

IH Guide to Laboratory Services Test Directory

| Lab Test Name/ Alternate Names | Lab Mnemonic/ Order Entry (OE) Name | Sample Requirements | Collection Container | Processing information | Testing Site/Required Requisition |
|-------------------------------------|--|------------------------|---|---|---|
| Test Name Alternate names | Lab mnemonic Order Entry (OE) Name | Sample Type | Tube type or collection container | Processing, storage and transport information Samples requiring centrifugation must be spun within 2hrs of collection. Samples are stored and shipped refrigerated unless otherwise indicated. | Testing site and any required requisitions |

Important Note: Critical or irreplaceable samples for referral outside of Interior Health may require consultation with the local laboratory prior to collection, to ensure samples can arrive at the testing facility within an appropriate time frame for testing. I.e., samples collected before a stat holiday or on a weekend may incur transport delays due to local courier schedules.

Important Note: Some lab tests have specific time or days of collection, location, or shipping requirements, i.e. semen analysis, sweat chloride, cryoglobulins, cryofibrinogen, flow cytometry, CD4/CD8, etc. Appointments need to be booked by calling the laboratory directly. If appointments are booked online or through the call centre, lab staff may request rescheduling upon arrival. Book a lab test [here](#).



*For assistance with tests that are not found in the Guide to Lab Services Test Directory or Meditech, please contact the on call Clinical Biochemist (250-258-3880), Hematopathologist or Pathologist as applicable.

For the **Guide to Microbiology** specimen ordering, collection and transport click [here](#)



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----|--|--|--|---|---|---------------------------------------|
| 14 | 14-3-3 Protein | See Microbiology Guide to Specimen Ordering Collection & Transport | Microbiologist-on-call must be consulted before collecting specimen suspected of Creutzfeldt-Jakob disease. Special Laboratory precautions required. Collect CSF sample aseptically. Ensure cap is securely sealed. | Sterile CSF collection tube | | |
| 17 | 17-Hydroxyprogesterone | PROG17H 17-Hydroxyprogesterone | Serum | RTT | Allow to clot upright for at least one hour. Centrifuge and aliquot Store and ship frozen | St.Paul's Hospital |
| 17 | 17-Ketogenic Steroids Cortisol 24hr urine 17-OH Hydroxysteroids 17-OH-Corticosteroids Hydrocorticosteroids 17-Ketosteroids | U24CORTF Free Cortisol- 24h urine | Provide 24hr Urine Patient Collection Instructions Refrigerate specimen during collection until delivery to lab Indicate Start and Finish Date and Time on requisition On adult females and children, order DHEAS and Testosterone. | 24hr urine collection container No preservative | Measure and record total volume of specimen, then aliquot 50 mL sample. Store and ship frozen to referral site. | VGH |
| 5 | 5HIAA - 24 hr Urine Serotonin metabolites 5-Hydroxy Indole Acetic Acid VMA | U245HIAA 5HIAA-24h urine | Provide 24r Urine Patient Collection Instructions Refrigerate specimen during collection until delivery to lab Indicate Start and Finish Date and Time on requisition Note: Container contains acid Care must be taken to prevent injury from acid in container during collection. | 24hr urine collection container 15mL 6N HCL added prior to collection | Measure and record total volume and pH. Adjust Aliquot 20 mL into sterile screw cap container. Store and ship refrigerated to referral site. | VGH |



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|---|--|--|--|-------------------------|--|---------------------------------------|
| 7 | 7-Dehydrocholesterol (7-DHC) SLOS Dehydrocholesterol Plasma Sterol Cholesterol Biosynthesis Disorder Smith Lemli-Opiz Sterol Profile | 7DHC | Serum or LiHep Plasma 8 hour fasting sample preferred. Protect from light | RTT or LiHep- no gel | Protect sample from light until tested. Allow RTT sample to clot a minimum of 60 min at room temperature. Centrifuge and separate within 2 hours of collection. Aliquot 2 mL serum (min 1 mL), wrap in foil to protect from light and freeze. Ship frozen to referral site. | BC Women's and Children's |
| A | ABO Group and Rh Blood group only | BLDGRPONLY ABO Group & RH Type Only | EDTA Whole blood | EDTA 2 x 6 mL | Contact local IH Transfusion Medicine department for more information. | |
| A | Acetaminophen Tylenol Tempra | ACET Acetaminophen | Serum (SST tube) preferred Plasma (PST tube) can be collected for STAT or Urgent orders when testing is performed on site | SST/PST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store refrigerated after centrifugation. Ship refrigerated to testing site. Serum may be shipped in primary tube. Plasma must be aliquoted. | Most IH Sites |



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|----------|---|--|--|-------------------------|---|---|
| A | Acetone Isopropanol metabolite | VOLALC Acetone Includes: Methanol, Acetone and Isopropanol | Plasma or serum 2 tubes | PST/SST | * Refer to "Performing Osmolar Gap for Volatile Alcohol and/or Ethylene Glycol Test Requests" Procedure for specific instructions. * NOTE: Include a copy of test results if sample is sent to VGH. Collect: PST / SST Specimen specifics: Centrifuge both tubes. Tube 1: Perform any available on-site testing. If OSMO testing is not performed on site, ship both tubes refrigerated to OSMO testing site. Tube 2: DO NOT OPEN. Store and ship UNOPENED tube refrigerated to referral site. IH Pathologist or Biochemist approval required prior to shipping sample to VGH. Send to sites/options: XVGH | VGH |
| A | Acetylcholine Receptor Antibodies ACHR Antibodies Myasthenia Gravis Evaluation | ACERAB Acetylcholine Receptor Ab You may also use this code for orders for: Acetylcholine Receptor Antibodies with reflex Muscle Specific Tyrosine Kinase Antibodies (MuSK Ab) | Serum For STAT testing call 604-822-7175 prior to sample send out. Sample must be received at referral laboratory before 11am to be processed the same day. | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge and aliquot 5 mL (min vol 1 mL) Store and ship frozen to referral site. | VGH (Forward to UBC via VGH) Submit completed BC Neuroimmunology Laboratory Requisition with specimen. Requisition is also available from the Lab Teamsite. |
| A | Acid Phosphatase | Test not available | | | | |



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|---|---|--|--|-------------------------|---|---------------------------------------|
| A | ACTH Stimulation Test Cortisol timed response to ACTH | ACTHSTIM ACTH Stimulation Test | Collect baseline Cortisol Collect 30 min post-dose Collect 60 min post-dose Consult performing site for requirements. Pre-booking may be required. | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store and ship cool to referral site. Minimum: 1 mL serum | EKRH, KBRH, KGH, PRH, RIH, VJH |
| A | ACTH Stimulation Test Pediatric High Dose | ACTHSTIMPEDHD | Collect baseline Collect 60 mins | RTT | Allow RTT sample to clot a minimum of 60 min at room temperature. Centrifuge and separate within 2 hours of collection Aliquot and freeze in False Bottom Tube (FBT) Store and ship frozen All tests shipped to St. Paul's | St. Paul's Hospital |
| A | ACTH Stimulation Test Pediatric Low Dose | ACTHSTIMPEDLD | Collect baseline Cortisol Collect 20 min post-dose Collect 30 min post-dose | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge and separate within 2 hours of collection Store and ship cool to referral site | EKRH,KBRH,KGH,PRH,RIH,VJH |
| A | Acylcarnitine - Profile Carnitine Acyl | ACARN Acylcarnitine Profile | Blood spot card 2 spots (minimum) completely filled Order for screening and monitoring | Blood spot card | Allow 3 hours drying time before inserting into mailing sleeve. Indicate"Acylcarnitine" on the card | BC Children's and Women's Hospital |
| A | Acylcarnitine - serum | ACARNS Acylcarnitine (serum) | Serum - 0.5 mL min <i>Requisition must specifically state "serum acylcarnitine"</i> Order only when specifically requested by pediatrician | RTT | Allow RTT sample to clot a minimum of 60 min at room temperature. Centrifuge and aliquot. Ship 1 mL frozen to referral site. | BC Children's and Women's Hospital |



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|----------|--|--|---|--------------------------|---|--|
| A | Adalimumab Humira Hadlima | ADALIMUMAB Add VCT to order if required. (See User Notes for VCT). | Serum Collect specimen just before drug administration. All tests on the requisition should be sent to DynaCare for testing. Outpatients should present with a prepaid waybill for shipping. If patients do not present with a kit/prepaid waybill contact *See 'biologics' for additional information. | RTT/SST | Allow SST sample to clot a minimum of 30 min at room temperature. Allow RTT sample to clot a minimum of 60 min at room temperature. Centrifuge and separate within 2 hours of collection. Aliquot 1mL (min). Store and ship frozen to referral site. | DynaCare, Laval, Quebec 3885, boul. Industriel Laval, QC, H7L 4S3 Inpatients contact Clinical Biochemist (250-258-3880) for approval. |
| A | ADAMTS-13 von Willebrand factor cleaving protease Testing must be ordered by a Hematopathologist or Pathologist approval is required. | ADAMTS-13 | NaCit | NaCit (2.7mL) 2 tubes | Centrifuge sample immediately. Prepare Platelet Poor Plasma and freeze within 2 hours of collection. Refer to HE 0006 Preparing Platelet Poor Plasma. Aliquot 1-1.5mL minimum into separate aliquot tubes. Do not pool the aliquots. Freeze immediately at -20°C. Store and ship frozen. | VGH |
| A | Adrenal Antibodies Anti-21 hydroxylase antibodies | ADRENALAB | Serum | RTT | Allow RTT sample to clot a minimum of 60 min at room temperature. Centrifuge and separate within 2 hours of collection. Aliquot 2 mL serum Store and ship frozen to referral site. | Send via KGH to Royal Jubilee Hospital, Victoria BC |



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| A | Adrenal Vein ACTH Challenge Adrenal Vein Sampling (includes aldosterone and cortisol) | ADRENAL Adrenal V ACTH Challenge | Baseline plasma samples are drawn from the right renal vein, left renal vein and IVC (in that order). ACTH is administered and the collection is repeated, following the same order (right, left, IVC) Label each tube as pre or post and identify site | EDTA (3mL) | Aliquot and freeze a 1 mL aliquot per collection, for a total of 6 aliquots. Label each aliquot as pre or post and identify site Send frozen. | St. Paul's Hospital |
| A | Adrenocorticotrophic Hormone Plasma ACTH | ACTH Adrenocorticotrophic Hormone Note: Collection for this test is at select locations only. Please confirm availability with local laboratory. | EDTA Plasma Collect on ice Deliver immediately to lab | EDTA (3mL) Collect into pre-chilled tube, keep tube on ice after collection and deliver to lab immediately for processing. To pre-chill tube prior to collection, place one cup crushed ice into biohazard bag. Place tube in second biohazard bag (to keep dry) and place in crushed ice bag. | Centrifuge sample in a temperature controlled centrifuge at 4°C as soon as possible after collection (within 15 minutes). Aliquot minimum 1mL into a False Bottom Tube and freeze. Store and ship frozen. | St. Paul's Hospital |
| A | AFB Acid-Fast Bacilli | | See Microbiology Guide to Specimen Ordering Collection & Transport | | | |



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| A | AFP-Fluid | BFAFP Alpha Fetoprotein Fluid | Place fluid in sterile container | Sterile screw cap container | Aliquot 1 mL (min) and ship cool to referral testing site. | KGH - Consult with Biochemist prior to testing. |
| A | Alanine Aminotransferase SGPT, GPT Glutaminic Pyruvic Tranaminase | ALT ALT | Serum (SST tube) preferred Plasma (PST tube) can be collected for STAT or Urgent orders when testing is performed on site | SST/PST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store refrigerated after centrifugation. Ship refrigerated to testing site. Serum may be shipped in primary tube. Plasma must be aliquoted. | Most IH Sites |
| A | Albumin - Dialysate | DIALALB Albumin Peritoneal Dialysate | Peritoneal dialysate fluid | Sterile screw cap container - or - RTT or SST | Aliquot 2 mL and centrifuge. Store refrigerated. | Most IH Sites |
| A | Albumin - Fluid | BFALB Albumin Fluid | Heparinized fluid preferred Mix specimen well by inverting 6-8 times Indicate Fluid type | GRN-LiHep without gel or No additive tube or Sterile screw top container | Aliquot 1 mL (min) and ship cool to referral testing site. | EKRH, KBRH, KGH, PRH, RIH, VJH |
| A | Albumin | ALB Albumin | Serum (SST tube) preferred Plasma (PST tube) can be collected for STAT or Urgent orders when testing is performed on site | SST/PST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store refrigerated after centrifugation. Ship refrigerated to testing site. Serum may be shipped in primary tube. Plasma must be aliquoted. | Most IH Sites |



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| A | Albumin/Creatinine Ratio Microalbumin Microalbumin ratio ACR A/C ratio | ACR or URMALB ALBCR, A/C ratio, Microalbumin | Refrigerate specimen until delivery to lab. | Sterile screw cap container | Aliquot 4mL into 12x75 (5mL) plastic tube. Store and ship aliquot refrigerated to referral testing site. | EKRH, KBRH, KGH, RIH |
| A | Aldolase | ST Lab only: Order Send Out Test | Serum | RTT | Allow RTT sample to clot a minimum of 60 min at room temperature. Centrifuge and aliquot 1mL serum. Store and ship frozen to referral site. | ICL DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval. |
| A | Aldosterone – Urine | U24ALDO Aldosterone-24h urine | Provide 24hr Urine Patient Collection Instructions Patient should be off β -blockers and diuretics for 2 weeks prior to test. Refrigerate specimen during collection until delivery to lab. Indicate Start and Finish Date and Time on requisition. Record patients height and weight on requisition | 24hr urine collection container No preservative | Measure and record total volume. Aliquot 50 mL sample into sterile screw cap container. Store and ship frozen to referral site. Record patient height and weight | St. Paul's Hospital |



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| A | Aldosterone St. Paul's will provide Renin Aldosterone ratio when both tests (REN and ALDO) are ordered together | ALDO Aldosterone Note: Collection for this test is at select locations only. Please confirm availability with local laboratory. | EDTA Plasma Collect on ice Deliver immediately to lab Specify posture on requisition: Supine: Collect after patient has been lying down for 1 hour. Upright: Collect after patient has been awake and moving around or seated upright for at least 2 hours. Random: Collect after 5-15 minutes in seated position | EDTA (3mL) Collect into pre-chilled tube, keep tube on ice after collection and deliver to lab immediately for processing. To pre-chill tube prior to collection, place one cup crushed ice into biohazard bag. Place tube in second biohazard bag (to keep dry) and place in crushed ice bag. | Centrifuge sample in a temperature controlled centrifuge at 4°C as soon as possible after collection (within 15 minutes). Aliquot minimum 1mL and freeze immediately. Store and ship frozen. | St. Paul's Hospital |
| A | Alkali Denaturation Test APTS, ADT | FETHGB (in BBK module) | Contact local Transfusion Services lab for more information | | | |
| A | Alkaline Phosphatase Isoenzymes Alkaline Phosphatase Fractionated | ALKIS | Plasma or Serum | SST/PST | Centrifuge within 2 hours of collection. Aliquot 2mL serum. Store and ship refrigerated to referral site. Only performed if ALK Phos is elevated. Include ALK result. | VGH |



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|---|---|--|--|---------------------------------------|--|--|
| A | Alkaline Phosphatase | ALK Alk Phos | Serum (SST tube) preferred Plasma (PST tube) can be collected for STAT or Urgent orders when testing is performed on site | SST/PST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store refrigerated after centrifugation. Ship refrigerated to testing site. Serum may be shipped in primary tube. Plasma must be aliquoted. | Most IH Sites |
| A | Allergen Specific IgE Antibody Test (LifeLabs) Specific Allergen IgE Request RAST | ALLERGENIGE RAST <i>NOTE: Sample will be sent to LifeLabs when their requisition is submitted</i> | Serum MSP only covers 5 allergens per patient per year unless ordered by an allergy specialist. Requisitions received without reason for testing selected will be rejected. CW no longer offers testing for Food Mix, Nut Mix and Seafood Mix. In addition, the indication for testing must be selected by the ordering provider to avoid tests being cancelled: - A history of life-threatening or severe allergic reactions - Patient with skin disease for whom skin tests cannot be done - Allergic bronchopulmonary aspergillosis | SST If >20 tests, collect 2 SST | Aliquot and ship 2mL (minimum). Store and ship refrigerated. | Specific Allergen IgE Request to be complete and signed by physician Note: Choose the appropriate requisition for the desired testing facility to send the specimen. Specific Allergen IgE Request (Lifelabs Requisition) Note: If sending to CW, only those tests that are listed on the CW Allergy Requisition (ver. 04/2022) will be accepted and tested at CW. Requisition: http://teamsites.interiorhealth.ca/sites/Clinical/IHLS/Shared%20Documents/CW%20Allergy%20Requisition%20revised%20April%202022.pdf Other test requests not listed on the CW requisition, i.e. on a LifeLab requisition, or in the “Additional Allergens” field, must be sent to Lifelabs. |



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|---|--|-------------------------------------|---|---|---|---------------------------------------|
| A | Alpha Fetoprotein | AFP Alpha Fetoprotein | Serum <i>Order for non-maternal testing only. For maternal perinatal AFP order AFPM.</i> | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store and ship refrigerated to referral site if shipping within 4 days of collection. If shipping delayed more than 4 days: Aliquot 1ml serum. Store and ship frozen to referral site | KGH, PHSA Tumor Marker Lab |
| A | Alpha- Glucosidase Pompe disease - bloodspot Acid maltase Glycogen storage II GAA | ALPHAGLUC | Venipuncture - sodium heparin or lithium heparin tube no gel Collect min volume 0.5mL Use disposable pipet to fill bloodspot card within 1 hour of collection. Capillary - follow collection instructions on reverse of card. Wipe away first blood drop as it contains tissue fluids which may dilute the sample. | Blood spot card or NaHep no gel or LiHep no gel | Fill out patient demographics on the card. At the bottom of the card, check the empty field box, and write the test name. Apply no more than 100 microliters of blood (1 drop) per circle. Blood must soak through to the back of the card. 4. Let bloodspot card dry on flat surface at room temperature for 3-4 hours. Do not stack wet bloodspot cards. Do not expose to heat or direct sunlight. 5. Once dry, place bloodspot card in sealed plastic bag. 6. Store in 4°C fridge until shipping. | BCCH |
| A | Alpha-1-Antitrypsin AAT Alpha-1 AT | A1AT | Serum | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Aliquot 1mL serum. Store and ship refrigerated to referral site. | St. Paul's Hospital |



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|---|--|--|---|-------------------------|---|--|
| A | Alpha-1-Antitrypsin Phenotype / Genotype | A1ATPG Alpha-1-Antitrypsin Pheno/Geno | Serum and whole blood | RTT and EDTA (2mL) | Allow RTT sample to clot a minimum of 60 min at room temperature. Centrifuge and separate within 2 hours of collection and ship frozen (minimum 1 mL). Send EDTA frozen, unopened, unspun. St. Paul's will perform the phenotype and forward the EDTA for genotyping (if indicated). Alpha 1 Antitrypsin Genotyping (providencelaboratory.org) | St. Paul's Hospital Specimens must be accompanied by the following requisition SPH Alpha-1-Antitrypsin Genetic Requisition |
| A | Alpha-1-Antitrypsin (Fecal) | ST Lab only: Order Send Out Test | Stool, Random (10g minimum) in dedicated container | Sterile Container | Freeze within 30 minutes of collection Ship frozen. | ICL (ICL will forward to Quest) DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval. |
| A | Alpha-1-Fetoprotein Maternal - Amniotic Fluid | ST Lab only: Order Send Out Test | Amniotic Fluid | Sterile Container | Store and ship frozen. | BC Children & Women's Hospital Prenatal Genetic Screening Laboratory Requisition |



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|---|--|---|---------------------|-------------------------|---|---|
| A | Alpha-1-Fetoprotein Maternal - Serum MASFP Maternal Serum Alpha-fetoprotein | AFPM Alpha 1-Fetoprotein Maternal | Serum | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge and aliquot 3 mL serum. Store and ship frozen. | BC Children & Women's Hospital Prenatal Genetic Screening Laboratory Requisition |
| A | Alpha-1-Glycoprotein Orosomuroid alpha-1-acid-glycoprotein | A1GP Alpha 1 Glycoprotein | Serum | RTT | Allow RTT sample to clot a minimum of 60 min at room temperature. Centrifuge and aliquot 1mL serum. Store and ship frozen to referral site. | ICL DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval. |



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|---|---|---|--|-------------------------|--|---|
| A | Alpha-2-Macroglobulin α-2-Macroglobulin | ST Lab only: Order Send Out Test | Serum | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge and aliquot 1ml serum. Store and ship refrigerated to referral site. | <u>ICL</u> DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval. |
| A | Alpha-Galactosidase Fabry disease | ALPHAGALAC | Venipuncture - sodium heparin or lithium heparin tube no gel Collect min volume 0.5mL Use disposable pipet to fill bloodspot card within 1 hour of collection. Capillary - follow collection instructions on reverse of card. Wipe away first blood drop as it contains tissue fluids which may dilute the sample. | Blood spot card | Fill out patient demographics on the card. At the bottom of the card, check the empty field box, and write the test name. Apply no more than 100 microliters of blood (1 drop) per circle. Blood must soak through to the back of the card. 4. Let bloodspot card dry on flat surface at room temperature for 3-4 hours. Do not stack wet bloodspot cards. Do not expose to heat or direct sunlight. 5. Once dry, place bloodspot card in sealed plastic bag. 6. Store in 4°C fridge until shipping. | BCCH |



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| A | Aluminum | ALU Aluminum (Al) | <p>*Instructions are for whole blood samples, confirm sample type as per approval from BC Agency. Contact a Clinical Biochemist at 250-258-3880 if you have an approval letter with an alternate sample type.</p> <p>Environmental contamination of specimen must be avoided: Keep collection tubes in a bag and dust free until use.</p> <p>Mix 8 times and store upright to minimize contact with rubber lid.</p> <p>Samples cannot be sent in the pneumatic tube.</p> | Dark Blue (K2EDTA) Trace metal tube | Send whole blood. Do not open or separate. Send refrigerated. | ICL DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval. For RCMP request, OOP approval is not required. Sample can be collected and shipped, lab must fax requisition for correct billing to: 250-314-2791 ATTENTION: Billing |
| A | Amikacin - Peak Aminoglycoside Antibiotic | AMIKP Amikacin-Peak | Plasma/Serum Peak - Collect specimen 30 minutes after completion of IV infusion - or - 60 minutes following IM injection <i>Collection at the exact time is imperative to ensure accurate results. Lab must be notified of any medication administration timing change.</i> | PST/SST | Centrifuge within 2 hours of collection. Aliquot within 2 hours of collection. Aliquot 1mL serum. Store and ship refrigerated to referral site. | VGH |



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| A | Amikacin - Random Aminoglycoside Antibiotic | AMIKR Amikacin-Random | Plasma/Serum | PST/SST | Centrifuge within 2 hours of collection. Aliquot within 2 hours of collection. Aliquot 1mL serum. Store and ship refrigerated to referral site. | VGH |
| A | Amikacin - Trough Aminoglycoside Antibiotic | AMIKT Amikacin-Trough | Plasma/Serum Trough - Collect specimen 30 min prior to dose (either IV infusion or IM administration) <i>Collection at the exact time is imperative to ensure accurate results. Lab must be notified of any medication administration timing change.</i> | PST/SST | Centrifuge within 2 hours of collection. Aliquot within 2 hours of collection. Aliquot 1mL serum. Store and ship refrigerated to referral site. | VGH |
| A | Amino Acids - 24 hr Urine | ST Lab only: Order Send Out Test | Only performed if patient is a known Cystinuria. For a routine cystinuria screen, collect a random urine amino acid. Must be a dedicated sample for both random and 24hr urine collections. Provide Patient Collection Instructions 24hr Urine Refrigerate specimen during collection until delivery to lab Indicate Start and Finish Date and Time on requisition | 24hr urine container | Contact Biochemical Genetics lab at BC C&WH for more information. Call 1-604-875-2345, ext. 7436 prior to starting collection. | BC Children's and Women's Hospital |



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| A | Amino Acids Plasma | AMINO Amino Acids Note:Collection for this test is at select locations only. Please confirm availability with local laboratory. | LiHep plasma no gel NaHep plasma no gel Collect on ice Deliver immediately to lab Fasting required: For infants under 1 yr: Draw specimen prior to feeding. For children 1-18: 3 to 4 hours fast acceptable. For adults: Overnight fast. | Li Hep no gel Na Hep no gel Collect into pre-chilled tube, keep tube on ice after collection and deliver to lab immediately for processing. To pre-chill tube prior to collection, place one cup crushed ice into biohazard bag. Place tube in second biohazard bag (to keep dry) and place in crushed ice bag. | Centrifuge sample as soon as possible after collection (within 15 minutes). Aliquot minimum 0.5mL and freeze. Store and ship frozen. | BC Children & Women's Hospital Biochemical Genetics Lab Requisition |
| A | Amino Acids Screen - Urine Urine Amino Acid Chromatography | URAMINO Amino Acid Screen-R Urine | Urine - First morning random urine, freeze immediately Consecutive voids may be added together if unable to obtain 20 mL at once. Freeze during collection period. | Sterile screw cap container | Freeze entire sample (20 mL minimum). Accumulate all voids until 20 mL minimum has been collected. Ship frozen to BCCH. Plasma Amino Acid specimen is preferred sample. Include diagnosis on requisition | BC Children & Women's Hospital Biochemical Genetics Lab Requisition |
| A | Amiodarone | AMIOD Amiodarone | Serum To monitor therapy, draw trough sample just prior to next dose. | RTT | Allow sample to clot a minimum of 60 min at room temperature. Centrifuge within 2 hours of collection. Aliquot 3 mL (1 mL min) serum. Store and ship cool to referral site. | Provincial Toxicology Centre Note: PTC will forward sample to ICL for testing. No OOP approval required. |



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|---|----------------------------------|--|--|--|---|---------------------------------------|
| A | Amitriptyline Elavil | AMITRIP Amitriptyline | Serum Patient should be on dose 7 days prior to collection. Collect prior to dose. | RTT | Allow RTT sample to clot a minimum of 60 min at room temperature. Centrifuge within 2 hours of collection. Aliquot 1 mL (0.5 mL min) serum. Store and ship cool to referral site. Indicate date and time of last dose. | Provincial Toxicology Centre |
| A | Ammonia PNH3 NH3 | AMM or NH3 Ammonia (NH3) Note: Collection for this test is at select locations only. Please confirm availability with local laboratory. | Lithium Heparinized Plasma Collect on ice Deliver immediately to lab | PST (3mL) Collect into pre-chilled tube, keep tube on ice after collection and deliver to lab immediately for processing. To pre-chill tube prior to collection, place one cup crushed ice into biohazard bag. Place tube in second biohazard bag (to keep dry) and place in crushed ice bag). | Centrifuge sample in a temperature controlled centrifuge at 4°C as soon as possible after collection (within 15 minutes). Sites without refrigerated centrifuges: Centrifuge immediately; not to exceed 15 minutes post collection. Analyze immediately. Sites referring test out: Immediately separate plasma into a small vial with minimal headspace. Obtain aliquot tubes from larger sites (RIH, KGH, EKRH, KBRH). Ordered one bag of 500/listed area. erex#1022963 (VWR 89004-316). Freeze immediately preferably at -25C; ship frozen. Stable frozen for up to 24 hours. Testing Site: Thaw and test immediately upon receipt. | EKRH, KBRH, KGH, PRH, RIH, VJH |
| A | Amniocentesis | AMNIO Amniocentesis | Amniotic fluid Note Expected Date of Confinement (EDC) in Meditech. | Sterile screw cap container or Red top tube | Do not centrifuge. 1.5 mL minimum Store and ship refrigerated to referral site. | Royal Columbian Hospital |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|---|---|---|--|--|--|
| A | Amphetamines - Urine Urine Drugs of Abuse Screen MDMA, Ecstasy | URDRUGS Urine Drug Screen | Refrigerate specimen until delivery to lab. | Sterile screw cap container | Store and ship 50 mL aliquot refrigerated to referral testing site. | Most IH Sites |
| A | Amphetamines Confirmation - Urine Urine Drugs of Abuse Confirmation MDMA, Ecstasy | URDRUGSCONF Urine Drug Confirmation | Refrigerate specimen until delivery to lab. Note: Do only when physician specifically requests confirmatory drug testing. | Sterile screw cap container | Store and ship 50 mL (25 mL min) aliquot refrigerated to referral testing site. Include positive screen report. | LifeLabs |
| A | Amylase - Fluid | BFAMY Amylase Fluid | Heparinized fluid preferred Mix specimen well by inverting 6-8 times Indicate Fluid type | GRN-LiHep without gel or No additive tube or Sterile screw top container | Centrifuge prior to testing. Store and ship refrigerated to testing site. | KGH, RIH |
| A | Amylase – Random Urine or Urine 24 hr | Not orderable in Meditech. | Urine amylase (random or 24 hr) is not available in the province. Physician must contact IH Clinical Biochemist (250-258- 3880) | | | Consult Clinical Biochemist |
| A | Amylase | AMY Order lipase unless approved by IH Clinical Biochemist (250-258- 3880) or patient has a requisition from transplant clinic | Serum (SST tube) preferred Plasma (PST tube) can be collected for STAT or Urgent orders when testing is performed on site. For transplant patients, order both amylase and lipase only if requested on the requisition. | SST/PST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store refrigerated after centrifugation. Do not freeze. Ship refrigerated to testing site. Serum may be shipped in primary tube. Plasma must be aliquoted. | KGH, RIH If required contact IH Clinical Biochemist (250-258-3880) |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|---|--|--|-----------------------------|--|--|
| A | ANA - Fluid | Not orderable in Meditech. Physician must contact IH Clinical Biochemist (250-258-3880) | | | | Contact IH Clinical Biochemist (250-258-3880) |
| A | Androstenedione | ANDRO Androstenedione | Serum | RTT | Allow RTT sample to clot a minimum of 60 min at room temperature. Centrifuge and separate within 2 hours of collection. Aliquot 2 mL minimum. Store and ship cool to referral site. | Lifelabs |
| A | Angiotensin Converting Enzyme ACE | CSFANGCE Angiotensin Converting Enzyme | CSF Number tubes in the order they are collected. Samples must be hand delivered to lab immediately following collection. | Sterile CSF collection tube | Centrifuge and aliquot 1mL minimum into sterile aliquot tube. Store and ship refrigerated to referral site. Clearly mark if sample type is CSF. Stability is 15 days, if shipment delayed send sample frozen. | <u>ICL</u> DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval. |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|---|--|---------------------|-------------------------|---|---------------------------------------|
| A | Angiotensin Converting Enzyme ACE | ANGCE Angiotensin Converting Enzyme | Serum | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge and aliquot 1mL serum. Store and ship frozen to referral site. Sample may be shipped refrigerated if sample can arrive <72 hrs at testing site. | Royal Jubilee Hospital |
| A | Anti-AMPA Receptor | See MITOREF Lab Order Only | | | | |
| A | Anti-Aquaporin 4 Neuromyelitis Optica, Devic's Disease, NMO/Aquaporin 4 | See MITOREF Lab Order Only | | | | |
| A | Anti-Cardiolipin Antibody Cardiolipin Antibody | ANTICARD Anti Cardiolipin Antibody | Serum | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Aliquot 2mL (min) serum Store and ship frozen to referral testing site. | VGH |
| A | Anti-centromere Centromere Ab | | See ENA | | | |
| A | Anti-Cyclic Citrullinated Peptide Antibody | ANTICCP Anti CCP | Serum | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Aliquot 1mL (min) serum Store and ship frozen to referral testing site. (Mon-Thurs only) | VGH |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|---|---|--|-------------------------|---|---|
| A | Anti-deamidated gliadin Ab Anti-DGP Anti-gliadin Ab | ANTIDGP | Serum Test requires Biochemist or pathologist approval prior to collecting. | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Ship refrigerated if arrives within 7 days, otherwise aliquot 2mL and ship frozen. | Send via KGH to Royal Jubilee Hospital, Special Hematology, Victoria, BC |
| A | Anti-Dipeptidyl Aminopeptidase-like 6 Anti-DPPX | See MITOREF Lab Order Only | | | | |
| A | Anti-Diuretic Hormone Arginine Vasopressin ADH | See COPEPTIN | Test no longer available. Copeptin is replacement test | | | |
| A | Anti-DNase B Streptococcus pyogenes Anti-Streptolysin O Ab. Group A Streptococcus | DNASE Anti-Dnase B Antibodies | Serum | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Aliquot 2mL serum Store and ship refrigerated to referral testing site. | BCCDC Zoology Requisition Order under "other tests" in bacteria box |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|----------------------------------|--|---------------------|-------------------------|--|--|
| A | Anti-Endomysial Antibody | ST Lab only: Order Send Out Test | Serum | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge and aliquot 1mL serum. Store and ship frozen to referral site. | ICL DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval. |
| A | Anti-GABAB Receptor | See MITOREF Lab Order Only | | | | |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|--|--|---------------------|-------------------------|--|---|
| A | Anti-GAD GAD 65 | GAD65 If Anti-GAD is ordered on its own with no other Mitogen test (i.e. for diabetes), use this mnemonic and follow CS 0080. If Anti-GAD is ordered with other Mitogen antibody testing (e.g. Paraneoplastic Disease or Neurological Disease Panel), order MITOREF and select all appropriate tests. | Serum | SST RTT acceptable | Allow SST sample to clot a minimum of 30 min at room temperature. Allow RTT sample to clot a minimum of 60 min at room temperature. Centrifuge and separate within 2 hours of collection. Aliquot 1 mL (min) serum (RTT) Store and ship refrigerated to referral site. | ICL DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval and signed consent form. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval. |
| A | Anti-Glomerular Basement Membrane Antibody GLOBMAB, AGBM, Anti-GLOBM | GBM Glomerular Basement Memb Ab | Serum | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hr of collection. Aliquot 1 mL (min). Ship refrigerated to referral site. Recollect grossly hemolyzed or lipemic specimens | RIH, KGH |
| A | Anti-Histone Antibody | Order ANA | | | | |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|--|---|---------------------|-------------------------|--|--|
| A | Anti-IgA Confirmatory | IGAAB Anti-IgA Confirmation Antibody | Serum | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hr of collection. Aliquot and freeze 2 mL serum. Send frozen. | CBS Submit CBS requisition: https://www.blood.ca/sites/default/files/F800014_2020-08-17.pdf Provider must indicate reason for request |
| A | Anti-MAG Anti-myelin associated glycoproteins | See MITOREF Lab Order Only | | | | |
| A | Anti-Mitochondrial Antibody | AMA Anti-Mitochondrial Antibody | Serum | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Aliquot 1mL (min) serum Store and ship frozen to referral testing site. | RIH, KGH |
| A | Anti-MOG Anti-myelin oligodendrocyte glycoproteins | See MITOREF Lab Order Only | | | | |
| A | Anti-Mullerian Hormone AMH | ANTIMUL Anti-Mullerian Hormone | Serum or Plasma | SST/PST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge and aliquot as soon as possible - 1mL serum or plasma. Store and ship frozen to referral site. Thawed samples are unsuitable for analysis. | ICL Test is self pay, have patient sign Form#807643 |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|--|--|---|-------------------------|---|---------------------------------------|
| A | Anti-Neutrophil Cytoplasmic Antibody ANCA MPO PR3 | ANCA Anti Neut Cytoplasmic Antibody | Serum Reject grossly hemolyzed or lipemic specimens | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hr of collection. Aliquot 1 mL (min) in plastic tube with flange cap. Ship refrigerated to referral site Additional Information: ANCA order includes MPO and PR3 (proteinase 3) | KGH, RIH |
| A | Anti-Nuclear Antibody Immunofluorescence | ANAIFA ANA (Immunofluorescence) | Serum | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hr of collection. Store and ship refrigerated to referral site. Min vol 1 mL. | LifeLabs |
| A | Anti-Nuclear Antibody Anti-Nuclear Factor Anti-dsDNA Anti-DNA antibody | ANA Anti-Nuclear Antibody (ANA) | Serum Reject grossly hemolyzed or lipemic specimens | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hr of collection. Aliquot 1 mL (min) serum. Ship refrigerated to referral site Additional Information: Screening test for ANA, dsDNA & ENA6 antibodies (ab). If ANA is negative, ENA testing is not indicated. Results > 1.0 will have reflex testing for ENA 6 screen & dsDNA ab Positive ENA 6 screen will have RNP, Sm, SSA, SSB, Centromere, Scl-70 & Jo-1 ab performed. | KGH, RIH |
| A | Anti-Parietal Cell Antibody | APCA Anti-Parietal Cell Antibody | Serum | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Aliquot 1mL (min) serum Store and ship frozen to testing site. | KGH, RIH |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|--|---|---|-------------------------|--|---------------------------------------|
| A | Anti-Phospholipase A2 Receptor Anti-PLA2R PLA2R | ANTIPLA2 Anti-Phospholipase A2 Receptor | Serum | SST RTT acceptable | Allow SST sample to clot a minimum of 30 min at room temperature. Allow RTT sample to clot a minimum of 60 min at room temperature. Centrifuge within 2 hours of collection. Aliquot 1mL (min) serum. Store and ship refrigerated or frozen. Sample stability <14 days refrigerated and >14 days if frozen. | VGH (Autoimmune Lab) |
| A | Anti-Saccharomyces Cerevisiae Inflammatory Bowel Disease | ASCA Anti-Saccharamyces Cerevisiae | Serum | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Aliquot 1mL (min) serum Store and ship frozen to referral testing site. | VGH |
| A | Anti-Smooth Muscle Antibody | ASMA Anti-Smooth Muscle Antibody | Serum | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Aliquot 1mL (min) serum Store and ship frozen to testing site. | KGH, RIH |
| A | Anti-SSA/Anti-SSB | ANA | See ANA Anti-SSA/SSB is included in the ENA profile. ENA will automatically be ordered on a positive ANA result. | | | |
| A | Anti-Streptolysin O Titre | | See Microbiology Guide to Specimen Ordering Collection & Transport | | | |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|--|---|--|--------------------------|--|---------------------------------------|
| A | Antithrombin III AT3 | AT3 Antithrombin III | NaCit plasma Must know type of heparin and time of last dose. | NaCit (2.7mL) 2 tubes | Centrifuge sample immediately. Prepare Platelet Poor Plasma and freeze within 2 hours of collection. Refer to HE 0006 Preparing Platelet Poor Plasma. Aliquot 1-1.5 mL minimum and freeze immediately at -20°C. Store upright. Ship frozen. Note: AT3, Protein C & Protein S can be done on one aliquot tube. | KGH RIH |
| A | Anti-Thyroglobulin Antibody | ANTITHYR Anti-Thyroglobulin Antibody | Serum | SST | Diagnosis Required. Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Aliquot 0.5 mL serum to False Bottom Tube and freeze. Ship frozen to referral site. | St. Paul's Hospital |
| A | Anti-Thyroid Stimulating Antibody TRAB | THYSTIM or TSHRAB TSH Receptor Antibody | Serum Sample must have no visible hemolysis. Do NOT order for Anti-Thyroglobulin Antibody | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Aliquot 1 mL (min) serum Store and ship frozen to referral testing site. | St. Paul's Hospital |
| A | Apixaban | APIX | NaCit plasma | NaCit (2.7mL) | Centrifuge sample immediately. Prepare Platelet Poor Plasma and freeze within 2 hours of collection. Refer to HE 0006 Preparing Platelet Poor Plasma. Aliquot 1 mL minimum and freeze immediately at -20°C. Store frozen. Ship frozen. | St. Paul's Hospital |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|-----------|---|--------------------------------------|--|-------------------------|---|---------------------------------------|
| A | Apolipoprotein A APO A | APOA Apolipoprotein A | Serum or Plasma | PST/SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hrs of collection. Aliquot minimum 0.5mL. Store and ship refrigerated. | St. Paul's Hospital |
| 26 | Apolipoprotein B APO B | APOB Apolipoprotein B | Serum or Plasma | PST/SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hrs of collection. Aliquot minimum 0.5 mL. Store and ship refrigerated. Diagnosis is Required | St. Paul's Hospital |
| A | Apoprotein E APO E Lipoprotein Genotyping Apolipoprotein E Isoforms | APOEG Apo E Genotyping | EDTA Whole Blood - Do NOT spin | EDTA (2mL) | Whole Blood - Do not open or centrifuge tube. Ship primary tube refrigerated Prior consultation is required or provide lipid profile results | St. Paul's Hospital |
| A | Aquaporin 4 Antibodies | See MITOREF Lab Order Only | | | | |
| A | Aripiprazole Abilify Aristada | ABILIFY | Serum Indicate date and time of last dose on requisition. | RTT | Allow RTT sample to clot a minimum of 60 min at room temperature. Centrifuge and separate serum from cells within 2 hours of collection. Aliquot 2mL (min vol 0.2mL) Store and ship refrigerated. | St. Paul's Hospital |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|----------------------------------|---|--|---|--|---|
| A | Arsenic - 24 hr Urine | U24ARS Arsenic (As)-24h Urine | Provide 24hr Urine Patient Collection Instructions Refrigerate specimen during collection until delivery to lab Indicate Start and Finish Date and Time on requisition. Patient to avoid seafood consumption for five days prior to collection. | 24hr urine collection container No preservative. | Measure and record total volume. Store and ship 10 mL aliquot in sterile screw-cap container refrigerated to ICL. | ICL DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval. |
| A | Arsenic | ARSENIC Arsenic (As) | Dark Blue Trace Metal tube - K2EDTA Contamination of specimen must be avoided. Collection tubes must be covered and dust free until used. Store tubes in plastic bag until use. Mix 8 times and store upright to minimize contact with rubber lid. | Dark blue trace metal tube K2EDTA | Ship primary tube, unopened. Do not centrifuge. Keep upright during storage and shipping Send refrigerated. | ICL DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval. |
| A | ASOT | | See Microbiology Guide to Specimen Ordering Collection & Transport | | | |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|--|---|--|-------------------------|---|--|
| A | Aspartate Aminotransferase AST, SGOT Glutamic Oxaloacetic Transaminase | AST AST | Serum (SST tube) preferred Plasma (PST tube) can be collected for STAT or Urgent orders when testing is performed on site | SST/PST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store refrigerated after centrifugation. Ship refrigerated to testing site. Serum may be shipped in primary tube. Plasma must be aliquoted. | Most IH Sites |
| A | Aspergillus Precipitins | ASPPRECIP Aspergillus Precipitins | Serum *Clinical Indications and diagnosis required | SST or RTT | Allow SST sample to clot a minimum of 30 min at room temperature. Allow RTT sample to clot a minimum of 60 min at room temperature. Centrifuge within 2 hours of collection. SST: ship primary tube RTT: aliquot minimum 0.5mL Package separately and ship in VGH cooler. Store and ship refrigerated to referral site. | Ship to Carlsten Lab via VGH cooler (place in VGH cooler) Address: Carlsten Lab G&L Diamond Health Centre 7225 - 2775 Laurel Street Vancouver, BC V5Z 1M7 |
| A | Autoimmune Liver Disease Profile | See MITOREF Lab Order Only | | | | |
| A | Autoimmune Myopathy/Myositis Profile Synthetase Syndrome | See MITOREF Lab Order Only | | | | |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|--|---|--|--------------------------------|---|--|
| A | Avian Precipitins | AVIANPRECIP Avian Precipitins | Serum *Clinical Indications and diagnosis required | SST or RTT | Allow SST sample to clot a minimum of 30 min at room temperature. Allow RTT sample to clot a minimum of 60 min at room temperature. Centrifuge and separate within 2 hours of collection. SST: ship primary tube RTT: aliquot minimum 0.5mL Package separately and ship in VGH cooler. Store and ship refrigerated to referral site. | Ship to Carlsten Lab via VGH cooler (place in VGH cooler) Address: Carlsten Lab G&L Diamond Health Centre 7225 - 2775 Laurel Street Vancouver, BC V5Z 1M7 |
| B | Barbiturate - Qualitative | URDRUGS Urine Drug Screen | Random Urine Refrigerate specimen until delivery to lab. | Sterile screw cap container | Store and ship 50 mL aliquot refrigerated to referral testing site. Centrifuge prior to testing. | Most IH Sites |
| B | BCR Philadelphia Chromosome BCR-ABL Breakcell Cluster Region Analysis Molecular Genetic Test (RT-PCR, FISH) | GENETICS Lab Order Only | Collection requirements based on test requested by Pathologist. Peripheral Blood: 1) CML Diagnosis - 4mL NaHep 2) CML Baseline - 20mL EDTA 3) Minimal Residual Disease (MRD) - 20mL EDTA 4) Kinase Mutation - 20mL EDTA Bone Marrow: 2x 1 mL transport media Collect Mon – Wed (Thur only if necessary) before 1 pm, do not collect prior to a Stat holiday. To ensure timely arrival for testing, consult with your local laboratory about potential transport delays due to courier schedules. | confirm on BCCA website | Whole blood - Do NOT spin. Store and ship room temperature same day to referral testing site. BCCA Lab must be notified of impending arrival of specimen. Phone: 604-877-6000 Fax preliminary BM/Path Report to 604-877- 6294. | Genetics Requisition |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|--|-------------------------------------|---|--|--|---|
| B | Benzodiazepine - Urine | URDRUGS Urine Drug Screen | Random Urine Refrigerate specimen until delivery to lab. | Sterile screw cap container | Store and ship 50 mL aliquot refrigerated to referral testing site. Centrifuge prior to testing. | Most IH Sites |
| B | Beta 2 Glycoprotein B2-GPS Anti-Beta 2 Glycoprotein 1 Antibody | B2G Beta-2 Glycoprotein | Serum | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge and aliquot 1mL (min) serum. Store and ship frozen to referral site for testing. | VGH |
| B | Beta 2 Microglobulin | B2M Beta-2 MicroGlobulin | Serum Avoid excessive hemolysis or lipemia. | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge and aliquot 1mL (min) serum. Store and ship frozen. | PHSA Tumour Marker Lab |
| B | Beta 2 Transferrin CSF specific Transferrin, Tau Protein, B2T, CSF Leak Investigation | B2T Beta-2 Transferrin | Requires 2 specimens; serum and body fluid (specify type, i.e. nasal, ear or other drainage). Allow body fluid to drip freely into sterile container. Samples must be hand delivered to lab immediately following collection. Collect SST after fluid has been collected. | Sterile CSF collection tube Serum: RTT or SST | Serum: Centrifuge when clotted, aliquot and freeze serum; minimum 0.5 mL Freeze body fluid immediately in sterile screw capped tube; minimum 0.1 mL Store and ship serum and CSF together same day frozen . Ship frozen ASAP. | St. Paul's Hospital Notify St. Paul's Hospital of impending arrival of specimens |
| B | Beta HCG - Quantitative Human Chorionic Gonadotropin | BHCGQ BHCG Quantitative | Serum (SST tube) preferred Plasma (PST tube) can be collected for STAT or Urgent orders when testing is performed on site Include diagnosis when ordered on male patient. | SST/PST | Centrifuge within 2 hours of collection. Store and ship refrigerated to referral testing site. Serum may be shipped in primary tube. Plasma must be aliquoted. | EKRH, KBRH, KGH, PRH, RIH, VJH |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|---|---|---|-------------------------|--|---------------------------------------|
| B | Beta HCG screen Pregnancy test, HCG screen, Human Chorionic Gonadotropin Screen | BHCGS BHCG Screen | Serum (SST tube) preferred Plasma (PST tube) can be collected for STAT or Urgent orders when testing is performed on site | SST/PST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Serum: Store and ship refrigerated to referral testing site. Serum may be shipped in primary tube. Plasma must be aliquoted. | Most IH Sites |
| B | Beta Hydroxybutyrate Ketones | BHB Beta Hydroxybutyrate (Ketones) | Serum or plasma | SST/PST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Aliquot. Store and ship frozen to referral site Minimum: 0.5mL plasma/serum | VGH |
| B | Beta-Galactosidase, WBC GM1 gangliosidosis Mucopolysaccharidosis Type IV B MPS IV B Morquio B | ST Lab only: Order Send Out Test | Heparinized Whole blood 8-10 mL whole blood preferred Collect Mon-Thurs only to allow for same day shipping. <i>Note: Urine mucopolysaccharides and urine oligosaccharides are useful to be ordered first as screening tests.</i> | LiHep Minimum: 3 mL | Store and ship unspun primary tube(s) same day room temperature to referral site. Do NOT Freeze. Include patient history if available. For more information consult the BC C&WH e- Lab Handbook. | BC Women & Children's Hospital |
| B | Bicarbonate HCO ₃ | C02 or LYES4 *If physician wants blood gas values, see BGV | Serum (SST tube) preferred Plasma (PST tube) can be collected for STAT or Urgent orders when testing is performed on site | SST/PST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store refrigerated after centrifugation. Ship refrigerated to testing site. Serum may be shipped in primary tube. Plasma must be aliquoted. | Most IH Sites |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|--|-------------------------------------|---|--|--|---------------------------------------|
| B | Bile Acids Biles Salts Total Bile Acids | BILEACID Bile Acids | Plasma (preferred) or serum Test restricted to pregnant females and pediatric liver transplant patients. Fasting preferred but not mandatory | PST preferred, or LiHep no gel or RTT acceptable | Test restricted to pregnant female and pediatric liver transplant patients. Patient preparation: Fasting preferred but not mandatory Collect: PST or LiHep no gel or RTT acceptable Specimen specifics: Centrifuge and aliquot 1.0 mL (min vol 0.2mL) Ship refrigerated. Stable refrigerated for up to 7 days. If unable to transport within 7 days, freeze sample and ship frozen. Sent to sites/options: XCH | BC Women & Children's Hospital |
| B | Bilirubin - Fluid | BFBIL Bilirubin Fluid | Heparinized fluid preferred Mix specimen well by inverting 6-8 times Indicate Fluid type | GRN-LiHep without gel or No additive tube or Sterile screw top container | Add minimum 2ml to container. Centrifuge prior to testing. Aliquot 1 mL (min) and ship refrigerated to referral testing site. Avoid prolonged exposure to light at room temp. | EKRH, KBRH, KGH, PRH, RIH, VJH |
| B | Bilirubin - Neonatal NBIL | BILNEO Bilirubin Neonatal | Plasma or serum Order on infants <1 year old If newborn under bili lights in nursery, turn light off prior to collection. Turn back on when finished. Lipemia may decrease result. | 1 full amber or PST microtainer Protect from light | Centrifuge prior to testing. Store and ship refrigerated to testing site. Avoid prolonged exposure to light at room temp Refrigerate if testing is delayed. Result includes % conjugated bilirubin. | Most IH Sites |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|---|---------------------------------------|---|---|---|---------------------------------------|
| B | Bilirubin Conjugated Direct Bilirubin | BILC Bilirubin Conjugated | Order separately from TBIL. | PST/SST Children - 1 full amber microtainer | Centrifuge prior to testing. Store and ship refrigerated to testing site. Avoid prolonged exposure to light at room temp Refrigerate if testing is delayed Note: % conjugated bilirubin is included with all Neonatal bilirubin results (infants <1 year old). | Most IH Sites |
| B | Bilirubin Total Total Bilirubin | BILT Bilirubin Total | Serum (SST tube) preferred Plasma (PST tube) can be collected for STAT or Urgent orders when testing is performed on site Order for patients >1 year old. Order BILNEO on Infants <1 year old. Lipemia may decrease result. | SST/PST Children - 1 full amber microtainer | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store refrigerated after centrifugation. Protect from light. Ship refrigerated to testing site. Serum may be shipped in primary tube. Plasma must be aliquoted. | Most IH Sites |
| B | Bilirubin Unconjugated Indirect Bilirubin | Test no longer orderable, see BILT | | | | Most IH Sites |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|--|-------------------------------------|---|-------------------------|--|---------------------------------------|
| B | Biologics, I.e.: Humira Hadlima Vedolizumab Eculizaumab | ST | Refer to requisition Sample can be collected. Contact Clinical Biochemist (250-258-3880) for approval prior to sending for testing. Outpatients must bring requisition, collection kit and prepaid waybill for shipping. Requests for biologic drug testing performed outside of BC differ from other out of province test request. These drugs are often required to be monitored by the pharmaceutical company that makes them. These companies are different for every drug and testing is often outside of BC | Refer to requisition | Refer to requisition | Varioius, may be out of province |
| B | BK PCR | | See Microbiology Guide to Specimen Ordering Collection & Transport | | | |
| B | Blood and Body Fluid Exposure | BBF | Serum | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store and ship refrigerated to referral testing site. Testing must be performed within 7 days of collection. | KGH, RIH |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|----------------------------------|---|---|---------------------------|---|---------------------------------------|
| B | Blood Culture- Pediatric | CUBLOODP Blood C&S/Yeast- Pediatric | Follow "Recommended Blood Volume Chart" for collection guidelines Soft Tech CS0038 Determining Max Blood Volume draw in Pediatrics: Pediatric patients <18.3 kg (41 lbs) Collect one pediatric bottle with the following volumes: 4.6-18.2 kg (11-40 lbs)=4ml ~min 1 ml 3.7-4.5 kg (8-10 lbs)=3.5ml ~min 1 ml <3.7 kg (<8 lbs)=1ml ~min 0.5 ml Pediatric patients >18.2 kg (>40 lbs) Collect one set (anaerobe/aerobic bottle) 18.3-45.5 kg (41-100 lbs) =8-10 ml per bottle~min 3 ml See Microbiology Guide to Specimen Ordering Collection & Transport | 1 yellow pediatric bottle | Storage/Transport: CRITICAL SPECIMEN DO NOT refrigerate. Transport at room temperature to testing site asap. Refer to "Acceptable Transport Times for Microbiology Specimens" | EKRH, KBRH, KGH, PRH, RIH, VJH |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|---|--|--|---|---|---------------------------------------|
| B | Blood Culture- Venous Collection | CUBLOOD Blood C&S/Yeast- Venipuncture | <p>Follow "Recommended Blood Volume Chart" for collection guidelines.</p> <p>Adults and Children >45.5kg (100lbs): Collect 2 sets consecutively from one venipuncture site; each set consisting of one AEROBIC and one ANAEROBIC bottle. Optimal volume per bottle is 8-10ml. If less than 3ml blood obtained, put into "pediatric" bottle.</p> <p>The number of sets collected per patient should be limited to 2 sets per 24hour period. If further sets are ordered, a IH microbiologist must approve before collection.</p> <p>See Microbiology Guide to Specimen Ordering Collection & Transport</p> | 1 green aerobic and 1 orange anaerobic culture bottle | <p>Storage/Transport: CRITICAL SPECIMEN DO NOT refrigerate. Transport at room temperature to testing site asap.</p> <p>Refer to "Acceptable Transport Times for Microbiology Specimens"</p> | EKRH, KBRH, KGH, PRH, RIH, VJH |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|--|--|---|---|---|---------------------------------------|
| B | Blood Culture- Line collection | CUBLOODLINE Blood C&S/Yeast- Indwelling vascular line | <p>Follow "Recommended Blood Volume Chart" for collection guidelines.</p> <p>Adults and Children >45.5kg (100lbs): Collect 1 set of cultures from an indwelling vascular line; consisting of one AEROBIC and one ANAEROBIC bottle. Optimal volume per bottle is 8-10ml. If less than 3ml blood obtained, put into "pediatric" bottle. This MUST be paired with an additional set drawn peripherally (venipuncture). Optimum volume per bottle is 8-10ml. If less than 3 ml blood obtained, put entire collection into "pediatric bottle" The number of sets collected per patient should be limited to 2 sets per 24hour period. If further sets are ordered, a IH microbiologist must approve before collection. See Microbiology Guide to Specimen Ordering Collection & Transport</p> | <p>Collect from indwelling vascular line: 1 green aerobic and 1 orange anaerobic culture bottle</p> <p>MUST also collect venous set: 1 green aerobic and 1 orange anaerobic culture bottle</p> | <p>Storage/Transport: CRITICAL SPECIMEN DO NOT refrigerate. Transport at room temperature to testing site asap.</p> <p>Refer to "Acceptable Transport Times for Microbiology Specimens"</p> | EKRH, KBRH, KGH, PRH, RIH, VJH |
| B | Blood Gas - Arterial ABG Arterial Blood Gas | BGA Blood Gases-Arterial | <p>Heparinized Whole blood Sample must be drawn from an artery (or arterial line). Once specimen has been collected, remove needle. Attach supplied cap and expel any air bubbles through cap. Deliver to laboratory immediately.</p> | <p>Blood Gas syringe - no air bubbles Minimum volume: 0.5mL</p> | Test specimen immediately upon arrival in lab. | Most IH Sites |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|---|---|--|---|--|---------------------------------------|
| B | Blood Gas - Capillary CAP Gas, Capillary Blood Gas, CBG | BGCAP Blood Gases- Capillary | Heparinized Capillary Blood gas collection tube Arterialize the heel for 3-5 minutes prior to collection using a heel warmer. Prevent introduction of air bubbles into sample during collection Cap both ends, then mix specimen gently by rolling between palms Deliver immediately to lab - Do not place on ice | Heparinized capillary collection tube Mix well until delivery to lab | Test specimen immediately upon arrival in lab. | Most IH Sites |
| B | Blood Gas - Cord | BGUV, BGUA | See Blood Gas - Umbilical Artery and Blood Gas - Umbilical Vein | | | Most IH Sites |
| B | Blood Gas - Scalp pH Fetal Scalp pH Blood Gas-In Utero | BGSCALPPH pH-Scalp | Collected by doctor in Delivery Room Seal ends of capillary tube, mix, and delivery to lab immediately. Do NOT place on ice. Note infant temperature and FIO2 status | Special capillary collection kit - NOT on ice | Test specimen immediately upon arrival in lab. | All sites with Obstetrics |
| B | Blood Gas - Umbilical Artery Arterial Cord Blood Gas | BGUA Blood Gases-Umbilical Arterial | Heparinized blood gas syringe Do NOT place sample on ice. | Blood Gas syringe - no air bubbles | Stable 1 hour after delivery at room temperature. Testing can be delayed up to 72 hours after delivery if refrigerated. pH will decrease over time. | Most IH Sites |
| B | Blood Gas - Umbilical Vein Venous Cord Blood Gas | BGUV Blood Gases-Umbilical Venous | Heparinized blood gas syringe Do NOT place sample on ice. | Blood Gas syringe | Stable 1 hour after delivery at room temperature. Testing can be delayed up to 72 hours after delivery if refrigerated. pH will decrease over time. | Most IH Sites |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|--|--|--|--|---|--|
| B | Blood Gas- Venous Venous blood gas Venous Gas | BGV Blood Gases-Venous | Heparinized Whole blood Completely fill small volume LiHep tube. Prevent introduction of air. Minimize use of tourniquet for collection. Deliver immediately to lab. Sample must be tested within 30 mins of collection. Do NOT place on ice. | GRN-Li Hep - no gel filled completely -or- Blood Gas syringe <i>See Blood Gas - Arterial</i> | Do NOT spin or open tube. Test as soon as possible after arrival in lab. Testing must be completed within 30 mins of collection. | Most IH Sites |
| B | Bone Marrow Investigation Bone Marrow Aspiration Bone Marrow Biopsy | BMPANEL Lab Order Only | Bone marrow aspiration collected by Pathologist | | Phone local lab for more information or to book an appointment | Use bone marrow request form |
| B | Borrelia Serology | | See Microbiology Guide to Specimen Ordering Collection & Transport | | | |
| B | BP 180 | See MITOREF Lab Order Only | | | | |
| B | Brain Natriuretic Peptide | BNP Brain Natriuretic Peptide See NT-proBNP if ordered *BNP not eligible for standing order (SO) in adults. | EDTA Plasma | EDTA (2mL) | Centrifuge and aliquot, using plastic pipettes and aliquot tubes only. Store and ship refrigerated, Analyze within 24 hours. freeze if testing/transport is delayed. | EKRH, KBRH, KGH, PRH, RIH, VJH |
| B | Bronchial Alveolar Lavage | | See Microbiology Guide to Specimen Ordering Collection & Transport | | | |
| B | Bullous Autoimmune Skin Disease Profile | See MITOREF Lab Order Only | | | | |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|--|---|--|-------------------------|--|---|
| C | C difficile | | See Microbiology Guide to Specimen Ordering Collection & Transport | | | |
| C | C Telopectide CTX Carboxy-terminal collagen crosslinks C-Terminal Telopectides <i>*Replaces Urine D-PYR Crosslinks</i> | CTX C-Telopectide | Serum Patient must be fasting 8-10 hours prior to test | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Aliquot 2mL serum and ship frozen to referral site. | Lifelabs Test is self pay, have patient sign Form#807643 |
| C | C1 Esterase Inhibitor C1 Nephritic Factor | C1E C1 Esterase Inhibitor Assay | NaCit plasma | NaCit (2.7 mL) | Centrifuge and aliquot 2mL (min) plasma. Store and ship frozen to referral site. | VGH |
| C | C2 Complement 2 | Order CH CH50/CH100 | | | | |
| C | C3 Complement 3 Serum Complement Beta-1C-globulin | C3 C3 | Serum | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge and ship primary tube cool to testing site. If sample not shipped within 4 days of collection, aliquot, freeze and ship frozen to testing site. | KGH, RIH |
| C | C4 Serum Complement | C4 C4 | Serum | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge and ship primary tube cool to testing site. If sample not shipped within 4 days of collection, aliquot, freeze and ship frozen to testing site. | KGH, RIH |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|---|-------------------------------------|---------------------|-------------------------|--|---------------------------------------|
| C | Ca 125 Cancer Antigen 125 Carcinoma Antigen 125 | CA125 CA125 | Serum | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge and ship primary tube cool to testing site. If sample not shipped within 4 days of collection, aliquot, freeze and ship frozen to testing site. | KGH, PHSA |
| C | Ca 15-3 Cancer Antigen 15-3 Carcinoma Antigen 15-3 | CA153 CA15-3 | Serum | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge and ship primary tube cool to testing site. If sample not shipped within 4 days of collection, aliquot, freeze and ship frozen to testing site. | KGH, RIH, PHSA |
| C | Ca 19-9 Carbohydrate Antigen 19-9 | CA199 CA19-9 | Serum | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge and ship primary tube cool to testing site. If sample not shipped within 4 days of collection, aliquot, freeze and ship frozen to testing site. | KGH, PHSA |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|--|--|---|--|--|--|
| C | Cadmium - 24 hr Urine 24hr urine cadmiun | U24CAD Cadmium (Cd)-24h Urine | Provide 24hr Urine Patient Collection Instructions Refrigerate specimen during collection until delivery to lab Indicate Start and Finish Date and Time on requisition | 24hr urine collection container No preservative | Measure and record total volume of specimen. Mix and aliquot 10 mL minimum to sterile urine container then freeze. Store and ship frozen to referral site. | ICL DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval. |
| C | Cadmium | ST Lab only: Order Send Out Test | *Instructions are for whole blood samples, confirm sample type as per approval from BC Agency. Contact a Clinical Biochemist at 250-258-3880, or Client Services Technical Specialist if you have an approval letter with an alternate sample type. Contamination of specimen must be avoided. Collection tubes must be covered and dust free until used. Store tubes in plastic bag until use. Mix 8 times and store upright to minimize contact with rubber lid. | Dark Blue (K2EDTA) Trace metal tube | Do NOT Centrifuge Send primary tube, min 4mL required Ship cool to referral site. | ICL DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval.. |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|---|---|--|---|--|---------------------------------------|
| C | Calcitonin Thyrocalcitonin hCT | CAL Calcitonin | Serum Collect on ice Deliver immediately to lab | RTT on ice Collect into pre-chilled tube, keep tube on ice after collection and deliver to lab immediately for processing. To pre-chill tube prior to collection, place one cup crushed ice into biohazard bag. Place tube in second biohazard bag (to keep dry) and place in crushed ice bag). | Centrifuge sample in a temperature controlled centrifuge at 4°C as soon as possible after collection. Aliquot 1mL (min) into a False Bottom tube. Freeze immediately. Store and ship frozen to referral site. | St. Paul's Hospital |
| C | Calcium - 24 hr Urine | U24CA Calcium (Ca)- 24h Urine | Provide 24hr Urine Patient Collection Instructions Refrigerate specimen during collection until delivery to lab Indicate Start and Finish Date and Time on requisition | 24hr urine collection container No preservative | Measure and record total volume of specimen, then aliquot 10 mL sample Adjust specimen pH to 1.5 - 4 prior to testing. Centrifuge prior to testing. | EKRH, KBRH, KGH, PRH, RIH, VJH |
| C | Calcium - Urine | URCA Calcium (Ca)- Random urine | Random Urine Refrigerate specimen until delivery to lab. | Sterile screw-cap container | Aliquot 10mL. Store and ship aliquot refrigerated to referral testing site. Adjust specimen pH to 1.5 - 4 prior to testing. | EKRH, KBRH, KGH, PRH, RIH, VJH |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|--|---|---|--------------------------------|--|---------------------------------------|
| C | Calcium Ca+2 Total Calcium | CA Calcium (Ca) | Serum (SST tube) preferred Plasma (PST tube) can be collected for STAT or Urgent orders when testing is performed on site | SST/PST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store refrigerated after centrifugation. Ship refrigerated to testing site. Serum may be shipped in primary tube. Plasma must be aliquoted. | Most IH Sites |
| C | Calculi Stones Renal Calculi Bladder stones Kidney stones | CALCULI Calculi Analysis | Patient to collect and filter urine to catch passed stone(s). Place stone(s) in labeled sterile collection container. | Sterile screw-cap container | Ship cool or room temperature to referral testing site. | VGH |
| C | Calprotectin Pediatric Stool Calprotectin Fecal Calprotectin Order for patients <19 yrs old | STCALPROPED Calprotectin- Stool | Fresh stool for pediatric patients <19years of age. For adults >19 years order calprotectin (STCALPRO). Provide patient with Patient Collection Instructions (LifelabsDoc#38118) and Stool Collection Instructions (LifelabsDoc#39144) Reject bloody samples Random stool in sterile container. Have patient collect a small amount of stool directly into disposable container. Do not contaminate with urine or toilet water. Transfer minimum 10g (1 tbsp) to sterile container. Samples must be kept refrigerated. Return to lab within 24 hours. | Sterile screw-cap container | Ship refrigerated within 72 hours or ship frozen. Insured benefit only for patients with a diagnosis of IBD (inflammatory bowel disease; Crohn's Disease; Ulcerative colitis). The requisition MUST indicate that patient has an existing diagnosis if testing is to be covered by MSP. | BC Women and Children's Hospital |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|--|---|--|-----------------------------|---|---------------------------------------|
| C | Calprotectin Stool Calprotectin Fecal Calprotectin Order for patients >19 yrs old | STCALPRO Calprotectin- Stool | Fresh stool. For patients > 19 years of age. Order pediatric (STCALPROPED) test on children <19 years of age. Provide patient with Patient Collection Instructions (LifelabsDoc#38118) and Stool Collection Instructions (LifelabsDoc#39144) Reject bloody samples Random stool in sterile container. Have patient collect a small amount of stool directly into disposable container. Do not contaminate with urine or toilet water. Transfer minimum 10g (1 tbsp) to sterile container. Samples must be kept refrigerated. Return to lab within 24 hours. | Sterile screw-cap container | Ship refrigerated within 72 hours or ship frozen. Diagnosis of Inflammatory Bowel Disease (IBD), Crohn's, colitis, or ulcerative colitis must be indicated on requisition. See LifeLabs ordering guidelines https://www.lifelabs.com/new-ordering-guidelines-for-fecal-calprotectin-fcalp-tests/ | Lifelabs |
| C | Cannabinoids - Urine Tetrahydrocannabinol THC, Marijuana, Cannabis | Order URDRUGS for ER and inpatient testing | | | | |
| C | Carbamazepine Tegretol | CARB Carbamazepine (Tegretol) | Serum Collect 0-60 minutes prior to next dose | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Aliquot and ship refrigerated to referral site | EKRH, KBRH, KGH, RIH, VJH |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|---|---|--|--|--|--|
| C | Carbon Dioxide CO2 Total CO2 | CO2 Carbone Dioxide (CO2) | Serum (SST tube) preferred Plasma (PST tube) can be collected for STAT or Urgent orders when testing is performed on site | SST/PST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store refrigerated after centrifugation. Avoid opening tube prior to testing. Ship refrigerated to testing site. Serum may be shipped in primary tube. Plasma must be aliquoted. | Most IH Sites |
| C | Carbon Monoxide | BGVCOHGB Carboxyhemoglobin- Venous | See Carboxyhemoglobin | | | |
| C | Carboxyhemoglobin Carbon Monoxide CO Hgb CO | BGVCOHGB Carboxyhemoglobin- Venous | Heparinized whole blood, unspun Do NOT open or allow air to enter tube. DO NOT collect in blood gas syringe if sample is sent to referral site for testing. | Li Hep tube (filled) or blood gas syringe | Do Not Spin. Do not open tube prior to testing. Seal tube with parafilm Ship cool | EKRH, CMH, KBRH, KGH, KLH, PRH, RIH, SLH, VJH |
| C | Carcinoembryonic Antigen | CEA CEA | Serum | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge and ship primary tube cool to testing site. If sample not shipped within 4 days of collection, aliquot, freeze and ship frozen to testing site. | KGH, PHSA |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|--|--|--|--|---|--|
| | Carfentanyl Included in Lifelabs Fentanyl screening | URFENTANYLOP URDRUGSCARFENT CARFENTANIL FENTANYL (Order defaults to Urine Fentanyl Screen) | Random Urine Screen includes:Fentanyl analogues, Norfentanyl, U4770, Furanylfentanyl, Carfentanyl. All positive screens are confirmed by LC/MS. | Sterile screw cap container | Note: NOT for legal testing. Order for outpatient testing. Collect 50mL random urine Store and ship refrigerated to referral site. Freeze and send frozen if samples will arrive >72 hrs after collection | LifeLabs |
| C | Carnitine - Total and Free | CARN Carnitine (Total & Free) | Serum | RTT | Allow RTT sample to clot a minimum of 60 min at room temperature. Centrifuge and separate within 2 hours of collection. Aliquot 0.2 mL (min) serum. Store and ship frozen same day or overnight to referral testing site. | BC Children & Women's Hospital BC C&WH5/16/2016 BC C&W Lab Requisition |
| C | Carotene Beta Carotene CAR | CARO Carotene | Serum 8 hour fast preferred Protect sample from light | SST | Protect sample from light until tested Allow sample to clot for a minimum of 30 min at room temperature. Centrifuge within 2 hrs and aliquot 1mL (min) serum. Wrap in foil to protect from light. Ship cool to referral site for testing. | VGH |
| C | Catecholamines - 24 hr Urine | U24CAT Catecholamines- 24h Urine | Provide 24hr Urine Patient Collection Instructions Refrigerate specimen during collection until delivery to lab Indicate Start and Finish Date and Time on requisition Includes Epinephrine, Norepinephrine, Dopamine. | 24hr urine collection container No preservative. | Sample must be kept refrigerated between receipt and processing. Measure and record total volume of specimen in Meditech. Prepare two aliquot tubes, minimum 3mL each. Freeze immediately at -20C. Ship frozen to referral site. | VGH |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|---|---|--|--|---|---|
| C | Catecholamines - Plasma This test cannot be collected in lab outpatient department. *Ordering physician must book test procedure in ambulatory care setting. | CAT Catecholamines Plasma Note: Collection for this test is at select locations only. Please confirm availability with local laboratory. | EDTA Plasma Collect on ice Deliver immediately to lab *Sample is not collected by venipuncture or by lab staff. Lab will provide the pre-chilled tubes and be present to assist. Patient must have an indwelling venous catheter and be in supine position for 30 minutes prior to and during sample collection. Patient must be fasting a minimum of 4 hours. Do not collect by venipuncture. For the assessment of pheochromocytoma and paraganglioma, refer to Metanephrines 24h- Urine or Metanephrines, Plasma. Consult with IH clinical Clinical Biochemist to determine if testing referral is clinically warranted. | EDTA (6mL) Collect into pre-chilled tube, keep tube on ice after collection and deliver to lab immediately for processing. To pre-chill tube prior to collection, place one cup crushed ice into biohazard bag. Place tube in second biohazard bag (to keep dry) and place in crushed ice bag. | Centrifuge sample in a temperature controlled centrifuge at 4°C as soon as possible after collection (within 15 minutes). Aliquot plasma into two equal aliquots and freeze immediately. Store and ship frozen. | ICL DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval. |
| C | CBC Pathologist Blood Film Review Peripheral blood smear Blood film review Peripheral smear Pathologist review | CBCCOMP Pathologist Blood Film Review Order CBC (if not ordered) | Plasma EDTA | EDTA (2mL) or EDTA microtainer filled to upper line | If sending to a referral site, send 2 unstained slides and copy of CBC **IH West sites should forward EDTA tube to RIH with slides. | |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|--|--|--|--|---|---------------------------------------|
| C | CBC Profile Complete Blood Count | CBC Complete Blood Count (CBC) | Whole blood | EDTA (2mL) | | Most IH Sites |
| C | CD19/20 | CD19 CD19/CD20 Lab Order Only | EDTA Whole Blood NaHep or ACD-1 Mon-Thurs Collect 1 NaHep and 1 EDTA Fri-Sun & Stats: Collect 1 ACD-A and 1 EDTA | See specimen requirements | Drug monitoring for Rituximab. Send whole blood at RT. If NaHep is collected, it must be received at St. Paul's within 48 hours | St. Paul's Hospital |
| C | CD4/CD8 T4/T8 Ratio T and B lymphocytes T-helper/Suppressor Cell HS Ratio T-Helper Cell Count | CD4 T-Helper Cell Count (CD4/CD8) | Whole blood and Serum CBC results Blood: Collect Sun-Thur before 1 pm. To ensure timely arrival for testing, consult with your local laboratory about potential transport delays due to courier schedules. Rural collection sites, consult with through site to ensure same day shipping Do not collect on Sundays if Monday is a stat holiday. Samples are tested M-F until 3pm. Testing must be performed within 72 hours of collection. Bronchial Lavage: Sample must arrive at St. Paul's and be processed within 24 hours. Schedule collection and shipping to accomodate. | Whole blood: 1 ACD A and 1 EDTA (3mL) Bronchial Lavage: Sterile pink top container | Whole Blood: Do not spin. Ship primary blood tube room temperature. CBC Results must be sent with specimen. ACD sample stable for 72 hrs. Collect Sun-Thur before 1 pm, do not collect prior to or on a Stat holiday. To ensure timely arrival for testing, consult with your local laboratory about potential transport delays due to courier schedules. Rural collection sites, consult with through site to ensure same day shipping Do not collect on Sundays if Monday is a stat holiday. | St. Paul's Hospital |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|--|---|---|---|---|---|
| C | Cell count and Differential - CSF | CSFPANEL -(includes cell count, diff, glucose and protein) For shunt or Ventriculostomy sample order CSFVENTRICPANEL | See CSFPANEL / CSFVENTRICPANEL Number tubes in the order they are collected. Samples must be hand delivered to lab immediately following collection. | Sterile CSF collection tube | Physician to collect minimum 0.5mL per tube (1mL preferred) Indicate the tube number by the order it was collected. Cell count is performed on Tube#1 and Tube #3 or #4 (if 4 collected). Tube #2: Microbiology Tube #3: Chemistry and Serology Samples must be hand delivered to the lab asap after collection. | ALH, CMH, CVH, EKH, GDH, KBH, KLH, KGH, IDH, LIH, NVH, OMH, PRH, QVH, RIH, SLH, VGH |
| C | Cell count and Differential - Fluid | Type BFCELLS 'lookup', and select the appropriate fluid type | EDTA for specimen types: Synovial, Ascites, Pericardial, Pleural No anti-coagulant for Peritoneal dialysis | EDTA (2mL) or RTT for peritoneal dialysis | Add minimum 1ml sample to tube. Add fluid immediately upon collection. Mix by inverting tube slowly 8 times to prevent clotting. Store and ship refrigerated to testing site. | EKRH, KBRH, KGH, PRH, RIH, VJH |
| C | Cerebrospinal Fluid Panel | CSFPANEL CSF Panel includes CSF Glucose, protein and cell count. | CSF Number tubes in the order they are collected. Samples must be hand delivered to lab immediately following collection. | Sterile CSF collection tube | Physician to collect minimum 0.5mL per tube (1mL preferred) Indicate the tube number by the order it was collected. Cell count is performed on Tube#1 and Tube #3 or #4 (if 4 collected). Refer to CS 0073 Distributing Cerebrospinal Fluids CSF Samples Procedure for sample distribution. | Cell Count: ALH, CMH, CVH, EKH, GDH, KBH, KLH, KGH, IDH, LIH, NVH, OMH, PRH, QVH, RIH, SLH, VGH Chemistry: CVH, EVH, EKH, IDH, EVH, CMH, KBH, KGH, KLH, OMH, PRH, QVH, RIH, SLH, VJH |
| C | Ceruloplasmin | CERULO Ceruloplasmin | Serum | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours. Aliquot 2mL (min) serum. Store and ship refrigerated to referral site. | VGH |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|---|--|---|--|--|--|
| C | CF Annual Cystic Fibrosis Annual Bloodwork ordered by BCCH: Includes: Vit A, Vit E:Chol ratio (includes Vit E and cholesterol)*, Vit D 25 Hydroxy, Zinc and IgE *Do not order Vit E and Chol separately, as BCCH must perform both to obtain the ratio. | CFANNUAL | Serum | Trace Element SERUM (Dark Blue) Minimum 4mL whole blood for all tests | Centrifuge within 2 hours of collection. Aliquot as per below in a polypropylene tube: Zinc: aliquot minimum 200 uL serum Vit A: aliquot minimum 200 uL serum wrapped in foil (protect from light). Vit E:Chol ratio (includes Vit E and Chol): aliquot minimum 500 uL serum. Note: Can be combined with VitA aliquot. If combined send min 500uL. 25-Hydroxy Vit D: aliquot minimum 200 uL serum IgE: aliquot minimum 500 uL serum All aliquots: Store and ship frozen to referral site. | BC Children's Hospital |
| C | CH50/CH100 Total Complement Hemolytic Complement | CH CH50/CH100 Note:Collection for this test is at select locations only. Please confirm availability with local laboratory. | Serum | RTT | Allow whole blood to clot for 60 min at RT. Centrifuge at 4°C if available. Aliquot 0.5 mL (minimum) serum <u>immediately</u> <u>after centrifugation. Freeze immediately.</u> Store and ship frozen. | VGH Autoimmune Lab |
| C | Chimerism Post Transplant Assessment | ST Lab only: Order Send Out Test | Sodium heparinized whole blood - 20 mL <i>and/or</i> Bone marrow <i>Collect Mon-Wed before 1pm only to allow for same day shipping May be collected on Thursday but sample must arrive before 3:30pm.</i> | 20 mL NaHep whole blood | Contact Terry Fox Lab immediately following collection for detailed shipping instructions. (604) 675-8146 | Terry Fox Lab Stem Cell Assay requisition - select Chimerism under Test Requested. |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|----------------------------------|--|--|---|--|---------------------------------------|
| C | Chloride - 24hr Urine | U24CL Chlorine (Cl)- 24h Urine | Provide 24hr Urine Patient Collection Instructions Refrigerate specimen during collection until delivery to lab Indicate Start and Finish Date and Time on requisition | 24hr urine collection container No preservative | Measure and record total volume of specimen, then aliquot 4 mL (min) sample. Store and ship refrigerated to testing site. | EKRH, KBRH, KGH, PRH, RIH, VJH |
| C | Chloride - Random Urine | URCL Chlorine (Cl)- Random Urine | Refrigerate specimen until delivery to lab. | Sterile screw cap container | Aliquot 4mL into 12x75 (5mL) plastic tube. Store and ship aliquot refrigerated to referral testing site. | EKRH, KBRH, KGH, PRH, RIH, VJH |
| C | Chloride | CL Included in Electrolytes (LYTES4) | Serum (SST tube) preferred Plasma (PST tube) can be collected for STAT or Urgent orders when testing is performed on site | SST/PST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store refrigerated after centrifugation. Ship refrigerated to testing site. Serum may be shipped in primary tube. Plasma must be aliquoted. | Most IH Sites |
| C | Cholesterol - Fluid | BFCHOL Cholesterol fluid | Heparinized fluid preferred Mix specimen well by inverting 6-8 times Indicate Fluid type | GRN-LiHep without gel or No additive tube or Sterile screw top container | Centrifuge within 2 hours of collection. Store refrigerated. | EKRH, KBRH, KGH, PRH, RIH, VJH |
| C | Cholesterol - Fluid | BFCHOL Cholesterol fluid | Heparinized fluid preferred Mix specimen well by inverting 6-8 times Indicate Fluid type | GRN-LiHep without gel or No additive tube or Sterile screw top container | Aliquot 1 mL (min) and ship cool to referral testing site. | EKRH, KBRH, KGH, PRH, RIH, VJH |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|----------------------------------|---|---|--|--|--|
| C | Cholesterol | CHOL Cholesterol Included in Lipid Panel | Serum (SST tube) preferred Plasma (PST tube) can be collected for STAT or Urgent orders when testing is performed on site Patient Fasting Requirements (if requested by physician order): 12-14 hours | SST/PST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store refrigerated after centrifugation. Ship refrigerated to testing site. Serum may be shipped in primary tube. Plasma must be aliquoted. | EKRH, KBRH, KGH, PRH, QVH, RIH, SOG, VJH |
| C | Chromium | CHROMIUM Chromium | *Instructions are for whole blood samples, confirm sample type as per approval from BC Agency. Contact a Clinical Biochemist at 250-258-3880, or Client Services Technical Specialist if you have an approval letter with an alternate sample type. Contamination of specimen must be avoided. Collection tubes must be covered and dust free until used. Store tubes in plastic bag until use. Mix 8 times and store upright to minimize contact with rubber lid. | Dark Blue (K2EDTA) Trace metal tube | Store and ship refrigerated to referral site. Do NOT Freeze | ICL DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval. |
| C | Chromogranin A | CHRA Chromogranin A | Serum | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Aliquot 2mL (min). Store and ship frozen to referral site. | PHSA Tumour Marker Lab |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|--|--|---|--|--|---|
| C | Chromosome Studies - <20 Weeks Gestation Perinatal embryo fetopathology Karyotyping, Cytogenetics | GENETICS Lab Order Only | Submit a FRESH specimen only (no fixative) in an appropriate sized container. Containers must be securely tightened and a small amount of normal saline may be added to the specimen to keep it moist but not immersed. Consult your local laboratory for more detailed collection/shipping instructions Must complete AP Consultation Request form | Clean Sealed Container | Refer to AP 0448 Collecting an Anatomical Pathology Specimen Procedure Store refrigerated. Ship refrigerated. | BC Children's and Women's Hospital- Embryopathology Requisition |
| C | Chromosome Studies - >20 Weeks Gestation Karyotyping Cytogenetics | GENETICS Lab Order Only | FRESH (no fixative) sample 3-4 mm3 in size in saline. Consult your local laboratory for preferred sample type and more detailed collection/shipping instructions Must complete AP Consultation Request form | Securely tightened 1.5 mL screw top vial | Refer to AP 0448 Collecting an Anatomical Pathology Specimen Procedure | BC Children's and Women's Hospital- Perinatal Loss Requisition |
| C | Chromosome | See GENETICS | Whole Blood | | | |
| C | Chymotrypsin | STCHYMO Chymotrypsin | Random stool specimen | Sterile screw cap container | Minimum 2g sample Store and ship frozen to referral site for testing. | BC Children's and Women's Hospital |
| C | Circulating Immune Complex C1q Binding Assay | CIRIC Circul. Immune Complex | Serum | SST | Allow sample to clot for a minimum of 30 mins at room temperature. Centrifuge, aliquot 0.5 mL (min) and freeze. Ship frozen to referral site | VGH |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|---|--|--|---|---|---------------------------------------|
| C | Citrate - 24 hr Urine | U24CIT Citrate- 24h Urine | Provide 24hr Urine Patient Collection Instructions Refrigerate specimen during collection until delivery to lab Indicate Start and Finish Date and Time on requisition | 24hr urine collection container No preservative or 15mL 6N HCL added prior to collection | Measure and record total volume of specimen, then aliquot 10 mL sample. Store and ship refrigerated to referral site. | VGH |
| C | Clobazam Frisium | CLOB Clobazan (Frisium) | Serum Collect 8 hours post dose. Indicate date and time of last dose on requisition. Frisium includes Clobazam and Desmethyloclobazam. | RTT | Allow RTT sample to clot a minimum of 60 min at room temperature. Centrifuge and separate within 2 hours of collection. Aliquot 1 mL (0.5 mL min) serum. Store and ship cool to referral site. | Provincial Toxicology Centre |
| C | Clomipramine Anapranol | CLOM Clomipramine | Serum Collect prior to next dose. Indicate date and time of last dose on requisition. | RTT | Allow RTT sample to clot a minimum of 60 min at room temperature. Centrifuge and separate within 2 hours of collection. Aliquot 1 mL (0.5 mL min) serum. Store and ship cool to referral site. | Provincial Toxicology Centre |
| C | Clonazepam 7-Aminoclonazepam | URDRUGSCLONAZ CLONAZEPAM 7AMINOCLONAZEP | Random urine | Sterile screw cap container | Note: NOT for legal testing. Order for outpatient testing. Collect 25-50 mL random urine Store and ship refrigerated to referral site. | Lifelabs |
| C | Clonazepam Klonopin Rivatriol | CLON Clonazepam | Serum Collect 8 hours post dose. Indicate date and time of last dose on requisition. | RTT | Allow RTT sample to clot a minimum of 60 min at room temperature. Centrifuge and separate within 2 hours of collection. Aliquot 1 mL (0.5 mL min) serum. Store and ship cool to referral site. | Provincial Toxicology Centre |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|---|-------------------------------------|---|--|---|---|
| C | Clozapine Noroclozapine Clozaril | CLOZ Clozapine | Serum Indicate date and time of last dose on requisition. | RTT | Allow RTT sample to clot a minimum of 60 min at room temperature. Centrifuge and separate serum from cells within 2 hours of collection. Aliquot 2mL (min vol 0.2mL) Store and ship refrigerated. | St. Paul's Hospital |
| C | CMV Cytomegalovirus | | See Microbiology Guide to Specimen Ordering Collection & Transport | | | |
| C | Cobalt | COBALT | *Instructions are for whole blood samples, confirm sample type as per approval from BC Agency. Contact a Clinical Biochemist at 250-258-3880, or Client Services Technical Specialist if you have an approval letter with an alternate sample type. Contamination of specimen must be avoided. Collection tubes must be covered and dust free until used. Store tubes in plastic bag until use. Mix 8 times and store upright to minimize contact with rubber lid. | Dark Blue (K2EDTA) Trace metal tube | Store and ship refrigerated to referral site. Do NOT freeze. | ICL DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval. |
| C | Cold Agglutinin Screen Mycoplasma Pneumonia Screen Cold Agglutinin Titre | CAGG Cold Agglutinin | EDTA plasma Order Management Category: TS Keep specimen warm (37°C) until delivery to lab. | EDTA (3mL) | Incubate at 37C immediately after collection, for a minimum of 15 min. Invert 2-3 times during incubation. Keep at 37C until centrifugation. Centrifuge (room temp) and aliquot plasma promptly. Send both cells and plasma. Store and ship refrigerated to testing site. | KGH, RIH |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|--|--|---|---|---|--|
| C | Copeptin ProAVP Arginine Vasopressin AVP Antidiuretic hormone | COPEPTIN Copeptin **must include order for OSMOCOPEP follow prompts in Meditech | PST(copeptin) and SST(osmo) Osmolarity must be collected to support interpretation of copeptin results. | PST & SST | Centrifuge and aliquot minimum 1mL plasma. Store and ship frozen to referral site for testing. Osmo: Centrifuge, store and ship refrigerated to testing site. | ICL DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval. |
| C | Copper - 24 hr Urine Urine Cu | U24COP Copper (Cu)-24h Urine | Provide 24hr Urine Patient Collection Instructions Refrigerate specimen during collection until delivery to lab Indicate Start and Finish Date and Time on requisition | 24hr urine collection container No preservative | Mix well, measure and record total volume. Aliquot 50 mL sample into orange Starplex container (erex 0147932). Sterile pink top not acceptable. Store and ship refrigerated to referral site. | BC Children's and Women's Hospital |
| | Copper Cu | COP Copper (Cu) | Dark Blue Trace Metal tube - K2EDTA Contamination of specimen must be avoided. Collection tubes must be covered and dust free until used. Store tubes in plastic bag until use. Mix 8 times and store upright to minimize contact with rubber lid. | Dark Blue K2EDTA Mix 8 times then keep upright | Centrifuge within 2hrs of collection. Aliquot min 1.5mL ml in a Simport polystyrene tube with snap cap (SIM-T4052 or SIM-T405- 3COP and ZINC may be combined in the same tube (2 ml). | VGH |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|---|--|---|---|---|---------------------------------------|
| C | Cord Blood Specimen Cord | CORD Cord Blood Specimen Order Management Category: TS <i>Note: Order this test to hold the sample in the TMS department. No testing is attached to this order.</i> | Cord blood Add minimum 2mL (optimum 4mL) to tube as soon as possible after delivery. Do not overfill. Mix tube immediately after filling by gently rotating tube 180° back and forth 8 times. Do not contaminate outside of tube or label with blood. Clean with disinfectant wipe if required. | EDTA | Store and ship unspun primary tube refrigerated to referral site. | |
| C | Cord DAT Cord Blood Investigation CDAT | DATCORD Direct Antiglobulin Test Cord Order Management Category: TS | Cord blood Add minimum 2mL (optimum 4mL) to tube as soon as possible after delivery. Do not overfill. Mix tube immediately after filling by gently rotating tube 180° back and forth 8 times. Do not contaminate outside of tube or label with blood. Clean with disinfectant wipe if required. | EDTA | Store and ship unspun primary tube refrigerated to referral site. | |
| C | Coronavirus COVID-19 | | See Microbiology Guide to Specimen Ordering Collection & Transport | | | |
| C | Cortisol - 24 hr Urine | U24CORTF Free Cortisol- 24h Urine | Provide 24hr Urine Patient Collection Instructions Refrigerate specimen during collection until delivery to lab Indicate Start and Finish Date and Time on requisition | 24hr urine collection container No preservative | Measure and record total volume of specimen, then aliquot 10 mL sample. Store and ship frozen to referral site. | VGH |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|--------------------------------------|--|--|-------------------------|---|---------------------------------------|
| C | Cortisol - am | CORAM Cortisol AM (0700-0900) | Serum (SST tube) preferred Plasma (PST tube) can be collected for STAT or Urgent orders when testing is performed on site Collect specimen between 7am and 9 am or up to 3 hrs post waking. Collect on same day as Cortisol-PM for indication of diurnal variation. | SST/PST | Allow sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Ship refrigerated to testing site. Serum may be shipped in primary tube. Plasma must be aliquoted. | EKRH, KBRH, KGH, PRH, RIH, VJH |
| C | Cortisol - pm | CORPM Cortisol PM (1500-1700) | Serum (SST tube) preferred Plasma (PST tube) can be collected for STAT or Urgent orders when testing is performed on site Collect specimen between 3pm and 5pm. Collect on same day as Cortisol-AM for indication of diurnal variation. | SST/PST | Allow sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Ship refrigerated to testing site. Serum may be shipped in primary tube. Plasma must be aliquoted. | EKRH, KBRH, KGH, PRH, RIH, VJH |
| C | Cortisol - Post Dexamethasone | CORAMPOSTDEX Cortisol Post Dexamethasone | Serum (SST tube) preferred Plasma (PST tube) can be collected for STAT or Urgent orders when testing is performed on site Collect sample at 0800 the next morning following dexamethasone dose, or at time indicated by ordering physician. | SST/PST | Allow sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Ship refrigerated to testing site. Serum may be shipped in primary tube. Plasma must be aliquoted. | EKRH, KBRH, KGH, PRH, RIH, VJH |
| C | Cortisol - Random | CORR Cortisol Random | Serum (SST tube) preferred Plasma (PST tube) can be collected for STAT or Urgent orders when testing is performed on site Random collection time only | SST/PST | Allow sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Ship refrigerated to testing site. Serum may be shipped in primary tube. Plasma must be aliquoted. | EKRH, KBRH, KGH, PRH, RIH, VJH |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|--|---|---|-------------------------|---|---------------------------------------|
| C | Cortisol- Salivary | CORSAL | Contact VGH to obtain salivette tube, 604-875-4111 ext 68203. Provide patient with VGH instructions on Patient Test Instruction page . Instruct patient to keep the swab in mouth as long as possible to obtain sample. | Salivette Tube | Minimum 2mL saliva required. Sample must be kept refrigerated until returned to the lab. Ship room temperature to VGH. Contact VGH prior to testing as testing is only performed once per month. | VGH |
| C | Cotinine Nicotine metabolite | COTININE URDRUGSCOTININE | Random Urine | Sterile Container | 20ml Urine Ship refrigerated | VGH |
| C | C-Peptide Insulin C-Pptide | CPEP C-Peptide | Serum 10 hr fasting required on outpatients | SST | Allow sample to clot for 30 mins at room temperature. Centrifuge and aliquot 0.3 mL (min) serum ASAP into a False Bottom tube (FBT) and freeze. Ship frozen to referral site. | St. Paul's Hospital |
| C | C-Reactive Protein CRP | CRP CRP (C-Reactive Protein) | Serum (SST tube) preferred Plasma (PST tube) can be collected for STAT or Urgent orders when testing is performed on site. | SST/PST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store refrigerated after centrifugation. Aliquot and freeze if testing will not be performed within 72 hours. Ship refrigerated to testing site. Serum may be shipped in primary tube. Plasma must be aliquoted. | Most IH sites |
| C | C-Reactive Protein High Sensitivity | CRP | Order CRP | | | |
| C | Creatine Kinase MB | CKMB- Test not available | Substitute test: Troponin I | | | |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|-------------------------------------|--|--|--|--|---------------------------------------|
| C | Creatine Kinase CPK | CK CK | Serum (SST tube) preferred Plasma (PST tube) can be collected for STAT or Urgent orders when testing is performed on site | SST/PST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store refrigerated after centrifugation. Ship refrigerated to testing site. Serum may be shipped in primary tube. Plasma must be aliquoted. | |
| C | Creatinine - 24 hr Urine | U24CRE Creatinine-24h Urine | Provide 24 hr Urine Patient Collection Instructions. Refrigerate specimen during collection until delivery to lab Indicate Start and Finish Date and Time on requisition A blood sample for creatinine is required for this test. It is preferable to order and collect the blood sample for creatinine when the collection container is picked up. Blood must be collected within 24 hours of the start or finish time of the urine collection. Record patient current height and weight on requisition. | 24hr urine collection container No preservative or 15mL 6N HCL added prior to collection | Measure and record total volume of specimen. Send 10mL aliquot. Store and ship refrigerated to referral site. Record height and weight. | EKRH, KBRH, KGH, PRH, RIH, VJH |
| C | Creatinine - Dialysate | DIALCRE Creatinine Peritoneal Dialysate | May deliver entire sample to lab If delivering aliquot, total volume must be indicated on container and/or requisition | Sterile screw cap container or serum- RTT | Aliquot 4mL into 12x75 (5mL) plastic tube. Store and ship aliquot refrigerated to referral testing site. | |
| C | Creatinine - Fluid | BFCRE Creatinine Fluid | Indicate body fluid source | GRN-LiHep without gel or No additive tube or Sterile screw top container | Centrifuge within 2 hours of collection. Store and ship refrigerated to testing site. | EKRH, KBRH, KGH, PRH, RIH, VJH |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|----------------------------------|---|---|---|--|---------------------------------------|
| C | Creatinine – Random Urine | URCRE Creatinine- Random Urine | Refrigerate specimen until delivery to lab. | Sterile screw cap container | Aliquot 4mL into 12x75 (5mL) plastic tube. Store and ship aliquot refrigerated to referral testing site. | EKRH, KBRH, KGH, PRH, RIH, VJH |
| C | Creatinine Clearance | U24CRCL Creatinine Clearance- 24h Urine | Provide 24 hr Urine Patient Collection Instructions. Refrigerate specimen during collection until delivery to lab Indicate Start and Finish Date and Time on requisition A blood sample for creatinine is required for this test. It is preferable to order and collect the blood sample for creatinine when the collection container is picked up. Blood must be collected within 24 hours of the start or finish time of the urine collection. Record patient current height and weight on requisition. | 24hr urine collection container No preservative or 15mL 6N HCL added prior to collection | Measure and record total volume of specimen. Send 4 mL aliquot. Store and ship refrigerated to referral site. Record height and weight. | EKRH, KBRH, KGH, PRH, RIH, VJH |
| C | Creatinine CR CREA | CRE Creatinine (Incl GFR) | Serum (SST tube) preferred Plasma (PST tube) can be collected for STAT or Urgent orders when testing is performed on site | SST/PST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store refrigerated after centrifugation. Ship refrigerated to testing site. Serum may be shipped in primary tube. Plasma must be aliquoted. | Most IH Sites |
| C | Creutzfeldt-Jakob Disease | | See Microbiology Guide to Specimen Ordering Collection & Transport | | | |
| C | Crossmatch RBC | RBC Red Blood Cells | | | | |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|--|-------------------------------------|---|--|---|---------------------------------------|
| C | Cryofibrinogen Cryoglobulin testing included in panel | CRYOFIB Cryofibrinogen | NaCit plasma and serum 8 hr fast required. Patients must be off anticoagulants for 10 days. Requires Biochemist/Pathologist approval before collection. Collect only at CMH, EKRH, KBRH, KLH, KGH, PRH, RIH, VJH Must be Collected at a hospital facility only. *For EKRH, KBRH and RIH, pre-arrange request with lab to collect at hospital facility. Requires additional equipment for collection. Tubes must be pre-warmed. Lab staff to refer to CS 0099 Collecting Cryoglobulin or Cryofibrinogen Samples | 4 x 2.7mL NaCit 4 x 6 mL RTT Keep @ 37°C; deliver thermos to Hematology lab within 1 hr of collection Document collection temp on HE 0232 Cryoglobulin Case Worksheet. | Requires special processing. Lab staff to follow HE 0231 Detecting Cryoglobulins Procedure for processing. Aliquot min. 4 mL serum. Aliquot min 4mL plasma. Place DO NOT REFRIGERATE sticker on tube. Store at room temperature. Ship room temperature. Include HE 0232 Worksheet. Perform testing within 7 days. | KGH, RIH |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|---|---|--|--|---|---------------------------------------|
| C | Cryoglobulin | CRYOGLOBULIN Cryoglobulin | <p>Serum 8 hr fast required. Patients must be off anticoagulants for 10 days.</p> <p>Collect only at CMH, EKRH, KBRH, KLH, KGH, PRH, RIH, VJH Must be Collected at a hospital facility only. *For EKRH, KBRH and RIH, pre-arrange request with lab to collect at hospital facility.</p> <p>Requires additional equipment for collection. Tubes must be pre-warmed. Lab staff to refer to CS 0099 Collecting Cryoglobulin or Cryofibrinogen Samples</p> | <p>4 x 6 mL RTT, pre-warmed Keep @ 37°C; deliver thermos to Hematology lab within 1 hr of collection</p> <p>Document collection temp on HE 0232 Cryoglobulin Case Worksheet.</p> | <p>Requires special processing. Lab staff to follow HE 0231 Detecting Cryoglobulins Procedure for processing.</p> <p>Aliquot min. 4 mL serum. Place DO NOT REFRIGERATE sticker on tube. Store at room temperature. Ship room temperature. Include HE 0232 Worksheet.</p> <p>Perform testing within 7 days.</p> <p>*Positive results >0.1mL will have immunofixation performed once/lifetime.</p> | KGH, RIH |
| C | Crystals - Fluid | BFCRY Crystals Fluid | <p>EDTA plasma Place 3-5 mLs joint fluid/aspirate into collection tube. Mix well. Indicate fluid type on label and requisition.</p> | EDTA (3mL) | <p>Add minimum 1mL sample to tube. Add fluid immediately upon collection. Mix by inverting tube slowly 8 times to prevent clotting. Store and ship refrigerated to testing site.</p> | EKRH, KBRH, KGH, PRH, RIH, VJH |
| C | Cerebral Spinal Fluid CSF - Cytology | Cytology testing is not orderable through the hospital computer system. | Cytology requests require an IH Cytology Consultation Request Form. Refer to requisition for instructions. | | | |
| C | C-Telopeptide | See CTX | | | | |
| C | Cyclic Citrullinated Peptide Ab CCP | ANTICCP | See Anti-Cyclic Citrullinated Peptide Ab | | | |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|--|---|--|-------------------------|--|---------------------------------------|
| C | Cyclobenzarine Flexeral | CYBEN Cyclobenzaprine (Flexeral) | Serum | RTT | Allow RTT sample to clot a minimum of 60 min at room temperature. Centrifuge and separate within 2 hours of collection. Aliquot 1 mL (min) serum. Store and ship cool to referral site for testing. | Provincial Toxicology Centre |
| C | Cyclosporin - 2 Hour Post | CYCL2 Cyclosporin- 2 hour post | EDTA Whole blood Collect 2 hours (within 15 minutes) post dose Date/time of last dose is required. Testing performed at VGH Sun-Fri | EDTA (2mL) | Store and ship unspun primary tube refrigerated to testing site. Sample stable for 14 days. | VGH |
| C | Cyclosporin - Trough Cyclosporin A, Cyclosporin, Sandimmune | CYCL1 Cyclosporin- Trough | EDTA Whole Blood Collect within 30 min of next dose Date/time of last dose is required. Testing performed at VGH Sun-Fri | EDTA (2mL) | Store and ship unspun primary tube refrigerated to testing site. Sample stable for 14 days. | VGH |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|--|---|--|---|--|--|
| C | Cystatin C Cystatin C eGFR | CYSTATINC | Serum or Plasma | SST or PST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge and aliquot 1mL immediately (within 15 mins) Store and ship frozen. | ICL DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval. |
| C | Cystic Fibrosis Screening CF Fetal EB CAVD CBAVD Cystic Fibrosis Gene Electrophoresis | Order GENETICS | EDTA Whole blood Collect Mon – Thurs before 1 pm, do not collect prior to or on a Stat holiday. To ensure timely arrival for testing, consult with your local laboratory about potential transport delays due to courier schedules. Rural collection sites, consult with through site to ensure same day shipping | EDTA (3mL) | Store and ship whole blood same day at room temperature. Do not refrigerate or freeze. | BCCH Molecular Diagnostics Lab Requisition |
| C | Cystine - 24 hr urine | ST Lab only: Order Send Out Test | Collect only for known patients. CH will only perform a 24-hour for cystine if patient is in their database with a previous positive screen. If you get a request, call 1-604-875-2307 prior to starting the collection. | 24 hour urine container-no preservative | Store and ship entire sample frozen to referral site for testing. Do not aliquot for other tests. | BC Women & Children's Hospital |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|--|---|---|------------------------------|--|--|
| C | Cystine - Random urine | URCYS Lab only: Order Special Test | First morning urine Collect entire 1st morning void (minimum 20mL) and freeze immediately. | Sterile screw cap container | Store and ship entire sample frozen to referral site for testing. Do not aliquot for other tests. | BC Women & Children's Hospital |
| C | Cytogenetics | Order GENETICS | May deliver entire sample to lab If delivering aliquot, total volume must be indicated on container and/or requisition | | | BC Women & Children's Hospital BC Cancer Agency VGH St. Paul's Hospital |
| C | Cytology - Send Out | CYTOSO | Sample should be Sent-Out only at the request of the Pathologist. Contact the Cytology department at either KGH or RIH for more information. | | Send to CCA with the appropriate fixative and requisition | BC Cancer Agency |
| C | Cytotoxic Antibodies HLAPRA HLA Panel Reactive Antibodies, DSA, HLA Ab Screen | CYTOXAB | See PRA | | | VGH |
| D | DARA | See RBCFULLPHENO | | | | |
| D | DAT - Neonate Coombs Test | DATNEO Direct Antiglob Test Neonatal | EDTA Whole blood Order Management Category: TS <i>Order only on neonates 0-4 months.</i> | EDTA microtainer (0.5mL min) | Do Not centrifuge or aliquot. Store and ship refrigerated to referral site. | |
| D | DAT Coombs Test | DAT Direct Antiglobulin Test | EDTA Whole blood Order Management Category: TS Provide patient's transfusion and medication history | EDTA (3mL) | Do Not SPIN Store and ship primary tube refrigerated to IH testing site. Do Not Freeze | |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|---|-------------------------------------|---|---|--|---|
| D | DDAVP Trial Desmopressin Challenge DDAVP Challenge | DDAVPTRIAL | NaCit plasma Timed specimens: Baseline, 1 hr. & 4 hr. collections | NaCit (2.7mL) | Centrifuge sample immediately. Prepare Platelet Poor Plasma and freeze within 2 hours of collection. Refer to HE 0006 Preparing Platelet Poor Plasma. Aliquot 1-1.5 mL minimum and freeze immediately at -20°C. Store upright. Ship frozen. | KGH |
| D | D-Dimer DIC Investigation | DD D-Dimer DDimer | NaCit plasma | NaCit (1.8mL) NaCit (2.7mL) if PPP required | For testing performed on site, centrifuge sample immediately. If shipping to referral site, store and ship unspun citrate tube at room temperature. If testing is delayed more than 8 hours after collection, collect in NaCit (2.7 mL) and prepare Platelet Poor Plasma and freeze within 2 hours of collection. Refer to HE 0006 Preparing Platelet Poor Plasma. Aliquot 1 mL minimum and freeze immediately at -20°C. Store upright. Ship frozen. | ALH, BDH, CDH, CMH, CVH, EKRH, EVH, GDH, IDH, KBRH, KGH, KLH, LIH, NVH, OMH, PGH, PRH, QVH, RIH, SLH, SOG, SPE, VJH, DHH |
| D | Dehydro- epiandrosterone | DHEAS DHEAS | Serum | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Aliquot 1 mL (min) serum Store and ship frozen to referral site. | VGH |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|---|--|---|---|---|---|
| D | Delta-Aminolevulinic Acid - 24 hr Urine Amino Levulinic Acid ALA Delta-ALA DALA Porphyrin precursor | U24DALA Delta Aminolevulinic Acid-24hU | Provide 24hr Urine Patient Collection Instructions Refrigerate specimen during collection until delivery to lab Indicate Start and Finish Date and Time on requisition. Protect from light during collection and delivery to lab. | 24hr urine collection container No preservative or 15mL 6N HCL added prior to collection | Mix well, measure and record total volume and pH. If unpreserved urine is pH >7, recollect using 15mL 6N HCL as preservative. Aliquot 10 mL sample into sterile screw cap container. Store and ship frozen to referral site. Protect from light. | VGH |
| D | Deoxypyridinoline Crosslinks Urine D-PYR | Test not available CTX is an alternative test | | | | |
| D | Desipramine Norpramine | DESIP Desipramine | Serum Patient should be on medication at least 7 days prior to specimen collection. Collect just prior to next dose | RTT | Allow RTT sample to clot a minimum of 60 min at room temperature. Centrifuge and separate within 2 hours. Aliquot 1.0 mL (0.5 mL min) serum. Store and ship refrigerated to referral site. | Provincial Toxicology Centre |
| D | Desmoglein 1, Desmoglein 3 Pemphigus Ab | DESMOAB | 8 hour fast | SST | Allow sample to clot for 30 min at room temperature. Centrifuge and aliquot 0.5mL (0.2mL min) as soon as possible. Freeze immediately. Hemolyzed and icteric samples are unacceptable. Ship frozen. | ICL (ICL forwards to Quest) DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval and signed consent form. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval. |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|---|---|---|---------------------------------------|--|---------------------------------------|
| D | Devic's Disease Neuromyelitis Optica NMO/Aquaporin 4 | See MITOREF Lab Order Only | | | | |
| D | Dexamethasone Suppression Test | CORAMPOSTDEX Mini Dose Suppression Test, | Serum (SST tube) preferred Plasma (PST tube) can be collected for STAT or Urgent orders when testing is performed on site Collect sample at 0800 the next morning following dexamethasone dose, or at time indicated by practitioner. | SST/PST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store and ship refrigerated to referral site. Serum may be shipped in primary tube. Plasma must be aliquoted. | EKRH, KBRH, KGH, PRH, RIH |
| D | Dialysate fluid | Order analytes individually: DIALALB Albumin DIALCRE Creatinine DIALGLU Glucose DIALUREA Urea | Peritoneal dialysis fluid | RTT or sterile screw cap container | Store and ship refrigerated to testing site. | Most IH Sites |
| D | Differential - Miscellaneous Fluid Diff | BFDIFFMISC Miscellaneous Fluid <i>Do not use for pericardial, peritoneal ascites or dialysate, pleural or synovial fluid. Use for any body fluid not listed.</i> | EDTA <i>No cell count is performed on miscellaneous fluids, only a differential.</i> | EDTA (2mL) | Add minimum 1mL sample to tube. Add fluid immediately upon collection. Mix by inverting tube slowly 8 times to prevent clotting. Store and ship refrigerated to testing site. Do not order/perform a cell count. If in doubt, contact the pathologist to clarify the order. | EKRH, KBRH, KGH, PRH, RIH, VJH |
| D | Differential | Manual Diff See CBC | EDTA Whole Blood - Do NOT spin | EDTA (2mL) | Manual differential will be performed based on CBC results | |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|--|---|--|---|--|---------------------------------------|
| D | Digoxin Lanoxin | DIG Digoxin | Serum Collect specimen 0-60 minutes prior to next dose or 6-8 hours post dose. Indicate date and time of last dose. | SST RTT acceptable | Centrifuge within 2 hours of collection. SST: Primary tube acceptable if tube is full and testing is performed within 7 days. Store and ship refrigerated. Aliquot 2mL serum minimum and freeze if tube is not a full draw, or testing is not performed within 7 days. Send frozen. RTT: Aliquot 2mL serum minimum. Store and ship refrigerated. Freeze and send frozen if testing is not performed within 7 days. | EKRH, KBRH, KGH, PRH, RIH, VJH |
| D | Dilantin - Free | DILF Free Dilantin (Phenytoin) | Serum Oral Therapy: Collect 0-60 minutes prior to next dose. IV Therapy: Collect >2 hrs post dose. Indicate date and time of last dose. | RTT | Allow RTT sample to clot a minimum of 60 min at room temperature. Centrifuge and separate within 2 hours. Aliquot 2 mL serum. Store and ship refrigerated to referral site. Total Dilantin and Free Dilantin performed on same aliquot. | VGH |
| D | Direct Antiglobulin Test | DAT Coombs Test | EDTA Whole blood Order Management Category: TS Provide patient's transfusion and medication history | Adults – EDTA (4mL) Neonate - EDTA microtainer, 0.5mL (min). | Do Not centrifuge or aliquot. Store and ship refrigerated to referral site. | |
| D | DNA Double-Strand Antibody Anti-DNA Anti-ds DNA | DSDNA or DNADS DNA Double-Strand Antibody | Serum | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Aliquot 1.0 ml and ship refrigerated | KGH, RIH |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|---|---|---|--------------------------------|--|---------------------------------------|
| D | DNase | Do not confuse with DNA Antibody or DNA Analysis | See Microbiology Guide to Specimen Ordering Collection & Transport | | | |
| D | Donath-Landsteiner Test Cold Hemolysin | D-L Donath-Landsteiner Test | Serum Pre-approval from a BCCW Hematopathologist required | RTT | Place in 37°C waterbath immediately upon receipt in lab to allow clot to fully form (min 30 min). Centrifuge and remove serum as soon as possible. Store and ship serum frozen to testing site. Store and ship clot (in primary tube) refrigerated to testing site. | BC Children's |
| | Drug Screen - Urine Confirmation Order for confirmation of positive qualitative urine drug screen results or confirmation of specific drug. Not for legal, emergency or methadone patients. | URDRUGSCONF | Random urine Same sample can be used if urine drug screen (send out) above is ordered. Refrigerate specimen until delivery to lab. | Sterile screw-cap container | Store and ship 50 mL aliquot refrigerated to testing site. Indicate specific drug. Indicate positive results from urine drug screen test if available. | LifeLabs |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|--|---|---|--------------------------------|---|---------------------------------------|
| | Drug Screen OBS Patients Only Urine Confirmation Order for confirmation of positive qualitative urine drug screen results or confirmation of specific drug. Not for legal, emergency or methadone patients. | URDRUGSLIFE | Random urine Same sample can be used if urine drug screen (send out) above is ordered. Refrigerate specimen until delivery to lab. | Sterile screw-cap container | Store and ship 50 mL aliquot refrigerated to testing site. Indicate specific drug. Indicate positive results from urine drug screen | LifeLabs |
| D | Drug Screen - Urine Send-Out Tests for: Amphetamines , (uppers, speed, Methamphetamines, MDA, MDMA, Ecstasy) Benzodiazepines (diazepam, lorazepam) Cocaine (crack, benzolecgonine) Opiates (heroin, codeine, morphine) | URDRUGSSO For all routine inpatient and outpatient drug screen requests *Does not include methadone. For methadone, order URDRUGSMC | Random urine Refrigerate specimen until delivery to lab. | Sterile screw cap container | Note: NOT for legal, emergency or methadone patients Collect 25-50 mL random urine Store and ship efrigerated to referral testing site. | LifeLabs |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|---|-------------------------------------|--|-----------------------------|---|---------------------------------------|
| D | Drug Screen - Urine Includes qualitative testing for: Amphetamines (Methamphetamines, MDA, MDMA, Ecstasy) Benzodiazapine Cocaine (Crack cocaine) Cannabinoids (THC, Marijuana) Methadone Opiates (Morphine, Codeine, Heroin) Tricyclic Antidepressants Oxycodone | URDRUGS Urine Drug Screen | Random urine Refrigerate specimen until delivery to lab. Available for Emergency Department or Inpatient testing only. For outpatients order URDRUGSO | Sterile screw-cap container | Store and ship 50 mL aliquot refrigerated to testing site. | Most IH Sites |
| D | D-Xylose | Xylose Absorption Test | Test not available | | | |
| D | Ebola | | See Microbiology Guide to Specimen Ordering Collection & Transport *Contact the Medical Microbiologist on-call prior to ordering this test. Only specifically trained personnel are authorized to collect this sample. | | Follow Ebola-specific processing and handling requirements. | |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|--|--|---|--------------------------------|---|--|
| E | EGFR T790M plasma cell-free DNA (cfDNA) Plasma ccfDNA ctDNA | Order GENETICS | Special cell free DNA (STRECK) tubes: available from KGH,RIH,EKRH,KBRH,KLH <u>Order of draw: Same as EDTA* except if heparin tubes are also being collected.</u> Important: Heparin contamination in the STRECK tube may interfere with results. <u>Collect the STRECK tubes prior to any heparin tubes</u> to avoid contamination. Alternatively, use a discard EDTA after the heparin tube and before the STRECK tubes. Collect by vacutainer using a butterfly. Use a non-additive discard tube if these are the first tubes drawn. <u>Invert 8 times to mix.</u> Collect Mon – Thurs before 1 pm, do not collect prior to or on a Stat holiday. To ensure timely arrival for testing, consult with your local laboratory about potential transport delays due to courier schedules. Rural collection sites, consult with through site to ensure same day shipping | cfDNA collection tube 2 x 10mL | Ship whole blood at room temperature to BCCA Cancer Genetics Lab, Room 3307, 600 West 10th Ave. Sample must arrive at BCCA within 5 days, schedule collection accordingly. | Orderable by oncologist only Use BCCA Cancer genetics solid tumour requisition: Contact BCCA Cancer Genetics Lab at 1-604-877-6000 ext. 2094 for questions |
| E | Elastase | STELAST Stool Elastase | Stool - well-formed | Sterile screw cap container | Store and ship 50g (min) frozen to referral site. | BC Children's and Women's Hospital |
| E | Electrolytes - Urine Random | Order separately: URNA - Urine Sodium, Urine NA URK - Urine Potassium, Urine K | Random Urine Refrigerate specimen until delivery to lab. | Sterile screw cap container | Aliquot 4mL into 12x75 (5mL) plastic tube. Store and ship aliquot refrigerated to referral testing site. | EKRH, KBRH, KGH, PRH, RIH, VJH |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|---|--|--|---|---|---------------------------------------|
| E | Electrolytes | See LYTES2 or LYTES4 Includes: Sodium (NA), Potassium (K) [LYTES2], Chloride (Cl), and Carbon dioxide (CO2) [LYTES4] | Serum (SST tube) preferred Plasma (PST tube) can be collected for STAT or Urgent orders when testing is performed on site. | SST/PST | Allow sample to clot for 30 min at room temperature. Centrifuge as soon as possible and within 2 hours. Store refrigerated after centrifugation. Ship refrigerated to testing site. Serum may be shipped in primary tube. Plasma must be aliquoted. Note: Potassium (K) result will be falsely increased if the sample is hemolyzed, or there is a delay in separating cells from serum/plasma. | Most IH Sites |
| E | Electrophoresis - 24hr Urine Bence Jones Protein | U24EL Electrophoresis- 24h Urine | Provide 24hr Urine Patient Collection Instructions Refrigerate specimen during collection until delivery to lab Indicate Start and Finish Date and Time on requisition | 24hr urine collection container No preservative | Mix well, measure and record total volume. Aliquot 50 mL sample into sterile screw cap container. Also aliquot 4 mL into a 12x75 aliquot tube. Store and ship both aliquots refrigerated to testing site. | KGH, RIH |
| E | Electrophoresis - CSF Oligoclonal Banding IgG Fraction IgG Albindex IgG Synthesis Rate | CSFOLIG Oligoclonal Panel CSF | CSF + serum sample Serum sample required to be drawn same day. May be obtained up to 7 days before or after the CSF. | Sterile CSF collection tube - 1-4 tubes depending on tests required Serum: SST | Place 1 mL (min) CSF into aliquot tube. Place 1 mL (min) serum into separate aliquot tube. Store and ship both samples frozen to VGH. | VGH |
| E | Electrophoresis - Random Urine Bence Jones Protein Light Chains Urine | UREL Electrophoresis-Random Urine | Random urine Refrigerate specimen until delivery to lab. | Sterile screw cap container | Aliquot urine in a 12x75 plastic send out tube & approximately 50 mL of urine in a Starplex container. Store and ship both aliquot and sterile screw-cap container refrigerated to testing site. | KGH, RIH |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|---|--|--|-------------------------|--|--|
| E | Electrophoresis | EL SPE, Serum Protein Electrophoresis, Protein Electrophoresis, PEP | Serum | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store and ship refrigerated to testing site. Stability 14 days refrigerated. | KGH, RIH |
| E | Eligibility for Rh Immune Globulin RHIG Eligibility Group and Screen for Eligibility for RhoGAM | ELIG Eligibility for RhIG | Order Management category: TS <i>Also order BLDGRPNEO on Infant cord blood</i> | EDTA (3mL) | Store and ship unspun primary tube refrigerated to referral site. | |
| E | Embryofetopathology | PATHSPEC (within IH) or GENETICS (see CHROMOSOME STUDIES) Chromosome Studies Karyotype, Products of conception, missed abortion, pregnancy loss | Products of conception | Pathology container | Do not order as a Special Test in lab module. Order PATHSPEC in the LAB module when referring a pathology specimen from one IH site to another. This mnemonic is used for tracking purposes. The IH sites with Pathology module will order the appropriate test to the referral site. I.e. Embryopathology is referred from CMH to RIH (to be referred to VJH or BCCWH). CMH will order PATHSPEC only. RIH will order the Embryofetopathology referral to the appropriate site. If referring to BCCH for embryopathology <20 weeks gestational age, refer to 'Chromosome Studies' in this Test Directory | IH Site, BC Children's Requisition |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|---|--|--|-------------------------|--|---------------------------------------|
| E | ENA Extractable Nuclear Antibodies | Order ANA *ENA automatically ordered if ANA > 1.0+C291 | Serum | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Aliquot 1 mL (min) serum Store and ship refrigerated to referral site. ENA Panel includes: Anti-Centromere Anti-Ro (Anti-ssA) for Sjogren's syndrome Anti-La (Anti-ssB) for Sjogren's syndrome Anti-RNP/U1RNP (Anti-Ribonucleoprotein) for connective tissue disease Anti-Sm (Anti-Smith) Anti-Scl-70 for scleroderma Anti-Jo-1 for polymyositis | KGH, RIH |
| E | Epstein-Barr Virus | | See Microbiology Guide to Specimen Ordering Collection & Transport | | | |
| E | Erythrocyte Protoporphyrin-Zinc Erythrocyte Protoporphyrin Note: Includes both zinc protoporphysin and free erythrocyte protoporphyrin (not individually avaialble at VGH) | PROTOZN | EDTA Whole blood Protect specimen from light. Include HCT result with specimen. | EDTA (2mL) | Keep protected from light. Store and ship unspun whole blood primary tube refrigerated to referral site. | VGH |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|---|-------------------------------------|---|---|--|---------------------------------------|
| E | Erythrocyte Sedimentation Rate Sed Rate | ESR ESR | NaCit Whole blood Clinical indications required May be ordered STAT only in cases of suspected Temporal Arteritis EDTA blood is unacceptable Excyte tube: <ul style="list-style-type: none"> • ensure patient arm is in downward position • needle must puncture center of cap • collection with syringe and using a blood transfer device to fill Excyte tube has shown improvement in tube filling • support tube in upward position while filling • tube fills very slowly | ESR tube (black cap) Seditainer or Excyte tube only fill completely | Store and ship unspun primary tube refrigerated to referral site. | Most IH Sites |
| E | Erythropoietin Level | EPO Erythropoetin (EPO) | Serum Morning sample recommended. Allow to clot and centrifuge within 2 hours of collection. | SST or RTT | Allow SST sample to clot a minimum of 30 min at room temperature. Allow RTT sample to clot a minimum of 60 min at room temperature. Centrifuge and separate within 2 hours of collection. Aliquot min 1mL serum. Freeze ASAP. Ship frozen to referral site. (Refrigerated sample stability is only 24 hrs). | VGH |
| E | Estradiol Estrogen | EST | Serum | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store primary tube and ship refrigerated to testing site. | RIH, KGH |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|--|--|---|-----------------------------|--|---------------------------------------|
| E | Ethanol ALC Alcohol EtOH | ETH Ethanol | Lithium Heparin plasma (preferred) or Serum Do not use alcohol swab to clean site. Use suitable alternative. Not available as an add-on test | PST/SST | Centrifuge within 2 hours of collection. Wrap cap with parafilm. Store and ship unopened primary tube refrigerated to testing site. *If requested to draw an ethanol sample for the RCMP, refer to IH policy AL0300 | Most IH Sites |
| E | Ethosuximide Zarontin | ETHOSUX Ethosuximide (Zarontin) | Serum Collect just prior to next dose Indicate date and time of last dose | RTT | Allow RTT sample to clot a minimum of 60 min at room temperature. Centrifuge and separate within 2 hours. Aliquot 1.0 mL (0.5 mL min) serum. Store and ship refrigerated to referral site. | Provincial Toxicology Centre |
| E | Ethyl Glucuronide | ETG Ethyl Glucuronide- Random Urine | Random Urine | Sterile screw cap container | Store and ship 5mL (min) random urine refrigerated to referral site. | Provincial Toxicology Centre |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|---|--|---|-------------------------|---|---------------------------------------|
| E | Ethylene Glycol Radiator fluid Antifreeze Degreasing agents Foam stabilizers Metal cleaners | ETHGLY (VOLALC) Ethyl glycol | Plasma or serum 2 tubes | PST/SST x 2 | * Refer to "Performing Osmolar Gap for Volatile Alcohol and/or Ethylene Glycol Test Requests" Procedure for specific instructions. * NOTE: Include a copy of test results if sample is sent to VGH. Collect: PST / SST Specimen specifics: Centrifuge both tubes. Tube 1: Perform any available on-site testing. If OSMO testing is not performed on site, ship both tubes refrigerated to OSMO testing site. Tube 2: DO NOT OPEN. Store and ship UNOPENED tube refrigerated to referral site. IH Pathologist or Biochemist approval required prior to shipping sample to VGH. Send to sites/options: XVGH | VGH |
| E | Factor 10 Assay Factor X Do NOT order for Heparin Factor 10A activity | F10 Factor X Assay | NaCit plasma If testing is not ordered by a hematopathologist, pathologist approval is required for this order. If they are not available for consult, obtain approval after collection. | NaCit (2.7mL) | Centrifuge sample immediately. Prepare Platelet Poor Plasma and freeze within 2 hours of collection. Refer to HE 0006 Preparing Platelet Poor Plasma. Aliquot 1-1.5 mL minimum and freeze immediately at -20°C. Store upright. Ship frozen. | RIH, KGH |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|---|-------------------------------------|--|--------------------------|---|---------------------------------------|
| F | Factor 11 Assay Coagulation Factor XI Factor XI FXI | F11 Factor 11Assay | NaCit plasma <i>If testing is not ordered by a hematopathologist, pathologist approval is required for this order. If they are not available for consult, obtain approval after collection.</i> | NaCit (2.7mL) | Prepare Platelet Poor Plasma within 2 hours of collection. Refer to HE 006 Preparing Platelet Poor Plasma. Centrifuge sample immediately. Without disturbing the buffy coat, remove the top ¾ of plasma with a pipette and transfer into a labelled aliquot tube. Cap the aliquot tube. Centrifuge the aliquot tube. Remove the top ¾ of plasma from the aliquot tube with a pipette and transfer to a newly labelled aliquot tube. Aliquot 1mL minimum. Freeze aliquot immediately at -20C. Store upright. Ship frozen. | RIH, KGH |
| F | Factor 12 Assay Factor XII FXII | F12 Factor 12Assay | NaCit plasma <i>If testing is not ordered by a hematopathologist, pathologist approval is required for this order. If they are not available for consult, obtain approval after collection.</i> | NaCit (2.7mL) | Centrifuge sample immediately. Prepare Platelet Poor Plasma and freeze within 2 hours of collection. Refer to HE 0006 Preparing Platelet Poor Plasma. Aliquot 1-1.5 mL minimum and freeze immediately at -20°C. Store upright. Ship frozen. | RIH,KGH |
| F | Factor 13 Screen Factor XIIi FXIIi | F13 Factor 13 Screen | NaCit plasma | NaCit (2.7mL) 2 tubes | Centrifuge sample immediately. Prepare Platelet Poor Plasma and freeze within 2 hours of collection. Refer to HE 0006 Preparing Platelet Poor Plasma. Aliquot 1.5 mL minimum and freeze immediately at -20°C. Store and ship frozen. | St. Paul's Hospital |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|--|--|---|--------------------------|---|---------------------------------------|
| F | Factor 2 Assay Factor II FII | F2 Do NOT order for Prothrombin Gene Mutation | NaCit plasma <i>If testing is not ordered by a hematopathologist, pathologist approval is required for this order. If they are not available for consult, obtain approval after collection.</i> | NaCit (2.7mL) | Centrifuge sample immediately. Prepare Platelet Poor Plasma and freeze within 2 hours of collection. Refer to HE 0006 Preparing Platelet Poor Plasma. Aliquot 1-1.5 mL minimum and freeze immediately at -20°C. Store upright. Ship frozen. | RIH, KGH |
| F | Factor 5 Assay Factor V Assay FV | F5 Lab Order Only Do NOT order for Factor 5 Leiden, FVL or PT Gene Mutation | NaCit plasma <i>If testing is not ordered by a hematopathologist, pathologist approval is required for this order. If they are not available for consult, obtain approval after collection.</i> | NaCit (2.7mL) | Centrifuge sample immediately. Prepare Platelet Poor Plasma and freeze within 2 hours of collection. Refer to HE 0006 Preparing Platelet Poor Plasma. Aliquot 1-1.5 mL minimum and freeze immediately at -20°C. Store upright. Ship frozen. | RIH, KGH |
| F | Factor 5 Inhibitor Assay | F5INH | NaCit plasma | NaCit (2.7mL) 3 tubes | Centrifuge samples immediately. Prepare Platelet Poor Plasma and freeze within 2 hours of collection. Refer to HE 0006 Preparing Platelet Poor Plasma. Aliquot 3 mL minimum and freeze immediately at -20°C. Store and ship frozen. | St. Paul's Hospital |
| F | Factor 5 Leiden F5 Leiden Factor V Leiden | F5L Factor 5 Leiden/PRT Gene Mut Order includes order for PT Gene Mutation (620210a) | EDTA Whole Blood - Do NOT spin Collect Mon – Thurs before 1 pm, do not collect prior to or on a Stat holiday. To ensure timely arrival for testing, consult with your local laboratory about potential transport delays due to courier schedules. Rural collection sites, consult with through site to ensure same day shipping | EDTA (2mL) | Do Not Centrifuge. Ship primary tube room temperature or refrigerated Sample stable for one week. | VGH |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|--|--|--|--------------------------|--|---------------------------------------|
| F | Factor 7 Assay Factor VII | F7 Factor 7 Assay | NaCit plasma <i>If testing is not ordered by a hematopathologist, pathologist approval is required for this order. If they are not available for consult, obtain approval after collection.</i> | NaCit (2.7mL) | Centrifuge sample immediately. Prepare Platelet Poor Plasma and freeze within 2 hours of collection. Refer to HE 0006 Preparing Platelet Poor Plasma. Aliquot 1-1.5 mL minimum and freeze immediately at -20°C. Store upright. Ship frozen. | RIH, KGH |
| F | Factor 8 Assay Hemophilia A Factor VIII FVIII Factor VIII:C See also Von Willibrand's | F8 Factor 8 Assay | NaCit plasma | NaCit (2.7mL) | Centrifuge sample immediately. Prepare Platelet Poor Plasma and freeze within 2 hours of collection. Refer to HE 0006 Preparing Platelet Poor Plasma. Aliquot 1-1.5 mL minimum and freeze immediately at -20°C. Store upright. Ship frozen. | KGH/RIH |
| F | Factor 8 Chromogenic Assay Referring labs must consult St. Paul's Hospital Hematopathologist prior to sending sample. Collection can occur prior to consultation. | F8CHROM Factor 8 Chromogenic Assay | NaCit plasma | NaCit (2.7mL) 2 tubes | Centrifuge samples immediately. Prepare Platelet Poor Plasma and freeze within 2 hours of collection. Refer to HE 0006 Preparing Platelet Poor Plasma. Aliquot 2.5 mL minimum into two aliquot tubes (1.25 mL minimum in each tube) and freeze immediately at -20°C. Store and ship frozen. | St. Paul's Hospital |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|--|--|---------------------|--------------------------|--|---------------------------------------|
| F | Factor 8 Inhibitor Factor VIII Inhibitor Factor 8 Bethesda Units Factor 8 Antibody Screen | F8INH Factor 8 Inhibitor Assay | NaCit plasma | NaCit (2.7mL) 2 tubes | Centrifuge sample immediately. Prepare Platelet Poor Plasma and freeze within 2 hours of collection. Refer to HE 0006 Preparing Platelet Poor Plasma. Aliquot 2 mL minimum into two aliquot tubes (1mL minimum in each) and freeze immediately at -20°C. Store and ship frozen. | St. Paul's Hospital |
| F | Factor 9 Assay Hemophilia B Christmas Disease Factor IX | F9 Factor 9 Assay | NaCit plasma | NaCit (2.7mL) | Centrifuge sample immediately. Prepare Platelet Poor Plasma and freeze within 2 hours of collection. Refer to HE 0006 Preparing Platelet Poor Plasma. Aliquot 1-1.5 mL minimum and freeze immediately at -20°C. Store upright. Ship frozen. | KGH/RIH |
| F | Factor 9 Chromogenic Assay F9 Chromogenic For Monitoring Pegylated F9 (Rebiny) Referring labs must consult St. Paul's Hospital Hematopathologist prior to sending sample. Collection can occur prior to consultation. | F9CHROM Factor 9 Chromogenic Assay | NaCit plasma | NaCit (2.7mL) 2 tubes | Centrifuge samples immediately. Prepare Platelet Poor Plasma and freeze within 2 hours of collection. Refer to HE 0006 Preparing Platelet Poor Plasma. Aliquot 2.5 mL minimum into two aliquot tubes (1.25 mL minimum in each tube) and freeze immediately at -20°C. Store and ship frozen. | St. Paul's Hospital |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|---|---|---|--------------------------|---|---------------------------------------|
| F | Factor 9 Inhibitor Bethesda Units | F9INH Factor 9 Inhibitor Assay | NaCit plasma | NaCit (2.7mL) 3 tubes | Centrifuge samples immediately. Prepare Platelet Poor Plasma and freeze within 2 hours of collection. Refer to HE 0006 Preparing Platelet Poor Plasma. Aliquot 3 mL minimum and freeze immediately at -20°C. Store and ship frozen. | St. Paul's Hospital |
| F | Fecal Fat Random Fat Globules | STFATRAN | Random stool specimen Patient should be on a regular diet. Do not use suppositories, lubricants or creams prior to collection. | Sterile Container | Collect sample into sterile container. Sample volume 400 g (100 g minimum) Store and send frozen. | Lifelabs |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|--|-------------------------------------|--|--------------------------|---|--|
| F | Fecal Fat - Quantitative 24, 48 or 72 hour stool for fat Investigation of malabsorption; Steatorrhea | STFAT | Stool - collected over a designated time period (24, 48 or 72 hr) Patient must obtain pre-weighed metal can from lab. Collection: Collect all bowel movements passed during the required time period. Do not allow urine or water to contaminate the sample. Storage: Store collection container upright, tightly sealed and cool throughout the collection period. During cooler months the container may be stored outside where the temperature is less than 8°C. Place the container in an insulated cooler with freezer packs to maintain a cool temperature. The freezer packs will require replacement over the collection period. Complete the label information and deliver to the lab as soon as possible upon completion of the collection time period. | Pre-weighed metal can | Ensure container lid is securely sealed. Place container in a tightly sealed plastic bag for shipping. Store and ship refrigerated to referral site. | Lifelabs Detailed collection instructions |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|--|--|--|----------------------------------|--|---------------------------------------|
| F | Fecal Immunochemical Test FIT Test <i>Outpatient Screening test for BC residents age 50-74, asymptomatic</i> INPATIENTS Not eligible for this test. | FIT | Stool in special collection container. Provide patient with collection instructions. Return sample to lab within 7 days of collection. Lab Staff: Follow sample labelling instructions procedure. Check kit expiry prior to giving out kit. Note: For FIT test requests, do not enter the Colon Screening Program (CSP) as a copy to, even if it is on the requisition. Instead, answer the radio button question with Yes for the prompt: 'Copy to Colon Screening Program' . This will prompt Lifelabs (testing site) to send a report to the CSP and prevent other test results on the same requisition from going there. Refer to ILU 22-41. | Special FIT collection container | Check sample container is not over- or under-filled, is not leaking, or that the outside has not been contaminated prior to allowing patient to leave. Store and ship samples refrigerated until analysis or transport to testing facility. Testing valid for samples up to 14 days post collection. | Lifelabs |
| F | Fecal Leukocytes | Test no longer available (See ILU 19-21) | | | | |
| F | Fecal Occult Blood FOB | Test no longer available (See ILU 19-27) | | | | |
| F | Fentanyl Screen-ED/IP Screen includes Fentanyl and Norfentanyl only | URDRUGSFENT FENTANYLED | Random urine ED or IP Testing at sites with fentanyl kits | Sterile screw cap container | Collect 5 mL min random urine | EKRH, KBRH, KGH, PRH, RIH, VJH |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|--|---|--|-----------------------------|--|---------------------------------------|
| F | Fentanyl-Outpatient Screen includes: Fentanyl analogues Norfentanyl U4770 Furanylfentanyl Carfentanyl | URFENTANYLOP FENTANYL | Random urine This is a routine screening test for outpatients only. Note for legal testing. Screen includes:Fentanyl analogues, Norfentanyl, U4770, Furanylfentanyl, Carfentanyl All positive screens are confirmed by LC/MS | Sterile screw cap container | Note: NOT for legal testing. Order for outpatient testing. Store and ship 50 mL aliquot refrigerated to testing site. Freeze and send frozen if sample will arrive >72 hours after collection. | Lifelabs |
| F | Ferritin FER | FERRITIN Ferritin | Serum (SST tube) preferred Plasma (PST tube) can be collected for STAT or Urgent orders when testing is performed on site | SST/PST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store refrigerated after centrifugation. Ship refrigerated to testing site. Serum may be shipped in primary tube. Plasma must be aliquoted. | EKRH, KBRH, KGH, PRH, RIH, VJH |
| F | Fetal Fibrinonectin | FFN Fetal Fibronectin | Special FFN swab available from Lab. Refer to specific collection procedure. Deliver to lab ASAP. Contact local laboratory for more information | FFN swab | Lab: Test upon receipt. If sample cannot be tested within 8 hours of collection, store and ship cool to testing site. Sample must be tested within 3 days of collection. | Most IH Sites |
| F | Fetal Hemoglobin Screen | FETHGB APT test | <i>Contact local lab for more information</i> | | | |
| F | Fetal Maternal Screen | FETSCR Fetal Screen, Rosette test | EDTA Whole blood Collect post-partum only on Rh negative mothers who deliver Rh positive infants. Test indicates whether additional dose of RhIg is required. | EDTA (3mL) | Store and ship unspun whole blood primary tube refrigerated to referral site. | |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|----------------------------------|-------------------------------------|---|--|--|---|
| F | Fibrinogen Factor 1 | FIB Fibrinogen | NaCit plasma Avoid hemolysis. Hemolyzed specimens must be recollected. | NaCit (1.8mL) NaCit (2.7mL) if PPP required | Centrifuge sample immediately. If testing is delayed more than 4 hr post collection then: Collect in a NaCit (2.7mL) and Prepare Platelet Poor Plasma. Freeze within 2 hours of collection. Refer to HE 0006 Preparing Platelet Poor Plasma. Aliquot 1 mL minimum and freeze immediately at -20°C. Store upright. Ship frozen. | KBRH, KLH, KGH, PRH, RIH, VJH, CMH, SLH,EKRH.QVH,GDH, |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|----------------------------------|---------------------------------------|--|---|--|--|
| F | Flow Cytometry BCCA | FLOWBCCA Lab Order Only | <p>Collect: Mon–Thurs before 1 pm, do not collect prior to or on a Stat holiday.To ensure timely arrival for testing, consult with your local laboratory about potential transport delays due to courier schedules. For rural collection sites, consult with through site regarding courier times to ensure same day shipping to BCCA. Sample must not arrive on weekend or holiday. Consult pathologist before collecting outside of Mon-Thurs or after 13:00.</p> <p>Sample requirements are based on sample type and testing required. Follow instructions on requisition.</p> <p>Peripheral Blood: EDTA, 2 unstained slides, required results.</p> <p>Bone Marrow: Appointment must be booked. Contact local laboratory for more information.</p> <p>Body Fluid: Sterile screw-cap container or EDTA tube</p> <p>Fine Needle Aspirate: 1mL in saline or EDTA</p> | See requisition for detailed sample requirements. | <p>If testing is required at more than one site, submit separate samples and requisitions for each site.</p> <p>Follow requisition instructions to process and ship samples, including sending required results.</p> <p>Ship at temperature indicated on requisition for sample type. Ship peripheral blood at room temperature.</p> <p>Create a separate site batch and package separately.</p> | <p>BCCA</p> <p>Submit Flow Cytometry Requisition for BCCA/VGH:</p> |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|----------------------------------|---------------------------------------|--|-------------------------|--|--|
| F | Flow Cytometry BCCH | FLOWBCCH Lab Order Only | <p>Collect: Mon–Thurs before 1 pm, do not collect prior to or on a Stat holiday.To ensure timely arrival for testing, consult with your local laboratory about potential transport delays due to courier schedules. For rural collection sites, consult with through site regarding courier times to ensure same day shipping to BCCH. Specimens must be received within 30 hours of collection. Specimens must not arrive on a weekend or holiday. Consult pathologist before collecting outside of Mon-Thurs or after 13:00.</p> <p>Collect 5 mL EDTA whole blood (minimum 1 mL).</p> <p>*Order IDEFPED for tests under the 'Immunodeficiency Investigation' section on the BCCH Flow Cytometry requisition (i.e. TBNK cell count, T,B subset)</p> <p>*Order FLOWBCCH for all other tests on the Flow Cytometry requisition. For Hereditary Spherocytosis, order E5M. For Neutrophil Oxidative Burst, order OXIB</p> | EDTA Whole blood | <p>Send 5 mL EDTA whole blood (minimum 1 mL).</p> <p>Specimens must be received within 30 hours of collection.</p> <p>Label "STAT" on the transport box</p> <p>Ship at room temperature.</p> <p>Create a separate site batch and package separately.</p> | BCCH Submit Requisition for BCCH: BCCH Flow Requisition |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|----------------------------------|--|--|---|---|---|
| F | Flow Cytometry VGH | FLOWVGH Lab Order Only | <p>Collect: Mon–Thurs before 1 pm, do not collect prior to or on a Stat holiday.To ensure timely arrival for testing, consult with your local laboratory about potential transport delays due to courier schedules. For rural collection sites, consult with through site regarding courier times to ensure same day shipping to VGH. Sample must not arrive on weekend or holiday. Consult pathologist before collecting outside of Mon-Thurs or after 13:00.</p> <p>Sample requirements are based on sample type and testing required. Follow instructions on requisition.</p> <p>Peripheral Blood: EDTA, 2 unstained slides, required results.</p> <p>Bone Marrow: Appointment must be booked. Contact local laboratory for more information.</p> <p>Body Fluid: Sterile screw-cap container or EDTA tube</p> <p>Fine Needle Aspirate: 1mL in saline or EDTA</p> | See requisition for detailed sample requirements. | <p>If testing is required at more than one site, submit separate samples and requisitions for each site.</p> <p>Follow requisition instructions to process and ship samples, including sending required results.</p> <p>Ship at temperature indicated on requisition for sample type.</p> <p>Create a separate site batch and package separately.</p> | <p>VGH</p> <p>Submit Flow Cytometry Requisition for BCCA/VGH:</p> |
| F | Flunitrazepam Rohypnol | FLUNITRAZ ROHYPNOL Flunitrazepam (Rohypnol) | <p>If < 5 hours from ingestion, collect Red Top tube</p> <p>If > 5 hours (or unknown) from ingestion, collect urine</p> | <p>Blood: RRT</p> <p>Urine: Sterile screw cap container</p> | <p>Serum: Centrifuge and aliquot 2-4ml, ship refrigerated</p> <p>Urine:Aliquot 50mL (min) and ship refrigerated to referral testing site.</p> | Provincial Toxicology Centre |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|--|--|---|--|--|--|
| F | Fluorescent In-Situ Hybridization | See GENETICS FISH, Chromosome Interpretation | | | | BC Women & Children's Hospital BC Cancer Agency VGH St. Paul's Hospital |
| F | Fluoride | ST Lab only: Order Send Out Test | Serum or plasma Contamination of specimen must be avoided. Collection tubes must be covered and dust free until used. Store tubes in plastic bag until use. Mix 8 times and store upright to minimize contact with rubber lid. | Dark Blue Trace metal tube - can be either serum or K2EDTA | Centrifuge and process as soon as possible. Aliquot 2 mL serum/plasma into polypropylene vial, avoiding contamination. Store and ship cold to referral site. Send copy of requisition to KGH. | ICL DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval. |
| F | Fluoxetine Prozac | FLUOX Fluoxetine (Prozac) | Serum Include date and time of last dose | RTT | Allow RTT sample to clot a minimum of 60 min at room temperature. Centrifuge and separate within 2 hours of collection. Aliquot 1mL (min) serum. Store and ship refrigerated to referral site. | Provincial Toxicology Centre |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|------------------------------------|---|--|-------------------------|---|--|
| F | Folate Red Cell | RBCF RBC Folate **must order HCT (hematocrit) as well | EDTA whole blood Order HCT (hematocrit) as well and include the report with the sample shipped to ICL. | EDTA (2mL) | Hematocrit is tested in an IH lab and the report needs to be sent with the frozen sample. RBC folate tube must be well mixed and 1mL (min) whole blood must be aliquoted and frozen at -20 immediately. Store and ship frozen to referral site. | ICL DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval. |
| F | Folate | Folic Acid | Test no longer available | | | |
| F | Free Androgen Index FAI | Substitute TESB Testosterone - Bioavailable, BAT | Test not available. Substitute TESB - Bioavailable Testosterone which includes Testosterone, Sex Hormone Binding Globulin and Free Androgen Index | | | |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|---|--|--|---|---|---|
| F | Free Fatty Acids Total free fatty acids | FFA | Adults: overnight fast (8 to 12 hrs). Infants (<1 yr): 4 to 6 hrs fast, or collect just before next feed. Ideally infant should be >48hrs old. Heparin plasma or patients received heparin therapy are unsuitable for analysis. Confirm patient not receiving heparin prior to collection. | RTT preferred SST Yellow Top Microtainer | Allow SST sample to clot a minimum of 30 min at room temperature. Allow RTT sample to clot a minimum of 60 min at room temperature. Centrifuge immediately after clotting and aliquot 1mL minimum. Pediatric min volume 0.5 mL. Freeze immediately. Due to limited sample stability do not collect sample until shipping has been coordinated with the laboratories. Send frozen to referral site. | ICL DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval. |
| F | Free Light Chains sFLC Light chains Free kappa/lambda ratio | LIGHTCHAIN Light Chains (Free) | Serum | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Aliquot 1 mL serum. | VGH |
| F | Free T3 Triiodothyronine | FT3 Free T3 | Serum (SST tube) preferred Plasma (PST tube) can be collected for STAT or Urgent orders when testing is performed on site | SST/PST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store and ship refrigerated to referral site. Serum may be shipped in primary tube. Plasma must be aliquoted. | KGH, VGH |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|--|---|--|-------------------------|--|--|
| F | Free T4 T4 Free Free Thyroxine | FT4 Free T4 | Serum (SST tube) preferred Plasma (PST tube) can be collected for STAT or Urgent orders when testing is performed on site | SST/PST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Aliquot 0.5 mL (min) serum. Store and ship refrigerated to referral site. Serum may be shipped in primary tube. Plasma must be aliquoted. | EKRH, KBRH, KGH, PRH, RIH, VJH |
| F | Fructosamine | FRUCTOSAMINE | Serum | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge and aliquot 1mL (min) serum. Hemolysis and icterus interfere with testing. Store and ship refrigerated to referral site. Send copy of requisition to KGH. | ICL DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval. |
| F | FSH Follicle Stimulating Hormone Pituitary Gonadotropins | FSH FSH | Serum | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store and ship primary tube refrigerated to testing site. | RIH, KGH |
| F | FTA-ABS | Syphilis Fluorescent Treponemal Antibody Syphilis | See Microbiology Guide to Specimen Ordering Collection & Transport | | | |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|-------------------------------------|--|---|-----------------------------|---|---|
| F | FTACSF | FTACSF | See Microbiology Guide to Specimen Ordering Collection & Transport | | | |
| F | Gabapentin Neurontin | GABAPENT Neurontin | Serum Collect just prior to next dose Indicate date and time of last dose | RTT | Allow RTT sample to clot a minimum of 60 min at room temperature. Centrifuge and separate within 2 hours. Aliquot 1.0 mL (0.5 mL min) serum. Store and ship refrigerated to referral site. | Provincial Toxicology Centre |
| G | Galactokinase | Test not available in IH Galactose Kinase, GK | Patient must go to BC C&WH for testing as sample must be processed within 3 hours of collection. | | | BC Children & Women's Hospital Biochemical Diseases Lab |
| G | Galactose-1-Phosphate | Test not available in IH | Patient must go to BC C&WH for testing | | eLab | BC Children & Women's Hospital |
| G | Gamma-Hydroxybutyrate GHB | GAMHB GHB GAMMAHYDROXY Gamma-Hydroxybutyrate | Random urine-minimum 5mL Note hours since ingestion. Detectable up to 12 hrs post ingestion | Sterile screw cap container | Urine: minimum 5 mL, ship refrigerated or frozen. Must be collected within 12 hrs of ingestion. | Hospital for Sick Kids-Toronto- via Provincial Toxicology Note: NOT for legal testing or chain of custody samples. Refer to: CS 0103 for Sexual Assault Response Team (SART) requests. |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|----------------------------------|---|--|---|--|---------------------------------------|
| G | Gastrin | GASTRIN Gastrin Note: Collection for this test is at select locations only. Please confirm availability with local laboratory. | Serum or Li Hep Plasma Collect on ice Deliver immediately to lab 12 hr fasting required | SST/PST Collect into pre-chilled tube, keep tube on ice after collection and deliver to lab immediately for processing. To pre-chill tube prior to collection, place one cup crushed ice into biohazard bag. Place tube in second biohazard bag (to keep dry) and place in crushed ice bag. | Centrifuge sample in a temperature controlled centrifuge at 4°C as soon as possible after collection (within 1 hour). Aliquot minimum 1mL and freeze within one hour of collection. Store and ship frozen. | PHSA Tumour Marker lab |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|---|-------------------------------------|---|-------------------------|------------------------|--|
| G | GENETICS Chromosome Studies Karyotype Cytogenetics Pediatric Chromosome FISH DPYD Hereditary Cancer Panel | GENETICS Lab Order Only | <p>Collect: Mon–Thurs before 1 pm, do not collect prior to or on a Stat holiday.To ensure timely arrival for testing, consult with your local laboratory about potential transport delays due to courier schedules. For rural collection sites, consult with through site regarding courier times to ensure same day shipping to VGH. Sample must not arrive on weekend or holiday. Consult pathologist before collecting outside of Mon-Thurs or after 13:00.</p> <p>Sample requirements are based on sample type and testing required. Follow instructions on requisition.</p> <p>Peripheral Blood: EDTA, 2 unstained slides, required results.</p> <p>Bone Marrow: Appointment must be booked. Contact local laboratory for more information.</p> <p>Body Fluid: Sterile screw-cap container or EDTA tube</p> <p>Fine Needle Aspirate: 1mL in saline or EDTA</p> | Test/Site dependant | Test/Site dependant | <p>Test/Site dependant</p> <p>Consult your local laboratory for more detailed collection/ shipping instructions</p> <p>To ensure timely arrival for testing, consult with your local laboratory about potential transport delays due to courier schedules. For rural collection sites, consult with through site regarding courier times to ensure same day shipping. Sample must not arrive</p> |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|--|-------------------------------------|---|-------------------------|---|---------------------------------------|
| G | Gentamicin - Peak Garamicin Aminoglycoside Antibiotic | GENP Gentamicin- Peak | Serum (SST tube) preferred Plasma (PST tube) can be collected for STAT or Urgent orders when testing is performed on site Peak - Collect specimen 30 minutes after completion of IV infusion -or- 60 minutes following IM injection | SST/PST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store and ship refrigerated to referral site. Serum may be shipped in primary tube. Plasma must be aliquoted. Accurate timing is imperative to ensure accurate results. Lab must be notified of any drug administration timing changes. | EKRH, KBRH, KGH, RIH |
| G | Gentamicin - Random Garamicin Aminoglycoside Antibiotic | GENR Gentamicin- Random | Serum (SST tube) preferred Plasma (PST tube) can be collected for STAT or Urgent orders when testing is performed on site Must indicate: - Dose in mg - Date and time infusion started of the previous dose <i>**Only done at the request of pharmacy</i> | SST/PST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store and ship refrigerated to referral site. Serum may be shipped in primary tube. Plasma must be aliquoted. Note: This is a non-trough/non-peak level. Consult pharmacy for interpretation and further guidance on dosing. | EKRH, KBRH, KGH, RIH |
| G | Gentamicin - Trough Garamicin Aminoglycoside Antibiotic | GENT Garamicin- Trough | Serum (SST tube) preferred Plasma (PST tube) can be collected for STAT or Urgent orders when testing is performed on site Trough: Collect 0-30 minutes prior to next dose administration. Must indicate: - Dose in mg - Date and time of next dose | SST/PST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store and ship refrigerated to referral site. Serum may be shipped in primary tube. Plasma must be aliquoted. Accurate timing is imperative for best interpretation of results. Lab must be notified of any drug administration timing changes. | EKRH, KBRH, KGH, RIH |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|---|--|---|-------------------------|---|--|
| G | GFR Estimated Glomerular Filtration Rate - included with Creatinine order | CREATININE | Order creatinine | | | Most IH Sites |
| G | GGT Gamma-glutamyl Transferase Gamma GT | GGT GGT | Serum (SST tube) preferred Plasma (PST tube) can be collected for STAT or Urgent orders when testing is performed on site. | SST/PST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store refrigerated after centrifugation. Ship refrigerated to testing site. Serum may be shipped in primary tube. Plasma must be aliquoted. | Most IH Sites |
| G | Gleevec | GLEEVEC | Sodium Heparinized - Whole Blood only Specimens must be received at testing site within 5 days of collection. | NaHep - 10mL | Handling instructions are provided with kit. | Kit supplied by CCSI. Contact 250- 712-3900 ext 6742 for more information. |
| G | Glucagon Stimulation Test | GLUCASTIM Glucagon Stimulation Test | Serum Collect sample prior to Growth Hormone administration, and at 30, 60, 120, 150, and 180 minutes post administration. | SST or RTT | Allow SST sample to clot a minimum of 30 min at room temperature. Allow RTT sample to clot a minimum of 60 min at room temperature. Centrifuge and separate within 2 hours of collection. Aliquot 1 mL serum. Store and ship refrigerated to referral site. Proper collection timing is imperative for best results. | St. Paul's Hospital |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|----------------------------------|--|---|---|---|---|
| G | Glucagon | GLUCAGON Lab only: Order Send Out Test Note: Collection for this test is at select locations only. Please confirm availability with local laboratory. | EDTA Plasma Collect on ice Deliver immediately to lab 8 hour fast required | EDTA (3mL) Collect into pre-chilled tube, keep tube on ice after collection and deliver to lab immediately for processing. To pre-chill tube prior to collection, place one cup crushed ice into biohazard bag. Place tube in second biohazard bag (to keep dry) and place in crushed ice bag). | Ensure tube has been chilled for 10 min after collection. Centrifuge sample in a temperature controlled centrifuge at 4°C as soon as possible after collection (within 15 minutes). Immediately aliquot minimum 0.5mL and freeze. Store and ship frozen. | ICL (ICL forwards to Mayo) DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval and signed consent form. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval. |
| G | Glucometer Check | GLUMCHECK Glucometer Check Includes GLUR | Have patient perform glucose with personal glucose meter immediately prior to collection of glucose lab sample. | PST/SST | Record the glucose meter result in Meditech at the prompt. | Most IH Sites |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|---|---|---|---|---|---------------------------------------|
| G | Glucose - 2 Hour Post Prandial or 2 hr PC 2 hr PP Glucose 2 Hour Post Glucose 2 Hour PC | GLU2 Glucose 2 hour | Serum (SST tube) preferred Plasma (PST tube) can be collected for STAT or Urgent orders when testing is performed on site Collect specimen two hours after eating a meal. | SST/PST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge as soon as possible after collection and within 2 hours for best result. Store refrigerated. Serum may be shipped in primary tube. Plasma must be aliquoted. | Most IH Sites |
| G | Glucose - CSF | CSFPANEL Panel includes: CSF Cell count, Glucose and Protein. | See CSFPANEL | CSF Sterile collection tube | | Most IH Sites |
| G | Glucose - Fluid | BFGLU Glucose Fluid | Heparinized fluid preferred Mix specimen well by inverting 6-8 times Indicate Fluid type | GRN-LiHep without gel or No additive tube or Sterile screw top container | Centrifuge within 2 hours of collection. Aliquot 1 mL (min) and ship refrigerated to referral testing site. | EKRH, KBRH, KGH, PRH, RIH, VJH |
| G | Glucose Cerebrosidase Beta Galactocerebrosidase, Bloodspot Beta Gluco-cerebrosidase Krabbe disease Krabbe enzyme Galactosylceramidase Galactoceramidase | ST Lab only: Order Send Out Test | Venipuncture - sodium heparin or lithium heparin tube no gel Collect min volume 0.5mL Use disposable pipet to fill bloodspot card within 1 hour of collection. Capillary - follow collection instructions on reverse of card. Wipe away first blood drop as it contains tissue fluids which may dilute the sample. | LiHep or Na Hep no gel Min: 0.5 mL Optimal Volume: 4 spots Min: 2 spots | Fill out patient demographics on the card. At the bottom of the card, check the empty field box, and write the test name. Apply no more than 100 microliters of blood (1 drop) per circle. Blood must soak through to the back of the card. 4. Let bloodspot card dry on flat surface at room temperature for 3-4 hours. Do not stack wet bloodspot cards. Do not expose to heat or direct sunlight. 5. Once dry, place bloodspot card in sealed plastic bag. 6. Store in 4°C fridge until shipping. | BCCH |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|--|-------------------------------------|---|---|---|---------------------------------------|
| G | Glucose Fasting Fasting Blood Sugar FBS | GLUF Glucose Fasting | Serum (SST tube) preferred Plasma (PST tube) can be collected for STAT or Urgent orders when testing is performed on site Patient should be fasting at least 8 hrs. Neonatal collections (<1 month of age): Feed to feed fast: Collect prior to next feed. | SST/PST | Allow sample to clot for 30 min at room temperature. Centrifuge as soon as possible and within 2 hours. Store refrigerated after centrifugation. Ship refrigerated to testing site. Serum may be shipped in primary tube. Plasma must be aliquoted. | Most IH Sites |
| | Glucose-Neonate | GLUR | Lithium heparized Plasma (preferred) Transport and centrifuge immediately | Lithium Heparin (preferred) or Serum Microtainer or PST/SST Deliver to lab immediately for processing | Centrifuge as soon as possible. Hemolysis may decrease result. Store refrigerated. | All IH sites |
| G | Glucose Random Blood Sugar | GLUR Glucose Random | Serum (SST tube) preferred Plasma (PST tube) can be collected for STAT or Urgent orders when testing is performed on site. | SST/PST | Allow sample to clot for 30 min at room temperature. Centrifuge as soon as possible and within 2 hours. Store refrigerated after centrifugation. Ship refrigerated to testing site. Serum may be shipped in primary tube. Plasma must be aliquoted. | Most IH Sites |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|---|-------------------------------------|--|-------------------------|---|---------------------------------------|
| G | Glucose Tolerance Test - non gestational (75 g) GTT - non-prenatal diabetes (Patient is not pregnant) | GLUTOL2 | <p>Patient must remain at lab for duration of test. If patient cannot stay, document in LIS and have the patient sign waiver form 826253, available at: http://insidenet.interiorhealth.ca/infoResources/forms/Documents/826253.pdf Attach waiver to requisition.</p> <p>Do not order on pediatric outpatients <18 years of age. For pediatric patients, order GLUF and A1C and notify the Biochemist 250-258-3880. (Only order A1C if testing has not been performed in the last 90 days). Pediatric glucose tolerance testing is only performed in ambulatory care setting. 8 hr fasting required. Water is OK. Collect fasting sample. Give 75g dose, have patient consume the entire dose within 5 minutes. Assess the patient for wellness during the procedure. Collect 2 hr sample post-dose.</p> <p>Appointments recommended and may be required at some locations.</p> | SST/PST | <p>Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge as soon as possible after collection and within 2 hours for best result. Store refrigerated. Serum may be shipped in primary tube. Plasma must be aliquoted.</p> <p>For smaller adult patients, adjust volume of drink according to patient weight. Consult biochemist.</p> | Most IH Sites |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|---|--|---|-------------------------|--|---------------------------------------|
| G | Glucose Tolerance Test - Prenatal GTT - Gestational diabetes screen (50 g) Glucose Gestational Screen for diabetes Patient must be pregnant. | GLUP Glucose Prenatal Note: 50g glucose drink is available dye-free and citric acid free. Lab sites can request from KGH. | Serum (SST tube) preferred Plasma (PST tube) can be collected for STAT or Urgent orders when testing is performed on site Fasting is not required. Have patient consume 50g glucose drink within 5 minutes. Collect sample at 1 hour post-dose. Assess patient for wellness during the procedure. Appointments recommended and may be required at some locations. | SST/PST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store refrigerated after centrifugation. Ship refrigerated to testing site. Serum may be shipped in primary tube. Plasma must be aliquoted. | Most IH Sites |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|--|-------------------------------------|---|-------------------------|---|---------------------------------------|
| G | Glucose Tolerance Test confirmation - Prenatal (75 g) GTT - Gestational diabetes confirmation Glucose Gestational Screen for diabetes Patient must be pregnant. | GLUTOL2P | <p>Patient must remain at lab for duration of test. If patient cannot stay, document in LIS and have the patient sign waiver form 826253, available at: http://insidenet.interiorhealth.ca/infoResources/forms/Documents/826253.pdf Attach waiver to requisition.</p> <p>Do not order on outpatients <16 years of age. 8 hr fasting required. Water is OK. Collect fasting sample. Give 75g dose, have patient consume the entire dose within 5 minutes. Assess the patient for wellness during the procedure. Draw 1 and 2 hr samples post-dose. 8 hr fasting required. Water is OK.</p> <p>Appointments recommended and may be required at some locations.</p> | SST/PST | <p>Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store refrigerated after centrifugation. Ship refrigerated to testing site. Serum may be shipped in primary tube. Plasma must be aliquoted.</p> | Most IH Sites |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|--|---|--|-------------------------|--|--|
| G | Glucose Tolerance Test- 2hr Pediatric | GLUTOLPED Glucose 2h Tolerance 75g drink**must adjust dose based on the weight of the patient | Pre-booking/appointment with clinical unit is required and arranged by ordering practitioner or BCCH. Test is not performed in outpatient labs. If a pediatric patient presents at the outpatient lab, order GLUF and A1C instead and notify the Biochemist 250-258- 3880. Only order A1C if testing has not been performed in the last 90 days. 8 hr fasting required. Water is okay. Obtain 75g glucose drink and affix the following label: IMPORTANT: For pediatric patients, the volume of drink given must be calculated based on the weight of the patient. RN- refer to Clinical Resource Manual (Oral Glucose Tolerance Test-Pediatric) for instructions. Find label here: F:\Regional\Lab\IH Labs Shared\Label Templates\Glucose Tolerance Ped Bring drink to RN on clinical unit. Collect fasting sample on clinical ward only. RN will weigh patient and calculate drink dose for patient. Dose to be consumed in 5-10 min after baseline collected. Collect 2hr sample post dose. | SST/PST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store refrigerated after centrifugation. Ship refrigerated to testing site. Serum may be shipped in primary tube. Plasma must be aliquoted. | This test is performed on clinical units at the following sites only: EKRH, KBRH, KGH, PRH, RIH, VJH |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|---|---|---|--|--|---|
| G | Glucose-6-Phosphate Dehydrogenase Assay G-6PD Assay | ST Lab only: Order Send Out Test | EDTA Whole blood Provide brief patient history Requires pre-approval by BCCH Hematopathologist for testing. | EDTA (3mL) | Send unspun primary tube refrigerated to referral site. Performed only if screening test is abnormal. Do not freeze. Include CBC result. | BC Children's and Women's Hospital BC C&WH Lab Requisition |
| G | Glucose-6-Phosphate Dehydrogenase screen G-6PD Screen | G6PD Gluc-6 Phosphate Dehydrogenase | EDTA Whole blood Clinical indications required Provide brief patient history | EDTA (3mL) | Send unspun primary tube refrigerated to referral site. Do not spin. | RIH |
| G | Gold Au | GOLD Gold (Au) | Serum or Plasma are acceptable. Contamination of specimen must be avoided. Collection tubes must be covered and dust free until used. Store tubes in plastic bag until use. Mix 8 times and store upright to minimize contact with rubber lid. | Dark Blue (K2EDTA) Trace metal tube | Centrifuge within 2 hours post collection. Transfer minimum 1mL serum or plasma to polypropylene vial as soon as possible. Store and send refrigerated to ICL. | ICL DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval. |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|--|--|---|--------------------------|---|---|
| G | Group and Screen | GS Type and Screen | EDTA Whole blood Strictly follow TMS Patient Identification and Sample Labelling criteria <i>Only personnel trained in TMS collection procedure are authorized to collect samples for possible transfusion.</i> | EDTA (6mL) x 2 | | |
| G | Growth Hormone - Exercise stimulated Somatotropin Somatotropic Hormone Somatomedin-C | GROHE Growth Hormone-Exercise | Serum or plasma For Adult patients, pathologist approval is required Refer to specific sample collection instructions in Meditech. | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours. Aliquot 0.5 mL serum into a False Bottom Tube. Store and ship refrigerated to referral site. | St. Paul's Hospital |
| G | Growth Hormone Stimulation Test | ST Lab only: Order Send Out Test | Serum or plasma Consult Pathologist for specimen collection procedure. Collect baseline specimen prior to administration of medication. Collect baseline plus timed samples. Specific Pediatrician's orders may supercede these instructions. | RTT (preferred) or LiHep | Allow RTT sample to clot a minimum of 60 min at room temperature. Centrifuge and separate within 2 hours of collection. LiHep centrifuge and separate within 2 hrs. Aliquot 0.5 mL. Store and ship frozen to referral site. Indicate type of stimulation on requisition: Glucagon, Clonidine, Arginine, Exercise | BC Children's and Women's Hospital BC C&WH Lab Requisition |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|--|--|--|--------------------------|--|---|
| G | Growth Hormone Suppression Test (Adult) | GROHS & GROSLU <i>For Adults only- 75g glucose tolerance drink given</i> | Serum Order and collect growth hormone & glucose tests x 5 collections. Add sample comment below for each requisition: GHSF- Fasting GHS30- 30min GHS1- 60min GHS90- 90min GHS2- 120min Write timed interval on labels prior to sample collection. | SST 3ml tube | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours. Aliquot 0.5 mL serum into a False Bottom Tube for each time. Write timed interval on aliquot label prior to aliquoting to ensure matching timed sample with aliquot tube. Store and ship refrigerated to referral site. | St. Paul's Hospital |
| G | Growth Hormone Suppression Test (Pediatric) | ST Lab only: Order Send Out Test For Pediatric Patients only | Serum or plasma Consult Pathologist for specimen collection procedure. Collect baseline specimen prior to administration of medication. Collect baseline plus timed samples: 30min, 60min, 90min, 120min. Specific Pediatrician's orders may supercede these instructions. | RTT (preferred) or LiHep | Allow RTT sample to clot a minimum of 60 min at room temperature. Centrifuge and separate within 2 hours of collection. LiHep centrifuge within 2 hrs. Aliquot 0.5 mL. Store and ship frozen to referral site. | BC Children's and Women's Hospital BC C&WH Lab Requisition |
| G | Growth Hormone Somatotropin Somatotropic Hormone Somatomedin-C | GROH Growth Hormone | Serum or plasma For Adult patients, pathologist approval is required | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours. Aliquot 0.5mL (min) serum into False Bottom Tube. Store and ship refrigerated to referral site. | St. Paul's Hospital |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|-----------------------------------|-------------------------------------|--|-------------------------|---|---------------------------------------|
| H | Haloperidol Haldol | Haloperidol | Serum Indicate date and time of last dose on requisition. | RTT | Allow RTT to clot a minimum of 60 min at room temperature. Centrifuge and separate serum within 2 hours. Aliquot 2mL (0.2ml min) Store and ship refrigerated. | St. Paul's Hospital |
| G | Ham Test | Acid Hemolysis | Test no longer available | | | |
| H | Hanta virus | | **Category A Sample** Not to be performed on outpatients, need microbiologist approval. See Microbiology Guide to Specimen Ordering Collection & Transport | | | |
| H | Haptoglobin HAP HAPT | HAPTO Haptoglobin | Serum | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Aliquot 1mL serum. Store and ship refrigerated to testing site. Centrifuged gel tube stable for 4 days at 2-8°C. Aliquot tube (red cell free) stable 1 month at 2-8°C of frozen. | KGH, RIH |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|--|--|---|---|---|---------------------------------------|
| H | Harmony Non Invasive Prenatal Test (NIPT) Non Invasive Prenatal Screen (NIPS) | HARMONY NIPTor NIPS Prenatal Screen | Harmony Kit - Patient must sign requisition as consent for Out of Country testing. Samples without a signed requisition will not be processed. MSP covered: Physician must obtain approval code for testing from BC C&WH Biochemistry Lab-include on the requisition. Lab: register patient with REF account - order HARMONY - Order VCT if no other tests ordered and performed in IH Self-pay: Patient can prepay online (no payment to enclose in kit) OR physician/patient will include an envelope containing patient payment information with the requisition (no authorization code will be on requisition). Lab is not involved in the collection of fees. Proof of payment online is not required. Dynacare will follow up with patients regarding payment. Lab: Register patient as IH Referred Registration Client (REFSC) account under Client Information using Harmony Dynacare (IHHARM) as client (automatically includes venipuncture charge in billing) and forward unopened envelope along with sample and requisition | Collection and processing instructions provided with kit. Check tubes for expiry. Do not collect if tubes expired. Order kits by emailing: DynacareGenetics@d ynacare.ca or phone 1-888-988-1888. | Store samples at room temperature. Ship kit with completed documents same day if possible using pre-filled waybill. Sample must be received at referral site within 7 days of collection. Refer to Meditech User notes/kit instructions for packaging and shipping. | HARMONY |
| H | HDL Cholesterol | LIPID See Lipid Profile | | | | Most IH Sites |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|--|---|---|-------------------------|---|--|
| H | Helicobacter pylori H pylori serology | HELICOBACTS HPYLORIS | See Microbiology Guide to Specimen Ordering Collection & Transport | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store and ship primary tube refrigerated to referral site. | Lifelabs |
| H | Hematocrit HCT | Order CBC HCT | EDTA plasma | EDTA (2mL) | Store refrigerated. | Most IH Sites |
| H | Hemochromatosis HFE-HH Genetic Screening Hemochromatosis for Diagnosis C282Y Mutations | HEMOCHROM Hemochromatosis | EDTA Whole Blood and SST Collect: Mon–Thurs before 1 pm, do not collect prior to or on a Stat holiday.To ensure timely arrival for testing, consult with your local laboratory about potential transport delays due to courier schedules. For rural collection sites, consult with through site regarding courier times to ensure same day shipping. Sample must not arrive on weekend or holiday. | EDTA (6mL) SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours. Store and ship EDTA (unspun) and SST primary tube (spun) in same bag refrigerated to referral site. Iron Profile and Ferritin are included and will be performed at referral site. Do not order. | LifeLabs - They will refer sample to BC C&WH for testing if indicated. |
| H | Hemoglobin - Free | No longer available Order PLHGB | | | | |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|---|---|--|-------------------------|--|---------------------------------------|
| H | Hemoglobin A1C by Immunoassay A1C variant | A1CIA Hemoglobin A1C by Immunoassay <i>*not orderable for children <1 yr</i> | EDTA Whole Blood - Do NOT spin Requisition must specifically request A1C by immunoassay. A1C and A1CIA are not to be ordered together as they are the same test but performed by different methods. A1CIA is only requested when there is interference with A1C IH testing methodology. Consult IH Clinical Biochemist if required (250-258- 3880). Collect: Mon–Thurs before 1 pm, do not collect prior to or on a Stat holiday.To ensure timely arrival for testing, consult with your local laboratory about potential transport delays due to courier schedules. For rural collection sites, consult with through site regarding courier times to ensure same day shipping. Sample must not arrive on weekend or holiday. | EDTA (3mL) | Store and ship unspun whole blood primary tube refrigerated to referral site. Do not freeze. | Lifelabs |
| H | Hemoglobin A1C Glycosylated Hemoglobin A1C | HGBA1C or A1C Hemoglobin A1C <i>*not orderable for children <1 yr</i> | EDTA Whole Blood - Do NOT spin | EDTA (2mL) | Store and ship unspun whole blood primary tube refrigerated to referral site. Do not freeze. | KGH |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|--|---|---|---|---|---------------------------------------|
| H | Hemoglobin Electrophoresis HGBEL Thalassemia Screen HgbA2 Hgb F Quantitative Sickle cell Hb Variant (Hb S, Hb C, Hb D, Hb E, Hb O, and others) Hb fractionation Hb HPLC | ELHGB HGBFQ HGBSQ Hgb Electrophoresis | EDTA Whole Blood - Do NOT spin | EDTA (3mL) Min: 1mL | Ship <i>unspun primary tube</i> refrigerated to referral site. Include CBC results plus 2 stained peripheral slides. Include 2 Hgb H slides if MCV below normal range. For rural sites that do not make Hgb H slides, notify the regional through site to request. Place sample in separate bag and label: Attn: Hematology - Slides needed before sending to BCCH. | BC Children's and Women's Hospital |
| H | Hemoglobin H bodies Incubated Reticulocyte Preparation | ST Lab only: Order Send Out Test | EDTA Whole blood Collect: Mon–Thurs before 1 pm, do not collect prior to or on a Stat holiday.To ensure timely arrival for testing, consult with your local laboratory about potential transport delays due to courier schedules. For rural collection sites, consult with through site regarding courier times to ensure same day shipping. Sample must not arrive on weekend or holiday. This test is most often ordered as part of a Hemoglobin Electrophoresis/s | EDTA Min volume: 1 mL EDTA microtainer: 0.5mL min | Ship <i>unspun primary tube</i> refrigerated same day to referral site. Include CBC and RBC morphology report plus 2 stained slides. | BC Children's and Women's Hospital |
| H | Hemoglobin HGB | Order CBC | EDTA Whole Blood - Do NOT spin | EDTA (2mL) | Store refrigerated. | Most IH Sites |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|---|---|---|--------------------------------|--|---|
| H | Hemophilia Carrier Status Hemophilia A or Hemophilia B Carrier | ST Lab only: Order Send Out Test | EDTA Whole blood Collect: Mon–Thurs before 1 pm, do not collect prior to or on a Stat holiday.To ensure timely arrival for testing, consult with your local laboratory about potential transport delays due to courier schedules. For rural collection sites, consult with through site regarding courier times to ensure same day shipping. Sample must not arrive on weekend or holiday. | EDTA (6mL) Min volume: 2 mL | Clotting studies, including APTT, quantitative Factor VIII, Factor IX activity and vWF levels should be performed prior to pursuing molecular genetic testing. Testing is referred to the National Program for Hemophilia Mutation Testing in Kingston, Ontario. Family physician to contact BCC&WH Molecular Genetics lab. | BC Children & Women's Hospital BC C&WH Molecular Genetics Lab Requisition |
| H | Heparin Factor 10A Activity Anti-10A AntiXa Factor Xa Anti-F10A Low Molecular Weight Heparin Unfractionated Heparin Activity Level | F10A Heparin Factor 10A Activity | NaCit plasma Collect 4 hrs post dose. Process immediately after collection. Include medication type, and date and time of last dose. | NaCit (2.7mL) | Centrifuge sample immediately. Prepare Platelet Poor Plasma and freeze within 2 hours of collection. Refer to HE 0006 Preparing Platelet Poor Plasma. Aliquot 1 mL minimum and freeze immediately at -20°C. Store upright. Ship frozen. | KGH |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|--|--|------------------------|-------------------------------------|--|---|
| H | Heparin Induced Thrombocytopenia Assay Order for investigation of vaccine induced thrombotic thrombocytopenia (VITT) | HITELISA (VITT) | NaCit plasma and serum | NaCit (2.7mL) 3 tubes and SST | Centrifuge sample immediately. Prepare Platelet Poor Plasma and freeze within 2 hours of collection. Refer to HE 0006 Preparing Platelet Poor Plasma. Plasma: Aliquot 1 mL minimum plasma. Label as 'plasma'. Freeze immediately at -20°C. Store and ship frozen. Serum: Allow sample to clot for 30 minutes at room temperature. Centrifuge within 2 hr of collection. Aliquot 2 mL minimum serum. Label as 'serum'. Freeze immediately at -20°C. Store and ship frozen. | St. Paul's Hospital |
| H | Heparin Induced Thrombocytopenia Assay | HIT Hep Induced Thrombocytopenia | NaCit plasma | NaCit (2.7mL) 2 tubes | Centrifuge sample immediately. Prepare Platelet Poor Plasma and freeze within 2 hours of collection. Refer to HE 0006 Preparing Platelet Poor Plasma. Aliquot 1-1.5 mL minimum and freeze immediately at -20°C. Store upright. Ship frozen. | KGH, St. Paul's Hospital Request for HIT assay Form #855125 |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|----------------------------------|-------------------------------------|--|-------------------------|---|---------------------------------------|
| H | Hepatitis - Acute Panel | HEPACUTE Hepatitis Acute Panel | Serum Conforms to the "Acute-undefined etiology" checkbox on the IH Laboratory Outpatient Requisition. Includes Hepatitis A (anti-HAV IgM), Hepatitis B (HBsAg +/- anti-HBc) and Hepatitis C (anti-HCV). | SST | <p>If testing will be performed at IH labs: Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store and ship primary tube refrigerated to referral site.</p> <p>If testing will be performed at BCCDC: Preferred: Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store and ship primary tube refrigerated to referral site. Permitted: Collection sites without a centrifuge may submit a whole blood (unspun) SST sample. Must be received at BCCDC within 5 days of collection or the specimen will be rejected. If unspun samples are received and can arrive at BCCDC within 5 days of collection, centrifuge the samples and send to BCCDC. Add the canned text comment "LUNSPUN" to the requisition in the "Specimens Tab" field. Store and ship primary tube refrigerated to referral site.</p> | RIH, KGH, BCCDC |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|---|--|---|-------------------------|---|---------------------------------------|
| H | Hepatitis A Ab Immune Status Anti-Hepatitis A Total | HEPAIMMUNE Hep A Antibody Immune Status | Serum <i>Includes Anti-Hep A IgG and Anti-Hep A total (IgG plus IgM)</i> | SST | Preferred: Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store and ship primary tube refrigerated to referral site. Permitted: Collection sites without a centrifuge may submit a whole blood (unspun) SST sample. Must be received at BCCDC within 5 days of collection or the specimen will be rejected. If unspun samples are received and can arrive at BCCDC within 5 days of collection, centrifuge the samples and send to BCCDC. Add the canned text comment "LUNSPUN" to the requisition in the "Specimens Tab" field. Store and ship primary tube refrigerated to referral site. | BCCDC |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|---|---|---------------------|-------------------------|---|---|
| H | Hepatitis A Antibody IgM Anti-Hepatitis A IgM Anti-HAV IGM | HEPAIGM Hepatitis A Antibody IgM Acute Infection | Serum | SST | <p>If testing will be performed at IH labs: Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store and ship primary tube refrigerated to referral site.</p> <p>If testing will be performed at BCCDC: Preferred: Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store and ship primary tube refrigerated to referral site. Permitted: Collection sites without a centrifuge may submit a whole blood (unspun) SST sample. Must be received at BCCDC within 5 days of collection or the specimen will be rejected. If unspun samples are received and can arrive at BCCDC within 5 days of collection, centrifuge the samples and send to BCCDC. Add the canned text comment "LUNSPUN" to the requisition in the "Specimens Tab" field. Store and ship primary tube refrigerated to referral site.</p> | RIH, KGH, BCCDC |
| H | Hepatitis A Confirmation | HEPACONFIRM Lab Order only (Reflex only from positive screen testing) | Serum | SST (5mL large) | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store and ship primary tube refrigerated to referral site. | BCCDC KGH/RIH: Follow the Hepatitis A Job Aid, CH 0684. Write index value on tube. |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|--|--|---------------------|-------------------------|---|---------------------------------------|
| H | Hepatitis B Core Antibody Anti-HBc Total | HEPBCOREAB Hepatitis B Core Antibody, Total | Serum | SST | <p>If testing will be performed at IH labs: Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store and ship primary tube refrigerated to referral site.</p> <p>If testing will be performed at BCCDC: Preferred: Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store and ship primary tube refrigerated to referral site.</p> <p>Permitted: Collection sites without a centrifuge may submit a whole blood (unspun) SST sample. Must be received at BCCDC within 5 days of collection or the specimen will be rejected.</p> <p>If unspun samples are received and can arrive at BCCDC within 5 days of collection, centrifuge the samples and send to BCCDC. Add the canned text comment "LUNSPUN" to the requisition in the "Specimens Tab" field. Store and ship primary tube refrigerated to referral site.</p> | BCCDC |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|---|--|---------------------|-------------------------|---|---------------------------------------|
| H | Hepatitis B Core Antibody IgM | HEPBCOREIGM Hepatitis B Core Antibody IgM | Serum | SST | Preferred: Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store and ship primary tube refrigerated to referral site. Permitted: Collection sites without a centrifuge may submit a whole blood (unspun) SST sample. Must be received at BCCDC within 5 days of collection or the specimen will be rejected. If unspun samples are received and can arrive at BCCDC within 5 days of collection, centrifuge the samples and send to BCCDC. Add the canned text comment "LUNSPUN" to the requisition in the "Specimens Tab" field. Store and ship primary tube refrigerated to referral site. | BCCDC |
| H | Hepatitis B DNA Hep B PCR HBV Viral Load | HEPBDNA Hepatitis B DNA | EDTA | EDTA (6mL) | Minimum 2.0 mL EDTA plasma. Separate aseptically within 6 hours of collection into sterile plastic cryovial. Freeze at -20°C, send frozen. | St. Paul's Hospital |
| H | Hepatitis B Genotyping Hep B Resistance HBV DNA Resistance | HEPBGENO Hepatitis B Genotyping | EDTA | EDTA (6mL) | Minimum 2.0 mL EDTA plasma. Separate within 6 hours of collection into sterile plastic cryovial. Freeze at -20°C, send frozen. | St. Paul's Hospital |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|---|--|--|-------------------------|---|---|
| H | Hepatitis B Surface Antibody Anti-HBs | HEPBSAB Hepatitis B Surface Antibody <i>Immune Status</i> | Serum | SST | <p>If testing will be performed at IH labs: Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store and ship primary tube refrigerated to referral site.</p> <p>If testing will be performed at BCCDC: Preferred: Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store and ship primary tube refrigerated to referral site. Permitted: Collection sites without a centrifuge may submit a whole blood (unspun) SST sample. Must be received at BCCDC within 5 days of collection or the specimen will be rejected. If unspun samples are received and can arrive at BCCDC within 5 days of collection, centrifuge the samples and send to BCCDC. Add the canned text comment "LUNSPUN" to the requisition in the "Specimens Tab" field. Store and ship primary tube refrigerated to referral site.</p> | RIH, KGH, BCCDC |
| H | Hepatitis B Surface Antigen - Confirmation Anti-Hbs conf. Hepatitis B Surface Antibody | HEPBSAGCONFIRM Lab Order Only (Reflex only from positive screen testing) | Serum - for confirmation of Hepatitis B | SST (5mL large) | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store and ship primary tube refrigerated to referral site. | BCCDC Follow the Hepatitis B Job Aid CH 685. |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|---|--|--|-------------------------|---|---------------------------------------|
| H | Hepatitis B Surface Antigen HBsAg | HEPBSAG Hepatitis B Surface Antigen <i>Acute infection or carrier</i> | Serum | SST | <p>If testing will be performed at IH labs: Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store and ship primary tube refrigerated to referral site.</p> <p>If testing will be performed at BCCDC: Preferred: Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store and ship primary tube refrigerated to referral site. Permitted: Collection sites without a centrifuge may submit a whole blood (unspun) SST sample. Must be received at BCCDC within 5 days of collection or the specimen will be rejected. If unspun samples are received and can arrive at BCCDC within 5 days of collection, centrifuge the samples and send to BCCDC. Add the canned text comment "LUNSPUN" to the requisition in the "Specimens Tab" field. Store and ship primary tube refrigerated to referral site.</p> | RIH, KGH, BCCDC |
| H | Hepatitis Be Antibody Anti-HBe | HEPBEAB Hepatitis Be Antibody Do not order for Hepatitis B antibody <i>Therapeutic Monitoring</i> | Serum <i>Patient must already test positive for Hepatitis B antigen. Order when quantitating Hepatitis B.</i> | SST | <p>Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store and ship primary tube refrigerated to referral site.</p> <p>Store and ship primary tube refrigerated to referral site.</p> | BCCDC |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|---|--|--|-------------------------|--|---------------------------------------|
| H | Hepatitis Be Antigen HBeAg | HEPBEAG Hepatitis Be Antigen Do not order for Hepatitis B antigen <i>Therapeutic Monitoring</i> | Serum <i>Patient must already test positive for Hepatitis B antigen. Order when quantitating Hepatitis B.</i> | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store and ship primary tube refrigerated to referral site. Store and ship primary tube refrigerated to referral site. | BCCDC |
| H | Hepatitis C Antibody anti-HCV | HEPCAB Hepatitis C Antibody/ anti-HCV <i>Used for HCV Screen</i> | Serum | SST | If testing will be performed at IH labs: Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store and ship primary tube refrigerated to referral site. If testing will be performed at BCCDC: Preferred: Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store and ship primary tube refrigerated to referral site. Permitted: Collection sites without a centrifuge may submit a whole blood (unspun) SST sample. Must be received at BCCDC within 5 days of collection or the specimen will be rejected. If unspun samples are received and can arrive at BCCDC within 5 days of collection, centrifuge the samples and send to BCCDC. Add the canned text comment "LUNSPUN" to the requisition in the "Specimens Tab" field. Store and ship primary tube refrigerated to referral site. | RIH, KGH, BCCDC |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|--|---|---|-------------------------|---|--|
| H | Hepatitis C Confirmation | HEPCCONFIRM Lab Order only (Reflex only from positive screen testing) | Serum | SST (5mL large) | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store and ship primary tube refrigerated to referral site. Store and ship primary tube refrigerated to referral site. | BCCDC Follow the Hepatitis C Job Aid, CH 0686. |
| H | Hepatitis C Genotyping HCV Genotyping | HEPCGENO Hepatitis C Genotyping For Treatment | EDTA Whole blood Dedicated tube only. Do not open tube. | EDTA (6mL) | Store and ship unspun whole blood primary tube refrigerated to referral site. | BCCDC |
| H | Hepatitis C PCR HCV RNA Quantitative Hepatitis C RNA Quantitative | HEPCRNAQUANT Hep C RNA Quantitative For diagnosis and monitoring | EDTA Whole blood Dedicated tube only. Do not open tube. | EDTA (6mL) | Store and ship unspun whole blood primary tube refrigerated to referral site. | BCCDC |
| H | Hepatitis C Resistance | HEPCRESISTANCE Lab Order Only | EDTA Plasma Collect: Mon–Wed before 1 pm, do not collect prior to or on a Stat holiday.To ensure timely arrival for testing, consult with your local laboratory about potential transport delays due to courier schedules and dry ice availability. For rural collection sites, consult with through site regarding courier times to ensure same day shipping. Sample must not arrive on weekend or holiday. | EDTA (6mL) | Centrifuge for 15 minutes. Using a sterile pipette, aseptically aliquot a minimum of 1.2 mL plasma into a 2 mL screw cap cryovial. Freeze. Ship frozen Mon-Wed only. | St. Paul's Hospital http://www.cfenet.ubc.ca/sites/default/files/uploads/publications/centredocs/fcd_0097_hcv_ns3_ns5a_ns5b_v5.pdf |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|---|---|---|-------------------------|---|--|
| H | Hepatitis Chronic / Previous Panel | HEPCHRONIC Hepatitis Chronic/Prev | Serum Conforms to the "Chronic-undefined etiology" checkbox on the IH Laboratory Outpatient Requisition. Includes Hep B (HBsAg, anti-HBc, anti-HBs) and Hep C (anti-HCV). | SST | <p>If testing will be performed at IH labs: Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store and ship primary tube refrigerated to referral site.</p> <p>If testing will be performed at BCCDC: Preferred: Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store and ship primary tube refrigerated to referral site. Permitted: Collection sites without a centrifuge may submit a whole blood (unspun) SST sample. Must be received at BCCDC within 5 days of collection or the specimen will be rejected. If unspun samples are received and can arrive at BCCDC within 5 days of collection, centrifuge the samples and send to BCCDC. Add the canned text comment "LUNSPUN" to the requisition in the "Specimens Tab" field. Store and ship primary tube refrigerated to referral site.</p> | RIH, KGH, BCCDC |
| H | Hepatitis D Antibody Anti-Hepatitis D | HEPDAB Hepatitis D Antibody | Serum | SST | <p>Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store and ship primary tube refrigerated to referral site.</p> | BCCDC Requisition: Zoonotics Select 'Other' in Virus section. |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|----------------------------------|--------------------------------------|--|-------------------------|---|--|
| H | Hepatitis E Antibody | HEPEAB Hepatitis E Antibody | Serum | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store and ship primary tube refrigerated to referral site. | BCCDC Requisition: Zoonotics Select 'Other' in Virus section. |
| H | Hepatitis Immune Status | HEPIMMUNE Hepatitis Immune Status | Serum Conforms to the 'Immune status' checkbox on the IH Laboratory Outpatient Requisition. Includes: Hep A (anti-HAV, total and Hep B (anti-HBs) | SST | <p>If testing will be performed at IH labs: Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store and ship primary tube refrigerated to referral site.</p> <p>If testing will be performed at BCCDC: Preferred: Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store and ship primary tube refrigerated to referral site. Permitted: Collection sites without a centrifuge may submit a whole blood (unspun) SST sample. Must be received at BCCDC within 5 days of collection or the specimen will be rejected. If unspun samples are received and can arrive at BCCDC within 5 days of collection, centrifuge the samples and send to BCCDC. Add the canned text comment "LUNSPUN" to the requisition in the "Specimens Tab" field. Store and ship primary tube refrigerated to referral site.</p> | RIH, KGH, BCCDC |
| H | Hereditary Cancer Panel | GENETICS See Genetics | | | | |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|--|---|---|---|---|---|
| H | Hereditary Spherocytosis Eosin-5-Maleimide RBC Membrane Flow Analysis | E5M HEREDSPHERO RBCFLOWM | Whole Blood EDTA **Requires pathologist approval Pre-book with BCCH Immunology Lab #604-875-2345 ext. 7491** Collect: Mon–Tues before 1 pm, do not collect prior to or on a Stat holiday.To ensure timely arrival for testing, consult with your local laboratory about potential transport delays due to courier schedules. For rural collection sites, consult with through site regarding courier times to ensure same day shipping. Sample must be received and processed within 48 hours of collection. | EDTA (2mL) | Ship whole blood refrigerated - 1.0 mL min Include peripheral smear | BC Children & Women's Hospital BC C&WH Flow Cytometry Lab Requisition |
| H | Hexosaminidase A and B White blood cell Hexosaminidase (Pregnant Female) | HEX Hexosaminidase | Pregnant Females: Sodium heparin whole blood Collect Mon-Wed only to allow for same day shipping and immediate analysis upon receipt. For Males and Non-pregnant Females (indicate of on oral contraceptive): Serum | Males and Non- pregnant Females: Collect 10 mL SST Pregnant Females: Collect 7mL sodium heparin Ship same day | Pregnant Female: Ship unspun primary tube same day for overnight (0900 am) delivery to BCCH. Phone 604-875-2307 to notify testing facility of specimen arrival. Male or non-pregnant Female: Centrifuge and aliquot 2mL serum. Indicate pregnancy status and/or oral contraceptive on requisition. Store and ship frozen to referral site for testing. Patients must complete additional form to go along with requisition for Molecular Genetics Lab. | BC Children & Women's Hospital BC C&WH Molecular Genetics Lab Requisition |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|----------------------------------|--|---|---|---|---|
| H | Histamine - 24 hr Urine | U24HISTAM Histamine- 24h Urine | <p>Patient Preparation: Restrict histamine-rich foods (cheese, wine, red meats, spinach and tomatoes) for 5h prior to and during collection. Antihistamines taken within 48h prior to and during collection will interfere with assay</p> <p>Provide Patient Collection Instructions 24hr Urine Refrigerate specimen during collection until delivery to lab Indicate Start and Finish Date and Time on requisition</p> | <p>24hr urine collection container. No preservative</p> | <p>Measure and record total volume and pH. Aliquot 10 mL into sterile screw cap container. Store and ship refrigerated Sample stability 14 days.</p> | <p>ICL (ICL forwards to Quest)</p> <p>DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080.</p> <p>Inpatients require Clinical Biochemist (250-258-3880) approval and signed consent form.</p> <p>Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval.</p> |
| H | Histamine-Plasma | ST Lab only: Order Send Out Test | <p>Patient Preparation: Restrict histamine-rich foods (cheese, wine, red meats, spinach and tomatoes) for 5h prior to and during collection. Antihistamines taken within 48h prior to and during collection will interfere with assay</p> <p>EDTA plasma Collect: Consult with your local laboratory. Collection must be coordinated with KGH. Sample must arrive at ICL Mon-Wed within 3 days of collection. Collection days and times will be very limited due to courier schedules and dry ice availability. This test may not be available at all sites.</p> | <p>EDTA (3mL)</p> | <p>Centrifuge immediately and aliquot 1mL minimum plasma. Freeze immediately. Store and ship frozen. Must arrive at ICL Mon-Wed within 3 days of collection - must coordinate collection with KGH.</p> | <p>ICL (ICL forwards to Quest)</p> <p>DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080.</p> <p>Inpatients require Clinical Biochemist (250-258-3880) approval and signed consent form. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval.</p> |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|----------------------------------|--|---|-------------------------|---|--|
| H | HIV Confirmation | HIVCONFIRM Lab order only (Reflex only from positive screen testing) | Serum | SST | Preferred: Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store and ship primary tube refrigerated to referral site. Permitted: Collection sites without a centrifuge may submit a whole blood (unspun) SST sample. Must be received at BCCDC within 5 days of collection or the specimen will be rejected. Store and ship primary tube refrigerated to referral site. | BCCDC Follow the HIV Job Aid CH 0683. |
| H | HIV Genotype | HIVGENOVIRAL HIV Genotype <i>*HIV Viral Load will automatically be included</i> | EDTA plasma <i>*One EDTA (6ml) for both tests is sufficient</i> Includes both genotype and viral load | EDTA (6mL) | Minimum 3.0 mL EDTA plasma. Centrifuge and aliquot plasma (ideally within 6 hours of collection) using sterile technique into a sterile cryovial and freeze at -20C. Store and ship frozen. | St. Paul's Hospital BC Centre for Excellence in HIV Requisition |
| H | HIV PCR | HIVPCR HIV PCR | EDTA Whole blood - unspun | EDTA (3mL) | Store and ship <i>unspun whole blood</i> primary tube. Sample must be received within 4 days of collection for testing to be performed within 7 days of collection. For high risk moms and neonates, collect and send asap to ensure testing is performed within 7 days. | BCCDC |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|--|-------------------------------------|---------------------|-------------------------|---|---------------------------------------|
| H | HIV Serology Human Immunodeficiency Virus AIDS | HIV HIV (1&2 serology) | Serum | SST | <p>If testing will be performed at IH labs: Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store and ship primary tube refrigerated to referral site.</p> <p>If testing will be performed at BCCDC: Preferred: Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store and ship primary tube refrigerated to referral site.</p> <p>Permitted: Collection sites without a centrifuge may submit a whole blood (unspun) SST sample. Must be received at BCCDC within 5 days of collection or the specimen will be rejected.</p> <p>If unspun samples are received and can arrive at BCCDC within 5 days of collection, centrifuge the samples and send to BCCDC. Add the canned text comment "LUNSPUN" to the requisition in the "Specimens Tab" field. Store and ship primary tube refrigerated to referral site.</p> <p>For non-nominal testing, refer to SoftTech procedure CS 0037 Identifying and Collecting Patients Presenting with a Requisition for Non-Nominal Reporting Procedure</p> | KGH, RIH, XCDC |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|---|---|---------------------|-------------------------|---|---------------------------------------|
| H | HIV Viral Load HIV RNA | HIVVL HIV Viral Load <i>*Patient must be on Anti-HIV antiviral therapy or have applied to receive the medication</i> | EDTA plasma | EDTA (6mL) | Minimum 2.0 mL EDTA plasma. Separate within 6 hours of collection into sterile plastic cryovial. Freeze at -20°C, send frozen. | St. Paul's Hospital |
| H | HLA Antibody Screen Donor Specific Ab, DSA Cytotoxic AB, PRA | PRA Panel Reactive Antibodies | See PRA | | | |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|----------------------------------|--|---|--|---|---------------------------------------|
| H | HLA Typing | HLATYPING Note: If more than one HLA test panel is requested, enter a separate requisition for each request Select the Test: ALLOPURIN B58B (HLA B5801) ANKYLOS SP B27B (HLA B27) BEHCET'S B51B (HLA B51/B5) BIRDSHOT A29B (HLA A29) CARBAM RX CBZB (HLA A3101/B1502) CELIAC CELB (HLA DQ2/DQ8) NARCOLEPSY DQ6B (HLA DQB1/DRB1/DQ06) | ACDB whole blood (Either ACD-B or ACD-A is acceptable) | ACD-B (6mL) (Either ACD-B or ACD-A is acceptable) | Do not spin. Store and ship at room temperature. Testing performed every 3 weeks | VGH |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|----------------------------------|--|--|--|--|---|
| H | HLAB-5701 | HLAB5701 HLA B5701 | EDTA Whole blood Collect: Mon–Thurs before 1 pm, do not collect prior to or on a Stat holiday.To ensure timely arrival for testing, consult with your local laboratory about potential transport delays due to courier schedules. For rural collection sites, consult with through site regarding courier times to ensure same day shipping. Sample must not arrive on weekend or holiday. Do NOT spin or separate. <i>For Abacavir Hypersensitivity</i> | EDTA (3mL) | Store and ship <i>unspun whole blood</i> primary tube same day refrigerated to referral site. Protect from freezing. | St. Paul's Hospital BC Centre for Excellence for HIV |
| H | Homocysteine | HOMOC Homocysteine Note: Collection for this test is at select locations only. Please confirm availability with local laboratory. | EDTA Plasma Collect on ice Deliver immediately to lab | EDTA (3mL) Collect into pre-chilled tube, keep tube on ice after collection and deliver to lab immediately for processing. To pre-chill tube prior to collection, place one cup crushed ice into biohazard bag. Place tube in second biohazard bag (to keep dry) and place in crushed ice bag. | Centrifuge sample in a temperature controlled centrifuge at 4°C as soon as possible after collection (within 15 minutes). Immediately aliquot minimum 1mL and freeze. Store and ship frozen. | VGH |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|--|---|---|---|--|--|
| H | HomoVanillic Acid - 24 hr Urine HVA | U24HVA Homovanillic Acid- 24h Urine | Provide 24r Urine Patient Collection Instructions Refrigerate specimen during collection until delivery to lab Indicate Start and Finish Date and Time on requisition | 24hr urine collection container No preservative or 15mL 6N HCL added prior to collection | Measure and record total volume and pH. If collected without preservative, acidify entire collection to a pH 2.0-4.0 within 12 hours of completion of collection. Aliquot 20 mL into sterile screw cap container. Store and ship refrigerated to referral site. | VGH |
| H | HomoVanillic Acid - Random urine HVA | URHVA Homovanillic Acid- Random Urine | **Patient Collection Instructions: Random Urine** <i>Order on children only</i> | Sterile screw cap container | Add acid to adjust urine pH between 2.0-4.0 Store and ship entire sample refrigerated to referral site. | VGH |
| H | HPV | | No blood test available | | Done with PAP upon request. Refer to Lifelabs website for information. Testing is self-pay | LifeLabs |
| H | hsTroponin | Troponin I High Sensitivity | Plasma Serum can be used in special circumstances upon approval of the Biochemists. Subsequent serial testing must also be performed on serum. Plasma and serum samples are not interchangeable for testing | PST | Timed hsTnI samples are not to be collected prior to the timed collection time in order for the delta change calculation to compute correctly. | Performing sites CDH; CMH; CVH; EKRH; EVH; GDH; KBRH; KGH; KLH; LIH; NVH; OMH, PRH, QVH; RIH, SLH; SOG; VJH |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|---|--|---|-------------------------|--|---|
| H | HTL Virus I/II | HTLVS (Micro module) Human T Lymphotropic Virus I and II | Serum | SST | Preferred: Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store and ship primary tube refrigerated to referral site. Permitted: Collection sites without a centrifuge may submit a whole blood (unspun) SST sample. Must be received at BCCDC within 5 days of collection or the specimen will be rejected. Store and ship primary tube refrigerated to referral site. | BCCDC |
| H | Hypoglycemic Agent Screen Includes: Sulfonylurea screen First generation sulfonylureas: Clorpropamide(Diabinese) Tolazamide Tolbutamide(Orinase) 2nd generation sulfonylureas: Glimepiride(Amaryl) Glipizide (Glucotrol) Glyburide (Glibenclamide) Meglitinides: Repaglinide (Prandin) Nateglinide(Starlix) Thiazolidinediones: Pioglitazone (Actos) Rosiglitazone (Avandia) | HYPOG | Serum Specimen must be collected during an episode of hypoglycemia | RTT | Allow RTT sample to clot 60 min at room temperature. Centrifuge and separate serum as soon as possible (within 1 hour) Aliquot 1.5 mL (0.5mL min) Specimen stability- 28 days frozen (preferred) 28 days refrigerated Store and ship frozen | ICL (ships to Mayo) DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval. |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|----------------------------------|-------------------------------------|---------------------|---|--|--|
| H | IgA Ab Confirmation | IGAAB | Serum | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Aliquot 2mL (min) serum Store and ship frozen to referral testing site. | Canadian Blood Services Patient Request for Anti-IgA Testing |
| I | IgA Immunoglobulin A | IGA IgA | Serum | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store and ship refrigerated to referral testing site. | KGH, RIH |
| I | IgD Immunoglobulin D | IGD IgD | Serum | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Aliquot 1mL (min) serum Store and ship cool to referral testing site. | VGH |
| I | IgE Immunoglobulin E | IGE IgE | Serum or plasma | Adult: SST Pediatric: RTT or LiHep (no gel) or Trace Elements Serum (dark blue) | Allow SST/RTT or trace elements tube to clot a minimum of 30 min at room temperature. Centrifuge within 2 hrs of collection and aliquot: Adult: Aliquot 1 mL minimum serum into a False Bottom or 13 x 75 Polypropylene tube Sample cannot have any visible hemolysis. Store and ship frozen. Pediatric: Aliquot 200 uL minimum. Store and ship frozen. | St. Paul's Hospital or BC Children's* *Pediatric <18 years send to BC Children's (must use the Change Site routine if sending a pediatric sample) |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|---|---|--|---------------------------------|---|---|
| I | IGF1 Insulin like Growth Factor Somatomedin-C | IGF1 SOMC | Serum | SST preferred RTT acceptable | Allow SST sample to clot a minimum of 30 min at room temperature. Allow RTT sample to clot a minimum of 60 min at room temperature. Centrifuge and separate ASAP. Aliquot and freeze ASAP minimum 0.5 mL serum. Store and ship frozen to referral site. | St. Paul's Hospital |
| I | IGF-BP3 Insulin like Growth Factor- binding protein 3 | IGFBP3 Insulin-like Growth Factor BP3 | Serum | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours. Aliquot 2mL, store and ship frozen. | ICL DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require biochemist/pathologist approval. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval. |
| I | IGG Precipitin Screen Allergic Alveolitis Precipitans to allergic alveolitis Serum Precipitans | IGGPS IgG Precipitin Screen <i>Panel includes Avian Precipitins, Thermophilic fungi precipitins, Aspergillus Precipitins</i> | Serum *Clinical Indications and diagnosis required | SST or RTT | Allow SST sample to clot a minimum of 30 min at room temperature. Allow RTT sample to clot a minimum of 60 min at room temperature. Centrifuge and separate within 2 hours of collection. SST: ship primary tube RTT: aliquot minimum 0.5mL Package separately and ship in VGH cooler. Store and ship refrigerated to referral site. | Ship to Carlsten Lab via VGH cooler (place in VGH cooler) Address: Carlsten Lab G&L Diamond Health Centre 7225 - 2775 Laurel Street Vancouver, BC V5Z 1M7 |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|--|-------------------------------------|---|---|--|---|
| I | IGG Subclasses IGG4 | IGGSUB IgG Subclasses | Serum Clinical Indications and diagnosis required | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Aliquot 1mL (min) serum. Store and ship cool to referral site. | St. Paul's Hospital |
| I | IgG Immunoglobulin G | IGG IgG | Serum | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store and ship refrigerated to referral testing site. | KGH, RIH |
| I | IgM Anti-IgM Immunoglobulin M | IGM IgM | Serum | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store and ship refrigerated to referral testing site. | KGH, RIH |
| I | IGRA Interferon Gamma Release Assay | IGRA Lab Order Only | Follow Special Collection requirements. Collections can only be done at: EKRH, KBRH, KGH, PRH and RIH Testing is pre-approved if the patient presents with a properly completed ZEP requisition with testing criteria indicated (lower right). All other requests must be pre-approved by BCPHML. The physician must contact the BCCDC TB Clinic nurse consultant at 1-604-707-5678. | QuantiFERON (IGRA) sample tubes <i>*QuantiFERON® sample tubes contain lithium heparin as a preservative, so follow appropriate order of draw if additional tubes are required.</i> | Collecting and processing sites must follow Softtech CS 0046. | BCCDC BC CDC IGRA TB Requisition |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|--|--|---|--------------------------|--|---------------------------------------|
| I | Imipramine | IMIP Imipramine | Serum Indicate date and time of last dose Patients on divided dose: Collect 30 minutes prior to morning dose Patients on once only daily dose should have level drawn 10-14 hours post dose. | RTT | Allow RTT sample to clot a minimum of 60 min at room temperature. Centrifuge and separate within 2 hours. Aliquot 1.0 mL (0.5 mL min) serum. Store and ship refrigerated to referral site. Medication steady state reached in 2-5 days. | Provincial Toxicology Centre |
| I | Immunodeficiency Panel - Adult (IDEF) IDEF panel contains CD3, CD4, CD8, CD19 and CD56 | IDEFPANEL Immunodeficiency Panel- Adult Note: Panel is NOT to be used for CD4/CD8 requests. | ACD-A Whole Blood EDTA (CBC required) | ACD-A plus EDTA (CBC) | ***Also order CBC and send a copy of report with specimen*** Store and ship at room temp. Do not spin. Ship Mon-Thu only. Must arrive on a weekday <72 hours from collection. | St. Paul's Hospital |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|---|---|---|---|---|---|
| I | Immunodeficiency Panel - Pediatric IDEF-Pediatric T&B cells subset TBNK LSM(Lymphocyte Stimulation Mitogen) | IDEFPED Immunodeficiency Panel-Pediatric | See requisition Requires Hematopathologist approval prior to collection. Requests will be limited to Pediatric Hematology/Oncology/BMT specialists, Clinical Immunologists and Pediatric Rheumatologists. Must be pre-booked with BC C&W Immunology lab (604)-875-2345 ext 7491 Refer to www.elabhandbook.info link for collection information *Order IDEFPED for tests under the 'Immunodeficiency Investigation' section on the BCCH Flow Cytometry requisition. *Order FLOWBCCH for all other tests on the Flow Cytometry requisition. For Hereditary Spherocytosis, order E5M. For Neutrophil Oxidative Burst, order OXIB | http://www.elabhandbook.info/PHSA/Default.aspx | Refer to detailed instructions: http://www.elabhandbook.info/PHSA/Default.aspx If approved, collection and shipping must be coordinated with BC W&C Specimens must be received within 30 hours of collection. Label "STAT" on the transport box. | BC Women & Children's Hospital Physician to submit completed Flow Cytometry requisition available here |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|--|---|---|-------------------------|---|--|
| I | Immunofixation Electrophoresis | IFE Clinical Biochemist Order Only <i>This test is ordered by lab physicians as a follow up to any abnormalities noted in either a serum or urine electrophoresis. Consults related to this testing can be initiated by biochemists/ pathologists</i> | Serum | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Aliquot 2mL serum. Store and ship frozen to referral site. | KGH, RIH |
| I | Immunoglobulin Heavy Chain Variable Region IGHV IGHV-MA IGHV-SHM | GENETICS Lab Order Only | EDTA Whole Blood Collect: Mon–Thurs before 1 pm, do not collect prior to or on a Stat holiday.To ensure timely arrival for testing, consult with your local laboratory about potential transport delays due to courier schedules. For rural collection sites, consult with through site regarding courier times to ensure same day shipping. Sample must not arrive on weekend or holiday. | EDTA x 2 6mL | Store refrigerated. Ship at room temperature (stable for 3 days) | VGH Complete VGH Cytogenetics requisition |
| I | Immunoglobulins - IMM Quantitative Immunglobulins | IMMUNO Immunoglobulins Includes: IgA, IgM, IgG | Serum | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store and ship refrigerated to referral testing site. | KGH, RIH |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|--|---|--|-------------------------|--|---|
| I | Immunoreactive Trypsinogen IRT | TRYPSIN Immunoreactive Trypsin | Fill a minimum of 2 complete circles on the Blood Dot Card | Blood Dot Card | Allow blood dots to dry for a minimum of 3 hours before placing into mailing sleeve. Write IRT on the blank space near the bottom of the filter card and mark the checkbox beside the line. | BC Children's and Women's Hospital |
| I | Indirect Antiglobulin Test | GS Indirect Coombs Test, Antibody Screen, IAT | EDTA Whole blood Note Transfusion date and obstetrical history Strictly follow TMS Patient Identification and Sample collection procedures for possible transfusion. | EDTA 3mL | | |
| I | Infliximab | INFLIX Infliximab | Serum Samples should be collected immediately prior to (preferred), or less than 2 weeks prior to, the next infusion. | SST/RTT | Allow SST sample to clot a minimum of 30 min at room temperature. Allow RTT sample to clot a minimum of 60 min at room temperature. Centrifuge and separate within 2 hours of collection. Aliquot into 2 tubes (min 1 mL per tube). Anti-infliximab antibody test is reflexively performed based on the infliximab concentration. Store and ship frozen. | St. Paul's Hospital Test must be ordered by a gastroenterologist and submit with a properly completed "Infliximab Test Requisition" completed by the ordering physician. Include a copy of requisition to St. Pauls. |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|---|-------------------------------------|--|-------------------------|---|--|
| I | Infliximab- for testing at Dynacare in Laval, Quebec | ST | Serum Collect specimen just before drug administration. Can be collected anytime All tests on the requisition should be sent to DynaCare for testing. Outpatients should present with a kit/waybill for shipping. *See 'biologics' for additional information. | SST or RTT | Allow SST sample to clot a minimum of 30 min at room temperature. Allow RTT sample to clot a minimum of 60 min at room temperature. Centrifuge and separate within 2 hours of collection. Aliquot 1mL (min). Store and ship frozen to referral site. Ship Mon-Wed only. | DynaCare, Laval, Quebec 3885, boul. Industriel Laval, QC, H7L 4S3 Inpatients contact Clinical Biochemist (250-258-3880) for approval. |
| I | Influenza | | See Microbiology Guide to Specimen Ordering Collection & Transport | | | |
| I | INR PT International Normalized Ratio ProthrombinTime Pro-time | INR INR | NaCit plasma Unacceptable samples: Over- or under-filled tubes, hemolyzed samples, clotted samples | NaCit (1.8 mL) | For testing performed on site, centrifuge sample immediately. For OP collection sites or sites referring samples: Store & ship unspun citrate tube at room temperature, or if testing is delayed more than 24 hr post collection: Prepare Platelet Poor Plasma and freeze within 2 hours of collection. Refer to HE 0006 Preparing Platelet Poor Plasma. Aliquot 1 mL minimum and freeze immediately at -20°C. Store upright. Ship frozen. | ALH, BDH, CDH, CMH, CVH, EKRH, EVH, GDH, IDH, KBRH, KGH, KLH, LIH, NVH, OMH, PGH, PRH, QVH, RIH, SLH, SOG, SPE, VJH |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|---|---|---|-------------------------|--|--|
| I | Insulin Antibody Anti-Insulin | INSULINAB Insulin Antibody | Serum | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Aliquot 1.0 mL (min). Store and ship frozen to referral site. | ICL This test can be collected in advance of approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval. |
| I | Insulin like Growth Factor-binding protein 3 | IGF-BP3 | See IGFBP3 | | | |
| I | Insulin | INSULIN Insulin | Serum 10 hr fasting required for outpatients | SST | Allow to clot for a minimum of 30 mins at room temperature. Centrifuge within 2 hours of collection. Aliquot 0.3 mL (min) into a False Bottom Tube (FBT) and freeze. Ship frozen to referral site. | St. Paul's Hospital |
| I | Insulin-Like Growth Factor 1 IGF-1 Somatomedin-C | IGF1 SOMC Somatomedin-C (IGF-1) | See IGF1 | | | |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|--|---|--|-------------------------|---|--|
| I | Integrated Prenatal Serum Screen IPSS Serum Integrated Prenatal Screen (SIPS) Nuchal Translucency (NT) Triple Marker Screen | See QUADS Quadruple Marker Screen | For Prenatal Genetic Screening use only SIPS Part 1: Collect during first Trimester SIPS Part 2: Collect during second trimester See BCWomen's Recommendations to select correct test on BC C&W Prenatal Biochemistry requisition <i>For Maternal Antibody screening - see Prenatal Screen - CBS</i> | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Aliquot 3 mL serum. Freeze and ship frozen to referral site. Ship to: Prenatal Biochemistry Lab BC C&W Health Centre | BC Children & Women's Hospital Prenatal Genetic Screening Lab Requisition Includes MS-AFP, ESTRIOI, BHCG (Quantitative), InhibinA Maternal Serum AFP only: Alphafetoprotein testing for Pregnant Patients form must be signed by Physician. |
| I | Interferon Neutralizing Antibody NABS BABS | ST Interferon Neutralizing Ab BAB Contact IH Clinical Biochemist (250)258-3880 | | | | DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval. |
| I | Interleukin 2 Receptor (sCD25), Soluble IL2 Receptor IL2R sIL2R | IL2R | Serum | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Aliquot 1mL minimum serum and freeze. Ship frozen. Note 'IL-2R' on bag with sticker or marker. | PHSA Tumour Marker lab |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|--|---|--|---|--|---|
| I | Intrinsic Factor Ab Intrinsic Factor Type 1 Blocking and Type 2 Binding | ST Lab only: Order Send Out Test | Serum No Vitamin B12 injections in the last 24 hours | SSTx2 | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Aliquot minimum 3mL serum. Store and ship frozen to referral lab. | ICL DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval. |
| I | Invitae - Genetics Testing Do not use for NIPT Invitae (see NIPT, Non Invasive Prenatal Screening Test) | GENETICS Patient MUST present with kit and BC Agency approval letter. Collect Mon/Tues before 10am only Note: Collection for this test is at select locations only. Please confirm availability with local laboratory. | Refer to kit Lab staff: Please click here for additional information before collection. Contact the biochemist on call (250-258- 3880) for approval prior to collection. | Collection and processing instructions provided with kit. Check tubes for expiry. Do not collect if tubes expired. | Refer to kit instructions for packaging and shipping. Ship kit with completed documents using pre- filled waybill. Include Proforma and IH SoftTech out of country consent form CS0057 Sample must be shipped by IH. Kit must include waybill. | San Francisco, USA DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval. |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|----------------------------------|---|--|---|--|--|
| I | Iodine | ST Lab only: Order Send Out Test | Plasma Contamination of specimen must be avoided. Collection tubes must be covered and dust free until used. Store tubes in plastic bag until use. Mix 8 times and store upright to minimize contact with rubber lid. | Dark blue K2EDTA | Separate plasma as soon as possible and transfer to polypropylene vial. Store and ship refrigerated. | ICL DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval. |
| I | Ionized Calcium - Whole Blood | ICAWB Ionized Calcium (Ca)- Whole Bld | Heparinized whole blood -syringe only | Heparanized blood gas syringe | Deliver to lab promptly for testing. | CMH, EKRH, KBRH, KGH, KLH, PRH, RIH, SLH, VJH |
| I | Ionized Calcium | ICA Ionized Calcium (Ca) | Serum in unopened primary tube Completely fill tube. Dedicated tube only. Do not open tube. Patient to avoid strenous activity prior to collection. | SST Tube must be filled completely. Do not allow air to enter tube. | Centrifuge refrigerated (<22C). Do Not Open. Ship unopened primary tube refrigerated to referral site. Sample stable for 48 hours if unopened. | CMH, EKRH, KBRH, KGH, KLH, PRH, RIH, SLH, VJH |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|---|---|--|-------------------------|--|--|
| I | Iron Total Iron Binding Capacity (TIBC) FEP Transferrin Saturation | IRON Iron Panel (Fe) IRON includes: Iron, Total Iron Binding Capacity (TIBC), Iron Saturation Index | Serum (SST tube) preferred Plasma (PST tube) can be collected for STAT or Urgent orders when testing is performed on site Fasting preferred Collect prior to 10am Ensure no heparin-line contamination of sample. | SST/PST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store refrigerated. Serum may be shipped in primary tube. Plasma must be aliquoted. Iron exhibits diurnal variation. In late afternoon, values may be decreased by 50% over morning values. | EKRH, KBRH, KGH, PRH, VJH, RIH |
| I | IRT | See TRYPSIN | | | | BC Children & Women's Hospital |
| I | Islet Cell Ab | ST Lab only: Order Send Out Test | Serum | RTT | Allow sample to clot a minimum of 60 min at room temperature. Centrifuge and separate within 2 hours of collection. Aliquot minimum 2mL Store and ship frozen | ICL (ICL forwards to Quest) DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval and signed consent form. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval. |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|--|---|--|-------------------------|---|---------------------------------------|
| I | Isoniazid | ISON Isoniazid | Serum | RTT | Allow sample to clot a minimum of 60 min at room temperature. Centrifuge and separate within 2 hours of collection. Aliquot minimum 1mL Store and ship frozen | Provincial Toxicology Centre |
| I | Isopropanol Rubbing Alcohol Hand sanitizer Antiseptic preparations | VOLALC Isopropanol Includes: Methanol, Acetone and Isopropanol | Plasma or serum 2 tubes | PST/SST | * Refer to "Performing Osmolar Gap for Volatile Alcohol and/or Ethylene Glycol Test Requests" Procedure for specific instructions. * NOTE: Include a copy of test results if sample is sent to VGH. Collect: PST / SST Specimen specifics: Centrifuge both tubes. Tube 1: Perform any available on-site testing. If OSMO testing is not performed on site, ship both tubes refrigerated to OSMO testing site. Tube 2: DO NOT OPEN. Store and ship UNOPENED tube refrigerated to referral site. IH Pathologist or Biochemist approval required prior to shipping sample to VGH. Send to sites/options: XVGH | VGH |
| I | Itraconazole | ITRACONAZOLE | Serum or EDTA plasma Indicate date and time of last dose. If pre and post dose requested, post dose is 2-hour Post oral or 30 minutes Post IV. | RTT or 6mL EDTA | Allow RTT sample to clot a minimum of 60 min at room temperature. Centrifuge ASAP, aliquot 2-4 mL serum or EDTA plasma. Store and ship frozen to referral site. | St. Paul's |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|--|-------------------------------------|---|---|---|---|
| I | JAK2 Mutation Testing | GENETICS Lab Order Only | <p>Collect: Mon–Thurs before 1 pm, do not collect prior to or on a Stat holiday.To ensure timely arrival for testing, consult with your local laboratory about potential transport delays due to courier schedules. For rural collection sites, consult with through site regarding courier times to ensure same day shipping. Sample must not arrive on weekend or holiday. Consult pathologist before collecting outside of Mon-Thurs or after 1 pm..</p> <p>Peripheral blood: 2x 6mL EDTA Bone Marrow: BM Transport Media Pre-book by phoning 1-604-877-6000</p> | EDTA (6mL) x 2 and/or Bone marrow transport media | Ship same day room temperature to testing site. Refer to cancergeneticslab.ca for requisition and requirements. | BCCA Physician must complete requisition to accompany sample Fax BM/Path report to 1-604-877-6294 as soon as available. |
| J | Karyotype FISH Cytogenetics | GENETICS Lab Order Only | <p>Order GENETICS, Click on blue "i" button in Meditech for further information on specimen requirements.</p> <p>Collect: Mon–Thurs before 1 pm, do not collect prior to or on a Stat holiday.To ensure timely arrival for testing, consult with your local laboratory about potential transport delays due to courier schedules. For rural collection sites, consult with through site regarding courier times to ensure same day shipping. Sample must not arrive on weekend or holiday. Consult pathologist before collecting outside of Mon-Thurs or after 1 pm..</p> | Test/Site dependant | Test/Site dependant | Cytogenetics Requisition (click on "i" icon in Meditech for link) |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|---|--|--|--------------------------------|--|---------------------------------------|
| K | Ketamines Included in the UDS-137 Panel performed at PTC | URDRUGSKETAMINE KETAMINE | Random Urine | Sterile Screw Cap container | Note: NOT for legal testing. Order for outpatient testing. Testing is confirmatory (UDS panel). Store and ship - 25-50 mL urine refrigerated. | PTC |
| K | Ketones | BHB Beta Hydroxybutyrate (Ketones) | Serum or plasma | PST/SST | Centrifuge and aliquot 0.5mL (min) serum/plasma. Store and ship frozen to referral site. | VGH |
| K | Kleihauer | KLEIH Kleihauer-Betke, Fetal Hemoglobin <i>For quantification of fetal cells in maternal blood</i> | EDTA Whole blood Meditech Order Management: Order in BB module | EDTA (3mL) | Ship unspun whole blood cool to testing site. | |
| K | L/S Ratio | LSR L/S Ratio Includes Phosphatidyl glycerol (PG) and Foam Stability Index | Amniotic fluid | Sterile screw cap container | 10 mL (min) sample Centrifuge entire sample 3 min at 500 RCF if red cells present. Aliquot supernatant. Store and ship frozen to referral testing site. | Royal Columbian Hospital |
| L | Lacosamide Vimpat | LACOSAMIDE | Serum Draw blood immediately prior to next scheduled dose, unless instructed otherwise. For sustained release formulations only, draw blood a minimum of 12 hours after last dose. | RTT | Allow sample to clot a minimum of 60 min at room temperature. Centrifuge and separate within 2 hours of collection. Aliquot 2 mL (min) serum. Store and ship refrigerated to referral site. | Provincial Toxicology Centre |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|----------------------------------|--|---|---|---|---|
| L | Lactate - CSF | CSFLAC CSF Lactate | CSF Number tubes in the order they are collected. Samples must be hand delivered to lab immediately following collection. | Sterile CSF collection tube | Physician to collect minimum 0.5mL per tube Indicate the tube number by the order it was collected. Refer to CS 0073 Distributing Cerebrospinal Fluids CSF Samples Procedure for sample distribution. | EKRH, EVH, GDH, IDH, CVH, CMH, KBRH, KGH, KLH, NVH, OMH, PRH, QVH, RIH, SLH, SOG, VJH |
| L | Lactate - Fluid | BFLAC Body Fluid Lactate | Indicate body fluid source when ordering | GRN-LiHep without gel or No additive tube or Sterile screw top container | Store and ship cool to testing facility. | EKRH, KBRH, KGH, PRH, RIH, VJH |
| L | Lactate - Whole Blood | BGV Included in Venous Blood Gas | Heparinized Whole blood - protect from exposure to air/ eliminate bubbles Deliver to laboratory immediately. | GRN - Li Hep - no gel separator | Test specimen immediately upon arrival in lab. Do not spin. Sample stable 30 minutes only. | |
| L | Lactate Dehydrogenase | LDH Lactate Dehydrogenase, LD | Serum (SST tube) preferred Plasma (PST tube) can be collected for STAT or Urgent orders when testing is performed on site. | SST/PST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store at room temperature. Serum may be shipped in primary tube. Plasma must be aliquoted. Hemolysis will increase results Refrigeration will decrease results | Most IH Sites |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|--|---|--|--|---|---|
| L | Lactate | LAC Lactic Acid (Whole Blood Lactate included in Venous Blood Gas order) | Plasma Collect without the use of a tourniquet, or immediately after the tourniquet is applied. If tourniquet is used, do not release until tube is filled. Avoid fist pumping. | GREY - NaFluoride/K Oxalate when ordered individually. | Centrifuge and aliquot. NaFl whole blood is stable 8 hrs at room temperature or plasma aliquot is stable 14 days refrigerated. Ship cool. | Most IH Sites |
| L | Lactose Tolerance Test | | Testing is no longer available | | | |
| L | Lamictal | LAMOTRIG Lamictal Lamotrigine | Serum | RTT | Allow RTT sample to clot a minimum of 60 min at room temperature. Centrifuge and separate within 2 hours. Aliquot 1.0 mL (0.5 mL min) serum. Store and ship refrigerated to referral site. | Provincial Toxicology Centre |
| L | LAP Leukocyte Alkaline Phosphatase | | Testing is no longer available | | | |
| L | LD-1 Lactate Dehydrogenase Isoenzymes LD Isoenzymes | ST Lab only: Order Send Out Test | Serum | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Prepare two 1 mL aliquots in transfer vials Store and send at controlled ambient temperature. *Do not freeze. Avoid hemolysis. Sample stability is 7 days, so collection must be coordinated with KGH for shipping Monday to Wednesday. | ICL (ICL forwards to Mayo) DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval and signed consent form. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval. |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|----------------------------------|--|--|--|--|---------------------------------------|
| L | LDH - Fluid | BFLDH LDH Fluid | Heparinized fluid preferred Mix specimen well by inverting 6-8 times Indicate Fluid type | GRN-LiHep without gel or No additive tube or Sterile screw top container | Aliquot 1 mL (min) and ship cool to referral testing site. | EKRH, KBRH, KGH, PRH, RIH, VJH |
| L | LDL | LIPID LDL Cholesterol Included in Lipid Panel | Serum (SST tube) preferred Plasma (PST tube) can be collected for STAT or Urgent orders when testing is performed on site. *Patient Fasting Requirements* Fasting required: 12-14 hours | SST/PST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store refrigerated after centrifugation. Ship refrigerated to testing site. Serum may be shipped in primary tube. Plasma must be aliquoted. | EKRH,KBRH,KGH,PRH,RIH,VJH |
| L | Lead | LEAD Pb, Lead screen | Whole blood Note: Tubes must be protected from dust contamination at all times (store in zip-close bag). Closely follow patient, collector, and environmental preparation instructions to prevent sample contamination. Venipuncture is the preferred method of collection. If capillary collection necessary refer to document CS 0025 Collecting a Capillary Blood Sample for Lead Testing Procedure | Li Hep no gel Alternatives: NaHep no gel K2EDTA royal blue Capillary collection: K2EDTA BD365974 microtainer or Li Heparin BD365965 green top tube | Store and ship unspun primary tube refrigerated to referral site. | BC Children's and Women's Hospital |
| L | Lead, 24 hr Urine | U24LEAD Lead (Pb)- 24h Urine | Provide 24hr Urine Patient Collection Instructions Refrigerate specimen during collection until delivery to lab Indicate Start and Finish Date and Time on requisition | 24hr urine collection container No preservative | Measure and record total volume of specimen. Aliquot 50 mL sample. Store and ship cool to referral site. | BC Children's and Women's Hospital |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|--|-------------------------------------|--|---|---|---------------------------------------|
| L | Leukocyte Function Test | Test no longer available | | | | |
| L | Levetiracetam | LEVETB Keppra | Serum | RTT | Allow RTT sample to clot a minimum of 60 min at room temperature. Centrifuge and separate within 2 hours. Aliquot 1.0 mL (0.5 mL min) serum. Store and ship refrigerated to referral site. | Provincial Toxicology Centre |
| L | LH Luteinizing Hormone Luteotropin Pituitary Gonadotropins | LH LH | Serum | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hrs of collection. Store primary tube and ship refrigerated to referral site. | RIH, KGH |
| L | Lidocaine | LIDOCAINE LIDOCAINE | Serum | RTT | Allow sample to clot a minimum of 60 min at room temperature. Centrifuge and separate within 2 hrs of collection. Aliquot 1 mL serum. Store and ship refrigerated to referral site. | Provincial Toxicology Centre |
| L | Lipase - Fluid | BFLIPASE | Heparinized fluid preferred Mix specimen well by inverting 6-8 times Indicate Fluid type | GRN-LiHep without gel or No additive tube or Sterile screw top container | Centrifuge within 2 hrs of collection. Aliquot 2mL serum. Store and ship refrigerated to referral site. | EKRH, KBRH, KGH, PRH, RIH, VJH |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|--|-------------------------------------|--|-------------------------|---|--|
| L | Lipase | LIPASE | Serum (SST tube) preferred Plasma (PST tube) can be collected for STAT or Urgent orders when testing is performed on site. | SST/PST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store refrigerated after centrifugation. Ship refrigerated to testing site. Serum may be shipped in primary tube. Plasma must be aliquoted. | Most IH Sites |
| L | Lipid Profile CHOL, TRIG, HDL, LDL | LIPID Lipid Panel | Serum (SST tube) preferred Plasma (PST tube) can be collected for STAT or Urgent orders when testing is performed on site. Fasting is not required for any of the panels but clinician may specifically instruct patient to fast for 10 hours in select circumstances, independent of laboratory requirements. | SST/PST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store refrigerated after centrifugation. Ship refrigerated to testing site. Serum may be shipped in primary tube. Plasma must be aliquoted. | Refer to IH Laboratory Requisition for additional Information |
| L | Lipoprotein a Lp(a) Note: do not order Apolipoprotein A (APOA), it is not the same test. | LIPA Lipoprotein A | Serum | SST/RTT | Allow SST sample to clot a minimum of 30 min at room temperature. Allow RTT sample to clot a minimum of 60 min at room temperature. Centrifuge and separate within 2 hours of collection. Aliquot minimum 1mL serum. Store and ship frozen to referral site. | St. Paul's Hospital |
| L | Lithium | LI Lithium (Li) | Serum Indicate time of last dose Multi-dose regime: Collect up to 1 hr prior to next dose Single Dose regime: Collect 12 hrs or more after dose | SST/RTT | Allow SST sample to clot a minimum of 30 min at room temperature. Allow RTT sample to clot a minimum of 60 min at room temperature. Centrifuge and separate within 2 hours of collection. Aliquot 2mL serum (aliquot from gel tube if testing is not performed within 24 hours) Store and ship refrigerated to referral site. | EKRH, KBRH, KGH, PRH, VJH, SLH, RIH |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|---|--|--|----------------------------------|---|---------------------------------------|
| L | Liver Kidney Microsomal 1 Antibody LKM1 Anti-LKM LKM Antibodies | LKM1AB Liver Kidney Microsomal Ab | Serum | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hrs of collection. Aliquot 1mL (min) serum. Store and ship frozen to referral site. | VGH |
| L | Lupus +B2G/ Anticardiolipin DRVVT (dilute Russell viper venom test) Anti-phospholipid Ab (three of the anti- phospholipid antibodies are anticardiolipin, B2G, and lupus anticoagulant) | LUPUS Lupus (+B2G/ Anticardiolipin) | NaCit plasma and Serum | NaCit (2.7mL) 2 tubes and SST | Centrifuge sample immediately. Prepare Platelet Poor Plasma and freeze within 2 hours of collection. Refer to HE 0006 Preparing Platelet Poor Plasma. Plasma: Aliquot 1 mL minimum and freeze immediately at -20°C. Store upright. Ship frozen. Store upright. Ship frozen. Plasma tested at RIH. Serum: Allow sample to clot for 30 minutes at room temperature. Centrifuge and aliquot: Anticardiolipin- 1 mL minimum serum B2G - 1 mL minimum serum Freeze aliquot immediately at -20°C. Store and ship frozen. Serum tested at VGH. | RIH- PPP VGH-serum |
| L | Lyme Disease | | See Microbiology Guide to Specimen Ordering Collection & Transport | | | |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|---|---|---|---|---|---------------------------------------|
| L | Lymphocyte Stimulation Mitogen LSM Mitogen LST T cell Proliferation T Cell Function Mitogen Antigen Lymphocyte Function | Note: This test is not performed at Mitogen Labs. DO NOT order and send to Mitogen lab in Calgary. | Patients must have collection performed at BC Children's. Pre-approval by CH hematopathologist required. Pre-book test: phone 604-875-2345, x7491 | http://www.elabhandbook.info/PHSA/Default.aspx | Sample is only stable for 24 hours. Due to transportation timelines, patients must have collection performed at BC Children's. Testing done weekly on Thursday afternoons except for STAT holidays | BC Children's and Women's Hospital |
| L | Lymphocyte Stimulation Virals | | Patients must have collection performed at BC Children's. Pre-approval by CH hematopathologist required. Pre-book test: phone 604-875-2345, x7491 | http://www.elabhandbook.info/PHSA/Default.aspx | Sample is only stable for 24 hours. Due to transportation timelines, patients must have collection performed at BC Children's. Testing done weekly on Thursday afternoons except for STAT holidays | BC Children's and Women's Hospital |
| L | Lymphoma Protocol | Lymphoma protocol | | | Do not order as a Special Test in lab module. Order a PATHSPEC when referring in to another IH site. Test is ordered in Pathology module for referral to BCCA. | |
| L | LYTES2 Electrolytes (Na, K) | LYTES2 Includes: Sodium (NA) and Potassium (K) | Serum (SST tube) preferred Plasma (PST tube) can be collected for STAT or Urgent orders when testing is performed on site. | SST/PST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge as soon as possible and within 2 hours of collection. Store refrigerated after centrifugation. Ship refrigerated to testing site. Serum may be shipped in primary tube. Plasma must be aliquoted. Note: Potassium (K) result will be falsely increased if the sample is hemolyzed, or there is a delay in separating cells from serum/plasma. | Most IH Sites |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|--|---|--|--|---|---------------------------------------|
| L | LYTES4 Electrolytes (Na, K, Cl, CO2) | LYTES4 Includes: Sodium (NA), Potassium (K), Chloride (Cl), and Carbon Dioxide (CO ₂) | Serum (SST tube) preferred Plasma (PST tube) can be collected for STAT or Urgent orders when testing is performed on site. | SST/PST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge as soon as possible and within 2 hours of collection. Store refrigerated after centrifugation. Ship refrigerated to testing site. Serum may be shipped in primary tube. Plasma must be aliquoted. Note: Potassium (K) result will be falsely increased if the sample is hemolyzed, or there is a delay in separating cells from serum/plasma. | Most IH Sites |
| L | Macroprolactin | MACROPROL Includes: Prolactin | Serum | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store and ship refrigerated to referral site. | KGH/RIH |
| M | Magnesium - 24 hr Urine | U24MG 24 hr urine magnesium | Provide 24hr Urine Patient Collection Instructions Refrigerate specimen during collection until delivery to lab Indicate Start and Finish Date and Time on requisition | 24hr urine collection container No preservative | Measure and record volume. Send 10 mL aliquot. Designated site performing testing will acidify the aliquot to pH 3.0-4.0 with 6N HCL prior to testing. | EKRH, KBRH, KGH, PRH, VJH, RIH |
| M | Magnesium - Random Urine | URMG Random urine magnesium | **Patient Collection Instructions - Random Urine** Refrigerate specimen until delivery to lab. | Sterile screw cap container | Aliquot 4mL into 12x75 (5mL) plastic tube. Store and ship aliquot refrigerated to referral testing site. Adjust specimen pH to 3-4 prior to testing. | EKRH, KBRH, KGH, PRH, VJH, RIH |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|----------------------------------|--|---|-------------------------|--|---|
| M | Magnesium Mg | MG Magnesium (Mg) | Serum (SST tube) preferred Plasma (PST tube) can be collected for STAT or Urgent orders when testing is performed on site. | SST/PST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store refrigerated after centrifugation. Ship refrigerated to testing site. Serum may be shipped in primary tube. Plasma must be aliquoted. | Most IH Sites |
| M | Malaria Confirmation | MALCONF Lab order only: For confirmation of positive Malarial screen results | EDTA Whole Blood - Do NOT spin | EDTA (3mL) | EDTA shipped at room temperature. Refer a minimum of 2 thick and 2 thin peripheral blood smears prepared within 1 hour of collection. | BCCDC Requisition: Parasitology |
| M | Malaria | MAL Malaria | EDTA (2 tubes) Please order CBC as well | Lavender EDTA | Prepare and stain 6 thick and 6 thin peripheral blood smears within 1 hour of collection. Ship slides to IH testing site. | Most IH Sites screen All negative screens referred for Malaria NAT testing (KGH, RIH) |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|----------------------------------|---|---|--|--|--|
| M | Manganese | ST Lab only: Order Send Out Test | *Instructions are for whole blood samples, confirm sample type as per approval from BC Agency. Contact a Clinical Biochemist at 250-258-3880, or Client Services Technical Specialist if you have an approval letter with an alternate sample type. Contamination of specimen must be avoided. Collection tubes must be covered and dust free until used. Store tubes in plastic bag until use. Mix 8 times and store upright to minimize contact with rubber lid. | Dark Blue (K2EDTA) Trace metal tube | Ship primary tube, unopened. Store and ship refrigerated. | ICL DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval. |
| M | Mercury - Random Urine | URMERC Mercury (Hg)- Random Urine | Random Urine | Sterile screw cap container (orange Starplex) | Aliquot minimum 5mL into orange Starplex sterile screw cap container (erex 0147932). Sterile pink top not acceptable. Store and ship refrigerated to referral site. Store and ship frozen if sample cannot be tested within 7 days. | BC Children's and Women's Hospital |
| M | Mercury- 24hr Urine | U24MERC Mercury- 24h Urine | Provide 24hr Urine Patient Collection Instructions Refrigerate specimen during collection until delivery to lab Indicate Start and Finish Date and Time on requisition | 24 hr urine collection container No preservative | Mix well, measure and record total volume. Aliquot 50mL sample into orange sterile screw cap Starplex container (erex 0147932). Sterile pink top not acceptable. Store and ship refrigerated to referral site. Store and ship frozen if sample cannot be tested within 7 days. | BC Children's and Women's Hospital |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|-----------------------------------|--|---|--|---|---------------------------------------|
| M | Mercury Hg | MERCURY Mercury (Hg) | Lithium Heparin Whole blood Collect: Mon–Thurs before 1 pm, do not collect prior to or on a Stat holiday.To ensure timely arrival for testing, consult with your local laboratory about potential transport delays due to courier schedules. For rural collection sites, consult with through site regarding courier times to ensure same day shipping. Sample must not arrive on weekend or holiday. Do NOT Spin | LiHep (4mL) dark green | Store and ship unspun primary tube refrigerated to referral site. | BC Children's and Women's Hospital |
| M | Metanephrine - 24 Hr Urine | U24MET Metanephrines- 24h Urine Includes Normetanephrine (norepinephrine) Catecholamines, Metenephrine (epinephrine), Pheochromocytoma Screen | Provide 24hr Urine Patient Collection Instructions Refrigerate specimen during collection until delivery to lab Indicate Start and Finish Date and Time on requisition | 24hr urine collection container No preservative | Sample must be kept refrigerated between receipt and processing. Measure and record total volume of specimen in Meditech Prepare two aliquot tubes, minimum 3mL each. Freeze immediately at -20C. Ship frozen to referral site. | VGH |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|---|---|---|-----------------------------|--|--|
| M | Metanephrine - plasma Fractionated metanephrines <i>*If plasma not specifically requested, order U24MET instead*</i> <i>This test has limited clinical utility.</i> | MET | Plasma 8 hour fast Patient must be supine for 30 minutes prior to sample collection. | EDTA (3mL) | Centrifuge as soon as possible (within 15 mins) Aliquot 1.0 mL (min 0.6mL) plasma and freeze immediately. Ship frozen | ICL DO NOT ORDER OR COLLECT without approval. follow instructions in CS 0080 Inpatients require Clinical Biochemist (250-258-3880) approval. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval. |
| M | Methadone – Urine | URDRUGSMC Methadone Clinic Send Out | **Patient Collection Instructions - Random Urine** Refrigerate specimen until delivery to lab. | Sterile screw cap container | Store and ship urine aliquot refrigerated to referral site. Maximum volume: 50 mL Methadone maintenance patients only. | LifeLabs |
| M | Methanol - Urine | Test not available | | | | |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|---|--|--|---|---|---|
| M | Methanol Methyl Alcohol De-icing products Windshield wiper fluid Paint remover Shoe dye Enbalming fluid Window cleaning product | METH (VOLALC) Volatile Alcohol Screen Includes: Methanol, Acetone and Isopropanol | Plasma or serum 2 tubes | PST/SST | * Refer to "Performing Osmolar Gap for Volatile Alcohol and/or Ethylene Glycol Test Requests" Procedure for specific instructions. * NOTE: Include a copy of test results if sample is sent to VGH. Collect: PST / SST Specimen specifics: Centrifuge both tubes. Tube 1: Perform any available on-site testing. If OSMO testing is not performed on site, ship both tubes refrigerated to OSMO testing site. Tube 2: DO NOT OPEN. Store and ship UNOPENED tube refrigerated to referral site. IH Pathologist or Biochemist approval required prior to shipping sample to VGH. Send to sites/options: XVGH | VGH |
| M | Methemoglobin | BGVMETHGB Methemoglobin-Venous | Heparinized whole blood, unspun. Do NOT open or allow air to enter tube. Do NOT collect in blood gas syringe if sample is sent to referral site for testing. | LiHep tube (filled) or blood gas syringe | Do Not Spin. Do not open tube prior to testing. Seal tube with parafilm. Ship LiHep whole blood refrigerated. Stable 8 hours. | EKRH, CMH, KBRH, KGH, KLH, PRH, RIH, SLH, VJH |
| M | Methotrexate | METHOTREX Methotraxate | Serum Collect prior to next dose. Date and time of last dose required. | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge as soon as possible and wrap in foil to protect from light. Store and ship 1 mL (min) serum refrigerated to testing site. | KGH, BC Children & Women's Hospital |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|---|---|--|--|--|--|
| M | Methotrimoprazine | METHOTRIM Nozinan | Serum Include date and time of last dose | RTT | Allow sample to clot a minimum of 60 min at room temperature. Centrifuge and separate within 2 hrs. Aliquot 1 mL (min) serum. Store and ship cool to referral site. | Provincial Toxicology Centre |
| M | Methylmalonic acid MMA KNOWN patients with a diagnosis of methylmalonic aciduria APPROVAL NOT REQUIRED- Collect sample and ship to BC Womens and Childrens Hospital. Change testing site to XCH. Test is not offered for diagnosis of B12 deficiency in adults. | METHMA Methylmalonic Acid | Plasma | EDTA (6mL) | Centrifuge and aliquot min 3mL plasma. Separate plasma within 6 hours of collection. Store and send frozen. KNOWN patients with a diagnosis of methylmalonic aciduria APPROVAL NOT REQUIRED- Collect sample and ship to BC Womens and Childrens Hospital. Change testing site to XCH. Test is not offered for diagnosis of B12 deficiency in adults. | ICL or BC Children & Womens Hospital (for known patients) DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval.. |
| M | Microalbumin - 24 hr Urine Microalbumin Microalbumin ratio ACR A/C ratio | U24MALB Microalbumin- 24h Urine | Provide 24hr Urine Patient Collection Instructions Refrigerate specimen during collection until delivery to lab Indicate Start and Finish Date and Time on requisition | 24hr urine collection container No preservative | Measure and record total volume of specimen, then aliquot 10 mL sample. Store and ship refrigerated to referral site. Stable for 8 days at 2-8°C | EKRH, KBRH, KGH, RIH |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|--|---|---------------------|--------------------------------|--|---------------------------------------|
| M | Microalbumin - Random Urine Microalbumin Microalbumin ratio ACR A/C ratio | URMALB Urine Microalbumin, Microalbumin ratio, ACR | Random urine | Sterile screw cap container | Aliquot 4mL into 12x75 (5mL) plastic tube. Store and ship aliquot refrigerated to referral testing site. Stable for 8 days at 2-8°C | EKRH, KBRH, KGH, RIH |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|----------------------------------|-------------------------------------|--|-------------------------|---|---|
| M | Mitogen Referral | MITOREF Lab Order Only | <p>Serum or CSF</p> <p>See CS 0104 Ordering Mitogen Test Requests for Referral Testing Job Aid.</p> <p>If the test is not listed below, it is performed at an alternate referral site. Restrict orders from the Mitogen requisition to the following:</p> <p>Autoimmune Myopathy/ Myositis Panel Synonym: Synthetase syndrome</p> <p>NMDA (NR1) Receptor Ab Anti-DPPX(dipeptidyl aminopeptidase-like6)</p> <p>Voltage Gated Potassium Channel Synonym: Anti-VGKC or VGKC Ab</p> <p>Anti-GABA_β Receptor Anti-AMPA Receptor Neurological Disease Test Panel Neuromyelitis Optica Spectrum Disorder Synonyms: Anti-Aquaporin 4, Devic's Disease, NMO, Anti-MOG, Anti-Myelin Oligodendrocyte Glycoproteins</p> <p>Anti-MAG Synonyms: Anti-myelin associated glycoproteins</p> <p>Anti-GAD 65 Synonyms: Glutamic Acid Decarboxylase Ab *See note in CS 0104. If Anti-GAD 65 is ordered on its own with no other Mitogen tests, order ANTIGAD instead.</p> <p>Paraneoplastic Disease Panel Synonyms: Anti-Hu, ANNA, Anti-Neuronal Nuclear Antigen</p> | SST | <p>Allow SST sample to clot a minimum of 30 min at room temperature.</p> <p>Centrifuge within 2 hours of collection.</p> <p>SST only: Aliquot minimum 1mL serum and store refrigerated. Ship refrigerated.</p> <p>CSF only: Store and ship frozen to referral site.</p> <p>SST + CSF on the same patient/same test: Store 1mL serum aliquot tube and CSF tube frozen. Ship both frozen.</p> | <p>Mitogen</p> <p>BC Lab Agency approval not required.</p> <p>All Mitogen orders are reviewed by an IH Biochemist. Send a copy of the original requisition with the sample to KGH. Retain the original requisition on site.</p> |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|--|--|---|-----------------------------|---|---|
| M | Mono Infectious Mononucleosis Epstein-Barr Virus | MONO Monospot | Serum Note: If test is an "add-on" and serum has not been collected, plasma from sodium or lithium heparin or EDTA tubes may be used. | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Avoid hemolysis. Spun SST primary tube acceptable. Aliquot 0.5 mL for plasma samples. Store and ship refrigerated to referral site. If testing cannot performed within 72 hours, freeze aliquot and ship frozen. | Most IH sites |
| M | Mucopolysaccharides - Random Urine Alternate names: GAGS; MPS; Urine GAGS; GAG; Glycosaminoglycan; Uronic acid; Screening test for Hurler, Scheie, Hunter, Sanfilippo, Maroteux-Lamy, Morquio, and B-glucuronidase Deficiency. | URMUCCOPOLY Mucopolysaccharides- R urine | Collect early morning random urine. Refrigerate specimen until delivery to lab. | Sterile screw cap container | Optimal volume 10 mL, minimum 2 mL Store and ship frozen to referral site. | BC Children's and Women's Hospital |
| M | Muscular Dystrophy Screening Duchenne Muscular Dystrophy | GENETICS Lab Order Only | EDTA Whole blood Collect: Mon–Thurs before 1 pm, do not collect prior to or on a Stat holiday.To ensure timely arrival for testing, consult with your local laboratory about potential transport delays due to courier schedules. For rural collection sites, consult with through site regarding courier times to ensure same day shipping. Sample must not arrive on weekend or holiday. | EDTA (3mL) (1mL min) | Ship unspun whole blood primary tube same day at room temperature to referral site. Do not refrigerate or freeze. | BC Children & Women's Hospital BC C&WH Molecular Genetics Lab Requisition |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|--|-------------------------------------|---|-------------------------|--|--|
| M | MuSK Antibody Anti-Muscle Specific Kinase | MUSK MuSK Antibody | Serum *Test must be ordered by a neurologist, ophthalmologist or neuro-ophthalmologist or is self-pay. | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Aliquot 2-5mL serum. Store and ship frozen to referral site. Ship Mon to Thursday only | VGH (Forward to UBC via VGH) Submit completed BC Neuroimmunology Laboratory Requisition with specimen. Requisition is also available from the Lab Teamsite. |
| M | Mycophenolate Mycophenolic Acid Level Mofetil Level Cellcept | MYCOPHEN | EDTA plasma | EDTA(3 mL) | Trough level- draw sample within 30 min of next dose administration Centrifuge and aliquot 1 mL (min) plasma. Store and ship frozen to referral site. | VGH |
| M | Myeloid Panel | MYELOID | 0.5 mL Bone Marrow aspirate in EDTA Collect: Mon–Thurs before 1 pm, do not collect prior to or on a Stat holiday.To ensure timely arrival for testing, consult with your local laboratory about potential transport delays due to courier schedules. For rural collection sites, consult with through site regarding courier times to ensure same day shipping. Sample must not arrive on weekend or holiday. Consult pathologist before collecting outside of Mon-Thurs or after 1 pm.. | EDTA | Ship room temperature. Specimens should arrive at testing site within 48 hrs of collection, avoiding weekends and holidays. | BCCA A completed BC Cancer requisition must accompany the specimen: Myeloid Requisition |
| M | Myeloperoxidase | ANCA | See ANCA | | | |
| M | Myoglobin - Urine | Test no longer available | | | Do not order or send test out Refer to Important Lab Update 12-18 | |
| M | Myoglobin | Test no longer available | Serum | | Do not order or send test out Refer to Important Lab Update 12-18 | |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|--|--------------------------------------|---|-------------------------|--|--|
| M | Myositis Profile Autoimmune Myopathy | See MITOREF Lab Order Only | | | | |
| M | Myotonic Dystrophy Screening | GENETICS Lab Order Only | EDTA Whole blood Collect: Mon–Thurs before 1 pm, do not collect prior to or on a Stat holiday.To ensure timely arrival for testing, consult with your local laboratory about potential transport delays due to courier schedules. For rural collection sites, consult with through site regarding courier times to ensure same day shipping. Sample must not arrive on weekend or holiday. Consult pathologist before collecting outside of Mon-Thurs or after 1 pm. | EDTA (3mL) (1mL min) | Ship unspun whole blood primary tube same day at room temperature to referral site. Do not refrigerate or freeze. | BC Children & Women's Hospital BC C&WH Molecular Genetics Lab Requisition |
| N | Na Sodium | NA Sodium (Na) | Serum (SST tube) preferred Plasma (PST tube) can be collected for STAT or Urgent orders when testing is performed on site. | SST/PST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store refrigerated after centrifugation. Ship refrigerated to testing site. Serum may be shipped in primary tube. Plasma must be aliquoted. | Most IH Sites |
| N | N-Acetyl Procainamide | NAPA N-acetyl Procainamide | Serum Indicate date and time of last dose. | RTT | Allow sample to clot a minimum of 60 min at room temperature. Centrifuge and separate within 2 hours of collection. Aliquot 1 mL (min) serum. Store and ship cool to referral site. | Provincial Toxicology Centre or VGH |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|--|--------------------------------------|---|---|--|---|
| N | Neonatal Platelet Investigation | PLTAB Anti-Platelet Antibodies | <p>Only for Neonatal Alloimmune Thrombocytopenia (NAIT)</p> <p>Each sample type requires a separate requisition.</p> <p>Call Brampton CBS to arrange for prior approval - 905-494-5257.</p> <p>Collect: Mon–Wed before 1 pm, do not collect prior to or on a Stat holiday. To ensure timely arrival for testing, consult with your local laboratory about potential transport delays due to courier schedules & dry ice availability. For rural collection sites, consult with through site regarding courier times to ensure same day shipping. Sample must not arrive on weekend or holiday.</p> <p><i>See detailed sample and shipping instructions under Platelet Antibody Investigation</i></p> | <p>Maternal sample: 3 x 5mL EDTA plus 1 x 10mL SST/RTT</p> <p>Paternal sample: 5 x 5mL EDTA</p> <p>Neonatal sample: 1 x 1mL EDTA</p> | <p>Process and package (separate biohazard bags) samples from each patient individually.</p> <p>Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours.</p> <p>Aliquot and freeze.</p> <p>Serum sample: ship frozen.</p> <p>EDTA primary tubes: ship refrigerated.</p> <p>Include most recent or pre/post platelet count result(s) with sample.</p> <p>Samples should be shipped same day as collection to Vancouver CBS Centre for referral to Brampton Center. Label box: Attn Diagnostic Services</p> | <p>CBS Platelet Immunology Requisition - select appropriate investigation</p> <p>Testing is performed at CBS Brampton, ON. Notify PI Lab prior to shipment at (905-494-5257) Fax waybill and copies of requisitions to (905-494-8149)</p> |
| N | Neurological Disease Profile | See MITOREF Lab Order Only | | | | |
| N | Neuromyelitis Optica Autoantibody NMO Devic's Disease Aquaporin 4 | See MITOREF Lab Order Only | | | | |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|--|---|--|--|---|--|
| N | Newborn Drug Testing Meconium Hair Toxicology | NBTOX Newborn Toxicology | Forensic Newborn Toxicology collection kit Clinical staff to obtain specimen using instructions provided in kit. Include: -patient information with demographic label -sample type and test panel requested -collector signature/date/time -mnemonic of individual who sealed container/date/time. The individual sending the box is to fill out the Collector /Processor Certification box. Email Info@ICLabs.ca for supplies (chain of custody requisitions, collection kits and instructions and extra seals if required) | Meconium or hair See kit instructions | Meconium: Sealed sample can be stored refrigerated for up to 3 months. Freeze sample if shipping delayed past 3 months. | ICL (ICL forwards to USDTL) BC Agency Approval NOT required. Forensic Newborn Drug Testing Custody & Control Form must accompany sample. Form provided in kit. |
| N | Newborn Screening PKU | NBSCREEN Newborn Screening (PKU) Screens for 22 inborn metabolic or genetic diseases | Blood from heelpoke collected on in-date Blood Spot Card Newborn should be older than 24 hours before collection. Complete patient information on card. BCCH recommends that all babies have a Newborn Screen card collected even if patient is discharged at less than 24 hours old. Completely fill 4 blood dots. Collector must sign card. | Newborn Screen blood dot card Check expiry date - do not use expired card | Allow card to air dry 3-4 hrs on horizontal surface before inserting into mailing sleeve. Ensure all information on card is complete. | BC Children & Women's Hospital Newborn Screening Guideline: includes list of all screened-for disorders |
| N | NH3 See Ammonia | NH3 or AMM Ammonia, PNH3 | | | | |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|--|--|--|---|--|---------------------------------------|
| N | NMDA (NR1) Receptor Ab | See MITOREF Lab Order Only | | | | |
| N | NMO Neuromyelitis Devic's Disease Aquaporin 4 | See MITOREF Lab Order Only | | | | |
| N | Non Invasive Prenatal Screening Test (NIPS or NIPT) For Harmony NIPT kits- see HARMONY For all other NIPS requests, contact the biochemist on call (250- 258-3880) for approval BEFORE collection. | NIPTor NIPS Prenatal Screen Patient will present with kit. Mandatory outpatient requisition signed by ordering practitioner required. Must meet kit criteria as per policy. Patient will be charged a collection fee when ordering KIT. | Harmony Kit - See HARMONY Self-pay NIPS (excluding Harmony) Contact the biochemist on call (250-258- 3880) for approval prior to collection. I.e. Invitae, MaterniT21Plus, Panorama | Collection and processing instructions provided with kit. Check tubes for expiry. Do not collect if tubes expired. | Refer to kit instructions for packaging and shipping. Ship kit with completed documents using pre-filled waybill. Sample must be shipped by IH. Kit must include waybill. | |
| N | Non-malaria blood parasite Babesia Filaria Leishmania Toxoplasma Trypanosoma | PARABL | EDTA Plasma | EDTA (2mL) | Make blood films within 1 hour of collection Send 6 thin and 6 thick unstained blood films, and EDTA tube | KGH, PRH, RIH, VJH |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|------------------------------------|---|--|--|---|---|
| N | Norclozapine | NORCLOZ Norclozapine | Serum Indicate date and time of last dose. | RTT | Allow sample to clot a minimum of 60 min at room temperature. Centrifuge and separate within 2 hours of collection. Aliquot 1 mL (0.5 mL min) serum. Store and ship cool to referral site. | Provincial Toxicology Centre |
| N | Nortriptyline | NORTRIP Nortriptyline See Tricyclic Antidepressants | Serum Indicate date and time of last dose. | RTT | Allow sample to clot a minimum of 60 min at room temperature. Centrifuge and separate within 2 hours of collection. Aliquot 1 mL (min) serum. Store and ship cool to referral site. | Provincial Toxicology Centre |
| N | N-Telopeptide - 24 hr Urine | ST Lab only: Order Send Out Test | Provide 24hr Urine Patient Collection Instructions Refrigerate specimen during collection until delivery to lab Indicate Start and Finish Date and Time on requisition | 24hr urine collection container No preservative | Measure and record total volume of specimen, then aliquot 50 mL (25 mL min) sample. Store and ship refrigerated to referral site. | Calgary Diagnostic and Scientific Centre (Alberta Precision Laboratories) 3535 Research Rd NW Calgary AB T2L 2K8 DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require biochemist/pathologist approval. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval. |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|---|---|---|---|--|---------------------------------------|
| N | NT-proBNP | NTPROBNP If criteria to order NT-proBNP not met order BNP | plasma or serum | PST/SST | 0.5ml plasma aliquoted. Stable for 6 days refrigerated. Biochemist (250-258-3880) approval required if NT-proBNP is ordered unless one of the following indications: 1. Patient with AL amyloidosis 2. Patient on specific heart failure medication (nesiritide, entresto) 3. Ordering physician is a hematologist or cardiologist If criteria to order NT-proBNP not met order BNP | St. Paul's Hospital |
| O | Olanzapine Zyprexa | OLANZ | Serum Indicate date and time of last dose on requisition. | RTT | Allow RTT sample to clot a minimum of 60 min at room temperature. Centrifuge and separate serum from cells within 2 hours of collection. Aliquot 2mL (min vol 0.2mL) Store and ship frozen. | St. Paul's Hospital |
| O | Oligoclonal Banding Oligoclonal Banding IgG Fraction IgG Albindex IgG Synthesis Rate | CSFOLIG Oligoclonal Panel CSF | CSF + serum sample Serum sample required to be drawn same day. May be obtained up to 7 days before or after the CSF. | Sterile CSF collection tube Serum: SST | Place 1 mL (min) CSF into aliquot tube. Serum: Centrifuge and aliquot 1 mL (min) serum into separate aliquot tube. Store and ship both samples refrigerated to VGH. Store and ship frozen if testing cannot be performed within 14 days. | VGH |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|--|-------------------------------------|---|--------------------------------|--|---------------------------------------|
| O | Oligosaccharides-urine Alternate names: Urine Olygosaccharide; Urine Olygosaccharides; Urine Sialic Acid; Sialic Acid; Aspartyl Glucosamine. Screening test for sialidosis, galactosialidosis, and aspartylglucosaminuria | UROLIGO | Collect early morning random urine (preferred). Refrigerate specimen until delivery to lab. | Sterile crew cap container | Optimal volume 5 mL, minimum 2 mL Store and ship frozen to referral site. | BC Children's and Women's Hospital |
| O | Opiates - Random Urine Codeine Morphine Heroin Urine Drugs of Abuse | URDRUGS Urine Drug Screen | Collect early morning random urine. Refrigerate specimen until delivery to lab. | Sterile screw cap container | Aliquot 50 mL urine, no preservative. Store and ship frozen to referral site. | Most IH Sites |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|--|---|---|-----------------------------|--|---------------------------------------|
| O | Organic Acid – Urine Methylmalonic Acid (urine MMA); Succinyl Acetone; Mevalonic Lactone; Urine Lactate; Orotic Acid; Isovaleric Acid (IVA); Methylcitric Acid; Propionic Acid; Glutaric Acid; Homogentisic Acid; N-acetyl aspartic; Adipic, branched chain keto acids; Dicarboxylic acid; Ethylmonic; Glutaric; Hexanoyl glycine; 4-Hydroxybutyric; Pyroglutamine acid; β-hydroxy β-methylglutaric; Isovaleric acid; ketones; Lactic acid; Methylcitric acid; Methylcrotonyl glycine; Methylmalonic acid; Propionic; Sebacic; Suberic; Suberylglycine; Succinyl acetoacetate; Succinyl acetone; Valproate metabolites | URORGA | Collect early morning random urine. Optimal volume: 10 mL Absolute min volume: 2.5 mL Freeze sample immediately, if unable to collect at least 2.5 mL in one void, freeze first sample, and add more urine void to the container when available. Bring combined sample to the lab when there is sufficient volume. Ensure sample does not thaw in transit. | Sterile screw cap container | Aliquot 10 mL urine, no preservative. Absolute minimum volume: 2.5 mL Freeze immediately. Store and ship frozen to referral site. | BC Children's and Women's Hospital |
| O | Osmolality - Random Urine | UROSMO Osmolality- Random Urine | Refrigerate specimen until delivery to lab. | Sterile screw cap container | Aliquot 4mL into 12x75 (5mL) plastic tube. Store and ship aliquot refrigerated to referral testing site. | EKRH, KBRH, KGH, PRH, VJH, RIH, CMH |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|---|--|---|--|---|---------------------------------------|
| O | Osmolality- 24 hr Urine | U24OSM Osmolality- 24h Urine | Provide 24hr Urine Patient Collection Instructions Refrigerate specimen during collection until delivery to lab Indicate Start and Finish Date and Time on requisition | 24hr urine collection container No preservative | Measure and record total volume of specimen, then aliquot 4 mL sample. Store and ship refrigerated to referral site. Stable for 8 days at 2-8°C | CMH, EKRH, KBRH, KGH, PRH, VJH |
| O | Osmolality Serum Osmolality | OSMO Osmol | Serum | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. If testing delayed or shipping to referral site aliquot - 0.5 mL minimum. Store and ship refrigerated. | EKRH, KBRH, KGH, PRH, VJH, RIH, CMH |
| O | Osmolar Gap | OSMOGAP | Serum | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge and aliquot 1 mL serum. Store and ship refrigerated to referral site. Calculation only: Includes measured Osmolality, glucose, ethanol, sodium and urea | CMH, EKRH, KBRH, KGH, PRH, RIH, VJH |
| O | Osmotic Fragility Test Red Cell Membrane Flow Analysis | See E5M | | | | |
| O | Out of Province Testing (with no BC Agency approval letter) | OOPREQ | None *Not to be confused with requests for OOP biologic drug testing. For biologic test requests, consult with the clinical biochemist on call (250-258-3880). For additional informaiton, see 'Biologics' | None | Only to be used when there is no approval letter from the BC Agency. A report will be sent to the ordering provider that the test was not collected and to request BC Agency approval. | None |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|--|-------------------------------------|---|---|--|---|
| O | Oxalate - 24 hr Urine | U24OX 24 hr UR OX | Provide 24hr Urine Patient Collection Instructions Refrigerate specimen during collection until delivery to lab Indicate Start and Finish Date and Time on requisition Avoid high intake of vitamin C during sample collection period. | 24hr urine collection container 15mL 6N HCL added prior to collection | Measure and record total volume of specimen, then aliquot 10 mL sample. Store and ship refrigerated to referral site. | VGH |
| O | Oxalate- Random Urine | UROXALATE | Refrigerate specimen until delivery to lab. Avoid high intake of vitamin C during sample collection. | Sterile screw top container | Collect random urine in sterile container. Aliquot 5 mL and ship refrigerated. | VGH |
| O | Oxidative Burst Neutrophil DHR Neutrophil Oxidative Burst, Oxyburst, Flow Cytometry, Nitro Blue Tetrazolium (NBT), Neutrophil Function | OXIB NEUTOXIB | Whole Blood EDTA Requires Hematopathologist or Clinical Biochemist approval prior to collection. Requests will be limited to Pediatric/Hematology/Oncology/BMT specialists, Clinical Immunologists and Pediatric Rheumatologists Must be pre-booked with BC C&W Immunology lab (604)-875-2345 ext 7491 Collect: Mon–Wed before 1 pm, do not collect prior to or on a Stat holiday.To ensure timely arrival for testing, consult with your local laboratory about potential transport delays due to courier schedules. For rural collection sites, consult with through site regarding courier times to ensure same day shipping. Sample must be received and processed within 24 hours of collection. | EDTA (4 mL) (1mL min) | Store at RT. If approved, collection and shipping must be coordinated with BC W&C Collect: Mon–Wed before 1 pm, do not collect prior to or on a Stat holiday.To ensure timely arrival for testing, consult with your local laboratory about potential transport delays due to courier schedules. For rural collection sites, consult with through site regarding courier times to ensure same day shipping. Sample must be received and processed within 24 hours of collection. | BC Children & Women's Hospital BC C&WH Flow Cytometry Lab Requisition |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|---|---|--|--|---|--|
| O | P24 Antigen Order HIV serology | | Order HIV serology - BCCDC HIV screen is a 4th generation HIV assay (HIV antibody/serology + p24 antigen/HIV combo/HIV Ab+Ag/HIV 4th gen) | | | |
| P | Pancreatic Cyst Fluid | BFPANCY | <i>For Chemistry testing:</i> Serum <i>For Cytology testing:</i> 10mL (min) sample in Cytolyt container | Chemistry: RTT Cytology: Cytolyte container | Chemistry: Centrifuge prior to testing. Store and ship refrigerated to IH testing site. | KGH |
| P | Pancreatic Polypeptide | PANCPOLYPT Pancreatic Polypeptide Note: Collection for this test is at select locations only. Please confirm availability with local laboratory. | EDTA plasma Collect on ice Deliver immediately to lab This test should not be requested on patients who have recently received radioactive materials. 8 hour fast required | EDTA (3mL) Collect into pre-chilled tube, keep tube on ice after collection and deliver to lab immediately for processing. To pre-chill tube prior to collection, place one cup crushed ice into biohazard bag. Place tube in second biohazard bag (to keep dry) and place in crushed ice bag. | Centrifuge sample as soon as possible after collection (within 15 minutes). Aliquot minimum 0.5 mL and freeze immediately. Store and ship frozen. | ICL (ICL forwards to Mayo) DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval and signed consent form. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval. |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|--|--|---|---|--|---------------------------------------|
| P | Panel Reactive Ab PRA DSA Donor Specific Ab Cytotoxic Ab | PRA Panel Reactive Antibodies | Whole Blood | RTT or SST | Send clotted sample, do not centrifuge Store and ship at RT. | VGH |
| P | Paraneoplastic Disease Profile Anti-Hu Anti-Neuronal Nuclear Antigen | See MITOREF Lab Order Only | | | | |
| P | Parathyroid Hormone Assay- Intra Operative | PTHIO Lab Order Only: Parathyroid Hormone (Intra-Op) | Plasma (or Serum)- Sample collected intra- operatively | EDTA (testing can be performed on PST or LiHep if needed) | Separate upon receipt, test and call results to OR. | KBRH, KGH, PRH, RIH, VJH |
| P | Parathyroid Hormone Assay PTH iPTH Intact PTH | PTH Parathyroid Hormone (Intact) | Plasma | EDTA (2mL) | MUST be separated within 1 hour of collection. Specimens requiring shipment: Aliquot, freeze and send frozen. Specimens collected at performing sites: Aliquot and refrigerate. Stable for 48 hours at 2-8C when refrigerated ASAP post testing | EKRH, KBRH, KGH, PRH, RIH, VJH |
| P | Paroxetine Paxil | PAROXETINE Paroxetine (Paxil) | Serum | RTT | Allow sample to clot a minimum of 60 min at room temperature. Centrifuge and separate within 2 hours of collection. Aliquot 1 mL (0.5 mL min) serum. | Provincial Toxicology Centre |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|----------------------------------|--|---|-------------------------|--|--|
| P | Paternity Testing | Testing not available through IH | Refer to Genetrack BioLabs | | http://www.genetrackcanada.com/tests/dna-paternity-test | |
| P | PATHDIF | PATHDIF Lab Order Only: Path Specimen Sent for DIF | Pathology sample for direct immunofluorescence testing (DIF) | | Order PATHDIF in the lab module when referring immunohistochemistry requests. This mnemonic is used for tracking purposes. Do not order Special Test as it is not required. | AP Consultation form #826233 required |
| P | PATHSPEC | PATHSPEC Lab Order Only: Path Specimen within IH | Pathology sample i.e. Lymphoma protocol, renal biopsy, muscle biopsy, etc. See: Collecting an Anatomical Pathology Specimen Procedure AP 0448 | | Order PATHSPEC in the LAB module when referring a pathology specimen from one IH site to an AP Lab site. This mnemonic is used for tracking purposes. Do not order Special Test as it is not required. The IH sites with the Pathology module will order the appropriate test. | |
| P | PATHSPECV | PATHSPECV | Pathology sample sent to Vernon AP from another AP lab site. i.e. embryo, fetus, infant, and placentas to VJH from other AP sites required. See: AP 0078 Managing Fetal or Stillborn Demise Inquiries Procedure and AP 0060 Shipping an Embryo, Fetus or Infant to an Interior Health Site for an Examination or Autopsy Procedure | | Order PATHSPECV in the LAB module when referring a pathology specimen to Vernon AP from another AP lab site. This mnemonic is used for tracking purposes. Do not order Special Test as it is not required. Vernon AP will order the appropriate test in the PTH module. | |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|--|--|---|--|--|---------------------------------------|
| P | Pemphigus Antibody Pemphigoid Ab Anti-Skin Antibodies, Desmoglein1,Desmoglein 3, BP180, BP230 | See DESMOAB Lab Order Only | | | | |
| P | pH - Fluid | BFPH Fluid pH, Body fluid pH | Heparinized fluid preferred - collected anaerobically Mix specimen well by inverting 6-8 times Indicate Fluid type | Heparinized syringe Minimum 0.5mL in syringe, no air | Collect anaerobically. Keep on ice until testing performed. Must be analyzed within 60 minutes. | |
| P | pH - Stool | STPH Stool for pH | Fresh stool sample | Sterile screw cap container | Store and ship frozen to referral site for testing. | BC Children & Women's Hospital |
| P | Phenobarbital | PHENO Phenobarbital | Serum Collect within 30 minutes prior to next dose. Indicate date and time of last dose. | SST/PST/RTT | Allow SST sample to clot a minimum of 30 min at room temperature. Allow RTT sample to clot a minimum of 60 min at room temperature. Centrifuge and separate within 2 hours of collection. Aliquot 1 mL (min) serum/plasma. Store and ship refrigerated to referral site. Time to steady state is 3-4 weeks. Valproic acid inhibits phenobarb metabolism leading to significantly increased serum levels. | VGH |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|----------------------------------|--|---|--|--|--|
| P | Phenylalanine Monitoring | PKUM See PKU Monitoring | Blood drops from heelpoke collected on Blood Spot Card | Blood Spot Card - 2 dots completely filled (min) | Allow card to dry 3 hours before inserting into mailing sleeve. | BC Children & Women's Hospital Biochemical Genetics Lab Requisition |
| P | Phenylalanine | PHEA Phenylalanine Note: Collection for this test is at select locations only. Please confirm availability with local laboratory. | Li Hep plasma no gel Na Hep plasma no gel Collect on ice Deliver immediately to lab Fasting required: For infants under 1 year: Draw specimen prior to feeding. For children 1-18 years: 3 to 4 hours fast acceptable. For adults: Overnight fast. | Li Hep no gel Na Hep no gel Collect into pre-chilled tube, keep tube on ice after collection and deliver to lab immediately for processing. To pre-chill tube prior to collection, place one cup crushed ice into biohazard bag. Place tube in second biohazard bag (to keep dry) and place in crushed ice bag. | Centrifuge sample as soon as possible after collection (within 15 minutes). Aliquot minimum 0.5mL and freeze. Store and ship frozen. | BC Children & Women's Hospital |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|---|--|---|---|--|--|
| P | Phenytoin Dilantin PTN | PHENY Phenytoin (Dilantin) | Serum Indicate date & time of last dose Oral therapy - collection time should be consistent for a given patient (Trough levels are not imperative because of the long half-life) IV therapy - collect >2 hours after end of dose | RTT | Allow sample to clot a minimum of 60 min at room temperature. Centrifuge and separate within 2 hours of collection. Aliquot 0.5mL serum. Store and ship cool to referral site. | CMH, EKRH, KBRH, KGH, PRH, RIH, VJH |
| P | Phosphatidylserine Antibody Anti-Phosphatidyl serine Ab IgG and IgM antiphosphatidylserine level | ST Lab only: Order Send Out Test | Serum | RTT | Allow sample to clot a minimum of 60 min at room temperature. Centrifuge and separate within 2 hours of collection. Aliquot 3mL serum (1mL minimum). Store frozen. Send frozen. TAT: 8 wks | DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval.I. |
| P | Phosphorus - 24hr Urine | U24PO4 or U24PHOS Phosphorus (PO4)- 24hr Urine | Provide 24hr Urine Patient Collection Instructions Refrigerate specimen during collection until delivery to lab Indicate Start and Finish Date and Time on requisition | 24hr urine collection container No preservative or 15mL 6N HCL added prior to collection | Measure and record volume. Send 10 mL aliquot. Designated site performing testing will acidify the aliquot to pH 1.5-5.0 with 6N HCL prior to testing. | EKRH, KBRH, KGH, PRH, RIH, VJH |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|--|---|---|-------------------------------|--|--|
| P | Phosphorus - Random Urine | URPO4 Phosphorous (PO4)- Random urine | Refrigerate specimen until delivery to lab. | Sterile screw cap container | Aliquot 10mL. Store and ship aliquot refrigerated to referral testing site. Adjust pH of aliquot between 1.5-5 using HCL | EKRH, KBRH, KGH, PRH, RIH, VJH |
| P | Phosphorus Inorganic Phosphate | PO4 Phosphorus (PO4) | Serum (SST tube) preferred Plasma (PST tube) can be collected for STAT or Urgent orders when testing is performed on site Overnight fasting preferred | SST/PST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store refrigerated after centrifugation. Ship refrigerated to testing site. Serum may be shipped in primary tube. Plasma must be aliquoted. | Most IH Sites |
| P | PKU Monitoring Phenylketonuria | PKUM Phenylketonuria | Blood spot Complete patient information on card. Completely fill 2 blood dots. Collector must sign card. | Newborn Screen blood dot card | Allow card to dry 3 hours before inserting into mailing sleeve. Order only on cases of monitoring PKU. | BC Children & Women's Hospital |
| P | PKU Screen | NBSCREEN See Newborn Screening for full battery of screening tests Phenylpyruvic Acid | Blood spot Complete patient information on card. Completely fill 4 blood dots. Collector must sign card. | Newborn Screen blood dot card | Allow card to dry 3 hours before inserting into mailing sleeve. | BC Children & Women's Hospital - Newborn Screening Lab |
| P | Placental Lactogen | PLACLACT Placental Lactogen | Serum | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Aliquot 2.0 mL min. Store and ship frozen to referral testing site. | VGH |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|--|-------------------------------------|--|-------------------------|--|--|
| P | Plasma cfDNA | GENETICS Lab Order Only | See EGFR T790M | | | BC Children & Women's Hospital, BC Cancer, VGH, St. Paul's Hospital |
| P | Plasma Hemoglobin Free Hemoglobin | PLHGB Plasma Hgb | Li Hep Plasma Care must be taken to avoid hemolysis during the collection process. | PST | Centrifuge as soon as possible after collection (within 15 minutes). Aliquot minimum 0.5mL plasma and freeze immediately. Store and ship frozen. | BC Children & Women's Hospital |
| P | Plasminogen | PLASMIN Plasminogen | NaCit Must be preapproved by Pathologist. | NaCit | Deliver to lab asap at room temperature. Centrifuge and process immediately Aliquot plasma to labeled aliquot tube. Store and ship 0.5mL (min) plasma frozen to referral site. | BC Children & Women's Hospital |
| P | Platelet Allo Immunization Platelet Immunology | See PLTAB | | | | |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|---|-------------------------------------|--|---|--|---|
| P | Platelet Antibody Investigation Anti-Platelet Antibodies Platelet Immunology Platelet Allo Immunization Post Transfusion Purpura investigation | PLTAB Platelet Antibody | <p>Call Brampton CBS to arrange for prior approval - 905-494-5257.</p> <p>Collect: Mon–Wed before 1 pm, do not collect prior to or on a Stat holiday. To ensure timely arrival for testing, consult with your local laboratory about potential transport delays due to courier schedules & dry ice availability. For rural collection sites, consult with through site regarding courier times to ensure same day shipping. Sample must not arrive on weekend or holiday.</p> <p>See detailed sample and shipping instructions under Platelet Antibody Investigation</p> <p>.Neonatal Investigation: <i>Only available for neonatal alloimmune thrombocytopenia (NAIT). See more detailed instructions under Neonatal Platelet Investigation.</i></p> | <p>EDTA SST</p> <p>See requisition for detailed sample requirements based on desired investigation.</p> | <p>Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours.</p> <p>Aliquot and freeze.</p> <p>Serum sample: ship frozen.</p> <p>EDTA primary tubes: ship refrigerated.</p> <p>Include most recent or pre/post platelet count result(s) with sample.</p> <p>Samples should be shipped same day as collection to Vancouver CBS Centre for referral to Brampton Center. Label box: Attn Diagnostic Services</p> | <p>CBS Platelet Immunology Requisition - select appropriate investigation</p> <p>Testing is performed at CBS Brampton, ON. Notify PI Lab prior to shipment at (905-494-5257) Fax waybill and copies of requisitions to (905-494-8149)</p> <p>Samples are shipped to Vancouver CBS for referral to Brampton Center</p> |
| P | Platelet Count | See CBC | | | | |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|---|--|--|---|--|--|
| P | Pneumo Ab Pneumococcal Antibody titre PN23 | PNEUMOAB | Serum | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Aliquot 1mL serum and freeze. Sample stability is 30 days. Store and ship frozen. | ICL (ICL forwards to Quest) DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval and signed consent form. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval. |
| P | Porphobilinogen - 24 hr Urine PBG-24 hr urine Quantitative PBG <i>*May also be done as random urine if requested by physician (order ST Special test)</i> | U24PORPHOBIL Porphobilinogen - 24hUrine | Provide 24hr Urine Patient Collection Instructions Refrigerate specimen during collection until delivery to lab Indicate Start and Finish Date and Time on requisition Protect specimen from light during collection until delivery to lab *Collection for acute intermittent porphyria (AIP) screen should be during an attack, when possible. Consult Clinical Biochemist for more information | 24hr urine collection container No preservative | Measure and record total volume of specimen. Adjust pH of 24 hour urine to pH 5-10 using Sodium carbonate then aliquot 50 mL sample. Protect from light. Store and ship refrigerated to referral site. | VGH |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|--|---|--|--|---|---|
| P | Porphobilinogen Deaminase PBG Deaminase Uroporphyrinogen I synthase Hydroxymethylbilane synthase | UROPORPH Uroporphobilinogen-1-Synth | Na Heparinized Whole Blood EDTA to test Hematocrit on-site | 2 x 4 mL GRN - Sodium Heparin Whole Blood (unspun) plus 3mL EDTA for hematocrit testing | Do Not SPIN. Do not OPEN. Store and ship primary tube refrigerated to referral testing site. Include hematocrit result with sample. | ICL DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval. |
| P | Porphobilinogen-Random Urine | ST Lab only: Order Send Out Test | First morning specimen preferred | Sterile screw cap container | Protect from light. Minimum 10 mL Store and ship refrigerated to referral site. | VGH |
| P | Porphyryns - 24 hr Urine Quantitative Porphyryns Coproporphyryns | U24POR Porphorin- 24h Urine <i>Includes Uroporphyrin, Coproporphyrins, Porphobilinogen, Urobilinogen</i> | Provide 24hr Urine Patient Collection Instructions Refrigerate specimen during collection until delivery to lab Indicate Start and Finish Date and Time on requisition Protect specimen from light during collection. A 24hr quantitation is indicated only when a porphyrin screen is positive. | 24hr urine collection container No preservative | Measure and record total volume of specimen. Adjust pH of 24 hour urine to pH 5-10 using Sodium carbonate then aliquot 50 mL sample. Protect from light. Store and ship refrigerated to referral site. | VGH |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|---|---|---|--------------------------------|---|--|
| P | Porphyryns - Fecal <i>*Only if fecal porphyryns specifically requested, otherwise, use U24POR</i> | ST Lab only: Order Send Out Test | Random stool sample Freeze immediately and until delivery to lab. Protect from light. Requires pathologist approval. | Sterile screw cap container | Store, protect from light and ship frozen to referral site for testing. | VGH |
| P | Porphyryns - Plasma | PORPH | EDTA plasma *Requires Clinical Biochemist (250-258-3880) approval prior to collection. *Protect sample from light immediately after collection. | EDTA (4mL) | Centrifuge asap. Keep protected from light during processing, storage and shipping. Aliquot 2mL plasma minimum. Store and ship refrigerated to referral site. | VGH |
| p | Porphyryns - Random Urine Qualitative Porphyryns <i>*If random urine not specified, use U24POR</i> | URPOR Porphyrin Screen-Random urine <i>Includes Uroporphyrin, Coproporphyrins, Porphobilinogen, Urobilinogen</i> | First morning urine specimen. Refrigerate specimen until delivery to lab. Protect from light. | Sterile screw cap container | Aliquot 10 mL urine into screw cap container. Protect from light. Store and ship refrigerated to referral site. | VGH |
| P | Posaconazole | POSACONAZOLE | EDTA plasma Date and time of last dose preferred but not mandatory. | EDTA (3mL) | Centrifuge asap, aliquot 1mL minimum plasma. Store frozen. Send frozen to referral site. | St. Paul's Hospital |
| P | Post Transfusion Purpura | PLTAB See Platelet Antibody Investigation | <i>See requisition for detailed sample requirements</i> | SST (10mL) plus EDTA (6mL) x 3 | <i>See detailed instructions under Platelet Antibody Investigation</i> | CBS Platelet Immunology Requisition - select appropriate investigation |
| P | Potassium – Random Urine | URK Potassium (K)- Random Urine | Refrigerate specimen until delivery to lab. | Sterile screw cap container | Aliquot 4mL into 12x75 (5mL) plastic tube. Store and ship aliquot refrigerated to referral testing site. | EKRH, KBRH, KGH, PRH, VJH, RIH |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|----------------------------------|-------------------------------------|--|-------------------------|---|--|
| P | Potassium K | K Potassium (K) | Serum (SST tube) preferred Plasma (PST tube) can be collected for STAT or Urgent orders when testing is performed on site. Avoid hemolysis. Note: Routine outpatient testing referred- in to IH regional laboratory sites for testing must be collected in SST only. STAT or urgent on site testing can be collected in PST to maintain a rapid turnaround time. | SST/PST | Allow SST sample to clot for 30 min at room temperature. Centrifuge as soon as possible and within 2 hours of collection. Store refrigerated after centrifugation. Ship refrigerated to testing site. Note: Routine outpatient testing referred-in to IH regional laboratory sites for testing must be collected in SST only. | Most IH Sites |
| P | PR3 | ANCA | See ANCA | | | |
| P | Prealbumin Albumin-Pre | PREALB Prealbumin | Serum | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Aliquot 1mL (min) serum. Store and ship refrigerated to testing site. | St. Paul's Hospital |
| P | Predict Study | PREDICT | EDTA whole blood Patient must present with PREDICT lab requisition | EDTA (10mL) | Prepare buffy coat and freeze, as per PREDICT study centre procedure. Ship frozen to Victoria Deeley Research Centre | Victoria Deeley Research Centre PREDICT Lab Requisition |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|--------------------|---|---|--|-------------------------|---|--|
| P | Prenatal Screen - CBS Maternal Antibodies, Antenatal Investigation, Antenatal Serology | PRENCBS Prenatal Screen (CBS) | EDTA Whole Blood Collect: Mon–Thurs before 1 pm, do not collect prior to or on a Stat holiday.To ensure timely arrival for testing, consult with your local laboratory about potential transport delays due to courier schedules. For rural collection sites, consult with through site regarding courier times to ensure same day shipping. Sample must not arrive on weekend or holiday. <i>For prenatal genetic screening, see Integrated Prenatal Serum Screen</i> | EDTA (6mL) | Ship unspun primary tube refrigerated to referral site. Completed CBS Prenatal requisition must be sent with the specimen. | Canadian Blood Services Perinatal Screen Request |
| P+A 668 | Prenatal Screen - CDC Prenatal Serology: includes HIV, HBsAG, Rubella IgG, Syphilis (1st trimester only) | PRENCDC Prenatal Screen (CDC) | Serum | SST(2) | Preferred: Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store and ship primary tube refrigerated to referral site. Permitted: Collection sites without a centrifuge may submit a whole blood (unspun) SST sample. Must be received at BCCDC within 5 days of collection or the specimen will be rejected. Store and ship primary tube refrigerated to referral site. | BCCDC |
| P | Primidone Mysoline | PRIM Primidone (Mysoline) | Serum Collect 1/2 hour prior to next dose. Record date and time of last dose. | RTT | Allow sample to clot a minimum of 60 min at room temperature. Centrifuge and separate within 2 hours of collection. Aliquot 1 mL (0.5 mL min) serum. Store and ship cool to referral site. | Provincial Toxicology Centre |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|----------------------------------|-------------------------------------|--|-------------------------|---|---|
| P | Procainamide Pronestyl | PROCAIN Procainamide | Serum Collect 1/2 hour prior to next dose. Record date and time of last dose. | RTT | Allow sample to clot a minimum of 60 min at room temperature. Centrifuge and separate within 2 hours of collection. Aliquot 1 mL (0.5 mL min) serum. Store and ship cool to referral site. | Provincial Toxicology Centre or VGH |
| P | Procalcitonin | PROCAL | Plasma *Do not collect unless approval given by clinical biochemist or pathologist | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Aliquot minimum 1 mL plasma Store and ship frozen | St. Paul's DO NOT ORDER OR COLLECT without approval. |
| P | Progesterone | PROG Progesterone | Serum | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store primary tube and ship refrigerated to testing site. | RIH, KGH |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|--|--|--|--|---|---|
| P | Proinsulin | PROINSULIN | Serum 8 hour fast required | SST | Allow sample to clot for 30 mins at room temperature. Centrifuge sample as soon as possible(within 15 mins). Aliquot 1 mL and freeze immediately. (min vol 0.5mL) Ship frozen. Stability 90 days frozen. | ICL (ICL forwards to Quest) DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval and signed consent form. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval. |
| P | Prolactin | PROL Prolactin | Serum | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store primary tube and ship refrigerated to testing site. | RIH, KGH |
| P | Protein - 24 hr Urine 24h Urine Albumin | U24PROT Protein-24h Urine | Provide 24hr Urine Patient Collection Instructions Refrigerate specimen during collection until delivery to lab Indicate Start and Finish Date and Time on requisition | 24hr urine collection container No preservative | Measure and record total volume of specimen, then aliquot 10 mL sample. Store and ship refrigerated to referral site. | EKRH, KBRH, KGH, PRH, RIH, VJH |
| P | Protein - CSF | CSFPANEL CSF Panel includes CSF Glucose, protein and cell count | See CSFPANEL Number tubes in the order they are collected. Samples must be hand delivered to lab immediately following collection. | Sterile CSF collection tube | Physician to collect minimum 0.5mL per tube (1mL preferred) Indicate the tube number by the order it was collected. | Most IH Sites |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|---|--|---|--|---|---------------------------------------|
| P | Protein - Fluid | BFPROT Protein Fluid | Heparinized fluid preferred Mix specimen well by inverting 6-8 times Indicate Fluid type | GRN-LiHep without gel or No additive tube or Sterile screw top container | Aliquot 1 mL (min) and ship cool to referral testing site. | EKRH, KBRH, KGH, PRH, RIH, VJH |
| P | Protein – Random Urine | URPROT Protein- Random Urine | Refrigerate specimen until delivery to lab. | Sterile screw cap container | Aliquot 4mL into 12x75 (5mL) plastic tube. Store and ship aliquot refrigerated to referral testing site. | EKRH, KBRH, KGH, PRH, RIH, VJH |
| P | Protein C Activity | PROTC Protein C Activity <i>Protein C, Protein S and AT3 can be performed on the same aliquot tube. Order Protein C Antigen separately if requested</i> | NaCit plasma Must be collected prior to initiation of oral anticoagulant therapy as Protein C is depressed by Warfarin. Test will not be performed on patients receiving Warfarin. | NaCit (2.7mL) | Centrifuge sample immediately. Prepare Platelet Poor Plasma and freeze within 2 hours of collection. Refer to HE 0006 Preparing Platelet Poor Plasma. Aliquot 1-1.5 mL minimum and freeze immediately at -20°C. Store upright. Ship frozen. Note: AT3, Protein C & Protein S can be done on one aliquot tube. | KGH,RIH |
| P | Protein S <i>Protein S Free</i> <i>Note: AT3, Protein C & Protein S can be done on one aliquot tube.</i> | PROTS | NaCit plasma | NaCit (2.7mL) | Centrifuge sample immediately. Prepare Platelet Poor Plasma and freeze within 2 hours of collection. Refer to HE 0006 Preparing Platelet Poor Plasma. Aliquot 1.5 mL minimum into two tubes (approximately 1 mL in each tube) and freeze immediately at -20°C. Store and ship frozen. | KGH,RIH |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|---|--|---|-----------------------------|---|---------------------------------------|
| P | Protein S Activity | PROSACCT Prot S Act | NaCit plasma | NaCit (2.7mL) 2 tubes | Centrifuge sample immediately. Prepare Platelet Poor Plasma and freeze within 2 hours of collection. Refer to HE 0006 Preparing Platelet Poor Plasma. Aliquot 1.5 mL minimum into two tubes (approximately 1 mL in each tube) and freeze immediately at -20°C. Store and ship frozen. | St. Paul's Hospital |
| P | Protein Total TP | PROT Protein Total (TP) | Serum (SST tube) preferred Plasma (PST tube) can be collected for STAT or Urgent orders when testing is performed on site. | SST/PST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store refrigerated after centrifugation. Ship refrigerated to testing site. Serum may be shipped in primary tube. Plasma must be aliquoted. | Most IH Sites |
| P | Protein/Creatinine Ratio-Random Urine | URPCR Protein/Creatinine Ration- R Ur | Refrigerate specimen until delivery to lab. | Sterile screw cap container | Aliquot 4mL into 12x75 (5mL) plastic tube. Store and ship aliquot refrigerated to referral testing site. | EKRH, KBRH, KGH, PRH, RIH, VJH |
| P | Prothrombin Gene Mutation (6202+B40710a) | PRTGM Order F5L which includes Factor V Leiden and PT gene mutation Prothrombin II | EDTA Whole Blood - Do NOT spin Collect Mon – Thurs before 1 pm, do not collect prior to or on a Stat holiday. To ensure timely arrival for testing, consult with your local laboratory about potential transport delays due to courier schedules. Rural collection sites, consult with through site to ensure same day shipping | EDTA (2mL) | Do Not Centrifuge. Ship primary tube room temperature or refrigerated Sample stable for one week. | VGH |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|---|-------------------------------------|---|-------------------------|---|---|
| P | Prozac Fluoxetine HCL | FLUOX Fluoxetine (Prozac) | Serum Trough level: Collect just prior to next dose | RTT | Allow sample to clot a minimum of 60 min at room temperature. Centrifuge and separate within 2 hours of collection. Aliquot 1 mL (0.5 mL min) serum. Store and ship cool to referral site. | Provincial Toxicology Centre |
| P | PSA - Free | PSAF PSA Free | Serum | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Aliquot minimum 1 mL serum and freeze. Store and ship frozen to referral site. | Lifelabs (effective Jul 15, 2024) |
| P | PSA - Total Total Prostatic Specific Antigen | PSA PSA | Serum If patient self-pay, be sure to order appropriately in Meditech. | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Aliquot 1 mL serum. Store and ship refrigerated to referral site. | EKRH, KBRH, KGH, PRH, RIH, VJH IH Patient Self-Pay form if appropriate |
| P | Pseudocholinesterase Dibucaine Inhibition Test Dibucaine Number Test Fluoride Number Test Pseudo Cholinesterase Cholinesterase Cholinesterase Phenotype Butyrylcholinesterase | PSEU Pseudocholinesterase | Serum | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge and aliquot 2mL (min) serum. Aliquot and ship frozen. | ICL DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval and signed consent form. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval. |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|--|--|---|--|---|--|
| P | Psilocybin | Testing not available | | | | |
| P | PT Mixing Study | PTMIX | NaCit plasma | NaCit (2.7mL) 3 tubes | Centrifuge samples immediately. Prepare Platelet Poor Plasma and freeze within 2 hours of collection. Refer to HE 0006 Preparing Platelet Poor Plasma. Aliquot 2 mL minimum into two aliquot tubes and freeze immediately at -20°C. Store upright. Ship frozen. | KGH, RIH, KBRH, EKRH |
| P | PT | See INR | | | | |
| P | PTH related peptide Parathyroid Hormone Related Protein N-Terminal PTH related protein | PTHRP Note: Collection for this test is at select locations only. Please confirm availability with local laboratory. | EDTA Plasma Collect on ice Deliver immediately to lab | EDTA (3mL) Collect into pre- chilled tube, keep tube on ice after collection and deliver to lab immediately for processing. To pre-chill tube prior to collection, place one cup crushed ice into biohazard bag. Place tube in second biohazard bag (to keep dry) and place in crushed ice bag. | Centrifuge sample in a temperature controlled centrifuge at 4°C as soon as possible after collection (within 15 minutes). Aliquot minimum 0.7mL and freeze immediately. Store and ship frozen. | ICL (ICL forwards to Quest) DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval and signed consent form. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval. |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|--|-------------------------------------|---------------------|--|---|--|
| P | PTT Mixing Study | PTTMIX | NaCit plasma | NaCit (2.7mL) 3 tubes | Centrifuge samples immediately. Prepare Platelet Poor Plasma and freeze within 2 hours of collection. Refer to HE 0006 Preparing Platelet Poor Plasma. Aliquot 2 mL minimum into two aliquot tubes and freeze immediately at -20°C. Store upright. Ship frozen. | KGH, RIH, KBRH, EKRH |
| P | PTT aPTT Partial Thromboplastin Time Activated Partial Thromboplastin Time | PTT PTT | NaCit plasma | NaCit (1.8 mL) NaCit (2.7mL) if PPP required | For testing performed on site, centrifuge sample immediately. If testing is delayed >4 hr post collection: Collect in NaCit(2.7mL) and prepare Platelet Poor Plasma. Freeze within 2 hours of collection. Refer to HE 0006 Preparing Platelet Poor Plasma. Aliquot 1 mL minimum and freeze immediately at -20°C. Store upright. Ship frozen | ALH, BDH, CDH, CMH, CVH, EKRH, EVH, GDH, IDH, KBRH, KGH, KLH, LIH, NVH, OMH, PGH, PRH, QVH, RIH, SLH, SOG, SPE, VJH |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|--|--|---|-----------------------------|--|--|
| P | Purines and Pyrimidines, Urine Creatine metabolites, GAA,GMAT AGAT, NCB- ALA Adenine Guanidinoacetate Hypoxanthine Xanthine Deoxyanderosine Deoxyinosine Deoxyguanosine Adenosine Inosine Guanosine Succinyladenosine Thymine Deoxyuridine Guanine | URPUR | URINE- 10 mL random | Sterile screw cap container | Optimum volume 10 mL, minimum 2 mL Freeze urine, store and ship frozen. | BC Children's and Womens's Hospital BC C&WH Lab Requisition |
| P | Pyruvate Kinase Screen | PYRUVATESCREEN Do Not order for PKU screening or monitoring | EDTA Whole blood Collect Mon – Thurs before 1 pm, do not collect prior to or on a Stat holiday. To ensure timely arrival for testing, consult with your local laboratory about potential transport delays due to courier schedules. Rural collection sites, consult with through site to ensure same day shipping Do not collect after recent blood cell transfusion or after a hemolytic crisis. | EDTA (3mL) (1mL min) | Ship unspun whole blood primary tube same day refrigerated to referral site. | BC Children's and Women's Hospital BC C&WH Lab Requisition |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|--|---|--|-------------------------|--|---|
| P | Quadruple Marker Screen | QUADS See Serum Integrated Prenatal Screen (SIPS) Formerly Triple Marker Screen, Integrated Prenatal Serum Screen (IPSS), SIPS1, SIPS2, Nuchal Translucency (NT) | For Prenatal Genetic Screening use only SIPS Part 1: Collect during first Trimester SIPS Part 2: Collect during second trimester See BCWomen's Recommendations to select correct test on BC C&W Prenatal Biochemistry requisition <i>For Maternal Antibody screening - see Prenatal Screen - CBS</i> | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Aliquot 3 mL serum. Store and ship frozen to referral site. Ship to: Prenatal Biochemistry Lab BC C&W Health Centre | Includes MS-AFP, ESTRIOL, BHCG (Quantitative), InhibinA Maternal Serum AFP only: Alphafetoprotein testing for Pregnant Patients form must be signed by Physician. Must order SIPS Part 1 or Part 2 according to gestational age at collection. BC C&WH Prenatal Chemistry Requisition |
| Q | Quetiapine Seroquel | Quetiapine | Serum Indicate date and time of last dose on requisition. | RTT | Allow RTT to clot a minimum of 60 min at room temperature. Centrifuge and separate serum within 2 hours. Aliquot 2mL (0.2ml min) Store and ship refrigerated. | St. Paul's Hospital |
| Q | Quinidine | QUIN | Test is no longer available at Prox Tox as of Nov 2016. | | Cancel test request as per procedure. Reason: Test no longer available. | Provincial Toxicology Center VGH |
| Q | RBC Full Phenotype | RBCFULLPHENO DARA | EDTA Whole Blood - Do NOT spin | EDTA (6mL) x 2 | Do Not SPIN Store and ship primary tube refrigerated to IH testing site. Do Not Freeze | Order only on oncology patients prior to starting daratumumab therapy or as part of the initial antibody workup for patients with warm autoantibodies. |
| R | RBC Protoporphyrin | RBCPROTO | EDTA Whole blood Protect from light. | EDTA(3mL) | Include HCT result with specimen. Keep protected from light. Store and ship unspun whole blood primary tube refrigerated to referral site. | VGH |
| R | Reducing Substances - Stool and Urine | Test no longer available | | | | |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|---|--|--|--|--|---------------------------------------|
| R | Renin St. Paul's will provide Renin Aldosterone ratio when both tests (REN and ALDO) are ordered together | REN Note: Collection for this test is at select locations only. Please confirm availability with local laboratory. | EDTA Plasma Collect on ice Deliver immediately to lab Specify posture on requisition: Supine: Collect after patient has been lying down for 1 hour. Upright: Collect after patient has been awake and moving around or seated upright for at least 2 hours. Random: Collect after 5-15 minutes in seated position | EDTA (3mL) Collect into pre-chilled tube, keep tube on ice after collection and deliver to lab immediately for processing. To pre-chill tube prior to collection, place one cup crushed ice into biohazard bag. Place tube in second biohazard bag (to keep dry) and place in crushed ice bag. | Centrifuge sample in a temperature controlled centrifuge at 4°C as soon as possible after collection (within 15 minutes). Aliquot minimum 1mL and freeze immediately. Store and ship frozen. | St. Paul's Hospital |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|---|---|---|--|--|---------------------------------------|
| R | Renin Aldosterone ratio (Renin Angiotensin ratio) St. Paul's will provide Renin Aldosterone ratio when both tests (REN and ALDO) are ordered together | ALDO REN St. Paul's will provide Renin Aldosterone ratio when both tests are ordered together Note: Collection for this test is at select locations only. Please confirm availability with local laboratory. | EDTA Plasma Collect on ice Deliver immediately to lab Collect after patient in a seated position for 5-15 minutes. | EDTA (3mL) Collect into pre-chilled tube, keep tube on ice after collection and deliver to lab immediately for processing. To pre-chill tube prior to collection, place one cup crushed ice into biohazard bag. Place tube in second biohazard bag (to keep dry) and place in crushed ice bag. | Centrifuge sample in a temperature controlled centrifuge at 4°C as soon as possible after collection (within 15 minutes). Aliquot minimum 1mL and freeze immediately. Store and ship frozen. | St. Paul's Hospital |
| R | Reticulocyte Count | RETIC Reticulocyte Count-Automated <i>Also order CBC</i> | EDTA Whole Blood - Do NOT spin | EDTA (2mL) | Process specimen within 24 hours of collection. Store refrigerated. | Most IH sites |
| R | Reticulocyte Count-Manual | RETIC Reticulocyte Count-Manual | EDTA Whole Blood - Do NOT spin | EDTA (2mL) | Send 2 stained retic slides and EDTA tube. Write RETM on EDTA tube. Store EDTA tube refrigerated. | RIH, KGH |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|---|---|---|-------------------------|--|---|
| R | Reverse T3 | ST Lab only: Order Send Out Test | Serum | SST | Centrifuge and aliquot 1 mL minimum. Store and ship frozen | ICL (ICL forwards to Quest) DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval and signed consent form. This test has limited clinical utility. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval. |
| R | Rheumatoid Factor RA | RF Rheumatoid Factor | Serum | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store and ship refrigerated to referral site. Aliquot 2mL and freeze if test is not performed within 8 days. | KGH, RIH |
| R | RHIG Eligibility | RHIG Eligibility for RhIG | <i>Order Management Category: TS</i> Need for sample collection will be determined by TMS staff | EDTA (3mL) | | |
| R | Risperidone Risperdal Paliperidone 9-Hydroxyrisperidone | RISP | Serum Indicate date and time of last dose on requisition. | RTT | Allow RTT sample to clot a minimum of 60 min at room temperature. Centrifuge and separate serum from cells within 2 hours of collection. Aliquot 2mL (min vol 0.2mL) Store and ship refrigerated. | St. Paul's Hospital |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|--|--|---|--------------------------------|---|---------------------------------------|
| R | Ristocetin Cofactor | Test no longer available | Order Von Willibrand's Panel (VONWILL) | | | |
| R | Rituximab | CD19 | See CD19/20 | | | St. Paul's Hospital |
| R | Rivaroxaban Xarelto | RIVA | NaCit plasma Include medication type, and date and time of last dose. | NaCit (2.7mL) | Centrifuge sample immediately. Prepare Platelet Poor Plasma and freeze within 2 hours of collection. Refer to HE 0006 Preparing Platelet Poor Plasma. Aliquot 1 mL minimum and freeze immediately at -20°C. Store upright. Ship frozen. | St. Paul's Hospital |
| R | RNP Antibody Anti-RNP, RNP, ribonucleoprotein Ab | | See ENA | | | |
| R | Rohypnol Flunitrazepam Included in the UDS-137 Panel performed at PTC | URDRUGSROHYPNO L ROHYPNOLUR FLUNITRAZEPAM URDRUGSFLUNITRA | Random urine | Sterile screw cap container | Note: NOT for legal testing or chain of custody samples. Refer to: CS 0103 for Sexual Assault Reponse Team (SART) requests. Order for outpatient testing. Testing is confirmatory (UDS panel). Collect 25-50 mL urine Store and ship refrigerated to referral site. | Provincial Toxicology Centre |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|---|--|--|-------------------------|--|---------------------------------------|
| R | Rubella | See Microbiology Guide to Specimen Ordering Collection & Transport | Serum+D703 | SST | Preferred: Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store and ship primary tube refrigerated to referral site. Permitted: Collection sites without a centrifuge may submit a whole blood (unspun) SST sample. Must be received at BCCDC within 5 days of collection or the specimen will be rejected. Store and ship primary tube refrigerated to referral site. | BCCDC |
| S | Salicylate ASA Aspirin | SAL Salicylate | Serum (SST tube) preferred Plasma (PST tube) can be collected for STAT or Urgent orders when testing is performed on site | SST/PST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Aliquot 2 mL plasma or serum. Store and ship refrigerated to referral site. Serum may be shipped in primary tube. Plasma must be aliquoted. | Most IH Sites |
| S | SCL-70 Scleroderma 70 Topoisomerase Ab | | See ENA | | | |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|--|---|--|--|---|---|
| S | Seated Saline Suppression Test Aldosterone & Renin Pre & Post Saline Suppression Test This test cannot be collected in lab outpatient department. *Ordering physician must book test procedure in ambulatory care setting. | SALINESUPP Test includes a random renin and aldosterone collected prior to infusion AND 4 hours post saline infusion. This test is performed in ambulatory care. Note: Collection for this test is at select locations only. Please confirm availability with local laboratory. | EDTA Plasma Collect on ice Deliver immediately to lab Patient should be seated during collection. | EDTA (3mL) Collect into pre-chilled tube, keep tube on ice after collection and deliver to lab immediately for processing. To pre-chill tube prior to collection, place one cup crushed ice into biohazard bag. Place tube in second biohazard bag (to keep dry) and place in crushed ice bag. | Centrifuge sample in a temperature controlled centrifuge at 4°C as soon as possible after collection (within 15 minutes). Aliquot minimum 1mL and freeze immediately. Store and ship frozen. | St. Paul's Hospital |
| S | Selenium Se | SELEN Selenium (Se) | Serum - avoid contamination Keep tube upright prior to processing. Consult your local laboratory for acceptable times for submitting samples and detailed collection instructions. | Dark Blue - serum | Allow to clot 30 minutes, then centrifuge. Transfer 1 mL (min) serum into a new dark blue clot activator tube or sterile polypropylene tube and cap immediately. Store cool and ship immediately to referral site. If delivery is delayed > 1week, store and ship frozen to referral site. | BC Children's and Women's Hospital BC C&WH Lab Requisition |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|--|-------------------------------------|---|-----------------------------|---|---|
| S | Semen Analysis - Post Vasectomy | SEMPOSTVAS Post-Vasectomy | <p>Give patient collection instructions: Collection of a Semen Sample (Fertility and Post Vasectomy) http://insidenet.interiorhealth.ca/infoResources/forms/Documents/828198.pdf</p> <p>Maintain body temperature and deliver to lab within 30 minutes of collection. Sample must be dropped off at a testing site during routine hours of operation feasible to complete testing. Lab staff must consult with Hematology for acceptable drop off days/times and inform patient when handing out instructions. After collection, patient must alert lab staff upon arrival that they are dropping off a time sensitive sample.</p> | Sterile screw cap container | <p>Keep warm (body temperature) and deliver to lab within 30 min of collection. (Testing must be performed within 1 hour)</p> <p>Upon sample receipt, lab staff must deliver immediately to Hematology.</p> | ALH, BDH, CDH, CMH, DHH, EKRH, KBRH, KGH, KLH, LIH, NVH, OMH, PGH, PRH, QVH, RIH, SLH, SOG, VJH |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|------------------------------------|-------------------------------------|---|-----------------------------|---|---|
| S | Semen Analysis Fertility | SEMEN Semen Analysis | <p>Give patient collection instructions: Collection of a Semen Sample (Fertility and Post Vasectomy) http://insidenet.interiorhealth.ca/infoResources/forms/Documents/828198.pdf</p> <p>Maintain body temperature and deliver to lab within 30 minutes of collection. Sample must be dropped off at a testing site during routine hours of operation feasible to complete testing. Lab staff must consult with Hematology for acceptable drop off days/times and inform patient when handing out instructions. After collection, patient must alert lab staff upon arrival that they are dropping off a time sensitive sample.</p> | Sterile screw cap container | <p>Keep warm (body temperature) and deliver to lab within 30 min of collection. (Testing must be performed within 1 hour)</p> <p>Upon sample receipt, lab staff must deliver immediately to Hematology.</p> | ALH, BDH, CDH, CMH, DHH, EKRH, KBRH, KGH, KLH, LIH, NVH, OMH, PGH, PRH, QVH, RIH, SLH, SOG, VJH |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|----------------------------------|--|---|------------------------------|---|---|
| S | Serotonin Release Assay | SRA Lab Order Only at KGH | 2 mL serum , Red top tube (RTT) 2 mL Na citrate plasma | 1-RTT and 2-NaCit (2.7mL) | Centrifuge NaCit sample, aliquot 2 mL plasma and freeze immediately Allow RTT sample to clot for 60 min at room temperature. Centrifuge RTT aliquot 2mL serum and freeze immediately. Ship 2mL serum and 2mL NaCit plasma frozen to ICL Note: ICL will forward samples for testing to McMaster University, Platelet Immunology Laboratory, Hamilton, ON | ICL (ships to McMaster University) Platelet Immunology Requisition-v2023-11 DO NOT ORDER OR COLLECT without approval. Inpatients require Clinical Biochemist (250-258-3880) approval. Outpatients require BC Agency Approval Letter. Ordering practitioner is responsible for obtaining approval. |
| S | Serotonin | ST Lab only: Order Send Out Test | Serum 48 hrs prior to collectoin, patient must abstain from: avocados, bananas, coffee, plums, pineapples, tomatoes, walnuts, hickory nut, mollusks, eggplant and medications-aspirin, cortocotropins, MAO inhibitors, phenacetin, catecholamines, reserpine and nicotine. | RTT | Allow sample to clot a minimum of 60 min at room temperature. Centrifuge immediatley (within 15 mins) Aliquot and freeze immediately -1mL minimum, Store and send frozen. | ICL DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval. |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|---|---|---|-------------------------|--|--|
| S | Sertraline Zoloft | SERTRALINE | Serum Collect prior to next dose, unless instructed otherwise. Patient should be on drug at least one week prior to collection. | RTT | Allow sample to clot a minimum of 60 min at room temperature. Centrifuge and separate within 2 hours of collection. Aliquot 1 mL (0.5 mL min) serum. Store and ship cool to referral site. | Provincial Toxicology Center |
| S | Serum Integrated Prenatal Screen 1 Integrated Prenatal Serum Screen (IPSS) Quad Screen (formerly Triple Marker Screen) Nuchal Translucency (NT) | SIPS1 Serum Intergrated Pren Screen 1 | <i>For Prenatal Genetic Screening use only</i> SIPS Part 1: Collect during first trimester Integrated Prenatal Screen: Includes both SIPS Part 1 and SIPS Part 2 See BCWomen's Recommendations to select correct test on BC C&W Prenatal Biochemistry requisition <i>For Maternal Antibody screening - see Prenatal Screen - CBS</i> | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Aliquot 3 mL serum. Store and ship frozen to referral site. Ship to: Prenatal Biochemistry Lab BC C&W Health Centre | Includes MS-AFP, ESTRIOI, BHCG (Quantitative), InhibinA Maternal Serum AFP only: Alphafetoprotein testing for Pregnant Patients form must be signed by Physician. BC C&WH Prenatal Genetic Screening Lab Requisition |
| S | Serum Integrated Prenatal Screen 2 Integrated Prenatal Serum Screen (IPSS) Quad Screen (formerly Triple Marker Screen) Nuchal Translucency (NT) | SIPS2 Serum Integrated Pren Screen 2 | <i>For Prenatal Genetic Screening use only</i> SIPS Part 2: Collect during second trimester Integrated Prenatal Screen: Includes both SIPS Part 1 and SIPS Part 2 See BCWomen's Recommendations to select correct test on BC C&W Prenatal Biochemistry requisition <i>For Maternal Antibody screening - see Prenatal Screen - CBS</i> | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Aliquot 3 mL serum. Freeze and ship frozen to referral site. Ship to: Prenatal Biochemistry Lab BC C&W Health Centre | Includes MS-AFP, ESTRIOI, BHCG (Quantitative), InhibinA Maternal Serum AFP only: Alphafetoprotein testing for Pregnant Patients form must be signed by Physician. BC C&WH Prenatal Genetic Screening Lab Requisition |
| S | Sex Hormone Binding Globulin SHBG Sex Binding Hormone Sex Hormone Profile SHP | TESB - order bioavailable testosterone | | | | |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|---|--|--|--|--|---------------------------------------|
| S | Sickle Cell Screen | SDEX Sickledex Screen | EDTA Whole Blood - Do NOT spin | EDTA (2mL) | Ship 1 mL (min) whole blood refrigerated to testing site | RIH |
| S | Sirolimus | SIROL Rapamycin | EDTA Whole Blood Indicate date and time of last dose | Lavender EDTA 3mL minimum | Do Not Spin Store and ship primary tube cool to referral site | VGH |
| S | Sjogren's Syndrome Anti-SSA (Anti-Ro) Anti-SSB (Anti-La) | | See ENA | | | KGH, RIH |
| S | Smith Antibody | | See ENA | | | KGH, RIH |
| S | Sodium - 24 hr Urine 24 hr Urine Na 24 hr Urine Sodium | U24NA Sodium (Na)-24h Urine | Provide 24hr Urine Patient Collection Instructions Refrigerate specimen during collection until delivery to lab Indicate Start and Finish Date and Time on requisition | 24hr urine collection container No preservative | Measure and record total volume of specimen, then aliquot 4mL sample. Store and ship refrigerated to referral site. | EKRH, KBRH, KGH, PRH, RIH, VJH |
| S | Sodium - Random Urine Urine Na Random Urine Sodium | URNA Sodium (Na)- Random Urine | Refrigerate specimen until delivery to lab. | Sterile screw cap container | Aliquot 4mL into 12x75 (5mL) plastic tube. Store and ship aliquot refrigerated to referral testing site. | EKRH, KBRH, KGH, PRH, RIH, VJH |
| S | Sodium | NA Sodium (Na) | Serum (SST tube) preferred Plasma (PST tube) can be collected for STAT or Urgent orders when testing is performed on site. | SST/PST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store refrigerated after centrifugation. Ship refrigerated to testing site. Serum may be shipped in primary tube. Plasma must be aliquoted. | Most IH Sites |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|--|--|--|-------------------------|---|---|
| S | Somatomedin-C IGF-1 Insulin-like Growth Factor | SOMC | See IGF-1 | | | |
| S | Specific Allergen IgE Antibody Test (BC C&WH) Specific Allergen IgE Request RAST | ALLERGINIGE RAST <i>NOTE: Sample will be sent to BC C&WH only when their requisition is submitted. Change referral site to XBCCH.</i> | Serum MSP only covers 5 allergens per patient per year (Up to 20 if ordered by an allergy specialist). Requisition received without reason for testing selected or if allergens are ordered that are not listed on the requisition it will be rejected. | RTT | Allow sample to clot a minimum of 60 min at room temperature. Centrifuge and separate within 2 hours of collection. Aliquot and ship 1mL (minimum). 100µL/allergen Store and ship refrigerated. | Allergen Specific IgE Antibody requisition to be complete and signed by physician LifeLabs is the routine referral site. Samples only sent to BC C&WH when specifically requested. Testing site must be changed using ISAC 0052 Changing a Specimen Testing Site Procedure |
| S | Squamous Cell Carcinoma | SCC | Serum | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Aliquot 1 mL serum. Store and ship frozen to referral site. | PHSA Tumour Marker lab |
| S | SSA Antibody Anti-Ro | | See ENA | | | KGH, RIH |
| S | SSB Antibody Anti-La | | See ENA | | | KGH, RIH |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|---|---|--|---|--|---|
| S | Stem Cell Culture Assay | STEM Colony Forming Cell Assay (CFC) Chimerism Post Transplant Assay | Sodium heparinized whole blood and/or Bone marrow Collect Mon – Wed before 1 pm, do not collect prior to or on a Stat holiday. To ensure timely arrival for testing, consult with your local laboratory about potential transport delays due to courier schedules. Rural collection sites, consult with through site to ensure same day shipping. Samples must arrive at the testing site within 24hrs. | Peripheral blood: 20-30 mL NaHep whole blood Bone marrow: 2mL heparinized blood Contact Hematology department | Ship same day refrigerated to Terry Fox Lab. CBC and Bone marrow report must be included with sample. | Terry Fox Lab - Stem Cell Assay requisition |
| S | Stem Cell Donor Potential stem cell donor CBS donor referral | ST Order ST and VCT | Kit- provided by Stem Cell Registry Blue kit ships to Candian Blood Services Testing Lab Red kit ships to the Transplant center | Kit | Collections are for patients identified as a potential stem cell donor. Full collection and shipping instructions are included in the kits. Open kit prior to donor's appointment,kit materials (gel packs) require preconditioning prior to samples being shipped. Follow collection and shipping instructions included in the kit. Ship Mon to Wed only | Canadian Blood Services or Transplant Center (national or international) Shipping location will be provided within the kit |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|---|---|--|---|---|--|
| S | Sterol Profile Biosynthesis disorder Cholestanol Desmosteral Lanosterol Sitosterol Phytosterolemia Beta Sitosterol Campesterol SITOS | STEROL | Serum or LiHep Plasma Fasting preferred Protect from light | RTT or LiHep- no gel | Protect sample from light until tested Allow sample to clot for a minimum of 60 mins at room temperature. Centrifuge and aliquot 0.5 mL serum (Pediatric volume 0.2 mL), wrap in foil to protect from light and freeze. Ship frozen to referral site. | ICL ICL (forwards to Hamilton) DO NOT ORDER OR COLLECT without approval. Lab- Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval. Outpatients require Provincial Laboratory Medicine Services approval Letter. Ordering practitioner is responsible for obtaining approval. |
| S | Stool Elastase order stool elastase for chymotrypsin and trypsin test orders | STELAST Stool Elastase | well-formed stool | Sterile screw-capped container | Ship frozen - minimum 50g | BC Children's and Women's Hospital |
| S | Stool pH | STPH | Stool | Sterile screw-capped container | Store and ship frozen | BC Children's and Women's Hospital |
| S | Sulfonylurea screen <u>Includes:</u> Acetohexamide Chlorpropamide Tolazamide Tolbutamide Glimepiride Glipizide Glyburide Nateglinide Repaglinide | ST Lab only: Order Send Out Test | 20mL random urine and 1 RTT | Sterile screw cap container RTT and | Send refrigerated to PTC | Provincial Toxicology Centre |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|--|---|--|--|---|--|
| S | Sweat Chloride | SWEATCL Sweat Chloride Test | **Must be pre booked** Patients can book appointments by calling 1-844-870-4756 or at the following sites: KGH- 250-862-4300 ext 27595 RIH- 250-214-2100 ext 19687 PRH 250-492-9019 VJH 250-558-1228 KBRH 250-364-3401 select 2 | Macroduct Sweat Collection System Follow CH 2151 Performing Sweat Stimulus and Collections Using the Macroduct Sweat Collection System Procedure | CH 3529 Preparing a SWEATCL sample for Transport or Testing Procedure Volume: 50-60uL, minimum 15 uL Include a copy of the requisition and collection volume. Ship refrigerated to KGH. Stability: 15 days refrigerated, 40 days frozen | Sweat Collection sites: KBRH, KGH, PRH, RIH, VJH Sweat Chloride analysis site: KGH |
| S | Synthetase Syndrome | See MITOREF Lab Order Only | | | | |
| S | Syphilis Screen Treponema pallidum | SYPHISC Syphilis Screen EIA/RPR | Serum For further information see Serology, PCR and Viral testing in Microbiology Guide | SST | Preferred: Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store and ship primary tube refrigerated to referral site. Permitted: Collection sites without a centrifuge may submit a whole blood (unspun) SST sample. Must be received at BCCDC within 5 days of collection or the specimen will be rejected. If unspun samples are received and can arrive at BCCDC within 5 days of collection, centrifuge the samples and send to BCCDC. Add the canned text comment "LUNSPUN" to the requisition in the "Specimens Tab" field. Store and ship primary tube refrigerated to referral site. | BCCDC |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|--|---|---|-------------------------|---|---|
| S | Syphilis Screen Perinatal Treponema pallidum | SYHPERI Syphilis Perinatal (Delivery) | Serum | SST | Preferred: Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store and ship primary tube refrigerated to referral site. | BCCDC |
| S | T790M | Order GENETICS | See EGFR T790M | | | BC Woman & Children's Hospital BC Cancer Agency VGH St. Paul's Hospital |
| T | Tacrolimus FK506 | TACROL Tacrolimus (FK506) | EDTA Whole blood Do NOT Spin Include date and time of last dose | Lavender EDTA | Store and ship <i>unspun</i> primary tube (3 mL min) refrigerated to referral site. Sample stable for 7 days. Extenuating circumstances such as evaluation of suspected nephrotoxicity or organ rejection would support an URGENT test request. Such | VGH, St. Paul's Hospital, or Calgary Diagnostic and Scientific Centre (Alberta Precision Laboratories) |
| T | Testosterone | TES Testosterone | Serum Collection before 10am preferred but not mandatory Order TES, or if specifically ordered as 'Testosterone by mass spectrometry (MS)', order TESMS | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store primary tube and ship refrigerated to testing site. If sending to PHSA, aliquot and ship frozen. | KGH, RIH, PHSA |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|---|-------------------------------------|---|-------------------------|--|---------------------------------------|
| T | Testosterone Bioavailable Bioavailable Testosterone Free Testosterone Free Androgen Index Sex Hormone Binding Globulin | TESB | Serum Collection before 10am preferred but not mandatory | RTT | Allow sample to clot a minimum of 60 min at room temperature. Centrifuge and separate within 2 hours. Aliquot 2 mL serum into a False Bottom tube. Ship frozen to referral site. | St. Paul's Hospital |
| T | Testosterone by Mass Spectrometry (MS) | TESMS | Serum Morning fast (8hr) is preferred. Collection before 10am preferred but not mandatory Order TESMS if specifically ordered as 'Testosterone by mass spectrometry (MS)', otherwise order TES | RTT | Allow sample to clot a minimum of 60 min at room temperature. Centrifuge and separate within 2 hours of collection. Aliquot 2mL serum (minimum 0.5mL) Ship refrigerated within 5 days of collection to testing site, otherwise ship frozen. Morning fast (8hr) is preferred. | St. Paul's Hospital |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|----------------------------------|--|---|--|--|---|
| T | Thallium - 24 hr Urine | ST Lab only: Order Send Out Test | Provide 24hr Urine Patient Collection Instructions Refrigerate specimen during collection until delivery to lab Indicate Start and Finish Date and Time on requisition | 24 hr urine collection container - no preservative | Measure and record total volume. Mix well and aliquot 10mL minimum in to sterile urine container. | ICL DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval. |
| T | Thallium | ST Lab only: Order Send Out Test | *Instructions are for whole blood samples, confirm sample type as per approval from BC Agency. Contact a Clinical Biochemist at 250-258-3880, or Client Services Technical Specialist if you have an approval letter with an alternate sample type. Contamination of specimen must be avoided. Collection tubes must be covered and dust free until used. Store tubes in plastic bag until use. Mix 8 times and store upright to minimize contact with rubber lid. | Dark Blue (K2EDTA) Trace metal tube | Whole Blood - DO NOT SPIN Store and ship same day refrigerated to referral site. | ICL DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval. |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|--|---|---|-------------------------|--|---|
| T | Theophylline Aminophylline Theodur Choledyl Phyllocontin Somophylline Quibron Paralon Oxtriphylline | THEO Theophylline | Serum IV administration: Draw 30 minutes after completion of loading dose and 4-6 hrs after start of infusion. Oral dose: Draw up to 60 minutes prior to next dose. | RTT | Allow sample to clot a minimum of 60 min at room temperature. Centrifuge and separate within 2 hours of collection. Aliquot 0.5 mL serum. Store and ship refrigerated to referral site. | EKRH, KBRH, KGH, RIH |
| T | Thermal Amplitude Screen | TAMP | EDTA plasma Order Management category: TS Keep warm (37°C) until delivery to lab. | EDTA (6mL) | Incubate at 37C immediately after collection, for a minimum of 15 min. Invert 2-3 times during incubation. Keep at 37C until centrifugation. Centrifuge and aliquot plasma promptly. Send both cells and plasma. Store and ship refrigerated to testing site. | KGH, RIH |
| T | Thermophilic Fungi Precipitins Actinomyces vulgaris precipitins Thermoactinomyces vulgaris precipitins | THERMOPRECIP Thermophylic Fungi Precipitins | Serum *Clinical Indications and diagnosis required | SST or RTT | Allow SST sample to clot a minimum of 30 min at room temperature. Allow RTT sample to clot a minimum of 60 min at room temperature. Centrifuge and separate within 2 hours of collection. SST: ship primary tube RTT: aliquot minimum 0.5mL Package separately and ship in VGH cooler. Store and ship refrigerated to referral site. | Ship to Carlsten Lab via VGH cooler (place in VGH cooler) Address: Carlsten Lab G&L Diamond Health Centre 7225 - 2775 Laurel Street Vancouver, BC V5Z 1M7 |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|--|--|--|-------------------------------|--|---------------------------------------|
| T | Thiopurine Metabolites TPMT Metabolites 6MP level 6- Mercaptopurine Metabolites, 6-MP Metabolites, 6-MMPN, 6-thioguanine Metabolites, 6-TGN, 6-TG 6-TGB & 6-MMPN Azathioprine Metabolites, AZA Imuran monitoring, Thiopurine monitoring | Lab Order Only: TPMETA Thiopurine Metabolites <i>Thiopurine monitoring. If not specifically requested, order TPMT phenotype for TPMT requests</i> | EDTA Whole Blood - Do NOT spin Collect Mon – Thur before 1 pm, do not collect prior to or on a Stat holiday. To ensure timely arrival for testing, consult with your local laboratory about potential transport delays due to courier schedules. Rural collection sites, consult with through site to ensure same day shipping | EDTA (2mL) | Minimum 1mL Ship whole blood refrigerated. Testing is only performed once/week. Stable 8 days refrigerated. | Victoria General Hospital |
| T | Thiopurine Methyltransferase Activity TPMT Phenotype TPMT RBC Enzyme Activity | Lab Order Only: TPMTPHENO TPMT Phenotype <i>*Screening test, prior to starting thiopurine therapy *Preferred test unless TPMT metabolites specifically requested</i> | Whole Blood - Do NOT spin Testing performed once in a lifetime. Do not perform on patients transfused with RBC within one month. Patient to abstain from the following medications for 48 hrs prior: sulfasalazine, mesalamine, olsalaxine. | EDTA (3mL) 1mL minimum | Store and ship whole blood refrigerated. Sample stable for 14 days. | Surrey Memorial Hospital |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|--|--|---|-------------------------|--|--|
| T | Thiopurine Methyltransferase Genotype TPMT <u>Genotype</u> | TPMTGENO TPMT Genotype Do not confuse with TPMT phenotype or Thiopurine metabolites | Whole Blood - Do NOT spin Collect Mon – Tues before 1 pm, do not collect prior to or on a Stat holiday. To ensure timely arrival for testing, consult with your local laboratory about potential transport delays due to courier schedules. Rural collection sites, consult with through site to ensure same day shipping. Sample stability is 7 days, so collection must be coordinated with KGH for shipping Monday to Wednesday. | EDTA (3mL) | Do not spin. Send refrigerated in original collection tube. | ICL DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval. |
| T | Thrombin Time Fibrindex | TT Thrombin Time | NaCit plasma | NaCit (2.7 mL) | For testing performed on site (KGH and RIH), centrifuge sample immediately. For testing not performed on site, prepare Platelet Poor Plasma and freeze within 2 hours of collection. Refer to HE 0006 Preparing Platelet Poor Plasma. Aliquot 1 mL minimum and freeze immediately at -20°C. Store upright. Ship frozen. | KGH, RIH,EKRH,KBRH |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|--|---|--|-------------------------|--|---------------------------------------|
| T | Thyroglobulin Panel | THYROGLOB Thyroglobulins Thyroglobulin Profile: includes Thyroglobulin (TG) and Anti- Thyroglobulin Antibodies | Serum | SST | Diagnosis required. Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Aliquot 0.5 mL minimum into a False Bottom Tube. Store and ship frozen to referral site. | St. Paul's Hospital |
| T | Thyroid Peroxidase Antibody TPO Antibody Microsomal Antibody | THYPER Thyroid Peroxidase Antibodies | Serum (SST tube) preferred Plasma (PST tube) can be collected for STAT or Urgent orders when testing is performed on site | SST/PST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Serum may be shipped in primary tube. Plasma must be aliquoted. Ship primary tube if sample will be tested <48 hrs from collection. Aliquot 1 mL serum, store and ship frozen to referral site if sample will be tested >48 hrs from collection. | KGH |
| T | Thyroid Receptor Antibody TRAB Anti-Thyroid Stimulating Antibodies LATS LATS Protector | TSHRAB TSH Receptor Antibody | Serum Sample must have no visible hemolysis. | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Aliquot 1 mL (min) serum into a False Bottom Tube. Store and ship frozen to referral site. | St. Paul's Hospital |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|---|---|--|-------------------------|--|---------------------------------------|
| T | Thyroid Stimulating Hormone | TSH | Serum (SST tube) preferred Plasma (PST tube) can be collected for STAT or Urgent orders when testing is performed on site | SST/PST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store and ship refrigerated. Serum may be shipped in primary tube. Plasma must be aliquoted. | EKRH, KBRH, KGH, PRH, RIH, VJH |
| T | TIBC Total Iron Binding Capacity Iron Panel Iron Profile FEP | IRON Iron Panel (Fe) <i>IRON includes: Iron, Total Iron Binding Capacity (TIBC), Transferrin Saturation</i> | Serum (SST tube) preferred Plasma (PST tube) can be collected for STAT or Urgent orders when testing is performed on site Optimum to collect prior to 10am | SST/PST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store and ship refrigerated. Serum may be shipped in primary tube. Plasma must be aliquoted. Iron exhibits diurnal variation. In late afternoon, values may be decreased by 50% over morning values. | EKRH, KBRH, KGH, PRH, RIH, VJH |
| T | Tick Identification | | See Microbiology Guide to Specimen Ordering Collection & Transport | | | |
| T | Tissue Transglutaminase ATTG Celiac Screen Celiac Serology TG2 | TTG Tissue Transglutaminase Ab IgA | Serum If patient is <15 years old, please add IGA to order. | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hr of collection Aliquot 1 mL (min). Ship refrigerated to referral site. If sample cannot reach testing site within 7 days ship frozen. Recollect grossly hemolyzed or lipemic specimens | KGH, RIH |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|----------------------------------|-------------------------------------|--|-------------------------|--|---------------------------------------|
| T | Tobramycin - Peak | TOBP Tobramycin- Peak | Serum (SST tube) preferred Plasma (PST tube) can be collected for STAT or Urgent orders when testing is performed on site IV infusion: Collect 30 minutes after completion of dose IM: Collect 1 hr post injection Must indicate: - Dose (in mg) - Date and time infusion started for the previous dose. | SST/PST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store and ship refrigerated. Serum may be shipped in primary tube. Plasma must be aliquoted. <i>Accurate timing is imperative to ensure accurate results.</i> <i>Lab must be notified of any drug administration timing changes.</i> | KBRH, KGH, RIH |
| T | Tobramycin - Random | TOBR Tobramycin- Random | Serum (SST tube) preferred Plasma (PST tube) can be collected for STAT or Urgent orders when testing is performed on site Must indicate: - Dose in mg - Date and time infusion started of the previous dose <i>**Only done at the request of pharmacy</i> | SST/PST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store and ship refrigerated. Serum may be shipped in primary tube. Plasma must be aliquoted. <i>Note: This is a non-trough/non-peak level.</i> <i>Consult pharmacy for interpretation and further guidance on dosing.</i> | KBRH, KGH, RIH |
| T | Tobramycin - Trough | TOBT Tobramycin- Trough | Serum (SST tube) preferred Plasma (PST tube) can be collected for STAT or Urgent orders when testing is performed on site Trough: Collect 0-30 minutes prior to next dose administration. Must indicate: - Dose in mg - Date and time of next dose | SST/PST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store and ship refrigerated. Serum may be shipped in primary tube. Plasma must be aliquoted. <i>Accurate timing is imperative to ensure accurate results.</i> <i>Lab must be notified of any drug administration timing changes.</i> | KBRH, KGH, RIH |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|----------------------------------|---------------------------------------|---|---|--|---|
| T | Topiramate | TOPIR Topamax | Serum | RTT | Allow sample to clot a minimum of 60 min at room temperature. Centrifuge and separate within 2 hours of collection. Aliquot 1 mL (0.5 mL min) serum. Store and ship cool to referral site. | Provincial Toxicology Centre |
| T | TORCH | Test no longer available | Specific serology tests must be ordered individually as per physician order. | | | |
| T | Total Protein | PROT Protein Total, TP | Serum (SST tube) preferred Plasma (PST tube) can be collected for STAT or Urgent orders when testing is performed on site. | SST/PST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store refrigerated after centrifugation. Ship refrigerated to testing site. Serum may be shipped in primary tube. Plasma must be aliquoted. | Most IH Sites |
| T | Trace Metal Screen | TRACE Trace Elements Screen | Serum - collect in trace metal vacutainer <i>Avoid contamination of sample - store tubes in dust free environment</i> Mix briefly then keep tube upright while clotting | DK Blue - trace metal tube - serum | Centrifuge within 2 hours of collection. Aliquot immediately using dust-free plastic pipette: Remove 0.5mL serum and expel from pipette into biohazard container Using same pipette, transfer 1-2 mL serum into second dark blue - serum tube or cryovial Immediately freeze upright. Store and ship frozen to referral testing site. | BC Children's and Women's Hospital BC C&WH Lab Requisition |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|---|---|--|------------------------------------|---|---|
| T | Transferrin | Test no longer available in IH Order IRON Transferrin Saturation | Plasma or Serum <i>IRON includes:</i> Iron (Fe), Total Iron Binding Capacity (TIBC) and Transferrin Saturation Fasting preferred Collect prior to 10am Ensure sample is not contaminated with heparin. | SST/PST | Centrifuge within 2 hours of collection. Store refrigerated. | |
| T | Transplant (ABO/GS) | TRANSPLANTABO | Can include ABO, Group and Screen (GS)/Antibody screen or both Draw one 7 mL EDTA or as directed on requisition. Send to referral site for testing. Do not apply a TMS ID band as this is not for testing in Interior Health. | EDTA or as directed on requisition | Prepare and ship samples as directed on requisition. | St. Paul's Hospital, VGH, UAL, or Other |
| T | Transplant Bloodwork (Histocompatibility) | TRANSPLANT Histocompatibility (Transplant) | Can be ordered on both PRE and POST transplant patients. Draw tubes as indicated and follow instructions on requisition. | | Prepare and ship samples as directed on requisition. | St. Paul's Hospital, VGH, UAL, or Other |
| T | Transplant Testing BCCDC | TRANPLANTSCDC | Can be ordered on both PRE and POST transplant patients. *Include a copy of the original requisition to BCCDC, highlighting the requested BCCDC tests only, so they know what tests to perform. Includes all serology or virology BCCDC orders Draw only 1 tube for all tests on serology requisition. Draw additional tube(s) as appropriate for requests not on serology requisition. | | Prepare and ship samples as directed on requisition. | BCCDC |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|--|---|--|---|--|--|
| T | Trazodone Desyrel Polycyclic antidepressant | TRAZ Trazodone | Serum Collect just prior to next dose. | RTT | Allow sample to clot a minimum of 60 min at room temperature. Centrifuge and separate within 2 hours of collection. Aliquot 1 mL serum. Store and ship refrigerated to referral site. | Provincial Toxicology Centre |
| T | Tricyclic Antidepressants Included in the UDS-137 Panel performed at PTC | URDRUGSTRICYCLI URDRUGSTCA TCA TRICYCLICAD | Random urine | Sterile screw cap container | Note: NOT for legal testing. Order for outpatient testing. Testing is confirmatory (UDS panel). Collect 25-50mL urine Store and ship refrigerated to referral site. | Provincial Toxicology Centre |
| T | Triglyceride | TRIG-order LIPID | Serum (SST tube) preferred Plasma (PST tube) can be collected for STAT or Urgent orders when testing is performed on site. Fasting is not required for any of the panels but clinician may specifically instruct patient to fast for 10 hours in select circumstances, independent of laboratory requirements. | SST/PST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store refrigerated after centrifugation. Ship refrigerated to testing site. Serum may be shipped in primary tube. Plasma must be aliquoted. | EKRH,KBRH,KGH,PRH,RIH,VJH |
| T | Triglycerides - Fluid | BFTRIG Triglycerides Fluid | Heparinized fluid preferred Mix specimen well by inverting 6-8 times Indicate Fluid type | GRN-LiHep without gel or No additive tube or Sterile screw top container | Aliquot 1 mL (min) and ship cool to referral testing site. | EKRH, KBRH, KGH, PRH, RIH, VJH |
| T | Triple Marker Screen | Substitute to QUADS | See BC Women's Prenatal Screen Recommendations for correct order information | | | Prenatal Genetic Screening Lab Requisition |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|----------------------------------|---|--|-------------------------|---|---|
| T | Trypsin | TRYPSIN Immunoreactive Trypsinogen, IRT | Fill a minimum of 2 complete circles on the Blood Dot Card | Blood spot Card | Allow blood dots to dry for a minimum of 3 hours before placing into mailing sleeve. Write IRT on the blank space near the bottom of the filter card and mark the checkbox beside the line. | BC Woman & Children's Hospital |
| T | Tryptase | TRYPTASE | <p>Serum Clinical indication is required. For outpatient testing, it is restricted to the following specialists (investigating follow-up anaphylaxis, mastocytosis, and mast cell activation disorders):</p> <ul style="list-style-type: none"> • Allergists/immunologists • Anesthesiologists • Dermatologists • Respiriologists • Haematologists, and • Clinicians not included above must obtain approval from IH Clinical Biochemist (250-258- 3880). <p>For inpatient testing:</p> <ul style="list-style-type: none"> • No restrictions or approval required as the indications for testing are nearly always clinically indicated (i.e., a serious anaphylactic event in an Emergency Department, or possible serious reaction to an anesthetic or drug). <p>For suspected anaphylaxis: Collect specimen 15min to 3 hours after onset of mast cell activation. *Collection timing is crucial. For assessment of systemic mastocytosis or mast cell activation syndrome, collect specimen at any time.</p> | RTT | <p>Allow tube to clot minimum 60 minutes at room temperature. Centrifuge and aliquot 2 mL serum (min 0.5 mL) as soon as possible after collection.</p> <p>Store and ship refrigerated to referral site. If shipping is delayed more than 7 days, store frozen (-20C) and ship on dry ice.</p> | <p>BC Children's & Women Hospital</p> <p>Clinical indication is required on requisition</p> |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|---|--|--|---|--|---------------------------------------|
| T | Type and Screen | See Group and Screen | | | | |
| T | Tyrosine | Amino Acids | See Amino Acids | | | |
| T | Urate - 24 hr Urine Quantitative Urine Urate 24h Urine Uric Acid | U24URATE 24 hr Urine Uric Acid | Provide 24hr Urine Patient Collection Instructions Refrigerate specimen during collection until delivery to lab Indicate Start and Finish Date and Time on requisition | 24hr urine collection container No preservative | Measure and record volume. Send 10mL aliquot. Designated site performing testing will alkaline the aliquot to pH 8.5-10.0 with 10% NaOH prior to testing. | EKRH, KBRH, KGH, PRH, RIH, VJH |
| U | Urate - Fluid Uric Acid Fluid | BFURATE Urate Fluid | Heparinized fluid preferred Mix specimen well by inverting 6-8 times Indicate Fluid type | GRN-LiHep without gel or No additive tube or Sterile screw top container | Aliquot 1 mL (min) and ship cool to referral testing site. | EKRH, KBRH, KGH, PRH, RIH, VJH |
| U | Urate - Random Urine | URURATE Random Urine Urate, Qualitative Urine Uric acid | Refrigerate specimen if delivery to lab is delayed. | Sterile screw cap container | Aliquot 10mL. Store and ship aliquot refrigerated to referral testing site. Adjust pH to 8.5-10.0 prior to testing. | EKRH, KBRH, KGH, PRH, RIH, VJH |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|--|--|--|---|--|---------------------------------------|
| U | Urate Rasburicase | URATERASB Note: Collection for this test is at select locations only. Please confirm availability with local laboratory. | Lithium Heparinized Plasma Collect on ice Deliver immediately to lab | PST Collect into pre-chilled tube, keep tube on ice after collection and deliver to lab immediately for processing. To pre-chill tube prior to collection, place one cup crushed ice into biohazard bag. Place tube in second biohazard bag (to keep dry) and place in crushed ice bag. | Centrifuge sample in a temperature controlled centrifuge at 4°C as soon as possible after collection (within 15 minutes). Aliquot minimum 1mL and freeze immediately. Store and ship frozen. | KGH, RIH, VJH, KBRH, EKRH, PRH |
| U | Urate | URATE Uric Acid | Serum (SST tube) preferred Plasma (PST tube) can be collected for STAT or Urgent orders when testing is performed on site. | SST/PST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store refrigerated after centrifugation. Ship refrigerated to testing site. Serum may be shipped in primary tube. Plasma must be aliquoted. | Most IH Sites |
| U | Urea – 24 hr urine Urine Urea Nitrogen Urine BUN | U24UREA Urea- 24h Urine | Provide 24hr Urine Patient Collection Instructions Refrigerate specimen during collection until delivery to lab Indicate Start and Finish Date and Time on requisition | 24hr urine collection container No preservative | Measure and record volume. Send 10ml aliquot. | EKRH, KBRH, KGH, PRH, RIH, VJH |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|--|---|--|--|--|--|
| U | Urea – Random Urine | URUREA Random Urine Urea, Urine BUN | Refrigerate specimen until delivery to lab. | Sterile screw cap container | Aliquot 4mL into 12x75 (5mL) plastic tube. Store and ship aliquot refrigerated to referral testing site. | KBRH, KGH, PRH, RIH, VJH |
| U | Urea Breath Test Helicobacter pylori screen H. pylori | | Testing no longer available. Refer to Important Lab Update 21-07. | | | |
| U | Urea BUN Blood Urea Nitrogen | UREA Urea | Serum (SST tube) preferred Plasma (PST tube) can be collected for STAT or Urgent orders when testing is performed on site. | SST/PST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store refrigerated after centrifugation. Ship refrigerated to testing site. Serum may be shipped in primary tube. Plasma must be aliquoted. | Most IH Sites |
| U | Urinalysis or Urinalysise with "urine culture if indicated" | UR URC RU, Routine Urinalysis may include 'urine culture if indicated | Random Urine Preferably first morning void Refrigerate until delivery to lab. | Urinalysis tube+ Collect boric acid tube if orders states "urine culture if indicated" | Deliver to lab promptly Refrigerate if delivery to lab delayed Specimen must be tested within 24 hours | Most IH Sites |
| U | Urine BHCG | URBHCG Urine pregnancy screen | Refrigerate specimen until delivery to lab. | Sterile screw cap container | Store and ship 10 mL (min) cool to testing site. | Most IH Sites |
| U | Urine Cytology | Not orderable in Meditech | Cytology Consult Request required. <i>See Additional Tests & Services Section: Anatomical Pathology/ Cytology for specific cytology sample collection instructions.</i> | See site-specific collection instructions: RIH or KGH | | For send-out to BCCA, order CYTOLOGY - Send Out at the request of a Pathologist/Cytologist. IH Cytology Consult Request |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|---|-------------------------------------|---|-------------------------|--|---------------------------------------|
| U | Urine Deoxypyridinoline Crosslinks | | Test no longer available | | | |
| U | Urine Drug Screen | See Drug Screen - Urine | | | | |
| U | Urine Reducing Substances | | Test no longer available | | | |
| U | Valproate Divalproex Depakene, Epival, Valproic Acid | VAL | Serum (SST tube) preferred Plasma (PST tube) can be collected for STAT or Urgent orders when testing is performed on site Collect 0-60 min prior to next dose Indicate Date and time of last dose | SST/PST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Ship refrigerated to testing site. Serum may be shipped in primary tube. Plasma must be aliquoted. | EKRH, KBRH, KGH, PRH, RIH, VJH |
| V | Vancomycin - Random | VANR | Serum Pharmacy will determine the time of collection Must indicate: - Dose in mg - Date and time of the last dose | RTT | Allow sample to clot a minimum of 60 min at room temperature. Centrifuge and separate within 2 hours of collection and aliquot 1mL(minimum). Store and ship refrigerated to referral site. | EKRH, KBRH, KGH, PRH, RIH, VJH |
| V | Vancomycin - Trough Vancomycin - Tr | VANT VANC | Serum Trough: Collect 0-30 minutes prior to the start of the next dose; coordinate collection time with the ordering unit. Pharmacy will determine the time of collection Must indicate: - Dose in mg - Date and time of next dose | RTT | Allow sample to clot a minimum of 60 min at room temperature. Centrifuge and separate within 2 hours of collection and aliquot 1mL(minimum). Store and ship refrigerated to referral site. | EKRH, KBRH, KGH, PRH, RIH, VJH |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|---|--|---|--|---|--|
| V | Vanillymandelic Acid - 24 hr Urine (VMA) | U24VMA VMA Includes epinephrine and norepinephrine | Provide 24r Urine Patient Collection Instructions Refrigerate specimen during collection until delivery to lab Indicate Start and Finish Date and Time on requisition | 24hr urine collection container No preservative or 15mL 6N HCL added prior to collection | Measure and record total volume. If collected without preservative, acidify entire collection to pH 2-4 within 12 hours of completion of collection. Aliquot 20 mL into sterile screw cap container. Store and ship refrigerated to referral site. | VGH |
| V | Vanillymandelic Acid - Random (VMA) | ST 24 hr preferred | Random urine Random urine must be submitted to laboratory immediately after collection for acidification within 12 hrs of collection. | Sterile screw cap container | Acidify collection to pH 2-4 within 12 hours of completion of collection. Aliquot minimum 5 mL urine into sterile screw cap container. Store and ship refrigerated to referral site. | VGH |
| V | Vascular endothelial growth factor D VEGF-D | ST Lab only: Order Send Out Test | Serum | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Aliquot 3mL serum. Store and ship frozen to referral site. | Cincinnati Children's Hospital 3333 Burnet Ave, Cincinnati, OH 45229, USA DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require biochemist/pathologist approval and signed consent form. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval. |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|--|--|-------------------------------------|-------------------------|--|---|
| V | Vascular endothelial growth factor VEGF (total) <i>Note: This is for VEGF total, not VEGF-D</i> | ST Lab only: Order Send Out Test | EDTA Plasma | EDTA (3ml) | Immediately after specimen collection, place the tube on wet ice. Centrifuge and aliquot minimum 1 mL plasma. Freeze specimen within 30 minutes. | ICL (ICL forwards to Quest Diagnostics) DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require biochemist/pathologist approval and signed consent form. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval. |
| V | Vasoactive Intestinal Polypeptide | VIP | EDTA Plasma 8 hour fast required | EDTA (3mL) | Centrifuge as soon as possible after collection(within 15 minutes). Aliquot minimum 1 mL plasma and freeze immediately.(min vol 0.55mL) Ship frozen to ICL. | ICL (ICL forwards to Mayo) DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval and signed consent form. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval. |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|----------------------------------|--|--|-----------------------------|--|--|
| V | Vasovasotomy | SEMVASO | Must confirm with local lab if testing can be completed on-site. Collected in OR only. Indicate if fluid is from R or L vas deferens. | Sterile screw cap container | Keep warm (body temperature) and deliver to lab within 30 min of collection. | Confirm location with laboratory |
| V | Vedolizumab Entyvio | ST Add VCT to order if required. (See User Notes for VCT). | Serum Collect specimen just before drug administration. All tests on the requisition should be sent to DynaCare for testing. Outpatients should present with a prepaid waybill for shipping. Collect: Mon–Wed before 1 pm, do not collect prior to or on a Stat holiday. To ensure timely arrival for testing, consult with your local laboratory about potential transport delays due to courier schedules. For rural collection sites, consult with through site regarding courier times to ensure same day shipping. Sample must not arrive on weekend or holiday. | SST | Follow instructions as provided in kit by Dynacare. Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Refrigerate until shipment. Freeze cold brick included in kit. Package tubes in bio bag, place in foil pack with cold brick to ship. Waybill must be provided by Dynacare. Samples must be received within 72 hrs of collection. | DynaCare, Laval, Quebec 3885, boul. Industriel Laval, QC, H7L 4S3 Inpatients contact Clinical Biochemist (250-258-3880) for approval. |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|---|-------------------------------------|--|---|---|---------------------------------------|
| V | Very Long Chain Fatty Acids Phytanic Acid VLC,C26 C26:C22 ratio, C24, C24:C22 ratio | VLCFA Phytanic | Li Hep Plasma (no gel) or NaHep Plasma (no gel) or EDTA Plasma or Serum Fasting required: For infants under 1 year: Draw specimen prior to feeding. For children 1-18 years:3 to 4 hours fast acceptable. For adults: Overnight fast. | Li Hep no gel Dk Green or NaHep no gel or EDTA or Serum | Centrifuge sample as soon as possible after collection (within 15 min). If collecting serum allow sample to clot for 30 mins at room temperature. Aliquot 0.5 mL (min 0.2mL) and freeze immediately. Ship frozen. | BC Children's and Women's Hospital |
| V | Viscosity | VISCOS | Clotted Whole Blood - Do NOT Spin Fasting preferred - 8 hrs Indicate if patient has been fasting on requisition Maintain specimen at 37°C until clotted. Collect 2-10mL non-Hemogard red top tubes, maintain at 37 degrees using thermos. Deliver immediately for lab 37C waterbath | RTT | Only collected at CMH, EKRH, KBRH, KLH, KGH, PRH, RIH, SLH, VJH Collect at hospital facility only Maintain at 37 degrees using thermos. Deliver immediately to lab 37C waterbath. DO NOT SPIN Allow to clot at 37C and then remove serum post-clotting (it may take 24 hours or more for red cells to settle out completely. Specimen must be separated within 72 hrs) Aliquot 2.0 mL minimum post clotting. Sample may be stored at 37C or room temperature until shipping. | VGH |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|---|-------------------------------------|--|---|---|--|
| V | Vitamin A Retinol | VITA | Serum 8 hour fasting sample preferred. No IV lipid infusion or vitamin supplements for 8 hrs prior to collection. Protect specimen from light. Can be combined with Vit E request | RTT or LiHep (no gel) Protect specimen from light after collection. | Protect sample from light during processing and until testing. Allow RTT sample to clot a minimum of 30 min at room temperature. Centrifuge and aliquot 0.3 mL minimum serum or plasma. Wrap sample in foil to protect from light and refrigerate. Store and ship refrigerated to referral site. Serum/plasma stability: Refrigerated - 28 days Frozen - 2 months | BC Children's and Women's Hospital |
| V | Vitamin B1 This test has limited clinical utility. | VITB1 Thiamine | Whole Blood 8 hour fast Avoid vitamin supplementation for 24 hours. Protect specimen from light post collection. | EDTA (2mL) | Protect sample from light until tested Freeze original tube within one hour of collection. Wrap in foil to protect from light. Ship frozen to referral site. | ICL DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval. |
| V | Vitamin B12 B12 Cobalamin VB12 | VITB12 Vitamin B12 | Serum Fasting sample preferred. Avoid vitamin supplementation for 24 hours. | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hrs of collection. Store and ship refrigerated to referral site. | KGH, RIH |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|---|-------------------------------------|---|---|---|---|
| V | Vitamin B6 Pyridoxamine Pyridoxal Phosphate Pyridoxal-5-Phosphate | VITB6 Vitamin B6 | Plasma 12 hour fasting required Avoid vitamin supplementation for 24 hours. Protect specimen from light. | EDTA or LiHep- no gel | Protect sample from light until testing. Centrifuge, aliquot 2mL (min 1mL) plasma and freeze immediately. Wrap sample in foil to protect from light. Ship frozen to referral site. | ICL DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval. |
| V | Vitamin C This test has limited clinical utility. | VITC Ascorbic Acid | Plasma Serum is also acceptable 12 hour fast required. Avoid vitamin supplementation for 24 hours. Protect specimen from light. | Li Hep or for pediatric Red Microtainer | Protect sample from light until testing. Centrifuge, aliquot 2mL plasma and freeze immediately. Pediatric sample: Allow sample to clot for 30 min at room temperature. Aliquot 0.5 mL wrap sample in foil to protect from light and freeze. Ship frozen to referral site. | ICL DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval. |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|---|---|--|--|--|--|
| V | Vitamin D (25 Hydroxy Vit D) | VITD Dietary Vitamin D, Vitamin D3, Vitamin D 25 Hydroxy, <u>Vit D 25 OH</u> , 25 Hydroxy- cholecalciferol | Adult: Serum Pediatrics: Serum or plasma 25 Hydroxy (OH) Vit D is the default test when Vit D is indicated on the requisition. VITD is a self-pay when ordered for investigation of Vit D nutritional status. Self-pay must be indicated on batch sheet requisition or request will be cancelled by St. Paul's Hospital. Give patient the form "Fees for Diagnostic Self Pay" (#807643), which is available at: http://insidenet.interiorhealth.ca/infoResources/forms/Documents/807643.pdf | Adult: SST Pediatrics: RTT, Trace Element Serum (dark blue) or LiHep | Allow SST/RTT tube to clot a minimum of 30 min at room temperature. Centrifuge within 2 hrs of collection and aliquot: Adults: Aliquot 0.5 mL minimum Store and ship frozen. Pediatric: Aliquot 200uL minimum. Store and ship frozen. | St Paul's Hospital (Adult) or BC Children's and Women's Hospital* Pediatrics<18 years send to XCH (must use the Change Site routine if sending a pediatric sample) |
| V | Vitamin D1,25 (1,25 Dihydroxy Vit D) | VITD125 Calcitriol, 1,25 Dihydroxy- cholecalciferol, 1,25 (OH2) Vit D | Serum | RTT | Allow sample to clot a minimum of 60 min at room temperature. Centrifuge and aliquot 2mL (min) serum. Store and ship frozen to referral site. Test not appropriate for Vit D nutritional status. Ordered for patients with advanced renal failure, mineral/bone disease (per MSP) TAT: 1 wk | LifeLabs |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|---|--|---|---|--|---|--|
| V | Vitamin E | VITE Tocopheral, TCP | Serum or plasma Fasting sample preferred. No IV lipid infusion or vitamin supplementation for 8 hrs previous. Can be combined with Vit A request. | RTT(RED) or Trace Elements Serum or LiHep (no gel). Protect from light after collection. | Protect sample from light during processing and until testing. Allow RTT sample to clot a minimum of 30 min at room temperature. Centrifuge and aliquot 0.3mL minimum serum or plasma. Wrap sample in foil to protect from light and refrigerate. Ship refrigerated to referral site. Serum/plasma stability: Refrigerated - 28 days | BC Children's and Women's Hospital |
| V | Vitamin E: Chol Ratio includes Vit E and Chol | VITE+CHOLRATIO | Serum Fasting sample preferred. No IV lipid infusion or vitamin supplementation for 8 hrs previous Note: If ordered on a pediatric patient with Vit A, Vit D 25 Hydroxy, Zinc and IgE, all tests can be combined -Collect one navy trace metal serum tube for all and prepare aliquots (see coll notes for specific tests) | RTT (RED) or dark blue Trace Element serum tube (minimum 1.2 mL blood) | Protect sample from light during processing and until testing. Allow sample to clot a minimum of 30 min at room temperature. Centrifuge and make two aliquots: 300 uL min for Vit E. Wrap aliquot in foil. 200 uL min for Chol Store frozen. Ship frozen to referral site. | BC Children's and Women's Hospital |
| V | Voltage Gated Calcium Channel | VGCCAB Only orderable by a neurologist. | Serum | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge and aliquot (minimum 2 mL serum). Store and ship frozen. | VGH (Forward to UBC via VGH) Submit completed BC Neuroimmunology Laboratory Requisition with specimen. Requisition is available from the Lab Teamsite: https://bcneuro.ca/wp- content/uploads/2024/11/FRM-021- BCNI-Requisition-Rev.10.pdf |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|--|--|--|--|---|---|
| v | Voltage Gated Potassium Channel VGKC Ab | See MITOREF Lab Order Only | Serum | SST | Allow SST sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Aliquot minimum 1mL serum. Store and ship refrigerated to referral site. | Mitogen BC Lab Agency approval not required |
| V | von Willebrand's Panel <i>von Willebrand's Activity</i> <i>von Willebrand's Antigen</i> <i>von Willebrand's Factor</i> <i>Activity</i> <i>Von Willebrand's</i> <i>Ristocetin Cofactor</i> | VONWILL A panel of 3 tests including F8 | NaCit plasma | NaCit (2.7mL) | Centrifuge sample immediately. Prepare Platelet Poor Plasma and freeze within 2 hours of collection. Refer to HE 0006 Preparing Platelet Poor Plasma. Aliquot 1-1.5 mL minimum and freeze immediately at -20°C. Store upright. Ship frozen. | KGH |
| V | Voriconazole | VORICONAZOLE | EDTA Plasma Collect trough 12 hrs after last dose and prior to next dose.Date/Time of last dose & dosage preferred but not mandatory. | EDTA (3mL) | Date/Time of last dose & dosage preferred but not mandatory. Centrifuge ASAP, aliquot (min 1 mL), and freeze. Send frozen or send frozen sample on ice packs Mon-Thurs | St. Paul's Hospital |
| V | Zinc - 24 hr Urine | U24ZINC Zinc (Zn)- 24h Urine | Provide 24r Urine Patient Collection Instructions Refrigerate specimen during collection until delivery to lab Indicate Start and Finish Date and Time on requisition. | 24 hr urine no preservative collection container | Mix well, measure and record total volume. Aliquot 50mL sample into orange Starplex sterile screw cap container (erex 0147932). Sterile pink top not acceptable. Store and ship refrigerated to referral site. | BC Children's and Women's Hospital |



| | Lab Test Name Alternate Names | Lab Mnemonic Order Entry(OE)Name | Sample Requirements | Collection Container | Processing Information | Testing Site/ Required Requisition |
|----------|----------------------------------|-------------------------------------|---|---|--|--|
| Z | Zinc | ZINC | Adult: Plasma Pediatric: Serum or plasma Orders for Copper and Zinc may be combined in same tube (2 mL minimum) Contamination of specimen must be avoided. Collection tubes must be covered and dust free until used. Store tubes in plastic bag until use. Mix 8 times and store upright to minimize contact with rubber lid. | Adult: Trace Element K2EDTA (Dark Blue) Pediatric: Trace Element Serum (Dark Blue) or Trace Element K2EDTA (Dark Blue) | Adult: Centrifuge within 2hrs of collection. Aliquot 2 mL minimum into a Simport sterile polystyrene tube with snap cap(SIM-T4052 or SIM-T405-3).Store and ship refrigerated. Pediatric: Allow Trace Element serum tube to clot a minimum of 30 min at room temperature. Aliquot 300 uL minimum. Store and ship frozen. | VGH or BC Children's* *Pediatric <18 years send to BC Children's (must use the Change Site routine if sending a pediatric sample) |