
INTERNATIONAL MEDICAL LABORATORY

Directory of Services

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GENERAL INFORMATION

INTRODUCTION

Since 1980, IML has been providing a full range of quality laboratory services to patients and physicians in our area. If you have any questions about the scope of services IML can provide for you, please contact our Client Services Department at (800) 288-1465.

ACCREDITATION

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

CLIENT SERVICES

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

LAB TOURS

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

COURIER SERVICES

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

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

TEST REQUEST FORMS

Each patient's specimens must be accompanied by a Test Request Form and an Advance Beneficiary Notice (ABN) when applicable. Patient name, date of birth, specimen collection date, specimen collection time and test(s) requested must be marked. If the services are to be billed to the patient or patient's insurance, the patient's address, date of birth, insurance information and a diagnosis code(s) supporting the service must be included. Test orders and diagnosis information will only be accepted when received in writing from the ordering physician's office. Verbal orders cannot be accepted. If the services ordered for a Medicare patient are not "medically necessary" according to Medicare standards, the patient must be told why the services will not be covered and an appropriate ABN executed and submitted if the services are to be performed.

RESULT REPORTING

Test results may be delivered electronically, by fax, printer or courier. Most results are reported within 24 hours. Same Day Results are available in certain areas.

CRITICAL VALUE RESULT REPORTING

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

REPEAT TESTING

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

REFERENCE RANGES

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

ADDITIONAL TESTING

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

SAME DAY TEST RESULTS

Same Day Results are available for most routine testing in certain areas. For more information on these expedited services, please contact our Client Services Department at (800) 288-1465.

SUPPLIES

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

COMPLIANCE

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

HIPAA

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

BILLING

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

Client Billing

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

Patient Billing

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

Medicare and Medicare Advantage Patients

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

If the test ordered is not expected to be covered, the patient must sign and date an Advance Beneficiary Notice (ABN) form agreeing to be responsible for payment if they would like the test performed. The ABN must be submitted to IML prior to testing. Medicare has determined that "limited coverage" tests may not be covered due to frequency of use or diagnosis criteria. Other tests are excluded from coverage because there is a Local or National Policy excluding them or they are considered by Medicare to be "investigational." Tests ordered for screening purposes are also not covered by Medicare except for under those circumstances listed in the Screening section below.

Limited Coverage Tests

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

Investigational / Non-Covered Tests

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

Screening

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

Medicaid

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

Private Insurance

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

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

Beech Street Network	Medicare Railroad
ChampVA	Medicare Advantage PFFS Plans
ChoiceCare Network	Multi-Plan
Evolutions	PHCS
Evercare	Secure Horizons
First Health Network	Tricare
GEHA	TRPN (Three Rivers Provider Network)
Golden Rule	United Healthcare
Humana ChoiceCare Network	United Mine Workers of America
HumanaOne	State of Florida - Vocational Rehabilitation
Medicaid	Worker's Compensation
Medicare	
Medicare Complete	

PATIENT SERVICE CENTERS

If you prefer not to collect specimens in your office, you may direct your patients with their IML Test Request Form or prescription to one of our many Patient Service Centers. For location addresses, maps, hours and additional information, please visit us at www.internationalmedicallab.com or contact our Client Services Department at (800) 288-1465.

SPECIMEN COLLECTION AND PROCESSING

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

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

FASTING SPECIMENS

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

SPECIMEN LABELING

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

BLOOD COLLECTION

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

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

Whole Blood:

If the blood collected in a tube is not separated into plasma or serum by centrifugation, it is referred to as "whole blood".

Serum:

When Whole Blood is collected in an SST, Plain Red Top Tube or other tube without anti-

coagulant and is centrifuged, the yellowish fluid in the top half of the tube is “serum.”

Plasma

When Whole Blood is collected in a tube with an anti-coagulant and is centrifuged, the yellowish fluid in the top half of the tube is “plasma.” The type of anti-coagulant in the tube determines the type of plasma produced, i.e. heparinized plasma is produced by collecting whole blood in a green top tube containing Lithium or Sodium Heparin and centrifuging it. The top portion of the specimen in the green top tube is then heparinized plasma.

Platelet Poor plasma is obtained by centrifuging Whole Blood and pipetting the plasma into a Plastic Transport Tube. The Transport Tube is centrifuged again and the resulting platelet-poor plasma pipetted into a new Transport Tube.

Specimen Quantities

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

Phlebotomy Basics

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

1. Identify patient and review order.
2. Position patient. Seated patients should be comfortably seated with arm in straight line from shoulder to wrist.
3. Prepare equipment and proper collection devices prior to venipuncture.
4. Wash hands and apply personal protective equipment.
5. Apply tourniquet midway between elbow and shoulder. Do not use arm on side where patient has had a mastectomy or above an infusion site. Do not leave tourniquet on longer than one minute.
6. Select vein. Cephalic, basilic or median cubital should be used. Vein should be palpable but not pulsating. Pulsating indicates site is artery not vein.
7. Cleanse site using appropriate cleanser such as alcohol. Wipe in outward-moving concentric circles. Do not blow site dry.
8. Insert needle into vein at approximately 15° angle in direct line with vein. Tube should be below site to prevent backflow. Bevel should be facing upward.
9. Release tourniquet prior to removing needle.

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

10. Once needle is removed, apply pressure to site with clean gauze.
11. Dispose of needle in sharps container. Remove and dispose of gloves appropriately. Wash hands.
12. Label all tubes.
13. For serum, allow the blood to clot for at least 20 minutes and separate from the cells by centrifuging for 10 minutes. For plasma or whole blood collections, thoroughly mix the blood with the additive by inverting the tube 5 to 10 times. Centrifuge and separate from the cells if appropriate.

Common Problems in Collection

Hemolysis: Occurs when red blood cells rupture releasing their contents into the serum. Even a slight degree of hemolysis will invalidate many test results and, in particular, elevate potassium and LDH. Hemolysis may be caused by difficult phlebotomy, small gauge needle (less than 18 ga.), placing red top tubes in the refrigerator before clotting is completed at room temperature, vigorous shaking of anti-coagulant specimens or storing in a refrigerator that is too cold

Lipemia: Cloudy specimen due to presence of excessive amounts of fat. Occurs often if blood is drawn after meal. Will invalidate many test results. Therefore, fasting specimen is preferred.

QNS: Quantity Not Sufficient. This indicates there is not enough specimen to perform the test requested. We are aware that often this is the only specimen obtainable from the patient. However, sometimes "a little is just not enough."

Tube Types

Red Top Tube: Contains no anti-coagulant. Used for serum or clotted whole blood. After drawing, gently invert 8 times. Allow blood to clot at room temperature, out of direct sunlight, for 30 minutes. Centrifuge and transfer the serum portion into a properly labeled plastic transfer vial. Prolonged exposure of the serum to the clot may invalidate some test results.

SST Tube: Serum separator tube contains no anti-coagulant. Includes a gel to separate serum from cells after centrifugation. After drawing, invert tube gently invert 8 times. Allow blood to clot at room temperature, out of direct sunlight, for 30 minutes. Do not centrifuge before completely clotted. Centrifuge at 3400-3500 rpm for 10-15 minutes. Send the centrifuged and labeled SST tube with its top on to the laboratory. This tube type is not preferred for use in toxicology or Therapeutic Drug Monitoring (TDM) testing.

Note: Some studies have demonstrated increased Potassium levels as a result of excessively vigorous inverting of tubes. Handle tubes with utmost care.

Lavender Top Tube: Contains EDTA anticoagulant. Tube must be filled completely and gently inverted 8 times in order to prevent clotting.

Gray Top Tube: Contains Potassium Oxalate as anti-coagulant and Sodium Fluoride as glucose preservative. After drawing, invert gently 8 times to prevent clotting.

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

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

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

Dark Blue Top (Trace Metal Tube): Tube contains no heavy metals. Available for Serum or with EDTA. Used for Heavy Metal testing. Invert 8 times after collection.

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

Pearl (PST) Tube: Contains EDTA as anti-coagulant. This Plasma Separator Tube (PST) contains a gel barrier that separates the Plasma from the Cells after centrifugation.

Frozen Specimens

Frozen Serum: Draw Red Top Tube or SST, invert 8 times and allow specimen to clot at room temperature, out of direct sunlight, for 30 minutes. Centrifuge for

15 minutes to ensure good separation. Transfer Serum into plastic container and freeze. Label tube with patient's name, date and "serum." Place "frozen submitted separately" sticker on specimen bag of any other specimens, if specimens of another temperature are being submitted.

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

URINE COLLECTION

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

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

Clean Catch Urine Specimen Collection Instructions for Females:

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

Clean Catch Urine Specimen Collection Instructions for Males:

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

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

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

Collection Instructions:

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

SPECIMEN STORAGE AND TRANSPORT

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

TEST LISTING

The following is an alphabetical listing of many of the most commonly requested tests available through IML. If the test you require is not included, please call our Client Services Department at (800) 288-1465 and we will be happy to provide additional test specific information for you. Specimen Requirements listed are current as of the date of printing but are subject to change without notice.

INDIVIDUAL TEST LISTING

ABO GROUP & RH (BLOOD TYPE)

LAB CODE: 4900

Specimen Requirements: 5mL EDTA Whole Blood
Collect: Lavender Top Tube
Storage and Transport: Refrigerated
Reported: In 3-7 Days
Notes: Aliquots are not acceptable.

ACE (See Angiotensin Converting Enzyme)

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

ADH (See Antidiuretic Hormone)

ADRENALIN (See Catecholamines, Fractionated)

ADRENOCORTICOTROPIC HORMONE (ACTH)

LAB CODE: 5015

Specimen Requirements: 1mL EDTA Plasma
Collect: Lavender Top Tube. Centrifuge. Transfer Plasma into transfer tube. Critical Frozen. Must be separated from cells and frozen within 1 hour.
Storage and Transport: Frozen
Reported: In 3-5 Days
Notes: Draw between 7am and 10am. Please submit a separate sample for any additional tests requiring a frozen sample.

AFB (See Culture, Acid Fast)

AFP (See Alpha-Fetoprotein)

ALBUMIN

LAB CODE: 2201

Specimen Requirements: 2mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 1 Day. Same Day Results available in certain areas.
Billing Notes: Medicare Limited Coverage Test

ALDOLASE

LAB CODE: 2440

Specimen Requirements: 2 mL serum.
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 3-5 Days
Notes: Remove serum from clot. Transport in plastic tube.

ALDOSTERONE, SERUM

LAB CODE: 5019

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

ALDOSTERONE, URINE

LAB CODE: 5020

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

ALKALINE PHOSPHATASE

LAB CODE: 2206

Specimen Requirements: 1 mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 1 Day. Same Day Results available in certain areas.

ALKALINE PHOSPHATASE ISOENZYMES (HEAT STABLE)

LAB CODE: 2653

Specimen Requirements: 3mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated. Do not freeze.
Reported: In 1 Day. Same Day Results available in certain areas.

ALLERGY TESTING

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

ALPHA-1-ANTITRYPSIN (ANTI-TRYPSIN)

LAB CODE: 5605

Specimen Requirements: 1 mL Serum
Collect: Serum Separator Tube

Storage and Transport: Refrigerated
Reported: In 3-5 Days

ALPHA-FETOPROTEIN, TUMOR MARKER

LAB CODE: 5036

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

ALANINE AMINOTRANSFERASE (See ALT)

ALT (ALANINE AMINOTRANSFERASE)

LAB CODE: 2209

Specimen Requirements: 1 mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 1 Day. Same Day Results available in certain areas

AMINOPHYLLINE (See Theophylline)

AMMONIA

LAB CODE: 2695

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

AMYLASE

LAB CODE: 2100

Specimen Requirements: 1 mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 1 Day. Same Day Results available in certain areas.

ANA (See Anti-Nuclear Antibody Screen)

ANAEROBIC CULTURE (See Culture, Anaerobic)

ANDROSTENEDIONE

LAB CODE: 25162

Specimen Requirements: 1 mL Serum
Collect: Plain Red Top Tube. Centrifuge and transfer serum into transfer tube ASAP.
Storage and Transport: Refrigerated
Reported In: In 4-7 Days

ANGIOTENSIN CONVERTING ENZYME (ACE)

LAB CODE: 5049

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

ANTI-CENTROMERE ANTIBODY

LAB CODE: 2607

Specimen Requirements: 1 mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 3-7 Days
Billing Notes: Medicare Limited Coverage Test

ANTI-DNA (DOUBLE STRAND)

LAB CODE: 2640

Specimen Requirements: 2 mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 3-7 Days

ANTI-HISTONE ANTIBODY

LAB CODE: 5061

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

ANTI-LA (See SSB Antibodies)

ANTI-MICROSOMAL ANTIBODIES (See Anti-Thyroid Peroxidase Antibodies)

ANTI-MITOCHONDRIAL ANTIBODIES

LAB CODE: 5063

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

ANTI-NUCLEAR ANTIBODY SCREEN (ANA)

LAB CODE: 2600

Specimen Requirements: 2mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 3-7 Days

ANA WITH REFLEX CONFIRMATION PANEL

LAB CODE: 2630

Specimen Requirements: 2mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 3-7 Days
Notes: A positive result on this ANA Screen reflexes to a confirmation panel including SSA, SSB, SM, RNP, SCL-70, JO-1, DSDNA, Centromere and Histone Antibodies.

ANTI-RO (See SSA Antibodies)**ANTI-RNP ANTIBODIES**

LAB CODE: 50000

Specimen Requirements: 1 mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 3-7 Days
Billing Notes: Medicare Limited Coverage Test

ANTI-SCLERODERMA (SCL-70) ANTIBODY

LAB CODE: 5069

Specimen Requirements: 1 mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 3-7 Days
Billing Notes: Medicare Limited Coverage Test

ANTI-SMITH (SM) ANTIBODIES

LAB CODE: 50001

Specimen Requirements: 1 mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 3-7 Days
Billing Notes: Medicare Limited Coverage Test

ANTI-SMOOTH MUSCLE ANTIBODIES

LAB CODE: 5070

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

ANTI-THYROGLOBULIN ANTIBODIES

LAB CODE: 50014

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

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

LAB CODE: 5017

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

ANTI-TRYPSIN (See Alpha-1-Antitrypsin)

ARSENIC, BLOOD

LAB CODE: 5088

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

ASO (See Anti-Streptolysin-O)

ASPARTATE AMINOTRANSFERASE (See AST)

AST (ASPARTATE AMINOTRANSFERASE)

LAB CODE: 2208

Specimen Requirements: 1 mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 1 Day. Same Day Results available in certain areas.

BENCE-JONES PROTEIN (See Immunoelectrophoresis, Urine)**BETA-2-MICROGLOBULIN, SERUM**

LAB CODE: 5095

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

BETA-HCG, QUALITATIVE

LAB CODE: 4002

Specimen Requirements: 1 mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 1 Day. Same Day Results available in certain areas.
Billing Notes: Medicare Limited Coverage Test

BETA-HCG, QUANTITATIVE

LAB CODE: 2608

Specimen Requirements: 2 mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 1 Day. Same Day Results available in certain areas.
Billing Notes: Medicare Limited Coverage Test

BICARBONATE (See Carbon Dioxide - CO₂)**BILIRUBIN, DIRECT**

LAB CODE: 2112

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

BILIRUBIN, FRACTIONATED (Total, Direct and Indirect)

LAB CODE: 2550

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

BILIRUBIN, TOTAL

LAB CODE: 2205

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

BIOPSIES (See Pathology)

BLOOD CULTURE (See Culture, Blood)

BLOOD TYPE (See ABO GROUP and RH)

BLOOD UREA NITROGEN (BUN)

LAB CODE: 2215

Specimen Requirements: 1mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 1 Day. Same Day Results available in certain areas.

BUN (See Blood Urea Nitrogen)

C-PEPTIDE

LAB CODE: 5200

Specimen Requirements: 2mL Serum. Patient should be fasting 12 hours prior to collection.
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 3-5 Days

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

LAB CODE: 4016

Specimen Requirements: 1 mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 1 Day. Same Day Results available in certain areas.
Billing Notes: Not covered by Medicare

C-REACTIVE PROTEIN (CRP), QUANTITATIVE

LAB CODE: 4012

Specimen Requirements: 1 mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 1 Day. Same Day Results available in certain areas.

CANCER ANTIGEN 15-3 (CA 15-3)

LAB CODE: 5110

Specimen Requirements: 2mL Serum
Collect: Serum Separator Tube. Centrifuge. Transfer serum into plastic transfer tube.
Storage and Transport: Refrigerated
Reported: 3-5 Days
Billing Notes: Medicare Limited Coverage Test

CANCER ANTIGEN 19-9 (CA 19-9)

LAB CODE: 5111

Specimen Requirements: 2mL Serum
Collect: Serum Separator Tube. Centrifuge. Transfer serum into plastic transfer tube.
Storage and Transport: Refrigerated
Reported: In 4-5 Days
Billing Notes: Not Covered by Medicare

CANCER ANTIGEN 27.29 (CA 27.29)

LAB CODE: 5687

Specimen Requirements: 2mL Serum
Collect: SST. Centrifuge. Transfer serum into plastic transfer tube.
Storage and Transport: Refrigerated
Reported: In 3-5 Days
Billing Notes: Medicare Limited Coverage Test

CANCER ANTIGEN 125 (CA-125)

LAB CODE: 5112

Specimen Requirements: 2mL Serum
 Collect: Serum Separator Tube.
 Storage and Transport: Refrigerate
 Reported: In 5-7 Days
 Notes: Transfer serum from SST into transfer tube.
 Billing Notes: Medicare Limited Coverage Test

CALCIUM, IONIZED

LAB CODE: 5121

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

CALCIUM, SERUM

LAB CODE: 2203

Specimen Requirements: 1mL Serum
 Collect: Serum Separator Tube
 Storage and Transport: Refrigerate
 Reported: In 1 Day. Same Day Results available in certain areas.
 Billing Notes: Medicare Limited Coverage Test

CALCIUM, RANDOM URINE

LAB CODE: 2255

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

CALCIUM, 24 HOUR URINE

LAB CODE: 2231

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

CARBON DIOXIDE (CO₂, Bicarbonate)

LAB CODE: 2214

Specimen Requirements: 1mL Serum in unopened SST

Collect: Serum Separator Tube unopened
Storage and Transport: Refrigerated
Reported: In 1 Day. Same Day Results available in certain areas.

CARCINOEMBRYONIC ANTIGEN (CEA)

LAB CODE: 2655

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

CARDIOLIPIN ANTIBODIES, IgG, IgM, IgA

LAB CODE: 5862

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

CATECHOLAMINES, FRACTIONATED, PLASMA

LAB CODE: 25109

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

CATECHOLAMINES, FRACTIONATED, URINE

LAB CODE: 25143

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

Collect: 24 Hour Urine Container

Storage and Transport: Refrigerated during and after collection

Reported: In 3-5 Days

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

CBC WITH DIFFERENTIAL & PLATELET COUNT

LAB CODE: 3000

Specimen Requirements: 4mL EDTA Whole Blood

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

Storage and Transport: Refrigerated

Reported: In 1 Day. Same Day Results available in certain areas.

Billing Notes: Medicare Limited Coverage Test

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

CBC WITHOUT DIFFERENTIAL (See Hemogram)

LAB CODE: 3000

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

LAB CODE: 3042

Specimen Requirements: 1 mL Body Fluid in EDTA

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

Storage and Transport: Refrigerated

Reported: In 1 Day

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

CELL COUNT and DIFFERENTIAL, CEREBROSPINAL FLUID (CSF)

LAB CODE: 3045

Specimen Requirements: 1 mL CSF Fluid
Collect: Sterile Tube
Storage and Transport: Refrigerated
Reported: In 1 Day
Comment: Specimens submitted in syringes with needles are not acceptable. If multiple tubes are drawn, label tubes with the order of drawn (i.e. 1, 2, 3).

CEREBROSPINAL FLUID CULTURE (See Culture, Cerebrospinal Fluid)

CERULOPLASMIN

LAB CODE: 5135

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

CH50 (See Complement Total)

CHLAMYDIA CULTURE (See Culture, Chlamydia)

CHLORIDE

LAB CODE: 2213

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

CHOLESTEROL, TOTAL

LAB CODE: 2223

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

CLOSTRIDIUM DIFFICILE, TOXIN A/B

LAB CODE: 6034

Specimen Requirements: 3mL Stool
Collect: Sterile Cup with leakproof lid.
Specimens with Formalin, PVA or other preservatives, on swabs, in tissue or dried out are not acceptable. Specimen must be submitted within 24 hours of collection.

Storage and Transport: Refrigerate
Reported: In 5-7 Days

CMV (See Cytomegalovirus)**COMPLEMENT C3**

LAB CODE: 2680

Specimen Requirements: 1 mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 3-5 Days
Notes: Transfer to plastic transfer tube.

COMPLEMENT C4

LAB CODE: 2681

Specimen Requirements: 1 mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 3-5 Days
Notes: Transfer to plastic transfer tube.

COMPLEMENT TOTAL (CH50)

LAB CODE: 5177

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

Storage and Transport: Frozen
Reported: In 3-5 Days
Notes: Please submit a separate sample for any additional tests requiring a frozen sample.

COOMBS, INDIRECT (See Antibody Screen)**COPPER, SERUM**

LAB CODE: 5179

Specimen Requirements: 2mL Serum

Collect: Dark Blue Top Tube without Additive. Do not use SST or Plain Red Top Tube. Centrifuge and transfer serum into transfer tube ASAP.

Storage and Transport: Refrigerate

Reported: In 3-7 Days

CORTISOL, TOTAL

LAB CODE: 2305

Specimen Requirements: 2mL Serum

Collect: Serum Separator Tube

Storage and Transport: Refrigerated

Reported: In 3-5 Days

CK (Creatine Kinase)

LAB CODE: 2105

Specimen Requirements: 1mL Serum

Collect: Serum Separator Tube

Storage and Transport: Refrigerated

Reported: In 1 Day. Same Day Results available in certain areas.

CPK (See CK)

CREATINE KINASE (See CK)

CREATININE CLEARANCE

LAB CODE: 2245

Specimen Requirements: 24 Hour Urine and 1mL Serum. Note collection start and completion times for 24 Hour Urine.

Collect: 24 Hour Urine Container and Serum Separator Tube.

Storage and Transport: Refrigerated during and after collection

Reported: In 1 Day

Comment: Serum sample should be collected during the same period as the 24 urine sample. Patient's height and weight must be submitted.

CREATININE, SERUM

LAB CODE: 2216

Specimen Requirements: 1mL Serum

Collect: Serum Separator Tube

Storage and Transport: Refrigerated

Reported: In 1 Day. Same Day Results available in certain areas.

Billing Notes: Medicare Limited Coverage Test

CREATININE with GFR, SERUM

LAB CODE: 2449

Specimen Requirements: 1 mL Serum. Patient's age required.
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 1 Day. Same Day Results available in certain areas.
Billing Notes: Medicare Limited Coverage Test

CREATININE, URINE, 24 HOUR

LAB CODE: 2230

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

CRP (See C-Reactive Protein)**CRYSTAL ANALYSIS**

LAB CODE: 3800

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

CULTURES

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

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

CULTURE & SMEAR, ACID FAST (AFB)

LAB CODE: 25115

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

CULTURE, AEROBIC (ROUTINE)

LAB CODE: 6000

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

CULTURE, AEROBIC with GRAM STAIN (ROUTINE)

LAB CODE: 6010

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

CULTURE, ANAEROBIC (includes Aerobic Culture and Gram Stain)

LAB CODE: 6015

Specimen Requirements:	Swab in Transport Media. Specify Source.
Collect:	Swab
Storage and Transport:	Room Temperature
Reported:	In 3-4 Days
Notes:	Organism identifications are performed on all significant isolates. Beta lactamase is tested for appropriate isolates. Anaerobic sensitivities are not performed. Anaerobic cultures will not be performed on inappropriate sources. Additional charges and

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

CULTURE, BETA STREP GROUP A

LAB CODE: 6013

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

CULTURE, BETA STREP GROUP B

LAB CODE: 6023

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

CULTURE, BLOOD, Routine Aerobic and Anaerobic

LAB CODE: 6001

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

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

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

Storage and Transport: Room Temperature. Do not refrigerate.

Reported: In 7 Days

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

CULTURE, CEREBROSPINAL FLUID (CSF)

LAB CODE: 6002

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

CULTURE, CHLAMYDIA

LAB CODE: 5725

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

CULTURE, FUNGAL (Nails / Hair / Skin)

LAB CODE: 6025

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

CULTURE, FUNGAL (Blood)

LAB CODE: 6053

Specimen Requirements: Maximum allowable volume of Whole Blood collected in 1 set of blood culture bottles. Use aseptic technique during venipuncture.
Collect: One Set of Blood Culture bottles
Storage and Transport: Room Temperature
Reported: In 28-56 Days

CULTURE, FUNGAL (Other Sources)

LAB CODE: 6052

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

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

CULTURE, GONORRHEA

LAB CODE: 6003

Specimen Requirements: Swab in Transport Media
Collect: Swab
Storage and Transport: Room Temperature. Do not refrigerate after collection.
Reported: In 3-5 Days
Notes: Specimen must be received within 24 hours of collection. Organism identification and beta-lactamase testing is automatically performed on all significant isolates. Additional charges apply for these procedures.

CULTURE, GENITAL

LAB CODE: 6008

Specimen Requirements: Swab in Transport Media. Specify Source.
Collect: Swab
Storage and Transport: Room Temperature. Do not refrigerate after collection.
Reported: In 3-5 Days
Notes: Organism identification and sensitivities are automatically performed on all significant isolates. Additional charges and CPT coding are dependent on methods and number of anti-microbial tested.

CULTURE, HERPES SIMPLEX VIRUS

LAB CODE: 5908

Specimen Requirements: Viral Transport Media
Collect: Viral Media
Storage and Transport: Refrigerated
Reported: In 6-8 Days
Notes: Unacceptable specimens: Whole blood, urine, stool, wooden swabs, and calcium alginate Specify exact specimen source/origin.

CULTURE, ROUTINE (See Culture, Aerobic)

CULTURE, SPUTUM / RESPIRATORY (includes Gram Stain)

LAB CODE: 6009

Specimen Requirements: Sputum
Collect: First morning sputum in Sterile Container
Storage and Transport: Refrigerated
Reported: In 2-3 Days
Notes: Do not collect more than one specimen per day. Organism identification and sensitivities are automatically performed on all significant isolates. Additional charges and CPT coding are dependent on methods and number of anti-microbial tested. Beta

lactamase testing will be performed only for Haemophilus, Moraxella and Neisseria.

CULTURE, STOOL (includes Shiga Toxin 1 / 2 and Campylobacter Antigen) LAB CODE: 6005

Specimen Requirements: Stool
Collect: Sterile Specimen Container or clean vial. Cary-Blair transport swab is acceptable. One stool culture specimen per day is adequate.
Storage and Transport: Refrigerated
Reported: In 3-5 Days
Notes: Organism identification and sensitivities are automatically performed on all significant isolates. Additional charges and CPT coding are dependent on methods and number of antimicrobics tested. Routine screening includes Salmonella Shigella, Campylobacter Antigen, Yersinia, Vibrio and Shiga Toxins 1 & 2.

CULTURE, SYNOVIAL FLUID (includes Gram Stain) LAB CODE: 6010

Specimen Requirements: Synovial Fluid
Collect: Aseptically aspirated fluid in sterile container or cup. Syringe without needle is acceptable for small quantities. Syringes with needles will not be accepted. Swab is acceptable but not optimal.
Storage and Transport: Room Temperature
Reported: In 3-5 Days
Notes: Organism identification and sensitivities are automatically performed on all significant isolates. Additional charges and CPT coding are dependent on methods and number of antimicrobial tested. Beta lactamase testing will be performed only for Neisseria.

CULTURE, THROAT / NOSE / NARES LAB CODE: 6006

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

CULTURE, URINE (with Colony Count) LAB CODE: 6007

Specimen Requirements: First Morning Clean Catch Midstream or Catheterized Urine

Collect: Urine in a sterile, leakproof container. Keep Refrigerated. Swab specimens are undesirable and cannot be used for colony counts.

Storage and Transport: Refrigerated

Reported: In 2-3 Days

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

Billing Notes: Medicare Limited Coverage Test

CULTURE, VIRAL

LAB CODE: 5730

Specimen Requirements: Swab in M4 Viral Transport Media or Viral Transport Media. Specify Source.

Collect: M4 Transport Media

Storage and Transport: Frozen

Reported: In 10-26 Days

CYCLOSPORA (See Cryptosporidium Smear)

CYANOCOBALAMIN (See Vitamin B12)

CYTOLOGY, URINE

LAB CODE: 8110

Specimen Requirements: Urine

Collect: Sterile Container

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

Storage and Transport: Refrigerated

Reported: In 3-4 Days

CYTOMEGALOVIRUS ANTIBODY, IgG

LAB CODE: 5225

Specimen Requirements: 1 mL Serum

Collect: Serum Separator Tube

Storage and Transport: Refrigerated

Reported: In 3-5 Days

DEHYDROEPIANDROSTERONE (See DHEA)

DEHYDROEPIANDROSTERONE-SULFATE (See DHEA-S)

DEPAKENE (See Valproic Acid)

DHEA (Dehydroepiandrosterone)

LAB CODE: 5234

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

DHEA SULFATE

LAB CODE: 5235

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

DIGOXIN (Lanoxin)

LAB CODE: 2000

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

DILANTIN (See Phenytoin)

DOPAMINE (See Catecholamines, Fractionated)

EBV (See Epstein Barr Virus)

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

LAB CODE: 5190

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

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

LAB CODE: 5195

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

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

LAB CODE: 5196

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

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

LAB CODE: 5197

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

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

ENA (See Extractable Nuclear Antigen Antibodies)

ENVIRONMENTAL CULTURE (See Culture, Environmental)

EOSINOPHIL COUNT (ABSOLUTE)

LAB CODE: 3506

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

EOSINOPHIL NASAL SMEAR

LAB CODE: 3518

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

ERYTHROPOIETIN

LAB CODE: 5247

Specimen Requirements: 1 mL Serum
 Collect: Serum Separator Tube. Centrifuge. Transfer Serum from SST into plastic transfer tube.
 Storage and Transport: Refrigerated
 Reported: In 3-5 Days
 Notes: Recommend collection between 7:30am and Noon.

ESR (See Sedimentation Rate)

ESTRADIOL

LAB CODE: 2669

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

ESTROGEN, TOTAL

LAB CODE: 5255

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

ESTRONE

LAB CODE: 5257

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

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

LAB CODE: 50006

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

FECAL FAT, QUALITATIVE

LAB CODE: 6031

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

FECAL LEUKOCYTES (See Lactoferrin)

FERRITIN

LAB CODE: 2604

Specimen Requirements: 2mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 1 Day. Same Day Results available in certain areas.
Billing Notes: Medicare Limited Coverage Test

FINE NEEDLE ASPIRATE (See Cytology, Fine Needle Aspirate)

FLUORESCENT TREPONEMAL ANTIBODY (See FTA-ABS)

FOLIC ACID (Folate)

LAB CODE: 2402

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

FOLLICLE STIMULATING HORMONE (FSH)

LAB CODE: 2662

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

FSH (See Follicle Stimulating Hormone)

FTA-ABS (Fluorescent Treponemal Antibody)

LAB CODE: 5276

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

FUNGAL CULTURE (See Culture, Fungal)

GAMMA-GLUTAMYLTRANSFERASE (GGT)

LAB CODE: 2210

Specimen Requirements: 1 mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 1 Day. Same Day Results available in certain areas.
Billing Notes: Medicare Limited Coverage Test

GASTRIN

LAB CODE: 5290

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

GESTATIONAL GLUCOSE CHALLENGE (See Glucose, 50 Gram Screen)

GGT (See Gamma-Glutamyltransferase)

GIARDIA LAMBLIA ANTIGEN

LAB CODE: 5141

Specimen Requirements: 10 g fresh stool refrigerated or Preserved Stool in Ecofix or Unifix
Collect: Sterile leak-proof specimen container. No more than 1 specimen per day.
Storage and Transport: Refrigerated.
Reported: In 3-5 Days
Notes: PVA not acceptable

GLUCOSE, BODY FLUID

LAB CODE: 3049

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

GLUCOSE, SERUM

LAB CODE: 2217

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

GLUCOSE, 50 GRAM SCREEN

LAB CODE: 2101

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

GLUCOSE TOLERANCE TEST (GTT)

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

GLUCOSE TOLERANCE (1 HOUR)

LAB CODE: 1501

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

GLUCOSE TOLERANCE (2 HOUR)

LAB CODE: 1506

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

GLUCOSE TOLERANCE (3 HOUR)

LAB CODE: 1511

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

GLYCOHEMOGLOBIN (See Hemoglobin A₁C)**GLYCOSYLATED HEMOGLOBIN (See Hemoglobin A₁C)****GONORRHEA CULTURE (See Culture, Gonorrhea)****GRAM STAIN**

LAB CODE: 6011

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

GROWTH HORMONE

LAB CODE: 5300

Specimen Requirements: 2mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 3-5 Days
Note: Patient should fast for 12 hours and rested for 30 minutes prior to collection

H & H (See Hemoglobin & Hematocrit)**HAPTOGLOBINS**

LAB CODE: 5302

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

HBSAB (See Hepatitis B Surface Antibody)

HBSAG (See Hepatitis B Surface Antigen)

HCG (See Beta-HCG)

HDL CHOLESTEROL

LAB CODE: 2110

Specimen Requirements: 1 mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 1 Day. Same Day Results available in certain areas.
Billing Notes: Medicare Limited Coverage Test

HPV (See Human Papillomavirus)

HEMATOCRIT

LAB CODE: 3001

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

HEMOGLOBIN

LAB CODE: 3004

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

HEMOGLOBIN & HEMATOCRIT

LAB CODE: 3009

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

HEMOGLOBIN A₁C (Glycohemoglobin) (Glycosylated Hemoglobin)

LAB CODE: 190

Specimen Requirements: 1 mL EDTA Whole Blood
Collect: Lavender Top Tube
Storage and Transport: Refrigerated
Reported: In 1 Day. Same Day Results available in certain areas.
Billing Notes: Medicare Limited Coverage Test

HEMOGLOBIN A₁C with Mean Plasma Glucose (estimated Average Glucose)

LAB CODE: 197

Specimen Requirements: 1 mL EDTA Whole Blood
Collect: Lavender Top Tube
Storage and Transport: Refrigerated
Reported: In 1 Day. Same Day Results available in certain areas.
Billing Notes: Medicare Limited Coverage Test

HEMOGRAM WITH PLATELETS (CBC without Differential)

LAB CODE: 3002

Specimen Requirements: 3 mL EDTA Whole Blood
Collect: Lavender Top Tube. Invert tube 5 times immediately after collection.
Storage and Transport: Refrigerated
Reported: In 1 Day. Same Day Results available in certain areas.
Billing Notes: Medicare Limited Coverage Test

HEPATITIS A ANTIBODY, TOTAL

LAB CODE: 2707

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

HEPATITIS A ANTIBODY, IgM

LAB CODE: 2705

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

HEPATITIS B CORE, TOTAL

LAB CODE: 2634

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

HEPATITIS B CORE, IgM

LAB CODE: 2710

Specimen Requirements: 1 mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 2-5 Days

HEPATITIS B SURFACE ANTIBODY (IMMUNE STATUS), Quantitative

LAB CODE: 2702

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

HEPATITIS B SURFACE ANTIGEN

LAB CODE: 2700

Specimen Requirements: 3mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 2-5 Days
Notes: Positive screens will be automatically reflexed to Hepatitis B Surface Antigen Confirmation at an additional charge.
Billing Notes: Medicare Limited Coverage Test

HEPATITIS BE ANTIGEN

LAB CODE: 5796

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

HEPATITIS C ANTIBODY

LAB CODE: 2667

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

HEPATITIS PROFILE (See Profile Section)

HERPES CULTURE (See Culture, Herpes)

HERPES SIMPLEX VIRUS 1 & 2, IgG

LAB CODE: 5321

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

HERPES SIMPLEX 1 / 2, IgG and IgM

LAB CODE: 5746

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

HISTOLOGY (See Pathology)

HIV 1 ANTIGEN/ANTIBODY COMBINATION SCREEN

LAB CODE: 4020

Specimen Requirements: 4mL Serum
Collect: Unopened Serum Separator Tube. Tube must be labeled with patient's complete name and date of birth.
Storage and Transport: Refrigerated
Reported: In 2-5 Days for screen, 7-10 Days if confirmation is required
Notes: Positive Screens will automatically be reflexed to HIV 1/2 Ab Differentiation Assa6 and HIV1 RNA Qualitative for additional charge.

HLA B27

LAB CODE: 5330

Specimen Requirements: 10mL Heparinized Whole Blood. Include patient's race and diagnosis on requisition.
Collect: Green Top Tube
Storage and Transport: Refrigerated
Reported: In 2-4 Days
Billing Notes: Medicare Limited Coverage Test

HOMOCYSTEINE, QUANTITATIVE

LAB CODE: 25182

Specimen Requirements: 2ml EDTA Plasma.
Collect: Lavender Top Tube. Centrifuge and transfer plasma to transfer tube.
Storage and Transport: Refrigerated
Reported: In 3-5 Days
Billing Notes: Not covered by Medicare for Cardiac Screening

HPV (See Human Papillovirus)

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

HUMAN PAPILLOMAVIRUS PROBE, High Risk

LAB CODE: 25219

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

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

IMMUNOELECTROPHORESIS, SERUM (See Immunofixation)

IMMUNOELECTROPHORESIS, URINE (RANDOM OR 24 HOUR)

LAB CODE: 5339

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

IMMUNOFIXATION, SERUM with Pathologist's Interpretation

LAB CODE: 25205

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

IMMUNOGLOBULIN A (IgA)

LAB CODE: 2683

Specimen Requirements: 1 mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 3-7 Days
Billing Notes: Medicare Limited Coverage Test

IMMUNOGLOBULIN E (IgE)

LAB CODE: 2663

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

IMMUNOGLOBULIN G (IgG)

LAB CODE: 2682

Specimen Requirements: 1 mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 3-7 Days
Billing Notes: Medicare Limited Coverage Test

IMMUNOGLOBULIN M (IgM)

LAB CODE: 2684

Specimen Requirements: 1 mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 3-7 Days
Billing Notes: Medicare Limited Coverage Test

INDIRECT COOMBS (See Antibody Screen)**INR (See Prothrombin Time)****INSULIN**

LAB CODE: 25184

Specimen Requirements: 1 mL Serum
Collect: Serum Separator Tube. Centrifuge. Transfer serum into plastic transfer tube.
Storage and Transport: Refrigerated
Reported: In 7 Days
Notes: Patient should be fasting.

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

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

LAB CODE: 2106

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

IRON, TOTAL

LAB CODE: 2219

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

ISOSPORIDIA (See Cryptosporidium Smear)**KIDNEY STONE ANALYSIS (See Stone Analysis)****KOH PREP**

LAB CODE: 6012

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

LACTIC ACID

LAB CODE: 5359

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

LACTOFERRIN

LAB CODE: 6035

Specimen Requirements: Non-Preserved Stool. No more than one specimen per day.
Collect: Sterile Container
Storage and Transport: Refrigerated

Reported:

In 1-2 Days

LANOXIN (See Digoxin)

LD (LACTATE DEHYDROGENASE)

LAB CODE: 2207

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

LDL CHOLESTEROL (DIRECT)

LAB CODE: 2238

Specimen Requirements: 1 mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 1 Day. Same Day Results available in certain areas.
Billing Notes: Medicare Limited Coverage Test

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

LEAD, BLOOD

LAB CODE: 5368

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

LIPASE

LAB CODE: 2102

Specimen Requirements: 1 mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 1 Day. Same Day Results available in certain areas.

LITHIUM

LAB CODE: 2020

Specimen Requirements: 1 mL Serum
Collect: Serum Separator Tube. Collect at least 6 to 12 hours after last dose. Centrifuge after collection.
Storage and Transport: Refrigerated
Reported: In 2-4 Days.

LUMINAL (See Phenobarbital)

LUTEINIZING HORMONE (LH)

LAB CODE: 2664

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

LYME DISEASE ANTIBODIES with Reflex to Blot)

LAB CODE: 5381

Specimen Requirements: 1 mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: 3-5 Days
Notes: Immunoblot will be performed at additional charge on positive results.
Billing Notes: Not covered by Medicare

MAGNESIUM, SERUM

LAB CODE: 2228

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

MAGNESIUM, URINE

LAB CODE: 2237

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

MEASLES ANTIBODY, IgG (RUBEOLA)

LAB CODE: 5249

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

MERCURY, BLOOD

LAB CODE: 25216

Specimen Requirements: 5mL EDTA Whole Blood

Collect: Dark Blue Top Tube with EDTA
Storage and Transport: Refrigerated
Reported: In 3-5 Days

MICROSPORIDIUM (See Cryptosporidium Smear)

MUMPS ANTIBODY, IgG

LAB CODE: 5406

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

MYCOBACTERIA CULTURE (See Culture & Smear, Acid Fast)

MYCOPLASMA PNEUMONIAE, IgG, IgM

LAB CODE: 5408

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

MYOGLOBIN, SERUM

LAB CODE: 5411

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

N. GONORRHEAE (See Gonorrhoeae)

NAPA (See Procainamide & NAPA)

OCCULT BLOOD, FECAL by Immunoassay

LAB CODE: 4633

Specimen Requirements: HemoSure Fecal Occult Blood Test Device
Collect: Follow instructions in testing kit. Patients whose insurance restricts which lab may perform testing may require a different kit.
Storage and Transport: Room Temperature
Reported: In 1 Day
Billing Notes: Medicare Limited Coverage Test

OSMOLALITY, SERUM

LAB CODE: 5415

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

OSMOLALITY, URINE

LAB CODE: 5416

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

OVA & PARASITES (O & P) Cryptosporidium/Giardia Antigen

LAB CODE: 6030

Specimen Requirements: Stool in Ecofix or Unifix. No more than one specimen per day.
Collect: O & P Container with Ecofix or Unifix
Collection Instructions: Collect specimen in a clean, dry container. Transfer specimen to Ecofix container. Do not pass specimen into the toilet, or directly into the Ecofix container. Do not urinate into the specimen or allow any water to mix with the specimen. Label container.
Storage and Transport: Room Temperature
Reported: 3-7 Days

PAP SMEAR, Conventional Methodology

LAB CODE: 25218

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

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

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

Storage and Transport: Room Temperature
Reported: In 5-7 Days
Billing Notes: Medicare Limited Coverage Test

PAP SMEAR, ThinPrep® (Monolayer) Methodology

LAB CODE: 25217

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

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

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

Storage and Transport: Room Temperature
Reported: In 5-7 Days
Billing Notes: Medicare Limited Coverage Test

PARATHYROID HORMONE, INTACT

LAB CODE: 5847

Specimen Requirements: 2 mL Serum.
Collect: Serum Separator Tube. Centrifuge.
Storage and Transport: Refrigerated
Reported: In 1-3 Days
Notes: Please submit a separate sample for any additional tests requiring a frozen sample.

PARTIAL THROMBOPLASTIN TIME (PTT)

LAB CODE: 4303

Specimen Requirements: Complete Tube Citrated Whole Blood 3.2%
 Collect: Light Blue Top Tube. Invert tube 5 times after collection. Tube must be completely filled to "fill" line. Tubes not entirely filled or overfilled will be rejected.
 Storage and Transport: Refrigerated
 Reported: In 1 Day. Same Day Results available in certain areas.

PATHOLOGY

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

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

Specimen Requirements: Formalin Fixed Tissue
 Collect: Leakproof Container with Formalin Fixative
 Storage and Transport: Room Temperature
 Reported: In 4-7 Days
 Billing Notes: Medicare Limited Coverage Test

PHENYTOIN

LAB CODE: 2005

Specimen Requirements: 1 mL Serum
 Collect: Serum Separator Tube or Plain Red Top Tube
 Storage and Transport: Refrigerated
 Reported: In 1 Day. Same Day Results available in certain areas.

PHOSPHORUS, INORGANIC, SERUM

LAB CODE: 2204

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

PHOSPHORUS, INORGANIC, URINE

LAB CODE: 2232

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

PLATELET COUNT

LAB CODE: 3005

Specimen Requirements: 3mL EDTA Whole Blood
Collect: Lavender Top Tube. Invert tube 5 times immediately after collection.
Storage and Transport: Refrigerated
Reported: In 1 Day. Same Day Results available in certain areas.
Notes: If patient shows platelet clumping with EDTA, draw Light Blue Top Tube or indicate on order.
Billing Notes: Medicare Limited Coverage Test

POTASSIUM, SERUM

LAB CODE: 2212

Specimen Requirements: 1 mL Serum
Collect: Serum Separator Tube. Centrifuge ASAP.
Storage and Transport: Refrigerated
Reported: In 1 Day. Same Day Results available in certain areas.

POTASSIUM, URINE

LAB CODE: 2251

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

POTASSIUM, 24 HOUR URINE

LAB CODE: 2235

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

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

PRO TIME (See Prothrombin Time)

PROGESTERONE

LAB CODE: 2668

Specimen Requirements: 2mL Serum. Patient's age and sex required.
Collect: SST or Plain Red Top Tube (preferred)
Storage and Transport: Refrigerated.
Reported: In 3-7 Days

PROLACTIN

LAB CODE: 2660

Specimen Requirements: 2mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 3-7 Days

PRONESTYL (See Procainamide)

PROSTATIC ACID PHOSPHATASE (PAP)

LAB CODE: 51050

Specimen Requirements: 2mL Serum
Collect: Serum Separator Tube.
Storage and Transport: Refrigerated
Reported: In 5-7 Days
Billing Notes: Medicare Limited Coverage Test

PROSTATIC SPECIFIC ANTIGEN (PSA)

LAB CODE: 2650

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

PROSTATIC SPECIFIC ANTIGEN, FREE (includes PSA)

LAB CODE: 2048

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

PROTEIN ELECTROPHORESIS, SERUM

LAB CODE: 25204

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

PROTEIN ELECTROPHORESIS, SERUM w/ Pathologist's Interpretation

LAB CODE: 25206

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

PROTEIN ELECTROPHORESIS, SERUM w Reflex to IFE and Interpretation

LAB CODE: 25203

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

PROTEIN ELECTROPHORESIS, URINE (Includes Total Protein)

LAB CODE: 5929

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

PROTEIN TOTAL, BODY FLUID

LAB CODE: 3046

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

PROTEIN TOTAL, SERUM

LAB CODE: 2200

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

PROTEIN TOTAL, URINE 24 HOUR

LAB CODE: 2254

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

PROTEIN TOTAL, URINE RANDOM

LAB CODE: 2253

Specimen Requirements: 10 mL Urine
Collect: Sterile Urine Cup
Storage and Transport: Refrigerated
Reported: In 1 Day. Same Day Results available in certain areas.
Billing Notes: Medicare Limited Coverage Test

PROTHROMBIN TIME (PROTIME)(PT) with INR

LAB CODE: 4300

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

PROTOPORPHYRIN, RBC (See Porphyrins, RBC)

PSA (See Prostatic Specific Antigen)

PSA FREE (See Prostatic Specific Antigen Free)

PT (See Prothrombin Time)

PTH (See Parathyroid Hormone)

PTT (See Partial Thromboplastin Time)

RA (See Rheumatoid Factor)

RAPID PLASMA REAGIN (See RPR)

RAST TESTING (See Allergy Testing)

RBC COUNT (Red Blood Cell)

LAB CODE: 3006

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

RENIN (PLASMA)

LAB CODE: 5458

Specimen Requirements: 2mL EDTA Plasma. Patient should not be on medications for at least 48 hours prior to collection of specimen. Note patient's posture.
Collect: Lavender Top Tube. Centrifuge. Transfer plasma into 2 plastic transfer tubes. Freeze immediately.
Storage and Transport: Frozen
Reported: In 4-6 Days
Notes: Please submit a separate sample for any additional tests requiring a frozen sample.

RETICULOCYTE COUNT (RETIC)

LAB CODE: 3505

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

RETINOL (See Vitamin A)

RHEUMATOID FACTOR (RA), QUANTITATIVE

LAB CODE: 4004

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

ROUTINE CULTURE (See Culture, Aerobic)**RPR (RAPID PLASMA REAGIN)**

LAB CODE: 4000

Specimen Requirements: 1 mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 3-7 Days
Notes: Positive results on this test will automatically reflex to a titer at an additional charge. FTA is not reflexed automatically.
Billing Notes: Medicare Limited Coverage Test

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

LAB CODE: 3500

Specimen Requirements: 2mL EDTA Whole Blood
Collect: Lavender Top Tube. Invert tube 5 times immediately after collection. Specimen must be submitted for testing on the day it is collected.
Storage and Transport: Refrigerated
Reported: In 1 Day
Billing Notes: Medicare Limited Coverage Test

SEMEN ANALYSIS, COMPLETE (Fertility evaluation)

LAB CODE: 3030

Specimen Requirements: Semen Sample
Collect: Sterile Urine Cup
Storage and Transport: Body Temperature
Reported: In 1 Day
Notes: This test requires a fresh specimen; therefore, this procedure is available only by appointment. Please book appointment online at www.internationalmedicallab.com or call Client Services for availability. Patient should have between two and seven days of sexual abstinence before producing the specimen. The World Health Organization experts (WHO) recommend that two ejaculates be evaluated initially. These samples should be

collected at least seven days apart and not more than three months apart. If any of the major parameters are abnormal, additional ejaculates should be evaluated. Specimen should be collected at home in a clean, dry container by masturbation or coitus interruptus. Patient should not collect specimen in a condom or use a condom, lubricant or other contaminant as this will affect results. Entire collected specimen should be submitted in a container labeled with patient name and time of collection. Specimen must be kept warm (close to the body) and dropped off at the lab within 20 minutes of collection.

SEMEN ANALYSIS, POST VASECTOMY

LAB CODE: 3035

Specimen Requirements:
Collect:
Storage and Transport:
Reported:
Notes:

Semen Sample
Sterile Urine Cup
Body Temperature
In 1 Day

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

SJÖGRENS'S ANTIBODIES (SSA & SSB)

LAB CODE: 50004

Specimen Requirements:
Collect:
Storage and Transport:
Reported:
Billing Notes:

1 mL Serum
Serum Separator Tube
Refrigerated
In 3-7 Days
Medicare Limited Coverage Test

SODIUM, SERUM

LAB CODE: 2211

Specimen Requirements: 1 mL Serum
Collect: Serum Separator Tube. Centrifuge ASAP.
Storage and Transport: Refrigerated
Reported: In 1 Day. Same Day Results available in certain areas.

SODIUM, RANDOM URINE

LAB CODE: 2250

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

SODIUM, 24 HOUR URINE

LAB CODE: 2234

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

SSA ANTIBODIES (ANTI-RO)

LAB CODE: 50002

Specimen Requirements: 1 mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 3-7 Days
Billing Notes: Medicare Limited Coverage Test

SSB ANTIBODIES (ANTI-LA)

LAB CODE: 50003

Specimen Requirements: 1 mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 3-7 Days
Billing Notes: Medicare Limited Coverage Test

STONE (CALCULI) ANALYSIS

LAB CODE: 5358

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

STOOL CULTURE (See Culture, Stool)

STOOL FOR WBCs (See Fecal Leukocytes)

SURGICAL PATHOLOGY PROCEDURES (See Pathology)

T3 (See Triiodothyronine)

T4 (See Thyroxine)

TESTOSTERONE, FREE

LAB CODE: 5497

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

TESTOSTERONE, TOTAL

LAB CODE: 2656

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

THC SCREEN (See Cannabinoid Screen)

THIAMINE (See Vitamin B1)

THROAT CULTURE (See Culture, Throat)

THYROCALCITONIN (See Calcitonin)

THYROGLOBULIN (includes Anti-Thyroglobulin Antibodies)

LAB CODE: 5620

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

THYROGLOBULIN ANTIBODIES (See Anti-Thyroglobulin Antibodies)

THYROID ANTIBODIES (See Anti-Thyroid Antibodies)

THYROID PEROXIDASE ANTIBODIES (See Anti-Thyroid Peroxidase Antibodies)

THYROID STIMULATING HORMONE (TSH)

LAB CODE: 2610

Specimen Requirements: 2mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 1 Day. Same Day Results available in certain areas.
Billing Notes: Medicare Limited Coverage Test

THYROXINE (T4)

LAB CODE: 2226

Specimen Requirements: 1 mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 1 Day. Same Day Results available in certain areas.
Billing Notes: Medicare Limited Coverage Test

THYROXINE (T4) FREE

LAB CODE: 2261

Specimen Requirements: 2mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 1 Day. Same Day Results available in certain areas.
Billing Notes: Medicare Limited Coverage Test

TISSUE EXAMINATIONS (See Pathology)

TOCOPHEROL (See Vitamin E)

TOXOPLASMA ANTIBODIES, IgG

LAB CODE: 5511

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

TRANSFERRIN

LAB CODE: 5513

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

TREPONEMA PALLIDIUM ANTIBODIES (See MHA-TP)

TRIGLYCERIDES

LAB CODE: 2224

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

TRIIODOTHYRONINE (T3) FREE

LAB CODE: 5487

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

TRIIODOTHYRONINE (T3) TOTAL

LAB CODE: 2260

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

TRIIODOTHYRONINE (T3) UPTAKE

LAB CODE: 2225

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

TSH (See Thyroid Stimulating Hormone)**UREA NITROGEN, BLOOD (See Blood Urea Nitrogen)****UREA NITROGEN, URINE**

LAB CODE: 2297

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

URIC ACID, SERUM

LAB CODE: 2218

Specimen Requirements: 1mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerated
Reported: In 1 Day. Same Day Results available in certain areas.

URIC ACID, 24 HOUR URINE

LAB CODE: 2233

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

URINALYSIS (microscopic performed on positives)

LAB CODE: 4600

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

URINALYSIS (with microscopic)

LAB CODE: 4620

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

URINE CULTURE (See Culture, Urine)**VALPROIC ACID**

LAB CODE: 2009

Specimen Requirements: 1 mL Serum
 Collect: Serum Separator Tube
 Storage and Transport: Refrigerated
 Reported: In 1 Day. Same Day Results available in certain areas.

VANCOMYCIN

LAB CODE: PEAK 2004, TROUGH 2001, RANDOM 2007

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

VANILLYLMANDELIC ACID (VMA)

LAB CODE: 5531

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

VARICELLA ANTIBODY IgG (IMMUNE STATUS)

LAB CODE: 5532

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

VARICELLA ANTIBODY IgM

LAB CODE: 5031

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

VDRL (See RPR)

VIRAL CULTURE (See Culture, Viral)

VITAMIN B12

LAB CODE: 2400

Specimen Requirements: 2mL Serum
Collect: Serum Separator Tube
Storage and Transport: Refrigerate
Reported: In 1 Day. Same Day Results available in certain areas.
Billing Notes: Medicare Limited Coverage Test

VITAMIN D, 1,25 DIHYDROXY (Calcifidol)

LAB CODE: 5543

Specimen Requirements: 2mL Serum
Collect: Plain Red Top Tube
Storage and Transport: Refrigerate
Reported: In 3-5 Days
Notes: This assay is used to monitor certain conditions, such as acquired and inherited disorders of Vitamin D and Phosphate Metabolism. Allow to clot at Room Temperature. Centrifuge and submit serum in transfer tube.

VITAMIN D, 25 HYDROXY (Calciferol)

LAB CODE: 5544

Specimen Requirements:	1 mL Serum
Collect:	Serum Separator Tube
Storage and Transport:	Refrigerated
Reported:	In 1-2 Days
Notes:	This assay is recommended to evaluate patients' Vitamin D status.

VMA (See Vanillylmandelic Acid)

WBC COUNT (White Blood Cell Count only)

LAB CODE: 3010

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

PROFILE LISTING

The profile below are the Organ or Disease Oriented Panels constructed by the American Medical Association as outlined in Current Procedural Terminology (CPT) 2015. When ordering a panel, physicians should ensure that medical necessity requirements are met for all component tests.

BASIC METABOLIC PANEL (includes GFR)

LAB CODE: 15007

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

COMPREHENSIVE METABOLIC PANEL (includes GFR)

LAB CODE: 15001

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

ELECTROLYTE PANEL

LAB CODE: 15000

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

GENERAL HEALTH PANEL

LAB CODE: 15002

Component Tests:	Comprehensive Metabolic Panel, CBCD, TSH
Specimen Requirements:	2mL Serum <u>and</u> 3mL EDTA Whole Blood
Collect:	Serum Separator Tube <u>and</u> Lavender Top Tube
Storage and Transport:	Refrigerated
Reported:	In 1 Day. Same Day Results available in certain areas.
Billing Notes:	Not covered by Medicare

HEPATIC (LIVER) FUNCTION PANEL

LAB CODE: 15020

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

HEPATITIS ACUTE PANEL

LAB CODE: 15009

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

LIPID PROFILE

LAB CODE: 15008

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

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