refrigerate or store at room temperature.

---

**Test Name:** ENTAMOEBA HISTOLYTICA AG

**Test ID:** ENTEIA

**Testing Facility:** Reference Laboratory

**Specimen Handling:** STOOL FROM MICRO - FROZEN

**Additional Information:** MICRO WILL ORDER AND BRING TO SENDOUTS - FROZEN

---

**Test Name:** EOSINOPHIL COUNT

**Test ID:** EOCT

**Synonyms:** Absolute EO count.

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** 6 hours

**Specimen Type:** Whole blood

**Volume:** 3mL

**Container:** 5mL lav top tube.

**Storage:** Room temperature, or if > 12 hours refrigerate.

---

**Test Name:** EOSINOPHIL SMEAR

**Test ID:** EOS

**Test Includes:** Specimen source, eosinophil count

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** 24 – 48 hours

**Specimen Type:** Secretions from the nose, paranasal sinuses, trachea or bronchi, or urine.

**Container:** As appropriate: nasal or sputum swab, sputum container, bronchial lavage container, urine tube.

**Storage:** Room temperature.

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** EPIDERMAL ANTIBODY

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 2 ML - REF

**Additional Information:** IF SCREEN IS POSITIVE, WILL REFLEX TO TITER

---

**Test Name:** EPINEPHRINE (FOR EITHER PLASMA OR URINE THIS IS PART OF CATECHOLAMINES)

**Testing Facility:** Reference Laboratory

---

**Test Name:** ERYTHROCYTE PROTOPORPHYRIN

**Testing Facility:** Reference Laboratory

**Additional Information:** Test no longer available at Reference Laboratory. See Zinc Protoporphyrin

---

**Test Name:** ERYTHROCYTE SED RATE

**Test ID:** ESR

**Synonyms:** ESR, Sed Rate, WSR, Westergren Sed Rate

**Test Includes:** Modified Westergren sed rate.

**Testing Facility:** Aultman Laboratory

**Specimen Type:** Whole blood (EDTA)

**Volume:** 2 mL

**Container:** 2.5 mL lav top tube.

**Storage:** Sample is good stored 4 hours at room temperature, 24 hrs refrigerated

---

**Test Name:** ERYTHROPOIETIN

**Test ID:** ERYTH

**Testing Facility:** Reference Laboratory

**Precollection Instructions:** Due to diurnal variation, it is recommended that specimens be collected between 7:30a and noon.

**Specimen Type:** Serum

**Volume:** 1 mL

**Container:** SST tube

**Specimen Handling:** Refrigerate

---

**Test Name:** ESR (See Erythrocyte Sed Rate)

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** ESTRADIOL

**Test ID:** E2

**Synonyms:** E2

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done daily. Results available the same day.

**Specimen Type:** Serum or plasma lithium heparin – Separate from cells within 2 hours of collection.

**Volume:** 1 – 2mL

**Container:** SST or Plasma  
Lithium Heparin.

**Storage:** Refrigerate.

---

**Test Name:** ESTRADIOL, TOTAL

**Test ID:** ESTRIO

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 1 ML SERUM - SST - REF

---

**Test Name:** ESTROGEN, FRACTIONATED BLOOD

**Test ID:** ESTGEN

**Synonyms:** TOTAL ESTROGENS

**Test Includes:** Estradiol, Estrone, Estrogens Total

**Testing Facility:** Reference Laboratory

**Turnaround Time:** 2-6 days

**Specimen Type:** 1 ml Serum – Refrigerate

**Container:** SST

**Specimen Handling:** Separate serum from cells with 2 hours of collection and transfer to aliquot container. Refrigerate.

---

**Test Name:** ESTRONE

**Test ID:** EST

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 1ML FROM SST - REF

---



# Aultman Hospital Laboratory Test Directory

**Test Name:** ETHANOL

**Test ID:** ALC

**Test Includes:** Ethanol only.

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/week, 24 hours/day. Results available within 1 hour of receipt.

**Precollection Instructions:** Do not use alcohol preps or other alcohol-containing substances in pre-venipuncture preparation.

**Specimen Type:** Serum or plasma lithium heparin – Separate from cells within 2 hours of collection.

**Volume:** 1mL

**Container:** Plain red top/SST/Plasma lithium Heparin

**Specimen Handling:** Keep tube sealed until testing. Separate serum from cells ASAP.

**Storage:** Refrigerate.

---

**Test Name:** ETHANOL, URINE

**Test ID:** ETOHU

**Testing Facility:** Aultman Hospital

**Specimen Type:** Random URINE 10 ml

**Container:** Screw top urine container.

---

**Test Name:** ETHOSUXIMIDE

**Test ID:** ETHOS

**Synonyms:** Zarontin

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 1 ML SERUM -PLAIN RED TOP TUBE - REF Centrifuge and transfer serum to plastic vial.

**Additional Information:** EDTA PLASMA ALSO ACCEPTABLE; COLLECT PRIOR TO NEXT DOSE

---

**Test Name:** ETHYLENE GLYCOL

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 1 ML - REF

**Additional Information:** STAT TO AKRON CITY TOX LAB- CALL COURIER TO TRANSPORT

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** EUGLOBULIN LYSIS

**Test ID:** EULYS

**Testing Facility:** Reference Laboratory

**Specimen Handling:** CITRATED PLASMA 2ML - FROZEN

**Additional Information:** MUST BE DRAWN AT THE MAIN HOSPITAL - DOUBLE SPIN WITHIN 30 MIN AFTER COLLECTION

---

**Test Name:** EVEROLIMUS, BLOOD

**Test ID:** EVEROL

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 2 EDTA Lavender top. Whole blood.

**Storage:** Refrigerated.

---

**Test Name:** F8 AG (see VonWillebrand Antigen)

---

**Test Name:** FACTOR 11

**Test ID:** F11

**Testing Facility:** Reference Laboratory

**Additional Information:** Must be back to the main hospital in 4 hours

**Specimen Handling:** 2 ML BLUE TOP PLASMA - FROZEN

---

**Test Name:** FACTOR 13 ASSAY

**Test ID:** FXIII

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 1ML CITRATED PLASMA - FROZ

**Additional Information:** MUST BE DRAWN AT THE MAIN HOSPITAL

---

**Test Name:** FACTOR 5

**Test ID:** F5

**Testing Facility:** Reference Laboratory

**Additional Information:** Must be back to the main hospital in 4 hours

**Specimen Handling:** 2 ML BLUE TOP PLASMA - FROZEN

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** FACTOR 5 LEIDEN - APCV will be done unless order also states: Genetic, PCR, or DNA testing

**Test ID:** If order reads Factor V Leiden Order **APCV**

If order reads Factor V Leiden (PCR, GENETICS, OR DNA) Order **F5LEI**

**Turnaround Time:** Batched, Ran on Tuesdays

**Specimen Type:** 2 full 2.7 mL blue top tubes (3.2% sodium citrate), 1 full EDTA tube

**Specimen Handling:** Keep all tubes at room temperature. **DO NOT REFRIGERATE.** Blood must be processed in Aultman Laboratory within 4 hours of collection; alternatively may be drawn in Aultman Outpatient Department.

---

**Test Name:** FACTOR 7

**Test ID:** F7

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 2 ML BLUE TOP PLASMA – FROZEN

**Additional Information:** Must be back to the main hospital in 4 hours

---

**Test Name:** FACTOR 8 INHIBITOR BETHESDA UNITS

**Test ID:** BETHDA

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 2 ML BLUE TOP PLASMA – FROZEN

**Other:** Must be back to the main hospital in 4 hours

**Additional Information:** CAN BE USED FOR FACTOR 8 OR FACTOR 9 INHIBITOR BETHESDA UNITS

---

**Test Name:** FACTOR 8-C ASSAY (see Factor VIII (8) Activity)

---

**Test Name:** FACTOR II GENE MUTATION (20210A) (SEE PROTHROMBIN GENE VARIANT)

**Testing Facility:** Reference Laboratory

---

**Test Name:** FACTOR IX

**Test ID:** F9

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Urgent/STAT: 3 hours, Routine: Batched

**Precollection Instructions:** Notify the lab (coag) if this test is to be ordered at any time other than M – F 0700 – 1530 so that adequate staffing can be provided.

**Specimen Type:** Plasma (citrated)

**Volume:** 5mL

**Container:** 2 FULL blue top tubes (MUST be full)

**Specimen Handling:** Specimen must be processed in Aultman Lab within 4 hours of collection; alternatively may be drawn in Aultman Outpatient Department.

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** FACTOR VIII

**Test ID:** F8

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Urgent/STAT: 3 hours, Routine: Batched

**Precollection Instructions:** Notify the lab (coag) if this test is to be ordered at any time other than M -- F 0700 – 1530 so that adequate staffing can be provided.

**Specimen Type:** Plasma (citrated)

**Volume:** 5mL

**Container:** 2 FULL blue top tube (MUST be full).

**Specimen Handling:** Specimen must be processed in Aultman Lab within 4 hours of collection; alternatively may be drawn in Aultman Outpatient Department.

---

**Test Name:** FACTOR X

**Test ID:** F10 ACTIVITY ; DO NOT CONFUSE WITH Anti-XA

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Urgent/STAT: 3 hours, Routine: batched

**Specimen Type:** Plasma (citrated)

**Volume:** 2 mL

**Container:** (2) FULL blue top tubes (MUST be full)

**Specimen Handling:** Specimen must be processed in Aultman Lab within 4 hours of collection; alternatively may be drawn in Aultman Outpatient Department.

---

**Test Name:** FACTOR XA (See Heparin Factor Xa)

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**Test Name:** FAT, FECAL QUALITATIVE

**Test ID:** MISCNB

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 10 GM RANDOM STOOL - FROZEN

**Additional Information:** INCLUDES FAT, MEAT FIBERS, AND STARCH

---

**Test Name:** FAT, FECAL QUANT

**Test ID:** FATF

**Testing Facility:** Reference Laboratory

**Specimen Handling:** STOOL (ENTIRE COLLECTION) FROZEN

**Additional Information:** PUT IN COMMENTS 24,48 OR 72 HR COLLECTION

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** FECAL LEUKOCYTES

**Test ID:** FECL2

**Test Includes:** Microscopic examination of stool for WBC's.

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done daily 0700 - 2400. Results available the same day.

**Specimen Type:** Stool.

**Volume:** Minimum of 1 gram.

**Container:** Clean container with a tight-fitting lid.

**Specimen Handling:** Collection:

- A) The entire contents of the first specimen of the day is preferred.
- B) Avoid contamination with water, urine, paper, barium or mineral oil. Do not remove specimens from the toilet bowl.
- C) Specimens received in a diaper are not acceptable and will be rejected by Microbiology. Transport: Deliver to Microbiology within 2 hours of collection for inpatients. Storage: Refrigerate.

---

**Test Name:** FECAL IMMUNOCULT TEST

**Test ID:** FIT

**Testing Facility:** Aultman Hospital

**Turnaround Time:** 7 days a week, on day shift

**Specimen Handling:** Feces on a FIT collection Kit or Sterile Container

**Additional Information:** Room Temperature stable for 14 days

---

**Test Name:** FELBAMATE

**Test ID:** FELBA

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 2 ML SERUM - PLAIN RED TOP - REF

Centrifuge and transfer serum to plastic vial.

**Additional Information:** COLLECT 1 HR PRIOR TO NEXT DOSE

---

**Test Name:** FENTANYL, URINE

**Test ID:** UFENT

**Testing Facility:** Reference Laboratory

**Volume:** 10 ML URINE

**Specimen Handling:** REFRIGERATED

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** FERRITIN

**Test ID:** FERR

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done daily. Results available the same day.

**Specimen Type:** Serum or Plasma lithium heparin – Separate from cells within 2 hours of collection.

**Volume:** 1mL

**Container:** SST or Plasma lithium heparin.

**Specimen Handling:** Avoid hemolysis.

**Storage:** Refrigerate.

---

**Test Name:** FETAL MATERNAL HEMORRHAGE

**Test ID:** FMH

**Synonyms:** Fetal Screen

**Test Includes:** Blood Bank will reflex additional testing when positive result

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** 30 minutes

**Container:** 6 ml pink top EDTA

**Additional Information:** NOTE: All specimens sent to Blood Bank for testing must have a handwritten identification label that includes the patient's first and last name, Medical Record number (Date of Birth is acceptable for Outpatients), date and time of collection and collector's initials. Specimens missing any of the elements listed above will be rejected and must be recollected.

---

**Test Name:** FIBRINOGEN

**Test ID:** FIB

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Urgent/STAT: 45 minutes, Routine: 3 hours

**Specimen Type:** Plasma (citrated)

**Volume:** 2mL

**Container:** 5mL blue top tube (MUST be full)

**Specimen Handling:** Specimen must be processed in Aultman Lab within 4 hours of collection; alternatively may be drawn in Aultman Outpatient Department.

---

**Test Name:** FIBRINOGEN SPLIT PRODUCTS (see FDP)

---

**Test Name:** FIBROSPECT II

**Test ID:** FIBRO

**Testing Facility:** Reference Laboratory - Prometheus

**Specimen Handling:** 2 ML SERUM - REF

The information contained in this Directory is provided only as general information and is subject to change without notice.

# Aultman Hospital Laboratory Test Directory

**Test Name:** FIBROSURE - HEPATITIS C VIRUS

**Test ID:** LIVFIB

**Synonyms:** Fibrotest-Actitest; Liver Fibrosis

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 3 mL Serum, Frozen.

**Additional Information:** 8 hour fasting required. Patient must be  $\geq 14$  years old.

---

**Test Name:** FINE NEEDLE ASPIRATION

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Monday-Friday received by 3:00pm. 2 working days. Certain non-Gyn cases will require additional stains and will take longer.

**Precollection Instructions:** This procedure is performed in the Radiology Department with a Cytotechnologist and a Pathologist in attendance. These procedures are scheduled in advance through the Radiology Department. The procedures are performed Monday thru Friday from 8am-3pm. Any questions concerning these procedures may be directed to the Cytology Department.

**Specimen Collection /** Cerner requisition for In-patients. Use Form 308A (Cytology requisition) for Out-patients.

Instructions continued to next page.....

# Aultman Hospital Laboratory Test Directory

**Transfer Instructions:** The following information must be included on the requisition:

1. The patient's name and medical record number (if there is one. New patients will be assigned a medical record number by the computer)
2. Patient's birth date
3. Patient's address, if the patient is to be billed
4. Insurance information
5. Patient's Medicare or Medicaid number
6. The source of the specimen. Indicate the source of each specimen if there are multiple sites done during the same procedure.
7. Any pertinent clinical information
8. Indicate any other special testing to be done on this specimen. (i.e. Flow Cytometry, special stains)
9. Cerner requisitions must include a Cerner Order ID number with the source of the specimen.

Supplies:

1. Pre-filled specimen containers with Cytology Non-Gyn preservative.
2. Specimen and requisition labels
3. Aspirate needle(s)
4. Glass slides
5. Bottle of spray fixative (supplied by Cytology on request)
6. Cardboard folder(s)

Collection:

Cytology prefers the collection of any aspirates into a container with Cytology Non-Gyn preservative. Pre-filled containers will be supplied by Cytology by request from office.

\*Please do not rinse the needle in the preservative until the very last pass of the needle. This preservative should not be introduced into the patient and it is not sterile.\*

If the physician does not want to aspirate the specimen into preservative, smears from the aspirate can be made by aspirating the material onto a glass slide and spray fixing the slide with spray fixative. This must be done immediately after the specimen is introduced onto the glass slide to prevent air-drying. Hold the spray fixative bottle about 4 inches over the slide and give 3-4 quick squirts of spray to cover the entire area of the specimen. Let this air-dry before closing any slides in the cardboard folders. This will prevent any specimen being lost by sticking to the folder.

A preferred method is to smear a specimen sample between 2 slides and allow (1) to air dry and spray fix the other slide.

It is very important to label all slides and containers with two patient identifiers and the source of the specimen(s) especially if the physician is obtaining specimens from multiple sites.

**Specimen Handling:** Transport to the Lab:

Any specimens from outside offices will be picked up by an ALS courier and delivered to the Cytology Department for processing. Specimens obtained inside the hospital will be transported by lab courier, any nursing personnel or radiology staff to Cytology for processing. After hours, deliver specimen to the Microbiology department.



# Aultman Hospital Laboratory Test Directory

**Storage:**

Specimens collected in preservative can be stored at room temperature for 2 weeks after collection. Glass slide specimens can be kept at room temperature. Either specimen can be refrigerated but it is not necessary.

Any specimen not in preservative needs to be refrigerated immediately after collection until transport to Cytology by the courier.

**Additional Information:** MSDS are available for Cytology Non-Gyn preservative by request.

---

**Test Name: FISH FOR MYELOYDYSPLASIA**

**Test ID:** FSHMDS

**Testing Facility:** Reference Laboratory

**Specimen Type:** BLOOD

**Volume:** 7 ML -BLOOD

**Container:** EDTA PREFERRED

**Specimen Handling:** ROOM TEMPERATURE

---

**Test Name: FISH PLASMA CELL MYELOMA**

**Test ID:** FSHPCM

**Testing Facility:** Reference Laboratory

**Specimen Type:** BONE MARROW

**Volume:** 3 ML

**Container:** EDTA

**Specimen Handling:** ROOM TEMPERATURE

---

**Test Name: FISH, CLL**

**Test ID:** CLLFSH

**Testing Facility:** Reference Laboratory

**Volume:** 8 ML WHOLE EDTA BLOOD - REF

**Specimen Handling:** REFRIGERATED

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** FLECAINIDE

**Test ID:** FLEC

**Synonyms:** Tambocor

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 1 ML SERUM - PLAIN RED TOP - REFRIG Centrifuge and transfer serum to plastic vial.

**Additional Information:** DRAW 1 HR PRIOR TO NEXT DOSE

---

**Test Name:** FLOW CYTOMETRY

**Test ID:** FLOW

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Specimen only good for 48 hours

**Specimen Type:** Peripheral blood or bone marrow.

**Volume:** 10mL

**Container:** Bone marrow – 10mL green top tube (sodium heparin), Peripheral blood- 10ml Sodium Heparin and 4ml EDTA Lavender tube

**Specimen Handling:** Keep specimen at room temperature. Keep in original collection tube.

**Additional Info:** Testing performed Mon – Thurs 7am – 3pm Friday – 7am – 2 pm.

---

**Test Name:** FLOW CYTOMETRY FOR LEUKEMIA/LYMPHOMA (PEDIATRIC)

**TEST ID:** MISC

**TESTING FACILITY:** REFERENCE LAB

**CONTAINER:** SODIUM HEPARIN TUBE (MIN 4 ML) – ROOM TEMPERATURE

**ADDITIONAL INFORMATION:** EDTA (LAVENDER TOP) ALSO ACCEPTABLE – ROOM TEMPERATURE

---

**Test Name:** FLUOXETINE

**Test ID:** FLUOX

**Synonyms:** Prozac

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 3 ML SERUM - PLAIN RED TOP - REFRIG Centrifuge and transfer serum to plastic vial.

**Additional Information:** AKA: PROZAC - DRAW >12 HRS POST DOSE

---

**Test Name:** FLURAZEAPAM

**Test ID:** FLUR

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 2 ML - FROZEN

**Additional Information:** PLAIN RED TOP - Centrifuge and transfer serum to plastic vial.

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** FOLATE, RBC

**Test ID:** FOLRBC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** EDTA WHOLE BLOOD – 2 LAVENDER TOP TUBES

**Additional Information:** FROZEN BLOOD SHOULD BE PROTECTED FROM LIGHT DURING AND AFTER COLLECTION:  
TRANSFER TO AMBER SEND OUT TUBE FOR THE FROZEN SAMPLE; REGULAR SEND OUT TUBE FOR REFRIGERATED SAMPLE

---

**Test Name:** FOLATE, SERUM

**Test ID:** FOL

**Synonyms:** Folic acid

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done daily. Results available the same day.

**Precollection Instructions:** Fasting specimen is preferable.

**Specimen Type:** Serum.

**Volume:** 1mL

**Container:** 7mL SST

**Specimen Handling:** Avoid hemolysis.

**Storage:** Refrigerate.

---

**Test Name:** FONDAPARINUX SODIUM (XA INHIBITION) (ARIXTRA)

**Test ID:** FONDXA

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 1 ML CITRATED PLASMA - FROZEN

**Additional Information:** Must be back to main hospital in 4 hours

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**Test Name:** FRACTIONATED BILIRUBIN (indirect, direct, total) (see Bilirubin, Indirect)

---

**Test Name:** FRAGILE X

**Test ID:** FRAX

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 5 ML EDTA WHOLE BLOOD - ROOM TEMP

**Additional Information:** COPY ORDER AND GIVE TO SEND OUTS

---

**Test Name:** FREE ANDROGEN INDEX (see SHBG, Sex Hormone Binding Globulin)

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** FREE KAPPA / FREE LAMBDA LIGHT CHAINS (Serum)

**Test ID:** KLFRS

**Test Includes:** Total free Kappa light chains, total free Lambda light chains and free Kappa/Lambda ratio

**Testing Facility:** Reference Laboratory

**Specimen Type:** Serum - Refrigerated

**Volume:** 1 mL

**Container:** 7 mL SST

**Specimen Handling:** Separate from cells/gel barrier, refrigerate. Avoid lipemia and hemolysis.

---

**Test Name:** FREE LIGHT CHAIN - URINE

**Test ID:** UFLCKL

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 2ML - RANDOM URINE - REF

**Additional Information:** CAN ALSO BE 24 HR URINE - NO PRESERVATIVE. INCLUDES KAPPA AND LAMBDA

---

**Test Name:** FREE PSA

**Test ID:** PSAF

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 1 ML - FROZ

**Additional Information:** INCLUDES TOTAL AND FREE; DO NOT ORDER PSA WITH THIS

---

**Test Name:** FRUCTOSAMINE

**Test ID:** FRUC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 2 ML - REF

---

**Test Name:** FSH

**Test ID:** FSH

**Synonyms:** Follicle stimulating hormone.

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done daily. Results available the same day.

**Specimen Type:** Serum

**Volume:** 1mL

**Container:** 7mL SST

**Specimen Handling:** Avoid hemolysis. Centrifuge and refrigerate.

**Storage:** Refrigerate.

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** FTA-ABS

**Test ID:** FTA

**Synonyms:** Fluorescent Treponemal Antibody test for the confirmation of reactive RPRs.

**Test Includes:** It is recommended to order an RPR in conjunction with the FTA.

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done as needed. Results available the following day.

**Specimen Type:** Serum

**Volume:** 1 mL

**Container:** 7mL SST

**Specimen Handling:** Refrigerate

---

**Test Name:** FTA-ABS, CSF

**Test ID:** FTACSF

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 1 ML CSF REFRIG

**Additional Information:** FORWARDED TO FOCUS

---

**Test Name:** FUNGAL SEROLOGY

**Test ID:** MISC

**Synonyms:** Fungal antibodies

**Test Includes:** aspergillus fumigatus, blastomyces dermatitidis, coccidioides immitis and histoplasma capsulatum.

**Testing Facility:** Reference Laboratory

**Specimen Type:** 1 ML SERUM FROM SST TUBE - REFRIGERATED

**Specimen Handling:** Avoid hemolysis.

---

**Test Name:** G-6-PD

**Test ID:** G6PDQT

**Synonyms:** Glucose-6-phosphate dehydrogenase

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 5 mL Lavender Top - whole blood. Refrigerated. Leave in original tube.

---

**Test Name:** GABAPENTIN

**Test ID:** GAB

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 1 ML SERUM PLAIN RED TOP TUBE - REF

**Additional Information:** Centrifuge and transfer serum to plastic vial.

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** GABITRIL

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 2 ML FROM PLAIN RED - REF

Centrifuge and transfer serum to plastic vial.

**Additional Information:** AKA: TIAGABINE

---

**Test Name:** GAD65 - AB

**Test ID:** GAD65

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 1 ML - FROZEN

**Additional Information:** AKA: GLUTAMIC ACID DECARBOXYLASE

---

**Test Name:** GALACTOKINASE

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 5 ML WHOLE BLOOD - EDTA - REF

---

**Test Name:** GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE

**Test ID:** G1PHOS

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 7 ML SODIUM HEPARIN GREEN - WHOLE BLOOD - REF

**Additional Information:** PLACE SPECIMEN ON ICE AFTER COLLECTION

---

**Test Name:** GAMMA GT

**Test ID:** GGT

**Synonyms:** Gamma-glutamyl transferase or gamma-glutamyl transpeptidase (also  $\gamma$ -glutamyl transferase, GGT, GGTP, gamma-GT)

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/week, 24 hours/day. Results available the same day.

**Specimen Type:** Serum or Plasma lithium heparin – Separate from cells within 2 hours of collection.

**Volume:** 1 mL

**Container:** SST or Plasma Lithium Heparin

**Specimen Handling:** Avoid hemolysis

**Storage:** Refrigerate.

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** GANGLIOSIDE ANTIBODY PANEL

**Test ID:** GANGAB

**Test Includes:** Asialo-GM1 IgG/IgM, GM1 IgG/IgM, GM2 IgG/IgM, GD 1a IgG/IgM, GD1 b IgG/IgM, GQ 1b IgG /IgM

**Testing Facility:** Reference Laboratory

**Volume:** 1 ml serum-Refrigerate

**Container:** SST

---

**Test Name:** GASTROINTESTINAL PCR PANEL

**Test ID:** GIPCR

**Testing Facility:** Aultman Hospital

**Turnaround Time:** 0700-2400 results available

**Specimen Handling:** fresh stool or stool in Cary Blair Preservative

**Additional Information:** Fresh Stool - Refrigerate  
Cary Blair Preservative – Room Temp

---

**Test Name:** GASTRIN

**Test ID:** GAST

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 1 ML SERUM - FROZEN

**Additional Information:** OVERNIGHT FAST IS REQUIRED

---

# Aultman Hospital Laboratory Test Directory

## Test Name: GENTAMICIN

**Test ID:** GENTP (PEAK); GENTT (TROUGH)

**Synonyms:** Garamycin, Gentacin

**Test Includes:** Time of last dose, gentamicin

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/week, 24 hours/day. Results available the same day.

**Precollection Instructions:** Usual sampling times:

☒ hour before next scheduled dose

☒ hour after IV infusion is completed, or 1 hour after IM injection

1. Trough:
2. Peak:
3. Trough and peak levels should be collected around the same dosing interval.

Trough and peak levels must be ordered on separate requisitions

Individualized dosing:

1. Three separate levels should be done at 1 hour, 2 hours and 4 hours after IV infusion is completed. Order on 3 separate requisitions, identifying the specimen in order comments. One order must have the following information in order comments: a. Patient weight;  
b. Dosage given.  
c. Time infusion started and finished.  
d. All other antibiotics given.
2. Copies of individualized dosing levels are sent to pharmacy for dosing calculations. Pharmacy makes the recommendations.
3. If patient's most recent serum creat is > 2.0 mg/dL, call pharmacy for timing for individualized dosing specimens.

**Specimen Type:** Serum/Plain Red Top/Plasma Lithium heparin – Separate from cells within 2 hours of collection.

**Volume:** 1 mL

**Container:** SST/Plain Red Top/Plasma Lithium Heparin

**Specimen Handling:** Centrifuge and transfer serum to plastic vial. Timing is critical. Return to lab immediately. Avoid hemolysis.

**Storage:** Refrigerate.

---

**Test Name: GHB (GAMMA-HYDROXYBUTYRIC ACID)**

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 5 ML – PLAIN RED TOP - REFRIDGERATE

---



# Aultman Hospital Laboratory Test Directory

**Test Name:** GIARDIA ANTIGEN

**Test ID:** GIARD

**Test Includes:** Enzyme immunoassay for Giardia antigen.

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done as needed. Results available in 2 - 5 days.

**Precollection Instructions:** See Ova & Parasite Exam for instructions.

**Specimen Type:** Stool, feces-coated rectal swab. Specimens collected in diapers are acceptable for this assay.

**Volume:** 1 gram or 1 mL liquid.

**Container:** Clean container with a tight-fitting lid.

**Specimen Handling:** Collection: See Ova & Parasite Exam for instructions.

Transport: Deliver to Microbiology within 2 hours of collection for inpatients.

Storage: Refrigerate. Microbiology will freeze specimen upon receipt.

---

**Test Name:** GLIADIN ANTIBODY

**Test ID:** GLIAD

**Test Includes:** Gliadin antibody IgG and IgA

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done twice weekly

**Specimen Type:** Serum

**Volume:** 1 mL

**Container:** 7 mL SST

**Storage:** Refrigerate.

---

**Test Name:** GLOMERULAR BASEMENT MEMBRANE IGG

**Test ID:** GBMBG

**Synonyms:** GBM Ab

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 1 ML -REF

---

**Test Name:** GLUCAGON

**Test ID:** GLUCA

**Testing Facility:** Reference Laboratory

**Specimen Type:** 1 ML PLASMA FROM THE PROTEASE INHIBITOR (SPECIAL KIT) AVAILABLE IN SEND OUTS

**Specimen Handling:** 1 ML - FROZEN

**Additional Information:** A BUTTERFLY MUST BE USED TO DRAW THE BLOOD

# Aultman Hospital Laboratory Test Directory

**Test Name:** GLUCOSE TOLERANCE, 2 HOUR PREGNANCY

**Test ID:** GTTP2

**Synonyms:** Diabetes screening for patients with gestational diabetes during pregnancy

**Test Includes:** Serum glucose: Fasting, 1 hour, 2 hours. No urines

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** 2 hours after the last specimen is received in the lab

**Precollection Instructions:** See Precollection Instructions for GLUCOSE TOLERANCE. Dose: 75g glucose.

**Specimen Type:** Serum

**Volume:** 1 mL

**Container:** 5 mL SST

**Storage:** Refrigerate.

---

**Test Name:** GLUCOSE TOLERANCE, 2, 3, 4 Hour

**Test ID:** GTT2, GTT3, GTT4

**Test Includes:** Serum glucose

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** 2 hours after last specimen is received in lab

**Precollection Instructions:** Glucose Tolerance

1. Schedule test with venipuncture 24 hours in advance.
2. Patient should be NPO after midnight except for water. NO SMOKING.
3. Obtain a bottle of glucola (normal dose for 3 or 4 hour: 100 grams glucose)(Normal dose for 2 hour is 75 grams glucose)(Note: Patients weighing less than 100 lb DO NOT receive a full bottle of glucola. Call Chemistry (ext. 33994) for the exact amount to be given.)
4. The morning of the test, both a fasting glucose and a fasting urine must be collected and analyzed prior to the administration of the glucola. Chemistry will call the nursing unit with the time to administer the glucola. The glucola must be consumed within 20 minutes of when it is first administered.

**SPECIAL CONDITIONS**

1. DO NOT schedule any other procedures, X-rays or therapy with the tolerance test. As per the American Diabetes Association, test accuracy depends upon minimal stress and activity by the patient.
2. DO NOT catheterize the patient for the test unless specifically ordered by the attending physician.
3. During the test, avoid any medication that coats the stomach or intestines. If barium has been given previous to the tolerance test, allow 2 - 3 days for the barium to clear the intestinal tract before the tolerance is performed.
4. If the patient becomes ill during the tolerance test and vomits, notify the lab to discontinue testing. Notify the physician that the test was discontinued.

**Specimen Type:** Serum

**Volume:** For each collection: Serum: 1 mL

For each collection: Serum: 1 mL

**Container:** Serum: 7 mL SST

**Storage:** Refrigerate.

# Aultman Hospital Laboratory Test Directory

**Test Name:** GLUCOSE, 1 HOUR CHALLENGE

**Test ID:** GLU1P

**Precollect Instructions:** 50 Grams of Glucola

**Test Includes:** 1-hour glucose

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/week, 24 hours/day. Results available the same day.

**Specimen Type:** Serum

**Volume:** 1 mL

**Container:** 5 mL SST

**Storage:** Refrigerate.

---

**Test Name:** GLUCOSE, 2 HOUR POSTPRANDIAL

**Test ID:** GLU2P

**Test Includes:** 2 hour glucose

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/week, 24 hours/day. Results available the same day.

**Precollection Instructions:** A glucose level is to be drawn 2 hours after a 75g glucose load is given (preferable) or following a breakfast or lunch containing at least 100 g of carbohydrate.

**Specimen Type:** Serum

**Volume:** 1 mL

**Container:** 5 mL SST

**Storage:** Refrigerate.

---

**Test Name:** GLUCOSE, 24 HOUR URINE

**Test ID:** GLU24

**Test Includes:** Collection time, volume, creatinine, glucose

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/week. Results are available the same day if the specimen is received by 1000.

**Precollection Instructions:** See 24-hour Urine Collection Instructions.

**Specimen Type:** 24-hour urine

**Volume:** Submit entire collection to laboratory

**Container:** Obtain collection container from laboratory

**Specimen Handling:** Keep specimen on ice during collection

**Storage:** Refrigerate.

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** GLUCOSE, BODY FLUID

**Test ID:** GLUBF

**Test Includes:** Body fluid type, glucose

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/week, 24 hours/day. Results available the same day.

**Specimen Type:** Body fluid

**Volume:** 2 – 4 mL

**Storage:** Refrigerate.

---

**Test Name:** GLUCOSE, RANDOM URINE

**Test ID:** GLUR

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/week, 24 hours/day. Results available the same day.

**Specimen Type:** Random urine

**Volume:** 2 – 4 mL

**Container:** Plastic urine tube

**Storage:** Refrigerate.

---

**Test Name:** GLUCOSE, SERUM

**Test ID:** GLUCOSE, SERUM

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/week, 24 hours/day. Results available the same day.

**Specimen Type:** Serum or Plasma Lithium Heparin – Separate from cells within 2 hours of collection.

**Volume:** 1 mL

**Container:** SST or Plasma  
lithium heparin.

**Storage:** Refrigerate.

---

**Test Name:** GLYCOMARK

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 1 ML SERUM REF

---

**Test Name:** GM1 AB PANEL

**Test ID:** GM1ABP

**Test Includes:** GM1 IgG & IgM

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 1 ML - REF

**Additional Information:** OVERNIGHT FASTING IS PREFERRED

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** GOLD

**Test ID:** GOLD

**Testing Facility:** Reference Laboratory - LabCorp

**Specimen Handling:** SERUM 1 ML FROM SST - REF

---

**Test Name:** GONORRHOEAE PCR - FEMALE

**Test ID:** NGPCR1

**Test Includes:** PCR test to detect *N. gonorrhoeae*. NOTE: Specimens collected using the Cobas PCR collection kit cannot be used for culture.

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done daily M - F. Results available within 1-2 days.

**Precollection Instructions:** Use only Powder Free gloves.

**Specimen Type:** Endocervix, vagina, urine.

**Volume:** 1 Cobas PCR female swab, 5mL urine.

**Container:** Cobas PCR transport tube. NOTE: Specimens collected using the Cobas PCR collection kit cannot be used for culture.

**Specimen Handling:** Collection:

- 1) Remove excess mucus from the cervical os and surrounding mucosa using one of the swabs provided. Discard this swab.
- 2) Insert the second swab from the collection kit 1 - 12 cm into the endocervical canal.
- 3) Rotate the swab clockwise in the endocervical canal for 30 seconds to ensure adequate sampling.
- 4) Withdraw the swab carefully. Avoid any contact with vaginal mucosa.
- 5) Insert the swab into the Remel transport tube. Snap off the shaft at the score line or cut shaft to fit tube.
- 6) Cap tube. Label with the patients name.  
B. Male:
  - 1) 5mL urine in a sterile container.

Transport: Deliver to Microbiology within 2 hours of collection for inpatients. Storage: Room temperature. If submitting urine, refrigerate urine.

---

**Test Name:** GRANULOCYTE ANTIBODY

**Test ID:** NEUTR

**Testing Facility:** Reference Laboratory

**Specimen Type:** Serum

**Volume:** 3 mL

**Container:** Red Top – FROZEN

# Aultman Hospital Laboratory Test Directory

**Test Name:** GROUP B STREP PCR

**Test ID:** GBSPCR

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done Monday-Saturday. Results available in 2 days.

**Specimen Type:** Vagina, rectum.

**Volume:** 1 swab of each.

**Container:** Culturette (2 swabs)

**Specimen Handling:** Collection:

A. With a culturette, obtain one swab each of the vaginal introitus and the anorectum.

B. Cervical cultures are not acceptable for determining colonization.

C. A speculum should not be used for culture collection.

Transport: Deliver to Microbiology within 2 hours of collection for inpatients.

Storage: Refrigerate.

---

**Test Name:** GROWTH HORMONE

**Test ID:** GH

**Testing Facility:** Reference Laboratory

**Specimen Type:** 1 ml serum - refrigerated

**Volume:** 1 mL

**Container:** SST tube

**Specimen Handling:** Separate serum from cells and refrigerate

---

**Test Name:** H. PYLORI STOOL ANTIGEN

**Test ID:** HPYLAG

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Sent to Reference Lab.

**Specimen Type:** Stool

**Volume:** 1 gm

**Container:** Sterile container

**Specimen Handling:** Refrigerate

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** H. INFLUENZAE IGG

**Test ID:** HINFLU

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 1 ML -REF

**Additional Information:** AKA: HIB OR H.FLU VACCINE RESPONSE

---

**Test Name:** H. PYLORI IGG ANTIBODY

**Test ID:** HP

**Synonyms:** Helicobacter pylori Antibody

**Test Includes:** Detects Helicobacter pylori IgG antibody only

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done twice weekly M – F. Results available within 3 days.

**Specimen Type:** Serum

**Volume:** 1 mL

**Container:** 7 mL SST

---

**Test Name:** H. PYLORI AB IGM

**Testing Facility:** Reference Laboratory

**Additional Information:** Test no longer available from Reference Laboratory. Recommend ordering H. pylori IgG or IgA

---

**Test Name:** HALOPERIDOL (HALDOL)

**Test ID:** HALOP

**Synonyms:** Haldol

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 1 ML SERUM - PLAIN RED TOP - REFRIG

**Additional Information:** Centrifuge and transfer serum to plastic vial.

---

**Test Name:** HANTAVIRUS ANTIBODY

**Test ID:** HANTAB

**Test Includes:** IGG AND IGM

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 1 ML - REF

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** HAPTOGLOBIN

**Test ID:** HAPTO

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7days/week, 24hours/day. Results available same day.

**Specimen Type:** Serum only

**Volume:** 1 mL

**Container:** 7 mL SST

**Specimen Handling:** Avoid hemolysis and lipemia. Refrigerate, after 72 hours freeze.

---

**Test Name:** HCG, QUANTITATIVE

**Test ID:** HCG

**Synonyms:** This assay is used to monitor hCG as an assessment of pregnancy. It is not the assay of choice for use as a tumor marker. To order hCG as a tumor marker, order AHCGT.

**Test Includes:** LMP, hCG

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 24 hours/day, 7 days/week. Results available same day.

**Precollection Instructions:** Note the date of LMP when ordering.

**Specimen Type:** Serum

**Volume:** 2 mL

**Container:** 7 mL SST

**Storage:** Refrigerate.

---

**Test Name:** HCG, TUMOR MARKER

**Test ID:** HCGT

**Synonyms:** This test is intended to be used as a tumor marker. It should not be used for the assessment of pregnancy. For pregnancy assessment, order "HCG."

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 24 hours/day, 7 days/week. Results available same day.

**Specimen Type:** Serum

**Volume:** 2 mL

**Container:** 7 mL SST

**Storage:** Refrigerate.

---



# Aultman Hospital Laboratory Test Directory

---

**Test Name: HDL CHOLESTEROL ONLY**

**Test ID:** HDO

**Synonyms:** HDL cholesterol

**Test Includes:** HDL cholesterol ONLY

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done daily. Results are available the next day.

**Precollection Instructions:** A 12-hour fast is required.

**Specimen Type:** Serum or Plasma Lithium Heparin – Separate from cells within 2 hours of collection.

**Volume:** 1 mL

**Container:** SST or Plasma  
Lithium Heparin

**Storage:** Refrigerate.

---

**Test Name: HEAVY METALS - BLOOD**

**Test ID:** HMETB

**Synonyms:** Heavy Metals Panel

**Testing Facility:** Reference Laboratory - Mayo

**Specimen Handling:** DARK BLUE METAL FREE TUBE WITH EDTA ADDITIVE

**Additional Information:** LEAVE IN ORIGINAL TUBE

---

**Test Name: HEAVY METALS - RANDOM URINE**

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 10 ML URINE - POUR IN ACID WASHED TUBE - FROZEN

**Additional Information:** REFRAIN FROM SEAFOOD FOR 72 HRS BEFORE TEST

---

**Test Name: HEAVY METALS - URINE**

**Test ID:** HMETU

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 10 ML FROM 24 HR COLLECTION - POUR IN ACID WASHED TUBE - REF

**Additional Information:** REFRAIN FROM SEAFOOD FOR 72 HRS BEFORE TEST; INCLUDES MERCURY, LEAD, ARSENIC, CADMIUM

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** HELPER/SUPPRESSOR (ADULTS)

**Test ID:** HELP1

**Synonyms:** CD3/CD4

**Test Includes:** Total lymphocytes, number of T cells, natural killer cells, helper cells and suppressor cells, % total of each cell type and helper/suppressor ratio (CD3, CD4, CD8, CD19, CD56).

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** 2 working days

**Specimen Type:** Whole blood

**Volume:** 5 mL

**Container:** 5 mL lav top tube

**Specimen Handling:** Deliver specimen to lab ASAP. Keep specimen at room temperature.

---

**Test Name:** Helper/Suppressor (Pediatrics <12 years old)

**Test ID:** IMMDEF

**Testing Facility:** Reference Laboratory

**Specimen Type:** Edta Whole Blood

**Container:** Edta Lavender Top Tube

**Storage:** Room Temperature

**Special Instructions:** Deliver specimens to testing laboratory within 24 hours of collection.

---

**Test Name:** HEMATOCRIT

**Test ID:** HCT

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Urgent/STAT: 30-60 minutes, Routine: 6 hours

**Specimen Type:** Whole blood (EDTA)

**Volume:** 2 mL

**Container:** 2.5 mL lav top tube

**Storage:** Room temperature.

---

**Test Name:** HEMATOCRIT, SPUN

**Test ID:** SHCT

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** 6 hours

**Specimen Type:** Whole blood, EDTA

**Container:** 2.5 ml lav top tube

**Storage:** Room temperature.

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** HEMOCHROMATOSIS DNA PROBE

**Test ID:** HEMDNA

**Synonyms:** Hereditary Hemochromatosis

**Test Includes:** C282Y Mutation, H63D Mutation, S65C Mutation

**Testing Facility:** Reference Laboratory

**Specimen Type:** Whole blood from EDTA

**Volume:** 3 mL

**Container:** 2 lavender top tubes

**Specimen Handling:** Keep blood at room temperature. Do not spin.

**Storage:** Ambient

---

**Test Name:** HEMOGLOBIN

**Test ID:** HGB

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Urgent/STAT: 30-60 minutes, Routine: 6 hours

**Specimen Type:** Whole blood (EDTA)

**Volume:** 2 mL

**Container:** 2.5 mL lavender top tube

**Storage:** Room temperature.

---

**Test Name:** HEMOGLOBIN ELECTROPHORESIS

**Test ID:** HGBE

**Synonyms:** Hemoglobin fractionation

**Test Includes:** Hemoglobin A1, A2, S and F. Test includes interpretation by a pathologist.

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done weekly on Thursday

**Specimen Type:** Whole blood (EDTA)

**Volume:** 5 mL

**Container:** 5 mL lavender top tube

---

**Test Name:** HEMOGLOBIN, PLASMA

**Test ID:** HGBP

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 2 ML PLASMA FROM NA HEPARIN - REF

**Additional Information:** Avoid hemolysis; separate from cells within 1 hour of collection.

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** HEMOGRAM, WITH PLATELETS

**Test ID:** HGMP

**Test Includes:** WBC, RBC, hemoglobin, hematocrit, indices and platelets

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Urgent/STAT: 30 minutes, Routine: 6 hours

**Specimen Type:** Whole blood (EDTA)

**Volume:** 2 mL

**Container:** 2.5 mL lav top tube

---

**Test Name:** HEMOSIDERIN, URINE

**Test ID:** HEMOS

**Testing Facility:** Reference Laboratory

**Precollection Instructions:** Requires a refrigerated first morning specimen

**Specimen Type:** First morning urine

**Volume:** 5 mL

**Container:** Plastic urine tube

---

**Test Name:** HEP B CORE ANTIBODY TOTAL

**Test ID:** AHBCOT

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 1 ML - REF

**Additional Information:** DOES NOT DIFFERENTIATE BETWEEN IGG AND IGM

---

**Test Name:** HEP B S AB QUANT

**Test ID:** HBSQT

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 2 ML - REF

---

**Test Name:** HEP B VIRAL DNA

**Test ID:** HBVDNU

**Testing Facility:** Reference Laboratory

**Specimen Handling:** EDTA PLASMA 2ML - REF

**Additional Information:** Centrifuge and pour off into sterile container

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** HEP C GENOTYPE

**Test ID:** HCGEN

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 2 ML - REF

**Additional Information:** EDTA PLASMA ALSO ACCEPTABLE

---

**Test Name:** HEPARIN INDUCED THROMBOCYTOPENIA

**Test ID:** HIT

**Synonyms:** HIT Test, Platelet Factor 4

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Sent to Reference Lab

**Specimen Type:** Citrated plasma

**Volume:** 2 mL

**Container:** Blue top tube

**Specimen Handling:** Centrifuge and separate plasma from cells. Freeze plasma.

---

**Test Name:** HEPATIC FUNCTION PANEL

**Test ID:** HFP

**Test Includes:** Albumin, total bilirubin, direct bilirubin, alk phos, AST, ALT, total protein

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/week, 24 hours/day. Results available the same day.

**Specimen Type:** Serum or Plasma Lithium Heparin – Separate from cells within 2 hours of collection.

**Volume:** 2 mL

**Container:** SST or Plasma Lithium Heparin

**Specimen Handling:** Avoid hemolysis. Separate serum from cells within 2 hours of collection.

---

**Test Name:** HEPATITIS E Antibodies

**Test ID:** HEPE

**Test Includes:** HEPATITIS IGG AND IGM

**Testing Facility:** Reference Laboratory

**Specimen Type:** SERUM 1ML-FROZEN

**Specimen Handling:** SEPARATE SERUM FROM CELLS ASAP

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** HEPATITIS A ANTIBODIES TOTAL

**Test ID:** AHAVT

**Test Includes:** IGG AND IGM BUT DOES NOT DIFFERENTIATE BETWEEN THEM

**Testing Facility:** Reference Laboratory

**Volume:** 1 ML SERUM-REF

**Container:** SST

**Storage:** REFRIGERATED

---

**Test Name:** HEPATITIS A IGM ANTIBODIES

**Test ID:** AHAVM

**Test Includes:** Screening for IgM antibodies to Hepatitis A testing.

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7days/week, 24hours/day. Results available same day.

**Specimen Type:** Serum or plasma lithium heparin – Separate from cells within 2 hours of collection.

**Volume:** 1 – 2 mL

**Container:** SST or Plasma Lithium Heparin.

**Specimen Handling:** Avoid hemolysis

---

**Test Name:** HEPATITIS B CORE IGM

**Test ID:** HBCM

**Synonyms:** HBcIgM, Core-M, Core-IgM

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7days/week, 24hours/day. Results available same day.

**Specimen Type:** Serum or plasma lithium heparin – Separate from cells within 2 hours of collection.

**Volume:** 1 mL

**Container:** SST or plasma lithium heparin.

**Specimen Handling:** Avoid hemolysis

---

**Test Name:** HEPATITIS B E AB

**Test ID:** HBEAB

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 1 ML SERUM FROM SST - REFRIGERATED

---

**Test Name:** HEPATITIS B E AG

**Test ID:** HBEAG

**Testing Facility:** Reference Laboratory

**Specimen Type:** 1 ML SERUM FROM SST - REF

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** HEPATITIS B SURFACE AG, CONF.

**Test ID:** HBCNF

**Testing Facility:** Reference Laboratory

**Volume:** 1ML SERUM

**Container:** SST

**Specimen Handling:** REFRIGERATED

---

**Test Name:** HEPATITIS B SURFACE ANTIBODY

**Test ID:** HBSAB

**Synonyms:** HBsAb, Hepatitis B immune status

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7days/week, 24hours/day. Results available same day.

**Specimen Type:** Serum or plasma lithium heparin – Separate from cells within 2 hours of collection.

**Volume:** 2 mL

**Container:** SST or Plasma lithium heparin.

**Specimen Handling:** Avoid hemolysis

---

**Test Name:** HEPATITIS B SURFACE ANTIBODY QUANT

**Test ID:** AHBSQ

**Testing Facility:** Reference Lab

**Specimen Type:** 1 ML SERUM FROM SST TUBE - REFRIGERATED

**Specimen Handling:** Refrigerate

---

**Test Name:** HEPATITIS B SURFACE ANTIGEN

**Test ID:** HBSAG

**Synonyms:** HBsAg, HAA (Hepatitis Australia Antigen)

**Test Includes:** All repeatedly reactive (positive) Hepatitis B Surface Ag tests are confirmed by neutralization.

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7days/week, 24hours/day. Results available same day.

**Specimen Type:** Serum or plasma lithium heparin – Separate from cells within 2 hours of collection.

**Volume:** 2 mL

**Container:** SST or plasma lithium heparin.

**Specimen Handling:** Avoid hemolysis

# Aultman Hospital Laboratory Test Directory

**Test Name:** HEPATITIS C RNA Quantitative PCR

**Test ID:** HCQPCR

**Synonyms:** HCV Viral Load, Heptimax, Hep C Quant

**Testing Facility:** Reference Lab

**Specimen Type:** EDTA Plasma

**Volume:** 3 mL

**Specimen Handling:** EDTA Plasma refrigerated. Serum is also acceptable.

---

**Test Name:** HEPATITIS C ANTIBODY

**Test ID:** HCV

**Synonyms:** Non-A, non-B hepatitis, transfusion associated hepatitis

**Test Includes:** Hepatitis C antibody (2nd generation)

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done Daily

**Specimen Type:** Serum

**Volume:** 2 mL

**Container:** 7 mL SST

**Specimen Handling:** Avoid hemolysis

---

**Test Name:** HEPATITIS DELTA AB

**Test ID:** AHD

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 1 ML - FROZEN

---

**Test Name:** HEPATITIS, ACUTE PROFILE

**Test ID:** HEPAC

**Synonyms:** Hepatitis A, B and C screening

**Test Includes:** Hepatitis B Surface Ag, Hepatitis B Core IgM Ab, Hepatitis C Ab, Hepatitis A IgM

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7days/week, 24hours/day. Results available same day.

**Specimen Type:** Serum or plasma lithium heparin – Separate from cells within 2 hours of collection.

**Volume:** 3 – 5 mL

**Container:** SST or Plasma Lithium Heparin

**Specimen Handling:** Avoid hemolysis

---



# Aultman Hospital Laboratory Test Directory

**Test Name:** HERPES 6 VIRUS

**Test ID:** HV6ABS

**Test Includes:** IGG AND IGM

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 1 ML -REF

---

**Test Name:** HERPES SIMPLEX 1 AND 2 IGG AND IGM

**Test ID:** HSVAB

**Test Includes:** If HSV IgM type 1 is positive the test will automatically reflex to HSV IgG types 1 and 2

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Sent to Reference Lab

**Specimen Type:** Serum

**Volume:** 1 mL

**Container:** 7 mL SST.

**Specimen Handling:** Refrigerate specimen.

---

**Test Name:** HISTAMINE, PLASMA

**Test ID:** PHISTA

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 1 ML EDTA PLASMA - FROZEN ASAP

**Additional Information:** CENTRIFUGE IMMEDIATELY; AVOID HEMOLYSIS

---

**Test Name:** HISTAMINE, URINE, 24 HOUR

**Test ID:** UHISTA

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 15 ML FROM 24 HR COLLECTION - REF

---

**Test Name:** HISTONE ANTIBODY

**Test ID:** HIST

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 1 ML - REF

**Additional Information:** CENTRIFUGE WITHIN 1 HOUR OF COLLECTION

# Aultman Hospital Laboratory Test Directory

**Test Name:** HISTOPLASMA ANTIBODY

**Test ID:** HISTAB

**Test Includes:** HISTO MYCELIAL AB-CF, HISTO YEAST-CF, HISTOPLASMOSIS AB-ID

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 1 ML - REF

**Additional Information:** FASTING PREFERRED

---

**Test Name:** HISTOPLASMA URINE ANTIGEN

**Test ID:** HISTOAG

**Testing Facility:** Reference Laboratory

**Specimen Handling:** URINE 13 ML - REF

---

**Test Name:** HIV 1 / 2 ANTIBODY

**Test ID:** HIV

**Test Includes:** Assay for the detection of HIV p24 antigen and antibodies to HIV Type 1, including Group O (HIV -1 + "O") and/or Type 2 (HIV-2).

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7days/week, 24hours/day. Results available same day.

**Specimen Type:** Serum or lithium heparin – Separate from cells within 2 hours of collection.

**Volume:** 2 mL

**Container:** SST or Plasma lithium heparin.

**Specimen Handling:** Avoid hemolysis

---

**Test Name:** HIV 1 GENOTYPE

**Test ID:** HIVNGS

**Testing Facility:** Reference Lab

**Specimen Type:** Plasma

**Volume:** 3 mL

**Container:** Lavender top tube (EDTA)

**Specimen Handling:** Freeze

---

**Test Name:** HIV 1/2 AB DIFFERENTIATION

**Test ID:** HIV12M

**Test Includes:** Differentiation from antibodies to HIV 1 and HIV 2

**Testing Facility:** Reference Laboratory

**Volume:** 1 ML SERUM-REF

**Container:** SST

**Additional Information:** PLASMA ACCEPTABLE

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** HIV 1/2 Combo (Ag/Ab)

**Test ID:** HIV12C

**Test Includes:** HIV 1/2 antibodies and P24 antigen

**Testing Facility:** Reference Laboratory

**Volume:** 1 ML SERUM-REF

**Container:** SST

**Additional Information:** PLASMA ALSO ACCEPTABLE

---

**Test Name:** HIV 2 DNA/RNA PCR

**Test ID:** MISC

**Turnaround Time:** Sent to Reference Lab

**Specimen Type:** EDTA WHOLE BLOOD

**Specimen Handling:** ROOM TEMP

---

**Test Name:** HIV-1 INTEGRASE GENOTYPE ( Test no longer available, please see HIV 1 Genotype- HIVNGS)

---

**Test Name:** HIV-1 RNA QUAL, TMA

**Test ID:** HIVTMA

**Testing Facility:** Reference Laboratory

**Specimen Type:** 2 ML PLASMA FROM EDTA TUBE (FROZEN)

**Specimen Handling:** CENTRIFUGE AND TRANSFER PLASMA TO PLASTIC CONTAINER; FREEZE

**Additional Information:** This is a qualitative test. Preferred test is HIV Quant RNA by PCR.

---

**Test Name:** HIV-1 RNA QUANT, CSF

**Test ID:** MISC

**Testing Facility:** Reference Laboratory - QUEST

**Specimen Handling:** 3 ML CSF - FROZEN

---

**Test Name:** HIV-2 ANTIBODY

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 1 ML - FROZEN

---

**Test Name:** HLA B27

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 2 EDTA (LAVENDER TOP) WHOLE BLOOD - ROOM TEMP

**Additional Information:** GOES TO MAYO CLINIC

---

The information contained in this Directory is provided only as general information and is subject to change without notice.

# Aultman Hospital Laboratory Test Directory

**Test Name:** HLA NARCOLEPSY

**Test ID:** NARCO

**Testing Facility:** Reference Laboratory

**Volume:** 7 mL

**Specimen Handling:** Whole blood EDTA - REF

---

**Test Name:** HLA TYPING (A,B,C)

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 5ML EDTA WHOLE BLOOD - ROOM TEMP

---

**Test Name:** HLA-B 5701 TYPING

**Test ID:** B5701

**Testing Facility:** Reference Laboratory

**Specimen Type:** Whole Blood

**Container:** 5 ML EDTA Whole Blood

**Specimen Handling:** ROOM TEMPERATURE

---

**Test Name:** HOMOCYSTEINE

**Test ID:** HOMO

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 24 hours/day, 7 days/week. Results available same day.

**Transfer Instructions:** transfer on ice

**Specimen Type:** Plasma only (Lithium Heparin)

**Volume:** 1 mL

**Container:** Lithium Heparin

**Specimen Handling:** Centrifuge and separate serum from cells ASAP.

**Storage:** Refrigerate.

---

**Test Name:** HOMO VANILLIC ACID, URINE

**Test ID:** UHVA

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 4ML 24 HR URINE

**Additional Information:** FROZEN

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** HPV PCR SCREEN

**Test ID:** HPV

**Test Includes:** DNA probe for the detection of Human Papilloma Virus (HPV), high risk types including Genotype 16 & 18.

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Results are available within 2-3 days.

**Specimen Collection / Collection:** Preservative solutions: Follow collection device instructions.

**Specimen Type:** PreservSITE (ThinPrep) preservative

**Container:** PreservSITE (ThinPrep) container

**Specimen Handling:** Transport: Deliver to Microbiology within 2 hours of collection for inpatients.

---

**Test Name:** HSP-70 ANTIBODY

**Synonym:** Anti-68 KD Antibody

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 1 ML SERUM FROM PLAIN RED TOP

**Additional Information:** Centrifuge and pour off into sterile container-REFRIGERATE

---

**Test Name:** HSV PCR CSF

**Test ID:** MISCNB

**Testing Facility:** Reference Laboratory

**Specimen Handling:** CSF 1 ML - REF

---

**Test Name:** HSV PCR LESIONS

**Test ID:** HSVVZV

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SWAB IN UTM

**Additional Information:** ROOM TEMPERATURE

---

**Test Name:** HTLV I / II

**Test ID:** HTLVSC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 1 ML - REF

**Additional Information:** EDTA PLASMA IS ALSO ACCEPTABLE

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** HUMAN PLACENTAL LACTOGEN (SEE PLACENTAL LACTOGEN)

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 1ML SERUM FROM PLAIN RED TOP

**Additional Information:** Centrifuge and pour off into sterile container - REFRIDGERATE

---

**Test Name:** HUNTINGTON DISEASE MUTATION

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 5 LAVENDER TOPS - WHOLE BLOOD - REFRIDGERATE

**Additional Information:** WAIVER MUST BE SIGNED AND SENT WITH ALL SPECIMEN. CALL 1-800-628-6816 FOR COPY OF WAIVER

---

**Test Name:** HYDROCODONE CONFIRMATION, URINE

**Test ID:** HYDCU

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 10 mL urine, refrigerated

---

**Test Name:** HYPERSENSITIVITY PNEUMONITIS

**Test ID:** HYPNE

**Synonyms:** Test for detection of 5 IgG antibodies

**Test Includes:** Antibodies for: aspergillus fumigatus, aspergillus niger, micropolyspora faeni, thermoactinomyces vulgaris and saccharomonospora viridis

**Testing Facility:** Reference Lab

**Specimen Type:** Serum

**Volume:** 2 mL

**Container:** 7 mL SST

**Specimen Handling:** Avoid hemolysis. Refrigerate specimen.

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** IBD sgi DIAGNOSTIC

**Test ID:** IBDSG

**Synonyms:** IBD 7 Serology

**Testing Facility:** Reference Laboratory - Prometheus

**Specimen Handling:** 2 ML SERUM AND EDTA WHOLE BLOOD

**Additional Information:** COLLECT SST TUBE AND 1 LAVENDER TOP TUBE - REF

---

**Test Name:** IFE, SERUM

**Test ID:** IFES

**Synonyms:** Serum immunofixation electrophoresis

**Test Includes:** Interpretation of IFE by a pathologist

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done daily as needed. Results available the same day.

**Precollection Instructions:** Fasting specimen preferred.

**Specimen Type:** Serum

**Volume:** 2 mL

**Container:** 7 mL SST.

**Specimen Handling:** Avoid hemolysis and lipemia.

---

**Test Name:** IFE, URINE

**Test ID:** IFEU

**Synonyms:** Urine immunofixation electrophoresis.

**Test Includes:** Interpretation of IFE by a pathologist.

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done daily as needed. Results available the same day.

**Precollection Instructions:** A 24-hour collection is preferred. See 24-hour Urine Collection Instructions. A random urine can be used instead of a 24-hour urine. The random urine should be the first morning void.

**Specimen Type:** 24-hour urine or random urine.

**Volume:** Submit entire urine collection to lab. Random urine should be at least 50 mL. **Container:** Obtain urine collection container from lab

**Specimen Handling:** Refrigerate. Keep collected urine on ice during collection.

---

**Test Name:** IGD

**Synonyms:** Immunoglobulin D

**Test ID:** IGD

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 1 ML - REF

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** IGF-BP3

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 1 ML SERUM - FROZEN

**Additional Information:** REJECT IF HEMOLYZED OR LIPEMIC

---

**Test Name:** IGG INDEX, CSF

**Test ID:** TOURT

**Synonyms:** IgG synthesis (CSF)

**Test Includes:** CSF IgG and albumin, serum IgG and albumin, IgG/albumin index and IgG synthesis rate

**Testing Facility:** Reference Lab

**Precollection Instructions:** Test requires CSF and serum

**Specimen Type:** CSF (obtained by physician) and serum

**Volume:** CSF: 3 mL, Serum: 3 mL

**Container:** Serum: 7 mL SST

**Specimen Handling:** Avoid hemolysis. Deliver to lab immediately. Refrigerate specimen.

---

**Test Name:** IGG SUBCLASSES, 1234

**Test ID:** IG1234

**Synonyms:** Fractionated IgG

**Test Includes:** IgG1, IgG2, IgG3, IgG4

**Testing Facility:** Reference Laboratory

**Specimen Type:** Serum - refrigerated

**Volume:** 1 mL

**Container:** 7 mL SST.

**Specimen Handling:** Avoid hemolysis and lipemia. Refrigerate

---

**Test Name:** IMIPRAMINE

**Test ID:** IMIP

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 1 ML sSERUM FROM RED TOP TUBE - Refrigerated

**Additional Information:** Centrifuge and transfer serum to plastic vial within 2 hrs of collection

---



# Aultman Hospital Laboratory Test Directory

## Test Name: IMMUNOGLOBULIN A

**Test ID:** IGA

**Synonyms:** IgA

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7days/week, 24hours/day. Results available the same day.

**Specimen Type:** Serum and plasma lithium heparin – Separate from cells within 2 hours of collection.

**Volume:** 1 mL

**Container:** SST or Plasma Lithium heparin

---

## Test Name: IMMUNOGLOBULIN E

**Test ID:** IGE

**Synonyms:** IgE

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7days/week, 24hours/day. Results available the same day.

**Specimen Type:** Serum only

**Volume:** 1 mL

**Container:** 7 mL SST.

---

## Test Name: IMMUNOGLOBULIN G

**Test ID:** IGG

**Synonyms:** IgG

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7days/week, 24 hours/day. Results available the same day.

**Specimen Type:** Serum or plasma lithium heparin – Separate from cells within 2 hours of collection.

**Volume:** 1 mL

**Container:** SST or plasma lithium heparin.

---

## Test Name: IMMUNOGLOBULIN M

**Test ID:** IGM

**Synonyms:** IgM

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7days/week, 24hours/day. Results available the same day.

**Specimen Type:** Serum or plasma lithium heparin – Separate from cells within 2 hours of collection.

**Volume:** 1 mL

**Container:** SST or Plasma lithium heparin.

# Aultman Hospital Laboratory Test Directory

**Test Name:** IMMUNOGLOBULIN PANEL

**Test ID:** IMMUN

**Synonyms:** Quantitative immunoglobulins

**Test Includes:** IgA, IgG and IgM

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7days/week, 24hours/day. Results available the same day.

**Specimen Type:** Serum or plasma lithium heparin – Separate from cells within 2 hours of collection.

**Volume:** 2 mL

**Container:** SST or Plasma lithium heparin.

---

**Test Name:** INFLIXIMAB/HACA MEASUREMENT

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 2 ML - REF

---

**Test Name:** INFLUENZA A AB

**Test ID:** FLUA

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 1 ML - REF

**Additional Information:** INCLUDES IGG AND IGM

---

**Test Name:** INFLUENZA B AB

**Test ID:** FLUB

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 1 ML - REF

**Additional Information:** INCLUDES IGG AND IGM

---

**Test Name:** INHIBIN A

**Test ID:** INHIB

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 2 ML - REF

---

**Test Name:** INHIBIN B

**Test ID:** INHIBB

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 1 ML - FROZEN

**Additional Information:** MOSTLY USED FOR INFERTILITY TESTING

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** INSULIN

**Test ID:** INSLN

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done daily. Results available the same day.

**Precollection Instructions:** NOTE: If insulin levels are ordered in conjunction with a glucose tolerance, each individual insulin must be ordered separately with the time (fasting, 2 hours, 1 hour, etc.) noted in order entry comments.

**Specimen Type:** Serum

**Volume:** 1 mL

**Container:** 7 ml SST

**Specimen Handling:** Avoid hemolysis

**Storage:** Refrigerate.

---

**Test Name:** INSULIN ANTIBODY

**Test ID:** INSAB

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 1 ML SERUM - REFRIGERATED

---

**Test Name:** INSULIN, FREE (BIOACTIVE)

**Test ID:** FINS

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 1 ML SERUM - REFRIGERATED

**Additional Information:** EDTA PLASMA ALSO ACCEPTABLE

---

**Test Name:** INSULIN-LIKE GROWTH FACTOR (see Somatomedin C)

---

**Test Name:** INTRINSIC FACTOR BLOCKING ANTIBODY

**Test ID:** INTFCT

**Testing Facility:** Reference Laboratory

**Container:** SST

**Specimen Handling:** SERUM 1 ML - REF

---

**Test Name:** IODINE

**Test ID:** BIODIN

**Testing Facility:** Reference Laboratory

**Specimen Type:** 1 ML SERUM FROM DARK BLUE TUBE WITH NO ADDITIVE - REFRIGERATED

**Specimen Handling:** DO NOT USE BETADINE DURING VENIPUNCTURE. POUR OFF INTO METAL FREE TRANSPORT TUBE

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** IRON STUDIES

**Test ID:** FES

**Synonyms:** Fe studies

**Test Includes:** Total iron, iron binding capacity (IBC) and % saturation

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Test performed 7 days/week, 24 hours/day. Results available same day.

**Specimen Type:** Serum

**Volume:** 2 mL

**Container:** 7 mL SST

**Specimen Handling:** Avoid hemolysis. Separate serum from cells within 2 hours of collection.

**Storage:** Refrigerate.

---

**Test Name:** IRON STUDY, LIVER BIOPSY

**Test ID:** PATH

**Test Number:** FET

**Testing Facility:** Reference Laboratory

**Specimen Handling:** LIVER BX OR PARAFFIN BLOCK

**Additional Information:** REFRIGERATE; SEND PATH REPORT WITH SPECIMEN

---

**Test Name:** IRON, TOTAL, SERUM

**Test ID:** FE

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/week, 24 hours/day. Results available the same day.

**Specimen Type:** Serum or plasma lithium heparin – Separate from cells within 2 hours of collection.

**Volume:** 1 mL

**Container:** SST of plasma lithium heparin.

**Specimen Handling:** Avoid hemolysis. Separate serum from cells within 2 hours of collection.

**Storage:** Refrigerate.

---

**Test Name:** ISLET CELL ANTIBODY

**Test ID:** ISLET

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 1 ML -REF

**Additional Information:** AKA: ICA

---

**Test Name:** JAK-2 V617F MUTATION DETECTION

**Test ID:** JAK2

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 2 LAVENDER TOPS - WHOLE BLOOD

**Storage:** REFRIGERATE

The information contained in this Directory is provided only as general information and is subject to change without notice.

# Aultman Hospital Laboratory Test Directory

**Test Name:** JAK2 NON V617F MUTATION

**Test ID:** JAKNON

**Testing Facility:** Reference Laboratory

**Volume:** 2 LAVENDER TUBES – WHOLE BLOOD

**Storage:** REFRIGERATE

---

**Test Name:** JC POLYOMA VIRUS DNA BY PCR

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 1 ML EDTA PLASMA - FROZEN ASAP

---

**Test Name:** JO-1 ANTIBODY

**Test ID:** JO1

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 1 ML - REF

---

**Test Name:** K2 (HERBAL OR SYNTHETIC MARIJUANA)

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 5 ML URINE - REFRIG

---

**Test Name:** KAPPA/LAMBDA LIGHT CHAINS, FREE (SERUM)

**Test ID:** KLFRS

**Testing Facility:** Reference Laboratory

**Specimen Type:** Serum - refrigerated

**Volume:** 1 mL

**Container:** 7 ml SST

**Specimen Handling:** Avoid lipemia. Refrigerate

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** KAPPA/LAMBDA, FREE, URINE

**Test ID:** UFLCKL

**Testing Facility:** Reference Laboratory

**Volume:** 2ML URINE

**Specimen Handling:** 2 ML RANDOM OR FROM WELL MIXED 24 HOUR COLLECTION

**Storage:** REFRIGERATED

---

**Test Name:** KEPPRA

**Test ID:** KEPPRA

**Synonyms:** Levetiracetam

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 1 ML SERUM - PLAIN RED TOP - REFRIG Centrifuge and transfer serum to plastic vial.

---

**Test Name:** KETAMINE AND METABOLITE

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 3 ML FROM PLAIN RED - REF Centrifuge and transfer serum to plastic vial.

**Additional Information:** SST TUBES ARE UNACCEPTABLE

---

**Test ID:** KETONES, URINE

**Test ID:** KETUA

**Synonyms:** Acetone (u)

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/week, 24 hours/day. Results available the same day.

**Specimen Type:** Random urine

**Volume:** 1 mL

**Container:** Plastic urine tube

**Specimen Handling:** Keep on ice or refrigerate

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** KLEIHAUER-BETKE STAIN

**Test ID:** KBS

**Synonyms:** KB Stain

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** 24 hours

**Specimen Type:** Whole blood (EDTA)

**Volume:** 3 mL

**Container:** 5 mL lav top tube

**Storage:** Refrigerated.

---

**Test Name:** LACOSAMIDE

**Test ID:** LACOS

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 2 mL serum. Plain Red top tube.

Centrifuge and transfer serum to plastic vial.

Refrigerate

**Additional Information:** SST is unacceptable.

---

**Test Name:** LACTIC ACID, BODY FLUID

**Test ID:** LACBF

**Test Includes:** Body fluid type, lactic acid

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/week, 24 hours/day. Results available the same day.

**Specimen Type:** Body fluid

**Volume:** 2 – 4 mL

---

**Test Name :**LACTIC ACID, CSF

**Test ID:** LACSF

**Synonyms:** Lactate

**Test Includes:** Specimen type, lactic acid

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/week, 24 hours/day. Results available the same day.

**Specimen Type:** CSF

**Volume:** 1 mL

**Container:** Deliver to lab ASAP

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** LACTIC ACID, WHOLE BLOOD

**Test ID:** LAC

**Synonyms:** Lactate

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/week, 24 hours/day. Results available the same day.

**Precollection Instructions:** Draw without a tourniquet

**Specimen Type:** Whole blood

**Volume:** 2mL

**Container:** 1 Lithium Heparin green top or 1 arterial/venous blood gas syringe

**Specimen Handling:** Collect on ice. Avoid hemolysis. Deliver to stat lab immediately. Specimens for lactic acid should not be drawn outside the main hospital campus.

---

**Test Name:** LACTOSE TOLERANCE TEST

**Test ID:** LTT

**Test Includes:** Fasting glucose and glucose levels drawn at 15, 30, 45, 60, 90, and 120 minutes after the administration of lactose.

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Within 2 hours after the last specimen is received.

**Precollection Instructions:** Schedule test with venipuncture 24 hours in advance.

**Specimen Type:** Serum

**Volume:** 1 mL

**Container:** 5 mL SST

---

**Test Name:** LAMOTRIGINE (LAMICTAL)

**Test ID:** LMTR

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 1 ML SERUM - PLAIN RED TOP - REFRIG

Centrifuge and transfer serum to plastic vial.

**Additional Information:** PLAIN RED TOP

---

**Test Name:** LAXATIVE ABUSE SCREEN

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 10 GM RANDOM STOOL - REFRIG



# Aultman Hospital Laboratory Test Directory

**Test Name:** LD ISOENZYMES

**Test ID:** LDISO

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 1 ML - ROOM TEMPERATURE

**Additional Information:** INCLUDES TOTAL LD

---

**Test Name:** LD, BODY FLUID

**Test ID:** LDBF

**Synonyms:** Body fluid LDH

**Test Includes:** Body fluid type, LD

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/week, 24 hours/day. Results available the same day.

**Specimen Type:** Body fluid

**Volume:** 2 – 4 mL

---

**Test Name:** LD, SERUM

**Test ID:** LD

**Synonyms:** LDH, lactate dehydrogenase

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/week, 24 hours/day. Results available the same day.

**Specimen Type:** Serum or plasma lithium heparin – Separate from cells within 2 hours of collection.

**Volume:** 1 mL

**Container:** SST or Plasma Lithium Heparin.

**Specimen Handling:** Avoid hemolysis

**Storage:** Refrigerate.

---

**Test Name:** LDL, CHOLESTEROL DIRECT

**Test ID:** LDLDCT

**Synonyms:** LDL DIRECT CHOLESTEROL

**Testing Facility:** Reference Laboratory

**Precollection Instructions:** PATIENT MUST BE FASTING

**Specimen Handling:** SERUM 1 ML – REF

---

**Test Name:** LEAD, BLOOD

**Test ID:** LEAD2

**Testing Facility:** Reference Lab

**Specimen Type:** Whole blood

**Container:** (EDTA) Navy Blue with additive - Refrigerate

**Specimen Handling:** Heavy Metal form for Leads MUST accompany the sample. Cannot be sent without it

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** LEAD, URINE 24 HOUR

**Test ID:** ULEADQ

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 15 ML FROM 24 HR COLLECTION - REF

**Additional Information:** TRANSPORT IN ACID WASHED TUBE

---

**Test Name:** LEGIONELLA ANTIBODIES

**Testing Facility:** Reference Laboratory

**Volume:** 1 ml serum-Ref

**Specimen Handling:** Refrigerated

**Additional Information:** AKA: L.PNEUMOPHILIA; TESTS SEROGROUPS 1-6,8

---

**Test Name:** LEGIONELLA URINE ANTIGEN

**Test ID:** LUA

**Test Includes:** Rapid immunochromatographic assay for detection of legionella pneumophila serogroup 1 antigen in urine.

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done Mon – Fri, 24 hours a day, Sat and Sun 0700 – 2400. Performed Sat and Sun 0000-0700, Stat requests only. Results available the same day.

**Specimen Type:** Urine (catheter or clean void).

**Volume:** 2 mL.

**Container:** Sterile container.

**Specimen Handling:** Collection:

- A. Catheter: Swab catheter port with povidone iodine. Puncture the port with a needle and aspirate the urine into a syringe. Do NOT collect urine from the drainage bag.
  - B. Clean void: Cleanse urinary meatus with towelettes. Have the patient void a small amount for discard. Collect a midstream urine specimen.
- Transport: Deliver to Microbiology within 2 hours of collection for inpatients.  
Storage: Refrigerate.
- 

**Test Name:** LEPTOSPIRA ANTIBODY

**Test ID:** LEPAB

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 1 ML -REF

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** LEUKOCYTE ALKALINE PHOSPHATASE – CONTACT HEMATOLOGY BEFORE COLLECTION

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Turnaround Time:** 24 hours

**Specimen Type:** Heparinized whole blood

**Volume:** 5 mL

**Container:** 5 mL green top tube

**Specimen Handling:** **Protect From Light**

**Additional Information:** **MUST BE DRAWN AT  
THE MAIN HOSPITAL ONLY**

**Storage:** Room Temperature

---

**Test Name:** LH

**Test ID:** LH

**Synonyms:** Luteinizing hormone

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done on daily. Results available the same day.

**Specimen Type:** Serum

**Volume:** 1 mL

**Container:** 7 mL SST

**Storage:** Refrigerate.

---

**Test Name:** LIDOCAINE

**Test ID:** LIDO

**Synonyms:** Xylocaine

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 1ML PLAIN RED

Centrifuge and transfer serum to plastic vial.

**Additional Information:** SST TUBES ARE UNACCEPTABLE

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** LIPASE, SERUM

**Test ID:** LIP

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/week, 24 hours/day. Results available the same day.

**Specimen Type:** Serum or plasma lithium heparin – Separate from cells within 2 hours of collection.

**Volume:** 1 mL

**Container:** SST or Plasma Lithium Heparin.

**Specimen Handling:** Separate serum from cells ASAP

**Storage:** Refrigerate.

---

**Test Name:** LIPID PROFILE

**Test ID:** LIPID

**Test Includes:** Cholesterol, triglycerides, HDL, LDL and VLDL cholesterol and cholesterol/HDL cholesterol ratio

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done daily. Results available the next day.

**Precollection Instructions:** A 12-hour fast is required

**Specimen Type:** Serum or Plasma lithium heparin – Separate from cells within 2 hours of collection.

**Volume:** 2 mL

**Container:** SST or plasma  
lithium heparin.

**Storage:** Refrigerate.

---

**Test Name:** LIPOPROTEIN (a)

**Test ID:** LPA

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 1 ML - REF

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** LIQUID-BASED PAP SMEAR

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Monday-Friday received by 3:00pm. 4 working days. Abnormal PAP smear results take longer pending Pathologist review.

**Precollection Instructions:** Requisition: Use Cerner requisition for in-patient specimens. Use Form 308-A (Cytology) for outpatient specimens

**Specimen Collection /** The following information must be included on the requisition:

- Transfer Instructions:**
1. The patient's name, birth date, medical record number
  2. Mark the source (cervical, vaginal, endocervical, vault)
  3. Include any pertinent clinical information (esp. post menopausal bleeding, previous abnormal history)
  4. Mark the HPV Reflex box if additional testing is requested with an ASCUS result
  5. Mark the "HPV Testing Regardless" box if HPV testing is requested no matter what the diagnosis is.
  6. List any physicians that require a copy of the report
  7. The patient's Social Security number is helpful but not required

Collection procedure:

NOTE: THIS PROCEDURE MUST BE PERFORMED BY A PHYSICIAN OR A NURSE PRACTITIONER UNDER THE DIRECTION OF A PHYSICIAN.

1. Place the patient in the dorsolithotomy position.
2. Insert a vaginal speculum. Use warm water to warm up and lubricate the speculum. Do not use vaginal lubricants prior to specimen collection. Lubricants can interfere with cell transfer to the slide and obscure cells.
3. Insert the collection device in to the endocervical canal. Gently apply pressure until the bristles form against the cervix.
  - a) Endocervical brush/spatula collection device - slowly rotate 1/4 or 1/2 turn in one direction. DO NOT over rotate.
  - B) Broom-like device - rotate the broom in a clockwise direction five times.
4. Rinse the collection device into the vial (10 times, swirling vigorously to further release material)
5. Discard collection device.
6. Tighten the cap to prevent leaking.
7. Vials with specimen will be viable up to 4 weeks after collection. They do not need to be refrigerated.

Materials needed:

1. Vial used to collect and transport the specimen
  2. Cervix brush collection device or the combo kit collection device
- Specimen vials and collection device supplies are available through Cytology.

Continued to the next page.....

# Aultman Hospital Laboratory Test Directory

**Container:** It is very important to record two patient identifiers on the specimen vial. The date of collection and the physician's name are also helpful for accessioning purposes.

Specimen vials do not need to be refrigerated before or after collection. Do not use the vials after the expiration date on the vial. Specimens are viable up to 4 weeks after collection.

**Specimen Handling:** Place the vial and the requisition into a biohazard bag for transport to the laboratory by the ALS courier. In-house Surepath specimens can also arrive via the tube system.

During normal day shift hours, the specimens should be delivered directly to Cytology and placed in the designated drop-off collection box in the department. After hours, the specimens can be dropped off in the ALS accessioning area in the designated drop-off place.

---

**Test Name:** LISTERIA ANTIBODY

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Type:** 1 ML SERUM FROM PLAIN RED TOP TUBE – REFRIGERATED

**Additional Information:** SST ALSO ACCEPTABLE

---

**Test Name:** LISTERIA CSF

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 1 ML CSF REFRIG

---

**Test Name:** LITHIUM

**Test ID:** LITH

**Synonyms:** Lithobid

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/week, 24 hours/day. Results available the same day.

**Precollection Instructions:** Usual sampling time: Trough - 12 hours after evening dose.

**Specimen Type:** Serum/Plain red top/Plasma lithium heparin – Separate from cells within 2 hours of collection.

**Container:** SST/Plain Red Top/Plasma Lithium heparin

---

**Test Name:** LIVER CYTOSOL AUTOANTIBODIES

**Test ID:** MISC

**Testing Facility:** Reference Laboratory - ARUP

**Specimen Handling:** SERUM 1 ML – REF

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** LKM ANTIBODY

**Test ID:** LKM

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 1 ML - REFRIGERATED

**Additional Information:** AKA: LIVER KIDNEY MICROSOMAL ANTIBODY

---

**Test Name:** LONG CHAIN FATTY ACID

**Test ID:** LCFA

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 1ML SERUM SST FROZEN

---

**Test Name:** LORAZEPAM

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 2 ML - PLAIN RED TOP

**Additional Information:** Centrifuge and transfer serum to plastic vial.

---

**Test Name:** LUPUS ANALYZER

**Test ID:** ANALZ

**Synonyms:** Lupus profile, Analyzer, Comprehensive Autoimmune Panel, ANA Comprehensive Panel. This is NOT lupus anticoagulant.

**Test Includes:** ANA, DNA, ENA, SCLAB, MRCS1, C3C4A, RF, MITO, PARIE, RIBAB, SMUSC, CCP

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Depends on individual test schedule

**Specimen Type:** Serum

**Volume:** 5 mL

**Container:** 10 mL Plain red top and two 7mL SST tubes.

**Specimen Handling:** Avoid hemolysis. Separate serum from cells and refrigerate.

---

**Test Name:** LYME AB EARLY DISEASE (< 30 days signs/symptoms) WITH REFLEX

**Test ID:** LMERLY

**Synonyms:** Lyme Abs IgG & IgM, Borrelia Burghdorferi Abs

**Testing Facility:** Reference Laboratory

**Turnaround Time:** 1-4 days

**Specimen Type:** 1 ml Serum (SST)

**Storage:** Refrigerated

**Additional Information:** Positive or equivocal results will automatically reflex to Lyme IgG and IgM Western Blot

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** LYME ANTIBODIES IGG, IGM, CSF

**Test ID:** BBURG

**Testing Facility:** Reference Laboratory

**Volume:** 3 ML CSF REFRIGERATED

---

**Test Name:** LYME DISEASE PCR

**Test ID:** LYPCR

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 1 ML EDTA PLASMA- FROZEN ASAP

**Additional Information:** SYNOVIAL FLUID ALSO ACCEPTABLE

---

**Test Name:** LYSOZYME, SERUM

**Test ID:** LYSO2

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 2ML SERUM - REFRIGERATE

**Additional Information:** CENTRIFUGE WITHIN 1 HOUR OF COLLECTION

---

**Test Name:** MACROSCOPIC EXAM ATHROPOD

**Test ID:** EXAM A

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** 7am-3pm Monday – Friday Results available in 8-24 hours

**Specimen Type:** Ticks, Bed Bugs, Body Louse, Fleas, and Mites

**Container:** Submit in Sterile Container

**Storage:** Room Temperature

---

**Test Name:** MACROSCOPIC EXAM PARASITE

**Test ID:** EXAMP

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** 7am-3pm Monday – Friday Results available in 8-24 hours

**Specimen Type:** Larve and Worms

**Container:** Submit in Sterile Container

**Storage:** Room Temperature

---

**Test Name:** MAG AB IGM

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 1 ML -REF

---



# Aultman Hospital Laboratory Test Directory

**Test Name:** MAGNESIUM 24 HR UR

**Test ID:** UMAGD

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 10 ML FROM 24 HR COLLECTION - REF

---

**Test Name:** MAGNESIUM, FECAL

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 5 MG STOOL - REFRIG

**Additional Information:** MUST BE LIQUID STOOL

---

**Test Name:** MAGNESIUM, RBC

**Test ID:** MAGRBC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 1 ML RED BLOOD CELLS – DARK BLUE WITH ADDITIVE (EDTA) – CENTRIFUGE WHOLE BLOOD AND DISCARD PLASMA WITHIN 4 HRS OF COLLECTION. POUR RED BLOOD CELLS INTO TRANSPORT TUBE.

**Additional Information:** ROOM TEMPERATURE

---

**Test Name:** MAGNESIUM, SERUM

**Test ID:** MG

**Synonyms:** Mg

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/week – 24 hours/day. Results available the same day.

**Specimen Type:** Serum or plasma lithium heparin – Separate from cells within 2 hours of collection.

**Volume:** 1 mL

**Container:** SST or plasma lithium heparin.

**Specimen Handling:** Avoid hemolysis

**Storage:** Refrigerate.

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** MALARIA SMEAR

**Test ID:** MAL

**MUST PROVIDE:** Patient must provide travel history

**Test Includes:** Microscopic examination for Malaria.

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done daily 0700 - 2400. Stat requests only 0000-0700. Results available in 1day.

**Specimen Type:** Blood from a fingerstick and EDTA tube.

**Volume:** 6 thin smears and 6 thick smears on glass microscope slides.

**Container:** Slide holder.

**Specimen Handling:** Collection:

A. Thin smears:

- 1) Using a 70% alcohol pad, clean the area of the finger to be punctured. Allow the skin to air dry.
- 2) Puncture the finger with controlled motion using a blood lancet.
- 3) Allow the blood to form a droplet by applying gentle pressure to the finger.
- 4) Handling the clean slides by the edges, touch the slide to the finger and obtain a small drop of blood. Using a second clean slide, spread the blood the length of the slide. The angle between the spreading slide and the blood drop should be about 30o so that the cells are distributed evenly. Draw the film out to a feathery edge.

5) Make 6 slides in the same manner.B. Thick smears:

- 1) Using a 70% alcohol pad, clean the area of the finger to be punctured. Allow the skin to air dry.
- 2) Puncture the finger with controlled motion using a blood lancet.
- 3) Allow the blood to form a droplet by applying gentle pressure to the finger.
- 4) Place 2-3 drops of blood on a clean slide and pool the drops into a thick film with the corner of another slide. Make the pool about the size of a dime.
- 5) Allow the slide to air dry.
- 6) If EDTA is used, thick and thin smears must be made within 1 hour of collection. Transport: Deliver to Microbiology as soon as possible. Storage: Room temperature.

---

**Test Name:** MANGANESE

**Test ID:** SMANG

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 2 ML SERUM FROM DARK BLUE WITHOUT ADDITIVE – ROOM TEMPERATURE

**Additional Information:** POUR OFF INTO TRACE ELEMENT TUBE

---

**Test Name:** MEASLES-RUBEOLA IGM

**Test Name:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 1 ML -REF

**Additional Information:** 7ml SST Refrigerate

# Aultman Hospital Laboratory Test Directory

**Test Name:** MELATONIN

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 3 ML EDTA PLAS - FROZEN

**Additional Information:** SHOULD BE DRAWN IN DARKNESS; SPIN AND FREEZE ASAP

---

**Test Name:** MENINGITIS ENCEPHALITIS CSF PCR SCREEN

**Test ID:** MEPCR

**Testing Facility:** Aultman Hospital

**Test Includes:** Detection of Cytomegalovirus, Herpes simplex viruses 1 and 2, Enterovirus, Human herpesvirus 6, Human Parechovirus, Varicella Zoster virus, Escherichia coli K1, Haemophilus influenzae, Listeria monocytogenes, Neisseria meningitidis, streptococcus agalactiae, Streptococcus pneumoniae, and Cryptococcus neoformans/gattii.

**Turnaround Time:** 2 Hours, Offered 24 hours a day

**Specimen Handling:** 0.5ml CSF Fluid

**Additional Information:** CSF Collection tube #3 or #4 Refrigerate

---

**Test Name:** MERCURY, 24 HR UR

**Test ID:** UMERC3

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 10 ML URINE FROM 24 HR COLL - REF

**Additional Information:** AVOID SEAFOOD FOR 48 HRS PRIOR TO COLLECTION; SEND IN ACID WASHED TUBE

---

**Test Name:** MERCURY,BLOOD

**Test ID:** MERC2

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 7 ML WHOLE BLOOD FROM DARK BLUE TUBE WITH ADDITIVE (EDTA) – ROOM TEMPERATURE

**Additional Information:** TRANSPORT IN ORIGINAL TUBE

---

**Test Name:** METANEPHRINES, 24 HR UR

**Test ID:** METU

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 10 ML URINE FROM 24 HR COLL - REF

---

**Test Name:** METANEPHRINES, PLASMA

**Test ID:** METP

**Testing Facility:** Reference Laboratory

**Specimen Handling:** EDTA PLASMA 2 ML - FROZEN

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** METHADONE & METABOLITE

**Test ID:** MMTAB

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 2ML - PLAIN RED TOP - ROOM TEMP Centrifuge  
and transfer serum to plastic vial.

**Additional Information:** PUT "PEAK" OR "TROUGH" IN COMMENTS; SST UNACCEPTABLE

---

**Test Name:** METHEMOGLOBIN

**Test ID:** METHB

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/week, 24 hours/day. Results available within 2 hours.

**Specimen Type:** Whole blood

**Volume:** 2 mL

**Container:** 5 mL green top tube

**Specimen Handling:** MUST BE DRAWN AT MAIN HOSPITAL OPD. MUST BE PROCESSED WITHIN 2 HRS

---

**Test Name:** METHOTREXATE/STAT

**Test ID:** METHS

**Synonyms:** Mexate, MTX

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 1 ML - FROZ

**Additional Information:** CALL AKRON CHILDRENS COURIER FOR PICK UP

---

**Test Name:** METHYLHISTAMINE

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 10 ML URINE FROM 24 HR COLL - REF

**Additional Information:** AKA: N-METHYLHISTAMINE

---

**Test Name:** METHYLMALONIC ACID

**Test ID:** MMA

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 2 ML - REF

---

**Test Name:** METHYLMALONIC ACID, URINE

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 5 mL urine (random or 24hr), unpreserved, frozen.

# Aultman Hospital Laboratory Test Directory

**Test Name:** METHYLPHENIDATE(RITALIN)

**Test ID:** RITAL

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 3 ML SERUM - PLAIN RED TOP - FROZEN Centrifuge  
and transfer serum to plastic vial.

**Additional Information:** Please collect at Main Hospital.

---

**Test Name:** MEXILETINE

**Test ID:** MEX

**Synonyms:** Mexitil

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 1 ML SERUM - PLAIN RED TOP - REFRIG Centrifuge  
and transfer serum to plastic vial.

**Additional Information:** EDTA PLASMA ALSO ACCEPTABLE

---

**Test Name:** MICROALBUMIN, 24 HOUR URINE

**Test ID:** MALBU

**Test Includes:** Collection time, volume, creatinine, microalbumin 24-hour excretion and excretion rate **Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done daily. If specimen is received by 0900, results are available the same day.

**Precollection Instructions:** No preservative necessary. See 24-hour Urine Collection Instructions.

**Specimen Type:** 24-hour urine

**Volume:** Submit entire urine collection to lab

**Container:** Obtain collection container from lab

**Specimen Handling:** Keep specimen on ice during collection

---

**Test Name:** MICROALBUMIN, RANDOM URINE

**Test ID:** MALBR

**Test Includes:** Microalbumin, albumin/creatinine ratio

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done daily. If specimen is received by 0900, results are available the same day.

**Specimen Type:** Urine, random

**Volume:** 10 mL

**Container:** Plastic urine tube

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** MICROSOMAL ANTIBODY Or Anti-Thyroid Peroxidase

**Test ID:** ATPO

**Test Includes:** Microsomal Antibody, Thyroid Peroxidase Antibodies, included in Thyroid Antibody test (THYAB)

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7days/week, 24hours/day. Results available same day.

**Specimen Type:** Serum or plasma lithium heparin –  
Separate from cells within 2 hours of collection.

**Volume:** 2 mL

**Container:** SST or Plasma Lithium Heparin.

**Specimen Handling:** Centrifuge and transfer serum to plastic vial. Freeze.

---

**Test Name:** MICROSPORIDIA

**Test ID:** MICRO TO ORDER

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 2 GRAM STOOL IN FORMALIN VIAL

**Additional Information:** ROOM TEMPERATURE

---

**Test Name:** MITOCHONDRIAL ANTIBODY

**Test ID:** MITO

**Synonyms:** AMA

**Test Includes:** Mitochondrial antibody screen

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done M – F. Results available within 3 days.

**Specimen Type:** Serum

**Volume:** 1 – 2 mL

**Container:** 7 mL SST

**Specimen Handling:** Avoid hemolysis

---

**Test Name:** MITOTANE, SERUM

**Test ID:** MTANE

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 2 mL serum. Plain Red top.

Centrifuge and transfer serum to plastic vial.

**Storage:** Refrigerated

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** MONONUCLEOSIS

**Test ID:** MONO

**Synonyms:** Heterophile agglutination test, MONOSPOT

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Routine: Done daily M – F. Results available in 1 day. STAT/urgent: Done as received. Results available in 15 minutes.

**Specimen Type:** Serum

**Volume:** 1 mL

**Container:** 7 mL SST

**Specimen Handling:** Avoid hemolysis

---

**Test Name:** MOTOR/SENSORY NEUROPATHY EVAL

**Test ID:** SENMOT

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM SST 3 ML - REF

---

**Test Name:** MRSA SCREEN PCR

**Test ID:** MRSAPCR

**Test Includes:** Screening of nares for detection of Methicillin Resistant Staphylococcus aureus.

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done Daily 24/7

**Specimen Collection / Transfer Instructions:** Insert swabs into nare, parallel to the nasal septum, gently roll 5 times along anterior nare. Slowly withdraw swabs and repeat in other nare with same swabs. Carefully place swabs into the transport tube and close cap.

**Specimen Type:** Nares

**Volume:** 1 culturette, 2 swabs

**Container:** 1 culturette, 2 swabs

**Specimen Handling:** Deliver to Microbiology within 2 hours of collection for inpatients. Refrigerate.

---

**Test Name:** MUCOPOLYSACCHARIDES, URINE, QUAL

**Test ID:** UMUCOP

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 30 ML URINE - FROZ

**Additional Information:** MUST BE FROZEN ASAP; EARLY AM SPEC PREFERRED

# Aultman Hospital Laboratory Test Directory

**Test Name:** MUMPS ANTIBODY

**Test ID:** MUMP

**Test Includes:** Mumps IgG. Does not include mumps IgM. Order IgM -MUMPM

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Results available within 5 days

**Specimen Type:** Serum

**Volume:** 1 mL

**Container:** 7 mL SST.

**Specimen Handling:** Refrigerate specimen.

---

**Test Name:** MUMPS IGM

**Test ID:** MUMPM

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM SST 1 ML -REF

---

**Test Name:** MUSK ANTIBODY

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 2 ML - REFRIGERATE

---

**Test Name:** MYCOPHENOLIC ACID

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 1 ML SERUM - PLAIN RED TOP -REF - EDTA PLASMA ALSO ACCEPTABLE Centrifuge and transfer serum to plastic vial.



# Aultman Hospital Laboratory Test Directory

**Test Name:** MYCOPLASMA ANTIBODY TITER

**Test ID:** MYCO

**Test Includes:** Mycoplasma IgG and IgM.

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** IgM done daily M – F . Results available within 2 days. IgG results available within 5 days.

**Specimen Type:** Serum

**Volume:** 1 mL

**Container:** 7 mL SST

---

**Test Name:** MYELIN BASIC PROTEIN, CSF

**Test ID:** CMBP

**Testing Facility:** Reference Laboratory

**Specimen Handling:** CSF 2 ML - REF

---

**Test Name:** MYOGLOBIN URINE, QUANT

**Test ID:** MYOU

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 3 ML RANDOM URINE - FROZEN - SPECIAL TUBE. PH BEFORE FREEZING

**Additional Information:** EARLY AM SPEC. PREFERRED

---

**Test Name:** MYOGLOBIN, PLASMA

**Test ID:** MYOS

**Synonyms:** Myohemoglobin

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/week, 24 hours/day. Results available the same day.

**Specimen Type:** Plasma

**Volume:** 1 mL Refrigerate

**Container:** 5 mL green top tube

**Specimen Handling:** Centrifuge and transfer plasma to separate container within 2 hours

---

**Test Name:** MYOSITIS Panel

**Test ID:** MYOSPL

**Testing Facility:** Reference Laboratory

**Specimen Type:** 2 ml serum-REF

**Container:** SST

**Specimen Handling:** Refrigerated

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** NARCOLEPSY PANEL

**Test ID:** NARCO

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 3ml Edta Whole Blood Refrigerate

**Additional Information:** INCLUDES DR2/DQ1

---

**Test Name:** NEOPLAST BASIC PARANEOPLASTIC PROFILE

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 4ML - REF

---

**Test Name:** NEURON SPECIFIC ENOLASE

**Test ID:** NSE

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 1 ML - REF

---

**Test Name:** NEURONAL NUCLEAR ANTIBODY (HU Antibody)

**Test ID:** NEUAB

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 1 ML -REF

---

**Test Name:** NEUROTENSIN

**Test ID:** MISC

**Testing Facility:** Reference Laboratory - Mayo

**Specimen Handling:** 3 ML PLASMA FROM A SPECIAL Z-TUBE (In Send Outs) - FROZEN

**Additional Information:**FASTING REQUIRED. Must be collected at Main Hospital.

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** NEUTROPHIL CYTOPLASMIC ANTIBODY

**Test ID:** ANCA

**Synonyms:** ANCA

**Test Includes:** Cytoplasmic neutrophil Ab, C-ANCA, P-ANCA, semi-quantitative by EIA (ELISA) method

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done twice weekly

**Specimen Type:** Serum

**Volume:** 1 mL

**Container:** 7 mL SST

**Specimen Handling:** Refrigerate serum

---

**Test Name:** NIACIN (VITAMIN B3)

**Test ID:** VITB3

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 2 ML EDTA PLASMA REFRIGERATE Centrifuge and transfer serum to plastic vial.

---

**Test Name:** NICKEL

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 3 ML SERUM - ROOM TEMP FROM METAL FREE TUBE

**Additional Information:** DK BLUE TUBE WITHOUT ADDITIVE

---

**Test Name:** NICOTINE AND METABOLITE, URINE

**Test ID:** UNICOT

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 5 ML - URINE – Room Temperature

---

**Test Name:** NICOTINE/COTITINE, SERUM

**Test ID:** NICOT

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 2 ML SERUM - PLAIN RED TOP - REF  
Centrifuge and transfer serum to plastic vial.

**Additional Information:** SST TUBES ARE ACCEPTABLE

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** NMO, IGG SERUM

**Test ID:** NMOA4

**Testing Facility:** Reference Laboratory

**Specimen Type:** 1 ml Serum-Refrigerate

**Container:** 7ml SST

---

**Test Name:** NMR LIPID PROFILE

**Test ID:** NMRLPD

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 4 ML SERUM FROM PLAIN RED TOP - REF  
Centrifuge and transfer serum to plastic vial.

**Additional Information:** SST UNACCEPTABLE

---

**Test Name:** NORTRIPTYLINE

**Test ID:** NOR

**Testing Facility:** Reference Laboratory

**Specimen Type:** 2 ML SERUM FROM PLAIN RED TOP - REFRIGERATE

**Specimen Handling:** Centrifuge and transfer serum to plastic vial within 2 hrs of collection

**Additional Information:** Collect immediately prior to next dose

---

**Test Name:** NT PRO BNP

**Test ID:** PBNP

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days per week, 24 hours per day.

**Specimen Type:** Plasma (Lithium Heparin)

**Volume:** 1 mL

**Container:** 4 mL Green top (Lithium Heparin)

**Specimen Handling:** Separate Plasma within 2 hrs. Plasma stable for 3 days.

**Storage:** Refrigerate.

---

**Test Name:** N-TELOPEPTIDE (See Crosslinked N-telopeptide)

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** O2 SATURATION

**Test ID:** O2SAT

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/week, 24 hours/day. Results available within 1 hour.

**Precollection Instructions:** Collect on ice

**Specimen Type:** Whole blood

**Volume:** 1 mL

**Container:** Arterial blood gas syringe

**Specimen Handling:** Return to lab immediately

---

**Test Name:** OCCULT BLOOD, FECAL

**Test ID:** OCC

**Synonyms:** Hemocult

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/week; 24 hours/day. Results available the same day.

**Specimen Type:** Feces

**Volume:** 2 g

**Container:** Hemocult slide

**Specimen Handling:** Keep slide at room temperature, DO NOT REFRIGERATE.

---

**Test Name:** OCCULT BLOOD, GASTRIC

**Test ID:** OCCG

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/week; 24 hours/day. Results available the same day.

**Specimen Type:** Gastric contents

**Volume:** 2 g

**Container:** Gastrocult slide

**Specimen Handling:** Keep slide at room temperature, DO NOT REFRIGERATE.

---

**Test Name:** OLANZAPINE

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 2 ML SERUM -PLAIN RED TOP - Frozen and transfer serum to plastic vial.

**Additional Information:** Must be drawn at Main Hospital.

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** OLIGOCLONAL BANDS, CSF

**Test ID:** OBAND

**Testing Facility:** Reference Laboratory

**Specimen type:** 1 ML EACH CSF/ SERUM FROM SST - REFRIGERATED

**Specimen Handling:** SPECIMENS MUST BE COLLECTED IN THE SAME 24 HR PERIOD

---

**Test Name:** OPIATE CONFIRMATION

**Test ID:** OPICON

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 10ml urine, refrigerated

---

**Test Name:** ORGANIC ACIDS, URINE

**Test ID:** UORA

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 10 ML URINE - FROZ

**Additional Information:** RANDOM COLLECTION; NO PRESERVATIVES

---

**Test Name:** ORGANIC ACIDS, PLASMA (NO LONGER AVAILABLE AT ANY REFERENCE LAB)

**Testing Facility:** Reference Laboratory

---

**Test Name:** OSMOLALITY, SERUM

**Test ID:** OSMOS

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/week, 24 hours/day. Results available the same day.

**Specimen Type:** Serum

**Volume:** 1 mL

**Container:** 7 mL SST

---

**Test Name:** OSMOLALITY, URINE

**Test ID:** OSMOU

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/week, 24 hours/day. Results available the same day.

**Specimen Collection /** No preservatives should be used

**Specimen Type:** Urine, random

**Volume:** 1 mL

**Container:** Plastic urine tube

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** OSMOLALITY, FECAL

**Test ID:** SOSM

**Testing Facility:** Reference Laboratory

**Specimen Handling:** LIQUID STOOL 5 ML - FROZEN

**Additional Information:** FORMED STOOLS WILL BE REJECTED

---

**Test Name:** OSMOTIC FRAGILITY

**Test ID:** FRAG

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 5ML EDTA WHOLE BLD - REFRIG

**Additional Information:** A CONTROL TUBE MUST ACCOMPANY PATIENT TUBE

---

**Test Name:** OSTEOCALCIN, HUMAN

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 1 ML - FROZ

**Additional Information:** OVERNIGHT FASTING PREFERRED; AVOID HEMOLYSIS

---

**Test Name:** OSTEOMARK, RANDOM URINE (See Cross-linked N-telopeptide, Urine)

**Testing Facility:** Reference Laboratory

---

**TEST NAME:** OVA & PARASITE EXAM

**TEST ID:** OVAP

**Test Includes:** Microscopic exam (direct and concentrated smear) for intestinal parasites.

**Testing Facility:** REFERENCE LAB

**Turnaround Time:** Done M - F.

**Precollection Instructions:** Travel history must be included. It is imperative that all stool specimens be free of purgatives such as magnesium and oil, and materials like barium, bismuth and kaolin.

**Specimen Type:** STOOL PLACED INTO THE O & P KIT

**Volume:** 2 grams of stool or 5 - 7 mL of liquid.

**Container:** Clean container with a tight-fitting lid.

**Specimen Handling:** Collection:

- A. Specimen should be collected in a clean, dry container. The specimen must be free of water and urine.
  - B. For best results, several specimens, preferably 3 taken at 2 - 3 day intervals, should be sent. More than one specimen from the same day should not be sent.
-

# Aultman Hospital Laboratory Test Directory

**Test Name:** OVARY ANTIBODY

**Test ID:** OVARAN

**Testing Facility:** Reference Laboratory

**Container:** RED TOP

**Specimen Handling:** SERUM 1ML - FROZEN  
CENTRIFUGE AND TRANSFER SERUM TO SEPARATE CONTAINER

---

**Test Name:** OXALATE, 24 HR UR

**Test ID:** OXU24

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 10 ML URINE FROM 24 HR COLL - REF

---

**Test Name:** OXAZEPAM(SERAX)

**Test ID:** OXAZ

**Synonyms:** Serax

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 1 ML PLAIN RED TOP - REF  
Centrifuge and transfer serum to plastic vial.

---

**Test Name:** OXCARBAZEPINE (TRILEPTAL)

**Test ID:** OXCARB

**Testing Facility:** Reference Laboratory

**Specimen:** 2 ML SERUM - PLAIN RED TOP - REFRIGERATE

**Specimen Handling:** Centrifuge and transfer serum to plastic vial.

**Additional Information:** AKA: 10-HYDROXYCARBAZEPINE

---

**Test Name:** OXYCODONE CONFIRMATION

**Test ID:** UOXYCC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 10 mL urine, refrigerated

---

**Test Name:** PAI -1 ACTIVITY

**Test ID:** PAI

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 1 ML CITRATED PLASMA - FROZ

**Additional Information:** NOT TO BE CONFUSED WITH GENE STUDY. Please collect at Main Hospital.

---



# Aultman Hospital Laboratory Test Directory

**Test Name:** PAI-1 GENE STUDY (4G/5G)

**Test ID:** PAIGEN

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 3 LAV - WHOLE BLOOD - REFRIGERATE

**Additional Information:** NOT TO BE CONFUSED WITH ACTIVITY

---

**Test Name:** PAIN MANAGEMENT DRUG SCREEN

**Test ID:** PMDS

**Synonyms:** QUANTITATIVE PAIN PANEL

**Test Includes:** Cannabinoid, Benzylecognine, Amphetamine, Methamphetamine, Buprenorphine, Nurbuprenorphine, Methadone, EDDP, Tramadol, Desmethyltramadol, Fentanyl, Norfe ntanyl, Codeine, Morphine, Dihydrocodeine, Hydorcodone, Oxycodone, Hydromorphine, Oxymorphine

**Testing Facility:** Reference Laboratory

**Volume:** 10 ml Urine, Refrigerated

---

**Test Name:** PANCREASTATIN

**Test ID:** FPANS

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 2 ML SERUM FROM SST TUBE - FROZEN

**Additional Information:** FASTING REQUIRED – Please collect at Main Hospital.

---

**Test Name:** PANCREATIC ELASTASE 1

**Test ID:** PANCEF

**Testing Facility:** Reference Laboratory

**Specimen Type:** STOOL 1 GRAM - FROZEN

**Additional Information:** NO PRESERVATIVE OR FIXATIVE

---

**Test Name:** PANCREATIC POLYPEPTIDE

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 1 ML SERUM FROM AN SST TUBE - FROZEN

**Additional Information:** OVERNIGHT FASTING PREFERRED

---

**Test Name:** PARANEOPLASTIC PNL

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 4 ML SERUM FROM PLAIN RED TOP TUBE - REFRIGERATED

**Additional Information:** SST TUBE ALSO ACCEPTABLE

---

The information contained in this Directory is provided only as general information and is subject to change without notice.

# Aultman Hospital Laboratory Test Directory

**Test Name:** PARIETAL CELL ANTIBODY

**Test ID:** PARIE

**Synonyms:** APCA

**Test Includes:** Detection of gastric parietal cell antibodies

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done M – F. Results available within 3 days.

**Specimen Type:** Serum

**Volume:** 1 – 2 MI

**Container:** 7 mL SST

**Specimen Handling:** Avoid hemolysis

---

**Test Name:** PAROXETINE

**Test ID:** MISC - LabCorp

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 2ML PLAIN RED TOP - REF

Centrifuge and transfer serum to plastic vial.

**Additional Information:** SST TUBES ARE UNACCEPTABLE

---

**Test Name:** PARVOVIRUS ANTIBODY

**Test ID:** PAB

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 1 ML -REF

**Additional Information:** INCLUDES IGG AND IGM; AKA: FIFTH'S DISEASE

---

**Test Name:** PARVOVIRUS PCR

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** EDTA PLASMA 1 ML - FROZEN

**Additional Information:** SERUM and CSF also acceptable

---

**Test Name:** PCR RESPIRATORY ID PANEL WITH COVID

**Test ID:** RESCVID

**Test Includes:** Detection of Adenovirus, Coronavirus (4 subtypes), Human Metapneumovirus, Human Rhinovirus/Enterovirus, Influenza A (4 subtypes), Influenza B, Parainfluenza 1-4, RSV, Bordetella pertussis/parapertussis, Chlamydia pneumoniae, and Mycoplasma pneumoniae

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Available 24/7 --STAT 2 hours

**Specimen Type:** NPH swab

**Container:** Viral Transport Medium

**Storage:** Refrigerate

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** PEMPHIGOID AB

**Test ID:** MISC - Mayo

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 1 ML SERUM - REFRIGERATED

**Additional Information:** AKA: BULLOUS PEMPHIGOID AB

---

**Test Name:** PENTOBARBITOL

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 2 ML Plasma Sodium or Lithium Heparin Green Top Frozen

---

**Test Name:** PH (venous)

**Test ID:** PHV

**Synonyms:** pH

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/week, 24 hours/day. Results available the same day.

**Specimen Collection :** Collect on ice

**Specimen Type:** Whole blood

**Volume:** 2 mL

**Container:** 5 mL green top tube

**Specimen Handling:** Collect on ice. Bring to lab immediately.

---

**Test Name:** PH, BODY FLUID

**Test ID:** PHBF

**Synonyms:** pH, body fluid

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/week, 24hrs/day. Results available same day.

**Specimen Collection /** Do not introduce air into specimen. Collect anaerobically.

**Specimen Type:** Body fluid

**Volume:** 1 ml

**Container:** Sterile container or sterile syringe

**Specimen Handling:** Refrigerate.

---

**Test Name:** PH, STOOL

**Test ID:** PHF

**Testing Facility:** Reference Laboratory

**Specimen Handling:** STOOL - 5 GM - Frozen

**Additional Information:** LIQUID SAMPLE PREFERRED; RANDOM COLLECTION

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** PH, URINE DIPSTICK

**Test ID:** PHUA

**Test Includes:** Dipstick for urine pH

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/week, 24 hours/day. Results available the same day.

**Specimen Collection /** Keep on ice or refrigerate

**Transfer Instructions:**

**Specimen Type:** Random urine

**Volume:** 2 mL

**Container:** Plastic urine tube

---

**Test Name:** PHENOBARB

**Test ID:** PHBAR

**Test Includes:** Time of last dose, phenobarbital

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** one 7 days/week, 24 hours/day. Results available the same day.

**Precollection Instructions:** Usual sampling time: trough level.

NOTE: Due the phenobarbital's long elimination half-life, the actual sampling time is not critical. However, when making comparative measurements, it is important that the sampling time be consistent.

**Specimen Type:** Serum/Plain red top/Plasma Lithium Heparin – Separate from cells within 2 hours of collection.

**Volume:** 1 mL

**Container:** SST/Plain Red Top/Plasma Lithium Heparin

**Specimen Handling:** Centrifuge and transfer serum to plastic vial.

**Storage:** Refrigerate.

---

**Test Name:** PHENYLALANINE

**Test ID:** PHENL

**Testing Facility:** Reference Laboratory

**Specimen Handling:** Lithium or Sodium HEPARIN PLASMA - 1ML FROZEN

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** PHENYTOIN

**Test ID:** PHENY

**Synonym:** Dilantin

**Test Includes:** Time of last dose, phenytoin

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/week, 24 hours/day. Results available the same day.

**Precollection Instructions:** Usual sampling times:

IV: 2 – 4 hours after dose

Oral: trough

NOTE: This drug has a long elimination phase. Therefore, the actual sampling time is not critical; however, when making comparative measurements, the sampling time should be consistent.

**Specimen Type:** Serum/Plain Red Top/Plasma Lithium Heparin – Separate from cells within 2 hours of collection.

**Volume:** 1 mL

**Container:** SST/Plain Red Top/Plasma Lithium Heparin

**Specimen Handling:** Centrifuge and transfer serum to plastic vial.

**Storage:** Refrigerate.

---

**Test Name:** PHENYTOIN, FREE

**Test ID:** PHENF

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 2 ML - REF

**Additional Information:** PLAIN RED TOP - DOES NOT INCLUDE TOTAL  
Centrifuge and transfer serum to plastic vial.

---

**Test Name:** PHOSPHATIDYLSERINE AB (IGG, IGM & IGA)

**Test ID:** PHOGMA

**Testing Facility:** Reference Laboratory

**Specimen Type:** SERUM-REF SST

**Volume:** 1.0 ml

**Container:** 7ml SST

---

**Test Name:** PHOSPHOLIPID AB (see Cardiolipin Ab)

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** PHOSPHORUS, 24 HOUR URINE

**Test ID:** PHU24

**Synonyms:** Inorganic phosphorus

**Test Includes:** Collection time, volume, creatinine, phosphorus

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** If specimen is received by 1000, results available the same day.

**Precollection Instructions:** No preservative. See 24-hour Urine Collection Instructions.

**Specimen Handling:** Keep specimen on ice during collection.

---

**Test Name:** PHOSPHORUS, RANDOM URINE

**Test ID:** PHUR

**Synonyms:** Inorganic phosphorus Urine

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/week, 24 hours/day. Results available the same day.

**Specimen Type:** Random urine

**Volume:** 2 mL

**Container:** Plastic urine tube

---

**Test Name:** PHOSPHORUS, SERUM

**Test ID:** PHOS

**Synonyms:** Inorganic phosphorus

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/week, 24 hours/day. Results available the same day.

**Specimen Type:** Serum or Plasma lithium heparin – Separate from cells within 2 hours of collection.

**Volume:** 1 mL

**Container:** SST or Plasma Lithium Heparin

**Specimen Handling:** Avoid hemolysis. Separate serum from cells within 2 hours.

**Storage:** Refrigerate.

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** PINWORM EXAM

**Test ID:** PIN

**Test Includes:** Examination of scotch tape prep for pinworms (*Enterobius vermicularis*).

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done daily 0700 - 2400. Results available in 1 day.

**Precollection Instructions:** Patient should not be active. The specimen should be collected prior to washing or using the restroom.

**Specimen Type:** Scotch tape preparation of stool.

**Volume:** 1 scotch tape prep.

**Container:** Slide holder.

**Specimen Handling:** Collection:

- A. Collect specimen in the early morning.
- B. Place a 3 inch strip of CLEAR (do NOT use frosted) scotch tape, sticky side out, over one end of a tongue depressor. Hold in place with thumb and finger.
- C. Spread buttocks and press the tongue depressor against anal opening, being careful to cover the area between moist and dry areas.
- D. Spread the tape smoothly sticky side down on a microscope slide. Label the slide with the patient's name and date of collection. Submit the slide to Microbiology in a cardboard slide holder.

Transport: Deliver to Microbiology within 2 hours of collection for inpatients.

Storage: Room temperature.

---

**Test Name:** PLACENTAL LACTOGEN

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 1 ML PLAIN RED TOP - FROZ Centrifuge

**Additional Information:** Must be drawn at the Main Hospital

---

**Test Name:** PLASMA FREE HEMOGLOBIN

**Test ID:** HGBPF

**Testing Facility:** Reference Laboratory

**Specimen Handling:** HEP. PLASMA 2 ML - REFRIGERATED

**Additional Information:** Sodium or Lithium GREEN TOP TUBE; CENTRIFUGE WITHIN 2 HRS

# Aultman Hospital Laboratory Test Directory

**Test Name:** PLASMA RENIN ACTIVITY

**NOTE:** Must be drawn at the Main Hospital

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 2ML EDTA PLASMA - FROZEN

**Additional Information:** SAME AS RENIN ACTIVITY

---

**Test Name:** PLASMINOGEN

**Test ID:** PLGFUN

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 2 ML BLUE TOP PLASMA - FROZEN

**Additional Information:** Must be drawn at the Main Hospital

---

**Test Name:** PLATELET AB DIRECT

**Test ID:** PLABD

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 3 LAV TOP: WHOLE BLD ROOM TEMP

**Additional Information:** Must be drawn at the main hospital Monday-Thursday before NOON.

---

**Test Name:** PLATELET AB INDIRECT

**Test ID:** PLTDET

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 2 ML SERUM - SST - FROZEN

---

**Test Name:** PLATELET COUNT

**Test ID:** PLT

**Synonyms:** Quantitative platelet count

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Urgent: 30-60 minutes, Routine: 6 hours

**Specimen Type:** Venous blood (EDTA) or free flowing capillary blood

**Volume:** 2 mL EDTA blood

**Container:** 2.5 mL lav top tube

**Specimen Handling:** A platelet count must be performed within 3 hours of collection.

**Storage:** Room temperature, or if > 12 hours refrigerate.

**Additional Information:** If unopettes are requested for a platelet count, the Hematology staff will set them up from the EDTA specimen collected.

---



# Aultman Hospital Laboratory Test Directory

**Test Name:** PLATELET FACTOR 4 AB

**Test ID:** HIT

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 2 ML BLUE TOP PLASMA - FROZEN

**Additional Information:** AKA: HIT (HEPARIN INDUCED THROMBOCYTOPENIA)

---

**Test Name:** PLATELET FUNCTION (Plateletworks)

**Test ID:** PLTF

**Synonyms:** Plateletworks

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Specimen should be run within 10 minutes of collection.

**Specimen Collection /** Clarify orders that read "Platelet Function test" to distinguish Plateletworks from PFA 100. Call Coag

**Transfer Instructions:** (ext. #33987) for clarification. To be drawn on the floor, OPD, & ER by trained VP techs or trained personnel in OH only.

**Container:** Special collection tubes in COAG. VP to obtain special collection tubes & butterfly collection needle from COAG.

**Specimen Handling:** Specimens from the floor, OP, & ER to be HAND CARRIED ONLY to the Main or Stat labs. Transport specimens immediately without jarring or mixing.

---

**Test Name:** PLATELET FUNCTION ASSAY

**Test ID:** PFA

**Synonyms:** Replaces Bleeding Time

**Test Includes:** Done daily. Results within 1 hour.

**Testing Facility:** Aultman Laboratory

**Specimen Type:** 2 Blue tops (3.2 % sodium citrate) and 1 Lavender top (EDTA)

**Volume:** 2 mL

**Container:** See above

**Specimen Handling:** Collect with 19 gauge needle or larger and return to lab immediately for testing. Testing MUST be completed within 4 hours of collection in Aultman Lab; alternatively, specimen may be drawn in Aultman Outpatient Lab.

---

**Test Name:** PML/RARA T(15;17) QUANT PCR

**Test ID:** APLPCR

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 3ML EDTA WHOLE BLOOD REF, BONE MARROW  
ALSO ACCEPTABLE

**Additional Information:** Must be done at the Main Hospital

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** PNEUMOCOCCAL IGG ABS, 23 SEROTYPES

**Test ID:** PNE23

**Testing Facility:** Reference Laboratory

**Specimen Type:** 1.5 ML SERUM-REF

**Container:** SST

**Specimen Handling:** REFRIGERATED

---

**Test Name:** PNH PANEL

**Test ID:** PNHPNL

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 1-10ML GREEN TOP (SODIUM HEPARIN) ROOM TEMP

**Additional Information:** WHOLE BLOOD; AKA CD55/CD59; RM. TEMP

---

**Test Name:** POLIOVIRUS ANTIBODY

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 1 ML - REF

**Additional Information:** INCLUDES TYPE 1,2 AND 3

---

**Test Name:** POLYCHLORINATED BIPHENYLS

**Test ID:** PCB

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 3 ML PLAIN RED TOP - REF

Centrifuge and transfer serum to plastic vial.

**Additional Information:** SST TUBES ARE UNACCEPTABLE

---

**Test Name:** PORPHOBILINOGEN 24 HR URINE

**Test ID:** UPBGQT

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 15 ML URINE FROM 24 HR COLL - FROZEN

**Additional Information:** PROTECT FROM LIGHT WITH FOIL; NO PRESERVATIVES

# Aultman Hospital Laboratory Test Directory

**Test Name:** PORPHOBILINOGEN, RANDOM URINE

**Test ID:** PBGRU

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 15 ML URINE - FROZEN

**Additional Information:** RANDOM COLLECTION // PROTECT FROM LIGHT

---

**Test Name:** PORPHYRIN, RANDOM URINE

**Test ID:** PORPH

**Synonyms:** Qualitative urine porphyrins

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done daily. Results available by 1600.

**Specimen Type:** Random urine

**Volume:** 2 mL

**Container:** Plastic urine tube

**Specimen Handling:** Protect specimen from light. Specimen must be received in lab within 1 hour of collection.

---

**Test Name:** PORPHYRINS TOTAL SERUM

**Test ID:** SPORPH

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 3ML SERUM PLAIN RED TOP - FROZEN

**Additional Information:** PROTECT FROM LIGHT; AVOID HEMOLYSIS

---

**Test Name:** PORPHYRINS, FRAC,UR

**Test ID:** UPORR

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 15 ML URINE FROM 24 HR COLL – OR RANDOM URINE

**Additional Information:** FROZEN AND PROTECT FROM LIGHT WITH FOIL

---

# Aultman Hospital Laboratory Test Directory

**Test Name: POST VAS ANALYSIS****Test ID:** PVAS**Synonyms:** Post Vasectomy Semen Analysis, Post Vasectomy Sperm Count**Test Includes:** Presence or absence of spermatozoa and semi-quantitation if present**Testing Facility:** Aultman Laboratory**Turnaround Time:** Results available the same day. Done M – F, 7 a.m. – 2 p.m.**Specimen Type:** Semen**Volume:** 2 mL**Container:** Sterile urine container**Specimen Handling:** Specimen should be delivered to lab within one hour of collection. Please call ALS for courier service.**Test Name: POTASSIUM, 24 HOUR URINE****Test ID:** KU24**Test Includes:** Collection time, volume, creatinine, potassium**Testing Facility:** Aultman Laboratory**Turnaround Time:** Done daily. If specimen is received by 1000, results available the same day.**Precollection Instructions:** Collect on ice with no preservative. See 24-hour Urine Collection Instructions.**Specimen Type:** 24-hour urine**Volume:** Submit entire urine collection to lab**Container:** Obtain urine collection container from lab**Test Name: POTASSIUM, BODY FLUID****Test ID:** KBF**Test Includes:** Body fluid type, potassium**Testing Facility:** Aultman Laboratory**Turnaround Time:** Done 7 days/week, 24 hours/day. Results available the same day.**Specimen Type:** Body fluid**Volume:** 2 – 4 mL

# Aultman Hospital Laboratory Test Directory

**Test Name:** POTASSIUM, RANDOM URINE

**Test ID:** KUR

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/week, 24 hours/day. Results available the same day.

**Specimen Type:** Random urine

**Volume:** 2 mL

**Container:** Plastic urine tube

---

**Test Name:** POTASSIUM, SERUM

**Test ID:** K

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/week, 24 hours/day. Results available the same day.

**Specimen Type:** Serum or Plasma lithium heparin – Separate from cells within 2 hours of collection.

**Volume:** 1 mL

**Container:** SST or plasma lithium heparin.

**Specimen Handling:** Avoid hemolysis. Separate serum from cells within 2 hours of collection.

**Storage:** Refrigerate.

---

**Test Name:** PREALBUMIN

**Test ID:** PRALB

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7days/week, 24hours/day. Results available the same day.

**Specimen Type:** Serum only

**Volume:** 2 mL

**Container:** 7 mL SST

---

**Test Name:** PREGNANCY TEST, SERUM QUALITATIVE

**Test ID:** PREGS

**Synonyms:** Qualitative hCG

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done daily. Results available the same day.

**Specimen Type:** Serum only

**Volume:** 1 mL

**Container:** 7 mL SST

**Storage:** Refrigerate.

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** PREGNANCY TEST, URINE

**Test ID:** PREGU

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done daily. Results available the same day.

**Specimen Type:** Random urine

**Volume:** 2 mL

**Container:** Plastic urine tube

---

**Test Name:** PREGNENOLONE

**Test ID:** PREGN

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM FROM SST - FROZEN

**Additional Information:** Must be drawn at Main Hospital

---

**Test Name:** PRENATAL BLOOD BANK

**Test ID:** PNPB

**Test Includes:** ABO & ABS. Blood Bank will reflex additional testing when positive ABS.

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** 45 minutes

**Container:** 6 ml pink top EDTA

**Additional Information:** NOTE: All specimens sent to Blood Bank for testing must have a handwritten identification label that includes the patient's first and last name, Medical Record number (Date of Birth is acceptable for Outpatients), date and time of collection and collector's initials. Specimens missing any of the elements listed above will be rejected and must be recollected.

---

# Aultman Hospital Laboratory Test Directory

**Test Name: PRENATAL PANEL 1****Test ID:** PNP1+PNPB**Test Includes:** Hemogram/Platelets, RPR, RUBIS, HBSAG, ABO/RH, ABS**Testing Facility:** Aultman Laboratory**Turnaround Time:** See Individual Tests**Specimen Type:** Multiple**Container:** (1) 5 mL Lav top tube, AND (1) 7 mL SST, AND (1) 6 mL pink top EDTA**Specimen Handling:** See Individual Tests

---

**Test Name: PRENATAL PANEL 4****Test ID:** PNP4 + PNPB**Test Includes:** CBC, RPR, RUBIS, HBSAG, ABO/RH, ABS**Testing Facility:** Aultman Laboratory**Turnaround Time:** See Individual Tests**Specimen Type:** Multiple**Container:** (1) 5 mL Lav top tube, AND (1) 7 mL SST, AND (1) 6 mL pink top EDTA**Specimen Handling:** See Individual Tests

---

**Test Name: PRENATAL PANEL 7****Test ID:** PNP7 + PNBB**Test Includes:** CBC, RPR, RUBIS, VARIS, HBSAG, HIV, ABO/RH, ABS**Testing Facility:** Aultman Laboratory**Turnaround Time:** See individual tests**Specimen Type:** Multiple**Container:** (1) 5 mL Lav Top tube, AND (1) 7 mL SST tube, AND (1) 6 mL pink top EDTA tube

---

**Test Name: PRENATAL PANEL 8****Test ID:** YPNP8 & PNPB**Test Includes:** HGMP, RPR, RUBIS, HBSAG, HIV, ABO/RH, ABS**Testing Facility:** Aultman Laboratory**Turnaround Time:** See Individual Tests**Specimen Type:** Multiple**Container:** (1) 5 mL Lav top tube, AND (1) 7 mL SST, AND (1) 6 mL pink top EDTA**Specimen Handling:** See Individual Tests

# Aultman Hospital Laboratory Test Directory

**Test Name:** PRIMIDONE

**Test ID:** PRIM

**Synonyms:** Mysoline

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 1 ML PLAIN RED TOP - REF

Centrifuge and transfer serum to plastic vial.

**Additional Information:** SST TUBES ARE UNACCEPTABLE: INCLUDES PHENOBARBITOL

---

**Test Name:** PROCAINAMIDE/NAPA

**Test ID:** PROC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 1ML PLAIN RED TOP - REF

Centrifuge and transfer serum to plastic vial.

**Additional Information:** SST TUBES ARE UNACCEPTABLE

---

**Test Name:** PROCALCITONIN

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 2 ML SERUM - FROZEN

---

**Test Name:** PRODUCTS OF CONCEPTION

**Testing Facility:** Aultman Laboratory

**Precollection Instructions:** Use Tissue Examination Request (Form 23A). If the surgeon is different than the requesting physician, write the surgeon's name on the request. Include the clinical diagnosis.

**Specimen Collection /** Take specimen to Histology Department. After Histology is closed, take specimen to Microbiology.

**Transfer Instructions:**

- Container:** 1. If specimen is for (Chromosome Analysis) the specimen should be sent fresh or with saline. Do not place specimen in formalin. Formalin will destroy the specimen sent for chromosome analysis.  
2. Only if specimen is for Routine Histology, the specimen should be sent in 10% Neutral Buffered Formalin (NBF) biopsy bottles.

**Specimen Handling:** Store specimen at room temperature.

---



# Aultman Hospital Laboratory Test Directory

**Test Name:** PROGESTERONE

**Test ID:** PROG

**Synonyms:** P4

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done daily. Results available the same day.

**Specimen Type:** Serum only

**Volume:** 1 mL

**Container:** 7 mL SST

**Storage:** Refrigerate.

---

**Test Name:** PROINSULIN

**Test ID:** IPROIN

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 1 ML - FROZEN

**Additional Information:** OVERNIGHT FAST REQUIRED

---

**Test Name:** PROLACTIN

**Test ID:** PROL

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done daily. Results available the same day.

**Specimen Type:** Serum

**Volume:** 1 mL

**Container:** 7 mL SST

**Storage:** Refrigerate.

---

**Test Name:** PROMETHEUS TESTING (see individual test)

**Additional Information:** Please call send outs regarding specimen requirements

---

**Test Name:** PROPAFENONE

**Test ID:** PROP

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 1 ML PLAIN RED TOP - REF Centrifuge  
and transfer serum to plastic vial.

**Additional Information:** COLLECT 2-6 HRS POST DOSE; SST TUBES UNACCEPTABLE

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** PROSTAGLANDIN D2

**Test ID:** MISC

**Testing Facility:** Reference Laboratory - LabCorp

**Specimen Handling:** SERUM 3 ML FROM PLAN RED TOP – FROZ

**Additional Information:** Must be drawn at the Main Hospital

---

**Test Name:** PROSTATIC ACID PHOSPHATASE

**Test ID:** PAP

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 2 ML -FROZ

---

**Test Name:** PROTEIN 14-3-3

**Test ID:** MISCNB

**Testing Facility:** Reference Laboratory

**Specimen Handling:** CSF 2 ML - FROZ

---

**Test Name:** PROTEIN C ACTIVITY

**Test ID:** PROTC

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Test is batched and run once per week (Tuesdays)

**Precollection Instructions:** Note if patient is on coumadin

**Specimen Type:** Plasma (citratd)

**Volume:** 2 mL

**Container:** (2) 5 mL blue top tube – must be FULL

**Specimen Handling:** Specimen must be processed in Aultman Lab within 4 hours of collection; alternatively, the patient may be drawn in the Aultman Outpatient Lab

---

**Test Name:** PROTEIN C ANTIGEN

**Test ID:** ZPCAG

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 2 ML BLUE TOP PLASMA - FROZEN

**Additional Information:** REJECT IF GROSS HEMOLYSIS IS PRESENT

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** PROTEIN ELECTROPHORESIS, SERUM

**Test ID:** SPE

**Synonyms:** Serum protein fractionation

**Test Includes:** Total protein, albumin, alpha 1, alpha 2, beta and gamma fractions, interpretation by a pathologist

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done M, W, F. Results available the same day.

**Precollection Instructions:** Fasting specimen is preferred

**Specimen Type:** Serum

**Volume:** 1 mL

**Container:** 7 mL SST

**Specimen Handling:** Avoid hemolysis and lipemia

---

**Test Name:** PROTEIN ELECTROPHORESIS, URINE

**Test ID:** UPE

**Test Includes:** Pattern interpretation by a pathologist

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done M, W, F. Results available the same day.

**Precollection Instructions:** See 24-hour Urine Collection Instructions

NOTE: A first morning void specimen can be used instead of a 24-hour collection. Random urines other than the first morning void are discouraged but can be done if ordered by the physician.

**Specimen Type:** 24-hour urine or random urine

**Volume:** Submit entire urine collection to lab. Random requires at least 50 mL (30 mL minimum).

**Container:** Obtain urine collection container from lab

---

**Test Name:** PROTEIN S ACTIVITY

**Test ID:** PROTS

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Sent to Reference Lab

**Precollection Instructions:** Ordered for rare Type II Protein S deficiency; otherwise order Protein S Free Antigen

**Specimen Type:** Plasma (citrated)

**Volume:** 2 mL

**Container:** (2) 5 mL blue top tube – must be FULL

**Specimen Handling:** Specimen must be processed in Aultman Lab within 4 hours of collection; alternatively, the patient may be drawn in the Aultman Outpatient Lab

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** PROTEIN S FREE ANTIGEN

**Test ID:** PRSFA

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Batched, run once per week (Tuesday)

**Precollection Instructions:** Replaces Protein S Activity as routine screening test for Protein S deficiency

**Specimen Type:** Plasma (citrated)

**Volume:** 2 mL

**Container:** (2) 5 mL blue top tube – must be FULL

**Specimen Handling:** Specimen must be processed in Aultman Lab within 4 hours of collection; alternatively, the patient may be drawn in the Aultman Outpatient Lab.

---

**Test Name:** PROTEIN, 24 HOUR URINE

**Test ID:** PRU24

**Test Includes:** Collection time, volume, creatinine, protein

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** If specimen is received by 1000, results available the same day

**Precollection Instructions:** Collect on ice with no preservatives. See 24-hour Urine Collection Instructions.

**Specimen Type:** 24-hour urine

**Volume:** Submit entire urine collection to lab

**Container:** Obtain urine collection container from lab

---

**Test Name:** PROTEIN, BODY FLUID

**Test ID:** PROTEIN, BODY FLUID

**Test Includes:** Body fluid type, protein

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/week, 24 hours/day. Results available the same day.

**Specimen Type:** Body fluid

**Volume:** 2 – 4 mL

---

**Test Name:** PROTEIN, RANDOM URINE

**Test ID:** PRUR

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/week, 24 hours/day. Results available the same day.

**Specimen Type:** Random urine

**Volume:** 2 mL

**Container:** Plastic urine  
tube

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** PROTEIN, TOTAL, SERUM

**Test ID:** PROT

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/week, 24 hours/day. Results available the same day.

**Specimen Type:** Serum or plasma lithium heparin – Separate from cells within 2 hours of collection.

**Volume:** 1 mL

**Container:** SST or Plasma Lithium Heparin.

**Specimen Handling:** Avoid hemolysis. Separate serum from cells within 2 hours of collection.

---

**Test Name:** PROTHROMBIN GENE VARIANT

**Test ID:** PTGEN

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 2 LAV TOP: WHOLE BLD ROOM TEMP

**Additional Information:** AKA: F II MUTATION      INCLUDES G20210A

---

**Test Name:** PROTHROMBIN TIME

**Test ID:** PRO

**Synonyms:** Protime, PT

**Test Includes:** Protime, INR

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** STAT/urgent: 45 minutes, Routine: 3 hours

**Specimen Type:** Plasma (citrated)

**Volume:** 2 mL

**Container:** One full blue top tube (**MUST be full**)

**Specimen Handling:** Store specimen in original tube. Specimen is stable within 24 hours of collection in original capped tube. Alternatively, specimen may be drawn in Aultman Outpatient Lab.

---

**Test Name:** PROTIME

**Test ID:** 50:50 MIX

**Synonyms:** Protime, PT

**Test Includes:** Protime, INR

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** STAT/urgent: 45 minutes, Routine: 3 hours

**Specimen Type:** Plasma (citrated)

**Volume:** 2 mL

**Container:** 5 mL blue top tube (**MUST be full**)

**Specimen Handling:** Store specimen in original tube. Specimen is stable within 24 hours of collection in original capped tube. Alternatively, specimen may be drawn in Aultman Outpatient Lab.

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** PROTRIPTYLINE

**Test ID:** MISC

**Synonyms:** Vivactil

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 2 ML - REF

**Additional Information:** PLAIN RED TOP - Centrifuge and transfer serum to plastic vial.

---

**Test Name:** PSA

**Test ID:** PSA

**Synonyms:** Prostate specific antigen

**Test Includes:** Done daily. Results available the same day.

**Testing Facility:** Aultman Laboratory

**Specimen Type:** Serum only

**Volume:** 2 mL

**Container:** 7 mL SST

**Specimen Handling:** Avoid hemolysis

**Storage:** Refrigerate.

---

**Test Name:** PSA, FREE AND TOTAL

**Test ID:** PSAF

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 2 ML - REF

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**Test Name:** PSA, ULTRASENSITIVE OR 3RD GENERATION

**Test ID:** PSAU

**Testing Facility:** Reference Laboratory - Mayo

**Specimen Handling:** 1 ML SERUM - FROZEN

---

**Test Name:** PSEUDOCHOLINESTERASE, TOTAL, SERUM

**Test ID:** PCHE

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 1 ML - REF

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** PTH, INTACT

**Test ID:** PTH

**Synonyms:** Parathyroid hormone, N-terminal PTH

**Test Includes:** PTH, intact

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7days/week, 24hours/day. Results available same day.

**Precollection Instructions:** A fasting, morning specimen is preferred.

**Specimen Type:** Serum

**Volume:** 1 mL

**Container:** 3.5 mL or 5 mL SST. 4 mL Plain Red Top also acceptable.

---

**Test Name:** PTH-RELATED PROTEIN

**Test ID:** PTHRP

**Testing Facility:** Reference Laboratory

**Additional:** Must be drawn at the main hospital

**Specimen Type:** SPECIALPROTEASE INHIBITOR TUBE KIT **AVAILABLE IN SEND OUTS DEPARTMENT**

**Specimen Handling:** 1.0 ML PLASMA FROM SPECIAL TUBE - FROZEN

**Additional Information:** **A BUTTERFLY MUST BE USED FOR DRAWING BLOOD**

---

**Test Name:** PURKINJE ANTIBODY

**Test ID:** ANTIYO

**Synonyms:** ANTI-YO AB

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 1 ML - REF

**Additional Information:** OVERNIGHT FASTING IS PREFERRED;

---

**Test Name:** PYRUVIC ACID

**Test ID:** PYRUV

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 4 ML GRAY TOP TUBE WHOLE BLOOD CALL SEND OUTS

**Additional Information:** ADD 1:1 DILUTION OF 8% PERCHLORIC ACID TO  
BLOOD AND MIX. REFRIG FOR 10 MIN. CENTRIFUGE AND SEND SUPERNATANT - REF

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** QUAD SCREEN

**Test ID:** QUAD

**Test Includes:** AFP, bHCG, Unconjugated estriol and Inhibin A

**Testing Facility:** Reference Laboratory

**Specimen Collection:** Completed prenatal requisition must accompany the specimen

**Specimen Type:** Serum

**Volume:** 2 mL

**Container:** SST

**Specimen Handling:** Refrigerate

---

**Test Name:** QUANTIFERON GOLD (TB TEST)

**Test ID:** QUANTTB

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 4 SPECIAL TUBES IN SEND OUTS. FOLLOW DRAWING INSTRUCTIONS

**Additional Information:** SPECIMEN MUST BE IN MAIN LAB BY 12:30PM, M-F. Do not draw on weekends, holidays, or the day Before a holiday.

---

**Test Name:** QUINIDINE, SERUM

**Test ID:** QUIN

**Synonyms:** Quinaglute, Quinidex

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 1 ML PLAIN RED TOP - REF

Centrifuge and transfer serum to plastic vial.

**Additional Information:** SST TUBES ARE UNACCEPTABLE

---

**Test Name:** RABIES ANTIBODY

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 2 ML SERUM FROM PLAIN RED TOP - REFRIGERATED

---

**Test Name:** RAPAMUNE

**Test ID:** RAPA

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 2 ML EDTA WHOLE BLOOD - REF

**Additional Information:** IF NOT A TRANSPLANT PATIENT, SEND TO TRANSPLANT HOSPITAL FOR TESTING

---



# Aultman Hospital Laboratory Test Directory

**Test Name:** RAST TESTING (ALLERGY TESTS)

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM

**Additional Information:** 1 ML OF SERUM WILL DO 7 ALLERGY TESTS; DRAW ACCORDINGLY

---

**Test Name:** RATIO PROT/CREAT URINE RANDOM

**Test ID:** RPCUR

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** 2 hours.

**Specimen Type:** Urine random

**Volume:** 10 mL

**Container:** Urine

---

**Test Name:** RBC, URINE

**Test ID:** RBCUA

**Synonyms:** Urinary RBC, urinary red blood cells.

**Test Includes:** Microscopic examination of urine specimen for red blood cells

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/week, 24 hours/day. Results available the same day.

**Precollection Instructions:** Keep on ice or refrigerate

**Specimen Type:** Random urine

**Volume:** 2 mL

**Container:** Plastic urine  
tube

---

**Test Name:** REDUCING SUB, FECAL

**Test ID:** STRED

**Testing Facility:** Reference Laboratory

**Specimen Handling:** STOOL 10 GRAMS - FROZEN

**Additional Information:** RANDOM SPECIMEN

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** RENAL CALCULI

**Test ID:** ZCALC

**Synonyms:** Urinary Calculi, Stone Analysis

**Test Includes:** This tests for the qualitative detection of the 8 most common constituents of renal calculi (Carbonate, Cystine, Phosphate, Magnesium, Calcium, Ammonia, Uric Acid, and Oxalate.)

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** 5-7 days

**Specimen Type:** Renal calculi

**Volume:** > 1 mm

**Container:** Any sterile container

**Storage:** Room temperature

---

**Test Name:** RENAL FUNCTION PANEL

**Test ID:** RFP

**Test Includes:** Glu, Na, K, Cl, CO2, lyte balance, BUN, creat, b/c ratio, calcium, albumin, phosphorus

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/week, 24 hours/day. Results available the same day.

**Specimen Type:** Serum or plasma lithium heparin – Separate from cells within 2 hours of collection.

**Volume:** 2 – 4 mL

**Container:** SST or Plasma Lithium Heparin.

**Specimen Handling:** Avoid hemolysis. Separate serum from cells within 2 hours of collection.

**Storage:** Refrigerate.

---

**Test Name:** RENIN ACTIVITY

**Test ID:** RENIND

**Synonyms:** PLASMA RENIN ACITIVITY, DIRECT RENIN

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 3ML EDTA PLASMA - FROZEN

**Additional Information:** WILL REJECT HEMOLYZED SPEC.

**Must be done at the Main Hospital**

---

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** RETICULOCYTES

**Test ID:** RETIC

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** 60 minutes

**Specimen Type:** Whole blood (EDTA)

**Volume:** 2 mL

**Container:** 2.5 mL lav top tube

**Storage:** Room temperature, or if > 12 hours refrigerate.

---

**Test Name:** RETINOL BINDING PROTEIN ( RBP)

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 2 ML - REF

**Additional Information:** 12 HR FAST REQUIRED; CANNOT BE HEMOLYZED

---

**Test Name:** REVERSE T3

**Test ID:** REVT3

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 1 ML - FROZEN

---

**Test Name:** RHEUMATOID FACTOR, SERUM

**Test ID:** RF

**Synonyms:** RA, Rheumatoid factor IgM

**Test Includes:** Enzyme Immunoassay (EIA) test for rheumatoid factor IgM

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done twice weekly

**Specimen Type:** Serum

**Volume:** 2 mL

**Container:** 7 mL SST

**Specimen Handling:** Avoid hemolysis

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** RHOGAM WORKUP

**Test ID:** RHO

**Test Includes:** ABO, ABS & FMH. Used when there is suspected bleed between mother and fetus

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** 45 minutes

**Container:** 6 ml pink top EDTA

**Additional Information:** NOTE: All specimens sent to Blood Bank for testing must have a handwritten identification label that includes the patient's first and last name, Medical Record number (Date of Birth is acceptable for Outpatients), date and time of collection and collector's initials. Specimens missing any of the elements listed above will be rejected and must be recollected.

---

**Test Name:** RIBOSOMAL P ANTIBODY

**Test ID:** RIBAB

**Synonyms:** Ribosomal Antibody

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Results available within 5 days

**Specimen Type:** Serum

**Volume:** 1 mL

**Container:** 7 mL SST

**Specimen Handling:** Refrigerate specimen

---

**Test Name:** RICKETTSIAL AB PANEL

**Test ID:** ROCK

**Test Includes:** RMSF AND TYPHUS

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 2ML – REF

---

**Test Name:** RISPERIDONE

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Container:** RED TOP TUBE; Centrifuge and transfer serum to plastic vial.

**Specimen Handling:** SERUM 1 ML - REF

**Additional Information:** SST TUBES ARE UNACCEPTABLE

---

**Test Name:** RISTOCETIN CO-FACTOR

**Test ID:** RISTO

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 2 ML BLUE TOP PLASMA - FROZEN

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** RITALIN

**Test ID:** RITAL

**Synonyms:** METHYLPHENIDATE

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 3 ML SERUM - PLAIN RED TOP - FROZEN Centrifuge and transfer serum to plastic vial.

**Additional Information:** Must be drawn at the Main Hospital

---

**Test Name:** ROHYPNOL

**Test ID:** MISCNB

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 10 ML URINE - REF

**Additional Information:** DATE RAPE DRUG

---

**Test Name:** ROTAVIRUS SCREEN

**Test ID:** ROTA

**Test Includes:** Rapid membrane immunoassay.

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done daily. Results available the same day.

**Specimen Type:** Stool.

**Volume:** 1 gram.

**Container:** Clean container with a tight-fitting lid.

**Specimen Handling:** Collection: Avoid contamination with water, urine, paper or mineral oil. Specimens cannot be removed from the toilet bowl. Diapers are not accepted.

Transport: Deliver to Microbiology within 2 hours of collection for inpatients.

Storage: Refrigerate.

---

**Test Name:** RPR

**Test ID:** RPR

**Test Includes:** Screening procedure for the detection of syphilis. RPR titer and FTA are done on all reactive RPR tests.

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done M – F. Results available in 1 day.

**Specimen Type:** Serum

**Volume:** 1 mL

**Container:** 7 mL SST

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** RSV SCREEN

**Test ID:** RSV

**Test Includes:** Enzyme immunoassay (EIA) screen. If screen is negative, a culture for Respiratory Syncytial Virus (RSV) will be performed (CRV).

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done daily, 24 hours a day. Results available the same day.

**Specimen Type:** Nasal wash (specimen of choice) or NPH.

**Volume:** Minimum of 1 mL, maximum of 2 mL of liquid or 1 NPH swab.

**Container:** Sterile container, syringe (do NOT transport with the needle attached) or NPH swab.

**Specimen Handling:** Collection:

A. Nasal wash: Infuse 1 - 2 mL of saline into nasal passages. Use a suction device to collect washings.

B. NPH: Flexible Flocked NPH swab is recommended.

1) Carefully insert a flexible-flocked swab through the nose into the posterior nasopharynx and rotate swab.

2) Keep the swab near the septum and floor of the nose. Repeat the process on the other nostril.

3) Place swab in Viral Transport Media (M6).

Transport: Deliver to Microbiology within 2 hours of collection for inpatients.

Storage: Refrigerate.

---

**Test Name:** RUBELLA IGM

**Test ID:** RUBM

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 1 ML - REF

---

**Test Name:** RUBELLA IMMUNE STATUS

**Test ID:** RUBIS

**Synonyms:** German measles immune status

**Test Includes:** Immune status assay for the detection of IgG antibodies for German measles. This test IS NOT for determining acute (current) or congenital infection. For that diagnosis, use the RUBM test code.

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done M – F. Results available the next day.

**Specimen Type:** Serum- 7ml SST

**Volume:** 1 mL

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** RUBEOLA IGG ANTIBODY

**Test ID:** RUBEO

**Synonyms:** Measles

**Test Includes:** Detects rubeola IgG only

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Results available within 5 days.

**Specimen Type:** Serum

**Volume:** 1 mL

**Container:** 7 mL SST

---

**Test Name:** SALICYLATE

**Test ID:** SAL

**Synonyms:** Aspirin, acetylsalicylic acid

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/week, 24 hours/day. Results available the same day.

**Precollection Instructions:** Usual sampling time: 1 – 3 hours after an oral dose

**Specimen Type:** Serum/Plain Red Top/Plasma Lithium Heparin – Separate from cells within 2 hours of collection.

**Volume:** 1mL

**Container:** SST/Plain Red Top/Plasma Lithium Heparin

**Specimen Handling:** Centrifuge and transfer serum to plastic vial.

**Storage:** Refrigerate.

---

**Test Name:** SCL-70 ANTIBODY

**Test ID:** SCL70

**Synonyms:** Autoantibodies to SCL-70 antigen, Scleroderma Ab

**Testing Facility:** Reference Laboratory

**Specimen Type:** Serum

**Volume:** 1 mL

**Container:** 7 mL SST

**Specimen Handling:** Refrigerate specimen

# Aultman Hospital Laboratory Test Directory

**Test Name:** SELENIUM

**Test ID:** PSELEN

**Testing Facility:** Reference Laboratory

**Specimen Type:** 2 ML PLASMA FROM DARK BLUE TUBE WITH ADDITIVE (EDTA) – ROOM TEMPERATURE

**Additional Information:** 2 ML SERUM FROM A DARK BLUT TUBE WITHOUT ADDITIVE IS ALSO ACCEPTABLE  
POUR OFF INTO A TRACE ELEMENT TRANSPORT TUBE

---

**Test Name:** SEROTONIN, SERUM

**Test ID:** SEROT

**Testing Facility:** Reference Laboratory

**Specimen Type:** 1 ML SERUM FROM SST - FROZEN

**Additional Information:** PROTECT FROM LIGHT

---

**Test Name:** SEROTONIN RELEASE ASSAY

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 1 ML FROM PLAIN RED TOP - FROZ

**Additional Information:** Must be drawn from the Main Hospital

---

**Test Name:** SERTRALINE(ZOLOFT)

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 2 ML SERUM - PLAIN RED TOP - REF

Centrifuge and transfer serum to plastic vial.

**Additional Information:** SST TUBES ARE UNACCEPTABLE

---

**Test Name:** SEX HORMONE BINDING GLOBULIN

**Test ID:** SHBG2

**Testing Facility:** Reference Laboratory

**Specimen Type:** Serum - refrigerated

**Volume:** 3 mL

**Container:** 7 mL SST tube

**Specimen Handling:** Separate from cells/gel barrier, refrigerate. Avoid lipemia.

---



# Aultman Hospital Laboratory Test Directory

**Test Name:** SHIGA TOXINS 1 & 2

**Test ID:** SHIGA

**Test Includes:** Shiga toxins 1 and 2. Included with CST/CSTY

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done M– F, 0700 – 2400. Results available in 3 days.

**Specimen Type:** Stool.

**Volume:** 1 gram or at least visible material on 1 culturette (2 swabs).

**Container:** Clean container with a tight-fitting lid or 1 culturette (2 swabs).

**Specimen Handling:** Collection:

A. Stool

1) The entire contents of the first specimen of the day is preferred.

2) Avoid contamination with water, urine, paper, barium or mineral oil. Do not remove specimens from the toilet bowl.

3) Specimens received in a diaper are not acceptable and will be rejected by Microbiology.

Transport: Deliver to Microbiology within 2 hours of collection for inpatients. Storage: Refrigerate.

---

**Test Name:** SICKLE CELL

**Test ID:** SC

**Test Includes:** This test is done for screening purposes. It is a solubility test that differentiates between sickling and non-sickling hemoglobins, but does not identify the hemoglobin type. \*\*Cannot be performed on children < 6 months of age. \*\*

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** 1-3 days

**Specimen Type:** Whole blood (EDTA)

**Volume:** 1 mL

**Container:** 5 mL lav top tube

**Storage:** Refrigerate.

---

**Test Name:** SKELETAL MUSCLE ANTIBODY

**Test ID:** SKELS

**Synonyms:** Anti striated muscle antibody

**Testing Facility:** Reference Laboratory

**Specimen Type:** 1 ML SERUM FROM SST - REFRIGERATED

**Specimen Handling:** PLAIN RED TOP ALSO ACCEPTABLE

---

**Test Name:** SM AND RNP ANTIBODY PANEL

**Test ID:** SMRP

**Testing Facility:** Reference Laboratory

**Specimen Type:** 1 ML SERUM FROM SST TUBE - REFRIGERATED

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** SMOOTH MUSCLE ANTIBODY

**Test ID:** SMUSC

**Synonyms:** ASMA

**Test Includes:** Smooth muscle antibody screen with titer if positive **Testing**

**Facility:** Aultman Laboratory

**Turnaround Time:** Done M – F. Results available in 3 days.

**Specimen Type:** Serum

**Volume:** 1 – 2 mL

**Container:** 7 mL SST

**Specimen Handling:** Avoid hemolysis

---

**Test Name:** SODIUM, 24 HOUR URINE

**Test ID:** NAU24

**Test Includes:** Collection time, volume, creatinine, sodium

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Specimen received by 1000, results available the same day

**Precollection Instructions:** No preservative. See 24-hour Urine Collection Instructions.

**Specimen Type:** 24-hour urine

**Volume:** Submit entire urine collection to lab

**Container:** Obtain urine collection container from lab.

**Specimen Handling:** Keep specimen on ice during collection.

---

**Test Name:** SODIUM, BODY FLUID

**Test ID:** NABF

**Test Includes:** Body fluid type, sodium

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** one 7 days/week, 24 hours/day. Results available the same day.

**Specimen Type:** Body fluid

**Volume:** 2 – 4 mL

---

**Test Name:** SODIUM, RANDOM URINE

**Test ID:** NAUR

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/week, 24 hours/day. Results available the same day.

**Specimen Type:** Random urine

**Volume:** 4 mL **Container:**

Plastic urine tube

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** SODIUM, SERUM

**Test ID:** NA

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/week, 24 hours/day. Results available the same day.

**Specimen Type:** Serum or Plasma Lithium Heparin – Separate from cells within 2 hours of collection.

**Volume:** 1 mL

**Container:** SST or Plasma Lithium Heparin.

**Storage:** Refrigerate.

---

**Test Name:** SOLUBLE LIVER ANTIGEN ANTIBODY

**Test ID:** LIVSOL

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 1 ML - REF

---

**Test Name:** SOLUBLE TRANSFERRIN RECEPTOR AB

**Test ID:** STRANS

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 1 ML - REF

**Additional Information:** AKA: TRANSFERRIN RECEPTOR

---

**Test Name:** SOMATOMEDIN-C

**Test ID:** SOMAT

**Synonyms:** IGF-1, Insulin like Growth Factor

**Testing Facility:** Reference Laboratory

**Specimen Type:** Serum

**Volume:** 1 mL

**Container:** Plain red top tube or 7ml SST

**Specimen Handling:** Plain red top tube or 7ml SST

Separate serum from cells ASAP and freeze serum. Avoid hemolysis.

---

**Test Name:** SOMATOSTATIN

**Test ID:** SOMATO

**Testing Facility:** Reference Laboratory

**Specimen Handling:** EDTA PLASMA 2 ML - FROZEN

**Additional Information:** PRE-CHILL LAV. TOP TUBES BEFORE COLLECTION

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** SOTALOL

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 1 ML SERUM - PLAIN RED TOP – Refrigerate. Centrifuge and transfer serum to plastic vial.

**Additional Information:** SST TUBES ARE UNACCEPTABLE

---

**Test Name:** SPECIFIC GRAVITY, BODY FLUID

**Test ID:** SGBF

**Test Includes:** Body fluid type, volume, specific gravity

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done daily. Results available by 1600

**Specimen Type:** Body fluid

**Volume:** 2.2 mL minimum

---

**Test Name:** SPECIFIC GRAVITY, URINE

**Test ID:** SGUA

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/week, 24 hours/day. Results available the same day.

**Specimen Collection /** Keep on ice or refrigerate

**Transfer Instructions:**

**Specimen Type:** Random urine

**Volume:** 2 mL

**Container:** Plastic urine tube

---

**Test Name:** SPINAL FLUID FOR CYTOLOGY

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Monday-Friday received by 3:00pm, 2 working days. Certain non-Gyn cases will require additional stains and will take longer.

**Specimen Collection /** Use Form 308A, (Cytology Specimens). Be sure to write the date and time of collection and the

**Transfer Instructions:** clinical diagnosis.

**Specimen Type:** Cerebrospinal fluid

**Volume:** Minimum 1 mL fluid.

**Container:** Sterile CSF plastic tube with cap.

**Specimen Handling:** Deliver to the Laboratory immediately. If Microbiology testing is also ordered, specimen is to be delivered to Microbiology first. After hours, deliver specimen to the Microbiology department.  
Specimen Handling: Refrigerate.

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** SPRUE ANTIBODY PANEL

**Testing Facility:** Reference Laboratory

**Additional Information:** ORDER ENDO; GLIAD

---

**Test Name:** SPUTUM FOR CYTOLOGY

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Monday-Friday received by 3:00pm, Saturday received by 11:00am. 2 working days. Certain non-Gyn cases will require additional stains and will take longer.

**Specimen Collection /** Use Form 308A, (Cytology Specimens). Mark the source of the specimen on the form and include any

**Transfer Instructions:** pertinent clinical information.

**Specimen Type:** Early morning specimen is preferred.

**Container:** Collect in a clean container. If the specimen is also for culture, container must be sterile.

**Specimen Handling:** Deliver to the Cytology department. If Microbiology testing is also ordered, specimen is to be delivered to Microbiology first. After hours, deliver specimen to the Microbiology department.

Specimen Handling: Refrigerate.

---

**Test Name:** SS-A AND SS-B ANTIBODY PANEL

**Test ID:** SSAB

**Synonyms:** Sjogren's antibodies

**Test Includes:** SSA and SSB

**Testing Facility:** Reference Laboratory

**Specimen Type:** Serum

**Volume:** 1 – 2 mL

**Container:** 7 mL SST

**Specimen Handling:** Avoid hemolysis

---

**Test Name:** STOOL EXAMINATION, QUALITATIVE

**Test ID:** FFATQL

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 10 GRAMS STOOL - FROZEN

**Additional Information:** UNPRESERVED RANDOM SPECIMEN

---

# Aultman Hospital Laboratory Test Directory

**Test Name: STREP A PCR SCREEN****Test ID: STREPA****Testing Facility:** Aultman Hospital**Test Includes:** Rapid PCR test for the qualitative detection of Group A streptococcus from throat swab specimens without the need for culture confirmation of negative results.**Specimen Type:** E-Swab collected from throat**Turnaround Time:** 1 hour. Offered 24 hours a day

---

**Test Name: STREP PNEUMONIAE URINE ANTIGEN****Test ID: SPAG****Test Includes:** Rapid immunochromographic assay for the detection of Streptococcus pneumoniae antigen in urine.**Testing Facility:** Aultman Laboratory**Turnaround Time:** Done Mon – Fri, 24 hours a day, Sat and Sun 0700 – 2400. Performed Sat and Sun 0000-0700 Stat requests only. Results available the same day.**Specimen Type:** Urine (catheter or clean void).**Volume:** 2 mL**Container:** Sterile Container**Specimen Handling:** Collection:

A. Catheter: Swab catheter port with povidone iodine. Puncture the port with needle and aspirate urine into a syringe. Do not collect urine from a drainage bag.

B. Clean Void: Cleanse urinary meatus with towelettes. Have the patient void a small amount for discard. Collect a midstream urine specimen.

Transport: Deliver to Microbiology within 2 hours of collection for inpatients.

Storage: Refrigerate.

---

**Test Name: STRIATED MUSCLE AB****Test ID: SKAB****Testing Facility:** Reference Laboratory**Specimen Handling:** SERUM 1 ML -REF**Additional Information:** AKA: SKELETAL MUSCLE

---

**Test Name: STRONGYLOIDES AB****Test ID: MISC****Testing Facility:** Reference Laboratory**Specimen Handling:** SERUM 1 ML - REF

# Aultman Hospital Laboratory Test Directory

**Test Name:** SULFATIDE ANTIBODY

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 1 ML SERUM from plain red top - REFRIGERATED

---

**Test Name:** SULFONYLUREA HYPOGLYCEMIA PNL, SERUM

**Test ID:** SULFON

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 2 ML SERUM - PLAIN RED TOP – FROZEN

**Additional Information:** Centrifuge and transfer serum to plastic vial.

---

**Test Name:** T UPTAKE

**Test ID:** TUP

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done daily. Results available the same day.

**Specimen Type:** Serum

**Volume:** 1 mL

**Container:** 7 mL SST

**Storage:** Refrigerate.

---

**Test Name:** T. WHIPPLEI DNA, PCR

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 2 ML CSF - FROZEN

**Additional Information:** EDTA WHOLE BLOOD ALSO ACCEPTABLE FROZEN

---

**Test Name:** T3, FREE

**Test ID:** FT3

**Synonyms:** Unbound triiodothyronine

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** 24 hours/day, 7 days/week

**Specimen Type:** Serum

**Volume:** 2 mL

**Container:** 7 mL SST

# Aultman Hospital Laboratory Test Directory

**Storage:** Refrigerate.

---

**Test Name:** T3, REVERSE

**Test ID:** REVT3

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 1 ML - FROZEN

**Test Name:** T3, TOTAL

**Test ID:** T3

**Synonyms:** Total T3, triiodothyronine

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done daily. Results available the same day.

**Specimen Type:** Serum

**Volume:** 1 mL

**Container:** 7 mL SST

**Storage:** Refrigerate.

---

**Test Name:** T4, FREE

**Test ID:** FT4

**Synonyms:** Free thyroxine

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7days/week, 24hours/day. Results available same day.

**Specimen Type:** Serum or Plasma Lithium Heparin – Separate from cells within 2 hours of collection.

**Volume:** 1 mL

**Container:** SST or Plasma Lithium Heparin

**Storage:** Refrigerate.

---

**Test Name:** T4, TOTAL

**Test ID:** T4

**Synonyms:** T4

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done daily. Results available the same day.

**Specimen Type:** Serum

**Volume:** 1 mL

**Container:** 7 mL SST

**Storage:** Refrigerate.

---

**Test Name:** TACROLIMUS



# Aultman Hospital Laboratory Test Directory

**Test ID:** TACRO

**Synonyms:** FK506

**Testing Facility:** Reference Laboratory

**Specimen Handling:** EDTA WHOLE BLD - REFRIGERATE

**Additional Information:** SEE FILE BOX. SEND TO TRANSPLANT HOSPITAL IF ONE ON FILE

---

**Test Name:** TAPENTADOL AND METABOLITE, URINE

**Test ID:** TAPENU

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 2 ml Urine, Refrigerated

---

**Test Name:** TAY SACHS CARRIER SCREEN

**Test ID:** HEXA

**Testing Facility:** Reference Laboratory - labcrp

**Specimen Handling:** 3ML serum from plain red top - FROZEN

---

**Test Name:** TBG (THYROXIN BINDING GLOBULIN)

**Test ID:** TBG

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 1 ML - FROZEN

---

**Test Name:** TCR GENE REARRANGEMENT,QUANT PCR

**Test ID:** TGAMMA

**Testing Facility:** Reference Laboratory

**Specimen Type:** Whole Blood

**Specimen Handling:** EDTA WHOLE BLOOD - 5ML ROOM TEMP

---

**Test Name:** TEICHOIC ACID AB

**Test ID:** TEICAC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 1 ML - REF

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** TESTOSTERONE, TOTAL

**Test ID:** TESTO

**Synonyms:** Testosterone

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done daily. Results available the same day.

**Specimen Type:** Serum or Plasma Lithium Heparin – Separate from cells within 2 hours of collection.

**Volume:** 1 mL.

**Container:** SST or Plasma Lithium Heparin

**Specimen Handling:** Centrifuge and transfer serum to plastic vial.

**Storage:** Refrigerate.

**Test Name:** TESTOSTERONE, TOTAL AND FREE

**Test ID:** TFTST

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 2ML SERUM - PLAIN RED - REFRIG Centrifuge and transfer serum to plastic vial.

**Additional Information:** SST UNACCEPTABLE

---

**Test Name:** TETANUS ANTIBODY

**Test ID:** TETAN

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 1 ML – REF

---

**Test Name:** THALLIUM, 24 HR URINE OR RANDOM URINE

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 10 ML FROM A 24 HR SPECIMEN

**Additional Information:** METAL FREE TUBE - UNPRESERVED URINE

---

**Test Name:** THALLIUM, BLOOD

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** METAL FREE TUBE WITH ADDITIVE

**Additional Information:**WHOLE BLOOD; DO NOT SPIN – ROOM TEMP

---

**Test Name:** THEOPHYLLINE

**Test ID:** THEO

**Synonyms:** Aminophylline, Theodur, Slo-Bid, Slo-Phyllin, Theo-Dur

**Test Includes:** Time of last dose, theophylline

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/week, 24 hours/day. Results available the same day.

**Precollection Instructions:** Usual sampling times:

IV:

1. Prior to IV infusion
2. 30 minutes after loading dose to measure adequacy of dose
3. 4 – 6 hours after beginning therapy
4. 12 - 18 hours after beginning therapy
5. Repeat as necessary to evaluate therapy

Oral: Peak levels are recommended:

1. 2 hours after administration of a rapid release product
  2. 4 hours after administration of a sustained release product
- Trough levels can be obtained prior (30 minutes) to the next dose.

NOTE: This assay does not measure dyphyllin (Lufyllin). To measure dyphyllin, order the test DYPH.

**Specimen Type:** Serum/Plain Red Top/Plasma Lithium Heparin – Separate from cells within 2 hours of collection.

**Volume:** 1 mL

**Container:** SST/Plain Red Top/Plasma Lithium Heparin

**Specimen Handling:** Centrifuge and transfer serum to plastic vial. Avoid hemolysis

**Storage:** Refrigerate.

# Aultman Hospital Laboratory Test Directory

---

**Test Name:** THIOCYANATE

**Test ID:** THIOCY

**Testing Facility:** Reference Laboratory

**Specimen Type:** Serum

**Volume:** 2 mL

**Container:** Plain red top

**Specimen Handling:** Centrifuge and transfer serum to plastic vial.

---

**Test Name:** THIOPURINE METABOLITES

**Test ID:** THIOM

**Test Number:** REQ

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 2 LAVENDERS - WHOLE BLOOD - REF

---

**Test Name:** THIORIDAZINE (MELLARIL)

**Test ID:** THIOR

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 3 ML FROM PLAIN RED - REF  
Centrifuge and transfer serum to plastic vial.

**Additional Information:** SST TUBES ARE UNACCEPTABLE

---

**Test Name:** THROMBIN TIME

**Test ID:** TT

**Test Includes:** Heparin dose, thrombin time

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Urgent/STAT: 45 minutes, Routine: 3 hours

**Specimen Type:** Plasma (citrated)

**Volume:** 5 mL

**Container:** 5 mL blue top tube (MUST be full)

**Specimen Handling:** Specimen must be tested within 4 hours of collection in Aultman Lab; alternatively, may be drawn in Aultman Outpatient Lab.

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** THROMBOPHILIA PANEL

**Test ID:** MISC

**Test Number:** REQ

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 2 LAVENDERS - WHOLE BLOOD

**Additional Information:** INCLUDES: F V LEIDEN,PGVAR;MTHFR;PAI GENE STUDY,F13

---

**Test Name:** THYROGLOBULIN

**Test ID:** THYRORF

**Test Includes:** Thyroglobulin Antibodies, Thyroglobulin

**Testing Facility:** ReferenceLaboratory

**Specimen Type:** Serum - Refrigerated

**Volume:** 1 mL

**Container:** SST

**Specimen Handling:** Centrifuge and transfer serum to plastic vial.

---

**Test Name:** THYROID ANTIBODIES

**Test ID:** THYAB

**Test Includes:** Thyroglobulin antibodies, Thyroid Peroxidase Antibodies (Microsomal). NOTE: Thyroid Peroxidase Antibodies (Microsomal) can be ordered individually – see aTPO

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7days/week, 24 hours/day. Results available same day.

**Specimen Type:** Serum

**Volume:** 2 mL

**Container:** SST

---

**Test Name:** THYROID STIMULATING HORMONE

**Test ID:** TSH

**Synonyms:** TSH

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done daily. Results available the same day.

**Specimen Type:** Serum or plasma lithium heparin – Separate from cells within 2 hours of collection.

**Volume:** 1 MI

**Container:** SST or plasma lithium heparin.

**Specimen Handling:** Avoid gross hemolysis

**Storage:** Refrigerate.

# Aultman Hospital Laboratory Test Directory

**Test Name:** THYROID STIMULATING IMMUNOGLOBULIN

**Test ID:** TSI

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 1 ML - REF

---

**Test Name:** TIAGABINE

**Test ID:** MISC

**Synonym:** Gabitril

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 2 ML FROM PLAIN RED - REF Centrifuge  
and transfer serum to plastic vial.

**Additional Information:** SST TUBES ARE UNACCEPTABLE

---

**Test Name:** TISSUE TRANSGLUTAMINASE IGG

**Test ID:** TTGIGG

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 1 ML - REF

**Additional Information:** WANT IGA: ORDER ENDO      WANT IGG: TTGIGG

---

**Test Name:** TITANIUM

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM OR PLASMA; METAL FREE TUBE

**Additional Information:** DK BLUE METAL FREE TUBE - REF

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** TOBRAMYCIN

**Test ID:** TOBP (peak), TOBT (trough)

**Synonyms:** Nebcin

**Test Includes:** Time of last dose, Tobramycin

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Test performed 7 days/week, 24 hours/day. Results available the same day.

**Precollection Instructions:** Usual sampling times:

1. Trough: 2 hours before next scheduled dose
  2. Peak: 2 hours after IV infusion is completed, or 1 hour after IM injection
  3. Trough and peak levels should be collected around the same dosing interval.
  4. Trough and peak levels must be ordered on separate requisitions
- Individualized dosing:
1. Three separate levels should be done at 1 hour, 2 hours and 4 hours after IV infusion is completed. Order on (3) separate requisitions, identifying the specimen in order comments. One order must have the following information in order comments:
    - a. Patient weight
    - b. Dosage given
    - c. Time infusion started and finished
    - d. All other antibiotics given
  2. Copies of individualized dosing levels are sent to pharmacy for dosing calculations. Pharmacy makes the recommendations.
  3. If patient's most recent serum creat is  $> 2.0$  mg/dL, call pharmacy for timing for individualized dosing specimens

**Specimen Type:** Serum/Plain Red Top/Plasma lithium heparin – Separate from cells within 2 hours of collection.

**Volume:** 1 mL

**Container:** SST/Plain Red Top/Plasma Lithium Heparin.

**Specimen Handling:** Centrifuge and transfer serum to plastic vial. Timing of the specimen is critical. Return to lab immediately.

**Storage:** Refrigerate.

---

**Test Name:** TOCAINIDE

**Test ID:** TOCAIN

**Synonyms:** Tonocard

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 2 ML FROM PLAIN RED TOP - REF Centrifuge and transfer serum to plastic vial.

**Additional Information:** SST TUBES ARE UNACCEPTABLE

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** TOPIRAMATE

**Test ID:** TOP

**Testing Facility:** Reference Laboratory

**Specimen Type:** SERUM 1 ML FROM PLAIN RED TOP - REF

**Collection Instructions:** Centrifuge and transfer serum to plastic vial.

**Additional Information:** SST TUBES ARE UNACCEPTABLE

---

**Test Name:** TORCH CONGENITAL DISEASE

**Test ID:** TORCH

**Synonyms:** This test is to be ordered only on neonates or cord blood specimens. For others, order individual tests.

**Test Includes:** Toxoplasma IgG and IgM, CMV IgG and IgM, Rubella IgM and quantitative IgM

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done twice weekly M - F. Results available within 3 days.

**Precollection Instructions:** Note if specimen is cord blood

**Specimen Type:** Serum

**Volume:** 1 mL

**Container:** 7 mL SST

---

**Test Name:** TOXOCARA ANTIBODY

**Test ID:** TOXCAR

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 1 ML -REF

---

**Test Name:** TOXOPLASMA DNA PCR

**Test ID:** TXPCR

**Testing Facility:** Reference Laboratory

**Specimen Handling:** EDTA PLASMA 1 ML - FROZEN

---



# Aultman Hospital Laboratory Test Directory

**Test Name:** TOXOPLASMOSIS ANTIBODY TITER

**Test ID:** TOXO

**Synonyms:** Toxoplasma titer

**Test Includes:** Toxoplasma IgG and IgM

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done twice weekly M – F. Results available within 4 days.

**Specimen Type:** Serum

**Volume:** 1 mL

**Container:** 7 mL SST

---

**Test Name:** TPMT ENZYME

**Test ID:** TPMTE

**Testing Facility:** Reference Laboratory

**Specimen Type:** EDTA

**Volume:** 5 ml whole blood

**Specimen Handling:** Ambient or cold pack

---

**Test Name:** TPMT Genetics

**Test ID:** TPMTG

**Testing Facility:** Reference Laboratory

**Specimen Type:** EDTA

**Volume:** 5ml whole blood

**Specimen Handling:** Ship ambient or with cold pack

---

**Test Name:** TRANSFERRIN

**Test ID:** TRF

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7days/week, 24hours/day. Results available the same day.

**Specimen Type:** Serum or plasma lithium heparin – Separate from cells within 2 hours of collection.

**Volume:** 1 mL

**Container:** SST or Plasma Lithium Heparin.

---

**Test Name:** TRAZODONE (DESYREL)

**Test ID:** TRAZ

**Synonyms:** Desyrel

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 2 ML FROM PLAIN RED - REF Centrifuge and transfer serum to plastic vial.

**Additional Information:** SST TUBES ARE UNACCEPTABLE

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** TREPONEMA PALLIDUM AB, IGG

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Type:** SERUM 1 ML - REF

---

**Test Name:** TRICHINELLA ANTIBODY

**Test ID:** TRICH

**Synonyms:** Trichinosis antibody

**Testing Facility:** Reference Laboratory

**Specimen Type:** Serum

**Volume:** 1 mL

**Container:** 7 mL SST

**Specimen Handling:** Refrigerate specimen

---

**Test Name:** TRICYCLIC ANTIDEPRESSANT, QUANT

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 2 ML SERUM - PLAIN RED TOP - REF Centrifuge and transfer serum to plastic vial.

**Additional Information:** SST UNACCEPTABLE; THIS IS A QUANTITATIVE TEST

---

**Test Name:** TRIFLUOPERAZINE

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 3ML FROM PLAIN RED TOP - ROOM TEM Centrifuge and transfer serum to plastic vial.

**Additional Information:** SST TUBES ARE UNACCEPTABLE; PROTECT FROM LIGHT

---

**Test Name:** TRIGLYCERIDES

**Test ID:** TRIG

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/week, 24 hours/day. Results available the same day.

**Precollection Instructions:** A 12-hour fast is required

**Specimen Type:** Serum or plasma lithium heparin – Separate from cells within 2 hours of collection.

**Volume:** 1 mL

**Container:** SST or plasma lithium heparin.

**Specimen Handling:** Avoid hemolysis

**Storage:** Refrigerate.

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** TRIMIPRAMINE

**Test ID:** TRIM

**Synonyms:** Surmontil

**Testing Facility:** Reference Laboratory - Labcorp

**Specimen Type:** Serum

**Volume:** 1 mL

**Container:** Red top tube (DO NOT use SST).

**Specimen Handling:** Centrifuge and transfer serum to plastic vial. Freeze.

---

**Test Name:** Troponin I High Sensitive

**Test ID:** TROPHS

**Testing Facility:** Aultman Hospital

**Turnaround Time:** Done 7days/week, 24hours/day. Results available within 2 hours of receipt.

**Specimen Type:** Plasma (Lithium Heparin)

**Volume:** 1 ml

**Container Type:** 4ml green top (Lithium heparin)

**Specimen Handling:** Separate plasma from cells within 2 hours of collection and store in refrigerator. Freeze if not performed within 24 hours.

---

**Test Name:** TROPONIN T

**Test ID:** TNT

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 1 ML SERUM - REF

---

**Test Name:** TRYPANOSOMA CRUZI ANTIBODY

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 1 ML - REF

---

**Test Name:** TRYPTASE

**Test ID:** TRYPT

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 1 ML - REF

---

**Test Name:** TSH RECEPTOR ANTIBODY

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 1 ML SERUM - PLAIN RED TOP PREFERRED - REF Centrifuge and transfer serum to plastic vial.

**Additional Information:** SST ALSO ACCEPTABLE

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** TULAREMIA ANTIBODY

**Test ID:** TULGM

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 1 ML SERUM FROM SST TUBE - REFRIGERATED

---

**Test Name:** TYPE AND SCREEN

**Test ID:** TS

**Test Includes:** ABO & ABS. Blood Bank will reflex additional testing when positive ABS

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** 45 minutes

**Container:** 6 ml pink top EDTA

**Additional Information:** NOTE: All specimens sent to Blood Bank for testing must have a handwritten identification label that includes the patient's first and last name, Medical Record number (Date of Birth is acceptable for Outpatients), date and time of collection and collector's initials. Specimens missing any of the elements listed above will be rejected and must be recollected.

---

**Test Name:** TYPHUS GROUP ANTIBODIES

**Test ID:** TYPH

**Synonyms:** Rickettsial Ab panel

**Test Includes:** IgG and IgM

**Testing Facility:** Reference Laboratory

**Specimen Type:** Serum

**Volume:** Serum: 1 mL,

**Specimen Handling:** Refrigerate

---

**Test Name:** TYROSINE

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** HEP PLASMA 2 ML - FROZEN

**Additional Information:** GREEN TOP TUBE COLLECT ON ICE; SPIN AND FREEZE ASAP; FASTING

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** UGT1A1 GENE POLYMORPHISM

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 5ML EDTA WHOLE BLOOD - ROOM TEMP

---

**Test Name:** UREA NITROGEN, 24 HOUR URINE

**Test ID:** UNU24

**Synonyms:** Urine BUN, urea, UUN

**Test Includes:** Collection time, volume, creatinine, urea nitrogen

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done daily. If specimen received by 1000, results available the same day.

**Precollection Instructions:** No preservative. See 24-hour Urine Collection Instructions.

**Specimen Type:** 24-hour urine

**Volume:** Submit entire urine collection to lab

**Container:** Obtain urine collection container from lab

**Specimen Handling:** Keep specimen on ice during collection.

---

**Test Name:** UREA NITROGEN, RANDOM URINE

**Test ID:** UNUR

**Synonyms:** Urine BUN, urea, UUN

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/week, 24 hours/day. Results available the same day.

**Specimen Type:** Random urine

**Volume:** 2 MI

**Container:** Plastic urine tube

---

**Test Name:** URIC ACID, 24 HOUR URINE

**Test ID:** URU24

**Test Includes:** Collection time, volume, creatinine, uric acid

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done daily. If specimen received before 1000, results available the same day.

**Precollection Instructions:** No preservative. See 24-hour Urine Collection Instructions.

**Specimen Type:** 24-hour urine

**Volume:** Submit entire urine collection to lab

**Container:** Obtain urine collection container from lab

**Specimen Handling:** Keep specimen on ice during collection

**Storage:** Refrigerate.

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** URIC ACID, BODY FLUID

**Test ID:** URIBF

**Test Includes:** Body fluid type, uric acid

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/week, 24 hours/day. Results available the same day.

**Specimen Type:** Body fluid

**Volume:** 2 – 4 mL

**Storage:** Refrigerate.

---

**Test Name:** URIC ACID, RANDOM URINE

**Test ID:** URUR

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/week, 24 hours/day. Results available the same day.

**Specimen Type:** Random urine

**Volume:** 2 mL

**Container:** Plastic urine tube

**Storage:** Refrigerate.

---

**Test Name:** URIC ACID, SERUM

**Test ID:** URIC

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/week, 24 hours/day. Results available the same day.

**Specimen Type:** Serum or Plasma Lithium Heparin – Separate from cells within 2 hours of collection.

**Volume:** 1 mL

**Container:** SST or plasma lithium heparin.

**Specimen Handling:** Avoid hemolysis

**Storage:** Refrigerate.

**Additional Information:** \*\*If patient is on Elitek; the patient must be drawn in the main hospital Out Patient Lab only; Draw a pre-chilled green top tube. Transport specimen on ice\*\*

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** URINALYSIS

**Test ID:** UA

**Synonyms:** UA

**Test Includes:** Source, color, appearance, urine dipstick for specific gravity, glucose, bilirubin, ketones, blood, pH, protein, urobilinogen, nitrate, leukocytes. Microscopic analysis will be reflexed by abnormal results.

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/week, 24 hours/day. Results available the same day.

**Precollection Instructions:** A first morning void specimen is preferred

**Specimen Collection /** Keep on ice or refrigerate

**Transfer Instructions:**

**Specimen Type:** Random urine

**Volume:** 2 mL (minimum)

**Container:** Plastic urine tube

---

**Test Name:** URINE FOR CYTOLOGY

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Monday-Friday received by 3:00pm, Saturday received by 11:00am. 2 working days. Certain non-Gyn cases will require additional stains and will take longer.

**Specimen Collection /** Use Form 308A, (Cytology Specimens). Mark the source of the specimen on the form and include any

**Transfer Instructions:** pertinent clinical information. Mark VOID or CATH.

**Specimen Type:** Collect the first part or all (not midstream) of the second or later void of the day.

**Volume:** Minimum of 50 mL for adult patients, 10 mL minimum for pediatric patients.

**Container:** Cytology urine container with fixative. If Microbiology or Urinalysis is also ordered, send separate specimens for these tests.

**Specimen Handling:** Deliver to the Cytology department. After hours, deliver specimen to the Microbiology department.  
Specimen Handling: Refrigerate

---

**Test Name:** UROVYSION,FISH VYSIS

**Test ID:** UROVYSION,FISH

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 50ML URINE (ADDED TO PRESERVATIVE KIT AVAILABLE IN SEND OUTS

**Additional Information:** ROOM TEMPERATURE

# Aultman Hospital Laboratory Test Directory

**Test Name:** VALPROIC ACID

**Test ID:** VALPR

**Synonyms:** Depacon, Depakene, Depakote

**Test Includes:** Time of last dose, valproic acid

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/week, 24 hours/day. Results available the same day.

**Precollection Instructions:** Usual sampling time: Trough level drawn just prior (30 minutes) to next dose.

NOTE: A trough level approximates the lowest steady state concentration in serum between doses. Since the evening dose is often the longest dosing interval, a morning trough level may be desirable but not necessary.

**Specimen Type:** Serum/Plain Red Top/Plasma Lithium Heparin – Separate from cells within 2 hours of collection.

**Volume:** 1 mL

**Container:** SST/Plain Red Top/Plasma Lithium Heparin

**Specimen Handling:** Centrifuge and transfer serum to plastic vial if collected in red top.

**Storage:** Refrigerate.

---

**Test Name:** VANADIUM

**Test ID:** MISCNB

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 10ML RANDOM URINE - REF

---



# Aultman Hospital Laboratory Test Directory

**Test Name:** VANCOMYCIN

**Test ID:** VANCP (peak), VANCT (trough)

**Synonyms:** Vancocin

**Test Includes:** Time of last dose, vancomycin

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/week, 24 hours/day. Results available the same day.

**Precollection Instructions:** Usual sampling times:

1. Trough: 1/2 hour or less before next scheduled dose
2. Peak: 1/2 hour – 1 hour after IV infusion is completed.
3. Trough and peak levels should be collected around the same dosing interval.
4. Trough and peak levels must be ordered on separate requisitions.

Individualized dosing:

1. Three separate levels should be done at 1 hour, 2 hours and 4 hours after IV infusion is completed. Order on 3 separate requisitions, identifying the specimen in order comments. One order must have the following information in order comments: a. Patient weight  
b. Dosage given  
c. Time infusion started and finished  
d. All other antibiotics given
2. Copies of individualized dosing levels are sent to pharmacy for dosing calculations. Pharmacy makes the recommendations.
3. If patient's most recent serum creat is  $>2.0$  mg/dL, call pharmacy for timing for individualized dosing specimens.

**Specimen Type:** Serum/Plain Red Top/Plasma Lithium Heparin – Separate from cells within 2 hours of collection.

**Volume:** 1 mL

**Container:** SST/Plain Red Top/Plasma Lithium Heparin

**Specimen Handling:** Centrifuge and transfer serum to plastic vial in collected in red top.

**Storage:** Refrigerate.

---

**Test Name:** VANCOMYCIN (Random)

**Test ID:** VANCR

**Synonyms:** Random Vancomycin

**Test Includes:** Time of last dose, vancomycin

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done 7 days/week, 24 hours/day. Results available the same day.

**Specimen Type:** Serum

**Volume:** 1 mL

**Container:** Plain red top

**Specimen Handling:** Centrifuge and transfer serum to plastic vial.

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** VARICELLA IGM

**Test ID:** VZVM

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 1 ML -REF

---

**Test Name:** VARICELLA IMMUNE STATUS

**Test ID:** VARIS

**Synonyms:** Chicken pox immune status

**Test Includes:** Detection of IgG antibodies for Varicella zoster

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done twice weekly.

**Specimen Type:** Serum

**Volume:** 1 mL

**Container:** 7 mL SST

---

**Test Name:** VARICELLA PCR CSF

**Test ID:** MISCNB

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 1 ML CSF - FROZEN

---

**Test Name:** VASOPRESSIN INTESTINAL PEPTIDE

**Test ID:** VIP

**Testing Facility:** Reference Laboratory

**Specimen Type:** 1 ML PLASMA FROM THE SPECIAL KIT (PROTEASE INHIBITOR TUBE) AVAILABLE IN SEND OUTS

**Specimen Handling:** 1 ML - FROZEN

**Additional Information:** A BUTTERFLY MUST BE USED THE DRAW THE BLOOD

---

**Test Name:** VDRL, CSF

**Test ID:** VDRL

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 1 ML CSF - REFRIGERATED

---

**Test Name:** VERY LONG CHAIN FATTY ACIDS

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 1 ML PLASMA – SODIUM HEP - FROZEN

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** VISCOSITY, SERUM

**Test ID:** VISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 1 ML SERUM FROM SST TUBE – REFRIGERATED

---

**Test Name:** VITAMIN A

**Test ID:** VITA

**Testing Facility:** Reference Laboratory

**Specimen Handling:** EDTA PLASMA 2 ML - FROZ

**Additional Information:** PROTECT FROM LIGHT; OVERNIGHT FASTING PREFERRED

---

**Test Name:** VITAMIN B1 (THIAMINE) (WHOLE BLOOD)

**Test ID:** B1WB

**Testing Facility:** Reference Laboratory

**Specimen Type:** 2 ml WHOLE BLOOD

**Container:** EDTA LAVENDER

**Specimen Handling:** LAVENDER - WHOLE BLD 5 ML – FROZEN

---

**Test Name:** VITAMIN B1, PLASMA

**Test ID:** PVITB1

**Testing Facility:** Reference Laboratory

**Volume:** 1 ML PLASMA FROM SODIUM OR LITHIUM (GREEN TOP) TUBE

**Container:** HEPARIN

**Specimen Handling:** FROZEN - separate plasma within 1 hour of collection

---

**Test Name:** VITAMIN B12

**Test ID:** B12

**Synonyms:** B12

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done daily. Results available the same day

**Precollection Instructions:** A fasting specimen is preferred

**Specimen Type:** Serum or plasma lithium heparin – Separate from cells within 2 hours of collection.

**Volume:** 1 mL

**Container:** SST or Plasma Lithium Heparin

**Specimen Handling:** Avoid hemolysis

**Storage:** Refrigerate.

# Aultman Hospital Laboratory Test Directory

**Test Name:** VITAMIN B12 BINDING CAPACITY

**Test ID:** B12BIN

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 1 ML SERUM -REF

**Additional Information:** AKA: TRANSCOBALAMIN

---

**Test Name:** VITAMIN B2

**Test ID:** VITB2

**Testing Facility:** Reference Laboratory

**Container:** Green (Sodium or lithium heparin)

**Specimen Handling:** PLASMA 2 ML - FROZEN

**Additional Information:** PROTECT FROM LIGHT

---

**Test Name:** VITAMIN B6

**Test ID:** VITB6

**Testing Facility:** Reference Laboratory

**Container:** Heparin

**Specimen Handling:** PLASMA 2 ML - FROZEN

**Additional Information:** PROTECT FROM LIGHT

---

**Test Name:** VITAMIN C (ASCORBIC ACID)

**Test ID:** VITC

**Testing Facility:** Reference Laboratory

**Container:** Heparin

**Specimen Handling:** 1 ml plasma -FROZEN

Centrifuge and transfer plasma to plastic vial ASAP. Freeze immediately. Protect from Light.

**Additional Information:** PROTECT FROM LIGHT/OVERNIGHT FASTING PREFERRED/DO NOT THAW

---

**Test Name:** VITAMIN D (1,25 DIHYDROXY)

**Test ID:** 125VTD

**Testing Facility:** Reference Laboratory

**Container:** SST

**Specimen Handling:** 3 ml serum – Refrigerate

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** VITAMIN D, 25-HYDROXY

**Test ID:** VIDH

**Test Includes:** Total combined 25-Hydroxy D2 and D3

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Done daily.

**Specimen Type:** Serum

**Volume:** 1 mL minimum

**Container:** 7ml SST

**Specimen Handling:** Separate serum from cells within 2 hours of collection.

**Storage:** Refrigerate.

---

**Test Name:** VITAMIN E

**Test ID:** VITE

**Testing Facility:** Reference Laboratory

**Container:** EDTA

**Specimen Handling:** 2 ml plasma- Frozen

Centrifuge and transfer to separate container ASAP. Freeze plasma immediately.

**Additional Information:** PROTECT FROM LIGHT

---

**Test Name:** VITAMIN K

**Test ID:** VITK

**Testing Facility:** Reference Laboratory

**Specimen Type:** 1 ml serum (frozen)

**Container:** SST

**Additional Information:** PROTECT FROM LIGHT - OVERNIGHT FASTING PREFERRED;

---

**Test Name:** VMA

**Test ID:** VMAU

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 10 ML UNPRESERVED URINE FROM 24 HR COLLECTION - REFRIGERATED

---

**Test Name:** VOLATILE SCREEN,SERUM

**Test ID:** VOLS

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 2 ML SERUM - REF

**Additional Information:** CALL COURIER TO TRANSPORT

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** VOLTAGE GATED CALCIUM CHANNEL

**Test ID:** VOLTCA

**Testing Facility:** Reference Laboratory

**Specimen Type:** 1 ML SERUM - REFRIGERATED

---

**Test Name:** VON WILLEBRAND MULTIMERS

**Test ID:** VWMUL

**Testing Facility:** Reference Laboratory

**Specimen type:** 2 ML PLASMA (CITRATED BLUE TOP TUBE) - FROZEN

**Specimen Handling:** PLATELET POOR PLASMA

---

**Test Name:** VON WILLIEBRAND FACTOR ANTIGEN

**Test ID:** F8AG

**Synonyms:** vwFactor Ag, vwF Ag, Factor 8 Related Antigen, vonWillebrand Antigen

**Testing Facility:** Aultman Laboratory

**Turnaround Time:** Batched and done once per week.

**Specimen Type:** Plasma (citrated)

**Volume:** 2mL

**Container:** (2) 5mL blue top tubes (MUST be full); Do Not Refrigerate Blue Tops

**Specimen Handling:** Specimen must be processed in Aultman Lab within 4 hours of collection; alternatively may be drawn in Aultman Outpatient Department.

---

**Test Name:** VORICONAZOLE, SERUM

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 2 ML SERUM - PLAIN RED TOP - REF

**Additional Information:** Centrifuge and transfer serum to plastic vial.

---

**Test Name:** WEST NILE ANTBODY, SERUM

**Testing facility:** Reference laboratory

**Test ID:** NILE

**Specimen type:** 2 ML SERUM - REFRIGERATED

**Specimen Handling:** SEPARATE SERUM WITHIN 2 HRS

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** WEST NILE ANTIBODY, CSF

**Test ID:** CWESTG

**Specimen Type:** CSF

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 2 ML CSF - REFRIGERATED

**Additional Information:** IGG ONLY

---

**Test Name:** WHITE BLOOD CELL

**Test ID:** WBC

**Testing Facility:** Aultman Hospital

**Turnaround Time:** STAT/URGENT 30-60min, ROUTINE 6 hours

**Specimen Handling:** 2ml Whole Blood EDTA from Lavender tube

**Additional Information:** Room Temperature

---

**Test Name:** YEAST ID AND SENSITIVITY

**Test ID:** MICRO TO ORDER

**Testing Facility:** Reference Laboratory

**Specimen Handling:** PURE CULTURE ON AGAR SLANT - ROOM TEMP

**Additional Information:** SEND IN DOUBLE CANISTER

---

**Test Name:** ZAP-70

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 5ML EDTA WHOLE BLOOD - ROOM TEMP

---

**Test Name:** ZINC PROTOPORPHYRIN

**Test ID:** ZPP

**Testing Facility:** Reference Laboratory

**Container:** 1 ML WHOLE BLOOD FROM EDTA (Navy Blue) TUBE - REFRIGERATED

**Specimen Handling:** WHOLE BLD - REFRIGERATE

**Additional Information:** ALTERNATE SPECIMEN – 1 ML WHOLE BLOOD FROM EDTA (LAVENDER TOP)

---

**Test Name:** ZINC

**Test ID:** ZINC

**Testing Facility:** Reference Laboratory

**Container:** 1 ML PLASMA (DARK BLUE TUBE WITH ADDITIVE) - REFRIGERATED

---

# Aultman Hospital Laboratory Test Directory

**Test Name:** ZINC, URINE

**Test ID:** ZINCU

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 10 ML FROM 24 HR UNPRESERVED URINE POURED INTO METAL FREE TRANSPORT TUBE –  
REFRIGERATED

**Additional Information:** RANDOM URINE ALSO ACCEPTABLE

---

**Test Name:** ZOLOFT

**Synonym:** Sertaline

**Test ID:** MISC

**Testing Facility:** Reference Laboratory

**Specimen Handling:** 1 ML SERUM - PLAIN RED TOP - REF Centrifuge and  
transfer serum to plastic vial.

---

**Test Name:** ZONISAMIDE (ZONEGRAN)

**Test ID:** ZONIS

**Testing Facility:** Reference Laboratory

**Specimen Handling:** SERUM 2 ML FROM PLAIN RED - REF Centrifuge and  
transfer serum to plastic vial.

**Additional Information:** SST TUBES ARE NOT ACCEPTABLE



