

DH Laboratory Procedure Catalog

Test Name AMPHETAMINES CONFIRM URINE
Code: 90439

Synonyms

2010075
AMPHETCONFIRM

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 0.5 mL urine with no additives or preservatives to an ARUP Standard Transport Tube. (Min: 0.3 mL). STABILITY: Ambient: 1 week; Refrigerated: 1 month; Frozen: 3 years

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

Test Name (1,3)-BETA-D-GLUCAN (FUNGITELL)
Code: 1230500251

Synonyms

2002434
BETA-D GLUCAN
FUNGITELL
BDGLUCAN

Collection Requirements

This test should batch REFRIGERATED

Shipping and Handling Instructions

Allow serum specimen to clot completely at room temperature. Separate serum from cells ASAP or within 2 hours of collection. Transfer 2 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL) STABILITY: Refrigerated: 2 weeks; Ambient: Unacceptable; F*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 Weeks
ARUP LAB	Routine	1 Weeks
ARUP LAB	STAT	1 Weeks
ARUP LAB	Timed	1 Weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	No	
ARUP LAB	RED TOP -PLAIN	Yes	

Test Name (CD4) T-HELPER CELLS COUNT
Code: 1230100250

Synonyms

CD4 ABS
TCD4

Collection Requirements

COLLECT: 5.0 mL whole Blood Lavender EDTA tube ALTERNATES: Lavender EDTA Bullet STABILITY:
Ambient 24 Hours

Shipping and Handling Instructions

STABILITY: Ambient 24 Hours
 LAB INSTRUCTIONS:
1) Do NOT refrigerate or freeze
2) Stability for Add-on Specimens is 8 hours.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	LAVENDAR BULLET - K2 EDTA	No	
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name 100B S-100B PROTEIN, SERUM
Code: 1230500133

Synonyms

2001766
S100B

Collection Requirements

None Listed

Shipping and Handling Instructions

Allow serum specimen to clot completely at room temperature. Separate serum from cells ASAP or within 2 hours of collection. Transfer 2 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL) STABILITY: Frozen: 3 months; Ambient: 24 hours; Refrigerat*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	
ARUP LAB	RED TOP -PLAIN	No	

Test Name 11-DEOXYCORTISOL
Code: 1230101010

Synonyms

DEOXYCORTISOL
0092331

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells within 2 hours of collection. Transfer 2 mL serum to a sterile ARUP Standard Transport Tube (ARUP supply # 43115). Available online through eSupply using ARUP Connect (TM) or contact ARUP Client Services at (800) 522-2787. (Min*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	RED GEL (SST)	Yes	
ARUP LAB	RED TOP -PLAIN	No	

Test Name 14-3-3 PROTEIN TAU/THETA, CSF
Code: 123050105

Synonyms

2008095

Collection Requirements

Completed requisition form required. The first 2 mL of CSF that flows from the tap should be discarded. Transfer 5 mL CSF to an ARUP Transport Tube and FREEZE immediately. (Min: 2 mL)

Shipping and Handling Instructions

The first 2 mL of CSF that flows from the tap should be discarded. Transfer 5 mL CSF to ARUP Standard Transport Tube and FREEZE immediately. (Min: 2 mL). STABILITY: Frozen: Indefinitely (Avoid repeated freeze/thaw cycles); Ambient: 48 hours: Refrigerate*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	STERILE TUBE	Yes	

Test Name 17 KETOSTEROIDS,24HR URINE
Code: 1230100259

Synonyms

17KS
0080650

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer two 4 mL aliquots from a well-mixed 24-hour urine collection to 2 ARUP Standard Transport Tube or 2 ARUP supply #48098 (ARUP Standard Transport Tube with 20 mg Sulfamic Acid) (Min: 3 mL). Record total volume and collection time interval on tran*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	24 HR URINE CONTAINER	Yes	

Test Name 17-HYDROXPREGNENOLONE
Code: 1230100811

Synonyms

HYDROXPREGNENOLONE
0092333
17 OH PREG

Collection Requirements

None Listed

Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer two 0.5 mL serum or plasma specimens to an ARUP Standard Transport Tube and freeze *

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	Yes	
ARUP LAB	RED TOP -PLAIN	No	

Test Name 17-HYDROXYPROGESTERONE
Code: 1230100812

Synonyms

HYDROXYPROGESTERONE
0092332

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.3 mL). STABILITY:
Refrigerated: 1 week; Ambient: Unacceptable; Frozen: 6 months

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN GEL (PST)	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	RED GEL (SST)	Yes	
ARUP LAB	RED TOP -PLAIN	No	

Test Name 21-HYDROXYLASE ANTIBODY
Code: 1230500065

Synonyms

0070265
ADREANAL ANTIBODY

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL). STABILITY:
Refrigerated: 1 week; Ambient: Unacceptable; Frozen: 6 months

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED TOP -PLAIN	Yes	

Test Name 5' NUCLEOTIDASE
Code: 1230500187

Synonyms

0080235

Collection Requirements

None Listed

Shipping and Handling Instructions

Allow specimen to clot completely at room temperature. Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL) Avoid hemolysis. STABILITY: Refrigerated: 1 week; Ambient: 4 hou*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name 5-A-DIHYDROTESTOSTERONE BY LC-MS/MS
Code: 1230500161

Synonyms

2002349
DHT
5ADHTTMS

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube and freeze immediately. (Min: 0.6 mL). STABILITY: Frozen: 6 months; Ambient: 48 hours; Refrigerated: 5 days

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	
ARUP LAB	RED TOP -PLAIN	No	

Test Name 5-HYDROXYINDOLEACETIC ACID (HIAA), URINE
Code: 1230500041

Synonyms

0080420
5-HIAA

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 4 mL aliquot from a well-mixed 24-hour or random collection to an ARUP Standard Transport Tube. (Min: 1 mL) Record total volume and collection time interval on transport tube and test request form. STABILITY: Refrigerated: 1 week; Ambient: Unac*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

Test Name A1A ELISA, RANDOM STOOL
Code: 1230500134

Synonyms

2011041
A1ASTL

Collection Requirements

Random stool. Provide patient a Kit, Stool Transport, Unpreserved (ARUP Supply # 40910). Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787.

Shipping and Handling Instructions

Transfer 5 g stool to an unpreserved stool transport vial (ARUP supply #40910). Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787. (Min: 1 g). STABILITY: Frozen: 3 months; Ambient: 24 hours; Refrig*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CALL LAB	Yes	

Test Name ABNORMAL URINE STATUS QC (HRP)
Code: 758

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

Test Name ACCM QC ALL
Code: 187

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

Test Name ACETAMINOPHEN
Code: 1230100344

Synonyms

TYLENOL
APAP

Collection Requirements

Patient preparation is not required. Preferred specimens: 0.25 ml plasma from a green lithium heparin gel tube. Alternate specimens: Serum from red gel or plain tube with no additive.

Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed. Freeze specimen for longer storage.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name ACETYLCHOLINE BINDING AB
Code: 1230500066

Synonyms

0080009
ACHRBIN

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 2 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ACETYLCHOLINE BLOCKING AB
Code: 1230500253

Synonyms

0099580
ACHR

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 2 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ACETYLCHOLINE RECEPTOR AB REFLEX PANEL
Code: 123050096

Synonyms

2001571

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 2 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ACETYLCHOLINE RECEPTOR, MODULATING
Code: 1230100818

Synonyms

ACHR MODULATING
0099521

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 2 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ACHR ABS, TITIN AB, STM ABS RFLX PANEL
Code: 123050112

Synonyms

2005639
SKELETAL MUSCLE

Collection Requirements

None Listed

Shipping and Handling Instructions

Transport 1.5 mL serum. (Min. 0.7 mL) Separate serum from cells ASAP or within one hour of collection. Transfer to an ARUP Standard Transport Tube. STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 Weeks
ARUP LAB	Routine	1 Weeks
ARUP LAB	STAT	1 Weeks
ARUP LAB	Timed	1 Weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	No	
ARUP LAB	RED TOP -PLAIN	Yes	

Test Name ACYLCARNITINE PROFILE QUAL
Code: 12301008231

Synonyms

FATTY ACID

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate plasma or serum from cells within 1 hour of collection. TRANSPORT:1 mL (0.2 mL minimum) plasma or serum. Colorado Newborn Screening Follow-Up requisition must be with specimen when submitted to Denver Genetic Laboratories (UCD Biochemical Genetics Laboratory). STABILITY: Frozen

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	GREEN GEL (PST)	Yes	
DH NON-INTERFACED LAB	GREEN TOP - LIHEP	No	
DH NON-INTERFACED LAB	RED GEL (SST)	No	
DH NON-INTERFACED LAB	RED TOP -PLAIN	No	

Test Name ACYLCARNITINES, PLASMA, QUANTITATIVE
Code: 1230100823

Synonyms

FATTY ACID
0040033

Collection Requirements

None Listed

Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum or plasma to an ARUP Standard Transport Tube and freeze immediately. (*)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	Yes	
ARUP LAB	RED TOP -PLAIN	No	

Test Name ACYLGLYCINES, QUANTITATIVE, URINE
Code: 1230500188

Synonyms

0081170

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 6 mL urine to ARUP Standard Transport Tubes and freeze immediately. (Min: 3 mL)
Avoid dilute urine when possible. STABILITY: Frozen: 2 weeks; Ambient: Unacceptable;
Refrigerated: 24 hours

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

Test Name ADALIMUMAB ACTIVITY AND NEUTRALIZING AB
Code: 800

Synonyms

2011248
ADA NAB

Collection Requirements

Collect specimens before adalimumab treatment.

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ADAMTS13 ACTIVITY
Code: 1230500116

Synonyms

0030056
ADAMTS13

Collection Requirements

None Listed

Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Transfer 1 mL platelet-poor plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL).
STABILITY: Frozen: 2 weeks; Ambient: 2 hours; Refrigerated: Unacceptable

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	BLUE TOP-CITRATE	Yes	

Test Name ADENOSINE DEAMINASE, PERICARDIAL FLUID
Code: 1230500117

Synonyms

ADAPERCAR
2009357

Collection Requirements

None Listed

Shipping and Handling Instructions

Centrifuge specimen at room temperature. Transfer 0.3 mL fluid to an ARUP Standard Transport Tube and freeze. (Min: 0.1 mL). STABILITY: Frozen: 30 days; Ambient: 2 hours; Refrigerated: 7 days

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	Yes	

Test Name ADENOSINE DEAMINASE, PERITONEAL FLUID
Code: 1230500162

Synonyms

2006101
ADAPER

Collection Requirements

None Listed

Shipping and Handling Instructions

Centrifuge specimen at room temperature. Transfer 0.3 mL fluid to an ARUP Standard Transport Tube and freeze. (Min: 0.1 mL). STABILITY: Frozen: 30 days; Ambient: 2 hours; Refrigerated: 7 days

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	Yes	

Test Name ADENOSINE DEAMINASE, PLEURAL FLUID
Code: 1230500053

Synonyms

2006096
ADAPLEURA

Collection Requirements

None Listed

Shipping and Handling Instructions

Centrifuge specimen at room temperature. Transfer 0.3 mL fluid to an ARUP Standard Transport Tube and freeze. (Min: 0.1 mL). STABILITY: Frozen: 1 month; Ambient: 2 hours; Refrigerated: 1 week

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	Yes	

Test Name ADENOVIRUS PCR
Code: 1230100824

Synonyms

ADENOVIRUS

Collection Requirements

All sample types accepted. If submitting whole blood, a pink top tube (EDTA) or a purple top tube (EDTA) is needed. Specimen source is required. Deliver to Microbiology/ Place in Micro refrigerator.

Shipping and Handling Instructions

Send at 2-8 degrees C if delivery is less than 72 hours. If delivery is not expected within 72 hours, freeze at -70 degrees C and ship frozen. Stability: Ambient - 12 hours; Refrigerated - 72 hours; Frozen (-70 degrees C) - 6 months

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	STERILE CONTAINER	Yes	

Test Name ADRENOCORTICOTROPIC HORMONE
Code: 1230500002

Synonyms

0070010
ACTH

Collection Requirements

Lavender (EDTA) or pink (K₂EDTA). Collection tube must be siliconized glass or plastic.

Shipping and Handling Instructions

Separate plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL plasma to an ARUP Standard Transport Tube and freeze immediately. (Min: 0.5 mL). STABILITY: Frozen 3 months; Ambient: 24 hours; Refrigerated: 72 hours

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 Weeks
ARUP LAB	Routine	1 Weeks
ARUP LAB	STAT	1 Weeks
ARUP LAB	Timed	1 Weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name ADVIN REFERENCE SOLUTION
Code: 339

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

Test Name AFB BLOOD CULTURE
Code: 1230100154

Synonyms

AFB BLOOD CX
CULTURE
ACID-FAST BACTERIA BLOOD CULTURE

Collection Requirements

whole blood collected aseptically in a BD BACTEC MYCO - F Lytic vial\ (1-5mL draw). Only one specimen per patient per day will be processed without specific physician request. SPS yellow top vacutainer collection tubes will NO LONGER BE ACCEPTED for Blood AFB culture.

Shipping and Handling Instructions

Place BD Myco-lytic bottle in the appropriate cabinet.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	AFB BLOOD CULTURE VIAL	Yes	

Test Name AFB CULTURE & SMEAR
Code: 1230100512

Synonyms

AFB CX
CULTURE
ACID-FAST BACTERIA CULTURE
AFBC
ACID FAST BACILLI

Collection Requirements

Expectorated sputum, Induced sputum, or Tracheal aspirate: 3-10 ml, single, early morning specimens, preferably collected on three separate days. 4 hour minimum separation is sufficient. Subsequent respiratory specimens on a patient with 2 positive sputums will not be accepted for 1 month. . Bronchial lavage and Bronchial washings - 5-10 ml. Bronchial brush or bronchial biopsy. Gastric lavage: indicated for young children or patients from whom sputum is difficult to obtain. The viability of Mycobacteria decreases with exposure to the acid in the gastric fluids, therefore, DELIVER SPECIMEN IMMEDIATELY AND DIRECTLY TO THE MICRO LAB AND NOTIFY TECH so that the specimen may be neutralized. Other: Submit in sterile leakproof container. Swabs specimens are suboptimal but may be submitted in culturette system.

Shipping and Handling Instructions

FOR GASTRIC LAVAGES, MLS MUST NEUTRALIZE SPECIMEN IMMEDIATELY

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	STERILE TUBE	No	
DH PAV A CENTRAL LAB	SWAB	No	

Test Name AFB RAPID GROWER MIC PANEL
Code: 128

Synonyms

AFBRP

Collection Requirements

This is not an orderable test, only performed by TB Lab when/if MTB is detected.

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	CONTAINER	Yes	

Test Name AFIRMA THYROID FNA
Code: 1031

Synonyms

Collection Requirements

The Cytotechnologist rinses the needle in the Afirma sample after the thyroid pass.
Primary Diagnoses Eligible for Afirma: Atypia of undetermined significance, Follicular neoplasm / suspicious for follicular neoplasm, Follicular neoplasm, HC type / suspicious for follicular neoplasm, HC type.

Shipping and Handling Instructions

STABILITY: Ambient 3 days Frozen: 6 Months Turnaround Time: 14 days from receive date.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	AFIRMA TUBE	Yes	

Test Name AFP TUMOR MARKER
Code: 1230100805

Synonyms

ALPHA-FETOPROTEIN MARKER

Collection Requirements

None Listed

Shipping and Handling Instructions

SPECIMEN PREP: Separate serum from cells within 2 hours. TRANSPORT: 1.5 mL (1.0 mL minimum)
Serum STABILITY: 1. Samples can be stored at 2-8°C for up to 3 days after collection. 2. For longer storage, aliquot and freeze up to 3 months at -20°C.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	RED BULLET	No	
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	
DH PAV A CENTRAL LAB	YELLOW BULLET (SST)	No	

Test Name AFP, SINGLE MARKER SCREEN MATERNAL
Code: 1230101002

Synonyms

AFP
ALPHA
FETOPROTEIN
MATERNAL
ALPHA FETOPROTEIN
MATERNAL
AFP MOM

Collection Requirements

None Listed

Shipping and Handling Instructions

SPECIMEN PREP: Separate serum from cells within 2 hours. TRANSPORT: 1.5 mL (1.0 mL minimum)
Serum STABILITY: 1. Samples can be stored at 2-8°C for up to 3 days after collection. 2.
For longer storage, aliquot and freeze up to 3 months at -20°C.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	RED BULLET	No	
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	
DH PAV A CENTRAL LAB	YELLOW BULLET (SST)	No	

Test Name AFP, UE3, HCG SCREEN FOR RISK OF FETAL DOWN SYNDROME
Code: 1230101327

Synonyms

AFP
UE3
HCG SCREEN FOR RISK OF FETAL DOWN SYNDROME
MS3
MATERNAL SCREEN 3

Collection Requirements

None Listed

Shipping and Handling Instructions

SPECIMEN PREP: Separate serum from cells within 2 hours. TRANSPORT: 1.5 mL (1.0 mL minimum)
Serum STABILITY: 1. Samples can be stored at 2-8°C for up to 3 days after collection. 2.
For longer storage, aliquot and freeze up to 3 months at -20°C.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name ALBUMIN
Code: 1230100363

Synonyms

ALB

Collection Requirements

No patient preparation required. Preferred specimens: 0.25 ml plasma from a green lithium heparin gel tube. Alternate specimens: serum from red gel or plain tube with no additive.

Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed. Freeze specimen for longer storage.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Last Updated: 8/5/2018

Test Name ALBUMIN FLUID
Code: 1230100083

Synonyms

Collection Requirements

Preferred specimens: A serum separator (gel) tube or plain white tube are preferred.
Alternate specimens: Plain red or Lavender top tubes are also acceptable.

Shipping and Handling Instructions

Centrifuge the specimen and separate the serum/plasma as soon as possible. Refrigerate the specimen if testing is not performed immediately.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	No	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	Yes	

Test Name ALDOLASE
Code: 1230100828

Synonyms

ALDOLASE
0020012

Collection Requirements

None Listed

Shipping and Handling Instructions

Allow specimen to clot completely at room temperature. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Refrigerated: 5 days; Ambient: 8 hours; Frozen: 6 months

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALDOSTERONE
Code: 1230100829

Synonyms

ALDOSTERONE
0070015

Collection Requirements

Collect midmorning after patient has been sitting, standing or walking for at least 2 hours and seated for 5-15 minutes.

Shipping and Handling Instructions

Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL) STABILITY: Frozen: 1 month; Ambient: 8 hours; Refrigerated: 5 days

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	
ARUP LAB	RED TOP -PLAIN	No	

Test Name ALDOSTERONE RENIN ACT RATIO
Code: 1230500255

Synonyms

0070073
ALDOSTREN

Collection Requirements

Collect midmorning after patient has been sitting, standing, or walking for at least 2 hours, and seated for 5-15 minutes. Serum separator tube AND lavender (EDTA) or pink (K[2]EDTA). Do not collect in refrigerated tubes.

Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when additional tests are ordered. Separate from cells ASAP. Transfer 1 mL serum AND 2 mL EDTA plasma to individual ARUP Standard Transport Tubes and freeze immediately. (Min: 0.5 mL serum AND 1.2 mL)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
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Test Name ALDOSTERONE,24HR URINE
Code: 1230100263

Synonyms

24 HOUR URINE ALDOSTERONE
0070480

Collection Requirements

This test is for 24hr urine only. No random samples accepted.

Shipping and Handling Instructions

Transfer 4 mL from a 24-hour collection of preserved urine if the pH of the specimen is adjusted to 2-4 with 6M HCl to an ARUP Standard Transport Tube (Min: 0.5 mL). Also acceptable: unpreserved urine if frozen immediately after collection. Record total*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	STERILE CONTAINER	No	
ARUP LAB	STERILE CUP	Yes	
ARUP LAB	STERILE TUBE	No	

Test Name ALERE HIV AB/AG QC (HRP)
Code: 747

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

Test Name ALK (D5F3) WITH INTERPRETATION BY IHC
Code: 1230500084

Synonyms

2007324
ALK (D5F3)

Collection Requirements

None Listed

Shipping and Handling Instructions

Formalin fix (10 percent neutral buffered formalin) and paraffin embed specimen. Protect paraffin block and/or slides from excessive heat. Transport tissue block or 5 unstained (3- to 5-micron thick sections), positively charged slides in a tissue trans*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	Yes	

Test Name ALK BY FISH, LUNG
Code: 123050139

Synonyms

2006102
ALKGENE

Collection Requirements

None Listed

Shipping and Handling Instructions

Formalin fix (10 percent neutral buffered formalin) and paraffin embed tumor tissue. Transport tissue block or 4 unstained, consecutively cut, 5-micron thick sections, mounted on positively charged glass slides. (Min: 4 slides) Protect paraffin block an*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	Yes	

Test Name ALKALINE PHOSPHATASE
Code: 1230100015

Synonyms

ALK PHOS

Collection Requirements

No patient preparation is required. Preferred specimens 0.25 ml plasma from a green lithium heparin gel tube. Alternate specimens: Serum from red gel or plain tube with no additive.

Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed. Freeze specimen for longer storage.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name ALKALINE PHOSPHATASE, BONE SPECIFIC
Code: 1230100830

Synonyms

BONE
ALKP
0070053

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 0.5 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.3 mL).
STABILITY: Frozen: 2 months; Ambient: 2 hours; Refrigerated: 48 hours

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALKALINE PHOSPHATASE, ISOENZYMES
Code: 1230100831

Synonyms

ISOENZYMES
ALKP
0021020

Collection Requirements

None Listed

Shipping and Handling Instructions

Allow serum specimen to clot completely at room temperature. Separate from cells ASAP or within 2 hours of collection. Transfer 2 mL serum or plasma to an ARUP Standard Transport Tube and refrigerate or freeze immediately. (Min: 1 mL) STABILITY: After separation from cells: Refrigerated: 1 week; Ambient: 1 week; Frozen: 2 months

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN ALMONDS IGE
Code: 1230100526

Synonyms

ALMONDS
0099577

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN APPLE IGE
Code: 1230100530

Synonyms

APPLE
0099632

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN ASPERGILLUS FUMIGATUS
Code: 1230100538

Synonyms

ASPERGILLUS
0055061

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN AVOCADO IGE
Code: 1230100543

Synonyms

AVOCADO
0099695

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN BANANA IGE
Code: 1230100546

Synonyms

BANANA
0099634

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN BEAN, GREEN IGE
Code: 1230100550

Synonyms

GREEN BEAN
0099649

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN BEEF IGE
Code: 1230100555

Synonyms

BEEF
0055096

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN BETA LACTOGLOBULIN
Code: 1230100833

Synonyms

0055074
BETA LACT

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN BLACK BASS IGE
Code: 1230100559

Synonyms

BASS
BLACK BASS
0099692

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL/allergen). STABILITY: Ambient: 1 month; Refrigerated: 1 month; Frozen: 1 year

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	
ARUP LAB	RED TOP -PLAIN	No	

Test Name ALLERGEN BLACKBERRY IGE
Code: 1230100561

Synonyms

BLACKBERRY
2007629
BLKBERRY IGE

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN BLUEBERRY IGE
Code: 1230100564

Synonyms

BLUEBERRY
0055426

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN BRAZIL NUT IGE
Code: 1230100568

Synonyms

BRAZIL NUT
0099574

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN CARROT IGE
Code: 1230100582

Synonyms

CARROT
0055005

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN CASEIN
Code: 1230100583

Synonyms

CASEIN
0055081

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN CASHEW
Code: 1230100584

Synonyms

CASHEW
0099573

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN CAT HAIR/DANDER, STAN
Code: 1230100587

Synonyms

CAT DANDER
CAT HAIR
0055006

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN CEDAR, MOUNTAIN IGE
Code: 1230100589

Synonyms

MOUNTAIN CEDAR
0055007

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN CHICKEN
Code: 1230100602

Synonyms

CHICKEN
0055008

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN CHOCOLATE IGE
Code: 1230100605

Synonyms

CHOCOLATE
0099642

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN CINNAMON IGE
Code: 1230100607

Synonyms

CINNAMON
0098876

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN CLAMS
Code: 1230100609

Synonyms

CLAMS
0099488

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN COCKROACH,AMERICAN
Code: 1230100612

Synonyms

COCKROACH
AMERICAN COCKROACH
0050151

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN COCONUT IGE
Code: 1230100613

Synonyms

COCONUT
0099473

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN CODFISH
Code: 1230100615

Synonyms

CODFISH
0055036

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN CORN
Code: 1230100617

Synonyms

CORN
0055078

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN COTTONWOOD TREE IGE
Code: 1230100620

Synonyms

COTTONWOOD
0055010

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN CRAB IGE
Code: 1230100622

Synonyms

CRAB
0055011

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN DOG DANDER
Code: 1230100639

Synonyms

DOG DANDER
0099568

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN EGG WHITE IGE
Code: 1230100643

Synonyms

EGG WHITE
0055013

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN EGG YOLK IGE
Code: 1230100644

Synonyms

EGG YOLK
0055212

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN EGG, WHOLE IGE
Code: 1230100645

Synonyms

EGG
0055381

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN ELM TREE
Code: 1230100647

Synonyms

ELM TREE
0055042

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN GLUTEN IGE
Code: 1230100669

Synonyms

GLUTEN
0099569

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN GRAPE IGE
Code: 1230100676

Synonyms

GRAPE
0055015

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN GREEN PEA
Code: 1230100677

Synonyms

GREEN PEA
0099895

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN HALIBUT IGE
Code: 1230100683

Synonyms

HALIBUT
0098516

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN HAZELNUT
Code: 1230100834

Synonyms

ALLERGEN
HAZELNUT
FOOD
0093506

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN HAZELNUT/FILBERT IGE
Code: 1230100684

Synonyms

HAZELNUT
FILBERT
0098617

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN HORSE DANDER
Code: 1230100699

Synonyms

HORSE DANDER
HORSE
0055059

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN KIWI FRUIT IGE
Code: 1230100708

Synonyms

KIWI
0055203

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN LENTIL IGE
Code: 1230100715

Synonyms

LENTIL
0099659

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN LOBSTER
Code: 1230100720

Synonyms

LOBSTER
0099062

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN MACADAMIA NUT IGE
Code: 1230100722

Synonyms

MACADAMIA NUT
MACADAMIA
0093246

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN MANGO IGE
Code: 1230100728

Synonyms

MANGO
0055204

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN MILK IGE
Code: 1230100736

Synonyms

MILK
0055020

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN MILK, GOAT'S IGE
Code: 1230100737

Synonyms

GOAT'S MILK
MILK
2007619

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN MULTI INHALANT SCREEN
Code: 1230100746

Synonyms

MULTIPLE INHALANT
INHALANT
0055175

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1.45 mL serum to an ARUP Standard Transport Tube. (Min: 0.72 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN NUTS PANEL
Code: 1230100754

Synonyms

NUTS
NUTS PANEL
NUT PANEL
0051831

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.95 mL serum to an ARUP Standard Transport Tube. (Min: 0.52 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN OAK, IGE
Code: 1230100758

Synonyms

WHITE OAK
0055045

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN OYSTER IGE
Code: 1230100773

Synonyms

OYSTER
0099638

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN PEACH IGE
Code: 1230100780

Synonyms

PEACH
0099582

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN PEANUT IGE
Code: 1230100781

Synonyms

PEANUT
0055024

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN PECAN NUT IGE
Code: 1230100782

Synonyms

PECAN NUT
0099572

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN PIGWEED, ROUGH IGE
Code: 1230100844

Synonyms

PIGWEED
ROUGH
ALLERGEN
WEED
0055025

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN PINEAPPLE IGE
Code: 1230100848

Synonyms

PINEAPPLE
ALLERGEN
FOOD
0099477

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN PLUM IGE
Code: 1230100849

Synonyms

PLUM
ALLERGEN
FOOD
0055448

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN PORK IGE
Code: 1230100853

Synonyms

PORK
ALLERGEN
FOOD
0099780

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN POTATO IGE
Code: 1230100854

Synonyms

POTATO
ALLERGEN
FOOD
0055051

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN PROFILE, SUMMER - GRASS
Code: 1230100861

Synonyms

SEASONAL
ALLERGEN
SUMMER
GRASS
0055130

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.95 mL serum to an ARUP Standard Transport Tube. (Min: 0.52 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN RAGWEED, SHORT/COMMON IGE
Code: 1230100867

Synonyms

RAGWEED
SHORT
COMMON
WEED
ALLERGEN
0055085

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN RASPBERRY IGE
Code: 1230100869

Synonyms

RASPBERRY
ALLERGEN
FOOD
0099493

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN RICE IGE
Code: 1230100878

Synonyms

RICE
ALLERGEN
FOOD
0055054

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN RYE IGE
Code: 1230100881

Synonyms

RYE
ALLERGEN
GRASS
0055026

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN SALMON IGE
Code: 1230100886

Synonyms

SALMON
ALLERGEN
FOOD
0099680

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN SCALLOP IGE
Code: 1230100891

Synonyms

SCALLOP
ALLERGEN
FOOD
0099495

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN SEAFOOD PANEL
Code: 1230100893

Synonyms

ALLERGEN
SEAFOOD
FOOD
0055335

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.65 mL serum to an ARUP Standard Transport Tube. (Min: 0.4 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN SESAME SEED IGE
Code: 1230100896

Synonyms

SESAME
SEED
ALLERGEN
FOOD
0099698

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN SHEEP SORREL (DOCK) IGE
Code: 1230100898

Synonyms

SHEEP
SORREL
DOCK
ALLERGEN
ANIMAL
0099785

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN SHRIMP IGE
Code: 1230100900

Synonyms

SHRIMP
ALLERGEN
FOOD
0055030

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN SOYBEAN IGE
Code: 1230100904

Synonyms

SOYBEAN
ALLERGEN
FOOD
0055031

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN STRAWBERRY
Code: 1230100911

Synonyms

STRAWBERRY
ALLERGEN
FOOD
0099496

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN SUNFLOWER SEED IGE
Code: 1230100916

Synonyms

SUNFLOWER
SEED
ALLERGEN
FOOD
0099496

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN TOMATO IGE
Code: 1230100927

Synonyms

TOMATO
0055033

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN TUNA IGE
Code: 1230100931

Synonyms

TUNA
0055062

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN TURKEY IGE
Code: 1230100932

Synonyms

TURKEY
0099627

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN WALNUT IGE
Code: 1230100936

Synonyms

WALNUT
0055209

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN WHEAT IGE
Code: 1230100939

Synonyms

WHEAT
0055034

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN, FOOD, ALPHA-GAL
Code: 123050063

Synonyms

2007994
ALPHAGAL

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Ambient: 1 month; Refrigerated: 1 month; Frozen: 1 month

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	No	
ARUP LAB	RED TOP -PLAIN	Yes	

Test Name ALLERGEN, FOOD, BAKER'S YEAST IGG
Code: 1230100957

Synonyms

BAKERS YEAST
0097706

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL/allergen). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN, FOOD, BANANA IGG
Code: 1230100958

Synonyms

BANANA
IGG
0090286

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL/allergen). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN, FOOD, BARLEY IGG
Code: 1230100959

Synonyms

BARLEY
ALLERGEN
FOOD
IGG
0097707

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL/allergen). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN, FOOD, CATFISH IGE
Code: 123050106

Synonyms

CATFISH
0097629

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL/allergen). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN, FOOD, CHICKPEA (GARBANZO BEAN) IGE
Code: 123050097

Synonyms

0055200

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN, FOOD, FLAXSEED/LINSEED IGE
Code: 123050099

Synonyms

2003298
FLAXLIN

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN, FOOD, GELATIN BOVINE IGE
Code: 123050107

Synonyms

2001911
GELBOVINE

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN, FOOD, GUAR GUM IGE
Code: 123050113

Synonyms

2001917
GUMGUAR

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN, FOOD, HONEYDEW/CANTALOUPE
Code: 123050114

Synonyms

0055435
CANTALOUPE
MUSKMELON
HONEYDEW

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN, FOOD, MILK (COW'S) IGG
Code: 1230100970

Synonyms

COW'S
MILK
ALLERGEN
FOOD
IGG
0097653

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL/allergen). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN, FOOD, NAVY BEAN
Code: 123050108

Synonyms

0055022
NAVY
PINTO
WHITE BEAN

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN, FOOD, ONION
Code: 787

Synonyms

0099474

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN, FOOD, OVOMUCOID IGE
Code: 123050098

Synonyms

2006434
OVOMUCOID

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN, FOOD, PINE (PINON) NUT
Code: 123050091

Synonyms

PINON
PIGNOLA
PIGNOLES
PINE KERNELS
PINYON NUT
0055445
PINONNUT

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN, FOOD, PISTACHIO
Code: 123050085

Synonyms

0055447
PISTACHIOIGE

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN, FOOD, POTATO IGG
Code: 1230100978

Synonyms

POTATO
ALLERGEN
FOOD
IGG
0097641

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL/allergen). **SABILITY:**
Ambient: 1 week; Refrigerated: 1 month; Frozen: 1 year

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	
ARUP LAB	RED TOP -PLAIN	No	

Test Name ALLERGEN, FOOD, SHELL FISH PROFILE
Code: 123050060

Synonyms

0051835
SHELLFISH

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.85 mL serum to an ARUP Standard Transport Tube. (Min: 0.48 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN, FOOD, TILAPIA IGE
Code: 123050089

Synonyms

2003296
TILAPIA

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN, FOOD, WHITE POLLOCK IGE
Code: 123050115

Synonyms

2010822
POLLOCK

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN, FUNGI & MOLDS, MUCOR RACEMOSUS IGG
Code: 1230100990

Synonyms

MUCOR
RACEMOSUS
ALLERGEN
MOLD
IGG
0097316

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL/allergen). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN, FUNGI/MOLD, A. ALTERNATAS
Code: 123050116

Synonyms

0097316
MUCOR RACEMOUSUS MOLD

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN, INSECTS & VENOM, HONEYBEE VENOM IGE
Code: 1230100995

Synonyms

HONEY
BEE
HONEYBEE
VENOM
ALLERGEN
INSECT
IGG
0055105

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN, REGION 11 RESPIRATORY PAN IGE
Code: 123050092

Synonyms

2006039
ROCKY MOUNTAIN ALLERGY PANEL
REG11PAN

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGEN, TREE, WALNUT TREE
Code: 123050117

Synonyms

0055093
WALNUTTR

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGENS, FOOD, FISH PROFILE IGE
Code: 123050109

Synonyms

2007036
FISHGROUP

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transport 0.8 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGENS, FOOD, IGG PANEL
Code: 1230101000

Synonyms

ALLERGEN
FOOD
IGG
PANEL
2007216

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL/allergen). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALLERGIC BRONCHOPULMONARY ASPERGILLOSIS
Code: 1230500256

Synonyms

2004243
ABPA

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells within 2 hours of collection. Transfer 2.3 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	
ARUP LAB	RED TOP -PLAIN	No	

Test Name ALPHA THALASSEMIA, 7 DELETIONS
Code: 1230500163

Synonyms

0051495
ALPATHAL
HBA1
HBA2
ALPHA GLOBIN MUTATION DELETIONS

Collection Requirements

None Listed

Shipping and Handling Instructions

Transport 3 mL whole blood. (Min: 1 mL). STABILITY: Refrigerated: 1 week; Ambient: 72 hours; Frozen: Unacceptable

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	
ARUP LAB	YELLOW (ACD)	No	

Test Name ALPHA-1-ANTITRYPSIN
Code: 1230100502

Synonyms

A1A
A1 ANTITRYPSIN
0050001

Collection Requirements

None Listed

Shipping and Handling Instructions

Allow specimen to clot completely at room temperature. Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL). STABILITY: Refrigerated: 3 months; Ambient: 1 week;*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN GEL (PST)	No	
ARUP LAB	RED GEL (SST)	Yes	

Test Name ALPHA-1-ANTITRYPSIN, PHENOTYPE
Code: 1230101673

Synonyms

0080500
A1A PHENOTYPE
AAT DEFICIENCY
AAT PHENOTYPE
PI TYPING

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL). STABILITY:
Refrigerated: 3 months; Ambient: 1 week; Frozen: 3 months (avoid repeated freeze/thaw cycles)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	
ARUP LAB	RED TOP -PLAIN	No	

Test Name ALPHA-2 ANTIPLASMIN
Code: 1230101004

Synonyms

A2A
PLASMIN
INHIBITOR
ANTIPLASMIN
0098727

Collection Requirements

None Listed

Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Transfer 1 mL platelet-poor plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Frozen: at -20°C: 3 months; at -70°C: 6 months; Ambient: 4 hours; Ref*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 Weeks
ARUP LAB	Routine	1 Weeks
ARUP LAB	STAT	1 Weeks
ARUP LAB	Timed	1 Weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	BLUE TOP-CITRATE	Yes	

Test Name ALT
Code: 1230100037

Synonyms

SGPT

Collection Requirements

No patient preparation is required. Preferred specimens 0.25 ml plasma from a green lithium heparin gel tube. Alternate specimens: Serum from red gel or plain tube with no additive.

Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed. Freeze specimen for longer storage.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name ALUMINUM LEVEL
Code: 1230101005

Synonyms

ALUMINUM
LEVEL
0099266

Collection Requirements

None Listed

Shipping and Handling Instructions

Centrifuge; do not allow serum or plasma to remain on cells. Transfer 2 mL serum or plasma to an ARUP Trace Element-Free Transport Tube (ARUP supply #43116). Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	ROYAL BLUE - K2 EDTA	Yes	
ARUP LAB	ROYAL BLUE PLAIN	No	

Test Name AMIKACIN PEAK
Code: 1230101006

Synonyms

AMIKACIN
PEAK

Collection Requirements

None Listed

Shipping and Handling Instructions

Allow to clot in an upright position for 30 minutes prior to centrifugation. Separate serum from cells. Transport: 1 mL (0.7 mL minimum) Serum. STABILITY: Frozen 2 weeks (Refrigerated, 7 days; Ambient, 6 hours). STABILITY: Frozen: 2 weeks; Refrigerated: 7 days; Ambient: 6 hours

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	RED GEL (SST)	Yes	
DH NON-INTERFACED LAB	RED TOP -PLAIN	No	

Test Name AMIKACIN RANDOM
Code: 123010100602

Synonyms

AMIKACIN
RANDOM

Collection Requirements

None Listed

Shipping and Handling Instructions

Allow to clot in an upright position for 30 minutes prior to centrifugation. Separate serum from cells. Transport: 1 mL (0.7 mL min) serum. STABILITY: Frozen: 2 weeks; Refrigerated: 7 days; Ambient: 6 hours

Turn Around Times

Laboratory

Priority

TAT

Container Types

Laboratory

DH NON-INTERFACED LAB
DH NON-INTERFACED LAB

Container

RED GEL (SST)
RED TOP -PLAIN

Default?

Yes
No

Min Volume

Test Name AMIKACIN TROUGH
Code: 123010100601

Synonyms

AMIKACIN
TROUGH

Collection Requirements

None Listed

Shipping and Handling Instructions

Allow to clot in an upright position for 30 minutes prior to centrifugation. Separate serum from cells. Transport: 1 mL (0.7 mL minimum) Serum. STABILITY: Frozen: 2 weeks; Refrigerated: 7 days; Ambient: 6 hours

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
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DH NON-INTERFACED LAB
DH NON-INTERFACED LAB

RED GEL (SST)
RED TOP -PLAIN

Yes
No

Test Name AMINO ACID QUANT, URINE
Code: 1230100264

Synonyms

AA QT UR
AA QUANT UR

Collection Requirements

Urine (Random, morning urine preferred)

Shipping and Handling Instructions

TRANSPORT: 3 mL (2 mL minimum) urine. STABILITY: Frozen

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
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DH NON-INTERFACED LAB

URINE

Yes

Test Name AMINO ACID QUANTITATIVE
Code: 123010026401

Synonyms

AA QT
AA QUANT

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum or plasma from cells within 1 hour of drawing. TRANSPORT: 1 mL (0.3 mL minimum) Serum or Plasma. STABILITY: Frozen

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	GREEN TOP - LIHEP	No	
DH NON-INTERFACED LAB	RED GEL (SST)	Yes	
DH NON-INTERFACED LAB	RED TOP -PLAIN	No	

Test Name AMINO ACID SCREEN
Code: 123010100701

Synonyms

AA
AMINO
ACID
PLASMA

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum or plasma from cells within 1 hour of drawing. TRANSPORT: 1 mL (0.3 mL minimum) Serum or Plasma. STABILITY: Frozen

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	GREEN TOP - LIHEP	No	
DH NON-INTERFACED LAB	RED GEL (SST)	Yes	
DH NON-INTERFACED LAB	RED TOP -PLAIN	No	

Test Name AMINO ACIDS, QUALITATIVE, URINE
Code: 1230101578

Synonyms

AMINO ACIDS QUAL UR

Collection Requirements

Urine (Random, morning urine preferred)

Shipping and Handling Instructions

Pour off urine into a plastic screw top send out tube. TRANSPORT: 3 mL (2 mL minimum) urine. STABILITY: Frozen

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	URINE	Yes	

Test Name AMINOLEVULINIC ACID (ALA), URINE
Code: 1230500164

Synonyms

0080103
AMINOLEVULIN

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer a 4 mL aliquot from a well-mixed 24 hour or random collection to an ARUP Standard Transport Tube (Min: 1.2 mL). STABILITY: Frozen: 1 month; Refrigerated: 4 days; Ambient: Unacceptable.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

Test Name AMITRIPTYLINE AND NORTRIPTYLINE, SP
Code: 1230500077

Synonyms

0090158
AMINORT

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum or plasma from cells within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 5 days; Frozen: 6 months

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	PINK TOP - K3 EDTA	No	
ARUP LAB	RED TOP -PLAIN	Yes	

Test Name AMMONIA
Code: 1230100371

Synonyms

NH3
NH4+

Collection Requirements

Patient preparation: Limit use of tourniquet to finding a vein. Remove as soon as possible after blood begins to flow. Draw directly into vacutainer tube. Fill tube completely. Partially filled tube will cause falsely elevated Ammonia levels. Do not use syringe to transfer blood into vacutainer tube. This will also cause falsely elevated Ammonia levels. Transport to lab on ice ASAP. Capillary specimens are not acceptable. Only venous specimens will be tested. **MICROTAINER TUBES ARE NOT ACCEPTABLE. SPECIMEN CANNOT BE EXPOSED TO AIR DURING THE COLLECTION.** Collect: 4.0 mLs (1.0 minimum) venous blood in a GreenGel tube * ON ICE * ALTERNATES: Lavender EDTA * ON ICE * TRANSPORT: 1.0 mL Plasma. STABILITY: Frozen

Shipping and Handling Instructions

LAB INSTRUCTIONS: The specimen may be removed from ice bath long enough to centrifuge. Separate plasma from red cells if not collected in gel tube, return to ice, and test immediately. STABILITY: Frozen

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	No	

Test Name AMPHETAMINES (D/L DIFFERENTIATION), URINE
Code: 1385

Synonyms

2014043
DLDIFF

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 2 mL urine to an ARUP Standard Transport Tube. (Min: 0.7 mL) Stability:
Refrigerated: 5 months; Ambient: 1 month; Frozen: 1 month

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

Test Name AMPHETAMINES (D/L RATIO), URINE
Code: 1230500258

Synonyms

2008368
DLRATIO

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 3 mL urine to an ARUP Standard Transport Tube. (Min: 1.2 mL). STABILITY:
Refrigerated: 5 months; Ambient: 1 month; Frozen: 1 month

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

Test Name AMPHETAMINES URINE
Code: 1230100266

Synonyms

AMPHET QUAL

Collection Requirements

Preferred specimens: 30 mL of random urine is preferred. The minimum acceptable volume is 10 mL. Urine should be collected in a clean, unbreakable, leak-proof container. No pre-treatment or preservative is required. Any questions related to specimen integrity, specimen handling, or testing must be referred to a supervisor or pathologist.

Shipping and Handling Instructions

Specimens must be centrifuged before testing if the urine specimen is not clear. Specimen should be between 20-25C before analysis. If testing cannot be completed within the shift, refrigerate specimen at 2-8C for up to one week. Note: Plastic trans*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	URINE	No	

Test Name AMPHETAMINES, SERUM/PLASMA
Code: 1230500189

Synonyms

2010066
AMPSSP

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 1 week; Frozen: 3 years

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GRAY TOP	Yes	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED TOP -PLAIN	No	

Test Name AMYLASE
Code: 1230100372

Synonyms

Collection Requirements

No patient preparation is required. Preferred specimens: 0.25 ml plasma from a green lithium heparin gel tube. Alternate specimens: Serum from red gel or plain tube with no additive.

Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed. Freeze specimen for longer storage.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name AMYLASE BODY FLUID
Code: 1230100084

Synonyms

AMYLASE FLUID

Collection Requirements

Preferred specimens: A serum separator (gel) tube or plain white tube are preferred. Alternate specimens: Plain red or Lavender top tubes are also acceptable.

Shipping and Handling Instructions

Centrifuge the specimen and remove fluid from the cell button as soon as possible. Refrigerate if testing is not performed immediately.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	No	
DH PAV A CENTRAL LAB	GREEN TOP - LIHEP	No	
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	No	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	Yes	

Test Name AMYLASE ISOENZYMES
Code: 1230500259

Synonyms

0020804
AMYISO

Collection Requirements

None Listed

Shipping and Handling Instructions

Allow specimen to clot completely at room temperature. Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Refrigerated: 1 month; Ambient: *

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN GEL (PST)	No	
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	RED GEL (SST)	Yes	

Test Name AMYLASE, 24 HOUR URINE
Code: 1230100268

Synonyms

UR-AMY
24 HOUR URINE AMYLASE
24HR URINE AMYLASE

Collection Requirements

Patient Instructions: Specimen must be refrigerated during collection. Preferred specimens: 5.0 mL of a 24 Hour Urine specimen Ambient (8 hrs) or Refrigerated (24 Hours). Specimen should be collected in a 24 hour urine container. No preservative is needed.

Shipping and Handling Instructions

Measure the volume and document the volume and collection time in the computer. Mix the specimen, pour an aliquot into a test tube, centrifuge and send to core. Also, aliquot a portion into a cup with total volume documented on the cup.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	24 HR URINE CONTAINER	Yes	

Test Name AMYLASE, RANDOM
Code: 1230100267

Synonyms

URAMYL

Collection Requirements

No patient preparation is required. Preferred specimens: 10 mL of random urine collected in a random urine cup, or any plain tube is acceptable. No preservative is necessary. If testing is delayed, refrigerate the specimen.

Shipping and Handling Instructions

Mix the urine well, pour an aliquot into a test tube, and centrifuge. If testing is delayed, refrigerate the specimen.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	Yes	
DH PAV A CENTRAL LAB	STERILE CUP	No	
DH PAV A CENTRAL LAB	URINE	No	

Test Name ANA BY IFA, IGG
Code: 1230101011

Synonyms

ANTINUCLEAR
TITER
ANTINUCLEAR ANTIBODY
FANA
0050639

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL). STABILITY: Refrigerated: 2 weeks; Ambient 48 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ANA NEGATIVE CONTROL
Code: 1003

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

Test Name ANA POSITIVE CONTROL
Code: 1004

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

Test Name ANA SCREEN
Code: 1230100051

Synonyms

ANTINUCLEAR ANTIBODIES
ANTINUCLEAR ANTIBODY SCREEN
ANA

Collection Requirements

Separate serum from cells ASAP. Avoid repeated freeze/thaw cycles.

Shipping and Handling Instructions

1.0 mL Serum (Red Gel) Refrigerated (3 Days), after 72h Frozen at -70C; absolute minimum volume 100uL

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	

Test Name ANAEROBIC CULTURE
Code: 1230101515

Synonyms

ANAEROBIC CULTURE
ANAEROBIC CX
CX ANAEROBIC

Collection Requirements

Material aspirated with syringe after the skin surface is thoroughly disinfected. Remove needle and cap syringe before submitting to lab. Body fluids in sterile container. DO NOT submit fluid in Bactec bottles. Tissue or bone submitted in sterile container, consult pathology before submitting larger specimens. Respiratory sources: Lung tissue or bronchial brushings; BALs may be cultured for Actinomyces. Female Genital Tract sources: Specimen collected by laparoscopy, culdocentesis, or surgery. IUDs may be cultured for Actinomyces. Urinary Tract: Suprapubic aspirate. Swab specimens collected in the Vacutainer Anaerobic

Specimen containers (stocked in Central Supply). SWABS ARE SUBOPTIMAL and should ONLY be submitted when a preferred specimen cannot be obtained.

Shipping and Handling Instructions

Do not refrigerate, process immediately if the specimen sent is not an anaerobic swab.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	STERILE TUBE	No	
DH PAV A CENTRAL LAB	SWAB	No	

Test Name ANCA VASCULITIS PROFILE W/RFLX TO TITER
Code: 1230500190

Synonyms

2006480
ANCAPRO

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ANDROSTENEDIONE
Code: 1230101013

Synonyms

ANDROGEN
2001638

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.3 mL) Also acceptable: EDTA plasma. STABILITY: Refrigerated: 1 week; Ambient: 24 hours; Frozen: 6 months

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	RED GEL (SST)	Yes	

Test Name ANGIOTENSIN CONVERT ENZYME CSF
Code: 1230100087

Synonyms

ACE CSF
0098974

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 1 mL CSF to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Frozen: 6 months; Ambient: 4 hours; Refrigerated: 1 week

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CSF COLLECTION KIT	Yes	

Test Name ANGIOTENSIN CONVERTING ENZYME
Code: 1230100085

Synonyms

ACE
0080001
KINASE II
PEPTIDYLPEPTIDE HYDROLASE
SACE

Collection Requirements

None Listed

Shipping and Handling Instructions

Allow specimen to clot completely at room temperature. Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Refrigerated: 1 week; Ambient: 1 week; Frozen: 6 mon*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ANKYLOSING SPONDYLITIS (HLAB27)
Code: 1230500014

Synonyms

0050392
HLA B27

Collection Requirements

None Listed

Shipping and Handling Instructions

Do not freeze. Transport 3 mL whole blood. (Min: 1 mL). STABILITY: Refrigerated: 1 week; Ambient: 72 hours; Frozen: Unacceptable. Unacceptable Conditions: Plasma or serum; collection of specimen in sodium heparin tubes.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	
ARUP LAB	YELLOW (ACD)	No	

Test Name ANTI DNA, DOUBLE STRANDED
Code: 1230100505

Synonyms

DNA DS
DS DNA
0050215

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ANTI DNASE B ANTIBODY
Code: 1230100126

Synonyms

ADN-B
0050220

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.4 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ANTI NEUTROPHIL CYTO ANTIBODY
Code: 1230100439

Synonyms

ANCA
AB
ADN-B
0050811

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ANTIMICROBIAL LEVEL-CYCLOSERINE
Code: 1230500191

Synonyms

2009367
CYCLOS

Collection Requirements

None Listed

Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Separate serum or plasma from cells ASAP or within one hour of collection. Transfer 2 mL serum or plasma to an ARUP Standard Transport Tube and freeze immediately. (M*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	RED TOP -PLAIN	Yes	

Test Name ANTIMICROBIAL SUSCEPTIBILITY, AFB/MYCOBACTERIA
Code: 1230304001

Synonyms

AFB
AFB SINGLE DRUG
0060217

Collection Requirements

This test is to be ordered by TB Lab only.

Shipping and Handling Instructions

Ship the specimen on the day of collection by courier.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	STERILE CONTAINER	Yes	

Test Name ANTIMULLERIAN HORMONE (AMH)
Code: 1230101020

Synonyms

AMH
ANTI-MULLERIAN
ANTIMULLERIAN
HORMONE
2002656

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL). STABILITY: Frozen: 3 weeks (avoid repeated freeze/thaw cycles); Ambient: Unacceptable; Refrigerated: 1 week

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	RED GEL (SST)	Yes	
ARUP LAB	RED TOP -PLAIN	No	

Test Name ANTIPHOSPHOLIPID SYNDROME PANEL
Code: 1230500001

Synonyms

APS PANEL
DRVVT SCREEN
HEXAGONAL PHOSPHOLIPID NEUTRAL
HYPERCOAGULABLE
2003222
PHOSSYN

Collection Requirements

collect: Light blue (sodium citrate) for Lupus Anticoagulant Reflexive Panel AND serum separator tube for cardiolipin and beta-2 glycoprotein antibodies.

Shipping and Handling Instructions

Plasma: CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Transport 2 mL platelet poor plasma. (Min: 1 mL) AND 1 mL serum (Min: 0.6 mL) in two separate ARUP Standard Transport Tubes. STABILITY: Frozen: 1 week; Ambient: 4 hours; Refrigerated: Unacceptable

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	1 RED GEL (SST) + 2 BLUE (CITRATE)	Yes	

Test Name ANTI-SMOOTH MUSCLE ANTIBODY TITER
Code: 1230101023

Synonyms

ASMA
ANTI-SMOOTH
SMOOTH
MUSCLE
ACTIN
F-ACTIN
TITER
0051244

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ANTI-STREPTOLYSIN O
Code: 1230100124

Synonyms

ANTISTREPTOLYSIN
ASO
0050095

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.4 mL). STABILITY: Refrigerated: 8 days; Ambient: 8 hours; Frozen: 3 months

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ANTITHROMBIN PANEL
Code: 1230101027

Synonyms

AT3
AT3AG
AT3ACT
ANTITHROMBIN
ANTI-THROMBIN
ANTIGEN
PANEL
ACTIVITY
0030370

Collection Requirements

None Listed

Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Transfer 2 mL platelet-poor plasma to an ARUP Standard Transport Tube. (Min: 1 mL).
STABILITY: Frozen: 1 month; Ambient: 4 hours; Refrigerated: Unacceptable

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	BLUE TOP-CITRATE	Yes	

Test Name ANTITHROMBIN, ENZYMATIC (ACTIVITY)
Code: 1230500011

Synonyms

0030010
ANTITHROMBIN III
AT3

Collection Requirements

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.

Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.
Transfer 1.5 mL platelet-poor plasma to an ARUP Standard Transport Tube. (Min: 1 mL).
STABILITY: Frozen: 1 month; Ambient: 4 hours; Refrigerated: Unacceptable

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	BLUE TOP-CITRATE	Yes	

Test Name APC RESISTANCE
Code: 1230101029

Synonyms

ACTIVATED
PROTEIN C
RESISTANCE
PROFILE
PANEL
APCR
FACTOR V LEIDEN
0030127

Collection Requirements

None Listed

Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.
Transfer 1.5 mL platelet-poor plasma to an ARUP Standard Transport Tube. (Min: 1 mL).
STABILITY: Frozen at -20°C: 3 months; Frozen at -70°C: 6 months; Ambient: 4 hour*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	BLUE TOP-CITRATE	Yes	

Test Name AQUAPORIN-4 RECEPTOR ANTIBODY
Code: 1230500085

Synonyms

2003036
AQP4

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 72 hours; Frozen: 1 month (avoid repeated freeze/thaw cycles)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ARGININE VASOPRESSIN HORMONE
Code: 1230101032

Synonyms

ADH
ANTIDIURETIC
AVH
VASOPRESSIN
0070027

Collection Requirements

None Listed

Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Separate plasma from cells ASAP or within 2 hours of collection. Transfer 6 mL plasma to ARUP Standard Transport Tubes and freeze immediately. (Min: 2.5 mL). STABILIT*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name ARSENIC, BLOOD
Code: 1230500192

Synonyms

0099045
ARSBLD

Collection Requirements

None Listed

Shipping and Handling Instructions

Transport 7 mL whole blood in the original collection tube. (Min: 0.5 mL). STABILITY: Ambient/Refrigerated. If the specimen is drawn and stored in the appropriate container, the trace element values do not change with time.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	ROYAL BLUE - K2 EDTA	Yes	

Test Name ARUP MISCELLANEOUS TEST #2
Code: 1202

Synonyms

0098556

Collection Requirements

Refer to ARUP Test directory for transport requirements based on test code being ordered.

Shipping and Handling Instructions

Refer to ARUP Test directory for transport requirements based on test code being ordered. Miscellaneous Interface Tests should not be used for: ∅ Reflex Tests - the initial test completes the Miscellaneous Interface Test so there is no place for the reflex test to post back. ∅ Allergen testing - not recommended since multiple allergens are usually ordered at one time. ∅ Microbiology Tests -only final results post back. ∅ Anatomical Pathology /Cytology Tests

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	Yes	

Test Name ARUP MISCELLANEOUS TEST #3
Code: 1203

Synonyms

0098559

Collection Requirements

Refer to ARUP Test directory for transport requirements based on test code being ordered.

Shipping and Handling Instructions

Refer to ARUP Test directory for transport requirements based on test code being ordered. Miscellaneous Interface Tests should not be used for: ∅ Reflex Tests - the initial test completes the Miscellaneous Interface Test so there is no place for the reflex test to post back. ∅ Allergen testing - not recommended since multiple allergens are usually ordered at one time. ∅ Microbiology Tests -only final results post back. ∅ Anatomical Pathology /Cytology Tests

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 Weeks
ARUP LAB	Routine	1 Weeks
ARUP LAB	STAT	1 Weeks
ARUP LAB	Timed	1 Weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	Yes	

Test Name ARUP MISCELLANEOUS TEST #4
Code: 1204

Synonyms

0098568

Collection Requirements

Refer to ARUP Test directory for transport requirements based on test code being ordered.

Shipping and Handling Instructions

Refer to ARUP Test directory for transport requirements based on test code being ordered. Miscellaneous Interface Tests should not be used for: ∅ Reflex Tests - the initial test completes the Miscellaneous Interface Test so there is no place for the reflex test to post back. ∅ Allergen testing - not recommended since multiple allergens are usually ordered at one time. ∅ Microbiology Tests -only final results post back. ∅ Anatomical Pathology /Cytology Tests

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 Weeks
ARUP LAB	Routine	1 Weeks
ARUP LAB	STAT	1 Weeks
ARUP LAB	Timed	1 Weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	Yes	

Test Name ARUP STAT COURIER SERVICE Z-11
Code: 1001

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ASPERGILLUS ABS
Code: 1230101033

Synonyms

PRECIPITIN
0050171

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum an ARUP Standard Transport Tube. (Min: 0.15 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ASPERGILLUS FUMIGATUS AB, IGG BY ELISA
Code: 1230500193

Synonyms

0097771
ASPFUMIGG

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.05 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	
ARUP LAB	RED TOP -PLAIN	No	

Test Name ASPERGILLUS GALACTOMANNAN AG
Code: 1230101034

Synonyms

ASPERGILLUS
GALACTOMANNAN
GALACTO
PLATELIA
0060068

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells within 2 hours of collection. Transfer 2 mL serum to a sterile ARUP Standard Transport Tube (ARUP Supply #43115). Available online through eSupply using ARUP Connect(TM) or contact Client Services at (800) 522-2787. (Min: 1 mL)*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	No	
ARUP LAB	RED TOP -PLAIN	Yes	

Test Name AST
Code: 1230100036

Synonyms

SGOT

Collection Requirements

No patient preparation is required. Preferred specimens 0.25 ml plasma from a green lithium heparin gel tube. Alternate specimens: Serum from red gel or plain tube with no additive.

Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed. Freeze specimen for longer storage.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name AUTO DIFFERENTIAL
Code: 123050210

Synonyms

CBC AUTO DIFF

Collection Requirements

Invert immediately and gently mix with anticoagulant.

Shipping and Handling Instructions

Refrigerate samples at 2-8 C if unable to analyze within 8 hours of collection. Auto differential is stable for 24 hrs when stored at 2-8 C and 8 hrs at RT.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	LAVENDAR BULLET - K2 EDTA	No	
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name AUTOIMMUNE LIVER DISEASE EVALUATION
Code: 793

Synonyms

2007210
LIVER EVAL

Collection Requirements

Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.6 mL)

Shipping and Handling Instructions

1 mL serum at 2-8 Degrees C. (Min: 0.5 mL) Submit specimen in an ARUP Standard Transport Tube.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name AUTOPSY, CORONER REQUEST
Code: 1230500403

Synonyms

Collection Requirements

Blocks/Tissue Cassettes in Formalin 10%

Shipping and Handling Instructions

Blocks are transported to Histology in 10% Formalin.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	FORMALIN 10%	Yes	

Test Name AUTOPSY, COMPLETE GROSS& MICR
Code: 1230100417

Synonyms

AUTOPSY
AUTOPSY GROSS

Collection Requirements

Refrigerated 2° - 8° degrees Celsius

Shipping and Handling Instructions

AUTOPSY ANATOMIC FETAL [LAB2296]: Refrigeration of bodies is necessary as soon as possible after death, for cosmetic purposes, to preserve tissue for potential transplantation and to preserve pathologic changes in those patients undergoing autopsy. The Fetal Demise Cooler, located in Roo* AUTOPSY ANATOMIC [LAB2298]: The body shall be refrigerated at 2° - 8° degrees Celsius as soon as possible after death, and never more than four (4) hours after death. Transport body to Hospital Morgue located in the basement of Pavilion A. Turnaround time (TAT): 90% in 60 calendar days

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	FORMALIN 10%	Yes	

Test Name B. BURGDORFERI AB, IGG BY WESTERN BLOT
Code: 1230500136

Synonyms

0050255
BBURGIGG

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.1 mL). Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name B. BURGDORFERI AB, IGG/ IGM WBLOT (CSF)
Code: 1230500261

Synonyms

0055260
LYMEWBSCF

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 3 mL CSF to an ARUP Standard Transport Tube. (Min: 2 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 8 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CSF COLLECTION KIT	Yes	

Test Name B. BURGDORFERI AB, IGM BY WESTERN BLOT
Code: 123050124

Synonyms

0050253
LYMEMWB

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name B. PERTUSSIS ABS, IGG, IGA W/REFLEX
Code: 123050118

Synonyms

2001774
BORDPAN2

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL) Parallel testing is preferred, and convalescent specimens must be received within 30 days from receipt of the acute spe*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name B. PERTUSSIS ANTIBODY, IGA IMMUNOBLOT
Code: 123050119

Synonyms

2004316
BORDABLOT

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name B. PERTUSSIS ANTIBODY, IGG IMMUNOBLOT
Code: 1230500166

Synonyms

2004327
BPERTUSIGG

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name B. PERTUSSIS ANTIBODY, IGM IMMUNOBLOT
Code: 1230500263

Synonyms

2004326
BORDMBLOT

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name B12
Code: 1230100393

Synonyms

VITAMIN B12

Collection Requirements

No patient preparation is required. Preferred specimens: 0.50 ml plasma from a green lithium heparin gel tube. Alternate specimens: Serum from red gel or plain tube with no additive.

Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed. Freeze specimen for longer storage. Samples can be stored up to 8 hours at room temperature, 2 days refrigerated, or 3 *

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name B2GLYCOPROTEIN I, IGA AB
Code: 1230500098

Synonyms

0050324
B2GLYCOPROTE

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name BABESIA SPECIES BY PCR
Code: 1230500264

Synonyms

2008665
BABPCR

Collection Requirements

None Listed

Shipping and Handling Instructions

Transport 1 mL whole blood. (Min: 0.6 mL). STABILITY: Refrigerated: 1 week; Ambient: 24 hours; Frozen: 30 days

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name BACTEC MONTHLY QC (HRP)
Code: 762

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

QC CONTAINER

Default?

Yes

Min Volume

Test Name BACTEC QC (HRP)
Code: 761

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

QC CONTAINER

Default?

Yes

Min Volume

Test Name BARBITURATE URINE CONF
Code: 1230100275

Synonyms

BARB UR CONF
BARBITURATE CONFIRMATION
2012213

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 3.5 mL urine with no additives or preservatives to an ARUP Standard Transport Tube. (Min: 1.5 mL). STABILITY: Ambient: 1 week; Refrigerated: 1 month; Frozen: 3 years

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

Test Name BARTONELLA HENSELAE ABS IGG AND IGM
Code: 1230500086

Synonyms

0050108
CATSCRATCH

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute spe*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name BARTONELLA HENSELAE ANTIBODY, IGG IFA
Code: 1230500265

Synonyms

0050091
HENSIGG

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute spe*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name BARTONELLA QUINTANA AB, IGG AND IGM
Code: 1230500137

Synonyms

0050106
BARTPAN

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute spe*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name BARTONELLA SPECIES BY PCR
Code: 1230500138

Synonyms

0093057
BARTDNA

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum or plasma from cells. Transfer 1 mL serum, plasma or CSF to a sterile container. (Min: 0.5 mL). STABILITY: Frozen: 1 month; Ambient: 24 hours; Refrigerated: 5 days

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	
ARUP LAB	RED GEL (SST)	No	

Test Name BARTONELLA SPECIES BY PCR, WHOLE BLOOD
Code: 1230500266

Synonyms

0060762
BARTPCRWB

Collection Requirements

None Listed

Shipping and Handling Instructions

Do not freeze specimen. Transport 1 mL whole blood. (Min: 0.5 mL). STABILITY: Refrigerated: 5 days; Ambient: 24 hours; Frozen: Unacceptable

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name BASIC METABOLIC PANEL
Code: 1230100054

Synonyms

BMET
BMP
C7
CHEM 7

Collection Requirements

No special patient preparation is required. Do not draw from an infusion site. A gel tube is preferred. Alternate specimens: A green top tube containing LITHIUM heparin, a plain white top tube, or a plain red top tube.

Shipping and Handling Instructions

Centrifuge specimen and separate the serum/plasma from cells as soon as possible. Keep tube capped at all times. Refrigerate the specimen if testing is not performed immediately.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	GREEN TOP - LIHEP	No	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name B-CELL CD20 EXPRESSION
Code: 1230500042

Synonyms

0092099
CD20

Collection Requirements

None Listed

Shipping and Handling Instructions

Transport 5 mL whole blood. Specimen should be received within 48 hours of collection for optimal viable testing. STABILITY: Ambient: 48 hours; Refrigerated: 48 hours; Frozen: Unacceptable

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - NAHEP	Yes	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	

Test Name B-CELL CLONALITY SCREENING (IGH AND IGK)
Code: 1230500051

Synonyms

2006193
BCELLSCRN

Collection Requirements

Lavender (EDTA) OR bone marrow (EDTA) OR tissue.

Shipping and Handling Instructions

whole blood: Transport 5 mL (Min: 1 mL). STABILITY: whole blood OR Bone marrow:
Refrigerated: 5 days; Ambient: 24 hours; Frozen: Unacceptable

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name BCR-ABL1 MUTATION ANALYSIS BY NGS
Code: 1230500267

Synonyms

2008420
BCRABLNGS

Collection Requirements

None Listed

Shipping and Handling Instructions

Transport 5 mL whole blood or 3 mL bone marrow. (Min: 1 mL). STABILITY: Refrigerated: 48 hours; Ambient: 1 hour; Frozen: Unacceptable

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name BCR-ABL1, MAJOR (P210), QUANTITATIVE
Code: 1230500026

Synonyms

2005017

Collection Requirements

None Listed

Shipping and Handling Instructions

Transport 5 mL whole blood or 3 mL bone marrow. (Min: 1 mL whole blood or 1 mL bone marrow)
Specimens must be received within 48 hours of collection due to lability of RNA. STABILITY:
Refrigerated: 48 hours; Ambient: 1 hour; Frozen: Unacceptable

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name BCR-ABL1, MAJOR, QUANT (INTERNAL ONLY)
Code: 1230500087

Synonyms

2005011

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	
ARUP LAB	PINK TOP - K3 EDTA	No	

Test Name BCR-ABL1, MINOR (P190), QUANTITATIVE
Code: 1230500194

Synonyms

2005016
BCRMIN

Collection Requirements

Lavender (EDTA) or bone marrow (EDTA).

Shipping and Handling Instructions

Transport 5 mL whole blood or 3 mL bone marrow. (Min: 1 mL whole blood or 1 mL bone marrow)
Specimens must be received within 48 hours of collection due to lability of RNA. STABILITY:
Refrigerated: 48 hours; Ambient: 1 hour; Frozen: Unacceptable

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name BCR-ABL1, QUALITATIVE WITH QUANT REFLEX
Code: 1230500049

Synonyms

2005010
BCRRFLX

Collection Requirements

Lavender (EDTA) or bone marrow (EDTA).

Shipping and Handling Instructions

Transport 5 mL whole blood or 3 mL bone marrow. (Min: 1 mL whole blood or 1 mL bone marrow)
Specimens must be received within 48 hours of collection due to lability of RNA. STABILITY:
Refrigerated: 48 hours; Ambient: 1 hour; Frozen: Unacceptable

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name BENZENE QUANTITATIVE, WHOLE BLOOD
Code: 1230500195

Synonyms

3000136
BENZBLD

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 2 mL whole blood to an ARUP Standard Transport Tube. (Min: 0.7 mL). STABILITY:
Refrigerated: 2 months; Ambient: Unacceptable; Frozen: 3 weeks

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GRAY TOP	Yes	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	

Test Name BENZODIAZEPINE URINE QUAL
Code: 1230100277

Synonyms

BZO QUALITATIVE

Collection Requirements

No patient preparation is required. Preferred specimens: 30 mL of random urine is preferred. The minimum acceptable volume is 10 mL. Urine should be collected in a clean, unbreakable, leak-proof container. No pre-treatment or preservative is required. Any questions related to specimen integrity, specimen handling, or testing must be referred to a supervisor or pathologist.

Shipping and Handling Instructions

Specimens must be centrifuged before testing if the urine specimen is not clear. Specimen should be between 20-25C before analysis. If testing cannot be completed within the shift, refrigerate specimen at 2-8C for up to one week. Note: Plastic trans*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	URINE	No	

Test Name BENZODIAZEPINES-CONFIRMATION/QUANTITATION-URINE
Code: 1230500139

Synonyms

2008291
BENZOCONF

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 0.5 mL urine with no additives or preservatives to an ARUP Standard Transport Tube. (Min: 0.3 mL). STABILITY: Ambient: 1 week; Refrigerated: 1 month; Frozen: 3 years

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

Test Name BETA 2 MICROGLOBULIN
Code: 1230100373

Synonyms

B2M
0080053

Collection Requirements

None Listed

Shipping and Handling Instructions

Allow specimen to clot completely at room temperature. Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.3 mL). STABILITY: Frozen: 6 months; Ambient: 8 hou*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	Yes	

Test Name BETA 2 TRANSFERRIN
Code: 1230100112

Synonyms

BETA2TRANSFERRIN
0050047

Collection Requirements

None Listed

Shipping and Handling Instructions

Do not freeze. Transport 2 mL aural or nasal fluid in a tube without preservative. (Min: 1 mL aural or nasal fluid). STABILITY: Refrigerated: 72 hours; Ambient: 4 hours; Frozen: Unacceptable

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	STERILE CONTAINER	Yes	

Test Name BETA GLOBIN (HBB) MUTATIONS BILL
Code: 123050200

Synonyms

2005828

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CALL LAB	Yes	

Test Name BETA LACTAMASE
Code: 978

Synonyms

NITROCEFİN
BLAC

Collection Requirements

Internal Micro test

Shipping and Handling Instructions

Dayshift Microbiology test that is part of a culture. Fresh 24 hour sub is needed to perform testing.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CONTAINER	Yes	

Test Name BETA-2 GLYCOPROTEIN ABS
Code: 1230101046

Synonyms

GLYCOPROTEIN
ANTICARDIOLIPIN
ACA
0050321

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name BETA-2-MICROGLOBULIN, URINE
Code: 1230102000

Synonyms

0080432
BETA-2MICRO UR

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer one 3 mL aliquot from a well-mixed random collection to an ARUP Standard Transport Tube. (Min: 1 mL) If pH is greater than 8, lower pH to 6-8 by adding 1M HCL. If pH less than 6, increase pH to 6-8 by adding 5% NaOH. Titrate with appropriate pre*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

Test Name B-HYDROXYBUTYRATE
Code: 1230100484

Synonyms

BETA HYDROXYBUTYRATE
KETONE BODY
KETONE BODIES
ACETONE
BHB

Collection Requirements

No preparation is required. Preferred specimens: Green gel tube. Alternate specimens: Serum from red gel or plain tube with no additive. Plasma from a plain heparin tube, lavender EDTA tube, or gray top tube is also acceptable.

Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed. Freeze specimen for longer storage.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name BILE ACIDS, FRACTIONATED AND TOTAL
Code: 1230101048

Synonyms

TAUROCHOLIC ACID
GLYCOCHOLIC ACID
0092610

Collection Requirements

None Listed

Shipping and Handling Instructions

After clot formation, centrifuge specimen and pour off serum into a transport tube. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL). STBILITY:
Refrigerated: 2 weeks; Ambient: 8 hours; Frozen: 3 months

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	No	
ARUP LAB	RED TOP -PLAIN	Yes	

Test Name BILE ACIDS, TOTAL
Code: 1230101049

Synonyms

TAUROCHOLIC ACID
GLYCOCHOLIC ACID
0070189

Collection Requirements

None Listed

Shipping and Handling Instructions

Allow specimen to clot completely at room temperature before centrifugation. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 8 hours; Frozen: 3 months

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name BILIRUBIN BODY FLUID
Code: 1230100089

Synonyms

BODY FLUID BILIRUBIN

Collection Requirements

Preferred specimens: A plain white or a serum separator (gel) tube. Alternate specimens: A plain red, green, or lavender top tube is also acceptable.

Shipping and Handling Instructions

Centrifuge and separate the fluid from the cells as soon as possible.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	No	
DH PAV A CENTRAL LAB	GREEN TOP - LIHEP	No	
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	No	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	Yes	

Test Name BILIRUBIN TOTAL
Code: 1230100375

Synonyms

TBIL
TOTAL BILIRUBIN

Collection Requirements

No patient preparation is required. Preferred specimens: 0.25 ml plasma from a green lithium heparin gel tube, protected from light as much as possible. Alternate specimens: Serum from red gel or plain tube with no additive, plasma from a lavender EDTA tube, protected from light as much as possible.

Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed. Freeze specimen for longer storage.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name BILIRUBIN, AMNIOTIC FLUID SCAN
Code: 1230101676

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

Protect from light during collection, storage, and shipment.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	CALL LAB	Yes	

Test Name BILIRUBIN, DIRECT
Code: 1230100377

Synonyms

DB

Collection Requirements

No patient preparation is required. Preferred specimens: 0.25 ml plasma from a green lithium heparin gel tube. Alternate specimens: Serum from red gel or plain tube with no additive.

Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed. Freeze specimen for longer storage.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name BIOTINIDASE, SER (WITH NORMAL CONTROL)
Code: 1230500269

Synonyms

0093362
BIOTINDASE

Collection Requirements

Plain red or serum separator tube (patient) AND plain red serum separator tube (control).

Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Ship patient and control specimens together. Separate serum from cells and freeze ASAP or within 2 hours of collection. Transfer 2 mL serum (patient) AND 2 mL serum (*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CALL LAB	Yes	

Test Name BK VIRUS, DNA, QUANTITATIVE
Code: 1230101051

Synonyms

BKV
2002304

Collection Requirements

None Listed

Shipping and Handling Instructions

Transport 1 mL whole blood, serum or plasma in a sterile container. (Min: 0.5 mL).
STABILITY: Refrigerated: 72 hours; Ambient: 24 hours; Frozen: 1 month

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name BK VIRUS, DNA, URINE, QUANTITATIVE
Code: 1230101581

Synonyms

BKV
2002310

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 1 mL urine to a sterile container. (Min: 0.5 mL). STABILITY: Frozen: 1 month;
Ambient: 24 hours; Refrigerated: 5 days

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

Test Name BLASTOMYCES ANTIBODIES
Code: 1230101052

Synonyms

BLASTOMYCES

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name BLASTOMYCES DERMATITIDIS ANTIBODIES BY EIA WITH REFLEX TO IMMUNODIFFUSION, SERU
Code: 1230500140

Synonyms

3000236
BLST R SER

Collection Requirements

Collect: Serum Separator Tube (SST).

Shipping and Handling Instructions

Specimen Preparation: Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt * Storage/Transport Temperature: Refrigerated. Unacceptable Conditions: Contaminated, hemolyzed, or severely lipemic specimens. Remarks: Mark specimens plainly as acute or convalescent. Stability: After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles) Reported: 3-7 days

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name BLASTOMYCES DERMATITIDIS ANTIBODIES BY IMMUNODIFFUSION
Code: 1029

Synonyms

0050172
BLASTO PPT
BLASTOMYCES PRECIPITIN
BLASTOMYCOSIS
IMMUNODIFFUSION SEROLOGY FOR FUNGI

Collection Requirements

collect: serum separator tube.

Shipping and Handling Instructions

Specimen Preparation: Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.1 mL) Storage/Transport Temperature: Refrigerated. Unacceptable Conditions: Body fluids. Stability: After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles) Reported: 3-6 days

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name BLASTOMYCES DERMATITIDIS ANTIGEN EIA
Code: 1230500141

Synonyms

2002926
BLASTOMYCES

Collection Requirements

Collect: Urine, Plain Red, Serum Separator Tube (SST), Lavender (EDTA), Green (Sodium or Lithium Heparin), Light Blue (Sodium Citrate), CSF, or BAL. Specimen Preparation: Urine or BAL: Transfer 1 mL urine or BAL to an ARUP Standard Transport Tube. (Min: 0.5 mL) Serum or Plasma: Transfer 2 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 1.2 mL) CSF: Transfer 1 mL CSF to an ARUP Standard Transport Tube. (Min: 0.8 mL)

Shipping and Handling Instructions

Storage/Transport Temperature: Refrigerated. Also acceptable: Room temperature or frozen.
Stability (collection to initiation of testing): Ambient: 2 weeks; Refrigerated: 2 weeks; Frozen: Indefinitely

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	RED GEL (SST)	Yes	
ARUP LAB	RED TOP -PLAIN	No	
ARUP LAB	URINE	No	

Test Name BLOOD CULTURE
Code: 1230100443

Synonyms

CULTURE
BLOOD CX

Collection Requirements

Two blood culture sets, but no more than three in a 24 hour period, from separate venipuncture sites, per febrile episode and prior to administration of antibiotics. Each set includes an Aerobic Plus and Anaerobic Plus blood culture bottle or one Peds Plus Bottle. BD BACTEC Aerobic Plus and Anaerobic Plus Blood Culture collection bottles, with an optimal volume for each bottle of 8-10mLs. BC BACTEC Peds Plus Blood Culture collection bottle, with an optimal volume of 1-3mLs of Blood.

Shipping and Handling Instructions

Input information onto the Blood Culture Adequacy Log. Scan bottles and place in the appropriate cabinet.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	BLOOD CULTURE VIALS	Yes	
DH PAV A CENTRAL LAB	PEDIATRIC BLOOD CULTURE VIAL	No	

Test Name BLOOD CULTURE MULTIPLEX PCR
Code: 1094

Synonyms

BCID
BCPCR
BLOOD CULTURE FILM ARRAY

Collection Requirements

LAB ORDER ONLY!! ORDERED BY MICRO DEPT PER LAB PROTOCOL

Shipping and Handling Instructions

Preferred specimen: Positive Blood Culture samples that demonstrate the presence of organisms determined by Gram Stain Minimum Sample volume: 100uL of sample is required for testing. Alternate Specimen: None Storage: Sample should be collected from the Blood Culture bottle using a syringe with a 28-gauge needle. Blood culture samples should be processed and tested as soon as possible after being flagged as positive on the Bactec. Samples may be stored for u* Methodology: Qualitative Multiplexed Polymerase Chain Reaction (PCR) Clinical Utility: The FilmArray Blood Culture Identification (BCID) Panel is a qualitative multiplexed nucleic acid based in vitro diagnostic test. The BCID Panel is capable of simultaneous detection and identification of multiple bacterial and yeast n* Elements of Performance The FilmArray Blood Culture Panel is a multiplexed nucleic acid test intended for the simultaneous qualitative detection of nucleic acids from multiple bacteria and yeast and select genetic determinants of antimicrobial resistance. Antimicrobial resistance can occur via multiple mechanisms. A Not Detected result for the FilmArray antimicrobial resistance gene assays does not indicate antimicrobial susceptibility. A negative FilmArray BCID result does not exclude the possibility of bloodstream infection. Negative test results may occur from sequence variants in the region targeted by the assay, the presence if inhibitors or an infection caused by an organism not * The Denver Health Microbiology Laboratory determined the performance characteristics of the FilmArray Blood Culture Panel. It has been cleared and approved by the U.S. Food and Drug Administration (FDA).

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	BLOOD CULTURE VIALS	Yes	

Test Name BLOOD FUNGAL CULTURE
Code: 1230100150

Synonyms

FUNGAL CULTURE
BLOOD FUNGUS CULTURE
BLOOD FUNGAL CULTURE
BLOOD CULTURE FUNGAL
BLOOD CULTURE
FUNGAL
BL FUNGUS CX

Collection Requirements

10 mLs of blood collected aseptically in an Isolator Fungal Blood Tube. Sample must be sent to the Microbiology Lab immediately, if there is a delay in transport, keep tube at room temperature. Tube can be obtained from the Microbiology Lab.

Shipping and Handling Instructions

Spin Isolator tube within 8 hours of collection. Isolator tube must not be refrigerated. Routine specimens may be held at Room Temp at the Culture bench for processing by the day shift.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	FUNGUS ISOLATOR TUBE	Yes	

Test Name BLOOD GAS ARTERIAL
Code: 1230100403

Synonyms

ABG

Collection Requirements

Hyperventilation caused by anxiety should be prevented by reassurance and adequate local anesthetic when an arterial blood gas is drawn. Specimen must be collected in a heparinized syringe and placed in an ice slurry. If the specimen is not collected on ice, it must be

tested within 10 minutes of collection. (Samples tubes from the OR are acceptable, but must be tested immediately). If fluid is not collect on ice give specimen to technologist to determine if specimen is acceptable or not.

Shipping and Handling Instructions

If the specimen is not collected on ice, it must be tested within 10 minutes of collection. (Samples tubes from the OR are acceptable, but must be tested immediately). If fluid is not collect on ice give specimen to technologist to determine if specime*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes
DH RESPIRATORY LAB	Routine	6 Hours
DH RESPIRATORY LAB	STAT	60 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	HEPARINIZED SYRINGE	Yes	

Test Name BLOOD GAS CAPILLARY
Code: 1230100405

Synonyms

BGCAP
CAPILLARY
BG

Collection Requirements

Preferred specimens: Place capillary blood from a heel stick in a heparinized capillary, and place in ice.

Shipping and Handling Instructions

Insert the capillary tube through the donut shaped magnet, and run the magnet up and down the capillary to mix the blood. Remove the magnetic flee from the capillary before inserting the capillary into the analyzer.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes
DH RESPIRATORY LAB	Routine	6 Hours
DH RESPIRATORY LAB	STAT	60 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CAP TUBE	Yes	

Test Name BLOOD GAS CORD ARTERIAL
Code: 1230100522

Synonyms

ABG CORD

Collection Requirements

Preferred specimens: Cord blood collected in a heparinized syringe on ice.

Shipping and Handling Instructions

Order venous and arterial specimens on different accn numbers. No specimen processing is required. Run test immediately. Call all results to Labor and Delivery. If fluid is not collect on ice please give specimen to technologist to determine if specimen is acceptable or not.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes
DH RESPIRATORY LAB	Routine	6 Hours
DH RESPIRATORY LAB	STAT	60 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	HEPARINIZED SYRINGE	Yes	

Test Name BLOOD GAS CORD VENOUS
Code: 1230100404

Synonyms

VBG CORD
CORD BLOOD GAS VENOUS

Collection Requirements

Preferred specimens: Cord blood collected in a heparinized syringe on ice.

Shipping and Handling Instructions

Order venous and arterial specimens on different accn numbers. No specimen processing is required. Run test immediately. Call all results to Labor and Delivery. If fluid is not collect on ice please give specimen to technologist to determine if specimen is acceptable or not.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes
DH RESPIRATORY LAB	Routine	6 Hours
DH RESPIRATORY LAB	STAT	60 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	HEPARINIZED SYRINGE	Yes	

Test Name BLOOD GAS MIXED VENOUS, RT
Code: 88

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes
DH RESPIRATORY LAB	Routine	6 Hours
DH RESPIRATORY LAB	STAT	60 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	HEPARINIZED SYRINGE	Yes	

Test Name BLOOD GAS VENOUS
Code: 1230100406

Synonyms

VBG

Collection Requirements

Minimize tourniquet use; release tourniquet about a minute before collection is performed. Collect specimen in a heparinized blood gas syringe. Immediately expel any bubbles through the vented dead cap.

Shipping and Handling Instructions

Place the specimen on ice and rush specimen to the lab. Treat the specimen anaerobically. Specimen must be tested within 30 minutes of collection. If the specimen is not iced, testing must be completed within 10 minutes of collection.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes
DH RESPIRATORY LAB	Routine	6 Hours
DH RESPIRATORY LAB	STAT	60 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	HEPARINIZED SYRINGE	Yes	

Test Name BODY FLUID CELL COUNT W/DIFF
Code: 1230100118

Synonyms

FLUID CELL COUNT WITH DIFF

Collection Requirements

None Listed

Shipping and Handling Instructions

Can maintain specimen at room temperature up to 4 hours. Refrigerate up to 24 hours. Do not freeze

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	Yes	
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	

Test Name BODY FLUID MAN DIFFERENTIAL
Code: 123010023

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name BONE CULTURE
Code: 117

Synonyms

BONE CX

Collection Requirements

A small piece of bone placed in a sterile cup. For large bones, select/remove portion for culture BEFORE submitting to Microbiology lab. Sample needs to be sent to Microbiology immediately, if delay in transport keep sample at room temperature.

Shipping and Handling Instructions

All O.R. specimens are processed immediately.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	STERILE TUBE	No	

Test Name BORDETELLA PERTUSSIS ANTIBODY
Code: 1230100444

Synonyms

PERTUSSIS
2001784

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute spec*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name BORDETELLA PERTUSSIS PCR
Code: 1230101518

Synonyms

PERTUSSIS

Collection Requirements

well collected nasal wash is the only specimen type accepted.

Shipping and Handling Instructions

1) Specimens may be stored at 2-8 C for 72 hours, freeze at -70 C if cannot be done within 72 hours. 2) Place specimen in Microbiology refrigerator. 3) Samples need to be refrigerated during transport from CHS clinics.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CUP	Yes	

Test Name BORRELIA BURGdorFERI ABS, ELISA, CSF
Code: 50216

Synonyms

0099483
LYME

Collection Requirements

CSF collection

Shipping and Handling Instructions

Specimen Preparation: Transfer 3 mL CSF to an ARUP Standard Transport Tube. (Min: 0.5 mL)
Storage/Transport Temperature: Refrigerated. Unacceptable Conditions: Contaminated or heat-inactivated specimens. Stability: Refrigerated: 2 weeks; Ambient: 8 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CSF COLLECTION KIT	Yes	

Test Name BORRELIA BURGDORFERI ABS, TOTAL BY ELISA
Code: 1230500271

Synonyms

0050216
LYMEEIA

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 2 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name BOTULISM TOXIN
Code: 123010152902

Synonyms

Collection Requirements

Core lab processor: Order test and immediately deliver specimens to Serology Tech. Must have both of these specimens for test to be sent out!
(unpreserved) stool 1) Fresh
2) Serum

Shipping and Handling Instructions

Serology Tech: Contact CDH epidemiology Pam Shillam @ 303-692-2629 or John Pape @ 303-692-2628. Stool is cultured for C. botulinum and serum and stool are tested for toxin. Send specimen on wet ice to CDH STAT M-F. CDH will FEDEX to CDC.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	CALL LAB	Yes	

Test Name BRAF CODON 600 MUTATION DETECTION
Code: 1230500108

Synonyms

2002498

Collection Requirements

None Listed

Shipping and Handling Instructions

Formalin fix (10 percent neutral buffered formalin) and paraffin embed tissue. Protect from excessive heat. Transport tissue block or 5 unstained 5-micron slides. (Min: 3 slides). Tissue block will be returned after testing. Transport block and/or slide(*)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	Yes	

Test Name BRUCELLA AB (TOTAL) BY AGGLUTINATION
Code: 1230500023

Synonyms

0050135
BRUCAB

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute spec*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name BUN
Code: 1230100046

Synonyms

UREA NITROGEN

Collection Requirements

No patient preparation is required. Preferred specimens: 0.25 ml plasma from a green lithium heparin gel tube. Alternate specimens: Serum from red gel or plain tube with no additive.

Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed. Freeze specimen for longer storage.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	GREEN TOP - LIHEP	No	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	

Last Updated: 8/5/2018

Test Name BUPRENORPHINE AND METABOLITES, SER/PLA
Code: 1230500388

Synonyms

2012647
BUPREN

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 2 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 1 mL). STABILITY:Refrigerated: 2 weeks; Ambient: 1 week; Frozen: 3 years

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GRAY TOP	Yes	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	RED TOP -PLAIN	No	

Test Name BUPRENORPHINE AND METABOLITES, URN
Code: 1230500273

Synonyms

2010092
BUPRUR

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 2 mL urine with no additives or preservatives to an ARUP Standard Transport Tube. (Min: 1 mL). STABILITY: Ambient: 1 week; Refrigerated: 1 month; Frozen: 3 years (Avoid repeated freeze/thaw cycles)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

Test Name C DIFF TOXIN B GENE PCR
Code: 123011699

Synonyms

CLOSTRIDIUM DIFFICILE TOXINS BY AMPLIFIED PROBE
CLOSTRIDIUM DIFFICILE TOXIN B GENE PCR
CDIFPR
CDIFF PCR

Collection Requirements

None Listed

Shipping and Handling Instructions

Stabile in fridge 5 days.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CUP	Yes	

Test Name C. BURNETII ABS IGG/IGM, REFLEX TO TITER
Code: 123050093

Synonyms

2012634
CBURNABS

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute spe*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	No	
ARUP LAB	RED TOP -PLAIN	Yes	

Test Name C. BURNETII IGG (Q-FEVER) PHASE II TITER
Code: 1230500275

Synonyms

2007754

Collection Requirements

Refrigerated. Also acceptable: Frozen.

Shipping and Handling Instructions

Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	No	
ARUP LAB	RED TOP -PLAIN	Yes	

Test Name C. TRACHOMATIS / N. GONORRHOEAE, DNA PROBE
Code: 1230101519

Synonyms

TRACHOMATIS
CHLAM GC BY AMPLIFICATION
BDCG
GC/CT
CT/NG
CHLAMYDIA
CTNG

Collection Requirements

PREFERRED SPECIMEN: The APTIMA Combo 2 Assay is designed to detect the presence of CT and GC in the following specimens: endocervical and male urethral specimens, vaginal swab specimens, urine specimens, throat, and rectal specimens. 1. APTIMA Unisex Swab Specimen Collection Kit for Endocervical and Urethral Swab Specimens 2. APTIMA Urine Collection Kit for Male and Female Urine Specimens 3. APTIMA Vaginal Swab Specimen Collection Kit 4. APTIMA Unisex or Vaginal Swab for Throat and Rectal samples. Swab specimens must be transported to the laboratory in the swab specimen transport medium and tube. Swab specimens must be transported to the laboratory at 2 C to 30 C. Swab and urine specimen transport tubes must be properly labeled with patient information and provider (initials) collecting the specimen.

Shipping and Handling Instructions

Swab specimens must be transported to the laboratory in the swab specimen transport medium and tube. Swab specimens must be transported to the laboratory at 2 C to 30 C and tested within 60 days of collection. First catch urine specimens must be transferred into the APTIMA specimen transport tube within 24 hours of collection and before being assayed. Urine specimens must be transported to the laboratory at 2 C to 30 C in the urine specimen transport tube. After transfer, urine specimens can be stored at 2 C to 30 C for up to 30 days after collection. Swab and urine specimen transport tubes must be properly labeled with patient information, collection date and time, and provider (initials) collecting the specimen.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	APTIMA MULTITEST (VAGINAL) SWAB KIT	Yes	

Collection Requirements

PREFERRED SPECIMEN: The APTIMA Combo 2 Assay is designed to detect the presence of CT and GC in the following specimens: endocervical and male urethral specimens, vaginal swab specimens, urine specimens, throat, and rectal specimens. 1. APTIMA Unisex Swab Specimen Collection Kit for Endocervical and Urethral Swab Specimens 2. APTIMA Urine Collection Kit for Male and Female Urine Specimens 3. APTIMA Vaginal Swab Specimen Collection Kit 4. APTIMA Unisex or Vaginal Swab for Throat and Rectal samples. Swab specimens must be transported to the laboratory in the swab specimen transport medium and tube. Swab specimens must be transported to the laboratory at 2 C to 30 C. Swab and urine specimen transport tubes must be properly labeled with patient information and provider (initials) collecting the specimen.

Shipping and Handling Instructions

Swab specimens must be transported to the laboratory in the swab specimen transport medium and tube. Swab specimens must be transported to the laboratory at 2 C to 30 C and tested within 60 days of collection. First catch urine specimens must be transferred into the APTIMA specimen transport tube within 24 hours of collection and before being assayed. Urine specimens must be transported to the laboratory at 2 C to 30 C in the urine specimen transport tube. After transfer, urine specimens can be stored at 2 C to 30 C for up to 30 days after collection. Swab and urine specimen transport tubes must be properly labeled with patient information, collection date and time, and provider (initials) collecting the specimen.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	APTIMA UNISEX SWAB KIT	Yes	

Collection Requirements

PREFERRED SPECIMEN: The APTIMA Combo 2 Assay is designed to detect the presence of CT and GC in the following specimens: endocervical and male urethral specimens, vaginal swab specimens, urine specimens, throat, and rectal specimens. 1. APTIMA Unisex Swab Specimen Collection Kit for Endocervical and Urethral Swab Specimens 2. APTIMA Urine Collection Kit for Male and Female Urine Specimens 3. APTIMA Vaginal Swab Specimen Collection Kit 4. APTIMA Unisex or Vaginal Swab for Throat and Rectal samples. Swab specimens must be transported to the laboratory in the swab specimen transport medium and tube. Swab specimens must be transported to the laboratory at 2 C to 30 C. Swab and urine specimen transport tubes must be properly labeled with patient information and provider (initials) collecting the specimen.

Shipping and Handling Instructions

Swab specimens must be transported to the laboratory in the swab specimen transport medium and tube. Swab specimens must be transported to the laboratory at 2 C to 30 C and tested within 60 days of collection. First catch urine specimens must be transferred into the APTIMA specimen transport tube within 24 hours of collection and before being assayed. Urine specimens must be transported to the laboratory at 2 C to 30 C in the urine specimen transport tube. After transfer, urine specimens can be stored at 2 C to 30 C for up to 30 days after collection. Swab and urine specimen transport tubes must be properly labeled with patient information, collection date and time, and provider (initials) collecting the specimen.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CUP	Yes	

Test Name C1 ESTERASE INHIBITOR PANEL
Code: 1230101056

Synonyms

COMPLEMENT
COMPONENT 4
C1
ESTERASE
INHIBITOR
FUNCTIONAL
0050140

Collection Requirements

None Listed

Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.4 mL). STABILITY: Frozen: 2 weeks; Amb*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name C1 ESTERASE INHIBITOR, FUNCTIONAL
Code: 1230101057

Synonyms

COMPLEMENT
C1
ESTERASE
INHIBITOR
FUNCTIONAL
0050141

Collection Requirements

Specimen Required: Collect: serum Separator Tube (SST). Specimen Preparation: Separate from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube and freeze immediately. (Min: 0.1 mL)

Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum or plasma to an ARUP Standard Transport Tube and freeze immediately. (*)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	Yes	

Test Name C1Q COMPLEMENT COMPONENT
Code: 1230500199

Synonyms

0099130
COMPC1Q

Collection Requirements

None Listed

Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Separate plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL plasma to an ARUP Standard Transport Tube and freeze immediately. (Min: 0.1 mL). STABIL*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name C3 COMPLEMENT
Code: 1230100057

Synonyms

Collection Requirements

No preparation is required. Preferred specimens: 0.1 mL Plasma (Green Lithium Heparin Gel) Ambient. Refrigerate the specimen if testing is delayed. Alternate specimens: 0.1 mL Serum (Red Gel/Plain Red) ambient. Refrigerate the specimen if testing is delayed.

Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name C3A LEVEL (SO)
Code: 123010005701

Synonyms

C3A
2003304

Collection Requirements

PATH APPROVAL REQUIRED (Send Outs Approval Only) OKAY TO DRAW.

Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Separate from cells within 1 hour of draw. Transfer 1 mL plasma to an ARUP Standard Transport Tube. Freeze at -70 or on dry ice immediately. (Min: 0.5 mL). STABILITY:*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name C4 COMPLEMENT
Code: 1230100056

Synonyms

Collection Requirements

No preparation is required. Preferred specimens: 0.1 mL Plasma (Green Lithium Heparin Gel) Ambient. Refrigerate the specimen if testing is delayed. Alternate Specimens: 0.1 mL Serum (Red Gel/Plain Red) Ambient. Refrigerate the specimen if testing is delayed.

Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name CA 125
Code: 1230100060

Synonyms

CANCER
ANTIGEN
CA125

Collection Requirements

1 mL Serum (Red Gel) or mL Plasma (heparin).

Shipping and Handling Instructions

Stability: Room temperature 8 hrs, refridgerated at 2-8C for 72 hours, freeze at -20C or colder if delay expected. Performed: Monday - Friday dayshift only.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	No	
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	

Test Name CADASIL DNA TEST
Code: 12301015703

Synonyms

CADASIL DNA

Collection Requirements

Informed Consent Required. Athena Diagnostics Requisition must be filled out and signed by provider. If an Athena Requisition is needed please call the send out department at 303-602-5246. *** Only draw sample Monday thru Thursday, cannot not be drawn after noon on Thursday.

Shipping and Handling Instructions

*** Needs to be shipped within 24 hours.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name CAFFEINE LEVEL
Code: 1230101058

Synonyms

CAFFEIN
CAFFEINE

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells. TRANSPORT: 1 mL (0.4 mL Minimum) Serum. STABILITY: Refrigerated (Ambient: 24 hours)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	RED TOP -PLAIN	Yes	

Test Name CALCITONIN
Code: 1230101059

Synonyms

THYROCALCITONIN
0070006

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 2 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 1 mL). STABILITY: Refrigerated: 1 week; Ambient: 8 hours; Frozen: 3 months

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	RED GEL (SST)	Yes	

Test Name CALCIUM
Code: 1230100378

Synonyms

Collection Requirements

Preferred specimen: 0.25 ml plasma from a green lithium heparin gel tube. Alternate specimens: Serum from red gel or plain tube with no additive, plasma from sodium heparin.

Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed. Freeze specimen for longer storage.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	GREEN TOP - LIHEP	No	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name CALCIUM IONIZED
Code: 1230100379

Synonyms

ION CA

Collection Requirements

PREFERRED SPECIMENS: Plain green tube or heparinized syringe on ice if patient is on-site. A specimen that is not received on ice is only acceptable if the testing is performed within 10 minutes of collection. Specimens immediately tubed from the OR to the Lab are acceptable since testing is performed immediately. ALTERNATE SPECIMENS FOR PATIENTS THAT ARE NOT ON-SITE: If patients are not on-site, rapid whole blood testing is not an option. In this case, a red gel serum separator tube may be used. Specimen collection MUST be anaerobic, so do not remove the tube cap. Centrifuge the specimen immediately and send to the Lab as soon as possible. Ionized calcium is stable for 24 hours at room temperature, and one week when refrigerated between 2-8 degrees C if tube remains capped at all times. Do NOT freeze.

Shipping and Handling Instructions

Green tubes and heparin syringes on ice: Specimens on ice should be rushed to the Lab. If a specimen is not collected on ice, testing must be performed within 10 minutes of collection. Red gel serum separator tubes: Specimen must remain anaerobic, so do not remove the cap. Keep the specimen in the original collection tube. Send at ambient or refrigerated temperature. Do not freeze.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN TOP - LIHEP	Yes	
DH PAV A CENTRAL LAB	HEPARINIZED SYRINGE	No	

Test Name CALCIUM RANDOM URINE
Code: 1230100282

Synonyms

CALCIUM UR

Collection Requirements

No patient preparation is required. Preferred specimens: 10 mL of urine must be collected in a random urine collection cup. Other plain tubes are also acceptable. No preservative is necessary.

Shipping and Handling Instructions

Mix the urine well, pour an aliquot into a test tube, and centrifuge. If testing is delayed, refrigerate the specimen.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	Yes	
DH PAV A CENTRAL LAB	STERILE CUP	No	
DH PAV A CENTRAL LAB	URINE	No	

Test Name CALCIUM TIMED URINE
Code: 1230100283

Synonyms

TIMED URINE CALCIUM

Collection Requirements

No patient preparation is required. Preferred specimens: Collect urine in a 24 hour urine jug. No preservative is necessary, but the specimen must be refrigerated during collection.

Shipping and Handling Instructions

Measure the volume and document the volume and collection time in the computer. Mix the urine well, pour an aliquot into 2 test tubes, and centrifuge. If testing is not performed immediately, refrigerate the specimen.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	24 HR URINE CONTAINER	Yes	

Test Name CALCULI (STONE) ANALYSIS
Code: 1230101610

Synonyms

0099460
STN ANALY

Collection Requirements

None Listed

Shipping and Handling Instructions

Air-dry calculi and transfer to an ARUP Standard Transport Tube. Larger calculi specimens may be transferred to a clean, empty urine cup (150 mL) or similar container. STABILITY: Ambient: Indefinitely; Refrigerated: Indefinitely; Frozen: Indefinitely

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	Yes	

Test Name CALDESMON BY IHC
Code: 123050070

Synonyms

2003484
CALDESIHC

Collection Requirements

Tissue or cells.

Shipping and Handling Instructions

Formalin fix (10 percent neutral buffered formalin) and paraffin embed specimen (cells must be prepared into a cellblock). Protect paraffin block and/or slides from excessive heat. Transport tissue block or 5 unstained (3- to 5-micron thick sections), p*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	Yes	

Test Name CALPROTECTIN, FECAL
Code: 1230500044

Synonyms

0092303
CALPRO

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 5 g stool to an unpreserved stool transport vial (ARUP Supply #40910). Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787. (Min: 1 g). STABILITY: Refrigerated: 11 days; Ambient: 11 days; Fr*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	STERILE CUP	Yes	

Test Name CALR (CALRETICULIN) EXON 9 MUT. ANALYS.
Code: 1230500088

Synonyms

2010673
CALR

Collection Requirements

None Listed

Shipping and Handling Instructions

Do not freeze. Transport 5 mL whole blood. (Min: 1 mL) OR Transport 3 mL bone marrow. (Min: 1 mL). STABILITY: Refrigerated: 5 days; Ambient: 24 hours; Frozen: Unacceptable

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name CANCER ANTIGEN 15-3
Code: 1230101062

Synonyms

CA 15-3
CANCER
ANTIGEN
CANCER ANTIGEN
BREAST
0080464
CA153

Collection Requirements

1 mL Serum (Red Gel) or mL Plasma (heparin).

Shipping and Handling Instructions

Stability: Room temperature 8 hrs, reffridgerated at 2-8C for 72 hours, freeze at -20C or colder if delay expected. Monday - Friday dayshift only.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	No	
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	

Test Name CANCER ANTIGEN 19-9
Code: 1230101063

Synonyms

CA 19-9
GI
CANCER
ANTIGEN
CANCER ANTIGEN
CARBOHYDRATE
0080461

Collection Requirements

None Listed

Shipping and Handling Instructions

Allow specimen to clot completely at room temperature. Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Frozen: 3 months; Ambient: 8 hou*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN GEL (PST)	No	
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	Yes	

Test Name CANCER ANTIGEN 27.29
Code: 1230101064

Synonyms

CA 27.29
CANCER
ANTIGEN
CANCER ANTIGEN
0080392

Collection Requirements

None Listed

Shipping and Handling Instructions

Allow specimen to clot completely at room temperature. Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Frozen: 3 months; Ambient: 8 hours; Refrigerated: 48*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	No	
ARUP LAB	RED TOP -PLAIN	Yes	

Test Name CANCER ANTIGEN GI (CA19-9) BODY FLUID
Code: 123050147

Synonyms

0020746
CANCER ANTIG

Collection Requirements

None Listed

Shipping and Handling Instructions

Centrifuge to remove cellular material. Transfer 1 mL body fluid to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Refrigerated: 5 days; Ambient: 8 hours; Frozen: 3 months

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	Yes	

Test Name CANNABINOID CONFIRMATION URINE
Code: 1230100360

Synonyms

MARIJUANA CONF UR
THC CONF UR
0090369

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 1 mL urine with no additives or preservatives to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Ambient: 1 week; Refrigerated: 1 month; Frozen: 3 years

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

Test Name CARBAMAZEPINE TOTAL
Code: 1230100117

Synonyms

CARBAMAZE T
TEGRETOL

Collection Requirements

No preparation is required. Preferred specimens: 0.25 ml plasma from a green lithium heparin gel tube. Alternate specimens: serum from red gel or plain tube with no additive.

Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed. Freeze specimen for longer storage.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name CARBON DIOXIDE
Code: 1230100380

Synonyms

CO2

Collection Requirements

No patient preparation required. Preferred specimens: 0.25 mL Plasma (Green lithium heparin gel) Refrigerated (12 Hrs), or Frozen Indefinitely. Alternate specimens: 0.25 mL Serum (Red gel or Plain tube with no additive).

Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Always keep the tube stoppered to prevent the release of CO₂ from the sample. Treat the sample anaerobically. Refrigerate the specimen if testing is delayed. Ambient (8*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name CARBOXYHEMOGLOBIN
Code: 1230100381

Synonyms

CO
CARBON MONOXIDE

Collection Requirements

 Preferred specimens: A green top tube.

Shipping and Handling Instructions

This test is run on whole blood. Do not centrifuge. Test the specimen immediately.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN TOP - LIHEP	Yes	
DH PAV A CENTRAL LAB	GREEN TOP - NAHEP	No	

Test Name CARCINOEMBRYONIC ANTIGEN, FLUID
Code: 1230500033

Synonyms

0020742
CEAFLD

Collection Requirements

Collect: CSF, Pancreatic, Pericardial, Peritoneal/Ascites or Pleural fluid. CALL LAB FOR OTHER FLUID TYPES

Shipping and Handling Instructions

Transfer 1 mL body fluid to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Refrigerated: 1 week; Ambient: 8 hours; Frozen: 6 months

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	Yes	

Test Name CARDIOLIPIN ANTIBODY
Code: 1230100445

Synonyms

AB
ANTI PHOSPHOLIPID ANTIBODY
0051162
ACL
ACA

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name CARDIOLIPIN ANTIBODY, IGA
Code: 1230101068

Synonyms

ANTICARDIOLIPIN
ANTI-CARDIOLIPIN
0098358

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles).

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name CARNITINE PANEL
Code: 123050138

Synonyms

0081110
CARNPAN

Collection Requirements

None Listed

Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Separate plasma or serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum or plasma to an ARUP Standard Transport Tube and freeze immediately. (*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	Yes	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	RED TOP -PLAIN	No	

Test Name CARNITINE, FREE
Code: 1230101071

Synonyms

L-CARNITINE
0080065
CARNITINE

Collection Requirements

None Listed

Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Separate serum or plasma from cells and freeze ASAP or within 2 hours of collection. Transfer 0.5 mL serum or plasma to an ARUP Standard Transport Tube and freeze imm*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	Yes	
ARUP LAB	RED TOP -PLAIN	No	

Test Name CAROTENE, SERUM
Code: 1230101072

Synonyms

CAROTENE
0080055

Collection Requirements

Patient Prep: Fasting specimens preferred. Collect: Serum Separator Tube (SST).

Shipping and Handling Instructions

PROTECT FROM LIGHT. Specimen Preparation: CRITICAL: Protect from light immediately after collection and during storage and shipment. Transfer 3 mL serum to ARUP Amber Transport Tube. (Min: 0.6 mL) Storage/Transport Temperature: Frozen. Separate specimens must be submitted when multiple tests are ordered. Unacceptable Conditions: Any specimen other than serum. Hemolyzed or icteric specimens. Stability (collection to initiation of testing): After separation from cells: Ambient: Unacceptable; Refrigerated: 4 hours; Frozen: 1 month

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CALL LAB	Yes	
ARUP LAB	RED GEL (SST)	No	
ARUP LAB	RED TOP -PLAIN	No	

Test Name CATECHOLAMINES FRACTIONATED, URINE FREE
Code: 1230500018

Synonyms

0080407
ADRENALINE
DOPAMINE
NORADRENALINE

Collection Requirements

None Listed

Shipping and Handling Instructions

Thoroughly mix entire collection (24-hour or Random) in one container. Transfer a 4 mL aliquot to an ARUP Standard Transport Tube. (Min: 2.5 mL) Catecholamines are not stable above pH 7. The pH of such specimens must be adjusted by the addition of 6M HCl. Specimen preservation can be extended to 1 month refrigerated by performing one of the following: Option 1: Transfer a 4 mL aliquot (Min: 2.5 mL) to an ARUP Standard Transport Tube. Adjust pH to 2.0-4.0 with 6M HCl. Option 2: Transfer a 4 mL aliquot (Min: 2.5 mL) to an ARUP Standard Transport Tube containing 20 mg sulfamic acid (ARUP Supply #48098), available

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	STERILE CONTAINER	No	
ARUP LAB	STERILE CUP	Yes	
ARUP LAB	STERILE TUBE	No	

Test Name CATECHOLAMINES PANEL, PLASMA
Code: 1230500118

Synonyms

0080216

Collection Requirements

None Listed

Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Specimen should be centrifuged and frozen within one hour (refrigerated centrifuge is preferred but not required). Transfer 4 mL plasma to an ARUP Standard Transport*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	Yes	
ARUP LAB	GREEN TOP - NAHEP	No	

Test Name CATHETER TIP CULTURE
Code: 1230100130

Synonyms

IV CX
CULTURE

Collection Requirements

Aseptically removed cannula tip (2 inches in length or less) in sterile container

Shipping and Handling Instructions

Routine specimens may be held in the Microbiology refrigerator for processing by the day shift.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	STERILE TUBE	No	

Test Name CBC
Code: 1230100200

Synonyms

HEMOGRAM

Collection Requirements

Invert immediately and gently mix with anticoagulant.

Shipping and Handling Instructions

Refrigerate samples at 2-8 C if unable to analyze within 8 hours of collection. Stable for 24 hrs when stored at 2-8 C and 8 hrs at RT.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	LAVENDAR BULLET - K2 EDTA	No	
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name CBC W/ AUTO DIFFERENTIAL
Code: 1230101636

Synonyms

CBC W/ DIFF
CBC AUTO DIFF

Collection Requirements

Invert immediately and gently mix with anticoagulant.

Shipping and Handling Instructions

Refrigerate samples at 2-8 C if unable to analyze within 8 hours of collection. CBC and auto differential are stable for 24 hrs when stored at 2-8 C and 8 hrs at RT.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	LAVENDAR BULLET - K2 EDTA	No	
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name CCP ANTIBODY, IGG
Code: 1230101108

Synonyms

CITRULLINE ANTIBODY
CYCLIC
CITRUL
PEPTIDE
CYCLIC CITRUL PEPTIDE ANTIBODY
IGG
CYCLIC CITRULLINATER PEPTIDE
CCPIGG

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

RED GEL (SST)

Default?

Yes

Min Volume

Test Name CCP NEG CONTROL
Code: 1000

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

QC CONTAINER

Default?

Yes

Min Volume

Test Name CCP POS CONTROL
Code: 1002

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

QC CONTAINER

Default?

Yes

Min Volume

Test Name CD123 BY IHC
Code: 123050141

Synonyms

2003809

Collection Requirements

Tissue or cells.

Shipping and Handling Instructions

Formalin fix (10 percent neutral buffered formalin) and paraffin embed specimen (cells must be prepared into a cellblock). Protect paraffin block and/or slides from excessive heat. Transport tissue block or 5 unstained (3- to 5-micron thick sections), p*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	Yes	

Test Name CD15, LEU M1 BY IHC
Code: 123050064

Synonyms

2003529

Collection Requirements

None Listed

Shipping and Handling Instructions

Formalin fix (10 percent neutral buffered formalin) and paraffin embed specimen (cells must be prepared into a cellblock). Protect paraffin block and/or slides from excessive heat. Transport tissue block or 5 unstained (3- to 5-micron thick sections), p*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	Yes	

Test Name CD163 BY IHC
Code: 123050142

Synonyms

2003815

Collection Requirements

Tissue or cells

Shipping and Handling Instructions

Formalin fix (10 percent neutral buffered formalin) and paraffin embed specimen (cells must be prepared into a cellblock). Protect paraffin block and/or slides from excessive heat. Transport tissue block or 5 unstained (3- to 5-micron thick sections), p*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	Yes	

Test Name CD2 BY IHC
Code: 123050143

Synonyms

2003505

Collection Requirements

Tissue or cells

Shipping and Handling Instructions

Formalin fix (10 percent neutral buffered formalin) and paraffin embed specimen (cells must be prepared into a cellblock). Protect paraffin block and/or slides from excessive heat. Transport tissue block or 5 unstained (3- to 5-micron thick sections), p*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	Yes	

Test Name CD25 BY IHC
Code: 123050144

Synonyms

2003544

Collection Requirements

Tissue or cells

Shipping and Handling Instructions

Formalin fix (10 percent neutral buffered formalin) and paraffin embed specimen (cells must be prepared into a cellblock). Protect paraffin block and/or slides from excessive heat. Transport tissue block or 5 unstained (3- to 5-micron thick sections), p*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	Yes	

Test Name CD30 (KI-1) BY IHC
Code: 123050065

Synonyms

2003547

Collection Requirements

None Listed

Shipping and Handling Instructions

Formalin fix (10 percent neutral buffered formalin) and paraffin embed specimen (cells must be prepared into a cellblock). Protect paraffin block and/or slides from excessive heat. Transport tissue block or 5 unstained (3- to 5-micron thick sections), p*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	Yes	

Test Name CD35 BY IHC
Code: 123050145

Synonyms

2003559

Collection Requirements

Tissue or cells

Shipping and Handling Instructions

Formalin fix (10 percent neutral buffered formalin) and paraffin embed specimen (cells must be prepared into a cellblock). Protect paraffin block and/or slides from excessive heat. Transport tissue block or 5 unstained (3- to 5-micron thick sections), p*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	Yes	

Test Name CEA (CARCINOEMBRYONIC ANTIGEN)
Code: 1230100382

Synonyms

CEA
CARCINOEMBRYONIC ANTIGEN

Collection Requirements

No preparation is required. Preferred specimens: Green gel tube. Alternate specimens: Serum from red gel or plain tube with no additive. Plasma from a plain heparin tube is also acceptable.

Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen up to one week if testing is delayed. Freeze specimen for longer storage.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	GREEN TOP - LIHEP	No	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name CEBPA MUTATION DETECTION
Code: 1230500200

Synonyms

2004247
CEBPAMUT

Collection Requirements

None Listed

Shipping and Handling Instructions

Transport 5 mL whole blood (Min: 1 mL) OR 3 mL bone marrow (Min: 1 mL). STABILITY:
Refrigerated: 5 days; Ambient: 24 hours; Frozen: Unacceptable

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	BLUE TOP-CITRATE	Yes	

Test Name CELIAC (HLA-DQ2 AND HLA-DQ8) GENOTYPING
Code: 1230500119

Synonyms

2005018
HLACELIAC

Collection Requirements

None Listed

Shipping and Handling Instructions

Transport 3 mL whole blood. (Min: 1 mL). STABILITY: Refrigerated: 1 week; Ambient: 72 hours; Frozen: Unacceptable

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	
ARUP LAB	YELLOW (ACD)	No	

Test Name CELIAC DISEASE ANTIBODY SCREEN
Code: 123010843

Synonyms

2002026

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 2 mL serum to an ARUP Standard Transport Tube. (Min: 1 mL)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name CELIAC PANEL REFLEX TO TITER
Code: 1230101075

Synonyms

GLIADIN
TTA
DGP
IGA
PEPTIDE
SPRUE
2008114

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 2 mL serum to an ARUP Standard Transport Tube. (Min: 1 mL). STABILITY: Refrigerated: 8 days; Ambient: 8 hours; Frozen: 1 year (if frozen within 24 hours)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name CELL COUNT, DIFF, CRY. SYNOVIAL
Code: 1230100119

Synonyms

SYNOVIAL
CELLCNTSYNFL
JOINT FLUID CELL COUNT
CRYSTALS

Collection Requirements

None Listed

Shipping and Handling Instructions

Specimen must be processed within 1 hour after collection.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name CELL SAVER HCT HGB QC TEST
Code: 1059

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

QC CONTAINER

Default?

Yes

Min Volume

Test Name CELL SAVER K QC TEST
Code: 1060

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

QC CONTAINER

Default?

Yes

Min Volume

Test Name CENTROMERE AB, IGG
Code: 1230500009

Synonyms

0050714
ANTICENTROMERE ANTIBODIES
CENTROMERE B

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name CERULOPLASMIN
Code: 1230101077

Synonyms

COPPER
FERROXIDASE

Collection Requirements

No preparation is required. Preferred specimens: Green gel tube. Alternate specimens: Serum from red gel or plain tube with no additive. Plasma from a plain heparin tube is also acceptable.

Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen up to 1 week if testing is delayed. For longer storage, freeze up to 3 months. Avoid repeated thawing freezing. *This test is altered by lipemic samples. Ultracentrifuge any lipemic samples. *

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Last Updated: 8/5/2018

Test Name CHECK BLOOD BENCH ITEMS EXPIR MICRO
Code: 1387

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

QC CONTAINER

Default?

Yes

Min Volume

Test Name CHLAMYDIA AB DIFFERENTIATION (LGV), MIF
Code: 1230500276

Synonyms

0098880
CHLAMDIFF

Collection Requirements

Collect: Plain red or serum separator tube (SST).

Shipping and Handling Instructions

Specimen Preparation: Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL)
Storage/Transport Temperature: Refrigerated. Also acceptable: Room temperature or frozen.
Stability: Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 1 month Reported: 4-6 days

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	
ARUP LAB	RED TOP -PLAIN	No	

Test Name CHLAMYDIA AB PANEL, IGG BY IFA
Code: 1230500277

Synonyms

0065139
CHLAMIGG

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute spec*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	
ARUP LAB	RED TOP -PLAIN	No	

Test Name CHLAMYDIA AB PANEL, IGG/IGM BY IFA
Code: 1230500201

Synonyms

0065100
CHLMPAN

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of acute specime*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	No	
ARUP LAB	RED TOP -PLAIN	Yes	

Test Name CHLAMYDIA AB PANEL, IGM BY IFA
Code: 1230500142

Synonyms

0065105
CHLAMIGM

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute spe*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	
ARUP LAB	RED TOP -PLAIN	No	

Test Name CHLAMYDIA FA
Code: 35

Synonyms

CHLAMYDIA TRACHOMATIS FA
CFAB

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	SLIDE	Yes	

Test Name CHLAMYDIA PNEUMONIAE PCR
Code: 1230101525

Synonyms

PNEUMONIA
C. PNEUMONIAE
CPPCR

Collection Requirements

All sample types accepted, whole blood requires a pink top (EDTA) or purple top (EDTA) tube. Specimen source is required. For nasal washes and bronchial lavages, the FilmArray PCR is recommended. Special Instructions: Deliver to Microbiology/Place in Microbiology refrigerator.

Shipping and Handling Instructions

Send at 2 - 8 degrees C if delivery is less than 24 hours. If delivery is not expected within 24 hours, freeze at -70 degrees C and ship frozen. For plasma and serum, centrifuge and transfer supernatant to an aliquot tube before freezing. Stability: Ambient - 12 hours; Refrigerated - 72 hours; Frozen (-70 degrees C) - 6 months

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	LAVENDAR BULLET - K2 EDTA	No	
DH NON-INTERFACED LAB	LAVENDER TOP - K2 EDTA	No	
DH NON-INTERFACED LAB	RED BULLET	No	
DH NON-INTERFACED LAB	RED GEL (SST)	No	
DH NON-INTERFACED LAB	RED TOP -PLAIN	No	
DH NON-INTERFACED LAB	STERILE CONTAINER	No	
DH NON-INTERFACED LAB	STERILE CUP	Yes	
DH NON-INTERFACED LAB	STERILE TUBE	No	
DH NON-INTERFACED LAB	WHITE TOP	No	
DH NON-INTERFACED LAB	YELLOW BULLET (SST)	No	

Test Name CHLAMYDIA TRACHOMATIS CULTURE
Code: 1230100152

Synonyms

CTRACHOMATIS CX
0060850

Collection Requirements

None Listed

Shipping and Handling Instructions

Immediately place swab, fluid, or washing in 3 mL universal transport medium such as M4, M4RT, M5, M6, UniTranz-RT, or UTM (ARUP supply #12884). STABILITY: Frozen at -70°C: 1 month; Ambient: 1 hour; Refrigerated: 48 hours

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	M4 VIRAL TRANSPORT MEDIA	Yes	

Test Name CHLAMYDIA TRACHOMATIS L SEROVARS (LGV) BY PCR
Code: 1051

Synonyms

CT LGVPCR
LYMPHOGRANULOMA VENEREUM
2013768

Collection Requirements

Vaginal, rectal, cervical, urethral, genital, or penile swab with APTIMA Unisex Swab Specimen Collection kit (ARUP supply #28907) OR in Viral Transport Media (ARUP supply #12884) available online through eSupply using ARUP Connect™ or contact ARUP Client Services at (800) 522-2787. Also acceptable: Urine. Refer to "Sample Collection for the Diagnosis of STD" under Specimen Handling at www.aruplab.com for specific specimen collection and transport instructions.

Shipping and Handling Instructions

APTIMA swab: Place blue swab in Swab Specimen Transport Tube, break shaft off at scoreline then recap tube. Urine: Transfer 2 mL urine to an APTIMA Urine Specimen Transport Tube (ARUP supply #28908) available online through eSupply using ARUP Connect™ or contact ARUP Client Services at (800) 522-2787. Liquid level must be between fill lines on tube. Swab in Viral Transport Media (UTM): Transfer swab to viral transport media.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	APTIMA MULTITEST (VAGINAL) SWAB KIT	Yes	
ARUP LAB	M4 VIRAL TRANSPORT MEDIA	No	
ARUP LAB	STERILE CUP	No	

Test Name CHLORIDE
Code: 1230100384

Synonyms

CL

Collection Requirements

No patient preparation is required. If the patient is receiving IV therapy, do not draw from the infusion site. Preferred specimens: 0.25 ml plasma from a green lithium heparin gel tube. Alternate specimens: serum from red gel or plain tube with no additive.

Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed. Freeze specimen for longer storage.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name CHLORIDE 24 HR URINE
Code: 1230100286

Synonyms

TIMED URINE CHLORIDE
URINE CHLORIDE TIMED

Collection Requirements

Preferred Specimens: 10 mL of a 24 Hour Urine Specimen Ambient (8 Hours) or Refrigerated (24 Hours). Specimen should be collected in a 24 Hr Urine container no preservative.

Shipping and Handling Instructions

Measure the volume and document the volume and collection time in the computer. Mix the specimen, pour an aliquot into a test tube, centrifuge and send to core. Also, aliquot a portion into a cup with total volume documented on the cup.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	24 HR URINE CONTAINER	Yes	

Test Name CHLORIDE URINE RANDOM
Code: 1230100285

Synonyms

CL RANDOM
CL URINE

Collection Requirements

No patient preparation required. Preferred specimens: 10 mL of urine collected in a random urine cup or a plain tube is acceptable. No preservative is necessary.

Shipping and Handling Instructions

Mix the urine well, pour an aliquot into a test tube, and centrifuge. If testing is delayed, refrigerate the specimen.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	URINE	No	

Test Name CHLORIDE, STOOL
Code: 62

Synonyms

Collection Requirements

Preferred specimen: LIQUID stool in collection cup.

Shipping and Handling Instructions

Stool must be liquid. Centrifuge liquid stool and test the supernate. Run the specimen in the same manner as a urine.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CUP	Yes	

Test Name CHLORPROMAZINE LEVEL
Code: 1230101081

Synonyms

THORAZINE
CHLORPROMAZINE
0090870

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum or plasma from cells within 2 hours of collection. Transfer 2 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 1 mL). STABILITY: Refrigerated: 72 hours; Ambient: 12 hours; Frozen: 5 days

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED TOP -PLAIN	Yes	

Test Name CHOLESTEROL FLUID
Code: 1230100287

Synonyms

CHOL FL

Collection Requirements

Preferred Specimens: 1 mL of pleural fluid or thoracentesis fluid from plain white or a serum separator (gel) tube ambient. Alternate Specimens: 1 mL fluid from a (heparin) green top ambient or plain red top tube.

Shipping and Handling Instructions

Centrifuge and separate fluid from cells as soon as possible. Refrigerate specimen if testing is not performed immediately.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	No	
DH PAV A CENTRAL LAB	GREEN TOP - LIHEP	No	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	Yes	

Test Name CHOLESTEROL TOTAL
Code: 1230100386

Synonyms

TOTAL CHOLESTEROL

Collection Requirements

Patient preparation: None, it is NOT necessary for the patient to be fasting for cholesterol testing. Preferred specimens: 0.25 ml plasma from a green lithium heparin gel tube. Alternate specimens: serum from red gel or plain tube with no additive.

Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed. Freeze specimen for longer storage. NEVER use an ultracentrifuged (cleared) specimen. Lipemia does not interfere with this assay.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name CHROMIUM LEVEL
Code: 1230101083

Synonyms

METAL
CR
0098830

Collection Requirements

Room temperature. Also acceptable: Refrigerated or frozen.

Shipping and Handling Instructions

Centrifuge; do not allow serum to remain on cells. Transfer 2 mL serum to an ARUP Trace Element-Free Transport Tube (ARUP supply #43116) (Min: 0.5 mL). STABILITY: Ambient. If the specimen is drawn and stored in the appropriate container, the trace eleme*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	ROYAL BLUE PLAIN	Yes	

Test Name CHROMOGRANIN A
Code: 123050053

Synonyms

0080469
CHROMOGRANIN

Collection Requirements

None Listed

Shipping and Handling Instructions

Allow serum specimen to clot completely at room temperature. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Frozen: 6 weeks; Ambient: 48 hours; Refrigerated: 2 weeks

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	
ARUP LAB	RED TOP -PLAIN	No	

Test Name CHROMOSOME ANALYSIS, AMNIOTIC FLUID - CGL
Code: 123010167601

Synonyms

CGL

Collection Requirements

Most specimens will be picked up by Colorado Genetics in the Women's Care Clinic. Women's Care is responsible for sending a copy of the requisition to the Laboratory Sendouts Dept. for billing purposes. In rare cases (i.e. after hours), locations other than Women's Care will send specimens to the lab for Colorado Genetics. Call 303-724-5701 to schedule a pickup and save a copy of the requisition for the Sendout Dept. to take care of the billing.

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	STERILE CONTAINER	Yes	

Test Name CHROMOSOME ANALYSIS, PRODUCTS OF CONCEPTION, PLACENTA, FETAL PARTS - CGL
Code: 1230101085

Synonyms

KARYOTYPES
KARYOTYPING
CHROMOSOME ANALYSIS
CGL

Collection Requirements

Place entire tissue sample in a single, tightly sealed, sterile container with sterile saline solution. Label container appropriately. All cytogenetics requests must be sent to the DH lab with an attached Colorado Genetics Laboratory paper requisition completed and signed by the ordering physician. If placing this order you must also order LAB1126 Tissue Exam or LAB1750 Surgical Pathology Exam

Shipping and Handling Instructions

Deliver to surgical pathology A2800, log specimen into the book, after hours the specimen must be refrigerated at 2° - 8° degrees Celsius. Unacceptable Conditions: Frozen or in Fixative.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	STERILE CONTAINER	Yes	

Test Name CHROMOSOME ANALYSIS, WHOLE BLOOD - CGL
Code: 1230101803

Synonyms

CGL

Collection Requirements

REQUIRES INSURANCE APPROVAL Only draw Monday thru Thursday!!!!!! Complete a CGL Cytogenetics Request Form. Indicate test request in the "Blood Specimens" section and include pertinent clinical and family history.

Shipping and Handling Instructions

TRANSPORT: 4 mL (1 mL minimum) whole blood. STABILITY: Ambient: 3 Days

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	GREEN TOP - NAHEP	Yes	

Test Name CHROMOSOME ANALYSIS, WHOLE BLOOD HIGH RESOLUTION - CGL
Code: 1230101171

Synonyms

CHROMO HI RES
CHROMOSOME A
CGL

Collection Requirements

REQUIRES INSURANCE APPROVAL Only draw Monday thru Thursday!!!!!! Complete a CGL Cytogenetics Request Form. Indicate test request in the "Blood Specimens" section and include pertinent clinical and family history.

Shipping and Handling Instructions

TRANSPORT: 4 mL (1 mL minimum) whole blood. STABILITY: Ambient: 3 Days

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	GREEN TOP - NAHEP	Yes	

Test Name CITRIC ACID, URINE
Code: 1230500059

Synonyms

0020852
CITRICUR

Collection Requirements

If collected in outpatient clinics, please send a cup to main lab.

Shipping and Handling Instructions

ADJUST pH to less than or equal to 2 by adding 6M HCl. Collect: 24-hour urine. Refrigerate during collection. Also acceptable: Random urine. Specimen Preparation: Transfer a 4 mL aliquot of urine to an ARUP Standard Transport Tube. (Min: 0.5 mL) Storage/Transport Temperature: Refrigerated. Also acceptable: Frozen. Remarks: Record total volume and collection time interval on transport tube and test request form. Stability (collection to initiation of testing): Ambient: 8 hours; Refrigerated: 1 week; Frozen: Indefinitely

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	STERILE CONTAINER	No	
ARUP LAB	STERILE CUP	Yes	
ARUP LAB	STERILE TUBE	No	

Test Name CK
Code: 1230100388

Synonyms

CREATINE KINASE

Collection Requirements

No preparation is required. Preferred specimens: 0.25 ml plasma from a green lithium heparin gel tube. Alternate specimens: serum from red gel or plain tube with no additive.

Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed. Freeze specimen for longer storage.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name CK ISOENZYMES
Code: 1230100390

Synonyms

CK-ISO
CK ISOS
0020414

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Frozen: 1 month (avoid repeated freeze/thaw cycles); Ambient: Unacceptable; Refrigerated: 1 week

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	No	
ARUP LAB	RED TOP -PLAIN	Yes	

Test Name CK TOTAL AND CKMB
Code: 1230100389

Synonyms

CK -MB
CKMB

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate plasma or serum from cells within 30 minutes of draw. TRANSPORT: 1 mL (0.2 mL minimum) Plasma or Serum. STABILITY: Refrigerated: 7 days (Frozen 1 month; Ambient 24 hours)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	GREEN GEL (PST)	Yes	
DH NON-INTERFACED LAB	RED GEL (SST)	No	
DH NON-INTERFACED LAB	RED TOP -PLAIN	No	

Test Name CLOBAZAM QUANTITATIVE, SERUM OR PLASMA
Code: 1230500202

Synonyms

2008597
CLOBASP

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.3 mL). STABILITY:
Refrigerated: 2 weeks; Ambient: 2 weeks; Frozen: 2 months

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED TOP -PLAIN	Yes	

Test Name CLOMIPRAMINE AND METABOLITE, SP
Code: 813

Synonyms

CLOMIP
0099336

Collection Requirements

Plain red. Also acceptable: Lavender (K2 or K3EDTA) or pink (K2EDTA).

Shipping and Handling Instructions

Separate serum or plasma from cells within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name CLONAZEPAM LEVEL
Code: 1230100446

Synonyms

ANTI-EPILEPTIC
ANTI EPILEPTIC
DRUG
0090055

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 2 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 1 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 1 week; Frozen: 3 years (Avoid repeated freeze/thaw cycle*)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED TOP -PLAIN	Yes	

Test Name CLONIDINE, URINE
Code: 123050071

Synonyms

0091223
0091223

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 1 mL urine to an ARUP Standard Transport Tube. (Min: 0.25 mL). STABILITY:
Refrigerated: 1 month; Ambient: 1 month; Frozen: 1 month

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

Test Name CLORAZEPATE (ASSAYED AS NORDIAZEPAM)
Code: 714

Synonyms

0090196
CLORAZEPATE
NORDIAZEPAM

Collection Requirements

Plain Red. Also acceptable: Gray (Potassium Oxalate/Sodium Fluoride), Green (Sodium Heparin), Lavender (K2 or K3EDTA) or pink (K2EDTA).

Shipping and Handling Instructions

Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 2 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 1 mL) UNACCEPTABLE: Gel separator tubes. Plasma or whole blood collected in light blue (sodium citrate). Hemolyzed specimens. STABILITY: Refrigerated: 2 weeks; Ambient: 1 week; Frozen: 3 years (avoid repeated freeze/thaw cycles)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GRAY TOP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	PINK TOP - K3 EDTA	No	
ARUP LAB	RED TOP -PLAIN	Yes	

Test Name CLOSTRIDIUM DIFF RAPID
Code: 523

Synonyms

C DIFFICILE ANTIGEN TOXIN
RCDB

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CUP	Yes	

Test Name CLOZAPINE
Code: 1230500099

Synonyms

CLOZAPINE
0098930

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum or plasma from cells within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Refrigerated: 2 months; Ambient: 5 weeks; Frozen: 2 months

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	PINK TOP - K3 EDTA	No	
ARUP LAB	RED TOP -PLAIN	Yes	

Test Name CLOZAPINE AND METABOLITES, S/P, QUANTITATIVE
Code: 1230500599

Synonyms

CLOZAPINE
2013433

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum or plasma from cells within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Refrigerated: 2 months; Ambient: 5 weeks; Frozen: 2 months

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	PINK TOP - K3 EDTA	No	
ARUP LAB	RED TOP -PLAIN	Yes	

Test Name CMV PCR QUALITATIVE
Code: 129

Synonyms

CMPCR

Collection Requirements

Stool and tissue samples in a sterile container. Send at 2 - 8 degrees C if delivered within 72 hours. If delivery is not expected within 72 hours, freeze at -70 degrees and ship frozen. Deliver to Microbiology/Place in Microbiology refrigerator.

Shipping and Handling Instructions

Stability: Ambient - 12 hours; Refrigerated - 72 hours; Frozen (-70 degrees C) - 6 months
Testing Performed: Monday through Friday.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	STERILE CUP	Yes	

Test Name CMV PCR QUANTITATIVE
Code: 1230101088

Synonyms

CYTOMEGALOVIRUS
CPCRQ

Collection Requirements

All sample types acceptable. whole Blood, send EDTA blood.

Shipping and Handling Instructions

STABILITY: Ambient:12 hours Refrigerated: 72 hours Frozen (-70C): 6 months Testing Performed: Monday through Friday.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	LAVENDAR BULLET - K2 EDTA	No	
DH NON-INTERFACED LAB	LAVENDER TOP - K2 EDTA	Yes	
DH NON-INTERFACED LAB	RED BULLET	No	
DH NON-INTERFACED LAB	RED TOP -PLAIN	No	

Last Updated: 8/5/2018

DH NON-INTERFACED LAB	STERILE CUP	NO
DH NON-INTERFACED LAB	STERILE TUBE	NO
DH NON-INTERFACED LAB	SWAB	NO
DH NON-INTERFACED LAB	WHITE TOP	NO
DH NON-INTERFACED LAB	YELLOW BULLET (SST)	NO

Collection Requirements

All sample types acceptable. whole Blood, send EDTA blood.

Shipping and Handling Instructions

STABILITY: Ambient:12 hours Refrigerated: 72 hours Frozen (-70C): 6 months Testing Performed: Monday through Friday.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	RED GEL (SST)	Yes	

Collection Requirements

All sample types acceptable. whole Blood, send EDTA blood.

Shipping and Handling Instructions

STABILITY: Ambient:12 hours Refrigerated: 72 hours Frozen (-70C): 6 months Testing Performed: Monday through Friday.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	STERILE CONTAINER	Yes	

Test Name COBALT, BLOOD
Code: 1230102001

Synonyms

0099231
COBALT BLOOD

Collection Requirements

None Listed

Shipping and Handling Instructions

Transport 7 mL whole blood in the original collection tube. (Min: 0.5 mL). STABILITY: Ambient/Refrigerated. If the specimen is drawn and stored in the appropriate container, the trace element values do not change with time.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	ROYAL BLUE - K2 EDTA	Yes	

Test Name COBALT, SERUM OR PLASMA
Code: 1230101090

Synonyms

CO
0025037

Collection Requirements

None Listed

Shipping and Handling Instructions

Centrifuge; Do not allow serum to remain on cells. Transfer 2 mL serum or plasma to an ARUP Trace Element-Free Transport Tube (ARUP supply #43116).(Min: 0.5 mL). STABILITY: Ambient/Refrigerated. If the specimen is drawn and stored in the appropriate container, the trace element values do not change with time.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	ROYAL BLUE - K2 EDTA	No	
ARUP LAB	ROYAL BLUE PLAIN	Yes	

Test Name COCAINE URINE QUAL
Code: 1230100289

Synonyms

COCAINE SCREEN UR
COCAINE QL U

Collection Requirements

No patient preparation is required. Preferred specimens: 30 mL of random urine is preferred. The minimum acceptable volume is 10 mL. Urine should be collected in a clean, unbreakable, leak-proof container. No pre-treatment or preservative is required. Any questions related to specimen integrity, specimen handling, or testing must be referred to a supervisor or pathologist.

Shipping and Handling Instructions

Specimens must be centrifuged before testing if the urine specimen is not clear. Specimen should be between 20-25C before analysis. If testing cannot be completed within the shift, refrigerate specimen at 2-8C for up to one week. Note: Plastic trans*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	

Test Name COCCIDIOIDES ABS PANEL, CSF, BY ELISA
Code: 1230500281

Synonyms

0050710
COCCICSF

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer two 1 mL aliquots of CSF to individual ARUP Standard Transport Tubes. (Min: 0.3 mL per aliquot). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CSF COLLECTION KIT	Yes	

Test Name COCCIDIOIDES ABS PANEL, SERUM BY CF, ID, ELISA
Code: 1230500282

Synonyms

0050588
COCCIPAN

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate from cells ASAP or within 2 hours of collection. Transfer 2 mL serum to an ARUP Standard Transport Tube. (Min: 0.6 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Storage/Transport Temperature: Refrigerated. Remarks: Mark specimens plainly as "acute" or "convalescent." Unacceptable Conditions: Other body fluids. Contaminated, hemolyzed, or severely lipemic specimens. Stability (collection to initiation of testing): After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name COCCIDIOIDES ANTIBODY BY CF
Code: 123050136

Synonyms

0050170
COCCI

Collection Requirements

Serum Separator Tube (SST)

Shipping and Handling Instructions

Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of acute specimens.
Storage/Transport Temperature: Refrigerated. Remarks: Mark specimens plainly as "acute" or "convalescent." Unacceptable Conditions: Contaminated, hemolyzed, or severely lipemic specimens. Stability (collection to initiation of testing): After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name COENZYME Q10, TOTAL
Code: 1230500283

Synonyms

0081119

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate plasma or serum from cells within 1 hour of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube (Min: 0.3 mL). STABILITY: Frozen: 1 month; Refrigerated: 3 weeks; Ambient: Unacceptable

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN GEL (PST)	Yes	
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	RED GEL (SST)	No	
ARUP LAB	RED TOP -PLAIN	No	

Test Name COLD AGGLUTININ SCREEN
Code: 1230101093

Synonyms

AGGLUTININ
0050175

Collection Requirements

None Listed

Shipping and Handling Instructions

Keep in warm water (37 degrees C) until processed for transport by laboratory; refrigeration of specimen before separation of serum from cells will adversely affect test results. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). ST*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	No	
ARUP LAB	RED TOP -PLAIN	Yes	

Test Name COLON CANCER GENE PANEL (MASSARRAY)
Code: 1230500284

Synonyms

2011616

Collection Requirements

Tissue Tumor, Tissue Resections, or Tissue Small Biopsies.

Shipping and Handling Instructions

Formalin fix (10 percent neutral buffered formalin) and paraffin embed tissue. Protect from excessive heat. Transport block and/or slides in a tissue transport kit (ARUP supply #47808) available online through eSupply using ARUP Connect(TM) or contact A*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	Yes	

Test Name COMPLEMENT C3 NEPHRITIC FACTOR
Code: 123050067

Synonyms

2009380
C3NEP

Collection Requirements

None Listed

Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Allow blood to clot for 20 to 60 minutes. Transfer 1 mL serum to an ARUP Standard Transport Tube and freeze immediately. (Min: 0.25 mL). STABILITY: Frozen: 1 year; Am*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED TOP -PLAIN	Yes	

Test Name COMPLEMENT COMPONENT 2
Code: 1230500285

Synonyms

0050148
C2

Collection Requirements

None Listed

Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Allow specimen to clot for one hour at room temperature. Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Trans*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name COMPLEMENT TOTAL
Code: 1230100059

Synonyms

COMPLEMENT DEFICIENCY ASSAY
CH50
TOTAL COMPLEMENT
0050198

Collection Requirements

None Listed

Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Allow specimen to clot for one hour at room temperature. Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Trans*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 Weeks
ARUP LAB	Routine	1 Weeks
ARUP LAB	STAT	1 Weeks
ARUP LAB	Timed	1 Weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED TOP -PLAIN	Yes	

Test Name COMPREHENSIVE METABOLIC PANEL
Code: 1230100076

Synonyms

CMP
CMET
CHEM 21
CHEM21
COMP

Collection Requirements

No patient preparation is required. Preferred specimens: A green top LITHIUM heparin serum separator tube is preferred. Alternate specimens: A red gel, plain white or plain red tube is also acceptable.

Shipping and Handling Instructions

Centrifuge the specimen and separate the serum/plasma from the cells as soon as possible. Keep the specimen capped at all times. Refrigerate the specimen if testing is not performed immediately.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name COPPER 24HR URINE
Code: 1230100292

Synonyms

COPPER 24H U
0020461

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer an 8 mL aliquot from a well-mixed collection to ARUP Trace Element-Free Transport Tubes (ARUP supply #43116). Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787. (Min: 1 mL) Record total vol*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

Test Name COPPER, SERUM OR PLASMA
Code: 123101096

Synonyms

0020096
COPPER
SERU

Collection Requirements

None Listed

Shipping and Handling Instructions

Centrifuge; do not allow serum or plasma to remain on cells. Transfer 2 mL serum or plasma to an ARUP Trace Element-Free Transport Tube. (Min: 0.5 mL). STABILITY: Ambient/Refrigerated. If the specimen is drawn and stored in the appropriate container, th

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	ROYAL BLUE - K2 EDTA	No	
ARUP LAB	ROYAL BLUE PLAIN	Yes	

Test Name CORRECTED THROMBIN TIME
Code: 20

Synonyms

TTC

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	BLUE TOP-CITRATE	Yes	

Test Name CORTISOL
Code: 1230100387

Synonyms

CORTU

Collection Requirements

None Listed

Shipping and Handling Instructions

SPECIMEN PREP: Separate serum from cells within 2 hours. TRANSPORT: 1.5 mL (1.0 mL minimum)
Serum STABILITY: 1. Samples can be stored at 2-8°C for 7 days. 2. For longer storage, aliquot and freeze up to 3 months at -20°C. Test performed 7am - 4:30pm daily

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN BULLET - LIHEP	No	
DH PAV A CENTRAL LAB	GREEN GEL (PST)	No	
DH PAV A CENTRAL LAB	GREEN GEL BULLET (PST)	No	
DH PAV A CENTRAL LAB	GREEN TOP - NAHEP	No	
DH PAV A CENTRAL LAB	RED BULLET	No	
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	
DH PAV A CENTRAL LAB	YELLOW BULLET (SST)	No	

Test Name CORTISOL 120 MIN POST DOSE
Code: 77

Synonyms

CORT 120

Collection Requirements

None Listed

Shipping and Handling Instructions

SPECIMEN PREP: Separate serum from cells within 2 hours. TRANSPORT: 1.5 mL (1.0 mL minimum)
Serum STABILITY: 1. Samples can be stored at 2-8°C for 7 days. 2. For longer storage, aliquot and freeze up to 3 months at -20°C. Test performed 7am - 4:30pm daily

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN BULLET - LIHEP	No	
DH PAV A CENTRAL LAB	GREEN GEL (PST)	No	
DH PAV A CENTRAL LAB	GREEN GEL BULLET (PST)	No	
DH PAV A CENTRAL LAB	GREEN TOP - NAHEP	No	

DH PAV A CENTRAL LAB	RED BULLET	No
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No
DH PAV A CENTRAL LAB	WHITE TOP	No
DH PAV A CENTRAL LAB	YELLOW BULLET (SST)	No

Test Name CORTISOL 30 MIN POST DOSE
Code: 78

Synonyms

CORT 30

Collection Requirements

None Listed

Shipping and Handling Instructions

SPECIMEN PREP: Separate serum from cells within 2 hours. TRANSPORT: 1.5 mL (1.0 mL minimum)
 Serum STABILITY: 1. Samples can be stored at 2-8°C for 7 days. 2. For longer storage, aliquot and freeze up to 3 months at -20°C. Test performed 7am - 4:30pm daily

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN BULLET - LIHEP	No	
DH PAV A CENTRAL LAB	GREEN GEL (PST)	No	
DH PAV A CENTRAL LAB	GREEN GEL BULLET (PST)	No	
DH PAV A CENTRAL LAB	GREEN TOP - NAHEP	No	
DH PAV A CENTRAL LAB	RED BULLET	No	
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	
DH PAV A CENTRAL LAB	YELLOW BULLET (SST)	No	

Test Name CORTISOL 60 MIN POST DOSE
Code: 79

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

SPECIMEN PREP: Separate serum from cells within 2 hours. TRANSPORT: 1.5 mL (1.0 mL minimum) Serum 1. Samples can be stored at 2-8°C for 7 days. 2. For longer storage, aliquot and freeze up to 3 months at -20°C. Test performed 7am - 4:30pm daily

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN BULLET - LIHEP	No	
DH PAV A CENTRAL LAB	GREEN GEL (PST)	No	
DH PAV A CENTRAL LAB	GREEN GEL BULLET (PST)	No	
DH PAV A CENTRAL LAB	GREEN TOP - NAHEP	No	
DH PAV A CENTRAL LAB	RED BULLET	No	
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	
DH PAV A CENTRAL LAB	YELLOW BULLET (SST)	No	

Test Name CORTISOL AM
Code: 80

Synonyms

Collection Requirements

1.0 ml Serum ONLY (Red Gel).

Shipping and Handling Instructions

SPECIMEN PREP: Separate serum from cells within 2 hours. TRANSPORT: 1.5 mL (1.0 mL minimum) Serum 1. Samples can be stored at 2-8°C for 7 days. 2. For longer storage, aliquot and freeze up to 3 months at -20°C. Test performed 7am - 4:30pm daily

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN BULLET - LIHEP	No	
DH PAV A CENTRAL LAB	GREEN GEL (PST)	No	
DH PAV A CENTRAL LAB	GREEN GEL BULLET (PST)	No	
DH PAV A CENTRAL LAB	GREEN TOP - NAHEP	No	

DH PAV A CENTRAL LAB	RED BULLET	No
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No
DH PAV A CENTRAL LAB	WHITE TOP	No
DH PAV A CENTRAL LAB	YELLOW BULLET (SST)	No

Test Name CORTISOL AND CORTISONE, URINE FREE
Code: 1230102004

Synonyms

0092100
CORTISOL AND

Collection Requirements

None Listed

Shipping and Handling Instructions

Transport one 4 mL aliquot of urine. (Min: 1 mL) Record total volume and collection time interval on transport tube and test request form. STABILITY: Refrigerated: 1 week; Ambient: Unacceptable; Frozen: 1 month

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

Test Name CORTISOL BASELINE
Code: 81

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

SPECIMEN PREP: Separate serum from cells within 2 hours. TRANSPORT: 1.5 mL (1.0 mL minimum) Serum 1. Samples can be stored at 2-8°C for 7 days. 2. For longer storage, aliquot and freeze up to 3 months at -20°C. Test performed 7am - 4:30pm daily

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN BULLET - LIHEP	No	
DH PAV A CENTRAL LAB	GREEN GEL BULLET (PST)	No	
DH PAV A CENTRAL LAB	GREEN TOP - NAHEP	No	
DH PAV A CENTRAL LAB	RED BULLET	No	
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	
DH PAV A CENTRAL LAB	YELLOW BULLET (SST)	No	

Test Name CORTISOL, SALIVA
Code: 123050066

Synonyms

0081117
CORTISOL
SA

Collection Requirements

saliva. swab must be completely saturated to ensure sufficient volume for testing.

Shipping and Handling Instructions

Transfer saturated swab to plain (non-citric acid) cotton salivette(R) collection device (ARUP Supply #52056). Record the time of collection on the test request form, and on salivette(R) transport container. STABILITY: Refrigerated: 3 weeks; Ambient: 1 *

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	SWAB	Yes	

Test Name CORTISOL, URINE, FREE
Code: 1230101584

Synonyms

CORTICOSTEROID
0092100
CORTISOL F U

Collection Requirements

Collect 24-hour or random urine. Refrigerate 24-hour specimen during collection.

Shipping and Handling Instructions

Transport one 4 mL aliquot of urine. (Min: 1 mL) Record total volume and collection time interval on transport tube and test request form. STABILITY: Refrigerated: 2 weeks; Ambient: Unacceptable; Frozen: 1 month

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

Test Name COTININE, URINE
Code: 1230101586

Synonyms

NICOTINE
2007081
COTININE U

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 4 mL urine with no additives to an ARUP Standard Transport Tube. (Min: 2 mL). STABILITY: Refrigerated: 1 week; Ambient: 1 week; Frozen: 3 months

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

Test Name COXSACKIE A ANTIBODIES, SERUM
Code: 1230500203

Synonyms

2002932
COXAAB

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 2 mL serum to an ARUP standard transport tube. (Min: 1 mL). STABILITY: Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 1 month

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	No	
ARUP LAB	RED TOP -PLAIN	Yes	

Test Name Cocksackie A9 Virus Antibodies by CF
Code: 1230500110

Synonyms

0050503
COXA9

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute spe*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name COXSACKIE B VIRUS ANTIBODIES
Code: 1230500204

Synonyms

COXSACKIE B
0060055

Collection Requirements

Serum separator tube or plain red. OR CSF.

Shipping and Handling Instructions

Separate serum from cells within 2 hours of collection. Transfer 1 mL serum or CSF to an ARUP Standard Transport Tube. (Min: 0.3 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of acute specimens*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CSF COLLECTION KIT	No	
ARUP LAB	RED GEL (SST)	Yes	
ARUP LAB	RED TOP -PLAIN	No	

Test Name C-PEPTIDE
Code: 1230101100

Synonyms

DIABETES
HYPOGLYCEMIA
0070103

Collection Requirements

None Listed

Shipping and Handling Instructions

Allow specimen to clot completely at room temperature. Separate serum or plasma from cells ASAP. Submit specimen in an ARUP Standard Transport Tube. Transport 1 mL serum or plasma, frozen. (Min: 0.5 mL). STABILITY: Frozen: 1 month; Ambient: 8 hours; Re*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN GEL (PST)	No	
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	Yes	

Test Name CRE CULTURE
Code: 118

Synonyms

Collection Requirements

Culturette swab of Rectum

Shipping and Handling Instructions

Routine specimens may be held in the Microbiology refrigerator for processing by the day shift.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	SWAB	Yes	

Test Name C-REACTIVE PROTEIN
Code: 1230100053

Synonyms

CRP

Collection Requirements

No preparation is required. Preferred specimens: 0.5 ml plasma from a green lithium heparin gel tube. Alternate specimens: 0.5 mL Plasma (Green Sodium Heparin) Ambient, Refrigerated, or Frozen. 0.5 mL Serum (plain tube) Ambient, Refrigerated, or Frozen.

Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Storage and Stability: If samples can not be run within shift, refrigerate for no longer than 8 days. Samples can be stored frozen for up to 8 months.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	GREEN TOP - LIHEP	No	
DH PAV A CENTRAL LAB	GREEN TOP - NAHEP	No	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name CREATINE DISORDERS PANEL, SER/PLASMA
Code: 1230500401

Synonyms

CRE DPS
2002328

Collection Requirements

Clinical information is needed for appropriate interpretation. Biochemical Genetics Patient History Form is available on the ARUP web site.

Shipping and Handling Instructions

Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube and freeze immediately. (Min: 0.2 mL). STABILITY: Frozen: 2 weeks Ambient; Unacceptable; Refrigerated: 1 week

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	Yes	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	No	
ARUP LAB	RED TOP -PLAIN	No	

Test Name CREATINE DISORDERS PANEL, URINE
Code: 1230500400

Synonyms

CRE DPU
2002333

Collection Requirements

Clinical information is needed for appropriate interpretation. Biochemical Genetics Patient History Form is available on the ARUP web site.

Shipping and Handling Instructions

Transfer 2 mL urine to an ARUP Standard Transport Tube and freeze immediately. (Min: 0.5 mL). STABILITY: Frozen: 2 weeks; Ambient: Unacceptable; Refrigerated: Unacceptable

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

Test Name CREATINE KINASE ISOENZYMES
Code: 1230500402

Synonyms

CRE KIN IS
0020414

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Frozen: 1 month (avoid repeated freeze/thaw cycles); Ambient: Unacceptable; Refrigerated: 1 week

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	
ARUP LAB	RED TOP -PLAIN	No	

Test Name CREATINE, SERUM OR PLASMA
Code: 1230101101

Synonyms

2002340
CREATINE

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube and freeze immediately. (Min: 0.2 mL). STABILITY: Frozen: 2 weeks; Ambient: Unacceptable; Refrigerated: 1 week

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 Weeks
ARUP LAB	Routine	1 Weeks
ARUP LAB	STAT	1 Weeks
ARUP LAB	Timed	1 Weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	No	
ARUP LAB	RED TOP -PLAIN	Yes	

Test Name CREATININE FLUID
Code: 12310391

Synonyms

Collection Requirements

Preferred specimen: A plain white tube is preferred. Alternate Specimens: Lavender, red, or green top tube is also acceptable.

Shipping and Handling Instructions

Centrifuge the specimen and separate the serum/plasma as soon as possible. Refrigerate the specimen if testing is not to be performed immediately.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	No	
DH PAV A CENTRAL LAB	GREEN TOP - LIHEP	No	
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	No	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	Yes	

Test Name CREATININE RANDOM URINE
Code: 1230100296

Synonyms

CREAT URINE
CREAT RANDOM URINE
RANDOM URINE CREATININE

Collection Requirements

No patient preparation required. Preferred specimens: 10 mL of random urine collected in a random urine cup or plain tube is acceptable. No preservative is necessary.

Shipping and Handling Instructions

Mix the specimen well, pour an aliquot into a test tube, and centrifuge. If testing is delayed, refrigerate the specimen.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CUP	Yes	

Test Name CREATININE SERUM
Code: 1230100295

Synonyms

CREAT WITH GFR

Collection Requirements

Preferred specimens: Plasma Green Lithium Gel Ambient. Alternate specimens: Serum Red Gel, Plain Red, or Plain white tubes.

Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma or serum from the cells as soon as possible. If testing is to be delayed, refrigerate the specimen. No patient preparation is required.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name CREATININE, URINE, 24 HOUR
Code: 1230101589

Synonyms

24 HOUR CREATININE

Collection Requirements

No patient preparation required. Preferred specimens: Urine collected in a 24 hour urine jug is acceptable. No preservative is necessary, but the specimen should be refrigerated during collection.

Shipping and Handling Instructions

Measure the volume and document the volume and collection time in the computer. Mix the specimen, pour an aliquot into a test tube, centrifuge and send to core. Also, aliquot a portion into a cup with total volume documented on the cup.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	24 HR URINE CONTAINER	Yes	

Test Name CRYOGLOBULIN
Code: 1230100515

Synonyms

Collection Requirements

Specimen must be drawn in a prewarmed tube.

Shipping and Handling Instructions

Let clot for one hour at 37°C. Separate serum from cells, using a 37°C centrifuge, and transfer serum into a clean transport tube. Once separated from clot and cells, serum may be sent at ambient temperature.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	WHITE TOP	Yes	

Test Name CRYPTO & GIARDIA FA
Code: 1230101683

Synonyms

OPFA

Collection Requirements

stool submitted in Total Fix preservative vial obtained from Central Supply

Shipping and Handling Instructions

This is a routine, non-stat test. Place the specimen on the blood bench for processing by the day shift. Specimen must be placed into the Total Fix preservative vial. Test is performed on Tuesdays and Fridays.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	TOTAL FIX	Yes	

Test Name CRYPTO TITER, CSF
Code: 531

Synonyms

CRYPTOCOCCAL AG TITER
CCAGT

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CSF COLLECTION KIT	Yes	

Test Name CRYPTO TITER, SERUM
Code: 1230101105

Synonyms

CRYPTOCOCCUS
CRYPTOCOCCAL
CRYPTOCOCCUS ANTIGEN TITER
SCAGT

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	

Test Name CRYPTOCOCCAL AG, CSF
Code: 38

Synonyms

CRYPTO AG
CSF
CCRAG
CSF

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CSF COLLECTION KIT	Yes	

Test Name CRYPTOCOCCAL AG, SERUM
Code: 1230101103

Synonyms

CRYPTOCOCCUS
CRYPTOCOCCAL
CRYPTOCOCCAL ANTIGEN
SCRAG

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	

Test Name CSF CULTURE
Code: 1230100176

Synonyms

CSF CX
CSF CULTURE
CULTURE

Collection Requirements

CSF collected aseptically from Lumbar Puncture or shunt. This test is to aid in the diagnosis of infection caused by aerobic bacteria and most yeast. To rule out anaerobes, viruses, fungi, Cryptococcus, or mycobacteria, separate tests/cultures must be ordered.

Shipping and Handling Instructions

sterile body fluids are considered STAT specimens and much to processed immediately.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CSF COLLECTION KIT	Yes	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name CSF MAN DIFFERENTIAL
Code: 1167

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CSF COLLECTION KIT	Yes	

Test Name C-TELOPEPTIDE, BETA-CROSS-LINKED, SERUM
Code: 1230500143

Synonyms

0070416
CTELOPEP

Collection Requirements

None Listed

Shipping and Handling Instructions

Allow serum separator tube to sit for 15-20 minutes at room temperature for proper clot formation. Centrifuge and separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube.*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	RED GEL (SST)	Yes	

Test Name CULTURE ACANTHAMOEBA
Code: 12301009001

Synonyms

EYEC
EYE CX

Collection Requirements

Requires advance notice. REFER ALL CALLS, QUESTIONS TO MICROBIOLOGY X25205.

Shipping and Handling Instructions

Microbiology: 1. Advance notification is required for delivery of special media. 2. Call the UC Health Microbiology department to request the media. 3. Media will be transported to DHMC Micro department. 4. Micro staff will notify careprovider when media is available. 5. Careprovider or clinic will pick up the media, inoculate at the patient's bedside, and return to the Microbiology department. 6. Micro will send inoculated media to UC Health Micro department.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	STERILE CONTAINER	Yes	

Test Name CULTURE UNIT TRANS REACTN
Code: 127

Synonyms

TRANC

Collection Requirements

Any blood product submitted by Blood Bank that is associated with a adverse reaction. This is ordered by the Blood Bank internally.

Shipping and Handling Instructions

All O.R. specimens are processed immediately.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CALL LAB	Yes	

Test Name CULTURE VARICELLA ZOSTER
Code: 137

Synonyms

0060282

Collection Requirements

Swab in M6 viral transport media - lesion scrapings, tissue lesions. Bronchial alveolar lavage (BAL) in sterile container - minimum of 1 mL. Refrigerate or keep on ice in M6 transport media. Transport same day. If delivery is not expected within 24 hours, freeze at -70 degrees C. Deliver to Microbiology/Place in Microbiology refrigerator.

Shipping and Handling Instructions

stability (temperature-labile organism): Refrigerated - 24 hours; Frozen (-70 degrees C) - greater than 24 hours

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	M4 VIRAL TRANSPORT MEDIA	Yes	

Test Name CULTURE, HELICOBACTER PYLORI
Code: 1230500286

Synonyms

2006686

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CALL LAB	Yes	

Test Name CXP QC ALL
Code: 189

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

Test Name CYANIDE LEVEL
Code: 1230101106

Synonyms

CYANIDE
0090060

Collection Requirements

None Listed

Shipping and Handling Instructions

Do not freeze. Transport 4 mL whole blood in original collection container. (Min: 3 mL)
Also acceptable: Transfer specimen to an ARUP Standard Transport Tube. STABILITY: Ambient:
72 hours (if tightly capped); Refrigerated: Unacceptable; Frozen: Unaccept*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	Yes	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	

Test Name CYCLIC CITRULLINATED PEPTIDE (CCP) ANTIBODY, IGG
Code: 1230102469

Synonyms

CCP
0055256

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL). After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid freeze/thaw cycles). ST*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name CYCLOSPORINE
Code: 1230100519

Synonyms

CSA

Collection Requirements

Specimen should be a trough level; draw immediately prior to the next dose.

Shipping and Handling Instructions

Specimen should be a trough level; draw immediately prior to the next dose. Transport: 4 mL (1 mL minimum) whole Blood STABILITY: Refrigerated: 7 days; Frozen: 2 months; Ambient: 24 hours

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name CYP450 2D6 (CYP2D6) 14 VARIANTS, GENE DUP
Code: 1230500287

Synonyms

0051232
CYP2D6
2014547

Collection Requirements

None Listed

Shipping and Handling Instructions

Transport 3 mL whole blood. (Min: 1 mL) STABILITY: Refrigerated: 1 week; Ambient: 72 hours; Frozen: Unacceptable

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	
ARUP LAB	YELLOW (ACD)	No	

Test Name CYSTATIN C
Code: 1230101678

Synonyms

0095229

Collection Requirements

None Listed

Shipping and Handling Instructions

Allow specimen to clot completely at room temperature. Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.4 mL). STABILITY: Refrigerated: 1 week; Frozen: 2 *

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN GEL (PST)	No	
ARUP LAB	RED GEL (SST)	Yes	

Test Name CYSTATIN C REFLEX
Code: 123010167801

Synonyms

3000246

Collection Requirements

This test is tied to the Cystatin C test and is reflexed at ARUP when the patient is 18 years of age or older. It should not be collected separately.

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN GEL (PST)	No	
ARUP LAB	RED GEL (SST)	Yes	

Test Name CYSTIC FIBROSIS (CFTR) 165 PATHOGENIC VARIANTS
Code: 123050500

Synonyms

2013661
CFPAN

Collection Requirements

None Listed

Shipping and Handling Instructions

Transport 3 mL whole blood. (Min: 1 mL) STABILITY: Refrigerated: 1 week; Ambient: 72 hours; Frozen: Unacceptable

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	
ARUP LAB	YELLOW (ACD)	No	

Test Name CYSTIC FIBROSIS (CFTR) 32 MUTATIONS
Code: 1230500100

Synonyms

2001933
CFPAN

Collection Requirements

None Listed

Shipping and Handling Instructions

Transport 3 mL whole blood. (Min: 1 mL) STABILITY: Refrigerated: 1 week; Ambient: 72 hours; Frozen: Unacceptable

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	
ARUP LAB	YELLOW (ACD)	No	

Test Name CYSTICERCOSIS AB IGG BY ELISA
Code: 1230500288

Synonyms

0055284
CYTSER

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.1 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Mark specimens plainly as acute or convalescent. STABILIT*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name CYSTICERCOSIS AB IGG BY ELISA, CSF
Code: 1230500289

Synonyms

0055285
CYSTCSF

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 1 mL CSF to an ARUP Standard Transport Tube. (Min: 0.2 mL). STABILITY:
Refrigerated: 2 weeks; Ambient: 24 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CSF COLLECTION KIT	Yes	

Test Name CYSTINE URINE QUANTITATIVE
Code: 1230100299

Synonyms

CYSTINE RANDOM URINE QUANTITATIVE
0081106

Collection Requirements

None Listed

Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Mix urine well. Transfer 4 mL aliquot urine to ARUP Standard Transport Tubes and freeze immediately. (Min: 3 mL) Record total volume and collection time interval on t*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

Test Name CYTOLOGY COLPOSCOPY OR ANOSCOPY
Code: 123010079501

Synonyms

PAP SMEAR
PAP
LBP

Collection Requirements

Cytology specimen, anal: To obtain an anal sampling, moisten the Dacron® swab, not a cotton swab, with water, not lubricant. The Dacron® swab should be inserted approximately 1.5 to 2 inches into the anal canal in order to collect both rectal columnar and anal squamous cells. Once inserted deep enough into the anus, the swab should be pulled out, applying some pressure to the wall of the anus, rotating the swab in a spiral motion along the way. The collection device should be thoroughly rinsed and swirled in the PreservCyt® solution (ThinPrep® Media) vial. Tighten the cap so that the torque line on the cap passes the torque line on the vial. Affix the Epic generated specimen container label on to the specimen vial. Add the collector's initials as well as the date and time of collection. Unlabeled specimens and samples submitted in expired reagents will be discarded. ECB only collected at the time of colpo and ECB without biopsy: Collection Requirements: Use an unlubricated speculum (saline, warm water, or Pap Gel may be used). After visualization of the cervix is accomplished, collect the sample. Obtain an adequate sampling from the endocervix using an endocervical brush. Insert the brush into the cervix until only the bottommost fibers are exposed. Slowly rotate 1/4 to 1/2 turn in one direction. Do not over-rotate. Rinse the brush as quickly as possible in the PreservCyt® solution (ThinPrep® Media) vial by rotating the device in the solution 10 times while pushing against the PreservCyt® vial wall ("painting the inside of the vial"). Swirl the brush vigorously to further release material. Discard the brush. Tighten the cap so that the torque line on the cap passes the torque line on the vial. Affix the Epic generated specimen container label on to the specimen vial. Add the collector's initials as well as the date and time of collection. Unlabeled specimens and samples submitted in expired reagents will be discarded.

Shipping and Handling Instructions

ThinPrep® vials must be transported to the laboratory in biohazard specimen bags at 15-30°C and processed within 60 days of collection. Turn-Around Time: 90% in 3 Days

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	THIN PREP MEDIA	Yes	

Test Name CYTOMEGALOVIRUS ANTIBODY, IGG
Code: 123050052

Synonyms

0050165
CMV IGG
CYTOMEGALOVI

Collection Requirements

If ordering this test, also order CYTOMEGALOVIRUS ANTIBODY, IGM (0050553) in conjunction.

Shipping and Handling Instructions

Allow specimen to clot completely at room temperature. Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL) Parallel testing is preferred and convalescent specimens must be received. Storage/Transport Temperature: Refrigerated. Remarks: Label specimens plainly as "acute" or "convalescent." Unacceptable Conditions: Contaminated, heat-inactivated, or grossly hemolyzed specimens. Stability (collection to initiation of testing): After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (Avoid repeated freeze/thaw cycles)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name CYTOMEGALOVIRUS ANTIBODY, IGM
Code: 1230101113

Synonyms

CYTOMEGALOVIRUS
0050553
CMV IGM

Collection Requirements

If ordering this test, also order CYTOMEGALOVIRUS ANTIBODY, IGG (0050165) in conjunction.

Shipping and Handling Instructions

Allow specimen to clot completely at room temperature. Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL) Parallel testing is preferred and convalescent specimens must be received. Storage/Transport Temperature: Refrigerated. Remarks: Label specimens plainly as "acute" or "convalescent." Unacceptable Conditions: Contaminated, heat-inactivated, or grossly hemolyzed specimens. Stability (collection to initiation of testing): After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (Avoid repeated freeze/thaw cycles)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name CYTOMEGALOVIRUS BY QUALITATIVE PCR
Code: 1230500290

Synonyms

0060040

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CSF COLLECTION KIT	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	
ARUP LAB	PINK TOP - K3 EDTA	No	
ARUP LAB	RED GEL (SST)	No	
ARUP LAB	STERILE CONTAINER	No	
ARUP LAB	STERILE TUBE	No	

Test Name D TEST
Code: 980

Synonyms

DTEST

Collection Requirements

Internal Micro test

Shipping and Handling Instructions

Dayshift Microbiology test that is part of a culture. Fresh 24 hour sub is needed to perform testing.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CONTAINER	Yes	

Test Name D-DIMER
Code: 1230100220

Synonyms

DDIMER
FDP
FIBRIN DEGRADATION PRODUCTS
FSP
FIBRIN SPLIT PRODUCTS
DIMER

Collection Requirements

venous blood ONLY, no fingerstick. Inaccurate test results can occur when using capillary blood due to tissue fluid contamination during skin puncture procedures. FULL blue top tube (citrate) required. If tube is not properly filled, incorrect result may be generated.

Shipping and Handling Instructions

Underfilled, overfilled, or clotted tubes must be cancelled. Blue top tube should be drawn before other tubes with additives. In laboratory, invert specimen 3 times, and rim with applicator stick to check for clots. Clotted specimens must be cancelled with the comment XCLT (Specimen clotted, test cancelled...) and caregiver must be called. Centrifuge for 7 minutes in big centrifuge, or 2 minutes in Coag Stat centrifuge. Specimen Stability: Uncentrifuged, 4 hrs at Room Temperature Plasma, 8 hrs at Room Temperature Frozen plasma, 1 month at -20 C

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	BLUE TOP-CITRATE	Yes	

Test Name DEHYDROEPIANDROSTERONE BY TMS
Code: 1230500292

Synonyms

2001640
DHEATMS

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.3 mL). STABILITY: Refrigerated: 1 week; Ambient: 24 hours; Frozen: 6 months

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	Yes	

Test Name DENGUE FEVER VIRUS ABS, IGG AND IGM
Code: 1230500205

Synonyms

0093096
DENGUEAB

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.1 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute spec*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name DENGUE FEVER VIRUS ANTIBODY, IGM
Code: 1230500293

Synonyms

0093098
DENIGM

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.1 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute spec*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name DERMATOPHYTE CULTURE
Code: 119

Synonyms

FUND

Collection Requirements

skin scrapings, nail clippings or hair in a sterile container.

Shipping and Handling Instructions

Routine specimens may be held in the Microbiology refrigerator for processing by the day shift.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	STERILE TUBE	No	
DH PAV A CENTRAL LAB	SWAB	No	

Test Name DESIPRAMINE LEVEL
Code: 1230101120

Synonyms

NORPRAMIN
2011487
DESIPRAMINE

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 5 days; Frozen: 6 months

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED TOP -PLAIN	Yes	

Test Name DESMOGLEIN 1 AND 3 ANTIBODIES, IGG
Code: 1230500294

Synonyms

0090649
IGGDESMOG

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 1 week; Frozen: Indefinitely

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	
ARUP LAB	RED TOP -PLAIN	No	

Test Name DEXAMETHASONE, SERUM OR PLASMA, LC-MS/MS
Code: 1230500206

Synonyms

2003248
DEXATMS

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum or plasma from cells ASAP or within 2 hours of collection. Transport 1 mL serum or plasma. (Min: 0.5 mL). STABILITY: Refrigerated: 1 week; Ambient: Unacceptable; Frozen: 6 months

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	Yes	

Test Name DHEA-SULFATE
Code: 1230101122

Synonyms

DEHYDROEPIANDROSTERONE
0070040

Collection Requirements

None Listed

Shipping and Handling Instructions

Allow specimen to clot completely at room temperature. Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Frozen: 2 months; Ambient: 8 hou*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	Yes	

Test Name DIGOXIN
Code: 1230100136

Synonyms

Collection Requirements

Patient preparation: Samples should be drawn 6-8 hours after daily dose or just prior to next dose. Preferred specimens: 0.25 ml plasma from a green lithium heparin gel tube. Alternate specimens: Serum from red gel or plain tube with no additive.

Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed. Freeze specimen for longer storage.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name DIPHTHERIA ANTIBODY, IGG
Code: 1230500295

Synonyms

0050210
DIPABIGG

Collection Requirements

Serum separator tube. ""Pre"" and ""post"" vaccination specimens should be submitted together for testing. ""Post"" specimen should be drawn 30 days after immunization.

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL) Mark specimens clearly as "Pre-Vaccine" or "Post-Vaccine". If shipped separately, "Post" specimen must be received wit*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name DIURETIC SURVEY, SERUM OR PLASMA
Code: 1230500296

Synonyms

2007763
DIURETSP

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.4 mL). STABILITY: Refrigerated: 1 month; Ambient: 1 week; Frozen: 1 month

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED TOP -PLAIN	Yes	

Test Name DRUG CONF, BENZODIAZEPINES, SER/PLA
Code: 1230500392

Synonyms

CONFBENZS
2010445

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 2 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 1 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 1 week; Frozen: 3 years (Avoid repeated freeze/thaw cycle*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GRAY TOP	Yes	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED TOP -PLAIN	No	

Test Name DRUG CONFIRMATION COCAINE, SER\PLA
Code: 1230500120

Synonyms

0090684
COCMETSP

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 3.5 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 1.5 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 1 week; Frozen: 3 years

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GRAY TOP	Yes	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED TOP -PLAIN	No	

Test Name DRUG CONFIRMATION, ALCOHOL, URINE
Code: 123050110

Synonyms

2010136
ALCCONF

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 4 mL urine without additives or preservatives to an ARUP Standard Transport Tube. (Min: 1 mL). STABILITY: Ambient: 1 week; Refrigerated: 1 month; Frozen: 3 years (Avoid repeated freeze/thaw cycles)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

Test Name DRUG CONFIRMATION, BARBITURATES, SER/PLA
Code: 123050086

Synonyms

2012201

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 3.5 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 1.5 mL)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GRAY TOP	Yes	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED TOP -PLAIN	No	

Test Name DRUG CONFIRMATION, CANNABINOIDS, SER/PLA
Code: 1230500075

Synonyms

0090676
THC
MARIJUANA

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 1 week; Frozen: 3 years

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GRAY TOP	Yes	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED TOP -PLAIN	No	

Test Name DRUG CONFIRMATION, COCAINE, URINE
Code: 1230500168

Synonyms

0090359
COCCONF

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 3.5 mL urine with no additives or preservatives to an ARUP Standard Transport Tube. (Min: 1.5 mL). STABILITY: Ambient: 1 week; Refrigerated: 1 month; Frozen: 3 years

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

Test Name DRUG DETECTION PNL, UMBILICAL CORD, QUAL
Code: 722

Synonyms

2006621

Collection Requirements

None Listed

Shipping and Handling Instructions

S/H Instructions: Collect 6 inches of umbilical cord (approximately the length of an adult hand). Drain and discard any blood. Rinse the exterior of the cord segment with normal saline or sterile water. Pat the cord dry and transfer specimens to a steri* Unacceptable conditions: Cords soaking in blood or other fluid. Formalin fixed. Tissue that is obviously decomposed.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	STERILE CUP	Yes	

Test Name DRUG PAN 9, SER/PLA, SCR N W/RFLX TO CONF
Code: 1230500043

Synonyms

0092420
DRUG9SER

Collection Requirements

None Listed

Shipping and Handling Instructions

Remove plasma from cells ASAP or within 2 hours of collection. Transfer 4 mL plasma to an ARUP Standard Transport Tube. (Min: 3 mL) Also acceptable: Serum. STABILITY: Refrigerated: 2 weeks; Ambient: 1 week; Frozen: 3 years

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GRAY TOP	Yes	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED TOP -PLAIN	No	

Test Name DRUG PANEL 5, URINE
Code: 1230100479

Synonyms

DRUG
DRUG SCREEN
URINE DRUG SCREEN
DRUG SCREEN URINE
TOX SCREEN URINE
URINE TOX SCREEN
DRUGS
PANEL 5
PANEL
UTOX
URINE TOX
TOX
TOXICOLOGY

Collection Requirements

PANEL INCLUDES: 1) Amphetamines 2) Benzodiazepines 3) Cocaine Metabolites 4) Methadone 5) Opiates COLLECT: 30 mLs (10 minimum) Urine. Alternates: None

Shipping and Handling Instructions

Centrifuge and deliver to DHMC Chemistry Dept. TRANSPORT: 30 mLs (10 minimum) Urine. STABILITY: Ambient 24 hours, Refrigerated 1 week.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	URINE	No	

Test Name DRUG PANEL 6, URINE
Code: 726

Synonyms

PEDIATRIC DRUG SCREEN URINE
DRUGS

Collection Requirements

PANEL INCLUDES: 1) Amphetamines 2) Benzodiazepines 3) Cocaine Metabolites 4) Methadone 5) Opiates 6) THC COLLECT: 10 mLs (3 minimum) Urine, Alternates: None.

Shipping and Handling Instructions

Centrifuge and deliver to DHMC Chemistry Dept. TRANSPORT: 10 mLs (3 minimum) Urine.
STABILITY: Ambient 24 hours, Refrigerated 1 week

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	URINE	No	

Test Name DRUG PANEL 7, URINE
Code: 51

Synonyms

PEDIATRIC DRUG SCREEN URINE
DRUGS

Collection Requirements

PANEL INCLUDES: 1) Amphetamines 2) Benzodiazepines 3) Cocaine Metabolites 4) Ethanol 5) Methadone 6) Opiates 7) THC COLLECT: 10 mLs (3 minimum) Urine, Alternates: None.

Shipping and Handling Instructions

Centrifuge and deliver to DHMC Chemistry Dept. TRANSPORT: 10 mLs (3 minimum) Urine.
STABILITY: Ambient 24 hours, Refrigerated 1 week

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	URINE	No	

Test Name DRUG PANEL, MEC, SCREEN Q/RFLX TO CONF
Code: 1230500397

Synonyms

0092516
MEC9

Collection Requirements

Meconium. All meconium (blackish material) excreted until milk/formula based stool (yellow-green) appears.

Shipping and Handling Instructions

Specimen Preparation: Transport all available meconium (4 g is preferred). (Min: 2 g or 3/4 inch cube on each side) Storage/Transport Temperature: Room temperature. Stability (collection to initiation of testing): Ambient: 1 week; Refrigerated: 3 months; Frozen: 1 year

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	Yes	

Test Name DRVVT (DILUTE RUSSEL VV TIME)
Code: 1230100226

Synonyms

DRVVT
RUSSEL
VIPER VENOM
0030461

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 2 mL platelet-poor plasma to an ARUP Standard Transport Tube. (Min: 1 mL)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	BLUE TOP-CITRATE	Yes	

Test Name DSDNA (CRITHIDIA LUCILIAE) AB IGG BY IFA
Code: 123050051

Synonyms

2002693

Collection Requirements

None Listed

Shipping and Handling Instructions

INSTRUCTIONS: Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL). STABILITY: Refrigerated: 2 weeks; Ambient 48 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles) UNACCEPTABLE: N/A

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name E TEST
Code: 981

Synonyms

E TEST
FLUCONAZOL
VORICONAZOL

Collection Requirements

Internal Micro test

Shipping and Handling Instructions

Dayshift Microbiology test that is part of a culture. Fresh 24 hour sub is needed to perform testing.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CONTAINER	Yes	

Test Name E. HISTOLYTICA (AMEBIASIS), AB, IGG
Code: 1230500121

Synonyms

0050070
EHISTIGG

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.1 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimen*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name EAR CULTURE
Code: 1230100497

Synonyms

EARC
EAR CX
CULTURE

Collection Requirements

Aspirate, drainage or swab collection from the middle ear or external ear canal (meatus).

Shipping and Handling Instructions

Routine specimens may be held in the Microbiology refrigerator for processing by the day shift.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	STERILE TUBE	No	
DH PAV A CENTRAL LAB	SWAB	No	

Test Name EBV AB TO VIRAL CAPSID AG, IGG
Code: 1230500007

Synonyms

0050235
EBVIGG
EBVG

Collection Requirements

None Listed

Shipping and Handling Instructions

Allow specimen to clot completely at room temperature. Separate from cells ASAP or within 2 hours of collection. Transfer 2 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL) Parallel testing is preferred and convalescent specimens must be received. Storage/Transport Temperature: Refrigerated. Remarks: Label specimens plainly as "acute" or "convalescent." Unacceptable Conditions: Contaminated, heat-inactivated or grossly hemolyzed specimens. Stability (collection to initiation of testing): After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (Avoid repeated freeze/thaw cycles)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name EBV AB TO VIRAL CAPSID AG, IGM
Code: 1230500004

Synonyms

0050240
EBVIGM
EBVG

Collection Requirements

None Listed

Shipping and Handling Instructions

Allow specimen to clot completely at room temperature. Separate from cells ASAP or within 2 hours of collection. Transfer 2 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL) Parallel testing is preferred and convalescent specimens must be received. Storage/Transport Temperature: Refrigerated. Remarks: Label specimens plainly as "acute" or "convalescent." Unacceptable Conditions: Contaminated, heat-inactivated or grossly hemolyzed specimens. Stability (collection to initiation of testing): After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (Avoid repeated freeze/thaw cycles)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name EBV PCR
Code: 1230101148

Synonyms

EBV
DNA
EPSTEIN-BARR VIRUS
EBPCR

Collection Requirements

All sample types in a sterile container, including serum from red top tube. Whole blood collected in pink top (EDTA) or purple top (EDTA) tube. Specimen source is required. Send at 2 - 8 degrees C if delivered within 72 hours. If delivery is not expected within 72 hours, freeze at -70 degrees C and ship frozen. Deliver to Microbiology/Place in Microbiology refrigerator.

Shipping and Handling Instructions

STABILITY: Ambient:12 hours Refrigerated: 72 hours Frozen (-70C): 6 months Testing Performed: Monday through Friday.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	CSF COLLECTION KIT	Yes	
DH NON-INTERFACED LAB	LAVENDAR BULLET - K2 EDTA	No	
DH NON-INTERFACED LAB	LAVENDER TOP - K2 EDTA	No	
DH NON-INTERFACED LAB	RED BULLET	No	
DH NON-INTERFACED LAB	RED GEL (SST)	No	
DH NON-INTERFACED LAB	RED TOP -PLAIN	No	
DH NON-INTERFACED LAB	STERILE CONTAINER	No	
DH NON-INTERFACED LAB	STERILE TUBE	No	
DH NON-INTERFACED LAB	WHITE TOP	No	
DH NON-INTERFACED LAB	YELLOW BULLET (SST)	No	

Test Name EGFR BY PYROSEQUENCING
Code: 123050137

Synonyms

2002440

Collection Requirements

None Listed

Shipping and Handling Instructions

Formalin fix (10 percent neutral buffered formalin) and paraffin embed tissue. Protect from excessive heat. Transport tissue block or 5 unstained 5-micron slides. (Min: 3 slides)
Tissue block will be returned after testing. A Fine Needle Aspirate (FNA) *

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	Yes	

Test Name EHRLICHIA CHAFFEENSIS ABS, IGG AND IGM
Code: 1230500210

Synonyms

0051002
ECHAFAABS

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.05 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute spe*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 Weeks
ARUP LAB	Routine	1 Weeks
ARUP LAB	STAT	1 Weeks
ARUP LAB	Timed	1 Weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ELECTROLYTES
Code: 1230100065

Synonyms

LYTES

Collection Requirements

No patient preparation is required. Do not draw from an infusion site. Preferred specimens: A green top tube containing LITHIUM heparin. Alternate specimens: A serum separator (gel) tube, a plain white top tube, or a plain red top tube are also acceptable.

Shipping and Handling Instructions

Centrifuge the specimen and remove the serum/plasma as soon as possible. Keep the specimen capped at all times. Refrigerate specimen if testing is not performed immediately.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name ELECTROLYTES STOOL
Code: 1230100300

Synonyms

LYTES STOOL

Collection Requirements

No patient preparation is required. Preferred specimens: LIQUID stool.

Shipping and Handling Instructions

Specimen must be liquid. Centrifuge and test the supernate in the same manner as a urine specimen.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CUP	Yes	

Test Name ENDOMYSIAL ANTIBODY, IGA BY IFA
Code: 1230500005

Synonyms

0050736
EMARTITER

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL). STABILITY: Refrigerated: 2 weeks; Ambient 48 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ENDOMYSIAL ANTIBODY, IGG
Code: 123050055

Synonyms

2005501
EMAIGG

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL). STABILITY: Refrigerated: 2 weeks; Ambient 48 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ENTAMOEBA ANTIGEN BY EIA
Code: 1230500302

Synonyms

0058001
AMOEB A

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 5g stool to an unpreserved stool transport vial (ARUP supply #40910). Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787. (Min 1g). STABILITY: Frozen: 2 weeks; Ambient: Unacceptable; Refrig*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	Yes	

Test Name ENTEROVIRUS PCR
Code: 130

Synonyms

ENPCR

Collection Requirements

CSF, stool, and respiratory samples types. whole blood collected in a pink top (EDTA) or a purple top (EDTA) tube. Specimen source must be identified. Deliver to Microbiology/Place in Microbiology refrigerator.

Shipping and Handling Instructions

Transport same day refrigerated. If delivery is not expected within 24 hours, freeze at -70 degrees C and ship frozen. STABILITY: Ambient:12 hours Refrigerated: 48 hours Frozen (-70C): 6 months

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	CSF COLLECTION KIT	Yes	

Collection Requirements

CSF, stool, and respiratory samples types. whole blood collected in a pink top (EDTA) or a purple top (EDTA) tube. Specimen source must be identified. Deliver to Microbiology/Place in Microbiology refrigerator.

Shipping and Handling Instructions

Transport same day refrigerated. If delivery is not expected within 24 hours, freeze at -70 degrees C and ship frozen. STABILITY: Ambient:12 hours Refrigerated: 48 hours Frozen (-70C): 6 months

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	LAVENDAR BULLET - K2 EDTA	No	
DH NON-INTERFACED LAB	LAVENDER TOP - K2 EDTA	Yes	
DH NON-INTERFACED LAB	RED BULLET	No	
DH NON-INTERFACED LAB	RED TOP -PLAIN	No	
DH NON-INTERFACED LAB	STERILE CUP	No	
DH NON-INTERFACED LAB	STERILE TUBE	No	
DH NON-INTERFACED LAB	WHITE TOP	No	
DH NON-INTERFACED LAB	YELLOW BULLET (SST)	No	

Test Name EOSIN NASAL MAN DIFF
Code: 1205

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE RAYON TIPPED SWAB	Yes	

Test Name EOSINOPHILS, NASAL
Code: 13

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

Send swab in original container, or in a sterile urine cup. Send to lab as soon as possible to avoid drying out. Lab: Give to Urinalysis tech immediately so that the swab can be rolled onto slide asap to avoid drying out.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE RAYON TIPPED SWAB	Yes	

Test Name EPSTEIN-BARR VIRUS BY QUANT PCR
Code: 123010114801

Synonyms

EBV
DNA
EPSTEIN-BARR VIRUS
EBPCR
EBQUANT
0051352

Collection Requirements

 Collect Lavender (EDTA), Pink (K2EDTA), or Serum Separator Tube (SST). Also acceptable: CSF.

Shipping and Handling Instructions

Separate serum or plasma from cells. Transfer 1 mL serum, plasma, whole blood, to a sterile container. (Min: 0.5 mL) Storage/Transport Temperature: Frozen. Whole Blood: Refrigerated. Unacceptable Conditions:Heparinized specimens. Stability:Ambient: 24 hours; Refrigerated: 5 days; Frozen: 1 year whole Blood: Ambient: 1 week; Refrigerated: 1 week; Frozen: 1 week

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDAR BULLET - K2 EDTA	Yes	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	No	
ARUP LAB	STERILE CONTAINER	No	

Test Name EPSTEIN-BARR VIRUS QUAL PCR
Code: 123010114802

Synonyms

EBV
DNA
EPSTEIN-BARR VIRUS
EBPCR
0050246

Collection Requirements

CSF only.

Shipping and Handling Instructions

Transfer 1 mL CSF to a sterile container. (Min: 0.5 mL) Storage/Transport Temperature: Frozen. Stability: Ambient: 24 hours; Refrigerated: 5 days; Frozen: 1 year

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CSF COLLECTION KIT	Yes	
ARUP LAB	STERILE CONTAINER	No	
ARUP LAB	STERILE TUBE	No	

Test Name ERYTHROPOIETIN
Code: 1230100518

Synonyms

EPO
0050227

Collection Requirements

None Listed

Shipping and Handling Instructions

Allow serum to clot completely at room temperature. Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Refrigerated: 1 week; Ambient: 8 ho*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 Weeks
ARUP LAB	Routine	1 Weeks
ARUP LAB	STAT	1 Weeks
ARUP LAB	Timed	1 Weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN GEL (PST)	No	
ARUP LAB	RED GEL (SST)	Yes	

Test Name ESBL SCREEN
Code: 979

Synonyms

Collection Requirements

Internal Micro test

Shipping and Handling Instructions

Dayshift Microbiology test that is part of a culture. Fresh 24 hour sub is needed to perform testing.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CONTAINER	Yes	

Test Name ESR MODIFIED WESTERGREN
Code: 1230101427

Synonyms

ERYTHROCYTE
ESR
SEDIMENTATION RATE

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name ESR QC ALL
Code: 1036

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

Test Name ESTRADIOL
Code: 1230101155

Synonyms

17 BETA ESTRADIOL
E2

Collection Requirements

1 mL Serum (Red Gel) or mL Plasma (heparin).

Shipping and Handling Instructions

Stability: Room temperature 8 hrs, reffridgerated at 2-8C for 72 hours, freeze at -20C or colder if delay expected. Performed: Monday - Friday dayshift only.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN TOP - NAHEP	No	
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	

Test Name ESTROGENS, FRACTIONATED
Code: 1230101156

Synonyms

E2
ESTRADIOL
ESTRIOL
ESTRONE
ESTROGENS
E3
0093248

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum or plasma from cells within 2 hours of collection. Transfer 0.5 mL serum or plasma to an ARUP Standard Transport Tube. (Min 0.3 mL). STABILITY: Refrigerated: 1 week; Ambient: 48 hours; Frozen: 1 month

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	Yes	

Test Name ESTRONE
Code: 1230101158

Synonyms

E1
0093249

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum or plasma from cells within 2 hours of collection. Transfer 0.5 mL serum or plasma an ARUP Standard Transport Tube. (Min 0.3 mL). STABILITY: Refrigerated: 1 week; Ambient: 48 hours; Frozen: 1 month

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 Weeks
ARUP LAB	Routine	1 Weeks
ARUP LAB	STAT	1 Weeks
ARUP LAB	Timed	1 Weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	Yes	

Test Name ETHANOL
Code: 1230100370

Synonyms

ALCOHOL

Collection Requirements

Patient preparation: Follow the instructions provided with your specimen collection device for use and processing. Use non alcohol germicidal solution to cleanse the skin. The tube should be completely filled and stored under refrigeration until analyzed. Preferred specimens: 0.2 mL Plasma Heparin (Grn Gel). Alternate specimens: 0.2 Plasma from green sodium heparin, lavender EDTA, gray sodium fluoride/potassium oxalate, and plain collection tubes are also acceptable.

Shipping and Handling Instructions

Specimens are tested as they are received. To minimize the loss of alcohol in a sample due to evaporation, open and process samples in STAT mode. If not analyzed immediately, specimens may be stored tightly closed and refrigerated at 2-8 degrees C for u*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	

Test Name ETHANOL URINE
Code: 1230100301

Synonyms

ETOH UR
ALCOHOL

Collection Requirements

No patient preparation is required. Preferred specimens: 30 mL of random urine is preferred. The minimum acceptable volume is 10 mL. Urine should be collected in a clean, unbreakable, leak-proof container. No pre-treatment or preservative is required. Any questions related to specimen integrity, specimen handling, or testing must be referred to a supervisor or pathologist.

Shipping and Handling Instructions

No patient preparation is required. Preferred specimens: 30 mL of random urine is preferred. The minimum acceptable volume is 10 mL. Urine should be collected in a clean, unbreakable, leak-proof container. No pre-treatment or preservative is required. *

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	

Test Name ETHOSUXIMIDE LEVEL
Code: 1230101160

Synonyms

ZARONTIN
ANTICONVULSANT
2010358
ETHOSUXIMIDE

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Refrigerated: 1 week; Ambient: 5 days; Frozen: 2 months

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED TOP -PLAIN	Yes	

Test Name ETHYL GLUC SCR N W/RFLX TO CONF, URINE
Code: 1230500090

Synonyms

2007912
ETGSCR

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 4 mL urine with no additives or preservatives to an ARUP Standard Transport Tube.
(Min: 1 mL). STABILITY: Refrigerated: 20 days; Ambient: 20 days; Frozen: 20 days

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

Test Name ETHYL GLUCURONIDE, UMBILICAL CORD TISSUE, QUALITATIVE
Code: 1063

Synonyms

3000443
UMBILICAL CORD ALCOHOL

Collection Requirements

Umbilical Cord (At least 8 inches, approximately the width of a sheet of paper.) Caution must be used when collecting specimen, to ensure no ethanol-containing personal care products (i.e., hand sanitizers, wipes, mouthwash) are used directly on the specimen or nearby during collection.

Shipping and Handling Instructions

STABILITY: Refrigerated: 2 weeks; Ambient: 3 days; Frozen: 1 year Drain and discard any blood. Rinse the exterior of the cord segment with normal saline or sterile water. Pat the cord dry and transport at least 8 inches of umbilical cord in a routine urine collection cup or Security Kit for Meconium/Umbilical Drug Det*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	STERILE CUP	Yes	

Test Name ETHYL GLUCURONIDE/SULFATE CONFRM, URN
Code: 1230500124

Synonyms

2007909
ETHYLGLUC

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 4 mL urine with no additives or preservatives to an ARUP Standard Transport Tube. (Min: 1 mL). STABILITY: Refrigerated: 20 days; Ambient: 20 days; Frozen: 20 days Reported: 2-8 days

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

Test Name ETHYLENE GLYCOL
Code: 1230101161

Synonyms

ANTIFREEZE

Collection Requirements

None Listed

Shipping and Handling Instructions

Gel tubes may not be used for testing. Allow the plain red or white specimen tube to clot for 30 minutes. Separate serum from cells as soon as possible. Place serum in a sendout tube and freeze. PRINT AN EXTRA LABEL AND GIVE TO THE M BENCH PERSON FOR FO* M Bench: Tape the label to the monitor as a reminder of the pending order. If the Tox Fellow has not called within an hour or two, call the nurse and remind her that the specimen will not be sent out until the Tox Fellow calls the Lab with an approval. Stat Turnaround time is 4 hours.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	RED TOP -PLAIN	Yes	

Test Name EVEROLIMUS BY HPLC-MS/MS
Code: 1230500305

Synonyms

0092118
EVEROLIMUS

Collection Requirements

None Listed

Shipping and Handling Instructions

Transport 1 mL whole blood. (Min: 0.25 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 24 hours; Frozen: 2 weeks

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name EXPERT QC ALL
Code: 226

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

Test Name EXTRA FLUID CONTAINER
Code: 1388

Synonyms

EXTRA

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CSF COLLECTION KIT	No	
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	No	
DH PAV A CENTRAL LAB	STERILE CONTAINER	Yes	
DH PAV A CENTRAL LAB	STERILE CUP	No	
DH PAV A CENTRAL LAB	STERILE TUBE	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CSF COLLECTION KIT	No	
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	No	
DH PAV A CENTRAL LAB	STERILE CONTAINER	Yes	
DH PAV A CENTRAL LAB	STERILE CUP	No	
DH PAV A CENTRAL LAB	STERILE TUBE	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CSF COLLECTION KIT	No	
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	No	
DH PAV A CENTRAL LAB	STERILE CONTAINER	Yes	
DH PAV A CENTRAL LAB	STERILE CUP	No	
DH PAV A CENTRAL LAB	STERILE TUBE	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CSF COLLECTION KIT	No	
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	No	
DH PAV A CENTRAL LAB	STERILE CONTAINER	Yes	
DH PAV A CENTRAL LAB	STERILE CUP	No	
DH PAV A CENTRAL LAB	STERILE TUBE	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CSF COLLECTION KIT	No	
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	No	
DH PAV A CENTRAL LAB	STERILE CONTAINER	Yes	
DH PAV A CENTRAL LAB	STERILE CUP	No	
DH PAV A CENTRAL LAB	STERILE TUBE	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CSF COLLECTION KIT	No	
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	No	
DH PAV A CENTRAL LAB	STERILE CONTAINER	Yes	
DH PAV A CENTRAL LAB	STERILE CUP	No	
DH PAV A CENTRAL LAB	STERILE TUBE	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CSF COLLECTION KIT	No	
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	No	
DH PAV A CENTRAL LAB	STERILE CONTAINER	Yes	
DH PAV A CENTRAL LAB	STERILE CUP	No	
DH PAV A CENTRAL LAB	STERILE TUBE	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name EXTRA GREEN ICE TUBE
Code: 1230201663

Synonyms

RAINBOW
GREEN
LTG
MINT
GREEN

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN TOP - LIHEP	Yes	

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

GREEN TOP - LIHEP

Default?

Yes

Min Volume

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

GREEN TOP - LIHEP

Default?

Yes

Min Volume

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

GREEN TOP - LIHEP

Default?

Yes

Min Volume

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

GREEN TOP - LIHEP

Default?

Yes

Min Volume

Test Name EXTRA STOOL CONTANER
Code: 1230301662

Synonyms

RAINBOW
EXTRA
LTB

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

STERILE CUP

Default?

Yes

Min Volume

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

STERILE CUP

Default?

Yes

Min Volume

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

STERILE CUP

Default?

Yes

Min Volume

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

STERILE CUP

Default?

Yes

Min Volume

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

STERILE CUP

Default?

Yes

Min Volume

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

STERILE CUP

Default?

Yes

Min Volume

Test Name EXTRA URINE CONTAINER
Code: 1230201662

Synonyms

RAINBOW
EXTRA
LTB

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	Yes	
DH PAV A CENTRAL LAB	STERILE CUP	No	
DH PAV A CENTRAL LAB	URINE	No	

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	Yes	
DH PAV A CENTRAL LAB	STERILE CUP	No	
DH PAV A CENTRAL LAB	URINE	No	

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Container

STERILE CONTAINER
STERILE CUP
URINE

Default?

Yes
No
No

Min Volume

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Container

STERILE CONTAINER
STERILE CUP
URINE

Default?

Yes
No
No

Min Volume

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	Yes	
DH PAV A CENTRAL LAB	STERILE CUP	No	
DH PAV A CENTRAL LAB	URINE	No	

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	Yes	
DH PAV A CENTRAL LAB	STERILE CUP	No	
DH PAV A CENTRAL LAB	URINE	No	

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	Yes	
DH PAV A CENTRAL LAB	STERILE CUP	No	
DH PAV A CENTRAL LAB	URINE	No	

Test Name EYE CULTURE
Code: 1230100498

Synonyms

EYEC
EYE CX

Collection Requirements

Any type of ocular specimen, on a swab or directly inoculated onto plated media provided by the Microbiology lab

Shipping and Handling Instructions

Routine specimens may be held in the Microbiology refrigerator for processing by the day shift.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	STERILE TUBE	No	
DH PAV A CENTRAL LAB	SWAB	No	

Test Name F-ACTIN AB, IGG EIA WITH RFLX TO ASM IFA
Code: 123050083

Synonyms

0051174
FACTINAB

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube.(Min: 0.25 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name FACTOR 11 ACTIVITY
Code: 1230100215

Synonyms

FACTOR XI ACTIVITY
FACTOR XI ASSAY
FACTOR 11 ASSAY

Collection Requirements

REQUIRES PATHOLOGY APPROVAL All blue top tubes collected for coagulation assays that do not have a blood culture collected first must have a discard tube collected prior to filling. The discard tube should be another blue top tube in which greater than 1 mL of blood is collected.

Shipping and Handling Instructions

CRITICAL FROZEN. Platelet-poor plasma.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	BLUE TOP-CITRATE	Yes	

Test Name FACTOR 12 ACTIVITY
Code: 1230100217

Synonyms

FACTOR XII ACTIVITY
FACTOR XII ASSAY
FACTOR 12 ASSAY

Collection Requirements

All blue top tubes collected for coagulation assays that do not have a blood culture collected first must have a discard tube collected prior to filling. The discard tube should be another blue top tube in which greater than 1 mL of blood is collected.

Shipping and Handling Instructions

CRITICAL FROZEN. Platelet-poor plasma.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	BLUE TOP-CITRATE	Yes	

Test Name FACTOR 13 ACTIVITY
Code: 1230101164

Synonyms

FACTOR XIII
FIBRIN
STABILIZING
FACTOR
FACTOR XIII ASSAY
FACTOR 13 ASSAY
FACTOR XIII ACTIVITY
2006182

Collection Requirements

None Listed

Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Transfer 2 mL platelet-poor plasma to an ARUP Standard Transport Tube. (Min: 1 mL).
STABILITY: Frozen: 1 month; Ambient: 4 hours; Refrigerated: Unacceptable

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	BLUE TOP-CITRATE	Yes	

Test Name FACTOR 5 ACTIVITY
Code: 1230100210

Synonyms

FACTOR V ACTIVITY
FACTOR XII ASSAY
FACTOR 12 ASSAY

Collection Requirements

All blue top tubes collected for coagulation assays that do not have a blood culture collected first must have a discard tube collected prior to filling. The discard tube should be another blue top tube in which greater than 1 mL of blood is collected.

Shipping and Handling Instructions

REQUIRES PATHOLOGY APPROVAL. CRITICAL FROZEN. Platelet-poor plasma. Transport: 1 mL (0.5 mL minimum) Platelet-poor Plasma

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	BLUE TOP-CITRATE	Yes	

Test Name FACTOR 7 ACTIVITY
Code: 1230100211

Synonyms

FACTOR VII ACTIVITY
FACTOR VII ASSAY
FACTOR 7 ASSAY

Collection Requirements

All blue top tubes collected for coagulation assays that do not have a blood culture collected first must have a discard tube collected prior to filling. The discard tube should be another blue top tube in which greater than 1 mL of blood is collected.

Shipping and Handling Instructions

REQUIRES PATHOLOGY APPROVAL. CRITICAL FROZEN. Platelet-poor plasma. Transport: 1 mL (0.5 mL minimum) Platelet-poor Plasma

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	BLUE TOP-CITRATE	Yes	

Test Name FACTOR 8 ACTIVITY
Code: 1230100212

Synonyms

FACTOR VIII ACTIVITY
FACTOR VIII ASSAY
FACTOR 8 ASSAY

Collection Requirements

All blue top tubes collected for coagulation assays that do not have a blood culture collected first must have a discard tube collected prior to filling. The discard tube should be another blue top tube in which greater than 1 mL of blood is collected.

Shipping and Handling Instructions

CRITICAL FROZEN. Platelet-poor plasma. Transport: 1 mL (0.5 mL minimum) Platelet-poor Plasma STABILITY: whole blood: Ambient: 4 hours; Plasma: Frozen 2 weeks; Refrigerated: 4 hours

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	BLUE TOP-CITRATE	Yes	

Test Name FACTOR 9 ACTIVITY
Code: 1230100214

Synonyms

FACTOR IX ACTIVITY
FACTOR IX ASSAY
FACROT 9 ASSAY

Collection Requirements

All blue top tubes collected for coagulation assays that do not have a blood culture collected first must have a discard tube collected prior to filling. The discard tube should be another blue top tube in which greater than 1 mL of blood is collected.

Shipping and Handling Instructions

CRITICAL FROZEN. Platelet-poor plasma. Transport: 1 mL (0.5 mL minimum) Platelet-poor Plasma

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	BLUE TOP-CITRATE	Yes	

Test Name FACTOR II PROTHROMBIN-GENOTYPE
Code: 1230100788

Synonyms

PROTHROMBIN MUTATION

Collection Requirements

None Listed

Shipping and Handling Instructions

Stable at room temperature for 24 hours. EDTA whole blood can be refrigerated at 2-8 C for 15 days.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	LAVENDAR BULLET - K2 EDTA	No	
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name FACTOR V LEIDEN-GENOTYPE
Code: 1230100254

Synonyms

FCT 5 LEIDEN

Collection Requirements

None Listed

Shipping and Handling Instructions

Stable at room temperature for 24 hours. EDTA whole blood can be refrigerated at 2-8 C for 15 days.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	LAVENDAR BULLET - K2 EDTA	No	
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name FACTOR XI, ACTIVITY
Code: 1230500306

Synonyms

0030110

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 2 mL platelet-poor plasma to an ARUP Standard Transport Tube. (Min: 1 mL)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	BLUE TOP-CITRATE	Yes	

Test Name FAP: APC SEQ, APC DEL/DUP, MUTYH 2 MUTS
Code: 1230500307

Synonyms

2004915
FAPPANEL

Collection Requirements

None Listed

Shipping and Handling Instructions

Transport 3 mL whole blood. (Min: 2 mL). STABILITY: Refrigerated: 1 week; Ambient: 72 hours; Frozen: Unacceptable

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	
ARUP LAB	YELLOW (ACD)	No	

Test Name FAT QUALITATIVE URINE
Code: 1230100304

Synonyms

FAT QUAL UR

Collection Requirements

No patient preparation required. Preferred specimens: Random urine sample (>15ml) collected in plain collection cup. Alternate Specimen: None. Test performed M-F, 0700-1400.

Shipping and Handling Instructions

Caution is advisable since mineral or castor oil may stain as neutral fat.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	URINE	No	

Test Name FATTY ACIDS PROFILE, ESSENTIAL
Code: 1230500308

Synonyms

2013518

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells within 45 minutes of draw. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.15) Separate specimens must be submitted when multiple tests are ordered. STABILITY: Frozen: 3 months; Ambient: 48 hours; Refrigerated: 1 week

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	
ARUP LAB	RED TOP -PLAIN	No	

Test Name FATTY ACIDS, FREE
Code: 1230101167

Synonyms

FFA
NONESTERIFIED
NEFA
0080120

Collection Requirements

Collect on ice

Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Allow serum specimen to clot completely on ice. Serum must be separated from cells and frozen immediately, otherwise lipase continues to break down triglycerides, giv*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name FECAL FAT QUALITATIVE
Code: 1230100303

Synonyms

FFAT QUAL
FECALFATQUAL
STOOL FAT

Collection Requirements

No patient preparation required. Preferred specimens: Random stool sample collected in a clean, dry container. Cannot be done from O&P collection kits. Alternate Specimens: None. Test performed M-F, 0700-1400.

Shipping and Handling Instructions

Caution is advisable since mineral or castor oil may stain as neutral fat.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CUP	Yes	

Test Name FECAL FAT QUANTITATIVE
Code: 1230100305

Synonyms

FFAT QUANT
2002356

Collection Requirements

None Listed

Shipping and Handling Instructions

Refer to instructions in Stool Collection-Timed Specimens (24, 48, 72 Hours) under Specimen Handling at <http://www.aruplab.com>. Submit entire 72-hour stool collection in an ARUP approved transport container(s) provided in kit using additional containers*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	72 HR STOOL CONTAINER	Yes	

Test Name FELBAMATE LEVEL
Code: 1230101170

Synonyms

FELBATOL
0094030

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY:
Refrigerated: 1 month; Ambient: 48 hours; Frozen: 6 months

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GRAY TOP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED TOP -PLAIN	Yes	

Test Name FERN TEST VAGINAL FLUID
Code: 1230100449

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

SLIDE must be labeled with a patient sticker (Sample will be rejected if the slide is unlabeled). Allow slide to air dry for 5-10 min. Place the slide in a urine cup with gauze to prevent the slide from breaking. Label the urine cup with a patient stick*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes
DH PAV C WOMENS CARE LAB	Routine	6 Hours
DH PAV C WOMENS CARE LAB	STAT	60 Minutes
DH PAV G WEBB LAB	Routine	6 Hours
DH PAV G WEBB LAB	STAT	60 Minutes
EASTSIDE LAB	Routine	6 Hours
EASTSIDE LAB	STAT	60 Minutes
LA CASA LAB	Routine	6 Hours
LA CASA LAB	STAT	60 Minutes
LOWRY LAB	Routine	6 Hours
LOWRY LAB	STAT	60 Minutes
MONTBELLO LAB	Routine	6 Hours
MONTBELLO LAB	STAT	60 Minutes
PARK HILL LAB	Routine	6 Hours
PARK HILL LAB	STAT	60 Minutes
WESTSIDE LAB	Routine	6 Hours
WESTSIDE LAB	STAT	60 Minutes
WESTWOOD LAB	Routine	6 Hours
WESTWOOD LAB	STAT	60 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	SLIDE	Yes	

Test Name FERRITIN
Code: 1230100394

Synonyms

Collection Requirements

Preferred specimens: 0.25 mL plasma lithium heparin gel tube (Green). Alternate specimens: Sodium heparin, EDTA, serum from a gel or plain collection tube.

Shipping and Handling Instructions

Samples can be stored up to 8 hours at room temperature, 1 week refrigerated or 6 months frozen at -20 C. Hemolysis greater than slight is unacceptable.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	

Test Name FETAL CBC
Code: 1381

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

Inform POC department before collection for scheduling. Collect sample in heparinized syringe. Mix sample well to prevent clot formation.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	HEPARINIZED SYRINGE	Yes	

Test Name FETAL FIBRONECTIN
Code: 1230100192

Synonyms

Collection Requirements

Patient preparation: Specimens for fetal fibronectin testing should be collected prior to collection of culture specimens. Specimens should be obtained prior to digital cervical examination or vaginal probe, ultrasound examination as manipulation of the cervix may cause the release of fetal fibronectin. Testing should not be performed if the patient has had sexual intercourse within 24 hours prior to the sampling time because semen present may increase the possibility of a false positive result. Collect: Swab from the posterior fornix of the vagina or the ectocervical region of the external cervical os. Do not to contaminate the swab or cervicovaginal secretions with lubricants, soaps disinfectants or creams. Alternate specimens: None Specimen prep: Swab from the posterior fornix of the vagina or the ectocervical region of the external cervical os. Unacceptable: Specimens collected in or by any specimen device other than Fetal Fibronectin Specimen Collection Kit.

Shipping and Handling Instructions

Stability: Frozen: 2 weeks Only one freeze/thaw cycle acceptable (Refrigerated: 3 days; Ambient: 8 hours)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	FETAL FIBRONECTIN COLLECTION KIT	Yes	

Test Name FETAL LUNG MATURITY
Code: 1292

Synonyms

FLM
FPOL

Collection Requirements

None Listed

Shipping and Handling Instructions

Do not centrifuge. Transport 2 mL amniotic fluid. STABILITY: Refrigerated: 48 hours; Ambient: 1 hour; Frozen: 1 year

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	CONTAINER	No	
DH NON-INTERFACED LAB	STERILE CONTAINER	No	
DH NON-INTERFACED LAB	STERILE CUP	No	
DH NON-INTERFACED LAB	STERILE TUBE	Yes	

Test Name FIBRINOGEN
Code: 1230100221

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

-Underfilled, overfilled, or clotted tubes must be cancelled. -Blue top tube should be drawn before other tubes with additives. -In laboratory, invert specimen 3 times, and rim with applicator stick to check for clots. -Specimens are centrifuged in processing or at the coag bench in the Stat centrifuge. Specimen Stability: Uncentrifuged, 4 hrs at Room Temperature Plasma, 8 hrs at Room Temperature Frozen plasma, 2 weeks at -20 C

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	BLUE TOP-CITRATE	Yes	

Test Name FIBROBLAST GROWTH FACTOR 23, PLASMA
Code: 1230500091

Synonyms

2011017
FIBROGF23

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 1.5 mL plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY:
Frozen: 3 months; Ambient: Unacceptable; Refrigerated: 2 weeks

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

Laboratory
ARUP LAB

Container
LAVENDER TOP - K2 EDTA

Default?
Yes

Min Volume

Test Name FILMARRAY BCPCR QC (HRP)
Code: 743

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

Laboratory
DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority
Routine
STAT

TAT
6 Hours
40 Minutes

Container Types

Laboratory
DH PAV A CENTRAL LAB

Container
QC CONTAINER

Default?
Yes

Min Volume

Test Name FILMARRAY EBOLAPCR QC (HRP)
Code: 770

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

QC CONTAINER

Default?

Yes

Min Volume

Test Name FILMARRAY GIPCR QC (HRP)
Code: 744

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

QC CONTAINER

Default?

Yes

Min Volume

Test Name FILMARRAY RESPCR QC (HRP)
Code: 746

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

Test Name FINE NEEDLE ASPIRATION
Code: 1230100800

Synonyms

FNA

Collection Requirements

Fine needle aspiration (FNA) procedures must be performed Monday through Friday, 9:00 AM to 4:00 PM., with the assistance of cytopathology staff, and preferably scheduled before the time of procedure. To schedule an FNA performed by a staff pathologist, or an adequacy check by a staff cytotechnologist, please call the Cytopathology Laboratory at 303-602-3580.

Shipping and Handling Instructions

All specimen containers should be transported to the cytology laboratory in biohazard specimen bags by cytology staff. Unstained slides shall be transported in 95% ethanol and fixed until the time of staining. Stained slides can be transported on slid* Needle rinsings collected in RPMI must be promptly stored in the refrigerator (2-8°C) where they will remain stable for 3 days. CytoLyt® vials are stable at 15-30° C and must be processed within 3 weeks of collection Turn-Around Time: 90% in 5 Days

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CYTOLYT	Yes	

Test Name FISH AMNIOTIC FLUID, TRISOMY SCREEN - CGL
Code: 1230101086

Synonyms

CHROMOSOME ANALYSIS
CLL FISH
CHRONIC
FISH
CGL

Collection Requirements

None Listed

Shipping and Handling Instructions

Indicate FISH request in the "Prenatal/Tissue Specimens" section of the requisition.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	STERILE CONTAINER	Yes	

Test Name FLASHLIGHT, GROSS ROOM
Code: 12325001

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

QC CONTAINER

Default?

Yes

Min Volume

Test Name FLASHLIGHT, HISTOLOGY
Code: 250

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

Test Name FLECAINIDE LEVEL
Code: 1230101178

Synonyms

TAMBOCOR
0090003

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum or plasma from cells within 6 hours of collection. Transfer 2 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Refrigerated: 6 weeks; Ambient: 6 weeks; Frozen: 6 weeks

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED TOP -PLAIN	Yes	

Test Name FLOW1 QC ALL
Code: 208

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

Test Name FLT3 MUTATION DETECTION BY PCR
Code: 1230500211

Synonyms

2005400
FLT3MUTAT

Collection Requirements

None Listed

Shipping and Handling Instructions

Transport 5 mL whole blood (Min: 5 mL) OR 3 mL bone marrow. (Min: 3 mL) Also acceptable: Transport 1ug previously isolated DNA. (Min: 1ug) Separate specimens must be submitted when multiple tests are ordered. STABILITY: Ambient: 72 hours; Refrigerated: 1 week; Frozen: Unacceptable Isolated DNA: Ambient: 72 hours; Refrigerated: Indefinitely; Frozen: Unacceptable

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	BLUE TOP-CITRATE	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	Yes	

Test Name FLUID CULTURE
Code: 1230100177

Synonyms

BODY FL CX
CULTURE

Collection Requirements

Normally sterile body fluids including amniotic, ascitic, pericardial, peritoneal, pleural, synovial, thoracentesis, vitreous fluids, or bile, collected aseptically and submitted in a sterile leak proof container or capped syringe. Bone marrow submitted in a yellow-top SPS (sodium polyanetholsulfonate) tube. Specimen should be sent to the Microbiology lab immediately.

Shipping and Handling Instructions

This test is to aid in the diagnosis of infection caused by aerobic bacteria and most yeast. To rule out anaerobes, viruses, fungi, Cryptococcus, or mycobacteria, separate tests/cultures must be ordered.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	STERILE TUBE	No	
DH PAV A CENTRAL LAB	SWAB	No	

Test Name FLUID PH MANUAL
Code: 34

Synonyms

Collection Requirements

This test is Lab orderable only. It will be utilized when the fluid specimen is unable to be run through the blood gas analyzers. Patient Preparation: None Preferred Specimens: 1.0 mL Gastric Fluid usually received in a cup. Body fluids collected in plain collection cups, plain white tubes or heparin tubes. Approximately 0.5 to 1.0 mL is required for testing. Alternate Specimens: None

Shipping and Handling Instructions

Specimen should be placed on ice immediately after collection and sent to lab on ice. Specimen should be tested as soon as possible, within 1 hour of collection. If specimen cannot be tested immediately it may be stored refrigerated for 24 hours or fro*

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Container

GREEN GEL (PST)
GREEN TOP - LIHEP
STERILE CONTAINER
STERILE CUP
WHITE TOP

Default?

No
No
No
No
Yes

Min Volume

Test Name FOCUS QC ALL
Code: 695

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

QC CONTAINER

Default?

Yes

Min Volume

Test Name FOLATE
Code: 1230100395

Synonyms

FOLIC ACID

Collection Requirements

Preferred specimens: 0.25 mL plasma lithium heparin gel tube (Green) Alternate specimens: Sodium heparin, serum from a gel or plain collection tube.

Shipping and Handling Instructions

Samples can be stored up to 8 hours at room temperature, 2 days refrigerated, or 3 months frozen. Hemolysis greater than slight is unacceptable.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	GREEN TOP - NAHEP	No	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name FOLATE RBC
Code: 1230100397

Synonyms

RBC FOLATE
0070385

Collection Requirements

Hematocrit must be performed and indicated on the specimen label. If the patient has not received a transfusion or experienced excessive bleeding between the RBC folate draw and the hematocrit draw, any hematocrit drawn within 24 hours of the RBC folate draw is acceptable. Protect from light during collection

Shipping and Handling Instructions

INSTRUCTIONS: CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Protect from light during collection, storage, and shipment. Mix specimen well. Transfer 1 mL whole blood to an ARUP Amber Transport Tube. STABILITY: Frozen: 2 months; Ambient: 2 hours; Refrigerated: 4 hours UNACCEPTABLE: Non-frozen specimens. Clotted specimens.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

Laboratory
ARUP LAB

Container
LAVENDER TOP - K2 EDTA

Default?
Yes

Min Volume

Test Name FRAG X DNA
Code: 1230101084

Synonyms

FRAGILE X
CHROMOSOME ANALYSIS
FMR1

Collection Requirements

Can only be drawn Monday - Thursday only

Shipping and Handling Instructions

Specimens must be received at Reference Lab within 48-72 hours of collection. Transport: 5 mL (1 mL minimum) whole Blood.

Turn Around Times

Laboratory

Priority

TAT

Container Types

Laboratory
DH NON-INTERFACED LAB

Container
LAVENDER TOP - K2 EDTA

Default?
Yes

Min Volume

Test Name FRANCISELLA TULARENSIS ANTIBODY, IGG/IGM
Code: 1230500212

Synonyms

FRANCISELLA
2005350

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.15 mL). STABILITY:
Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	BLUE TOP-CITRATE	No	
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	Yes	

Test Name FREE T4 BY EQUIL DIALYSIS-TMS
Code: 123050068

Synonyms

0093244
FT4EDTMS

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 2 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL). STABILITY:
Refrigerated: 2 weeks; Ambient: 4 days; Frozen: 1 month

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED TOP -PLAIN	Yes	

Test Name FRUCTOSAMINE
Code: 1230101182

Synonyms

GLYCATED PROTEIN
0099012
FRUCTOSAMINE

Collection Requirements

None Listed

Shipping and Handling Instructions

Allow specimen to clot completely at room temperature before centrifuging. Transfer 0.5 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.3 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 72 hours; Frozen: 2 months

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	RED GEL (SST)	Yes	

Test Name FSH
Code: 1230100414

Synonyms

FSHLH
FOLLICLE
HORMONE
FOLLICLE STIMULATING HORMONE

Collection Requirements

None Listed

Shipping and Handling Instructions

SPECIMEN PREP: Separate serum from cells within 2 hours. TRANSPORT: 1.5 mL (1.0 mL minimum)
Serum STABILITY: 1. Samples can be stored at 2-8°C for up to 7 days after collection. 2. For longer storage, aliquot and freeze up to 3 months at -20°C.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN BULLET - LIHEP	No	
DH PAV A CENTRAL LAB	GREEN GEL (PST)	No	
DH PAV A CENTRAL LAB	GREEN GEL BULLET (PST)	No	
DH PAV A CENTRAL LAB	GREEN TOP - LIHEP	No	
DH PAV A CENTRAL LAB	RED BULLET	No	
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	
DH PAV A CENTRAL LAB	YELLOW BULLET (SST)	No	

Test Name FTA ANTIBODIES, IGG AND IGM
Code: 1230101183

Synonyms

FLUORESCENT
TREPONEMAL
ANTIBODY
SYPHILIS

Collection Requirements

Fresh or frozen serum or plasma collected by standard phlebotomy procedures may be used in this test. The minimally acceptable volume of specimen is 40 uL. Coagulants EDTA, sodium citrate, and sodium heparin have been found to be acceptable for use with this test.

Shipping and Handling Instructions

Specimens may be shipped at 2-8C for 7 days after collection or at room temperature (20-30C) for up to 48 hours after collection. Frozen specimens must be shipped on dry ice

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
CDPHE LAB	BLUE TOP-CITRATE	No	
CDPHE LAB	LAVENDER TOP - K2 EDTA	No	
CDPHE LAB	RED GEL (SST)	Yes	
CDPHE LAB	RED TOP -PLAIN	No	

Test Name FUNGAL CULTURE
Code: 1230100148

Synonyms

FUNGAL CULTURE
FUNGUS CX
CULTURE
FUNC

Collection Requirements

Any type of specimen (except blood) submitted in a sterile container. Culturette swab accepted, but suboptimal

Shipping and Handling Instructions

Diagnosis of fungal infection, including isolation and identification of most fungal pathogens. For systemic fungal infection, see Blood Fungus culture. Do not order Fungus Culture if Candidal, Cryptococcal, or other yeast infection is suspected. A routine bacterial culture is sufficient to recover most thermally monomorphic yeasts.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	STERILE TUBE	No	
DH PAV A CENTRAL LAB	SWAB	No	

Test Name GABAPENTIN LEVEL
Code: 1230100450

Synonyms

ANTI-EPILEPTIC
ANTI EPILEPTIC
DRUG
0090057
GABAPENTIN

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum or plasma from cells within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.2 mL). STABILITY: Refrigerated: 1 month; Ambient: 1 month; Frozen: 2 months

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 Weeks
ARUP LAB	Routine	1 Weeks
ARUP LAB	STAT	1 Weeks
ARUP LAB	Timed	1 Weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED TOP -PLAIN	Yes	

Test Name GAMMA GT
Code: 1230100413

Synonyms

GTT

Collection Requirements

No patient preparation required. Preferred specimens: 0.25 ml plasma from a green lithium heparin gel tube. Alternate specimens: Serum from red gel or plain tube with no additive.

Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed. Freeze specimen for longer storage.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name GANGLIOSIDE (GM1) ANTIBODIES, IGG/IGM
Code: 1230500310

Synonyms

GANGLIOSIDEGM1
0050591

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.3 mL serum to an ARUP Standard Transport Tube. (Min: 0.1 mL). STABILITY: Refrigerated: 2 weeks; Ambient: Unacceptable; Frozen: 1 year

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name GANGLIOSIDE ANTIBODIES, COMBINED IGG/IGM
Code: 1230500213

Synonyms

GANGLIOSIDE
0051033

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP. Transfer 0.3 mL serum to an ARUP Standard Transport Tube. (Min: 0.1 mL). STABILITY: Refrigerated: 2 weeks; Ambient: Unacceptable; Frozen: 1 year

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name GASTRIC PARIETAL CELL ANTIBODY, IGG
Code: 1230500125

Synonyms

0050596
GASTPCA

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name GASTRIN
Code: 1230100408

Synonyms

0070075
GASTRIN

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Refrigerated: 1 week; Frozen: 1 month; Ambient: 8 hours

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name GBM AB, IGG BY MULTIPLEX BEAD ASSAY
Code: 1230500060

Synonyms

0051000
GBMIGG

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL). STABILITY: Refrigerated: 2 weeks; Ambient 48 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name GENITAL CULTURE
Code: 1230100499

Synonyms

GEN CX
CULTURE
CERVIX CULTURE
GENITAL CX
CULTURE

Collection Requirements

Aspirate (preferred) or Culturette swab. Source must be specified. Female sources: cervix, vagina, urethra, labia, genital ulcer or vessicle, bartholin gland, endometrium, culdocentesis, products of conceptions, or IUD. Male sources: urethra, genital ulcer or vessicle, penile discharge, epididymus, prostate, testicle

Shipping and Handling Instructions

Diagnosis of bacterial genital infection. To rule out chlamydia or viral infection, separate tests must be ordered. This method is NOT optimal for recovery of Neisseria gonorrhoeae. Notify Micro lab to include rule out of Actinomyces (IUDs and surgical *

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	STERILE TUBE	No	
DH PAV A CENTRAL LAB	SWAB	No	

Test Name GENTAMICIN
Code: 1230100178

Synonyms

Collection Requirements

Patient preparation is not required. Preferred specimens: 0.25 ml plasma from a green lithium heparin gel tube. Alternate specimens: Serum from red gel or plain tube with no additive. If doses are given more than once per day at regular intervals, Gentamicin is monitored by drawing "trough" and "peak" levels, usually starting after the third dose. TROUGH: Draw prior to next dose or dialysis PEAK: IV dose--draw 30 minutes after end of infusion IV dose with impaired renal function--draw 60 minutes after end of infusion. IM dose--draw 60-90 minutes after end of infusion Dialysis--draw 120 minutes after dose following dialysis If dose is given ONCE DAILY, draw random levels 6-14 hours after the start of the infusion

Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed. Freeze specimen for longer storage.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name GENTAMICIN PEAK
Code: 1230100188

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name GENTAMICIN TROUGH
Code: 1230100168

Synonyms

Collection Requirements

Patient preparation is not required. Preferred specimens: 0.25 ml plasma from a green lithium heparin gel tube. Alternate specimens: Serum from red gel or plain tube with no additive

Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed. Freeze specimen for longer storage.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name GIARDIA LAMBLIA ABS PANEL BY ELISA
Code: 1230500311

Synonyms

2009410
GIAPAN

Collection Requirements

None Listed

Shipping and Handling Instructions

Remove serum from cells within one hour. Transfer 1 mL serum to an ARUP Standard Transport Tube and freeze immediately. (Min: 0.5 mL). STABILITY: Frozen: 5 weeks; Ambient: Unacceptable; Refrigerated: 1 week

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	No	
ARUP LAB	RED TOP -PLAIN	Yes	

Test Name GLIADIN ANTIBODY IGA
Code: 1230100516

Synonyms

GLIADIN IGA
0051357

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transport 0.5 mL serum. (Min: 0.3 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name GLIADIN ANTIBODY IGG
Code: 1230100517

Synonyms

GLIADIN IGG
0051359

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transport 0.5 mL serum. (Min: 0.3 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name GLIADIN PEPTIDE ANTIBODIES, IGA AND IGG
Code: 1230500036

Synonyms

0051358
GLIADPAN

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transport 1 mL serum. (Min: 0.3 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name GLU, 1HR POST GLUCOLA (GEST DIAB SCRNI)
Code: 1015

Synonyms

Collection Requirements

No patient preparation is required. It is not necessary for the patient to fast. The 1 hour post glucoala test is a screen for gestational diabetes. Administer 50 grams of glucoala and draw the specimen 1 hour later. Preferred specimens: 0.25 ml plasma from a green lithium heparin gel tube. Alternate specimens: Serum from red gel or plain tube with no additive, plasma from a gray top.

Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed. Freeze specimen for longer storage.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GRAY TOP	No	
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name GLUCOSE 24 HOUR URINE
Code: 1230100309

Synonyms

GLUCOSE URINE 24 HOUR
24HR GLUCOSE URINE
24HR URINE GLUCOSE

Collection Requirements

No patient preparation required. Preferred specimens: urine collected in a 24 hour urine jug is acceptable. No preservative is necessary, but the urine should be refrigerated during collection.

Shipping and Handling Instructions

Measure the volume and document the volume and collection time in the computer. Mix the specimen, pour an aliquot into a test tube, centrifuge and send to core. Also, aliquot a portion into a cup with total volume documented on the cup.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	24 HR URINE CONTAINER	Yes	

Test Name GLUCOSE 6 PHOSPHATE DEHYDROGENASE
Code: 1230101197

Synonyms

G6PD
0080135

Collection Requirements

None Listed

Shipping and Handling Instructions

Do not freeze. Transport 3 mL whole blood. (Min: 1.5 mL). STABILITY: Refrigerated: 1 week;
Ambient: 8 hours; Frozen: Unacceptable

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	
ARUP LAB	YELLOW (ACD)	No	

Test Name GLUCOSE BODY FLUID
Code: 1230100093

Synonyms

GLUCOSE FLUID BODY
BODY FLUID
GLUCOSE

Collection Requirements

Preferred specimens: A serum separator (gel) tube or plain white tube is preferred.
Alternate specimens: green, lavender and plain tubes with no additive are also acceptable.

Shipping and Handling Instructions

Centrifuge and separate the fluid from the cell button as soon as possible. Refrigerate the specimen if testing is not performed immediately.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	No	
DH PAV A CENTRAL LAB	GREEN TOP - LIHEP	No	
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	No	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	Yes	

Test Name GLUCOSE CSF
Code: 1230100092

Synonyms

CSF GLUCOSE

Collection Requirements

Patient preparation is not required. Preferred specimens: CSF is usually collected in plastic CSF tubes. Alternate specimens: CSF from a shunt may be collected in a plain white or plain red tube, or plain specimen cups.

Shipping and Handling Instructions

Centrifuge the specimen. If blood, remove the fluid from the cell button. Refrigerate the specimen if testing is not performed immediately. Do NOT discard the tube containing the cell button. This tube should be saved along with the supernate tube in*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CSF COLLECTION KIT	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	STERILE CUP	No	
DH PAV A CENTRAL LAB	STERILE TUBE	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name GLUCOSE FASTING
Code: 1230100409

Synonyms

FASTING GLUCOSE

Collection Requirements

Patient preparation: Patient must be fasting for 10 hours. The patient may drink water at any time. Preferred specimens: 0.25 ml plasma from a green lithium heparin gel tube. Alternate specimens: Serum from red gel or plain tube with no additive. Plasma from gray top is also acceptable on the Vista analyzer. Gray top tubes may not be run on the AVL analyzer.

Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed. Freeze specimen for longer storage.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GRAY TOP	No	
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name GLUCOSE POCT
Code: 12301013901

Synonyms

GLUCOSE
POC

Collection Requirements

Fresh whole blood--capillary, venous, arterial and neonatal blood may be used.

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes
DH PAV C WOMENS CARE LAB	Routine	6 Hours
DH PAV C WOMENS CARE LAB	STAT	60 Minutes
DH PAV D DAVIS LAB	Routine	6 Hours
DH PAV D DAVIS LAB	STAT	60 Minutes
DH PAV G WEBB LAB	Routine	6 Hours
DH PAV G WEBB LAB	STAT	60 Minutes
DH PAV H STD LAB	Routine	6 Hours
DH PAV H STD LAB	STAT	60 Minutes
EASTSIDE LAB	Routine	6 Hours
EASTSIDE LAB	STAT	60 Minutes
LA CASA LAB	Routine	6 Hours
LA CASA LAB	STAT	60 Minutes
LOWRY LAB	Routine	6 Hours
LOWRY LAB	STAT	60 Minutes
MONTBELLO LAB	Routine	6 Hours
MONTBELLO LAB	STAT	60 Minutes
PARK HILL LAB	Routine	6 Hours
PARK HILL LAB	STAT	60 Minutes
WESTSIDE LAB	Routine	6 Hours
WESTSIDE LAB	STAT	60 Minutes
WESTWOOD LAB	Routine	6 Hours
WESTWOOD LAB	STAT	60 Minutes
WINTER PARK LABORATORY	Routine	6 Hours
WINTER PARK LABORATORY	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	POINT OF CARE CONTAINER	Yes	

Test Name GLUCOSE, RANDOM
Code: 1230100410

Synonyms

GLU

Collection Requirements

No patient preparation is required for RANDOM glucose testing. For fasting glucose, patient should be fasting for 10 hours. The patient may have water at any time. Preferred specimens: 0.25 ml plasma from a green lithium heparin gel tube. Alternate specimens: Serum from red gel or plain tube with no additive. Plasma from a gray top tube is also acceptable.

Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed. Freeze specimen for longer storage.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name GLUCOSE, URINE
Code: 64

Synonyms

Collection Requirements

No patient preparation required. Preferred specimens: 10 mL of random urine collected in a random urine cup is preferred. No preservative is necessary.

Shipping and Handling Instructions

Mix the urine well, pour an aliquot into a test tube, and centrifuge. If testing is delayed, refrigerate the specimen.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	URINE	No	

Test Name GLUCOSE, WHOLE BLOOD
Code: 55

Synonyms

Collection Requirements

0.5 mL whole Blood (Heparin) Green top tube or heparined syringe. Needs to be run ASAP after collection.

Shipping and Handling Instructions

Perform testing ASAP after collection.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN TOP - LIHEP	Yes	
DH PAV A CENTRAL LAB	HEPARINIZED SYRINGE	No	

Test Name GLUTAMIC ACID DECARBOXYLASE AB
Code: 1230101200

Synonyms

GAD
AUTOANTIBODY
GAD-65
2001771

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Frozen: 3 months; Ambient: 24 hours; Refrigerated: 1 week

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name GRAM NEGATIVE COMBO SUSCEPTIBILITY
Code: 6

Synonyms

GRAM
NEGATIVE
NUC74
MIC

Collection Requirements

Microbiology MIC Panel

Shipping and Handling Instructions

Dayshift Microbiology test that is part of a culture. Fresh 24 hour sub is needed to perform testing.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CONTAINER	Yes	

Test Name GRAM POSITIVE SUSCEPTIBILITY
Code: 1230100490

Synonyms

GRAM
POSITIVE
SENSITIVITY
GP SUSC
GPS
PM29

Collection Requirements

Microbiology MIC Panel

Shipping and Handling Instructions

Dayshift Microbiology test that is part of a culture. Fresh 24 hour sub is needed to perform testing.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CONTAINER	Yes	

Test Name GRAM POSTITIVE COMBO SUSCEPTIBILTY
Code: 977

Synonyms

PC34

Collection Requirements

Microbiology MIC Panel

Shipping and Handling Instructions

Dayshift Microbiology test that is part of a culture. Fresh 24 hour sub is needed to perform testing.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CONTAINER	Yes	

Test Name GRAM STAIN
Code: 1230100159

Synonyms

STAIN

Collection Requirements

Any type of specimen may be Gram stained EXCEPT for the following: catheter tips, stool/intestinal contents, vaginal swabs, mouth/throat (except if looking for yeast only), blood.

Shipping and Handling Instructions

Routine specimens may be held in the Microbiology refrigerator for processing by the day shift.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes
DH PAV H STD LAB	Routine	6 Hours
DH PAV H STD LAB	STAT	60 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	STERILE TUBE	No	
DH PAV A CENTRAL LAB	SWAB	No	

Test Name GROWTH HORMONE
Code: 1230101205

Synonyms

GH
0070080

Collection Requirements

None Listed

Shipping and Handling Instructions

Allow specimen to clot completely at room temperature. Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.4 mL). STABILITY: Frozen: 2 months; Ambient: 24 ho*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN GEL (PST)	No	
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	Yes	

Test Name GTT 1 HOUR
Code: 1230101645

Synonyms

Collection Requirements

Collect 1 hour after Glucola administration. Collect a Green Gel tube.

Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed. Freeze specimen for longer storage.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GRAY TOP	No	
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name GTT 2 HOUR
Code: 1230101646

Synonyms

GTT2
2 HOUR GTT

Collection Requirements

Collect 2 hours after Glucola administration. Collect a Green Gel tube. Allow specimen to clot completely at room temperature. Centrifuge within 30 minutes of collection.

Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed. Freeze specimen for longer storage.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GRAY TOP	No	
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name GTT 3 HOUR
Code: 1230101648

Synonyms

GTT3
3 HOUR GTT

Collection Requirements

Collect 3 hours after Glucola administration. Collect a Green Gel Tube. Allow specimen to clot completely at room temperature. Centrifuge within 30 minutes of collection.

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GRAY TOP	No	
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name GTT FASTING
Code: 1230101644

Synonyms

GTT FAST
FAST GTT

Collection Requirements

Glucose Tolerance Test for Pregnant Patients, 100 grams glucoLa. Patient must be fasting. Draw the fasting specimen. Administer 100 grams of glucoLa. Draw additional specimens 1 hour, 2 hours, and 3 hours after the patient finishes ingesting the glucoLa. Fasting 1 Hour 2 Hour 3 Hour Glucose Tolerance Test for Non-Pregnant Patients, 75 grams glucoLa. Patient must be fasting. Draw the fasting specimen. Administer 75 grams of glucoLa. Draw additional specimens 1 hour and 2 hours after the patient finishes ingesting the glucoLa. Fasting 1 Hour 2 Hour For pediatric patients, administer 1.75 grams of glucoLa per kg of ideal body weight up to 75 grams. Never administer more than 75 grams, which is the adult dosage. (2.2 pounds = 1 kilogram).

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GRAY TOP	No	
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name H PYLORI NEG CONTROL
Code: 998

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

QC CONTAINER

Default?

Yes

Min Volume

Test Name H PYLORI POS CONTROL
Code: 999

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

QC CONTAINER

Default?

Yes

Min Volume

Test Name H292 NEGATIVE CONTROL
Code: 1230600115

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

Test Name HALOPERIDOL LEVEL
Code: 1230101210

Synonyms

HALOPERIDOL
0099640

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum or plasma from cells within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Refrigerated: 1 week; Ambient: 4 hours; Frozen: 1 month (avoid repeated freeze/thaw cycles)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED TOP -PLAIN	Yes	

Test Name HANSEL STAIN
Code: 66

Synonyms

Collection Requirements

No patient preparation required. Preferred specimens: 10 mL fresh random urine. Test performed Mon-Sun, 0700-1400.

Shipping and Handling Instructions

Refrigerate as soon as possible.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	URINE	No	

Collection Requirements

No patient preparation required. Preferred specimens: 10 mL fresh random urine. Test performed Mon-Sun, 0700-1400.

Shipping and Handling Instructions

Refrigerate as soon as possible.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	URINE	No	

Test Name HANSEL STAIN MAN DIFF
Code: 1230101638

Synonyms

HANSEL

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	Yes	
DH PAV A CENTRAL LAB	STERILE CUP	No	
DH PAV A CENTRAL LAB	URINE	No	

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	Yes	
DH PAV A CENTRAL LAB	STERILE CUP	No	
DH PAV A CENTRAL LAB	URINE	No	

Test Name HAPTOGLOBIN
Code: 1230100416

Synonyms

Collection Requirements

Preferred specimens 0.1 mL Plasma (Green Lithium Heparin Gel) Ambient. Alternate Specimens: 0.1 mL Serum (Red Gel/Plain Red) Ambient.

Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name HBSAG CONFIRMATION
Code: 138

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

SPECIMEN PREP: Spin and separate serum from cells within 2 hours of collection and refrigerate. Lab Instructions: Store samples refrigerated at 2-8 C for up to 72 hrs, if testing will not be done within 72 hours, then freeze at -20 C. Avoid repeated freezing and thawing.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	

Test Name HBV DNA QUANTITATION BY PCR
Code: 8

Synonyms

HEPATITIS B VIRAL LOAD BY PCR
HBV VIRAL LOAD

Collection Requirements

5mL of EDTA plasma (Lavender Tube) or serum (Red Gel)

Shipping and Handling Instructions

Centrifuge specimen within 6 hours of collection and separate plasma or serum into another tube and freeze at -20C. Sample is stable at -20C for 1 month. 2-8C for 3 days. Room temperature for 24 hours.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	

Test Name HCG QUANTITATIVE BLOOD
Code: 1230100048

Synonyms

HCGS

Collection Requirements

Preferred specimens 0.25 mL plasma lithium heparin gel tube (Green). Alternate specimens: 0.25 mL Serum Red gel or plain tube with no additive.

Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed. Freeze specimen for longer storage. Thaw only once.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name HD CORTISOL 60 MIN PD
Code: 82

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

SPECIMEN PREP: Separate serum from cells within 2 hours. TRANSPORT: 1.5 mL (1.0 mL minimum) Serum 1. Samples can be stored at 2-8°C for 7 days. 2. For longer storage, aliquot and freeze up to 3 months at -20°C. Test performed 7am - 4:30pm daily

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN BULLET - LIHEP	No	
DH PAV A CENTRAL LAB	GREEN GEL (PST)	No	
DH PAV A CENTRAL LAB	GREEN GEL BULLET (PST)	No	
DH PAV A CENTRAL LAB	GREEN TOP - NAHEP	No	
DH PAV A CENTRAL LAB	RED BULLET	No	
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	
DH PAV A CENTRAL LAB	YELLOW BULLET (SST)	No	

Test Name HDL CHOLESTEROL
Code: 1230100003

Synonyms

HDL

Collection Requirements

No patient preparation is required. Fasting is NOT required for HDL testing. Preferred specimens: 0.25 ml plasma from a green lithium heparin gel tube. Alternate specimens: Serum from red gel or plain tube with no additive.

Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed. Freeze specimen for longer storage.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	GREEN TOP - LIHEP	No	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name HEAVY METALS PANEL 3, BLOOD
Code: 123050061

Synonyms

0099470
HYMETB

Collection Requirements

None Listed

Shipping and Handling Instructions

Transport 7 mL whole blood in the original collection tube. (Min: 1.5 mL). STABILITY: Ambient/Refrigerated: 7 days

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	ROYAL BLUE - K2 EDTA	Yes	

Test Name HEAVY METALS, BLOOD
Code: 1230101214

Synonyms

MERCURY
LEAD
CADMIUM
ARSENIC
0020584
HVY MTLs BLD

Collection Requirements

None Listed

Shipping and Handling Instructions

Transport 7 mL whole blood. (Min: 1.5 mL). STABILITY: Ambient/Refrigerated

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 Weeks
ARUP LAB	Routine	1 Weeks
ARUP LAB	STAT	1 Weeks
ARUP LAB	Timed	1 Weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	ROYAL BLUE - K2 EDTA	Yes	

Test Name HELICO PYLORI STOOL AG
Code: 1230101691

Synonyms

HELICOBACTER PYLORI ANTIGEN
EIA

Collection Requirements

Fresh stool, minimum volume 150uL, refrigerated up to 72 hours

Shipping and Handling Instructions

Freeze testing aliquot. ELISA will be perform on Tuesday/Friday

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CUP	Yes	

Test Name HELICOBACTER PYLORI AG, FECAL BY EIA
Code: 1230500393

Synonyms

0065147
HPYLAGF

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 5 g stool to an unpreserved stool transport vial (ARUP supply #40910). Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787. (Min: 1 g). STABILITY: Frozen: 1 month; Ambient: 2 hours; Refrigerate*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	STERILE CONTAINER	Yes	

Test Name HELICOBACTER PYLORI IGG
Code: 1230100063

Synonyms

H PYLORI IGG
HPYIGG

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	

Test Name HEMATOCRIT
Code: 1230100194

Synonyms

HCT

Collection Requirements

Invert immediately and gently mix with anticoagulant.

Shipping and Handling Instructions

Refrigerate samples at 2-8 C if unable to analyze within 8 hours of collection. Stable for 24 hrs when stored at 2-8 C and 8 hrs at RT.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	LAVENDAR BULLET - K2 EDTA	No	
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name HEMATOCRIT (BODY FLUID)
Code: 1230100110

Synonyms

HCT FLUID
HCT BODY FLUID

Collection Requirements

None Listed

Shipping and Handling Instructions

send to lab as soon as possible.

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

LAVENDER TOP - K2 EDTA

Default?

Yes

Min Volume

Test Name HEMATOCRIT, CELL SAVER
Code: 1230200194

Synonyms

HCT

Collection Requirements

Invert immediately and gently mix with anticoagulant.

Shipping and Handling Instructions

Refrigerate samples at 2-8 C if unable to analyze within 8 hours of collection. Stable for 24 hrs when stored at 2-8 C and 8 hrs at RT.

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Container

LAVENDAR BULLET - K2 EDTA
LAVENDER TOP - K2 EDTA

Default?

No
Yes

Min Volume

Test Name HEMOCHROMATOSIS MUTATION
Code: 1230101217

Synonyms

HFE GENE
0055656

Collection Requirements

None Listed

Shipping and Handling Instructions

Transport 3 mL whole blood. (Min: 1 mL). STABILITY: Refrigerated: 1 week; Ambient: 72 hours; Frozen: Unacceptable

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	
ARUP LAB	YELLOW (ACD)	No	

Test Name HEMOGLOBIN
Code: 1230100197

Synonyms

HGB

Collection Requirements

Invert immediately and gently mix with anticoagulant.

Shipping and Handling Instructions

Refrigerate samples at 2-8 C if unable to analyze within 8 hours of collection. Stable for 24 hrs when stored at 2-8 C and 8 hrs at RT.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	LAVENDAR BULLET - K2 EDTA	No	
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name HEMOGLOBIN A1C
Code: 1230100418

Synonyms

GLYCHB
GLYCO HGB
A1C
HA1C

Collection Requirements

Preferred specimen: 3.0 mL whole blood (Lavender)

Shipping and Handling Instructions

whole blood, Ambient (3 Days) or Refrigerated (7 Days).

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name HEMOGLOBIN AND HEMATOCRIT POCT
Code: 12301004006

Synonyms

H&H
H & H
H AND H

Collection Requirements

Invert immediately and gently mix with anticoagulant.

Shipping and Handling Instructions

Can maintain specimen at room temperature up to 24 hours. Refrigerate up to 48 hours. Do not freeze.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH CLINIC LAB	Routine	6 Hours
DH CLINIC LAB	STAT	60 Minutes
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	PURPLE TOP-EDTA	Yes	

Collection Requirements

Invert immediately and gently mix with anticoagulant.

Shipping and Handling Instructions

Can maintain specimen at room temperature up to 24 hours. Refrigerate up to 48 hours. Do not freeze.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH CLINIC LAB	Routine	6 Hours
DH CLINIC LAB	STAT	60 Minutes
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	PURPLE TOP-EDTA	Yes	

Test Name HEMOGLOBIN EVALUATION WITH REFLEX
Code: 1230500215

Synonyms

0050610
HEMOGLOBIN E

Collection Requirements

None Listed

Shipping and Handling Instructions

Transport 5 mL whole blood. (Min: 0.2 mL). STABILITY: Refrigerated: 1 week; Ambient: Unacceptable; Frozen: Unacceptable

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name HEMOGLOBIN PLASMA
Code: 1230100420

Synonyms

PLASMA FREE
FREE HEMOGLOBIN
0020058
HGB PLASMA

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate plasma from cells ASAP or within 2 hours of collection (delayed separation from cells will elevate plasma hemoglobin). Transfer 2 mL plasma to an ARUP Standard Transport Tube. (Min: 0.7 mL). STABILITY: Refrigerated: 1 week; Ambient: 2 hours; Fr*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	Yes	

Test Name HEMOGLOBIN POCT
Code: 74

Synonyms

HEMOGLOBIN

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes
DH PAV D DAVIS LAB	Routine	6 Hours
DH PAV D DAVIS LAB	STAT	60 Minutes
DH PAV G WEBB LAB	Routine	6 Hours
DH PAV G WEBB LAB	STAT	60 Minutes
EASTSIDE LAB	Routine	6 Hours
EASTSIDE LAB	STAT	60 Minutes
LA CASA LAB	Routine	6 Hours
LA CASA LAB	STAT	60 Minutes
LOWRY LAB	Routine	6 Hours
LOWRY LAB	STAT	60 Minutes
MONTBELLO LAB	Routine	6 Hours
MONTBELLO LAB	STAT	60 Minutes
PARK HILL LAB	Routine	6 Hours
PARK HILL LAB	STAT	60 Minutes
WESTSIDE LAB	Routine	6 Hours
WESTSIDE LAB	STAT	60 Minutes
WESTWOOD LAB	Routine	6 Hours
WESTWOOD LAB	STAT	60 Minutes
WINTER PARK LABORATORY	Routine	6 Hours
WINTER PARK LABORATORY	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	POINT OF CARE CONTAINER	Yes	

Test Name HEMOGLOBINOPATHY EVAL REFLEXIVE CASCADE
Code: 1230100193

Synonyms

HGB EVAL
2005792

Collection Requirements

None Listed

Shipping and Handling Instructions

Note: Do not use for the followup of an individual with a known diagnosis. If this test has been previously sent, order LAB288 instead. Transport 5 mL whole blood. (Min: 2 mL)
STABILITY: Refrigerated. Unacceptable: Ambient or frozen.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name HEMOSIDERIN URINE
Code: 1230100312

Synonyms

HEMOSIDERIN
0020222

Collection Requirements

None Listed

Shipping and Handling Instructions

Mix specimen well. Transfer 4 mL to an ARUP Standard Transport Tube. (Min: 1 mL).
STABILITY: Frozen: 1 week; Ambient: 1 hour; Refrigerated: 24 hours

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

Test Name HEPARIN-INDUCED THROMBOCYTOPENIA ABS PF4
Code: 1230500312

Synonyms

2012181
HEPTCPPF4

Collection Requirements

None Listed

Shipping and Handling Instructions

CRITICAL FROZEN. Additional specimens must be submitted when multiple tests are ordered. Separate from cells ASAP or within 2 hours of collection. Transfer 5.0 mL serum to an ARUP Standard Transport Tube. (Min: 2.0 mL). STABILITY: Frozen: 2 years; Ambie*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	No	
ARUP LAB	RED TOP -PLAIN	Yes	

Test Name HEPATIC FUNCTION PANEL
Code: 1230100107

Synonyms

HEPFUN
HEPATIC PANEL
LIVER FUNCTION

Collection Requirements

A serum separator (gel) tube is preferred. Alternate specimens: A plain white, plane red or green top tube are also acceptable.

Shipping and Handling Instructions

Centrifuge the specimen and separate serum/plasma from the cells as soon as possible. Refrigerate the specimen if testing is not performed immediately.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name HEPATITIS A ANTIBODY, IGM
Code: 1230101223

Synonyms

ANTIBODIES
HEP A AB IGM

Collection Requirements

None Listed

Shipping and Handling Instructions

SPECIMEN PREP: Spin and separate serum from cells within 2 hours of collection and refrigerate. Lab Instructions: Store samples refrigerated at 2-8 C for up to 72 hrs, if testing will not be done within 72 hours, then freeze at -20 C. Avoid repeated freezing and thawing.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	

Test Name HEPATITIS A ANTIBODY, TOTAL
Code: 1230101224

Synonyms

ANTIBODIES

Collection Requirements

None Listed

Shipping and Handling Instructions

SPECIMEN PREP: Spin and separate serum from cells within 2 hours of collection and refrigerate. Lab Instructions: Store samples refrigerated at 2-8 C for up to 72 hrs, if testing will not be done within 72 hours, then freeze at -20 C. Avoid repeated freezing and thawing.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	

Test Name HEPATITIS B CORE ANTIBODY, IGM
Code: 1230100806

Synonyms

HBV
HBCAB
HEP B C AB

Collection Requirements

None Listed

Shipping and Handling Instructions

SPECIMEN PREP: Spin and separate serum from cells within 2 hours of collection and refrigerate. Lab Instructions: Store samples refrigerated at 2-8 C for up to 72 hrs, if testing will not be done within 72 hours, then freeze at -20 C. Avoid repeated freezing and thawing.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	

Test Name HEPATITIS B CORE ANTIBODY, TOTAL
Code: 1230101225

Synonyms

HBV

Collection Requirements

None Listed

Shipping and Handling Instructions

SPECIMEN PREP: Spin and separate serum from cells within 2 hours of collection and refrigerate. Lab Instructions: Store samples refrigerated at 2-8 C for up to 72 hrs, if testing will not be done within 72 hours, then freeze at -20 C. Avoid repeated freezing and thawing.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name HEPATITIS B DNA, ULTRAQUANTITATIVE, PCR
Code: 1230101228

Synonyms

HBV ULTRA
0056025
HBV
HBV QUANTITATIVE
HBV VIRAL LOAD

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum or plasma from cells within 24 hours. Transfer 2 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 1 mL). STABILITY: Frozen: 6 weeks; Ambient: 72 hours; Refrigerated: 1 week

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum or plasma from cells within 24 hours. Transfer 2 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 1 mL). STABILITY: Frozen: 6 weeks; Ambient: 72 hours; Refrigerated: 1 week

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name HEPATITIS B E ANTIBODY
Code: 1230101229

Synonyms

HEP B E AB
0020095
CHRONIC HEPATITIS PROFILE

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Refrigerated: 6 days; Ambient: Unacceptable; Frozen: Indefinitely (avoid repeated freez*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	Yes	

Test Name HEPATITIS B E ANTIGEN
Code: 1230101230

Synonyms

ANTIGEN
0020094
CHRONIC HEPATITIS PROFILE
HEP B E AG

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Refrigerated: 6 days; Ambient: Unacceptable; Frozen: Indefinitely (avoid repeated freez*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	Yes	

Test Name HEPATITIS B SURFACE ANTIBODY
Code: 1230100452

Synonyms

HBSAB
HEPATITIS B SURFACE ABS

Collection Requirements

None Listed

Shipping and Handling Instructions

SPECIMEN PREP: Spin and separate serum from cells within 2 hours of collection and refrigerate. Lab Instructions: Store samples refrigerated at 2-8 C for up to 72 hrs, if testing will not be done within 72 hours, then freeze at -20 C. Avoid repeated freezing and thawing.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name HEPATITIS B SURFACE ANTIGEN
Code: 1230100451

Synonyms

HBSAG

Collection Requirements

None Listed

Shipping and Handling Instructions

SPECIMEN PREP: Spin and separate serum from cells within 2 hours of collection and refrigerate. Lab Instructions: Store samples refrigerated at 2-8 C for up to 72 hrs, if testing will not be done within 72 hours, then freeze at -20 C. Avoid repeated freezing and thawing.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name HEPATITIS C ANTIBODY
Code: 1230100807

Synonyms

HEP C
HCV
HCVAB

Collection Requirements

None Listed

Shipping and Handling Instructions

SPECIMEN PREP: Spin and separate serum from cells within 2 hours of collection and refrigerate. Lab Instructions: Store samples refrigerated at 2-8 C for up to 72 hrs, if testing will not be done within 72 hours, then freeze at -20 C. Avoid repeated freezing and thawing.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	

Test Name HEPATITIS C GENOTYPE
Code: 5

Synonyms

HCVGENO
HEP C GENO
HCV GENOTYPE

Collection Requirements

3 mL of EDTA Plasma (LAV) (1.0 mL minimum)

Shipping and Handling Instructions

Separate serum or plasma from cells. Transfer 2 mL serum or plasma to a separate tube to be frozen at -20C. Store at -20C for 60 days. 2-8C for 3 days. Room Temp 1 day.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	

Test Name HEPATITIS C HIGH-RES GENOTYPE BY SEQ
Code: 1230101233

Synonyms

AMPLIFIED PROBE
2006898
HCV GENO
HCV GENO HIGH RESOLUTION

Collection Requirements

Hepatitis C viral load needs to be pending, completed, or drawn at the same time as the Hepatitis C Genotyping is drawn. This test may be unsuccessful if the HCV RNA viral load is less than log 5.0 or 100,00 IU/mL IU/mL.

Shipping and Handling Instructions

Lavender (EDTA), pink (K2EDTA), plasma preparation tube, or serum separator tube (SST).
Specimen Preparation: Separate serum or plasma from cells. Transfer 2 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL) Storage/Transport Temperature: Frozen.
Remarks: Please submit most recent viral load and test date if available. Unacceptable Conditions: Heparinized specimens. Stability (collection to initiation of testing):
Ambient: Unacceptable; Refrigerated: 72 hours; Frozen: 4 months

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	
ARUP LAB	RED GEL (SST)	No	

Test Name HEPATITIS C LOW-RES GENOTYPE BY SEQ
Code: 123010299

Synonyms

AMPLIFIED PROBE
0055593
HCV GENO LOW RESOLUTION

Collection Requirements

Hepatitis C viral load needs to be pending, completed, or drawn at the same time as the Hepatitis C Genotyping is drawn. This test may be unsuccessful if the HCV RNA viral load is less than log 3.6 or 4000 IU/mL.

Shipping and Handling Instructions

Separate serum or plasma from cells within 6 hours. Transfer 2 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Frozen: 4 months; Refrigerated: 72 hours

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	
ARUP LAB	RED GEL (SST)	No	

Test Name HEPATITIS C RNA, QUANT PCR WITH REFLEX TO GENOTYPE
Code: 1230101998

Synonyms

QUANTITATIVE WITH GENOTYPE
HEPATITIS C VIRAL LOAD WITH GENOTYPE
HEP C VIRAL LOAD WITH GENOTYPE
HCVQN WITH GENOTYPE

Collection Requirements

2.0 mL Plasma EDTA (LAV) Frozen ONLY (1.0 mL minimum).

Shipping and Handling Instructions

SPECIMEN PREP: 1. Plasma must be separated from cells and preferably frozen within 24 hours of collection to insure accuracy. May be stored at 2-25C prior to centrifugation for 24 hours. 2. Transfer plasma to a sterile polypropylene tube and label appropriately with patient label. 3. Store tube in Molecular Diagnostics rack in the Core Lab Freezer. STABILITY: 6 weeks frozen, 3 days refrigerated.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name HEPATITIS C RNA, QUANTITATIVE, PCR
Code: 1230101235

Synonyms

QUANTITATIVE
HEPATITIS C VIRAL LOAD
HEP C VIRAL LOAD
HCVQN

Collection Requirements

2.0 mL Plasma EDTA (LAV) Frozen ONLY (1.0 mL minimum).

Shipping and Handling Instructions

SPECIMEN PREP: 1. Plasma must be separated from cells and preferably frozen within 24 hours of collection to insure accuracy. May be stored at 2-25C prior to centrifugation for 24 hours. 2. Transfer plasma to a sterile polypropylene tube and label appropriately with patient label. 3. Store tube in Molecular Diagnostics rack in the Core Lab Freezer. STABILITY: 6 weeks frozen, 3 days refrigerated.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name HEPATITIS C VIRUS (HCV) NS5A DRUG RESISTANCE BY SEQUENCING
Code: 785

Synonyms

ARUP 2014139
2014139
HCV NS5A

Collection Requirements

Separate from cells ASAP or within 2 hours of collection.

Shipping and Handling Instructions

Note: This test is for genotype 1 (a or b) ONLY. Separate from cells ASAP or within 2 hours of collection. Transfer 2 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 1 mL). STABILITY: Frozen: 4 months; Refrigerated: 72 hours; Ambient: Unacceptable

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDAR BULLET - K2 EDTA	No	
ARUP LAB	LAVENDAR TOP - K2 EDTA	Yes	
ARUP LAB	RED BULLET	No	
ARUP LAB	RED TOP -PLAIN	No	

Test Name HEPATITIS D VIRUS ANTIBODY
Code: 1230500092

Synonyms

0020799
HEPDAB

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL) Also acceptable: Citrate, EDTA, or heparin plasma. STABILITY: Frozen: Indefinitely (avoid repeated freeze/thaw cycles);* Test Performed On: Mondays, Wednesdays and Fridays Reported: 1-5 days

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name HEPATITIS DELTA ANTIGEN BY ELISA
Code: 1230500314

Synonyms

2006450
HEPDAG

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Frozen: 3 months; Ambient: Unacceptable; Refrigerated: 1 week

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED TOP -PLAIN	Yes	

Test Name HEPATITIS E VIRUS AB, IGG BY ELISA
Code: 1230500146

Synonyms

2010151
HEVIGG

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL). STABILITY: Refrigerated: 2 weeks; Ambient: Unacceptable; Frozen: Indefinitely (avoid repeated freeze/thaw cycles)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	Yes	

Test Name HEPATITIS E VIRUS AB, IGM BY ELISA
Code: 1230500111

Synonyms

2010156
HEPEVIGM

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL). STABILITY: Refrigerated: 2 weeks; Ambient: Unacceptable; Frozen: Indefinitely (avoid repeated freeze/thaw cycles)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	Yes	

Test Name HEROIN, SCREEN W/RFLX TO CONFIRM, S/P
Code: 1230500315

Synonyms

0091203
HEROINSCNSP

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 3 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 1.3 mL). STABILITY:
Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 month

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GRAY TOP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED TOP -PLAIN	Yes	

Test Name HEROIN, SCREEN W/RFLX TO CONFIRM, URN
Code: 123050101

Synonyms

0091586
HEROIN

Collection Requirements

None Listed

Shipping and Handling Instructions

CRITICAL FROZEN. Transfer 2 mL urine to an ARUP Standard Transport Tube. (Min: 1 mL).
STABILITY: Frozen: 2 weeks; Ambient:24 hours; Refrigerated: 48 hours

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

Test Name HERPESVIRUS 8 DNA, QUANTITATIVE RT-PCR
Code: 1230500316

Synonyms

2013089
HHV8QUANT

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum or plasma from cells. Transport 1 mL plasma, serum, or whole blood in a sterile container. (Min: 0.5 mL). STABILITY: Refrigerated: 1 week; Ambient: 24 hours; Frozen: 1 year

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	
ARUP LAB	PINK TOP - K3 EDTA	No	
ARUP LAB	RED GEL (SST)	No	
ARUP LAB	RED TOP -PLAIN	No	

Test Name HEXAGONAL PHOSPHOLIPID NEUTRAL
Code: 1230500112

Synonyms

0030064
HEXPPOS

Collection Requirements

None Listed

Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Transfer 2 mL platelet-poor plasma to an ARUP Standard Transport Tube. (Min: 1 mL). STABILITY: Frozen: 2 weeks; Ambient: 4 hours; Refrigerated: Unacceptable

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	BLUE TOP-CITRATE	Yes	

Test Name HISTONE ANTIBODY, IGG
Code: 1230500216

Synonyms

0050860
AHA

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name HISTOPLASMA ANTIBODIES
Code: 1230101249

Synonyms

0050627
HISTOPLAMA
HISTO ABS

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute spe*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name HISTOPLASMA ANTIGEN, SERUM
Code: 1230101250

Synonyms

AG
0092522
HISTO AGSER

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 2 mL serum to an ARUP Standard Transport Tube (ARUP Supply #43115). (Min: 1 mL).
STABILITY: Refrigerated: 1 week; Ambient: Unacceptable; Frozen: Indefinitely (avoid repeated freeze/thaw cycles)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	Yes	

Test Name HISTOPLASMA GALACTOMANNAN AG QUANT, URN
Code: 1230500013

Synonyms

2009418
HISTOPLASMA

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 2 mL urine to an ARUP Standard Transport Tube. STABILITY: Refrigerated: 2 weeks;
Ambient: Unacceptable; Frozen: 2 weeks (avoid repeated freeze/thaw cycles)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

Test Name HIV 1 RNA QUANT BY PCR
Code: 1230100511

Synonyms

HIV 1 RNA
HIV 1 VIRAL LOAD
AIDS
H1QT

Collection Requirements

2.0 mL Plasma EDTA (LAV) Frozen ONLY (1.0 mL minimum).

Shipping and Handling Instructions

SPECIMEN PREP: 1. Plasma must be separated from cells and preferably frozen within 6 hours of collection to insure accuracy. May be stored at 2-25C prior to centrifugation for 24 hours. 2. Transfer plasma to a sterile polypropylene tube and label appropriately with patient label. 3. Store tube in Molecular Diagnostics rack in the Core Lab Freezer. STABILITY: 6 weeks frozen, 6 days refrigerated.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name HIV 1/2 DIFFERENTIATION
Code: 123002526

Synonyms

HIV 1/2
HIV DIFF

Collection Requirements

Serum - collect blood by venipuncture into a clean, dry tube without anticoagulant and allow to clot.

Shipping and Handling Instructions

Ship under refrigeration.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
CDPHE LAB	BLUE TOP-CITRATE	No	
CDPHE LAB	LAVENDER TOP - K2 EDTA	No	
CDPHE LAB	RED GEL (SST)	Yes	
CDPHE LAB	RED TOP -PLAIN	No	

Test Name HIV 4TH GENERATION AG/AB
Code: 12301016922

Synonyms

HIV4
HIV4 AG/AB

Collection Requirements

3.0 mL (1.5 mL minimum) Serum

Shipping and Handling Instructions

SPECIMEN PREP: Spin and separate serum from cells within 24 hours after collection and refrigerate. STABILITY: Refrigerated (14 days) or Frozen (1 year). Stable at room temperature without centrifugation for 24 hours. PERFORMED: Monday - Friday except holidays.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name HIV ANTIBODY MULTISPOT
Code: 1230501217

Synonyms

HIV

Collection Requirements

Fresh or frozen serum or plasma collected by standard phlebotomy procedures may be used in this test. The minimally acceptable volume of specimen is 40 ul. Coagulants EDTA, sodium citrate, and sodium heparin have been found to be acceptable for use with this test.

Shipping and Handling Instructions

Specimens may be shipped at 2-8C for 7 days after collection or at room temperature (20-30C) for up to 48 hours after collection. Frozen specimens must be shipped on dry ice

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
CDPHE LAB	BLUE TOP-CITRATE	No	
CDPHE LAB	LAVENDER TOP - K2 EDTA	No	
CDPHE LAB	RED GEL (SST)	Yes	
CDPHE LAB	RED TOP -PLAIN	No	

Test Name HIV ANTIBODY/ANTIGEN
Code: 1230100081

Synonyms

RAPID HIV
HIV SCREEN
RPHIV

Collection Requirements

Full whole Blood EDTA (LAV); Ambient (8 Hrs). Patient must be 12 years old or older.

Shipping and Handling Instructions

This test is considered STAT, must be processed immediately. This testing is only performed for the following patient population: Emergency Department, Adult Urgent Care, Southwest Urgent Care, OB patients without prenatal care and Employee Exposures. I*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes
DH PAV H STD LAB	Routine	6 Hours
DH PAV H STD LAB	STAT	60 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	LAVENDAR BULLET - K2 EDTA	No	
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name HIV EIA ANTIBODY ANTIGEN COMBO
Code: 1230502217

Synonyms

HIV
EIA

Collection Requirements

Fresh or frozen serum or plasma collected by standard phlebotomy procedures may be used in this test. The minimally acceptable volume of specimen is 1 mL.

Shipping and Handling Instructions

Specimen may be shipped at room temperature for up to 48 hours after collection. Specimen may be shipped refrigerated (2-8C) for up to 7 days after collection. Specimen may be shipped frozen (<20C) if received up to 6 months after collection. Refrigerat*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
CDPHE LAB	BLUE TOP-CITRATE	No	
CDPHE LAB	LAVENDER TOP - K2 EDTA	No	
CDPHE LAB	RED GEL (SST)	Yes	
CDPHE LAB	RED TOP -PLAIN	No	

Test Name HIV-1 CONFIRM, WESTERN BLOT
Code: 1230101256

Synonyms

CONFIRMATORY
0020284
HIV1 WB

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Refrigerated: 1 week; Ambient: Up to 1 week is acceptable, but not preferred; Frozen: Indefinite*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	BLUE TOP-CITRATE	No	
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	Yes	

Test Name HIV1 GENOTYPE & INTEGRASE INHIBITOR, SEQ
Code: 1230500147

Synonyms

2009256
HIV1GENO INTEG

Collection Requirements

REQUIRES PATHOLOGY APPROVAL

Shipping and Handling Instructions

Separate plasma from cells within 6 hours. Transfer 4 mL plasma to an ARUP Standard Transport Tube. (Min: 3 mL). STABILITY: Frozen: 4 months; Ambient: 6 hours; After separation from Cells: Ambient 24 hours; Refrigerated: 5 days

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name HIV-1 GENOTYPING
Code: 1230500218

Synonyms

0055670
HIV-1 GENOTY

Collection Requirements

HIV viral load needs to be pending, completed, or drawn at the same time as the HIV Genotyping is drawn. This test may be unsuccessful if the HIV RNA viral load is less than 1000 copies/mL.

Shipping and Handling Instructions

Separate plasma from cells within 6 hours. Transfer 4 mL plasma to an ARUP Standard Transport Tube. (Min: 1.5 mL). STABILITY: Frozen: 4 months; Ambient: 24 hours; Refrigerated: 5 days

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name HIV-1 INTEGRASE INHIBITOR RESISTANCE
Code: 1230500061

Synonyms

2004457
HIV1INT

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate plasma from cells within 6 hours. Transfer 4 mL plasma to an ARUP Standard Transport Tube. (Min: 1.5 mL). STABILITY: Frozen: 4 months; Ambient: 24 hours; Refrigerated: 5 days

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name HLA TYPING, DR/DQ, SINGLE ANTIGEN
Code: 1230101265

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name HLA-A GENOTYPE
Code: 1230500318

Synonyms

2006984
HLAA

Collection Requirements

None Listed

Shipping and Handling Instructions

Transport 5 mL whole blood. (Min: 3 mL). STABILITY: Refrigerated: 1 week; Ambient: 72 hours; Frozen: Unacceptable

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	
ARUP LAB	YELLOW (ACD)	No	

Test Name HLA-B*5701 GENOTYPING
Code: 1230500399

Synonyms

2002429
HLA B5701

Collection Requirements

None Listed

Shipping and Handling Instructions

Transport 3 mL whole blood. (Min: 1 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 72 hours; Frozen: 1 month

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	
ARUP LAB	YELLOW (ACD)	No	

Test Name HOMOCYSTEINE QUANT, URINE
Code: 1230500389

Synonyms

HCYST UR
0080413

Collection Requirements

None Listed

Shipping and Handling Instructions

Mix well. Transfer 5 mL urine to ARUP Standard Transport Tubes. (Min: 3 mL) Record total volume and collection time interval on transport tube and test request form. STABILITY: Frozen: 1 month; Ambient: Unacceptable; Refrigerated: 24 hours

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

Test Name HOMOCYSTEINE TOTAL
Code: 1230100421

Synonyms

HOMOCYSTINE
0099869

Collection Requirements

Send to lab ASAP for processing.

Shipping and Handling Instructions

Serum or plasma must be separated immediately after collection. If immediate centrifugation is not possible, collected blood specimens should be kept on ice and centrifuged within one hour. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tub*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN GEL (PST)	No	
ARUP LAB	GREEN TOP - LIHEP	Yes	

Test Name HOMO VANILLIC ACID URINE
Code: 1230100316

Synonyms

HVA
HOMOVANILLATE
0080422
HOMOVANILLIC

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 4 mL aliquot from a well-mixed 24-hour or random collection to an ARUP Standard Transport Tube. (Min: 1 mL) Record total volume and collection time interval on transport tube and test request form. STABILITY: Refrigerated: 1 week; Ambient: Unacc*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

Test Name HPV HIGH RISK ISH, PARAFFIN
Code: 1230500319

Synonyms

2002899

Collection Requirements

Tissue

Shipping and Handling Instructions

Formalin fix (10 percent neutral buffered formalin) and paraffin-embed tissue. Transport tissue block or 5 unstained 5-micron slides in a tissue transport kit (recommended but not required) (ARUP supply #47808). Available online through eSupply using AR*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	Yes	

Test Name HPV LOW RISK ISH, PARAFFIN
Code: 1230500320

Synonyms

2002896

Collection Requirements

Tissue

Shipping and Handling Instructions

Formalin fix (10 percent neutral buffered formalin) and paraffin embed tissue. Transport tissue block or 5 unstained positively charged, 5-micron slides in a tissue transport kit (recommended but not required) (ARUP supply #47808) available online throu*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	Yes	

Test Name HPV PCR PROBE, AMPLIFIED
Code: 1230100172

Synonyms

HPVDNA
HPVPCR

Collection Requirements

Cervical samples should be collected in ThinPrep Pap Test vials containing PreservCyt Solution with broom-type or cytobrush/spatula collection devices. Prior to or after Cytology processing, transfer 1mL of the ThinPrep liquid cytology specimen into an APTIMA Specimen Transfer tube. All specimens from males will be rejected.

Shipping and Handling Instructions

1. Cervical ThinPrep specimens should be transferred to an APTIMA Specimen Transfer tube within 105 days of collection. 2. Transferred samples in an APTIMA tube may be stored at 2 C to 30 C for up to 60 days.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	APTIMA TRANSPORT TUBE	Yes	

Test Name HSV 1 AND/OR 2 ABS, IGM BY ELISA
Code: 123050130

Synonyms

0050641
HSV 1 AND/OR

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.1 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute sp*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name HSV 1 GLYCOPROTEIN G AB, IGG
Code: 1230500321

Synonyms

0050292
HSV 1 GLYCOP

Collection Requirements

None Listed

Shipping and Handling Instructions

Allow specimen to clot completely at room temperature. Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL)
Storage/Transport Temperature: Refrigerated. Unacceptable Conditions: Contaminated, heat-inactivated, grossly hemolyzed, lipemic or severely icteric specimens. Stability (collection to initiation of testing): After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (Avoid repeated freeze/thaw cycles)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name HSV 1&2, VZV BY PCR AMPLI
Code: 75

Synonyms

HSV 1&2
VZV BY PCR

Collection Requirements

0.2 mL CSF minimum collected in plastic CSF tubes. ALSO ACCEPTABLE: 0.2 mL CSF minimum from a shunt may be collected in a plain white, plain red tube, or plain specimen cups.

Shipping and Handling Instructions

1. REFRIGERATE the specimen if testing cannot be performed immediately. Stable for 7 days refrigerated. 2. Place specimen in Processing Refrigerator bucket with FLU samples or in Microbiology bucket for HSVZV samples.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CSF COLLECTION KIT	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	STERILE CUP	No	
DH PAV A CENTRAL LAB	STERILE TUBE	Yes	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name HSV 1,2 AB SCREEN IGG, CSF
Code: 1230500322

Synonyms

0050394
HER12CSF

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 1 mL CSF to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY:
Refrigerated: 2 weeks; Ambient: 8 hours; Frozen: 1 year

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CSF COLLECTION KIT	Yes	

Test Name HSV 1,2 GLYCO G-SPECIFIC, IGG
Code: 1230500078

Synonyms

0051152
HERPPAN2

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute spec*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name HSV 2 GLYCOPROTEIN G AB, IGG
Code: 1230500323

Synonyms

0050294
HSV 2 GLYCOP

Collection Requirements

None Listed

Shipping and Handling Instructions

Allow specimen to clot completely at room temperature. Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL) Storage/Transport Temperature: Refrigerated. Unacceptable Conditions: Contaminated, heat-inactivated, grossly hemolyzed, lipemic, or severely icteric specimens Stability (collection to initiation of testing): After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (Avoid repeated freeze/thaw cycles)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name HSV CULTURE
Code: 1230101540

Synonyms

HERPES SIMPLEX VIRUS
HSV1

Collection Requirements

The following specimen types collected in M4 viral transport media, provided by the Microbiology lab: Amniotic fluid, Genital, urethral, or rectal swab, Vesicle, wound, or lesion swab/aspirate, pharyngeal or nasopharyngeal swab/aspirate, conjunctival swab or corneal or conjunctival scraping, bronchoalveolar lavage, neonatal eye, nasal and rectal swab, collected in this order. Tissue, Urine

Shipping and Handling Instructions

Routine specimens may be held in the Microbiology refrigerator for processing by the day shift. Herpes specimens are setup during the day-shift. The evening shift will count the number of HSV cultures pending, check the monolayer of the H292 and MRC5 via*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	M4 VIRAL TRANSPORT MEDIA	Yes	

Test Name HSV PCR
Code: 1230101546

Synonyms

HERPES SIMPLEX VIRUS
HSVPCR

Collection Requirements

All sample types collected in a sterile container, including serum from red top tube. whole blood collected in a pink top (EDTA) or purple top (EDTA) tube. Specimen source is required. Do not centrifuge.

Shipping and Handling Instructions

Deliver to Microbiology/Place in Microbiology refrigerator Send at 2 - 8 degrees C if tested within 72 hours. If delivery is not expected within 72 hours, freeze at -70 degrees C and ship frozen. STABILITY: Ambient:12 hours Refrigerated: 72 hours Frozen (-70C): 6 months Testing Performed: Monday through Friday.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	LAVENDAR BULLET - K2 EDTA	No	
DH NON-INTERFACED LAB	LAVENDER TOP - K2 EDTA	No	
DH NON-INTERFACED LAB	RED BULLET	No	
DH NON-INTERFACED LAB	RED GEL (SST)	No	
DH NON-INTERFACED LAB	RED TOP -PLAIN	No	
DH NON-INTERFACED LAB	STERILE CONTAINER	Yes	
DH NON-INTERFACED LAB	STERILE CUP	No	
DH NON-INTERFACED LAB	STERILE TUBE	No	
DH NON-INTERFACED LAB	WHITE TOP	No	
DH NON-INTERFACED LAB	YELLOW BULLET (SST)	No	

Test Name HTLV I/II ANTIBODIES CONF, WESTERN BLOT
Code: 1230500219

Synonyms

0020642
HTLVWBLOT

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Frozen: Indefinitely (avoid repeated freeze/thaw cycles); Ambient: Unacceptable; Refrigerated: 1 week

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	Yes	

Test Name HTLV I/II ANTIBODIES W/REFLEX TO CONFIRM
Code: 1230500148

Synonyms

0051164
HTLV PAN

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Refrigerated: 1 week; Ambient: Unacceptable; Frozen: Indefinitely (avoid repeated freeze/thaw cycles)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	BLUE TOP-CITRATE	No	
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	Yes	

Test Name HUMAN IMMUNODEFICIENCY VIRUS (HIV) COMBO ANTIGEN/ANTIBODY (HIV-1/0/2) BY ELISA,
Code: 424

Synonyms

2013333
ARUP

Collection Requirements

Collect: Serum Separator Tube (SST). Also acceptable: Lavender (EDTA) or Pink (K2EDTA). Specimen Preparation: Separate from cells ASAP or within 2 hours of collection. Transfer 1.5 mL serum into an ARUP Standard Transport Tube. (Min: 0.75 mL) Remove particulate material.

Shipping and Handling Instructions

Unacceptable Conditions: Specimens containing particulate material. Severely hemolyzed or heat-inactivated specimens. Stability (collection to initiation of testing): After separation from cells: Ambient: Unacceptable; Refrigerated: 1 week; Frozen: 8 months (avoid repeated freeze/thaw cycles)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 Weeks
ARUP LAB	Routine	1 Weeks
ARUP LAB	STAT	1 Weeks
ARUP LAB	Timed	1 Weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	Yes	

Test Name HUMAN IMMUNODEFICIENCY VIRUS TYPES 1 AND 2 (HIV-1/2) ANTIBODY DIFFERENTIATION
Code: 12368801

Synonyms

Collection Requirements

Red Gel (SST) or Lavender (EDTA).

Shipping and Handling Instructions

Separate from cells ASAP or within 2 hours of collection. (Min: 0.5 mL) Remove particulate material. After separation from cells: Ambient: Unacceptable; Refrigerated: 1 week; Frozen: Indefinitely (avoid repeated freeze/thaw cycles)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	No	
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	

Collection Requirements

Red Gel (SST) or Lavender (EDTA).

Shipping and Handling Instructions

Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma into an ARUP Standard Transport Tube dedicated only for HIV testing. (Min: 0.5 mL) Remove particulate material. After separation from cells: Ambient: Unacceptable; Refrigerated: 1 week; Frozen: Indefinitely (avoid repeated freeze/thaw cycles)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	Yes	

Test Name HUNTINGTON DISEASE MUTATION BY PCR
Code: 1230500173

Synonyms

HUNTINGTON D
0040018

Collection Requirements

None Listed

Shipping and Handling Instructions

Transport 5 mL whole blood. (Min: 3 mL). STABILITY: Refrigerated: 1 week; Ambient: 72 hours; Frozen: 1 month

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	
ARUP LAB	YELLOW (ACD)	No	

Test Name HYDROCARBON AND OXYGENATED VOLATILES BLD
Code: 1230500324

Synonyms

2008326
HYDROOXB

Collection Requirements

None Listed

Shipping and Handling Instructions

Transport 2 mL whole blood. (Min: 0.7 mL). STABILITY: Refrigerated

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GRAY TOP	Yes	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	

Test Name HYPERSENSITIVITY PNEUMONITIS I
Code: 1230500325

Synonyms

0055076
HYPERPNEU

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name HYPOGLYCEMIA PAN, SULFONYLUREAS, S/P
Code: 1230500149

Synonyms

2010292
HYPOGLYPAN

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.4 mL). STABILITY: Frozen: 3 months; Ambient: 48 hours; Refrigerated: 11 days

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GRAY TOP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	Yes	

Test Name IA-2 ANTIBODY
Code: 1230500326

Synonyms

0050202
IA2

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.1 mL). STABILITY:
Refrigerated: 1 week; Ambient: 24 hours; Frozen: 2 months

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	
ARUP LAB	RED TOP -PLAIN	No	

Test Name IDH1 AND IDH2 MUTATION ANALYSIS, EXON 4
Code: 1230500220

Synonyms

2006444
IDH1H2

Collection Requirements

Collect: Lavender (EDTA). Also acceptable: Bone Marrow (EDTA). Specimen Preparation: whole
Blood: Transport 5 mL whole blood. (Min: 1 mL) Bone Marrow: Transport 3 mL bone marrow.
(Min: 1 mL).

Shipping and Handling Instructions

Storage/Transport Temperature: Refrigerated. Unacceptable Conditions: Serum or plasma.
Specimens collected in anticoagulants other than EDTA. Clotted or grossly hemolyzed
specimens. Stability (collection to initiation of testing): Refrigerated: 5 days; Ambient:
24 hours; Frozen: Unacceptable

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name IFOBT QC ALL
Code: 1037

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

Test Name IGA
Code: 1230100400

Synonyms

IMMUNOGLOBULIN A

Collection Requirements

0.1 mL Plasma (Green Lithium Heparin Gel) Ambient.

Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible.
Refrigerate the specimen if testing is delayed.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name IGF BINDING PROTEIN-2
Code: 1230500327

Synonyms

0098842
IGFBP2
IGF BINDING PROTEIN 2

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL). STABILITY: Frozen: 1 month; Ambient: 12 hours; Refrigerated: 4 days

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	
ARUP LAB	RED TOP -PLAIN	No	

Test Name IGF BINDING PROTEIN-3
Code: 1230500062

Synonyms

0070060
IGFBP3
IGF BINDING PROTEIN-3

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 0.5 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.3 mL).
STABILITY: Frozen: 1 year; Ambient: 24 hours; Refrigerated: 1 week

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	RED GEL (SST)	Yes	

Test Name IGG
Code: 1230100398

Synonyms

IGGSUB
IMMUNOGLOBULIN

Collection Requirements

Preferred specimens 0.1 mL Plasma (Green Lithium Heparin Gel) Ambient. Alternate specimens: 0.1 mL Serum (Red Gel/Plain Red) Ambient.

Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible.
Refrigerate the specimen if testing is delayed.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name IGG BY IHC
Code: 123050073

Synonyms

2003963
IGGIHC

Collection Requirements

Tissue or cells

Shipping and Handling Instructions

Formalin fix (10 percent neutral buffered formalin) and paraffin embed specimen (cells must be prepared into a cellblock). Protect paraffin block and/or slides from excessive heat. Transport tissue block or 5 unstained (3- to 5-micron thick sections), p*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	Yes	

Test Name IGG4 BY IMMUNOHISTOCHEMISTRY
Code: 123050074

Synonyms

2005844
IGG4IHC

Collection Requirements

Tissue or cells

Shipping and Handling Instructions

Formalin fix (10 percent neutral buffered formalin) and paraffin embed specimen (cells must be prepared into a cellblock). Protect paraffin block and/or slides from excessive heat. Transport tissue block or 5 unstained (3-5 micron thick sections), posit*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	Yes	

Test Name IGM
Code: 1230100399

Synonyms

IMMUNOGLOBULIN

Collection Requirements

Preferred specimens 0.1 mL Plasma (Green Lithium Heparin Gel) Ambient. Alternate specimens: 0.1 mL Serum (Red Gel/Plain Red) Ambient.

Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name IMIPRAMINE AND DESIPRAMINE
Code: 1230500328

Synonyms

0090157
DESIPIMIP

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum or plasma from cells within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 5 days; Frozen: 6 months

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED TOP -PLAIN	Yes	

Test Name IMM CHEM FECAL OCCULT BLOOD SCREEN
Code: 16

Synonyms

OC FIT-CHEK
FIT
FECAL OCCULT BLOOD
FECAL IMMUNOCHEMICAL TEST
IFOBT

Collection Requirements

None Listed

Shipping and Handling Instructions

Send fecal sample in urine cup, or inoculate a small amount of fecal sample into Polymedco sampling bottle.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
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Test Name IMMATURE PLT FRACTION
Code: 1230510001

Synonyms

Collection Requirements

Invert immediately and gently mix with anticoagulant.

Shipping and Handling Instructions

Refrigerate samples at 2-8 C if unable to analyze within 8 hours of collection. Stable for 24 hrs when stored at 2-8 C and 8 hrs at RT.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name IMMUNOCAP SCORE
Code: 1230500406

Synonyms

0055041

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 Weeks
ARUP LAB	Routine	1 Weeks
ARUP LAB	STAT	1 Weeks
ARUP LAB	Timed	1 Weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name IMMUNOFIXATION SERUM
Code: 1230100080

Synonyms

SFIX
IFE SER

Collection Requirements

None Listed

Shipping and Handling Instructions

SPECIMEN PREP: Samples should be centrifuged as soon as possible, but can be stored refrigerated for one week. TRANSPORT: 0.5mL (0.2mL minimum) serum UNACCEPTABLE: Do not use hemolyzed or plasma samples. STABILITY: Refrigerated samples are stable for 1 week.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name IMMUNOFIXATION URINE
Code: 145

Synonyms

IFE URINE
UIFE

Collection Requirements

10 mL Random or Timed Urine Refrigerated.

Shipping and Handling Instructions

Urine protein electrophoresis also requires a urine protein. stored up to 7 days refrigerated.

Samples may be

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CUP	Yes	

Test Name IMMUNOGLOBULIN D, SERUM
Code: 1230500174

Synonyms

0099200
IGD

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Frozen: 1 month; Refrigerated: 48 hours; Ambient: 8 hours

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name IMMUNOGLOBULIN G SUBCLASS 4
Code: 1230500037

Synonyms

0050576
IGG4

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.45 mL). STABILITY:
Refrigerated: 8 days; Ambient: 2 hours; Frozen: 6 months

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	RED GEL (SST)	Yes	

Test Name IMMUNOGLOBULIN G SUBCLASSES (1, 2, 3, 4)
Code: 1230500126

Synonyms

0050577
IGGSUB

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 2 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.45 mL). STABILITY:
Refrigerated: 8 days; Ambient: 2 hours; Frozen: 6 months

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	RED GEL (SST)	Yes	

Test Name IMMUNOGLOBULIN G, CSF
Code: 1230500150

Synonyms

0050670
IGGCSF

Collection Requirements

None Listed

Shipping and Handling Instructions

Centrifuge and separate to remove cellular material. Transfer 1 mL CSF to an ARUP Standard Transport Tube. (Min: 0.4 mL). STABILITY: Refrigerated: 8 days; Ambient: 8 hours; Frozen: 1 year (if frozen within 24 hours)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CSF COLLECTION KIT	Yes	

Test Name IMMUNOGLOBULIN G, CSF INDEX
Code: 1230500329

Synonyms

0050676
IMMUNGCSF

Collection Requirements

CSF AND serum separator tube. Serum specimen should be drawn within 48 hours of CSF collection.

Shipping and Handling Instructions

Centrifuge and separate CSF to remove cellular material. Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL CSF AND 1 mL serum to individual ARUP Standard Transport Tubes. (Min: 0.4 mL CSF AND 0.4 mL serum). STABILITY: Refrige*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CSF + RGL	Yes	

Test Name IMMUNOGLOBULIN G/ALBUMIN RATIO, CSF
Code: 1230500222

Synonyms

0050680
IGGALBCSF

Collection Requirements

None Listed

Shipping and Handling Instructions

Centrifuge and separate to remove cellular material. Transfer 1 mL CSF to an ARUP Standard Transport Tube. (Min: 0.4 mL). STABILITY: Refrigerated: 8 days; Ambient: 8 hours; Frozen: 1 year

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CSF COLLECTION KIT	Yes	

Test Name IMMUNOGLOBULIN IGE
Code: 1230100401

Synonyms

IGE
0050345

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.3 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN GEL (PST)	No	
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	Yes	

Test Name INFANTILE EPILEPSY PANEL, 51 GENES
Code: 1230500223

Synonyms

2007535
INFANEPIL

Collection Requirements

None Listed

Shipping and Handling Instructions

Transport 5 mL whole blood. (Min: 2 mL). STABILITY: Ambient: 1 week; Refrigerated: 1 week; Frozen: Unacceptable

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name INFLIXIMAB AND INFLIXIMAB-DYYB ACTIVITY AND NEUTRALIZING AB
Code: 1230500151

Synonyms

2008320
IFXNAB

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Refrigerated: 4 weeks; Ambient: 48 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name INFLUENZA A/B AND RSV PCR
Code: 143

Synonyms

Collection Requirements

Nasopharyngeal wash/aspirate 1-3 mL collected with NPak (nasopharyngeal aspiration kit) available from Central Supply. Syringe aspiration kit recommended for pediatric patients. Minimum volume requirement is 0.5 mL of nasopharyngeal wash.

UNACCEPTABLE SPECIMEN:

Nasopharyngeal swabs
swabs
Specimens in viral transport media

Nasal
Throat swabs

Shipping and Handling Instructions

TRANSPORT: Refrigerated at 2-8C

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CUP	Yes	

Test Name INHIBIN B
Code: 123050058

Synonyms

0070413
INHIBINB

Collection Requirements

None Listed

Shipping and Handling Instructions

Transport 0.5 mL serum. (Min: 0.2 mL). STABILITY: Frozen 1 month; Ambient: Unacceptable; Refrigerated: 48 hours

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	
ARUP LAB	RED TOP -PLAIN	No	

Test Name INHIBIN-A (DIMER)
Code: 123050057

Synonyms

0070137
INHIBA

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY:
Refrigerated: 1 week; Ambient: 24 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name INHIBITOR ASSAY, PTT, REFLEX
Code: 1230500330

Synonyms

2003260
PTTINHIB

Collection Requirements

None Listed

Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Transfer 2 mL plasma to an ARUP Standard Transport Tube. (Min: 1 mL). STABILITY: Frozen: 2 weeks; Ambient: 24 hours; Refrigerated: Unacceptable

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	BLUE TOP-CITRATE	Yes	

Test Name INSECTICIDE EXPOSURE PANEL
Code: 1230500331

Synonyms

0020175
INSECTEPNL

Collection Requirements

None Listed

Shipping and Handling Instructions

DO NOT FREEZE. Do not spin down or separate. Transport 3 mL whole blood. (Min: 2 mL). STABILITY: Refrigerated: 1 week; Ambient: 4 hours; Frozen: Unacceptable

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name INSULIN ANTIBODY
Code: 1230101283

Synonyms

ANTIBODIES
0099228
INSULIN AB

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.1 mL). STABILITY: Frozen: 2 months; Ambient: 24 hours; Refrigerated: 1 week

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	
ARUP LAB	RED TOP -PLAIN	No	

Test Name INSULIN, FASTING
Code: 1230101284

Synonyms

INSULIN
0070063
INSULIN FST

Collection Requirements

None Listed

Shipping and Handling Instructions

Allow specimen to clot completely at room temperature. Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min 0.5 mL). STABILITY: Frozen: 1 month; Ambient: 8 hours*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	Yes	

Test Name INSULIN-LIKE GROWTH FACTOR WITH Z SCORE
Code: 1230101288

Synonyms

IGF
0070125
2007698

Collection Requirements

None Listed

Shipping and Handling Instructions

Transport 1mL, serum in an ARUP Standard Transport Tube. (Min: 0.5 mL) Storage/Transport Temperature:Frozen Unacceptable Conditions:Plasma, tissue, or urine. Grossly hemolyzed or lipemic specimens. STABILITY: After separation from cells: Ambient: 24 hours; Refrigerated: 1 week; Frozen 1 year

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name INTERLEUKIN 2 RECEPTOR (CD25), SOLUBLE
Code: 123050075

Synonyms

0051529
IL2RECEPT

Collection Requirements

None Listed

Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.3 mL). STABILITY: F*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	RED GEL (SST)	Yes	
ARUP LAB	RED TOP -PLAIN	No	

Test Name INTERLEUKIN-6
Code: 1230100240

Synonyms

IL-6
INTERLEUKIN 6
0051537

Collection Requirements

None Listed

Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.3 mL). STABILITY: *

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	RED GEL (SST)	Yes	
ARUP LAB	RED TOP -PLAIN	No	

Test Name INTRAOPERATIVE PTH
Code: 147

Synonyms

PARATHYROID
INTRAOPERATIVE PARATHYROID

Collection Requirements

PREFERRED SPECIMEN: Full EDTA plasma (LV tube)

Shipping and Handling Instructions

1. Note that EDTA collection tubes must be filled to their capacity. Failure to completely fill the tube will result in excess concentration of EDTA which will interfere with the assay, causing a false depression of values. 2. Keep specimens cold (2-8 C) throughout the collection and separation process. Assay immediately after centrifugation or aliquot plasma and keep on ice until ready for testing.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name INTRINSIC FACTOR BLOCKING ANTIBODY
Code: 1230101290

Synonyms

ANTIBODIES
0070210
IF BLOCK AB

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL). STABILITY: Frozen: 1 month; Ambient: 8 hours; Refrigerated: 48 hours

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name IODINE, SERUM
Code: 1230500332

Synonyms

2007463
IODINESER

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transport 2 mL serum in an ARUP Trace Element-Free Transport Tube (ARUP supply #43116) available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	ROYAL BLUE PLAIN	Yes	

Test Name IRIS QC ALL
Code: 951

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

Test Name IRON
Code: 1230100422

Synonyms

FE

Collection Requirements

No patient preparation is required. Preferred specimens: 0.25 ml plasma from a green lithium heparin gel tube. Alternate specimens: serum from red gel or plain tube with no additive.

Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed. Freeze specimen for longer storage. CANCEL THIS TEST IF THERE IS MODERATE OR MARKED HEMOLYSIS.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name IRON + TIBC
Code: 1230100503

Synonyms

TIBC
FE + TIBC
TOTAL IRON BINDING CAPACITY
IRON AND TIBC

Collection Requirements

No patient preparation is required. Preferred specimens: 0.25 ml of non-hemolyzed plasma from a green lithium heparin gel tube. Alternate specimens: Serum from red gel, plain tube with no additive or plasma from a green sodium heparin tube.

Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed. Freeze specimen for longer storage. Specimen should be free of hemolysis.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name ISLET CELL CYTOPLASMIC ANTIBODY, IGG
Code: 1230500127

Synonyms

0050138
ANTIISLET

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ISOPROPANOL
Code: 12301003701

Synonyms

ISOPROPANOL

Collection Requirements

Do NOT use alcohol-based wipes to cleanse the patient's skin prior to venipuncture.

Shipping and Handling Instructions

Allow to clot for 30 minutes after collection, separate serum from cells immediately. Transport: 1.0 mL (0.5 mL minimum) Serum. NOTIFY M BENCH TECH AFTER RECEIPT OF SPECIMEN IN THE LAB! Order as an Extra and process the specimen. Hold in processing freezer until notification from Toxicology Fellow at Poison Center. 1) wait for call from Toxicology Fellow from the Rocky Mountain Poison Center at 303-739-1123, not careprovider. 2) Send via STAT courier to the University of Colorado Hospital.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	RED TOP -PLAIN	Yes	

Test Name ITRACONAZOLE, QUANTITATIVE BY LC-MS/MS
Code: 1230500226

Synonyms

0098519
ITRACONAZ

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.6 mL). STABILITY: Frozen: 6 months; Ambient: 48 hours; Refrigerated: 48 hours

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	RED TOP -PLAIN	Yes	

Test Name JAK2 EXON 12 MUTATION ANALYSIS BY PCR
Code: 1230500113

Synonyms

2002357
JAK2EX12

Collection Requirements

Lavender (EDTA) OR bone marrow (EDTA).

Shipping and Handling Instructions

Do not freeze. Transport 5 mL whole blood (Min: 1 mL) OR 3 mL bone marrow (Min: 1 mL). STABILITY: Refrigerated: 5 days; Ambient: 24 hours; Frozen: Unacceptable

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name JAK2 GENE, V617F MUTATION, QUALITATIVE
Code: 1230500017

Synonyms

0051245
JAK2 GENE
V

Collection Requirements

None Listed

Shipping and Handling Instructions

Do not freeze. Transport 5 mL whole blood (Min: 1 mL) OR 3 mL bone marrow (Min: 1 mL).
STABILITY: Refrigerated: 5 days; Ambient: 24 hours; Frozen: Unacceptable

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name JAPANESE ENCEPHALITIS VIRUS ABS, IGG/IGM
Code: 1230500333

Synonyms

2005689
JPNGM

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 6 months (avoid repeated freeze/thaw cycles)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name JC VIRUS PCR
Code: 132

Synonyms

JCPCR

Collection Requirements

All sample types acceptable. whole Blood, send EDTA blood. All samples types collected in a sterile container. whole blood collected in a pink top (EDTA) or purple top (EDTA) tube. Specimen source is required.

Shipping and Handling Instructions

STABILITY: Ambient:12 hours Refrigerated: 72 hours Frozen (-70C): 6 months

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	CONTAINER	No	
DH NON-INTERFACED LAB	LAVENDAR BULLET - K2 EDTA	No	
DH NON-INTERFACED LAB	LAVENDER TOP - K2 EDTA	Yes	
DH NON-INTERFACED LAB	RED BULLET	No	
DH NON-INTERFACED LAB	RED TOP -PLAIN	No	
DH NON-INTERFACED LAB	STERILE CUP	No	
DH NON-INTERFACED LAB	STERILE TUBE	No	
DH NON-INTERFACED LAB	WHITE TOP	No	
DH NON-INTERFACED LAB	YELLOW BULLET (SST)	No	

Collection Requirements

All sample types acceptable. whole Blood, send EDTA blood. All samples types collected in a sterile container. whole blood collected in a pink top (EDTA) or purple top (EDTA) tube. Specimen source is required.

Shipping and Handling Instructions

STABILITY: Ambient:12 hours Refrigerated: 72 hours Frozen (-70C): 6 months

Turn Around Times

Laboratory

Priority

TAT

Container Types

Laboratory

DH NON-INTERFACED LAB

Container

CSF COLLECTION KIT

Default?

Yes

Min Volume

Collection Requirements

All sample types acceptable. whole Blood, send EDTA blood. All samples types collected in a sterile container. whole blood collected in a pink top (EDTA) or purple top (EDTA) tube. Specimen source is required.

Shipping and Handling Instructions

STABILITY: Ambient:12 hours Refrigerated: 72 hours Frozen (-70C): 6 months

Turn Around Times

Laboratory

Priority

TAT

Container Types

Laboratory

DH NON-INTERFACED LAB

Container

RED GEL (SST)

Default?

Yes

Min Volume

Collection Requirements

All sample types acceptable. whole Blood, send EDTA blood. All samples types collected in a sterile container. whole blood collected in a pink top (EDTA) or purple top (EDTA) tube. Specimen source is required.

Shipping and Handling Instructions

STABILITY: Ambient:12 hours Refrigerated: 72 hours Frozen (-70C): 6 months

Turn Around Times

Laboratory

Priority

TAT

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	STERILE CONTAINER	Yes	

Test Name JKA ANTIGEN TYPING - PATIENT
Code: 1230500334

Synonyms

2007727
JKAAG

Collection Requirements

None Listed

Shipping and Handling Instructions

Do not freeze. Transport 7 mL whole blood. (Min: 0.5 mL). STABILITY: Refrigerated: 1 week;
Ambient: 72 hours; Frozen: Unacceptable

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name JO-1 ANTIBODY
Code: 1230500025

Synonyms

0099592
ANTIJO1

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name K8 GC ETEST
Code: 1355

Synonyms

SUSCEPTIBILITY
GONORRHEA

Collection Requirements

Internal Micro test

Shipping and Handling Instructions

Dayshift Microbiology test that is part of a culture. Fresh 24 hour sub is needed to perform testing.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CONTAINER	Yes	

Test Name K8 GONORRHEA CULTURE
Code: 1350

Synonyms

GC CX
CULTURE

Collection Requirements

Deliver Jembec Plate immediately to Laboratory. If delivery is delayed, include a CO2 generating tablet (bicarbonate-citric acid), in impermeable transport bag.

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	JEMBEK PLATE	Yes	

Test Name KAOLIN THROMBOELASTOGRAM
Code: 23

Synonyms

Collection Requirements

Specimen must be received in the laboratory within 10 minutes after collection. Test must be performed within 15 minutes after collection. Specimen is stable up to 30 minutes after collection.

Shipping and Handling Instructions

Underfilled, overfilled, or clotted tubes must be cancelled. Specimen must be received within 10 minutes after collection. Do NOT centrifuge. Whole blood is analyzed.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	BLUE TOP-CITRATE	Yes	

Test Name KAOLIN THROMBOELASTOGRAM WITH HEPARINASE
Code: 22

Synonyms

Collection Requirements

Specimen must be received in the laboratory within 10 minutes after collection. Test must be performed within 15 minutes after collection. Specimen is stable up to 30 minutes after collection.

Shipping and Handling Instructions

Underfilled, overfilled, or clotted tubes must be cancelled. Specimen must be received within 10 minutes after collection. Do NOT centrifuge. Whole blood is analyzed.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	BLUE TOP-CITRATE	Yes	

Test Name KAPPA/LAMBDA FREE LIGHT CHAINS QUANT URN
Code: 1230500152

Synonyms

0050618
KAPPALAMBDA

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer two 4 mL aliquots from a well-mixed 24-hour collection to individual ARUP Standard Transport Tubes. (Min: 4 mL) Record total volume and collection time interval on transport tube and test request form. STABILITY: Refrigerated: 1 week; Ambient: 2 hours; Frozen: Unacceptable Reported: 2-7 days

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

Test Name KAPPA/LAMBDA QUANT FREE LIGHT CHAINS (SERUM) WITH RATIO
Code: 123050049

Synonyms

0055167
KAPLAMF

Collection Requirements

None Listed

Shipping and Handling Instructions

Remove serum from cells ASAP or within 2 hours of collection. Transfer 2 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Refrigerated: 1 week; Ambient: 2 hours; Frozen: 2 weeks

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name KB CELL COUNT
Code: 1230100454

Synonyms

FETAL CELL
FETAL HGB
KB STAIN

Collection Requirements

Required Volume: 2mL Preferred Specimen: Lavender top tube Alternate Specimen: Amniotic Fluid, unspun preferred, in a plain white top or red top tube. Vaginal bleed collected in EDTA

Shipping and Handling Instructions

Lab Instructions: Stable 2 weeks, refrigerated. Expected TAT: Routine is 24 hours, STAT is 3 hours.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CONTAINER	No	
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name KB QC CELL COUNT
Code: 772

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

Test Name KIRBY BAUER
Code: 1230100726

Synonyms

KIRBY BAUER
KB SUSCEPTIBILITY
DISK DIFFUSION

Collection Requirements

Internal Micro test

Shipping and Handling Instructions

Dayshift Microbiology test that is part of a culture. Fresh 24 hour sub is needed to perform testing.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	MUELLER HINTON	Yes	

Test Name KIT (D816V) MUTATION BY PCR
Code: 1230500175

Synonyms

0040137
KITD816V

Collection Requirements

Lavender (EDTA) OR bone marrow (EDTA) OR tissue.

Shipping and Handling Instructions

whole blood: Transport 5 mL (Min: 1 mL) OR Bone marrow: Transport 3 mL (Min: 1 mL).
STABILITY: whole blood OR Bone marrow: Refrigerated: 5 days; Ambient: 24 hours; Frozen: Unacceptable

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name KLEIB BE PATIENT NEG
Code: 402

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

Test Name KLEIH-BETKE INTERPRETATION
Code: 1380

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name KOH PREP
Code: 1230100160

Synonyms

MB-KOH

Collection Requirements

skin, hair, and nail clippings

Shipping and Handling Instructions

skin and scalp scrapings, hair, and nail clippings are the only accepted specimens for testing. Please order a gram stain (LAB250) for all other specimens. This test is considered STAT and must be processed immediately.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes
DH PAV C WOMENS CARE LAB	Routine	6 Hours
DH PAV C WOMENS CARE LAB	STAT	60 Minutes
DH PAV G WEBB LAB	Routine	6 Hours
DH PAV G WEBB LAB	STAT	60 Minutes
DH PAV H STD LAB	Routine	6 Hours
DH PAV H STD LAB	STAT	60 Minutes
EASTSIDE LAB	Routine	6 Hours
EASTSIDE LAB	STAT	60 Minutes
LA CASA LAB	Routine	6 Hours
LA CASA LAB	STAT	60 Minutes
LOWRY LAB	Routine	6 Hours
LOWRY LAB	STAT	60 Minutes
MONTBELLO LAB	Routine	6 Hours
MONTBELLO LAB	STAT	60 Minutes
PARK HILL LAB	Routine	6 Hours
PARK HILL LAB	STAT	60 Minutes
WESTSIDE LAB	Routine	6 Hours
WESTSIDE LAB	STAT	60 Minutes
WESTWOOD LAB	Routine	6 Hours
WESTWOOD LAB	STAT	60 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	STERILE TUBE	No	
DH PAV A CENTRAL LAB	SWAB	No	

Test Name KRAS MUTATION DETECTION
Code: 123050056

Synonyms

0040248

Collection Requirements

None Listed

Shipping and Handling Instructions

"Formalin fix (10 percent neutral buffered formalin) and paraffin embed tissue. Protect from excessive heat. Transport tissue block or 5 unstained 5-micron slides. (Min: 3 slides) Transport block(s) and/or slide(s) in a tissue transport kit (ARUP supply* "

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	Yes	

Test Name KRAS MUTATION DETECTION WITH BRAF REFLEX
Code: 123050123

Synonyms

2001932

Collection Requirements

Tumor tissue

Shipping and Handling Instructions

Formalin fix (10 percent neutral buffered formalin) and paraffin embed tissue. Protect paraffin block from excessive heat. Transport tissue block or 5 unstained 5-micron slides. (Min: 3 slides). Transport block and/or slide(s) in a tissue transport kit *

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	Yes	

Test Name LACOSAMIDE, SERUM OR PLASMA
Code: 1230500045

Synonyms

2003182
LACOSASP

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum or plasma from cells within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Refrigerated: 15 days; Ambient: 15 days; Frozen: 15 days

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 Weeks
ARUP LAB	Routine	1 Weeks
ARUP LAB	STAT	1 Weeks
ARUP LAB	Timed	1 Weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED TOP -PLAIN	Yes	

Test Name LACTATE
Code: 1230100423

Synonyms

LACTIC ACID

Collection Requirements

No patient preparation is required. Preferred specimens: A green top tube or a heparinized syringe collected on ice. Alternate specimens: A specimen that is NOT on ice is only acceptable when the test is performed within 10-15 minutes of collection. (Specimens tubes from the OR are not usually on ice). No other specimen tubes are acceptable. Whole blood ON ICE is used for this test. Limit tourniquet use during specimen collection and immediately place the specimen in an ice slurry.

Shipping and Handling Instructions

Testing should be done immediately. If there is the potential for any type of delay, centrifuge the specimen and remove plasma from red cells. Plasma is stable at refrigerated temperatures for several days, IF PLASMA IS IMMEDIATELY REMOVED FROM CELLS *

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN TOP - LIHEP	Yes	
DH PAV A CENTRAL LAB	HEPARINIZED SYRINGE	No	

Test Name LACTATE CLEARANCE
Code: 56

Synonyms

LACCLR

Collection Requirements

A green top tube or a heparinized syringe collected on ice are the preferred specimens. A specimen that is NOT on ice is only acceptable when the test is performed within 10-15 minutes of collection. (Specimens tubes from the OR are not usually on ice). No other specimen tubes are acceptable.

Shipping and Handling Instructions

whole blood ON ICE is used for this test. Limit tourniquet use during specimen collection and immediately place the specimen in an ice slurry. Testing should be done immediately. If there is the potential for any type of delay, centrifuge the specimen *

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN TOP - LIHEP	Yes	
DH PAV A CENTRAL LAB	HEPARINIZED SYRINGE	No	

Test Name LACTATE CSF
Code: 1230100094

Synonyms

CSF LACTATE
LACTIC ACID

Collection Requirements

No patient preparation is required. Preferred Specimen: 0.1 mL CSF Plastic CSF collection tube. Alternate Specimen: 0.1 mL CSF in a plain white or plain red top tube or specimen collection cup may also be acceptable.

Shipping and Handling Instructions

Give to appropriate lab staff as soon as possible to perform testing.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CSF COLLECTION KIT	Yes	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	STERILE CUP	No	
DH PAV A CENTRAL LAB	STERILE TUBE	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name LACTATE DEHYDROGENASE
Code: 1230100424

Synonyms

LDH

Collection Requirements

Preferred specimens: 0.25 ml plasma from a green lithium heparin gel tube. Alternate specimens: Serum from red gel or plain tube with no additive.

Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed. Freeze specimen for longer storage.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name LACTATE DEHYDROGENASE FL
Code: 1230100095

Synonyms

LDH-FL
LACTATE DEHYDROGENASE BODY FLUID
LACTATE DEHYDROGENASE FLUID

Collection Requirements

Preferred specimens: A green heparin tube , serum separator tube, or a plain tube. If the specimens is CSF, specimen is collected in a CSF tube.

Shipping and Handling Instructions

Centrifuge the specimen and separate the fluid from the cells as soon as possible.
Refrigerate the specimen if testing is not performed immediately.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CSF COLLECTION KIT	No	
DH PAV A CENTRAL LAB	GREEN GEL (PST)	No	
DH PAV A CENTRAL LAB	GREEN TOP - LIHEP	No	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	Yes	

Test Name LACTOFERRIN, FECAL BY ELISA
Code: 1230500336

Synonyms

0061164
FECLACTO

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 5 g stool to an unpreserved stool transport vial (ARUP supply #40910). Available online through eSupply using ARUP Connect(TM) or contact Client Services at (800) 522-2787. (Min: 1 g) Also acceptable: Place 5 g stool in enteric transport media * Preserved: Refrigerated: 2 weeks; Ambient: 1 week; Frozen: 2 weeks

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	STERILE CUP	Yes	

Test Name LAMBDA FREE LIGHT CHAINS, URINE
Code: 1230500337

Synonyms

LAMBDA FREE
0050682

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer two 4 mL aliquots from a well-mixed 24-hour urine collection to individual ARUP Standard Transport Tubes. (Min: 4 mL) Record total volume and collection time interval on transport tube and test request form. STABILITY: Refrigerated: 1 week; Ambient: 2 hours; Frozen: Unacceptable Reported: 2-7 days

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

Test Name LAMELLAR BODY COUNT
Code: 4

Synonyms

FETAL LUNG MATURITY
LBC
FLM

Collection Requirements

Sterile Tube, white top, sterile cup, sterile container. Amniocentesis preferred. 1 mL amniotic fluid.

Shipping and Handling Instructions

Sterile Tube, white top, sterile cup, sterile container. Amniocentesis preferred. 1 mL amniotic fluid Do not centrifuge. Transport 1 mL amniotic fluid. (Min: 0.25 mL) Refrigerated.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	STERILE CONTAINER	No	
DH NON-INTERFACED LAB	STERILE CUP	No	
DH NON-INTERFACED LAB	STERILE TUBE	Yes	
DH NON-INTERFACED LAB	WHITE TOP	No	

Test Name LAMOTRIGINE LEVEL
Code: 1230100455

Synonyms

LAMICTAL
ANTI-EPILEPTIC
ANTI EPILEPTIC
0090177
LAMOTRIGINE

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.3 mL). STABILITY: Refrigerated: 1 week; Ambient: 7 days; Frozen: 4 weeks

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED TOP -PLAIN	Yes	

Test Name LATEX, IGE
Code: 1230101300

Synonyms

RAST
LATEX
0099614

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name LD CORTISOL 60 MIN PD
Code: 83

Synonyms

LOW DOSE CORTISOL 60 MIN POST DOSE

Collection Requirements

None Listed

Shipping and Handling Instructions

SPECIMEN PREP: Separate serum from cells within 2 hours. TRANSPORT: 1.5 mL (1.0 mL minimum) Serum 1. Samples can be stored at 2-8°C for 7 days. 2. For longer storage, aliquot and freeze up to 3 months at -20°C. Test performed 7am - 4:30pm daily

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN BULLET - LIHEP	No	
DH PAV A CENTRAL LAB	GREEN GEL (PST)	No	
DH PAV A CENTRAL LAB	GREEN GEL BULLET (PST)	No	
DH PAV A CENTRAL LAB	GREEN TOP - NAHEP	No	
DH PAV A CENTRAL LAB	RED BULLET	No	
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	
DH PAV A CENTRAL LAB	YELLOW BULLET (SST)	No	

Test Name LDL CHOLESTEROL DIRECT
Code: 1230100004

Synonyms

DIRECT LDL CHOLESTEROL
0020257

Collection Requirements

None Listed

Shipping and Handling Instructions

Allow specimen to clot completely at room temperature. Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Refrigerated: 5 days; Ambient: 8*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN GEL (PST)	Yes	
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	No	

Test Name LEAD BLOOD
Code: 1230100426

Synonyms

LEAD-B
PB BLOOD
0020098

Collection Requirements

None Listed

Shipping and Handling Instructions

Transport 7 mL whole blood (royal blue) OR 3 mL whole blood (tan). (Min: 0.5 mL).
STABILITY: Ambient/Refrigerated

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	ROYAL BLUE - K2 EDTA	Yes	

Test Name LEAD, CAPILLARY BLOOD
Code: 1230101301

Synonyms

PB
0020745
LEAD CAP

Collection Requirements

None Listed

Shipping and Handling Instructions

Invert specimen 10 times to prevent clot formation. Transport 0.5 mL whole blood. (Min: 0.5 mL). STABILITY: Ambient/Refrigerated

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDAR BULLET - K2 EDTA	Yes	

Test Name LECITHIN-SPHINGOMYELIN RATIO
Code: 1230500338

Synonyms

L/S RATIO
LSRAT

Collection Requirements

None Listed

Shipping and Handling Instructions

Do not centrifuge. Transport 10 mL amniotic fluid. (Min: 4 mL). STABILITY: Refrigerated: 48 hours; Ambient: 1 hour; Frozen: 1 year

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	CONTAINER	No	
DH NON-INTERFACED LAB	STERILE CONTAINER	No	
DH NON-INTERFACED LAB	STERILE CUP	No	
DH NON-INTERFACED LAB	STERILE TUBE	Yes	

Test Name LEFLUNOMIDE METABOLITE, SERUM/PLASMA
Code: 1230500339

Synonyms

2007460
LEFLUMETSP

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate from cells within 2 hours of draw. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.2 mL). STABILITY: Refrigerated: 17 days; Ambient: 7 days; Frozen: 90 days

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 Weeks
ARUP LAB	Routine	1 Weeks
ARUP LAB	STAT	1 Weeks
ARUP LAB	Timed	1 Weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED TOP -PLAIN	Yes	

Test Name LEGIONELLA ANTIGEN, URINE
Code: 1230101596

Synonyms

AG
ULEAGB
L. PNEUMOPHILA URINARY AG

Collection Requirements

Random urine.

Shipping and Handling Instructions

Store urine specimen at room temperature if testing will be done within 24 hours of collection. If not tested within 24 hours, store at 2-8C for up to 14 days. This test is considered STAT, must be processed immediately.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	URINE	Yes	

Test Name LEGIONELLA CULTURE
Code: 1230101548

Synonyms

PNEUMOPHILA
0060113

Collection Requirements

None Listed

Shipping and Handling Instructions

Respiratory specimens: Abscess material, aspirates, BAL, fluids, secretions, sputum, or tissue; OR pericardial fluid or blood in SPS Vacutainer® tube for microbiology (ARUP supply #24964). Available online through eSupply using ARUP Connect™ or contact * Fluid: Transfer to a sterile container. Place each specimen in an individually sealed bag. (Min. 0.5 mL) Tissue: Place on gauze moistened with sterile non-bacteriostatic saline to prevent drying and transport in sterile container. Blood: Transport blood in SPS tube. Refrigerated. For non-blood specimens: If delay in transport (greater than 48 hours), transport frozen. Unacceptable Conditions: Stool, urine, wounds, or other non-respiratory sites. Dry specimens. Specimens in preservatives or viral transport medium (M4, UTM).

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	No	
ARUP LAB	SPS TUBE	No	
ARUP LAB	STERILE CONTAINER	Yes	

Test Name LEISHMANIA ANTIBODY
Code: 1230101304

Synonyms

VISCERAL LEISHMANIASIS
KALAZAR
0051726
LEISHMAN AB

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.1 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name LEUKEMIA/LYMPHOMA PHENOTYPING BY FLOW CYTOMETRY
Code: 804

Synonyms

FLOW CYTOMETRY
2008003
ARUP

Collection Requirements

whole blood: Green (sodium heparin)

Shipping and Handling Instructions

Transport 5 mL whole blood (Min: 1mL*). *Minimum volume is dependent on cellularity.
STABILITY: (collection to initiation of testing): Ambient: 48 hours; Refrigerated: 48 hours; Frozen: Unacceptable

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - NAHEP	Yes	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	

Test Name LEUKOCYTE ALKALINE PHOSPHATASE
Code: 1230101307

Synonyms

LAPH
0049000

Collection Requirements

None Listed

Shipping and Handling Instructions

Protect both smears and whole blood from light and pack accordingly to avoid breakage. Transport 5 mL whole blood (Min: 1 mL) AND 6 unfixed, well-prepared smears (Min: 6 smears). STABILITY: Blood: Ambient: 24 hours; Refrigerated: Unacceptable; Frozen: U* Unfixed Smears: Ambient: 1 week; Refrigerated: Unacceptable; Frozen: Unacceptable

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - NAHEP	Yes	

Test Name LEVETIRACETAM LEVEL
Code: 1230100457

Synonyms

KEPPRA
0098627
LEVETIRACETA

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.3 mL). STABILITY: Refrigerated: 1 week; Ambient: 7 days; Frozen: 1 month

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED TOP -PLAIN	Yes	

Test Name LIDOCAINE LEVEL
Code: 1230101308

Synonyms

XYLOCAINE
0090155
LIDOCAINE

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells immediately. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Refrigerated: 1 week; Ambient: 1 week; Frozen: 1 month

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED TOP -PLAIN	Yes	

Test Name LIPASE
Code: 1230100427

Synonyms

Collection Requirements

Preferred specimens: 0.25 ml plasma from a green lithium heparin gel tube. Alternate specimens: serum from red gel or plain tube with no additive.

Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name LIPASE, FLUID
Code: 123050054

Synonyms

0020715
LIPASEFL

Collection Requirements

Specimen source must be provided.

Shipping and Handling Instructions

Centrifuge to remove cellular material. Transport 1 mL body fluid. (Min: 0.5 mL).
STABILITY: Ambient: 1 week; Refrigerated: 1 week; Frozen: 1 year

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	Yes	

Test Name LIPID PANEL
Code: 1230100086

Synonyms

Collection Requirements

Patient preparation: The patient should fast for 10 hours before a lipid profile is drawn. The patient may have water at any time. Preferred specimens: A serum separator (gel) tube is preferred. Alternate specimens: Plain white, red, and green are acceptable. Note that HDL runs slightly lower in plasma than in serum.

Shipping and Handling Instructions

Centrifuge the specimen and separate serum/plasma from cells as soon as possible. Refrigerate the specimen if testing cannot be performed immediately.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	GREEN TOP - LIHEP	No	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name LIPOPROTEIN A (LPA)
Code: 1230101310

Synonyms

APOLIPOPROTEIN
LPA
0099174

Collection Requirements

None Listed

Shipping and Handling Instructions

Allow specimen to clot completely at room temperature. Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Frozen: 3 months; Ambient: 8 hou*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN GEL (PST)	No	
ARUP LAB	RED GEL (SST)	Yes	

Test Name LIPOPROTEIN ELECTROPHORESIS
Code: 1230100002

Synonyms

LIPO ELECTROPHORESIS
LIPO ELP
0080503

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL) Store and ship refrigerated. DO NOT FREEZE. STABILITY: Refrigerated: 10 days; Ambient: 24 hours; Frozen: Unacceptable

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	
ARUP LAB	RED TOP -PLAIN	No	

Test Name LISTERIA ANTIBODY, CSF BY CF
Code: 1230102002

Synonyms

2002086
LISTERIA ANT

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 1 mL CSF to an ARUP standard transport tube. (Min: 0.5 mL). STABILITY: Refrigerated: 2 weeks; Ambient: Undetermined; Frozen: 1 month

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	Yes	

Test Name LISTERIA ANTIBODY, SERUM BY CF
Code: 1230101315

Synonyms

0099529
LISTERIA AB

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL), STABILITY:
Refrigerated: 2 weeks; Ambient: 1 week; Frozen: 1 month

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	
ARUP LAB	RED TOP -PLAIN	No	

Test Name LITHIUM
Code: 1230100195

Synonyms

LI

Collection Requirements

Patient preparation is not required. Preferred specimens: 0.25 ml serum from a red gel tube. Alternate specimens: Serum from plain tube with no additive, plasma from sodium heparin (lithium heparin is not acceptable).

Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed. Freeze specimen for longer storage.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	

Test Name LIVER FIBROSIS, CHRONIC VIRAL HEPATITIS (ECHOSENS FIBROMETER)
Code: 786

Synonyms

ARUP 2005661
2005661
FIBRO V

Collection Requirements

1 Red Gel AND 2 Blue Tops; 1 Lavender should be drawn if no hematology tests are ordered. Separate serum and citrated plasma from cells ASAP or within 2 hours of collection.

Shipping and Handling Instructions

Separate serum and citrated plasma from cells ASAP or within 2 hours of collection. Do not send the EDTA whole blood to ARUP. Transfer 3 mL serum to an ARUP Standard Transport Tube. (Min: 1.2 mL) Transfer 1 mL platelet-poor citrated plasma to an ARUP Sta*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	1 RED GEL (SST) + 2 BLUE (CITRATE)	Yes	

Test Name LIVER-KIDNEY MICROSOME-1 AB, IGG
Code: 123050050

Synonyms

0055241
LIVER-KIDNEY

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL).

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name LOW MOLECULAR WGT HEPARIN
Code: 1230100223

Synonyms

ANTI-XA ASSAY FOR LMWH
LMWH

Collection Requirements

None Listed

Shipping and Handling Instructions

-Underfilled, overfilled, or clotted tubes must be cancelled. Specimen Stability:
Uncentrifuged, 1 hr at Room Temperature Plasma, 2 hrs at Room Temperature Frozen plasma, 2 weeks at -20 C

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	BLUE TOP-CITRATE	Yes	

Test Name LSD CONFIRMATION, URINE
Code: 123050111

Synonyms

0091627

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

Test Name LSD, URINE - SCREEN W/REFLEX TO QUANT
Code: 1230500227

Synonyms

0091224
LSDURINE

Collection Requirements

None Listed

Shipping and Handling Instructions

Protect from light. Transfer 2 mL urine to an ARUP Amber Transport Tube. (Min: 0.85 mL).
STABILITY: Refrigerated: 1 month; Ambient: 1 month; Frozen: 1 month

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

Test Name LUPUS ANTICOAGULANT
Code: 1230100458

Synonyms

0030181
LUPUS ANTICO

Collection Requirements

Light blue (sodium citrate). Refer to Specimen Handling at aruplab.com for hemostasis/thrombosis specimen handling guidelines.

Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Transfer 2 mL platelet-poor plasma to an ARUP Standard Transport Tube. (Min: 2 mL).
STABILITY: Frozen: 3 months; Ambient: 4 hours; Refrigerated: Unacceptable

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	BLUE TOP-CITRATE	Yes	

Test Name LUTEINIZING HORMONE
Code: 1230100415

Synonyms

LH

Collection Requirements

None Listed

Shipping and Handling Instructions

SPECIMEN PREP: Separate serum from cells within 2 hours. TRANSPORT: 1.5 mL (1.0 mL minimum)
Serum STABILITY: 1. Samples can be stored at 2-8°C for up to 7 days after collection. 2.
For longer storage, aliquot and freeze up to 3 months at -20°C.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name LYME DISEASE ACUTE REFLEXIVE PANEL
Code: 1230500341

Synonyms

0050267
LYMERFLXA

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name LYME DISEASE CHRONIC REFLEXIVE PANEL
Code: 1230500039

Synonyms

0050268
LYMERFLXCH

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 2 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name LYMPHOCYTE SUBSET 3, CD4 AND CD8
Code: 1230500228

Synonyms

0095853
LYMSS3

Collection Requirements

None Listed

Shipping and Handling Instructions

CRITICAL ROOM TEMPERATURE. Transport 4 mL whole blood. (Min: 0.5 mL). STABILITY: EDTA: Ambient: 72 hours; Refrigerated: Unacceptable; Frozen: Unacceptable Heparin: Ambient: 48 hours; Refrigerated: Unacceptable; Frozen: Unacceptable

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name LYMPHOCYTE SUBSET 4, PCT. AND RATIO, BAL
Code: 1230500229

Synonyms

0093420
LYMSS4

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 4 mL bronchoalveolar lavage to a sterile container. (Min: 3 mL). STABILITY: Refrigerated: 48 hours, Ambient: Unacceptable, Frozen: Unacceptable

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	STERILE CONTAINER	Yes	

Test Name LYSOZYME, SERUM
Code: 1230101323

Synonyms

MURAMIDASE
2012039

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.4 mL). STABILITY: Refrigerated: 1 week; Ambient: 8 hours; Frozen: 3 months

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name MAGNESIUM
Code: 1230100005

Synonyms

MG

Collection Requirements

Preferred specimens: 0.25 mL Plasma Lithium Heparin (Green Gel). Alternate specimens: 0.25 mL Serum from red gel or plain tube with no additive.

Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed. Freeze specimen for longer storage. The specimen should be free of hemolysis.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name MAGNESIUM 24HR URINE
Code: 1230100321

Synonyms

MAG-U

Collection Requirements

No preparation is required. Preferred specimens: Urine collected in a 24 hour urine jug is preferred. No preservative is necessary, but the urine should be refrigerated during collection.

Shipping and Handling Instructions

Measure the volume and document the volume and collection time in the computer. Mix the specimen, pour an aliquot into a test tube, centrifuge and send to core. Also, aliquot a portion into a cup with total volume documented on the cup.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	24 HR URINE CONTAINER	Yes	

Test Name MAGNESIUM RBC
Code: 1230100006

Synonyms

MG RBC
0092079

Collection Requirements

Collect: Royal Blue (EDTA)

Shipping and Handling Instructions

Specimen Preparation: Centrifuge whole blood and separate RBCs from plasma within 2 hours of collection. Transfer 2 mL RBCs to an ARUP Trace Element-Free Transport Tube (ARUP supply #43116) available online through eSupply using ARUP Connect™ or contact* Storage/Transport Temperature: Room temperature. Also acceptable: Refrigerated. Unacceptable Conditions: Specimens collected in tubes other than royal blue (EDTA). Specimens transported in containers other than Royal Blue (EDTA) tube or Trace Element-Free Transport Tube. Clotted or grossly hemolyzed specimens. Stability (collection to initiation of testing): After separation from plasma: Ambient: 1 week; Refrigerated: 1 week; Frozen: Unacceptable

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	ROYAL BLUE - K2 EDTA	Yes	

Test Name MAGNESIUM URINE
Code: 1230100320

Synonyms

MAG-U

Collection Requirements

No preparation is required. Preferred specimens: 10 mL of random urine collected in a random urine cup or plain tube.

Shipping and Handling Instructions

Mix the urine well, aliquot urine into a test tube, and centrifuge. If testing is delayed, refrigerate the specimen.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	URINE	No	

Test Name MALARIA THICK AND THIN SMEAR
Code: 12

Synonyms

MALARIA THICK/THIN SMEAR

Collection Requirements

EDTA whole blood or fresh blood from a fingerstick applied to slides.

Shipping and Handling Instructions

EDTA whole blood stable 2 hours for optimum parasite recovery: up to 8 hours if physician request but parasite recovery greatly diminishes on long standing.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CAP TUBE	No	
DH PAV A CENTRAL LAB	CSF COLLECTION KIT	No	
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name MALARIAL CELL COUNT
Code: 801

Synonyms

MALARIA CELL COUNT
MALARIA COUNT
MALARIA

Collection Requirements

Required Volume: 2mL

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CONTAINER	No	
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name MANUAL DIFFERENTIAL AND MORPHOLOGY
Code: 1230101637

Synonyms

CBC MANUAL DIFF
MAN DIFF
CBC MAN DIFF

Collection Requirements

Invert immediately and gently mix with anticoagulant.

Shipping and Handling Instructions

Slide must be made within 8 hours of collection.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	LAVENDAR BULLET - K2 EDTA	No	
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name MAS1 FLDIP URINE CONTROL
Code: 414

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

Test Name MAS1 UPREG POS QC (HRP)
Code: 754

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

Test Name MAS3 FLDIP NORMAL URINE CONTROL
Code: 415

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

Test Name MAS3 UPREG NEG QC (HRP)
Code: 755

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

Test Name MATERNAL SERUM SCREEN, FIRST TRIMESTER, HCG, PAPP-A, NT
Code: 1038

Synonyms

3000145
MS FTS
COMBINED SCREEN
FIRST TRIMESTER SCREEN
ULTRASCREEN

Collection Requirements

Patient Prep: Specimen must be drawn between 11 weeks, 0 days and 13 weeks, 6 days. (Crown-Rump length (CRL) must be between 43-83.9 mm at time of specimen collection.)
Collect: Serum Separator Tube (SST) or Plain Red.

Shipping and Handling Instructions

Specimen Preparation: Separate from cells ASAP or within 2 hours of collection. Transfer 3 mL serum to an ARUP Standard Transport Tube. (Min: 1 mL) Storage/Transport Temperature: Refrigerated. **Remarks:** Submit with Order: Patient's date of birth, current weight, number of fetuses present, patient's race, if the patient has had a previous pregnancy with a trisomy, if the patient is currently smoking, if this is a repeat sample, and the age of the egg donor if in vitro fertilization. In addition to the above: the date of ultrasound, the CRL measurement, the nuchal translucency (NT) measurement and the name and certification number of the sonographer is required. NT must be measured when the CRL is between 38-83.9 mm. The NT measurement must also be performed by an ultrasonographer that is certified by one of the following agencies: Fetal Medicine Foundation (FMF) or Nuchal Translucency Quality Review (NTQR). To avoid possible test delays for an ultrasonographer that is new to our database, please contact the genetic counselor at (800) 242-2787 extension 2141 prior to sending speci* If an NT is unobtainable, order Maternal Serum Screening, Integrated (ARUP test codes 3000147 (collect in first trimester) and 3000149 (collect in second trimester)), which can be interpreted without an NT value. **Unacceptable Conditions:** Plasma. Hemolyzed specimens. **Stability (collection to initiation of testing):** After separation from cells: Ambient: 72 hours; Refrigerated: 2 weeks; Frozen: 3 months (Avoid repeated freeze/thaw cycles.) **Reported:** 3-6 days

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name MATERNAL SERUM, FIRST TRIMESTER
Code: 123050047

Synonyms

0081150
MATERNAL SER

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 3 mL serum to an ARUP Standard Transport Tube. (Min: 1 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 8 hours; Frozen: 2 months

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name MEASLES IGG ANTIBODY
Code: 1230101422

Synonyms

MEASLES IMMUNE STATUS
RUBEOLA ANTIBODY IGG
ANTIBODY
RUBEOLA VIRUS
MEAGB
RUBEOLA

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	

Test Name MEASLES IGM NEG CONTROL
Code: 1009

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

Test Name MEASLES IGM POS CONTROL
Code: 1010

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

Test Name MEASLES NEG CONTROL
Code: 992

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

QC CONTAINER

Default?

Yes

Min Volume

Test Name MEASLES POS CONTROL
Code: 993

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

QC CONTAINER

Default?

Yes

Min Volume

Test Name MERCURY 24 HOUR URINE
Code: 1230100323

Synonyms

MERCRU
HG 24HR UR
0025050

Collection Requirements

24-hour or random urine collection. Specimen must be collected in a plastic container.

Shipping and Handling Instructions

Transfer an 8 mL aliquot from a well-mixed collection to ARUP Trace Element-Free Transport Tubes (ARUP supply #43116). Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787. (Min: 1 mL) Record total vo*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

Test Name MERCURY, BLOOD
Code: 1230101331

Synonyms

HG
0099305
HG BLD

Collection Requirements

None Listed

Shipping and Handling Instructions

Transport 7 mL whole blood in the original collection tube. (Min: 1 mL) STABILITY: Ambient/Refrigerated. Mercury is volatile; concentration may reduce after seven or more days of storage.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	ROYAL BLUE - K2 EDTA	Yes	

Test Name METANEPHRINES FRACTIONATED, URINE
Code: 1230500006

Synonyms

2007996
METANEPHRINE

Collection Requirements

None Listed

Shipping and Handling Instructions

Thoroughly mix entire collection (24-hour or Random) in one container. Transfer a 4 mL aliquot to an ARUP Standard Transport Tube (Min: 2.5 mL). A pH lower than 2 can cause assay interference. Record total volume and collection time interval on transport* Specimen preservation can be extended to 1 month refrigerated by performing one of the following:
Option 1: Transfer a 4 mL aliquot to an ARUP Standard Transport Tube. (Min: 2.5 mL) Adjust pH to 2.0-4.0 with 6M HCl. Option 2: Transfer a 4 mL aliquot to an ARUP Standard Transport Tube containing 20 mg sulfamic acid
STABILITY: Refrigerated: 2 weeks (unpreserved), 1 month (preserved); Ambient: Unacceptable; Frozen: 1 month

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	STERILE CONTAINER	No	
ARUP LAB	STERILE CUP	Yes	
ARUP LAB	STERILE TUBE	No	

Test Name METANEPHRINES, PLASMA (FREE)
Code: 1230500015

Synonyms

0050184
METAPF

Collection Requirements

None Listed

Shipping and Handling Instructions

Centrifuge within 1 hour. Transfer 2 mL plasma to an ARUP Standard Transport Tube and freeze immediately. (Min: 1 mL) Avoid hemolysis.
STABILITY: Frozen: 1 month; Ambient: Unacceptable; Ref*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name METFORMIN QUANTITATIVE, SERUM/PLASMA
Code: 1230500344

Synonyms

0092390
METFORMSP

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.3 mL)
STABILITY: Refrigerated: 1 month; Ambient: 1 month; Frozen: 1 month; Frozen: 2 years

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED TOP -PLAIN	Yes	

Test Name METHADONE & METABOLITE, SERUM OR PLASMA
Code: 1230500153

Synonyms

0090699
METHADOSP

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL)
STABILITY: Refrigerated: 2 weeks; Ambient: 1 week; Frozen: 3 years

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GRAY TOP	Yes	
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED TOP -PLAIN	No	

Test Name METHADONE AND METABOLITE, URINE
Code: 1230500230

Synonyms

0090362
METHANDMETAB

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 1 mL with no additives or preservatives urine to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Ambient: 1 week; Refrigerated: 1 month; Frozen: 3 years

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

Test Name METHADONE URINE
Code: 50

Synonyms

Collection Requirements

No patient preparation is required. Preferred specimens: 30 mL of random urine is preferred. The minimum acceptable volume is 10 mL. Urine should be collected in a clean, unbreakable, leak-proof container. No pre-treatment or preservative is required. Any questions related to specimen integrity, specimen handling, or testing must be referred to a supervisor or pathologist.

Shipping and Handling Instructions

Specimens must be centrifuged before testing if the urine specimen is not clear. Specimen should be between 20-25C before analysis. If testing cannot be completed within the shift, refrigerate specimen at 2-8C for up to one week. Note: Plastic trans*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	URINE	No	

Test Name METHANOL
Code: 1231003703

Synonyms

METHANOL

Collection Requirements

Do NOT use alcohol-based wipes to cleanse the patient's skin prior to venipuncture.

Shipping and Handling Instructions

Allow to clot for 30 minutes after collection. Centrifuge within one hour of collection. Transport: 1.0 mL (0.5 mL minimum) Serum. Place at least 1 mL serum in a tightly sealed aliquot container with minimal dead space and transport to lab at 2-8 degrees C (refrigerated or on ice). NOTIFY M BENCH TECH AFTER RECEIPT OF SPECIMEN IN THE LAB! Order as an Extra and process the specimen. 1) wait for call from Toxicology Fellow from the Rocky Mountain Poison Center at 303-739-1123, not careprovider. 2) Send via STAT courier to the University of Colorado Hospital.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	RED TOP -PLAIN	Yes	

Test Name METHAQUALONE QUANTITATIVE, URINE
Code: 1230500231

Synonyms

2006299

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 2 mL urine to an ARUP Standard Transport Tube. (Min: 0.7 mL). STABILITY:
Refrigerated: 2 weeks; Ambient: 1 week; Frozen: 1 year

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

Test Name METHEMOGLOBIN
Code: 1230100419

Synonyms

Collection Requirements

Preferred specimens: A green top tube (lithium heparin) is the preferred specimen. Alternate specimens: Lavender tubes are acceptable, but do not run specimen through Glucose/Lactate Cassette. The cassette will be ruined.

Shipping and Handling Instructions

whole blood is tested. No specimen processing is required.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN TOP - LIHEP	Yes	

Test Name METHOTREXATE
Code: 1032

Synonyms

METHOTREXATE
MTX

Collection Requirements

PROTECT FROM LIGHT. Collect using a lithium heparin green top tube. Preferred specimen volume 2 mL (0.6 mL minimum).

Shipping and Handling Instructions

PROTECT FROM LIGHT. Separate serum or plasma within 2 hours of collection. Transfer 1 mL (0.6 min) to an ARUP amber transport tube. STABILITY: Frozen. Performed at Children's Hospital Colorado using Homogenous Enzyme Immunoassay - Vitros 5600 methodology.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	CALL LAB	Yes	

Test Name METHYLPHENIDATE AND METABOLITE QUANTITATIVE, SERUM OR PLASMA
Code: 1039

Synonyms

3000253
METHYL SP
ATTENADE
CONCERTA
DAYTRANA
DEXMETHYLPHENIDATE
FOCALIN
METADATE
METHYLIN
METHYLPHENIDATE
RITALIN
RITALIN BLOOD LEVEL
RITALINIC ACID

Collection Requirements

Patient Prep: Collect specimen 1-6 hours post dose. Collect: Plain Red, Lavender (EDTA), or Pink (K2EDTA).

Shipping and Handling Instructions

Specimen Preparation: Separate from cells ASAP or within 2 hours of collection. Transfer 2 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.7 mL) Storage/Transport Temperature: CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Unacceptable Conditions: Separator tubes. Stability (collection to initiation of testing): Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 5 months Reported: 4-12 days

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED TOP -PLAIN	Yes	

Test Name METHYLPHENIDATE AND METABOLITE, SER/PLA
Code: 1230500345

Synonyms

2003114
METHPHENSP

Collection Requirements

None Listed

Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 2 mL serum or plasma to an ARUP Standard Transport Tube and freeze within 6 hours of collection. (Min: 1 mL). STABILITY: Frozen: 3 months; Ambient: Unacceptable; Refriger*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GRAY TOP	Yes	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED TOP -PLAIN	No	

Test Name METHYLPHENIDATE AND METABOLITE, URINE
Code: 1230500103

Synonyms

2003115
METHPHENUR

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 2 mL urine with no additives or preservatives to an ARUP Standard Transport Tube. (Min: 1 mL). STABILITY: Refrigerated: 3 weeks; Ambient: Unacceptable; Frozen: 3 months

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 Weeks
ARUP LAB	Routine	1 Weeks
ARUP LAB	STAT	1 Weeks
ARUP LAB	Timed	1 Weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

Test Name MICRO MAID DUTIES AFBC BENCH
Code: 1214

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

Test Name MICRO MAID DUTIES BLOOD BENCH
Code: 1215

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

QC CONTAINER

Default?

Yes

Min Volume

Test Name MICRO MAID DUTIES CULTURE BENCH
Code: 1216

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

QC CONTAINER

Default?

Yes

Min Volume

Test Name MICRO MAID DUTIES IMMUNO-SERO
Code: 1217

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

QC CONTAINER

Default?

Yes

Min Volume

Test Name MICRO MAID DUTIES ROUTINE BENCH
Code: 1218

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

QC CONTAINER

Default?

Yes

Min Volume

Test Name MICRO MAID DUTIES URINE BENCH
Code: 1219

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

QC CONTAINER

Default?

Yes

Min Volume

Test Name MICROALBUMIN 24HR URINE
Code: 1230100326

Synonyms

MALB24

Collection Requirements

Patient Preparation: Urine should not be collected during periods of exercise or prolonged upright position. Gross hematuria or blood contamination should be avoided. Local tissue inflammation associated with urinary tract infection may spuriously increase urinary albumin concentration. Patients should avoid any physical exercise during the collection period. If possible, bed rest is preferred. There are no special dietary requirements prior to sample collection. Preferred Specimen: 5.0 mL of a 24 hour well mixed collection. Any timed collection of 12 hours or greater will be accepted. If a timed collection is less than 12 hours it will be considered to be "random" and should be ordered as random.

Shipping and Handling Instructions

Urine samples should be collected with no preservative and may be stored at 2-8 degrees C for up to 72 hours. Frozen samples or blood contaminated samples are not recommended. Measure the volume and document the volume and collection time in the comput*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	24 HR URINE CONTAINER	Yes	

Test Name MICROALBUMIN RANDOM URINE
Code: 1230100327

Synonyms

MA-RAN
UMAR

Collection Requirements

Preferred specimen: 5.0 mL of random urine collected in a urine cup or plain container. No preservative is necessary.

Shipping and Handling Instructions

Mix the specimen well, and pour an aliquot into a test tube. Centrifuge the urine. If testing is delayed, refrigerate the specimen.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	URINE	No	

Test Name MICROARRAY, PEDIATRIC AND ADULT (POSTNATAL) - CGL
Code: 12301012850

Synonyms

KARYOTYPES
KARYOTYPING
CHROMOSOME ANALYSIS
CHROMOSOMAL MICROARRAY
CGL

Collection Requirements

Can only be drawn Monday - Thursday ONLY!! REQUIRES INSURANCE APPROVAL AND PATHOLOGIST APPROVAL. A completed CGL requisition is required and should either be sent with the specimen or faxed to the sendouts department at 303-602-5247.

Shipping and Handling Instructions

Transport: 4 mL (2 mL minimum) Green (Sodium Heparin) AND 4 mL (3 mL minimum) Lavender (EDTA) *Note: For NICU and other pediatric patients, it is acceptable to collect only the Na Hep green tube with a minimum volume of 1 mL. Stability: Ambient: 3 days

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	GREEN (NAHEP) / LAVENDER	Yes	

Test Name MICROARRAY, PEDIATRIC AND ADULT (POSTNATAL) W/ 5 CELL CHROMOSOME ANALYSIS- CGL
Code: 1230101804

Synonyms

KARYOTYPES
KARYOTYPING
CHROMOSOME ANALYSIS
CHROMOSOMAL MICROARRAY WITH 5 CELL CHROMOSOME ANALYSIS
CGL

Collection Requirements

Can only be drawn Monday - Thursday ONLY!! REQUIRES INSURANCE APPROVAL AND PATHOLOGIST APPROVAL. A completed CGL requisition is required and should either be sent with the specimen or faxed to the sendouts department at 303-602-5247.

Shipping and Handling Instructions

Transport: 4 mL (2 mL minimum) Green (Sodium Heparin) AND 4 mL (3 mL minimum) Lavender (EDTA) *Note: For NICU and other pediatric patients, it is acceptable to collect only the Na Nep green tube with a minimum volume of 1 mL. Stability: Ambient: 3 days

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	GREEN (NAHEP) / LAVENDER	Yes	

Test Name MICROARRAY, PRENATAL - CGL
Code: 1065

Synonyms

CHROMOSOME ANALYSIS
CGL

Collection Requirements

Fluid in a sterile cup or sterile tubes. Most specimens will be picked up by Colorado Genetics in the Women's Care Clinic. Women's Care is responsible for sending a copy of the requisition to the Laboratory Sendouts Dept. for billing purposes. In rare cases (i.e. after hours), locations other than Women's Care will send specimens to the lab for Colorado Genetics. Call 303-724-5701 to schedule a pickup and save a copy of the requisition for the Sendout Dept. to take care of the billing

Shipping and Handling Instructions

Hold specimen at room temperature and transport to the Colorado Genetics Laboratory as soon as possible. Refrigerate if held overnight.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	STERILE CONTAINER	Yes	

Test Name MICROARRAY, PRENATAL WITH 5 CELL CHROMOSOME ANALYSIS - CGL
Code: 1033

Synonyms

COLORADO GENETICS LAB
KARYOTYPES
KARYOTYPING
CHROMOSOME ANALYSIS
CGL

Collection Requirements

Can only be drawn Monday - Thursday ONLY!! REQUIRES INSURANCE APPROVAL AND PATHOLOGIST APPROVAL. A completed CGL requisition is required and should either be sent with the specimen or faxed to the sendouts department at 303-602-5247.

Shipping and Handling Instructions

Transport: At least 25-30 ml in sterile, plastic, screw-top tubes at room temperature. Transport to the Colorado Genetics Laboratory as soon as possible.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	STERILE CONTAINER	Yes	

Test Name MICROSPORIDIA STAIN - MODIFIED TRICHROME
Code: 1230500046

Synonyms

0060050

Collection Requirements

Collect: stool. Three separate stool specimens collected over a 5-7 day period are recommended.

Shipping and Handling Instructions

Specimen Preparation: Preserve 2 g of stool within one hour of collection in AlcorFix (ARUP Supply #52059) available online through eSupply using ARUP Connect™ contact ARUP Client Services at (800) 522-2787. (Min: 1 g) Additional specimen collection ins*
Storage/Transport Temperature: Room temperature. Unacceptable Conditions: Unpreserved stool or specimens in any other preservative than indicated above. Stability (collection to initiation of testing): Ambient: 9 months; Refrigerated: 9 months; Frozen: Unacceptable

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 Weeks
ARUP LAB	Routine	1 Weeks
ARUP LAB	STAT	1 Weeks
ARUP LAB	Timed	1 Weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	STERILE CUP	Yes	

Test Name MICROSTREP PANEL SUSCEPTIBILITY
Code: 956

Synonyms

MSTRP2

Collection Requirements

Microbiology MIC Panel

Shipping and Handling Instructions

Dayshift Microbiology test that is part of a culture. Fresh 24 hour sub is needed to perform testing.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CONTAINER	Yes	

Test Name MISCELLANEOUS TEST
Code: 1230000101

Synonyms

MISC
MISC TEST
SENDOUT
PRIOR AUTH
PRIOR AUTHORIZATION

Collection Requirements

This is to be used to order testing that is not in Epic. Do NOT collect specimen from patient until calling the lab at (303)-602-5246 to ensure proper collection, processing, and storage occur and testing can be performed.

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CALL LAB	Yes	

Collection Requirements

This is to be used to order testing that is not in Epic. Do NOT collect specimen from patient until calling the lab at (303)-602-5246 to ensure proper collection, processing, and storage occur and testing can be performed.

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	CALL LAB	Yes	

Collection Requirements

This is to be used to order testing that is not in Epic. Do NOT collect specimen from patient until calling the lab at (303)-602-5246 to ensure proper collection, processing, and storage occur and testing can be performed.

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CALL LAB	Yes	

Collection Requirements

This is to be used to order testing that is not in Epic. Do NOT collect specimen from patient until calling the lab at (303)-602-5246 to ensure proper collection, processing, and storage occur and testing can be performed.

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	CALL LAB	Yes	

Test Name MISCELLANEOUS TEST #1
Code: 1201

Synonyms

0097163

Collection Requirements

Refer to Test directory for transport requirements based on test code being ordered.

Shipping and Handling Instructions

Refer to Test directory for transport requirements based on test code being ordered. Miscellaneous Interface Tests should not be used for: ∅ Reflex Tests - the initial test completes the Miscellaneous Interface Test so there is no place for the reflex test to post back. ∅ Allergen testing - not recommended since multiple allergens are usually ordered at one time. ∅ Microbiology Tests -only final results post back. ∅ Anatomical Pathology /Cytology Tests

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CALL LAB	Yes	

Collection Requirements

Refer to Test directory for transport requirements based on test code being ordered.

Shipping and Handling Instructions

Refer to Test directory for transport requirements based on test code being ordered. Miscellaneous Interface Tests should not be used for: ∅ Reflex Tests - the initial test completes the Miscellaneous Interface Test so there is no place for the reflex test to post back. ∅ Allergen testing - not recommended since multiple allergens are usually ordered at one time. ∅ Microbiology Tests -only final results post back. ∅ Anatomical Pathology /Cytology Tests

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	STERILE CUP	Yes	

Collection Requirements

Refer to Test directory for transport requirements based on test code being ordered.

Shipping and Handling Instructions

Refer to Test directory for transport requirements based on test code being ordered. Miscellaneous Interface Tests should not be used for: ∅ Reflex Tests - the initial test completes the Miscellaneous Interface Test so there is no place for the reflex test to post back. ∅ Allergen testing - not recommended since multiple allergens are usually ordered at one time. ∅ Microbiology Tests -only final results post back. ∅ Anatomical Pathology /Cytology Tests

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 Weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	CALL LAB	Yes	

Collection Requirements

Refer to Test directory for transport requirements based on test code being ordered.

Shipping and Handling Instructions

Refer to Test directory for transport requirements based on test code being ordered. Miscellaneous Interface Tests should not be used for: ∅ Reflex Tests - the initial test completes the Miscellaneous Interface Test so there is no place for the reflex test to post back. ∅ Allergen testing - not recommended since multiple allergens are usually ordered at one time. ∅ Microbiology Tests -only final results post back. ∅ Anatomical Pathology /Cytology Tests

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 Weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CALL LAB	Yes	

Collection Requirements

Refer to Test directory for transport requirements based on test code being ordered.

Shipping and Handling Instructions

Refer to Test directory for transport requirements based on test code being ordered. Miscellaneous Interface Tests should not be used for: ∅ Reflex Tests - the initial test completes the Miscellaneous Interface Test so there is no place for the reflex test to post back. ∅ Allergen testing - not recommended since multiple allergens are usually ordered at one time. ∅ Microbiology Tests -only final results post back. ∅ Anatomical Pathology /Cytology Tests

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 Weeks
ARUP LAB	Routine	1 Weeks
ARUP LAB	STAT	1 Weeks
ARUP LAB	Timed	1 Weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	STERILE CUP	Yes	

Collection Requirements

Refer to Test directory for transport requirements based on test code being ordered.

Shipping and Handling Instructions

Refer to Test directory for transport requirements based on test code being ordered. Miscellaneous Interface Tests should not be used for: ∅ Reflex Tests - the initial test completes the Miscellaneous Interface Test so there is no place for the reflex test to post back. ∅ Allergen testing - not recommended since multiple allergens are usually ordered at one time. ∅ Microbiology Tests -only final results post back. ∅ Anatomical Pathology /Cytology Tests

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 Weeks
ARUP LAB	Routine	1 Weeks
ARUP LAB	STAT	1 Weeks
ARUP LAB	Timed	1 Weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	CALL LAB	Yes	

Test Name MITOCHONDRIAL ANTIBODIES, M2
Code: 1230101339

Synonyms

ANTIBODY
M2 ABS
ANTI-MITOCHONDRIAL
0050065

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL to an ARUP Standard Transport Tube. (Min: 0.3 mL)
STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name MMA SERUM/PLASMA, VITAMIN B12 STATUS
Code: 123050133

Synonyms

0099431

Collection Requirements

None Listed

Shipping and Handling Instructions

Centrifuge and remove serum or plasma from cells within 2 hours of collection. Transfer 1.2 mL serum or plasma to an ARUP Standard Transport Tube. STABILITY: Frozen: 1 month; Refrigerated: 1 week; Ambient: Unacceptable

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	No	
ARUP LAB	RED TOP -PLAIN	Yes	

Test Name MMR IMMUNE PANEL
Code: 86

Synonyms

MMR IGG
MEASLES
MUMPS
RUBELLA
RUBEOLA
MMRB
MEASLES
MUMPS
RUBELLA

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	

Test Name MODIFIED ACID FAST STAIN
Code: 949

Synonyms

Collection Requirements

Stool submitted in Total Fix preservative vial. Three separate collections at 2 to 3 day intervals are recommended. Unpreserved stool is suboptimal for O&P testing, as trophozoites and cyst deteriorate quickly in the absence of preservative. However, fresh/unpreserved stool will be accepted for testing, preferably transported within 2 hours of collection (or less). This test is also performed for AFBs but only as an internal test for Acid Fast Bacilli detection from MGITs and suspicious colonies.

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	TOTAL FIX	Yes	

Test Name MONOCLONAL PROTEIN AND FLC, SERUM
Code: 1230500237

Synonyms

2002715
IFEFLC

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 2 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL)
STABILITY: Refrigerated: 1 week; Ambient: Unacceptable; Frozen: 2 weeks

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name MONOSPOT
Code: 530

Synonyms

HETEROPHIL ANTIBODY
MONONUCLEOSIS SCREEN
MONO
EBV
EPSTEIN BARR

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	

Test Name MPL CODON 515 MUTATION DETECTION, QUANT
Code: 1230500079

Synonyms

2005545
MPL515

Collection Requirements

None Listed

Shipping and Handling Instructions

Transport 5 mL whole blood or bone marrow. (Min: 1 mL) STABILITY: Refrigerated: 5 days;
Ambient: 24 hours; Frozen: Unacceptable

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name MPO/PR-3 (ANCA) ANTIBODIES
Code: 1230500003

Synonyms

0050707
MPOPR3

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL)
STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year (avoi*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name MRC5 NEG CONTROL
Code: 1230600116

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

Test Name MRSA CULTURE
Code: 1230100141

Synonyms

MRSA CX

Collection Requirements

Admission screening: Culturette swab of Nares. Clearing patient from precautions: Culturette swab of Nares, Axilla, and Groin (and rectum for infants)

Shipping and Handling Instructions

Swabs sent for MRSA screening are to be setup on MRSA ChromAgar between 7AM -3PM. Any specimens received after this time will be processed the following day.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	SWAB	Yes	

Test Name MTB COMPLEX WITH RIFAMPIN
Code: 150

Synonyms

TBPCRR

Collection Requirements

Preferred specimen: sputum (minimum volume 0.5 mL)

Shipping and Handling Instructions

Storage and Stability of Specimens: resuspended sediments at 2 to 8 °C for up to 7 days or 60 days at -20°C. If necessary, sputum specimens can be stored at a maximum of 35°C for up to 3 days and then at 2 to 8 °C for an additional 7 days. Store

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CUP	Yes	

Test Name MTHFR 2 MUTATIONS
Code: 1230500093

Synonyms

0055655
MTHFRPCR

Collection Requirements

None Listed

Shipping and Handling Instructions

Transport 3 mL whole blood. (Min: 1 mL) STABILITY: Refrigerated: 2 weeks; Ambient: 72 hours; Frozen: 1 month

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	
ARUP LAB	YELLOW (ACD)	No	

Test Name MUCOPOLYSACCHARIDES SCREEN
Code: 1230101340

Synonyms

0081352

Collection Requirements

Urine (Random, morning urine preferred)

Shipping and Handling Instructions

S/H: Transport 20 mL (10 mL min) urine in a sterile container and freeze immediately.
STABILITY: Frozen: 1 month; Ambient: Unacceptable; Refrigerated: Unacceptable.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

Test Name MULTIPLEX MENINGITIS/ENCEPHALITIS PANEL
Code: 711

Synonyms

MEPCR

Collection Requirements

None Listed

Shipping and Handling Instructions

Preferred Specimen: CSF specimen collected via lumbar puncture. Unacceptable Specimen: CSF collected from indwelling medical devices such as CSF shunts. Concentrated (spun) CSF. Minimum Sample Volume: 0.2 mL (200 uL) of CSF specimen is required for testing. Alternate Specimen: None Storage: Specimens should be processed and tested with the FilmArray ME Panel as soon as possible, though they may be stored for up to one day at room temperature (approximately 23°C), or under refrigeration (approximately 4°C) for up to seven days. TAT: 2-4 hours, performed 7 AM- 10PM Methodology: Qualitative Multiplexed Polymerase Chain Reaction (PCR) Clinical Utility: The FilmArray Meningitis/Encephalitis (ME) Panel is a qualitative multiplexed nucleic acid-based in vitro diagnostic test intended for use with FilmArray systems. The FilmArray ME Panel is capable of simultaneous detection and identification of multiple bacterial, viral, and yeast nucleic acids directly from cerebrospinal fluid (CSF) specimen* A negative FilmArray ME Panel result does not exclude the possibility of CNS infection and should not be used as the sole basis for diagnosis, treatment, or other management decisions. There is a risk of false negative values due to the presence of sequenced infections. Detection of these viruses may indicate primary infection, secondary reactivation, or the presence of latent virus. Results should always be interpreted in context. The Denver Health Microbiology Laboratory determined the performance characteristics of the FilmArray ME Panel. It has been cleared and approved by the U.S. Food and Drug Administration (FDA).

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CSF COLLECTION KIT	Yes	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name MUMPS IGG ANTIBODY
Code: 1230100066

Synonyms

MUMPS IGG
ANTIBODY
MUMPS VIRUS
MUMGB

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	

Test Name MUMPS IGM ANTIBODY
Code: 1230100067

Synonyms

MUMPS IGM
0099589
MUMPS IGM AB

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute spec* STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name MUMPS NEG CONTROL
Code: 994

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

QC CONTAINER

Default?

Yes

Min Volume

Test Name MUMPS POS CONTROL
Code: 995

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

QC CONTAINER

Default?

Yes

Min Volume

Test Name MYCOBACTERIA SENSITIVITIES
Code: 1210

Synonyms

MYCOSENS
MGIT
AFBC
BAFBC

Collection Requirements

Microbiology MIC Panel

Shipping and Handling Instructions

Dayshift Microbiology test that is part of a culture. Fresh 24 hour sub is needed to perform testing.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CONTAINER	Yes	

Test Name MYCOBACTERIUM PCR
Code: 1230101562

Synonyms

TB
MYPCR

Collection Requirements

All sample types acceptable. whole blood, send EDTA blood.

Shipping and Handling Instructions

STABILITY: Ambient:12 hours Refrigerated: 24 hours Frozen (-70C): 6 months

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	STERILE CONTAINER	Yes	
DH NON-INTERFACED LAB	STERILE CUP	No	
DH NON-INTERFACED LAB	STERILE TUBE	No	

Test Name MYCOPHENOLIC ACID AND METABOLITES
Code: 1230500128

Synonyms

2010359
MPAMET

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum or plasma from cells within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.1 mL)
STABILITY: Refrigerated: 6 weeks; Ambient: 6 weeks; Frozen: 11 months

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED TOP -PLAIN	Yes	

Test Name MYCOPLASMA / UREAPLASMA CULTURE
Code: 1230101564

Synonyms

UREALYTICUM
0065031

Collection Requirements

Patient Preparation: Collect:Body fluid, CSF, respiratory, semen, cervical or urethral swab, tissue or urine. Specimen Preparation:Place swab or 0.5 mL of fluid (Min: 0.3 mL) in Mycoplasma/Ureaplasma transport media (UTM) (ARUP supply #12884) immediately. Available online through eSupply using ARUP Connect™ or contact ARUP Client Services at (800) 522-2787. Also acceptable: Any transport media validated for Mycoplasma/Ureaplasma transport such as M4 (DO NOT USE M4 RT). Storage/Transport Temperature:Frozen. Transport specimen on dry ice. Unacceptable Conditions:Specimens not in Mycoplasma/Ureaplasma transport media. M4 RT or bacterial transport media. Non-patient specimens. Dry swabs. Remarks:Specimen source preferred. Stability:Ambient: 8 hours; Refrigerated: 48 hours; Frozen at -70°C: 1 month

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CALL LAB	Yes	

Test Name MYCOPLASMA PNEUMONIAE ABS, G/M
Code: 1230500050

Synonyms

0050399
MYCOPAN

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.1 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute sp* STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name MYD88 L265P MUTATION DETECTION BY PCR
Code: 1230500347

Synonyms

2009318
MYD88

Collection Requirements

None Listed

Shipping and Handling Instructions

whole Blood: Transport 5 mL (Min: 1 mL) Bone marrow: Transport 3 mL (Min: 1 mL).
STABILITY: whole blood OR Bone marrow: Refrigerated: 5 days; Ambient: 24 hours; Frozen: Unacceptable

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name MYELOPEROX ABS, IGG
Code: 1230500030

Synonyms

0050526
MPOABS

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL)

STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year (avoid*)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name MYOGLOBIN SERUM

Code: 1230100007

Synonyms

SERUM MYOGLOBIN
0020224

Collection Requirements

None Listed

Shipping and Handling Instructions

Allow specimen to clot completely at room temperature. Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.2 mL). STABILITY: After separation from cells: Ref*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	Yes	
ARUP LAB	RED TOP -PLAIN	No	

Test Name MYOGLOBIN URINE QUANTITATIVE
Code: 1230100328

Synonyms

MYOGLOBINQLU
MYOGLOBIN UR
0020223

Collection Requirements

None Listed

Shipping and Handling Instructions

Thoroughly mix entire collection, then, perform one of the two processing options below:
Option 1: Immediately after collection, adjust pH to 8-9 by adding 10 percent Na₂CO₃.
Transfer 1 mL aliquot urine to an ARUP Standard Transport Tube. (Min: 0.5 mL)
Option 2: Immediately after collection, transfer a maximum of 4 mL urine to an ARUP Standard Transport Tube prefilled with Sodium Carbonate (ARUP) supply #48096). (Min: 0.5 mL)
Available online through eSupply using ARUP Connect or contact ARUP Client Se* STABILITY:
pH 8-9: Frozen: 1 month; Refrigerated: 72 hours; Ambient: 1 hour

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

Test Name MYOSITIS EXTENDED PANEL
Code: 715

Synonyms

2013961
MYOSITIS

Collection Requirements

Separate from cells ASAP or within 2 hours of collection. Transfer three 1 mL serum aliquots to ARUP Standard Transport Tubes. (Min: 0.5 mL/aliquot).

Shipping and Handling Instructions

STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name NATALIZUMAB ANTIBODIES
Code: 1230500176

Synonyms

2005593
NATALABS

Collection Requirements

None Listed

Shipping and Handling Instructions

Allow blood to clot at room temperature for 30 minutes. Separate serum from cells within 1 hour. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Frozen: 2 weeks; Ambient: Unacceptable; Refrigerated: 2 weeks

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	No	
ARUP LAB	RED TOP -PLAIN	Yes	

Test Name NEONATAL SCREEN 2
Code: 12301004602

Synonyms

PKU
NEWBORN METABOLIC SCREEN 2

Collection Requirements

SHOULD BE COLLECTED WITHIN 7-28 DAYS AFTER BIRTH. However, it may be done up to 1 year of age if it was not performed during the optimal time period. If the infant is greater than 7 days old but HAD NOT had a previous screen performed, order LAB480. If the infant is greater than 7 days old and HAS had a previous screen performed, order LAB2355.

Shipping and Handling Instructions

Completely dry before sending on a flat surface. DO NOT dry vertically.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	NEWBORN SCREENING CARD	Yes	

Test Name NEURON SPECIFIC ENOLASE
Code: 1230500177

Synonyms

0098198
NEURON SPECI

Collection Requirements

None Listed

Shipping and Handling Instructions

Allow specimen to clot completely at room temperature. Separate serum from cells immediately to avoid release of NSE from blood cells. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Frozen: 1 year (avoid repeated freez*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED TOP -PLAIN	Yes	

Test Name NEURONAL CELL ANTIBODIES, CSF
Code: 1230500350

Synonyms

0098726
NEURONCSF

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 2 mL CSF to an ARUP Standard Transport Tube. (Min: 1 mL)
STABILITY: Frozen: Indefinitely; Ambient: Unacceptable; Refrigerated: 2 weeks

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CSF COLLECTION KIT	Yes	

Test Name NEURONAL NUCLEAR ABS IGG, IMMUNOBLOT
Code: 1230500239

Synonyms

2007963
NRNLIB
HU
RI
YO

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL)
STABILITY: Refrigerated: 2 weeks; Ambient: 24 hours; Frozen: 1 year

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name NEUTROPHIL ASSOCIATED ANTIBODIES
Code: 1230500351

Synonyms

0055506
ANTINEU

Collection Requirements

None Listed

Shipping and Handling Instructions

CRITICAL FROZEN. Separate from cells ASAP or within 2 hours of collection. Transfer 3 mL serum to an ARUP Standard Transport Tube and freeze. (Min: 0.5 mL). Separate specimens must be submitted when multiple tests are ordered. STABILITY: Frozen: 1 month; Ambient: Unacceptable; Refrigerated: Unacceptable

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	
ARUP LAB	RED TOP -PLAIN	No	

Test Name NEW KIT QC DONE
Code: 1230600151

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

Test Name NEWBORN METABOLIC SCREEN
Code: 1230100460

Synonyms

PKU1
NEWBORN METABOLIC SCREEN

Collection Requirements

SHOULD BE COLLECTED WITHIN 1-7 DAYS AFTER BIRTH. If the infant is greater than 7 days old but HAD NOT had a previous screen performed, order LAB480. If the infant is greater than 7 days old and HAS had a previous screen performed, order LAB2355.

Shipping and Handling Instructions

completely dry before sending on a flat surface. DO NOT dry vertically.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	NEWBORN SCREENING CARD	Yes	

Test Name NIACIN (VITAMIN B3)
Code: 1230101350

Synonyms

NICTONIC ACID
VITAMIN B3
0092168

Collection Requirements

None Listed

Shipping and Handling Instructions

CRITICAL FROZEN. PROTECT FROM LIGHT. Separate specimens must be submitted when multiple tests are ordered. Transfer 4 mL plasma to an ARUP Amber Transport Tube and freeze immediately. (Min: 1 mL). STABILITY: Frozen: 2 months; Ambient: Unacceptable; Refrigerated: Unacceptable

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CALL LAB	Yes	

Test Name NICOTINE AND METABOLITES, SER/PLA
Code: 1230500072

Synonyms

0092361
NICOTINESP

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 4 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 1 mL) STABILITY: Refrigerated: 2 weeks; Ambient: 1 week; Frozen: 3 years

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	No	
ARUP LAB	RED TOP -PLAIN	Yes	

Test Name NICOTINE AND METABOLITES, URINE
Code: 1230500040

Synonyms

0092356
NICOTINEUR

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 4 mL with no additives or preservatives urine to an ARUP Standard Transport Tube. (Min: 1 mL). STABILITY: Ambient: 10 days; Refrigerated: 10 days; Frozen: 8 months

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

Test Name N-METHYL-D-ASPARTATE RCPTR AB, CSF
Code: 1230500398

Synonyms

2005164
NMD ASP

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 0.5 mL CSF to an ARUP Standard Transport Tube. (Min: 0.15 mL)
STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	STERILE TUBE	Yes	

Test Name N-METHYL-D-ASPARTATE RCPTR AB, IGG, SER
Code: 1230500095

Synonyms

2004221
NMDAIGG

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL)
STABILITY: After separation from cells: Refrigerated: 2 weeks; Ambient: 4*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

Laboratory
ARUP LAB

Container
RED GEL (SST)

Default?
Yes

Min Volume

Test Name NON-GYNECOLOGIC CYTOLOGY
Code: 1230100792

Synonyms

NON GYNECOLOGIC
NONGYNECOLOGIC
MEDICAL

Collection Requirements

Body Cavity Fluids (Pleural, Pericardial, Peritoneal and Synovial): Using standard paracentesis technique, obtain a fluid specimen from the desired body cavity. If necessary, move the patient into multiple positions to suspend cellular material in the fluid. A minimum of 10 mL of specimen is desirable for optimal cytologic evaluation. Heparin may be added to the specimen to reduce clotting. Place 3 units of heparin per mL capacity of the collection container and agitate the container to coat the sides with heparin. Rinse the paracentesis instrument with a small amount of heparin to prevent clotting of specimen before it is put into the collection container. Add specimen to the heparinized container. Gently agitate to thoroughly mix the specimen and heparin. If flow cytometry is desired, the specimen should be ordered as a LAB2330. Affix the Epic generated specimen container label(s) on to the specimen vial. Add the collector's initials as well as the date and time of collection. Fluids intended for cell block for ancillary testing (molecular, immunohistochemistry, etc) need to be submitted fresh/devoid of fixative and must be communicated to the Cytology Lab by telephone, 303-602-3580, and by documenting the request in the comments section of the order. For breast markers please note DHMC follows The American Society of Clinical Oncology (ASCO)/College of American Pathologists (CAP) guidelines and recommendations for diagnostic testing of breast cancer. A joint effort must be made by the perioperative and laboratory staff to ensure we are meeting these standards. Failure to meet these requirements can result in false positive or false negative results in subsequent testing which is crucial for treatment of breast cancer patients. -Cold ischemic time from excision to fixation should NOT exceed 1 hour. This includes the time it will take the Cytology to process the specimen. -Formalin fixation time must be at least 6 but NOT exceed 72 hours. This includes the time it will take the Cytology to process the specimen. Cytology lab should be contacted at x23580 prior to the collection and the specimen must be transported STAT to the Cytology lab to meet the cold ischemic time within business hours. Care should be taken to avoid collecting these samples prior to a long holiday (3 day weekend) or after hours Thursday which would result in exceeding the formalin fixation guidelines. Bronchial Brushing/Washing: Using standard bronchoscopy technique, identify the lesion in question and obtain a brushing sample of the lesion. Upon withdrawing the brush, agitate the brush vigorously in the CytoLyt® vial. If possible, detach the brush and leave it in the vial. Next, lavage the distribution of the bronchus to be sampled and collect the wash in a separate CytoLyt® vial or a sterile cup. Affix the Epic generated specimen container label(s) on to the specimen vial(s). Add the collector's initials as well as the date and time of collection. Bronchoalveolar Lavage: Using standard bronchoscopy BAL technique, lavage the lung distribution in question with sterile, normal saline (or other physiologic solution). Collect the lavage specimen directly into a CytoLyt® vial or into in a sterile cup. Affix the Epic generated specimen container label on to the specimen vial. Add the collector's initials as well as the date and time of collection. Cerebral Spinal Fluid: Using standard CSF procedure, collect a minimum of 3 ml of CSF into a sterile vial without addition of any fixative and refrigerate (2-8°C) promptly. If flow cytometry is desired, additional fluid is required and the specimen should be ordered as a LAB2330. Affix the Epic generated specimen container label on to the specimen vial. Add the collector's initials as well as the date and time of collection. Gastro-intestinal Brushings (Bile Duct, Esophageal, GI Junction, Gastric, Duodenal, Other): Instruct the patient to fast overnight or for a minimum of six hours prior to the procedure. Using standard endoscopy technique, identify the lesion in question and obtain a brushing sample of the lesion. It is important to brush the edges of an ulcer, as well as the floor, in order to obtain diagnostic material. Upon withdrawing the brush, detach the brush and leave it in the CytoLyt® vial. Affix the Epic generated specimen container label on to the specimen vial. Add the collector's initials as well as the date and time of collection. Gastro-intestinal washings (Bile Duct, Esophageal,

Gastric, Other): Instruct the patient to fast overnight or for a minimum of six hours prior to the procedure. Using standard endoscopy technique, lavage the area of interest using sterile, normal saline (or other physiologic solution). Aspirate the solution and place in a CytoLyt® vial or in a sterile cup. Affix the Epic generated specimen container label on to the specimen vial. Add the collector's initials as well as the date and time of collection. Nipple Secretion: Collect as much discharge as readily available into a PreservCyt® solution (ThinPrep® Media) vial. If there is not enough discharge to fall freely into the vial, gently scrape any discharge available using the rounded end of a plastic collection spatula (found in Pap collection kits). Rinse the spatula into the collection vial by swirling the spatula vigorously in the vial ten times. Discard the spatula. Affix the Epic generated specimen container label on to the specimen vial. Add the collector's initials as well as the date and time of collection. Peritoneal/Pelvic washing(s): Using appropriate sterile technique during intra-abdominal surgery, instill a physiologic solution into the peritoneal/pelvic cavity to be sampled. Lavage the area of interest. Aspirate the solution and place in a sterile specimen cup. If multiple areas are being washed (i.e. right gutter, left gutter, sub-diaphragmatic, pelvic), submit each washing in a separate cup and carefully denote specific specimen sites for each specimen in the order and on the vials. Affix the Epic generated specimen container label(s) on to the specimen vial(s). Add the collector's initials as well as the date and time of collection. Sputum: The optimum time for specimen collection is within 15 to 30 minutes after waking and before eating breakfast. Brushing of teeth or rinsing of the mouth thoroughly with water will reduce contamination by saliva. Instruct the patient to inhale and exhale deeply, forcing air from the lungs using the diaphragm. Repeat until the patient coughs and is able to produce a sputum specimen. Collect the specimen in a sterile specimen cup, attempting to obtain at least one teaspoon of sputum. Specimen should be a deep cough specimen and not saliva. Saliva is of no diagnostic value. Greater diagnostic yield may be obtained if specimens are submitted on three to five successive mornings. Affix the Epic generated specimen container label on to the specimen vial. Add the collector's initials as well as the date and time of collection. Tzanck Prep for HSV: Gently scrape the area of abnormality with a plastic spatula (found in Pap collection kits). If the lesion is a vesicle, soften the overlying crust with saline-soaked gauze, remove crust and scrape outer rim of vesicle where viral changes will be most available. Thoroughly rinse the spatula into a PreservCyt® solution (ThinPrep® Media) vial. Repeat the process with a second spatula if necessary for better diagnostic yield. Affix the Epic generated specimen container label(s) on to the specimen vial(s). Add the collector's initials as well as the date and time of collection. Urine, voided/Catheterized: For purposes of obtaining the greatest yield of diagnostic material, a second-morning voided urine specimen should be obtained, if possible. A midstream, clean-catch specimen is recommended to avoid vaginal contamination in female patients. A midstream specimen, not necessarily clean catch, is recommended for male patients. If the patient must be catheterized to obtain the specimen, this should be noted on the test order as catheterization can lead to artifacts which may be misinterpreted without the knowledge that the specimen was catheterized. The specimen may be submitted fresh, in a sterile specimen cup if it will reach the laboratory the same day. If there will be a delay in processing, such as a specimen collected in an outlying clinic, it is preferred that the specimen be mixed in equal parts with PreservCyt® solution (ThinPrep® Media) and submitted in the ThinPrep® vial so that the laboratory knows that fixative was added. Affix the Epic generated specimen container label(s) on to the specimen vial(s). Add the collector's initials as well as the date and time of collection. Unlabeled specimens and samples submitted in expired reagents will be discarded. Urologic washing(s): Using standard cystoscopy technique, obtain washing specimen(s), carefully denoting specific specimen sites for each specimen in the order and on the vial. Affix the Epic generated specimen container label(s) on to the specimen vial(s). Add the collector's initials as well as the date and time of collection.

Shipping and Handling Instructions

All specimens should be transported to the main laboratory in biohazard specimen bags. Fresh specimens must be promptly stored in the refrigerator (2-8°C) where they will remain stable for 3 days. CytoLyt® vials are stable at 15-30°C and must be processed within 3 weeks of collection. ThinPrep® vials are stable 15-30°C and must be processed within 60 days of collection. Turn-Around Time: 90% in 4 Days

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CYTOLYT	Yes	
DH PAV A CENTRAL LAB	STERILE CUP	No	

Test Name NORMAL D-DIMER QC (HRP)
Code: 749

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

Test Name NORMAL URINE STATUS QC (HRP)
Code: 759

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

Test Name NPM1 MUTATION, PCR-FRAGMENT ANALYSIS
Code: 1230500178

Synonyms

0040174
NPM1F

Collection Requirements

Lavender (EDTA) OR bone marrow (EDTA) OR tissue.

Shipping and Handling Instructions

whole blood: Transport 5 mL. (Min: 1 mL) OR Bone marrow: Transport 3 mL. (Min: 1 mL) OR FFPE tumor tissue: Formalin fix (10 percent neutral buffered formalin) and paraffin embed tissue. Protect from excessive heat. Transport tissue block or four 10-micr*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name N-TELOPEPTIDE, URINE
Code: 1230101600

Synonyms

COLLAGEN
0070062
N-TELOPEP U

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer a 1 mL aliquot of urine from a well-mixed, second-morning void or 24-hour collection to an ARUP Standard Transport Tube. (Min: 0.5 mL) STABILITY: Frozen: 2 years; Ambient: 24 hours; Refrigerated: 1 week

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

Test Name NT-PROBNP
Code: 1230100008

Synonyms

BNP
NATRIURETIC PEPTIDE

Collection Requirements

No patient preparation is required. If patient is receiving IV therapy, do not draw the sample from the infusion site. Preferred specimens: 0.25 ml plasma from a green lithium heparin gel tube. Alternate specimens: Serum from red gel, plain tube with no additive, sodium heparin or EDTA.

Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. If testing is delayed, specimen may be stored at room or refrigerated temperature for 3 days, and may be frozen for 1 year. Avoid thawing and freezing cycles.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	GREEN TOP - NAHEP	No	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name OCCULT BLOOD STOOL
Code: 1230100331

Synonyms

FECAL OCCULT BLOOD

Collection Requirements

Patient Preparation: Patient should avoid eating the following foods for at least 2 days prior to testing: red meats, horseradish, turnips, or melons. Use of vitamin C, aspirin, anti-inflammatory drugs, and iron supplements should also be avoided during the same time period. Preferred Specimens: Random stool sample collected in plain collection cup. Stool sample on Hemocult slides prepared by patient or health care provider. Slides prepared by patients are usually done in sets of 3. Random stool specimen for inpatients. Only one occult blood test can be done on any individual stool specimen. Alternate Specimens: None

Shipping and Handling Instructions

Slides containing sample may be stored for up to 14 days at room temperature (15-30 C) before developing.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes
EASTSIDE LAB	Routine	6 Hours
EASTSIDE LAB	STAT	60 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	OCCULT CARDS	Yes	
DH PAV A CENTRAL LAB	STERILE CUP	No	

Test Name OCCULT BLOOD, GASTRIC QUAL
Code: 67

Synonyms

GI BLOOD

Collection Requirements

No patient preparation is required: Preferred Specimens: Gastric aspirate or vomitus sample.
Alternate Specimens: None.

Shipping and Handling Instructions

Specimen should be tested as soon as possible. Specimens may be stored at room temperature up to 24 hours or refrigerated for 5 days.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	

Test Name OCT-3/4 BY IHC
Code: 123050078

Synonyms

2004058

Collection Requirements

Tissue or cells

Shipping and Handling Instructions

Formalin fix (10 percent neutral buffered formalin) and paraffin embed specimen (cells must be prepared into a cellblock). Protect paraffin block and/or slides from excessive heat. Transport tissue block or 5 unstained (3- to 5-micron thick sections), p*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	Yes	

Test Name OLIGOCLONAL BANDING
Code: 1230101355

Synonyms

CSF PROTEIN
0080440
OLIGO BAND

Collection Requirements

None Listed

Shipping and Handling Instructions

Allow serum to clot completely at room temperature. Separate serum from cells ASAP or within 2 hours of collection. Transport 1.5 mL CSF. (Min: 0.7 mL) AND transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL) Stability: Refrigerated*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CSF + RGL	Yes	

Test Name OP DIRECT EXAM
Code: 121

Synonyms

O & P

Collection Requirements

Direct exam of sputum, urine, liver aspirates, and other body tissues/fluids - send in a sealed sterile container.

Shipping and Handling Instructions

This is a routine, non-stat test. Place the specimen on the blood bench for processing by the day shift.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STOOL MEDIA (MICRO)	Yes	

Test Name OP FOR ARTHROPOD ID
Code: 120

Synonyms

O & P

Collection Requirements

Arthropod/bug identification, send specimen in a tightly sealed container.

Shipping and Handling Instructions

This is a routine, non-stat test. Place the specimen on the blood bench for processing by the day shift.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes
DH PAV H STD LAB	Routine	6 Hours
DH PAV H STD LAB	STAT	60 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CONTAINER	Yes	
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	No	

Test Name OP FOR WORM-PROGLOTID ID
Code: 122

Synonyms

O & P

Collection Requirements

worm or proglotid identification - send in a tightly sealed container.

Shipping and Handling Instructions

This is a routine, non-stat test. Place the specimen on the blood bench for processing by the day shift.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STOOL MEDIA (MICRO)	Yes	

Test Name OPIATE QUALITATIVE URINE
Code: 1230100332

Synonyms

OPISCR

Collection Requirements

No patient preparation is required. Preferred specimens: 30 mL of random urine is preferred. The minimum acceptable volume is 10 mL. Urine should be collected in a clean, unbreakable, leak-proof container. No pre-treatment or preservative is required. Any questions related to specimen integrity, specimen handling, or testing must be referred to a supervisor or pathologist.

Shipping and Handling Instructions

Specimens must be centrifuged before testing if the urine specimen is not clear. Specimen should be between 20-25C before analysis. If testing cannot be completed within the shift, refrigerate specimen at 2-8C for up to one week. Note: Plastic trans*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	URINE	No	

Test Name OPIATE, QUANTITATIVE, UR CONF
Code: 1230100333

Synonyms

OPI
0090364
OPIATEURCONF

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 0.5 mL with no additives or preservatives urine to an ARUP Standard Transport Tube. (Min: 0.3 mL). STABILITY: Ambient: 1 week; Refrigerated: 1 month; Frozen: 3 years

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	STERILE CUP	Yes	

Test Name OPIATES, CONFIRM/QUANT, SERUM/PLASMA
Code: 1230500038

Synonyms

0092354
OPISSP

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 1 week; Frozen: 3 years

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GRAY TOP	Yes	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED TOP -PLAIN	No	

Test Name ORGANIC ACIDS URINE
Code: 1230100334

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

Pour off urine into a plastic screw top send out tube. Transport: 3 mL (2 mL minimum) urine. STABILITY: Frozen

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	URINE	Yes	

Test Name OROTIC ACID AND OROTIDINE, URINE
Code: 1230500240

Synonyms

0092458
OROTICACID

Collection Requirements

None Listed

Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Urine must be refrigerated or frozen within 24 hours of collection Transport 2 mL urine. (Min: 1 mL) Freeze ASAP or within 2 hours of collection. STABILITY: Frozen: 2*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 Weeks
ARUP LAB	Routine	1 Weeks
ARUP LAB	STAT	1 Weeks
ARUP LAB	Timed	1 Weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	No	
ARUP LAB	STERILE CONTAINER	No	
ARUP LAB	STERILE CUP	Yes	

Test Name OSMOLALITY
Code: 1230100009

Synonyms

OSMO

Collection Requirements

Preferred specimens: Serum from a RedGel or Plain No additive tube, 0.5 mL.

Shipping and Handling Instructions

Stable for 3 hours at room temperature or 3 days refrigerated. Keep specimen tightly capped to prevent evaporation.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	

Test Name OSMOLALITY STOOL
Code: 1230100109

Synonyms

0098122
OSMOLALITY

Collection Requirements

None Listed

Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Do not add saline or water to liquefy sample. Transfer 5 mL liquid stool to an unpreserved stool transport vial (ARUP supply #40910). Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787. (Min: 0.5 mL*)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	STERILE CUP	Yes	

Test Name OSMOLALITY URINE
Code: 1230100336

Synonyms

Collection Requirements

Preferred specimens: Random urine, centrifuge if cloudy.

Shipping and Handling Instructions

stable for 3 hours at room temperature, 3 days refrigerated. Keep tightly capped to prevent evaporation.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	

Test Name OSMOTIC FRAGILITY RBC
Code: 1230100238

Synonyms

ARUP 2002257
2002257
FRAGILITY
OSMOTIC (RBC)
OSMOTIC FRAGILITY
RBC FRAGILITY
ERYTHROCYTES
RED CELL FRAGILITY
SPHEROCYTIC HEMOLYTIC DISEASE
OSM FRG

Collection Requirements

CAN ONLY DRAW SAMPLE MONDAY - THURSDAY (NOON LATEST)!!!!!! Specimens should be refrigerated within 30 minutes after collection.

Shipping and Handling Instructions

Transport 2 unfixed, air-dried, and unstained smears. (Min: 2 smears made from the blood submitted) AND 5 mL whole blood. (Min: 1 mL) Specimens should be refrigerated within 30 minutes after collection. Place both slides and whole blood specimens in an *

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name OSTEOCALCIN
Code: 1230101358

Synonyms

BGP
0020728
OSTEOCALCIN

Collection Requirements

None Listed

Shipping and Handling Instructions

Allow serum tube to sit for 15-20 minutes at room temperature for proper clot formation. Centrifuge and separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	Yes	

Test Name OVA AND PARASITES
Code: 1230101568

Synonyms

O & P

Collection Requirements

Stool submitted in Total Fix preservative vial. Three separate collections at 2 to 3 day intervals are recommended. Unpreserved stool is suboptimal for O&P testing, as trophozoites and cyst deteriorate quickly in the absence of preservative. However, fresh/unpreserved stool will be accepted for testing, preferably transported within 2 hours of collection (or less).

Shipping and Handling Instructions

This is a routine, non-stat test. Place the specimen on the blood bench for processing by the day shift. Specimen must be placed into the Total Fix preservative vial.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	TOTAL FIX	Yes	

Test Name OXALATE, TOTAL, URINE
Code: 1230500047

Synonyms

0020482
OXALATE
T UR

Collection Requirements

Patient Prep: Patient should avoid ingestion of vitamin C prior to collection. Collect: 24-hour urine. Refrigerate during collection. Specimen Preparation: Thoroughly mix entire collection (24-hour) in one container. Do not exceed 4 mL in tubes. Preserved: Transfer 4 mL aliquot to an ARUP Transport Tube with Sulfamic Acid (ARUP supply #48098) available online through eSupply using ARUP Connect™ or contact ARUP Client Services at (800) 522-2787. (Min: 1.5 mL) Mix well. Freeze immediately. Unpreserved: Transfer 4 mL unadjusted aliquot of urine to an ARUP Standard Transport Tube. (Min: 1.5 mL) Freeze immediately.

Shipping and Handling Instructions

Storage/Transport Temperature: CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Remarks: Record total volume and collection time interval on transport tube and test request form. Stability (collection to initiation of testing): After collection complete: Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 1 month

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 Weeks
ARUP LAB	Routine	1 Weeks
ARUP LAB	STAT	1 Weeks
ARUP LAB	Timed	1 Weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	STERILE CONTAINER	No	
ARUP LAB	STERILE CUP	Yes	
ARUP LAB	STERILE TUBE	No	

Test Name OXCARBAZEPINE METABOLITE LEVEL
Code: 1230100464

Synonyms

DRUG
HYDROXYOXCARBAZEPINE
MHD
0098834

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum or plasma from cells within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL) **STABILITY:** Refrigerated: 6 weeks; Ambient: 6 weeks; Frozen: 3 months (avoid repeated freeze/thaw cycles)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED TOP -PLAIN	Yes	

Test Name OXYCODONE SCREEN URINE
Code: 1230100338

Synonyms

PERCODAN
OXYCONTIN
PERCOLONE
ROXICODONE
ENDOCONE

Collection Requirements

No patient preparation is required. Preferred specimens: 30 mL of random urine is preferred. The minimum acceptable volume is 10 mL. Urine should be collected in a clean, unbreakable, leak-proof container. No pre-treatment or preservative is required. Any questions related to specimen integrity, specimen handling, or testing must be referred to a supervisor or pathologist. Alternate specimens: None

Shipping and Handling Instructions

Specimens must be centrifuged before testing if the urine specimen is not clear. Specimen should be between 20-25C before analysis. If testing cannot be completed within the shift, refrigerate specimen at 2-8C for up to one month. Avoid repeated freeze*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	URINE	No	

Test Name OXYHEMOGLOBIN
Code: 76

Synonyms

O2HB

Collection Requirements

 Preferred specimens: A green top tube.

Shipping and Handling Instructions

This test is run on whole blood. Do not centrifuge. Test the specimen immediately.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN TOP - LIHEP	Yes	

Test Name PANCREATIC ELASTASE , FECAL
Code: 1230500081

Synonyms

PANCREATIC E
0080526

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 5 g stool to an unpreserved stool transport vial (ARUP supply #40910). Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787. (Min: 1 g). STABILITY: Frozen: 1 year; Ambient: 1 week; Refrigerat*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	STERILE CUP	Yes	

Test Name PANCREATIC POLYPEPTIDE
Code: 1230500353

Synonyms

0099436
PANPOLY

Collection Requirements

None Listed

Shipping and Handling Instructions

Allow specimen to sit in collection tube for 15-20 minutes at room temperature for proper clot formation. Centrifuge and separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	
ARUP LAB	RED TOP -PLAIN	No	

Test Name PANTHER NEG CHLAMYDIA AND GONORR (AMPLICLEAR)
Code: 205

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

QC CONTAINER

Default?

Yes

Min Volume

Test Name PANTHER NEG CHLAMYDIA POS GONORR
Code: 204

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

QC CONTAINER

Default?

Yes

Min Volume

Test Name PANTHER NEGATIVE PREV RUN PATIENT
Code: 201

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

QC CONTAINER

Default?

Yes

Min Volume

Test Name PANTHER POS CHLAMYDIA NEG GONORR
Code: 203

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

QC CONTAINER

Default?

Yes

Min Volume

Test Name PANTHER POSITIVE PREV RUN PATIENT
Code: 202

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

QC CONTAINER

Default?

Yes

Min Volume

Test Name PANTHER QC ALL
Code: 200

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

Test Name PAP TEST
Code: 1230100795

Synonyms

PAP SMEAR

Collection Requirements

Obtain specimen prior to bimanual examination. Use an unlubricated speculum (saline, warm water, or Pap Gel may be used). After visualization of the cervix is accomplished, collect the sample in one of two ways: 1. Obtain an adequate sampling from the ectocervix using a plastic spatula. Rinse the spatula as quickly as possible into the PreservCyt® solution (ThinPrep® Media) vial by swirling the spatula vigorously in the vial 10 times. Discard the spatula. Obtain an adequate sampling from the endocervix using an endocervical brush. Insert the brush into the cervix until only the bottommost fibers are exposed. Slowly rotate 1/4 to 1/2 turn in one direction. Do not over-rotate. Rinse the brush as quickly as possible in the PreservCyt® solution by rotating the device in the solution 10 times while pushing against the PreservCyt® vial wall ("painting the inside of the vial"). Swirl the brush vigorously to further release material. Discard the brush. 2. Obtain an adequate sampling from both the ectocervix and endocervix simultaneously using a cyto-broom. Insert the central bristles of the broom into the endocervical canal until the lateral bristles press against the ectocervix. Rotate the broom 5 full circles in the same direction while applying gentle pressure. Rinse the broom as quickly as possible in the PreservCyt solution

by rotating the device in the solution 10 times while pushing against the PreservCyt vial wall ("painting the inside of the vial"). Swirl the broom vigorously to further release material. Discard the broom. Tighten the cap so that the torque line on the cap passes the torque line on the vial. Affix the Epic generated specimen container label on to the specimen vial. Add the collector's initials as well as the date and time of collection. Unlabeled specimens and samples submitted in expired reagents will be discarded.

Shipping and Handling Instructions

ThinPrep® vials must be transported to the laboratory in biohazard specimen bags at 15-30°C and processed within 60 days of collection. Turn-Around Time: 90% in 5 Days

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	THIN PREP MEDIA	Yes	

Test Name PARATHYROID HORMONE BY IHC
Code: 123050079

Synonyms

2004118

Collection Requirements

Tissue or cells

Shipping and Handling Instructions

Formalin fix (10 percent neutral buffered formalin) and paraffin embed specimen (cells must be prepared into a cellblock). Protect paraffin block and/or slides from excessive heat. Transport tissue block or 5 unstained (3- to 5-micron thick sections), p*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	Yes	

Test Name PAROXYSMAL NOCTURNAL HEMOGLOBINURIA RBC
Code: 1230500356

Synonyms

2004366
PNHRBC

Collection Requirements

None Listed

Shipping and Handling Instructions

Transport 4 mL whole blood. (Min: 0.5 mL). STABILITY: Refrigerated: 4 days; Ambient: 4 days; Frozen: Unacceptable

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name PARVOVIRUS B19 ANTIBODY, IGG AND IGM
Code: 1230101362

Synonyms

ANTIBODY
0065120
PARV IGG IGM

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.3 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from rec*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	Yes	

Test Name PARVOVIRUS B19 PCR
Code: 133

Synonyms

PAPCR

Collection Requirements

All sample types acceptable. whole blood, send EDTA blood.

Shipping and Handling Instructions

STABILITY: Ambient:12 hours Refrigerated: 72 hours Frozen (-70C): 6 months

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	CSF COLLECTION KIT	Yes	

Collection Requirements

All sample types acceptable. whole blood, send EDTA blood.

Shipping and Handling Instructions

STABILITY: Ambient:12 hours Refrigerated: 72 hours Frozen (-70C): 6 months

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	LAVENDAR BULLET - K2 EDTA	No	
DH NON-INTERFACED LAB	LAVENDER TOP - K2 EDTA	Yes	
DH NON-INTERFACED LAB	RED BULLET	No	
DH NON-INTERFACED LAB	RED TOP -PLAIN	No	
DH NON-INTERFACED LAB	STERILE CUP	No	
DH NON-INTERFACED LAB	STERILE TUBE	No	
DH NON-INTERFACED LAB	WHITE TOP	No	
DH NON-INTERFACED LAB	YELLOW BULLET (SST)	No	

Collection Requirements

All sample types acceptable. whole Blood, send EDTA blood.

Shipping and Handling Instructions

STABILITY: Ambient:12 hours Refrigerated: 72 hours Frozen (-70C): 6 months

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	RED GEL (SST)	Yes	

Collection Requirements

All sample types acceptable. whole Blood, send EDTA blood.

Shipping and Handling Instructions

STABILITY: Ambient:12 hours Refrigerated: 72 hours Frozen (-70C): 6 months

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	STERILE CONTAINER	Yes	

Test Name PATH REVIEW-CP
Code: 7301

Synonyms

Collection Requirements

Invert immediately and gently mix with anticoagulant.

Shipping and Handling Instructions

Path review will require CBC with differential. Refrigerate samples at 2-8 C if unable to analyze within 8 hours of collection. CBC and auto differential are stable for 24 hrs when stored at 2-8 C and 8 hrs at RT.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	LAVENDAR BULLET - K2 EDTA	No	
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name PATHOLOGIC D-DIMER QC (HRP)
Code: 750

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

Test Name PENTOBARBITAL
Code: 1231100315

Synonyms

PENTOBARBITAL

Collection Requirements

** ALWAYS ORDER STAT AND DELIVER TO M BENCH IMMEDIATELY **

Shipping and Handling Instructions

Specimen must be received at University Hospital Lab by 11 a.m. or it will be held until the next day for testing. Allow to clot for 30 minutes prior to centrifuging. Centrifuge within 24 hours of collection. Place 2 mL serum/plasma in an aliquot container and transport to lab at 2-8 degrees C (refrigerated or on ice). STABILITY: Refrigerated: 7 days; Frozen: 1 month; Ambient: 1 month

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	RED TOP -PLAIN	Yes	

Test Name PH BODY FLUID
Code: 1230100013

Synonyms

BFPH

Collection Requirements

Preferred Specimen: 1.0 mL Fluid Heparinized (Green) ON ICE. Gastric Fluid usually received in a cup. Body fluids collected in plain collection cups, plain white tubes or heparin tubes. Approximately 0.5 to 1.0 mL is required for testing.

Shipping and Handling Instructions

Specimen should be tested as soon as possible, within 1 hour of collection. If specimen can not be tested immediately it may be stored refrigerated for 24 hours or frozen for 6 months. If fluid is not collect on ice please give specimen to technologist *

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN TOP - LIHEP	Yes	
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	

Test Name PH VENOUS
Code: 1230100402

Synonyms

VENOUS PH

Collection Requirements

No patient preparation required. Preferred specimens: 1 mL whole Blood (Green) tube on ice or 1 mL whole Blood in a heparinized syringe on ice. Limit use of tourniquet to finding a vein, and remove as soon as possible. Fill tube completely and place on ICE!.

Shipping and Handling Instructions

This test is run on whole blood. Do not centrifuge.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes
DH RESPIRATORY LAB	Routine	6 Hours
DH RESPIRATORY LAB	STAT	60 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN TOP - LIHEP	Yes	
DH PAV A CENTRAL LAB	HEPARINIZED SYRINGE	No	

Test Name PH, ARTERIAL
Code: 65

Synonyms

Collection Requirements

No patient preparation required. Preferred specimens: A heparized syringe or green top tube on ice is required. Alternate specimens: No other specimen is acceptable. If the specimen is not collected on ice, it must be tested within 10 minutes of collection.

Shipping and Handling Instructions

whole blood is tested immediately. No other processing is needed.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes
DH RESPIRATORY LAB	Routine	6 Hours
DH RESPIRATORY LAB	STAT	60 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN TOP - LIHEP	No	
DH PAV A CENTRAL LAB	HEPARINIZED SYRINGE	Yes	

Test Name PH, FECAL
Code: 123050062

Synonyms

0020518
FECALPH

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 5 g stool to an unpreserved stool transport vial (ARUP Supply #40910) and freeze immediately. Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787. (Min: 1 g). STABILITY: Frozen: 1 week; Ambi*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	STERILE CUP	Yes	

Test Name PH, URINE
Code: 84

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

Specimen is stable for 2 hours at room temperature and 4 hours refrigerated. Refrigerated specimens must be returned to room temperature before testing. Specimen must be well mixed by inversion and not by swirling.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes
EASTSIDE LAB	Routine	6 Hours
EASTSIDE LAB	STAT	60 Minutes
LA CASA LAB	Routine	6 Hours
LA CASA LAB	STAT	60 Minutes
LOWRY LAB	Routine	6 Hours
LOWRY LAB	STAT	60 Minutes
MONTBELLO LAB	Routine	6 Hours
MONTBELLO LAB	STAT	60 Minutes
PARK HILL LAB	Routine	6 Hours
PARK HILL LAB	STAT	60 Minutes
WESTSIDE LAB	Routine	6 Hours
WESTSIDE LAB	STAT	60 Minutes
WESTWOOD LAB	Routine	6 Hours
WESTWOOD LAB	STAT	60 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	URINE	No	

Test Name PHENCYCLIDINE CONFIRMATION, SER/PLA
Code: 123050087

Synonyms

2010460
PCPSP

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 1 week; Frozen: 3 years (Avoid repeated freeze/thaw cyc*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GRAY TOP	Yes	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED TOP -PLAIN	No	

Test Name PHENCYCLIDINE CONFIRMATION, URINE
Code: 1230500358

Synonyms

2010462
PCPURINE

Collection Requirements

None Listed

Shipping and Handling Instructions

Transport 1 mL urine. (Min: 0.5 mL). STABILITY: Ambient: 1 week; Refrigerated: 1 month; Frozen: 3 years (Avoid repeated freeze/thaw cycles)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 Weeks
ARUP LAB	Routine	1 Weeks
ARUP LAB	STAT	1 Weeks
ARUP LAB	Timed	1 Weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

Test Name PHENOBARBITAL
Code: 1230100206

Synonyms

Collection Requirements

Patient preparation is not required. Preferred specimens: 0.25 ml plasma from a green lithium heparin gel tube. Alternate specimens: Serum from red gel or plain tube with no additive.

Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed for up to 1 month.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name PHENYL/TYROSINE RATIO
Code: 123010021601

Synonyms

PHENYLALANINE
TYROSINE

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate plasma or serum from cells. Attach original sample tube to pour off tube with rubber band. STABILITY: Frozen

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	GREEN TOP - NAHEP	Yes	
DH NON-INTERFACED LAB	RED GEL (SST)	No	
DH NON-INTERFACED LAB	RED TOP -PLAIN	No	

Test Name PHENYTOIN TOTAL
Code: 1230100216

Synonyms

DILANTIN

Collection Requirements

Patient preparation is not required. Preferred specimens: 0.25 ml plasma from a green lithium heparin gel tube. Alternate specimens: serum from red gel or plain tube with no additive.

Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible.
Refrigerate the specimen if testing is delayed for up to 1 month.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name PHENYTOIN TOTAL AND FREE
Code: 1230100082

Synonyms

PHENYTOIN T&F

Collection Requirements

PATH APPROVAL REQUIRED (Send Outs Approval Only) OKAY TO DRAW.

Shipping and Handling Instructions

Separate serum from cells asap. Transport: 2 mL (1 mL minimum) Serum. STABILITY: Frozen: 2 weeks; Refrigerated: 48 hours; Ambient: 8 hours

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	RED TOP -PLAIN	Yes	

Test Name PHOSPHATIDYLETHANOL (PETH)
Code: 1041

Synonyms

2012130
PHOS PHAT

Collection Requirements

None Listed

Shipping and Handling Instructions

Transport 1 mL whole blood. (Min: 0.5 mL)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	PURPLE TOP-EDTA	Yes	

Test Name PHOSPHATIDYLSERINE ANTIBODIES
Code: 1230101366

Synonyms

APS ANTIBODIES
2006495
PHOS ABS

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name PHOSPHOLIPASE A2 RECEPTOR (PLA2R) ANTIBODY, IGG WITH REFLEX TO TITER
Code: 815

Synonyms

PLA2R
2011828

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name PHOSPHOLIPASE A2 RECEPTOR, IGG TITER
Code: 1052

Synonyms

2011831

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name PHOSPHORUS
Code: 1230100016

Synonyms

PO4
PHOS

Collection Requirements

Preferred specimens: 0.25 ml non-hemolyzed plasma from a green lithium heparin gel tube.
Alternate specimens: Serum from red gel or plain tube with no additive.

Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible.
Refrigerate the specimen for up to several days if testing is delayed.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name PHOSPHORUS 24 HR URINE
Code: 1230100342

Synonyms

TIMED PHOSPHORUS URINE

Collection Requirements

No preparation is required. Preferred specimens: Urine collected in a 24 hour urine jug is preferred. No preservative is necessary. Refrigerate urine during collection.

Shipping and Handling Instructions

Measure the volume and document the volume and collection time in the computer. Mix the specimen, pour an aliquot into a test tube, centrifuge and send to core. Also, aliquot a portion into a cup with total volume documented on the cup.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	24 HR URINE CONTAINER	Yes	

Test Name PHOSPHORUS RANDOM URINE
Code: 1230100343

Synonyms

RANDOM PHOSPHORUS URINE

Collection Requirements

No preparation is required. Preferred specimens: 10 mL of random urine collected in a random urine cup or other plain container is acceptable. No preservative is required.

Shipping and Handling Instructions

Mix the urine well, aliquot urine into a test tube, and centrifuge. If testing is delayed, refrigerate the specimen.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	URINE	No	

Test Name PICCOLO ABNORMAL QC (HRP)
Code: 764

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

Test Name PICCOLO NORMAL QC (HRP)
Code: 763

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

Test Name PIPECOLIC ACID, SERUM OR PLASMA
Code: 1230500242

Synonyms

2007406
PIPECOLSP

Collection Requirements

None Listed

Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Separate serum/plasma from cells immediately. Transfer 0.5 mL serum/plasma to an ARUP Standard Transport Tube and freeze immediately. (Min: 0.2 mL). STABILITY: Frozen*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	Yes	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	No	
ARUP LAB	RED TOP -PLAIN	No	

Test Name PLASMINOGEN ACTIVATOR INHIBITOR
Code: 1230101367

Synonyms

PAI-1
0098781

Collection Requirements

None Listed

Shipping and Handling Instructions

CRITICAL FROZEN. Additional specimens must be submitted when multiple tests are ordered. Centrifuge plasma. Within 1 hour of draw, transfer 1.5 mL platelet-poor plasma to an ARUP Standard Transport Tube and freeze. (Min: 1 mL). STABILITY: Frozen: 2 mon*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	BLUE TOP-CITRATE	Yes	

Test Name PLASMINOGEN ACTIVITY
Code: 1230101368

Synonyms

FACTORS
0030190
PLASMIN ACT

Collection Requirements

None Listed

Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Transfer 1 mL platelet-poor plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Frozen: at -20°C: 3 months; at -70° C: 6 months; Ambient: 4 hours; Re*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	BLUE TOP-CITRATE	Yes	

Test Name PLATELET AGGREGATION
Code: 1231200315

Synonyms

PLATELET AGGREGATION

Collection Requirements

REQUIRES PATHOLOGY APPROVAL * THIS TESTING MUST BE SCHEDULED WITH UCHSC SPECIAL COAGULATION LAB * Call Special Coagulation Lab 10 Days in ADVANCE for instructions and scheduling PHONE: 720-848-6938 * Patients must have a minimum platelet count of $100 \times 10^9/L$ (100,000) for this testing. * All blue tops collected for coagulation assays which do not have a blood culture collected first must have a discard tube collected prior to filling. Discard tube should be another blue top in which greater than 1 mL of blood is collected. * Must be a free flowing draw and mixed gently. Test must be scheduled with UCHSC at least 10 days before blood is collected. Collect: Lt. Blue (sodium citrate) AND Lavender (EDTA)

Shipping and Handling Instructions

Transport: 20 mL whole blood

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	BLUE TOP-CITRATE	Yes	
DH NON-INTERFACED LAB	LAVENDER TOP - K2 EDTA	No	

Test Name PLATELET ASSOC ABS, DIRECT ASSAY
Code: 1230500359

Synonyms

0095614
PAIG

Collection Requirements

CRITICAL ROOM TEMPERATURE

Shipping and Handling Instructions

CRITICAL ROOM TEMPERATURE. Transport 4 mL whole blood. (Min: 1 mL). STABILITY: Ambient: 48 hours; Refrigerated: Unacceptable; Frozen: Unacceptable

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name PLATELET COUNT
Code: 1230100208

Synonyms

PLT COUNT

Collection Requirements

Invert immediately and gently mix with anticoagulant.

Shipping and Handling Instructions

Refrigerate samples at 2-8 C if unable to analyze within 8 hours of collection. Stable for 24 hrs when stored at 2-8 C and 8 hrs at RT.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	LAVENDAR BULLET - K2 EDTA	No	
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name PLATELET FUNCTION PANEL
Code: 1230100225

Synonyms

PLT FUNC

Collection Requirements

* THIS TEST MUST BE SCHEDULED WITH THE SENDOUT DEPT BEFORE DRAWING * Sendout Dept # = 303-602-5246 (alternate 303-602-5200) REQUIRES PATHOLOGY APPROVAL Collect: 2 Blue Top tubes (2 minimum).

Shipping and Handling Instructions

DO NOT CENTRIFUGE BLUE OR PURPLE TOP TUBES. whole blood required for testing. Samples must be received within 4 hrs of collection. Send samples STAT. Transport: 2 Blue Top tubes (2 minimum).

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	CALL LAB	Yes	

Test Name PNEUMOCOCCAL ABS, IGG 23
Code: 1230500360

Synonyms

2005779
PNEUM023

Collection Requirements

Serum separator tube. Post-immunization specimen should be drawn 30 days after immunization and, if shipped separately, must be received within 60 days of pre-immunization specimen.

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL) MARK SPECIMENS CLEARLY AS "PRE" OR "POST" SO SPECIMENS WILL BE SAVED AND TESTED SIMULTANEOUSLY. STABILITY: Refrigerated*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name PNEUMOCOCCAL ABS, IGG 9
Code: 1230500361

Synonyms

2008919
PNEUMOCOCCAL

Collection Requirements

Serum separator tube. Post-immunization specimen should be drawn 30 days after immunization and, if shipped separately, must be received within 60 days of pre-immunization specimen.

Shipping and Handling Instructions

Separate serum from cells within 2 hours of collection. Transfer 1.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL) MARK SPECIMENS CLEARLY AS "PRE" OR "POST" SO SPECIMENS WILL BE SAVED AND TESTED SIMULTANEOUSLY. STABILITY: Refrigerated: 2 w*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name PNEUMOCYSTIS FA
Code: 1230101569

Synonyms

CARINII

Collection Requirements

Induced sputum or BAL. As induced sputum is not an optimal specimen, no two induced sputums from the same patient will be processed for Pneumocystis. If the induced sputum FA was negative and Pneumocystis is still suspected, please submit BAL.

Shipping and Handling Instructions

Routine specimens may be held in the Microbiology refrigerator for processing by the day shift. Day shift will spin the BAL/Mini BAL, inoculate slide and acetone fix. Induced sputum will be processed by the blood bench. Print label and place on Blood Be*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	STERILE TUBE	No	
DH PAV A CENTRAL LAB	SWAB	No	

Test Name PNH PANEL (RBC, WBC)
Code: 1230500055

Synonyms

2005006
PNHPAN

Collection Requirements

None Listed

Shipping and Handling Instructions

Transport 4 mL whole blood. (Min: 3 mL). STABILITY: Refrigerated: 72 hours; Ambient: 24 hours; Frozen: Unacceptable

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name PNUEMOCYSTIS JIROVECII DETECTION BY PCR
Code: 1230500180

Synonyms

2006254
PNEUMOCYSTIS

Collection Requirements

Collect: Respiratory specimen: Bronchoalveolar lavage (BAL), bronchial wash, or sputum

Shipping and Handling Instructions

Transfer 2 mL respiratory specimen to a sterile container. (Min: 0.5 mL). Also acceptable: Transfer to viral transport media (ARUP supply #12884). Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787.*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	Yes	

Test Name POC EP BG
Code: 1030

Synonyms

BG

Collection Requirements

Skin puncture: lancet and capillary collection tube (plain, lithium heparin, or balanced heparin for electrolytes and blood gases) Venipuncture: lithium or sodium heparin collection tubes and disposable transfer device.
Arterial puncture: Plain syringe or blood gas syringe with the least amount of heparin to prevent clotting (10 U heparin/mL of blood)

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes
DH PAV D DAVIS LAB	Routine	6 Hours
DH PAV D DAVIS LAB	STAT	60 Minutes
DH PAV G WEBB LAB	Routine	6 Hours
DH PAV G WEBB LAB	STAT	60 Minutes
EASTSIDE LAB	Routine	6 Hours
EASTSIDE LAB	STAT	60 Minutes
WESTSIDE LAB	Routine	6 Hours
WESTSIDE LAB	STAT	60 Minutes
WINTER PARK LABORATORY	Routine	6 Hours
WINTER PARK LABORATORY	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	POINT OF CARE CONTAINER	Yes	

Test Name POC EP BG ARTERIAL
Code: 1035

Synonyms

BG

Collection Requirements

Skin puncture: lancet and capillary collection tube (plain, lithium heparin, or balanced heparin for electrolytes and blood gases) Venipuncture: lithium or sodium heparin collection tubes and disposable transfer device.
Arterial puncture: Plain syringe or blood gas syringe with the least amount of heparin to prevent clotting (10 U heparin/mL of blood)

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes
DH PAV D DAVIS LAB	Routine	6 Hours
DH PAV D DAVIS LAB	STAT	60 Minutes
DH PAV G WEBB LAB	Routine	6 Hours
DH PAV G WEBB LAB	STAT	60 Minutes
EASTSIDE LAB	Routine	6 Hours
EASTSIDE LAB	STAT	60 Minutes
WESTSIDE LAB	Routine	6 Hours
WESTSIDE LAB	STAT	60 Minutes
WINTER PARK LABORATORY	Routine	6 Hours
WINTER PARK LABORATORY	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	POINT OF CARE CONTAINER	Yes	

Test Name POC EP BG VENOUS
Code: 1044

Synonyms

Collection Requirements

Skin puncture: lancet and capillary collection tube (plain, lithium heparin, or balanced heparin for electrolytes and blood gases) Venipuncture: lithium or sodium heparin collection tubes and disposable transfer device.
Arterial puncture: Plain syringe or blood gas syringe with the least amount of heparin to prevent clotting (10 U heparin/mL of blood)

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes
DH PAV D DAVIS LAB	Routine	6 Hours
DH PAV D DAVIS LAB	STAT	60 Minutes
DH PAV G WEBB LAB	Routine	6 Hours
DH PAV G WEBB LAB	STAT	60 Minutes
EASTSIDE LAB	Routine	6 Hours
EASTSIDE LAB	STAT	60 Minutes
WESTSIDE LAB	Routine	6 Hours
WESTSIDE LAB	STAT	60 Minutes
WINTER PARK LABORATORY	Routine	6 Hours
WINTER PARK LABORATORY	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	POINT OF CARE CONTAINER	Yes	

Test Name POC EP CALCIUM
Code: 123100378

Synonyms

CAL

Collection Requirements

Skin puncture: lancet and capillary collection tube (plain, lithium heparin, or balanced heparin for electrolytes and blood gases) Venipuncture: lithium or sodium heparin collection tubes and disposable transfer device.
Arterial puncture: Plain syringe or blood gas syringe with the least amount of heparin to prevent clotting (10 U heparin/mL of blood)

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes
DH PAV D DAVIS LAB	Routine	6 Hours
DH PAV D DAVIS LAB	STAT	60 Minutes
DH PAV G WEBB LAB	Routine	6 Hours
DH PAV G WEBB LAB	STAT	60 Minutes
EASTSIDE LAB	Routine	6 Hours
EASTSIDE LAB	STAT	60 Minutes
WESTSIDE LAB	Routine	6 Hours
WESTSIDE LAB	STAT	60 Minutes
WINTER PARK LABORATORY	Routine	6 Hours
WINTER PARK LABORATORY	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	POINT OF CARE CONTAINER	Yes	

Test Name POC EP CHLOR
Code: 123100384

Synonyms

CHLOR

Collection Requirements

Skin puncture: lancet and capillary collection tube (plain, lithium heparin, or balanced heparin for electrolytes and blood gases) Venipuncture: lithium or sodium heparin collection tubes and disposable transfer device.
Arterial puncture: Plain syringe or blood gas syringe with the least amount of heparin to prevent clotting (10 U heparin/mL of blood)

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes
DH PAV D DAVIS LAB	Routine	6 Hours
DH PAV D DAVIS LAB	STAT	60 Minutes
DH PAV G WEBB LAB	Routine	6 Hours
DH PAV G WEBB LAB	STAT	60 Minutes
EASTSIDE LAB	Routine	6 Hours
EASTSIDE LAB	STAT	60 Minutes
WESTSIDE LAB	Routine	6 Hours
WESTSIDE LAB	STAT	60 Minutes
WINTER PARK LABORATORY	Routine	6 Hours
WINTER PARK LABORATORY	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	POINT OF CARE CONTAINER	Yes	

Test Name POC EP CREAT
Code: 1230100391

Synonyms

CREAT

Collection Requirements

Skin puncture: lancet and capillary collection tube (plain, lithium heparin, or balanced heparin for electrolytes and blood gases) Venipuncture: lithium or sodium heparin collection tubes and disposable transfer device.
Arterial puncture: Plain syringe or blood gas syringe with the least amount of heparin to prevent clotting (10 U heparin/mL of blood)

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes
DH PAV D DAVIS LAB	Routine	6 Hours
DH PAV D DAVIS LAB	STAT	60 Minutes
DH PAV G WEBB LAB	Routine	6 Hours
DH PAV G WEBB LAB	STAT	60 Minutes
EASTSIDE LAB	Routine	6 Hours
EASTSIDE LAB	STAT	60 Minutes
WESTSIDE LAB	Routine	6 Hours
WESTSIDE LAB	STAT	60 Minutes
WINTER PARK LABORATORY	Routine	6 Hours
WINTER PARK LABORATORY	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	POINT OF CARE CONTAINER	Yes	

Test Name POC EP GLU
Code: 12355

Synonyms

GLU

Collection Requirements

Skin puncture: lancet and capillary collection tube (plain, lithium heparin, or balanced heparin for electrolytes and blood gases) Venipuncture: lithium or sodium heparin collection tubes and disposable transfer device.
Arterial puncture: Plain syringe or blood gas syringe with the least amount of heparin to prevent clotting (10 U heparin/mL of blood)

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes
DH PAV D DAVIS LAB	Routine	6 Hours
DH PAV D DAVIS LAB	STAT	60 Minutes
DH PAV G WEBB LAB	Routine	6 Hours
DH PAV G WEBB LAB	STAT	60 Minutes
EASTSIDE LAB	Routine	6 Hours
EASTSIDE LAB	STAT	60 Minutes
WESTSIDE LAB	Routine	6 Hours
WESTSIDE LAB	STAT	60 Minutes
WINTER PARK LABORATORY	Routine	6 Hours
WINTER PARK LABORATORY	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	POINT OF CARE CONTAINER	Yes	

Test Name POC EP HCT
Code: 123101194

Synonyms

HCT

Collection Requirements

Skin puncture: lancet and capillary collection tube (plain, lithium heparin, or balanced heparin for electrolytes and blood gases) Venipuncture: lithium or sodium heparin collection tubes and disposable transfer device.
Arterial puncture: Plain syringe or blood gas syringe with the least amount of heparin to prevent clotting (10 U heparin/mL of blood)

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes
DH PAV D DAVIS LAB	Routine	6 Hours
DH PAV D DAVIS LAB	STAT	60 Minutes
DH PAV G WEBB LAB	Routine	6 Hours
DH PAV G WEBB LAB	STAT	60 Minutes
EASTSIDE LAB	Routine	6 Hours
EASTSIDE LAB	STAT	60 Minutes
WESTSIDE LAB	Routine	6 Hours
WESTSIDE LAB	STAT	60 Minutes
WINTER PARK LABORATORY	Routine	6 Hours
WINTER PARK LABORATORY	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	POINT OF CARE CONTAINER	Yes	

Test Name POC EP LAC
Code: 12356

Synonyms

LAC

Collection Requirements

Skin puncture: lancet and capillary collection tube (plain, lithium heparin, or balanced heparin for electrolytes and blood gases) Venipuncture: lithium or sodium heparin collection tubes and disposable transfer device.
Arterial puncture: Plain syringe or blood gas syringe with the least amount of heparin to prevent clotting (10 U heparin/mL of blood)

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes
DH PAV D DAVIS LAB	Routine	6 Hours
DH PAV D DAVIS LAB	STAT	60 Minutes
DH PAV G WEBB LAB	Routine	6 Hours
DH PAV G WEBB LAB	STAT	60 Minutes
EASTSIDE LAB	Routine	6 Hours
EASTSIDE LAB	STAT	60 Minutes
WESTSIDE LAB	Routine	6 Hours
WESTSIDE LAB	STAT	60 Minutes
WINTER PARK LABORATORY	Routine	6 Hours
WINTER PARK LABORATORY	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	POINT OF CARE CONTAINER	Yes	

Test Name POC EP POTASSIUM
Code: 12310017

Synonyms

K

Collection Requirements

Skin puncture: lancet and capillary collection tube (plain, lithium heparin, or balanced heparin for electrolytes and blood gases) Venipuncture: lithium or sodium heparin collection tubes and disposable transfer device.
Arterial puncture: Plain syringe or blood gas syringe with the least amount of heparin to prevent clotting (10 U heparin/mL of blood)

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes
DH PAV D DAVIS LAB	Routine	6 Hours
DH PAV D DAVIS LAB	STAT	60 Minutes
DH PAV G WEBB LAB	Routine	6 Hours
DH PAV G WEBB LAB	STAT	60 Minutes
EASTSIDE LAB	Routine	6 Hours
EASTSIDE LAB	STAT	60 Minutes
WESTSIDE LAB	Routine	6 Hours
WESTSIDE LAB	STAT	60 Minutes
WINTER PARK LABORATORY	Routine	6 Hours
WINTER PARK LABORATORY	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	POINT OF CARE CONTAINER	Yes	

Test Name POC EP SODIUM
Code: 12310026

Synonyms

NA

Collection Requirements

Skin puncture: lancet and capillary collection tube (plain, lithium heparin, or balanced heparin for electrolytes and blood gases) Venipuncture: lithium or sodium heparin collection tubes and disposable transfer device.
Arterial puncture: Plain syringe or blood gas syringe with the least amount of heparin to prevent clotting (10 U heparin/mL of blood)

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes
DH PAV D DAVIS LAB	Routine	6 Hours
DH PAV D DAVIS LAB	STAT	60 Minutes
DH PAV G WEBB LAB	Routine	6 Hours
DH PAV G WEBB LAB	STAT	60 Minutes
EASTSIDE LAB	Routine	6 Hours
EASTSIDE LAB	STAT	60 Minutes
WESTSIDE LAB	Routine	6 Hours
WESTSIDE LAB	STAT	60 Minutes
WINTER PARK LABORATORY	Routine	6 Hours
WINTER PARK LABORATORY	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	POINT OF CARE CONTAINER	Yes	

Test Name POCHI HIGH ABNORMAL QC (HRP)
Code: 767

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

QC CONTAINER

Default?

Yes

Min Volume

Test Name POCHI LOW ABNORMAL QC (HRP)
Code: 765

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

QC CONTAINER

Default?

Yes

Min Volume

Test Name POCHI NORMAL QC (HRP)
Code: 766

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

QC CONTAINER

Default?

Yes

Min Volume

Test Name POCT ISTAT ACT
Code: 696

Synonyms

Collection Requirements

Arterial or venous blood is collected in a plastic syringe without anticoagulant or collection tube containing no anticoagulant. Use a plastic pipette to transfer from tube to cartridge. Test sample immediately.

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	POINT OF CARE CONTAINER	Yes	

Test Name POCT ISTAT BLOOD GAS PANEL ARTERIAL
Code: 701

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	POINT OF CARE CONTAINER	Yes	

Test Name POCT ISTAT BLOOD GAS PANEL VENOUS
Code: 690

Synonyms

BG

Collection Requirements

Skin puncture: lancet and capillary collection tube (plain, lithium heparin, or balanced heparin for electrolytes and blood gases) Venipuncture: lithium or sodium heparin collection tubes and disposable transfer device.

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	POINT OF CARE CONTAINER	Yes	

Test Name PORPHOBILINOGEN QUANTITATIVE URINE
Code: 1230500105

Synonyms

0080260
PBGQT

Collection Requirements

None Listed

Shipping and Handling Instructions

PROTECT FROM LIGHT. Transfer 8 mL aliquot from a random or well-mixed 24-hour collection to ARUP Amber Transport Tubes. (Min: 3.5 mL) Record total volume and collection time interval on transport tube and test request form. STABILITY: Frozen: 1 month; A*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CALL LAB	Yes	
ARUP LAB	URINE	No	

Test Name PORPHYRIN TOTAL
Code: 1230100027

Synonyms

TOTAL PORPHYRINS
0080429
PORPHYRIN TOT

Collection Requirements

None Listed

Shipping and Handling Instructions

CRITICAL: Protect from light during collection, storage, and shipment. Separate plasma or serum from cells within 1 hour of collection. Transfer 2 mL plasma or serum to an ARUP Amber Transport Tube. (Min: 1 mL). STABILITY: Frozen: 1 month; Ambient: Una*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CALL LAB	Yes	
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	No	

Test Name PORPHYRINS, FRACTIONATION AND QUANT, URN
Code: 1230500048

Synonyms

2002058
PORURINE

Collection Requirements

None Listed

Shipping and Handling Instructions

Protect from light. Transfer 4 mL aliquot of urine to an ARUP Amber Transport Tube. (Min: 2 mL) Record total volume and collection time interval on transport tube and test request form. STABILITY: Frozen: 1 month; Ambient: Unacceptable; Refrigerated: 4 *

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CALL LAB	Yes	
ARUP LAB	URINE	No	

Test Name POSACONAZOLE, QUANTITATIVE BY LC-MS/MS
Code: 1230500181

Synonyms

2001739
POSACON

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube and freeze. (Min: 0.6 mL). STABILITY: Frozen: 6 months; Ambient: 48 hours; Refrigerated: 48 hours

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED TOP -PLAIN	Yes	

Last Updated: 8/5/2018

Test Name POST VASECTOMY SEMEN ANALYSIS
Code: 1230100810

Synonyms

SEMEN ANALYSIS
POST VASECTOMY

Collection Requirements

Patient Preparation: After vasectomy, wait 6 weeks and at least 10 ejaculations prior to specimen collection. Evacuate bladder prior to specimen collection. **Patient Instructions:** Collect specimen by masturbation without the aid of lubricants. Lubricants and ordinary condoms may interfere with the sperm viability. Bring container next to body temperature at collection time. Patient should record the number of days or hour of sexual abstinence prior to collection of the specimen, time and date of collection, and if part of the ejaculate was lost. Deliver specimen with lab requisition to laboratory within 1 hour of collection. During transport, protect specimen from light and temperature extremes by keeping it close to the body inside a shirt, blouse, or coat. **Preferred Specimen:** Entire ejaculate, collected by masturbation into clean, sterile, plastic container with a screw top lid. Test is offered only Monday through Friday from 7AM to 2PM, NO holidays.

Shipping and Handling Instructions

Specimens more than 1 hour old will not be accepted. Specimen and requisition must be labeled with the man's name and hospital information, not the woman's information. **Person Accepting Specimen:** Check specimen for correct patient identification before accepting specimen. Ensure Semen Collection questionnaire is filled out. Check LIS for an order. **Processor:** receipt verify or test request and deliver specimen and questionnaire IMMEDIATELY to UA bench tech. **NOTIFY tech.** UA Bench Tech: Semen analysis must be performed immediately to avoid reporting incorrect results.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CONTAINER	Yes	
DH PAV A CENTRAL LAB	STERILE CUP	No	

Test Name POST VASECTOMY SEMEN ANALYSIS (MANUAL)
Code: 1062

Synonyms

POST VAS
SEMEN

Collection Requirements

Patient Preparation: After vasectomy, wait 6 weeks and at least 10 ejaculations prior to specimen collection. Evacuate bladder prior to specimen collection. **Patient Instructions:** Collect specimen by masturbation without the aid of lubricants. Lubricants and ordinary condoms may interfere with the sperm viability. Bring container next to body temperature at

collection time. Patient should record the number of days or hour of sexual abstinence prior to collection of the specimen, time and date of collection, and if part of the ejaculate was lost. Deliver specimen with lab requisition to laboratory within 1 hour of collection. During transport, protect specimen from light and temperature extremes by keeping it close to the body inside a shirt, blouse, or coat. Preferred Specimen: Entire ejaculate, collected by masturbation into clean, sterile, plastic container with a screw top lid. Test is offered only Monday through Friday from 7AM to 2PM, NO holidays.

Shipping and Handling Instructions

Specimens more than 1 hour old will not be accepted. Specimen and requisition must be labeled with the man's name and hospital information, not the woman's information. Person Accepting Specimen: Check specimen for correct patient identification before accepting specimen. Ensure Semen Collection questionnaire is filled out. Check LIS for an order. Processor: receipt verify or test request and deliver specimen and questionnaire IMMEDIATELY to UA bench tech. NOTIFY tech. UA Bench Tech: Semen analysis must be performed immediately to avoid reporting incorrect results.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CONTAINER	Yes	
DH PAV A CENTRAL LAB	STERILE CUP	No	

Test Name POTASSIUM
Code: 1230100017

Synonyms

K

Collection Requirements

No patient preparation is required. If patient is receiving IV therapy, do not draw the sample from the infusion site. Collect a green lithium heparin gel tube. Alternate specimens: serum from red gel or plain tube with no additive.

Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed. Freeze specimen for longer storage.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name POTASSIUM 24 HOUR URINE
Code: 1230100348

Synonyms

K-24H
K 24HR URINE
POTASSIUM 24HR URINE

Collection Requirements

No patient preparation required. Preferred specimens: Urine collected in a 24 hour urine jug is acceptable. No preservative is necessary, but the urine must be refrigerated during the collection.

Shipping and Handling Instructions

Measure the volume and document the volume and collection time in the computer. Mix the specimen, pour an aliquot into a test tube, centrifuge and send to core. Also, aliquot a portion into a cup with total volume documented on the cup.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	24 HR URINE CONTAINER	Yes	

Test Name POTASSIUM RANDOM URINE
Code: 1230100346

Synonyms

K URINE
K RANDOM URINE
RANDOM URINE K

Collection Requirements

No patient preparation required. Preferred specimens: 10 mL random urine collected in a random urine cup or plain tube is acceptable. No preservative is necessary.

Shipping and Handling Instructions

Mix the urine well, aliquot into a test tube, and centrifuge. If testing is delayed, refrigerate the specimen.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	Yes	
DH PAV A CENTRAL LAB	STERILE CUP	No	
DH PAV A CENTRAL LAB	URINE	No	

Test Name POTASSIUM, STOOL
Code: 58

Synonyms

Collection Requirements

Preferred specimen: LIQUID stool.

Shipping and Handling Instructions

Stool must be liquid. Centrifuge and test the supernate in the same manner as a urine sample.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CUP	Yes	

Test Name POTASSIUM, WHOLE BLOOD
Code: 54

Synonyms

Collection Requirements

No patient preparation is required. Preferred specimens: A green top tube or a heparinized syringe are the only acceptable specimens. Specimen must be tested within 30 minutes of collection.

Shipping and Handling Instructions

Perform testing within 30 minutes of collection.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN TOP - LIHEP	Yes	
DH PAV A CENTRAL LAB	HEPARINIZED SYRINGE	No	

Test Name PRADER-WILLI SYNDROME DNA
Code: 1230101378

Synonyms

PWS DNA
2005077

Collection Requirements

None Listed

Shipping and Handling Instructions

Transport 3 mL whole blood. (Min: 1.5 mL). STABILITY: Refrigerated: 1 week; Ambient: 72 hours; Frozen: Unacceptable

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name PREALBUMIN
Code: 1230100018

Synonyms

PAB

Collection Requirements

Preferred specimens: 0.1 mL Plasma (Green Lithium Heparin Gel) Ambient. Alternate Specimens: 0.1 mL Serum (Red Gel/Plain Red) Ambient.

Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name PRE-EPIC CASE AMENDMENT/ADDENDUM
Code: 1049

Synonyms

SURGICAL
PATHOLOGY
PATHOLOGIST
SPECIMEN

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CONSULT	No	
DH PAV A CENTRAL LAB	FORMALIN 10%	Yes	

Test Name Code: PREGNANCY LOSS, AMNIOTIC FLUID- CGL
802

Synonyms

CGL

Collection Requirements

Amniotic fluid in a sterile cup or sterile tubes. Most specimens will be picked up by Colorado Genetics in the women's Care Clinic. Women's Care is responsible for sending a copy of the requisition to the Laboratory Sendouts Dept. for billing purposes. In rare cases (i.e. after hours), locations other than women's Care will send specimens to the lab for Colorado Genetics. Call 303-724-5701 to schedule a pickup and save a copy of the requisition for the Sendout Dept. to take care of the billing

Shipping and Handling Instructions

Hold specimen at room temperature and transport to the Colorado Genetics Laboratory as soon as possible. Refrigerate if held overnight.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	STERILE CONTAINER	Yes	

Test Name PREGNANCY, SERUM
Code: 52

Synonyms

HCG QUALITATIVE
SERUM

Collection Requirements

Preferred specimen: Serum

Shipping and Handling Instructions

Stable for 2 days refrigerated, but sample should be allowed to warm to room temperature before testing. Any sample delayed longer than 48 hours should be frozen.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes
DH PAV H STD LAB	Routine	6 Hours
DH PAV H STD LAB	STAT	60 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name PREGNANCY, URINE
Code: 1230100050

Synonyms

HCG QUAL UR
PREGNANCY TEST
HCG QUALITATIVE URINE
UPREGB

Collection Requirements

Preferred specimen: First morning urine. Alternate specimens: Random urine.

Shipping and Handling Instructions

Random urines may be too dilute to give accurate results. Sample is stable for 48 hours, refrigerated, If testing cannot be done within 48 hours, specimen should be frozen. Warm to room temperature before testing.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes
DH PAV C WOMENS CARE LAB	Routine	6 Hours
DH PAV C WOMENS CARE LAB	STAT	60 Minutes
DH PAV G WEBB LAB	Routine	6 Hours
DH PAV G WEBB LAB	STAT	60 Minutes
DH PAV H STD LAB	Routine	6 Hours
DH PAV H STD LAB	STAT	60 Minutes
EASTSIDE LAB	Routine	6 Hours
EASTSIDE LAB	STAT	60 Minutes
LA CASA LAB	Routine	6 Hours
LA CASA LAB	STAT	60 Minutes
LOWRY LAB	Routine	6 Hours
LOWRY LAB	STAT	60 Minutes
MONTBELLO LAB	Routine	6 Hours
MONTBELLO LAB	STAT	60 Minutes
PARK HILL LAB	Routine	6 Hours
PARK HILL LAB	STAT	60 Minutes
WESTSIDE LAB	Routine	6 Hours
WESTSIDE LAB	STAT	60 Minutes
WESTWOOD LAB	Routine	6 Hours
WESTWOOD LAB	STAT	60 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	Yes	
DH PAV A CENTRAL LAB	STERILE CUP	No	
DH PAV A CENTRAL LAB	URINE	No	

Test Name PRIMIDONE AND METABOLITE
Code: 1230500156

Synonyms

0090202
PRIMODONE

Collection Requirements

None Listed

Shipping and Handling Instructions

Allow specimen to clot completely at room temperature. Separate serum from cells within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.8 mL). STABILITY: Refrigerated: 1 week; Ambient: 1 week; Frozen: 1 *

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	RED TOP -PLAIN	Yes	

Test Name PROCALCITONIN
Code: 146

Synonyms

Collection Requirements

Procalcitonin testing is only performed on patients from MICU and SICU. Orders on other patients will be cancelled as Test Not Indicated. Preferred specimen: 0.5 mL's plasma from a lithium heparin tube (green gel). Alternate specimen: 0.5 mL's serum from a red gel tube.

Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Specimen is stable 48 hours refrigerated. Freeze at -20 C if testing delay is expected.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	

Test Name PROGESTERONE
Code: 1230101383

Synonyms

HORMONE
2008509
PROGEST

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.3 mL). STABILITY: Refrigerated: 1 week; Ambient: Unacceptable; Frozen: 6 months.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN GEL (PST)	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	RED GEL (SST)	Yes	
ARUP LAB	RED TOP -PLAIN	No	

Test Name PROINSULIN
Code: 1230101384

Synonyms

INSULINOMA
0070112
PROINSULIN

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube and freeze immediately. (Min: 0.2 mL). STABILITY: Frozen: 2 months (avoid repeated freeze/thaw cycles); Ambient: U*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	Yes	
ARUP LAB	RED TOP -PLAIN	No	

Test Name PROLACTIN
Code: 1230101385

Synonyms

PRL

Collection Requirements

COLLECT: 1.0 mL Serum (Red Gel).

Shipping and Handling Instructions

SPECIMEN PREP: Separate serum from cells within 2 hours. TRANSPORT: 1.5 mL (1.0 mL minimum) Serum STABILITY: 1. Samples can be stored at 2-8°C for up to 7 days after collection. 2. For longer storage, aliquot and freeze up to 3 months at -20°C.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	RED BULLET	No	
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	
DH PAV A CENTRAL LAB	YELLOW BULLET (SST)	No	

Test Name PROPOXYPHENE CONFIRMATION, SER/PLA
Code: 123050088

Synonyms

2010464
PPXYSP

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 1 week; Frozen: 3 years (Avoid repeated freeze/thaw cy*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GRAY TOP	Yes	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED TOP -PLAIN	No	

Test Name PROPOXYPHENE CONFIRMATION, URINE
Code: 123050100

Synonyms

2010468
PPXYUR

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 1 mL with no additives or preservatives urine to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Ambient: 1 week; Refrigerated: 1 month; Frozen: 3 years (Avoid repeated freeze/thaw cycles)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

Test Name PROTEIN 24 HOUR URINE
Code: 1230100354

Synonyms

24 HOUR URINE PROTEIN
PROTEIN URINE 24 HOUR
URINE 24 HOUR PROTEIN
24 HOUR URINE PROTEIN

Collection Requirements

No preparation is required. Preferred specimens: Urine collected in a 24 hour urine jug is preferred. No preservative is necessary. Refrigerate the urine during collection.

Shipping and Handling Instructions

Measure the volume and document the volume and collection time in the computer. Mix the specimen, pour an aliquot into a test tube, centrifuge and send to core. Also, aliquot a portion into a cup with total volume documented on the cup.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	24 HR URINE CONTAINER	Yes	

Test Name PROTEIN BODY FLUID
Code: 1230100102

Synonyms

BODY FLUID
PROTEIN
PROTEIN FLUID

Collection Requirements

Preferred specimens: A plain white or a serum separator (gel) tube. Alternate specimens: A plain red, or green top tubes are also acceptable.

Shipping and Handling Instructions

Centrifuge specimen and separate fluid from cells as soon as possible. Refrigerate specimen if testing is not performed immediately.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	No	
DH PAV A CENTRAL LAB	GREEN TOP - LIHEP	No	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	Yes	

Test Name PROTEIN C ACTIVITY
Code: 1230100469

Synonyms

0030113
PRO C ACT

Collection Requirements

None Listed

Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Transfer 1.5 mL platelet-poor plasma to an ARUP Standard Transport Tube. (Min: 1 mL).
STABILITY: Frozen at -20°C: 3 months, at -70°C: 6 months; Ambient: 4 hours; Refr*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	BLUE TOP-CITRATE	Yes	

Test Name PROTEIN C AND S PANEL, FUNCTIONAL
Code: 1230500016

Synonyms

0030182
PROTEIN C
PROTEIN S
PROTCSPNL

Collection Requirements

None Listed

Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Transfer 2 mL platelet-poor plasma to an ARUP Standard Transport Tube. (Min: 1 mL).
STABILITY: Frozen at -20°C: 3 months, at -70°C: 6 months; Ambient: 4 hours; Refri*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	BLUE TOP-CITRATE	Yes	

Test Name PROTEIN C AND S PANEL, TOTAL, ANTIGEN
Code: 123050081

Synonyms

0030116
PROTEIN C AN

Collection Requirements

None Listed

Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Transfer 2 mL platelet-poor plasma to an ARUP Standard Transport Tube. (Min: 1 mL).
STABILITY: Frozen at -20°C: 3 months, at -70°C: 6 months; Ambient: 4 hours; Refrig*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	BLUE TOP-CITRATE	Yes	

Test Name PROTEIN CREATININE RATIO, URINE, RANDOM
Code: 1346

Synonyms

PROTEIN URINE RANDOM
CREATININE URINE RANDOM

Collection Requirements

No preparation is required. Preferred specimens: 10 mL of random urine collected in a random urine cup, or other plain container is acceptable. No preservative is necessary.

Shipping and Handling Instructions

Mix the specimen well, and pour an aliquot into a test tube. Centrifuge the urine. If testing is delayed, refrigerate the specimen.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CUP	Yes	

Test Name PROTEIN CSF
Code: 1230100101

Synonyms

CSF PROTEIN

Collection Requirements

Patient preparation is not required. Preferred specimens: CSF is usually collected in plastic CSF tubes. Alternate specimens: Plain white or plain red tube, or plain specimen cups.

Shipping and Handling Instructions

Centrifuge the specimen. If the fluid is bloody, remove the fluid from the cell button. Refrigerate the specimen if testing is not performed immediately. Do NOT discard the tube containing the cell button. This tube should be saved along with the sup*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CSF COLLECTION KIT	Yes	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	STERILE CUP	No	
DH PAV A CENTRAL LAB	STERILE TUBE	No	

Test Name PROTEIN ELECTROPHORESIS SERUM W/ REFLEX TO IFE
Code: 123010022

Synonyms

PROTEIN ELP SERUM

Collection Requirements

None Listed

Shipping and Handling Instructions

SPECIMEN PREP: Samples should be centrifuged as soon as possible, but can be stored refrigerated for one week. TRANSPORT: 0.5mL (0.2mL minimum) serum UNACCEPTABLE: Do not use hemolyzed or plasma samples. STABILITY: Refrigerated samples are stable for 1 week.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name PROTEIN ELECTROPHORESIS URINE
Code: 1230100350

Synonyms

UPEP
 PROTEINELPUR
 ELP PROTEIN
 UPTTEL

Collection Requirements

10 mL Random or Timed Urine Refrigerated.

Shipping and Handling Instructions

Urine protein electrophoresis also requires a urine protein. Samples may be stored up to 7 days refrigerated. This test should be ordered if there is already a urine protein. If there is not a urine protein, the package UPELE should be ordered. Samples may be stored up to 7 days refrigerated.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CUP	Yes	

Test Name PROTEIN RANDOM URINE
Code: 1230100351

Synonyms

PROTEIN URINE RANDOM
UPTTEL

Collection Requirements

No preparation is required. Preferred specimens: 10 mL of random urine collected in a random urine cup, or other plain container is acceptable. No preservative is necessary.

Shipping and Handling Instructions

Mix the specimen well, and pour an aliquot into a test tube. Centrifuge the urine. If testing is delayed, refrigerate the specimen.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CUP	Yes	

Test Name PROTEIN S ANTIGEN TOTAL
Code: 1230100473

Synonyms

PRO S AG TOT
0030112

Collection Requirements

None Listed

Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Transfer 1.5 mL platelet-poor plasma to an ARUP Standard Transport Tube. (Min: 1 mL). STABILITY: Frozen at -20°C: 3 months, at -70°C: 6 months; Ambient: 4 hours; Refr*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	BLUE TOP-CITRATE	Yes	

Test Name PROTEIN S, FUNCTIONAL
Code: 1230500063

Synonyms

0030114
PROTSF

Collection Requirements

None Listed

Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Transfer 1.5 mL platelet-poor plasma to an ARUP Standard Transport Tube. (Min: 1 mL). STABILITY: Frozen at -20°C: 3 months, at -70°C: 6 months; Ambient: 4 hours; Refr*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	BLUE TOP-CITRATE	Yes	

Test Name PROTHROMBIN ANTIBODY, IGG
Code: 1230500363

Synonyms

0051302
PROTHROMG

Collection Requirements

None Listed

Shipping and Handling Instructions

Transport 0.5 mL serum or plasma. (Min: 0.3 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	BLUE TOP-CITRATE	No	
ARUP LAB	RED GEL (SST)	Yes	

Test Name PROTINE SUBSTITUTION
Code: 1230100229

Synonyms

EQUAL MIX
PT/INR
PROTINE 1:1 MIXING
PT SUB

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

BLUE TOP-CITRATE

Default?

Yes

Min Volume

Test Name PROTINE/INR
Code: 1230100228

Synonyms

PT
PROTHROMBIN TIME

Collection Requirements

Completely fill the top (black arrow on the tube) to attain the correct ratio of blood to citrate (9:1). Invert to mix, 3-4 times.

Shipping and Handling Instructions

-Underfilled, overfilled, or clotted tubes must be cancelled. Specimen Stability: DO NOT REFRIGERATE! Opened, 4hrs at Room Temperature Unopened, 24hrs at Room Temperature Frozen plasma, 2 weeks at -20 C

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

BLUE TOP-CITRATE

Default?

Yes

Min Volume

Test Name PROTINE/INR POINT OF CARE
Code: 28

Synonyms

PROTINE
INR
POC

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes
DH PAV D DAVIS LAB	Routine	6 Hours
DH PAV D DAVIS LAB	STAT	60 Minutes
DH PAV G WEBB LAB	Routine	6 Hours
DH PAV G WEBB LAB	STAT	60 Minutes
EASTSIDE LAB	Routine	6 Hours
EASTSIDE LAB	STAT	60 Minutes
LOWRY LAB	Routine	6 Hours
LOWRY LAB	STAT	60 Minutes
WESTSIDE LAB	Routine	6 Hours
WESTSIDE LAB	STAT	60 Minutes
WINTER PARK LABORATORY	Routine	6 Hours
WINTER PARK LABORATORY	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	POINT OF CARE CONTAINER	Yes	

Test Name PSA
Code: 1230100019

Synonyms

PSA

Collection Requirements

COLLECT: 1.0 mL Serum (Red Gel) MINIMUM VOLUME: 0.3 mL PATIENT PREP: Sample should not be collected within 48 hours following a digital rectal exam or other prostatic manipulation.

Shipping and Handling Instructions

SPECIMEN PREP: Separate serum from cells within 2 hours.
1.0 mL (0.5 mL minimum) Serum
 STABILITY:
Samples can be stored at 2-8°C for up to 48 hours after collection.
storage, aliquot and freeze up to 3 months at -20°C.

TRANSPORT:
1.
2. For longer

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	RED BULLET	No	
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	
DH PAV A CENTRAL LAB	YELLOW BULLET (SST)	No	

Test Name PSA MONITORING
Code: 149

Synonyms

PSA
PSAM

Collection Requirements

COLLECT: 1.0 mL Serum (Red Gel) MINIMUM VOLUME: 0.3 mL PATIENT PREP: Sample should not be collected within 48 hours following a digital rectal exam or other prostatic manipulation.

Shipping and Handling Instructions

SPECIMEN PREP: Separate serum from cells within 2 hours.
1.0 mL (0.5 mL minimum) Serum
 STABILITY:
Samples can be stored at 2-8°C for up to 48 hours after collection.
storage, aliquot and freeze up to 3 months at -20°C.

TRANSPORT:

- 1.
2. For longer

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	RED BULLET	No	
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	
DH PAV A CENTRAL LAB	YELLOW BULLET (SST)	No	

Test Name PSA TOTAL WITH FREE PSA
Code: 1230500021

Synonyms

0080206
PSA TOTAL WI

Collection Requirements

None Listed

Shipping and Handling Instructions

Allow specimen to clot completely at room temperature. Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Frozen: 3 months; Ambient: 8 hou*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN GEL (PST)	No	
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	Yes	
ARUP LAB	RED TOP -PLAIN	No	

Test Name PSEUDOCHOLINESTERASE DIB INHIB
Code: 1230101395

Synonyms

BENZOYLCHOLINESTERASE
CHOLINESTERASE
0020159

Collection Requirements

None Listed

Shipping and Handling Instructions

Allow specimen to clot completely at room temperature. Separate serum or plasma from cells ASAP or within 2 hours of collection. Transport 1 mL serum or plasma. (Min: 0.25 mL)
Storage/Transport Temperature: Refrigerated. STABILITY: Refrigerated: 1 week; Ambient: 4 hours; Frozen: 3 months

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	Yes	

Test Name PSEUDOCHOLINESTERASE, TOTAL
Code: 1230101394

Synonyms

BENZOYLCHOLINESTERASE
CHOLINESTERASE
0020167

Collection Requirements

None Listed

Shipping and Handling Instructions

Allow serum specimen to clot completely at room temperature. Separate serum or plasma from cells ASAP or within 2 hours of collection. Transport 0.5 mL serum or plasma. (Min: 0.1 mL). STABILITY:Refrigerated: 1 week; Ambient: 4 hours; Frozen: 3 months

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	Yes	

Test Name PT SUB 1:1 NORMAL PLASMA, PT
Code: 970

Synonyms

PT SUB

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	BLUE TOP-CITRATE	Yes	

Test Name PT SUB CORRECTED THROMBIN TIME
Code: 964

Synonyms

TTC

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	BLUE TOP-CITRATE	Yes	

Test Name PT SUB FIBRINOGEN
Code: 965

Synonyms

FIB

Collection Requirements

None Listed

Shipping and Handling Instructions

Lab Instructions: -Blue top tube should be drawn before other tubes with additives. -In laboratory, invert specimen 3 times, and rim with applicator stick to check for clots. -Specimens are centrifuged in processing or at the coag bench in the Stat centrifuge. Specimen Stability: -Uncentrifuged 4 hrs at room temperature -If testing cannot be completed within 4 hrs., platelet poor plasma sample aliquoted into plastic tube is stable at 20 +/-5 C for 8 hrs. Frozen aliquots are stable for 2 weeks at -20 C or below, and 6 months at -70 C or below. Frozen specimens must be rapidly thawed at 37 C, then gently and thoroughly mixed and tested immediately.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	BLUE TOP-CITRATE	Yes	

Test Name PT SUB INCUBATION
Code: 972

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	BLUE TOP-CITRATE	Yes	

Test Name PT SUB THROMBIN TIME
Code: 963

Synonyms

TT

Collection Requirements

Venous blood ONLY, no fingerstick. Inaccurate test results can occur when using capillary blood due to tissue fluid contamination during skin puncture procedures. -Citratated blood 9:1 (blood to anticoagulant ratio), 3.2% sodium citrate (blue top tube). -Vacutainers should be filled up to, or within +/- 10% of the nominal fill black mark as indicated on the tube.

Shipping and Handling Instructions

-Underfilled, overfilled, or clotted tubes must be cancelled. -Blue top tube should be drawn before other tubes with additives. -In laboratory, invert specimen 3 times, and rim with applicator stick to check for clots. -Specimens are centrifuged in processing or at the coag bench in the Stat centrifuge. -Uncentrifuged 4 hrs at room temperature -If testing cannot be completed within 4 hrs., platelet poor plasma sample aliquoted into plastic tube is stable at 20 +/-5 C for 8 hrs. If on heparin therapy, plasma is stable for 2 hrs at 20 +/-5 C. -Frozen aliquots are stable for 2 weeks at -20 C or below, and 6 months at -70 C or below. Frozen specimens must be rapidly thawed at 37 C, then gently and thoroughly mixed and tested immediately.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	BLUE TOP-CITRATE	Yes	

Test Name PTH INTACT
Code: 1230100010

Synonyms

BIOPTH
INTACT PTH
PARATHYROID HORMONE
INTACT
PTHI

Collection Requirements

PREFERRED SPECIMEN: 1.0 ml Serum (Red Gel) MINIMUM VOLUME: 0.3 mL

Shipping and Handling Instructions

1) Store serum samples refrigerated at 2-8 C for up to 8 hours, if testing will not be performed within 8 hours, freeze at -20 C. 2) Avoid repeated freezing and thawing.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN BULLET - LIHEP	No	
DH PAV A CENTRAL LAB	GREEN GEL (PST)	No	
DH PAV A CENTRAL LAB	GREEN GEL BULLET (PST)	No	
DH PAV A CENTRAL LAB	GREEN TOP - LIHEP	No	
DH PAV A CENTRAL LAB	RED BULLET	No	
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	
DH PAV A CENTRAL LAB	YELLOW BULLET (SST)	No	

Test Name PTHRP BY LC-MS/MS, PLASMA
Code: 1230500129

Synonyms

2010677
PTHRP

Collection Requirements

Collect: Protease Inhibitor tube (PPACK; Phe-Pro-Arg-chlormethylketone) (ARUP supply #49662), available online through eSupply using ARUP Connect™ or contact ARUP Client Services at (800) 522-2787. A winged collection set must be used. Specimen Preparation: Mix well. Separate from cells within 1 hour of collection. Transfer 1.5 mL plasma to an ARUP Standard Transport Tube. (Min: 0.7 mL)

Shipping and Handling Instructions

Storage/Transport Temperature: Frozen. Separate specimens must be submitted when multiple tests are ordered. Unacceptable Conditions: Grossly hemolyzed specimens. Stability (collection to initiation of testing): After separation from cells: Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 3 months

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 Weeks
ARUP LAB	Routine	1 Weeks
ARUP LAB	STAT	1 Weeks
ARUP LAB	Timed	1 Weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CALL LAB	Yes	

Test Name PTT
Code: 1230100232

Synonyms

PTT
APTT
ACTIVATED PROTHOMBIN TIME
PARTIAL THROMBOPLASTIN TIME

Collection Requirements

Completely fill the top (black arrow on the tube) to attain the correct ratio of blood to citrate (9:1). Invert to mix, 3-4 times.

Shipping and Handling Instructions

-Underfilled, overfilled, or clotted tubes must be cancelled. Specimen Stability: DO NOT REFRIGERATE! Non-heparinized, Unopened, 4hrs at Room Temperature On Heparin - Only 1 hr at Room Temperature, spin, test plasma within 4hrs Frozen plasma, 2 weeks at -20 C

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	BLUE TOP-CITRATE	Yes	

Test Name PTT SUB 1:1 NORMAL PLASMA, PTT
Code: 974

Synonyms

PTT SUB

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	BLUE TOP-CITRATE	Yes	

Test Name PTT SUB CORRECTED THROMBIN TIME
Code: 967

Synonyms

TTC

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	BLUE TOP-CITRATE	Yes	

Test Name PTT SUB FIBRINOGEN
Code: 968

Synonyms

FIB

Collection Requirements

None Listed

Shipping and Handling Instructions

Lab Instructions: -Blue top tube should be drawn before other tubes with additives. -In laboratory, invert specimen 3 times, and rim with applicator stick to check for clots. -Specimens are centrifuged in processing or at the coag bench in the Stat centrifuge. Specimen Stability: -Uncentrifuged 4 hrs at room temperature -If testing cannot be completed within 4 hrs., platelet poor plasma sample aliquoted into plastic tube is stable at 20 +/-5 C for 8 hrs. Frozen aliquots are stable for 2 weeks at -20 C or below, and 6 months at -70 C or below. Frozen specimens must be rapidly thawed at 37 C, then gently and thoroughly mixed and tested immediately.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	BLUE TOP-CITRATE	Yes	

Test Name PTT SUB INCUBATION 1 HR, PTT
Code: 975

Synonyms

PTT SUB

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	BLUE TOP-CITRATE	Yes	

Test Name PTT SUB THROMBIN TIME
Code: 966

Synonyms

TT

Collection Requirements

Venous blood ONLY, no fingerstick. Inaccurate test results can occur when using capillary blood due to tissue fluid contamination during skin puncture procedures. -Citratated blood 9:1 (blood to anticoagulant ratio), 3.2% sodium citrate (blue top tube). -Vacutainers should be filled up to, or within +/- 10% of the nominal fill black mark as indicated on the tube.

Shipping and Handling Instructions

-Blue top tube should be drawn before other tubes with additives. -In laboratory, invert specimen 3 times, and rim with applicator stick to check for clots. -Specimens are centrifuged in processing or at the coag bench in the Stat centrifuge. -Uncentrifuged 4 hrs at room temperature -If testing cannot be completed within 4 hrs., platelet poor plasma sample aliquoted into plastic tube is stable at 20 +/-5 C for 8 hrs. If on heparin therapy, plasma is stable for 2 hrs at 20 +/-5 C. -Frozen aliquots are stable for 2 weeks at -20 C or below, and 6 months at -70 C or below. Frozen specimens must be rapidly thawed at 37 C, then gently and thoroughly mixed and tested immediately.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	BLUE TOP-CITRATE	Yes	

Test Name PTT SUBSTITUTION STUDY
Code: 27

Synonyms

PTT 1:1 MIXING STUDY

Collection Requirements

None Listed

Shipping and Handling Instructions

-Underfilled, overfilled, or clotted tubes must be cancelled. -Blue top tube should be drawn before other tubes with additives. -In laboratory, invert specimen 3 times, and rim with applicator stick to check for clots. -Specimens are centrifuged in processing or at the coag bench in the Stat centrifuge. -Uncentrifuged 4 hrs at room temperature -If testing cannot be completed within 4 hrs., platelet poor plasma sample aliquoted into plastic tube is stable at 20 +/-5 C for 8 hrs. If on heparin therapy, plasma is stable for 2 hrs at 20 +/-5 C. -Frozen aliquots are stable for 2 weeks at -20 C or below, and 6 months at -70 C or below. Frozen specimens must be rapidly thawed at 37 C, then gently and thoroughly mixed and tested immediately."

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	BLUE TOP-CITRATE	Yes	

Test Name PTT, INHIBITOR SCREEN, 1-HOUR
Code: 123050122

Synonyms

2003266
PTTINHIB

Collection Requirements

None Listed

Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Transfer 2 mL plasma to an ARUP Standard Transport Tube. (Min: 1 mL). STABILITY: Frozen: 2 weeks; Ambient: 4 hours; Refrigerated: Unacceptable

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	BLUE TOP-CITRATE	Yes	

Test Name PYRUVIC ACID
Code: 1230101400

Synonyms

PYRUVATE
0080310
PYRUVIC ACID

Collection Requirements

Patient Prep: Patient should be fasting and at complete rest. Patient should avoid any exercise of the arm or hand before or during collection. Draw the specimen without the use of a tourniquet or within three minutes of applying the tourniquet, but before releasing the tourniquet. Collect: Green (Sodium or Lithium Heparin). Specimen Preparation: If whole blood is collected in a syringe, transfer immediately to green (sodium or lithium heparin) tube before preparing specimen. 1) Immediately after blood is drawn, add exactly 1 mL whole blood to a chilled pyruvate collection tube containing 2 mL 8 percent (w/v) perchloric acid (ARUP supply #16567) available online through eSupply using ARUP Connect™ or contact Client Services at (800) 522-2787. 2) Mix well for 30 seconds then place in an ice bath for 10 minutes. 3) Centrifuge for 10 minutes at 1500 x g. 4) Decant 2 mL supernatant to an ARUP Standard Transport Tube and freeze. (Min: 1 mL) Note: If less than 1 mL of blood is added to collection tube, pH of the supernatant will be too low for testing.

Shipping and Handling Instructions

Storage/Transport Temperature: Frozen. Stability: Ambient: Unacceptable; Refrigerated: 2 days; Frozen: 4 weeks

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	Yes	

Test Name PYRUVIC ACID, CSF
Code: 123050082

Synonyms

0080312
PYRUVIC ACID

Collection Requirements

None Listed

Shipping and Handling Instructions

1) Immediately after CSF is drawn, add exactly 1 mL CSF to a chilled pyruvate collection tube containing 2 mL 8 percent (w/v) perchloric acid (ARUP supply #16567) available online through eSupply using ARUP Connect(TM) or contact Client Services at (800*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CSF COLLECTION KIT	Yes	

Test Name QC: SONICATION
Code: 1348

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

QC CONTAINER

Default?

Yes

Min Volume

Test Name QUANTIFERON
Code: 522

Synonyms

QUANTIFERON TB GOLD
QNTFRB

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

QUANTIFERON TUBES

Default?

Yes

Min Volume

Test Name QUANTIFERON PLUS
Code: 1066

Synonyms

QFT
TB
TUBERCULOSIS

Collection Requirements

For each patient, collect 1 ml of blood by venipuncture directly into each of the 4 QFT-Plus Blood Collection Tubes. This procedure should be performed by a trained phlebotomist. One ml tubes draw blood relatively slowly so, keep the tube on the needle for 2-3 seconds once the tube appears to have completed filling. This will ensure that the correct volume is drawn. The black mark on the side of the tubes indicates the validated range of 0.8 to 1.2 ml. If the level of blood in any tube is outside the range of the indicator mark, a new blood sample should be obtained. If a "butterfly needle" is being used to collect blood, a "purge" tube should be used to ensure that the tubing is filled with blood prior to the QFT-Plus tubes being used. Immediately after filling the tubes, shake them ten (10) times just firmly enough to make sure that the entire inner surface of the tube is coated with blood. This will dissolve antigens on tube walls. Overly vigorous shaking may cause gel disruption and could lead to aberrant results.

Shipping and Handling Instructions

QFT-plus tubes should be maintained at room temperature 17 C - 25 C Following filling, and shaking, the tubes must be transferred to the microbiology lab as soon as possible and no longer than 4 hours after being filled. Maintain the tubes at room temperature (22°C ± 5°C) after blood draw and while transferring to microbiology lab.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QUANTIFERON TUBES	Yes	

Test Name QUANTITATIVE RESPIRATORY CULTURE
Code: 123

Synonyms

Collection Requirements

Bronchial lavage, Mini-BAL, or bronchial brush/brushings. Place brush into 1mL of sterile saline and then submit to lab for processing

Shipping and Handling Instructions

Routine specimens may be held in the Microbiology refrigerator for processing by the day shift.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	STERILE TUBE	No	

Test Name QUANTITATIVE TISSUE
Code: 124

Synonyms

QUANTITATIVE TISSUE CULTURE

Collection Requirements

Aseptically collected tissue specimen, >=250 mg.

Shipping and Handling Instructions

STAT requests and all O.R. specimens are processed immediately. Routine specimens may be held in the Microbiology refrigerator for processing by the day shift.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	STERILE TUBE	No	
DH PAV A CENTRAL LAB	SWAB	No	

Test Name RADIOMETER QC ALL
Code: 693

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

QC CONTAINER

Default?

Yes

Min Volume

Test Name RAINBOW DRAW LAVENDER TOP
Code: 1230101661

Synonyms

RAINBOW
LAVENDER
PURPLE

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

LAVENDER TOP - K2 EDTA

Default?

Yes

Min Volume

Test Name RAINBOW DRAW LIGHT BLUE TOP
Code: 1230101662

Synonyms

RAINBOW
LIGHT BLUE
LTB

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	BLUE TOP-CITRATE	Yes	

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	BLUE TOP-CITRATE	Yes	

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	BLUE TOP-CITRATE	Yes	

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	BLUE TOP-CITRATE	Yes	

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	BLUE TOP-CITRATE	Yes	

Test Name RAINBOW DRAW LIGHT GREEN GEL TOP
Code: 1230101663

Synonyms

RAINBOW
GREEN
LTG
MINT
GREEN

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

GREEN GEL (PST)

Default?

Yes

Min Volume

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

GREEN GEL (PST)

Default?

Yes

Min Volume

Test Name RAINBOW DRAW PALE YELLOW TOP
Code: 1230101664

Synonyms

RAINBOW
YELLOW
PALE YELLOW

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	YELLOW (ACD)	Yes	

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	YELLOW (ACD)	Yes	

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

YELLOW (ACD)

Default?

Yes

Min Volume

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

YELLOW (ACD)

Default?

Yes

Min Volume

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	YELLOW (ACD)	Yes	

Test Name RAINBOW DRAW RED TOP
Code: 1230101660

Synonyms

RAINBOW
RED

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	RED TOP -PLAIN	Yes	

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

RED TOP -PLAIN

Default?

Yes

Min Volume

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

RED TOP -PLAIN

Default?

Yes

Min Volume

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

RED TOP -PLAIN

Default?

Yes

Min Volume

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

RED TOP -PLAIN

Default?

Yes

Min Volume

Test Name RAPID CITRATED THROMBOELASTOGRAM (TEG)
Code: 1344

Synonyms

Collection Requirements

Specimen must be received in the laboratory within 30 minutes after collection. Test must be performed within 2 hours after collection. Specimen is stable up to 2 hours after collection.

Shipping and Handling Instructions

Analysis must begin as soon as possible after sample collection. Do NOT centrifuge. Whole blood is analyzed. Underfilled, overfilled, or clotted tubes must be cancelled.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	BLUE TOP-CITRATE	Yes	

Test Name RAPID HIV ANTIBODY
Code: 524

Synonyms

UNIGOLD
RHIVB

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name RAPID INFLUENZA A&B
Code: 1230100809

Synonyms

RAPID INFLUENZA
INFLUENZA
RINF

Collection Requirements

Nasopharyngeal wash/aspirate, 2-3 ml collected with NPak (nasopharyngeal aspiration kit) available from Central Supply. Syringe aspiration kit recommended for pediatric patients.

Shipping and Handling Instructions

This test is considered STAT, must be processed immediately.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	STERILE TUBE	No	

Test Name RAPID MALARIA ANTIGEN
Code: 525

Synonyms

MALARIA AG
RMALB

Collection Requirements

None Listed

Shipping and Handling Instructions

EDTA whole blood stable 2 hours for optimum parasite recovery; up to 8 hours if physician request but parasite recovery greatly diminishes on long standing.

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

LAVENDER TOP - K2 EDTA

Default?

Yes

Min Volume

Test Name RAPID MALARIA ANTIGEN QC (HRP)
Code: 748

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

QC CONTAINER

Default?

Yes

Min Volume

Test Name RAPID PLASMA REAGIN ANTIBODY
Code: 12300528

Synonyms

RPR

Collection Requirements

Serum - collect blood by venipuncture into a clean, dry tube without anticoagulant and allow to clot. Plasma- Collect blood by venipuncture into a tube containing EDTA, heparin, potassium oxalate, potassium sequestrene or sodium fluoride.

Shipping and Handling Instructions

Ship under refrigeration.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
CDPHE LAB	BLUE TOP-CITRATE	No	
CDPHE LAB	LAVENDER TOP - K2 EDTA	No	
CDPHE LAB	RED GEL (SST)	Yes	
CDPHE LAB	RED TOP -PLAIN	No	

Test Name RAPID PLASMA REAGIN-SYPHILIS
Code: 1230100474

Synonyms

RPR
SYPHILIS

Collection Requirements

Separate serum from cells ASAP. Plasma is also acceptable if testing is completed before the specimen is 48 hours old.

Shipping and Handling Instructions

After separation from cells, store at room temperature up to 2 days. Can be refrigerated up to 2 weeks and frozen up to 1 year. Avoid repeated freeze/thaw cycles.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	RED GEL (SST)	Yes	

Collection Requirements

Separate serum from cells ASAP. Plasma is also acceptable if testing is completed before the specimen is 48 hours old.

Shipping and Handling Instructions

After separation from cells, store at room temperature up to 2 days. Can be refrigerated up to 2 weeks and frozen up to 1 year. Avoid repeated freeze/thaw cycles.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	RED GEL (SST)	Yes	

Collection Requirements

Separate serum from cells ASAP. Plasma is also acceptable if testing is completed before the specimen is 48 hours old.

Shipping and Handling Instructions

After separation from cells, store at room temperature up to 2 days. Can be refrigerated up to 2 weeks and frozen up to 1 year. Avoid repeated freeze/thaw cycles.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	

Collection Requirements

Separate serum from cells ASAP. Plasma is also acceptable if testing is completed before the specimen is 48 hours old.

Shipping and Handling Instructions

After separation from cells, store at room temperature up to 2 days. Can be refrigerated up to 2 weeks and frozen up to 1 year. Avoid repeated freeze/thaw cycles.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	

Test Name RAPID STREP
Code: 1230100501

Synonyms

STREP A SCREEN
RAPID STREP SCREEN

Collection Requirements

Kit-specific sterile rayon tipped swab on plastic shaft, available from Microbiology. Transport in paper wrapper. Specimens from DECC, AUC or EMD departments only.

Shipping and Handling Instructions

This test is considered STAT, must be processed immediately. A reflex Throat Culture is ordered for Negative Rapid Strep results for ages <18. For adults, >18 years old, a reflex Throat Culture will not be performed for negative Rapid Strep results. If *

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes
DH PAV G WEBB LAB	Routine	6 Hours
DH PAV G WEBB LAB	STAT	60 Minutes
EASTSIDE LAB	Routine	6 Hours
EASTSIDE LAB	STAT	60 Minutes
LA CASA LAB	Routine	6 Hours
LA CASA LAB	STAT	60 Minutes
LOWRY LAB	Routine	6 Hours
LOWRY LAB	STAT	60 Minutes
MONTBELLO LAB	Routine	6 Hours
MONTBELLO LAB	STAT	60 Minutes
PARK HILL LAB	Routine	6 Hours
PARK HILL LAB	STAT	60 Minutes
WESTSIDE LAB	Routine	6 Hours
WESTSIDE LAB	STAT	60 Minutes
WESTWOOD LAB	Routine	6 Hours
WESTWOOD LAB	STAT	60 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE RAYON TIPPED SWAB	Yes	

Test Name RAPID THROMBOELASTOGRAM
Code: 30

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	WHITE TOP	Yes	

Test Name RBC BAND 3 PROTEIN REDUCTION
Code: 1230500367

Synonyms

2008460
RBCBAND3

Collection Requirements

None Listed

Shipping and Handling Instructions

Transport 4 mL whole blood in the original container. (Min: 0.5 mL). STABILITY:
Refrigerated: 7 days; Ambient: 3 days; Frozen: Unacceptable

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name RBC MORPH NO PATH REVIEW
Code: 1116

Synonyms

Collection Requirements

Invert immediately and gently mix with anticoagulant.

Shipping and Handling Instructions

Can maintain specimen at room temperature up to 8 hours. Refrigerate up to 24 hours. Do not freeze.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	LAVENDAR BULLET - K2 EDTA	No	
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name RBC MORPHOLOGY
Code: 123050207

Synonyms

Collection Requirements

Invert immediately and gently mix with anticoagulant.

Shipping and Handling Instructions

Slide must be made within 8 hours of collection.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	LAVENDAR BULLET - K2 EDTA	No	
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name RECORD CORE LAB TEMPERATURES
Code: 810

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

Test Name RENAL FUNCTION PANEL
Code: 1230100097

Synonyms

RFP
RENAL PANEL

Collection Requirements

No patient preparation required. Preferred specimens: 0.25 ml plasma from a green lithium heparin gel tube. Alternate specimens: serum from red gel or plain tube with no additive.

Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed. Freeze specimen for longer storage.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name RENIN ACTIVITY
Code: 123050132

Synonyms

0070105
PRA
PLASMA RENIN ACTIVITY

Collection Requirements

Patient Preparation Supine: 1. Specimen should be obtained between 8 a.m. and 10 a.m., after at least two hours of sitting, standing, or walking and seated for 5-15 minutes; 2. Normal sodium diet (100-200 mEq/day) for at least three days; 3. Take no medications known to affect renin-aldosterone system. Upright: 1. Specimen should be obtained before noon (after at least two hours in upright position; seated or standing); 2. Normal sodium diet (100-200 mEq/day) for at least three days; 3. Take no medications known to affect renin-aldosterone system. Contact Medical Director if more information is needed.

Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Separate plasma from cells. Transfer 2 mL plasma to an ARUP Standard. Transport Tube and freeze immediately. (Min: 1.2 mL). STABILITY: Frozen: 1 month; Ambient: 6 hou*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name RESPIRATORY CULTURE
Code: 125

Synonyms

Collection Requirements

Sputum, expectorated or induced. Tracheal aspirate, bronchial washings, bronchial biopsy, bronchial lavage, lung aspirate, transtracheal aspirate. Sputums and tracheal aspirates are evaluated for quality. Gram stains showing excessive squamous epithelial cells indicative of salivary contamination will not be cultured and the floor will be advised to recollect.

Shipping and Handling Instructions

Routine specimens may be held in the Microbiology refrigerator for processing by the day shift.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	STERILE TUBE	No	

Test Name RESPIRATORY MULTIPLEX PCR
Code: 134

Synonyms

PCR FOR RESP VIRUS/BACTERIA
RESPCR
RESPIRATORY PCR PANEL
RESPIRATORY FILM ARRAY

Collection Requirements

1.0 mL (300uL min) Nasopharyngeal wash, BAL, or Mini-BAL. Specimen may be refrigerated up to 24h before testing, frozen -70C after 24h.

Shipping and Handling Instructions

Perform FilmArray between 7AM-10PM

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	Yes	
DH PAV A CENTRAL LAB	STERILE CUP	No	

Test Name RETIC HEMOGLOBIN CONTENT
Code: 1230510002

Synonyms

Collection Requirements

Invert immediately and gently mix with anticoagulant.

Shipping and Handling Instructions

Refrigerate samples at 2-8 C if unable to analyze within 8 hours of collection. Stable for 24 hrs when stored at 2-8 C and 8 hrs at RT.

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

LAVENDER TOP - K2 EDTA

Default?

Yes

Min Volume

Test Name RETICULOCYTES
Code: 1230100202

Synonyms

RETIC

Collection Requirements

Invert immediately and gently mix with anticoagulant.

Shipping and Handling Instructions

Mix tube 2 minutes on rocker, or manually inverted 30 times prior to sampling.

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Container

LAVENDAR BULLET - K2 EDTA
LAVENDER TOP - K2 EDTA

Default?

No
Yes

Min Volume

Test Name RHEUMATOID FACTOR
Code: 1230100113

Synonyms

RF
RF SCREEN

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	

Test Name RHEUMATOID FACTOR, FLUID
Code: 1230101415

Synonyms

RF FL
2003347

Collection Requirements

Collect: CSF, Pericardial, Pleural, or Synovial fluid

Shipping and Handling Instructions

Specimen source must be provided. Centrifuge to remove cellular material. Transfer 1 mL body fluid to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Refrigerated: 1 week; Ambient: 24 hours; Frozen: 1 month (should not be thawed more than once)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	Yes	

Test Name RIBONUCLEIC PROTEIN ANTIBODY, IGG
Code: 1230101417

Synonyms

ANTIBODY
RNP IGG
0050470

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL) STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name RIBOSOMAL P PROTEIN ANTIBODY
Code: 1230101416

Synonyms

ANTI-RIBOSOME P ANTIBODIES
RRNP
0099249
RIB P PRO AB

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name RISPERIDONE AND METABOLITE S/P
Code: 1230500368

Synonyms

2007951
RISPERIDONE

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum or plasma from cells within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 2 weeks; Frozen: 2 months

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	
ARUP LAB	RED TOP -PLAIN	No	

Test Name RNA POLYMERASE III ANTIBODY, IGG
Code: 1230500130

Synonyms

2001601
RNAPOL3

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL).STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ROCKY MOUNTAIN SPOTTED FEVER IGG AND IGM
Code: 1230500183

Synonyms

0050371
RMSFGM
RICKETTSIA

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.1 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute spec*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ROCKY MOUNTAIN SPOTTED FEVER, IGG
Code: 1230500369

Synonyms

0050369
RMSFIGG

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.05 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute spe*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name ROS1 BY FISH
Code: 123050126

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	STERILE CONTAINER	Yes	

Test Name ROS1 BY IHC WITH FISH CONFIRMATION
Code: 123050125

Synonyms

2008414

Collection Requirements

Tumor tissue

Shipping and Handling Instructions

Formalin fix (10 percent neutral buffered formalin) and paraffin embed tissue. Transport tissue block or 6 unstained (3- to 5-micron thick sections), positively charged slides in a tissue transport kit (ARUP supply #47808) available online through eSupp*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	Yes	

Test Name ROTAVIRUS EM
Code: 135

Synonyms

ROTEM

Collection Requirements

Fresh stool - Recommendation is to perform the Stool Multiplex PCR.

Shipping and Handling Instructions

Stability of specimen: Fresh stool can be refrigerated for up to 7 days in a sterile transport container.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	STERILE CUP	Yes	

Test Name RPR
Code: 528

Synonyms

RAPID PLASMA REAGIN

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes
DH PAV H STD LAB	Routine	6 Hours
DH PAV H STD LAB	STAT	60 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	

Test Name RPR TITER
Code: 529

Synonyms

RAPID PLASMA REAGIN TITER
RPRTI

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

RED GEL (SST)

Default?

Yes

Min Volume

Test Name RUB NEGATIVE CONTROL
Code: 989

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

QC CONTAINER

Default?

Yes

Min Volume

Test Name RUB POSITIVE CONTROL
Code: 991

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

QC CONTAINER

Default?

Yes

Min Volume

Test Name RUBELLA ANTIBODY, IGM
Code: 1230101421

Synonyms

ANTIBODY
0050551
RUBELLA IGM
RUBEIGM

Collection Requirements

None Listed

Shipping and Handling Instructions

Allow specimen to clot completely at room temperature. Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL) Parallel testing is preferred and convalescent specimens must be* Unacceptable Conditions: Contaminated, heat-inactivated, or grossly hemolyzed specimens. STABILITY: After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (Avoid repeated freeze/thaw cycles)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 Weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name RUBELLA IGG AB
Code: 1230100476

Synonyms

AB
GERMAN MEASLES
RUBELLA IGG
RUBELLA ANTIBODY IGG
RUB

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	

Test Name RUFINAMIDE, SERUM OR PLASMA
Code: 1230500370

Synonyms

2003176
RUFINSP

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum or plasma from cells within 2 hours. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 2 weeks; Frozen: 2 weeks

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED TOP -PLAIN	Yes	

Test Name RUPTURE OF FETAL MEMBRANES
Code: 1393

Synonyms

ROM

Collection Requirements

Use a sterile polyester swab provided by lab to collect specimen. Please contact lab if swab is needed. Place the swab into the collection vial and rotate for 1 minute. (DO NOT leave the swab in the vial). Collection vial must be sent to the Lab immediately. Vials received more than 30 minutes after collection will be rejected. If Blood is present, the test may malfunction. If more than a trace amount of blood is on the swab, the test is invalid; in this case, do not submit the specimen to the Lab.

Shipping and Handling Instructions

Collection vial must be received and tested in the lab within 30 minutes of collection.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	ROM COLLECTION VIAL	Yes	

Test Name SACCHAROMYCES CEREVISIAE ABS, IGG, IGA
Code: 1230500244

Synonyms

0050564
SPAN

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name SALICYLATE
Code: 1230100247

Synonyms

SALICYLIC ACID
ASPIRIN

Collection Requirements

Preferred specimens: 0.5 ml plasma from a green lithium heparin gel tube. Alternate specimens: 0.5 mL Serum (gel separator tube) or Plain white or Plain Red.

Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed. Freeze specimen for longer storage. Ambient (immediate), Refrigerated (8 Hrs), or Frozen (1 week).

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name SCHISTOSOMA ANTIBODY, IGG
Code: 1230101426

Synonyms

0099411
SCHIST IGG

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube (Min: 0.1 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name SCHISTOSOMA ANTIBODY, IGG, SERUM
Code: 1069

Synonyms

3000582
SCHIST IGG

Collection Requirements

Collect: Serum Separator Tube (SST) or Plain Red.

Shipping and Handling Instructions

Specimen Preparation: Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL)
Storage/Transport Temperature: Refrigerated. Also acceptable: Frozen Stability: After separation from cells: Refrigerated: 1 month; Frozen: 1 month Unacceptable Conditions: Ambient stored specimens, Grossly hemolyzed, lipemic specimens. Reported: 4-10 days

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	
ARUP LAB	RED TOP -PLAIN	No	

Test Name SCLERODERMA (SCL-70) ANTIBODY
Code: 1230100509

Synonyms

SCL 70
0050599
TOPOISOMERASE
SCLERODERMA

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name SCOTCH TAPE PREP
Code: 1230100156

Synonyms

PINWORM EXAM

Collection Requirements

Apply a 1.5 to 2 inch strip of CLEAR cellophane tape, adhesive side down, firmly several times against the right and left perianal folds. Spread the inoculated tape adhesive side down over a glass, frosted-edge microscope slide. Smooth the tape down with gauze. Label the frosted end of the slide with patient information and place slide in a clean container.

Shipping and Handling Instructions

This is a routine, non-stat test. Place the specimen on the blood bench for processing by the day shift.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CALL LAB	Yes	

Test Name SEDIMENTATION RATE, AUTOMATED
Code: 1230100230

Synonyms

SED RATE
ERYTHROCYTE SEDIMENTATION RATE
ESR

Collection Requirements

Preferred Specimen: whole Blood EDTA (LAV) 1ml minimum

Shipping and Handling Instructions

Stability: 4 hours ambient 24 hours refrigerated Expected TAT: 30 min

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	LAVENDAR BULLET - K2 EDTA	No	
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name SELENIUM SERUM
Code: 1230101428

Synonyms

SE
0025023
SELENIUM S

Collection Requirements

None Listed

Shipping and Handling Instructions

Centrifuge; do not allow serum or plasma to remain on cells. Transfer 2 mL serum or plasma to an ARUP Trace Element-Free Transport Tube. (Min: 0.5 mL). STABILITY: Ambient. If the specimen is drawn and stored in the appropriate container, the trace eleme*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 Weeks
ARUP LAB	Routine	1 Weeks
ARUP LAB	STAT	1 Weeks
ARUP LAB	Timed	1 Weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	ROYAL BLUE - K2 EDTA	No	
ARUP LAB	ROYAL BLUE PLAIN	Yes	

Test Name SEMEN ANALYSIS
Code: 1230100122

Synonyms

SEMEN

Collection Requirements

Patient Preparation: 1. 48-72 hours, but no longer than seven days of sexual continence (no ejaculation). 2. Evacuate bladder prior to specimen collection. Preferred Specimen: Entire ejaculate, collected by masturbation into clean, sterile plastic container with a screw top lid. Bring container to body temperature at collection time. Collect specimen without the aid of lubricants. Lubricants and ordinary condoms may interfere with the sperm viability. Patient should record the number of days or hours of sexual abstinence prior to collection of the specimen, time and date of collection, and if part of the ejaculate was lost. Deliver specimen with lab requisition to laboratory within 1 hour of collection. During transport, protect specimen from light and temperature extremes by keeping it close to the body inside a shirt, blouse, or coat. Test is offered only Monday through Friday from 7AM to 3PM, NO holidays. Results available same day. .

Shipping and Handling Instructions

Specimens more than 1 hour old will not be accepted. Specimen and requisition must be labeled with the man's name and hospital information, not the woman's information. Person Accepting Specimen: Check specimen for correct patient identification before accepting specimen. Ensure Semen Collection questionnaire is filled out. Check LIS for an order. Processor: receipt verify or test request and deliver specimen and questionnaire IMMEDIATELY to UA bench tech. NOTIFY tech. UA Bench Tech: Semen analysis must be performed immediately to avoid reporting incorrect results.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CONTAINER	Yes	
DH PAV A CENTRAL LAB	STERILE CUP	No	

Test Name SEMEN ANALYSIS (MANUAL)
Code: 1061

Synonyms

Collection Requirements

Patient Preparation: 1. 48-72 hours, but no longer than seven days of sexual continence (no ejaculation). 2. Evacuate bladder prior to specimen collection. Preferred Specimen: Entire ejaculate, collected by masturbation into clean, sterile plastic container with a screw top lid. Bring container to body temperature at collection time. Collect specimen without the aid of lubricants. Lubricants and ordinary condoms may interfere with the sperm viability. Patient should record the number of days or hours of sexual abstinence prior to collection of the specimen, time and date of collection, and if part of the ejaculate was lost. Deliver specimen with lab requisition to laboratory within 1 hour of collection. During transport, protect specimen from light and temperature extremes by keeping it close to the body inside a shirt, blouse, or coat. Test is offered only Monday through Friday from 7AM to 2PM, NO holidays. Results available same day.

Shipping and Handling Instructions

Specimens more than 1 hour old will not be accepted. Specimen and requisition must be labeled with the man's name and hospital information, not the woman's information. Person Accepting Specimen: Check specimen for correct patient identification before accepting specimen. Ensure Semen Collection questionnaire is filled out. Check LIS for an order. Processor: receipt verify or test request and deliver specimen and questionnaire IMMEDIATELY to UA bench tech. NOTIFY tech. UA Bench Tech: Semen analysis must be performed immediately to avoid reporting incorrect results.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	

Test Name SEMEN QWIKCHECK HIGH
Code: 779

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

QC CONTAINER

Default?

Yes

Min Volume

Test Name SEMEN QWIKCHECK LOW
Code: 778

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

QC CONTAINER

Default?

Yes

Min Volume

Test Name SEMEN QWIKCHECK NEG
Code: 777

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

QC CONTAINER

Default?

Yes

Min Volume

Test Name SEMEN QWIKCHECK QC ALL
Code: 780

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

Test Name SEMIQUANTITATIVE RF
Code: 527

Synonyms

RHEUMATOID FACTOR TITER
RFT

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	

Test Name SERINE PROTEASE3, IGG
Code: 1230500019

Synonyms

0050527
PR3
PROT3

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name SEROTONIN SERUM
Code: 1230100025

Synonyms

SERUM SEROTONIN
0080397
SEROTONIN S

Collection Requirements

None Listed

Shipping and Handling Instructions

Spin and separate within one hour. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL). STABILITY: Frozen: 1 month; Ambient: Unacceptable; Refrigerated: 24 hours

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name SEROTONIN, WHOLE BLOOD
Code: 1230500157

Synonyms

0080395
SEROTWB

Collection Requirements

COLLECT ON ICE

Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Place on ice. Transfer 3 mL whole blood to an ARUP Serotonin Transport Tube containing ascorbic acid (ARUP supply #16568). Available online through eSupply using ARU*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 Weeks
ARUP LAB	Routine	1 Weeks
ARUP LAB	STAT	1 Weeks
ARUP LAB	Timed	1 Weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name SERUM PREG QC - NEG
Code: 405

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

Test Name SERUM PREG QC - NEG (HRP)
Code: 757

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

Test Name SERUM PREG QC - POS
Code: 406

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

QC CONTAINER

Default?

Yes

Min Volume

Test Name SERUM PREG QC - POS (HRP)
Code: 756

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

QC CONTAINER

Default?

Yes

Min Volume

Test Name SEX HORMONE BINDING GLOBULIN
Code: 1230500158

Synonyms

0099375
SHBG

Collection Requirements

None Listed

Shipping and Handling Instructions

Allow specimen to clot completely at room temperature. Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.4 mL). STABILITY: Refrigerated: 1 week; Ambient:*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 Weeks
ARUP LAB	Routine	1 Weeks
ARUP LAB	STAT	1 Weeks
ARUP LAB	Timed	1 Weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	RED GEL (SST)	Yes	

Test Name SICKLE CELL SCREEN
Code: 1230100246

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

Refrigerate samples at 2-8 C. Specimen can be performed within 8 hours of collection.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	BLOOD BANK UNIT	Yes	
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	No	

Test Name SIROLIMUS
Code: 1230100520

Synonyms

RAPAMUNE
RAPAMYCIN

Collection Requirements

Specimen should be a trough level; draw immediately prior to next dose. Collect: One 4.0 mL purple top (EDTA). Pediatric Collection: Minimum volume: 1 mL EDTA whole blood.

Shipping and Handling Instructions

Unacceptable Conditions Specimen improperly stored; centrifuged sample; obvious microbial contamination; heat-inactivated sample; cadaver sample; other body fluids; specimen not properly identified; incorrect container; insufficient sample volume. Storage/Transport Temperature Do not centrifuge. Send to UHealth refrigerated/on ice (2-8 °C). Stability (from collection to initiation) Ambient: 24 hours; Refrigerated (2-8 degrees C): 7 days; Frozen (-10 degrees C or lower): 6 months. Performed by UCH Clinical Laboratory - Toxicology

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	PINK TOP - K3 EDTA	No	
DH NON-INTERFACED LAB	PURPLE TOP-EDTA	Yes	

Test Name SMEAR FOR BLOOD PARASITES
Code: 15

Synonyms

GIEMSA STAIN FOR PARASITES

Collection Requirements

1.0 mL whole Blood EDTA, blood from fingerstick or 1.0 mL CSF

Shipping and Handling Instructions

EDTA whole blood stable 2 hours for optimum parasite recovery; up to 8 hours if physician request but parasite recovery greatly diminishes on long standing.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CAP TUBE	No	
DH PAV A CENTRAL LAB	CSF COLLECTION KIT	No	
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	Yes	
DH PAV A CENTRAL LAB	SLIDE	No	

Test Name SMITH (ENA) AB, IGG
Code: 1230101353

Synonyms

NUCLEAR
ANTIGEN
RNP
SMITH
SCLERODERMA
SSA
SSB
0050085
ENA ABS IGG

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name SODIUM
Code: 1230100026

Synonyms

NA

Collection Requirements

No patient preparation is required. If the patient is receiving IV therapy, do not draw from the infusion site. Alternate specimens: serum from red gel or plain tube with no additive. Sodium heparin may NOT be used.

Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed. Freeze specimen for longer storage.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name SODIUM 24 HOUR URINE
Code: 1230100359

Synonyms

SODIUM 24HR URINE
24HR URINE SODIUM

Collection Requirements

No preparation is required. Preferred specimens: Urine collected in a 24 hour urine jug is required. No preservative is necessary, but the urine should be refrigerated during collection.

Shipping and Handling Instructions

Measure the volume and document the volume and collection time in the computer. Mix the specimen, pour an aliquot into a test tube, centrifuge and send to core. Also, aliquot a portion into a cup with total volume documented on the cup.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	24 HR URINE CONTAINER	Yes	

Test Name SODIUM RANDOM URINE
Code: 1230100357

Synonyms

SODIUM URINE RANDOM
RANDOM URINE SODIUM
RANDOM SODIUM URINE

Collection Requirements

No preparation is required. Preferred specimens: 10 mL of random urine collect collected in a random urine cup or plain container. No preservative is necessary.

Shipping and Handling Instructions

Mix the specimen well, and pour an aliquot into a test tube. Centrifuge the urine. If testing is delayed, refrigerate the specimen.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CUP	Yes	

Test Name SODIUM STOOL
Code: 1230100104

Synonyms

STOOL SODIUM

Collection Requirements

No patient preparation is required. Preferred specimens: LIQUID stool.

Shipping and Handling Instructions

Specimen must be liquid. Centrifuge and test the supernate in the same manner as a urine specimen.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CUP	Yes	

Test Name SODIUM, WHOLE BLOOD
Code: 53

Synonyms

Collection Requirements

No preparation is required. A green top tube or heparinized syringe are the only acceptable whole blood specimens.

Shipping and Handling Instructions

whole blood is used for this test. No processing is required. Specimen must be run as soon as it is received.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN TOP - LIHEP	Yes	
DH PAV A CENTRAL LAB	HEPARINIZED SYRINGE	No	

Test Name SOLUBLE TRANSFERRIN RECEPTOR
Code: 1034

Synonyms

STR
0070283

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.3 mL)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	PURPLE TOP-EDTA	No	
ARUP LAB	RED GEL (SST)	Yes	

Test Name SPECIFIC GRAVITY, URINE
Code: 87

Synonyms

Collection Requirements

No patient preparation required. Preferred specimens: Random urine.

Shipping and Handling Instructions

warm sample to room temperature before testing.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	URINE	No	

Test Name SPILL KIT HIGH RISK PATHOGENS
Code: 716

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

Test Name SPINAL FLUID CELL COUNT
Code: 1230100120

Synonyms

CSF CELL COUNT
CELL COUNT
CSF CELL CNT
SPINAL FLUID CELL COUNT WITH DIFFERENTIAL

Collection Requirements

None Listed

Shipping and Handling Instructions

Specimen must be processed within 30 minutes to 1 hour after collection.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CSF COLLECTION KIT	Yes	

Test Name SPINAL FLUID CELL COUNT ONLY
Code: 1230500405

Synonyms

CSF CELL COUNT
CELL COUNT
CSF CELL CNT
SPINAL FLUID CELL CNT

Collection Requirements

None Listed

Shipping and Handling Instructions

Specimen must be processed within 30 minutes to 1 hour after collection.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CSF COLLECTION KIT	Yes	

Test Name SPINAL MUSCULAR ATROPHY (SMA) COPY NUMBER ANALYSIS
Code: 1027

Synonyms

2013436
SMN1
SMN2

Collection Requirements

Collect: Lavender (EDTA), Pink (K2EDTA), or Yellow (ACD Solution A or B). Transport: Transport 3 mL whole blood. (Min: 2 mL)

Shipping and Handling Instructions

Storage/Transport Temperature: Refrigerated. Stability: Ambient: 72 hours; Refrigerated: 1 week; Frozen: Unacceptable Reported: within 16 days

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	
ARUP LAB	PINK TOP - K3 EDTA	No	
ARUP LAB	YELLOW (ACD)	No	

Test Name SPUN HEMATOCRIT
Code: 18

Synonyms

HEMATOCRIT

Collection Requirements

None Listed

Shipping and Handling Instructions

Collect sample in 2-3 heparinized capillary tubes, 1/2 - 2/3 full each. Can be finger stick or heel stick.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CAP TUBE	Yes	

Test Name SRA, UNFRACTIONATED HEPARIN
Code: 1230500022

Synonyms

2005631
SRA
UNFRACT

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 5 mL serum to ARUP Standard Transport Tubes. (Min: 1 mL). STABILITY: Frozen: Indefinite; Ambient: Unacceptable; Refrigerated: 1 week

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name SSA (RO) IGG AB
Code: 1231111301

Synonyms

SSA
2012074
SSA 52 & 60 (RO) (ENA) ANTIBODIES
IGG

Collection Requirements

None Listed

Shipping and Handling Instructions

INSTRUCTIONS: Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles).*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name SSB (LA) (ENA) AB, IGG
Code: 123050127

Synonyms

0050692
SJGREN SYNDROME
SJORGREN
SSB (LA) (EN)

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL). STABILITY: Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles). STABILITY: Refrigerated: 2 weeks;*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 Weeks
ARUP LAB	Routine	1 Weeks
ARUP LAB	STAT	1 Weeks
ARUP LAB	Timed	1 Weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name STAGO QC ALL
Code: 940

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

Test Name STAGO SATELLITE NORMAL QC (HRP)
Code: 751

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

QC CONTAINER

Default?

Yes

Min Volume

Test Name STAGO SATELLITE PATHOLOGIC QC (HRP)
Code: 752

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

QC CONTAINER

Default?

Yes

Min Volume

Test Name STERILITY CULTURE
Code: 1230100132

Synonyms

STERILITY CX
CULTURE
STERC

Collection Requirements

None Listed

Shipping and Handling Instructions

To be ordered ONLY by DH Micro Dept Staff for culture of Duodenoscope parts for Infection Control.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CONTAINER	Yes	

Test Name STOOL CULTURE
Code: 1230100129

Synonyms

CULTURE
STOOL CX

Collection Requirements

Stool specimen submitted in Cary Blair transport media. LAB ORDER ONLY

Shipping and Handling Instructions

This is a Laboratory order only. If the GIPCR meets specific criteria for a Stool Culture, tech must setup culture the same day.

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

CARY-BLAIR MEDIA

Default?

Yes

Min Volume

Test Name STOOL MULTIPLEX PCR
Code: 131

Synonyms

GI PCR
GI FILM ARRAY
GIPCR

Collection Requirements

stool in Cary Blair transport media, 200uL-1mL

Shipping and Handling Instructions

Perform FilmArray between 7AM-10PM, specimen must be appropriately filled in Cary Blair for PCR testing to be performed.

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

CARY-BLAIR MEDIA

Default?

Yes

Min Volume

Test Name STREP B CULTURE
Code: 126

Synonyms

GBS
GROUP B
GROUP B STREP

Collection Requirements

Cervical swab, perianal and genital swab, or vaginal swab

Shipping and Handling Instructions

Routine specimens may be held in the Microbiology refrigerator for processing by the day shift.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	SWAB	Yes	

Test Name STREP PNEUMO URINE AG
Code: 136

Synonyms

Collection Requirements

Urine specimens, store at room temperature if tested within 24 hours of collection. If not tested within 24 hours, store at 2-8C for up to 14 days.

Shipping and Handling Instructions

This test is considered STAT, must be processed immediately.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	

Test Name STRONGYLOIDES AB, IGG BY ELISA
Code: 123050048

Synonyms

0099564
STRONGYLOIDE

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min. 0.05 mL).
STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year Performed: Sunday -
Saturday Reported: 1-3 days

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	
ARUP LAB	RED TOP -PLAIN	No	

Test Name SUB-CULTURE CDC QC ORGANISMS FROM FREEZER
Code: 697

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

Test Name SUCCINYLACETONE, QUANTITATIVE, URINE
Code: 1230500374

Synonyms

2007401
SUCCACURINE

Collection Requirements

None Listed

Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Transfer 1.0 mL urine to an ARUP Standard Transport Tube and freeze immediately. (Min: 0.3 mL). STABILITY: Frozen: 1 month; Ambient: Unacceptable; Refrigerated: 24 h*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

Test Name SULFONAMIDES (SULFAS)
Code: 1230500375

Synonyms

SULFONAMIDES
0020044

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum or plasma from cells within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 2 weeks; Frozen: 2 weeks

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED TOP -PLAIN	Yes	

Test Name SUPERSATURATION PROFILE, URINE
Code: 1230500376

Synonyms

2008771
SUPERSAT

Collection Requirements

Collect: 24-hour urine. Refrigerate during collection. Specimen Preparation: Thoroughly mix entire collection (24-hour) in one container. Transport four separate 4 mL aliquots of urine using Calculi Risk/Supersaturation Urine Collection Kit (ARUP supply# 46007) available online through eSupply using ARUP Connect™ or contact Client Services at (800) 522-2787. Do not exceed 4 mL in tubes. Aliquot according to the following specifications: 1st aliquot (pH 2): Transfer 4 mL urine into a Sulfamic Acid Tube. (Min: 4 mL) Mix well. Freeze immediately. 2nd aliquot (pH 2): Transfer 4 mL urine into a Sulfamic Acid Tube. (Min: 4 mL) Mix well. Freeze immediately. 3rd aliquot (pH 9): Transfer 4 mL urine into a Sodium Carbonate Tube. (Min: 4 mL) Mix well. Freeze immediately. 4th aliquot: Transfer 4 mL urine into an Unpreserved Tube. (Min: 4 mL) Freeze immediately. If collection kit is unavailable, transport four 4 mL unadjusted aliquots of urine.

Shipping and Handling Instructions

Storage/Transport Temperature: Frozen. Remarks: Record total volume and collection time interval on transport tube and test request form.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

Laboratory
ARUP LAB

Container
URINE

Default?
Yes

Min Volume

Test Name SWEAT CHLORIDE
Code: 148

Synonyms

Collection Requirements

Collected by molecular lab staff. Call ext. 25201 when ordering. Only Monday - Friday day shift

Shipping and Handling Instructions

None Listed

Turn Around Times

Laboratory
DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority
Routine
STAT

TAT
6 Hours
40 Minutes

Container Types

Laboratory
DH PAV A CENTRAL LAB

Container
CONTAINER

Default?
Yes

Min Volume

Test Name SYNERGY QUAD
Code: 1220

Synonyms

SQ

Collection Requirements

Microbiology MIC Panel

Shipping and Handling Instructions

Dayshift Microbiology test that is part of a culture. Fresh 24 hour sub is needed to perform testing.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CONTAINER	Yes	

Test Name SYNOVIAL FLUID CRYSTAL
Code: 1230100121

Synonyms

CRYSTALS

Collection Requirements

None Listed

Shipping and Handling Instructions

May test up to 2-3 days when refrigerated.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name SYNOVIAL MAN DIFFERENTIAL
Code: 123010022

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

LAVENDER TOP - K2 EDTA

Default?

Yes

Min Volume

Test Name SYPHILIS EIA SCREEN
Code: 526

Synonyms

ANTI-TREPONEMA PALLIDUM EIA SCREEN
TREP

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	

Test Name SYPHILIS NEG CONTROL
Code: 987

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

Test Name SYPHILIS POS CONTROL
Code: 988

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

Test Name SYPHILIS TPPA
Code: 12300526

Synonyms

SYPHILIS
TPPA

Collection Requirements

Serum - collect blood by venipuncture into a clean, dry tube without anticoagulant and allow to clot.

Shipping and Handling Instructions

Ship under refrigeration.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
CDPHE LAB	BLUE TOP-CITRATE	No	
CDPHE LAB	LAVENDER TOP - K2 EDTA	No	
CDPHE LAB	RED GEL (SST)	Yes	
CDPHE LAB	RED TOP -PLAIN	No	

Test Name SYSMEX QC ALL
Code: 694

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

Test Name SYSMEX QC OVERALL
Code: 1159

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

Test Name SYSTEMATIC SCLEROSIS COMPREHENSIVE PANEL
Code: 1230500245

Synonyms

2013325
SCLERPAN
SCLERODERMA ANTIBODIES PANEL

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 3 mL serum to an ARUP Standard Transport Tube (Min: 1.5 mL). STABILITY:
Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name T CELL ENUMER CD3,CD4,CD8
Code: 1230100248

Synonyms

T-CELL
LYMTCELL%ABS

Collection Requirements

COLLECT: 5.0 mL whole Blood Lavender EDTA tube ALTERNATES: Lavender EDTA Bullet STABILITY:
Ambient 24 Hours

Shipping and Handling Instructions

STABILITY: Ambient 24 Hours LAB INSTRUCTIONS: 1) Do NOT refrigerate or freeze 2) Stability for Add-on Specimens is 8 hours.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	LAVENDAR BULLET - K2 EDTA	No	
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name T. PALLIDUM AB (FTA-ABS), SERUM, IGG
Code: 1230100245

Synonyms

TREPONEMA
0050477
TREPONEMAL
SYPHILIS

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name T3 (THYROID HORMONE), TOTAL
Code: 1230100041

Synonyms

T3
TOTAL T3

Collection Requirements

PREFERRED SPECIMEN: 1.0 mL Serum (Red Gel) MINIMUM VOLUME: 0.3 mL

Shipping and Handling Instructions

SPECIMEN PREP: Separate serum from cells within 2 hours. TRANSPORT: 1.5 mL (1.0 mL minimum)
Serum STABILITY: 1. Samples can be stored at 2-8°C for up to 7 days after collection. 2.
For longer storage, aliquot and freeze up to 3 months at -20°C.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN BULLET - LIHEP	No	
DH PAV A CENTRAL LAB	GREEN GEL (PST)	No	
DH PAV A CENTRAL LAB	GREEN GEL BULLET (PST)	No	
DH PAV A CENTRAL LAB	GREEN TOP - LIHEP	No	
DH PAV A CENTRAL LAB	RED BULLET	No	
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	
DH PAV A CENTRAL LAB	YELLOW BULLET (SST)	No	

Test Name T3 FREE
Code: 1230100042

Synonyms

T3F
FREE T3
0070133
T3 FREE

Collection Requirements

None Listed

Shipping and Handling Instructions

Allow specimen to clot completely at room temperature. Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Refrigerated: 1 week; Ambient: 5*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN GEL (PST)	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	Yes	

Test Name T3 UPTAKE
Code: 1230100040

Synonyms

THY3
UPTAKE T3
0070135
T3 UPTAKE

Collection Requirements

None Listed

Shipping and Handling Instructions

Allow serum to clot completely at room temperature. Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 8 d*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN GEL (PST)	No	
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	Yes	

Test Name T4 FREE
Code: 1230100031

Synonyms

FREE T4
FREE THYROXINE (FT4)
FT4
FREE THYROXINE

Collection Requirements

Preferred specimens: 0.2 mL Plasma Lithium Heparin (Green Gel). Alternate specimens: 0.2 mL Serum Plain white or Plain red.

Shipping and Handling Instructions

Specimens may be stored no longer than 8 hours at room temperature or 48 hours refrigerated. If testing will not be performed within 48 hours, freeze for up to 1 month. Thaw only once.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name TACROLIMUS
Code: 1230100521

Synonyms

FK506

Collection Requirements

Draw trough level immediately before next dose.

Shipping and Handling Instructions

Transport: 4 mL (1 mL minimum) whole Blood

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name T-CELL CLONALITY BY V-BETA
Code: 1230500159

Synonyms

0093199
TCELLCLONA

Collection Requirements

Transport 5 mL whole blood. STABILITY: Ambient: 48 hours; Refrigerated 48 hours; Frozen: Unacceptable

Shipping and Handling Instructions

Transport 5 mL whole blood.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - NAHEP	Yes	

Test Name T-CELL CLONALITY SCREENING BY PCR
Code: 1230500378

Synonyms

0055567
TCELLPCR

Collection Requirements

None Listed

Shipping and Handling Instructions

whole blood: Transport 5 mL. STABILITY: whole blood OR Bone marrow: Refrigerated: 5 days; Ambient: 24 hours; Frozen: Unacceptable

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name TESTOSTERONE
Code: 1230100028

Synonyms

FTEST

Collection Requirements

COLLECT: 1.0 mL Serum (Red Gel) ALSO ACCEPTABLE: white

Shipping and Handling Instructions

SPECIMEN PREP: Separate serum from cells within 2 hours. TRANSPORT: 1.5 mL (1.0 mL minimum) Serum STABILITY: 1. Samples can be stored at 2-8°C for up to 7 days after collection. 2. For longer storage, aliquot and freeze up to 3 months at -20°C.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	RED BULLET	No	
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	
DH PAV A CENTRAL LAB	YELLOW BULLET (SST)	No	

Test Name TESTOSTERONE F & T BY ED/LC-MS/MS, MALE
Code: 123050129

Synonyms

2004246
TESTOSTERONE FREE AND TOTAL
TE FRTOT ED

Collection Requirements

Collect between 6-10 a.m.

Shipping and Handling Instructions

Separate serum or plasma from cells ASAP or within 2 hours of collection. Transport 1 mL serum or plasma. (Min: 0.4 mL). STABILITY: Frozen: 2 months; Ambient: 24 hours; Refrigerated: 1 week

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	RED GEL (SST)	Yes	

Test Name TESTOSTERONE FREE/TOTAL, FEMALE/CHILD
Code: 123050128

Synonyms

0081056
TESTOS FEMCHIL

Collection Requirements

Collect between 6-10 a.m. This test is suggested for women and children due to an improved sensitivity of testosterone by LC-MS/MS

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.8 mL). STABILITY: Refrigerated: 1 week; Ambient: 24 hours; Frozen: 6 months

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	RED GEL (SST)	Yes	

Test Name TESTOSTERONE TOTAL FREE
Code: 1230100079

Synonyms

TESFBT
TOTFREESTESTOSTERONE
TOTFREESTEST

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.4 mL). STABILITY: Refrigerated: 1 week; Ambient: 48 hours; Frozen: 2 months

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	Yes	
ARUP LAB	RED GEL (SST)	No	

Test Name TESTOSTERONE, BIOAVAILABLE (M)
Code: 1230101453

Synonyms

FREE
0070102
TEBG
TESTOS BIO

Collection Requirements

Collect specimen between 6-10 a.m.

Shipping and Handling Instructions

Transfer 2 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.6 mL). STABILITY:
Refrigerated: 1 week; Ambient: 48 hours; Frozen: 2 months

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	RED GEL (SST)	Yes	

Test Name TETANUS ANTIBODY, IGG
Code: 1230101454

Synonyms

ANTIBODY
0050535
TETANUS IGG

Collection Requirements

Serum separator tube. ""Post"" specimen should be drawn 30 days after immunization.

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL) "Pre" and "post" vaccine specimens can be submitted separately or together for testing; if shipped separately, "post" s*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name THC URINE
Code: 48

Synonyms

MARIJUANA

Collection Requirements

Preferred specimens: 30 mL of random urine is preferred. The minimum acceptable volume is 10 mL. Urine should be collected in a clean, unbreakable, leak-proof container. No pre-treatment or preservative is required.

Shipping and Handling Instructions

Specimens must be centrifuged before testing if the urine specimen is not clear. Specimen should be between 20-25C before analysis. If testing cannot be completed within the shift, refrigerate specimen at 2-8C for up to one week. Note: Plastic trans*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	URINE	No	

Test Name THEOPHYLLINE
Code: 1230100258

Synonyms

AMINOPHYLLINE

Collection Requirements

No patient preparation is required. If the patient is receiving IV therapy, do not draw from the infusion site. Preferred Specimen: 0.25 mL plasma from a green lithium heparin gel tube. Alternate Specimen: 0.25 mL Serum (Red, Red Gel, white) tube with no additive.

Shipping and Handling Instructions

stable for one week refrigerated and separated from cells. Stable for 8 hours if not refrigerated or separated.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name THIOPURINE METHYLTRANSFERASE, RBC
Code: 1042

Synonyms

TPMT RBC
0092066

Collection Requirements

None Listed

Shipping and Handling Instructions

Transport 5 mL whole blood. (Min: 3 mL)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	PURPLE TOP-EDTA	Yes	

Test Name THROAT CULTURE
Code: 1230100143

Synonyms

STREP A CX THROAT
THROAT STREP A CX
CULTURE
THROAT CULTURE
CULTURE
THROAT

Collection Requirements

Tonsillar and/or posterior pharynx swab (dry or culturette).

Shipping and Handling Instructions

STAT requests and all O.R. specimens are processed immediately. Routine specimens may be held in the Microbiology refrigerator for processing by the day shift.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE RAYON TIPPED SWAB	No	
DH PAV A CENTRAL LAB	SWAB	Yes	

Test Name THROMBIN TIME
Code: 1230100231

Synonyms

TT

Collection Requirements

Venous blood ONLY, no fingerstick. Inaccurate test results can occur when using capillary blood due to tissue fluid contamination during skin puncture procedures. -Citrated blood 9:1 (blood to anticoagulant ratio), 3.2% sodium citrate (blue top tube). -Vacutainers should be filled up to, or within +/- 10% of the nominal fill black mark as indicated on the tube.

Shipping and Handling Instructions

-Underfilled, overfilled, or clotted tubes must be cancelled. -Blue top tube should be drawn before other tubes with additives. -In laboratory, invert specimen 3 times, and rim with applicator stick to check for clots. -Specimens are centrifuged in processing or at the coag bench in the Stat centrifuge. Specimen Stability: Uncentrifuged, 4 hrs at Room Temperature Plasma, 8 hrs at Room Temperature On Heparin - Plasma, 8 hrs at Room Temperature Frozen plasma, 2 weeks at -20 C

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

BLUE TOP-CITRATE

Default?

Yes

Min Volume

Test Name THUNDERBOLT QC ALL
Code: 1011

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

QC CONTAINER

Default?

Yes

Min Volume

Test Name THYROGLOBULIN
Code: 1230101462

Synonyms

ANTI THYROGLOBULIN ANTIBODIES
2006685
THYROGLOB

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 3 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 1.5 mL). STABILITY: Frozen: 6 months; Refrigerated: 48 hours; Ambient: 8 hours;

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	RED GEL (SST)	Yes	

Test Name THYROGLOBULIN AB
Code: 1230101028

Synonyms

ANTI-THYROGLOBULIN
0050105
THYROGLOB AB

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL) Also acceptable: Heparinized plasma. STABILITY: Refrigerated: 1 week; Ambient 8 hours; Frozen: 6 months

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name THYROID ANTIBODIES
Code: 1230102003

Synonyms

0050645
ANTI THYROGLOBIN
THYROID ANTI

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 0.5 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.3 mL).
STABILITY: Refrigerated: 1 week; Ambient: 8 hours; Frozen: 6 months

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name THYROID PEROXIDASE ANTIBODY
Code: 1230101463

Synonyms

ANTIBODIES
0050075
TPO AB

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 0.5 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.3 mL) .
STABILITY: Refrigerated: 1 week; Ambient: 8 hours; Frozen: 6 months

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 Weeks
ARUP LAB	Routine	1 Weeks
ARUP LAB	STAT	1 Weeks
ARUP LAB	Timed	1 Weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	Yes	

Test Name THYROID STIMULATING HORMONE
Code: 1230100033

Synonyms

TSH

Collection Requirements

Preferred specimens: 0.25 mL Plasma Lithium heparin gel tube (Green). Alternate specimens: 0.25 mL Serum Red gel or plain tube with no additive.

Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed. Freeze specimen for longer storage. Thaw only once. For TSH stimulation, 200 to 500 micrograms of TRH is injected intravenously and TSH specimens are drawn at 0, 15, 30, and 60 minutes post injection. If hypothalamic disease is suspected, samples are also drawn at 45 and 90 minutes.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	GREEN TOP - LIHEP	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name THYROID STIMULATING HORMONE RECEPTOR AB
Code: 123050134

Synonyms

2002734
THYROID STIM

Collection Requirements

None Listed

Shipping and Handling Instructions

Allow serum separator to sit for 15-20 minutes at room temperature for proper clot formation. Centrifuge and separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL). STABILITY*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name THYROID STIMULATING IMMUNOGLOBULIN
Code: 1230101464

Synonyms

HUMAN
TSI
0099430

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.7 mL). STABILITY: Frozen: 3 months; Ambient: 24 hours; Refrigerated: 6 days

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	No	
ARUP LAB	RED TOP -PLAIN	Yes	

Test Name THYROXINE
Code: 123050131

Synonyms

0070140
T4 TOTAL
THYROXINE

Collection Requirements

None Listed

Shipping and Handling Instructions

Allow specimen to clot completely at room temperature. Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Refrigerated: 8 days; Ambient: 4*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	Yes	

Test Name THYROXINE BINDING GLOBULIN
Code: 1230100032

Synonyms

TBG
0070410

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.4 mL). STABILITY: Frozen: 1 month; Refrigerated: 1 week; Ambient: 24 hours;

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 Weeks
ARUP LAB	Routine	1 Weeks
ARUP LAB	STAT	1 Weeks
ARUP LAB	Timed	1 Weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name TISSUE CULTURE
Code: 1230100180

Synonyms

TISSUE CX
CULTURE

Collection Requirements

Tissue submitted in a sterile container, including surgical specimens, biopsies, needle aspirates, and lymph nodes. For large tissue specimens, select/remove portion for culture BEFORE submitting to Microbiology lab.

Shipping and Handling Instructions

STAT requests and all O.R. specimens are processed immediately. Routine specimens may be held in the Microbiology refrigerator for processing by the day shift.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	STERILE TUBE	No	

Test Name TISSUE EXAM
Code: 1230100793

Synonyms

SURGICAL
PATHOLOGY
PATHOLOGIST
SPECIMEN

Collection Requirements

Tissue Exam (Lab1126): Formalin 10% is preferred. Specimen too large to fit inside a container with formalin may be submitted fresh and refrigerated. Surgical Pathology Exam (Lab1750): Breast specimen: DHMC follows The American Society of Clinical Oncology (ASCO)/College of American Pathologists (CAP) guidelines and recommendations for diagnostic testing of breast cancer. A joint effort must be made by the perioperative and laboratory staff to ensure we are meeting these standards. Failure to meet these requirements can result in false positive or false negative results in subsequent testing which is crucial for treatment of breast cancer patients. -Cold ischemic time from excision to fixation should NOT exceed 1 hour. This includes the time it will take the Pathology Staff to process the specimen. -Formalin fixation time must be at least 6 but NOT exceed 72 hours. This includes the time it will take the Pathology Staff to process the specimen *To meet these requirements care should be taken to avoid collecting the surgical specimen proceeding a long (3-day) holiday weekend or biopsy specimen late in the day on Thursdays. Lymphoma Protocol (Lab2301): The tissue specimen such as lymph nodes must be sent fresh in a sterile cup moistened with saline, devoid of fixative. Interventional Radiology may use the RPMI tubes from ARUP to collect tissue cores. Minimum amount needed for testing is 100 mg of fresh tissue. Time from collection to receipt by the reference laboratory should not exceed 24 hours. A minimum of 10,000 viable cells is required for flow cytometry phenotyping of samples containing a very limited number of markers (may also be called antibodies or antigens). For low-count specimens, supplying clinical and diagnostic information is especially important to help ensure that the most appropriate marker combinations are evaluated before the specimen is depleted of cells. Skin, Shave/Punch biopsy for IF only (LAB1126), LAB1750): Place skin sample in Michel's media. Label container appropriately. The paper Immunodermatology Required Clinical Information Form (Tissue) found on the ARUP website under test #0092572 must accompany the specimen. Gout (LAB1126), LAB1750): The tissue specimen must be sent sterile cup devoid of fixative.

Shipping and Handling Instructions

Tissue Exam (Lab1126), Surgical Pathology Exam (LAB1750): Specimen may be transported at ambient/room temperature to the Surgical Pathology Lab, Pav A. Lymphoma Protocol (Lab2301): Deliver to Surgical Pathology A2800, log specimen into the book, after hours the specimen must be refrigerated. Specimen must be submitted fresh, devoid of fixative. Unacceptable Conditions: Frozen or in Fixative Archived Block (Lab3116): The Pathologist responsible for signing out the original case or the Pathology office (25221) should be contacted to communicate this request Gout (LAB1126, LAB1750): Deliver to Surgical Pathology A2800, log specimen into the book, after hours the specimen must be refrigerated. Surgical Pathology Exam (LAB1750) - Breast specimen: Deliver immediately to Surgical Pathology A2800, log specimen into the book, verbally alert staff at the time of arrival.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CONSULT	No	
DH PAV A CENTRAL LAB	FORMALIN 10%	Yes	

Test Name TISSUE TRANSGLUTAMINASE, IGA
Code: 1230101469

Synonyms

ANTIBODY
0097709
TTG IGA

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL). STABILITY: Refrigerated: 7 days; Ambient: 48 hours; Frozen: 1 year (avoid freeze/thaw cycles)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name TISSUE TRANSGLUTAMINASE, IGG
Code: 1230101470

Synonyms

ANTIBODY
0056009
TTG IGG

Collection Requirements

None Listed

Shipping and Handling Instructions

Remove serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name TMAN QC ALL
Code: 216

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

Test Name TOBRAMYCIN PEAK
Code: 1230100269

Synonyms

Collection Requirements

Draw peak tobramycin levels 30 minutes after the end of a 30 - 60 minute infusion. Draw 60 minutes after an IM injection.

Shipping and Handling Instructions

Separate plasma from cells within 30 minutes of draw. Transport: 4 mL (1.5 mL minimum)
Plasma

Turn Around Times

Laboratory

Priority

TAT

Container Types

Laboratory

DH NON-INTERFACED LAB

Container

GREEN TOP - NAHEP

Default?

Yes

Min Volume

Test Name TOBRAMYCIN RANDOM
Code: 1230100280

Synonyms

TOBRAMYCIN LEVEL

Collection Requirements

Draw trough level immediately before the next dose.

Shipping and Handling Instructions

Separate plasma from cells within 30 minutes of draw. Transport: 4 mL (1.5 mL minimum)
Plasma

Turn Around Times

Laboratory

Priority

TAT

Container Types

Laboratory

DH NON-INTERFACED LAB

Container

GREEN TOP - NAHEP

Default?

Yes

Min Volume

Test Name TOBRAMYCIN TROUGH
Code: 1230100291

Synonyms

TOBRA TROUGH

Collection Requirements

Draw trough level immediately before the next dose.

Shipping and Handling Instructions

Separate plasma from cells within 30 minutes of draw. Transport: 4 mL (1.5 mL minimum)
Plasma

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	GREEN TOP - NAHEP	Yes	

Test Name TOPIRAMATE LEVEL
Code: 1230100478

Synonyms

DRUG
0070390
TOPIRAMATE

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.3 mL). STABILITY: Refrigerated: 1 week; Ambient: 6 days; Frozen: 4 weeks

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED TOP -PLAIN	Yes	

Last Updated: 8/5/2018

Test Name TORCH ANTIBODIES, IGG
Code: 1230500069

Synonyms

0050772
TORCHIGG

Collection Requirements

None Listed

Shipping and Handling Instructions

Allow specimen to clot completely at room temperature. Separate serum from cells ASAP or within 2 hours of collection. Transfer 2 mL serum to an ARUP Standard Transport Tube. (Min: 1 mL) Parallel testing is preferred and convalescent specimens must be r*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name TORCH ANTIBODIES, IGM
Code: 1230500076

Synonyms

0050665
TORCHIGM

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 2 mL serum to an ARUP Standard Transport Tube. (Min: 1 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Mark specimens plainly as "acute" or "convalescent." STABIL*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 Weeks
ARUP LAB	Routine	1 Weeks
ARUP LAB	STAT	1 Weeks
ARUP LAB	Timed	1 Weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name TOTAL PROTEIN
Code: 123010021

Synonyms

TP

Collection Requirements

No patient preparation required. Preferred specimens: 0.25 ml plasma from a green lithium heparin gel tube. Alternate specimens: Serum from red gel or plain tube with no additive.

Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed. Freeze specimen for longer storage.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name TOXOCARA ANTIBODY BY ELISA
Code: 1043

Synonyms

TOXOCA AB
3000472

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.1 mL)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name TOXOCARA ANTIBODY IGG BY ELISA
Code: 123050059

Synonyms

0099090
TOXOCARA

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL) Acute and convalescent specimens must be labeled as such; parallel testing is preferred and convalescent specimens must be received within 30 days fro*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name TOXOPLASMA GONDII AB, IGG, CSF
Code: 1230500380

Synonyms

0092534
TGONDIIGG

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 0.5 mL CSF to an ARUP Standard Transport Tube. (Min: 0.25 mL). STABILITY:
Refrigerated: 2 weeks; Ambient: 1 week; Frozen: 1 month

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CSF COLLECTION KIT	Yes	

Test Name TOXOPLASMA GONDII BY PCR
Code: 1230500114

Synonyms

0055591
TOXOPCR

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum or plasma from cells. Transfer 1 mL serum, plasma, amniotic fluid, CSF or ocular fluid to a sterile container. (Min: 0.5 mL) OR Tissue: Transfer to a sterile container and freeze immediately. STABILITY: Tissue: Frozen: 3 months; Ambient: * All Others: Frozen: 3 months; Ambient: 8 hours; Refrigerated: 5 days

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 Weeks
ARUP LAB	Routine	1 Weeks
ARUP LAB	STAT	1 Weeks
ARUP LAB	Timed	1 Weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	
ARUP LAB	PINK TOP - K3 EDTA	No	
ARUP LAB	RED GEL (SST)	No	
ARUP LAB	STERILE CONTAINER	No	

Test Name TOXOPLASMA IGG NEG CONTROL
Code: 1007

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

Test Name TOXOPLASMA IGG POS CONTROL
Code: 1008

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

QC CONTAINER

Default?

Yes

Min Volume

Test Name TOXOPLASMA IGM AND IGG
Code: 85

Synonyms

TOXOGM
TOXOPLASMA

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

RED GEL (SST)

Default?

Yes

Min Volume

Test Name TOXOPLASMA IGM NEG CONTROL
Code: 1005

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

QC CONTAINER

Default?

Yes

Min Volume

Test Name TOXOPLASMA IGM POS CONTROL
Code: 1006

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

Test Name TPMT GENOTYPE
Code: 1230500032

Synonyms

2012233
TPMTGENO

Collection Requirements

None Listed

Shipping and Handling Instructions

Transport 3 mL whole blood. (Min: 1 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 72 hours; Frozen: 1 month.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name TRANSFERRIN
Code: 1230100038

Synonyms

SIDEROPHILIN

Collection Requirements

Preferred specimens: 0.1 mL Plasma (Green Lithium Heparin Gel) Ambient. Alternate Specimens: 0.1 mL Serum (Red Gel/Plain Red) Ambient.

Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name TRANSFUSION RXN PATH INTERP
Code: 739

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	PINK TOP - K3 EDTA	Yes	

Test Name TREPONEMA PALLIDUM ANTIBODY BY TP-PA
Code: 1230500012

Synonyms

0050777
TREPPALL

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.1 mL). STABILITY:
Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year (avoid repeated freeze/thaw cy*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN GEL (PST)	No	
ARUP LAB	RED GEL (SST)	Yes	

Test Name TRICYCLIC ANTIDEPRESSANTS, QUANTITATIVE, URINE
Code: 1230500381

Synonyms

2007515
TADQNTU

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 2 mL urine to ARUP Standard Transport Tube. (Min: 0.7 mL). STABILITY:
Refrigerated: 11 days; Ambient: 1 week; Frozen: 2 weeks

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 Weeks
ARUP LAB	Routine	1 Weeks
ARUP LAB	STAT	1 Weeks
ARUP LAB	Timed	1 Weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

Test Name TRIGLYCERIDES
Code: 1230100039

Synonyms

Collection Requirements

Patient preparation: The patient should be fasting for 10 hours before the specimen is drawn. If this test is part of a Lipid Profile, the patient should be fasting. The lab will not refuse or deny testing if patient is not fasting. Preferred specimens: 0.25 ml plasma from a green lithium heparin gel tube. Alternate specimens: Serum from red gel or plain tube with no additive.

Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Never test a specimen that has been cleared by ultracentrifugation. Refrigerate the specimen for up to 7 days if testing is delayed. Freeze specimen for longer storage, up to 3 months.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	GREEN TOP - LIHEP	No	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name TRIGLYCERIDES BODY FLUID
Code: 1230100108

Synonyms

TRIG FL
TRIG BODY FLUID
TRIGLYCERIDES FLUID

Collection Requirements

Preferred specimens: A plain white or a serum separator (gel) tube. Alternate specimens: A plain, or green top tube is also acceptable.

Shipping and Handling Instructions

Fluid triglycerides are sometimes requested on pediatric patients. Centrifuge and separate fluid from cells as soon as possible. Refrigerate specimen if testing is not performed immediately. (Do NOT clear the specimen).

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	No	
DH PAV A CENTRAL LAB	GREEN TOP - LIHEP	No	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	Yes	

Test Name TRIIODOTHYRONINE, REVERSE BY TMS
Code: 1230500247

Synonyms

2007918
RT3TMS

Collection Requirements

None Listed

Shipping and Handling Instructions

Allow serum specimen to clot completely at room temperature. Separate serum or plasma from cells ASAP or within two hours of collection. Transfer 2 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 1 mL). STABILITY: Frozen: 3 months; Ambient:*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	Yes	
ARUP LAB	RED TOP -PLAIN	No	

Test Name TROFILE CO-RECEPTOR TROPISM
Code: 1230500382

Synonyms

0093370
TROFILE

Collection Requirements

None Listed

Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Separate plasma from cells within 6 hours of collection. Transfer 3 mL plasma to an ARUP Standard Transport Tube and freeze immediately. (Min: 3 mL). STABILITY: Froze*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name TROPHYRYMA WHIPPLEI BY PCR, BLOOD
Code: 1230500248

Synonyms

2011025
TWHIPB

Collection Requirements

None Listed

Shipping and Handling Instructions

Transport 1 mL whole blood in the original tube. (Min: 0.5 mL). STABILITY: Refrigerated: 5 days; Ambient: 8 hours; Frozen: 2 weeks

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name TROPONIN I
Code: 1230100804

Synonyms

TNI
TROPONIN

Collection Requirements

Preferred specimens: 0.25 ml plasma from a green lithium heparin gel tube. Alternate specimens: Serum from red gel or plain tube with no additive.

Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed. Freeze specimen for longer storage.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name TRYPANOSOMA CRUZI AB, IGG
Code: 1230500184

Synonyms

0051076
TRYPCRUZ

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days of the acute specimens. Mar*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name TRYPANOSOMA CRUZI AB, IGM
Code: 1230500383

Synonyms

TRYPANOSOMA
0051075

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.05 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days of the acute specimens. Mark *

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name TRYPSIN-LIKE IMMUNOREACTIVITY
Code: 1230500249

Synonyms

0070003
TRYPSINLK

Collection Requirements

None Listed

Shipping and Handling Instructions

Allow serum tube to sit for 15-20 minutes at room temperature for proper clot formation. Centrifuge and separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.3*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	Yes	
ARUP LAB	RED TOP -PLAIN	No	

Test Name TRYPTASE
Code: 1230101484

Synonyms

IMMUNOASSAY
0099173
TRYPTASE

Collection Requirements

None Listed

Shipping and Handling Instructions

Allow serum to clot completely at room temperature. Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Frozen: 1 month; Ambient: 48 hours; Refrigerated: 72 ho*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name UMBILICAL TISSUE SPECIMEN HOLD
Code: 3

Synonyms

HOLD

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	STERILE CUP	Yes	

Test Name UNFRACTIONATED HEPARIN
Code: 1230100224

Synonyms

ANTI-XA ASSAY FOR HEPARIN
HUF

Collection Requirements

None Listed

Shipping and Handling Instructions

-Underfilled, overfilled, or clotted tubes must be cancelled. Specimen Stability:
Uncentrifuged, 1 hr at Room Temperature Plasma, 2 hrs at Room

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	BLUE TOP-CITRATE	Yes	

Test Name UREA NITROGEN 24 HOUR URINE
Code: 1230100362

Synonyms

URINE UREA NITROGEN TIMED
TIMED URINE UREA NITROGEN

Collection Requirements

No preparation is required. Preferred specimens: urine collected in a 24 hour urine jug is preferred. No preservative is required. Refrigerate urine during collection.

Shipping and Handling Instructions

Measure the volume and document the volume and collection time in the computer. Mix the specimen, pour an aliquot into a test tube, centrifuge and send to core. Also, aliquot a portion into a cup with total volume documented on the cup.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	24 HR URINE CONTAINER	Yes	

Test Name UREA NITROGEN, URINE
Code: 1230101618

Synonyms

UUN

Collection Requirements

No preparation is required. Preferred specimens: 10 mL of random urine collected in a random urine cup or plain tube is acceptable. No preservative is necessary.

Shipping and Handling Instructions

Mix the specimen well, pour an aliquot into test tubes, and centrifuge. If testing is delayed, refrigerate the specimen.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	No	
DH PAV A CENTRAL LAB	URINE	Yes	

Test Name URIC ACID
Code: 1230100047

Synonyms

UA

Collection Requirements

No patient preparation is required. Preferred specimens: 0.25 ml plasma from a green lithium heparin gel tube. Alternate specimens: Serum from red gel or plain tube with no additive.

Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed. Freeze specimen for longer storage.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name URIC ACID, URINE
Code: 63

Synonyms

URIC ACID URINE RANDOM

Collection Requirements

No preparation is required. Preferred specimens: 10 mL of random urine collected in a random urine cup or plain tube is preferred. No preservative is necessary.

Shipping and Handling Instructions

Mix the urine well, aliquot urine into a test tube, and centrifuge. If testing is delayed, refrigerate the specimen.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	No	
DH PAV A CENTRAL LAB	URINE	Yes	

Test Name URIC ACID, URINE, 24 HOUR
Code: 1230101619

Synonyms

24HR

Collection Requirements

No preparation is required. Preferred specimens: Urine collected in a 24 hour urine jug is preferred. No preservative is required. Refrigerate urine during collection.

Shipping and Handling Instructions

Measure the volume and document the volume and collection time in the computer. Mix the specimen, pour an aliquot into a test tube, centrifuge and send to core. Also, aliquot a portion into a cup with total volume documented on the cup. Transfer one 3 mL aliquot from a well-mixed 24-hour collection to an ARUP Standard Transport Tube. (Min: 0.5 mL)
Storage/Transport Temperature: Refrigerated. Also acceptable: Frozen. Unacceptable Conditions: Specimens with pH less than 8.0. Urine collected with acid. Stability (collection to initiation of testing): Ambient: 4 days; Refrigerated: 4 days; Frozen: 2 weeks

Turn Around Times

Laboratory

DH PAV A CENTRAL LAB
DH PAV A CENTRAL LAB

Priority

Routine
STAT

TAT

6 Hours
40 Minutes

Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

24 HR URINE CONTAINER

Default?

Yes

Min Volume

Test Name URINALYSIS CHEM ONLY

Code: 1230100255

Synonyms

UCHEM
UA
UDIP

Collection Requirements

Mid-stream clean catch preferred to minimize contaminants

Shipping and Handling Instructions

Specimen is stable for 2 hours at room temperature and 4 hours refrigerated. Refrigerated specimens must be returned to room temperature before testing. Specimen must be well mixed by inversion and not by swirling.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes
DH PAV C WOMENS CARE LAB	Routine	6 Hours
DH PAV C WOMENS CARE LAB	STAT	60 Minutes
DH PAV G WEBB LAB	Routine	6 Hours
DH PAV G WEBB LAB	STAT	60 Minutes
DH PAV H STD LAB	Routine	6 Hours
DH PAV H STD LAB	STAT	60 Minutes
EASTSIDE LAB	Routine	6 Hours
EASTSIDE LAB	STAT	60 Minutes
LA CASA LAB	Routine	6 Hours
LA CASA LAB	STAT	60 Minutes
LOWRY LAB	Routine	6 Hours
LOWRY LAB	STAT	60 Minutes
MONTBELLO LAB	Routine	6 Hours
MONTBELLO LAB	STAT	60 Minutes
PARK HILL LAB	Routine	6 Hours
PARK HILL LAB	STAT	60 Minutes
WESTSIDE LAB	Routine	6 Hours
WESTSIDE LAB	STAT	60 Minutes
WESTWOOD LAB	Routine	6 Hours
WESTWOOD LAB	STAT	60 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	URINE	No	

Test Name URINALYSIS W MICROSCOPIC
Code: 1230100256

Synonyms

URINALYSIS WITH MICROSCOPIC
MICROSCOPIC
URINE
UA
UAM

Collection Requirements

No patient preparation required. Preferred Specimens: Minimum volume 4 mL of urine freshly voided, first-morning, or random, "clean catch", midstream-urine collected in a clean or sterile container. Alternate specimens: Catheterized urine, pediatric urine collectors, or pediatric urine in sterile syringe, Ileal conduit, cystoscopy, or urine for transfusion reaction workup. NOTE: A microscopic analysis is done regardless.

Shipping and Handling Instructions

Specimen is stable for 2 hours at room temperature and 4 hours refrigerated. Refrigerated specimens must be returned to room temperature before testing. Specimen must be well mixed by inversion and not by swirling.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes
DH PAV C WOMENS CARE LAB	Routine	6 Hours
DH PAV C WOMENS CARE LAB	STAT	60 Minutes
DH PAV G WEBB LAB	Routine	6 Hours
DH PAV G WEBB LAB	STAT	60 Minutes
EASTSIDE LAB	Routine	6 Hours
EASTSIDE LAB	STAT	60 Minutes
LA CASA LAB	Routine	6 Hours
LA CASA LAB	STAT	60 Minutes
LOWRY LAB	Routine	6 Hours
LOWRY LAB	STAT	60 Minutes
MONTBELLO LAB	Routine	6 Hours
MONTBELLO LAB	STAT	60 Minutes
PARK HILL LAB	Routine	6 Hours
PARK HILL LAB	STAT	60 Minutes
WESTSIDE LAB	Routine	6 Hours
WESTSIDE LAB	STAT	60 Minutes
WESTWOOD LAB	Routine	6 Hours
WESTWOOD LAB	STAT	60 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	URINE	No	

Test Name URINALYSIS WITH MICRO WITH REFLEX CULTURE
Code: 69

Synonyms

URINALYSIS WITH MICROSCOPIC AND CULTURE IF POS
UAMR

Collection Requirements

No patient preparation required. Preferred Specimens: Minimum volume 4 mL of urine freshly voided, first-morning, or random, "clean catch", midstream-urine collected in a clean or sterile container. Alternate specimens: Catheterized urine, pediatric urine collectors, pediatric urine in sterile syringe, Ileal conduit, or cystoscopy. NOTE: A microscopic analysis is done regardless. A culture will reflex if the WBC >10.

Shipping and Handling Instructions

Specimen is stable for 2 hours at room temperature and 4 hours refrigerated. Refrigerated specimens must be returned to room temperature before testing. Specimen must be well mixed by inversion and not by swirling.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes
DH PAV C WOMENS CARE LAB	Routine	6 Hours
DH PAV C WOMENS CARE LAB	STAT	60 Minutes
DH PAV G WEBB LAB	Routine	6 Hours
DH PAV G WEBB LAB	STAT	60 Minutes
EASTSIDE LAB	Routine	6 Hours
EASTSIDE LAB	STAT	60 Minutes
LA CASA LAB	Routine	6 Hours
LA CASA LAB	STAT	60 Minutes
LOWRY LAB	Routine	6 Hours
LOWRY LAB	STAT	60 Minutes
MONTBELLO LAB	Routine	6 Hours
MONTBELLO LAB	STAT	60 Minutes
PARK HILL LAB	Routine	6 Hours
PARK HILL LAB	STAT	60 Minutes
WESTSIDE LAB	Routine	6 Hours
WESTSIDE LAB	STAT	60 Minutes
WESTWOOD LAB	Routine	6 Hours
WESTWOOD LAB	STAT	60 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	URINE	No	

Test Name URINALYSIS, MICROSCOPIC IF INDICATED
Code: 71

Synonyms

URINALYSIS WITH REFLEX TO MICROSCOPIC
 UMAC

Collection Requirements

No patient preparation is required. Preferred Specimens: Minimum volume 4 mL of urine freshly voided, first-morning, or random "clean catch", midstream-urine collected in a clean or sterile container. Alternate specimens: catheterized urine, pediatric urine collectors, or pediatric urine in sterile syringe, Ileal conduit, Cytoscopy, or urine for transfusion reaction workup. NOTE: A microscopic analysis is done only if macroscopic results meet established laboratory criteria.

Shipping and Handling Instructions

Specimen is stable for 2 hours at room temperature and 4 hours refrigerated. Refrigerated specimens must be returned to room temperature before testing. Specimen must be well mixed by inversion and not by swirling.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes
DH PAV C WOMENS CARE LAB	Routine	6 Hours
DH PAV C WOMENS CARE LAB	STAT	60 Minutes
DH PAV G WEBB LAB	Routine	6 Hours
DH PAV G WEBB LAB	STAT	60 Minutes
EASTSIDE LAB	Routine	6 Hours
EASTSIDE LAB	STAT	60 Minutes
LA CASA LAB	Routine	6 Hours
LA CASA LAB	STAT	60 Minutes
LOWRY LAB	Routine	6 Hours
LOWRY LAB	STAT	60 Minutes
MONTBELLO LAB	Routine	6 Hours
MONTBELLO LAB	STAT	60 Minutes
PARK HILL LAB	Routine	6 Hours
PARK HILL LAB	STAT	60 Minutes
WESTSIDE LAB	Routine	6 Hours
WESTSIDE LAB	STAT	60 Minutes
WESTWOOD LAB	Routine	6 Hours
WESTWOOD LAB	STAT	60 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	URINE	No	

Test Name URINALYSIS, MICROSCOPIC ONLY
Code: 1230101670

Synonyms

UA
SCOPE ONLY
UMIC

Collection Requirements

No patient preparation is required. Preferred Specimens: Minimum volume 4 mL of urine freshly voided, first-morning, or random "clean catch", midstream-urine collected in a clean or sterile container. Alternate specimens: catheterized urine, pediatric urine collectors, or pediatric urine in sterile syringe, Ileal conduit, Cytoscopy, or urine for transfusion reaction workup. NOTE: A microscopic analysis is done only if macroscopic results meet established laboratory criteria.

Shipping and Handling Instructions

Specimen is stable for 2 hours at room temperature and 4 hours refrigerated. Refrigerated specimens must be returned to room temperature before testing. Specimen must be well mixed by inversion and not by swirling.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes
DH PAV C WOMENS CARE LAB	Routine	6 Hours
DH PAV C WOMENS CARE LAB	STAT	60 Minutes
DH PAV G WEBB LAB	Routine	6 Hours
DH PAV G WEBB LAB	STAT	60 Minutes
DH PAV H STD LAB	Routine	6 Hours
DH PAV H STD LAB	STAT	60 Minutes
EASTSIDE LAB	Routine	6 Hours
EASTSIDE LAB	STAT	60 Minutes
LA CASA LAB	Routine	6 Hours
LA CASA LAB	STAT	60 Minutes
LOWRY LAB	Routine	6 Hours
LOWRY LAB	STAT	60 Minutes
MONTBELLO LAB	Routine	6 Hours
MONTBELLO LAB	STAT	60 Minutes
PARK HILL LAB	Routine	6 Hours
PARK HILL LAB	STAT	60 Minutes
WESTSIDE LAB	Routine	6 Hours
WESTSIDE LAB	STAT	60 Minutes
WESTWOOD LAB	Routine	6 Hours
WESTWOOD LAB	STAT	60 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	URINE	No	

Test Name URINE CULTURE
Code: 1230100146

Synonyms

URC
 CULTURE
 CULTURE URINE
 URINE CX

Collection Requirements

Clean catch (midstream) urine, Catheter urine, Indwelling or Straight, Ileal conduit/nephrostomy urine, Suprapubic needle aspirate urine, Cystoscopy urine

Shipping and Handling Instructions

Routine specimens may be held in the Microbiology refrigerator for processing by the day shift.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	STERILE TUBE	No	

Test Name URINE MICROSCOPIC REFLEX
Code: 264

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes
DH PAV G WEBB LAB	Routine	6 Hours
DH PAV G WEBB LAB	STAT	60 Minutes
EASTSIDE LAB	Routine	6 Hours
EASTSIDE LAB	STAT	60 Minutes
LA CASA LAB	Routine	6 Hours
LA CASA LAB	STAT	60 Minutes
LOWRY LAB	Routine	6 Hours
LOWRY LAB	STAT	60 Minutes
MONTBELLO LAB	Routine	6 Hours
MONTBELLO LAB	STAT	60 Minutes
PARK HILL LAB	Routine	6 Hours
PARK HILL LAB	STAT	60 Minutes
WESTSIDE LAB	Routine	6 Hours
WESTSIDE LAB	STAT	60 Minutes
WESTWOOD LAB	Routine	6 Hours
WESTWOOD LAB	STAT	60 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	URINE	No	

Test Name URINE MICROSCOPIC REFLEX WITH REFLEX TO CULTURE
Code: 265

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes
DH PAV G WEBB LAB	Routine	6 Hours
DH PAV G WEBB LAB	STAT	60 Minutes
EASTSIDE LAB	Routine	6 Hours
EASTSIDE LAB	STAT	60 Minutes
LA CASA LAB	Routine	6 Hours
LA CASA LAB	STAT	60 Minutes
LOWRY LAB	Routine	6 Hours
LOWRY LAB	STAT	60 Minutes
MONTBELLO LAB	Routine	6 Hours
MONTBELLO LAB	STAT	60 Minutes
PARK HILL LAB	Routine	6 Hours
PARK HILL LAB	STAT	60 Minutes
WESTSIDE LAB	Routine	6 Hours
WESTSIDE LAB	STAT	60 Minutes
WESTWOOD LAB	Routine	6 Hours
WESTWOOD LAB	STAT	60 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	

Test Name URINE TOXICOLOGY SCREEN (SO)
Code: 123010025701

Synonyms

URINE TOXICOLOGY SCREEN
URSTMB

Collection Requirements

REQUIRES PATHOLOGY APPROVAL

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	URINE	Yes	

Test Name URTICARIA-INDUCED BASOPHIL ACTIVATION
Code: 1230500082

Synonyms

2005416
URTICARIA-IN

Collection Requirements

None Listed

Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Frozen: 1 year (avoi*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED TOP -PLAIN	Yes	

Test Name VALPROIC ACID TOTAL
Code: 1230100147

Synonyms

VALPR ACID T
DEPAKOTE

Collection Requirements

No patient preparation is required. Preferred specimens: 0.25 ml plasma from a green lithium heparin gel tube. Alternate specimens: Serum from red gel or plain tube with no additive.

Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed. Freeze specimen for longer storage.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name VANCOMYCIN
Code: 1230100314

Synonyms

Collection Requirements

IF PATIENT IS <18 YEARS OF AGE VANCOMYCIN LEVELS ARE NOT GENERALLY RECOMMENDED. PLEASE CONTACT PEDIATRIC ID STAFF FOR RECOMMENDATION BEFORE ORDERING. If doses are given more than once per day, at regular intervals, vancomycin is monitored by drawing trough and peak levels, usually starting after the third dose. Trough: Draw prior to next dose or dialysis Peak: Draw 2 hours after the end of the dose. If dose is given once daily, draw a random level 6-14 hours after the start of the infusion.

Shipping and Handling Instructions

Ambient (8 Hrs), Refrigerated at 2-8 degrees (7 Days), or Frozen (14 Days).

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name VANCOMYCIN PEAK
Code: 1230100325

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name VANCOMYCIN TROUGH
Code: 1230100302

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name VARICELLA ZOSTER IGG
Code: 1230100068

Synonyms

VZ IGG
VZV IGG
VZGB
VZVG

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	

Test Name VARICELLA ZOSTER IGM
Code: 1230100069

Synonyms

VZ IGM
0099314

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.1 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute spec*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name VARICELLA ZOSTER PCR
Code: 1230101488

Synonyms

VZV
VAPCR
0060042

Collection Requirements

All sample types collected in a sterile container. Whole blood collected in a pink top (EDTA) or purple top (EDTA) tube. Specimen source is required. Deliver to Microbiology/Place in Microbiology refrigerator. Do not centrifuge whole blood. If delivered within 72 hours, send at 2 - 8 degrees C. If delivery is not expected within 72 hours, freeze at -70 degrees C and ship frozen.

Shipping and Handling Instructions

Stability: Ambient - 24 hours; Refrigerated - 72 hours; Frozen (-70 degrees C) - 6 months

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	CSF COLLECTION KIT	Yes	

Collection Requirements

All sample types collected in a sterile container. whole blood collected in a pink top (EDTA) or purple top (EDTA) tube. Specimen source is required. Deliver to Microbiology/Place in Microbiology refrigerator. Do not centrifuge whole blood. If delivered within 72 hours, send at 2 - 8 degrees C. If delivery is not expected within 72 hours, freeze at -70 degrees C and ship frozen.

Shipping and Handling Instructions

Stability: Ambient - 24 hours; Refrigerated - 72 hours; Frozen (-70 degrees C) - 6 months

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	LAVENDAR BULLET - K2 EDTA	No	
DH NON-INTERFACED LAB	LAVENDER TOP - K2 EDTA	Yes	
DH NON-INTERFACED LAB	RED BULLET	No	
DH NON-INTERFACED LAB	RED TOP -PLAIN	No	
DH NON-INTERFACED LAB	STERILE CUP	No	
DH NON-INTERFACED LAB	STERILE TUBE	No	
DH NON-INTERFACED LAB	WHITE TOP	No	
DH NON-INTERFACED LAB	YELLOW BULLET (SST)	No	

Collection Requirements

All sample types collected in a sterile container. whole blood collected in a pink top (EDTA) or purple top (EDTA) tube. Specimen source is required. Deliver to Microbiology/Place in Microbiology refrigerator. Do not centrifuge whole blood. If delivered within 72 hours, send at 2 - 8 degrees C. If delivery is not expected within 72 hours, freeze at -70 degrees C and ship frozen.

Shipping and Handling Instructions

Stability: Ambient - 24 hours; Refrigerated - 72 hours; Frozen (-70 degrees C) - 6 months

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	RED GEL (SST)	Yes	

Collection Requirements

All sample types collected in a sterile container. whole blood collected in a pink top (EDTA) or purple top (EDTA) tube. Specimen source is required. Deliver to Microbiology/Place in Microbiology refrigerator. Do not centrifuge whole blood. If delivered within 72 hours, send at 2 - 8 degrees C. If delivery is not expected within 72 hours, freeze at -70 degrees C and ship frozen.

Shipping and Handling Instructions

Stability: Ambient - 24 hours; Refrigerated - 72 hours; Frozen (-70 degrees C) - 6 months

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	STERILE CONTAINER	Yes	

Test Name VARICELLA ZOSTER VIRUS AB, IGM, CSF
Code: 1230500028

Synonyms

0054445
VARICELLA ZO

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 0.5 mL CSF to an ARUP Standard Transport Tube. (Min: 0.3 mL). STABILITY:
Refrigerated: 2 weeks; Ambient: 8 hours; Frozen: 1 year

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	Yes	

Test Name VASOACTIVE INTESTINAL POLYPEPTIDE
Code: 1230500160

Synonyms

VASOACTIVE I
0099435

Collection Requirements

call lab for collection instructions

Shipping and Handling Instructions

Protease Inhibitor tube (ARUP supply #49662), available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787. A winged collection set must be used. NOT RECOMMENDED: Filling collection tubes directly through a n*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CALL LAB	Yes	

Test Name VDRL CSF W/ REFLEX TO TITER
Code: 1230100114

Synonyms

SYPHILIS
0050206

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 0.5 mL CSF to an ARUP Standard Transport Tube. (Min: 0.2 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles) Unacceptable Conditions: Other body fluids. Contaminated, hemolyzed, xanthochromic, or severely lipemic specimens.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	STERILE TUBE	Yes	

Test Name VERY LONG/BRANCHED-CHAIN FATTY ACIDS
Code: 1230101168

Synonyms

LCFA
LONG
CHAIN
2004250

Collection Requirements

None Listed

Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Separate plasma from cells. Transfer 0.5 mL plasma to an ARUP Standard Transport Tube and freeze immediately. (Min: 0.2 mL). STABILITY: Frozen: 1 month; Ambient: 24 h*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	Yes	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	

Test Name VIRUS CMV CULTURE
Code: 1230100164

Synonyms

VIRUS CMV CX
CULTURE
CYTOMEGALOVIRUS
0065004

Collection Requirements

"Patient Preparation: Collect:Lavender (EDTA) or pink (K2EDTA). OR bronchoalveolar lavage (BAL), throat swab, tissue, or urine. Specimen Preparation:Blood: Transport 5 mL whole blood. (Min: 1 mL) Fluid specimen: Transfer specimen to a sterile container. Transfer 2 mL fluid to a sterile container. (Min: 0.5 mL). Also acceptable: Transfer to viral transport media (ARUP supply #12884). Available online through eSupply using ARUP Connect™ or contact ARUP Client Services at (800) 522-2787. Swab or tissue: Place in viral transport media. Place each specimen in an individually sealed bag. Storage/Transport Temperature:Refrigerated. Unacceptable Conditions:CSF, rectal swab, or stool. Whole blood in viral transport media. Calcium alginate, eswab, dry, or wood swabs. Remarks:Specimen source preferred. Stability: Refrigerated: 72 hours; Ambient: 2 hours; Frozen: Unacceptable. "

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CALL LAB	Yes	

Test Name VISCOSITY, SERUM
Code: 1230101492

Synonyms

VISCOSITY
0020056

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 3 mL serum to an ARUP Standard Transport Tube. (Min: 0.6 mL). STABILITY: Refrigerated: 7 days; Ambient: 8 hours; Frozen: 1 month

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name VISCOSITY, WHOLE BLOOD
Code: 1230500250

Synonyms

VISCOSITY
W
0020054

Collection Requirements

None Listed

Shipping and Handling Instructions

DO NOT FREEZE. Transport 3 mL whole blood. (Min: 0.6 mL). STABILITY: Refrigerated: 4 days; Ambient: 8 hours; Frozen: Unacceptable

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name VISTA QC ALL
Code: 157

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

Test Name VITAMIN A (RETINOL), SERUM OR PLASMA
Code: 1230500074

Synonyms

0080525
VITAMINA

Collection Requirements

None Listed

Shipping and Handling Instructions

"Separate serum or plasma within 1 hour of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube immediately. (Min: 0.2 mL). STABILITY: Refrigerated: 1 month; Frozen: 1 year; Ambient: Unacceptable"

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN GEL (PST)	No	
ARUP LAB	GREEN TOP - LIHEP	Yes	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	No	

Test Name VITAMIN B1
Code: 1230100029

Synonyms

VITB1
B1
THIAMINE
0080389

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum or plasma within 1 hour of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube immediately (Min: 0.2mL). STABILITY: Frozen: 6 months; Refrigerated: 1 week; Ambient: Unacceptable. Separate specimens must be submitted when multiple tests are ordered.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN GEL (PST)	No	
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	Yes	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	

Test Name VITAMIN B1, WHOLE BLOOD
Code: 1230101494

Synonyms

THIAMINE
0080388
VIT B1 BLD

Collection Requirements

None Listed

Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Transfer 3 mL whole blood to an ARUP Standard Transport Tube (Min: 0.6 mL). STABILITY: Frozen: 6 months; Refrigerated: 4 hours; Ambient: Unacceptable

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	Yes	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	

Test Name VITAMIN B2
Code: 1230101495

Synonyms

RIBOFLAVIN
0081123
VIT B2

Collection Requirements

None Listed

Shipping and Handling Instructions

PROTECT FROM LIGHT during collection, storage and shipment. Separate plasma from cells within 1 hour of collection. Transfer 1 mL plasma to an ARUP Amber Transport Tube. (Min: 0.5 mL). STABILITY: Frozen: 1 month; Ambient: Unacceptable; Refrigerated: 5 d*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CALL LAB	Yes	
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	

Test Name VITAMIN B6
Code: 1230100024

Synonyms

B6
0080111
VITAMIN B6

Collection Requirements

None Listed

Shipping and Handling Instructions

"Protect from light during collection, storage, and shipment. Separate plasma or serum from cells within 1 hour of collection. Transfer 1 mL plasma or serum to an ARUP Amber Transport Tube and freeze immediately. (Min: 0.5 mL). STABILITY: Frozen: 2 mont*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CALL LAB	Yes	
ARUP LAB	GREEN GEL (PST)	No	
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	RED TOP -PLAIN	No	

Test Name VITAMIN B7 (BIOTIN)
Code: 1230500385

Synonyms

2003184
B7

Collection Requirements

None Listed

Shipping and Handling Instructions

PROTECT FROM LIGHT. CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Allow specimen to clot for 30 minutes and separate from cells. Transfer 2 mL serum to an ARUP Amber Transport Tube and freeze immediately. (Min: 1*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CALL LAB	Yes	
ARUP LAB	RED GEL (SST)	No	
ARUP LAB	RED TOP -PLAIN	No	

Test Name VITAMIN C (ASCORBIC ACID) PLASMA
Code: 1230500185

Synonyms

0080380
VITAMINC

Collection Requirements

None Listed

Shipping and Handling Instructions

CRITICAL FROZEN AND LIGHT PROTECTED. Separate specimens must be submitted when multiple tests are ordered. Protect from light, centrifuge, transfer plasma and freeze within 1 hour of collection. Transfer 0.5 mL plasma to an ARUP Amber Transport Tube. *

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CALL LAB	Yes	
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	

Test Name VITAMIN D 1,25-DIHYDROXY
Code: 1230101497

Synonyms

1
25 DIHYDROXYVITAMIN D
0080385
VIT D DIHYDROXY

Collection Requirements

None Listed

Shipping and Handling Instructions

Allow serum separator or plain red tube to sit for 15-20 minutes at room temperature for proper clot formation. Centrifuge and separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Tr*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	Yes	
ARUP LAB	RED TOP -PLAIN	No	

Test Name VITAMIN D LEVEL
Code: 1230101498

Synonyms

CALCIFEDIOL
VITAMIN D 25-HYDROXY

Collection Requirements

3.0 mLs (0.5 minimum) Serum.

Shipping and Handling Instructions

TRANSPORT: 3.0 mLs (0.5 minimum) Serum.
STABILITY: Refrigerated 7 Days, Frozen 1 Month, Ambient 24 Hours
SPECIMEN PREP:
Separate serum from cells within 6 days. Specimens may be refrigerated at 2-8 C for up to 7 days. If testing will not be done within 7 days, freeze at -20 C. Specimen is stable on cells for 6 days if kept refrigerated.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name VITAMIN E, SERUM OR PLASMA
Code: 1230500052

Synonyms

0080521
VITAMINE

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum or plasma within 1 hour of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube immediately. (Min: 0.2mL). STABILITY: Refrigerated: 1 month; Frozen: 1year; Ambient: Unacceptable

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	Yes	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	No	

Test Name VITAMIN K1, SERUM
Code: 1230500097

Synonyms

0099225
VITAMINK

Collection Requirements

None Listed

Shipping and Handling Instructions

Protect from light during collection, storage, and shipment. Separate serum or plasma from cells within 1 hour of collection. Transfer 1 mL serum or plasma to an ARUP Amber Transport Tube. (Min: 0.6 mL). STABILITY:Frozen: 6 months; Ambient: Unacceptable*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CALL LAB	Yes	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	No	
ARUP LAB	RED TOP -PLAIN	No	

Test Name VMA, URINE
Code: 1230101624

Synonyms

3 METHOXY 4 HYDROXYMANDELIC ACID
0080421
VMA U

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 4 mL aliquot from a well-mixed 24-hour or random collection to an ARUP Standard Transport Tube. (Min: 1 mL) Record total volume and collection time interval on transport tube and test request form. STABILITY: Refrigerated: 1 week; Ambient: Unac*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

Test Name VOLTAGE-GATED CALCIUM CHANNEL (VGCC) AB
Code: 1230500386

Synonyms

0092628
VGCCAB

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 8 hours; Frozen: Indefinitely

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	No	
ARUP LAB	RED TOP -PLAIN	Yes	

Test Name VOLTAGE-GATED POTASSIUM CHANNEL (VGKC)AB
Code: 1230500186

Synonyms

2004890
VGKCAB

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells within 1 hour. Transfer 4 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Refrigerated: 2 weeks; Ambient: Less than 72 hours; Frozen: 1 month (avoid repeated freeze/thaw cycles)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	No	
ARUP LAB	RED TOP -PLAIN	Yes	

Test Name VON WILLEBRAND ANTIGEN
Code: 1230101501

Synonyms

ANTIGENIC
0030285
VON WIL AG

Collection Requirements

None Listed

Shipping and Handling Instructions

CRITICAL FROZEN. Transfer 1.5 mL platelet-poor plasma to an ARUP Standard Transport Tube. (Min: 1 mL). STABILITY: Frozen at -20°C: 3 months; Frozen at -70°C: 6 months; Ambient: 4 hours; Refrigerated: Unacceptable

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	BLUE TOP-CITRATE	Yes	

Test Name VON WILLEBRAND PANEL
Code: 1230101503

Synonyms

VWF
0030125
VON WIL PNL

Collection Requirements

None Listed

Shipping and Handling Instructions

CRITICAL FROZEN. Transfer 3 mL platelet-poor plasma to an ARUP Standard Transport Tube. (Min: 1 mL). STABILITY: Frozen at -20 °C: 3 months; Frozen at -70°C: 6 months; Ambient: 4 hours; Refrigerated: Unacceptable

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	BLUE TOP-CITRATE	Yes	

Test Name VORICONAZOLE, QUANTITATION BY LC-MS/MS
Code: 1230500387

Synonyms

2001737
VORICONAF

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.6 mL). STABILITY: Frozen: 6 months; Ambient: 48 hours; Refrigerated: 48 hours

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED TOP -PLAIN	Yes	

Last Updated: 8/5/2018

Test Name VRE CULTURE
Code: 1230100145

Synonyms

VANCOMYCIN-RESISTANT ENTEROCOCCUS CULTURE
CULTURE

Collection Requirements

Rectal swab

Shipping and Handling Instructions

Routine specimens may be held in the Microbiology refrigerator for processing by the day shift. Protocol for clearing patients from precautions is on the Pulse under "Infection Control".

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	SWAB	Yes	

Test Name VZV ANTIBODY IGG CSF
Code: 1230500031

Synonyms

0054444
VARICELLA ZOSTER
VZV ANTIBODY
VZECSF

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 0.5 mL CSF to an ARUP Standard Transport Tube. (Min: 0.3 mL). Storage/Transport Temperature: Refrigerated. Also acceptable: Frozen. Unacceptable Conditions: Specimens other than CSF. Contaminated, heat-inactivated or hemolyzed, or xanthochromic specimens. STABILITY: Refrigerated: 2 weeks; Ambient: 8 hours; Frozen: 1 year

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CSF COLLECTION KIT	Yes	

Test Name VZV BY DFA W/REFLEX TO CULTURE
Code: 806

Synonyms

60282
VZV DFA

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	M4 VIRAL TRANSPORT MEDIA	Yes	

Test Name VZV CULTURE BILL
Code: 807

Synonyms

60258

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	M4 VIRAL TRANSPORT MEDIA	Yes	

Test Name VZV NEG CONTROL
Code: 996

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

Test Name VZV POS CONTROL
Code: 997

Synonyms

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

Test Name WAM MANUAL DIFF
Code: 123050208

Synonyms

CBC MANUAL DIFF
MAN DIFF
CBC MAN DIFF

Collection Requirements

Invert immediately and gently mix with anticoagulant.

Shipping and Handling Instructions

Slide must be made within 8 hours of collection.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	LAVENDAR BULLET - K2 EDTA	No	
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name WBCS STOOL
Code: 1230100173

Synonyms

FECAL WBCS
WBC'S STOOL
WHITE CELLS STOOL
STWBC

Collection Requirements

Preferred specimen: Test performed on soft and diarrheal stools ONLY. Test is performed daily, 0700-2300.

Shipping and Handling Instructions

Test performed on soft or diarrheal stools ONLY. Others may be cancelled as: Test not indicated on formed stools. Specimen may be refrigerated if transport or testing is delayed for more than 8 hrs. Do not freeze specimen. Specimen stability is 24hrs.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CUP	Yes	

Test Name WEST NILE VIRUS CSF
Code: 1230100115

Synonyms

WNCSF

Collection Requirements

None Listed

Shipping and Handling Instructions

None Listed

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	STERILE CONTAINER	Yes	

Test Name WEST NILE VIRUS IGG, CSF
Code: 1230101506

Synonyms

WNV
ARBOVIRUS
VIRAL ENCEPHALITIS
0050238
WNV IGG

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 2 mL CSF to an ARUP Standard Transport Tube. (Min: 0.15 mL). STABILITY:
Refrigerated: 2 weeks; Ambient: 8 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	Yes	

Test Name WEST NILE VIRUS IGG, SERUM
Code: 1230500106

Synonyms

WEST NILE IGG
0050234

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute spe*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name WEST NILE VIRUS IGM, CSF
Code: 1230101507

Synonyms

WNV IGM
ARBOVIRUS
VIRAL ENCEPHALITIS
0050239

Collection Requirements

None Listed

Shipping and Handling Instructions

Transfer 2 mL CSF to an ARUP Standard Transport Tube. (Min: 0.15 mL). STABILITY:
Refrigerated: 2 weeks; Ambient: 8 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	Yes	

Test Name WEST NILE VIRUS IGM, SERUM
Code: 1230500083

Synonyms

WEST NILE IGM
0050236

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute spe*

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name WET PREP
Code: 1230100161

Synonyms

MB-WET
GENITAL
WET MOUNT

Collection Requirements

vaginal discharge placed in a leakproof container or a vaginal swab placed into a tube with 5-10 drops of saline (approx 0.5 mL). Do not exceed 1mL saline. Male urethral discharge collected on a cotton or rayon swab and placed into a tube with 5-10 drops (approx 0.5 mL) of sterile saline.

Shipping and Handling Instructions

This test is considered STAT, must be processed immediately. Test must be transported to the laboratory within 1 hour of collection. Orders must be cancelled if this criteria is not met.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes
DH PAV C WOMENS CARE LAB	Routine	6 Hours
DH PAV C WOMENS CARE LAB	STAT	60 Minutes
DH PAV G WEBB LAB	Routine	6 Hours
DH PAV G WEBB LAB	STAT	60 Minutes
DH PAV H STD LAB	Routine	6 Hours
DH PAV H STD LAB	STAT	60 Minutes
EASTSIDE LAB	Routine	6 Hours
EASTSIDE LAB	STAT	60 Minutes
LA CASA LAB	Routine	6 Hours
LA CASA LAB	STAT	60 Minutes
LOWRY LAB	Routine	6 Hours
LOWRY LAB	STAT	60 Minutes
MONTBELLO LAB	Routine	6 Hours
MONTBELLO LAB	STAT	60 Minutes
PARK HILL LAB	Routine	6 Hours
PARK HILL LAB	STAT	60 Minutes
WESTSIDE LAB	Routine	6 Hours
WESTSIDE LAB	STAT	60 Minutes
WESTWOOD LAB	Routine	6 Hours
WESTWOOD LAB	STAT	60 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	SWAB	Yes	

Test Name WHITE BLOOD COUNT
Code: 1230100204

Synonyms

WBC

Collection Requirements

Invert immediately and gently mix with anticoagulant.

Shipping and Handling Instructions

Refrigerate samples at 2-8 C if unable to analyze within 24 hours of collection. Stable for 72 hrs when stored at 2-8 C and 24 hrs at RT.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	LAVENDAR BULLET - K2 EDTA	No	
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name WOUND CULTURE
Code: 1230100482

Synonyms

SKIN
CULTURE
WOUND CX

Collection Requirements

Aspirate in capped syringe or sterile container or Culturette swab collected from: abscess, wound infection of soft tissue or skin, lesion or cellulitis, ulcer, drainage, aspirate from vesicle, bullae, or lymph node, hardware/foreign bodies such as pins, screws, metal plates, etc. in a sterile container.

Shipping and Handling Instructions

STAT requests and all O.R. specimens are processed immediately. Routine specimens may be held in the Microbiology refrigerator for processing by the day shift.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	SWAB	No	

Test Name YERSINIA CULTURE
Code: 1230101574

Synonyms

PESTIS
YERC

Collection Requirements

Stool submitted in Cary-Blair Preservative, yellow vial (included in the ParaPak collector system available from Central Supply). Add specimen to the vial to reach the FILL LINE. Cap and mix thoroughly. Fresh feces in a sterile container within 2 hours of collection.

Shipping and Handling Instructions

Routine specimens may be held in the Microbiology refrigerator for processing by the day shift.

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CARY-BLAIR MEDIA	Yes	

Test Name ZINC
Code: 1230101510

Synonyms

ZN
0020097
ZINC

Collection Requirements

None Listed

Shipping and Handling Instructions

Do not allow serum or plasma to remain on cells. Centrifuge and pour off serum or plasma ASAP or within 2 hours of collection. Transfer 2 mL serum or plasma to an ARUP Trace Element-Free Transport Tube (ARUP supply #43116). (Min: 0.5 mL). STABILITY: If *

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	ROYAL BLUE - K2 EDTA	No	
ARUP LAB	ROYAL BLUE PLAIN	Yes	

Test Name ZINC PROTOPORPHYRIN
Code: 1230101511

Synonyms

ZN
0020605
ZPP

Collection Requirements

None Listed

Shipping and Handling Instructions

Transport 1 mL whole blood. (Min: 0.2 mL). STABILITY: Refrigerated: 5 weeks; Ambient: 30 hours; Frozen: Unacceptable

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	
ARUP LAB	ROYAL BLUE - K2 EDTA	No	

Test Name ZONISAMIDE QUANTITATIVE
Code: 1230500070

Synonyms

ZONISAMIDE Q
0097908

Collection Requirements

None Listed

Shipping and Handling Instructions

Separate serum or plasma from cells within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Refrigerated: 1 week; Ambient: 1 week; Frozen: 6 weeks

Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED TOP -PLAIN	Yes	