17-Hydroxycorticosteroids, Urine (17-OH) - order Cortisol, Free Urine (24 Hour Urine Cortisol)

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed:

Ref Lab Code or #:

Turn around Time:

CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

17-Hydroxyprogesterone, Serum

Cerner Primary Synonym: 17 Hydroxyprogesterone-Mayo

PowerChart Aliases:

PathNet Aliases: Mayo-17-Hydroxyprogesterone, S

Lab Where Test is Performed: Mayo

Ref Lab Code or #: OHPG

Turn around Time: 5 days

CPT Code(s): 83498

Specimen Stability:

Specimen Type: 7 mL Plain Red Top Tube (No SST Gel)

Minimum Specimen Requirements: 0.5 mL Serum

Patient Preparation: None.

Laboratory Handling: Refrigerate.

17-Ketosteroid Fractionation, 24 Hour Urine - order Congenital Adrenal Hyperplasia (CAH) Profile for 21-Hydroxylase Deficiency (**SEE BEL...

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed:

Ref Lab Code or #:

Turn around Time:

CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling: If 17-Ketosteroid Fractionation, 24 Hour Urine is ordered for Cushing's Syndrom order the Cortisol, Free Urine (24 Hour Urine Cortisol) instead.
### 17-Ketosteroids, Total (17-Keto) - see 17-Ketosteroid Fractionation, Urine

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>PowerChart Aliases:</th>
<th>PathNet Aliases:</th>
<th>Lab Where Test is Performed:</th>
<th>Ref Lab Code or #:</th>
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<td>None.</td>
<td>Refrigerate.</td>
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</tbody>
</table>

### 5 Nucleotidase, Serum

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<th>Cerner Primary Synonym:</th>
<th>PowerChart Aliases:</th>
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<th>Minimum Specimen Requirements:</th>
<th>Patient Preparation:</th>
<th>Laboratory Handling:</th>
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</thead>
<tbody>
<tr>
<td>5' Nucleotidase-Mayo</td>
<td></td>
<td>Mayo-5' Nucleotidase</td>
<td>Mayo</td>
<td>F5NUL</td>
<td>3-5 days</td>
<td>83915</td>
<td></td>
<td>(2) 5 mL. Red Top Tubes (SST Gel is acceptable.)</td>
<td>1.0 mL Serum (Absolute minimum = 0.2 mL)</td>
<td>None.</td>
<td>Refrigerate.</td>
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</table>

### 5-HIAA (5-Hydroxy Indole Acetic Acid)(Serotonin metabolite), 24 Hour Urine

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>PowerChart Aliases:</th>
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<th>Lab Where Test is Performed:</th>
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<th>Minimum Specimen Requirements:</th>
<th>Patient Preparation:</th>
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<tbody>
<tr>
<td>5-Hydroxyindoleacetic Acid 24Hr Urine-Mayo</td>
<td></td>
<td>Mayo-5-Hydroxyindoleacetic Acid, U</td>
<td>Mayo</td>
<td>HIAA</td>
<td>4 days</td>
<td>83497</td>
<td></td>
<td>24 HR Urine Collection with preservative</td>
<td>5 mL aliquot of 24 hr urine (Absolute minimum = 3.5 mL)</td>
<td>Patient should not eat avocados, bananas, eggplant, pineapples, plums, tomatoes, or walnuts for 48 hours prior to the start of collection.</td>
<td>Add 25 ML 50% Acetic Acid at the start of collection. Preservative may be added within 4 hours after collection. Use 15 ML 50% Acetic Acid for children &lt; 5 years old. Refrigerate. Must include 24 hour urine volume on test request form.</td>
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<tr>
<td>Test Description</td>
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<td>5-HT (Hydroxytryptamine) - See 5-HIAA</td>
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<td>5-Hydroxytryptamine (5-HT) - See 5-HIAA</td>
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</table>
68kD (hsp-70) Antibodies by Western Blot (Inner Ear Antibodies) - see Heat Shock Protein 70 (hsp-70 68kD) IgG by Western Blot

Cerner Primary Synonym:
PowerChart Aliases:
PathNet Aliases:
Lab Where Test is Performed: BVHS
Ref Lab Code or #:
Turn around Time: Variable
CPT Code(s):
Specimen Stability:
Specimen Type:
Minimum Specimen Requirements:
Patient Preparation:
Laboratory Handling:

A/G Ratio (Albumin/Globulin Ratio calculation)
Cerner Primary Synonym:
PowerChart Aliases:
PathNet Aliases:
Lab Where Test is Performed: BVHS
Ref Lab Code or #:
Turn around Time: Variable
CPT Code(s):
Specimen Stability:
Specimen Type: Test cannot be ordered by itself. Order a Comprehensive Profile.
Minimum Specimen Requirements:
Patient Preparation:
Laboratory Handling:

Abnormal Coagulation Panel (**For Outpatient of Dr.s Doty and Thomas and their Physicians Assistants ONLY**)  
Cerner Primary Synonym: Abnormal Coag Panel - Doty/Thomas CS
PowerChart Aliases:
PathNet Aliases: Lab
Lab Where Test is Performed: Variable
Ref Lab Code or #:
Turn around Time: Variable
CPT Code(s): Variable
Specimen Stability:
Specimen Type: See specific test components.
Minimum Specimen Requirements: See specific test components.
Patient Preparation:
Laboratory Handling: This is an order group in the laboratory for Dr.s Doty and Thomas and their Physician's Assistants ONLY!! This panel includes: PTT, Lupus Anticoagulant, Homocystine, ANA, Anti-Thrombin III Activity, Factor V Leiden, Phospholipid Antibodies, Activated Protein C Resistance, MTHFR, Protein C Activity, Protein S Activity, and Prothrombin 20210 Gene Mutation. See the individual tests for specimen collection, processing, and storage requirements.
Absolute Neutrophil Count - order WBC Count ONLY

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

Acanthamoeba Examination

Cerner Primary Synonym: Acanthamoeba Examination

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type: Slide specimens from corneal scrapings (or corneal biopsies)

Minimum Specimen Requirements: Specimens should be sent directly to Blanchard Valley Hospital Laboratory for processing.

Patient Preparation: None.

Laboratory Handling: This is a Giemsa Stain procedure for the presence of Acanthamoeba.
### ACE Titer (Angiotensin-1-Converting Enzyme), Serum

- **Cerner Primary Synonym:** Angiotensin Converting Enzyme-Mayo
- **PowerChart Aliases:**
- **PathNet Aliases:** Mayo-Angiotensin Converting Enzyme, S
- **Lab Where Test is Performed:** Mayo
- **Ref Lab Code or #:** ACE
- **Turn around Time:** 3 days
- **CPT Code(s):** 82164

#### Minimum Specimen Requirements:
- **Specimen Type:** (2) 5 mL Red Top Tube (SST Gel tubes are acceptable)
- **Patient Preparation:** Should be fasting.
- **Laboratory Handling:** Refrigerate. Avoid Hemolysis.

#### Specimen Stability:
- **Minimum Specimen Requirements:** 1 mL Serum (Pediatric minimum = 0.5 mL)

---

### Acetaminophen (Tylenol), Plasma

- **Cerner Primary Synonym:** Acetaminophen Level
- **PowerChart Aliases:**
- **PathNet Aliases:** LAB
- **Lab Where Test is Performed:** BVHS
- **Ref Lab Code or #:**
- **Turn around Time:** < 1 day
- **CPT Code(s):** 82003

#### Specimen Stability:
- **8 Hours at Room Temperature, 48 Hours at 2-8 C.**

#### Specimen Type:
- **5 mL Light Green Heparinized Gel Tube**

#### Minimum Specimen Requirements:
- **0.5 mL Heparin Plasma**

#### Patient Preparation:
- Note time of last dose on the requires slip or in specimen comments.

#### Laboratory Handling:
- Draw blood 4 hours after ingestion. Serum is also acceptable.
Acetone, Plasma (ONLY performed at the Bluffton Laboratory)

Cerner Primary Synonym: Ketone Bodies Qualitative

PowerChart Aliases: Acetone

PathNet Aliases: Acetone

Lab Where Test is Performed: BLUFF

Ref Lab Code or #: 82009

Turn around Time: < 1 day

CPT Code(s):

Minimum Specimen Requirements:

- 0.5 mL Heparin Plasma (Serum is also acceptable)

Specimen Type: 5 mL Light Green Heparinized Gel Tube

Patient Preparation: None.

Laboratory Handling: None.

Specimen Stability:

- 8 hours at Room Temperature, 48 hours at 2-8 C

Acetly Salicylic Acid (Aspirin) (Salicylates), Plasma

Cerner Primary Synonym: Salicylate Level

PowerChart Aliases:

PathNet Aliases: LAB

Lab Where Test is Performed: BVHS

Ref Lab Code or #: 80196

Turn around Time: < 1 day

CPT Code(s):

Specimen Stability:

- 8 hours at Room Temperature, 48 hours at 2-8 C

Specimen Type: 5 mL Light Green Heparinized Gel Tube

Minimum Specimen Requirements:

- 1 mL Heparin Plasma (Serum is also acceptable)

Patient Preparation: Note time of last dose on request slip or in specimen comments. Usual sample collection is 6 hours post ingestion.

Laboratory Handling: None.

Acetylcholine Receptor (AChR) Binding Antibodies, Serum

Cerner Primary Synonym: Acetylcholine Receptor Binding Antibody-Mayo

PowerChart Aliases:

PathNet Aliases: Mayo-ACh Receptor (Muscle) Binding Ab

Lab Where Test is Performed: Mayo

Ref Lab Code or #: FABAB

Turn around Time: 6 days

CPT Code(s):

Specimen Stability:

- (2) 5 mL Red Top Tube (SST Gel is acceptable.)

Specimen Type: 2 mL Serum

Minimum Specimen Requirements:

- None.

Patient Preparation:

Laboratory Handling: Refrigerate.
Acetylcholine Receptor (AChR) Blocking Antibody - order Myasthenia Gravis (MG) Evaluation

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

Acetylcholine Receptor (AChR) Modulating Antibody - order Myasthenia Gravis (MG) Evaluation

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling: Order Myasthenia Gravis (MG) Evaluation (Adult or Pediatric)

Acetylcholinesterase Erythrocytes (Cholinesterase Acetyl, RBC), Blood

Cerner Primary Synonym: Acetylcholinesterase Red Blood Cell-Mayo

PowerChart Aliases:

PathNet Aliases: Mayo-Acetylcholinesterase, RBC

Lab Where Test is Performed: Mayo Ref Lab Code or #: ACHS

Turn around Time: 6 days CPT Code(s): 82482,84999

Specimen Stability:

Specimen Type: (2) 5 mL Lavender Top EDTA Tubes

Minimum Specimen Requirements: 4 mL EDTA Whole Blood (Pediatric minimum = 2.5 mL)

Patient Preparation: None.

Laboratory Handling: Refrigerate. Do not freeze. Specimen must arrive at MAYO within 72 hours of collection. Collection date is required on the request form. Do not collect specimen on Fridays.
## Acid Fast Culture and Smear (Mycobacteria tuberculosis)

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Culture Acid Fast Bacilli</th>
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<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td>Acid Fast Bacilli Culture, AFB Culture</td>
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<tr>
<td>PathNet Aliases:</td>
<td>C AFB</td>
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<tr>
<td>Lab Where Test is Performed:</td>
<td>BVHS</td>
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<tr>
<td>Minimum Specimen Requirements:</td>
<td>1 mL</td>
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<tr>
<td>Specimen Type:</td>
<td>Sputum and urine specimen should all be first morning collections.</td>
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<tr>
<td>Laboratory Handling:</td>
<td>Use a sterile, leakproof container. Properly label the container with patient's information: name, date of birth, SSN or other patient identification, date and time of collection, source of specimen. All specimens must be collected in a sterile manner. Sputum specimens should be collected as a first morning specimen (these give the best results) and should not exceed 15 ML. Sputum expectation should be from deep in the chest. Nasopharyngeal secretions or saliva should be avoided as well as the use of mouthwash before obtaining the specimen. The pooling of specimens is not acceptable as a reduced number of positive specimens may result. Specimens ordered times three should be collected three mornings in a row. Urine specimens should be collected in a sterile container and as clean-catch or catheterized specimens. These should be collected as first morning specimens. A minimum of three first morning specimens should be collected. Skin scrapings and aspirations from skin submitted for culture of Mycobacterium lepra or Mycobacterium ulcerans should be labelled as such.</td>
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<tr>
<td>Turn around Time:</td>
<td>8 weeks</td>
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<td>Specimen Stability:</td>
<td>Send to Lab as soon as possible.</td>
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<td>CPT Code(s):</td>
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### ACT - see Activated Clotting Time

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<td>Minimum Specimen Requirements:</td>
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<tr>
<td>Patient Preparation:</td>
<td></td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td></td>
</tr>
</tbody>
</table>
ACTH (Adrenocorticotropic Hormone), Plasma

Cerner Primary Synonym: Adrenocorticotropic Hormone-Mayo

PowerChart Aliases:

PathNet Aliases: Mayo-Adrenocorticotropic Hormone, P

Lab Where Test is Performed: Mayo

Ref Lab Code or #: ACTH

Minimum Specimen Requirements:

1 mL EDTA Plasma

Specimen Type: 5 mL Lavender EDTA Tube

Lab Handling:

Pre-chill (on ice) the EDTA tube prior to draw. Keep specimen chilled and ship to lab on ice. Spin in a refrigerated centrifuge.

Turn around Time: 3 days

CPT Code(s): 82024

Specimen Stability:

Patient Preparation:

None. Early morning specimens (6am - 10am) are desirable.

Laboratory Handling:

ACTH Stimulation Test (60 minutes) - VERY Special Handling - See Below

Cerner Primary Synonym: See below

PowerChart Aliases:

PathNet Aliases: Lab

Lab Where Test is Performed: BVHS/Mayo

Ref Lab Code or #: See below

Minimum Specimen Requirements:

Patient Preparation:

None. Early morning specimens (6am - 10am) are desirable.

Laboratory Handling:

Follow this procedure unless otherwise indicated by the physician. This is a VERY special handling test procedure. It involves 3 separate sample collections from the patient. A baseline ACTH and Cortisol, a Cortisol at 30 minutes, and a Cortisol at 60 minutes. Follow these steps:

1. Collect an ACTH and Cortisol just prior to patient receiving stimulation medication. ***Follow ALL specimen handling instructions for ACTH and Cortisol.
2. Collect a Cortisol 30 minutes after patient receives stimulation medication.
3. Collect a Cortisol 60 minutes after patient receives stimulation medication.

The baseline ACTH and Cortisol will be on it's own requisition, the 30 minute Cortisol will be on a separate requisition, and the 60 minutes Cortisol on it's own requisition.
### Activated Clotting Time (ACT) - DO NOT order this test through the Laboratory

**Cerner Primary Synonym:**
Activated Clotting Time

**PowerChart Aliases:**

**PathNet Aliases:**

**Lab Where Test is Performed:** BVHS

**Ref Lab Code or #:**

**Turn around Time:** < 1 day

**CPT Code(s):** 85730

**Specimen Stability:**

**Specimen Type:** 5 mL Blue Citrate Tube

**Minimum Specimen Requirements:**
1 mL Plasma

**Patient Preparation:**

**Laboratory Handling:**
This test is performed by the Cardiac Cath Lab or the Open Heart Surgery department. It is intended to monitor high dose Heparin therapy mainly during cardiology type procedures. It cannot be performed in the Laboratory and should NOT be ordered to be done in the Laboratory.

---

### Activated Partial Thromboplastin Time (APTT), Plasma

**Cerner Primary Synonym:** APTT

**PowerChart Aliases:** APTT

**PathNet Aliases:** LAB

**Lab Where Test is Performed:** BVHS

**Ref Lab Code or #:**

**Turn around Time:** < 1 day

**CPT Code(s):** 85730

**Specimen Stability:**

**Specimen Type:** 5 mL Blue Citrate Tube

**Minimum Specimen Requirements:**
1 mL Plasma

**Patient Preparation:**

**Laboratory Handling:**
Must fill tube completely. Stable 4 hours at 2-8 C or 18-24 C. For mixing studies contact Hematology. Pediatric volumes for APTT testing are available also: 3 ML tubes. All tubes MUST fill completely.

---

### Activated Protein C Resistance V Test (APC-R), Plasma

**Cerner Primary Synonym:** Activated Protein C Resist,P

**PowerChart Aliases:**

**PathNet Aliases:** LAB

**Lab Where Test is Performed:** BVHS

**Ref Lab Code or #:**

**Turn around Time:** 5 days

**CPT Code(s):** 85307

**Specimen Stability:**

**Specimen Type:** 5 mL Blue Top Citrate Tube

**Minimum Specimen Requirements:**
1 mL Citrated Plasma

**Patient Preparation:**

**Laboratory Handling:**
Spin immediately. Remove the top 2/3 plasma and transfer to plastic tube. Spin again. Remove 1 ML from the top and put in a plastic tube. Freeze immediately.
Adalimumab Quantitative with Reflex to Antibody, Serum

Cerner Primary Synonym: Send-out Other

PowerChart Aliases: 

PathNet Aliases: 

Lab Where Test is Performed: Mayo

Ref Lab Code or #: ADALX

Turn around Time: 4-7 days

CPT Code(s): 80299, 83520 (if appropriate)

Specimen Stability: 

Specimen Type: 5 mL Red SST Top Tube

Minimum Specimen Requirements: 0.5 mL Serum (Absolute minimum = 0.35 mL)

Patient Preparation: None.

Laboratory Handling: Refrigerate.

Adenovirus Antibody, Serum (IgG and IgM), Serum

Cerner Primary Synonym: Adenovirus Antibody-Mayo

PowerChart Aliases: 

PathNet Aliases: Mayo-Adenovirus Antibody, Serum

Lab Where Test is Performed: Mayo

Ref Lab Code or #: FADV

Turn around Time: 3-6 days

CPT Code(s): 86603

Specimen Stability: 

Specimen Type: 7 mL Red Top Tubes (SST Gel is acceptable)

Minimum Specimen Requirements: 1 mL Serum (Absolute minimum = 0.2 mL)

Patient Preparation: None.

Laboratory Handling: Refrigerate.

Adenovirus DNA, Qualitative, PCR (see below for specimen types)

Cerner Primary Synonym: Send-out Other

PowerChart Aliases: 

PathNet Aliases: LAB

Lab Where Test is Performed: Mayo

Ref Lab Code or #: LADV

Turn around Time: 5 days

CPT Code(s): 87798

Specimen Stability: 

Specimen Type: Variable (see below)

Minimum Specimen Requirements: Variable (see below)

Patient Preparation: None.

Laboratory Handling: A variety of specimen types are acceptable for this test:

(Plasma, serum, or blood are NOT acceptable)

Preferred specimens are:

1. Throat Swab or Nasopharyngeal Swab: In M4 media.

Other acceptable specimens:

2. CSF: 1 ml, refrigerated, in a sterile container

3. Sputum: in a sterile container

4. Urine: in a sterile container

5. Nasopharyngeal Lavage/Wash: 5-10 ml in a sterile container
**Adenovirus, Molecular Detection, PCR, Plasma**

**Cerner Primary Synonym:** Send-out: Other

**PowerChart Aliases:**

**Lab Where Test is Performed:** Mayo

**Ref Lab Code or #:** LCADP

**Turn around Time:** 2-5 days

**CPT Code(s):** 87798

**Specimen Stability:**

**Specimen Type:** 5 mL Lavender EDTA Tube

**Minimum Specimen Requirements:**

1 mL EDTA Plasma (Absolute minimum = 0.3 mL)

**Patient Preparation:** None.

**Handling:** Spin down promptly. Refrigerate.

---

**ADH (Vasopressin) (Anti-Diuretic Hormone) (DDABP)/(Arginine Vasopressin-AVP), Plasma**

**Cerner Primary Synonym:** Arginine Vasopressin Level-Mayo

**PowerChart Aliases:**

**Lab Where Test is Performed:** Mayo

**Ref Lab Code or #:** AVP

**Turn around Time:** 11 days

**CPT Code(s):** 84588

**Specimen Stability:**

**Specimen Type:** (2) 5 mL Lavender EDTA Tubes (Collect on Ice)

**Minimum Specimen Requirements:**

2 mL EDTA Plasma

**Patient Preparation:** Patient should fast for 6 hours (no liquids also) prior to collection. Collect on Ice.

**Handling:** Collect on Ice. Spin down for approximately 10 minutes in a refrigerated centrifuge. Remove plasma, carefully avoiding the buffy coat and place 2 ML of EDTA platelet poor plasma in a plastic vial. Freeze.

---

**AFB Culture and Smear for Mycobacterium, Stool**

**Cerner Primary Synonym:** Send-out Other

**PowerChart Aliases:**

**Lab Where Test is Performed:** Mayo

**Ref Lab Code or #:** SAFB

**Turn around Time:** 2-3 days

**CPT Code(s):** 87206, 87176 (if needed), 87015 (if needed)

**Specimen Stability:**

**Specimen Type:** Random Stool

**Minimum Specimen Requirements:**

5-10 g Stool (or 5 mL liquid stool)

**Patient Preparation:** None.

**Handling:** Refrigerate.
AFP (Tumor Marker / Non-Maternal), Plasma or Serum

Cerner Primary Synonym: Alpha Fetoprotein Tumor Marker (AFP)-Mayo

PowerChart Aliases:

PathNet Aliases: Mayo-Alpha-Fetoprotein, Tumor Marker, S

Lab Where Test is Performed: Mayo

Ref Lab Code or #: AFP

Specimen Stability:

Specimen Type: 5 mL Red Top Tube (SST Gel is acceptable.)

Minimum Specimen Requirements:

Patient Preparation: None.

Laboratory Handling: This AFP test is the tumor marker test for males and non-pregnant females. Indicate specimen type on the requisition. Refrigerate.

CPT Code(s): 82105

Specimen Stability:

AFP Maternal Single Marker Screen - see Alpha-Fetoprotein (AFP), Single Marker Screen, Maternal, Serum

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed:

Ref Lab Code or #:

Turn around Time:

CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

CPT Code(s): 82105

Specimen Stability:

AFP3 (Maternal AFP3) - See AFP4 (replaces AFP3)

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed:

Ref Lab Code or #:

Turn around Time:

CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:
### AFP4 (Alpha-Fetoprotein, Quad Screen), Serum

**Cerner Primary Synonym:** Quad Screen (2nd Tri) Maternal-Mayo  
**PowerChart Aliases:**  
**PathNet Aliases:** Mayo-QUAD SCRN (2nd Tri) MATERNAL, S  
**Lab Where Test is Performed:** Mayo  
**Ref Lab Code or #:** QUAD1  
**Minimum Specimen Requirements:** 1 mL Serum (Absolute minimum = 0.75 mL)  
**Specimen Type:** (2) 7 mL Red Top Tubes (SST Gel is acceptable)  
**Patient Preparation:** This specimen must be accompanied by an information sheet from the physician.  
**Laboratory Handling:** Refrigerate. This test is for maternal AFP testing. It must be accompanied by a MAYO requisition.  
**Turn around Time:** 4 days  
**CPT Code(s):** 82105,82677,84702(X2)  
**Specimen Stability:**

### AH 50 (Complement, Alternate Pathway, Functional), Serum

**Cerner Primary Synonym:** Send-out Other  
**PowerChart Aliases:**  
**PathNet Aliases:** LAB  
**Lab Where Test is Performed:** Mayo  
**Ref Lab Code or #:** AH50  
**Minimum Specimen Requirements:** 0.5 mL Serum  
**Specimen Type:** 5 mL Plain Red Top Tube (NO SST Gel)  
**Patient Preparation:** Patient should be fasting.  
**Laboratory Handling:** Freeze.  
**Turn around Time:** 7 days  
**CPT Code(s):** 86161  
**Specimen Stability:**

### Albumin, Plasma

**Cerner Primary Synonym:** Albumin Level  
**PowerChart Aliases:**  
**PathNet Aliases:** ALB  
**Lab Where Test is Performed:** BVHS  
**Ref Lab Code or #:**  
**Minimum Specimen Requirements:** 0.5 mL Heparinized Plasma  
**Specimen Type:** 5 mL Light Green Heparinized Gel Tube  
**Specimen Stability:** 8 hours at Room Temperature and 48 hours at 2-8 degrees C  
**Patient Preparation:** None.  
**Laboratory Handling:** Serum is also acceptable.  
**Turn around Time:** < 1 day  
**CPT Code(s):** 82040
Albuterol (Proventil), Quantitative, Serum

Cerner Primary Synonym: Albuterol Level-Mayo

PowerChart Aliases:

PathNet Aliases: Mayo-Albuterol

Lab Where Test is Performed: Mayo

Ref Lab Code or #: FALBU

Minimum Specimen Requirements:

Specimen Type: 2 mL Serum or EDTA Plasma

Patient Preparation:

Laboratory Handling: Refrigerate. Indicate specimen type on aliquots.

Turn around Time: 9 days

CPT Code(s): 82542

Specimen Stability:

Alcohol (Ethanol), Plasma

Cerner Primary Synonym: Ethanol Level

PowerChart Aliases: Alcohol, Plasma, ETOH

PathNet Aliases: Alcohol Level

Lab Where Test is Performed: BVHS

Ref Lab Code or #: 

CPT Code(s): 82055

Minimum Specimen Requirements:

Specimen Type: 5 mL Grey (In comments state whether Legal or Medical) - Tube MUST be COMPLETELY filled.

Patient Preparation:

Laboratory Handling: Tube MUST be COMPLETELY filled. Use non-alcohol cleansing agent. Keep tightly stoppered and cover tube with red, chain of evidence tape. Complete proper Laboratory documentation sheet.

Turn around Time: 2 hours

Aldolase, Serum

Cerner Primary Synonym: Aldolase-Mayo

PowerChart Aliases:

PathNet Aliases: Mayo-Aldolase, S

Lab Where Test is Performed: Mayo

Ref Lab Code or #: ALS

CPT Code(s): 82085

Minimum Specimen Requirements:

Specimen Type: (2) 5 mL Red Top Tubes (SST Gel is acceptable)

Patient Preparation:

Laboratory Handling: Refrigerate. Hemolyzed specimens are not acceptable.

Turn around Time: 3 days
**Aldosterone, Serum**

**Cerner Primary Synonym:** Aldosterone-Mayo  
**PowerChart Aliases:**  
**PathNet Aliases:** Mayo-Aldosterone, S  
**Lab Where Test is Performed:** Mayo  
**Ref Lab Code or #:** ALDS  
**Turn around Time:** 5 days  
**CPT Code(s):** 82088

**Minimum Specimen Requirements:**  
- 1.2 mL Serum (Absolute minimum = 0.6 mL)

**Patient Preparation:**  
- Draw specimen at 8 am.

**Laboratory Handling:**  
- Refrigerate.

---

**Aldosterone, Urine**

**Cerner Primary Synonym:** Aldosterone 24 Hour Urine-Mayo  
**PowerChart Aliases:**  
**PathNet Aliases:** Mayo-Aldosterone, U  
**Lab Where Test is Performed:** Mayo  
**Ref Lab Code or #:** ALDU  
**Turn around Time:** 8 days  
**CPT Code(s):** 82088

**Minimum Specimen Requirements:**  
- 50 mL of a 24 hour urine collection (Pediatric minimum = 20 mL)

**Patient Preparation:**  
- None.

**Laboratory Handling:**  
- Add 25 ML 50% acetic acid at the start of collection. Use 15 ML 50% acetic acid for children < 5 years old. Refrigerate.

---

**Alkaline Phosphatase Isoenzymes (Fractionation), Serum**

**Cerner Primary Synonym:** Alkaline Phosphatase Total and Iso-Mayo  
**PowerChart Aliases:**  
**PathNet Aliases:** Mayo-Alkaline Phosphatase, Tot and Iso,S  
**Lab Where Test is Performed:** Mayo  
**Ref Lab Code or #:** ALKI  
**Turn around Time:** 4 days  
**CPT Code(s):** 84075, 84080

**Minimum Specimen Requirements:**  
- (2) 0.5 mL aliquots of serum

**Patient Preparation:**  
- Patient should be fasting.

**Laboratory Handling:**  
- Separate serum from cells as soon as possible. Indicate specimen type on tubes. Freeze. Determines the source of elevated Total Alkaline Phosphatase (in Liver, Bone, or Intestine). Hemolyzed specimens are not acceptable. MAYO sends this test to ARUP.
### Alkaline Phosphatase, Plasma

- **Cerner Primary Synonym:** Alkaline Phosphatase
- **PowerChart Aliases:**
- **PathNet Aliases:** ALKP
- **Lab Where Test is Performed:** BVHS
- **Ref Lab Code or #:**
- **Turn around Time:** < 1 day
- **CPT Code(s):** 84075
- **Specimen Stability:** 8 hours at Room Temperature, 48 hours at 2-8 C
- **Specimen Type:** 5 mL Light Green Heparinized Gel Tube
- **Minimum Specimen Requirements:** 0.5 mL Heparinized Plasma
- **Patient Preparation:** None.
- **Laboratory Handling:** Serum is also acceptable.

### Allergen Testing (IgE Antibodies) - See RAST Testing

- **Cerner Primary Synonym:**
- **PowerChart Aliases:**
- **PathNet Aliases:**
- **Lab Where Test is Performed:** Mayo
- **Ref Lab Code or #:**
- **Turn around Time:** 2-3 days
- **CPT Code(s):**
- **Specimen Stability:**
- **Specimen Type:** 5 mL Red Top Tube (SST Gel is acceptable)
- **Minimum Specimen Requirements:** 0.3 mL for one allergen OR 0.5 mL for every 5 allergens tested
- **Patient Preparation:** None.
- **Laboratory Handling:** Refrigerate.

### Almond IgE, Serum

- **Cerner Primary Synonym:** Almond IgE, Serum-Mayo
- **PowerChart Aliases:**
- **PathNet Aliases:**
- **Lab Where Test is Performed:** Mayo
- **Ref Lab Code or #:** ALM
- **Turn around Time:** 2-3 days
- **CPT Code(s):** 86003
- **Specimen Stability:**
- **Specimen Type:** 5 mL Red Top Tube (SST Gel is acceptable)
- **Minimum Specimen Requirements:** 0.3 mL for one allergen OR 0.5 mL for every 5 allergens tested
- **Patient Preparation:** None.
- **Laboratory Handling:** Refrigerate.
Alpha Fetoprotein (AFP4), Four Marker Screen, Maternal Serum

Cerner Primary Synonym: Alpha Fetoprotein Tumor Marker (AFP)-Mayo

PowerChart Aliases:
PathNet Aliases: Mayo-Alpha-Fetoprotein, Tumor Marker, S

Lab Where Test is Performed: Mayo
Ref Lab Code or #: QUAD1

Minimum Specimen Requirements:
Specimen Type: (2) 5 mL Red Top Tubes (SST Gel is acceptable)

Patient Preparation:
Specimen must be accompanied by an information sheet from the physician.

Laboratory Handling:
Refrigerate. Test is for maternal AFP determination. It must be accompanied by a MAYO requisition.

Turn around Time: 4 days
CPT Code(s): 82105, 82677, 84702(X2)

Specimen Stability:

Alpha Fetoprotein (Triple Screen) - See AFP4 (Replaces AFP3)

Cerner Primary Synonym:

PowerChart Aliases:
PathNet Aliases:

Lab Where Test is Performed: Mayo
Ref Lab Code or #:

Turn around Time:
CPT Code(s):

Specimen Stability:

Alpha Fetoprotein, Tumor Marker (Non-Maternal), Serum or Plasma - see AFP (Tumor Marker / Non-Maternal), Plasma or Serum

Cerner Primary Synonym:

PowerChart Aliases:
PathNet Aliases:

Lab Where Test is Performed: Mayo
Ref Lab Code or #:

Turn around Time:
CPT Code(s):

Specimen Stability:

Specimen Type:
Minimum Specimen Requirements:
Patient Preparation:
Laboratory Handling:
### Alpha-1-Acid Glycoprotein, Serum

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<tr>
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<th>Send-out Other</th>
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<tr>
<td><strong>PowerChart Aliases:</strong></td>
<td>LAB</td>
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<tr>
<td><strong>Lab Where Test is Performed:</strong></td>
<td>Mayo</td>
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<tr>
<td><strong>Ref Lab Code or #:</strong></td>
<td>FA1AGP</td>
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<tr>
<td><strong>Turn around Time:</strong></td>
<td>4-10 days</td>
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<tr>
<td><strong>CPT Code(s):</strong></td>
<td>82985</td>
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<tr>
<td><strong>Specimen Stability:</strong></td>
<td></td>
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<tr>
<td><strong>Specimen Type:</strong></td>
<td>7 mL Plain Red Top Tube (SST Gel is acceptable)</td>
</tr>
<tr>
<td><strong>Minimum Specimen Requirements:</strong></td>
<td>1 mL Serum (Absolute minimum = 0.5 mL)</td>
</tr>
<tr>
<td><strong>Patient Preparation:</strong></td>
<td>None.</td>
</tr>
<tr>
<td><strong>Laboratory Handling:</strong></td>
<td>Refrigerate.</td>
</tr>
</tbody>
</table>

### Alpha-1-Antitrypsin Deficiency Profile (formerly Alpha-1-Antitrypsin Phenotype), Blood - see Alpha-1-Proteotype S-Z

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
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<tbody>
<tr>
<td><strong>PowerChart Aliases:</strong></td>
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<td><strong>Lab Where Test is Performed:</strong></td>
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<td><strong>Turn around Time:</strong></td>
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<td><strong>Specimen Stability:</strong></td>
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<td><strong>Specimen Type:</strong></td>
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<td><strong>Minimum Specimen Requirements:</strong></td>
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<td><strong>Patient Preparation:</strong></td>
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<td><strong>Laboratory Handling:</strong></td>
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### Alpha-1-Antitrypsin Phenotyping, Serum - order Alpha-1-Antitrypsin Deficiency Profile

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
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<td><strong>Turn around Time:</strong></td>
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<td><strong>Specimen Stability:</strong></td>
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<td><strong>Minimum Specimen Requirements:</strong></td>
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<td><strong>Patient Preparation:</strong></td>
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<td><strong>Laboratory Handling:</strong></td>
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</tbody>
</table>
### Alpha-1-Antitrypsin Proteotype S-Z (formerly Alpha-1-Antitrypsin Deficiency Profile)

**Cerner Primary Synonym:** Alpha-1 Antitrypsin Phenotype-Mayo  
**PowerChart Aliases:** LAB  
**PathNet Aliases:**  
**Lab Where Test is Performed:** Mayo  
**Ref Lab Code or #:** A1ALC  
**Turn around Time:** 7 days  
**CPT Code(s):** 82103, 83788, 82104 if needed  
**Specimen Stability:**  
**Specimen Type:** (2) 5 mL Red Top Tubes (SST Gel is acceptable)  
**Minimum Specimen Requirements:** 1.25 mL Serum  
**Patient Preparation:** None.  
**Laboratory Handling:** Refrigerate.

### Alpha-1-Antitrypsin, Total (X-1 Antitrypsin), Serum

**Cerner Primary Synonym:** Alpha-1-Antitrypsin-Mayo  
**PowerChart Aliases:**  
**PathNet Aliases:** Mayo-Alpha-1-Antitrypsin, S  
**Lab Where Test is Performed:** Mayo  
**Ref Lab Code or #:** AAT  
**Turn around Time:** 7 days  
**CPT Code(s):** 82103  
**Specimen Stability:**  
**Specimen Type:** (2) 5 mL Red Top Tubes (SST Gel Tubes are acceptable)  
**Minimum Specimen Requirements:** 1 mL Serum (Absolute minimum = 0.5 mL)  
**Patient Preparation:** None.  
**Laboratory Handling:** Refrigerate.

### Alpha-Fetoprotein (AFP), Single Marker Screen, Maternal, Serum (NOT the Tumor Marker or the Quad Screen)

**Cerner Primary Synonym:** Send-out: Other  
**PowerChart Aliases:**  
**PathNet Aliases:**  
**Lab Where Test is Performed:** Mayo  
**Ref Lab Code or #:** MAFP1  
**Turn around Time:** 2-3 days  
**CPT Code(s):** 82105  
**Specimen Stability:**  
**Specimen Type:** 5 mL Red Gel Tube  
**Minimum Specimen Requirements:** 1 mL Serum  
**Patient Preparation:** DO NOT collect after amniocentesis as this could affect results. Draw blood between 15 weeks, 0 days and 22 weeks, 6 days gestation.  
**Laboratory Handling:** Spin down immediately. Refrigerate. Second Trimester Screening Alpha-Fetoprotein Quad Screen Patient Information form must be filled out (even though this isn't a Quad Screen test).
**Alpha-Melanocytes Stimulating Hormone (a.k.a. Melanocyte Stimulating Hormone, Alpha; a-MSH), Plasma**

**Cerner Primary Synonym:** Send-out Other  
**PathNet Aliases:** LAB  
**Lab Where Test is Performed:** ISI  
**Ref Lab Code or #:**  
**Minimum Specimen Requirements:**  
- 3 mL EDTA Plasma  
**Patient Preparation:** None.  
**Laboratory Handling:** Separate plasma from cells as soon as possible. Freeze immediately. Ship frozen on dry ice. Send to: Inter Science Institute  
944 West Hyde Park Boulevard  
Inglewood, CA 90302  
NOTE: This test helps differentiate between Ectopic MSH and Pituitary MSH.

**ALT (SGPT), Plasma**

**Cerner Primary Synonym:** Alanine Aminotransferase  
**PowerChart Aliases:** ALT  
**PathNet Aliases:** SGPT  
**Lab Where Test is Performed:** BVHS  
**Ref Lab Code or #:**  
**Turn around Time:** < 1 day  
**CPT Code(s):** 84460  
**Specimen Stability:** 8 hours at Room Temperature, 48 hours at 2-8 C  
**Specimen Type:** 5 mL Light Green Heparinized Gel Tube (Serum is also acceptable.)  
**Minimum Specimen Requirements:**  
- 0.5 mL Heparinized Plasma  
**Patient Preparation:** None.  
**Laboratory Handling:** None.

**Aluminum, Dialysis Fluid**

**Cerner Primary Synonym:** Send-out Other  
**PowerChart Aliases:**  
**PathNet Aliases:** LAB  
**Lab Where Test is Performed:** Mayo  
**Ref Lab Code or #:** 8871  
**Turn around Time:** Varies  
**CPT Code(s):**  
**Specimen Stability:**  
**Specimen Type:** Dialysis Fluid Collection  
**Minimum Specimen Requirements:**  
- 2 mL Dialysis Fluid  
**Patient Preparation:** None.  
**Laboratory Handling:** Fluid should be placed in a royal blue trace metal tube or a clean urine container. Refrigerate. This test is to be ordered as a Miscellaneous Metals Test #8871.
**Aluminum, Serum**

**Cerner Primary Synonym:** Aluminum Level-Mayo

**PowerChart Aliases:**

**PathNet Aliases:** Mayo-Aluminum, S

**Lab Where Test is Performed:** Mayo  
**Ref Lab Code or #:** AL

**Minimum Specimen Requirements:**

**Specimen Type:** 7 mL Royal Blue Top Tube (No additive.)

**Patient Preparation:** Patient should not take antacids containing aluminum 3 days prior to collection. Patient should also not have received Gadolinium (in some contrast media) within 48 hours. When collecting multiple blood specimens from one patient, the trace metal tube (royal blue) should be collected first. Once the needle has punctured another rubber stopper it is contaminated and should not be used for trace metal specimen collection. Always use alcohol to cleanse the venipuncture site. Avoid using iodine-containing disinfectants. Use only stainless steel needles.

**Laboratory Handling:** Allow specimen to clot for 30 minutes. Do not use a pipette to allow separate the serum. Pour serum directly into Mayo metal free aliquot tubes. Avoid the transfer of any cellular components of the sample. Do not insert any wooden sticks into the specimen. Do not use any other aliquot tubes. Refrigerate. (Frozen specimens may also be accepted.)

**Aluminum, Serum (Dialysis patients)**

**Cerner Primary Synonym:** Aluminum Level-Mayo

**PowerChart Aliases:**

**PathNet Aliases:** Mayo-Aluminum, S

**Lab Where Test is Performed:** Mayo  
**Ref Lab Code or #:** AL

**Minimum Specimen Requirements:**

**Specimen Type:** 7 mL Royal Blue Top Tube (No additive)

**Patient Preparation:** Patient should not take antacids containing aluminum 3 days prior to collection. Patient should also not have received Gadolinium (in some contrast media) within 48 hours. When collecting multiple blood specimens from one patient, the trace metal tube (royal blue) should be collected first. Once the needle has punctured another rubber stopper it is contaminated and should not be used for trace metal specimen collection. Always use alcohol to cleanse the venipuncture site. Avoid using iodine-containing disinfectants. Use only stainless steel needles.

**Laboratory Handling:** Allow specimen to clot for 30 minutes. Do not use a pipette to allow separate the serum. Pour serum directly into Mayo metal free aliquot tubes. Avoid the transfer of any cellular components of the sample. Do not insert any wooden sticks into the specimen. Do not use any other aliquot tubes. Refrigerate. (Frozen specimens may also be accepted.)
Ambien - see Zolpidem
Cerner Primary Synonym:

PowerChart Aliases:
PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:
Turn around Time: CPT Code(s):
Specimen Stability:
Specimen Type:
Minimum Specimen Requirements:
Patient Preparation:
Laboratory Handling:

AMI Series - individually order AMI Initial, 2 Hour, 6 Hour, 12 Hour, 24 Hour
Cerner Primary Synonym: See below

PowerChart Aliases:
PathNet Aliases: Lab

Lab Where Test is Performed: BVHS Ref Lab Code or #:
Turn around Time: <1 day CPT Code(s): Variable
Specimen Stability:
Specimen Type:
Minimum Specimen Requirements:

AMI, Not Part of a Series (Random AMI)
Cerner Primary Synonym: AMI

PowerChart Aliases:
PathNet Aliases: Lab

Lab Where Test is Performed: BVHS Ref Lab Code or #:
Turn around Time: <1 day CPT Code(s): 84484, 83874
Specimen Stability:
Specimen Type: 5 mL Light Green Heparinized Gel Tube AND 5 mL Plain Green Top (Heparin) tubes
Minimum Specimen Requirements: 0.5 mL Plasma and 0.5 mL Heparin whole blood

Patient Preparation:
Laboratory Handling: Includes Myoglobin and Troponin-I.
Amikacin, Peak / Post, Serum

Cerner Primary Synonym: Amikacin Level Peak-Mayo

PowerChart Aliases: Mayo-Amikacin, Peak, S

PathNet Aliases: Mayo-Amikacin, Peak, S

Lab Where Test is Performed: Mayo

Ref Lab Code or #: PAMIK

Minimum Specimen Requirements:

Specimen Type: 7mL SST Gel Red Top tube (Plain Red is acceptable.)

Specimen Stability:

Patient Preparation: Usually drawn 30 minutes after IV dose or 60 minutes after IM or oral dose.

Laboratory Handling: Refrigerate.

Turn around Time: 2 days

CPT Code(s): 80150

Specimen Stability:

Amino Acids QUAL, UR (obsolete) - see Amino Acids Quant, UR by Ion Exchange (Rand) OR Amino Acids Quant, UR by Ion Exchange (24 Hour)

Amino Acids, Qual, Ur (Obsolete) - See Amino Acids Quant, Ur by Ion Exchange (Rand) OR Amino Acids Quant, Ur by Ion Exchange (24 Hour)

Cerner Primary Synonym: Amikacin Level Peak-Mayo

PowerChart Aliases: Mayo-Amikacin, Peak, S

PathNet Aliases: Mayo-Amikacin, Peak, S

Lab Where Test is Performed: Mayo

Ref Lab Code or #: TAMIK

Minimum Specimen Requirements:

Specimen Type: 7 mL SST Gel Red Top tube (Plain Red is acceptable.)

Specimen Stability:

Patient Preparation: Trough levels should be drawn 30 minutes prior to dose.

Laboratory Handling: Refrigerate.

Turn around Time: 2 days

CPT Code(s): 80150

Specimen Stability:

Amino Acids QUAL, UR (obsolete) - see Amino Acids Quant, UR by Ion Exchange (Rand) OR Amino Acids Quant, UR by Ion Exchange (24 Hour)

Cerner Primary Synonym: Amikacin Level Peak-Mayo

PowerChart Aliases: Mayo-Amikacin, Peak, S

PathNet Aliases: Mayo-Amikacin, Peak, S

Lab Where Test is Performed: Mayo

Ref Lab Code or #: TAMIK

Minimum Specimen Requirements:

Specimen Type: 7 mL SST Gel Red Top tube (Plain Red is acceptable.)

Specimen Stability:

Patient Preparation: Trough levels should be drawn 30 minutes prior to dose.

Laboratory Handling: Refrigerate.

Turn around Time: 2 days

CPT Code(s): 80150

Specimen Stability:
### Amino Acids Qualitative, Plasma (obsolete)
- **Lab Where Test is Performed:** Ref Lab Code or #:
- **CPT Code(s):**

### Minimum Specimen Requirements:
- **Specimen Type:**
- **Patient Preparation:**
- **Laboratory Handling:**

### Amino Acids Quantitative, Plasma by Ion Exchange
- **Lab Where Test is Performed:** Mayo
- **Ref Lab Code or #:** AAQP
- **CPT Code(s):** 82139

### Minimum Specimen Requirements:
- **Specimen Type:**
- **Patient Preparation:**
- **Laboratory Handling:**

### Amino Acids Quantitative, Urine (Random)
- **Lab Where Test is Performed:** Mayo
- **Ref Lab Code or #:** AAPD
- **CPT Code(s):** 82139

### Minimum Specimen Requirements:
- **Specimen Type:**
- **Patient Preparation:**
- **Laboratory Handling:**

---

**Amino Acids Quantitative, Plasma (obsolete) - see Amino Acids Quantitative, Plasma by Ion Exchange**

**Cerner Primary Synonym:**

**PowerChart Aliases:**

**PathNet Aliases:**

**Ref Lab Code or #:**

**CPT Code(s):**

**Specimen Type:**

**Minimum Specimen Requirements:**

**Patient Preparation:**

**Laboratory Handling:**

---

**Amino Acids Quantitative, Plasma by Ion Exchange**

**Cerner Primary Synonym:** Amino Acid Quantitative-Mayo

**PowerChart Aliases:**

**PathNet Aliases:** Mayo-Amino Acids, QN, P

**Ref Lab Code or #:** AAQP

**CPT Code(s):** 82139

**Specimen Type:**

**Patient Preparation:**

**Laboratory Handling:**

---

**Amino Acids Quantitative, Urine (Random)**

**Cerner Primary Synonym:** Send out Other

**PowerChart Aliases:**

**PathNet Aliases:** Mayo-Aminolevulinic Acid, U

**Ref Lab Code or #:** AAPD

**CPT Code(s):** 82139

**Specimen Type:**

**Patient Preparation:**

**Laboratory Handling:**

---

Wednesday, July 3, 2019
Amino Acids Quantitative, Urine (24 Hour) (Note-same test code as Random Urine)

Cerner Primary Synonym: Aminolevulinic Acid Urine-Mayo

PowerChart Aliases:
PathNet Aliases: Mayo-Aminolevulinic Acid, U

Lab Where Test is Performed: Mayo
Ref Lab Code or #: AAPD

Minimum Specimen Requirements:
Specimen Type: 24 Hour Urine Collection
Minimum Specimen Requirements: 2 mL Urine (Absolute minimum = 1 mL)
Patient Preparation: None. Patient's age is required.
Laboratory Handling: Keep refrigerated during collection. Freeze aliquot immediately. Patient's age is required. Include family history, clinical condition, diet, and drug therapy information.

Aminolevulinic Acid (ALA), Urine

Cerner Primary Synonym: Aminolevulinic Acid Urine-Mayo

PowerChart Aliases:
PathNet Aliases: Mayo-Aminolevulinic Acid, U

Lab Where Test is Performed: Mayo
Ref Lab Code or #: ALAUR

Turn around Time: 4-5 days
CPT Code(s): 82135

Specimen Stability: Random Urine

Minimum Specimen Requirements:
Specimen Type: 2 mL Aliquot of Random Urine (Pediatric minimum = 2 mL)
Patient Preparation: Patient should abstain from alcohol for 24 hours prior to and during collection.
Laboratory Handling: Send 2 mL of a random urine. Refrigerate.

Aminophylline - see Theophylline

Cerner Primary Synonym:

PowerChart Aliases:
PathNet Aliases:

Lab Where Test is Performed: BVHS
Ref Lab Code or #:

Turn around Time:
CPT Code(s):

Specimen Stability:

Specimen Type:
Minimum Specimen Requirements:
Patient Preparation:
Laboratory Handling:
Amiodarone (Cardarone) with metabolite, Serum

Cerner Primary Synonym: Amiodarone Level-Mayo

PowerChart Aliases:  
PathNet Aliases: Mayo-Amiodarone, S

Lab Where Test is Performed: Mayo  
Ref Lab Code or #: AMIO

Turn around Time: 4 days  
CPT Code(s): 80299

Specimen Stability:

Specimen Type: 7 mL Plain Red Top Tubes (No SST Gel)
Minimum Specimen Requirements: 0.5 mL Serum (No SST Gel)
Patient Preparation: Do not collect specimen sooner than 12 hours after the last dose.
Laboratory Handling: Freeze.

Amitriptyline (ENDEP, ELAVIL) (includes metabolite Nortriptyline), Serum

Cerner Primary Synonym: Amitriptyline and Nortriptyline-Mayo

PowerChart Aliases:  
PathNet Aliases: Mayo-Amitriptyline and Nortriptyline, S

Lab Where Test is Performed: Mayo  
Ref Lab Code or #: AMT

Turn around Time: 4 days  
CPT Code(s): 80152(Amitryptiline), 80182(Nortriptyline)

Specimen Stability:

Specimen Type: (2) 7 mL Plain Red Top Tubes (SST Gel is NOT acceptable)
Minimum Specimen Requirements: 3 mL Serum
Patient Preparation: Drawn 12 hours post-dose.
Laboratory Handling: Refrigerate.

Ammonia, Plasma

Cerner Primary Synonym: Ammonia Level

PowerChart Aliases:  
PathNet Aliases: AMM

Lab Where Test is Performed: BVHS  
Ref Lab Code or #:

Turn around Time: 2 hours  
CPT Code(s): 82140

Specimen Stability: 30 minutes ON ICE
Specimen Type: 5 mL Plain Green Heparin Tube (specify arterial or venous draw; tube must be completely filled and the cap remain on)
Minimum Specimen Requirements: 0.5 mL Heparinized plasma
Patient Preparation: None.
Laboratory Handling: Must collect on ice. Tube MUST be COMPLETELY filled. Must arrive at Laboratory within 30 minutes of collection. Spin and run immediately. Collect in a plain green top tube without the separator gel. *** TUBE MUST BE FILLED AND THE CAP REMAIN ON OR TEST IS INVALID ***
(Filled pediatric tubes are acceptable.)
Amniotic Fluid for Fetal Maturity (Fluorescent Polarization)

Cerner Primary Synonym: Send-out Other

PowerChart Aliases: LAB

PathNet Aliases:

Lab Where Test is Performed: Mercy Integrated Laboratory

Ref Lab Code or #:

Turn around Time: 1 day

CPT Code(s): 83663

Specimen Stability:

Specimen Type: Amniotic fluid

Minimum Specimen Requirements: 3-5 mL Preferred (Absolute minimum = 2 mL)

Patient Preparation: Specimen will be brought to lab.

Laboratory Handling: Protect from light. Must be sent immediately if bloody. Send Mercy Integrated Laboratories. Call ahead if after 3 pm. Gestational age needs to be noted. Outstanding medical history on mother needs to be included. (For example, diabetes, increased blood pressure, abnormal bleeding, etc.) For multiple pregnancy mark identical or fraternal. For fraternal, label "Twin A" or "Twin B". (At Doctor's request, L/S, PG, and PI will be done on all specimens, regardless of fluorescent polarization results. This needs to be noted.)

Amniotic Fluid for LS Ratio (includes PG)

Cerner Primary Synonym: Send-out Other

PowerChart Aliases: LAB

PathNet Aliases:

Lab Where Test is Performed: Mercy Integrated Laboratory

Ref Lab Code or #:

Turn around Time: 1 day

CPT Code(s): 

Specimen Stability:

Specimen Type: Amniotic fluid

Minimum Specimen Requirements: 3-5 mL Preferred (Absolute minimum = 2 mL)

Patient Preparation: Specimen will be brought to lab.

Laboratory Handling: Protect from light. Must be sent immediately if bloody. Send Mercy Integrated Laboratories. Call ahead if after 3 pm. Gestational age needs to be noted. Outstanding medical history on mother needs to be included. (For example, diabetes, increased blood pressure, abnormal bleeding, etc.) For multiple pregnancy mark identical or fraternal. For fraternal, label "Twin A" or "Twin B".

Amniotic Fluid for Chromosome Analysis (Genetic Studies)

Cerner Primary Synonym: Send-out Other

PowerChart Aliases:

PathNet Aliases: LAB

Lab Where Test is Performed: Mayo

Ref Lab Code or #: CHRAF

Turn around Time: 11 days

CPT Code(s): 88291, plus reflex if appropriate

Specimen Stability:

Specimen Type: Amniotic fluid

Minimum Specimen Requirements: 20-25 mL Amniotic Fluid

Patient Preparation: Bloody specimens are undesirable.

Laboratory Handling: Place the tube in a styrofoam container (Supply T329). Fill remaining space with packing material. Refrigerate.
### Amoeba, Fecal - order Ova and Parasites

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
</tr>
<tr>
<td>PathNet Aliases:</td>
</tr>
</tbody>
</table>
| Lab Where Test is Performed: | Ref Lab Code or #:  
| Turn around Time:       | CPT Code(s):  
| Specimen Stability:     |  
| Minimum Specimen Requirements: |  
| Patient Preparation:    |  
| Laboratory Handling:    |  

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<th>CPT Code(s):</th>
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<tr>
<td>86753</td>
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</tbody>
</table>

### Amoebic Antibodies, IgG (Entamoeba histolytica Antibody, IgG), Serum

| Cerner Primary Synonym: | Send-out Other  
|-------------------------|
| PowerChart Aliases:     | LAB  
| PathNet Aliases:        |  
| Lab Where Test is Performed: | Ref Lab Code or #:  
| Turn around Time:       | CPT Code(s):  
| Specimen Stability:     |  
| Minimum Specimen Requirements: |  
| Patient Preparation:    |  
| Laboratory Handling:    |  

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<th>CPT Code(s):</th>
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<tbody>
<tr>
<td>86753</td>
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</table>

### Amylase Creatinine Clearance Ratio (AC/CC Ratio), Urine and Serum

| Cerner Primary Synonym: | Amylase Creatinine Clearance Ratio  
|-------------------------|
| PowerChart Aliases:     | LAB  
| PathNet Aliases:        |  
| Lab Where Test is Performed: | Ref Lab Code or #:  
| Turn around Time:       | CPT Code(s):  
| Specimen Stability:     |  
| Minimum Specimen Requirements: |  
| Patient Preparation:    |  
| Laboratory Handling:    |  

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<tbody>
<tr>
<td>82565,82570,82150(x2)</td>
</tr>
</tbody>
</table>
**Amylase, Body Fluid (not urine)**

Cerner Primary Synonym: Body Fluid Amylase

PowerChart Aliases: FLAMY

PathNet Aliases: FLAMY

Lab Where Test is Performed: BVHS

Ref Lab Code or #:

Turn around Time: < day

CPT Code(s): 82150

Specimen Stability:

Specimen Type: Body Fluid, non urine (CSF, Synovial, Pericardial, Peritoneal, Plueral, Miscellaneous)

Minimum Specimen Requirements:

Patient Preparation: None.

Laboratory Handling: None.

---

**Amylase, Plasma**

Cerner Primary Synonym: Amylase Level

PowerChart Aliases: AMY

PathNet Aliases: AMY

Lab Where Test is Performed: BVHS

Ref Lab Code or #:

Turn around Time: < 1 day

CPT Code(s): 82150

Specimen Stability: 8 hours at Room Temperature, 48 hours at 2-8 C

Specimen Type: 5 mL Light Green Heparinized Gel Tube

Minimum Specimen Requirements:

Patient Preparation: None.

Laboratory Handling: Serum is also acceptable.

---

**Amylase, Urine Random**

Cerner Primary Synonym: Urine Amylase Random

PowerChart Aliases: LAB

PathNet Aliases: LAB

Lab Where Test is Performed: BVHS

Ref Lab Code or #:

Turn around Time: < 1 day

CPT Code(s): 82150

Specimen Stability: 2 hours at Room Temperature, 24 hours at 2-8 C

Specimen Type: Random Urine Specimen, no preservative

Minimum Specimen Requirements:

Patient Preparation: None.

Laboratory Handling: None.
**Amyloidosis TTR DNA Test (Amyloidosis, Familial Molecular Analysis - see TTR Gene, Full Gene Analysis**

**Cerner Primary Synonym:**

**PowerChart Aliases:**

**PathNet Aliases:**

**Lab Where Test is Performed:** Ref Lab Code or #:

**Turn around Time:** CPT Code(s):

**Specimen Stability:**

**Specimen Type:**

**Minimum Specimen Requirements:**

**Patient Preparation:**

**Laboratory Handling:**

---

**ANA Profile (an ANA is included in this profile), Serum**

**Cerner Primary Synonym:** Send-out Other

**PowerChart Aliases:**

**PathNet Aliases:** LAB

**Lab Where Test is Performed:** UM-C Ref Lab Code or #:

**Turn around Time:** 3-5 days CPT Code(s): 86235x7, 86255, 86038

**Specimen Stability:**

**Specimen Type:** (4) 5 mL Red Top Tubes (SST Gel is acceptable)

**Minimum Specimen Requirements:** 5 mL Serum (Absolute minimum = 2 mL)

**Patient Preparation:** None.

**Laboratory Handling:** Collect without additives or preservatives. Send at Room Temperature or refrigerated. DO NOT send frozen. Label with the patient's name and identifying number and the name of the requesting institution. An ANA Profile sheet must be completed.

***** If an ANA is ordered along with the ANA Profile, the ANA does not have to be done. It is included in the ANA Profile.

Profile includes: ENA (with and without Rnase) Antibodies, RNP Antibodies, Sm Antibodies, SSA/Ro and SSB/La Antibodies, Scl-70 Antibodies, PM-1 Antibodies, Double Stranded DNA Antibodies, and an ANA. Sent to the University of Missouri-Columbia.

---

**ANA Titer (Anti-Nuclear Antibody), Serum**

**Cerner Primary Synonym:** Antinuclear Antibody HEp-2 Substrate-Mayo

**PowerChart Aliases:**

**PathNet Aliases:** Mayo-Antinuclear Ab, HEp-2 Substrate, S

**Lab Where Test is Performed:** Mayo Ref Lab Code or #: NAIFA

**Turn around Time:** 7 days CPT Code(s): 86039

**Specimen Stability:**

**Specimen Type:** 5 mL SST Gel Tube (Plain Red is acceptable)

**Minimum Specimen Requirements:** 1 mL Serum

**Patient Preparation:** None.

**Laboratory Handling:** Refrigerate This is an antibody titer test. Multiple Titers and Patterns will be reported if applicable.
Blanchard Valley Health System Laboratory Specimen Collection Manual

Anaerobic Culture (any source)

Cerner Primary Synonym: Culture Anaerobic

PowerChart Aliases: Anaerobic Culture

PathNet Aliases: C Anaerobic

Lab Where Test is Performed: BVHS

Ref Lab Code or #: 

Minimum Specimen Requirements:

Specimen Type: Specimen must be in an anaerobic collection container.

Patient Preparation:

Laboratory Handling: Acceptable specimens include: Pus from any deep wound or abscess, necrotic tissue, aspirated fluids and exudates. Proper collection should be by needle aspiration rather than by swab. Swabs may be used however, they must be anaerobic collection tubes. The laboratory is presently using the B-D* Vacutainer Anaerobic collector *(Becton-Dickenson). Directions for use: 1. Use aseptic technique throughout, 2. Remove plastic plunger which contains the swab (DO NOT remove plunger), 3. Obtain sample on the swab, 4. Push into plunger, 5. Swirl glass tube until inner glass tube around the swab falls free, 6. DO NOT refrigerate. Bring to the laboratory immediately.

Turn around Time: 3-5 days

CPT Code(s): 87075

Specimen Stability: 

Cerner Primary Synonym: 

PowerChart Aliases: 

PathNet Aliases: 

ANCA (Anti-Neutrophilic Cytoplasmic Ab)(Not Granulocyte Ab), Serum

Cerner Primary Synonym: Cytoplasmic Neutrophilic Antibody-Mayo

PowerChart Aliases: 

PathNet Aliases: Mayo-Cytoplasmic Neutrophilic Ab, S

Lab Where Test is Performed: Mayo

Ref Lab Code or #: ANCA

Minimum Specimen Requirements:

Specimen Type: 5 mL Red Top Tube (SST Gel is acceptable)

Patient Preparation:

Laboratory Handling: Refrigerate.

Turn around Time: 4 days

CPT Code(s): 86255(SCREEN),86256(TITER)
### Androstenedione, Serum

**Cerner Primary Synonym:** Androstenedione-Mayo  
**PowerChart Aliases:**  
**PathNet Aliases:** Mayo-Androstenedione, S  
**Lab Where Test is Performed:** Mayo  
**Ref Lab Code or #:** ANST  
**Minimum Specimen Requirements:**  
- 0.6 mL Serum  
**Specimen Type:** 7 mL Plain Red Top Tube ONLY (No SST Gel)  
**Patient Preparation:** None.  
**Laboratory Handling:** Freeze.  
**Turn around Time:** 5 days  
**CPT Code(s):** 82157  
**Specimen Stability:**  
**Specimen Type:** 7 mL Plain Red Top Tube ONLY (No SST Gel)  
**Patient Preparation:** None.  
**Laboratory Handling:** Freeze.  

### Angelman / Prader Willi Syndrome, Molecular Analysis, Blood

**Cerner Primary Synonym:** Send-out Other  
**PowerChart Aliases:**  
**PathNet Aliases:** LAB  
**Lab Where Test is Performed:** Mayo  
**Ref Lab Code or #:** PWAS  
**Minimum Specimen Requirements:**  
- 3 mL EDTA or ACD Whole Blood (well mixed)  
**Specimen Type:** 5 mL Lavender EDTA Tube or 7 mL Yellow ACD Tube  
**Patient Preparation:** None.  
**Laboratory Handling:** Specimens MUST arrive at Mayo within 96 hours. Room temperature. Do not freeze. Clotted blood is not acceptable.  
**Turn around Time:** 14 days  
**CPT Code(s):** 81331  
**Specimen Stability:**  
**Specimen Type:** 5 mL Lavender EDTA Tube or 7 mL Yellow ACD Tube  
**Patient Preparation:** None.  
**Laboratory Handling:** Specimens MUST arrive at Mayo within 96 hours. Room temperature. Do not freeze. Clotted blood is not acceptable.  

### Angiotensin Converting Enzyme (ACE), CSF

**Cerner Primary Synonym:** Send-out Other  
**PowerChart Aliases:**  
**PathNet Aliases:** LAB  
**Lab Where Test is Performed:** ARUP  
**Ref Lab Code or #:** 98974  
**Minimum Specimen Requirements:**  
- 1 mL CSF (Absolute Min. = 0.3 mL)  
**Specimen Type:** CSF  
**Patient Preparation:** None.  
**Laboratory Handling:** Frozen.  
**Turn around Time:** 1-5 days  
**CPT Code(s):** 82164  
**Specimen Stability:**  
**Specimen Type:** CSF  
**Patient Preparation:** None.  
**Laboratory Handling:** Frozen.
Angiotensin-1-Converting Enzyme (ACE), Serum

Cerner Primary Synonym: Angiotensin Converting Enzyme-Mayo

PowerChart Aliases: 
PathNet Aliases: Mayo-Angiotensin Converting Enzyme, S

Lab Where Test is Performed: Mayo
Ref Lab Code or #: ACE

Minimum Specimen Requirements:
Specimen Type: (2) 5 mL Red Top Tubes (SST Gel is acceptable)
1 mL Serum (Pediatric minimum = 0.5 mL)
Patient Preparation: Patient should be fasting.
Laboratory Handling: Refrigerate.

Specimen Stability:

Turn around Time: 3 days
CPT Code(s): 82164

Specimen Stability:

ANNA-1 - See Hu Autoantibodies

Cerner Primary Synonym:

PowerChart Aliases:
PathNet Aliases:

Lab Where Test is Performed: 
Ref Lab Code or #:

Turn around Time: 
CPT Code(s):

Specimen Stability:
Specimen Type:
Minimum Specimen Requirements:
Patient Preparation:
Laboratory Handling:

ANA-1 - See Hu Autoantibodies

Cerner Primary Synonym:

PowerChart Aliases:
PathNet Aliases:

Lab Where Test is Performed: 
Ref Lab Code or #:

Turn around Time: 
CPT Code(s):

Specimen Stability:
Specimen Type:
Minimum Specimen Requirements:
Patient Preparation:
Laboratory Handling:

Anser ADA (Prometheus - see NOTE below) - see Adalimumab Concentration and Anti-Adalimumab Antibody

Cerner Primary Synonym:

PowerChart Aliases:
PathNet Aliases:

Lab Where Test is Performed: 
Ref Lab Code or #:

Turn around Time: 
CPT Code(s):

Specimen Stability:
Specimen Type:
Minimum Specimen Requirements:
Patient Preparation:
Laboratory Handling:

NOTE: Send this test to Prometheus ONLY if specifically requested.
### Anser IFX (Prometheus - see NOTE below) - see Infliximab Quantitation with Reflex to Antibodies to Infliximab

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Ref Lab Code or #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>Mayo</td>
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<tr>
<td>Turn around Time:</td>
<td>6 days</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
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<tr>
<td>Specimen Type:</td>
<td>(2) 5 mL Plain Red Top Tubes (No SST Gel Tubes)</td>
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<tr>
<td>Minimum Specimen Requirements:</td>
<td>2 mL Serum</td>
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<td>Patient Preparation:</td>
<td>None.</td>
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<tr>
<td>Laboratory Handling:</td>
<td>Refrigerate.</td>
</tr>
</tbody>
</table>

### Anti-Acetylcholine Receptor Antibodies (Binding), Serum

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Acetylcholine Receptor Binding Antibody-Mayo</th>
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<tbody>
<tr>
<td>PowerChart Aliases:</td>
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<tr>
<td>PathNet Aliases:</td>
<td>Mayo-ACh Receptor (Muscle) Binding Ab</td>
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<td>Lab Where Test is Performed:</td>
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<tr>
<td>Turn around Time:</td>
<td>6 days</td>
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<tr>
<td>Specimen Stability:</td>
<td></td>
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<tr>
<td>Specimen Type:</td>
<td>(2) 5 mL Plain Red Top Tubes (No SST Gel Tubes)</td>
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<tr>
<td>Minimum Specimen Requirements:</td>
<td>2 mL Serum</td>
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<td>Patient Preparation:</td>
<td>None.</td>
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<tr>
<td>Laboratory Handling:</td>
<td>Refrigerate.</td>
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### Antibody Identification, Panel, Plasma

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<th>Cerner Primary Synonym:</th>
<th>Antibody ID</th>
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<tbody>
<tr>
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<td>ABID</td>
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<tr>
<td>PathNet Aliases:</td>
<td>BVHS</td>
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<tr>
<td>Lab Where Test is Performed:</td>
<td>BVHS</td>
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<tr>
<td>Turn around Time:</td>
<td>1 day</td>
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<tr>
<td>Specimen Stability:</td>
<td></td>
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<tr>
<td>Specimen Type:</td>
<td>7 mL Pink Top EDTA Tube</td>
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<tr>
<td>Minimum Specimen Requirements:</td>
<td>EDTA Plasma</td>
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<tr>
<td>Patient Preparation:</td>
<td>None.</td>
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<tr>
<td>Laboratory Handling:</td>
<td>Do not draw until Blood Bank is contacted. Additional serum specimen may be required.</td>
</tr>
</tbody>
</table>
Antibody Titer (the antibody to be titered should be indicated in the specimen comments)

Cerner Primary Synonym: Antibody Titer

PowerChart Aliases: 

PathNet Aliases: ABT

Lab Where Test is Performed: BVH

Ref Lab Code or #: 

Turn around Time: Variable

CPT Code(s): 86886

Specimen Stability:

Specimen Type: 7 mL Pink EDTA tube

Minimum Specimen Requirements:

Patient Preparation: None.

Laboratory Handling: None. Please make sure to indicate in Specimen Comments what antibody is to be titered.

Anti-Cardiolipin Antibodies, IgG and IgM, Serum - see Phospholipid Antibodies

Cerner Primary Synonym: 

PowerChart Aliases: 

PathNet Aliases: 

Lab Where Test is Performed: 

Ref Lab Code or #: 

Turn around Time: 

CPT Code(s): 

Specimen Stability: 

Specimen Type: 

Minimum Specimen Requirements: 

Patient Preparation: 

Laboratory Handling: 

Anti-Diptheria Antibody - see Diptheria Antitoxoid

Cerner Primary Synonym: 

PowerChart Aliases: 

PathNet Aliases: 

Lab Where Test is Performed: 

Ref Lab Code or #: 

Turn around Time: 

CPT Code(s): 

Specimen Stability: 

Specimen Type: 

Minimum Specimen Requirements: 

Patient Preparation: 

Laboratory Handling: 


Anti-Diuretic Hormone (ADH) (Vasopressin) (DDABP)(Arginine Vasopressin), Plasma

Cerner Primary Synonym: Arginine Vasopressin Level-Mayo

PowerChart Aliases:
PathNet Aliases: Mayo-Arginine Vasopressin, P

Lab Where Test is Performed: Mayo
Ref Lab Code or #: AVP

Turn around Time: 11 days
CPT Code(s): 84588

Specimen Stability:
Specimen Type: (2) 5 mL EDTA Lavender Top Tubes
Minimum Specimen Requirements:
Patient Preparation:
Laboratory Handling:
2 mL EDTA Plasma
Patient should fast for 6 hours (no liquids also) prior to collection.
Spin down for approximately 10 minutes in a refrigerated centrifuge. Remove plasma, carefully avoiding the buffy coat, and place 2 ML of EDTA platelet poor plasma in a plastic vial. Freeze.

Anti-DNA Antibody (Double-Stranded) (Native) IgG, Serum

Cerner Primary Synonym: DNA Double-Stranded IgG Antibody-Mayo

PowerChart Aliases:
PathNet Aliases: Mayo-DNA Double-Stranded Ab, IgG, S

Lab Where Test is Performed: Mayo
Ref Lab Code or #: ADNA

Turn around Time: 3 days
CPT Code(s): 86225

Specimen Stability:
Specimen Type: 5 mL Red Top Tube (SST Gel is acceptable)
Minimum Specimen Requirements:
Patient Preparation: None.
Laboratory Handling: Refrigerate.

Anti-DNA Single Stranded Autoantibodies, Serum

Cerner Primary Synonym: Send-out Other

PowerChart Aliases:
PathNet Aliases:

Lab Where Test is Performed: Quest
Ref Lab Code or #: 30174

Turn around Time: 3-5 days
CPT Code(s): 86226

Specimen Stability:
Specimen Type: 5 mL Red Top Tube (SST Gel is acceptable)
Minimum Specimen Requirements:
Patient Preparation: None.
Laboratory Handling:
Refrigerate. The Reference Code provided is a “WILD” code for Quest that will allow the correct test code to be entered when placing the order electronically to the Reference Lab. The specific test code to use after the WILD 30174 is: 14857X.
### Anti-Dnase B Titer (Dnase (Streptococcal Antibodies), Serum)

**Cerner Primary Synonym:** Streptococcal Antibodies Profile-Mayo  
**PowerChart Aliases:**  
**PathNet Aliases:** Mayo-Streptococcal Antibodies Profile  
**Lab Where Test is Performed:** Mayo  
**Ref Lab Code or #:** SABP  
**Turn around Time:** 3 days  
**CPT Code(s):** 86215,86060  
**Specimen Stability:**  
**Specimen Type:** 5 mL Red Top Tube (SST Gel Tube is acceptable)  
**Minimum Specimen Requirements:** 1 mL Serum  
**Patient Preparation:** None.  
**Laboratory Handling:** Refrigerate.  

### Anti-ENA Antibodies (Antibody to Extractable Nuclear Antigen Evaluation, Serum)

**Cerner Primary Synonym:** Send-out Other  
**PowerChart Aliases:**  
**PathNet Aliases:**  
**Lab Where Test is Performed:** Mayo  
**Ref Lab Code or #:** ENAE  
**Turn around Time:** 2-4 days  
**CPT Code(s):** 86235 (x6)  
**Specimen Stability:**  
**Specimen Type:** 5 mL Red SST Gel Tube  
**Minimum Specimen Requirements:** 0.5 mL Serum (Absolute minimum = 0.35 mL)  
**Patient Preparation:** None.  
**Laboratory Handling:** Refrigerate. This evaluation contains Anti-SSA/Ro Ab, Anti-SSB/La Ab, Anti-Smith Ab, Anti-RNP Ab, Anti-Scl70 Ab, Anti-Jo1 Ab.  

### Anti-Endomysial Antibodies - See Endomysial Antibodies

**Cerner Primary Synonym:**  
**PowerChart Aliases:**  
**PathNet Aliases:**  
**Lab Where Test is Performed:**  
**Ref Lab Code or #:**  
**Turn around Time:**  
**CPT Code(s):**  
**Specimen Stability:**  
**Specimen Type:**  
**Minimum Specimen Requirements:**  
**Patient Preparation:**  
**Laboratory Handling:**
Anti-Factor Xa Assay (Low Molecular Weight Heparin - LMWH), Plasma

Cerner Primary Synonym: Low Molecular Weight Heparin

PowerChart Aliases: LAB

PathNet Aliases:  

Lab Where Test is Performed: BVHS  
Ref Lab Code or #: 

Specimen Stability:  
Specimen Type: 5 mL Blue Top Tube (Citrate)

Minimum Specimen Requirements: 1 mL Plasma

Patient Preparation: None.

Laboratory Handling: Spin specimen immediately and remove the top 2/3 plasma into a plastic tube. Spin the aliquot again and again remove the top 2/3 plasma to achieve platelet poor plasma. Test within 8 hours if stored at 15-25 C. The specimen can be frozen for one month at -20 C. Frozen plasma samples must be rapidly thawed at 37 C and tested within 8 hours of thawing.

Turn around Time: < 1 day  
CPT Code(s): 85520

Anti-Gliadin Antibodies (Deamidated) IgG and IgA, Serum

Cerner Primary Synonym: Gliadin (Deamidated) Antibody Evaluation-Mayo

PowerChart Aliases: 

PathNet Aliases: Mayo-Gliadin (Deamidated) Ab, Eval, S

Lab Where Test is Performed: Mayo  
Ref Lab Code or #: DGLDN

Specimen Stability:  
Specimen Type: 5 mL Red Top Tube (SST Gel tubes are acceptable.)

Minimum Specimen Requirements: 0.5 mL Serum

Patient Preparation: None.

Laboratory Handling: Refrigerate.

Turn around Time: 3 days  
CPT Code(s): 83516(X2)

Anti-Glomerular Basement Membrane Antibody IgG, Serum

Cerner Primary Synonym: Glomerular Basement Membrane Antibody IgG-Mayo

PowerChart Aliases: 

PathNet Aliases: Mayo-Glomerular Basement Membrane IgG Ab

Lab Where Test is Performed: Mayo  
Ref Lab Code or #: GBM

Specimen Stability:  
Specimen Type: 5 mL Red Top Tube (SST Gel is acceptable)

Minimum Specimen Requirements: 0.5 mL Serum

Patient Preparation: None.

Laboratory Handling: Refrigerate.

Turn around Time: 3 days  
CPT Code(s): 83520
Anti-GM1 (GM1 Autoantibody) (Ganglioside Antibody Panel), Serum

Cerner Primary Synonym: Ganglioside Antibody Panel-Mayo

PowerChart Aliases: Mayo-Ganglioside Ab Panel, S

PathNet Aliases: Mayo-Ganglioside Ab Panel, S

Test Information:

Lab Where Test is Performed: Mayo

Ref Lab Code or #: GM1B

Minimum Specimen Requirements:

1 mL Serum (Absolute minimum = 0.5 mL)

Specimen Type:

(4) 5 mL Red Top Tubes (SST Gel is acceptable)

Patient Preparation: None.

Laboratory Handling: Freeze.

Turn around Time: 8 days

CPT Code(s): 83520(X6)

Specimen Stability:

Cerner Primary Synonym: Ganglioside Antibody Panel-Mayo

PowerChart Aliases: Mayo-Ganglioside Ab Panel, S

PathNet Aliases: Mayo-Ganglioside Ab Panel, S

Lab Where Test is Performed: BVHS

Ref Lab Code or #: GM1B

Minimum Specimen Requirements:

0.5 mL Serum

Specimen Type:

(4) 5 mL Red Top Tubes (SST Gel is acceptable)

Patient Preparation: None.

Laboratory Handling: Freeze.

Turn around Time: 8 days

CPT Code(s): 83520(X6)

Specimen Stability:

8 hours at Room Temperature, 7 days at 2-8 C

Cerner Primary Synonym: Hepatitis A Antibody IgM

PowerChart Aliases: LAB

PathNet Aliases: LAB

Lab Where Test is Performed: BVHS

Ref Lab Code or #: GM1B

Minimum Specimen Requirements:

0.5 mL Serum

Specimen Type:

5 mL Red Top Gel SST Tube **Serum ONLY**

Patient Preparation: None.

Laboratory Handling: Use precautions.

Turn around Time: 1-3 days

CPT Code(s): 86709

Specimen Stability:

8 hours at Room Temperature, 7 days at 2-8 C

Cerner Primary Synonym: Hemophilus influenzae Type B Antibody

PowerChart Aliases: LAB

PathNet Aliases: LAB

Lab Where Test is Performed: BVHS

Ref Lab Code or #: GM1B

Minimum Specimen Requirements:

0.5 mL Serum

Specimen Type:

5 mL Red Top Gel SST Tube **Serum ONLY**

Patient Preparation: None.

Laboratory Handling: Use precautions.

Turn around Time: 8 days

CPT Code(s): 86709

Specimen Stability:

8 hours at Room Temperature, 7 days at 2-8 C
### Anti-Histone Autoantibody, Serum

**Cerner Primary Synonym:** Histone Autoantibodies-Mayo

**PowerChart Aliases:**

**PathNet Aliases:** Mayo-Histone Autoantibodies, S

**Lab Where Test is Performed:** Mayo

**Ref Lab Code or #:** HIS

**Minimum Specimen Requirements:** 0.5 mL Serum

**Specimen Type:** 5 mL Red Top Tube (SST Gel is acceptable)

**Patient Preparation:** None.

**Laboratory Handling:** Refrigerate.

**Turn around Time:** 4 days

**CPT Code(s):** 83516

**Specimen Stability:**

<table>
<thead>
<tr>
<th>Cerner Primary Synonym</th>
<th>PowerChart Aliases</th>
<th>PathNet Aliases</th>
<th>Lab Where Test is Performed</th>
<th>Ref Lab Code or #:</th>
<th>Minimum Specimen Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Histone Autoantibodies-Mayo</td>
<td></td>
<td></td>
<td>Mayo</td>
<td>HIS</td>
<td>0.5 mL Serum</td>
</tr>
<tr>
<td>Send-out Other</td>
<td></td>
<td></td>
<td>Mayo</td>
<td>FHUAB</td>
<td>5 mL Red Top Tube (SST Gel is acceptable)</td>
</tr>
<tr>
<td>Lab</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.5 mL Serum (Absolute minimum = 0.2 mL)</td>
</tr>
<tr>
<td>ARUP</td>
<td></td>
<td></td>
<td></td>
<td>2006162</td>
<td>0.8 mL CSF (Absolute Min. = 0.5 mL)</td>
</tr>
</tbody>
</table>

### Anti-Hu (Hu Autoantibody Test) (ANNA-1), Serum

**Cerner Primary Synonym:** Send-out Other

**Lab Where Test is Performed:** Mayo

**Ref Lab Code or #:** FHUAB

**Minimum Specimen Requirements:** 0.5 mL Serum (Absolute minimum = 0.2 mL)

**Specimen Type:** 5 mL Plain Red Top Tube (SST Gel is acceptable)

**Patient Preparation:** Overnight fasting is preferred.

**Laboratory Handling:** Room temperature.

**Turn around Time:** 6-10 days

**CPT Code(s):** 86255, 86256 (if appropriate), 84181 (if appropriate)

### Anti-Hu (Hu Autoantibody Test) (ANNA-1/Neuronal Nuclear Antibody), CSF (with Reflex to Titer and Western Blot)

**Cerner Primary Synonym:** Send-out Other

**Lab Where Test is Performed:** ARUP

**Ref Lab Code or #:** 2006162

**Minimum Specimen Requirements:** 0.8 mL CSF (Absolute Min. = 0.5 mL)

**Specimen Type:** CSF

**Patient Preparation:** Refrigerate.

**Laboratory Handling:** Refrigerate.

**Turn around Time:** 5-11 days

**CPT Code(s):** 86255, if appropriate - 86256, 84181
### Anti-I Titer, Serum

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Send-out Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td>LAB</td>
</tr>
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<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>BVHS</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td></td>
</tr>
<tr>
<td>Turn around Time:</td>
<td></td>
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<tr>
<td>CPT Code(s):</td>
<td></td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>7 mL Plain Red Top Tube (No SST Gel)</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>1.5 mL Serum</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Allow blood to clot at 37 C for one hour. Spin and separate immediately. Testing performed by Red Cross Reference Laboratory.</td>
</tr>
</tbody>
</table>

### Anti-Intrinsic Factor Blocking Antibody - See Intrinsic Factor Blocking Ab

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
</tr>
<tr>
<td>PathNet Aliases:</td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
</tr>
<tr>
<td>Turn around Time:</td>
</tr>
<tr>
<td>CPT Code(s):</td>
</tr>
<tr>
<td>Specimen Stability:</td>
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<tr>
<td>Specimen Type:</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
</tr>
<tr>
<td>Patient Preparation:</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
</tr>
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</table>

### Anti-JO 1 IgG, Serum

<table>
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<th>Cerner Primary Synonym:</th>
<th>Jo 1 Antibody IgG-Mayo</th>
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</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td>Mayo-Jo 1 Ab, IgG, S</td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>Mayo</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td>JO1</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>2 days</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>86235</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>5 mL Red Top Tube (SST Gel is acceptable)</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>0.5 mL Serum (Pediatric minimum = 0.2 mL)</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Refrigerate.</td>
</tr>
</tbody>
</table>
Anti-MAG (MAG Autoantibody), Serum (with reflex to MAG-SGPG and MAG, EIA)

Cerner Primary Synonym: Send-out Other

PowerChart Aliases:

PathNet Aliases: LAB

Lab Where Test is Performed: Mayo

Ref Lab Code or #: FMGA

Turn around Time: 5-7 days

CPT Code(s): 84181, 83520 X2 (if appropriate)

Specimen Stability:

Specimen Type: 7 mL Plain Red Top Tubes (SST Gel is acceptable BUT must pour off serum)

Minimum Specimen Requirements:

Patient Preparation: None.

Laboratory Handling: Refrigerate.

---

Anti-Microsomal Antibodies - see Thyroid Peroxidase Antibodies

Cerner Primary Synonym: 

PowerChart Aliases:

PathNet Aliases: 

Lab Where Test is Performed: 

Ref Lab Code or #: 

Turn around Time: 

CPT Code(s): 

Specimen Stability:

Specimen Type: 

Minimum Specimen Requirements: 

Patient Preparation: 

Laboratory Handling: This test is also known as Anti-Thyroid Peroxidase Antibodies or Anti-Thyroid Antibodies or Anti-TPO Antibodies.

---

Anti-Mitochondrial Antibody (M2), Serum

Cerner Primary Synonym: Mitochondrial Antibody, M2-Mayo

PowerChart Aliases: 

PathNet Aliases: Mayo-Mitochondrial Ab, M2, S

Lab Where Test is Performed: Mayo

Ref Lab Code or #: AMA

Turn around Time: 1 day

CPT Code(s): 86235

Specimen Stability:

Specimen Type: 5 mL Red Top Tube (SST Gel is acceptable)

Minimum Specimen Requirements: 0.5 mL Serum

Patient Preparation: None.

Laboratory Handling: Refrigerate.
### Anti-Mullerian Hormone

**Cerner Primary Synonym:** Antimullerian Hormone-Mayo  

**PowerChart Aliases:**  

**PathNet Aliases:** Mayo-Antimullerian Hormone, S  

**Lab Where Test is Performed:** Mayo  

**Ref Lab Code or #:** AMH  

**Minimum Specimen Requirements:**  

**Specimen Type:** (2) 5 mL Red Top (SST Gel is acceptable.)  

**Patient Preparation:** None.  

**Laboratory Handling:** Refrigerate.  

**Turn around Time:** 7-10 days  

**CPT Code(s):** 83520

### Anti-Neuronal Nuclear Ab (ANNA) - see Anti-Hu Antibody, Serum

**Cerner Primary Synonym:**  

**PowerChart Aliases:**  

**PathNet Aliases:**  

**Lab Where Test is Performed:**  

**Ref Lab Code or #:**  

**Minimum Specimen Requirements:**  

**Specimen Type:**  

**Patient Preparation:**  

**Laboratory Handling:**  

**Turn around Time:**  

**CPT Code(s):**  

### Anti-Neutrophil Antibodies - see Granulocyte Antibodies, Serum

**Cerner Primary Synonym:**  

**PowerChart Aliases:**  

**PathNet Aliases:**  

**Lab Where Test is Performed:**  

**Ref Lab Code or #:**  

**Minimum Specimen Requirements:**  

**Specimen Type:**  

**Patient Preparation:**  

**Laboratory Handling:**  

**Turn around Time:**  

**CPT Code(s):**
Anti-Neutrophilic Cytoplasmic Antibodies (ANCA) (Not Granulocyte Antibodies), Serum

Cerner Primary Synonym: Cytoplasmic Neutrophilic Antibody-Mayo

PowerChart Aliases:  
PathNet Aliases: Mayo-Cytoplasmic Neutrophilic Ab, S

Lab Where Test is Performed: Mayo  
Ref Lab Code or #: ANCA

Turn around Time: 4 days  
CPT Code(s): 86255(Screen),86256(Titer)

Specimen Stability:
Specimen Type: 5 mL Red Top Tube (SST Gel is acceptable)
Minimum Specimen Requirements: 0.8 mL Serum

Patient Preparation: None.
Laboratory Handling: Refrigerate.

Anti-Parietal Cell Antibodies, Serum

Cerner Primary Synonym: Parietal Cell Antibody IgG-Mayo

PowerChart Aliases:  
PathNet Aliases: Mayo-Parietal Cell Ab, IgG, S

Lab Where Test is Performed: Mayo  
Ref Lab Code or #: 83728

Turn around Time: 4 days  
CPT Code(s): 83156

Specimen Stability:
Specimen Type: 7 mL Red Top Tube (SST Gel is acceptable)
Minimum Specimen Requirements: 0.5 mL Serum

Patient Preparation: None.
Laboratory Handling: None.

Anti-Peroxidase Antibody, Serum

Cerner Primary Synonym: Send-out Other

PowerChart Aliases:  
PathNet Aliases: LAB

Lab Where Test is Performed: Esoterix  
Ref Lab Code or #: 500042

Turn around Time: 2-3 days  
CPT Code(s): 86376

Specimen Stability:
Specimen Type: 7 mL Plain Red Top Tube (No SST Gel)
Minimum Specimen Requirements: 1 mL Serum

Patient Preparation: None.
Laboratory Handling: Spin down within 1 hour of collection. Freeze. (LabCorp courier will pick up for Esoterix)

Esoterix, Inc.  
4301 Lost Hills Rd  
Calabasas Hills, CA 91301  
PH: 1-800-444-9111  
Acct# 105808
**Anti-Phosphatidylserine Antibodies (IgG, IgM, IgA), Serum**

Cerner Primary Synonym: Phosphatidylserine IgG, IgM, IgA Antibodies-Mayo  

PowerChart Aliases:  
PathNet Aliases: Mayo-Phosphatidylserine Ab IgG, IgM, IgA  

<table>
<thead>
<tr>
<th>Lab Where Test is Performed: Mayo</th>
<th>Ref Lab Code or #: FPHOS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turn around Time: 4-7 days</td>
<td>CPT Code(s): 86148(X3)</td>
</tr>
</tbody>
</table>

Specimen Stability:  
Specimen Type: (3) 5 mL Red Top Tubes (SST Gel is acceptable)  
Minimum Specimen Requirements: 3 mL Serum  
Patient Preparation: None.  
Laboratory Handling: Refrigerate.

---

**Anti-Phospholipid Antibody Profile - see Phospholipid Antibodies**

Cerner Primary Synonym:  

PowerChart Aliases:  
PathNet Aliases:  

<table>
<thead>
<tr>
<th>Lab Where Test is Performed:</th>
<th>Ref Lab Code or #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turn around Time:</td>
<td></td>
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<tr>
<td>Specimen Stability:</td>
<td></td>
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<td>Specimen Type:</td>
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<tr>
<td>Minimum Specimen Requirements:</td>
<td></td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td></td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td></td>
</tr>
</tbody>
</table>

---

**Anti-Platelet Allo-Antibodies, Serum**

Cerner Primary Synonym: Send-out Other  

PowerChart Aliases:  
PathNet Aliases: LAB  

<table>
<thead>
<tr>
<th>Lab Where Test is Performed: Mayo</th>
<th>Ref Lab Code or #: PLAB</th>
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</thead>
<tbody>
<tr>
<td>Turn around Time: 3-5 days</td>
<td>CPT Code(s): 86022</td>
</tr>
</tbody>
</table>

Specimen Stability:  
Specimen Type: (2) 5 mL Plain Red Top Tubes (No SST Gel Tubes)  
Minimum Specimen Requirements: 1.5 mL Serum (Absolute minimum = 0.5 mL)  
Patient Preparation: None.  
Laboratory Handling: Freeze.
<table>
<thead>
<tr>
<th>Test Description</th>
<th>Lab Where Test is Performed</th>
<th>Ref Lab Code or #</th>
<th>Minimum Specimen Requirements</th>
<th>Specimen Type</th>
<th>CPT Code(s)</th>
<th>Specimen Stability</th>
<th>Patient Preparation</th>
<th>Laboratory Handling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anti-PM 1 - see Anti-PM-Scl</td>
<td></td>
<td></td>
<td></td>
<td>Serum</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Anti-PM-Scl (Anti-PM 1)</td>
<td>ARUP</td>
<td>0099591</td>
<td></td>
<td>7 mL Plain Red Top Tube (No SST Gel)</td>
<td>1 mL Serum</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Anti-Pneumococcal Antibodies (12 Serotypes) - see Pneumococcal Antibodies Panel, IgG (12 Serotypes)</td>
<td></td>
<td></td>
<td></td>
<td>Serum</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Anti-Purkinje Cell (Yo) Antibody, CSF (with reflex to Titer and Western Blot)**

**Lab Where Test is Performed:** ARUP

**Ref Lab Code or #:** 2006167

**Minimum Specimen Requirements:**
- CSF
- 0.8 mL CSF (Absolute minimum = 0.5 mL)

**Patient Preparation:** Refrigerate.

**Laboratory Handling:** Refrigerate. (Room temperature specimens are unacceptable.)

**Turn around Time:** 5-11 days

**CPT Code(s):**
- 86255, 86256 if needed
- 84181 if needed

**Cerner Primary Synonym:** Send-out Other

**PowerChart Aliases:** LAB

**PathNet Aliases:**

**Lab Where Test is Performed:** ARUP

**Specimen Stability:**

**Specimen Type:** CSF

**Minimum Specimen Requirements:**

**Patient Preparation:** Refrigerate.

**Laboratory Handling:** Refrigerate. (Room temperature specimens are unacceptable.)

**Turn around Time:**

**CPT Code(s):**

**Cerner Primary Synonym:**

**PowerChart Aliases:**

**PathNet Aliases:**

**Lab Where Test is Performed:** ARUP

**Specimen Stability:**

**Specimen Type:** CSF

**Minimum Specimen Requirements:**

**Patient Preparation:** Refrigerate.

**Laboratory Handling:** Refrigerate. (Room temperature specimens are unacceptable.)

**Turn around Time:**

**CPT Code(s):**

**Cerner Primary Synonym:**

**PowerChart Aliases:**

**PathNet Aliases:**

**Lab Where Test is Performed:** ARUP

**Specimen Stability:**

**Specimen Type:** CSF

**Minimum Specimen Requirements:**

**Patient Preparation:** Refrigerate.

**Laboratory Handling:** Refrigerate. (Room temperature specimens are unacceptable.)

**Turn around Time:**

**CPT Code(s):**

**Cerner Primary Synonym:**

**PowerChart Aliases:**

**PathNet Aliases:**

**Lab Where Test is Performed:** ARUP

**Specimen Stability:**

**Specimen Type:** CSF

**Minimum Specimen Requirements:**

**Patient Preparation:** Refrigerate.

**Laboratory Handling:** Refrigerate. (Room temperature specimens are unacceptable.)

**Turn around Time:**

**CPT Code(s):**

**Cerner Primary Synonym:**

**PowerChart Aliases:**

**PathNet Aliases:**

**Lab Where Test is Performed:** ARUP

**Specimen Stability:**

**Specimen Type:** CSF

**Minimum Specimen Requirements:**

**Patient Preparation:** Refrigerate.

**Laboratory Handling:** Refrigerate. (Room temperature specimens are unacceptable.)

**Turn around Time:**

**CPT Code(s):**

**Cerner Primary Synonym:**

**PowerChart Aliases:**

**PathNet Aliases:**

**Lab Where Test is Performed:** ARUP

**Specimen Stability:**

**Specimen Type:** CSF

**Minimum Specimen Requirements:**

**Patient Preparation:** Refrigerate.

**Laboratory Handling:** Refrigerate. (Room temperature specimens are unacceptable.)

**Turn around Time:**

**CPT Code(s):**

**Cerner Primary Synonym:**

**PowerChart Aliases:**

**PathNet Aliases:**

**Lab Where Test is Performed:** ARUP

**Specimen Stability:**

**Specimen Type:** CSF

**Minimum Specimen Requirements:**

**Patient Preparation:** Refrigerate.

**Laboratory Handling:** Refrigerate. (Room temperature specimens are unacceptable.)

**Turn around Time:**

**CPT Code(s):**

**Cerner Primary Synonym:**

**PowerChart Aliases:**

**PathNet Aliases:**

**Lab Where Test is Performed:** ARUP

**Specimen Stability:**

**Specimen Type:** CSF

**Minimum Specimen Requirements:**

**Patient Preparation:** Refrigerate.

**Laboratory Handling:** Refrigerate. (Room temperature specimens are unacceptable.)

**Turn around Time:**

**CPT Code(s):**

**Cerner Primary Synonym:**

**PowerChart Aliases:**

**PathNet Aliases:**

**Lab Where Test is Performed:** ARUP

**Specimen Stability:**

**Specimen Type:** CSF

**Minimum Specimen Requirements:**

**Patient Preparation:** Refrigerate.

**Laboratory Handling:** Refrigerate. (Room temperature specimens are unacceptable.)

**Turn around Time:**

**CPT Code(s):**

**Cerner Primary Synonym:**

**PowerChart Aliases:**

**PathNet Aliases:**

**Lab Where Test is Performed:** ARUP

**Specimen Stability:**

**Specimen Type:** CSF

**Minimum Specimen Requirements:**

**Patient Preparation:** Refrigerate.

**Laboratory Handling:** Refrigerate. (Room temperature specimens are unacceptable.)

**Turn around Time:**

**CPT Code(s):**

**Cerner Primary Synonym:**

**PowerChart Aliases:**

**PathNet Aliases:**

**Lab Where Test is Performed:** ARUP

**Specimen Stability:**

**Specimen Type:** CSF

**Minimum Specimen Requirements:**

**Patient Preparation:** Refrigerate.

**Laboratory Handling:** Refrigerate. (Room temperature specimens are unacceptable.)

**Turn around Time:**

**CPT Code(s):**

**Cerner Primary Synonym:**

**PowerChart Aliases:**

**PathNet Aliases:**

**Lab Where Test is Performed:** ARUP

**Specimen Stability:**

**Specimen Type:** CSF

**Minimum Specimen Requirements:**

**Patient Preparation:** Refrigerate.

**Laboratory Handling:** Refrigerate. (Room temperature specimens are unacceptable.)

**Turn around Time:**

**CPT Code(s):**

**Cerner Primary Synonym:**

**PowerChart Aliases:**

**PathNet Aliases:**

**Lab Where Test is Performed:** ARUP

**Specimen Stability:**

**Specimen Type:** CSF

**Minimum Specimen Requirements:**

**Patient Preparation:** Refrigerate.

**Laboratory Handling:** Refrigerate. (Room temperature specimens are unacceptable.)

**Turn around Time:**

**CPT Code(s):**

**Cerner Primary Synonym:**

**PowerChart Aliases:**

**PathNet Aliases:**

**Lab Where Test is Performed:** ARUP

**Specimen Stability:**

**Specimen Type:** CSF

**Minimum Specimen Requirements:**

**Patient Preparation:** Refrigerate.

**Laboratory Handling:** Refrigerate. (Room temperature specimens are unacceptable.)

**Turn around Time:**

**CPT Code(s):**

**Cerner Primary Synonym:**

**PowerChart Aliases:**

**PathNet Aliases:**

**Lab Where Test is Performed:** ARUP

**Specimen Stability:**

**Specimen Type:** CSF

**Minimum Specimen Requirements:**

**Patient Preparation:** Refrigerate.

**Laboratory Handling:** Refrigerate. (Room temperature specimens are unacceptable.)

**Turn around Time:**

**CPT Code(s):**

**Cerner Primary Synonym:**

**PowerChart Aliases:**

**PathNet Aliases:**

**Lab Where Test is Performed:** ARUP

**Specimen Stability:**

**Specimen Type:** CSF

**Minimum Specimen Requirements:**

**Patient Preparation:** Refrigerate.

**Laboratory Handling:** Refrigerate. (Room temperature specimens are unacceptable.)

**Turn around Time:**

**CPT Code(s):**

**Cerner Primary Synonym:**

**PowerChart Aliases:**

**PathNet Aliases:**

**Lab Where Test is Performed:** ARUP

**Specimen Stability:**

**Specimen Type:** CSF

**Minimum Specimen Requirements:**

**Patient Preparation:** Refrigerate.

**Laboratory Handling:** Refrigerate. (Room temperature specimens are unacceptable.)

**Turn around Time:**

**CPT Code(s):**

**Cerner Primary Synonym:**

**PowerChart Aliases:**

**PathNet Aliases:**

**Lab Where Test is Performed:** ARUP

**Specimen Stability:**

**Specimen Type:** CSF

**Minimum Specimen Requirements:**

**Patient Preparation:** Refrigerate.

**Laboratory Handling:** Refrigerate. (Room temperature specimens are unacceptable.)

**Turn around Time:**

**CPT Code(s):**

**Cerner Primary Synonym:**

**PowerChart Aliases:**

**PathNet Aliases:**

**Lab Where Test is Performed:** ARUP

**Specimen Stability:**

**Specimen Type:** CSF

**Minimum Specimen Requirements:**

**Patient Preparation:** Refrigerate.

**Laboratory Handling:** Refrigerate. (Room temperature specimens are unacceptable.)

**Turn around Time:**

**CPT Code(s):**
### Anti-RNA Antibodies, Serum

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Send-out Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td>LAB</td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>IMMCO</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td>013</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>2-3 days</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>not given</td>
</tr>
</tbody>
</table>

#### Minimum Specimen Requirements:
- **Specimen Type:** (2) 5 mL Red Top Tubes (SST Gel is acceptable)
- **Patient Preparation:** None.
- **Laboratory Handling:** Room temperature.

#### Specimen Stability:
- **Specimen Type:** 3 mL Serum

### Anti-RNP Autoantibodies (U1RNP), Serum

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>RNP Antibody IgG-Mayo</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td>Mayo-RNP Ab, IgG, S</td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>Mayo</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td>RNP</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>2 days</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>86235</td>
</tr>
</tbody>
</table>

#### Minimum Specimen Requirements:
- **Specimen Type:** 5 mL Red Top Tube (SST Gel Tubes are acceptable)
- **Patient Preparation:** None.
- **Laboratory Handling:** Refrigerate.

#### Specimen Stability:
- **Specimen Type:** 0.5 mL Serum

### Anti-Ro Antibody (SSA), Serum

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>SS-A/Ro Antibody IgG-Mayo</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td>Mayo-SS-A/Ro Ab, IgG, S</td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>Mayo</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td>SSA</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>3 days</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>86235</td>
</tr>
</tbody>
</table>

#### Minimum Specimen Requirements:
- **Specimen Type:** 5 mL Red Gel SST Tube
- **Patient Preparation:** None.
- **Laboratory Handling:** Refrigerate.
### Anti-SCL70 (Anti-Scleroderma Antibody), Serum

**Cerner Primary Synonym:** Scl 70 Antibody IgG-Mayo  
**PowerChart Aliases:**  
**PathNet Aliases:** Mayo-Scl 70 Ab, IgG, S  
**Lab Where Test is Performed:** Mayo  
**Ref Lab Code or #:** SCL70  
**Turn around Time:** 2 days  
**CPT Code(s):** 86235  
**Specimen Stability:**  
**Specimen Type:** 5 mL Red Top Tube (SST Gel Tubes are acceptable)  
**Minimum Specimen Requirements:** 0.5 mL Serum (Pediatric minimum = 0.25 mL)  
**Patient Preparation:** None.  
**Laboratory Handling:** Refrigerate.

### Anti-Skeletal Muscle Antibodies (Striated Muscle Antibody), Serum

**Cerner Primary Synonym:** Striational (Striated Muscle) Antibody-Mayo  
**PowerChart Aliases:**  
**PathNet Aliases:** Mayo-Striational (Striated Muscle) Ab, S  
**Lab Where Test is Performed:** Mayo  
**Ref Lab Code or #:** STR  
**Turn around Time:** 5 days  
**CPT Code(s):** 83520  
**Specimen Stability:**  
**Specimen Type:** 5 mL Red Top Tube (SST Gel Tubes are acceptable)  
**Minimum Specimen Requirements:** 1 mL Serum  
**Patient Preparation:** None.  
**Laboratory Handling:** Refrigerate.

### Anti-SM - see Anti-Smith

**Cerner Primary Synonym:**  
**PowerChart Aliases:**  
**PathNet Aliases:**  
**Lab Where Test is Performed:**  
**Ref Lab Code or #:**  
**Turn around Time:**  
**CPT Code(s):**  
**Specimen Stability:**  
**Specimen Type:**  
**Minimum Specimen Requirements:**  
**Patient Preparation:**  
**Laboratory Handling:**
Anti-Smith (ANTI-Sm), Serum

Cerner Primary Synonym: Sm Antibody IgG-Mayo

PowerChart Aliases:
PathNet Aliases: Mayo-Sm Ab, IgG, S

Lab Where Test is Performed: Mayo, Ref Lab Code or #: SM

Minimum Specimen Requirements:
Specimen Type: 1 mL Serum

Patient Preparation: None.
Laboratory Handling: Refrigerate.

Turn around Time: 2 days, CPT Code(s): 86235

Specimen Stability:
Specimen Type: 5 mL Red Top Tube (SST Gel Tubes are acceptable)

Anti-Smooth Muscle Antibody, Serum

Cerner Primary Synonym: Smooth Muscle Antibody-Mayo

PowerChart Aliases:
PathNet Aliases: Mayo-Anti-Smooth Muscle Ab

Lab Where Test is Performed: Mayo, Ref Lab Code or #: SMA

Minimum Specimen Requirements:
Specimen Type: 0.8 mL Serum

Patient Preparation: None.
Laboratory Handling: Refrigerate.

Turn around Time: 4 days, CPT Code(s): 86255

Specimen Stability:
Specimen Type: 5 mL Red Top Tube (SST Gel Tubes are acceptable)

Anti-SSA (Ro) and Anti-SSB (La) (Sjogrens Antibodies), Serum

Cerner Primary Synonym: Send-out Other

PowerChart Aliases:
PathNet Aliases:

Lab Where Test is Performed: Mayo, Ref Lab Code or #: SSAB

Minimum Specimen Requirements:
Specimen Type: (2) 5 mL Red Top Tubes (SST Gel Tubes are acceptable)

Patient Preparation: None.
Laboratory Handling: Refrigerate. This is an order group that orders Anti-SSA and Anti-SSB individually.
<table>
<thead>
<tr>
<th>Test Description</th>
<th>Cerner Primary Synonym</th>
<th>PowerChart Aliases</th>
<th>PathNet Aliases</th>
<th>Lab Where Test is Performed</th>
<th>Ref Lab Code or #:</th>
<th>Minimum Specimen Requirements</th>
<th>Specimen Stability</th>
<th>Specimen Type</th>
<th>Patient Preparation</th>
<th>Laboratory Handling</th>
<th>Turn around Time</th>
<th>CPT Code(s):</th>
<th>Specimen Stability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anti-Streptolysin O Titer, Serum - see Streptozyme</td>
<td></td>
<td></td>
<td>LAB</td>
<td>BVHS</td>
<td></td>
<td>1.5 mL Serum</td>
<td></td>
<td>7 mL Plain Red Top Tube (SST Gel is acceptable)</td>
<td>Freeze. If positive, the LAB will also order an ASO Titer (ASO). The test is performed at Bluffton Hospital Laboratory.</td>
<td>1-2 days</td>
<td>86063</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anti-Sulfatide Autoantibody - see Sulfatide Autoantibody</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anti-Thrombin III (ordered by Dr. Stephen Orr) - Order BOTH the Anti-Thrombin III Activity and Anti-Thrombin III Antigen</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>
Anti-Thrombin III Activity, Plasma

Cerner Primary Synonym: Anti-Thrombin Activity

PowerChart Aliases:

PathNet Aliases: LAB

Lab Where Test is Performed: BVHS

Ref Lab Code or #: 

Minimum Specimen Requirements:

Specimen Type: 1 mL Citrated Plasma

Patient Preparation: None.

Laboratory Handling:

Spin down and remove the top 3/4 plasma from the specimen. Then centrifuge again and remove the top 3/4 plasma and aliquot the platelet poor plasma into a plastic tube. Freeze immediately.

Turn around Time: 5 days

CPT Code(s): 85300

Specimen Stability:

Council Primary Synonym: Anti-Thrombin Activity

PowerChart Aliases:

PathNet Aliases: LAB

Lab Where Test is Performed: BVHS

Ref Lab Code or #: 

Minimum Specimen Requirements:

Specimen Type: 1 mL Citrated Plasma

Patient Preparation: None.

Laboratory Handling:

Spin down and remove the top 3/4 plasma from the specimen. Then centrifuge again and remove the top 3/4 plasma and aliquot the platelet poor plasma into a plastic tube. Freeze immediately.

Turn around Time: 5 days

CPT Code(s): 85300

Specimen Stability:

PowerChart Aliases:

PathNet Aliases: LAB

Lab Where Test is Performed: BVHS

Ref Lab Code or #: 

Minimum Specimen Requirements:

Specimen Type: 1 mL Citrated Plasma

Patient Preparation: None.

Laboratory Handling:

Spin down and remove the top 3/4 plasma from the specimen. Then centrifuge again and remove the top 3/4 plasma and aliquot the platelet poor plasma into a plastic tube. Freeze immediately.

Turn around Time: 5 days

CPT Code(s): 85300

Specimen Stability:

Anti-Thrombin III Antigen, Plasma

Cerner Primary Synonym: Antithrombin III Antigen-Mayo

PowerChart Aliases:

PathNet Aliases: Mayo-Antithrombin Antigen, P

Lab Where Test is Performed: Mayo

Ref Lab Code or #: ATTI

Minimum Specimen Requirements:

Specimen Type: 1 mL Citrated Plasma

Patient Preparation: None.

Laboratory Handling:

Spin down and remove the top 3/4 plasma from the specimen. Then centrifuge again and remove the top 3/4 plasma and aliquot the platelet poor plasma into a plastic tube. Freeze immediately.

Turn around Time: 4 days

CPT Code(s): 85301

Specimen Stability:

Anti-Thrombin III Panel - order Anti-Thrombin III Activity, Plasma and Anti-Thrombin III Antigen, Plasma separately

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: 

Ref Lab Code or #: 

Turn around Time: 

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:
Anti-Thyroglobulin Antibodies (ONLY) - see Thyroglobulin Antibodies

<table>
<thead>
<tr>
<th>Lab Where Test is Performed</th>
<th>Ref Lab Code or #:</th>
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</thead>
<tbody>
<tr>
<td>Turn around Time</td>
<td>CPT Code(s):</td>
</tr>
<tr>
<td>Specimen Stability</td>
<td></td>
</tr>
<tr>
<td>Specimen Type</td>
<td></td>
</tr>
<tr>
<td>Minimum Specimen Requirements</td>
<td></td>
</tr>
<tr>
<td>Patient Preparation</td>
<td></td>
</tr>
<tr>
<td>Laboratory Handling</td>
<td></td>
</tr>
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</table>

Specimen Stability:

<table>
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<th>Cerner Primary Synonym:</th>
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<tbody>
<tr>
<td>PowerChart Aliases:</td>
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<tr>
<td>PathNet Aliases:</td>
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Specimen Stability:

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<th>Cerner Primary Synonym:</th>
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<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
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Specimen Stability:

<table>
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<th>Cerner Primary Synonym:</th>
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<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
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Specimen Stability:

<table>
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<th>Cerner Primary Synonym:</th>
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<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
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</table>

Specimen Stability:

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Thyroperoxidase Antibody-Mayo</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td>Mayo-Thyroperoxidase Ab. S</td>
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Specimen Stability:

<table>
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<tr>
<th>Cerner Primary Synonym:</th>
<th>Thyroperoxidase Antibody-Mayo</th>
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<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td>Mayo-Thyroperoxidase Ab. S</td>
</tr>
</tbody>
</table>

Specimen Stability:
### Anti-TPO (see Thyroid Peroxidase Antibodies) (a.k.a. Anti-Microsomal Antibodies)

<table>
<thead>
<tr>
<th>Lab Where Test is Performed:</th>
<th>Ref Lab Code or #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turn around Time:</td>
<td>CPT Code(s):</td>
</tr>
</tbody>
</table>

| Specimen Stability: | |

| Specimen Type: | |

| Minimum Specimen Requirements: | |

| Patient Preparation: | |

| Laboratory Handling: | |

### Anti-TPR3 - see Proteinase 3 Autoantibodies

<table>
<thead>
<tr>
<th>Lab Where Test is Performed:</th>
<th>Ref Lab Code or #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turn around Time:</td>
<td>CPT Code(s):</td>
</tr>
</tbody>
</table>

| Specimen Stability: | |

| Specimen Type: | |

| Minimum Specimen Requirements: | |

| Patient Preparation: | |

| Laboratory Handling: | |

### Anti-Yo (Yo Autoantibody) - see Anti-Purkinje Cell Cytoplasmic Antibody, Type I

<table>
<thead>
<tr>
<th>Lab Where Test is Performed:</th>
<th>Ref Lab Code or #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turn around Time:</td>
<td>CPT Code(s):</td>
</tr>
</tbody>
</table>

| Specimen Stability: | |

| Specimen Type: | |

| Minimum Specimen Requirements: | |

| Patient Preparation: | |

<p>| Laboratory Handling: | |</p>
<table>
<thead>
<tr>
<th>Test</th>
<th>Lab Where Test is Performed</th>
<th>Ref Lab Code or #</th>
<th>Min Specimen Requirements</th>
<th>Patient Preparation</th>
<th>Laboratory Handling</th>
<th>CPT Code(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>APC Resistance, Plasma</strong></td>
<td>Mayo</td>
<td>APLAB</td>
<td>1 mL EDTA Plasma (Absolute minimum = 0.5 mL)</td>
<td>Patient should fast overnight (12-14 hours) prior to collection. Patient must not consume alcohol for 24 hours before collection.</td>
<td>Refrigerate.</td>
<td>82172(X2)</td>
</tr>
<tr>
<td><strong>Apolipoprotein A1 and B, Plasma</strong></td>
<td>Mayo</td>
<td>Send-out Other</td>
<td>5 mL EDTA Lavender Tube</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Apolipoprotein B, Plasma</strong></td>
<td>Mayo</td>
<td>APLB</td>
<td>1 mL EDTA Plasma</td>
<td>Patient must fast for 12 hours prior to testing. Patient must not consume any alcohol for 24 hours prior to collection.</td>
<td>Freeze.</td>
<td>82172</td>
</tr>
</tbody>
</table>
### Apolipoprotein E Genotyping, Blood (APOE Genotyping), Blood

**Cerner Primary Synonym:** Apolipoprotein E Genotyping-Mayo  
**PowerChart Aliases:**  
**PathNet Aliases:** Mayo-Apolipoprotein E Genotyping, B  
**Lab Where Test is Performed:** Mayo  
**Ref Lab Code or #:** APOEG  
**Minimum Specimen Requirements:**  
- **Specimen Type:** 3 mL EDTA or ACD Whole Blood  
- **CPT Code(s):** 81401  
**Patient Preparation:** None.  
**Laboratory Handling:** Room temperature. Do not refrigerate or freeze. Send whole blood in original vacutainer tube.  
**Turn around Time:** 10 days  
**Specimen Stability:** 5 mL EDTA Lavender Top Tube or 10 mL ACD (Yellow) Tube

---

### APT Test - (APT Downey Test for Fetal Hemoglobin)

**Cerner Primary Synonym:** APT for Fetal HGB  
**PowerChart Aliases:**  
**PathNet Aliases:** LAB  
**Lab Where Test is Performed:** BVHS  
**Ref Lab Code or #:**  
**Turn around Time:** < 1 day  
**CPT Code(s):** 83033  
**Specimen Stability:** Grossly bloody stool, sputum, gastric, or vaginal specimens.  
**Minimum Specimen Requirements:** None.  
**Laboratory Handling:** Samples should be tested as soon as possible upon receipt.

---

### APTT (PTT, Activated Partial Thromboplastin Time), Plasma

**Cerner Primary Synonym:** APTT  
**PowerChart Aliases:**  
**PathNet Aliases:** PTT  
**Lab Where Test is Performed:** BVHS  
**Ref Lab Code or #:**  
**Turn around Time:** < 1 day  
**CPT Code(s):** 85730  
**Specimen Stability:** 5 mL Blue Top Tube  
**Minimum Specimen Requirements:** 1 mL Citrated Plasma  
**Patient Preparation:** None.  
**Laboratory Handling:** Must fill the tube completely. Stabile for 4 hours at 2-8 C or 18-24 C. For mixing studies, contact the Hematology department. 2 ML and 3 ML Citrate (Blue Top) Tubes are also acceptable if filled completely.
### Arginine Vasopressin, Plasma

**Cerner Primary Synonym:** Arginine Vasopressin Level-Mayo  

**PowerChart Aliases:**  

**PathNet Aliases:** Mayo-Arginine Vasopressin, P  

**Lab Where Test is Performed:** Mayo  

**Ref Lab Code or #:** AVP  

**Minimum Specimen Requirements:**  
- **Specimen Type:** 2 mL EDTA Plasma  
- **Specimen Stability:**  

**Patient Preparation:** Patient should fast for 6 hours (no liquids also) prior to collection.  

**Laboratory Handling:** Spin down for approximately 10 minutes in a refrigerated centrifuge. Remove plasma, carefully avoiding the buffy coat, and place 2 ML of EDTA platelet poor plasma in a plastic tube. Freeze.  

**Turn around Time:** 11 days  

**CPT Code(s):** 84588  

---

### Arsenic, Blood

**Cerner Primary Synonym:** Arsenic Blood-Mayo  

**PowerChart Aliases:**  

**PathNet Aliases:** Mayo-Arsenic, B  

**Lab Where Test is Performed:** Mayo  

**Ref Lab Code or #:** ASB  

**Minimum Specimen Requirements:**  
- **Specimen Type:** 1 mL Whole Blood  
- **Specimen Stability:**  

**Patient Preparation:** None.  

**Laboratory Handling:** Do not separate. Refrigerate.  

**Turn around Time:** 3 days  

**CPT Code(s):** 82175  

---

### Arteriothrombosis Panel - (obsolete: see Thrombosis Profile Comprehensive (BVH))

**Cerner Primary Synonym:**  

**PowerChart Aliases:**  

**PathNet Aliases:**  

**Lab Where Test is Performed:** BVHS  

**Ref Lab Code or #:**  

**Minimum Specimen Requirements:**  

**Patient Preparation:**  

**Laboratory Handling:**  

---
### Arthritis Profile (Adult)

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Order ESR, ANA, RA, Uric Acid, and CRP</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td>LAB</td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td>LAB</td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>BVHS</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td></td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>7 days</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>Variable</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
</tbody>
</table>

**Minimum Specimen Requirements:**
This is an Care Set that includes an ESR, ANA, RA, Uric Acid, and CRP.

**Patient Preparation:**

**Laboratory Handling:**

---

### Arthritis Profile (Pediatric)

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Order ANA, CRP, Rheumatoid Factor and Streptozyme</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td>LAB</td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td>LAB</td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>BVHS</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td></td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>7 days</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>Variable</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
</tbody>
</table>

**Minimum Specimen Requirements:**
This is an Care Set that includes an ANA, C-Reactive Protein, Rheumatoid Factor, and Streptozyme.

**Patient Preparation:**

**Laboratory Handling:**
This is an order group that includes an ANA, C-Reactive Protein, Rheumatoid Factor, and Streptozyme.

---

### ASO Titer (reflexed on a positive Streptozyme/ASO Qualitative) - see Streptozyme

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
</tr>
<tr>
<td>PathNet Aliases:</td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
</tr>
<tr>
<td>Turn around Time:</td>
</tr>
<tr>
<td>CPT Code(s):</td>
</tr>
</tbody>
</table>

**Specimen Stability:**

**Specimen Type:**
This is an order group that includes an ANA, C-Reactive Protein, Rheumatoid Factor, and Streptozyme.
Aspergillus fumigatus Antibodies (IgG, IgE), Serum

Cerner Primary Synonym: Send-out Other

PowerChart Aliases:

PathNet Aliases: LAB

Lab Where Test is Performed: Mayo

Ref Lab Code or #: See below

Turn around Time: 4 days

CPT Code(s): See below

Specimen Stability:

Specimen Type: 5 mL Red Top Tube (SST Gel is acceptable)

Minimum Specimen Requirements:

Patient Preparation: None.

Laboratory Handling:

Test code for IgG is SASP. Test code for IgE is ASP. Each test (IgG or IgE) requires 0.2 ML serum.

Aspirin (Acetyl Salicylic Acid), Plasma

Cerner Primary Synonym: Salicylate Level

PowerChart Aliases:

PathNet Aliases: LAB

Lab Where Test is Performed: BVHS

Ref Lab Code or #:

Turn around Time: < 1 day

CPT Code(s): 80196

Specimen Stability: 8 hours at Room Temperature, 48 hours at 2-8 C

Specimen Type: 5 mL Light Green Heparinized Gel Tube(Serum is also acceptable)

Minimum Specimen Requirements:

Patient Preparation:

Note the time of the last dose in specimen comments. Usual sample collection is 6 hours after the last dose.

Laboratory Handling:

Note the time blood is drawn on request slip and when receiving specimen.

Aspirin Suppression - see Platelet Function Analysis (PFA)

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: BVHS

Ref Lab Code or #:

Turn around Time:

CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:
### AST (SGOT), Plasma

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>AST</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td>SGOT</td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>BVHS</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td></td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>&lt; 1 day</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>84450</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td>8 hours at Room Temperature, 48 hours at 2-8 C</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>5 mL Light Green Heparinized Gel Tube (serum is also acceptable)</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>1 mL Heparinized Plasma</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>None.</td>
</tr>
</tbody>
</table>

### Ativan - see Lorazepam

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td></td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td></td>
</tr>
<tr>
<td>Turn around Time:</td>
<td></td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td></td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td></td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td></td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td></td>
</tr>
</tbody>
</table>

### Atypical Pneumonia Panel, Serum

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Send-out Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td>LAB</td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>Focus</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td>4070</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>1-4 days</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>86631(x6),86632(x3),86713(x3),86738(x2)</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>(3) 5 mL Red Top Tubes (SST Gel Tubes are acceptable)</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>3 mL Serum</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Refrigerate. Panel includes: Chlamydia pneumoniae, Chlamydia psittaci, Chlamydia trachomatis, Legionella species (non-pneumophila), Legionella pneumophila, Mycoplasma pneumoniae IgG and IgM.</td>
</tr>
</tbody>
</table>
AVP - see ADH (Vasopressin) (Anti-Diuretic Hormone) (DDABP)(Arginine Vasopressin-AVP), Plasma

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

B & T Lymphocytes - see T- and B-Cell Quantitation by Flow Cytometry (includes - CD3, CD4, CD8, CD4-CD8 Ratio, CD19, CD16-CD56)

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

B12 & Folate Level, Plasma

Cerner Primary Synonym: Vitamin B12 and Folate

PowerChart Aliases:

PathNet Aliases: B12FO

Lab Where Test is Performed: BVHS Ref Lab Code or #:

Turn around Time: < 1 day CPT Code(s): 82607, 82746

Specimen Stability: Test must be done ASAP at Room Temperature, 8 hours at 2-8°C

Specimen Type: 5 mL Light Green Heparinized Gel Tube (SST Gel is acceptable)

Minimum Specimen Requirements: 1 mL Plasma or Serum

Patient Preparation: None.

Laboratory Handling: Do not freeze. Specimens should be refrigerated.
B12 Level (Vit B12 Level), Plasma

Cerner Primary Synonym: Vitamin B12 Level

PowerChart Aliases: 
PathNet Aliases: LAB

Lab Where Test is Performed: BVHS Ref Lab Code or #: 

Minimum Specimen Requirements:
- 0.5 mL Plasma or Serum

Specimen Type:
- 5 mL Light Green Heparinized Gel Tube (SST Gel Tube is acceptable)

Patient Preparation: None.

Laboratory Handling: Do not freeze. Specimens should be refrigerated.

Specimen Stability:
- 8 hours at Room Temperature, 24 hours at 2-8 C

Turn around Time: < 1 day CPT Code(s): 82607

Bacterial Antigen Detection Panel (Bacterial Antigen Test), CSF

Cerner Primary Synonym: Send-out Other

PowerChart Aliases: 
PathNet Aliases: 

Lab Where Test is Performed: Focus Ref Lab Code or #: 2245

Minimum Specimen Requirements:
- 2 mL CSF (Absolute minimum = 1 mL)

Specimen Type: CSF

Patient Preparation: None.

Laboratory Handling: Send specimen in a sterile, screw-capped plastic vial. Maintain sterility. Freeze.

Specimen Stability:
- 2-3 days CPT Code(s): 86403(X6)

Bacterial Antigens (CSF) - see Bacterial Antigen Detection Panel

Cerner Primary Synonym: 

PowerChart Aliases: 
PathNet Aliases: 

Lab Where Test is Performed: Ref Lab Code or #: 

Turn around Time: 

Specimen Stability: 

Specimen Type: 

Minimum Specimen Requirements: 

Patient Preparation: 

Laboratory Handling: 

Specimen Stability:
- 

CPT Code(s):
### Bartonella Antibody Panel IgG and IgM - see Cat Scratch Fever Abs

**Cerner Primary Synonym:** Glomerular Basement Membrane Antibody IgG-Mayo

**PowerChart Aliases:**

**PathNet Aliases:**

**Lab Where Test is Performed:** Ref Lab Code or #:

**Turn around Time:** CPT Code(s):

**Specimen Stability:**

**Specimen Type:**

**Minimum Specimen Requirements:**

**Patient Preparation:**

**Laboratory Handling:**

### Basement Membrane Antibodies (Glomerular) IgG, Serum

**Cerner Primary Synonym:** Glomerular Basement Membrane Antibody IgG-Mayo

**PowerChart Aliases:**

**PathNet Aliases:** Mayo-Glomerular Basement Membrane IgG Ab

**Lab Where Test is Performed:** Mayo Ref Lab Code or #: GBM

**Turn around Time:** 3 days CPT Code(s): 83520

**Specimen Stability:**

**Specimen Type:** 5 mL Red Top Tube (SST Gel Tube is acceptable)

**Minimum Specimen Requirements:** 0.5 mL Serum

**Patient Preparation:** None.

**Laboratory Handling:** Refrigerate.

### B-Cells - see T- and B-Cell Quantitation by Flow Cytometry (includes - CD3, CD4, CD8, CD4-CD8 Ratio, CD19, CD16-CD56)

**Cerner Primary Synonym:**

**PowerChart Aliases:**

**PathNet Aliases:**

**Lab Where Test is Performed:** Ref Lab Code or #:

**Turn around Time:** CPT Code(s):

**Specimen Stability:**

**Specimen Type:**

**Minimum Specimen Requirements:**

**Patient Preparation:**

**Laboratory Handling:**
B-Cells (CD19) - see T- and B-Cell Quantitation by Flow Cytometry (includes - CD3, CD4, CD8, CD4:CD8 Ratio, CD19, CD16:CD56)

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed:

Ref Lab Code or #:

Turn around Time:

CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

BCR (Breakpoint Cluster Region Analysis) (Gene Rearrangement) - See BCR/ABL Translocation 9;22

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed:

Ref Lab Code or #:

Turn around Time:

CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

BCR/ABL Gene Rearrangement (Philadelphia Chromosome)(FISH) - See BCR/ABL Translocation 9;22

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed:

Ref Lab Code or #:

Turn around Time:

CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:
### BCR-ABL PCR Qualitative, Diagnostic for CML (BCR-ABL, mRNA Detection, RT-PCR, Qualitative, Blood)

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>BCR/ABL mRNA by RT-PCR-Mayo</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PowerChart Aliases:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>PathNet Aliases:</strong></td>
<td>Mayo-BCR/ABL, RNA-Qual, Diagnostic</td>
</tr>
<tr>
<td><strong>Lab Where Test is Performed:</strong></td>
<td>Mayo</td>
</tr>
<tr>
<td><strong>Ref Lab Code or #:</strong></td>
<td>BADX</td>
</tr>
<tr>
<td><strong>Turn around Time:</strong></td>
<td>10 days</td>
</tr>
<tr>
<td><strong>CPT Code(s):</strong></td>
<td>83891, 83900(x2), 83901(x10), 83902, 83914(x2), 83912</td>
</tr>
</tbody>
</table>

**Specimen Stability:**
- **Specimen Type:** (3) 5 mL Lavender Top EDTA Tubes
- **Minimum Specimen Requirements:** 10 mL EDTA Whole Blood (in original vacutainer) (Absolute minimum = 4 mL)
- **Patient Preparation:** None.
- **Laboratory Handling:** Refrigerate. **Specimen CANNOT be frozen** Specimen must arrive at Mayo within 5 days (120 hours) of collection. Ship sample in its original collection container (vacutainer). Indicate specimen type on the sample (blood).

### BCR-ABL PCR Quantitative Monitoring CML (BCR-ABL p210 mRNA Detection, RT-PCR)

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>BCR/ABL p210 Monitoring-Mayo</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PowerChart Aliases:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>PathNet Aliases:</strong></td>
<td>Mayo-BCR/ABL, p210, Quant, Monitor</td>
</tr>
<tr>
<td><strong>Lab Where Test is Performed:</strong></td>
<td>Mayo</td>
</tr>
<tr>
<td><strong>Ref Lab Code or #:</strong></td>
<td>BCRAB</td>
</tr>
<tr>
<td><strong>Turn around Time:</strong></td>
<td>4-6 days</td>
</tr>
<tr>
<td><strong>CPT Code(s):</strong></td>
<td>83891, 83898, 83902, 83896</td>
</tr>
</tbody>
</table>

**Specimen Stability:**
- **Specimen Type:** 10 mL EDTA Whole Blood (ACD is acceptable) or 3 mL EDTA Bone Marrow (ACD is acceptable)
- **Minimum Specimen Requirements:** 10 mL Whole Blood or 3 mL Bone Marrow (Absolute minimum for either = 1 mL)
- **Patient Preparation:** Complete Hematopathology Patient Information Sheet (Mayo document)
- **Laboratory Handling:** Refrigerated. Send specimen in original collection tube. Specimen must arrive at Mayo within 72 hours of collection.

### BCR-ABL1 Translocation 9-22 (FISH), Blood

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Send-out Other</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PowerChart Aliases:</strong></td>
<td>LAB</td>
</tr>
<tr>
<td><strong>Lab Where Test is Performed:</strong></td>
<td>Mayo</td>
</tr>
<tr>
<td><strong>Ref Lab Code or #:</strong></td>
<td>922F</td>
</tr>
<tr>
<td><strong>Turn around Time:</strong></td>
<td>8 days</td>
</tr>
<tr>
<td><strong>CPT Code(s):</strong></td>
<td>Variable (cannot use 88291)</td>
</tr>
</tbody>
</table>

**Specimen Stability:**
- **Specimen Type:** (2) Green Top Sodium Heparin Tubes
- **Minimum Specimen Requirements:** 7-10 mL Sodium Heparin Whole Blood (Pediatric minimum = 2 mL)
- **Patient Preparation:** None.
- **Laboratory Handling:** Room temperature. Patient diagnosis is to accompany the specimen. Cannot be frozen.
<table>
<thead>
<tr>
<th>Test Description</th>
<th>Lab Where Test is Performed</th>
<th>Ref Lab Code or #</th>
<th>CPT Code(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benadryl (Drug Screen Prescription OTC-Urine)</td>
<td>Mayo</td>
<td>PDSU</td>
<td>80100</td>
</tr>
<tr>
<td>Bence Jones Protein - order Urine, Immunofixation Electrophoresis</td>
<td>BVHS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Benztropine - see Cogentin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test Description</td>
<td>Lab Where Test is Performed</td>
<td>Refer Lab Code or #</td>
<td>CPT Code(s)</td>
</tr>
<tr>
<td>------------------------------------------------------</td>
<td>----------------------------</td>
<td>--------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Beta 2 Glycoprotein 1 Antibodies IgA, Serum</td>
<td>Mayo</td>
<td>AB2GP</td>
<td>86146</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beta 2 Glycoprotein 1 Antibodies IgG, IgM Serum</td>
<td>Mayo</td>
<td>B2GMG</td>
<td>86146 (x2)</td>
</tr>
<tr>
<td></td>
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</tr>
<tr>
<td>Beta 2 Microglobulins, CSF</td>
<td>Mayo</td>
<td>B2MC</td>
<td></td>
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<tr>
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</tr>
</tbody>
</table>
Beta 2 Microglobulins, Serum

Cerner Primary Synonym: Beta 2 Microglobulin-Mayo

PowerChart Aliases:  
PathNet Aliases: Mayo-Beta-2-Microglobulin, S

Lab Where Test is Performed: Mayo  
Ref Lab Code or #: B2M

Turn around Time: 2 days  
CPT Code(s): 82232

Specimen Stability:  
Specimen Type: 5 mL Red Top Tube (SST Gel is acceptable)

Minimum Specimen Requirements:  
Patient Preparation: None.

Laboratory Handling: Refrigerate.

---

Beta Cardone (Betapace) - see Sotalol

Cerner Primary Synonym:  
PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed:  
Ref Lab Code or #:  
Turn around Time:  
CPT Code(s):

Specimen Stability:  
Specimen Type:

Minimum Specimen Requirements:  
Patient Preparation:

Laboratory Handling:

---

Beta Glucuronidase, CSF - Test Obsolete - Recommend CEA, CSF

Cerner Primary Synonym:  
PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed:  
Ref Lab Code or #:  
Turn around Time:  
CPT Code(s):

Specimen Stability:  
Specimen Type:

Minimum Specimen Requirements:  
Patient Preparation:

Laboratory Handling:
### Beta HCG (Quantitative Serum Pregnancy Test), Serum (**NOT FOR TUMOR MARKER**)

**Cerner Primary Synonym:** Beta hCG Quantitative  
**PowerChart Aliases:** hCG Quantitative  
**PathNet Aliases:** HCG  
**Lab Where Test is Performed:** BVHS  
**Ref Lab Code or #:**  
**Turn around Time:** < 1 day  
**CPT Code(s):** 84702  
**Specimen Stability:** 8 hours at Room Temperature, 48 hours at 2-8 C  
**Specimen Type:** 5 mL Plain Red Top Tube Preferred (SST Gel is acceptable)  
**Minimum Specimen Requirements:** 1 mL Serum  
**Patient Preparation:** This HCG is for reproductive status or pregnancy. Not for males.  
**Laboratory Handling:** Only order for females. This test is for reproductive status or pregnancy. If a Tumor Marker HCG is requested please order HCG Tumor Marker (HCGTM).

---

### Beta Hydroxybutyrate, Serum (Beta-Hydroxybutyric Acid)

**Cerner Primary Synonym:** Beta Hydroxybutyrate  
**PowerChart Aliases:**  
**PathNet Aliases:**  
**Lab Where Test is Performed:** BVHS  
**Ref Lab Code or #:**  
**Turn around Time:** < 1 day  
**CPT Code(s):** 82010  
**Specimen Stability:**  
**Specimen Type:** 7 mL Red Top Tube (SST Gel is acceptable.)  
**Minimum Specimen Requirements:** 0.5 mL Serum  
**Patient Preparation:** None.  
**Laboratory Handling:** None.
**Beta-HCG Tumor Marker (*** Not for Reproductive Status or Pregnancy ***)**

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Beta-HCG Quantitative-Mayo</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td>Mayo-Beta-HCG, Quantitative, S</td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>Mayo</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td>BHCG</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>2-3 days</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>84702</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td>5mL Red SST Tube</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>0.6 mL Serum</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>This is a BHCG test as a Tumor Marker. May be ordered on Males or Females.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Refrigerate.</td>
</tr>
</tbody>
</table>

**Betapace (Beta Cardone) - see Sotalol**

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
</tr>
<tr>
<td>PathNet Aliases:</td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
</tr>
<tr>
<td>Turn around Time:</td>
</tr>
<tr>
<td>Specimen Stability:</td>
</tr>
<tr>
<td>Specimen Type:</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
</tr>
<tr>
<td>Patient Preparation:</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
</tr>
</tbody>
</table>

**Bicarbonate, Blood (a.k.a Venous Blood Gas) - Performed by BVH Respiratory Department**

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Blood Gas Venous</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td>Venous Blood Gas</td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>Ref Lab Code or #:</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>CPT Code(s):</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>1 mL Heparinized Whole Blood Syringe ONLY - Syringe provided by Respiratory Dept Associates</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>1 mL Heparinized Whole Blood</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Before the phlebotomy procedure is attempted, Laboratory associates MUST notify the Respiratory department associates so that they can be present at the time of collection as well as provide the 1 mL heparinized syringe. Respiratory associates can be notified by utilizing the Vocera communication system by calling for “Respiratory _____ (floor number or location of the patient)” For example: &quot;Respiratory 5&quot; or &quot;Respiratory ICU”. Laboratory associates will collect venous blood utilizing the Cerner specimen collection process as normal ensuring the syringe is properly labeled just as any other collection tube. If other tests are ordered for collection at the same time, the best collection device to use is the butterfly, making sure you crimp the tubing when exchanging the syringe with a needle and hub adapter, or other syringe to the end of the butterfly. Give the properly labeled heparinized syringe back to the Respiratory associate.</td>
</tr>
</tbody>
</table>
Bilirubin, Direct and Indirect, Plasma (does NOT include Total)

Cerner Primary Synonym: Direct and Indirect Bilirubin

PowerChart Aliases: FBILI
PathNet Aliases: FBILI

Lab Where Test is Performed: BVHS
Ref Lab Code or #: CPT Code(s): 82247, 82248

Turn around Time: < 1 day

Specimen Stability: 8 hours at Room Temperature, 48 hours at 2-8 °C
Specimen Type: 5 mL Light Green Heparinized Gel Tube

Minimum Specimen Requirements:

Patient Preparation: None.
Laboratory Handling: Avoid hemolysis.

Bilirubin, Total, Body Fluid (not urine)

Cerner Primary Synonym: Body Fluid Bilirubin

PowerChart Aliases: FLBILI
PathNet Aliases: FLBILI

Lab Where Test is Performed: BVHS
Ref Lab Code or #: CPT Code(s): 82247

Turn around Time: < 1 day

Specimen Stability: Body Fluid, non urine (CSF, Synovial, Pericardial, Peritoneal, Plural, Miscellaneous)
Specimen Type: 0.5 mL Body Fluid

Minimum Specimen Requirements:

Patient Preparation: None.
Laboratory Handling: None.

Biotin (Vitamin B7, Vitamin H), Serum

Cerner Primary Synonym: Biotin (Vitamin B7)-Mayo

PowerChart Aliases: Mayo-Biotin (Vitamin B7)
PathNet Aliases: FBIOT

Lab Where Test is Performed: Mayo
Ref Lab Code or #: CPT Code(s): 84591

Turn around Time: 3-16 days

Specimen Stability: (2) 5 mL Red Top Tubes (SST Gel is acceptable)
Specimen Type: 2 mL Serum (Absolute minimum = 1 mL)

Minimum Specimen Requirements:

Patient Preparation: None.
Laboratory Handling: Protect from light. Allow sample to clot for 30 minutes. Freeze. Avoid hemolysis or lipemia.
Biotinidase, Serum (Adult and Pediatric), Serum

Cerner Primary Synonym: Biotinidase Level-Mayo

PowerChart Aliases: 

PathNet Aliases: Mayo-Biotinidase, S

Lab Where Test is Performed: Mayo

Ref Lab Code or #: BIOTS

Turn around Time: 9 days

CPT Code(s): 82261

Specimen Stability:

Specimen Type: 7 mL Red Top Tube (SST Gel is acceptable)

Minimum Specimen Requirements:

Patient Preparation: None.

Laboratory Handling: Freeze.

Bismuth, Serum

Cerner Primary Synonym: Send-out Other

PowerChart Aliases: 

PathNet Aliases: 

Lab Where Test is Performed: Mayo

Ref Lab Code or #: FBIS

Turn around Time: 4 days

CPT Code(s): 83018

Specimen Stability:

Specimen Type: (2) 7 mL Royal Blue Trace Metal Tubes (No Additive)

Minimum Specimen Requirements:

Patient Preparation: None.

Laboratory Handling: See instructions in Mayo book.

BK Virus Molecular Detection PCR, Quantitative, Plasma

Cerner Primary Synonym: BK Virus DNA Quant by Rapid PCR-Mayo

PowerChart Aliases: 

PathNet Aliases: Mayo-BK Virus PCR, Quant, P

Lab Where Test is Performed: Mayo

Ref Lab Code or #: 83187

Turn around Time: 2-3 days

CPT Code(s): 87799

Specimen Stability:

Specimen Type: (2) 5 mL Lavender EDTA Tubes

Minimum Specimen Requirements:

Patient Preparation: None.

Laboratory Handling: Spin down promptly (within 24 hours). Refrigerate.
<table>
<thead>
<tr>
<th>Test Description</th>
<th>Lab Where Test is Performed</th>
<th>Ref Lab Code or #</th>
<th>CPT Code(s)</th>
<th>Minimum Specimen Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bladder Tumor Antigen (BTA) (Urothelial Cancer, FISH), Urine</td>
<td>Mayo</td>
<td>FUROC</td>
<td>88120</td>
<td>30 mL Clean Catch or Cath Urine with 70% ethanol additive.</td>
</tr>
<tr>
<td>Blastomyces Antibody by EIA, Serum</td>
<td>Mayo</td>
<td>BLAST</td>
<td>86612</td>
<td>1 mL Serum (Absolute minimum = 0.5 mL)</td>
</tr>
<tr>
<td>Bleeding Diathesis, Limited, Plasma</td>
<td>Mayo</td>
<td>BDIAL</td>
<td>85240, 85246, 85291, 85366, 85379, 85384, 85390, 85397, 85610, 85670, 85730</td>
<td>(5) 1 mL aliquots of citrated plasma</td>
</tr>
</tbody>
</table>

**Patient Preparation:**
- None.

**Laboratory Handling:**
- Add an equal amount of 70% ethanol to the urine sample. Refrigerate.
- Refrigerate.
- Spin the tubes down immediately. Remove the top 3/4 of the plasma. Place in plastic tubes. Spin again and place (5) 1 ML aliquots of platelet poor plasma in plastic tubes to Mayo. Freeze right away at ≤ -40 degrees C.
### Bleeding Time - order Platelet Function Analysis (PFA)

**Cerner Primary Synonym:**

**PowerChart Aliases:**

**PathNet Aliases:**

<table>
<thead>
<tr>
<th>Lab Where Test is Performed</th>
<th>BVHS</th>
<th>Ref Lab Code or #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turn around Time</td>
<td>6 days</td>
<td>CPT Code(s): 87040</td>
</tr>
<tr>
<td>Specimen Stability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specimen Type</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minimum Specimen Requirements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Preparation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laboratory Handling</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

### Blood Culture

**Cerner Primary Synonym:** Culture Blood

**PowerChart Aliases:** Blood Culture

**PathNet Aliases:** C Blood

<table>
<thead>
<tr>
<th>Lab Where Test is Performed</th>
<th>BVHS</th>
<th>Ref Lab Code or #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turn around Time</td>
<td>6 days</td>
<td>CPT Code(s): 87040</td>
</tr>
</tbody>
</table>

**Specimen Type:** 1 Blue and 1 Red ESP Blood Culture Bottle (**DO NOT accept Non-VersaTrek Blood Culture bottles**)

**Minimum Specimen Requirements:** 0.5 mL Blood per ESP Bottle (**DO NOT accept Non-VersaTrek Blood Culture bottles**)

**Patient Preparation:**
Wipe the stoppers of the aerobic and anaerobic blood culture bottles with 70% alcohol and allow to dry. Find the vein for venipuncture. Vigorously cleanse the site with 70% alcohol and allow to dry. Make sure patient is not allergic to iodine. Apply 2% tincture of iodine or 10% providone-iodine to the site starting at the center and moving in concentric circles to the periphery. Allow to dry 30-60 seconds. If the patient is allergic to iodine, clean the site twice with alcohol. Perform the venipuncture without re-palpating the site. Obtain the blood specimen. Apply pressure until the bleeding has stopped. Dispose of the sharps appropriately. Label ESP bottles with the patient's name, date and time of collection, and volume of blood inoculated. Deliver to the Lab ASAP.

**Laboratory Handling:**
The specimen is usually collected by the laboratory unless specified to be a line (port) draw. The maximum volume per ESP bottle is 5 ML and the minimum is 0.5 ML. Try to obtain the maximum amount of blood possible to the maximum of 5 ML per bottle. If it is impossible to obtain enough blood to inoculate both aerobic (blue) and anaerobic (red) bottles (0.5 ML in each bottle) inoculate the aerobic (blue) bottle only.

**********DO NOT OVERFILL THE BOTTLES**********
### BNP - see B-Type Natriuretic Peptide

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lab Where Test is Performed:</th>
<th>BVHS</th>
<th>Ref Lab Code or #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turn around Time:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Body Fluid Cholesterol - see Cholesterol, Body Fluid

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
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</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Lab Where Test is Performed:</th>
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</thead>
<tbody>
<tr>
<td>Turn around Time:</td>
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<tr>
<td>Specimen Stability:</td>
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<tr>
<td>Specimen Type:</td>
<td></td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td></td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td></td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td></td>
</tr>
</tbody>
</table>

### Body Fluid Culture (Abdominal, Chest, Synovial)

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Culture Body Fluid</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td>Body Fluid Culture</td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td>C Body Fluid</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lab Where Test is Performed:</th>
<th>BVHS</th>
<th>Ref Lab Code or #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turn around Time:</td>
<td>2-3 days</td>
<td>CPT Code(s): 87071</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>0.5 mL to 10mL Fluid in a Sterile Tube or Syringe</td>
<td></td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>0.5 mL Fluid</td>
<td></td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>Skin decontamination with providone iodine. Use aseptic aspiration with a syringe and needle, place immediately into tubes provided by the lab (for Synovial or Serous fluid collection lab kits)</td>
<td></td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>See Fluid Culture Procedure.</td>
<td></td>
</tr>
</tbody>
</table>
Blanchard Valley Health System Laboratory Specimen Collection Manual

Body Fluid Triglycerides - see Triglycerides, Body Fluid
Cerner Primary Synonym:
PowerChart Aliases:
PathNet Aliases:
Lab Where Test is Performed: Ref Lab Code or #:
Turn around Time: CPT Code(s):
Specimen Stability:
Specimen Type:
Minimum Specimen Requirements:
Patient Preparation:
Laboratory Handling:

Bone Marrow Culture (Culture, Tissue)
Cerner Primary Synonym: Culture Tissue
PowerChart Aliases:
PathNet Aliases: C Tissue
Lab Where Test is Performed: BVHS Ref Lab Code or #:
Turn around Time: 2 days CPT Code(s): 87071
Specimen Stability:
Specimen Type: Sterile Tube
Minimum Specimen Requirements: 1 mL Bone Marrow
Patient Preparation:
Laboratory Handling: Recommended for immunocompromised individuals to help diagnose systemic fungal infections or miliary TB. Appropriate tubes can be obtained from the Microbiology laboratory prior to obtaining the specimen.

Bone Marrow Examination, Slides and / or Biopsy
Cerner Primary Synonym: Pathology Assist Bone Marrow
PowerChart Aliases:
PathNet Aliases:
Lab Where Test is Performed: BVHS Ref Lab Code or #:
Turn around Time: 3-5 days CPT Code(s):
Specimen Stability:
Specimen Type: Obtained by Hematologist or Pathologist
Minimum Specimen Requirements:
Patient Preparation: Patient should have CBC, Diff, Retic, and Platelet Count before requesting Bone Marrow.
Laboratory Handling: None.
Bone Marrow, Chromosome Analysis for Hematologic Disorders

Cerner Primary Synonym: Chromosomes, Hematologic, Bone Marrow-Mayo

PowerChart Aliases: 
PathNet Aliases: Mayo-Chromosomes, Hematologic, Bone Marrow

Lab Where Test is Performed: Mayo
Ref Lab Code or #: CHRBM

Minimum Specimen Requirements: 2-3 mL Bone Marrow Aspirate

Specimen Type: Bone Marrow in Green Top Sodium Heparin Tube

Patient Preparation: At physician's or pathologist's request.

Laboratory Handling: Keep at room temperature. Bone marrow for Chromosome Analysis (Cytogenetics) should be placed in a green sodium heparin tube. This is the preferred specimen. Complete a hematopathology/molecular oncology/cytogenetics request form.

Turn around Time: 11 days
CPT Code(s): Variable (Cannot Use 88291)

Specimen Stability:

Bone Marrow, Cytogenetics - see Bone Marrow, Chromosome Analysis for Hematologic Disorders

Cerner Primary Synonym:

PowerChart Aliases: 
PathNet Aliases: 

Lab Where Test is Performed:

Specimen Type:

Minimum Specimen Requirements: 2-3 mL Bone Marrow Aspirate

Patient Preparation:

Laboratory Handling:

Turn around Time: 4 days
CPT Code(s): 88184, 88185(X6)

Specimen Stability:

Bone Marrow, Flow Cytometry (Leukemia/Lymphoma Immunophenotyping)

Cerner Primary Synonym: Send-out Other

PowerChart Aliases: 
PathNet Aliases: 

Lab Where Test is Performed: Mayo
Ref Lab Code or #: LCMS

Turn around Time: 4 days
CPT Code(s): 88184, 88185(X6)

Specimen Stability:

Specimen Type: 7 mL Yellow ACD (Solution B) Tube

Minimum Specimen Requirements: 1-5 mL BONE MARROW ASPIRATE

Patient Preparation: PER PATHOLOGISTS

Laboratory Handling: KEEP AT ROOM TEMPERATURE. SPECIMEN CANNOT BE FROZEN. INCLUDE SPECIMEN COLLECTION DATE, CLINICAL HISTORY, AND SPECIMEN TYPE (BONE MARROW) ON SPECIMEN.
Bordatella Pertussis and Parapertussis DNA by Rapid PCR

Cerner Primary Synonym: Bordetella by PCR-Mayo
PowerChart Aliases: Pertussis-Parapertussis PCR-Mayo
PathNet Aliases: Mayo-Bordetella PCR

Lab Where Test is Performed: Mayo
Ref Lab Code or #: BPRP

Turn around Time: 3 days
CPT Code(s): 87801

Specimen Stability:
Specimen Type: Nasopharyngeal Rayon Swab (Green swab) with aluminum shaft in transport medial or nasopharyngeal aspirate/wash

Minimum Specimen Requirements:
Patient Preparation: None.
Laboratory Handling: Collect nasopharyngeal specimen on a green rayon swab with an aluminum shaft. Swab should be in transport medium (Stuart's media). If specimen is an aspirate/wash collect in a sterile, screw capped container. Refrigerate. Transport within 24 hours.

Borrelia burgdorferi (Lyme Disease Screen Antibody with reflex Confirmation), Serum

Cerner Primary Synonym: Lyme Disease Serology-Mayo
PathNet Aliases: Mayo-Lyme Disease Serology, S

Lab Where Test is Performed: Mayo
Ref Lab Code or #: LYME

Turn around Time: 4 days
CPT Code(s): 86618

Specimen Stability:
Specimen Type: 5 mL Red Top SST Tube (Plain Redl tubes are acceptable)

Minimum Specimen Requirements:
Patient Preparation: None.
Laboratory Handling: Refrigerate. If Lyme Disease Screen is reactive a "Lyme Disease Antibody, Confirmation" test (to include immunofluorescence assay (IFA) and western blot) will be reflexed.

Brain Natriuretic Peptide - see B-Type Natriuretic Peptide

Cerner Primary Synonym:
PowerChart Aliases:
PathNet Aliases:

Lab Where Test is Performed: BVHS
Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:
Specimen Type:
Minimum Specimen Requirements:
Patient Preparation:
Laboratory Handling:
BRCA-1 / BRCA-2 Comprehensive Gene Sequence Analysis, Blood

Cerner Primary Synonym: Send-out Other

PowerChart Aliases:

Ref Lab Code or #:

CPT Code(s): 83891, 83898, 83912, 83904, 83894

Myriad Genetics

Lab Where Test is Performed:

Minimum Specimen Requirements:

10 mL EDTA Whole Blood

Specimen Type:

(2) 5 mL Lavender EDTA Top Tubes

Patient Preparation:

None.

Laboratory Handling:

Room temperature. DO NOT centrifuge, refrigerate or freeze the specimen. We do not order this test in Meditech. The reference lab charges the patient directly. We do order a phlebotomy charge.

Specimen Stability:

Turn around Time:

3 days

CPT Code(s): 86622(X2)

Brucella abortus Antibodies, Serum

Cerner Primary Synonym: Brucella IgG + IgM Antibody Screen-Mayo

PowerChart Aliases:

PathNet Aliases: Mayo-Brucella Ab Screen, IgG and IgM, S

Lab Where Test is Performed: Mayo

Ref Lab Code or #: BRUGM

Minimum Specimen Requirements:

2 mL Serum (Absolute minimum = 1.1 mL)

Specimen Type:

(2) 7 mL Red Top Tube (SST Gel is acceptable)

Patient Preparation:

None.

Laboratory Handling:

Refrigerate.

Specimen Stability:

Turn around Time:

< 1 day

CPT Code(s): 83880

Brucella IgG + IgM Antibody Screen-

7 hours at Room Temperature, 24 hours at 2-8 C

Specimen Type:

5 mL Lavender EDTA Tube

Minimum Specimen Requirements:

1.0 mL EDTA Plasma or Whole Blood

Patient Preparation:

None.

Laboratory Handling:

Blood is stable for 7 hours at Room Temperature or 24 hours at Refrigerated. Pro-BNP - NT-Pro B-Type Natriuretic Peptide (BNP) is recommended instead of BNP for monitoring patients on the drug Entresto.
### Bullous Pemphigoid Antibodies - see Cutaneous Immunofluorescence Antibodies

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Ref Lab Code or #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>BVHS</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>&lt; 1 day</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td>8 hours at Room Temperature, 48 hours at 2-8 C</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>5 mL Light Green Heparinized Gel Tube</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>0.5 mL Heparinized Plasma</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Serum is also acceptable.</td>
</tr>
</tbody>
</table>

### BUN (Urea Nitrogen), Serum

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>BUN</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td>Blood Urea Nitrogen</td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td>BUN</td>
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<tr>
<td>Lab Where Test is Performed:</td>
<td>BVHS</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>&lt; 1 day</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td>8 hours at Room Temperature, 48 hours at 2-8 C</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>5 mL Light Green Heparinized Gel Tube</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>0.5 mL Heparinized Plasma</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Serum is also acceptable.</td>
</tr>
</tbody>
</table>

### BUN, Urine 24 Hour

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Urine BUN 24 Hour</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>BVHS</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>&lt; 1 day</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td>2 hours at Room Temperature, 24 hours at 2-8 C</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>24 HR Collection, no preservative</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>1 mL Urine of a 24 hour collection</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Collect on ice. Record the total urine volume.</td>
</tr>
</tbody>
</table>
Buprenorphine Screen w/ Confirmation, Urine

**Cerner Primary Synonym:** Buprenorphine Screen w/Confirmation, Ur

**PowerChart Aliases:**

**PathNet Aliases:**

**Lab Where Test is Performed:** BVHS  
**Ref Lab Code or #:**

**Specimen Type:** Random Urine Drug Screen Collection  
**Minimum Specimen Requirements:** 25 mL Urine

**Patient Preparation:** None.

**Laboratory Handling:** The Urine Buprenorphine Confirmation, if needed, requires 3 mL of urine. Test contains Buprenorphine Screen and Confirmation (if appropriate).

**Turn around Time:** < 1 day for Screen  
**CPT Code(s):** 80307

---

Bupropion (Wellbutrin) with Hydroxybupropion, Serum

**Cerner Primary Synonym:** Send-out Other

**PowerChart Aliases:**

**PathNet Aliases:**

**Lab Where Test is Performed:** Mayo  
**Ref Lab Code or #:** FBUMT

**Specimen Type:** 7 mL Plain Red Top Tube (No SST Gel)  
**Minimum Specimen Requirements:** 1 mL Serum (Absolute minimum = 0.5 mL)

**Patient Preparation:** None.

**Laboratory Handling:** No SST Gel. Freeze.

**Turn around Time:** 4-6 days  
**CPT Code(s):** 80338

---

Burn Graft Culture - see Wound Culture

**Cerner Primary Synonym:** Culture Wound

**PowerChart Aliases:** Wound Culture

**PathNet Aliases:** C Wound

**Lab Where Test is Performed:** BVHS  
**Ref Lab Code or #:**

**Specimen Type:** Discharge or aspirated material in a sterile container

**Minimum Specimen Requirements:**

**Patient Preparation:** Asceptically obtain aspirate.

**Laboratory Handling:**

**Turn around Time:** 2 days  
**CPT Code(s):** 87070
### Buspar (Buspirone), Serum

**Cerner Primary Synonym:** Send-out Other  
**PowerChart Aliases:**  
**PathNet Aliases:**  
**Lab Where Test is Performed:** Mayo  
**Ref Lab Code or #:** FBUS  
**Turn around Time:** 6 days  
**CPT Code(s):** 82542  
**Specimen Stability:**  
**Specimen Type:** (4) 7 mL Red Top Tube (No SST Gel) (Plain Green Sodium Heparin Tubes are acceptable)  
**Minimum Specimen Requirements:** 3 mL Serum (or Sodium Heparin Plasma) (Absolute minimum = 0.6 mL)  
**Patient Preparation:** None.  
**Laboratory Handling:** Refrigerate.  

**Buspirone - see Buspar**

### C1 Esterase Inhibitor Antigen, Serum

**Cerner Primary Synonym:** C1 Esterase Inhibitor Antigen, Serum-Mayo  
**PowerChart Aliases:**  
**PathNet Aliases:**  
**Lab Where Test is Performed:** Mayo  
**Ref Lab Code or #:** C1ES  
**Turn around Time:** 2-3 days  
**CPT Code(s):** 83883  
**Specimen Stability:**  
**Specimen Type:** 5 mL Red Top SST Gel Tube  
**Minimum Specimen Requirements:** 1 mL Serum  
**Patient Preparation:** Fasting is preferred but not required.  
**Laboratory Handling:** Freeze.
C1 Esterase Inhibitor, Functional Assay, Serum

Cerner Primary Synonym: C1 Esterase Inhibitor Functional, Serum-Mayo

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Mayo
Ref Lab Code or #: FC1EQ

Minimum Specimen Requirements:

Specimen Type: 1 mL Serum

Patient Preparation:
Fasting.

Laboratory Handling:
Place on wet ice immediately after collection. Freeze as soon as possible.

Turn around Time: 5 days
CPT Code(s): 86161

Specimen Stability:
5 mL Plain Red Top No Gel Tube

C1Q Binding Assay - see Immune Complex, C1Q Binding Assay

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Mayo
Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

C1Q, Serum (Complement C1Q)

Cerner Primary Synonym: Complement C1q-Mayo

PowerChart Aliases:

PathNet Aliases: Mayo-Complement C1q, S

Lab Where Test is Performed: Mayo
Ref Lab Code or #: C1Q

Minimum Specimen Requirements:

Specimen Type: 5 mL Red Top Tube (SST Gel is acceptable)

Patient Preparation:
Fasting.

Laboratory Handling:
Refrigerate.

Turn around Time: 3 days
CPT Code(s): 86160
C2, Serum (Second Component of Complement), Functional

Cerner Primary Synonym: C2 Complement Functional w/ Reflex-Mayo

PowerChart Aliases: 
PathNet Aliases: Mayo-C2 Complement, Functional w/ Reflex, S

<table>
<thead>
<tr>
<th>Lab Where Test is Performed:</th>
<th>Ref Lab Code or #:</th>
<th>C2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mayo</td>
<td></td>
<td>C2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Turn around Time:</th>
<th>CPT Code(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 days</td>
<td>86161</td>
</tr>
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</table>

Specimen Stability:

<table>
<thead>
<tr>
<th>Specimen Type:</th>
<th>Minimum Specimen Requirements:</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 mL Red Top Tube (SST Gel is acceptable)</td>
<td>1 mL Serum</td>
</tr>
</tbody>
</table>

Patient Preparation: None.
Laboratory Handling: Freeze.

C282Y and H63D - see Hemochromatosis HFE Gene Analysis

Cerner Primary Synonym:

PowerChart Aliases: 
PathNet Aliases: 

<table>
<thead>
<tr>
<th>Lab Where Test is Performed:</th>
<th>Ref Lab Code or #:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>C2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Turn around Time:</th>
<th>CPT Code(s):</th>
</tr>
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<tbody>
<tr>
<td></td>
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Specimen Stability:

<table>
<thead>
<tr>
<th>Specimen Type:</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 mL Red Top Tube (SST Gel is acceptable)</td>
</tr>
</tbody>
</table>

Patient Preparation: None.
Laboratory Handling: 

C3, Serum (Complement Component C3)

Cerner Primary Synonym: Complement C3-Mayo

PowerChart Aliases: 
PathNet Aliases: 

<table>
<thead>
<tr>
<th>Lab Where Test is Performed:</th>
<th>Ref Lab Code or #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mayo</td>
<td>C3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Turn around Time:</th>
<th>CPT Code(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 days</td>
<td>86160</td>
</tr>
</tbody>
</table>

Specimen Stability:

<table>
<thead>
<tr>
<th>Specimen Type:</th>
<th>Minimum Specimen Requirements:</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 mL Red Top Tube (SST Gel is acceptable)</td>
<td>1 mL Serum</td>
</tr>
</tbody>
</table>

Patient Preparation: None.
Laboratory Handling: Refrigerate.
### C3d Circulating Immune Complexes, Serum

- **Cerner Primary Synonym:** Send-out Other
- **Ref Lab Code or #:** FC3D
- **CPT Code(s):** 86332
- **Lab Where Test is Performed:** Mayo
- **Minimum Specimen Requirements:** 1 mL Serum (absolute min. = 0.5 mL)
- **Specimen Type:** 7 mL Plain Red Top Tube (No SST Gel)
- **Patient Preparation:** None.
- **Laboratory Handling:** Freeze. Send frozen on dry ice.
- **Turn around Time:** 7 days

### C4, Serum (Complement Component C4)

- **Cerner Primary Synonym:** Complement C4-Mayo
- **Ref Lab Code or #:** C4
- **CPT Code(s):** 86160
- **Lab Where Test is Performed:** Mayo
- **Minimum Specimen Requirements:** 1 mL Serum
- **Specimen Type:** 5 mL Red Top Tube (SST Gel is acceptable)
- **Patient Preparation:** None.
- **Laboratory Handling:** Refrigerate.
- **Turn around Time:** 2 days

### CA 125 (Cancer Antigen 125), Serum

- **Cerner Primary Synonym:** CA 125
- **Ref Lab Code or #:**
- **CPT Code(s):** 86304
- **Lab Where Test is Performed:** BVHS
- **Minimum Specimen Requirements:** 0.5 mL Serum or Plasma
- **Specimen Stability:** 8 hours at Room Temperature, 48 hours at 2-8 C
- **Specimen Type:** 5 mL Red Top Tube (SST Gel is acceptable)
- **Patient Preparation:** None.
- **Laboratory Handling:** Refrigerate.
- **Turn around Time:** < 1 day
### CA 15-3 (Cancer Antigen 15-3), Serum

**Cerner Primary Synonym:** CA 15-3  

**PowerChart Aliases:**  

**PathNet Aliases:**  

**Lab Where Test is Performed:** BVHS  

**Ref Lab Code or #:**  

**Turn around Time:** < 1 day  

**CPT Code(s):** 86300  

**Specimen Stability:** 8 hours at Room Temperature, 48 hours at 2-8°C  

**Specimen Type:** 5 mL Red Top Tube (SST Gel is acceptable)  

**Minimum Specimen Requirements:** 1 mL Serum  

**Patient Preparation:** None.  

**Laboratory Handling:** Refrigerate.  

---

### CA 19-9 (Carbohydrate Antigen 19-9), Serum

**Cerner Primary Synonym:** CA 19-9-Mayo  

**PowerChart Aliases:**  

**PathNet Aliases:**  

**Lab Where Test is Performed:** Mayo  

**Ref Lab Code or #:** CA19  

**Turn around Time:** 3 days  

**CPT Code(s):** 86301  

**Specimen Stability:**  

**Specimen Type:** 5 mL Red Top Tube (SST Gel is acceptable)  

**Minimum Specimen Requirements:** 0.5 mL Serum  

**Patient Preparation:** None.  

**Laboratory Handling:** Refrigerate.  

---

### CA 27-29 (Breast Carcinoma-Associated Antigen), Serum

**Cerner Primary Synonym:** CA 27 29-Mayo  

**PowerChart Aliases:**  

**PathNet Aliases:** Mayo-Breast Carcinoma Assoc Ag(CA 27.29)  

**Lab Where Test is Performed:** Mayo  

**Ref Lab Code or #:** C2729  

**Turn around Time:** 2 days  

**CPT Code(s):** 86300  

**Specimen Stability:**  

**Specimen Type:** 5 mL Red Top Tube (SST Gel is acceptable)  

**Minimum Specimen Requirements:** 0.5 mL Serum  

**Patient Preparation:** None.  

**Laboratory Handling:** Freeze.
CADASIL Evaluation, Complete (DNA Sequencing), Blood - see NOTCH3 DNA Sequencing
Cerner Primary Synonym: 
PowerChart Aliases: 
PathNet Aliases: 
Lab Where Test is Performed: 
Turn around Time: 
Specimen Stability: 
Specimen Type: 
Minimum Specimen Requirements: 
Patient Preparation: 
Laboratory Handling: 

Caffeine, Serum
Cerner Primary Synonym: Caffeine Level-Mayo
PowerChart Aliases: 
PathNet Aliases: Mayo-Caffeine, S
Lab Where Test is Performed: Mayo 
Turn around Time: 1 day 
Specimen Stability: 
Specimen Type: 7 mL Red SST Gel Tube (Plain Red is acceptable.) 
Minimum Specimen Requirements: 0.5 mL Serum 
Patient Preparation: None. 
Laboratory Handling: Refrigerate. Sample must arrive at Mayo with 72 hours.
Calcitonin (Thyrocalcitonin), Serum

Cerner Primary Synonym: Calcitonin Level-Mayo

PowerChart Aliases:

PathNet Aliases: Mayo-Calcitonin, S

Lab Where Test is Performed: Mayo

Ref Lab Code or #: CATN

Turn around Time: 3 days

CPT Code(s): 82308

Specimen Stability:

Specimen Type: 7 mL Plain Red Top Tube (No SST Gel)

Minimum Specimen Requirements:

Patient Preparation: 12 hours before this test is drawn DO NOT take multivitamins or dietary supplements containing biotin or vitamin B7.

Laboratory Handling: After collection, immediately put on ice. Spin down in a refrigerated centrifuge and immediately transfer to plastic aliquot tubes. Freeze.

Calcium Urine, Random - see Urine Calcium Random

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: BVHS

Ref Lab Code or #:

Turn around Time: < 1 day

CPT Code(s): 82330

Specimen Stability:

Specimen Type: Testing must be done ASAP

Minimum Specimen Requirements:

Specimen Type: 5 mL Red Top Tube (may be plain red or SST) - Tube MUST be COMPLETELY filled.

Minimum Specimen Requirements:

Patient Preparation: None.

Laboratory Handling: DO NO UNCAP. Tube MUST be COMPLETELY filled. Centrifuge within 30 minutes following collection and submit unopened to the laboratory.

Calcium, Ionized (Free), Serum

Cerner Primary Synonym: Calcium Level Ionized

PowerChart Aliases:

PathNet Aliases: CAION, Ionized Calcium

Lab Where Test is Performed: BVHS

Ref Lab Code or #:

Turn around Time: < 1 day

CPT Code(s): 82330

Specimen Stability:

Specimen Type: Testing must be done ASAP

Minimum Specimen Requirements:

Patient Preparation: None.

Laboratory Handling: DO NO UNCAP. Tube MUST be COMPLETELY filled. Centrifuge within 30 minutes following collection and submit unopened to the laboratory.
### Calcium, Plasma

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Calcium Level Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td>BVHS</td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td>Ref Lab Code or #:</td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>BVHS</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>&lt; 1 day</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td>8 hours at Room Temperature, 48 hours at 2-8 C</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>5 mL Light Green Heparinized Gel Tube</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>0.5 mL Heparinized Plasma</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Avoid hemolysis. Serum is also acceptable.</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>82310</td>
</tr>
</tbody>
</table>

### Calcium, Urine 24 Hour

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Urine Calcium Level 24 Hour</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td>Urine 24 Hour Calcium Level</td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td>24 Hour Urine Calcium Level</td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>BVHS</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>&lt; 1 day</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td>2 hours at Room Temperature, 24 hours at 2-8 C</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>24 Hour Urine Collection (no preservative)</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td></td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Refrigerate during collection or collect on ice. Record the total urine volume.</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>82340</td>
</tr>
</tbody>
</table>

### Calprotectin (Fecal)

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Calprotectin Stool-Mayo</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td>Mayo-Calprotectin</td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>Mayo</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>9-11 days</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>Random Stool Collection (No preservatives.)</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>5 grams of a Random Stool Collection. No preservatives.</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>No preservatives. Send in a screw-capped, plastic container. Freeze.</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>83993</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ref Lab Code or #:</th>
<th>CALPR</th>
</tr>
</thead>
</table>
### Campylobacter Culture

**Cerner Primary Synonym:** Culture Stool  
**PowerChartAliases:** Stool Culture  
**PathNet Aliases:** C Stool  
**Lab Where Test is Performed:** BVHS  
**Ref Lab Code or #:** CPT Code(s): 87045, 87046  
**Minimum Specimen Requirements:** Stool or swab with visible stool in a clean, dry, open mouthed leakproof container  
**Patient Preparation:** Send to the Laboratory as soon as possible.

### C-ANCA and P-ANCA (Anti-Cytoplasmic Neutrophil Antibodies C and P Terminals), Serum

**Cerner Primary Synonym:** Cytoplasmic Neutrophilic Antibody-Mayo  
**PowerChart Aliases:** Mayo-Cytoplasmic Neutrophilic Ab, S  
**PathNet Aliases:** Mayo  
**Lab Where Test is Performed:** Mayo  
**Ref Lab Code or #:** ANCA  
**Minimum Specimen Requirements:** 5 mL Red Top Tube (SST Gel is acceptable)  
**Patient Preparation:** C-ANCE is positive in Wegener's Granulomatosis against cytoplasmic proteases. P-ANCE is positive in vasculitis against cytoplasmic myeloperoxidases. *** If the test is for low granulocyte count order Granulocyte Antibodies. ***  
**Laboratory Handling:** Refrigerate.

### Canavan Disease Mutation, Blood

**Cerner Primary Synonym:** Send-out Other  
**PowerChart Aliases:**  
**PathNet Aliases:**  
**Lab Where Test is Performed:** Mayo  
**Ref Lab Code or #:** CANW  
**CPT Code(s):** 83890, 83898(X2), 83912  
**Specimen Stability:**  
**Minimum Specimen Requirements:** (2) 5 mL EDTA Lavender Top Tubes  
**Patient Preparation:** None.  
**Laboratory Handling:** Room temperature.
Candida (Fungal Culture)

Cerner Primary Synonym: Culture Fungal
PowerChart Aliases: Fungus Culture
PathNet Aliases: C Fungal
Lab Where Test is Performed: BVHS
Ref Lab Code or #: 
Minimum Specimen Requirements:
Specimen Type: See special instruction in Micro Section, page 9.
Patient Preparation: None.
Laboratory Handling: None.
Turn around Time: 28 days
CPT Code(s): 87102
Specimen Stability:

Candida albicans Antibodies IgA, IgG, and IgM by ELISA, S

Cerner Primary Synonym: Send-out Other
PowerChart Aliases:
PathNet Aliases:
Lab Where Test is Performed: ARUP
Ref Lab Code or #: 0095200
Turn around Time: 1-8 days
CPT Code(s): 86628 (x3)
Specimen Stability:
Specimen Type: 5 mL Red Gel Tube
Minimum Specimen Requirements:
Patient Preparation: None.
Laboratory Handling: Refrigerate.

Carbamazepine - see Tegretol

Cerner Primary Synonym:
PowerChart Aliases:
PathNet Aliases:
Lab Where Test is Performed: BVHS
Ref Lab Code or #: 
Turn around Time: 
CPT Code(s):
Specimen Stability:
Specimen Type:
Minimum Specimen Requirements:
Patient Preparation:
Laboratory Handling:
<table>
<thead>
<tr>
<th>Test Description</th>
<th>Lab Where Test is Performed</th>
<th>Ref Lab Code or #</th>
<th>CPT Code(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carbamazepine Epoxide (10,11) (includes Total Carbamazepine), Serum</td>
<td>Mayo</td>
<td>C1011</td>
<td>80156,80299</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>(2) 7 mL Plain Red Top Tubes (No SST Gel)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>2.0 mL Serum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>The specimen should be drawn 12 hours (trough) after the last dose of carbamazepine.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Refrigerate. This test includes carbamazepine, total and carbamazepine-10,11 epoxide (metabolite).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>15 days</td>
<td></td>
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</tr>
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</table>

<table>
<thead>
<tr>
<th>Test Description</th>
<th>Lab Where Test is Performed</th>
<th>Ref Lab Code or #</th>
<th>CPT Code(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carbohydrate Deficient Transferrin for Congenital Disorders of Glycosylation, Serum</td>
<td>Mayo</td>
<td>CDG</td>
<td>82373</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>5 mL Red Top Tube (SST Gel is acceptable)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>0.1 mL Serum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>This test is for the evaluation of Congenital Disorders of Glycosylation. If looking for Alcohol Abuse order: &quot;Carbohydrate Deficient Transferrin, Adult, Serum&quot;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Patients should be &lt; 21 years of age. Freeze.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>6 days</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test Description</th>
<th>Lab Where Test is Performed</th>
<th>Ref Lab Code or #</th>
<th>CPT Code(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carbohydrate Deficient Transferrin, Adult, Serum</td>
<td>Mayo</td>
<td>CDTA</td>
<td>82373</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>5 mL Red Top Tube (SST Gel is acceptable)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>0.1 mL Serum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>This test is for the evaluation of Alcohol Abuse. If looking for Congenital Disorders of Glycosylation order: &quot;Carbohydrate Deficient Transferrin for Congenital Disorders of Glycosylation, Serum&quot;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Patients should be &gt; or = 21 years of age. Freeze.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test</td>
<td>Lab Where Test is Performed</td>
<td>Ref Lab Code or #</td>
<td>CPT Code(s)</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>-----------------------------</td>
<td>------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Carboxyhemoglobin, Blood</td>
<td>BVHS</td>
<td></td>
<td>NA</td>
</tr>
<tr>
<td>Cardarone - see Amiodarone</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiac Series (Cardiac Enzyme Series) - see AMI Series</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
### Cardiolipin Antibodies - see Phospholipid Antibodies

**Cerner Primary Synonym:**

**PowerChart Aliases:**

**PathNet Aliases:**

**Lab Where Test is Performed:**

**Ref Lab Code or #:**

**Turn around Time:**

**CPT Code(s):**

**Specimen Stability:**

**Specimen Type:**

**Minimum Specimen Requirements:**

**Patient Preparation:**

**Laboratory Handling:**

---

### Carnitene, Serum (Adult and Pediatric)

**Cerner Primary Synonym:** Carnitine Level-Mayo

**PowerChart Aliases:**

**PathNet Aliases:** Mayo-Carnitine, S

**Lab Where Test is Performed:** Mayo

**Ref Lab Code or #:** CARNS

**Turn around Time:** 5 days

**CPT Code(s):** 82379

**Specimen Stability:**

**Specimen Type:** 7 mL Plain Red Top Tubes (No SST Gel)

**Minimum Specimen Requirements:**

**Patient Preparation:** None.

**Laboratory Handling:** Freeze. **MUST** be in its own aliquot tube. Do not collect in SST Gel tubes.

---

### Carotene, Beta Serum (**Protect from light**)

**Cerner Primary Synonym:** Beta-Carotene Level-Mayo

**PowerChart Aliases:**

**PathNet Aliases:** Mayo-Beta-Carotene, S

**Lab Where Test is Performed:** Mayo

**Ref Lab Code or #:** FCARO

**Turn around Time:** 6 days

**CPT Code(s):** 82380

**Specimen Stability:**

**Specimen Type:** (2) 5 mL Plain Red Top Tubes (SST Gel is acceptable) (**Protect from light**)

**Minimum Specimen Requirements:**

**Patient Preparation:** The patient must fast for 12-14 hours. Water, but no other liquids, may be taken. Must not consume alcohol or vitamin supplements for 24 hours before collection.

**Laboratory Handling:** Separate serum from cells as soon as possible. Wrap tube in aluminum foil to protect from light. Send samples in AMBER aliquot tube(s) Refrigerate.
<table>
<thead>
<tr>
<th>Test</th>
<th>Lab Where Test is Performed</th>
<th>Specimen Type</th>
<th>Patient Preparation</th>
<th>Laboratory Handling</th>
<th>Turn around Time</th>
<th>CPT Code(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carotene, Serum - see Carotene, Beta Serum</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cartilage Oligomeric Matrix Protein (C.O.M.P.), Serum</td>
<td>SL</td>
<td>5 mL Red Top Tube (SST Gel is acceptable.)</td>
<td>None.</td>
<td>Refrigerate.</td>
<td>7 days</td>
<td>83520</td>
</tr>
<tr>
<td>Cashew IgE, Serum</td>
<td>Mayo</td>
<td>5 mL Red Top Tube (SST Gel is acceptable)</td>
<td>None.</td>
<td>Refrigerate.</td>
<td>2-3 days</td>
<td>86003</td>
</tr>
</tbody>
</table>
**Cat Scratch Fever Disease Antibodies (Bartonella antibodies) IgG and IgM, Serum**

**Cerner Primary Synonym:** Bartonella Antibody Panel IgG and IgM-Mayo  

**PowerChart Aliases:**  

**PathNet Aliases:** Mayo-Bartonella Ab Panel, IgG and IgM  

**Lab Where Test is Performed:** Mayo  

**Ref Lab Code or #:** BART  

**Turn around Time:** 3 days  

**CPT Code(s):** 86611(X4)  

**Specimen Stability:**  

**Specimen Type:** 7 mL Plain Red Top Tube (SST Gel is acceptable.)  

**Minimum Specimen Requirements:** 0.5 mL Serum (Pediatric minimum = 0.15 mL)  

**Patient Preparation:** None.  

**Laboratory Handling:** Freeze.  

---

**Catecholamines, Fractionated, Plasma**

**Cerner Primary Synonym:** Send-out: Other  

**PowerChart Aliases:**  

**PathNet Aliases:**  

**Lab Where Test is Performed:** ARUP  

**Ref Lab Code or #:** 0080216  

**Turn around Time:** 2-5 days  

**CPT Code(s):** 82384  

**Specimen Stability:**  

**Specimen Type:** (2) 7 Sodium Heparin Green Top Tubes (Collect on ice.)  

**Minimum Specimen Requirements:** 4 mL Na Haparin Plasma (Absolute minimum = 2.1 mL)  

**Patient Preparation:** Patient should be calm and supine for 30 minutes prior to collection.  

**Laboratory Handling:** Specimen should be centrifuged and frozen within one hour of collection. A refrigerated centrifuge is preferred by not required.) Send aliquot in ARUP Standard Transport Tube.  

---

**Catecholamines, Urine (Fractionated) 24 hour**

**Cerner Primary Synonym:** Catecholamine Fractionated Free 24 Hour Urine-Mayo  

**PowerChart Aliases:**  

**PathNet Aliases:**  

**Lab Where Test is Performed:** Mayo  

**Ref Lab Code or #:** CATU  

**Turn around Time:** 4 days  

**CPT Code(s):** 82384  

**Specimen Stability:**  

**Specimen Type:** 24 HR Urine collection with preservative  

**Minimum Specimen Requirements:** 10 mL. Aliquot of a 24 hour urine  

**Patient Preparation:** The patient should not take epinephrine, norepinephrine, or dopamine 12 hours prior to collection. Discontinue using drugs that promote or hinder these for 1 week before collection.  

**Laboratory Handling:** Add 25 ML of 50% Acetic Acid (15 ML for children under 5 years) at the start of collection - NO exceptions. This should get a final pH of between 2 and 4. Send 10 ML of urine refrigerated. (10 grams of Boric Acid is also acceptable.)
**Catheter (Venous, Arterial, CVP Lines)**

**Cerner Primary Synonym:** Culture Wound  
**PowerChart Aliases:** Wound Culture  
**PathNet Aliases:** C Wound  
**Lab Where Test is Performed:** BVHS  
**Turn around Time:** 2 days  
**Specimen Stability:**  
**Specimen Type:** 2 cm of Catheter Tip in a sterile container  
**Minimum Specimen Requirements:** 2 cm of a Catheter Tip  
**Patient Preparation:** Skin Decontamination  
**Laboratory Handling:** The area must be decontaminated before removing the catheter tip. Sever the end of the catheter with sterile scissors and place in a sterile container. Do not touch the skin during withdrawal if possible. Order as a Wound Culture of a Catheter Tip (CTIP).  
**CPT Code(s):** 87070

---

**CBC (includes Hemogram, Platelets, Differential, and Morphology), Blood**

**Cerner Primary Synonym:** Complete Blood Count w/ Differential  
**PowerChart Aliases:** CBC w/ Differential  
**PathNet Aliases:** CBC w/ Differential  
**Lab Where Test is Performed:** BVHS  
**Turn around Time:** < 1 day  
**Specimen Stability:**  
**Specimen Type:** 5 mL Lavender EDTA Tube  
**Minimum Specimen Requirements:** 2 mL EDTA Whole Blood  
**Patient Preparation:** None.  
**Laboratory Handling:** Micro procedure: 1 Lavender microtainer (500 uL) plus 2 fingerstick slides. Pediatric microtainers are acceptable: minimum volume = 500 uL.  
**CPT Code(s):** 85025

---

**CBC for Bone Marrow Studies (for Dr. Li Bone Marrow Studies - no charge)**

**Cerner Primary Synonym:** Complete Blood Count w/ Diff for BM Studies  
**PowerChart Aliases:** CBC w/ Diff for BM  
**PathNet Aliases:**  
**Lab Where Test is Performed:** BVHS  
**Turn around Time:**  
**Specimen Stability:**  
**Specimen Type:** 5 mL Lavender Top EDTA Tube  
**Minimum Specimen Requirements:** 2 mL EDTA Whole Blood  
**Patient Preparation:** None.  
**Laboratory Handling:** This test is considered part of the Bone Marrow Studies for Dr. Li when he requests it. There is no charge. Micro procedure: 1 Lavender microtainer (500 uL) plus 2 fingerstick slides. Pediatric microtainers are acceptable: minimum volume = 500 uL.
CBC without Differnetial (includes Platelets), Blood

Cerner Primary Synonym: Complete Blood Count w/ Indices
PowerChart Aliases: CBC w/Indices, Hemogram
PathNet Aliases: CBC w/Indices, CBC without diff, Hemogram, HHP

Lab Where Test is Performed: BVHS
Ref Lab Code or #: 

Turn around Time: < 1 day
CPT Code(s): 85027

Specimen Stability:

Specimen Type: 5 mL Lavender EDTA Tube
Minimum Specimen Requirements: 2 mL Whole Blood

Patient Preparation: None.
Laboratory Handling: Micro procedure: 1 Lavender microtainer (500 uL) plus 2 fingerstick slides. Pediatric microtainers are acceptable: minimum volume = 500 uL.

CCP - see Cyclic Citrullinated Peptide Antibody

Cerner Primary Synonym:
PowerChart Aliases:
PathNet Aliases:

Lab Where Test is Performed: BVHS
Ref Lab Code or #: 

Turn around Time: 
CPT Code(s): 

Specimen Stability:

Specimen Type:
Minimum Specimen Requirements:
Patient Preparation:
Laboratory Handling:

CD Counts - see below

Cerner Primary Synonym:
PowerChart Aliases:
PathNet Aliases:

Lab Where Test is Performed: BVHS
Ref Lab Code or #: 

Turn around Time: 
CPT Code(s): 

Specimen Stability:

Specimen Type:
Minimum Specimen Requirements:
Patient Preparation:
Laboratory Handling: Depending on the CD count(s) ordered, see either "T- and B-Cell Quantitation by Flow Cytometry (includes - CD3, CD4, CD8, CD4-CD8 Ratio, CD19, CD16-CD56)”, OR "CD4 Count for Monitoring (includes CD3, CD4, CD8, CD4-CD8 Ratio)"
CD16-CD56 (Natural Killer Cells-NK) - see T- and B-Cell Quantitation by Flow Cytometry (includes - CD3, CD4, CD8, CD4-CD8 Ratio, CD19, CD16-CD56)

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

CD19 (B-cells) - see T- and B-Cell Quantitation by Flow Cytometry (includes - CD3, CD4, CD8, CD4-CD8 Ratio, CD19, CD16-CD56)

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

CD3 (T-cells) - see CD4 Count for Monitoring (includes CD3, CD4, CD8, CD4-CD8 Ratio)

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:
CD4 (T-Helper cells) - see CD4 Count for Monitoring (includes CD3, CD4, CD8, CD4-CD8 Ratio)

Cerner Primary Synonym: CD4 T-Cell Count-Mayo

PowerChart Aliases: Mayo-CD4 T-Cell Count

PathNet Aliases: TCD4

Lab Where Test is Performed: Mayo

Ref Lab Code or #: CPT Code(s): 86359,86360

Turn around Time: 1 day

Specimen Stability: 3 mL EDTA Tube

Minimum Specimen Requirements: 3 mL EDTA Whole Blood (in original Vacutainer) (0.2 mL absolute minimum)

Patient Preparation: None.

Laboratory Handling: Send at Room Temperature. DO NOT FREEZE. Specimen MUST arrive at Mayo within 48 hours of draw. Test includes absolute and percent counts of CD3 (T-cells), CD4 (T-Helper cells), CD8 (T-Suppressor cells), and CD4/CD8 Ratio (Helper/Suppressor Ratio).

CD4-CD8 Ratio (T-Helper-T-Suppressor Ratio) - see CD4 Count for Monitoring (includes CD3, CD4, CD8, CD4-CD8 Ratio)

Cerner Primary Synonym: CD4 T-Cell Count-Mayo

PowerChart Aliases: Mayo-CD4 T-Cell Count

PathNet Aliases: TCD4

Lab Where Test is Performed: Mayo

Ref Lab Code or #: CPT Code(s): 86359,86360

Turn around Time: 1 day

Specimen Stability: 5 mL EDTA Tube

Minimum Specimen Requirements: 3 mL EDTA Whole Blood (in original Vacutainer) (0.2 mL absolute minimum)

Patient Preparation: None.

Laboratory Handling: Send at Room Temperature. DO NOT FREEZE. Specimen MUST arrive at Mayo within 48 hours of draw. Test includes absolute and percent counts of CD3 (T-cells), CD4 (T-Helper cells), CD8 (T-Suppressor cells), and CD4/CD8 Ratio (Helper/Suppressor Ratio).
CD55 and CD59 Expression, RBC (Replaces Hamms Teste for PNH) - see PI Linked Antigen, Blood

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

CD57 NK Panel - see Natural Killer Cell Profile (CD57)

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

CD8 (T-Suppressor cells) - see CD4 Count for Monitoring (includes CD3, CD4, CD8, CD4-CD8 Ratio)

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:
CEA (Carcinoembryonic Antigen), Fluid (CSF, etc.)

Cerner Primary Synonym: Carcinoembryonic Antigen (CEA) CSF-Mayo

PowerChart Aliases:  
PathNet Aliases: Mayo-Carcinoembryonic Ag (CEA), CSF

Lab Where Test is Performed: Mayo
Ref Lab Code or #: CEASF

Turn around Time: 2 days
CPT Code(s): 82378

Specimen Stability:
Specimen Type: Variable per fluid in a sterile container.
Minimum Specimen Requirements:
Patient Preparation: None
Laboratory Handling: Freeze.

CEA (Carcinoembryonic Antigen), Serum

Cerner Primary Synonym: CEA

PowerChart Aliases:  
PathNet Aliases:  

Lab Where Test is Performed: BVHS
Ref Lab Code or #:  

Turn around Time: < 1 day
CPT Code(s): 82378

Specimen Stability: 8 hours at Room Temperature, 48 hours at 2-8 C
Specimen Type: 5 mL Red Top Tube ONLY (Plasma is NOT acceptable)
Minimum Specimen Requirements:
Patient Preparation: None
Laboratory Handling: Plasma is NOT acceptable.

Celiac Disease PLUS (includes Celiac Disease Serology and Celiac Genetics), Serum and Blood

Cerner Primary Synonym: Send-out Other

PowerChart Aliases:  
PathNet Aliases:  

Lab Where Test is Performed: Prometheus
Ref Lab Code or #: 6360

Turn around Time: 7 days
CPT Code(s): 83520(x3) 88346, 82784, 81382(X2)

Specimen Stability:
Specimen Type: (2) 5 mL Red Top Tubes (SST Gel is acceptable) AND (1) 5 mL Lavender EDTA
Minimum Specimen Requirements:
Patient Preparation: None
Laboratory Handling: Refrigerate. Panel includes Celiac Disease Genetics (HLA DQ2/DQ8), Anti-human tissue transglutaminase (tTg) IgA, Anti-endomysial (EMA) IgA, Anti-gliadin IgA, Anti-gliadin IgG, total serum IgA, and HLA DQ2 / DQ8.
Celiac Disease Serology, Serum

Cerner Primary Synonym: Send-out Other

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Prometheus

Ref Lab Code or #: 1155

Turn around Time: 4 days

CPT Code(s): 83520(X3), 88346, 82784

Specimen Stability:

Specimen Type: (2) 5 mL Red Top Tubes (SST Gel is acceptable.)

Minimum Specimen Requirements:

Patient Preparation: None.

Laboratory Handling: Refrigerate. Panel includes: Anti-Human tissue transglutaminase, Anti-endomysial IgA, Anti-gliadin IgA, Anti-gliadin IgG, and total serum IgA.

Cell Count, CSF

Cerner Primary Synonym: Fluid Cell Count CSF

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: BVHS

Ref Lab Code or #: 

Turn around Time: < 1 day

CPT Code(s): 89051

Specimen Stability:

Specimen Type: CSF

Minimum Specimen Requirements:

Patient Preparation: None.

Laboratory Handling: None.

Cell Count, Miscellaneous (Lavage, Drainage, Wash)

Cerner Primary Synonym: Body Fluid Cell Count

PowerChart Aliases:

PathNet Aliases: Fluid

Lab Where Test is Performed: BVHS

Ref Lab Code or #: 

Turn around Time: < 1 day

CPT Code(s): 89051

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation: None.

Laboratory Handling:

There is no normal range for these fluid types.
### Cell Count, Pericardial Fluid

**Cerner Primary Synonym:** Body Fluid Cell Count  
**PathNet Aliases:** Fluid

**Lab Where Test is Performed:** BVHS  
**Ref Lab Code or #:**

**Specimen Stability:**
- **Specimen Type:** Pericardial Fluid  
- **Minimum Specimen Requirements:** 0.5 mL Pericardial Fluid

**Patient Preparation:** None.

**Laboratory Handling:** None.

**Turn around Time:** < 1 day  
**CPT Code(s):** 89051

---

### Cell Count, Peritoneal Fluid (Paracentesis, Ascitic)

**Cerner Primary Synonym:** BFPTN  
**PathNet Aliases:**

**Lab Where Test is Performed:** BVHS  
**Ref Lab Code or #:**

**Specimen Stability:**
- **Specimen Type:** Peritoneal Fluid  
- **Minimum Specimen Requirements:** 0.5 mL Peritoneal Fluid

**Patient Preparation:** None.

**Laboratory Handling:** None.

**Turn around Time:** < 1 day  
**CPT Code(s):** 89051

---

### Cell Count, Pleural Fluid (Thoracentesis)

**Cerner Primary Synonym:** BFPLU  
**PathNet Aliases:**

**Lab Where Test is Performed:** BVHS  
**Ref Lab Code or #:**

**Specimen Stability:**
- **Specimen Type:** Pleural Fluid  
- **Minimum Specimen Requirements:** 0.5 mL Pleural Fluid

**Patient Preparation:** None.

**Laboratory Handling:** None.

**Turn around Time:** < 1 day  
**CPT Code(s):** 89051
<table>
<thead>
<tr>
<th>Test Description</th>
<th>Lab Where Test is Performed</th>
<th>Ref Lab Code or #</th>
<th>CPT Code(s)</th>
<th>Specimen Type</th>
<th>Minimum Specimen Requirements</th>
<th>Patient Preparation</th>
<th>Laboratory Handling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cell Count, Synovial Fluid (Joint)</td>
<td>BVHS</td>
<td></td>
<td></td>
<td>Synovial Fluid</td>
<td>0.5 mL Synovial Fluid</td>
<td>None</td>
<td>The specimen should be collected in a 5 mL EDTA Lavender top tube.</td>
</tr>
<tr>
<td>Cerner Primary Synonym: Body Fluid Cell Count</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Cell Panel, Plasma</td>
<td>BVHS</td>
<td></td>
<td>89051</td>
<td>Fluid</td>
<td>(2) 7 mL Plain Red Top Tubes (No SST Gel) and 7 mL Pink EDTA Tube</td>
<td>None</td>
<td>Consult the Blood Bank Department before collection.</td>
</tr>
<tr>
<td>Cerner Primary Synonym: ABID</td>
<td></td>
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<tr>
<td>Celontin - see Methsuximide</td>
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</tr>
</tbody>
</table>
**Central Venous Catheter (use source CSEG)**

**Cerner Primary Synonym:** Culture Wound

**PowerChart Aliases:** Wound Culture

**PathNet Aliases:** C Wound

**Lab Where Test is Performed:** BVHS

**Ref Lab Code or #:**

**Minimum Specimen Requirements:**

**Specimen Type:** Catheter Segment in a sterile container

**Patient Preparation:** Decontaminate the area before removal of the segment. Avoid skin contact.

**Laboratory Handling:** None.

**Turn around Time:** 2 days

**CPT Code(s):** 87070

**Specimen Stability:**

**Cerner Primary Synonym:** Culture Wound

**PowerChart Aliases:** Wound Culture

**PathNet Aliases:** C Wound

**Lab Where Test is Performed:** BVHS

**Ref Lab Code or #:**

**Minimum Specimen Requirements:**

**Specimen Type:** Catheter Segment in a sterile container

**Patient Preparation:** Decontaminate the area before removal of the segment. Avoid skin contact.

**Laboratory Handling:** None.

**Turn around Time:** 2 days

**CPT Code(s):** 87070

**Specimen Stability:**

---

**Centromere Antibody, Serum**

**Cerner Primary Synonym:** Centromere Antibody IgG-Mayo

**PowerChart Aliases:**

**PathNet Aliases:** Mayo-Centromere Ab, IgG, S

**Lab Where Test is Performed:** Mayo

**Ref Lab Code or #:** CMA

**Minimum Specimen Requirements:**

**Specimen Type:** 5 mL Red Top Tube (SST Gel is acceptable)

**Patient Preparation:** None.

**Laboratory Handling:** Refrigerate.

**Turn around Time:** 3 days

**CPT Code(s):** 83516

**Specimen Stability:**

---

**Cephalexin (Keflex), Serum**

**Cerner Primary Synonym:** Send-out Other

**PowerChart Aliases:**

**PathNet Aliases:**

**Lab Where Test is Performed:** Focus

**Ref Lab Code or #:** 51840

**Minimum Specimen Requirements:**

**Specimen Type:** 1 mL Serum

**Patient Preparation:** Serum for a peak level should be drawn 30 minutes after an IV dose or 60 minutes after an IM or 90 minutes after an oral dose. Trough specimens are drawn within 15 minutes before the next dose.

**Laboratory Handling:** Freeze.
### Cerebrospinal Fluid Culture

**Cerner Primary Synonym:** Culture Cerebrospinal Fluid  
**PowerChart Aliases:** Cerebrospinal Fluid Culture, CSF Culture  
**PathNet Aliases:** C CSF

**Lab Where Test is Performed:** BVHS  
**Ref Lab Code or #:** CPT Code(s): 87071

**Minimum Specimen Requirements:** 1 mL CSF  
**Specimen Type:** Use Tube #3, Use aseptic technique

**Patient Preparation:** Collected by lumbar puncture, performed by physician only, send tube #3 for culture.  
**Laboratory Handling:** See CSF culture instructions.  
**Turn around Time:** 3 days

---

### Ceruloplasmin, Serum

**Cerner Primary Synonym:** Ceruloplasmin Level-Mayo  
**PowerChart Aliases:**  
**PathNet Aliases:** Mayo-Ceruloplasmin, S

**Lab Where Test is Performed:** Mayo  
**Ref Lab Code or #:** CPT Code(s): 82390

**Minimum Specimen Requirements:** 1 mL Serum  
**Specimen Type:** 5 mL Red Top Tube (SST GEL is acceptable)

**Patient Preparation:** 4 hour fasting preferred, but non-fasting is acceptable  
**Laboratory Handling:** Refrigerate.  
**Turn around Time:** 3 days

---

### CH50, Serum (Complement, Total) (**collect specimen on wet ice**)

**Cerner Primary Synonym:** Complement Total-Mayo  
**PowerChart Aliases:**  
**PathNet Aliases:** Mayo-Complement, Total, S

**Lab Where Test is Performed:** Mayo  
**Ref Lab Code or #:** CPT Code(s): 86162

**Minimum Specimen Requirements:** 1 mL Serum  
**Specimen Type:** 5 mL Plain Red Top Tube (No SST Gel)

**Patient Preparation:** Collect specimen on wet ice.  
**Laboratory Handling:** Spin down immediately. Freeze.  
**Turn around Time:** 2 days
### Charcot Marie Tooth, Type 2 DNA Analysis - see Partial CMT Axonal Only

**Cerner Primary Synonym:**

**PowerChart Aliases:**

**PathNet Aliases:**

<table>
<thead>
<tr>
<th>Lab Where Test is Performed:</th>
<th>Ref Lab Code or #:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Turn around Time:</strong></td>
<td>CPT Code(s):</td>
</tr>
</tbody>
</table>

**Specimen Stability:**

**Specimen Type:**

**Minimum Specimen Requirements:**

**Patient Preparation:**

**Laboratory Handling:**

### Cheek Brushing, Cystic Fibrosis - No longer performed. See below.

**Cerner Primary Synonym:**

**PowerChart Aliases:**

**PathNet Aliases:**

<table>
<thead>
<tr>
<th>Lab Where Test is Performed:</th>
<th>Ref Lab Code or #:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Turn around Time:</strong></td>
<td>CPT Code(s):</td>
</tr>
</tbody>
</table>

**Specimen Stability:**

**Specimen Type:**

**Minimum Specimen Requirements:**

**Patient Preparation:**

**Laboratory Handling:** No longer performed. Order Cystic Fibrosis, Diagnosis and Carrier Detection by PCR (DNA Analysis)

### Chem8 Profile, Plasma (Basic Metabolic Panel)

**Cerner Primary Synonym:** Basic Metabolic Panel

**PowerChart Aliases:**

**PathNet Aliases:** BMPR

<table>
<thead>
<tr>
<th>Lab Where Test is Performed:</th>
<th>Ref Lab Code or #:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Turn around Time:</strong></td>
<td>CPT Code(s): 80048</td>
</tr>
</tbody>
</table>

**Specimen Stability:**

**Specimen Type:** 5 mL Plain Green Top Tube (5 mL Light Green Heparinized Gel Tube are acceptable)

**Minimum Specimen Requirements:** 0.5 mL Plasma

**Patient Preparation:** None.

**Laboratory Handling:** The profile contains the following tests: Sodium, Potassium, Chloride, Carbon Dioxide, Glucose, Bun, Creatinine, and Calcium.
### Chicken Pox Titer IgG (Varicella-Zoster), Serum

**Cerner Primary Synonym:** Varicella-Zoster IgG Antibodies-Mayo  
**PowerChart Aliases:**  
**PathNet Aliases:** Mayo-Varicella-Zoster Ab, IgG, S  
**Ref Lab Code or #:** VZPG  
**Lab Where Test is Performed:** Mayo  
**CPT Code(s):** 86785  
**Minimum Specimen Requirements:**  
- **Type:** 0.5 mL Serum (Pediatric minimum = 0.4 mL)  
**Specimen Type:** 5 mL Red Top Tube (SST GEL is acceptable)  
**Patient Preparation:** None.  
**Laboratory Handling:** Refrigerate. This is a qualitative test.  
**Turn around Time:** 3 days  
**Specimen Stability:**  
- **Type:** 5 mL Red Top Tube (SST GEL is acceptable)  
- **Volume:** 0.5 mL Serum (Pediatric minimum = 0.4 mL)  

### Chikungunya Antibodies with Reflex to Titer

**Cerner Primary Synonym:** Send-out Other  
**PowerChart Aliases:**  
**PathNet Aliases:**  
**Ref Lab Code or #:** FCART  
**Lab Where Test is Performed:** Mayo  
**CPT Code(s):** 86790 (x2), 86790 and 86790 (if applicable)  
**Minimum Specimen Requirements:**  
- **Type:** 0.5 mL Serum  
**Specimen Type:** 5 mL Red Top Tube (SST GEL is acceptable)  
**Patient Preparation:** None.  
**Laboratory Handling:** Refrigerate.  
**Turn around Time:** 2-10 days  
**Specimen Stability:**  
- **Type:** 5 mL Red Top Tube (SST GEL is acceptable)  
- **Volume:** 0.5 mL Serum  

### Chlamydia Antibodies IgG and IgM, Serum (Serology)

**Cerner Primary Synonym:** Chlamydia Serology-Mayo  
**PowerChart Aliases:**  
**PathNet Aliases:** Mayo-Chlamydia Serology, S  
**Ref Lab Code or #:** SCLAM  
**Lab Where Test is Performed:** Mayo  
**CPT Code(s):** 86631(X3), 86632(X3)  
**Minimum Specimen Requirements:**  
- **Type:** 0.2 mL Serum (Pediatric minimum = 0.1 mL)  
**Specimen Type:** 5 mL Red Top Tube (SST GEL is acceptable)  
**Patient Preparation:** None.  
**Laboratory Handling:** Refrigerate. Profile includes IgG and IgM antibodies to Chlamydia pneumoniae, Chlamydia trachomatic, and Chlamydia psittaci.  
**Turn around Time:** 3 days  
**Specimen Stability:**  
- **Type:** 5 mL Red Top Tube (SST GEL is acceptable)  
- **Volume:** 0.2 mL Serum (Pediatric minimum = 0.1 mL)
Chlamydia DNA by Amplified DNA - see Chlamydia trachomatis by RNA

Cerner Primary Synonym:  Chlamydia DNA May

PowerChart Aliases:  
PathNet Aliases:  

Lab Where Test is Performed:  
Ref Lab Code or #:  

Turn around Time:  
CPT Code(s):  

Specimen Stability:  

Specimen Type:  

Minimum Specimen Requirements:  

Patient Preparation:  

Laboratory Handling:  

Chlamydia Serology IgG and IgM, Serum

Cerner Primary Synonym:  Chlamydia Serology-Mayo

PowerChart Aliases:  
PathNet Aliases:  Mayo-Chlamydia Serology, S

Lab Where Test is Performed:  Mayo  
Ref Lab Code or #:  SCLAM  

Turn around Time:  3 days  
CPT Code(s):  86631(X3), 86632(X3)

Specimen Stability:

Specimen Type:  5 mL Red Top Tube (SST Gel is acceptable)  

Minimum Specimen Requirements:  0.2 mL Serum (Pediatric minimum = 0.1 mL)  

Patient Preparation:  

Laboratory Handling:  Refrigerate. Includes Chlamydia pneumoniae, Chlamydia psittaci, Chlamydia trachomatis. Test method is Micro-IF.

Chlamydia trachomatis and Neisseria gonorrhoea by RNA (for Chlamydia RNA - ONLY use for NON-STERILE urine, endocervical, or male

Cerner Primary Synonym:  GC/Chlamydia DNA

PowerChart Aliases:  
PathNet Aliases:  

Lab Where Test is Performed:  BVHS  
Ref Lab Code or #:  

Turn around Time:  1-6 days  
CPT Code(s):  87491, 87591

Specimen Stability:

Specimen Type:  Random NON-STERILE urine or APTIMA Unisex Swab Specimen Collection Kit for Endocervical and male urethral swab specimen, or Gynecologic ThinPrep.  

Minimum Specimen Requirements:  15-20 mL Urine or APTIMA swab

Patient Preparation:  The patient should not have urinated for at least 1 hour prior to collection. Collect the first part of the voided urine (this is the dirty part of the collection, not the mid-stream) in a sterile, preservative free container. Keep (store) urine at 2-8 degrees C.

Laboratory Handling:  If the Laboratory receives a swab specimen transport tube with no swab, two swabs, a cleaning swab, or a swab not supplied by GenProbe, the specimen must be rejected. Prior to rejecting a swab transport tube with no swab, verify that it is not an APTIMA Specimen Transfer Tube (green label), as this specimen will not contain a swab.
### Chlamydia trachomatis and Neisseria gonorrhoeae by Nucleic Acid Amplification, Miscellaneous Sample Source (Aptima Swab)

**Cerner Primary Synonym:** Send-out Other  
**PowerChart Aliases:**  
**PathNet Aliases:**  
**Lab Where Test is Performed:** Mayo  
**Ref Lab Code or #:** MCTGC  
**Turn around Time:** 2-3 days  
**CPT Code(s):** 87491, 87591  
**Specimen Type:** Swab in APTMA Transport Media  
**Minimum Specimen Requirements:** Oral, pharyngeal, ocular, or rectal swab in APTIMA Combo 2 Assay transport media. (available from the Laboratory)  
**Patient Preparation:** To be used for oral, pharyngeal, ocular, or rectal sources. Collect in APTIMA Combo 2 Assay transport media. Transfer swab to this media. Media submitted without swab is unacceptable.  
**Laboratory Handling:** Refrigerate. This test is intended for medical purposes only and is not valid for the evaluation of suspected sexual abuse or for other forensic purposes. Culture is recommended for Chlamydia trachomatis or Neisseria gonorrhoeae detection in cases of sexual abuse or suspected failure of therapy.

### Chlamydia trachomatis by RNA (ONLY use for NONE-STERILE urine, endocervical, or male urethral specimens) (GenProbe)

**Cerner Primary Synonym:** Chlamydia trachomatis DNA  
**PowerChart Aliases:**  
**PathNet Aliases:**  
**Lab Where Test is Performed:** BVHS  
**Ref Lab Code or #:**  
**Turn around Time:** 1-6 days  
**CPT Code(s):** 87491  
**Specimen Type:** Random NON-STERILE urine or APTIMA Unisex Swab Specimen Collection Kit for Endocervical and male urethral swab specimen, or Gynecologic ThinPrep.  
**Minimum Specimen Requirements:** 15-20 mL Urine or APTIMA swab  
**Patient Preparation:** The patient should not have urinated for at least 1 hour prior to collection. Collect the first part of the voided urine (this is the dirty part of the collection, not the mid-stream) in a sterile, preservative free container. Keep (store) urine at 2-8 degrees C.  
**Laboratory Handling:** If the Laboratory receives a swab specimen transport tube with no swab, two swabs, a cleaning swab, or a swab not supplied by GenProbe, the specimen must be rejected. Prior to rejecting a swab transport tube with no swab, verify that it is not an APTIMA Specimen Transfer Tube (green label), as this specimen will not contain a swab.

### Chlamydia trachomatis by Transcription Mediated Amplification DNA (non-Probetece Specimens) (use for Oral, Pharyngeal or Rectal swabs)

**Cerner Primary Synonym:** Send-out Other  
**PowerChart Aliases:**  
**PathNet Aliases:**  
**Lab Where Test is Performed:** ARUP  
**Ref Lab Code or #:** 0060243  
**Turn around Time:** 1-3 days  
**CPT Code(s):** 87491  
**Specimen Type:** Swab in APTIMA Transport Media: Ambient: 2 mo.; Refrigerate: 2 mo.; Frozen: 12 mo.  
**Specimen Type:** Swab in APTIMA Transport Media  
**Minimum Specimen Requirements:** Oral, pharyngeal or rectal swab in APTIMA Combo 2 Assay transport media. (available from the Laboratory)  
**Patient Preparation:** To be used for oral, pharyngeal or rectal sources. Collect in APTIMA Combo 2 Assay transport media. Transfer swab to this media. Media submitted without swab is unacceptable.  
**Laboratory Handling:** Room temperature. Positive results are confirmed using an alternative nucleic acid target in accordance with CDC guidelines. This test is intended for medical purposes only and is not valid for the evaluation of suspected sexual abuse or for other forensic purposes. Culture is recommended for Chlamydia trachomatis detection in cases of sexual abuse or suspected failure of therapy.
Blanchard Valley Health System Laboratory Specimen Collection Manual

Chlamydia trachomatis Culture

Lab Where Test is Performed: ARUP

Ref Lab Code or #: 0060850

Minimum Specimen Requirements:

Specimen Type: Dacron swab (in UTM (universal transport media)) should be use on all specimen types.

Patient Preparation: Collect from cervical, eye, rectal, urethral swab, or peritoneal fluid sources. Also acceptable for newborns are nasopharyngeal aspirate, swab or washing.

Laboratory Handling: Transfer specimen immediately to Chlamydia transport media (UTM). Freeze at -70 degrees C. Ship on dry ice.

Not recommended for routine detection of Chlamydia trachomatis. Use this test to detect C. trachomatis in medicolegal settings and to assess suspected treatment failure. May be considered for anatomic locations for which amplified testing has not been validated.

Chloride, Fluid (Spinal, Synovial, Pleural)

Lab Where Test is Performed: BVHS

Ref Lab Code or #: 0060850

Minimum Specimen Requirements:

Specimen Type: Fluid - if Spinal Fluid, usually tube #1

Patient Preparation: None.

Laboratory Handling: None.

Chloride, Plasma (CL)

Lab Where Test is Performed: BVHS

Ref Lab Code or #: 0060850

Minimum Specimen Requirements:

Specimen Type: 0.5 mL Fluid

Patient Preparation: None.

Laboratory Handling: Avoid hemolysis. Serum is also acceptable.
Blanchard Valley Health System Laboratory Specimen Collection Manual

Chloride, Random Urine - see Urine Chloride, Random

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: BVHS Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

Chloride, Urine 24 Hour

Cerner Primary Synonym: Urine Chloride 24 Hour

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: BVHS Ref Lab Code or #:

Turn around Time: < 1 day CPT Code(s): 82436

Specimen Stability: 2 hours at Room Temperature; 24 hours at 2-8 C

Specimen Type: 24 Hr Urine collection, no preservative

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

Chlorpromazine, Serum (Thorazine) (Protect from light.)

Cerner Primary Synonym: Send-out Other

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: ARUP Ref Lab Code or #: 0090870

Turn around Time: 1-5 days CPT Code(s): 84022

Specimen Stability:

Specimen Type: (2) 7 mL Plain Red Top Tubes (No SST Gel)

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling: Separate serum from cells within 2 hours. Protect from light within 8 hours of collection. Freeze. NO SST Gel tubes.
<table>
<thead>
<tr>
<th>Test Description</th>
<th>Lab Where Test is Performed</th>
<th>Ref Lab Code or #</th>
<th>Turn around Time</th>
<th>Specimen Stability</th>
<th>Specimen Type</th>
<th>Patient Preparation</th>
<th>Laboratory Handling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cholesterol, Body Fluid</td>
<td>BVHS</td>
<td></td>
<td>&lt; 1 day</td>
<td>Specimen Type: 7 mL Red No Gel Tube - Body Fluid (Paracentesis, Pleural, Synovial, Thoracentesis, Other)</td>
<td>Minimum Specimen Requirements: 0.5 mL Body Fluid</td>
<td>None.</td>
<td>None.</td>
</tr>
<tr>
<td>Cholesterol, Plasma</td>
<td>BVHS</td>
<td></td>
<td>&lt; 1 day</td>
<td>Specimen Stability: 8 hours at Room Temperature, 48 hours at 2-8 C</td>
<td>Specimen Type: 5 mL Light Green Heparinized Gel Tube</td>
<td>Fasting for 14 hours prior to collection.</td>
<td>None.</td>
</tr>
<tr>
<td>Cholinesterase, Erythrocytes (RBC) (Acetylcholinesterase)</td>
<td>Mayo</td>
<td>ACHS</td>
<td>6 days</td>
<td>Specimen Type: (2) 5 mL Lavender Top EDTA Tubes</td>
<td>Minimum Specimen Requirements: 4 mL EDTA Whole Blood (Pediatric minimum = 2.5 mL)</td>
<td>None.</td>
<td>The specimen must arrive at Mayo within 72 hours. DO NOT collect on Fridays. Date and time of collection are required on the request. Refrigerate.</td>
</tr>
</tbody>
</table>
### Cholinesterase, Plasma (Pseudocholinesterase)

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Pseudocholinesterase-Mayo</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChartAliases:</td>
<td></td>
</tr>
<tr>
<td>PathNetAliases:</td>
<td>Mayo-Pseudocholinesterase, Total, S</td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>Mayo</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td>PCHES</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>2 days</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>82480</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Minimum Specimen Requirements:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 mL Serum (Pediatric minimum = 0.5 mL)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Specimen Stability:</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 mL Red Top Tube (SST Gel is acceptable)</td>
</tr>
</tbody>
</table>

### Chromium, Serum

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Chromium Level-Mayo</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChartAliases:</td>
<td></td>
</tr>
<tr>
<td>PathNetAliases:</td>
<td>Mayo-Chromium, S</td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>Mayo</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td>CRS</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>6 days</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>82495</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Minimum Specimen Requirements:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 mL Serum (Absolute minimum = 0.5 mL)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Specimen Stability:</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 mL Royal Blue Trace Element Tube</td>
</tr>
</tbody>
</table>

### Chromogranin A, Serum

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Chromogranin A-Mayo</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChartAliases:</td>
<td></td>
</tr>
<tr>
<td>PathNetAliases:</td>
<td>Mayo-Chromogranin A, S</td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>Mayo</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td>CGAK</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>5 days</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>86316</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Minimum Specimen Requirements:</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.5 mL Serum</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Specimen Stability:</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 mL Plain Red Top Tubes (SST Gel is NOT acceptable)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient Preparation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>None.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Laboratory Handling:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refrigerate. The patient's age and sex are required on the requisition.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Laboratory Handling:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allow the specimen to clot for 30 minutes then centrifuge. Carefully pour (DO NOT use transfer pipette) 1 ML serum into a 7 ML Mayo metal-free, screw cap, polypropylene vial. Refrigerate.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Laboratory Handling:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freeze.</td>
</tr>
</tbody>
</table>
Chromosome Analysis (Cytogenetics), Hematologic Disorders, Blood

Cerner Primary Synonym: Send-out Other

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Mayo
Ref Lab Code or #: CHRHB

Minimum Specimen Requirements:

Specimen Type: (2) 7 mL Sodium Heparin Tubes (Green)

Specimen Stability: ***** DO NOT SPIN *****DO NOT FREEZE *****

Patient Preparation: Use sterile technique when drawing and handling blood.

Laboratory Handling: Keep at room temperature. Include WBC count on requisition.

CPT Code(s): Variable (Cannot Use 88291)

Specimen Stability:

Chromosome Analysis for Mult Miscarriage - order Chromosome Analysis for Congenital Disorders, Blood

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Mayo
Ref Lab Code or #: CHRHB

Turn around Time: 11 days

CPT Code(s): Variable (Cannot Use 88291)

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

Chromosome Analysis to Rule out Trisomy 21 - order Chromosome Analysis for Congenital Disorders, Blood

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Mayo
Ref Lab Code or #: CHRHB

Turn around Time: 11 days

CPT Code(s): Variable (Cannot Use 88291)

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:
Chromosome Analysis, Bone Marrow (Cytogenetics/for Hematologic Disorders)

Cerner Primary Synonym: Chromosomes, Hematologic, Bone Marrow-Mayo

PowerChart Aliases: Mayo-Chromosomes, Hematolog, Bone Marrow

PathNet Aliases: Mayo-Chromosomes, Hematolog, Bone Marrow

Lab Where Test is Performed: Mayo

Ref Lab Code or #: CHRBM

Minimum Specimen Requirements:
- 2-3 mL Bone Marrow Aspirate

Specimen Type: Green Sodium Heparin Tube

Patient Preparation: Per Physician’s or Pathologists

Laboratory Handling:
- Keep at room temperature. Bone marrow for Chromosome Analysis (Cytogenetics) should be placed in a green sodium heparin tube.
- Complete a Hematopathology / Molecular Oncology / Cytogenetics request form.

Turn around Time: 11 days

CPT Code(s): Variable (Cannot Use 88291)

Specimen Stability:

Chromosome Analysis, Congenital Disorders, Blood

Cerner Primary Synonym: Chromosomes, Congenital-Mayo

PowerChart Aliases: Mayo-Chromosomes, Congenital, Blood

PathNet Aliases: Mayo-Chromosomes, Congenital, Blood

Lab Where Test is Performed: Mayo

Ref Lab Code or #: CHRCB

Minimum Specimen Requirements:
- 5 mL Sodium Heparin (Green) Whole Blood (Pediatric minimum = 2 mL) is preferred; but for SCNUR patients 1mL Lithium Heparin Whole blood may be used.

Specimen Type: 7 mL Plain Green Top Sodium Heparin Tube - see below for Special Care NURS exception

Patient Preparation: None.

Laboratory Handling:
- Send in original container. Room temperature. Clotted blood is not acceptable. Do not freeze. 5 mL of Sodium Heparin whole blood is preferred with 2 mL being the pediatric minimum; but for special circumstances 1 mL of Lithium Heparin whole blood may be used for SCNUR patients. For Special Care Nursery patients an acceptable specimen is 1 mL Lithium Heparin Whole Blood at Room Temperature.

Turn around Time: 10 days

CPT Code(s): Variable (Cannot 88291)

Specimen Stability:

Chromosome Analysis, Fanconi Anemia C Mutation Analysis, Blood

Cerner Primary Synonym: Send-out Other

PowerChart Aliases: Send-out Other

PathNet Aliases: Send-out Other

Lab Where Test is Performed: Mayo

Ref Lab Code or #: FANCA

Turn around Time: 8 days

CPT Code(s): 88230,88245,88291

Specimen Stability:

Specimen Type: (2) 7 mL Yellow ACD Tubes

Minimum Specimen Requirements:
- 3 mL ACD Whole Blood

Patient Preparation: None.

Laboratory Handling:
- Send in original container. Room temperature.
Chymotrypsin (Fecal Trypsin) - Test Obsolete - use Pancreatic Elastase Stool as alternate

Lab Where Test is Performed: Ref Lab Code or #:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

Citrate Excretion, Urine 24 Hour

Lab Where Test is Performed: Mayo

Turn around Time: 3 days

Specimen Stability:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

CIE (CSF)- order Bacterial Meningitis Antigen Detection Panel

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

Citrate Excretion, Urine 24 Hour

Lab Where Test is Performed: Mayo

Turn around Time: 3 days

Specimen Stability:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:
Clomipramine (Anafranil) (includes metabolite Desmethylclomipramine), Serum

Cerner Primary Synonym: Clomipramine (Anafranil) Level-Mayo

PowerChart Aliases: 
PathNet Aliases: Mayo-Clomipramine (Anafranil)

Lab Where Test is Performed: Mayo
Ref Lab Code or #: FCLOM
CPT Code(s): 82542

Minimum Specimen Requirements: 2 mL Serum
Specimen Type: (2) 7 mL Plain Red Top Tubes (No SST Gel)

Patient Preparation: None.
Laboratory Handling: Refrigerate.

Turn around Time: 9 days

Clonazepam (Klonipin) and 7-Aminoclonazepam, Serum

Cerner Primary Synonym: Clonazepam Level-Mayo

PowerChart Aliases: 
PathNet Aliases: Mayo-Clonazepam, S

Lab Where Test is Performed: Mayo
Ref Lab Code or #: CZPS
CPT Code(s): 80346 (G0480)

Minimum Specimen Requirements: 1.2 mL Serum (Absolute minimum = 0.6 mL)
Specimen Type: (2) 5 mL Red Top Tubes (SST Gel is acceptable)

Patient Preparation: Draw specimen immediately before the next scheduled dose (minimum 12 hours after the last dose).
Laboratory Handling: Serum MUST be separated from cells within 2 hours of collection. Refrigerate.

Turn around Time: 4 days

Clonidine, Plasma

Cerner Primary Synonym: Clonidine (Catapres) Level-Mayo

PowerChart Aliases: 
PathNet Aliases: Mayo-Clonidine (Catapres)

Lab Where Test is Performed: Mayo
Ref Lab Code or #: FLCON
CPT Code(s): 82542

Minimum Specimen Requirements: 5 mL Heparin Plasma or 5 mL Serum
Specimen Type: (3) 5 mL Plain Green Top Tubes or (4) 7 mL Plain Red Top Tubes

Patient Preparation: None.
Laboratory Handling: Indicate specimen type on the aliquot tubes. Refrigerate.
Clonazepam, Serum (Tranxene) - see Diazepam (and Nor Diazepam), Serum

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: BVHS Ref Lab Code or #: 

Turn around Time: < 1 day CPT Code(s): 

Specimen Stability:

Specimen Type: Collect fresh feces in a wide mouth container (No preservative) CANNOT be formed.

Minimum Specimen Requirements:

Patient Preparation: None. Formed stools will be rejected. Unformed or liquid ONLY. Patient MUST be 2 years old or older. If < 2, order Clostridium difficile Toxin, Molecular Detection, PCR sent out to Mayo (CDFRP). Only 1 sample is acceptable every 7 days.

Laboratory Handling: Specimens submitted for Clostridium difficile toxin should be transported to the laboratory within 1 hour or should be refrigerated. Collect as for a stool culture. Only 1 gram of stool is required. Formed stools will be rejected. Unformed or liquid ONLY. Also, any antibiotic therapy the patient has been undergoing should be noted. Only 1 sample is acceptable every 7 days.

Clonazepam, Serum (Tranxene), Molecular Detection, PCR - for patients < 2 years old

Cerner Primary Synonym: Send-out Other

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Mayo Ref Lab Code or #: CDFRP

Turn around Time: 2-3 days CPT Code(s): 87493

Specimen Stability:

Specimen Type: Stool (unformed)

Minimum Specimen Requirements: 1 mL unformed stool specimen

Patient Preparation: Patient must be < 2 years old to order this. If 2 years old or older, order the CDTPCR (Clostridium difficile Toxin DNA PCR) performed at BVHS Laboratory.

Laboratory Handling: Room temperature.
<table>
<thead>
<tr>
<th>Specimen Collection</th>
<th>Lab Where Test is Performed</th>
<th>Ref Lab Code or #:</th>
<th>CPT Code(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clot Retraction - no longer performed - please order the Platelet Function Analysis (PFA) instead</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clozapine, Serum</td>
<td>Mayo</td>
<td>CLZ</td>
<td>80299 (X2)</td>
</tr>
<tr>
<td>CMV Culture (Conventional - 4 Weeks)</td>
<td>Focus</td>
<td>82115</td>
<td>87252</td>
</tr>
</tbody>
</table>

### Clozapine, Serum

- **Cerner Primary Synonym:** Clozapine Level-Mayo
- **PowerChart Aliases:**
- **PathNet Aliases:** Mayo-Clozapine, S
- **Lab Where Test is Performed:** Mayo
- **Turn around Time:** 4 days
- **Specimen Type:** 7 mL Plain Red Top Tube (No SST Gel)
- **Minimum Specimen Requirements:** 1 mL Serum from non-gel tube (Absolute minimum = 0.6 mL)
- **Patient Preparation:** None.
- **Laboratory Handling:** Refrigerate. NO SST GEL.

### CMV Culture (Conventional - 4 Weeks)

- **Cerner Primary Synonym:** Send-out Other
- **PowerChart Aliases:**
- **PathNet Aliases:**
- **Lab Where Test is Performed:** Focus
- **Turn around Time:** 28-32 days
- **Specimen Type:** Bronchial Lavage, Urine, Sputum, or other fluids
- **Minimum Specimen Requirements:** 2 mL of specimen type
- **Patient Preparation:** None.
- **Laboratory Handling:** Rectal swab and tissue biopsy are also acceptable. Obtain body fluid using aseptic technique. Eye or throat swabs are also acceptable. Transfer to M4 transport media with an equal volume. Do not add M4 media for a urine specimen. Refrigerate.
**CMV Culture (Rapid - 48 Hours)**

**Cerner Primary Synonym:** Send-out Other  
**PathNet Aliases:**

**Lab Where Test is Performed:** Focus  
**Ref Lab Code or #:** 81065  
**Minimum Specimen Requirements:** 2 mL of specimen type  
**Patient Preparation:** None.

**Specimen Stability:** Bronchial Lavage, Urine, Sputum, or other fluids  
**Laboratory Handling:** Rectal swab and tissue biopsy are also acceptable. Obtain body fluid using aseptic technique. Eye or throat swabs are also acceptable. Transfer to M4 transport media with an equal volume. Do not add M4 media for a urine specimen.

**Turn around Time:** 2-4 days  
**CPT Code(s):** 87254

---

**CMV DNA by PCR, Quantitative - See Cytomegalovirus DNA Quant by PCR**

**Cerner Primary Synonym:** Cytomegalovirus by PCR-Mayo  
**PathNet Aliases:** Mayo-Cytomegalovirus PCR

**Lab Where Test is Performed:** Mayo  
**Ref Lab Code or #:** LCMV  
**Turn around Time:** 3 days  
**CPT Code(s):** 87496

**Specimen Stability:** Urine, CSF, Other Body Fluid (NOT for blood, plasma, or serum)  
**Specimen Type:** Urine, 0.5 mL Body Fluid or CSF (NOT for blood plasma or serum)  
**Minimum Specimen Requirements:** 2 mL Urine

**Patient Preparation:** None.

**Laboratory Handling:** Refrigerate. Specimens cannot be frozen. NOT for blood, plasma, or serum.
CMV IgM Antibody, CSF - see Cytomegalovirus (CMV) IgM Antibody, CSF

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

CMV Titer (IgG & IgM), Serum

Cerner Primary Synonym: Cytomegalovirus IgG and IgM Antibodies-Mayo

PowerChart Aliases:

PathNet Aliases: Mayo-Cytomegalovirus Ab, IgM and IgG, S

Lab Where Test is Performed: Mayo Ref Lab Code or #: CMVP

Turn around Time: 2-3 days CPT Code(s): 86644,86645

Specimen Stability:

Specimen Type: 5 mL Red Top Tube (SST Gel is acceptable)

Minimum Specimen Requirements: 1 mL Serum (Pediatric minimum = 0.8 mL)

Patient Preparation: None.

Laboratory Handling: Refrigerate.

CO2, Plasma (TCO2) - cannot be ordered by itself

Cerner Primary Synonym: Electrolyte Panel

PowerChart Aliases: Lytes

PathNet Aliases: Lytes

Lab Where Test is Performed: BVHS Ref Lab Code or #:

Turn around Time: < 1 day CPT Code(s): 80051

Specimen Stability: 8 hours at Room Temperature, 48 hours at 2-8 C

Specimen Type: 5 mL Light Green Heparinized Gel Tube

Minimum Specimen Requirements: 0.5 mL Heparinized Plasma

Patient Preparation: None.

Laboratory Handling: Serum is also acceptable. CO2 cannot be ordered by itself.
Coagulation Consultation, Bleeding Diathesis, Plasma - see Bleeding Diathesis, Limited, Plasma

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>Mayo</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>7 days</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>(5) 5mL Blue Citrate Tubes</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>(5) 1 mL Aliquots Plasma</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>The patient should not be receiving Coumadin or Heparin. If he/she is it should be noted on the form.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Spin the tubes down immediately. Remove the top 3/4 of the plasma. Place in plastic tubes. Spin again and place (5) 1 ML aliquots of platelet poor plasma in plastic tubes to Mayo. Freeze right away.</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>80500, 85378, 85384, 85610, 85613, 85670, 85730, 85210, 85220, 85230, 85240, 85250, 85260, 85270, 85280, 85597, 8561</td>
</tr>
<tr>
<td>Cerner Primary Synonym:</td>
<td>Send-out Other</td>
</tr>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Coagulation Consultation, Thrombosis/Hypercoagulability, Plasma - (obsolete: see Thrombosis Profile Comprehensive (BVH)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>BVHS</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td></td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td></td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td></td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td></td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td></td>
</tr>
</tbody>
</table>
Coagulation Consultation, von Willebrand Disease, Plasma - Test Obsolete - see Von Willebrand Profile

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

Coagulation, Abnormal Panel (**For Outpatients of Dr.s Doty and Thomas Only**)

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling: See Abnormal Coagulation Panel (**For Outpatients of Dr.s Doty and Thomas ONLY)

Coccidioides Antibody with Reflex, Serum

Cerner Primary Synonym: Send-out Other

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Mayo Ref Lab Code or #: COXIS

Turn around Time: 2-5 days CPT Code(s): 86635

Specimen Stability:

Specimen Type: (2) 5 mL Red Top Tubes (SST Gel is acceptable)

Minimum Specimen Requirements: 2 mL Serum (Absolute minimum = 1.7 mL)

Patient Preparation: None.

Laboratory Handling: Refrigerate.
Coenzyme Q10, Reduced and Total, Plasma (**specimen on wet ice)

**Specimen Requirements:**
- 0.5 mL Heparin Plasma on wet ice

**Specimen Type:**
- 5 mL Plain Green Top Tube (Sodium Heparin)

**Patient Preparation:**
- Patient must be fasting (8 hours).

**Laboratory Handling:**
- Immediately place specimen on wet ice. Maintain on ice and centrifuge within 3 hours. Freeze.

**CPT Code(s):**
- 82542

---

Cogentin (Benztropine), Plasma

**Specimen Requirements:**
- 3 mL Heparin Plasma or Serum
- (2) 5 mL Plain Green Top Tubes or (2) 7 mL Plain Red Top Tubes
- 3 mL Heparin Plasma or Serum

**Patient Preparation:**
- None.

**Laboratory Handling:**
- Indicate specimen type on aliquot tubes. Refrigerate.

**CPT Code(s):**
- 82491

---

Cold Agglutinins - order may be either Anti-I Titer or Mycoplasma EIA - Confirm with ordering provider

**Specimen Requirements:**
- 3 mL Heparin Plasma or Serum

**Patient Preparation:**
- None.

**Laboratory Handling:**
- Indicate specimen type on aliquot tubes. Refrigerate.
**Blanchard Valley Health System Laboratory Specimen Collection Manual**

**COMP (C.O.M.P.) - see Cartilage Oligomeric Matrix Protein**

**Cerner Primary Synonym:**

**PowerChart Aliases:**

**PathNet Aliases:**

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<thead>
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| Specimen Stability: | |
|---------------------| |

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<tr>
<th>Minimum Specimen Requirements:</th>
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<table>
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<th>Patient Preparation:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Laboratory Handling:</th>
</tr>
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---

**Complement C1r:C1s:C1 Inhibitor Complex, Plasma**

**Cerner Primary Synonym:** Send-out Other

**PowerChart Aliases:**

**PathNet Aliases:**

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| Specimen Stability: | |
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<table>
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<tr>
<th>Laboratory Handling:</th>
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**Complement Component C3, Serum**

**Cerner Primary Synonym:** Complement C3-Mayo

**PowerChart Aliases:**

**PathNet Aliases:**

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| Specimen Stability: | |
|---------------------| |

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<th>Laboratory Handling:</th>
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---
### Complement Component C4, Serum

<table>
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<td>Ref Lab Code or #:</td>
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<td>Specimen Stability:</td>
<td></td>
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<tr>
<td>Specimen Type:</td>
<td>5 mL Red Top Tube (SST GEL is acceptable)</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>1 mL Serum</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Refrigerate.</td>
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### Complement Total (CH50), Serum (**collect specimen on wet ice**)  

<table>
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<tbody>
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<td>Mayo-Complement, Total, S</td>
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<td>Ref Lab Code or #:</td>
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<td>Turn around Time:</td>
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<td>CPT Code(s):</td>
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<td>Specimen Stability:</td>
<td></td>
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<tr>
<td>Specimen Type:</td>
<td>5 mL Plain Red Top Tube (No SST Gel)</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>1 mL Serum</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>Collect specimen on wet ice.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Spin down immediately. Freeze.</td>
</tr>
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</table>

### Complement, Alternate Pathway Functional - see AH50

<table>
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<td>PowerChart Aliases:</td>
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<td>CPT Code(s):</td>
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<td>Specimen Stability:</td>
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<tr>
<td>Specimen Type:</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
</tr>
<tr>
<td>Patient Preparation:</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
</tr>
</tbody>
</table>
Compound S, Serum (11 Deoxycortisol)

Cerner Primary Synonym: 11-Deoxycortisol-Mayo

PowerChart Aliases:

PathNet Aliases: Mayo-11-Deoxycortisol, S

Lab Where Test is Performed: Mayo

Ref Lab Code or #: F11DQ

Specimen Stability:

Specimen Type: 5 mL Red Top Tube (No SST Gel)

Minimum Specimen Requirements: 0.3 mL Serum

Patient Preparation: Morning (8am) and afternoon (4pm) specimens are desired.

Laboratory Handling: When appropriate, specimen should be marked pre- or post- metyrapone. Refrigerate.

Turn around Time: 8 days

CPT Code(s): 82634

Specimen Stability:

Cerner Primary Synonym: Comprehensive Metabolic Panel

PowerChart Aliases: CMP

PathNet Aliases: CMP

Lab Where Test is Performed: BVHS

Ref Lab Code or #: 

Specimen Stability:

Specimen Type: 5 mL Light Green Heparinized Gel Tube

Minimum Specimen Requirements: 1 mL Heparin Plasma

Patient Preparation: Patient should be fasting.

Laboratory Handling: The Profile includes: Sodium, Potassium, Chloride, Anion Gap, Glucose, BUN, Creatinine, Total Bilirubin, Alkaline Phosphatase, SGOT(AST), SGPT(ALT), Total Protein, Albumin, Calcium. Serum is also acceptable.

Turn around Time: < 1 day

CPT Code(s): 80053

Specimen Stability:

Congenital Adrenal Hyperplasia (CAH) Profile for 21-Hydroxylase Deficiency, Serum

Cerner Primary Synonym: Send-out Other

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Mayo

Ref Lab Code or #: CAH21

Specimen Stability:

Specimen Type: 7 mL Plain Red Top Tube (No SST Gel)

Minimum Specimen Requirements: 0.5 mL Serum

Patient Preparation: Morning (8 a.m.) and afternoon (4 p.m.) preferred.

Laboratory Handling: Refrigerate.

Turn around Time: 5 days

CPT Code(s): 82157, 82533, 83498
Connective Tissue Diseases Cascade, Serum

Cerner Primary Synonym: Send-out Other

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Mayo

Ref Lab Code or #: CTDC

Minimum Specimen Requirements:

Specimen Type: 5 mL Red Top Tube (SST Gel is acceptable)

1 mL Serum

Patient Preparation:

Laboratory Handling:

Refrigerate. This is NOT the same test as the Paraneoplastic Syndrome Evaluation; If both appear on the requisition, order both the Connective Tissue Deseases Cascade AND the Paraneoplastic Syndrome Evaluation.

Connexin 26 - see DNA Studies, Connexin 26

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: BVHS

Ref Lab Code or #:

Turn around Time:

CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

Coobs, Indirect, Plasma

Cerner Primary Synonym: Antibody Screen Auto

PowerChart Aliases:

PathNet Aliases: AS Auto

Lab Where Test is Performed: BVHS

Ref Lab Code or #:

Turn around Time: < 1 day

CPT Code(s): 86885

Specimen Stability:

Specimen Type: 3 mL Plain Red Top Tubes (No SST Gel) or 7 mL Pink EDTA Tube

0.5 mL Serum or EDTA Plasma

Patient Preparation:

Laboratory Handling:

This is the same test as an Antibody Screen.
### Coombs, Direct, Blood

Cerner Primary Synonym: DAT Poly

PowerChart Aliases: DAT

PathNet Aliases: DAT

Lab Where Test is Performed: BVHS

Ref Lab Code or #:  

Turn around Time: < 1 day

CPT Code(s): 86880

Specimen Stability:

Specimen Type: 3 mL Lavender EDTA Tube

Minimum Specimen Requirements: 0.5 mL Lavender EDTA Whole Blood

Patient Preparation: None.

Laboratory Handling: EDTA microtainers are also acceptable.

### Copper, Liver Tissue (Dry Weight Copper)

Cerner Primary Synonym: Send-out Other

PowerChart Aliases:  

PathNet Aliases:  

Lab Where Test is Performed: Mayo

Ref Lab Code or #: CUT

Turn around Time: 5 days

CPT Code(s): 82525

Specimen Stability:

Minimum Specimen Requirements: See below.

Patient Preparation: Include suspected diagnosis and clinical information

Laboratory Handling: Required specimen is 0.5 mm X 1 cm of tissue from a needle biopsy of the liver. A larger section is needed from a wedge biopsy. Send in a Mayo Metal-Free specimen vial (blue label) supplied by Mayo Medical Laboratories. See Mayo test catalog for directions if any other vial is to be used. Send specimen refrigerated. Paraffin block is also acceptable.
Copper, Serum

Cerner Primary Synonym: Copper Level-Mayo

PowerChart Aliases:

Lab Where Test is Performed: Mayo
Ref Lab Code or #: CUS

Minimum Specimen Requirements:
2 mL Serum

Patient Preparation:
The patient should refrain from taking vitamins or mineral supplements at least one week prior to collection.

Laboratory Handling:
1. Draw blood in a royal blue-top Monoject trace element blood collection tube(s) - product 8881-307006 (Supply T184).
2. Allow the specimen to clot for 30 minutes; then centrifuge the specimen to separate serum from the cellular fraction.
3. Remove the stopper and carefully pour 1.0 mL of serum into a 7.0-mL Mayo metal-free, screw-capped, polypropylene vial (Supply T173), avoiding transfer of the cellular components of blood. Do not insert a pipet into the serum to accomplish transfer, and do not ream the specimen with a wooden stick to assist with serum transfer.
4. Send specimen refrigerated. All specimens to be stored more than 48 hours should be sent frozen.
5. It is important that the specimen be obtained, processed, and transported according to instructions in "Metals Analysis - Collection and Transport" in Special Instructions.

Turn around Time: 3 days
CPT Code(s): 82525

Specimen Stability:

Copper, Urine 24 Hour

Cerner Primary Synonym: Send-out Other

PowerChart Aliases:

Lab Where Test is Performed: Mayo
Ref Lab Code or #: CUU

Minimum Specimen Requirements:
10 mL Aliquot of a 24 Hour Urine

Patient Preparation: None.

Laboratory Handling:
The send-out container cannot have any metal caps or glued inserts. The specimen must be refrigerated within 4 hours of completion of collection. Refrigerate the aliquot to send.
### Cortisol Binding Globulin (CBG), Serum

Cerner Primary Synonym: Send-out Other  
PathNet Aliases:  
Lab Where Test is Performed: ISI  
Ref Lab Code or #:  
Turn around Time: Varies  
CPT Code(s): 84449  
Specimen Stability:  
Specimen Type: (3) 5 mL Red Top Tubes (SST Gel is acceptable)  
Minimum Specimen Requirements: 3 mL Serum  
Patient Preparation: For baseling determinations, the patient should not be on any ACTH, Estrogen or Corticosteroid Therapy, if possible, for at least 48 hours prior to collection.  
Laboratory Handling: Separate serum from cells as soon as possible. The specimen should be stored refrigerated or frozen until shipped. The specimen should be shipped at room temperature or frozen on dry ice.

### Cortisol, Free Urine (Cortisol 24 Hour Urine-Mayo)

Cerner Primary Synonym: Cortisol 24 Hour Urine-Mayo  
PathNet Aliases:  
Lab Where Test is Performed: Mayo  
Ref Lab Code or #: CORTU  
Turn around Time: 5 days  
CPT Code(s): 82530,83789  
Specimen Stability:  
Specimen Type: 24 HR Urine collection with preservative  
Minimum Specimen Requirements: 5 mL Aliquot of a 24 Hour Urine (Pediatric minimum = 3 mL)  
Patient Preparation: None.  
Laboratory Handling: Add 10 grams of Boric Acid at the start of collection. It is also acceptable to add the preservative within 4 hours after completion. (If necessary, add 25 ML of 50% Acetic Acid at the start of collection.)
Blanchard Valley Health System Laboratory Specimen Collection Manual

**Cortisol, Serum**

**Cerner Primary Synonym:** Cortisol Level  
**PowerChart Aliases:**  
**PathNet Aliases:**  
**Lab Where Test is Performed:** BVHS  
**Ref Lab Code or #:**  
**Minimum Specimen Requirements:** 1 mL Heparin Plasma (Serum is also acceptable.)  
**Specimen Type:** 5 mL Heparin Gel Tube (SST is acceptable)  
**Patient Preparation:** Patient should be fasting.  
**Laboratory Handling:** Refrigerate. Specimen is stable for 8 hours at room temperature or 48 hours refrigerated. Do not freeze.  
**CPT Code(s):** 82533  
**Specimen Stability:** 8 hours at Room Temperature, 48 hours at 2-8 C

**Corynebacterium diphtheriae Culture**

**Cerner Primary Synonym:** Send-out Other  
**PowerChart Aliases:**  
**PathNet Aliases:**  
**Lab Where Test is Performed:** Mayo  
**Ref Lab Code or #:** CDIP  
**Minimum Specimen Requirements:**  
**Specimen Type:** Throat and Nasopharyngeal swabs ONLY. Swab in modified Stuart transport device. Modified Aimes media is also acceptable.  
**Patient Preparation:** Specimen source is required for processing.  
**Laboratory Handling:** Room temperature.  
**CPT Code(s):** 87081  
**Specimen Stability:**  

**Counsyl Prelude Prenatal Screen, Blood (for high risk pregnancy patients)**

**Cerner Primary Synonym:** Send-out: Other  
**PowerChart Aliases:**  
**PathNet Aliases:**  
**Lab Where Test is Performed:** Counsyl Laboratory  
**Ref Lab Code or #:** Special  
**Minimum Specimen Requirements:**  
**Specimen Type:** *** Use special collection kits provided by the Reference Laboratory  
**Patient Preparation:** Insurance information and form MUST accompany the kit. (to be filled out by the provider)  
**Laboratory Handling:** Room temperature. MUST use special specimen collection kits provided by Counsyl. Follow kit instructions. Fill the tube to the fill line; if the patient is a difficult draw, send what is there but the test may be cancelled for QNS. The barcode sticker on the kit from the reference lab and the barcode sticker on the blood tube correlate so collection tubes are not interchangeable with kits. The kit contains extra barcode stickers, one for the blood and one for the order form. Patient information form along with insurance information will be brought with the patient and MUST be included when shipped. Samples will be shipped by Fed-Ex using the mailers included in the collection kit.  
**CPT Code(s):** No Charge (Absorb manual charge item)  
**Specimen Stability:** 7 days from collection
### Coxsackie A Antibody Panel, CSF

<table>
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<tr>
<td>Turn around Time:</td>
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<tr>
<td>Specimen Type:</td>
<td>CSF</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>2mL CSF (Absolute Minimum = 1mL)</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Refrigerate. Panel includes Coxsackie A serotypes 2, 4, 7, 9, 10, and 16.</td>
</tr>
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<td>CPT Code(s):</td>
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### Coxsackie A Antibody Panel, Serum

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<tr>
<td>Turn around Time:</td>
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<tr>
<td>Specimen Type:</td>
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<tr>
<td>Minimum Specimen Requirements:</td>
<td>2mL Serum</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Refrigerate. Panel includes antibodies to Coxsackie A Virus immunotypes 2, 4, 7, 9, 10, and 16.</td>
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<td>CPT Code(s):</td>
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### Coxsackie B Antibody Panel, CSF

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<tr>
<td>Specimen Type:</td>
<td>CSF</td>
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<tr>
<td>Minimum Specimen Requirements:</td>
<td>3 mL CSF (Absolute minimum = 1 mL)</td>
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<td>Patient Preparation:</td>
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<tr>
<td>Laboratory Handling:</td>
<td>Refrigerate. Panel includes Coxsackie B1-B6 serotypes.</td>
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### Coxsackie B Virus Antibodies, Serum

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<td>Specimen Type:</td>
<td>(3) 5 mL Red Top Tubes (SST Gel is acceptable)</td>
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<tr>
<td>Minimum Specimen Requirements:</td>
<td>3 mL Serum (Pediatric minimum = 0.25 mL)</td>
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<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Separate serum from cells as soon as possible. Refrigerate. Panel includes serotypes Coxsackie B1-B6.</td>
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### C-Peptide, Serum

<table>
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<td>Specimen Stability:</td>
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<tr>
<td>Specimen Type:</td>
<td>5 mL Red Top Gel Tube (No Plain Red Top Tubes)</td>
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<tr>
<td>Minimum Specimen Requirements:</td>
<td>0.5 mL Serum</td>
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<tr>
<td>Patient Preparation:</td>
<td>Overnight fasting specimen is preferred.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Freeze.</td>
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### CPK Isoenzymes Reflex, Serum

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<th>Creatine Kinase Isoenzymes Reflex-Mayo</th>
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</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td>CKELR</td>
</tr>
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<td>Turn around Time:</td>
<td>4 days</td>
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<td>82550,82552</td>
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<tr>
<td>Specimen Stability:</td>
<td></td>
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<tr>
<td>Specimen Type:</td>
<td>(2) 5 mL Red Top Tubes (SST Gel is acceptable)</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>2 mL Serum</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
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<tr>
<td>Laboratory Handling:</td>
<td>Freeze.</td>
</tr>
</tbody>
</table>
### CPK Total, Plasma

<table>
<thead>
<tr>
<th>Feature</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cerner Primary Synonym</td>
<td>Creatine Phosphokinase</td>
</tr>
<tr>
<td>PowerChart Aliases</td>
<td>CPK</td>
</tr>
<tr>
<td>PathNet Aliases</td>
<td>CPL</td>
</tr>
<tr>
<td>Lab Where Test is Performed</td>
<td>BVHS</td>
</tr>
<tr>
<td>Minimum Specimen Requirements</td>
<td>0.5 mL Heparinized Plasma</td>
</tr>
<tr>
<td>Specimen Type</td>
<td>5 mL Light Green Heparinized Gel Tube</td>
</tr>
<tr>
<td>Patient Preparation</td>
<td>None</td>
</tr>
<tr>
<td>Laboratory Handling</td>
<td>Serum is also acceptable.</td>
</tr>
<tr>
<td>Turn around Time</td>
<td>&lt; 1 day</td>
</tr>
<tr>
<td>Specimen Stability</td>
<td>4 hours at Room Temperature, 12 hours at 2-8 C</td>
</tr>
<tr>
<td>CPT Code(s)</td>
<td>82550</td>
</tr>
</tbody>
</table>

### C-Reactive Protein, Plasma

<table>
<thead>
<tr>
<th>Feature</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cerner Primary Synonym</td>
<td>C-Reactive Protein</td>
</tr>
<tr>
<td>PowerChart Aliases</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed</td>
<td>BVHS</td>
</tr>
<tr>
<td>Minimum Specimen Requirements</td>
<td>0.5 mL Plasma</td>
</tr>
<tr>
<td>Specimen Type</td>
<td>5 mL Light Green Heparinized Gel Tube</td>
</tr>
<tr>
<td>Patient Preparation</td>
<td>None</td>
</tr>
<tr>
<td>Laboratory Handling</td>
<td>Serum is also acceptable.</td>
</tr>
<tr>
<td>Turn around Time</td>
<td>&lt; 1 day</td>
</tr>
<tr>
<td>Specimen Stability</td>
<td>8 hours at Room Temperature, 72 hours at 2-8 C</td>
</tr>
<tr>
<td>CPT Code(s)</td>
<td>86140</td>
</tr>
</tbody>
</table>

### Creatine Kinase (CK or CPK) - see CPK
Creatine Kinase Isoenzymes Reflex-Mayo - see CPK Isoenzymes Reflex, Serum

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

Creatinine Clearance (CRCL), Urine and Plasma

Cerner Primary Synonym: Creatinine Clearance

PowerChart Aliases:

PathNet Aliases: CRCL

Lab Where Test is Performed: BVHS Ref Lab Code or #:

Turn around Time: < 1 day CPT Code(s): 82575

Specimen Stability: 2 hours at Room Temperature, 24 hours at 2-8 C

Specimen Type: 24 HR Urine Collection no preservative and 5 mL Heparin Gel Tube

Minimum Specimen Requirements: 0.5 mL Plasma and 1 mL of 24 Hour Urine

Patient Preparation: Plasma (serum is also acceptable) creatinine to be drawn during the collection period (24 hours before starting or 24 hours after finishing the collection) is included in the Creatinine Clearance order.

Laboratory Handling: Keep the urine on ice or refrigerated during collection. Record the total volume on the aliquot tube and on worksheet in Meditech.

Creatinine, Fluid

Cerner Primary Synonym: Body Fluid Creatinine

PowerChart Aliases:

PathNet Aliases: FLCREA

Lab Where Test is Performed: BVHS Ref Lab Code or #:

Turn around Time: < 1 day CPT Code(s): 82570

Specimen Stability:

Specimen Type: Body Fluid Specimen

Minimum Specimen Requirements: 0.5 mL Body Fluid

Patient Preparation: None.

Laboratory Handling: None.
<table>
<thead>
<tr>
<th>Test Name</th>
<th>Lab Where Test is Performed</th>
<th>Specimen Type</th>
<th>Specimen Stability</th>
<th>Patient Preparation</th>
<th>Laboratory Handling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Creatinine, Plasma</td>
<td>BVHS</td>
<td>5 mL Light Green Heparinized Gel Tube</td>
<td>8 hours at Room Temperature, 48 hours at 2-8 C</td>
<td>None.</td>
<td>Serum is also acceptable.</td>
</tr>
<tr>
<td>CPT Code(s)</td>
<td>82565</td>
<td></td>
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<td></td>
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<tr>
<td>Minimum Specimen Requirements:</td>
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<tr>
<td>Specimen Stability:</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Creatinine, Random Urine - see Urine Creatinine, Random</td>
<td>BVHS</td>
<td>24 HR Urine collection, no preservative</td>
<td>2 hours (ASAP) at Room Temperature, 24 hours at 2-8 C</td>
<td>None.</td>
<td>Keep urine on ice or refrigerated during collection. Record the total volume on the aliquot tube and on worksheet in Meditech.</td>
</tr>
<tr>
<td>CPT Code(s)</td>
<td>82570</td>
<td></td>
<td></td>
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<tr>
<td>Minimum Specimen Requirements:</td>
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<tr>
<td>Specimen Stability:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td></td>
<td></td>
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</tr>
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</table>
### CRH - see Corticotropin Releasing Hormone

<table>
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<tr>
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<th>Ref Lab Code or #:</th>
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<tbody>
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<table>
<thead>
<tr>
<th>PowerChart Aliases:</th>
<th>CPT Code(s):</th>
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<table>
<thead>
<tr>
<th>PathNet Aliases:</th>
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<td></td>
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<table>
<thead>
<tr>
<th>Lab Where Test is Performed:</th>
<th>Ref Lab Code or #:</th>
<th>CPT Code(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prometheus</td>
<td>2000</td>
<td>83520 (x5), 88346, 88350, 81401</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Turn around Time:</th>
<th>CPT Code(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>4-7 days</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Specimen Stability:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) 5 mL EDTA Lavender Top Tubes AND (2) 7 mL Red Top Tubes (SST Gel is acceptable)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Minimum Specimen Requirements:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 mL EDTA Whole Blood AND 2 mL Serum</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient Preparation:</th>
<th>Laboratory Handling:</th>
</tr>
</thead>
<tbody>
<tr>
<td>None.</td>
<td>Refrigerate. <strong>Do Not Freeze</strong> Must ship Whole blood and serum together.</td>
</tr>
</tbody>
</table>

### Crohns Prognostic, Blood and Serum

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Ref Lab Code or #:</th>
<th>CPT Code(s):</th>
</tr>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>PowerChart Aliases:</th>
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<table>
<thead>
<tr>
<th>PathNet Aliases:</th>
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<tbody>
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<td></td>
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<table>
<thead>
<tr>
<th>Lab Where Test is Performed:</th>
<th>Ref Lab Code or #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>BVHS</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Turn around Time:</th>
<th>CPT Code(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 1 day</td>
<td>86922</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Specimen Stability:</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 mL Pink Top EDTA Tube (or Plain Red Top Tube; No SST Gel)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Minimum Specimen Requirements:</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 mL EDTA Plasma or Serum</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient Preparation:</th>
<th>Laboratory Handling:</th>
</tr>
</thead>
<tbody>
<tr>
<td>None.</td>
<td>See Type and Crossmatch.</td>
</tr>
</tbody>
</table>

### Crossmatch (Type and Crossmatch), Plasma

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Ref Lab Code or #:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PowerChart Aliases:</th>
<th>CPT Code(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PathNet Aliases:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lab Where Test is Performed:</th>
<th>Ref Lab Code or #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>BVHS</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Turn around Time:</th>
<th>CPT Code(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 1 day</td>
<td>86922</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Specimen Stability:</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 mL Pink Top EDTA Tube (or Plain Red Top Tube; No SST Gel)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Minimum Specimen Requirements:</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 mL EDTA Plasma or Serum</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient Preparation:</th>
<th>Laboratory Handling:</th>
</tr>
</thead>
<tbody>
<tr>
<td>None.</td>
<td>See Type and Crossmatch.</td>
</tr>
</tbody>
</table>
### CRP (C-Reactive Protein), Plasma

- **Cerner Primary Synonym:** C-Reactive Protein
- **PowerChart Aliases:**
- **PathNet Aliases:**
- **Lab Where Test is Performed:** BVHS
- **Ref Lab Code or #:**
- **Turn around Time:** < 1 day
- **CPT Code(s):** 86140
- **Specimen Stability:** 8 hours at Room Temperature, 72 hours at 2-8°C
- **Specimen Type:** 5 mL Light Green Heparinized Gel Tube (SST Gel is also acceptable)
- **Minimum Specimen Requirements:** 0.5 mL Plasma or Serum
- **Patient Preparation:** None.
- **Laboratory Handling:** None.

### Cryofibrinogen - see Cryoglobulins (Cryofibrinogen is included)

- **Cerner Primary Synonym:**
- **PowerChart Aliases:**
- **PathNet Aliases:**
- **Lab Where Test is Performed:** Mayo
- **Ref Lab Code or #:**
- **Turn around Time:** 10 days
- **CPT Code(s):** 82595, 82585
- **Specimen Stability:**
- **Specimen Type:** 5 mL Lavender Top Tube and (3) 7 mL Plain Red Top Tubes (No SST Gel)
- **Minimum Specimen Requirements:** 1 mL EDTA Plasma and 5 mL Serum
- **Patient Preparation:** Maintain specimen with heel warmers IMMEDIATELY after collection.
- **Laboratory Handling:** The test includes Cryofibrinogen. Absolutely MUST maintain the EDTA specimen at 37 degrees C and centrifuge at 37 degrees C. Place 1 ML EDTA plasma in a plastic tube and refrigerate. Allow the red top tube to clot at 37 degrees C (in a water bath) and centrifuge at 37 degrees C. Place 5 ML serum in a plastic tube. Refrigerate. Label each specimen as plasma or serum. The test cannot be performed on specimens that have less than 2 ML serum. The person collecting the specimen ***MUST*** notify the send-out area that the specimen is coming and send it immediately to the laboratory.
Cryptococcal Antigen Screen, CSF

Cerner Primary Synonym: Cryptococcus Ag Titer by LFA CSF-Mayo

PowerChart Aliases:
PathNet Aliases: Mayo-Cryptococcus Ag Titer, LFA, CSF

Lab Where Test is Performed: Mayo

Ref Lab Code or #: CLFAT

Minimum Specimen Requirements:
1 mL CSF in sterile plastic tube

Specimen Type: 1 mL or more CSF in sterile tube

Patient Preparation: Obtained by spinal tap, performed by physician.

Laboratory Handling: Refrigerate.

Turn around Time: 2 days

CPT Code(s): 87327

Specimen Stability:

Cryptococcus Antigen Screen with Titer, Serum

Cerner Primary Synonym: Cryptococcus Ag Titer, Serum-Mayo

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Mayo

Ref Lab Code or #: SLFA

Minimum Specimen Requirements:
1 mL Serum (Absolute minimum = 0.5 mL)

Specimen Type: 5 mL Red Top Tube (SST Gel is acceptable)

Patient Preparation: None.

Laboratory Handling: Refrigerate.

Turn around Time: 2-4 days

CPT Code(s): 87899

Specimen Stability:

Cryptosporidium - Giardia - see Giardia - Cryptosporidium

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: BVHS

Ref Lab Code or #:

Turn around Time:

CPT Code(s):
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<tr>
<th>Cryptosporidium Antigen - see Giardia - Cryptosporidium</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
<tr>
<td>PowerChart Aliases:</td>
</tr>
<tr>
<td>PathNet Aliases:</td>
</tr>
<tr>
<td>Lab Where Test is Performed: BVHS</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
</tr>
<tr>
<td>Turn around Time:</td>
</tr>
<tr>
<td>Specimen Stability:</td>
</tr>
<tr>
<td>Specimen Type:</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
</tr>
<tr>
<td>Patient Preparation:</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
</tr>
<tr>
<td>This is a stool parasite.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Crystals, Fluid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cerner Primary Synonym: Fluid For Crystal Analysis</td>
</tr>
<tr>
<td>PowerChart Aliases:</td>
</tr>
<tr>
<td>PathNet Aliases:</td>
</tr>
<tr>
<td>Lab Where Test is Performed: BVHS</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
</tr>
<tr>
<td>Turn around Time: &lt; 1 day</td>
</tr>
<tr>
<td>CPT Code(s): 89060</td>
</tr>
<tr>
<td>Specimen Stability:</td>
</tr>
<tr>
<td>Specimen Type: EDTA Lavender (Purple) Top Tube</td>
</tr>
<tr>
<td>Minimum Specimen Requirements: 0.5 mL Synovial Fluid</td>
</tr>
<tr>
<td>Patient Preparation:</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
</tr>
<tr>
<td>None.</td>
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</table>

<table>
<thead>
<tr>
<th>CSA - see Cyclosporin A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cerner Primary Synonym:</td>
</tr>
<tr>
<td>PowerChart Aliases:</td>
</tr>
<tr>
<td>PathNet Aliases:</td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
</tr>
<tr>
<td>Turn around Time:</td>
</tr>
<tr>
<td>CPT Code(s):</td>
</tr>
<tr>
<td>Specimen Stability:</td>
</tr>
<tr>
<td>Specimen Type:</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
</tr>
<tr>
<td>Patient Preparation:</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
</tr>
<tr>
<td>None.</td>
</tr>
</tbody>
</table>
### CSF Albumin and Low IgG (CSF IgG Index)

- **Lab Where Test is Performed:** Mayo
- **Ref Lab Code or #:** SFIN
- **Minimum Specimen Requirements:** 1 mL CSF and 1 mL Serum
- **Specimen Type:** Fluid from spinal tap and 7 mL Red Top Tube (SST Gel is acceptable)
- **Patient Preparation:** Label CSF tubes and deliver to the Lab immediately.
- **Laboratory Handling:** Serum and Spinal Fluid should be obtained within 24 hours of each other. Label each specimen as CSF or serum. Refrigerate.
- **Turn around Time:** 2 days
- **CPT Code(s):** 82040, 82042, 82784

### CSF Cell Count

- **Lab Where Test is Performed:** BVHS
- **Ref Lab Code or #:**
- **Minimum Specimen Requirements:** Specimen obtained by spinal tap performed by physician.
- **Patient Preparation:** None.
- **Laboratory Handling:** Label with the patient's name and deliver immediately to the Lab.
- **Turn around Time:** < 1 day
- **CPT Code(s):** 89051

### CSF Culture

- **Lab Where Test is Performed:** BVHS
- **Ref Lab Code or #:**
- **Minimum Specimen Requirements:** Specimen obtained by spinal tap performed by physician.
- **Patient Preparation:** Specimens are obtained by the physician. A sterile lumbar puncture is performed after decontaminating the skin. The fluid, once obtained, should be placed in a sterile, clean, screw-capped tube and brought to the lab immediately. Cultures are usually performed on Tube #3 to help eliminate the risk of possible contamination with skin flora. The same specimen used for culture can be used to perform the cryptococcal antigen test.
- **Laboratory Handling:**
- **Specimen Type:** Fluid from Spinal Tap (Usually Tube #2)
- **Specimen Stability:**
- **CPT Code(s):** 87071
### CSF, Bacterial Meningitis Antigen Detection Panel (Bact Agns) - see Bacterial Meningitis Antigen Detection Panel

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
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<tr>
<td>PathNet Aliases:</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Lab Where Test is Performed:</th>
<th>BVHS</th>
<th>Ref Lab Code or #:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Turn around Time:</td>
<td>&lt; 1 day</td>
<td>CPT Code(s):</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Specimen Type:</th>
<th>Fluid from spinal tap (Usually Tube #1)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>0.5 mL CSF</td>
<td></td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
<td></td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Label with the patient's name and deliver immediately to the Lab.</td>
<td></td>
</tr>
</tbody>
</table>

### CSF, Chloride

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Body Fluid Chloride</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td>FLCL</td>
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<td>PathNet Aliases:</td>
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<thead>
<tr>
<th>Lab Where Test is Performed:</th>
<th>BVHS</th>
<th>Ref Lab Code or #:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Turn around Time:</td>
<td>&lt; 1 day</td>
<td>CPT Code(s):</td>
<td>82348</td>
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</table>

<table>
<thead>
<tr>
<th>Specimen Type:</th>
<th>Fluid from spinal tap (Usually Tube #1)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>0.5 mL CSF</td>
<td></td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
<td></td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Label with the patient's name and deliver immediately to the Lab.</td>
<td></td>
</tr>
</tbody>
</table>

### CSF, CMV IgG Antibody - see Cytomegalovirus (CMV) IgG Antibody, CSF

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
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</tr>
<tr>
<td>PathNet Aliases:</td>
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<table>
<thead>
<tr>
<th>Lab Where Test is Performed:</th>
<th>Ref Lab Code or #:</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Turn around Time:</td>
<td>CPT Code(s):</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Specimen Type:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimum Specimen Requirements:</td>
<td></td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td></td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td></td>
</tr>
</tbody>
</table>
Blanchard Valley Health System Laboratory Specimen Collection Manual

CSF, CNS Battery #1 (Central Nervous System) - order individual tests seen below

Cerner Primary Synonym:
PowerChart Aliases:
PathNet Aliases:
Lab Where Test is Performed: Ref Lab Code or #:
Minimum Specimen Requirements:
Specimen Stability:
Specimen Type: Fluid from spinal tap
Minimum Specimen Requirements: See individual tests
Patient Preparation: Label CSF tubes and deliver to the Lab immediately.
Laboratory Handling: Order individually: CSF, Measles (Rubeola) IgM and IgG; CSF Mumps Antibody, CSF Herpes simplex Virus Antibody, CSF Polio Antibodies Serotypes 1-3.

CSF, CNS Battery #2 (Coxsackie Virus B 1-6) - see Coxsackie B Antibody Panel, CF (CSF)

Cerner Primary Synonym:
PowerChart Aliases:
PathNet Aliases:
Lab Where Test is Performed: Ref Lab Code or #:
Minimum Specimen Requirements:
Specimen Stability:
Specimen Type:
Minimum Specimen Requirements:
Patient Preparation:
Laboratory Handling:

CSF, Glucose

Cerner Primary Synonym: CSF Glucose
PowerChart Aliases:
PathNet Aliases:
Lab Where Test is Performed: BVHS Ref Lab Code or #:
Minimum Specimen Requirements:
Specimen Stability: Testing must be done ASAP
Specimen Type: Fluid from spinal tap (Usually Tube #1)
Minimum Specimen Requirements: 0.5 mL CSF
Patient Preparation: None.
Laboratory Handling: Label with the patient's name and deliver immediately to the Lab.
<table>
<thead>
<tr>
<th>Test</th>
<th>Lab Where Test is Performed</th>
<th>Minimum Specimen Requirements</th>
<th>CPT Code(s)</th>
<th>Specimen Stability</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSF, Gram Stain (Smear)</td>
<td>BVHS</td>
<td>Fluid from spinal tap (Usually Tube #3)</td>
<td>87205</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CSF, Histoplasma Antibodies (Histoplasmosis)</td>
<td>Mayo</td>
<td>1.5 mL CSF</td>
<td>86698(X3)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CSF, India Ink (Cryptococcus)</td>
<td>BVHS</td>
<td>Fluid from spinal tap (Usually Tube #3)</td>
<td>87210</td>
<td></td>
</tr>
</tbody>
</table>

**Patient Preparation:**
- None.

**Laboratory Handling:**
- See CSF Culture for collection instructions.

**Specimen Stability:**
- CPT Code(s): 87205
- CPT Code(s): 86698(X3)
- CPT Code(s): 87210
### CSF, Lyme Disease Antibodies, IgG and IgM, Immunoblot

**Laboratory Handling:** Refrigerate.

**Specimen Stability:**

**Ref Lab Code or #:** 70028X

**CPT Code(s):** 86617 (X2)

**Minimum Specimen Requirements:**

**Lab Where Test is Performed:** Quest

**Patient Preparation:** Label with the patient's name and deliver immediately to the Lab.

**Specimen Type:** CSF

**1 mL CSF**

**Minimum Specimen Requirements:**

**PoweredChart Aliases:**

**PathNet Aliases:**

**CSF, MS Panel (Multiple Sclerosis Panel) - see MS Profile**

**Laboratory Handling:**

**Specimen Stability:**

**Ref Lab Code or #:**

**CPT Code(s):**

**Minimum Specimen Requirements:**

**Particulars:**

**Patient Preparation:**

**Specimen Type:**

**PoweredChart Aliases:**

**PathNet Aliases:**

**CSF, Myelin Basic Protein - see Myelin Basic Protein, CSF (ONLY - NOT part of an MS Profile)**

**Laboratory Handling:**

**Specimen Stability:**

**Ref Lab Code or #:**

**CPT Code(s):**

**Minimum Specimen Requirements:**

**Particulars:**

**Patient Preparation:**

**Specimen Type:**

**PoweredChart Aliases:**

**PathNet Aliases:**
### CSF, Oligoclonal Banding (Serum and CSF) - see Oligoclonal Banding (Serum and CSF) (ONLY - NOT part of MS Profile)

<table>
<thead>
<tr>
<th>Lab Where Test is Performed</th>
<th>Specimen Stability</th>
<th>Specimen Type</th>
<th>Minimum Specimen Requirements</th>
<th>Patient Preparation</th>
<th>Laboratory Handling</th>
</tr>
</thead>
</table>

#### CSF, Polio Antibodies, Serotypes 1-3 - see Polio Antibodies, Serotypes 1-3, CSF

<table>
<thead>
<tr>
<th>Lab Where Test is Performed</th>
<th>Specimen Stability</th>
<th>Specimen Type</th>
<th>Minimum Specimen Requirements</th>
<th>Patient Preparation</th>
<th>Laboratory Handling</th>
</tr>
</thead>
</table>

#### CSF, Protein

<table>
<thead>
<tr>
<th>Specimen Stability</th>
<th>Specimen Type</th>
<th>Minimum Specimen Requirements</th>
<th>Patient Preparation</th>
<th>Laboratory Handling</th>
</tr>
</thead>
</table>
CSF, TORCH Profile - see TORCH, CSF (IgG and IgM Antibody Panel)

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

---

CSF, Toxoplasma (Toxoplasmosis) by PCR

Cerner Primary Synonym: Send-out Other

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Mayo Ref Lab Code or #: PTOX

Turn around Time: 4 days CPT Code(s): 87798

Specimen Stability:

Specimen Type: Fluid from spinal tap

Minimum Specimen Requirements: 0.5 mL CSF

Patient Preparation: Label CSF tubes and deliver to the Lab immediately.

Laboratory Handling: Refrigerate. Avoid grossly bloody specimens as this may interfere with the methodology.

---

CSF, VDRL

Cerner Primary Synonym: VDRL Screen CSF-Mayo

PowerChart Aliases:

PathNet Aliases: Mayo-VDRL, CSF

Lab Where Test is Performed: Mayo Ref Lab Code or #: VDSF

Turn around Time: 3 days CPT Code(s): 86592

Specimen Stability:

Specimen Type: Fluid from spinal tap (Usually Tube #1)

Minimum Specimen Requirements: 0.5 mL Spinal Fluid

Patient Preparation: None.

Laboratory Handling: Freeze.
Culture Referred for Identification Fungus (Mold) (ordered by BVH Microbiology Dpt ONLY)

Cerner Primary Synonym: Culture Referred for ID Fungus-Mayo

PowerChart Aliases: Mayo-Culture Referred for ID, Fungus

Ref Lab Code or #: FUNID

Lab Where Test is Performed: Mayo

Specimen Stability:

Specimen Type: Fungal Isolate on Sabourauds dextrose agar slant (Agar plate is NOT acceptable)

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling: Organism must be in pure culture, actively growing. **Special Infectious Disease shipping procedures required. This test will be ordered by the Microbiology Department ONLY.**

Turn around Time: 35 days

CPT Code(s): 87107

Culture Referred for Identification Fungus (Yeast) (ordered by BVH Microbiology Dpt ONLY)

Cerner Primary Synonym: Send-out Other

PowerChart Aliases: Mayo-Culture Referred for ID, Fungus

Lab Where Test is Performed: Mayo

Ref Lab Code or #: FUNID

Specimen Stability:

Specimen Type: Fungal Isolate on Sabourauds dextrose agar slant (Agar plate is NOT acceptable)

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling: Organism must be in pure culture, actively growing. **Special Infectious Disease shipping procedures required. This test will be ordered by the Microbiology Department ONLY.**

Turn around Time: 35 days

CPT Code(s): 87106
**Culture, Blood (includes Anaerobic Bottle)**

**Cerner Primary Synonym:** Culture Blood  
**PowerChart Aliases:** Blood Culture  
**PathNet Aliases:** C Blood

**Lab Where Test is Performed:** BVHS  
**Ref Lab Code or #:**

**Minimum Specimen Requirements:**  
- 0.5 mL Blood per ESP Bottle (**DO NOT accept Non-VersaTrek Blood Culture bottles**)

**Specimen Type:**  
1 Blue and 1 Red ESP Blood Culture Bottle (**DO NOT accept Non-VersaTrek Blood Culture bottles**)  
- 0.5 mL Blood per ESP Bottle (**DO NOT accept Non-VersaTrek Blood Culture bottles**)

**Patient Preparation:**  
Wipe the stoppers of the aerobic (blue) and anaerobic (red) blood culture bottles with 70% alcohol and allow to dry. Find the vein for venipuncture. Vigorously cleanse the site with 70% alcohol and allow to dry. Apply 2% tincture of iodine or 10% providone-iodine to the site starting at the center and moving in concentric circles to the periphery. Allow to dry 30-60 seconds. If the patient is allergic to ioding, clean twice with alcohol. Perform venipuncture without re-palpating the site. Obtain the blood specimen. Apply pressure until the bleeding has stopped. Dispose of sharps appropriately. Label the ESP bottles with the patient's name, date, time, and volume of blood inoculated. Deliver to the Lab as soon as possible.

**Laboratory Handling:**  
Specimens are usually collected by the laboratory unless specified to be a Line (port) draw. The maximum volume per ESP bottle is 10 ML and the minimum is 0.5 ML. Try to obtain the maximum amount of blood possible to the max of 10 ML per bottle. It is impossible to obtain enough blood to inoculate both aerobic (blue) and anaerobic (red) bottles (0.5 ML in each bottle) inoculate the aerobic (blue) bottle only.  
*******DO NOT OVERFILL THE BOTTLES*******

**Culture, Stool**

**Cerner Primary Synonym:** Culture Stool  
**PowerChart Aliases:** Stool Culture  
**PathNet Aliases:** C Stool

**Lab Where Test is Performed:** BVHS  
**Ref Lab Code or #:**

**Turn around Time:** 2 days  
**CPT Code(s):** 87045, 87899(X2), 87015

**Specimen Stability:**

**Minimum Specimen Requirements:** 1 mL (or 1 gram)

**Patient Preparation:** None.

**Laboratory Handling:** See Fecal Culture instructions.

**Culture, Urine**

**Cerner Primary Synonym:** Culture Urine  
**PowerChart Aliases:** Urine Culture  
**PathNet Aliases:** C Urine

**Lab Where Test is Performed:** BVHS  
**Ref Lab Code or #:**

**Turn around Time:** 2-3 days  
**CPT Code(s):** 87088

**Specimen Stability:**

**Minimum Specimen Requirements:** 0.5 mL

**Patient Preparation:** None.

**Laboratory Handling:** See Urine Culture for instructions.
### Culture, Wound

**Cerner Primary Synonym:** Culture Wound  
**PowerChart Aliases:** Wound Culture  
**PathNet Aliases:** C Wound  
**Lab Where Test is Performed:** BVHS  
**Ref Lab Code or #:**  
**Minimum Specimen Requirements:** 1 Swab  
**Specimen Type:** Collect using sterile technique  
**Patient Preparation:** None.  
**Laboratory Handling:** See Wound Culture for instructions.  
**Turn around Time:** 2 days  
**CPT Code(s):** 87070  

---

### Cutaneous Immunofluorescence Antibodies (IgG), Serum (Bullous Pemphigoid)

**Cerner Primary Synonym:** Send-out Other  
**PowerChart Aliases:**  
**PathNet Aliases:**  
**Lab Where Test is Performed:** Mayo  
**Ref Lab Code or #:** CIFS  
**Minimum Specimen Requirements:** 2 mL Serum  
**Specimen Type:** (2) 5 mL Red Top Tubes (SST Gel is acceptable)  
**Patient Preparation:** None.  
**Laboratory Handling:** Refrigerate.  
**Turn around Time:** 7 days  
**CPT Code(s):** 86255(X2)  

---

### Cyanide, Blood

**Cerner Primary Synonym:** Cyanide Level-Mayo  
**PowerChart Aliases:**  
**PathNet Aliases:** Mayo-Cyanide, B  
**Lab Where Test is Performed:** Mayo  
**Ref Lab Code or #:** CYAN  
**Minimum Specimen Requirements:** 3 mL EDTA Whole Blood  
**Specimen Stability:**  
**Specimen Type:** 5 mL EDTA Lavender Top Tube  
**Patient Preparation:** None.  
**Laboratory Handling:** Send whole blood. Do not spin. Refrigerate.  
**Turn around Time:** 4 days  
**CPT Code(s):** 82600
**Cyanide, Blood (***For Emergency Testing ONLY***)**

**Cerner Primary Synonym:** Send-out Other  
**PowerChart Aliases:**  
**PathNet Aliases:**  
**Lab Where Test is Performed:** SPECIAL  
**Ref Lab Code or #:**  
**Turn around Time:** 1 day  
**CPT Code(s):**  
**Specimen Stability:**  
**Specimen Type:** 5 mL Plain Green Heparin Tube (No Gel)  
**Minimum Specimen Requirements:** 5 mL Heparin Whole Blood  
**Patient Preparation:** None.  
**Laboratory Handling:** 1. Draw 1 Non-Gel Green Top Heparin tube (5 ML) - send entire tube, whole blood. Refrigerate.  
2. Enter in Meditech as a “Free-Text” specimen.  
3. Print a “P” - Print (External Inquiry) report of each specimen to send with the specimen(s) to serve as a requisition document of demographic information for the patient.  
4. Send with a courier to the Lucas County Coroner’s Office across the street from MUO.  
5. Call the Lab number (419-213-3950) to let them know the specimen is being dispatched. Tell them how many are coming.  
**Turn around Time:** 1 day  
**CPT Code(s):**  
**Specimen Stability:**  
**Specimen Type:** Random Urine  
**Minimum Specimen Requirements:** 10 mL Urine (Absolute minimum = 0.5 mL)  
**Patient Preparation:** None.  
**Laboratory Handling:** Freeze.  
**Cyclic Citrullinated Peptide Antibody (CCP), Serum**  
**Cerner Primary Synonym:** Cyclic Citrullinated Peptide Antibody-Mayo  
**PowerChart Aliases:**  
**PathNet Aliases:** Mayo-Cyclic Citrullinated Peptide Ab, S  
**Lab Where Test is Performed:** Mayo  
**Ref Lab Code or #:** CCP  
**Turn around Time:** 3 days  
**CPT Code(s):** 83516  
**Specimen Stability:**  
**Specimen Type:** 5 mL Red Top Tube (SST Gel is acceptable)  
**Minimum Specimen Requirements:** 0.5 mL Serum  
**Patient Preparation:** None.  
**Laboratory Handling:** Refrigerate.
Cyclosporine A, Blood (Only if it is being sent to Mayo)

Cerner Primary Synonym: Cyclosporine Level-Mayo

PowerChart Aliases:
PathNet Aliases: Mayo-Cyclosporine, B

Lab Where Test is Performed: Mayo

Ref Lab Code or #: CYSPR

Minimum Specimen Requirements:
- 3 mL EDTA Whole Blood (Absolute minimum = 1 mL)

Specimen Type: 5 mL Lavender EDTA Tube

Patient Preparation: None.

Laboratory Handling: Do not separate. Send refrigerated in the original tube. Refrigerate. If the cyclosporin is to be sent to a lab other that Mayo, order it as a Free-Text.

Turn around Time: 1 day

CPT Code(s): 80158

Specimen Stability:

Cerner Primary Synonym: Send Out Tracking Only

PowerChart Aliases:
PathNet Aliases:

Lab Where Test is Performed: Variable

Ref Lab Code or #: Variable

Minimum Specimen Requirements:
- 3 mL EDTA Whole Blood

Specimen Type: 5 mL EDTA Lavender Top Tube

Patient Preparation: None.

Laboratory Handling: This is to be ordered for those patients having a cyclosporin test drawn at BVH to be sent to an organ transplant clinic. (Like OSU, University of Michigan, Cleveland Clinic, or University of Cincinnati) Results and charges are not handled by BVH. This is for tracking purposes only.

Turn around Time: Variable

CPT Code(s):

Specimen Stability:

Cerner Primary Synonym: Send-out Other

PowerChart Aliases:
PathNet Aliases:

Lab Where Test is Performed: Variable

Ref Lab Code or #: Variable

Minimum Specimen Requirements:
- 3 mL EDTA Whole Blood

Specimen Type: (2) 5 mL Lavender EDTA Tubes

Patient Preparation: None.

Laboratory Handling: Refrigerate. This is to be ordered when a physician has a special request for a Cyclosporin to be sent to somewhere other than Mayo.

***This is not for tracking Cyclosporins for organ transplant clinics***
**Cystic Fibrosis Analysis, Cheek Brushing (Buccal Cell Analysis) - No longer performed. See below.**

**Cerner Primary Synonym:**

**PowerChart Aliases:**

**PathNet Aliases:**

**Lab Where Test is Performed:**

**Ref Lab Code or #:**

**Turn around Time:**

**CPT Code(s):**

**Specimen Stability:**

**Specimen Type:**

**Minimum Specimen Requirements:**

**Patient Preparation:**

**Laboratory Handling:**

No longer performed. Order Cystic Fibrosis, Diagnosis and Carrier Detection by PCR (DNA Analysis)

---

**Cystic Fibrosis, Diagnosis and Carrier Detection by PCR (DNA Analysis), Blood**

**Cerner Primary Synonym:** Cystic Fibrosis Mutation Analysis, 106-Mutation Panel-Mayo

**PowerChart Aliases:**

**PathNet Aliases:** Mayo-Cystic Fibrosis Mutation Panel

**Ref Lab Code or #:** CFP

**Turn around Time:** 7 days

**CPT Code(s):** 81220

**Specimen Stability:**

**Specimen Type:** 5 mL Lavender EDTA Tube

**Minimum Specimen Requirements:** 2.5 mL EDTA Whole Blood in original collection container

**Patient Preparation:** None.

**Laboratory Handling:** Room temperature. ACD (yellow top tube) whole blood is also acceptable. Send in original collection container.

---

**Cysticercosis Antibody IgG, Western Blot**

**Cerner Primary Synonym:** Send-out Other

**PowerChart Aliases:**

**PathNet Aliases:**

**Lab Where Test is Performed:** Mayo (to ARUP)

**Ref Lab Code or #:** ZW242

**Turn around Time:** 4-10 days

**CPT Code(s):** 86682

**Specimen Stability:**

**Specimen Type:** 5 mL Red Top Tube (SST Gel is acceptable)

**Minimum Specimen Requirements:** 0.5 mL Serum

**Patient Preparation:** None.

**Laboratory Handling:** Refrigerate.
Cystine (Urine), Quantitative 24 Hour

Cerner Primary Synonym: Cystinuria Profile Quant 24 Hour Urine-Mayo

PowerChart Aliases:

PathNet Aliases: Mayo-Cystinuria Profile, QN, 24 hour

Lab Where Test is Performed: Mayo
Ref Lab Code or #: CYSQN

Turn around Time: 5 days
CPT Code(s): 82127,82131

Specimen Stability:

Specimen Type: 24 Hour Urine (preservative preferred)
Minimum Specimen Requirements:
Patient Preparation: None.
Laboratory Handling: Add 20 ML Toluene at the start of collection. If toluene is not available, keep the urine refrigerated during collection. Send a 5 ML aliquot. Collect before an intravenous pyelogram. Freeze.

Cystinuria Profile, Quantitative, Random Urine

Cerner Primary Synonym: Send-out Other

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Mayo
Ref Lab Code or #: CYSR

Turn around Time: 5 days
CPT Code(s): 82136

Specimen Stability:

Specimen Type: Random Urine collection
Minimum Specimen Requirements:
Patient Preparation: None.
Laboratory Handling: Send 5 ML of random urine in a plastic 13 ML urine tube. Freeze.

Cytochrome P450 2C19 Genotype, Blood (for Plavix Resistance)

Cerner Primary Synonym: Send-out Other

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Mayo
Ref Lab Code or #: 2C19V

Turn around Time: 2-5 days
CPT Code(s): 81225

Specimen Stability:

Specimen Type: (2) 5 mL EDTA Lavender Top Tubes
Minimum Specimen Requirements:
Patient Preparation: None.
Laboratory Handling: Complete an "Informed Consent for DNA Testing" form (see the BVH Laboratory's website in Specimen Collection and Processing). Send in original tube. Room temperature.
### Cytogenetics, Bone Marrow - see Chromosome Analysis for Hematologic Disorders

**Cerner Primary Synonym:** Chromosomes, Hematologic, Bone Marrow-Mayo

**Ref Lab Code or #:** CHRBM

<table>
<thead>
<tr>
<th>Specimen Type</th>
<th>Minimum Specimen Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Green Top Sodium Heparin Tube</td>
<td>2-3 mL Bone Marrow aspirate</td>
</tr>
</tbody>
</table>

**Patient Preparation:** Per physician or pathologists

**Laboratory Handling:** Complete a Hematopathology / Molecular Oncology / Cytogenetics request form.

**Turn around Time:** 11 days

**CPT Code(s):** Variable (Cannot Use 88291)

---

### Cytomegalovirus (CMV) DNA Detection and Quantitation by PCR, Plasma

**Cerner Primary Synonym:** Cytomegalovirus DNA PCR Plasma-Mayo

**Ref Lab Code or #:** CMVQN

<table>
<thead>
<tr>
<th>Specimen Type</th>
<th>Minimum Specimen Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>(2) 5 mL EDTA Lavender Top Tubes</td>
<td>1.5 mL EDTA Plasma (Absolute minimum = 0.6 mL)</td>
</tr>
</tbody>
</table>

**Patient Preparation:** None.

**Laboratory Handling:** Freeze -20 to -80 C. Ship on dry ice only.

**Turn around Time:** 2-3 days

**CPT Code(s):** 87497

---

### Cytomegalovirus (CMV) IgG Antibody, CSF

**Cerner Primary Synonym:** Send-out Other

**Ref Lab Code or #:** 64600

<table>
<thead>
<tr>
<th>Specimen Type</th>
<th>Minimum Specimen Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fluid from spinal tap</td>
<td>1 mL CSF (Absolute minimum = 0.25 mL)</td>
</tr>
</tbody>
</table>

**Patient Preparation:** None.

**Laboratory Handling:** Label CSF Tubes and deliver to the Lab immediately. Refrigerate.

**Turn around Time:** 1-4 days

**CPT Code(s):** 86644
### Cytomegalovirus (CMV) IgM Antibody, CSF

**Lab Where Test is Performed:** Focus  
**Ref Lab Code or #:** 64605  
**CPT Code(s):** 86645

**Specimen Stability:**  
**Specimen Type:** Cerebrospinal Fluid (CSF)  
**Minimum Specimen Requirements:** 1 mL CSF (Absolute minimum = 0.1 mL)  
**Patient Preparation:** None.  
**Laboratory Handling:** Refrigerate. Other fluids are NOT acceptable.

### Cytoplasmic Neutrophil Antibodies, Serum (Not Granulocyte Antibodies)

**Cerner Primary Synonym:** Cytoplasmic Neutrophilic Antibody-Mayo  
**Ref Lab Code or #:** ANCA  
**CPT Code(s):** 86255(Screen), 86256(Titer if appropriate)

**Specimen Stability:**  
**Specimen Type:** 5 mL Red Top Tube (SST Gel is acceptable)  
**Minimum Specimen Requirements:** 0.8 mL Serum  
**Patient Preparation:** This should not be mistaken for Granulocyte Antibodies.  
**Laboratory Handling:** None.

---

### Additional Information

**Cerner Primary Synonym:**  
**PowerChart Aliases:**  
**PathNet Aliases:**  
**Lab Where Test is Performed:** Mayo  
**Turn around Time:** 4 days  
**Specimen Stability:**  
**Specimen Type:**  
**Minimum Specimen Requirements:**  
**Patient Preparation:**  
**Laboratory Handling:**
### Dalmane, Plasma (Flurazepam and Desalkylflurazepam)

**Cerner Primary Synonym:** Send-out Other  
**PowerChart Aliases:**  
**PathNet Aliases:**  
**Lab Where Test is Performed:** Mayo  
**Ref Lab Code or #:** FFLUR  
**Turn around Time:** 6 days  
**CPT Code(s):** 80154, 82742  
**Specimen Stability:**  
**Specimen Type:** (2) 5mL Sodium Heparin or (2) 7 mL Plain Red Top Tubes (No SST Gel)  
**Minimum Specimen Requirements:** 2 mL Plasma or Serum  
**Patient Preparation:** None.  
**Laboratory Handling:** Indicate specimen type on the aliquots. Freeze.

### DDABP (ADH) (Anti-Diuretic Hormone) (Vasopressin) (Arginine Vasopressin), Plasma

**Cerner Primary Synonym:** Arginine Vasopressin Level-Mayo  
**PowerChart Aliases:**  
**PathNet Aliases:** Mayo-Arginine Vasopressin, P  
**Lab Where Test is Performed:** Mayo  
**Ref Lab Code or #:** AVP  
**Turn around Time:** 11 days  
**CPT Code(s):** 84588  
**Specimen Stability:**  
**Specimen Type:** 5 mL Lavender EDTA Tube  
**Minimum Specimen Requirements:** 2 mL EDTA Plasma  
**Patient Preparation:** Patient should fast for 6 hours (no liquids also) prior to collection.  
**Laboratory Handling:** Spin down for approximately 10 minutes in a refrigerated centrifuge. Remove the plasma, carefully avoiding the buffy coat, and place 2 ML of EDTA platelet poor plasma in a plastic vial. Freeze.

### D-Dimer, Plasma

**Cerner Primary Synonym:** D-Dimer  
**PowerChart Aliases:**  
**PathNet Aliases:**  
**Lab Where Test is Performed:** BVHS  
**Ref Lab Code or #:**  
**Turn around Time:** < 1 day  
**CPT Code(s):** 85379  
**Specimen Stability:**  
**Specimen Type:** 5 mL Blue Top Citrate Tube  
**Minimum Specimen Requirements:** 0.5 mL Citrated Plasma  
**Patient Preparation:** None.  
**Laboratory Handling:** Tube must be full.
Delta Aminolevulinic Acid, Urine - see Aminolevulinic Acid

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Delta Aminolevulinic Acid, Urine - see Aminolevulinic Acid
Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

Dengue Fever Antibodies ELISA, Serum (IgG and IgM)

Cerner Primary Synonym: Send-out Other

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Dengue Fever Antibodies ELISA, Serum (IgG and IgM)
Ref Lab Code or #: 0093096

Turn around Time: 1-8 days
CPT Code(s): 86790(X2)

Specimen Stability:

Specimen Type: 5 mL Red Top Tube (SST Gel is acceptable)

Minimum Specimen Requirements: 1 mL Serum (Absolute Min. = 0.3 mL)

Patient Preparation: None.

Laboratory Handling: Refrigerate. Separate serum from cells ASAP. This test detects both IgG and IgM antibodies.

Deoxycorticosteroids, Plasma

Cerner Primary Synonym: 11-Deoxycortisol-Mayo

PowerChart Aliases:

PathNet Aliases: Mayo-11-Deoxycortisol, S

Lab Where Test is Performed: Mayo
Ref Lab Code or #: DCORT

Turn around Time: 8 days
CPT Code(s): 82634

Specimen Stability:

Specimen Type: 5 mL Red Top Tube (No SST Gel)

Minimum Specimen Requirements: 0.3 mL Serum

Patient Preparation: An early morning (8am) specimen or afternoon (4pm) is preferred.

Laboratory Handling: When appropriate, specimen should be marked pre- or post-metyrapone. May not be drawn in SST Gel tube. Mark the time of collection on the request form.
<table>
<thead>
<tr>
<th>Test Name: Deoxycortisol-11, Plasma (Compound S/Deoxycorticosteroids)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cerner Primary Synonym:</td>
<td>11-Deoxycortisol-Mayo</td>
</tr>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td>Mayo-11-Deoxycortisol, S</td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>Mayo</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td>DCORT</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>8 days</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>82634</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>5 mL Red Top Tube (No SST Gel)</td>
</tr>
<tr>
<td>Minimum Specimen</td>
<td>0.3 mL Serum</td>
</tr>
<tr>
<td>Requirements:</td>
<td></td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>Morning (8am) and afternoon (4pm) specimens are desirable.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>When appropriate, specimen should be marked pre- or post-metyrapone.</td>
</tr>
</tbody>
</table>

### Depakene (Depakene) - see Valproic Acid (Valproate)

<table>
<thead>
<tr>
<th>Test Name: Depakene (Depakene) - see Valproic Acid (Valproate)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cerner Primary Synonym:</td>
<td></td>
</tr>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>BVHS</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td></td>
</tr>
<tr>
<td>Turn around Time:</td>
<td></td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td></td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td></td>
</tr>
<tr>
<td>Minimum Specimen</td>
<td></td>
</tr>
<tr>
<td>Requirements:</td>
<td></td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td></td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td></td>
</tr>
</tbody>
</table>
Depakene, Free - see Valproic Acid, Free, Serum

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

Depakote (Depakene) - see Valproic Acid (Valproate)

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: BVHS Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

Depakote, Free - see Valproic Acid, Free, Serum

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:
### Desipramine, Serum

<table>
<thead>
<tr>
<th>Cerner Primary Synonym</th>
<th>Desipramine Level-Mayo</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>PowerChart Aliases:</th>
<th>Mayo-Desipramine, S</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Lab Where Test is Performed</th>
<th>Mayo</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Minimum Specimen Requirements</th>
<th>1 mL Serum</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Patient Preparation:</th>
<th>Collect no sooner than 12 hours after the last dose.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Laboratory Handling:</th>
<th>Remove the serum within 2 hours of collection. Refrigerate.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Turn around Time</th>
<th>4 days</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>CPT Code(s)</th>
<th>80160</th>
</tr>
</thead>
</table>

### Desyrel, Serum (Trazodone)

<table>
<thead>
<tr>
<th>Cerner Primary Synonym</th>
<th>Trazodone Level-Mayo</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>PowerChart Aliases:</th>
<th>Mayo-Trazodone, S</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Lab Where Test is Performed</th>
<th>Mayo</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Minimum Specimen Requirements</th>
<th>1 mL Serum</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Patient Preparation:</th>
<th>Must be drawn 12 hours post dose after 5 days of taking trazadone.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Laboratory Handling:</th>
<th>Hemolyzed specimens are unacceptable. Refrigerate.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Turn around Time</th>
<th>9 days</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>CPT Code(s)</th>
<th>80338</th>
</tr>
</thead>
</table>

### Dexamethasone (Cortisol, Serum by LC-MS)

<table>
<thead>
<tr>
<th>Cerner Primary Synonym</th>
<th>Send-out Other</th>
</tr>
</thead>
</table>

| PowerChart Aliases: | |
|---------------------||

<table>
<thead>
<tr>
<th>Lab Where Test is Performed</th>
<th>Mayo</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Minimum Specimen Requirements</th>
<th>2 mL Serum (Absolute minimum = 1.5 mL)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Patient Preparation:</th>
<th>None.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Laboratory Handling:</th>
<th>Refrigerate. Morning (8am) and afternoon (4pm) specimens are preferred. (This is a cortisol test by a different method.)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Turn around Time</th>
<th>5 days</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>CPT Code(s)</th>
<th>82533</th>
</tr>
</thead>
</table>
DHEA, Serum (Dehydroepiandrosterone) - (NOT DHEA-Sulfate / DHEA-S)

**Cerner Primary Synonym:** Send-out Other

**PowerChart Aliases:**

**PathNet Aliases:**

**Lab Where Test is Performed:** Mayo

**Ref Lab Code or #:** DHEA_ (undersco

**Minimum Specimen Requirements:**

**Specimen Type:** 1 mL Serum

**Patient Preparation:** None.

**Laboratory Handling:** Freeze. This is not the DHEA-S test.

**Turn around Time:** 6 days

**CPT Code(s):** 82626

**Specimen Stability:**

**Cerner Primary Synonym:** Dehydroepiandrosterone Sulfate-Mayo

**PowerChart Aliases:**

**PathNet Aliases:** Mayo-Dehydroepiandrosterone Sulfate, S, DHEAS

**Lab Where Test is Performed:** Mayo

**Ref Lab Code or #:** DHES

**Minimum Specimen Requirements:**

**Specimen Type:** 0.3 mL Serum

**Patient Preparation:** None.

**Laboratory Handling:** Specify age and sex on the requisition. Refrigerate.

**Turn around Time:** 3 days

**CPT Code(s):** 82627

**Specimen Stability:**

**DHRP - see Dihydrorhodamine (DHR) Flow Cytometric Phorbol Myristate Acetate (PMA) Test, Blood**

**Cerner Primary Synonym:**

**PowerChart Aliases:**

**PathNet Aliases:**

**Lab Where Test is Performed:**

**Ref Lab Code or #:**

**Turn around Time:**

**CPT Code(s):**

**Specimen Stability:**

**Specimen Type:**

**Minimum Specimen Requirements:**

**Patient Preparation:**

**Laboratory Handling:**
### Diabetic Panel (for Dr. Noftz only) - (NOTE: Urine is Clean Catch) see below for component tests

**Cerner Primary Synonym:** Diabetic Profile - Dr. Noftz CS  
**PowerChart Aliases:**  
**PathNet Aliases:**  
**Lab Where Test is Performed:** BVHS  
**Ref Lab Code or #:**  
**Turn around Time:**  
**CPT Code(s):**  
**Specimen Stability:**  
**Specimen Type:**  
**Minimum Specimen Requirements:**  
**Patient Preparation:** NOTE: MUST collect a Clean Catch Urine for the UA test. (To provide for a reflex Urine Culture if needed.)  
**Laboratory Handling:** This is a special order group for Dr. Jeff Noftz. It includes CBC with diff, BUN, CREA, Glucose, HBA1C, Liver Profile, Lipid Profile, Electrolytes, Routine Urinalysis (with Reflex to Urine Culture) Clean Catch, Random Urine Microalbumin.

**Diazepam (and Nordiazepam), Serum (Clorazepate / Tranxene)**

**Cerner Primary Synonym:** Diazepam and Nordiazepam-Mayo  
**PowerChart Aliases:**  
**PathNet Aliases:** Mayo-Diazepam and Nordiazepam, S  
**Lab Where Test is Performed:** Mayo  
**Ref Lab Code or #:** DIA  
**Turn around Time:** 9 days  
**CPT Code(s):** 80154  
**Specimen Stability:**  
**Specimen Type:** (2) 7 mL Plain Red Top Tubes (No SST Gel)  
**Minimum Specimen Requirements:** 3 mL Serum  
**Patient Preparation:** None.  
**Laboratory Handling:** Refrigerate.

### Differential WBC, Blood

**Cerner Primary Synonym:** Diff Automated  
**PowerChart Aliases:**  
**PathNet Aliases:**  
**Lab Where Test is Performed:** BVHS  
**Ref Lab Code or #:**  
**Turn around Time:** < 1 day  
**CPT Code(s):** NA  
**Specimen Stability:**  
**Specimen Type:** 5 mL Lavender EDTA Tube or Smear from a Fingerstick  
**Minimum Specimen Requirements:** 2 mL EDTA Whole Blood (Minimum volume = 500 uL in a Microtainer)  
**Patient Preparation:** None.  
**Laboratory Handling:** Microtainers are also acceptable.
<table>
<thead>
<tr>
<th>Test</th>
<th>Lab Where Test is Performed</th>
<th>Ref Lab Code or #</th>
<th>Minimum Specimen Requirements</th>
<th>Specimen Type</th>
<th>Patient Preparation</th>
<th>Laboratory Handling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Digitalis, Serum (Digitoxin) (Not same as Lanoxin or Digoxin)</td>
<td>ARUP</td>
<td>0090085</td>
<td>1 mL Serum (Absolute minimum = 0.4 mL)</td>
<td>7 mL Plain Red (Do not use SST Gel Tube)</td>
<td>None.</td>
<td>Do not collect in serum separator tube. Separate serum from cells within 2 hours of collection. Refrigerate. EDTA or plain green sodium heparin plasma are also acceptable.</td>
</tr>
<tr>
<td>Digoxin, Plasma (Lanoxin)</td>
<td>BVHS</td>
<td>80162</td>
<td>0.5 mL Plasma OR 0.5 mL Serum for Bluffton</td>
<td>5 mL Light Green Heparinized Gel Tube</td>
<td>Note the time of last dose in the specimen comments and on the label.</td>
<td>Note the time drawn on the label and in the computer when receiving the specimen. Draw 8-24 hours after dose. Serum is also acceptable.</td>
</tr>
</tbody>
</table>
Dihydrorhodamine (DHR) Flow Cytometric Phorbol Myristate Acetate (PMA) Test, Blood

Cerner Primary Synonym: Send-out Other

PowerChart Aliases:

PathNet Aliases: DHRP

Lab Where Test is Performed: Mayo

Ref Lab Code or #: DHRP

Turn around Time: 4-5 days

CPT Code(s): 82657, 88184

Specimen Stability:

Specimen Type: 5 mL Gree Top Sodium Heparin ***** Special - See Below)

Minimum Specimen Requirements: 5 mL Whole Blood from the Patient and 5 mL Whole Blood from an unrelated, healthy donor (not the patient).

Patient Preparation: A 5 mL Na Heparin tube is to be collected from the patient and a separate 5 mL Na Heparin tube is to be collected from an unrelated, healthy donor (not the patient).

Laboratory Handling: Room temperature. CLEARLY label the unrelated, healthy donor sample as "Normal Control". Send samples in original tubes. Collect Monday - Thursday (by noon) ONLY. Specimens should arrive at Mayo by 1600 on Friday.

Dihydrotestosterone, Serum (DHT)

Cerner Primary Synonym: Dihydrotestosterone (DHT)-Mayo

PowerChart Aliases:

PathNet Aliases: Mayo-Dihydrotestosterone, S

Lab Where Test is Performed: Mayo

Ref Lab Code or #: DHTS

Turn around Time: 6 days

CPT Code(s): 82651

Specimen Stability:

Specimen Type: (2) 5 mL Red Top Tubes (SST Gel is acceptable)

Minimum Specimen Requirements: 2 mL Serum

Patient Preparation: None.

Laboratory Handling: Refrigerate.

Dilantin, Free and Total (Phenytoin, Free and Total), Plasma

Cerner Primary Synonym: Phenytoin Total and Free-Mayo

PowerChart Aliases:

PathNet Aliases: Free and Total Dilantin Level-Mayo, Mayo-Phenytoin, Total and Free, S

Lab Where Test is Performed: Mayo

Ref Lab Code or #: PNTFT

Turn around Time: 1 day

CPT Code(s): 80185, 80186

Specimen Stability:

Specimen Type: (2) 5 mL Plain Red Top Tubes (No SST Gel)

Minimum Specimen Requirements: 2 mL Serum (Absolute minimum = 1 mL)

Patient Preparation: None.

Laboratory Handling: Refrigerate.
Dilantin, Serum (Phenytoin)

Cerner Primary Synonym: Dilantin Level

PowerChart Aliases: Phenytin

PathNet Aliases: Phenytoin

Lab Where Test is Performed: BVHS

Ref Lab Code or #: 

Minimum Specimen Requirements: 0.5 mL Serum or Plasma

Specimen Type: 7 mL Plain Red Top Tube or 5 mL Plain Green Top Tube (No Gel)


Laboratory Handling: Note the time drawn on the label and in the computer when receiving. ***If both Free and Total Dilantin are ordered on a patient order “DILFT” which includes both and goes to Mayo.

Turn around Time: < 1 day

CPT Code(s): 80185

Specimen Stability: 8 hours at Room Temperature, 48 hours at 2-8 C

Dilaudid (Hydromorphone), Serum

Cerner Primary Synonym: Send-out Other

PowerChart Aliases: 

PathNet Aliases: 

Lab Where Test is Performed: Mayo

Ref Lab Code or #: HYMP

Minimum Specimen Requirements: 10 mL Plasma or Serum

Specimen Type: (5) 5 mL Sodium Heparin or (5) 7 mL Plain Red Top Tubes (No Gel)

Patient Preparation: None.

Laboratory Handling: Indicate specimen type on the aliquots. Refrigerate.

Turn around Time: 6 days

CPT Code(s): 83925

Specimen Stability: 

Dimer-D - see D-Dimer

Cerner Primary Synonym: 

PowerChart Aliases: 

PathNet Aliases: 

Lab Where Test is Performed: BVHS

Ref Lab Code or #: 

Turn around Time: 

CPT Code(s): 

Specimen Stability: 

Specimen Type: 

Minimum Specimen Requirements: 

Patient Preparation: 

Laboratory Handling: 

Diphtheria Culture - see Corynebacterium diphtheriae Culture

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

Diptheria / Tetanus Antibody Panel IgG, Serum

Cerner Primary Synonym: Send-out Other

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Mayo Ref Lab Code or #: DTABS

Turn around Time: 2-4 days CPT Code(s): 86317(x2)

Specimen Stability:

Specimen Type: 5 mL Red Gel SST Tube

Minimum Specimen Requirements: 1 mL Serum (Absolute minimum = 0.8 mL)

Patient Preparation: None.

Laboratory Handling: Refrigerate.

Diptheria Antitoxoid, Serum - Dipheria Antibody, ELISA

Cerner Primary Synonym: Send-out Other

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: ARUP Ref Lab Code or #: 0050210

Turn around Time: 1-4 days CPT Code(s): 86648

Specimen Stability:

Specimen Type: 5 mL Red Top Tube (SST Gel is acceptable)

Minimum Specimen Requirements: 1 mL Serum (Absolute minimum = 0.5 mL)

Patient Preparation: None.

Laboratory Handling: Refrigerate.
## Direct Coombs, Blood

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>DAT Poly</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td>DAT</td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td>DAT</td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>BVHS</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td>BVHS</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>&lt; 1 day</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>86880</td>
</tr>
</tbody>
</table>

### Minimum Specimen Requirements:
- 0.5 mL EDTA Whole Blood

### Specimen Type:
- 5 mL Lavender EDTA Whole Blood or 7 mL Pink EDTA Whole Blood
- 0.5 mL EDTA Whole Blood

### Patient Preparation:
- None.

### Laboratory Handling:
- Microtainers are also acceptable.

### Specimen Stability:
- Cerner Primary Synonym: DAT Poly
- PowerChart Aliases: DAT
- PathNet Aliases: DAT
- Lab Where Test is Performed: BVHS
- Ref Lab Code or #: BVHS
- Turn around Time: < 1 day
- CPT Code(s): 86880

## Dismethylvenlaflaxine, Serum (includes Venlaflaxine)

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Send-out Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>Mayo</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td>VENLA</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>4 days</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>80299</td>
</tr>
</tbody>
</table>

### Minimum Specimen Requirements:
- 0.8 mL Serum (Absolute minimum = 0.25 mL)

### Specimen Type:
- 7 mL Plain Red Top Tubes (No SST Gel)

### Patient Preparation:
- Draw patient approximately 12 hours post oral dose.

### Laboratory Handling:
- Heparin plasma from plain green top tubes ia also acceptable. Refrigerate.

### Specimen Stability:
- Cerner Primary Synonym: Send-out Other
- PowerChart Aliases:     |
- PathNet Aliases:        |
- Lab Where Test is Performed: Mayo
- Ref Lab Code or #: VENLA
- Turn around Time: 4 days
- CPT Code(s): 80299

## Disopyramide, Serum (Norpace)

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Send-out Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>Mayo</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td>DSP</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>1 day</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>80299</td>
</tr>
</tbody>
</table>

### Minimum Specimen Requirements:
- 1 mL Heparin Plasma

### Specimen Type:
- 5 mL Plain Green Heparin Tube (No Gel)

### Patient Preparation:
- None.

### Laboratory Handling:
- Refrigerate.
DNA Analysis for Huntingtons Disease - see Huntingtons Disease

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

DNA for Myotonic Dystrophy - see Myotonic Dystrophy Evaluation, Complete (DNA)

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

DNA Studies Connexin 26, Blood

Cerner Primary Synonym: Send-out Other

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: UC CHILDRENS Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type: (2) 5 mL Lavender EDTA Tubes

Minimum Specimen Requirements: 3 mL EDTA Whole Blood

Patient Preparation: None.

Laboratory Handling: Refrigerate the specimen until shipping. Ship at room temperature. Send Federal Express making sure the tube is clearly labelled with the patient's name. The requisition for this is on the web site: "www.cincinnatichildrens.org/molecular_genetics/" under test requisitions.
DNA, Double Stranded - see Anti-DNA Antibody (Double-Stranded) (Native), IgG

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

---

Dopamine - see Catecholamines, Fractionated, Plasma

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

---

Dopamine, Urine - see Catecholamines, Urine Fractionated

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:
### Downey Test - see APT Test

**Cerner Primary Synonym:**

**PowerChart Aliases:**

**PathNet Aliases:**

<table>
<thead>
<tr>
<th>Lab Where Test is Performed:</th>
<th>Ref Lab Code or #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>BVHS</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Turn around Time:</th>
<th>CPT Code(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Doxepin, Plasma (Sinequan) (includes Nordoxepin)

**Cerner Primary Synonym:**

**PowerChart Aliases:**

**PathNet Aliases:**

<table>
<thead>
<tr>
<th>Lab Where Test is Performed:</th>
<th>Ref Lab Code or #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mayo</td>
<td>DXPIN</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Turn around Time:</th>
<th>CPT Code(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-4 days</td>
<td>80335</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Specimen Stability:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Specimen Type:</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 mL Plain Red Top Tubes (SST Gel is NOT acceptable)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Minimum Specimen Requirements:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 mL Serum (Absolute minimum = 0.25 mL)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient Preparation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Draw specimen immediately before next scheduled dose (or at a minimum, 12 hours after last dose).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Laboratory Handling:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Separate serum from cells within 2 hours of collection. Refrigerate.</td>
</tr>
</tbody>
</table>

### DR-2 Phenotyping (HLA Class II Typing by PCR-SSP) - see HLA-SSO Class II Molecular Phenotype, Blood

**Cerner Primary Synonym:**

**PowerChart Aliases:**

**PathNet Aliases:**

<table>
<thead>
<tr>
<th>Lab Where Test is Performed:</th>
<th>Ref Lab Code or #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mayo</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Turn around Time:</th>
<th>CPT Code(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Minimum Specimen Requirements:

### Specimen Type:

### Patient Preparation:

### Laboratory Handling:
### Drainage, Culture

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Culture Wound</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td>Wound Culture</td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td>C Wound</td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>BVHS</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>2 days</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>87070</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td>Collect using sterile technique</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>1 Swab or Drainage specimen is a sterile container</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>See Wound Culture for collection instructions.</td>
</tr>
</tbody>
</table>

### Drug Abuse Screen, Breast Milk (19523x)

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Send-out Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>Quest</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td></td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>80301</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td>72 hours at Room Temperature; 14 days refrigerated; 1 year frozen</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>Breast Milk in a sterile plastic leakproof container (i.e. a sterile urine cup)</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>5 mL Breast Milk (Absolute minimum = 1 mL)</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Refrigerate. Drug Screen includes Amphetamines, Marijuana, Cocaine Metabolite, Opiates and PCP. Test performed by immunoassay. Order a quantitative confirmation of any positive result(s). Performing Laboratory: Quest Diagnostics Nichols Institute 14225 Newbrook Drive Chantilly, VA 20153</td>
</tr>
</tbody>
</table>

### Drug Dependent Platelet Antibody, Serum

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Send-out Other</th>
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</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>SEWIS</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>3-4 days</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>86022(x4)</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>(4) 7 mL Plain Red Top Tubes (No SST Gel)</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>5 mL Serum</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Refrigerate.</td>
</tr>
</tbody>
</table>
Drug Detection Panel, Umbilical Cord Tissue (High Resolution Time of Flight Mass Spectrometry)

Cerner Primary Synonym: Send-out Other

PowerChart Aliases:

Ref Lab Code or #: 2006621

Lab Where Test is Performed: ARUP

CPT Code(s): 80100 (x2)

Turn around Time: 3-7 days

Specimen Stability:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

Specimen Type: Umbilical Cord Tissue

At least 6 inches of umbilical cord

The floor will prepare the specimen for transport. Drain and discard any blood. Rinse the exterior of the cord segment with normal saline or an sterile water. Pat the cord dry and place in container for transport. Refrigerate. (Cords soaking in blood or other fluid are NOT acceptable.)

Drug Screen Basic, Urine - (UDS Basic)

Cerner Primary Synonym: Drug Screen Basic, Urine

PowerChart Aliases:

Ref Lab Code or #:

Lab Where Test is Performed: BVHS

CPT Code(s): 80307

Turn around Time: <1 day for Screen

Specimen Stability:

Random Urine Drug Screen Collection

Minimum Specimen Requirements:

25 mL Urine

Patient Preparation:

None.

Laboratory Handling:

Test contains: Urine Amphetamines Screen, Urine Cannabinoids Screen, Urine Cocaine Screen, Urine Opiates Screen, Urine Oxycodone Screen, Urine Creatinine, Urine pH, and Urine Specific Gravity. No confirmation testing is performed.

Drug Screen Comprehensive, Urine - (UDS Comp)

Cerner Primary Synonym: Drug Screen Comprehensive, Urine

PowerChart Aliases:

Ref Lab Code or #:

Lab Where Test is Performed: BVHS

CPT Code(s): 80307

Turn around Time: <1 day for Screen

Specimen Stability:

Random Urine Drug Screen Collection

Minimum Specimen Requirements:

25 mL Urine

Patient Preparation:

None.

Laboratory Handling:

Test contains: Urine Amphetamines Screen, Urine Barbiturates Screen, Urine Benzodiazepines Screen, Urine Cannabinoids Screen, Urine Cocaine Screen, Urine Opiates Screen, Urine Oxycodone Screen, Urine PCP Screen, Urine Methadone Screen, Urine Creatinine, Urine pH, and Urine Specific Gravity. No confirmation testing is performed.
<table>
<thead>
<tr>
<th>Drug Screen w Confirmation Basic, Urine - (UDS Basic/C)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cerner Primary Synonym: Drug Screen w/Confirmation Basic, Ur</td>
</tr>
<tr>
<td>PowerChart Aliases:</td>
</tr>
<tr>
<td>PathNet Aliases:</td>
</tr>
<tr>
<td>Lab Where Test is Performed: BVHS</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
</tr>
<tr>
<td>Turn around Time:</td>
</tr>
<tr>
<td>&lt; 1 day for Screen</td>
</tr>
<tr>
<td>CPT Code(s):</td>
</tr>
<tr>
<td>80307</td>
</tr>
<tr>
<td>Specimen Stability:</td>
</tr>
<tr>
<td>Specimen Type: Random Urine Drug Screen Collection</td>
</tr>
<tr>
<td>Minimum Specimen Requirements: 25 mL Urine</td>
</tr>
<tr>
<td>Patient Preparation:</td>
</tr>
<tr>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
</tr>
<tr>
<td>Test contains: Urine Amphetamines Screen, Urine Cannabinoids Screen, Urine Cocaine Screen, Urine Opiates Screen, Urine Oxycodone Screen, Urine Creatinine, Urine pH, and Urine Specific Gravity. Confirmation testing will be performed as appropriate.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug Screen w Confirmation Comprehensive, Urine - (UDS Comp/C)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cerner Primary Synonym: Drug Screen w/Confirm Comprehensive, Ur</td>
</tr>
<tr>
<td>PowerChart Aliases:</td>
</tr>
<tr>
<td>PathNet Aliases:</td>
</tr>
<tr>
<td>Lab Where Test is Performed: BVHS</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
</tr>
<tr>
<td>Turn around Time:</td>
</tr>
<tr>
<td>&lt; 1 day for Screen</td>
</tr>
<tr>
<td>CPT Code(s):</td>
</tr>
<tr>
<td>80307</td>
</tr>
<tr>
<td>Specimen Stability:</td>
</tr>
<tr>
<td>Specimen Type: Random Urine Drug Screen Collection</td>
</tr>
<tr>
<td>Minimum Specimen Requirements: 25 mL Urine</td>
</tr>
<tr>
<td>Patient Preparation:</td>
</tr>
<tr>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
</tr>
<tr>
<td>Test contains: Urine Amphetamines Screen, Urine Barbiturates Screen, Urine Benzodiazapines Screen, Urine Cannabinoids Screen, Urine Cocaine Screen, Urine Opiates Screen, Urine Oxycodone Screen, Urine PCP Screen, Urine Methadone Screen, Urine Creatinine, Urine pH, and Urine Specific Gravity. Confirmation testing will be performed as appropriate.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug Screen w Confirmation, Urine, OB - see OB Drug Screen w Confirmation, Urine - (UDS OB/C)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cerner Primary Synonym:</td>
</tr>
<tr>
<td>PowerChart Aliases:</td>
</tr>
<tr>
<td>PathNet Aliases:</td>
</tr>
<tr>
<td>Lab Where Test is Performed: Ref Lab Code or #:</td>
</tr>
<tr>
<td>Turn around Time:</td>
</tr>
<tr>
<td>CPT Code(s):</td>
</tr>
<tr>
<td>Specimen Stability:</td>
</tr>
<tr>
<td>Specimen Type:</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
</tr>
<tr>
<td>Patient Preparation:</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
**Drug Screen, Hair**

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Send-out Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>Mayo</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td>WILD85</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>Varies</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>Hair</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>See below</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
</tbody>
</table>
| Laboratory Handling:   | Procedure for collection:
  1. Cut the hair from the back of the head near the skin line - at the knot at the bottom of the neck.
  2. Grab a "pony tail" of hair about as big around as a pencil and cut as near as possible to the scalp.
  3. If the hair is 1 1/2 inches long, this will be about 100 mg of hair.
  4. If the hair is short, you will need to cut from 2-3 different sites.
  5. If the donor has a buzz cut, you can use underarm, chest, or pubic hair.
  6. If the hair is longer than 1 1/2 inches long, wrap the root end in foil because the lab will cut the hair to a length of 1 1/2 inches and they want the hair that has most recently grown so they need to know which end is the root end.
  7. Whatever the length, wrap a rubber band around the end of the hair.
  8. Place the hair in a sterile urine cup labelled for the patient.
  9. Put evidence tape across the lid of the cup and write your initials and the date on the evidence tape.
 10. Send to Mayo. The office is to mark "Panel 6" on the Mayo request form used for this.

---

**Drug Screen, Serum (** Very Special Request ONLY **Urine is the preferred specimen for Drugs of Abuse Screening)**

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Send-out Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>LabCorp</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td>700841</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>80307</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>(2-3) 7mL Plain Red Top Tubes (SST Gel is NOT acceptable.)</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>7 mL Serum (Absolute minimum = 3 mL)</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Serum should be separated from cells within 2 hours. Room temperature. Drug Screen includes: Amphetamines, Barbiturates, Benzodiazepines, Cocaine metabolite, Methadone, Opiates, Oxycodone, Phencyclidine, Propoxyphene, and THC metabolite. Confirmation reflex testing will be performed as appropriate at additional charge.</td>
</tr>
</tbody>
</table>
Drugs of Abuse, Meconium - see Meconium, Drugs of Abuse

Lab Where Test is Performed: Ref Lab Code or #:
Turn around Time: CPT Code(s):
Specimen Stability:
Specimen Type:
Minimum Specimen Requirements:
Patient Preparation:
Laboratory Handling:

D-Xylose - see Xylose Absorption Test, Adult or Pediatric

Lab Where Test is Performed: Ref Lab Code or #:
Turn around Time: CPT Code(s):
Specimen Stability:
Specimen Type:
Minimum Specimen Requirements:
Patient Preparation:
Laboratory Handling:

D-Xylose Absorption - see Xylose Absorption Panel, Adult or Pediatric

Lab Where Test is Performed: Ref Lab Code or #:
Turn around Time: CPT Code(s):
Specimen Stability:
Specimen Type:
Minimum Specimen Requirements:
Patient Preparation:
Laboratory Handling:
Ear Culture

Cerner Primary Synonym: Culture Wound

PBCH Aiases: C Wound

PathNet Aliases: Wound Culture

Lab Where Test is Performed: BVHS

Minimum Specimen Requirements:

Specimen Type: Collect using sterile technique.

Patient Preparation: None.

Laboratory Handling: Acceptable specimen is a swab in transport media. To obtain, clean outer ear to reduce contamination prior to culturing. Swab any exudate, drainage, or lesion and place in transport media. Bring to the Lab as soon as possible.

EB Antibody, Early Antigen - see Epstein Barr Virus IgG Antibody, Early Antigen

Cerner Primary Synonym:

PBCH Aiases:

PathNet Aliases:

Lab Where Test is Performed: Mayo

Turn around Time: 2 days

Specimen Stability:

Specimen Type: 5 mL Red Top Tubes (SST Gel is acceptable)

Minimum Specimen Requirements:

Patient Preparation: None.

Laboratory Handling: Refrigerate.

EB Titer, Serum [Epstein Barr] (includes VCA - Viral Capsid Antigens)

Cerner Primary Synonym: EBV Ab Profile-Mayo

PBCH Aiases:

PathNet Aliases: Mayo-EBV Ab Profile, S

Lab Where Test is Performed: Mayo

Turn around Time: 2 days

Specimen Stability:

Specimen Type: 5 mL Red Top Tubes (SST Gel is acceptable)

Minimum Specimen Requirements:

Patient Preparation: None.

Laboratory Handling: Refrigerate.
<table>
<thead>
<tr>
<th>Echinococcus Antibody IgG, Serum (ELISA)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cerner Primary Synonym:</td>
<td>Send-out Other</td>
</tr>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>Mayo</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td>FEGR</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>1-8 days</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>7 mL Plain Red Top Tube (NO SST Gel)</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>1 mL Serum (Pediatric minimum = 0.1 mL)</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Refrigerate.</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>(3) 5 mL Red Top Tubes (SST Gel is acceptable)</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>3 mL Serum (Absolute Min. = 1 mL)</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Separate serum from cells ASAP. Refrigerate.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Echovirus Antibody Panel, Serum</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cerner Primary Synonym:</td>
<td>Send-out Other</td>
</tr>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>ARUP</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td>0060053</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>6-9 days</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>(3) 5 mL Red Top Tubes (SST Gel is acceptable)</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>3 mL Serum (Absolute Min. = 1 mL)</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Separate serum from cells ASAP. Refrigerate.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ecstasy, Urine - see MDMA (Ecstasy), Urine</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cerner Primary Synonym:</td>
<td></td>
</tr>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td></td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td></td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td></td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td></td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td></td>
</tr>
</tbody>
</table>
Egg White IgE, Serum

Cerner Primary Synonym: Egg White IgE, Serum-Mayo
PowerChart Aliases:
PathNet Aliases:

Lab Where Test is Performed: Mayo
Ref Lab Code or #: EGG

Minimum Specimen Requirements:
0.3 mL for one allergen OR 0.5 mL for every 5 allergens tested

Specimen Type: 5 mL Red Top Tube (SST Gel is acceptable)

Patient Preparation: None.

Laboratory Handling: Refrigerate.

Turn around Time: 2-3 days
CPT Code(s): 86003

Specimen Stability:

Elavil (Endep) - see Amitriptyline

Cerner Primary Synonym:
PowerChart Aliases:
PathNet Aliases:

Lab Where Test is Performed: BVHS
Ref Lab Code or #: 

Specimen Type: Electrolytes, Plasma (Na,K,Cl,CO2)
Specimen Stability: 

Minimum Specimen Requirements: 

Patient Preparation: None.

Laboratory Handling: Avoid hemolysis. Serum is also acceptable.

Specimen Type: 5 mL Light Green Heparinized Gel Tube

Turn around Time: < 1 day
CPT Code(s): 80051

Specimen Stability: 

Minimum Specimen Requirements: 

Electrolytes, Plasma (Na,K,Cl,CO2)

Cerner Primary Synonym: Electrolyte Panel (1050)
PowerChart Aliases: Lytes
PathNet Aliases: Lytes

Lab Where Test is Performed: BVHS
Ref Lab Code or #: 

Specimen Type: 

Minimum Specimen Requirements: 

Patient Preparation: None.

Laboratory Handling: Avoid hemolysis. Serum is also acceptable.

Specimen Stability: 

Minimum Specimen Requirements: 

Electrolytes, Plasma (Na,K,Cl,CO2)

Cerner Primary Synonym: 
PowerChart Aliases: 
PathNet Aliases: 

Lab Where Test is Performed: BVHS
Ref Lab Code or #: 

Specimen Type: 

Minimum Specimen Requirements: 

Patient Preparation: None.

Laboratory Handling: Avoid hemolysis. Serum is also acceptable.

Specimen Stability: 

Minimum Specimen Requirements: 

Electrolytes, Plasma (Na,K,Cl,CO2)

Cerner Primary Synonym: 
PowerChart Aliases: 
PathNet Aliases: 

Lab Where Test is Performed: BVHS
Ref Lab Code or #: 

Specimen Type: 

Minimum Specimen Requirements: 

Patient Preparation: None.

Laboratory Handling: Avoid hemolysis. Serum is also acceptable.

Specimen Stability: 

Minimum Specimen Requirements: 

Electrolytes, Plasma (Na,K,Cl,CO2)

Cerner Primary Synonym: 
PowerChart Aliases: 
PathNet Aliases: 

Lab Where Test is Performed: BVHS
Ref Lab Code or #: 

Specimen Type: 

Minimum Specimen Requirements: 

Patient Preparation: None.

Laboratory Handling: Avoid hemolysis. Serum is also acceptable.

Specimen Stability: 

Minimum Specimen Requirements: 

Electrolytes, Plasma (Na,K,Cl,CO2)

Cerner Primary Synonym: 
PowerChart Aliases: 
PathNet Aliases: 

Lab Where Test is Performed: BVHS
Ref Lab Code or #: 

Specimen Type: 

Minimum Specimen Requirements: 

Patient Preparation: None.

Laboratory Handling: Avoid hemolysis. Serum is also acceptable.

Specimen Stability: 

Minimum Specimen Requirements: 

Electrolytes, Plasma (Na,K,Cl,CO2)

Cerner Primary Synonym: 
PowerChart Aliases: 
PathNet Aliases: 

Lab Where Test is Performed: BVHS
Ref Lab Code or #: 

Specimen Type: 

Minimum Specimen Requirements: 

Patient Preparation: None.

Laboratory Handling: Avoid hemolysis. Serum is also acceptable.

Specimen Stability:
**Employee Hepatitis (Post Vaccine Hep B Surface Antibody), Serum**

<table>
<thead>
<tr>
<th>Cerner Primary Synonym</th>
<th>Hepatitis B Surface Antibody</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>Ref Lab Code or #:</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>1-3 days</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>86706</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>5 mL Red Top Gel SST Tube <strong>Serum ONLY</strong></td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>1 mL Serum ONLY</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Refrigerate. If used for post vaccine for Hep B Surface Antibody, draw 2 months after the third inoculation. (8 months after initial inoculation). (For BVH employee, enter in Meditech as HBSAB test, giving the EMP a LAB &quot;C&quot; number as an account number).</td>
</tr>
</tbody>
</table>

**ENA - see Anti-ENA Antibodies (Antibody to Extractable Nuclear Antigen Evaluation, Serum)**

<table>
<thead>
<tr>
<th>Cerner Primary Synonym</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>Ref Lab Code or #:</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td></td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td></td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td></td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td></td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td></td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td></td>
</tr>
</tbody>
</table>
### Encainide, Serum

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Send-out Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>Mayo</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td>FENC</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>4 days</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>82492</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>(2) 7 mL Plain Red Top Tubes or (2) 5 mL Sodium Heparin Tubes (No Gel)</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>3 mL Serum</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Indicate the specimen type on the aliquots. Refrigerate.</td>
</tr>
</tbody>
</table>

### Encephalitis Panel, Blood

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>See Lab Handling</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td></td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td></td>
</tr>
<tr>
<td>Turn around Time:</td>
<td></td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td></td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td></td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td></td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td></td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Order individually: Rubella IgG, Rubella IgM, Mumps IgG and IgM, Varicella-Zoster IgG, and Varicella-Zoster IgM.</td>
</tr>
</tbody>
</table>

### Encephalitis Viral Studies - order CNS Batteries #1 and #2

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
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<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td></td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td></td>
</tr>
<tr>
<td>Turn around Time:</td>
<td></td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td></td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td></td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td></td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td></td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td></td>
</tr>
</tbody>
</table>
### Endomysial Antibody (IgA), Serum

**Cerner Primary Synonym:** Endomysial Antibody IgA-Mayo

**PowerChart Aliases:**

**PathNet Aliases:** Mayo-Endomysial Abs, S (IgA)

Lab Where Test is Performed: Mayo  
Ref Lab Code or #: EMA

Turn around Time: 7 days  
CPT Code(s): 88347

**Specimen Stability:**

**Specimen Type:** (2) 5 mL Red Top Tubes (SST Gel is acceptable)

Minimum Specimen Requirements: 2 mL Serum

**Patient Preparation:** None.

**Laboratory Handling:** Refrigerate.

### Entamoeba histolytica Antibody, Serum (Amoeba Antibody)

**Cerner Primary Synonym:** Send-out Other

**PowerChart Aliases:**

**PathNet Aliases:**

Lab Where Test is Performed: Mayo  
Ref Lab Code or #: SAM

Turn around Time: 7 days  
CPT Code(s): 86753

**Specimen Stability:**

**Specimen Type:** 5 mL Red Top Tube (SST Gel is acceptable)

Minimum Specimen Requirements: 1 mL Serum

**Patient Preparation:** None.

**Laboratory Handling:** Freeze.
### Enterobius vermicularis (Scotch Tape Prep)

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Pinworm Prep</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lab Where Test is Performed:</strong></td>
<td>BVHS</td>
</tr>
<tr>
<td><strong>Minimum Specimen Requirements:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Patient Preparation:</strong></td>
<td>None.</td>
</tr>
<tr>
<td><strong>Laboratory Handling:</strong></td>
<td>See Pinworm Exam for instructions.</td>
</tr>
<tr>
<td><strong>Turn around Time:</strong></td>
<td>1-3 days</td>
</tr>
<tr>
<td><strong>CPT Code(s):</strong></td>
<td>87172</td>
</tr>
</tbody>
</table>

### Enterovirus by PCR, CSF (Only CSF)

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Enterovirus by PCR, CSF-Mayo</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lab Where Test is Performed:</strong></td>
<td>Mayo</td>
</tr>
<tr>
<td><strong>Minimum Specimen Requirements:</strong></td>
<td>0.5 mL CSF</td>
</tr>
<tr>
<td><strong>Patient Preparation:</strong></td>
<td>None.</td>
</tr>
<tr>
<td><strong>Laboratory Handling:</strong></td>
<td>None.</td>
</tr>
<tr>
<td><strong>Turn around Time:</strong></td>
<td>2-3 days</td>
</tr>
<tr>
<td><strong>CPT Code(s):</strong></td>
<td>87498</td>
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</table>

### Eosinophil, Total, Blood

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>See lab handling for order information.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lab Where Test is Performed:</strong></td>
<td>BVHS</td>
</tr>
<tr>
<td><strong>Minimum Specimen Requirements:</strong></td>
<td>5 mL Lavender EDTA Tube</td>
</tr>
<tr>
<td><strong>Patient Preparation:</strong></td>
<td>None.</td>
</tr>
<tr>
<td><strong>Laboratory Handling:</strong></td>
<td>Order a CBC with Differential (CBC) with a comment attached for Absolute Eosinophil Count.</td>
</tr>
</tbody>
</table>
### Eosinophils, Bronchial Lavage

<table>
<thead>
<tr>
<th>Cerner Primary Synonym</th>
<th>Eosinophil Smear Bronchial Lavage</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>BVHS</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td></td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>&lt; 1 day</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>89190</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>Bronchoalveolar Lavage specimen</td>
</tr>
</tbody>
</table>

### Eosinophils, Nasal

<table>
<thead>
<tr>
<th>Cerner Primary Synonym</th>
<th>Eosinophil Smear Nasal</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>BVHS</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td></td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>&lt; 1 day</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>89190</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>1-2 Slides</td>
</tr>
</tbody>
</table>

### Eosinophils, Urine

<table>
<thead>
<tr>
<th>Cerner Primary Synonym</th>
<th>Eosinophil Smear Urine</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>BVHS</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td></td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>&lt; 1 day</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>89190</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>Random Urine collection</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>10 mL Urine</td>
</tr>
</tbody>
</table>

Patient Preparation: Slides should be made at the bedside and brought to the Lab.
Laboratory Handling: None.

Patient Preparation: None.
Laboratory Handling: None.

Patient Preparation: None.
Laboratory Handling: None.
### Epstein Barr Virus IgG Antibody, Early Antigen, Serum

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Send-out Other</th>
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</thead>
<tbody>
<tr>
<td><strong>Lab Where Test is Performed:</strong></td>
<td>Mayo</td>
</tr>
<tr>
<td><strong>Specimen Type:</strong></td>
<td>5 mL Red Top Tube (SST Gel is acceptable)</td>
</tr>
<tr>
<td><strong>Minimum Specimen Requirements:</strong></td>
<td>1 mL Serum (Absolute minimum = 0.4 mL)</td>
</tr>
<tr>
<td><strong>Patient Preparation:</strong></td>
<td>None.</td>
</tr>
<tr>
<td><strong>Laboratory Handling:</strong></td>
<td>Refrigerate.</td>
</tr>
<tr>
<td><strong>Turn around Time:</strong></td>
<td>3 days</td>
</tr>
<tr>
<td><strong>CPT Code(s):</strong></td>
<td>86663</td>
</tr>
</tbody>
</table>

### Epstein Barr Virus VCA, IgM - order EB Titer, Serum (Epstein Barr)

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lab Where Test is Performed:</strong></td>
</tr>
<tr>
<td><strong>Specimen Type:</strong></td>
</tr>
<tr>
<td><strong>Minimum Specimen Requirements:</strong></td>
</tr>
<tr>
<td><strong>Patient Preparation:</strong></td>
</tr>
<tr>
<td><strong>Laboratory Handling:</strong></td>
</tr>
<tr>
<td><strong>Turn around Time:</strong></td>
</tr>
<tr>
<td><strong>CPT Code(s):</strong></td>
</tr>
</tbody>
</table>
Epstein-Barr Virus Evaluation (Full Panel) - see Epstein-Barr Virus (EBV Qualitative)

**Cerner Primary Synonym:**
- EBV Ab Profile-Mayo

**PowerChart Aliases:**
- EBV Ab Profile-Mayo

**PathNet Aliases:**
- EBV Ab Profile-Mayo

**Lab Where Test is Performed:**
- Mayo

**Ref Lab Code or #:**
- SEBV

**Turn around Time:**
- 2 days

**CPT Code(s):**
- 86664,86665(X2)

**Specimen Stability:**
- 5 mL Red Top Tube (SST Gel is acceptable)

**Minimum Specimen Requirements:**
- 1 mL Serum (Pediatric minimum = 0.5 mL)

**Patient Preparation:**
- None.

**Laboratory Handling:**
- Refrigerate.

---

**Epstein-Barr Virus, Serum (EBV Qualitative) - includes VCA (Viral Capsid Antigen)**

**Cerner Primary Synonym:**
- EBV Ab Profile-Mayo

**PowerChart Aliases:**
- EBV Ab Profile-Mayo

**PathNet Aliases:**
- EBV Ab Profile-Mayo

**Lab Where Test is Performed:**
- BVHS

**Ref Lab Code or #:**
- SEBV

**Turn around Time:**
- CPT Code(s): 86664,86665(X2)

**Specimen Stability:**
- 5 mL Red Top Tube (SST Gel is acceptable)

**Minimum Specimen Requirements:**
- 1 mL Serum (Pediatric minimum = 0.5 mL)

**Patient Preparation:**
- None.

**Laboratory Handling:**
- Refrigerate.

---

**Erythrocyte Count - order Hemogram (HHP)**

**Cerner Primary Synonym:**
- Erythrocyte Count

**PowerChart Aliases:**
- Erythrocyte Count

**PathNet Aliases:**
- Erythrocyte Count

**Lab Where Test is Performed:**
- BVHS

**Ref Lab Code or #:**
- SEBV

**Turn around Time:**
- CPT Code(s): 86664,86665(X2)

**Specimen Stability:**
- 5 mL Red Top Tube (SST Gel is acceptable)

**Minimum Specimen Requirements:**
- 1 mL Serum (Pediatric minimum = 0.5 mL)

**Patient Preparation:**
- None.

**Laboratory Handling:**
- Refrigerate.
Erythrocyte Indices - order Hemagram (HHP)

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: BVHS

Ref Lab Code or #:

Minimum Specimen Requirements:

Specimen Type:

Patient Preparation:

Laboratory Handling:

Erythrocyte Osmotic Fragility, Blood

Cerner Primary Synonym: Send-out Other

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Mayo

Ref Lab Code or #: FRAG

Turn around Time: 5 days

CPT Code(s): 85557

Specimen Stability:

Specimen Type: (2) 5 mL EDTA Lavender Top Tubes

Minimum Specimen Requirements: 5 mL EDTA blood from patient and 5 mL EDTA blood from a control person.

Patient Preparation: None.

Laboratory Handling: Draw 5 mL EDTA whole blood from the patient and then draw 5 mL EDTA whole blood from a normal person, who is not related to the patient. Label patient specimen with patient name, then label normal control as "Normal Control" and included gender. Do not freeze. Keep blood in original containers. Refrigerate.

Erythrocyte Protoporphyrin, Fractionation (FEP) - see Protoporphyrins, Fractionation, Erythrocytes

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:
Erythropoietin (EPO), Serum
Cerner Primary Synonym: Erythropoietin (EPO)-Mayo
PowerChart Aliases:
PathNet Aliases: Mayo-Erythropoietin (EPO), S
Lab Where Test is Performed: Mayo
Turn around Time: 3 days
CPT Code(s): 82668
Ref Lab Code or #: EPO
Specimen Stability:
Specimen Type: 5 mL Red Top Tube (SST Gel is acceptable)
Minimum Specimen Requirements:
Patient Preparation: None.
Laboratory Handling: Refrigerate.

ESR, Blood (Erythrocyte Sedimentation Rate, Westergren)
Cerner Primary Synonym: Erythrocyte Sedimentation Rate (1020)
PowerChart Aliases:
PathNet Aliases:
Lab Where Test is Performed: BVHS
Turn around Time: < 1 day
CPT Code(s): 85651
Ref Lab Code or #: 
Specimen Stability:
Specimen Type: 5 mL Lavender EDTA Tube
Minimum Specimen Requirements:
Patient Preparation: None.
Laboratory Handling: Run within 5 hours at room temperature, 12 hours at 2-8 degrees C.

Estradiol, Plasma (E2) (17-Beta Estradiol)
Cerner Primary Synonym: Estradiol Level
PowerChart Aliases:
PathNet Aliases:
Lab Where Test is Performed: BVHS
Turn around Time: < 1 day
CPT Code(s): 82670
Ref Lab Code or #: 
Specimen Stability:
Specimen Type: 5 mL Light Green Heparinized Gel Tube (SST Gel is acceptable)
Minimum Specimen Requirements:
Patient Preparation: None.
Laboratory Handling: None.
### Estriol, Unconjugated, Serum (E3)

Cerner Primary Synonym: Send-out Other

**PowerChart Aliases:**

**PathNet Aliases:**

<table>
<thead>
<tr>
<th>Lab Where Test is Performed:</th>
<th>Mayo</th>
<th>Ref Lab Code or #:</th>
<th>UE3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turn around Time:</td>
<td>3 days</td>
<td>CPT Code(s):</td>
<td>82677</td>
</tr>
</tbody>
</table>

**Specimen Stability:**

**Specimen Type:** 5 mL Red Top Tube (SST Gel is acceptable)

**Minimum Specimen Requirements:** 0.5 mL Serum

**Patient Preparation:** None.

**Laboratory Handling:** Refrigerate.

---

### Estrogen Fractionation, Serum (includes Ultrasensitive Estradiol, Estrone, Estriol)

Cerner Primary Synonym: Send-out Other

**PowerChart Aliases:**

**PathNet Aliases:**

<table>
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<tr>
<th>Lab Where Test is Performed:</th>
<th>QUEST</th>
<th>Ref Lab Code or #:</th>
<th>36742</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turn around Time:</td>
<td>Varies</td>
<td>CPT Code(s):</td>
<td>82671</td>
</tr>
</tbody>
</table>

**Specimen Stability:**

**Specimen Type:** (2) 7 mL Plain Red Top Tubes (NO SST Gel)

**Minimum Specimen Requirements:** 3 mL Serum (Absolute minimum = 0.8 mL)

**Patient Preparation:** None.

**Laboratory Handling:** Refrigerate.

---

### Estrogen, Total, Serum

Cerner Primary Synonym: Send-out Other

**PowerChart Aliases:**

**PathNet Aliases:**

<table>
<thead>
<tr>
<th>Lab Where Test is Performed:</th>
<th>Specialty Labs</th>
<th>Ref Lab Code or #:</th>
<th>439</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turn around Time:</td>
<td>2 days</td>
<td>CPT Code(s):</td>
<td>82672</td>
</tr>
</tbody>
</table>

**Specimen Stability:**

**Specimen Type:** (3) 5 mL Red Top Tubes (SST Gel is acceptable)

**Minimum Specimen Requirements:** 3 mL Serum (Absolute minimum = 1.5 mL)

**Patient Preparation:** None.

**Laboratory Handling:** Specimen is acceptable refrigerated up to 7 days or frozen up to 2 months.
Estrone, Serum

Cerner Primary Synonym: Send-out Other

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Mayo Ref Lab Code or #: E1

Minimum Specimen Requirements:

Specimen Stability:

Specimen Type: (2) 5 mL Red Top Tubes (SST Gel is acceptable)

Patient Preparation:

Laboratory Handling: Serum MUST be separated from the cells within 24 hours. Refrigerate.

Ethanol - see Alcohol

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: BVHS Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

Ethosuximide, Serum (Zarontin)

Cerner Primary Synonym: Ethosuximide Level-Mayo

PowerChart Aliases:

PathNet Aliases: Mayo-Ethosuximide, S

Lab Where Test is Performed: Mayo Ref Lab Code or #: ETHSX

Minimum Specimen Requirements:

Specimen Stability:

Specimen Type: 7 mL SST Gel Red Top Tube (Plain Red Tube is acceptable.)

Patient Preparation:

Laboratory Handling: Refrigerate.
<table>
<thead>
<tr>
<th><strong>Everolimus, Blood</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cerner Primary Synonym:</strong></td>
<td>Everolimus-Mayo</td>
</tr>
<tr>
<td><strong>PowerChart Aliases:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>PathNet Aliases:</strong></td>
<td>Mayo-Everolimus, B</td>
</tr>
<tr>
<td><strong>Lab Where Test is Performed:</strong></td>
<td>Mayo</td>
</tr>
<tr>
<td><strong>Ref Lab Code or #:</strong></td>
<td>EVROL</td>
</tr>
<tr>
<td><strong>Minimum Specimen Requirements:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Specimen Type:</strong></td>
<td>3 mL EDTA Whole Blood</td>
</tr>
<tr>
<td><strong>Specimen Stability:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Patient Preparation:</strong></td>
<td>Sample should be collected immediately prior to next scheduled dose.</td>
</tr>
<tr>
<td><strong>Laboratory Handling:</strong></td>
<td>Refrigerate</td>
</tr>
<tr>
<td><strong>Turn around Time:</strong></td>
<td>1-3 days</td>
</tr>
<tr>
<td><strong>CPT Code(s):</strong></td>
<td>80169</td>
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<table>
<thead>
<tr>
<th><strong>Extractable Nuclear Antigens - see Anti-ENA Antibodies (Antibody to Extractable Nuclear Antigen Evaluation, Serum)</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cerner Primary Synonym:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>PowerChart Aliases:</strong></td>
<td></td>
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<td><strong>PathNet Aliases:</strong></td>
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<td><strong>Lab Where Test is Performed:</strong></td>
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<td><strong>Ref Lab Code or #:</strong></td>
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<tr>
<td><strong>Minimum Specimen Requirements:</strong></td>
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<td><strong>Specimen Stability:</strong></td>
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<td><strong>Laboratory Handling:</strong></td>
<td></td>
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<tr>
<td><strong>Turn around Time:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>CPT Code(s):</strong></td>
<td></td>
</tr>
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</table>

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<thead>
<tr>
<th><strong>Eye Culture</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cerner Primary Synonym:</strong></td>
<td>Culture Wound</td>
</tr>
<tr>
<td><strong>PowerChart Aliases:</strong></td>
<td>Wound Culture</td>
</tr>
<tr>
<td><strong>PathNet Aliases:</strong></td>
<td>C Wound</td>
</tr>
<tr>
<td><strong>Lab Where Test is Performed:</strong></td>
<td>BVHS</td>
</tr>
<tr>
<td><strong>Ref Lab Code or #:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Turn around Time:</strong></td>
<td>2 days</td>
</tr>
<tr>
<td><strong>CPT Code(s):</strong></td>
<td>87070</td>
</tr>
<tr>
<td><strong>Specimen Stability:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Specimen Type:</strong></td>
<td>Corneal scrapings, purulent material, sterile saline moistened swab</td>
</tr>
<tr>
<td><strong>Minimum Specimen Requirements:</strong></td>
<td>1 Swab</td>
</tr>
<tr>
<td><strong>Patient Preparation:</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>Laboratory Handling:</strong></td>
<td>Corneal scrapings and internal eye cultures are to be obtained by the physician only. If purulent material is present, it should be collected on a swab using aseptic technique. Transport to the Lab as soon possible.</td>
</tr>
<tr>
<td>Test Name</td>
<td>Lab Where Test is Performed</td>
</tr>
<tr>
<td>---------------------------</td>
<td>----------------------------</td>
</tr>
<tr>
<td>Factor II (2) Activity, Plasma</td>
<td>Mayo</td>
</tr>
<tr>
<td>Factor IX (9) Activity, Plasma</td>
<td>Mayo</td>
</tr>
<tr>
<td>Factor V (5) Activity, Plasma</td>
<td>Mayo</td>
</tr>
</tbody>
</table>
Factor V Leiden (Mutation) (R506Q), Blood

Cerner Primary Synonym: Factor V Leiden (R506Q) Mutation-Mayo

PowerChart Aliases:

PathNet Aliases: Mayo-Factor V Leiden (R506Q) Mutation, B

Lab Where Test is Performed: Mayo

Ref Lab Code or #: F5DNA

Turn around Time: 5 days

CPT Code(s): 81241

Specimen Stability:

Specimen Type: 7 mL Yellow ACD Tube (Solution A or B is acceptable)

Minimum Specimen Requirements:

Patient Preparation: None.

Laboratory Handling: Do not centrifuge. Do not refrigerate or freeze. Send by overnight courier. Room temperature. Send in the original container.

Turn around Time: 5 days

CPT Code(s): 81241

Specimen Stability:

Specimen Type: 7 mL Yellow ACD Tube (Solution A or B is acceptable)

Minimum Specimen Requirements:

Patient Preparation: None.

Laboratory Handling: Do not centrifuge. Do not refrigerate or freeze. Send by overnight courier. Room temperature. Send in the original container.

Factor VII (7) Activity, Plasma

Cerner Primary Synonym: Factor VII Assay-Mayo

PowerChart Aliases:

PathNet Aliases: Mayo-Coag Factor VII Assay, P

Lab Where Test is Performed: Mayo

Ref Lab Code or #: F_7

Turn around Time: 3 days

CPT Code(s): 85230

Specimen Stability:

Specimen Type: 5 mL Blue Citrate Tubes

Minimum Specimen Requirements:

Patient Preparation: None.

Laboratory Handling: Spin the tube down immediately. Remove the top 2/3 plasma into a plastic tube. Spin down again and remove the top 2/3 plasma (platelet poor). Send 1ML aliquot of platelet poor plasma. Freeze as soon as possible. Each coagulation assay should have its own aliquot.

Factor VIII (8) Activity, Plasma

Cerner Primary Synonym: Factor VIII Activity Assay-Mayo

PowerChart Aliases:

PathNet Aliases: Mayo-Coag Factor VIII Activity Assay, P

Lab Where Test is Performed: Mayo

Ref Lab Code or #: F8A

Turn around Time: 3 days

CPT Code(s): 85240

Specimen Stability:

Specimen Type: 5 mL Blue Citrate Tube

Minimum Specimen Requirements:

Patient Preparation: None.

Laboratory Handling: Spin the tube down immediately. Remove the top 2/3 plasma into a plastic tube. Spin down again and remove the top 2/3 plasma (platelet poor). Send 1ML aliquot of platelet poor plasma. Freeze as soon as possible. Each coagulation assay should have its own aliquot.

***If this test is ordered with the Factor VIII Inhibitor, order the Factor VIII Inhibitor Panel Mayo test #1501.***
**Factor VIII (8) Inhibitor Panel, Plasma**

**Cerner Primary Synonym:** Send-out Other

**PowerChart Aliases:**

**Lab Where Test is Performed:** Mayo  
**Ref Lab Code or #:** F8INH

**Minimum Specimen Requirements:** 2 mL Platelet Poor Citrated Plasma ***see below***

**Patient Preparation:** Specimen must be drawn prior to factor replacement therapy.

**Laboratory Handling:** Spin immediately. Remove the top 3/4 plasma and transfer to 3 plastic tubes. Spin again. Remove the top platelet poor portion of plasma and put in 2 mL in each of 2 plastic tubes. Freeze immediately at < or = -40 degrees C. Always, without exception, send plasma in aliquots in plastic tubes.

**** This panel includes the Factor VIII Activity Assay and will reflect the Factor VIII Inhibitor Screen if appropriate.***

**CPT Code(s):** 85240, 85335

**Specimen Stability:**

**Minimum Specimen Requirements:** 2 mL Platelet Poor Citrated Plasma ***see below***

**Patient Preparation:** Specimen must be drawn prior to factor replacement therapy.

**Laboratory Handling:** Spin immediately. Remove the top 3/4 plasma and transfer to 3 plastic tubes. Spin again. Remove the top platelet poor portion of plasma and put in 2 mL in each of 2 plastic tubes. Freeze immediately at < or = -40 degrees C. Always, without exception, send plasma in aliquots in plastic tubes.

**** This panel includes the Factor VIII Activity Assay and will reflect the Factor VIII Inhibitor Screen if appropriate.***

**Factor X (10) Activity, Plasma**

**Cerner Primary Synonym:** Factor X Assay-Mayo

**PowerChart Aliases:**

**Lab Where Test is Performed:** Mayo  
**Ref Lab Code or #:** F_10

**Minimum Specimen Requirements:** 1 mL Aliquot of Citrated Plasma ***see below***

**Patient Preparation:** None.

**Laboratory Handling:** Spin the tube down immediately. Remove the top 2/3 plasma into a plastic tube. Spin down again and remove the top 2/3 plasma (platelet poor). Send 1ML aliquot of platelet poor plasma. Freeze as soon as possible. Each coagulation assay should have its own aliquot.

**CPT Code(s):** 85260

**Specimen Stability:**

**Minimum Specimen Requirements:** 1 mL Aliquot of Citrated Plasma ***see below***

**Patient Preparation:** None.

**Laboratory Handling:** Spin the tube down immediately. Remove the top 2/3 plasma into a plastic tube. Spin down again and remove the top 2/3 plasma (platelet poor). Send 1ML aliquot of platelet poor plasma. Freeze as soon as possible. Each coagulation assay should have its own aliquot.

**Factor XI Activity, Plasma**

**Cerner Primary Synonym:** Factor XI Assay-Mayo

**PowerChart Aliases:**

**Lab Where Test is Performed:** Mayo  
**Ref Lab Code or #:** F_11

**Minimum Specimen Requirements:** 1 mL Aliquots of Citrated plasma ***see below***

**Patient Preparation:** None.

**Laboratory Handling:** Spin the tube down immediately. Remove the top 2/3 plasma into a plastic tube. Spin down again and remove the top 2/3 plasma (platelet poor). Send 1ML aliquot of platelet poor plasma. Freeze as soon as possible. Each coagulation assay should have its own aliquot.

**CPT Code(s):** 85270

**Specimen Stability:**

**Minimum Specimen Requirements:** 1 mL Aliquots of Citrated plasma ***see below***

**Patient Preparation:** None.

**Laboratory Handling:** Spin the tube down immediately. Remove the top 2/3 plasma into a plastic tube. Spin down again and remove the top 2/3 plasma (platelet poor). Send 1ML aliquot of platelet poor plasma. Freeze as soon as possible. Each coagulation assay should have its own aliquot.
### Factor XII (12) Activity, Plasma

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Factor XII Assay-Mayo</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td>Mayo-Coag Factor XII Assay, P</td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>Mayo</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td>F_12</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>1 mL Aliquots of Citrated plasma <em><strong>see below</strong></em></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>5 mL Blue Citrate Tube</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Spin the tube down immediately. Remove the top 2/3 plasma into a plastic tube. Spin down again and remove the top 2/3 plasma (platelet poor). Send 1ML aliquot of platelet poor plasma. Freeze as soon as possible. Each coagulation assay should have its own aliquot.</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>3 days</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>85280</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Cerner Primary Synonym:</td>
<td>Low Molecular Weight Heparin</td>
</tr>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>BVHS</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td></td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>&lt; 1 day</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>85520</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>5 mL Blue Tip Citrate Tube</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>1 mL Citrate Plasma</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Spin down. Remove the top 2/3 plasma, and transfer to plastic tubes. Spin again to achieve platelet poor plasma and remove the top 2/3 plasma. Test within 8 hours if the specimen is stored at 15-25 degrees C (room temperature) or one month if frozen at -20 degrees C. Frozen samples must be rapidly thawed at 37 C and tested within 8 hours of thawing.</td>
</tr>
</tbody>
</table>

### Low Molecular Weight Heparin

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Fanconi Anemia - see Chromosome Analysis, Fanconi Anemia C Mutation Analysis, Blood</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
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</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td></td>
</tr>
<tr>
<td>Turn around Time:</td>
<td></td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td></td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td></td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td></td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td></td>
</tr>
</tbody>
</table>

Wednesday, July 3, 2019
### Farmers Lung Panel - see Hypersensitivity Pneumonitis Extended Panel, Serum

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>Ref Lab Code or #:</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>CPT Code(s):</td>
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<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td></td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td></td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td></td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td></td>
</tr>
</tbody>
</table>

### Fatigue Panel

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td>See lab handling</td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>Ref Lab Code or #:</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>CPT Code(s):</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td></td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td></td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td></td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Order individually: EBV, CMV, Albumin, CRP, Ferritin, IgE, ANA, Prealbumin, Candida albicans Antibodies, Herpes I IgG and Fatty Acid Assay, Very Long Chain, Serum (Peroxisomal C22-C26)</td>
</tr>
</tbody>
</table>

### Fatty Acid Assay, Very Long Chain, Serum (Peroxisomal C22-C26)

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Send-out Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
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<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>Mayo</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td>POX</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>7 days</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>82726</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>5 mL Red Top Tube (SST Gel is acceptable)</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>0.5 mL Serum</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>Patient must fast overnight for 12-14 hours. No alcohol may be consumed for 24 hours prior to collection.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Freeze.</td>
</tr>
</tbody>
</table>
FBS (Fasting Blood Sugar) (Glucose), Plasma

Cerner Primary Synonym: Glucose Fasting
PowerChart Aliases: Fasting Glucose
PathNet Aliases: Fasting Blood Sugar

Lab Where Test is Performed: BVHS

Minimum Specimen Requirements:
- 0.5 mL Plasma or Serum

Specimen Type:
- 3 mL Light Green, Red, or Grey Top Tube

Patient Preparation: Fasting for 12 hours.

Laboratory Handling: All tube types should be centrifuged within 2 hours of collection. Red top and gray top tubes should be centrifuged and aliquoted within 2 hours of collection.

Turn around Time: < 1 day

CPT Code(s): 82947

Specimen Stability:
- 8 hours at Room Temperature, 48 hours at 2-8 C

FDP (Fibrin Degradation Products) - order D-Dimer

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: BVHS

Minimum Specimen Requirements:

Specimen Type: This test has been replaced with the D-Dimer test.

Patient Preparation:

Laboratory Handling: This test has been replaced with the D-Dimer test.

Turn around Time: < 1 day

CPT Code(s): 82947

FE & TIBC, Serum (Iron and Iron Binding Capacity) - includes Transferrin

Cerner Primary Synonym: Total Iron Binding Capacity

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: BVHS

Minimum Specimen Requirements:

Specimen Type: 5 mL Green Hep Gel

Patient Preparation: None.

Laboratory Handling: The panel includes: Total Iron, Iron Binding Capacity, % Saturation, and Transferrin.

Turn around Time: < 1 day

CPT Code(s): 83540,84466

Specimen Stability:
- 1 mL Plasma
Fe (Iron), Serum

Cerner Primary Synonym: Iron Level
PowerChart Aliases: Fe Level
PathNet Aliases: Fe

Lab Where Test is Performed: BVHS
Ref Lab Code or #: CPT Code(s): 83540

Minimum Specimen Requirements:
- 1 mL Plasma

Specimen Type:
5 mL Light Green Heparinized Gel Tube

Patient Preparation: None.
Laboratory Handling: None.

Turn around Time: < 1 day
Specimen Stability: 8 hours at Room Temperature, 48 hours at 2-8 C

Fibrile Agglutinins Panel, Serum

Cerner Primary Synonym: Send-out Other

Lab Where Test is Performed: Mayo
Ref Lab Code or #: FFAP
CPT Code(s): 86000(X3),86622(x2),86768(x5)

Minimum Specimen Requirements:
- 1 mL Serum (Absolute minimum = 0.5 mL)

Specimen Type:
5 mL Red Top Tube (SST Gel is acceptable)

Patient Preparation: None.
Laboratory Handling: Includes Weil-Felix (Ricketts), Widal Agglutinins (Salmonella), and Brucella abortis Antibodies.

Specimen Stability: 6 days

Fecal Amoeba - see Ova and Parasites (Parasite Exam)

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed:
Ref Lab Code or #: 
CPT Code(s):

Minimum Specimen Requirements:

Specimen Type:

Specimen Stability:

Patient Preparation:
Laboratory Handling:
Fecal Blood, Occult (Guaiac) - see Occult Blood, Fecal

Minimum Specimen Requirements:
- Specimen Type: Fresh Feces in clean wide mouth container
- Patient Preparation: None.
- Laboratory Handling: Acceptable specimens include rectal swabs, stool specimens, duodenal aspirates, biopsies, and sigmoid material. Stool specimens should be collected in clean containers with a tight cover. These should not be refrigerated as this lowers the pH and may be toxic to potential pathogens. All commercially available transport media are adequate for stool with the exception of buffered glycerol saline which may be toxic to Campylobacter spp. Feces must be transported to the Lab immediately to ensure viability of potential pathogens. Specimens submitted for Clostridium difficile Toxin and Culture should be refrigerated if not transported within 1 hour. Only 1 gram of specimen is required. Also, any antibiotic therapy the patient has been undergoing should be noted. Actual fecal material is preferred as the specimen of choice over rectal swabs.

Fecal Fat (Quantitative) (24, 48, 72 Hour specimens only - NOT Random)

Minimum Specimen Requirements:
- Specimen Type: 24, 48, or 72 hour stool collection with NO preservative
- Patient Preparation: No laxatives, mineral oil, or castor oil may be used. Patient should be on 100-150 grams of dietary fat per day.
- Laboratory Handling: Use ***ONLY*** the red/white plastic stool collection containers from Mayo. Do not use the metal "Paint Cans" for sending the specimen. Send the entire collection freeze.

Cerner Primary Synonym: Culture Stool

PowerChart Aliases: C Stool

PathNet Aliases: Stool Culture

Lab Where Test is Performed: BVHS

Turn around Time: 2 days

Specimen Stability: Fresh Feces in clean wide mouth container

CPT Code(s): 87045,87899(X2),87015

Cerner Primary Synonym: Fecal Fat-Mayo

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Mayo

Turn around Time: 5 days

Specimen Stability: 24, 48, or 72 hour stool collection with NO preservative

Specimen Type: 10 Grams stool

Patient Preparation: No laxatives, mineral oil, or castor oil may be used. Patient should be on 100-150 grams of dietary fat per day.

Laboratory Handling: Use ***ONLY*** the red/white plastic stool collection containers from Mayo. Do not use the metal "Paint Cans" for sending the specimen. Send the entire collection freeze.
# Fecal Fat, Qualitative

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Fecal Fat Qualitative</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lab Where Test is Performed:</strong></td>
<td>BVHS</td>
</tr>
<tr>
<td><strong>Ref Lab Code or #:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Turn around Time:</strong></td>
<td>&lt; 1 day</td>
</tr>
<tr>
<td><strong>CPT Code(s):</strong></td>
<td>82705</td>
</tr>
<tr>
<td><strong>Specimen Stability:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Specimen Type:</strong></td>
<td>Stool specimen</td>
</tr>
<tr>
<td><strong>Minimum Specimen Requirements:</strong></td>
<td>2 grams stool</td>
</tr>
<tr>
<td><strong>Patient Preparation:</strong></td>
<td>None.</td>
</tr>
<tr>
<td><strong>Laboratory Handling:</strong></td>
<td>None.</td>
</tr>
</tbody>
</table>

# Fecal Leukocytes (Fecal Lactoferrin)

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Fecal Lactoferrin</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lab Where Test is Performed:</strong></td>
<td>BVHS</td>
</tr>
<tr>
<td><strong>Ref Lab Code or #:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Turn around Time:</strong></td>
<td>&lt; 1 day</td>
</tr>
<tr>
<td><strong>CPT Code(s):</strong></td>
<td>87899</td>
</tr>
<tr>
<td><strong>Specimen Stability:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Specimen Type:</strong></td>
<td>Fresh feces or rectal swab</td>
</tr>
<tr>
<td><strong>Minimum Specimen Requirements:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Patient Preparation:</strong></td>
<td>The only acceptable specimen is fecal material collected in a clean container (rectal swabs will be accepted also - if a fecal specimen cannot be collected). Transport to the Lab as soon as possible.</td>
</tr>
<tr>
<td><strong>Laboratory Handling:</strong></td>
<td>None.</td>
</tr>
</tbody>
</table>

# Fecal Ova and Parasites - see Ova and Parasites

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lab Where Test is Performed:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Ref Lab Code or #:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Turn around Time:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>CPT Code(s):</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Specimen Stability:</strong></td>
<td></td>
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<tr>
<td><strong>Specimen Type:</strong></td>
<td></td>
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<tr>
<td><strong>Minimum Specimen Requirements:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Patient Preparation:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Laboratory Handling:</strong></td>
<td></td>
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</tbody>
</table>
### Fecal pH

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Fecal pH</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>BVHS</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td></td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>&lt; 1 day</td>
</tr>
<tr>
<td>CPT Code(s):</td>
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<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>Stool specimen</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>2 grams stool</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Specify specimen as fecal.</td>
</tr>
</tbody>
</table>

### Fecal Reducing Substance - see Fecal Sugar

<table>
<thead>
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<th>Cerner Primary Synonym:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
</tr>
<tr>
<td>Turn around Time:</td>
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<tr>
<td>CPT Code(s):</td>
</tr>
<tr>
<td>Specimen Stability:</td>
</tr>
<tr>
<td>Specimen Type:</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
</tr>
<tr>
<td>Patient Preparation:</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
</tr>
</tbody>
</table>

### Fecal Starch

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Fecal Starch</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>BVHS</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td></td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>&lt; 1 day</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>89225</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>Stool specimen</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>2 grams stool</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>None.</td>
</tr>
<tr>
<td>Test Name</td>
<td>Lab Where Test is Performed</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>----------------------------</td>
</tr>
<tr>
<td>Fecal Sugar (Qualitative)</td>
<td>Mayo</td>
</tr>
<tr>
<td>Fecal Trypsin - Test Obsolete - use Pancreatic Elastase Stool as alternate</td>
<td>BVHS</td>
</tr>
<tr>
<td>Fecal Wet Prep (for Fungal Elements, Charcot-Leyden Crystals, and Eosinophils)</td>
<td>BVHS</td>
</tr>
</tbody>
</table>
Felbamate, Serum (Felbatol)

Cerner Primary Synonym: Felbamate (Felbatol) Level-Mayo

PowerChart Aliases:

PathNet Aliases: Mayo-Felbamate (Felbatol), S

Lab Where Test is Performed: Mayo

Ref Lab Code or #: FELBA

Minimum Specimen Requirements:

Specimen Type: (2) 7 mL Plain Red Top Tube (No SST Gel)

Patient Preparation: Specimen should be drawn 1 hour prior to dose.

Laboratory Handling: Refrigerate.

CPT Code(s): 82491

Felbatol - see Felbamate

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Mayo

Ref Lab Code or #: FELBA

Minimum Specimen Requirements:

Specimen Type: 2 mL Serum

Patient Preparation:

Laboratory Handling:

CPT Code(s): 82491

Fentanyl Screen w Reflex, Urine-Mayo

Cerner Primary Synonym: Fentanyl Screen w Reflex, Urine-Mayo

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Mayo

Ref Lab Code or #: 82491

Minimum Specimen Requirements:

Specimen Type: Random Urine Drug Screen Collection

Patient Preparation: None.

Laboratory Handling: Refrigerate. Fentanyl with Metabolites Confirmation is performed automatically by Mayo if appropriate. Confirmation will include: Fentanyl, Norfentanyl, and an Interpretation.

CPT Code(s): 80307 for Screen; 80354 (G0480) for Confirm

Specimen Stability:

Wednesday, July 3, 2019
Fentanyl, Urine (includes Norfentanyl metabolite)

Cerner Primary Synonym: Send-out Other

PowerChart Aliases: 

PathNet Aliases:

Lab Where Test is Performed: Quest Ref Lab Code or #: 17607

Turn around Time: 7-10 days CPT Code(s): 83925

Specimen Stability:

Specimen Type: Random Urine

Minimum Specimen Requirements: 4 mL Random Urine (Absolute minimum = 2 mL)

Patient Preparation: None.

Laboratory Handling: This drug should be tested separate from a urine drug screen. Refrigerate.

FEP (Adult and Pediatric) - see Protoporphyrins, Fractionation, Erythrocytes

Cerner Primary Synonym:

PowerChart Aliases: 

PathNet Aliases:

Lab Where Test is Performed: BVHS Ref Lab Code or #:

Turn around Time: < 1 day CPT Code(s):

Specimen Stability:

Specimen Type: 5 mL Light Green Heparinized Gel Tube (SST Gel is acceptable)

Minimum Specimen Requirements: 1 mL Plasma or Serum

Patient Preparation: None.

Laboratory Handling: Refrigerate.

Ferritin, Plasma

Cerner Primary Synonym: Ferritin

PowerChart Aliases: 

PathNet Aliases:

Lab Where Test is Performed: BVHS Ref Lab Code or #:

Turn around Time: < 1 day CPT Code(s): 82728

Specimen Stability: 8 hours at Room Temperature, 48 hours at 2-8 C

Specimen Type: 5 mL Light Green Heparinized Gel Tube (SST Gel is acceptable)

Minimum Specimen Requirements: 1 mL Plasma or Serum

Patient Preparation: None.

Laboratory Handling: Refrigerate.
Fertility Test, Semen Analysis

Cerner Primary Synonym: Semen Analysis

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: BVHS

Ref Lab Code or #:

Minimum Specimen Requirements:

Specimen Type: Semen in a clean, dry container

Patient Preparation:

See instruction sheet available from the Lab.

Laboratory Handling:

Deliver to the Lab within 1 hour after collection.

Turn around Time: 3 days

CPT Code(s): 89320

Specimen Stability:

Fetal Fibronectin

Cerner Primary Synonym: Fetal Fibronectin

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: BVHS

Ref Lab Code or #:

Turn around Time: < 1 day

CPT Code(s): 82731

Specimen Stability:

Minimum Specimen Requirements:

Specimen Type: One sterile Dacron swab in media provided

Patient Preparation:

Obtain the specimen using the Adeza Biomedical Specimen Collection Kit. The specimen should be obtained from the posterior fornix of the vagina during a speculum examination. The polyester-tipped applicator from the kit should be inserted in the vagina and lightly rotated across the posterior fornix for approximately 10 seconds to absorb the cervicovaginal secretions.

Laboratory Handling:

Specimens must be analyzed within 8 hours if at room temperature, within 3 days if kept refrigerated (2-8 C), or within 3 months if frozen. Collection kits are kept refrigerated in the Hematology department. Specimens should be refrigerated.

Fetal Hemoglobin in Mothers Blood - see Kleihauer-Betke

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: BVHS

Ref Lab Code or #:

Turn around Time:

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:
### Fetal Hemoglobin, APT - see APT Test

**Cerner Primary Synonym:**

**PowerChart Aliases:**

**PathNet Aliases:**

<table>
<thead>
<tr>
<th>Lab Where Test is Performed</th>
<th>BVHS</th>
<th>Ref Lab Code or #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turn around Time</td>
<td></td>
<td>CPT Code(s):</td>
</tr>
<tr>
<td>Specimen Stability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Minimum Specimen Requirements:**

**Patient Preparation:**

**Laboratory Handling:**

---

**Fibrin Degradation Products (FDP) - order D-Dimer**

**Cerner Primary Synonym:**

**PowerChart Aliases:**

**PathNet Aliases:**

<table>
<thead>
<tr>
<th>Lab Where Test is Performed</th>
<th>BVHS</th>
<th>Ref Lab Code or #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turn around Time</td>
<td></td>
<td>CPT Code(s):</td>
</tr>
<tr>
<td>Specimen Stability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>This test has been replaced with the D-Dimer test.</td>
<td></td>
</tr>
</tbody>
</table>

**Minimum Specimen Requirements:**

**Patient Preparation:**

**Laboratory Handling:** This test has been replaced with the D-Dimer test.

---

**Fibrin Split Products (FSP) - order D-Dimer**

**Cerner Primary Synonym:**

**PowerChart Aliases:**

**PathNet Aliases:**

<table>
<thead>
<tr>
<th>Lab Where Test is Performed</th>
<th>BVHS</th>
<th>Ref Lab Code or #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turn around Time</td>
<td></td>
<td>CPT Code(s):</td>
</tr>
<tr>
<td>Specimen Stability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>This test has been replaced with the D-Dimer test.</td>
<td></td>
</tr>
</tbody>
</table>

**Minimum Specimen Requirements:**

**Patient Preparation:**

**Laboratory Handling:** This test has been replaced with the D-Dimer test.
**Fibrinogen, Plasma**

Cerner Primary Synonym: Fibrinogen Level

PowerChart Aliases:

PathNet Aliases:

<table>
<thead>
<tr>
<th>Lab Where Test is Performed:</th>
<th>BVHS</th>
<th>Ref Lab Code or #:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Turn around Time:</th>
<th>&lt; 1 day</th>
<th>CPT Code(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specimen Stability:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Specimen Type:</th>
<th>5 mL Citrate Blue Top Tube</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Minimum Specimen Requirements:</th>
<th>3 mL Citrated Plasma</th>
</tr>
</thead>
</table>

- **Patient Preparation:** None.
- **Laboratory Handling:** The tube must be completely filled. It is stable for 4 hours at 2-8 degrees C. Deliver to the Lab as soon as possible.

**FID Referral for Mold - see Culture Referred for Identification Fungus (Mold)**

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

<table>
<thead>
<tr>
<th>Lab Where Test is Performed:</th>
<th>BVHS</th>
<th>Ref Lab Code or #:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Turn around Time:</th>
<th></th>
</tr>
</thead>
</table>

| Specimen Stability: | |

<table>
<thead>
<tr>
<th>Specimen Type:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Minimum Specimen Requirements:</th>
<th></th>
</tr>
</thead>
</table>

- **Patient Preparation:** |
- **Laboratory Handling:** |

**Fifth Disease - see Parvovirus B 19 Antibodies IgG and IgM**

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

<table>
<thead>
<tr>
<th>Lab Where Test is Performed:</th>
<th>BVHS</th>
<th>Ref Lab Code or #:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Turn around Time:</th>
<th></th>
</tr>
</thead>
</table>

| Specimen Stability: | |

<table>
<thead>
<tr>
<th>Specimen Type:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Minimum Specimen Requirements:</th>
<th></th>
</tr>
</thead>
</table>

- **Patient Preparation:** |
- **Laboratory Handling:** |
### Findlay Womens Care OB Panel - see OB Panel - Findlay Womens Care ONLY

<table>
<thead>
<tr>
<th>Lab Where Test is Performed:</th>
<th>Ref Lab Code or #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turn around Time:</td>
<td>CPT Code(s):</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td></td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td></td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td></td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td></td>
</tr>
</tbody>
</table>

### FIT - order Occult Blood, Fecal

<table>
<thead>
<tr>
<th>Lab Where Test is Performed:</th>
<th>Ref Lab Code or #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turn around Time:</td>
<td>CPT Code(s):</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td></td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td></td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td></td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td></td>
</tr>
<tr>
<td>Test Name</td>
<td>Lab Where Test is Performed</td>
</tr>
<tr>
<td>---------------------------</td>
<td>----------------------------</td>
</tr>
<tr>
<td>Flecainide (Tambocor), Serum</td>
<td>Mayo</td>
</tr>
<tr>
<td>Flow Cytometry - (** For samples OTHER than Blood or Bone Marrow **) - See Below</td>
<td>Variable</td>
</tr>
</tbody>
</table>
Flow Cytometry, Bone Marrow (Leukemia / Lymphoma Immunophenotyping)

Cerner Primary Synonym: Send-out Other

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Mayo  Ref Lab Code or #: LCMS

Turn around Time: 4 days  CPT Code(s): 88184,88185(X6)

Specimen Stability:

Specimen Type: 7 mL Yellow ACD (Solution B) Tube

Minimum Specimen Requirements: 1-5 mL Bone Marrow aspirate

Patient Preparation: Per physicians or pathologists

Laboratory Handling: Keep at room temperature. The specimen cannot be frozen. Include the collection date, clinical history, and specimen type (on specimen). Complete a Hematopathology / Molecular Oncology / Cytogenetics request form.

Fluid Cell Count (RBC, WBC, WBC Differential) - see Cell Count for the specific fluid

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: BVHS  Ref Lab Code or #:

Turn around Time:  CPT Code(s):

Specimen Stability:

Specimen Type: See Cell Count for the specific fluid in question.

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling: See Cell Count for the specific fluid in question.

Fluid Crystals - see Crystals, Fluid

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: BVHS  Ref Lab Code or #:

Turn around Time:  CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:
Fluid Culture

Cerner Primary Synonym: Culture Body Fluid
PowerChart Aliases: Body Fluid Culture
PathNet Aliases: C Body Fluid
Lab Where Test is Performed: BVHS
Ref Lab Code or #: 
Turn around Time: 2-3 days
CPT Code(s): 87071

Specimen Stability:
Specimen Type: Fluid in a sterile plain red top tube or sterile urine cup (swabs are not recommended)
Minimum Specimen Requirements: 1 mL Fluid
Patient Preparation: Use either serous fluid or synovial fluid collection packet to collect the specimen. Obtained by a physician.
Laboratory Handling: Acceptable specimens include the following: Thoracentesis fluid, Paracentesis fluid, Pericardial fluid, Amniotic fluid, Synovial fluid, or any other fluid from a sterile body site. The specimen is obtained by the physician. An aseptic procedure is performed, the fluid is collected in a syringe and needle. Transfer the fluid to a red top vacutainer tube for transport to the Lab. Bring to the Lab as soon as possible.

Fluid Immunoglobulins (CSF Myelogram, IgG and Albumin)

Cerner Primary Synonym: Send-out Other
PowerChart Aliases: 
PathNet Aliases: 
Lab Where Test is Performed: Mayo
Ref Lab Code or #: SFIN
Turn around Time: 2 days
CPT Code(s): 82040,82042,82784

Specimen Stability:
Specimen Type: Fluid from spinal tap (Usually Tube #1) and 7 mL Red Top Tube (SST Gel is acceptable)
Minimum Specimen Requirements: 1 mL CSF and 1 mL Serum
Patient Preparation: Label the tubes and deliver to the Lab immediately.
Laboratory Handling: Serum and spinal fluid should be obtained within 24 hours of each other. Label each specimen as CSF or Serum. Refrigerate.

Fluid Panel (includes Glucose, LDH, Specific Gravity, Total Protein, and pH)

Cerner Primary Synonym: Body Fluid Panel
PowerChart Aliases: 
PathNet Aliases: FLPAN
Lab Where Test is Performed: BVHS
Ref Lab Code or #: 
Turn around Time: < 1 day
CPT Code(s): 84315,83615,82945,83986,84157

Specimen Stability:
Specimen Type: Fluid in a Plain Red Top Tube
Minimum Specimen Requirements: 1 mL Fluid (Specify type)
Patient Preparation: None. Does NOT include Cell Count or Culture.
Laboratory Handling: Specify fluid type for this specimen.
<table>
<thead>
<tr>
<th>Fluid, Chloride (CSF)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cerner Primary Synonym:</td>
<td>Body Fluid Chloride</td>
</tr>
<tr>
<td><strong>PowerChart Aliases:</strong></td>
<td>FLCL</td>
</tr>
<tr>
<td><strong>PathNet Aliases:</strong></td>
<td>FLCL</td>
</tr>
<tr>
<td><strong>Lab Where Test is Performed:</strong></td>
<td>BVHS</td>
</tr>
<tr>
<td><strong>Ref Lab Code or #:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Minimum Specimen Requirements:</strong></td>
<td>0.5 mL Spinal fluid</td>
</tr>
<tr>
<td><strong>Specimen Type:</strong></td>
<td>Fluid from spinal tap (Usually tube #1)</td>
</tr>
<tr>
<td><strong>Patient Preparation:</strong></td>
<td>None.</td>
</tr>
<tr>
<td><strong>Laboratory Handling:</strong></td>
<td>Label with the patient's name and deliver immediately to the Lab.</td>
</tr>
<tr>
<td><strong>Turn around Time:</strong></td>
<td>&lt; 1 day</td>
</tr>
<tr>
<td><strong>CPT Code(s):</strong></td>
<td>82438</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fluid, Glucose (Other than CSF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cerner Primary Synonym:</td>
</tr>
<tr>
<td><strong>PowerChart Aliases:</strong></td>
</tr>
<tr>
<td><strong>PathNet Aliases:</strong></td>
</tr>
<tr>
<td><strong>Lab Where Test is Performed:</strong></td>
</tr>
<tr>
<td><strong>Ref Lab Code or #:</strong></td>
</tr>
<tr>
<td><strong>Minimum Specimen Requirements:</strong></td>
</tr>
<tr>
<td><strong>Specimen Type:</strong></td>
</tr>
<tr>
<td><strong>Patient Preparation:</strong></td>
</tr>
<tr>
<td><strong>Laboratory Handling:</strong></td>
</tr>
<tr>
<td><strong>Turn around Time:</strong></td>
</tr>
<tr>
<td><strong>CPT Code(s):</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fluid, Glucose and Protein (CSF ONLY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cerner Primary Synonym:</td>
</tr>
<tr>
<td><strong>PowerChart Aliases:</strong></td>
</tr>
<tr>
<td><strong>PathNet Aliases:</strong></td>
</tr>
<tr>
<td><strong>Lab Where Test is Performed:</strong></td>
</tr>
<tr>
<td><strong>Ref Lab Code or #:</strong></td>
</tr>
<tr>
<td><strong>Minimum Specimen Requirements:</strong></td>
</tr>
<tr>
<td><strong>Specimen Type:</strong></td>
</tr>
<tr>
<td><strong>Patient Preparation:</strong></td>
</tr>
<tr>
<td><strong>Laboratory Handling:</strong></td>
</tr>
<tr>
<td><strong>Turn around Time:</strong></td>
</tr>
<tr>
<td><strong>CPT Code(s):</strong></td>
</tr>
</tbody>
</table>
### Fluid, LDH

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Body Fluid LDH</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td>FLLDH</td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>BVHS</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td></td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>&lt; 1 day</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>83615</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>Fluid in a Plain Red Top Tube</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>0.5 mL Fluid (Specify type)</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>None.</td>
</tr>
</tbody>
</table>

### Fluid, pH (not fecal)

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Body Fluid Panel</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td>FLPAN</td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>BVHS</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td></td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>&lt; 1 day</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>83986</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td>Testing must be done ASAP</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>Fluid in a Plain Red Top Tube or other container</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>0.5 mL Fluid (Specify type)</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Specify type of fluid for this specimen in comments and on the tube. This is not for fecal pH.</td>
</tr>
</tbody>
</table>

### Fluid, Protein (CSF ONLY)

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>CSF Protein</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>BVHS</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td></td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>&lt; 1 day</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>84157</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td>Test must be done ASAP</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>Fluid from a spinal tap (Usually Tube #1)</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>0.5 mL Spinal fluid</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Label with the patient's name and deliver immediately to the Lab.</td>
</tr>
</tbody>
</table>
### Fluid, Protein (other than CSF)

**Cerner Primary Synonym:** Body Fluid Protein  
**PowerChart Aliases:**  
**PathNet Aliases:** FLTP  
**Lab Where Test is Performed:** BVHS  
**Turn around Time:** < 1 day  
**CPT Code(s):** 84157  
**Specimen Stability:**  
**Specimen Type:** Plain Red Top Tube  
**Minimum Specimen Requirements:** 0.5 mL Fluid (Specify type)  
**Patient Preparation:** None.  
**Laboratory Handling:** None.

### Fluid, Specific Gravity

**Cerner Primary Synonym:** Body Fluid Specific Gravity  
**PowerChart Aliases:**  
**PathNet Aliases:** FLSG  
**Lab Where Test is Performed:** BVHS  
**Turn around Time:** < 1 day  
**CPT Code(s):** 84315  
**Specimen Stability:**  
**Specimen Type:** Plain Red Top Tube  
**Minimum Specimen Requirements:** 0.5 mL Fluid (Specify type)  
**Patient Preparation:** None.  
**Laboratory Handling:** None.

### Fluoxetine, Serum (Prozac)

**Cerner Primary Synonym:** Fluoxetine and Norfluoxetine Level-Mayo  
**PowerChart Aliases:**  
**PathNet Aliases:** Mayo-Fluox & Norfluox,, S  
**Lab Where Test is Performed:** Mayo  
**Turn around Time:** 9 days  
**CPT Code(s):** 80332  
**Specimen Stability:**  
**Specimen Type:** (2) 7 mL Plain Red Top Tubes (No SST Gel)  
**Minimum Specimen Requirements:** 2 mL Serum (Absolute minimum = 0.5 mL)  
**Patient Preparation:** None.  
**Laboratory Handling:** Do not collect in Gel tubes. Refrigerate.
<table>
<thead>
<tr>
<th>Test Name</th>
<th>Cerner Primary Synonym</th>
<th>PowerChart Aliases</th>
<th>PathNet Aliases</th>
<th>Lab Where Test is Performed</th>
<th>Ref Lab Code or #</th>
<th>Turn around Time</th>
<th>CPT Code(s)</th>
<th>Specimen Stability</th>
<th>Specimen Type</th>
<th>Minimum Specimen Requirements</th>
<th>Patient Preparation</th>
<th>Laboratory Handling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fluphenazine, Serum (Prolixin Hydrochloride)</td>
<td></td>
<td></td>
<td></td>
<td>Mayo</td>
<td>PROLX</td>
<td>6 days</td>
<td>84022</td>
<td></td>
<td>(2) 7 mL Plain Red Top Tubes or (2) 5 mL Sodium Heparin Tubes (No Gel)</td>
<td>3 mL Serum</td>
<td>Indicate the specimen type on the aliquots. Refrigerate.</td>
<td></td>
</tr>
<tr>
<td>Flurazepam (Dalmane)(and Desalkylflurazepam) - see Dalmane</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FOBT - order Occult Blood, Fecal</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
### Folate, Plasma (Folic Acid)

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Folate Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>BVHS</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td></td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>&lt; 1 day</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>82746</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td>Test ASAP at Room Temperature, 8 hours at 2-8°C</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>5 mL Light Green Heparinized Gel Tube (SST Gel is acceptable)</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>0.5 mL Plasma or Serum</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>NONE</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Do not freeze. Specimen should be refrigerated.</td>
</tr>
</tbody>
</table>

### Folate, RBC (Protect from light)

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Send-out: Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>ARUP</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td>0070385</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>2-3 days</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>82747</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td>5 mL Lavender EDTA Tube</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>1 mL Whole Blood (Protect from light)</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>None</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>Freeze, Transfer sample to ARUP Amber Transport tube. Include patient Hematocrit on the request form. Any Hematocrit done within 24 hours is acceptable.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td></td>
</tr>
</tbody>
</table>

### Fragile X Syndrome Molecular Analysis, Blood

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Fragile X Syndrome, Molecular Analysis-Mayo</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td>Mayo-Fragile X Syndrome, Mol. Analysis</td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>Mayo</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td>FXS</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>5-9 days</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>81243 (plus variable due to reflex)</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td>(2) 5 mL EDTA Lavender Tubes or (2) 7 mL Yellow ACD Tubes</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>2.5 mL EDTA or ACD Whole Blood (Absolute minimum = 3 mL)</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>None</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>Room temperature. Do not freeze. Send whole blood in original vacutainers. The specimen must arrive at Mayo within 72 hours of collection.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td></td>
</tr>
</tbody>
</table>
Free and Total PSA, Serum - see PSA Profile

Cerner Primary Synonym: PSA Profile

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: BVHS

Ref Lab Code or #: CPT Code(s): 84154,84153

Minimum Specimen Requirements:

Specimen Type: 5 mL Red Top Tube (SST Gel is acceptable)

Specimen Stability: 3 hours at Room Temperature, 24 hours at 2-8 C

Patient Preparation: None.

Laboratory Handling: None.

Turn around Time: < 1 day

Free and Total Testosterone - see Testosterone, Free and Total

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: BVHS

Ref Lab Code or #: CPT Code(s): 

Minimum Specimen Requirements:

Specimen Type: 5 mL Red Top Tube (SST Gel is acceptable)

Specimen Stability: 3 hours at Room Temperature, 24 hours at 2-8 C

Patient Preparation: None.

Laboratory Handling: None.

Turn around Time: < 1 day

CPT Code(s): 

Free Calcium - order Ionized Calcium

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: BVHS

Ref Lab Code or #: CPT Code(s): 

Minimum Specimen Requirements:

Specimen Type: 

Specimen Stability: 

Patient Preparation: 

Laboratory Handling: 

Turn around Time: < 1 day

CPT Code(s): 

Wednesday, July 3, 2019
Free Cortisol, Urine
Cerner Primary Synonym: Cortisol 24 Hour Urine-Mayo
PowerChart Aliases:
PathNet Aliases: Mayo-Cortisol, Free, U
Lab Where Test is Performed: Mayo
Ref Lab Code or #: CORTU
Turn around Time: 5 days
CPT Code(s): 82530, 83789
Specimen Stability:
Specimen Type: 24 HR Urine collection with preservative
Minimum Specimen Requirements: 5 mL Aliquot of a 24 Hour Urine (Pediatric minimum = 3 mL)
Patient Preparation: None.
Laboratory Handling: Add 10 grams of Boric Acid at the start of collection. It is also acceptable to add the preservative within 4 hours after completion of collection. The specimen must be kept cold during collection. (If necessary, add 25 ML of 50% Acetic Acid at the start of collection.)

Free Dilantin (Phenytoin) (and Total) - see Dilantin, Free and Total
Cerner Primary Synonym:
PowerChart Aliases:
PathNet Aliases:
Lab Where Test is Performed: Free Dilantin cannot be ordered by itself. It must be part of a Dilantin, Free and Total.
Turn around Time: CPT Code(s):
Specimen Stability:
Specimen Type:
Minimum Specimen Requirements:
Patient Preparation:
Laboratory Handling:

Free Fats, Fecal - see Fecal Fat, Qualitative
Cerner Primary Synonym:
PowerChart Aliases:
PathNet Aliases:
Lab Where Test is Performed: Free Fats, Fecal cannot be ordered by itself. It must be part of a Fecal Fat, Qualitative.
Turn around Time: CPT Code(s):
Specimen Stability:
Specimen Type:
Minimum Specimen Requirements:
Patient Preparation:
Laboratory Handling:
### Free PSA - must order a PSA Profile

**Cerner Primary Synonym:**

**PowerChart Aliases:**

**PathNet Aliases:**

<table>
<thead>
<tr>
<th>Lab Where Test is Performed</th>
<th>BVHS</th>
<th>Ref Lab Code or #:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Turn around Time:</strong></td>
<td></td>
<td><strong>CPT Code(s):</strong></td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Specimen Type:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Free RBC Protoporphyrin (FEP) (Free Erythrocyte Protoporphyrin), Blood

**Cerner Primary Synonym:** Protoporphyrins Fractionation, RBC-Mayo

**PowerChart Aliases:**

**PathNet Aliases:** Mayo-Protoporphyrins, Fractionation, WB

<table>
<thead>
<tr>
<th>Lab Where Test is Performed</th>
<th>Mayo</th>
<th>Ref Lab Code or #:</th>
<th>PPFE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Turn around Time:</strong></td>
<td>3 days</td>
<td><strong>CPT Code(s):</strong></td>
<td>82542</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Specimen Type:</strong></td>
<td>5 mL Plain Green Top Tube (No Gel)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>5 mL Heparin Whole Blood</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>The patient must be fasting for 12-14 hours before collection. They may have water but no other liquids. The patient should be off medications for 1 week before collection. If not, send a list of medications.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Laboratory Handling: Specimen cannot be frozen and will be rejected if frozen. Refrigerate.

### Free Serum Hemoglobin (Plasma Hemoglobin)

**Cerner Primary Synonym:** Plasma Hemoglobin-Mayo

**PowerChart Aliases:**

**PathNet Aliases:** Mayo-Plasma Hemoglobin, P

<table>
<thead>
<tr>
<th>Lab Where Test is Performed</th>
<th>Mayo</th>
<th>Ref Lab Code or #:</th>
<th>PLHBB</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Turn around Time:</strong></td>
<td>3 days</td>
<td><strong>CPT Code(s):</strong></td>
<td>83051</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Specimen Type:</strong></td>
<td>5 mL EDTA Lavender Top Tube</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>2 mL EDTA Plasma (Pediatric minimum = 0.5 mL)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Laboratory Handling: Spin down immediately. Refrigerate.
### Free T3, Plasma

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Free T3</th>
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</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>BVHS</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td></td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>&lt; 1 day</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>84481</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td>8 hours at Room Temperature, 48 hours at 2-8 C, Freeze at -20C if not testing within 48 hours</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>5 mL Light Green Heparinized Gel Tube (SST Gel is acceptable)</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>0.5 mL Plasma or Serum</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>The specimen is stable for 8 hours at room temperature; 24 hours at 2-8 C. Freeze at -20C if not testing within 48 hours. Thaw samples no more than 3 times.</td>
</tr>
</tbody>
</table>

### Free T4, Plasma

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>FREE T4</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>BVHS</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td></td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>&lt; 1 day</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>84439</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td>8 hours at Room Temperature, 48 hours at 2-8 C</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>5 mL Light Heparinized Gel Tube or 5 mL Red Top Tube(Gel is acceptable)</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>1 mL Heparin Plasma or Serum</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>None.</td>
</tr>
</tbody>
</table>

### Free Tegretol (and Total) - see Tegretol, Free and Total

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td></td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td></td>
</tr>
<tr>
<td>Turn around Time:</td>
<td></td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td></td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td></td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td></td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td></td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td></td>
</tr>
</tbody>
</table>
**Free Thyroxine Index (T7) - order Thyroid Profile**

Cerner Primary Synonym: 

PowerChart Aliases: 

PathNet Aliases: 

<table>
<thead>
<tr>
<th>Lab Where Test is Performed</th>
<th>BVHS</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Turn around Time</th>
<th>CPT Code(s):</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Specimen Stability:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Minimum Specimen Requirements:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Patient Preparation:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Laboratory Handling:</th>
</tr>
</thead>
</table>

---

**Friedreich’s Ataxia DNA Test, Blood**

Cerner Primary Synonym: Send-out Other

PowerChart Aliases: 

PathNet Aliases:

<table>
<thead>
<tr>
<th>Lab Where Test is Performed</th>
<th>Mayo</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Turn around Time</th>
<th>CPT Code(s):</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Specimen Stability:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Specimen Type:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Minimum Specimen Requirements:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Patient Preparation:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Laboratory Handling:</th>
</tr>
</thead>
</table>

| Method is PCR. |

<table>
<thead>
<tr>
<th>Specimen Stability:</th>
</tr>
</thead>
</table>

| Specimen Type: 5 mL Lavender EDTA Tubes - see below |

<table>
<thead>
<tr>
<th>Minimum Specimen Requirements:</th>
</tr>
</thead>
</table>

| Patient Preparation: None. |

| Laboratory Handling: Room temperature. Ship Monday-Thursday ONLY. The test is for differential diagnosis for Autosomal Recessive Cerebellar Ataxia. |

---

**Fructosamine, Serum**

Cerner Primary Synonym: Fructosamine-Mayo

PowerChart Aliases: 

PathNet Aliases: Mayo-Fructosamine, S

<table>
<thead>
<tr>
<th>Lab Where Test is Performed</th>
<th>Mayo</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Turn around Time</th>
<th>CPT Code(s):</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Specimen Stability:</th>
</tr>
</thead>
</table>

| Specimen Type: 5 mL Red Top Tube (SST Gel are acceptable) |

<table>
<thead>
<tr>
<th>Minimum Specimen Requirements:</th>
</tr>
</thead>
</table>

| Patient Preparation: None. |

| Laboratory Handling: Refrigerate. |
FSH and LH - see FSH and LH individually

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: BVHS

Ref Lab Code or #:

Turn around Time: < 1 day

CPT Code(s):

Specimen Stability: 8 hours at Room Temperature, 48 hours at 2-8 C

Specimen Type: 5 mL Red Top Tube or 5 mL Green Top Tube (Gel is acceptable)

Minimum Specimen Requirements:

Patient Preparation: None.

Laboratory Handling: None.

FSH, Plasma (Follicle Stimulating Hormone)

Cerner Primary Synonym: FSH Level

PowerChart Aliases: Follicle Stimulating Hormone Level

PathNet Aliases:

Lab Where Test is Performed: BVHS

Ref Lab Code or #:

Turn around Time: < 1 day

CPT Code(s): 83001

Specimen Stability:

Specimen Type: 5 mL Red Top Tube or 5 mL Green Top Tube (Gel is acceptable)

Minimum Specimen Requirements:

Patient Preparation: None.

Laboratory Handling: None.

FSP (Fibrin Split Products) - see D-Dimer

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: BVHS

Ref Lab Code or #:

Turn around Time: 

CPT Code(s):

Specimen Stability:

Specimen Type: This test has been replaced with the D-Dimer test.

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling: This test has been replaced with the D-Dimer test.
Full Bilirubin, Plasma (Vandenburg (VDBG) Bilirubin, Plasma)

Cerner Primary Synonym: Full Bilirubin

PowerChart Aliases: FBILI

PathNet Aliases: FBILI

Lab Where Test is Performed: BVHS

Ref Lab Code or #: 82247, 82248

Minimum Specimen Requirements:
- 0.5 mL Heparinized Plasma

Specimen Type:
- 5 mL Light Green Heparinized Gel Tube
- 0.5 mL Heparinized Plasma

Patient Preparation:
None.

Laboratory Handling:
- Protect from light. This test group includes Direct Bilirubin, Indirect Bilirubin, and Total Bilirubin. Serum is also acceptable.

Turn around Time: < 1 day

Specimen Stability:
- 8 hours at Room Temperature, 48 hours at 2-8 C

Fungal Culture (any source)

Cerner Primary Synonym: Culture Fungal

PowerChart Aliases: Fungus Culture

PathNet Aliases: C Fungal

Lab Where Test is Performed: BVHS

Ref Lab Code or #: 87102

Minimum Specimen Requirements:
- Sterile Swab or Fluid

Patient Preparation:
None.

Laboratory Handling:
- Skin or nails for cutaneous mycoses - The affected site should be carefully washed with 70% isopropyl alcohol and, after drying, the lesion is scraped with a sterile scalpel and the material obtained is placed in a sterile container. Hairs from infected areas are clipped or plucked and transported in a sterile container. Specimens for subcutaneous mycoses include pus, exudate from draining lesions, material aspirated with a syringe and needle from unopened abscesses or sinus tracts or biopsied tissue. Specimens should be brought to the Lab for processing as soon as possible. CSF, Blood, Sputum, Bronchial secretions, Gastric washings, Pus and Exudate from abscesses and draining sinuses, Bone marrow and Tissue are acceptable specimens for systemic mycoses.

Fungal Isolate Identification (Referral)

Cerner Primary Synonym: Culture Referred for ID Fungus-Mayo

PowerChart Aliases: Mayo-Culture Referred for ID, Fungus

PathNet Aliases: Mayo-Culture Referred for ID, Fungus

Lab Where Test is Performed: Mayo

Ref Lab Code or #: FUNID

Minimum Specimen Requirements:
- Fungal Isolate on SDA (Sabourouds Dextrose agar) Slant (agar plate is NOT acceptable)

Patient Preparation:
None.

Laboratory Handling:
- Follow special shipping instructions.
Fungal Serology Survey, Serum - Test Obsolete - Please order the individual tests listed below

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Mayo
Ref Lab Code or #: See below

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type: See individual tests
Minimum Specimen Requirements: See individual tests

Patient Preparation:

Laboratory Handling:
Coccidioides Antibody with Reflex, Serum (Mayo Code: COXIS)
Cryptococcus Antigen Screen with Titer, Serum (Mayo Code: SLFA)
Blastomyces Antibody by EIA (Mayo Code: BLAST)
Histoplasma Antibody, Serum (Mayo Code SHSTO)

G6PDH Screen (Glucose-6-Phosphate Dehydrogenase) Quantitative, Blood

Cerner Primary Synonym: Glucose-6-PD Quantitative-Mayo

PowerChart Aliases:

PathNet Aliases: Mayo-G-6-PD, QN, RBC

Lab Where Test is Performed: Mayo
Ref Lab Code or #: G6PD

Turn around Time: 4 days
CPT Code(s): 82955

Specimen Stability:

Specimen Type: 10 mL ACD Yellow Top Tube (Solution B)
Minimum Specimen Requirements: 4 mL ACD (Solution B) Whole Blood

Patient Preparation:
None.

Laboratory Handling:
Refrigerate. Do not freeze. Keep blood in the original container.

Gabapentin (Neurontin), Serum

Cerner Primary Synonym: GABA Pentin Level-Mayo

PowerChart Aliases:

PathNet Aliases: Mayo-Gabapentin, S

Lab Where Test is Performed: Mayo
Ref Lab Code or #: GABA

Turn around Time: 3 days
CPT Code(s): 82491

Specimen Stability:

Specimen Type: 7 mL Plain Red Top Tube (No Gel)
Minimum Specimen Requirements: 0.5 mL Non-Gel Serum

Patient Preparation:
Draw immediately prior to the next dose.

Laboratory Handling:
Spin down within 2 hours of collection. Refrigerate.
GAD 65 (Glutamic Acid Decarboxylase Antibody), Serum or CSF - see Glutamic Acid Decarboxylase Antibody (GAD65), Serum or CSF

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

Galactose-1-Phosphate Uridyltransferase, Blood

Cerner Primary Synonym: Send-out Other

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Mayo Ref Lab Code or #: GALT

Turn around Time: 5-7days CPT Code(s): 82775

Specimen Stability:

Specimen Type: (2) 5 mL Lavender EDTA Tubes

Minimum Specimen Requirements: 5 mL EDTA Whole Blood (Absolute minimum = 2 mL)

Patient Preparation: None.

Laboratory Handling: Refrigerate. Do not freeze.

Gamm Hydroxybutyric Acid, Urine (GHB) - see Rohypnod, Urine

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:
Blanchard Valley Health System Laboratory Specimen Collection Manual

**Gamma GT, Plasma**

Cerner Primary Synonym: GGT  
PowerChart Aliases:  
PathNet Aliases:  
Lab Where Test is Performed: BVHS  
Ref Lab Code or #:  
Turn around Time: < 1 day  
CPT Code(s): 82977  
Specimen Stability: 8 hours at Room Temperature, 48 hours at 2-8 C  
Specimen Type: 5 mL Light Green Heparinized Gel Tube  
Minimum Specimen Requirements: 0.5 mL Heparinized Plasma  
Patient Preparation: None.  
Laboratory Handling: Serum is also acceptable.  

**Ganglioside Antibody Panel - see Anti-GM1**

Cerner Primary Synonym:  
PowerChart Aliases:  
PathNet Aliases:  
Lab Where Test is Performed:  
Ref Lab Code or #:  
Turn around Time:  
CPT Code(s):  
Specimen Stability:  
Specimen Type:  
Minimum Specimen Requirements:  
Patient Preparation:  
Laboratory Handling:  

**Gastric Inhibitory Polypeptide (GIP) (Glucose Dependent Insulinotropic Peptide), Plasma**

Cerner Primary Synonym: Send-out Other  
PowerChart Aliases:  
PathNet Aliases:  
Lab Where Test is Performed: ISI  
Ref Lab Code or #:  
Turn around Time: Varies  
CPT Code(s):  
Specimen Stability:  
Specimen Type: Special tubes containing EDTA with Trasylol  
Minimum Specimen Requirements: 3 mL Plasma  
Patient Preparation: The patient should be fasting for 10-12 hours prior to collection of a baseling specimen. Ant-acid medication or medications that affect intestinal motility or insulin secretion should be discontinued, if possible, for at least 48 hours prior to collection.  
Laboratory Handling: 3 ML EDTA plasma containing Trasylol should be collected and separated as soon as possible. Freeze the specimen immediately after separation. Tubes for collection of GIP specimens are available from Inter Science. Ship specimens frozen on dry ice.
### Gastric pH

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Body Fluid pH</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td>FLPH</td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>BVHS</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>&lt; 1 day</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>83986</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>Gastric contents (Absolute minimum = 0.5 mL)</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>0.5 mL Gastric fluid</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Specify as Gastric fluid in comments.</td>
</tr>
</tbody>
</table>

### Gastrin, Serum

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Gastrin Level-Mayo</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td>Mayo-Gastrin, S</td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>Mayo</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>3 days</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>82941</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>(2) 5 mL Red Top Tube (SST Gel is acceptable)</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>2 mL Serum</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Freeze.</td>
</tr>
</tbody>
</table>

### GC Culture (any source)

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Culture Genital</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td>Genital Culture</td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td>C Genital</td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>BVHS</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>3 days</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>87081</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td>Ambient: 24 hours</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>Eswab with liquid Amies media or Sterile Swab in Amies media with charcoal from any source</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>1 Swab</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>See Genital Culture for instructions.</td>
</tr>
</tbody>
</table>
### Gene Rearrangement (BCR) Breakpoint Cluster Region Analysis - see BCR/ABL Translocation 9.;22

<table>
<thead>
<tr>
<th>Lab Where Test is Performed:</th>
<th>Ref Lab Code or #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turn around Time:</td>
<td>CPT Code(s):</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
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<tr>
<td>Minimum Specimen Requirements:</td>
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<tr>
<td>Patient Preparation:</td>
<td></td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td></td>
</tr>
</tbody>
</table>

### Genetic Studies (Amniotic Fluid) - see Amniotic Fluid for Chromosome Analysis (Genetic Studies)

<table>
<thead>
<tr>
<th>Lab Where Test is Performed:</th>
<th>Ref Lab Code or #:</th>
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</thead>
<tbody>
<tr>
<td>Turn around Time:</td>
<td>CPT Code(s):</td>
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<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td></td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td></td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td></td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td></td>
</tr>
</tbody>
</table>

### Genital Culture

<table>
<thead>
<tr>
<th>Lab Where Test is Performed:</th>
<th>Ref Lab Code or #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turn around Time:</td>
<td>CPT Code(s):</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td></td>
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<tr>
<td>Minimum Specimen Requirements:</td>
<td></td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td></td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td></td>
</tr>
</tbody>
</table>

- **Cerner Primary Synonym:** Culture Genital
- **PowerChart Aliases:** Genital Culture
- **PathNet Aliases:** C Genital
- **Lab Where Test is Performed:** BVHS
- **Turn around Time:** 3 days
- **CPT Code(s):** 87071
- **Specimen Stability:** Ambient: 24 hours
- **Specimen Type:** Eswab in liquid Amies media or Sterile Swab in Amies media with charcoal.
- **Minimum Specimen Requirements:** 1 Swab
- **Patient Preparation:** Collect using sterile technique.
- **Laboratory Handling:** Acceptable specimens include vaginal swabs, cervical swabs, urethral swabs, or swabs of penile lesions. Vaginal or cervical cultures should be obtained using a speculum. For cervical cultures, the cervix should be wiped clean of vaginal secretions and mucus. For urethral cultures, a special wire swab (available from the Microbiology department) should be used to obtain the specimen. Penile lesion cultures should be obtained as for a wound (see Wound Cultures). For Neisseria gonorrhoea: a sterile culture swab may be used because the transport media will maintain the viability of the organism for a few hours. This is a very fastidious organism, therefore, it is important to bring it to the Lab as soon as possible.
Gentamicin, Plasma (Garamycin)

Cerner Primary Synonym: Gentamicin Level

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: BVHS  Ref Lab Code or #:

Turn around Time: < 1 day  CPT Code(s): 80170

Specimen Stability: 8 hours at Room Temperature, 48 hours at 2-8 C

Specimen Type: 5 mL Light Green Heparinized Gel Tube

Minimum Specimen Requirements:

Patient Preparation: Usual sample collection: IV Peak - 1/2 to 1 hour post infusion completion, IM Peak - 1 hour post dose. Trough - immediately prior to dose.

Laboratory Handling: Note the time drawn on the label and in the computer when receiving. **If it is part of a kinetic dosing from Pharmacy, the test must be ordered (not just received) in Meditech and enter which draw of the series this specimen is. (Do not attach this kinetic dosing test to other existing specimen requisitions)** Serum is also acceptable.

Gestational Diabetes Screen (GDS) - see Glucose Tolerance, Plasma

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: BVHS  Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

Gestational Diabetes Tolerance, Plasma (2 Hour)

Cerner Primary Synonym: Gestational Diabetes Tolerance - 2 Hour CS

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: BVHS  Ref Lab Code or #:

Turn around Time: < 1 day  CPT Code(s): 82951

Specimen Stability:

Specimen Type: 5 mL Grey Top Tube / Timed Specimen

Minimum Specimen Requirements:

Patient Preparation: This is a 2 hour Gestational Diabetes Screen. No Urine specimens are included on this test. Testing must be scheduled with the Outpatient Laboratory.

Laboratory Handling: Draw a Fasting (12 hour fast), 1 Hour and 2 Hour blood specimen. Immediately after the fasting is drawn, Outpatient Lab is to check the Fasting Blood Sugar (FBS) on the Glucometer. The FBS must be less than 140 mg/dL to administer the Glucola dose. If it is greater than 140, contact the Pathologist.
### Gestational Diabetes Tolerance, Plasma (3 Hour)

**Cerner Primary Synonym:** Gestational Diabetes Tolerance - 3 Hour CS

**PowerChart Aliases:**

<table>
<thead>
<tr>
<th>Lab Where Test is Performed</th>
<th>BVHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reference Lab Code or #</td>
<td></td>
</tr>
</tbody>
</table>

**Turn around Time:** < 1 day

**Specimen Stability:**

**Specimen Type:** 5 mL Grey Top Tube / Timed Specimen

**Minimum Specimen Requirements:** 0.5 mL Plasma for each specimen

**Patient Preparation:**

This is a 2 hour Gestational Diabetes Screen. No Urine specimens are included on this test. Testing must be scheduled with the Outpatient Laboratory.

**Laboratory Handling:**

Draw a Fasting (12 hour fast), 1 Hour, 2 Hour, and 3 Hour blood specimen. Immediately after the fasting is drawn, Outpatient Lab is to check the Fasting Blood Sugar (FBS) on the Glucometer. The FBS must be less than 140 mg/dL to administer the Glucola dose. If it is greater than 140, contact the Pathologist.

**CPT Code(s):** Variable

**Specimen Stability:**

**Cerner Primary Synonym:** Gestational Diabetes Tolerance - 3 Hour CS

**PowerChart Aliases:**

### GFR (Glomerular Filtration Rate) - order Creatinine

**Cerner Primary Synonym:** Creatinine

**PowerChart Aliases:**

<table>
<thead>
<tr>
<th>Lab Where Test is Performed</th>
<th>BVHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reference Lab Code or #</td>
<td></td>
</tr>
</tbody>
</table>

**Turn around Time:** < 1 day

**Specimen Stability:**

**Specimen Type:**

**Minimum Specimen Requirements:**

**Patient Preparation:**

**Laboratory Handling:**

The GFR is a calculated value based on an individual's age, sex, and creatinine levels. It is used to aid in evaluation of kidney disease. This test is part of the creatinine test and is not orderable by itself.

**CPT Code(s):** NA

**Specimen Stability:**

**Cerner Primary Synonym:** Creatinine

**PowerChart Aliases:**

### GGT, Plasma (Gamma Glutamyl Transferase)

**Cerner Primary Synonym:** GGT

**PowerChart Aliases:**

<table>
<thead>
<tr>
<th>Lab Where Test is Performed</th>
<th>BVHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reference Lab Code or #</td>
<td></td>
</tr>
</tbody>
</table>

**Turn around Time:** < 1 day

**Specimen Stability:**

**Specimen Type:** 5 mL Light Green Heparinized Gel Tube

**Minimum Specimen Requirements:** 0.5 mL Heparinized Plasma

**Patient Preparation:** None.

**Laboratory Handling:** Serum is also acceptable.

**CPT Code(s):** 82977

**Specimen Stability:**

**Cerner Primary Synonym:** GGT

**PowerChart Aliases:**
GGTP - see GGT
Cerner Primary Synonym:
PowerChart Aliases:
PathNet Aliases:
Lab Where Test is Performed: BVHS
Ref Lab Code or #:
Turn around Time: CPT Code(s):
Specimen Stability:
Specimen Type:
Minimum Specimen Requirements:
Patient Preparation:
Laboratory Handling:

GGH, Urine (Gamma Hydroxybutyric Acid) - see Rohypnol, Urine
Cerner Primary Synonym:
PowerChart Aliases:
PathNet Aliases:
Lab Where Test is Performed: BVHS
Ref Lab Code or #:
Turn around Time: CPT Code(s):
Specimen Stability:
Specimen Type:
Minimum Specimen Requirements:
Patient Preparation:
Laboratory Handling:

Giardia - Cryptosporidium, Fecal
Cerner Primary Synonym: Crypto/Giardia Antigen
PowerChart Aliases:
PathNet Aliases:
Lab Where Test is Performed: BVHS
Ref Lab Code or #:
Turn around Time: 1-3 days CPT Code(s): 87328 (X2)
Specimen Stability:
Specimen Type: Special collection kit
Minimum Specimen Requirements: Filled collection kit
Patient Preparation: No barium, mineral oil, or bismuth should be ingested 3-5 days before the exam.
Laboratory Handling: Fecal specimens should be collected in clean, wide mouth containers with a tight fitting lid. Immediately transfer a portion of the specimen into the ParaPak collection kit container containing 10% formalin. These kits can be obtained from the Store Room. The specimens should not be contaminated with urine or water. The stool specimens should not be collected for 7-10 days after a barium enema has been performed due to the interference of the barium in performing the test. Stools should be kept at 2-8 C until transported to the Laboratory. (This test replaces the Ova and Parasites test previously done here at BVH.)
Gliadin Antibodies (Deamidated), IgA and IgG - See Anti-Gliadin Antibodies

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

Glomerular Basement Membrane Antibody IgG, Serum

Cerner Primary Synonym: Glomerular Basement Membrane Antibody IgG-Mayo

PowerChart Aliases:

PathNet Aliases: Mayo-Glomerular Basement Membrane IgG Ab

Lab Where Test is Performed: Mayo Ref Lab Code or #: GBM

Turn around Time: 3 days CPT Code(s): 83520

Specimen Stability:

Specimen Type: 5 mL Red Top Tube (SST Gel is acceptable)

Minimum Specimen Requirements: 0.5 mL Serum

Patient Preparation: None.

Laboratory Handling: Refrigerate.

Glomerular Filtration Rate - see GFR

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: BVHS Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:
Glucagon, Plasma
Cerner Primary Synonym: Glucagon Level-Mayo
PowerChart Aliases: 
PathNet Aliases: Mayo-Glucagon, P
Lab Where Test is Performed: Mayo Ref Lab Code or #: GLP
Minimum Specimen Requirements:
Specimen Type: (2) 5 mL Lavender EDTA Pre-chilled
Patient Preparation: Overnight fasting is required.
Laboratory Handling: Chill the specimen immediately after collection on ice for 10 minutes. Spin in a refrigerated centrifuge. Remove the plasma and freeze.
Turn around Time: 6 days CPT Code(s): 82943
Specimen Stability:

Glucose (CSF)
Cerner Primary Synonym: CSF Glucose
PowerChart Aliases: 
PathNet Aliases: 
Lab Where Test is Performed: BVHS Ref Lab Code or #: 
Minimum Specimen Requirements:
Specimen Type: Spinal fluid
Patient Preparation: None.
Laboratory Handling: Label with the patient's name and deliver immediately to the Lab.
Turn around Time: < 1 day CPT Code(s): 82945
Specimen Stability: Testing must be done ASAP

Glucose (Fasting Blood Sugar, FBS)
Cerner Primary Synonym: Glucose Fasting
PowerChart Aliases: Fasting Glucose
PathNet Aliases: Fasting Blood Sugar
Lab Where Test is Performed: BVHS Ref Lab Code or #: 
Minimum Specimen Requirements:
Specimen Type: 5 mL Light Green Heparinized Gel Tube, Red, or Grey Top Tube
Patient Preparation: Fasting for 12 hours.
Laboratory Handling: Serum is also acceptable. All tube types should be centrifuged within 2 hours of collection. Red top and gray top tubes should be centrifuged and aliquoted within 2 hours of collection.
Turn around Time: < 1 day CPT Code(s): 82947
Specimen Stability: 8 hours at Room Temperature, 48 hours at 2-8 C
### Glucose 1 Hour Post Prandial (after eating), Plasma

**Cerner Primary Synonym:** Glucose 1 Hour Post Prandial  
**PowerChart Aliases:**  
**PathNet Aliases:**  
**Lab Where Test is Performed:** BVHS  
**Ref Lab Code or #:** < 1 day  
**Turn around Time:**  
**CPT Code(s):** 82947  
**Specimen Stability:** 8 hours at Room Temperature, 48 hours at 2-8°C  
**Specimen Type:** 3 mL Grey Top Tube (Potassium Oxalate), Lithium Heeparin Plasma or Serum are acceptable  
**Minimum Specimen Requirements:** 0.5 mL Plasma or Serum  
**Patient Preparation:** Draw 1 hour after a normal meal. Verify the patient's fasting status for this test prior to collection for when they last ate.  
**Laboratory Handling:** All tube types should be centrifuged within 2 hours of collection. Red top and gray top tubes should be centrifuged and aliquotted within 2 hours of collection.

### Glucose Challenge Test, Plasma (2 Hour)

**Cerner Primary Synonym:** Gestational Glucose Challenge - 2 Hour CS  
**PowerChart Aliases:**  
**PathNet Aliases:**  
**Lab Where Test is Performed:** BVHS  
**Ref Lab Code or #:**  
**Turn around Time:** < 1 day  
**CPT Code(s):** Variable  
**Specimen Stability:**  
**Specimen Type:** 5 mL Grey Top Tube / Timed Specimen  
**Minimum Specimen Requirements:** 0.5 mL Plasma for each specimen  
**Patient Preparation:** This must be scheduled with the Lab 24 hours prior to testing. This is a challenge test for the determination of gestational diabetes. Patient must be fasting for 8 hours prior to testing. **Give 75 grams of Glucola** **No urine specimens are to be collected for this challenge.**  
**Laboratory Handling:** Draw a Fasting (8 hour fast), 1 Hour, and 2 Hour blood specimen. Immediately after the fasting is drawn, Outpatient Lab is to check the Fasting Blood Sugar (FBS) on the Glucometer. The FBS must be less than 140 mg/dL to administer the Glucola dose. If it is greater than 140, contact the Pathologist. All tube types should be centrifuged within 2 hours of collection. Red top and gray top tubes should be centrifuged and aliquotted within 2 hours of collection.
### Glucose Tolerance Test, 2 Hour, Plasma

**Cerner Primary Synonym:** Glucose Tolerance - 2 Hour CS  
**PowerChart Aliases:**  
**PathNet Aliases:**  
**Lab Where Test is Performed:** BVHS  
**Ref Lab Code or #:**  
**Minimum Specimen Requirements:** 0.5 mL Plasma for each specimen  
**Specimen Type:** 5 mL Grey Top Tube / Timed Specimen  
**Patient Preparation:** This must be scheduled with the Lab 24 hours prior to the test. Give 75 grams of Glucola for this test. Collect urine specimens at the same time the blood is drawn.  
**Laboratory Handling:** Draw the Fasting specimen and bring it to the Lab immediately. (Outpatient Lab: Do a glucometer check of the fasting specimen.) The FBS must be less than 140 mg/dL to continue. If it is greater than 140 mg/dL, contact the Pathologist. Blood draw intervals are Fasting, 1/2 Hour, 1 Hour, and 2 Hour. All tube types should be centrifuged within 2 hours of collection. Red top and gray top tubes should be centrifuged and aliquoted within 2 hours of collection.  
**Turn around Time:** < 1 day  
**CPT Code(s):** 82951  
**Specimen Stability:**

### Glucose Tolerance Test, 3 Hour, Plasma

**Cerner Primary Synonym:** Glucose Tolerance - 3 Hour CS  
**PowerChart Aliases:**  
**PathNet Aliases:** LAB  
**Lab Where Test is Performed:** BVHS  
**Ref Lab Code or #:**  
**Minimum Specimen Requirements:** 0.5 mL Plasma for each specimen  
**Specimen Type:** 5 mL Grey Top Tube / Timed Specimen  
**Patient Preparation:** This must be scheduled with the Lab 24 hours prior to the test. Give 75 grams of Glucola for this test. Collect urine specimens at the same time the blood is drawn.  
**Laboratory Handling:** This must be scheduled with the Lab 24 hours prior to the test. Give 75 grams of Glucola for this test. Collect urine specimens at the same time the blood is drawn. All tube types should be centrifuged within 2 hours of collection. Red top and gray top tubes should be centrifuged and aliquoted within 2 hours of collection.  
**Turn around Time:** < 1 day  
**CPT Code(s):** 82951  
**Specimen Stability:**
### Glucose Tolerance Test, 4 Hour, Plasma

**Cerner Primary Synonym:** Glucose Tolerance - 4 Hour CS  
**PowerChart Aliases:**  
**PathNet Aliases:**  
**Lab Where Test is Performed:** BVHS  
**Ref Lab Code or #:**  
**Turn around Time:** < 1 day  
**CPT Code(s):** 82951, 82952  
**Specimen Stability:**  
**Specimen Type:** 5 mL Grey Top Tube / Timed Specimen  
**Minimum Specimen Requirements:** 0.5 mL Plasma for each specimen  
**Patient Preparation:** This must be scheduled with the Lab 24 hours prior to the test. Give 75 grams of Glucola for this test. Collect urine specimens at the same time the blood is drawn.  
**Laboratory Handling:** Draw the Fasting specimen and bring it to the Lab immediately. (Outpatient Lab: Do a glucometer check of the fasting specimen.) The FBS must be less than 140 mg/dL to continue. If it is greater than 140 mg/dL, contact the Pathologist. Blood draw intervals are Fasting, 1/2 Hour, 1 Hour, 2 Hour, 3 Hour, and 4 Hour. All tube types should be centrifuged within 2 hours of collection. Red top and gray top tubes should be centrifuged and aliquoted within 2 hours of collection.

### Glucose Tolerance Test, 5 Hour, Plasma

**Cerner Primary Synonym:** Glucose Tolerance - 5 Hour CS  
**PowerChart Aliases:**  
**PathNet Aliases:**  
**Lab Where Test is Performed:** BVHS  
**Ref Lab Code or #:**  
**Turn around Time:** < 1 day  
**CPT Code(s):** 82951, 82952(x2)  
**Specimen Stability:**  
**Specimen Type:** 5 mL Grey Top Tube / Timed Specimen  
**Minimum Specimen Requirements:** 0.5 mL Plasma for each specimen  
**Patient Preparation:** This must be scheduled with the Lab 24 hours prior to the test. Give 75 grams of Glucola for this test. Collect urine specimens at the same time the blood is drawn.  
**Laboratory Handling:** Draw the Fasting specimen and bring it to the Lab immediately. (Outpatient Lab: Do a glucometer check of the fasting specimen.) The FBS must be less than 140 mg/dL to continue. If it is greater than 140 mg/dL, contact the Pathologist. Blood draw intervals are Fasting, 1/2 Hour, 1 Hour, 2 Hour, 3 Hour, 4 Hour, and 5 Hour. All tube types should be centrifuged within 2 hours of collection. Red top and gray top tubes should be centrifuged and aliquoted within 2 hours of collection.
# Blanchard Valley Health System Laboratory Specimen Collection Manual

## Glucose Tolerance Test, 6 Hour, Plasma

<table>
<thead>
<tr>
<th>Lab Where Test is Performed:</th>
<th>BVHS</th>
<th>Ref Lab Code or #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turn around Time:</td>
<td>&lt; 1 day</td>
<td>CPT Code(s): 82951, 82952(x3)</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>3 mL Grey Top Tube / Timed Specimen</td>
<td></td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>0.5 mL Plasma for each specimen</td>
<td></td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>This must be scheduled with the Lab 24 hours prior to the test. Give 75 grams of Glucola for this test. Collect urine specimens at the same time the blood is drawn.</td>
<td></td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Draw the Fasting specimen and bring it to the Lab immediately. (Outpatient Lab: Do a glucometer check of the fasting specimen.) The FBS must be less than 140 mg/dL to continue. If it is greater than 140 mg/dL, contact the Pathologist. Blood draw intervals are Fasting, 1/2 Hour, 1 Hour, 2 Hour, 3 Hour, 4 Hour, 5 Hour, and 6 Hour. All tube types should be centrifuged within 2 hours of collection. Red top and gray top tubes should be centrifuged and aliquoted within 2 hours of collection.</td>
<td></td>
</tr>
</tbody>
</table>

## Glucose Tolerance, 3 Hour with Insulin Levels

<table>
<thead>
<tr>
<th>Lab Where Test is Performed:</th>
<th>BVHS</th>
<th>Ref Lab Code or #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turn around Time:</td>
<td>&lt; 1 day</td>
<td>CPT Code(s):</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>5 mL Grey Top Tube AND 5 mL Lavender Top Tube for each timed collection</td>
<td></td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>0.5 mL Heparin Plasma and 0.5 mL EDTA Plasma for each timed collection.</td>
<td></td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>This must be scheduled with the Lab 24 hours prior to the test. Give 75 grams of Glucola for this test. NO URINE SAMPLE COLLECTIONS and NO 1/2 Hour interval.</td>
<td></td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>This must be scheduled with the Lab 24 hours prior to the test. Give 75 grams of Glucola for this test. This test includes Fasting Glucose, Fasting Insulin, 1 hour Glucose, 1 hour Insulin, 2 hour Glucose, 2 hour Insulin, 3 hour Glucose, and 3 hour Insulin. All blood sample collections. NO URINE SAMPLE COLLECTIONS and NO 1/2 Hour interval. All tube types should be centrifuged within 2 hours of collection. Red top and gray top tubes should be centrifuged and aliquoted within 2 hours of collection.</td>
<td></td>
</tr>
</tbody>
</table>

## Glucose Tolerance, Plasma 1 Hour (Gestational Diabetes Screen) - (Patient does NOT need to be fasting.)

<table>
<thead>
<tr>
<th>Lab Where Test is Performed:</th>
<th>BVHS</th>
<th>Ref Lab Code or #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turn around Time:</td>
<td>&lt; 1 day</td>
<td>CPT Code(s): 82947</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>5 mL Grey Top Tube / Timed Specimen</td>
<td></td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>0.5 mL Plasma</td>
<td></td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>This is a screening test for gestational diabetes. It is not necessary for the patient to be fasting. **Give ONLY 50 grams of Glucola</td>
<td></td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Draw a 1 hour post Glucola specimen ONLY and no urine specimen to be collected. All tube types should be centrifuged within 2 hours of collection. Red top and gray top tubes should be centrifuged and aliquoted within 2 hours of collection.</td>
<td></td>
</tr>
</tbody>
</table>
**Glucose, 2 Hour Post-Prandial (after eating), Plasma**

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Glucose 2 Hour Postprandial</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lab Where Test is Performed:</strong></td>
<td>BVHS</td>
</tr>
<tr>
<td><strong>Specimen Requirements:</strong></td>
<td>0.5 mL Plasma or Serum</td>
</tr>
<tr>
<td><strong>Specimen Type:</strong></td>
<td>3 mL Light Green Heparinized Gel, Grey, or Red Top Tube</td>
</tr>
<tr>
<td><strong>Patient Preparation:</strong></td>
<td>Draw 2 hours after a normal meal. Verify the patient's fasting status for this test prior to collection for when they last ate.</td>
</tr>
<tr>
<td><strong>Laboratory Handling:</strong></td>
<td>All tube types should be centrifuged within 2 hours of collection. Red top and gray top tubes should be centrifuged and aliquoted within 2 hours of collection.</td>
</tr>
<tr>
<td><strong>Turn around Time:</strong></td>
<td>&lt; 1 day</td>
</tr>
<tr>
<td><strong>Specimen Stability:</strong></td>
<td>8 hours at Room Temperature, 48 hours at 2-8 °C</td>
</tr>
<tr>
<td><strong>CPT Code(s):</strong></td>
<td>82950</td>
</tr>
</tbody>
</table>

**Glucose, 24 hour Urine (Quantitative)**

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Urine Glucose 24 Hour</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lab Where Test is Performed:</strong></td>
<td>BVHS</td>
</tr>
<tr>
<td><strong>Specimen Requirements:</strong></td>
<td>1 mL of a 24 hour urine</td>
</tr>
<tr>
<td><strong>Specimen Type:</strong></td>
<td>24 HR Urine collection WITH preservative</td>
</tr>
<tr>
<td><strong>Patient Preparation:</strong></td>
<td>None.</td>
</tr>
<tr>
<td><strong>Laboratory Handling:</strong></td>
<td>Add 10 grams of Boric Acid to the container prior to collection. Collect on ice or refrigerate during collection. Record the total volume on the tube and in the computer.</td>
</tr>
<tr>
<td><strong>Turn around Time:</strong></td>
<td>&lt; 1 day</td>
</tr>
<tr>
<td><strong>Specimen Stability:</strong></td>
<td>2 hours at Room Temperature, 24 hours at 2-8 °C</td>
</tr>
<tr>
<td><strong>CPT Code(s):</strong></td>
<td>82947</td>
</tr>
</tbody>
</table>

**Glucose, Urine Qualitative (Urine Dip) - order Urine Chemistry by Dipstick (UDIP)**

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lab Where Test is Performed:</strong></td>
</tr>
<tr>
<td><strong>Specimen Stability:</strong></td>
</tr>
<tr>
<td><strong>Specimen Type:</strong></td>
</tr>
<tr>
<td><strong>Minimum Specimen Requirements:</strong></td>
</tr>
<tr>
<td><strong>Patient Preparation:</strong></td>
</tr>
<tr>
<td><strong>Laboratory Handling:</strong></td>
</tr>
</tbody>
</table>
Glucose-6-Phosphate Dehydrogenase - see G6PDH

Lab Where Test is Performed: Ref Lab Code or #: CPT Code(s):
Specimen Stability:
Specimen Type:
Minimum Specimen Requirements:
Patient Preparation:
Laboratory Handling:

Glutamic Acid Decarboxylase Antibody (GAD65), Serum or CSF

Lab Where Test is Performed: Ref Lab Code or #: CPT Code(s):
Turn around Time:
Specimen Stability:
Specimen Type:
Minimum Specimen Requirements:
Patient Preparation:
Laboratory Handling:

Glycosylated Hemoglobin, Blood (Hgb A1C) (Glycohemoglobin)

Lab Where Test is Performed: Ref Lab Code or #: CPT Code(s):
Turn around Time:
Specimen Stability:
Specimen Type:
Minimum Specimen Requirements:
Patient Preparation:
Laboratory Handling:
GM1 Autoantibody - see Anti-GM1 (Ganglioside Antibody Panel)

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

Gram Stain (Smear)

Cerner Primary Synonym: GMSTB

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: BVHS Ref Lab Code or #:

Turn around Time: < 12 hours CPT Code(s): 87205

Specimen Stability:

Specimen Type: Sterile swab or glass slide

Minimum Specimen Requirements:

Patient Preparation: Use frosted slides. Smear material on the slide with the frosted side facing up. Do not place the material on the frosted area. The smear must be labelled with the patient's name, date, time of collection, and the specific source. Do not apply fixative to any slides to be submitted for a gram stain. You may also send a sterile swab with a sample of the infected area to the Lab and a slide will be made from this swab.

Laboratory Handling: None.

Granulocyte Antibodies, Serum

Cerner Primary Synonym: Granulocyte Antibody-Mayo

PowerChart Aliases:

PathNet Aliases: Mayo-Granulocyte Ab, S

Lab Where Test is Performed: Mayo Ref Lab Code or #: LAGGT

Turn around Time: 15 days CPT Code(s): 86021

Specimen Stability:

Specimen Type: (2) 7 mL Plain Red Top Tubes (No SST Gel)

Minimum Specimen Requirements:

Patient Preparation: Note: Only pre-transfusion reaction samples are acceptable. This test is for patients with low granulocyte counts, to detect if it is immune mediated. These are surface antibodies not cytoplasmic (ANCA).

Laboratory Handling: Do not draw in SST Gel tubes. Refrigerate.
Group (ABO), Blood
Cerner Primary Synonym: ABO/Rh
PowerChart Aliases: ABO/Rh
PathNet Aliases: ABO/Rh
Lab Where Test is Performed: BVHS
Ref Lab Code or #: CPT Code(s): 86900, 86901
Minimum Specimen Requirements:
- 1 mL Whole Blood
Specimen Type: 7 mL Pink EDTA Tube
Patient Preparation: None.
Laboratory Handling: None.
Turn around Time: < 1 day
Specimen Stability:
Specimen Type: Sterile swab from vagina or rectal
Minimum Specimen Requirements:
- 1 Swab
Patient Preparation: The patient must be an expectant mother.
Laboratory Handling: Acceptable specimens include vaginal or rectal swabs from pregnant women with premature rupture of membranes. A single sterile culture swab should be collected. A Group B Strep Susceptibility will be performed if appropriate.

Group B Strep by PCR w Reflex to Susceptibility (Genital Group B Strep PCR)
Cerner Primary Synonym: Group B Strep by PCR w Reflex to Susceptibility
PowerChart Aliases: Group B Strep by PCR w Reflex to Susceptibility
PathNet Aliases: Group B Strep by PCR w Reflex to Susceptibility
Lab Where Test is Performed: BVHS
Ref Lab Code or #: CPT Code(s): 87150, 87081
Minimum Specimen Requirements:
- 1 Swab
Specimen Type: Sterile swab from vagina or rectal
Patient Preparation: None.
Laboratory Handling: None.
Turn around Time: 2 days
Specimen Stability:

Group B Strep, Maternal - see Group B Strep by PCR w Reflex to Susceptibility
Cerner Primary Synonym:
PowerChart Aliases:
PathNet Aliases:
Lab Where Test is Performed: BVHS
Ref Lab Code or #: CPT Code(s):
Minimum Specimen Requirements:
Specimen Type:
Patient Preparation:
Laboratory Handling:
### Growth Hormone, Serum (HGH)

**Cerner Primary Synonym:** Growth Hormone-Mayo  
**PowerChart Aliases:**  
**PathNet Aliases:** Mayo-Growth Hormone, S  
**Lab Where Test is Performed:** Mayo  
**Ref Lab Code or #:** HGH  
**Minimum Specimen Requirements:**  
- **Specimen Type:** 1 mL Serum  
- **Patient Preparation:** The patient should fast for 12 hours prior to collection.  
- **Laboratory Handling:** Refrigerate.  
**Turn around Time:** 3 days  
**CPT Code(s):** 83003  
**Specimen Stability:**  
- **Specimen Type:** 5 mL Red Top Tube (SST Gel is acceptable)  
- **Minimum Specimen Requirements:** 1 mL Serum  

### GT, Plasma (GGT)

**Cerner Primary Synonym:** GGT  
**PowerChart Aliases:**  
**PathNet Aliases:** LAB  
**Lab Where Test is Performed:** BVHS  
**Ref Lab Code or #:**  
**Turn around Time:** < 1 day  
**CPT Code(s):** 82977  
**Specimen Stability:**  
- **Specimen Type:** 5 mL Heparin Gel Tube  
- **Minimum Specimen Requirements:** 0.5 mL Heparinized Plasma  
- **Patient Preparation:** None.  
- **Laboratory Handling:** Serum is also acceptable.  

### Guaiac, Stool for Occult Blood - see Occult Blood, Fecal

**Cerner Primary Synonym:**  
**PowerChart Aliases:**  
**PathNet Aliases:**  
**Lab Where Test is Performed:** Ref Lab Code or #:  
**Turn around Time:**  
**CPT Code(s):**  
**Specimen Stability:**  
**Specimen Type:**  
**Minimum Specimen Requirements:**  
**Patient Preparation:**  
**Laboratory Handling:**
### H & H, Plasma (Hgb and Hct) (H&H)

<table>
<thead>
<tr>
<th>Cerne Primary Synonym</th>
<th>Hemoglobin and Hematocrit</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChartAliases:</td>
<td>HH</td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>BVHS</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>2 mL EDTA Whole Blood</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>This is actually 2 individual tests. Please order the Hemoglobin Only (HGBP) and the Hematocrit Only (HCTP). Micro procedure: 1 Lavender EDTA microtainer plus 2 fingerstick slides. Microtainer minimum volume = 500 uL.</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>&lt; 1 day</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>85018 (Hgb), 85014 (Hct)</td>
</tr>
</tbody>
</table>

### H1N1 Influenza (Real Time PCR)

<table>
<thead>
<tr>
<th>Cerne Primary Synonym</th>
<th>Send-out Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChartAliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>Focus</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>5 mL Lavender EDTA Tube</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Refrigerate.  DO NOT USE Calcium Alginate Swabs. DO NOT USE Green Top Nasopharyngeal Swabs.</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>1 days</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>87502</td>
</tr>
</tbody>
</table>

### Haemophilus influenzae B Antibody IgG, Serum (Vaccine response)

<table>
<thead>
<tr>
<th>Cerne Primary Synonym</th>
<th>Send-out Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChartAliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>ARUP</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>5 mL Red Top Tube (SST Gel is acceptable)</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Separate cells from serum ASAP. Refrigerate.</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>1-4 days</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>86317</td>
</tr>
</tbody>
</table>

---

Wednesday, July 3, 2019

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# Haldol, Serum (Haloperidol)

**Cerner Primary Synonym:** Haloperidol Level-Mayo

**PowerChart Aliases:**

**PathNet Aliases:** Mayo-Haloperidol, S

**Lab Where Test is Performed:** Mayo

**Ref Lab Code or #:** HALO

**Minimum Specimen Requirements:**

- **Specimen Type:** (2) 7 mL Plain Red Top Tubes (No SST Gel)
- **1.5 mL Serum**

**Patient Preparation:** None.

**Laboratory Handling:** Refrigerate.

**Turn around Time:** 4 days

**CPT Code(s):** 80173

---

**Specimen Stability:**

---

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**Cerner Primary Synonym:**

**PowerChart Aliases:**

**PathNet Aliases:**

**Lab Where Test is Performed:**

**Ref Lab Code or #:**

**Minimum Specimen Requirements:**

**Patient Preparation:**

**Laboratory Handling:**

**Turn around Time:**

**CPT Code(s):**

---

**Specimen Stability:**

---

---

**Cerner Primary Synonym:**

**PowerChart Aliases:**

**PathNet Aliases:**

**Lab Where Test is Performed:**

**Ref Lab Code or #:**

**Minimum Specimen Requirements:**

**Patient Preparation:**

**Laboratory Handling:**

**Turn around Time:**

**CPT Code(s):**

---

**Specimen Stability:**

---

---

**Cerner Primary Synonym:**

**PowerChart Aliases:**

**PathNet Aliases:**

**Lab Where Test is Performed:**

**Ref Lab Code or #:**

**Minimum Specimen Requirements:**

**Patient Preparation:**

**Laboratory Handling:**

**Turn around Time:**

**CPT Code(s):**

---

**Specimen Stability:**

---

---
### Haptoglobin, Serum

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Haptoglobin-Mayo</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PowerChart Aliases:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>PathNet Aliases:</strong></td>
<td>Mayo-Haptoglobin, S</td>
</tr>
<tr>
<td><strong>Lab Where Test is Performed:</strong></td>
<td>Mayo</td>
</tr>
<tr>
<td><strong>Ref Lab Code or #:</strong></td>
<td>HAPT</td>
</tr>
<tr>
<td><strong>CPT Code(s):</strong></td>
<td>83010</td>
</tr>
</tbody>
</table>

| **Minimum Specimen Requirements:** | 1 mL Serum |
| **Specimen Type:** | 5 mL Red Top Tube (SST Gel is acceptable) |

| **Patient Preparation:** | None. |
| **Laboratory Handling:** | Refrigerate. |

| **Turn around Time:** | 2 days |

| **Specimen Stability:** | |

| **Cerner Primary Synonym:** | Hazelnut-Food IgE, Serum-Mayo |
| **PowerChart Aliases:** |                  |
| **PathNet Aliases:** | Hazelnut-Food IgE, Serum-Mayo |
| **Lab Where Test is Performed:** | Mayo |
| **Ref Lab Code or #:** | NUTH |
| **CPT Code(s):** | 86003 |

| **Minimum Specimen Requirements:** | 0.3 mL for one allergen OR 0.5 mL for every 5 allergens tested |
| **Specimen Type:** | 5 mL Red Top Tube (SST Gel is acceptable) |

| **Patient Preparation:** | None. |
| **Laboratory Handling:** | Refrigerate. |

| **Turn around Time:** | 2-3 days |

| **Specimen Stability:** | 14 days at 2-8 C |

| **Cerner Primary Synonym:** | Hb A1C, Blood (Glycosylated Hemoglobin) |
| **PowerChart Aliases:** | Hgb A1c |
| **PathNet Aliases:** |                  |
| **Lab Where Test is Performed:** | BVHS |
| **Ref Lab Code or #:** |                  |
| **CPT Code(s):** | 83036 |

| **Turn around Time:** | 1-2 days |

| **Specimen Stability:** | 14 days at 2-8 C |
| **Specimen Type:** | 5 mL Lavender EDTA Tube |

| **Minimum Specimen Requirements:** | 1 mL EDTA Whole Blood |

| **Patient Preparation:** | None. |
| **Laboratory Handling:** | Do not separate. Refrigerate. Performed on the Findlay Campus. Testing is batched Monday-Saturday in the am. |
HBV Viral Load - See Hepatitis B Viral DNA Assay, Quantitative

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:
Turn around Time: CPT Code(s):
Specimen Stability:
Specimen Type:
Minimum Specimen Requirements:
Patient Preparation:
Laboratory Handling:

HCG Beta Subunit, Serum (B-HCG)(Qualitative Serum Pregnancy)

Cerner Primary Synonym: Beta hCG Quant w/reflex Progesterone
PowerChart Aliases: hCG Quant w/ reflex Progesterone
PathNet Aliases:

Lab Where Test is Performed: BVHS Ref Lab Code or #:
Turn around Time: < 1 day CPT Code(s): 84703
Specimen Stability:
Specimen Type: 5 mL Plain Red Top Tube Preferred (SST Gel is acceptable)
Minimum Specimen Requirements: 1 mL Serum
Patient Preparation: None.
Laboratory Handling: None.

HCG Beta Subunit, Serum (B-HCG)(Quantitative Serum Pregnancy) (**NOT FOR TUMOR MARKER**)

Cerner Primary Synonym: Beta hCG Quantitative
PowerChart Aliases: hCG Quantitative
PathNet Aliases:

Lab Where Test is Performed: BVHS Ref Lab Code or #:
Turn around Time: < 1 day CPT Code(s): 84702
Specimen Stability: 8 hours at Room Temperature, 48 hours at 2-8 C
Specimen Type: 5 mL Plain Red Top Tube Preferred (SST Gel is acceptable)
Minimum Specimen Requirements: 1 mL Serum
Patient Preparation: This HCG is for reproductive status or pregnancy. Not for males.
Laboratory Handling: Only order for females. This test is for reproductive status or pregnancy. If a Tumor Marker HCG is requested please order HCG Tumor Marker (HCGTM).
# Blanchard Valley Health System Laboratory Specimen Collection Manual

**HCV Ab with Reflex to HCV RNA Qnt, PCR, Serum** - see

<table>
<thead>
<tr>
<th>Cerner Primary Synonym</th>
<th>Hepatitis C Virus Ab with Reflex to HCV RNA Qnt, PCR, Serum</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>PowerChart Aliases:</th>
<th>BVHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lab Where Test is Performed:</td>
<td>Ref Lab Code or #:</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>CPT Code(s):</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td></td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td></td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td></td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td></td>
</tr>
</tbody>
</table>

**Test temporarily down due to unavailability of reagents. Please use/see Hepatitis C Antibody Screen with Reflex to HCV RNA by PCR, Serum.**

**HCV Antibody, with Reflex to RIBA, Serum** (for screening AND confirmation)

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>PowerChart Aliases:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Lab Where Test is Performed:</td>
<td>Ref Lab Code or #:</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>CPT Code(s):</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td></td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td></td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td></td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td></td>
</tr>
</tbody>
</table>

**HCV FibroSURE - see Liver FibroTest-ActiTest-Mayo**

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>PowerChart Aliases:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Lab Where Test is Performed:</td>
<td>Ref Lab Code or #:</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>CPT Code(s):</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td></td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td></td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td></td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td></td>
</tr>
</tbody>
</table>
HCV Viral Load - Hepatitis C Virus Quantitation by RT-PCR

Lab Where Test is Performed: BVHS
Ref Lab Code or #: 

CPT Code(s): 

Specimen Stability: 8 hours at Room Temperature, 48 hours at 2-8 C

Specimen Type: 5 mL Light Green Heparinized Gel Tube

Minimum Specimen Requirements:
1 mL Heparinized Plasma

Patient Preparation:
Patient must be fasting for 14 hours.

Laboratory Handling:
Serum is also acceptable.

HDL Cholesterol, Plasma (includes HDL and Total Cholesterol)

Cerner Primary Synonym: Cholesterol HDL

PowerChart Aliases: 
PathNet Aliases: 

Lab Where Test is Performed: BVHS

Ref Lab Code or #: 

CPT Code(s): 83718

Specimen Stability: 8 hours at Room Temperature, 48 hours at 2-8 C

Specimen Type: 5 mL Light Green Heparinized Gel Tube

Minimum Specimen Requirements:
1 mL Heparinized Plasma

Patient Preparation:
Patient must be fasting for 14 hours.

Laboratory Handling:
Serum is also acceptable.

HE4 Ovarian Cancer Tumor Marker

Cerner Primary Synonym: HE4-Mayo

PowerChart Aliases: 
PathNet Aliases: Mayo-HE4, S

Lab Where Test is Performed: Mayo

Ref Lab Code or #: 

CPT Code(s): 86305

Specimen Stability: 

Specimen Type: (2) 7 mL Plain Red Top Tubes (No SST Gel)

Minimum Specimen Requirements:
1 mL Serum (Absolute minimum = 0.5 mL)

Patient Preparation:
None.

Laboratory Handling:
Separate serum from cells within 24 hours. Refrigerate.
### Heat Shock Protein 70 (hsp-70 68kD) IgG by Western Blot, Serum

- **Cerner Primary Synonym:** Send-out Other
- **PowerChart Aliases:**
- **PathNet Aliases:**
- **Lab Where Test is Performed:** ARUP
- **Ref Lab Code or #:** 2013590
- **Minimum Specimen Requirements:** 0.5 mL Serum (Absolute minimum = 0.1 mL)
- **Specimen Type:** 5 mL Red Top Tube (SST Gel is acceptable.)
- **Patient Preparation:** None.
- **Laboratory Handling:** Refrigerate.
- **Turn around Time:** 2-8 days
- **CPT Code(s):** 83516

### Heavy Light Chains Gene Rearrangement - see Immunoglobulin Gene Rearrangement

- **Cerner Primary Synonym:**
- **PowerChart Aliases:**
- **PathNet Aliases:**
- **Lab Where Test is Performed:**
- **Ref Lab Code or #:**
- **Turn around Time:**
- **CPT Code(s):**

### Heavy Metal Panel, Blood (Arsenic, Lead, Mercury, Cadmium)

- **Cerner Primary Synonym:** Heavy Metals Scrn with Demographics-Mayo
- **PowerChart Aliases:**
- **PathNet Aliases:**
- **Lab Where Test is Performed:** Mayo
- **Ref Lab Code or #:** HMDB
- **Turn around Time:** 3 days
- **CPT Code(s):** 82175,82300,83655,83825
- **Specimen Type:** (2) 7 mL Dark Blue Top Trace Metal Tubes (Sodium EDTA)
- **Minimum Specimen Requirements:** 2.5 mL Sodium EDTA Whole Blood (Pediatric minimum = 1 mL)
- **Patient Preparation:** The patient should not eat seafood 3 days prior to collection. The patient cannot have had Gadolinium (a contrast media used in magnetic imaging) for 48 hours before drawing.
- **Laboratory Handling:** Tube must be full. Mix well to avoid clot formation. Do not separate. Refrigerate.
Heavy Metal Panel, Urine (Arsenic, Lead, Mercury)

Cerner Primary Synonym: Heavy Metal Screen 24 Hour Urine-Mayo

PowerChart Aliases:

PathNet Aliases: Mayo-Heavy Metals Scrn, 24 Hr, U

Lab Where Test is Performed: Mayo

Ref Lab Code or #: HMSU

Turn around Time: 3 days

CPT Code(s): 82175, 82300, 83655, 83825

Specimen Stability:

Specimen Type: 24 HR Urine Collection (No preservative)

Minimum Specimen Requirements:

Patient Preparation: The patient should not eat seafood 3 days prior to collection. The patient cannot have had Gadolinium (a contrast media used in magnetic imaging) for 48 hours before drawing.

Laboratory Handling: Collect the specimen in a clean plastic container with no metal caps or glued inserts. Do not collect in metal based containers (i.e. urinals, bedpans, etc.) Send in an aliquot container with no metal caps or glued inserts. Refrigerate. Must include the 24 hour urine volume on the request.

Helicobacter pylori Antigen, Stool - (H pylori)

Cerner Primary Synonym: H. pylori Antigen

PowerChart Aliases:

PathNet Aliases: H. pylori

Lab Where Test is Performed: BVHS

Ref Lab Code or #:

Turn around Time: 1-3 days

CPT Code(s): 87338

Specimen Stability:

Specimen Type: Random Stool Specimen

Minimum Specimen Requirements:

Patient Preparation: None.

Laboratory Handling: Collect in a grey collection container. Refrigerate.
### Helicobacter pylori Breath Test (must be 3 years old or older)

**Cerner Primary Synonym:** Send-out: Other

**PowerChart Aliases:**

**PathNet Aliases:**

<table>
<thead>
<tr>
<th>Lab Where Test is Performed</th>
<th>Mayo</th>
<th>Ref Lab Code or #:</th>
<th>UBT</th>
</tr>
</thead>
</table>

**Turn around Time:** 2-3 days

**Specimen Stability:**

**Specimen Type:** Breath (Use Mayo Breath Collection Kit: Supply T375)

**Minimum Specimen Requirements:** Follow kit collection instructions. Bag of "Breath" MUST be full.

**Patient Preparation:** IMPORTANT: If the patient is 3-17 years old, the "Pediatric UHR Calculation Information" form MUST be completed. (can follow the link from the Mayo website for this form in needed)

**Laboratory Handling:** Room temperature.

1. Fasting 1 hour.
2. Patients should not have taken bismuth/Tritec, antibiotics, proton-pump inhibitors (eg, Prilosec, Prevacid, Aciphex, Protonix, and Nexium) or Pepto-Bismol for 2 weeks prior to testing. If these instructions are not followed, test results may be inaccurate.
3. Histamine 2-receptor antagonists (H[2]RAs) such as Pepcid, Tagamet, Axd, or Zantac should be discontinued for 24 to 48 hours before the BreathTek UBT test is administered. If these instructions are not followed, test results may be inaccurate.
4. Carafate (sucralfate) does not interfere with the test. Use of antacids does not affect the accuracy of this assay.

**CPT Code(s):** 83013

---

### Hemagglutinin Titer - See Isoagglutinin Anti-A or Anti-B Titer, Blood

**Cerner Primary Synonym:**

**PowerChart Aliases:**

**PathNet Aliases:**

<table>
<thead>
<tr>
<th>Lab Where Test is Performed</th>
<th>BVHS</th>
<th>Ref Lab Code or #:</th>
</tr>
</thead>
</table>

**Turn around Time:**

**Specimen Stability:**

**Specimen Type:**

**Minimum Specimen Requirements:**

**Patient Preparation:**

**Laboratory Handling:**

---

### Hematocrit - order HHP (may also order CBC if a Differential is desired or Hematocrit ONLY)

**Cerner Primary Synonym:**

**PowerChart Aliases:**

**PathNet Aliases:**

<table>
<thead>
<tr>
<th>Lab Where Test is Performed</th>
<th>BVHS</th>
<th>Ref Lab Code or #:</th>
</tr>
</thead>
</table>

**Turn around Time:**

**Specimen Stability:**

**Specimen Type:**

**Minimum Specimen Requirements:**

**Patient Preparation:**

**Laboratory Handling:**
<table>
<thead>
<tr>
<th>Test</th>
<th>Lab Where Test is Performed</th>
<th>Ref Lab Code or #:</th>
<th>Turn around Time</th>
<th>Specimen Type</th>
<th>Specimen Stability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hematocrit ONLY, Blood</td>
<td>BVHS</td>
<td></td>
<td>&lt; 1 day</td>
<td>5 mL Lavender Top EDTA Tube</td>
<td></td>
</tr>
<tr>
<td>CPT Code(s): 85014</td>
<td></td>
<td></td>
<td></td>
<td>None.</td>
<td></td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>2 mL EDTA Whole Blood</td>
<td></td>
<td></td>
<td>None.</td>
<td></td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>None.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Hemochromatosis HFE Gene Analysis, Blood**

<table>
<thead>
<tr>
<th>Test</th>
<th>Lab Where Test is Performed</th>
<th>Ref Lab Code or #:</th>
<th>Turn around Time</th>
<th>Specimen Type</th>
<th>Specimen Stability</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPT Code(s): 81256</td>
<td>Mayo</td>
<td>HFE</td>
<td>14 days</td>
<td>5 mL EDTA Lavender Top (ACD Yellow Top is also acceptable)</td>
<td></td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>2.5 mL EDTA Whole Blood (or ACD Whole Blood)</td>
<td></td>
<td></td>
<td>None.</td>
<td></td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Send whole blood in the original collection containers. Room temperature. Specimen <strong>MUST</strong> arrive at Mayo within 96 hours of collection.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Hemoglobin - order HHP** (may also order CBC if a Differential is desired or a Hemoglobin ONLY)

<table>
<thead>
<tr>
<th>Test</th>
<th>Lab Where Test is Performed</th>
<th>Turn around Time</th>
<th>Specimen Type</th>
<th>Specimen Stability</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPT Code(s):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Hemoglobin A1C, Blood (Glycosylated Hgb)

**Cerner Primary Synonym:** Hemoglobin A1c (1060)

**PowerChart Aliases:** Hgb A1c

**PathNet Aliases:**

<table>
<thead>
<tr>
<th>Lab Where Test is Performed</th>
<th>BVHS</th>
<th>Ref Lab Code or #:</th>
</tr>
</thead>
</table>

| Turn around Time | 1-2 days | CPT Code(s): 83036 |

| Specimen Stability | 14 days at 2-8 C |

| Specimen Type | 5 mL Lavender EDTA Tube |

| Minimum Specimen Requirements | 1 mL EDTA Whole Blood |

| Patient Preparation | None. |

| Laboratory Handling | Do not separate. Refrigerate. Performed on the Findlay Campus. Testing is batched Monday-Saturday in the am. |

### Hemoglobin Electrophoresis Cascade, Blood (Hemoglobinopathy Evaluation)

**Cerner Primary Synonym:** Send-out Other

**PowerChart Aliases:**

**PathNet Aliases:**

<table>
<thead>
<tr>
<th>Lab Where Test is Performed</th>
<th>Mayo</th>
<th>Ref Lab Code or #: HBELC</th>
</tr>
</thead>
</table>

| Turn around Time | 2-25 days | CPT Code(s): 83020,83021,82664,85660 |

| Specimen Stability | |

| Specimen Type | 5 mL Lavender EDTA Top Tube |

| Minimum Specimen Requirements | 3 mL EDTA Whole Blood (Pediatric minimum = 1 mL) |

| Patient Preparation | None. |

| Laboratory Handling | Specimen cannot be frozen. Refrigerate. |

### Hemoglobin ONLY, Blood

**Cerner Primary Synonym:** Hemoglobin

**PowerChart Aliases:** HGB

**PathNet Aliases:**

<table>
<thead>
<tr>
<th>Lab Where Test is Performed</th>
<th>BVHS</th>
<th>Ref Lab Code or #:</th>
</tr>
</thead>
</table>

| Turn around Time | < 1 day | CPT Code(s): 85018 |

| Specimen Stability | |

| Specimen Type | 5 mL Lavender Top EDTA Tube |

| Minimum Specimen Requirements | 2 mL EDTA Whole Blood |

| Patient Preparation | None. |

| Laboratory Handling | None. |
Hemoglobin S - see Sickle Cell Screen

Cerner Primary Synonym:  
PowerChart Aliases:  
PathNet Aliases:  
Lab Where Test is Performed:  
Ref Lab Code or #:  
Turn around Time:  
CPT Code(s):  
Specimen Stability:  
Specimen Type:  
Minimum Specimen Requirements:  
Patient Preparation:  
Laboratory Handling:  

Hemoglobin, Plasma (Free Plasma Hemoglobin)

Cerner Primary Synonym:  Plasma Hemoglobin-Mayo  
PowerChart Aliases:  
PathNet Aliases:  Mayo-Plasma Hemoglobin, P  
Lab Where Test is Performed:  Mayo  
Ref Lab Code or #:  PLHBB  
Turn around Time:  3 days  
CPT Code(s):  83051  
Specimen Stability:  
Specimen Type:  5 mL Lavender EDTA Tube  
Minimum Specimen Requirements:  2 mL EDTA Plasma (Pediatric minimum - 0.5 mL)  
Patient Preparation:  Draw the specimen with a 19 gauge needle. Avoid hemolysis.  
Laboratory Handling:  Spin down immediately. Refrigerate.  

Hemoglobinopathy Evaluation/Cascade - see Hemoglobin Electrophoresis Cascade

Cerner Primary Synonym:  
PowerChart Aliases:  
PathNet Aliases:  
Lab Where Test is Performed:  
Ref Lab Code or #:  
Turn around Time:  
CPT Code(s):  
Specimen Stability:  
Specimen Type:  
Minimum Specimen Requirements:  
Patient Preparation:  
Laboratory Handling:  

### Hemogram, Blood (includes WBC, RBC, Hgb, Hct, and RBC Indices)

**Cerner Primary Synonym:** Complete Blood Count w/ Indices (1010)

**PowerChart Aliases:** CBC w/Indices, Hemogram

**PathNet Aliases:** CBC w/Indices, CBC without diff, Hemogram, HHP

**Lab Where Test is Performed:** BVHS

<table>
<thead>
<tr>
<th>Specimen Stability:</th>
<th>BVHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turn around Time:</td>
<td>&lt; 1 day</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>85027</td>
</tr>
</tbody>
</table>

**Minimum Specimen Requirements:**
- 2 mL EDTA Whole Blood
- 5 mL Lavender EDTA Tube

**Patient Preparation:** None.

**Laboratory Handling:** Micro Procedure: 1 Lavender microtainer plus 2 fingerstick slides. Microtainer minimum volume = 500 uL.

### Hemosiderin Stain, Urine

**Cerner Primary Synonym:** Send-out Other

**PowerChart Aliases:**

**PathNet Aliases:**

**Lab Where Test is Performed:** Mayo

<table>
<thead>
<tr>
<th>Specimen Stability:</th>
<th>Mayo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turn around Time:</td>
<td>1 day</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>83070</td>
</tr>
</tbody>
</table>

**Minimum Specimen Requirements:**
- 13 mL Fresh Urine

**Patient Preparation:** None.

**Laboratory Handling:** No preservatives. Refrigerate.

### Heparin Associated Platelet Antibody, Serum (HIT / PF4)(Heparin Induce Platelet Antibody)

**Cerner Primary Synonym:** Heparin-PF4 Antibody (HIT)-Mayo

**PowerChart Aliases:**

**PathNet Aliases:** Mayo-Heparin-PF4 Ab (HIT), S

**Lab Where Test is Performed:** Mayo

<table>
<thead>
<tr>
<th>Specimen Stability:</th>
<th>Mayo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turn around Time:</td>
<td>3 days</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>86022</td>
</tr>
</tbody>
</table>

**Minimum Specimen Requirements:**
- 7 mL Plain Red Top Tube (No SST Gel)
- 1 mL Serum

**Patient Preparation:** None.

**Laboratory Handling:** Freeze.
<table>
<thead>
<tr>
<th>Test Description</th>
<th>Lab Where Test is Performed</th>
<th>Specimen Type</th>
<th>Patient Preparation</th>
<th>Laboratory Handling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heparin Associated Platelet Antibody, Serum (PLT &lt;50,000)</td>
<td>SEWIS</td>
<td>(4) 7 mL Plain Red Top Tubes (No SST Gel)</td>
<td>Patient should be fasting for at least 3 hours. Platelet aggregation studies should not be done on individuals who have ingested aspirin or aspirin containing drugs for at least 8 days prior to the scheduled test.</td>
<td>Send refrigerated or room temperature. Also send recent transfusion history. Platelet count must be less than 50,000 to be sent to this Lab according to BVHS policy. Avoid hemolyzed or lipemic samples.</td>
</tr>
<tr>
<td>Hepatitis A IgG Antibody, Serum</td>
<td>Mayo</td>
<td>(2) 5 mL Red Top SST Tubes</td>
<td>None.</td>
<td>Refrigerate.</td>
</tr>
<tr>
<td>Hepatitis A Antibodies, Total - see Hepatitis A Antibody IgG and IgM Total, Serum</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Hepatitis A Antibody IgG and IgM Total, Serum (Combined Antibodies - IgG and IgM NOT separate)

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Send-out: Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>ARUP</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td>0020591</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>2-3 days</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>86708</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>5 mL Red Top SST Gel Tubes</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>0.5 mL Serum</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Remove serum from cells within 2 hours. Refrigerate. This test is to determine past HAV infection and does not differentiate between IgG or IgM Antibodies. If an individual IgM and IgG Antibody is required order the Hepatitis A Ab IgM (HPA is performed here at BVHS and send the Hepatitis A IgG Antibody as a send-out to Mayo.</td>
</tr>
</tbody>
</table>

### Hepatitis A Antibody IgM, Serum (IgM to Hepatitis A)

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Hepatitis A Antibody IgM</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>BVHS</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td></td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>1-3 days</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>86709</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td>8 hours at Room Temperature, 7 days at 2-8 C</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>5 mL Red Top Gel SST Tube <strong>Serum ONLY</strong></td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>0.5 mL Serum ONLY</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Refrigerate. Use precautions.</td>
</tr>
</tbody>
</table>

### Hepatitis B Core Antibody IgM, Serum (Anti-HBc)

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Hepatitis B Surface Antibody</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>BVHS</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td></td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>1-3 days</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>86705</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td>8 hours at Room Temperature, 7 days at 2-8 C</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>5 mL Red Top Gel SST Tube <strong>Serum ONLY</strong></td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>0.5 mL Serum ONLY</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Refrigerate. Use precautions.</td>
</tr>
</tbody>
</table>
### Hepatitis B Core Total Antibodies, Serum (Send Out to Mayo - NOT performed at BVHS)

**Cerner Primary Synonym:** Hepatitis B Core Total Antibodies, Serum-Mayo  
**PowerChart Aliases:**  
**PathNet Aliases:**  
**Lab Where Test is Performed:** Mayo  
**Ref Lab Code or #:** HBC  
**Turn around Time:** 3-5 days  
**CPT Code(s):** 86704

**Specimen Stability:**  
**Specimen Type:** 7 mL SST Gel Red Top Tube  
**Minimum Specimen Requirements:** 1 mL Serum (Absolute minimum = 0.4 mL)  
**Patient Preparation:** None.  
**Laboratory Handling:** Centrifuge and aliquot sample within 24 hours of collection. Freeze.

### Hepatitis B Profile, Serum (HBsAg, ANTI-HBsAg, ANTI-HBc IgM)

**Cerner Primary Synonym:** Hepatitis B Panel  
**PowerChart Aliases:** HepB  
**PathNet Aliases:**  
**Lab Where Test is Performed:** BVHS  
**Ref Lab Code or #:**  
**Turn around Time:** 1-3 days  
**CPT Code(s):** 86706,87340,86705

**Specimen Stability:**  
**Specimen Type:** (2) 5 mL Red Top Gel SST Tube **Serum ONLY**  
**Minimum Specimen Requirements:** 3.5 mL Serum ONLY  
**Patient Preparation:** None.  
**Laboratory Handling:** Use precautions.

### Hepatitis B Surface Antibody, Quantitative, Serum

**Cerner Primary Synonym:** Hepatitis B Surface Antibody  
**PowerChart Aliases:**  
**PathNet Aliases:**  
**Lab Where Test is Performed:** BVHS  
**Ref Lab Code or #:**  
**Turn around Time:** 1-3 days  
**CPT Code(s):** 86706

**Specimen Stability:**  
**Specimen Type:** 5 mL Red Top Gel SST Tube **Serum ONLY**  
**Minimum Specimen Requirements:** 1 mL Serum ONLY  
**Patient Preparation:** None.  
**Laboratory Handling:** Refrigerate. If used for post vaccine for Hep B Surface Antibody, draw 2 months after the third inoculation. (8 months after initial inoculation). (For BVH employee, enter in Meditech as HBSAB test, giving te EMP a LAB "C" number as an account number).
**Hepatitis B Surface Antibody, Serum (HBsAB) (Post Vaccine-Employee) (Quantitative)**

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Hepatitis B Surface Antibody</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>BVHS</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td></td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>1-3 days</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>86706</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>5 mL Red Top Gel SST Tube <strong>Serum ONLY</strong></td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>1 mL Serum ONLY</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Refrigerate. If used for post vaccine for Hep B Surface Antibody, draw 2 months after the third inoculation. (8 months after initial inoculation). (For BVH employee, enter in Meditech as HBSAB test, giving the EMP a LAB &quot;C&quot; number as an account number).</td>
</tr>
</tbody>
</table>

**Hepatitis B Surface Antigen Confirmation REFLEX ONLY-Mayo (***See Below***)**

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>HBsAg Confirm Serum REFLEX ONLY-Mayo</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>Mayo</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td>HBAG</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>2 days</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>87340, 87341</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>(2) 7 mL Red Top Tubes (SST Gel tubes are acceptable)</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>2 mL Serum</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Remove serum from clot within 24 hours. Plasma is not acceptable. Freeze.</td>
</tr>
</tbody>
</table>

**Hepatitis B Surface Antigen REFLEX ONLY Serum-Mayo (*** for confirmation only ***)**

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>HBsAg REFLEX ONLY Serum-Mayo</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>Mayo</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td>HBAG</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>2 days</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>87340, 87341</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>(2) 7 mL Red Top Tubes (SST Gel tubes are acceptable)</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>2 mL Serum</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Remove serum from clot within 24 hours. Plasma is not acceptable. Freeze.</td>
</tr>
</tbody>
</table>
Hepatitis B Surface Antigen, Serum (HBsAg)

Cerner Primary Synonym: Hepatitis B Surface Antigen

PowerChart Aliases:  
PathNet Aliases:  
Lab Where Test is Performed: BVHS  Ref Lab Code or #: 
Turn around Time: 1-3 days  CPT Code(s): 87340
Specimen Stability: 8 hours at Room Temperature, 48 hours at 2-8 C
Specimen Type: (2) 5 mL Red Top Gel SST Tube **Serum ONLY**
Minimum Specimen Requirements: 2 mL Serum ONLY
Patient Preparation: None.
Laboratory Handling: Refrigerate. Use precautions.

Hepatitis B Viral DNA, Detection and Quantitation by RT PCR, Serum (Ultrasensitive)

Cerner Primary Synonym: HBV DNA Detect/Quant-Mayo

PowerChart Aliases:  
PathNet Aliases: Mayo-HBV DNA Detect/Quant, S  
Lab Where Test is Performed: Mayo  Ref Lab Code or #: HBVQN
Turn around Time: 4 days  CPT Code(s): 87517
Specimen Stability: (2) 5 mL SST Gel Red Top Tubes (Plain Red may be accepted with special processing)
Minimum Specimen Requirements: 1.5 mL SST Gel preferred Serum
Patient Preparation: None.
Laboratory Handling: This test IS the Ultrasensitive test. It's range is from 20 IU/mL to 170,000,000 IU/mL. Freeze. Serum from a plain red top tube may be used if specimen is allowed to clot 20-30 minutes then immediately spun down and the serum is removed and frozen.

Hepatitis Be Antibody (Anti-HBe), Serum

Cerner Primary Synonym: HBe Antibody-Mayo

PowerChart Aliases:  
PathNet Aliases: Mayo-HBe Antibody, S  
Lab Where Test is Performed: Mayo  Ref Lab Code or #: HEAB
Turn around Time: 4 days  CPT Code(s): 86707
Specimen Stability: 5 mL Red Top Tube (SST Gel is acceptable)
Minimum Specimen Requirements: 0.5 mL Serum (Pediatric minimum = 0.1 mL)
Patient Preparation: None.
Laboratory Handling: Spin and remove the serum immediately. Freeze.
## Hepatitis Be Antigen, Serum (HBe)

**Cerner Primary Synonym:** Hepatitis Be Antigen-Mayo  
**PowerChart Aliases:**  
**PathNet Aliases:** Mayo-Hepatitis Be Ag, S  
**Lab Where Test is Performed:** Mayo  
**Ref Lab Code or #:** EAG  
**Turn around Time:** 4 days  
**CPT Code(s):** 87350  
**Specimen Stability:**  
**Specimen Type:** 5 mL Red Top Tube (SST Gel is acceptable)  
**Minimum Specimen Requirements:** 1 mL Serum (Pediatric minimum = 0.5 mL)  
**Patient Preparation:** None.  
**Laboratory Handling:** Spin and remove serum immediately. Refrigerate.

## Hepatitis C Viral (HCV) RNA Genotype 1 NS5a Drug Resistance - TEST OBSOLETE - see Hepatitis C Virus Genotypic Antiviral Drug Resistance

**Cerner Primary Synonym:**  
**PowerChart Aliases:**  
**PathNet Aliases:**  
**Lab Where Test is Performed:**  
**Ref Lab Code or #:**  
**Turn around Time:**  
**CPT Code(s):**  
**Specimen Stability:**  
**Specimen Type:**  
**Minimum Specimen Requirements:**  
**Patient Preparation:**  
**Laboratory Handling:**  

## Hepatitis C Virus (HCV) Genotype, Serum

**Cerner Primary Synonym:** HCV Genotype-Mayo  
**PowerChart Aliases:**  
**PathNet Aliases:** Mayo-HCV Genotype, S  
**Lab Where Test is Performed:** Mayo  
**Ref Lab Code or #:** HCVG  
**Turn around Time:** 6 days  
**CPT Code(s):** 87902  
**Specimen Stability:**  
**Specimen Type:** (2) 5 mL SST Gel Tubes (Non-Gel is NOT acceptable)  
**Minimum Specimen Requirements:** 2 mL Serum from a SST Gel Tube ONLY  
**Patient Preparation:** None.  
**Laboratory Handling:** Specimen MUST be drawn in a SST Gel tube. Plain red top tubes are NOT acceptable. Spin within 2 hours. Freeze immediately. Use aseptic technique when aliquoting.
### Hepatitis C Virus (HCV) RNA Detection and Quantification RT-PCR, Serum

**Cerner Primary Synonym:** Hepatitis C Virus RNA Detect/Quant-Mayo

**PowerChart Aliases:**

**PathNet Aliases:** Mayo-HCV RNA Detect/Quant, S

<table>
<thead>
<tr>
<th>Lab Where Test is Performed</th>
<th>Mayo</th>
<th>Ref Lab Code or #: HCVQN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turn around Time:</td>
<td>3 days</td>
<td>CPT Code(s): 87522</td>
</tr>
</tbody>
</table>

**Specimen Stability:**

- **Specimen Type:** (2) 5 mL Red SST Gel Tube (cannot be plain red or heparin plasma)
- **Minimum Specimen Requirements:** 1.5 mL Serum (from SST Tubes ONLY-CANNOT be Plain Red Tubes)

**Patient Preparation:** None.

**Laboratory Handling:** Centrifuge specimen within 2 hours of collection. Freeze immediately.

### Hepatitis C Virus Ab with reflex HCV RNA Qnt, PCR, Serum

**Cerner Primary Synonym:** Hepatitis C Virus Ab with reflex HCV RNA Qnt, PCR, Serum

**PowerChart Aliases:** HepC with reflex HCV RNA Qnt, PCR, Serum

**PathNet Aliases:**

<table>
<thead>
<tr>
<th>Lab Where Test is Performed</th>
<th>BVHS</th>
<th>Ref Lab Code or #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turn around Time:</td>
<td>1-3 days</td>
<td>CPT Code(s): 86803</td>
</tr>
</tbody>
</table>

**Specimen Stability:**

- **Specimen Type:** (2) 5 mL Red Top Gel SST Tubes **Serum ONLY**
- **Minimum Specimen Requirements:** 1 mL Serum ONLY

**Patient Preparation:** None.

**Laboratory Handling:** Refrigerate.

### Hepatitis C Virus FibroSURE - see Liver FibroTest-ActiTest-Mayo

**Cerner Primary Synonym:**

**PowerChart Aliases:**

**PathNet Aliases:**

<table>
<thead>
<tr>
<th>Lab Where Test is Performed</th>
<th>Ref Lab Code or #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turn around Time:</td>
<td>CPT Code(s):</td>
</tr>
</tbody>
</table>

**Specimen Stability:**

- **Specimen Type:**
- **Minimum Specimen Requirements:**

**Patient Preparation:**

**Laboratory Handling:**
**Hepatitis C Virus Genotypic Antiviral Drug Resistance, Serum**

**Cerner Primary Synonym:** Send-out: Other

**PowerChart Aliases:**

**PathNet Aliases:**

- Lab Where Test is Performed: Mayo  
  Ref Lab Code or #: HCVDR
- Turn around Time: 5-7 days  
  CPT Code(s): 87900, 87902
- Specimen Stability: Frozen for 60 days
- Specimen Type: (2) 5 mL Red Gel Tubes
- Minimum Specimen Requirements: 2.5 mL Serum (Absolute minimum = 0.8 mL)
- Patient Preparation: None. NOTE: This test is intended for detection of preexisting drug resistant virus in patients KNOWN to be infected with HCV genotype 1a, 1b, or 3 and being considered for HCV NS3, NS5A, and NS5B therapy.

**Laboratory Handling:** Centrifuge specimen within 2 hours of collection. Freeze specimen immediately at -20 to -80 degrees C. Ship on dry ice.

---

**Hepatitis C Virus RNA Quantitative by RT-PCR, Serum (Viral Load)**

**Cerner Primary Synonym:** Hepatitis C Virus RNA Detect/Quant-Mayo

**PowerChart Aliases:**

**PathNet Aliases:** Mayo-HCV RNA Detect/Quant, S

- Lab Where Test is Performed: Mayo  
  Ref Lab Code or #: HCVQN
- Turn around Time: 3 days  
  CPT Code(s): 87522
- Specimen Stability: (2) 5 mL Red SST Gel Tubes (cannot be plain red or heparin plasma)
- Minimum Specimen Requirements: 1.5 mL Serum (from SST Tubes ONLY-CANNOT be Plain Red Tubes)
- Patient Preparation: This test is intended for monitoring known HCV positive infections not for primary detection on HCV infections.

**Laboratory Handling:** Separate from cells within 24 hours. Freeze. Use aseptic technique. Dr. Heacock ALWAYS wants this.

---

**Hepatitis C Virus RNA Quantitative RT-PCR with Reflex to HCV Genotype**

**Cerner Primary Synonym:** Send-out Other

**PowerChart Aliases:**

**PathNet Aliases:**

- Lab Where Test is Performed: ARUP  
  Ref Lab Code or #: 2002685
- Turn around Time: 6-11 days  
  CPT Code(s): 87522, 87902 if needed
- Specimen Stability: (3) 5 mL Red Top Tubes (SST Gel is acceptable)
- Minimum Specimen Requirements: 3.5 mL Serum (Absolute minimum = 1.8 mL)
- Patient Preparation: None.

**Laboratory Handling:** Separate serum from cells within 6 hours. Freeze. (Freezing samples maintains the longest stability time.)
Hepatitis D (Delta) Virus Antigen, Serum

Cerner Primary Synonym: Send-out Other

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: ARUP

Ref Lab Code or #: 0098710

Minimum Specimen Requirements:

1 mL Serum

Specimen Type:

7 mL Plain Red Top Tube (No SST Gel)

Patient Preparation: None.

Laboratory Handling: Refrigerate.

Turn around Time: Varies

CPT Code(s): 87380

Specimen Stability:

Hepatitis Delta Virus Antibody, Serum (S Delta Antibody)

Cerner Primary Synonym: Hepatitis D Antibody Total-Mayo

PowerChart Aliases:

PathNet Aliases: Mayo-Hepatitis D Antibody, Total

Lab Where Test is Performed: Mayo

Ref Lab Code or #: AHDV

Minimum Specimen Requirements:

1 mL Serum (Pediatric minimum = 0.2 mL)

Specimen Type:

5 mL Red Gel Tube (Plain Red Top Tube is acceptable)

Patient Preparation: None.

Laboratory Handling: Remove serum within 24 hours of collection. Freeze.

Turn around Time: 2-4 days

CPT Code(s): 86692

Specimen Stability:

Hepatitis E Virus IgG, Serum

Cerner Primary Synonym: Send-out Other

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: ARUP

Ref Lab Code or #: 0098655

Minimum Specimen Requirements:

0.5 mL Serum (Minimum = 0.25 mL)

Specimen Type:

7 mL Plain Red Top Tube (No SST Gel)

Patient Preparation: NONE.

Laboratory Handling: Refrigerate.

Turn around Time: Varies

CPT Code(s): 86790

Specimen Stability:
### Hepatitis E Virus IgM, Serum

<table>
<thead>
<tr>
<th><strong>Cerner Primary Synonym:</strong></th>
<th>Send-out Other</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PowerChart Aliases:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>PathNet Aliases:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Lab Where Test is Performed:</strong></td>
<td>ARUP</td>
</tr>
<tr>
<td><strong>Ref Lab Code or #:</strong></td>
<td>0098656</td>
</tr>
<tr>
<td><strong>Turn around Time:</strong></td>
<td>Varies</td>
</tr>
<tr>
<td><strong>CPT Code(s):</strong></td>
<td>86790</td>
</tr>
</tbody>
</table>

**Specimen Stability:**
- Minimum Specimen Requirements:
  - 0.5 mL Serum (Minimum= 0.25 mL)
- Specimen Type:
  - 7 mL Plain Red Top Tube (No SST Gel)
- Patient Preparation:
  - None.
- Laboratory Handling:
  - Refrigerate.

### Hepatitis Screen, Acute, Serum (HBsAg, HBcor Ab, Anti-HCV with reflex HCV RNA Qnt, PCR, Anti-HVA IgM)

<table>
<thead>
<tr>
<th><strong>Cerner Primary Synonym:</strong></th>
<th>Acute Hepatitis Panel</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PowerChart Aliases:</strong></td>
<td>Hepatitis Panel Acute</td>
</tr>
<tr>
<td><strong>PathNet Aliases:</strong></td>
<td>Hepatitis ABC Screen</td>
</tr>
<tr>
<td><strong>Lab Where Test is Performed:</strong></td>
<td>BVHS</td>
</tr>
<tr>
<td><strong>Ref Lab Code or #:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Turn around Time:</strong></td>
<td>1-3 days</td>
</tr>
<tr>
<td><strong>CPT Code(s):</strong></td>
<td>80074</td>
</tr>
</tbody>
</table>

**Specimen Stability:**
- Minimum Specimen Requirements:
  - 3.5 mL Serum ONLY
- Specimen Type:
  - (2) 5 mL Red Top Gel SST Tubes **Serum ONLY**
- Patient Preparation:
  - None.
- Laboratory Handling:
  - Refrigerate. Use precautions.

### Hepatitis Screen, Chronic, Serum (includes HBsAg, HCV, Anti-HCV with reflex HCV RNA Qnt, PCR, HBsAb and HBcor Total Ab-Mayo)

<table>
<thead>
<tr>
<th><strong>Cerner Primary Synonym:</strong></th>
<th>Hepatitis Screen Chronic</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PowerChart Aliases:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>PathNet Aliases:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Lab Where Test is Performed:</strong></td>
<td>BVHS</td>
</tr>
<tr>
<td><strong>Ref Lab Code or #:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Turn around Time:</strong></td>
<td>1-3 days</td>
</tr>
<tr>
<td><strong>CPT Code(s):</strong></td>
<td>86706, 87340, 86705</td>
</tr>
</tbody>
</table>

**Specimen Stability:**
- Minimum Specimen Requirements:
  - 3.5 mL Serum ONLY
- Specimen Type:
  - (2) 5 mL Red Top Gel SST Tubs **Serum ONLY**
- Patient Preparation:
  - None.
- Laboratory Handling:
  - Refrigerate. Use precautions.
Hereditary Hemochromatosis Gene Analysis (Blood)

Cerner Primary Synonym: Send-out Other

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Mayo

Ref Lab Code or #: HFE

Turn around Time: 14 days

CPT Code(s): 83890, 83898(X2), 83912

Specimen Stability:

Specimen Type: 5 mL Lavender EDTA Tube or 7 mL ACD Yellow Top Tube

Minimum Specimen Requirements:

Patient Preparation: None.

Laboratory Handling: Room temperature. Specimen must arrive at Mayo within 96 hours of collection.

Herpes Simplex Culture (with reflex to HSV Typing)

Cerner Primary Synonym: Send-out Other

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: ARUP

Ref Lab Code or #: 0065065

Turn around Time: 1-7 days

CPT Code(s): 87252, 87253 (if rflx add 87140 X2)

Specimen Stability:

Specimen Type: Swab in ARUP UTM (Universal Transport Media)

Minimum Specimen Requirements:

Patient Preparation: None.

Laboratory Handling: Specimens should be obtained using aseptic technique and immediately placed in transport media. Collect specimen in special ARUP Universal Transport Media (UTM). Refrigerate. (Specimen CANNOT be frozen.)

Herpes Simplex Virus (HSV) Types 1 and 2 DNA by PCR, Qualitative (NOT for CSF)

Cerner Primary Synonym: Send-out Other

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Mayo

Ref Lab Code or #: HERPV

Turn around Time: 3 days

CPT Code(s): 87529 (x2)

Specimen Stability:

Specimen Type: Genital Culture Swab (BBL Culture Swab-Supply T092) (NOT CSF)

Minimum Specimen Requirements:

Patient Preparation: None.

Laboratory Handling: Maintain sterility. Refrigerate,
### Herpes Simplex Virus (HSV) 1/2 IgM Antibody, CSF

<table>
<thead>
<tr>
<th>Lab Where Test is Performed</th>
<th>Focus</th>
<th>Ref Lab Code or #:</th>
<th>60545</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turn around Time</td>
<td>1-4 days</td>
<td>CPT Code(s):</td>
<td>86695,86696</td>
</tr>
</tbody>
</table>

#### Minimum Specimen Requirements

1 mL CSF (Absolute minimum = 0.2 mL)

#### Specimen Type

Cerebrospinal Fluid (CSF)

#### Patient Preparation

None.

#### Laboratory Handling

Refrigerate.

| CPT Code(s): | 86695,86696 |

### Herpes Simplex Virus (HSV) DNA by PCR (Serum-Plasma), Qualitative

<table>
<thead>
<tr>
<th>Lab Where Test is Performed</th>
<th>ARUP</th>
<th>Ref Lab Code or #:</th>
<th>60041</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turn around Time</td>
<td>1-3 days</td>
<td>CPT Code(s):</td>
<td>87529</td>
</tr>
</tbody>
</table>

#### Minimum Specimen Requirements

1 mL Serum (EDTA plasma is also acceptable)

#### Specimen Type

5 mL Red Top Tube or Lavender EDTA Tube (SST Gel is acceptable)

#### Patient Preparation

None.

#### Laboratory Handling

Send specimen in a sterile container. Write specimen type on the label. Freeze.

| CPT Code(s): | 87529 |

### Herpes Simplex Virus (HSV) Molecular Detection PCR Spinal Fluid (CSF)

<table>
<thead>
<tr>
<th>Lab Where Test is Performed</th>
<th>Mayo</th>
<th>Ref Lab Code or #:</th>
<th>HSVC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turn around Time</td>
<td>2-3 days</td>
<td>CPT Code(s):</td>
<td>87529</td>
</tr>
</tbody>
</table>

#### Minimum Specimen Requirements

0.2 mL Spinal Fluid (CSF) (Absolute minimum = 0.1 mL)

#### Specimen Type

Sterile Spinal Fluid (CSF)

#### Patient Preparation

None.

#### Laboratory Handling

Refrigerate.
<table>
<thead>
<tr>
<th>Test Description</th>
<th>Lab Where Test is Performed</th>
<th>Ref Lab Code or #</th>
<th>CPT Code(s)</th>
<th>Specimen Type</th>
<th>Patient Preparation</th>
<th>Laboratory Handling</th>
<th>Minimum Specimen Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Herpes Simplex Virus (HSV), Molecular Detection, PCR, CSF</td>
<td>Mayo</td>
<td>HSVC</td>
<td>87529 (x2)</td>
<td>CST collected using sterile technique.</td>
<td>None.</td>
<td>Refrigerate.</td>
<td>0.2 mL CSF Sterile tube (Absolute minimum = 0.1 mL)</td>
</tr>
<tr>
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</tr>
<tr>
<td>Herpes Simplex Virus 1/2 IgG Type Specific Antibodies, CSF</td>
<td>Focus</td>
<td>60555</td>
<td>86695, 86696</td>
<td>Cerebrospinal Fluid (CSF)</td>
<td>None.</td>
<td>Refrigerate.</td>
<td>1 mL CSF (Absolute minimum = 0.1 mL)</td>
</tr>
<tr>
<td></td>
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</tr>
<tr>
<td>Herpes Simplex Virus IgM Antibody Screen, Serum</td>
<td>Mayo</td>
<td>MHSV</td>
<td>86694, 86694 (if appropriate)</td>
<td>5 mL Red Gel Tube</td>
<td>None.</td>
<td>Refrigerate.</td>
<td>1 mL Serum (Absolute minimum = 0.4 mL)</td>
</tr>
<tr>
<td>Herpes Simplex Virus Types 1 and 2 Antibody IgG-IgM, Serum</td>
<td></td>
<td></td>
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<tr>
<td>Cerner Primary Synonym:</td>
<td>HSV 1 and 2 Antibody, IgG-IgM-Mayo</td>
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<tr>
<td>PowerChart Aliases:</td>
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<tr>
<td>PathNet Aliases:</td>
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<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>Mayo</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>2-3 days</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>5 mL Red Top SST Gel Tube</td>
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<tr>
<td>Minimum Specimen Requirements:</td>
<td>0.6 mL Serum</td>
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<td></td>
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<tr>
<td>Patient Preparation:</td>
<td>None</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Refrigerate.</td>
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<td></td>
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</tr>
<tr>
<td>Specimen Stability:</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>86695 (type 1); 86696 (type 2); 86694 HSV IgM</td>
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<td>Cerner Primary Synonym:</td>
<td>HSV</td>
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<td>PathNet Aliases:</td>
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</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>Mayo</td>
<td></td>
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<td></td>
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<td></td>
<td></td>
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<tr>
<td>Turn around Time:</td>
<td>3 days</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>5 mL Red Top Tube (SST Gel is acceptable)</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>1 mL Serum (Absolute minimum = 0.8 mL)</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Refrigerate. The HSV IgM portion of this test does not distinguish between Types 1 and 2.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>86694 (X2), 86695, 86696</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Herpes Simplex Virus Types 1 and 2 IgG and HSV IgM, Serum (Qualitative) (HSV IgG and IgM Antibodies)</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Cerner Primary Synonym:</td>
<td>Send-out: Other</td>
<td></td>
<td></td>
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<td>PowerChart Aliases:</td>
<td></td>
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<tr>
<td>PathNet Aliases:</td>
<td></td>
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</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>BVHS</td>
<td></td>
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<tr>
<td>Turn around Time:</td>
<td></td>
<td></td>
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<tr>
<td>Specimen Stability:</td>
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<tr>
<td>Specimen Type:</td>
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</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td></td>
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</tr>
<tr>
<td>Patient Preparation:</td>
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<tr>
<td>Laboratory Handling:</td>
<td></td>
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<tr>
<td>Specimen Stability:</td>
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<tr>
<td>CPT Code(s):</td>
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</tr>
</tbody>
</table>
Hexosaminidase A and Total Hexosaminidase, Leukocytes, Blood

Cerner Primary Synonym: Send-out Other

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Mayo

Ref Lab Code or #: NAGR

Minimum Specimen Requirements:

7 mL ACD Whole Blood (Absolute minimum = 5 mL)

Specimen Type: 7 mL Yellow ACD Tube

Patient Preparation: A fasting specimen is needed. Also, females must be tested for carrier status prior to pregnancy. Collect Monday-Thursday ONLY. Also NOT the day before a Holiday.

Laboratory Handling: Specimen MUST arrive at Mayo within 96 hours of collection. Collect Monday-Thursday ONLY. Also NOT the day before a Holiday. Leukocytes - send ACD whole blood, refrigerated. ** The specimen cannot be frozen. ** Do not transfer whole blood to other containers. NOTE: The name and telephone number of the ordering physician must accompany the sample. Fill out the "Mayo Medical Laboratories Tay Sach's Disease Prevention Program Questionaire".

Turn around Time: 12 days

CPT Code(s): 83080(x2)

Specimen Stability:

Hgb A1C, Blood (Hemoglobin A1C) (Glycosylated)

Cerner Primary Synonym: Hemoglobin A1c (1060)

PowerChart Aliases: Hgb A1c

PathNet Aliases:

Lab Where Test is Performed: BVHS

Ref Lab Code or #: 

Minimum Specimen Requirements:

1 mL EDTA Whole Blood

Specimen Type: 5 mL Lavender EDTA Tube

Patient Preparation: None.

Laboratory Handling: Do not separate. Refrigerate. Performed on the Findlay Campus. Testing is batched Monday-Saturday in the am.

Turn around Time: 1-2 days

CPT Code(s): 83036

Specimen Stability: 14 days at 2-8 C

HGH - see Human Growth Hormone

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: 

Ref Lab Code or #:

Minimum Specimen Requirements:

Specimen Type:

Specimen Stability:

Patient Preparation:

Laboratory Handling:
HIAA-5 (5 Hydroxy Indole Acetic Acid/Serotonin metabolite) - see 5-HIAA

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

HIB (Anti-HIB) - see Haemophilus influenzae B Antibody, IgG (Vaccine Response)

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

High Resolution Chromosomes - order Chromosome Analysis for Congenital Disorders, Blood

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:
<table>
<thead>
<tr>
<th>Test Name</th>
<th>Cerner Primary Synonym</th>
<th>PowerChart Aliases</th>
<th>PathNet Aliases</th>
<th>Lab Where Test is Performed</th>
<th>Ref Lab Code or #</th>
<th>Turn around Time</th>
<th>CPT Code(s)</th>
<th>Specimen Stability</th>
<th>Specimen Type</th>
<th>Minimum Specimen Requirements</th>
<th>Patient Preparation</th>
<th>Laboratory Handling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Histamine, Plasma <em><strong>Test Down from Mayo</strong></em> - See below for alternative and SPECIAL collection instructions.</td>
<td></td>
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<td></td>
<td></td>
<td>None.</td>
<td>Freeze.</td>
</tr>
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<tr>
<td>Histone Ab - see Anti-Histone Autoantibody</td>
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<td></td>
</tr>
<tr>
<td>Histoplasma Antibodies Screen, Serum</td>
<td>Histoplasma Antibody, Serum-Mayo</td>
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<td></td>
<td></td>
<td></td>
<td>None.</td>
<td>Refrigerate.</td>
</tr>
</tbody>
</table>
**Histoplasma Antigen, Urine**

**Cerner Primary Synonym:** Histoplasma Antigen, Urine-Mayo

**Lab Where Test is Performed:** Mayo

**Ref Lab Code or #:** UHIST

**Minimum Specimen Requirements:**

- 3 mL Random Urine

**Specimen Type:** Random Urine collection

**Patient Preparation:** None.

**Laboratory Handling:** Refrigerate. This test has reflex confirmaiton testing that Mayo sends to Miravista Diagnostics Laboratory. (the Cerner orderable Mayo will use is Mvista Histoplasma Ag, Urine-Mayo)

**Turn around Time:** 3-4 days

**CPT Code(s):** 87385

**Specimen Stability:**

- Cerner Primary Synonym: Histoplasma Antigen, Urine-Mayo

- PowerChart Aliases:

- PathNet Aliases:

---

**Histoplasma-Blastomyces Antibody Panel, Serum - Temporarily Down**

**Cerner Primary Synonym:** Send-out Other

**Lab Where Test is Performed:** Mayo

**Ref Lab Code or #:** HIBLS

**Minimum Specimen Requirements:**

- 1.5 mL Serum (Absolute minimum = 1 mL)

**Specimen Type:** 5 mL Red Top Tube (SST Gel is acceptable)

**Patient Preparation:** None.

**Laboratory Handling:** Refrigerate.

**Turn around Time:** 4-6 days

**CPT Code(s):** 86698, 86612, 86698 (x3) if appropriate

**Specimen Stability:**

- Cerner Primary Synonym: Send-out Other

- PowerChart Aliases:

- PathNet Aliases:

---

**Histoplasmosis Antibody Screen, Serum**

**Cerner Primary Synonym:** Send-out Other

**Lab Where Test is Performed:** Mayo

**Ref Lab Code or #:** SHSTO

**Minimum Specimen Requirements:**

- 0.5 mL Serum

**Specimen Type:** 5 mL Red Top Tubes (SST Gel is acceptable)

**Patient Preparation:** None.

**Laboratory Handling:** Refrigerate.

**Turn around Time:** 2 days

**CPT Code(s):** 86698 (x3)

**Specimen Stability:**

- Cerner Primary Synonym: Send-out Other

- PowerChart Aliases:

- PathNet Aliases:
**HIT Antibodies, Serum (Heparin Induced Thrombocytopenia / Platelet Autoantibodies (PF4))**

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Heparin-PF4 Antibody (HIT)-Mayo</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PowerChart Aliases:</strong></td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td>Mayo-Heparin-PF4 Ab (HIT), S</td>
</tr>
<tr>
<td><strong>Lab Where Test is Performed:</strong></td>
<td>Mayo</td>
</tr>
<tr>
<td><strong>Ref Lab Code or #:</strong></td>
<td>HITIG</td>
</tr>
<tr>
<td><strong>CPT Code(s):</strong></td>
<td>86022</td>
</tr>
<tr>
<td><strong>Specimen Stability:</strong></td>
<td>1 mL Serum</td>
</tr>
<tr>
<td><strong>Minimum Specimen Requirements:</strong></td>
<td>7 mL Plain Red Top Tube (No SST Gel)</td>
</tr>
<tr>
<td><strong>Patient Preparation:</strong></td>
<td>None.</td>
</tr>
<tr>
<td><strong>Laboratory Handling:</strong></td>
<td>Freeze.</td>
</tr>
<tr>
<td><strong>Turn around Time:</strong></td>
<td>3 days</td>
</tr>
<tr>
<td><strong>Specimen Type:</strong></td>
<td>7 mL Plain Red Top Tube (No SST Gel)</td>
</tr>
</tbody>
</table>

**HIV 1-2 Antibody Evaluation, Serum *** For patients < 24 months ***

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Send-out Other</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PowerChart Aliases:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>PathNet Aliases:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Lab Where Test is Performed:</strong></td>
<td>Mayo</td>
</tr>
<tr>
<td><strong>Ref Lab Code or #:</strong></td>
<td>HIVE</td>
</tr>
<tr>
<td><strong>CPT Code(s):</strong></td>
<td>86703</td>
</tr>
<tr>
<td><strong>Specimen Stability:</strong></td>
<td>5 mL Red SST Gel (Plain Red is unacceptable.)</td>
</tr>
<tr>
<td><strong>Minimum Specimen Requirements:</strong></td>
<td>0.5 mL Serum from SST Gel Absolute minimum (Must spin down within 24 hours)</td>
</tr>
<tr>
<td><strong>Patient Preparation:</strong></td>
<td>None.</td>
</tr>
<tr>
<td><strong>Laboratory Handling:</strong></td>
<td>Must spin down within 24 hours. Freeze. This test is performed for patient &lt; 24 months old. It consists of the HIV 1/2 Antibody Screening followed by appropriate confirmatory testing as necessary. Results of this test are primarily reflective of maternal antibodies in the infant's blood due to the immature nature of the baby's immune system. The secondary test code for this is 9333.</td>
</tr>
<tr>
<td><strong>Turn around Time:</strong></td>
<td>2-4 days</td>
</tr>
</tbody>
</table>

**HIV Antibody Types 1 and 2 Confirmation and Differentiation, Serum**

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>HIV Antibody Types 1 and 2 Confirm, Serum-Mayo</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PowerChart Aliases:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>PathNet Aliases:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Lab Where Test is Performed:</strong></td>
<td>Mayo</td>
</tr>
<tr>
<td><strong>Ref Lab Code or #:</strong></td>
<td>HIVDI</td>
</tr>
<tr>
<td><strong>CPT Code(s):</strong></td>
<td>86701, 86702</td>
</tr>
<tr>
<td><strong>Specimen Stability:</strong></td>
<td>5 mL Red SST Gel Tube</td>
</tr>
<tr>
<td><strong>Minimum Specimen Requirements:</strong></td>
<td>1 mL Serum</td>
</tr>
<tr>
<td><strong>Patient Preparation:</strong></td>
<td>This is a Lab ONLY orderable and is used as confirmation of HIV testing done at BVHS. Spin down and removed from cells within 24 hours.</td>
</tr>
<tr>
<td><strong>Turn around Time:</strong></td>
<td>2-5 days</td>
</tr>
</tbody>
</table>
HIV Type 1 Genotyping (for Drug Resistance), Plasma
Cerner Primary Synonym: Send-out Other
PowerChart Aliases:
PathNet Aliases:
Lab Where Test is Performed: Mayo
Ref Lab Code or #: GHIV
Turn around Time: 10 days
CPT Code(s): 87901
Specimen Stability:
Specimen Type: (2) 5 mL Lavender EDTA Tubes
Minimum Specimen Requirements:
Patient Preparation: This test is intended to be used to monitor known HIV-positive infections. It is not intended for primary detection of HIV.
Laboratory Handling: Remove plasma from cells within 4 hours. Freeze.

HIV Viral Load - see HIV-1 RNA Quantification, Plasma
Cerner Primary Synonym:
PowerChart Aliases:
PathNet Aliases:
Lab Where Test is Performed:
Ref Lab Code or #:
Turn around Time:
CPT Code(s):
Specimen Stability:
Specimen Type:
Minimum Specimen Requirements:
Patient Preparation:
Laboratory Handling:

HIV-1 and HIV-2 Antibody, p24 Antigen Screen, Plasma - for routine screening for HIV-1 and HIV-2 Antibody and Antigen
Cerner Primary Synonym: HIV-1 and HIV-2 Ab, p24 Ag Screen
PowerChart Aliases:
PathNet Aliases:
Lab Where Test is Performed: BVHS
Ref Lab Code or #:
Turn around Time: < 1 day
CPT Code(s): 86701,86702
Specimen Stability: 8 hours at Room Temperature, 48 hours at 2-8 C
Specimen Type: (2) 5 mL Lavender EDTA Tubes
Minimum Specimen Requirements:
Patient Preparation: None.
Laboratory Handling: Use precautions. This test is for screening/testing for HIV-1 and HIV-2. Antibody and Antigen It is not to be ordered for confirmation only of previously positive HIV patients.
### HIV-1 DNA Qualitative PCR, Blood

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Send-out Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
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<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>ARUP</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td>0093061</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>2-7 days</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>5 mL Lavender EDTA tubes</td>
</tr>
<tr>
<td>Minimum Specimen</td>
<td>1 mL EDTA Whole Blood</td>
</tr>
<tr>
<td>Requirements:</td>
<td></td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Collect on Monday to Thursdays ONLY. Sample MUST be received by ARUP within 72 hours of collection. Refrigerate. DO NOT FREEZE.</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>87535</td>
</tr>
</tbody>
</table>

### HIV-1 Genotypic Integrase Inhibitor Drug Resistance, Plasma

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>HIV-1 Genotypic Integrase Resist, Plasma-Mayo</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>Mayo</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td>HIVI</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>3-5 days</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>(2) 5 mL Lavender EDTA Tubes</td>
</tr>
<tr>
<td>Minimum Specimen</td>
<td>2.2 mL EDTA Plasma</td>
</tr>
<tr>
<td>Requirements:</td>
<td></td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Spin down and remove plasma within 6 hours of collection. Freeze at -70 degrees C.</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>87906</td>
</tr>
</tbody>
</table>

### HIV-1 Genotypic Protease and Reverse Transcriptase Inhibitor Drug Resistance, Plasma

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>HIV-1 Genotypic PR-RT Resist, Plasma-Mayo</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
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<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>Mayo</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td>HIVPR</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>3-5 days</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>(2) 5 mL Lavender EDTA Tubes</td>
</tr>
<tr>
<td>Minimum Specimen</td>
<td>2.2 mL EDTA Plasma</td>
</tr>
<tr>
<td>Requirements:</td>
<td></td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Spin down and remove plasma within 6 hours of collection. Freeze at -70 degrees C.</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>87901</td>
</tr>
</tbody>
</table>
**HIV-1 IgG Antibody, Western Blot (Serum)**

**Cerner Primary Synonym:** Send-out Other

**Lab Where Test is Performed:** ARUP

**Ref Lab Code or #:** 0020284

**Minimum Specimen Requirements:**
1 mL Serum (Minimum = 0.5 mL)

**Specimen Stability:** Refrigerate.

**Specimen Type:**
- 5 mL Red Top Tube (SST Gel is acceptable)

**Patient Preparation:** None.

**Laboratory Handling:** Refrigerate.

**Turn around Time:** 1-3 days

**CPT Code(s):** 86689

---

**HIV-1 RNA by PCR, Quantitative, Plasma (****NOT Ultrasensitive****) - test obsolete see HIV-1 RNA Quantification, Plasma**

**Cerner Primary Synonym:**

**Lab Where Test is Performed:** Mayo

**Ref Lab Code or #:** HIVQN

**Minimum Specimen Requirements:**
1.5 mL EDTA Plasma (Absolute minimum = 0.8 mL)

**Specimen Type:**
- (2) 5 mL Lavender EDTA Tubes

**Patient Preparation:**
This test is intended to monitor known HIV positive infections and is NOT intended for primary HIV detection/screening. This test replaces both the HIV-1 RNA Ultrasensitive, Quant. and the HIV-1 RNA by PCR, Quant tests. This test has a sensitivity of 48-10,000,000 copies/ML (a range that covers both replaced tests)

**Laboratory Handling:** Spin and remove the plasma within 6 hours. Freeze at -20 to -80 degrees C. Ship on dry ice. This test reports an HIV-1 viral range of 48-10,000,000 copies (a range that covers both normal quantitative HIV-1 AND Ultrasensitive HIV-1 Quant.)

**Specimen Stability:**
- 1.5 mL EDTA Plasma
- (2) 5 mL Lavender EDTA Tubes

**Turn around Time:** 3 days

**CPT Code(s):** 87536

---

**HIV-1 RNA Quantification, Plasma (order this for Dr. Ratnasamy and other HIV-1 Quantitation)**

**Cerner Primary Synonym:** HIV-1 RNA Detection and Quantification-Mayo

**Lab Where Test is Performed:** Mayo

**Ref Lab Code or #:** HIVQN

**Minimum Specimen Requirements:**
1.5 mL EDTA Plasma (Absolute minimum = 0.8 mL)

**Specimen Type:** (2) 5 mL Lavender EDTA Tubes

**Patient Preparation:**

**Laboratory Handling:** Spin and remove the plasma within 6 hours. Freeze at -20 to -80 degrees C. Ship on dry ice. This test reports an HIV-1 viral range of 48-10,000,000 copies (a range that covers both normal quantitative HIV-1 AND Ultrasensitive HIV-1 Quant.)
HIV-1 RNA Ultrasensitive Quantitative (Dr. Ratnasamy ALWAYS wants this) - test obsolete see HIV-1 RNA Quantification, Plasma

Cerner Primary Synonym:
PowerChart Aliases:
PathNet Aliases:
Lab Where Test is Performed: Ref Lab Code or #:
Turn around Time: CPT Code(s):
Specimen Stability:
Specimen Type:
Minimum Specimen Requirements:
Patient Preparation:
Laboratory Handling:

HIV-1 Ultrasensitive - see HIV-1 RNA Quantification, Plasma

Cerner Primary Synonym:
PowerChart Aliases:
PathNet Aliases:
Lab Where Test is Performed: Ref Lab Code or #:
Turn around Time: CPT Code(s):
Specimen Stability:
Specimen Type:
Minimum Specimen Requirements:
Patient Preparation:
Laboratory Handling:

HLA - DQ Testing - see Narcolepsy (HLA-DQB1) DNA Genotyping (HLA-DR/DQ Testing)

Cerner Primary Synonym:
PowerChart Aliases:
PathNet Aliases:
Lab Where Test is Performed: Ref Lab Code or #:
Turn around Time: CPT Code(s):
Specimen Stability:
Specimen Type:
Minimum Specimen Requirements:
Patient Preparation:
Laboratory Handling:
### HLA B27 Typing, Blood (collect Saturday-Thursday ONLY)

**Cerner Primary Synonym:** HLA B27-Mayo  
**PowerChart Aliases:**  
**PathNet Aliases:** Mayo-HLA-B27, B  
**Lab Where Test is Performed:** Mayo  
**Ref Lab Code or #:** LY27B  
**Minimum Specimen Requirements:**  
- 5 mL EDTA Whole Blood (in original vacutainer)  
**Specimen Type:** (2) 5 mL EDTA Lavender Top Tubes  
**Patient Preparation:** Collect Saturday through Thursday ONLY.  
**Laboratory Handling:** Room temperature. Do not refrigerate or freeze. Do not separate. Specimen must arrive at Mayo within 96 hours of collection.  
**Turn around Time:** 6 days  
**CPT Code(s):** 86812  
**Specimen Stability:**

### HLA Class I Molecular Phenotype, Blood

**Cerner Primary Synonym:** Send-out Other  
**PowerChart Aliases:**  
**PathNet Aliases:**  
**Lab Where Test is Performed:** Mayo  
**Ref Lab Code or #:** DISI  
**Minimum Specimen Requirements:**  
- 14 mL ACD Whole Blood (in original collection tubes) (Absolute minimum = 7mL)  
**Specimen Type:** (2) 7 mL Yellow ACD (Solution B) Tubes  
**Patient Preparation:** None.  
**Laboratory Handling:** Room temperature. Specimen must arrive at Mayo within 72 hours of collection. Collect Sunday through Thursday ONLY.  
**Turn around Time:** 9 days  
**CPT Code(s):** 83890, 83894, 83898, 83912  
**Specimen Stability:**

### HLA Class II Molecular Phenotype, Blood

**Cerner Primary Synonym:** Send-out Other  
**PowerChart Aliases:**  
**PathNet Aliases:**  
**Lab Where Test is Performed:** Mayo  
**Ref Lab Code or #:** DISII  
**Minimum Specimen Requirements:**  
- 12 mL ACD Whole Blood (in original collection tubes) (Absolute minimum = 6 mL)  
**Specimen Type:** (2) 7 mL Yellow ACD (Solution B) Tubes  
**Patient Preparation:** None.  
**Laboratory Handling:** Room temperature. Specimen must arrive at Mayo within 72 hours of collection. Collect Sunday through Thursday ONLY.  
**Turn around Time:** 7 days  
**CPT Code(s):** 83890, 83894, 83898, 83912  
**Specimen Stability:**
HLA DR-2, Blood (DR-2 Phenotyping) - see HLA-SSO Class II Molecular Phenotype, Blood

Cerner Primary Synonym:  
PowerChart Aliases:  
PathNet Aliases:  
Lab Where Test is Performed:  
Ref Lab Code or #:  
Turn around Time:  
CPT Code(s):  
Specimen Stability:  
Specimen Type:  
Minimum Specimen Requirements:  
Patient Preparation:  
Laboratory Handling:  
Minimum Specimen Requirements:  
Specimen Type:  
Patient Preparation:  
Laboratory Handling:  

HLA Typing (For Stem Cell Transplant) (HLA Class I and II) - see below

Cerner Primary Synonym:  
PowerChart Aliases:  
PathNet Aliases:  
Lab Where Test is Performed:  
Ref Lab Code or #:  
Turn around Time:  
CPT Code(s):  
Specimen Stability:  
Specimen Type:  
Minimum Specimen Requirements:  
Patient Preparation:  
Laboratory Handling:  
Order these two tests:  
HLA Class I Molecular Phenotype, Blood  
HLA Class II Molecular Phenotype, Blood  
Minimum Specimen Requirements:  
Specimen Type:  
Patient Preparation:  
Laboratory Handling:  

HLA Typing, Blood (for Pheresis Platelets) (Class I and-or II) NOTE - MUST also order the Panel Reactive Antibody (PRA)

Cerner Primary Synonym:  
PowerChart Aliases:  
PathNet Aliases:  
Lab Where Test is Performed:  
Ref Lab Code or #:  
Turn around Time:  
CPT Code(s):  
Specimen Stability:  
Specimen Type:  
Minimum Specimen Requirements:  
Patient Preparation:  
Laboratory Handling:  
Collect 1 EDTA Tube if the WBC is > 4,000. 
Collect 2-3 EDTA Tubes if the WBC is < 4,000. 
Refrigerated.  
The Panel Reactive Antibody (PRA) test MUST also be ordered with this. UTMC performs BOTH the HLA Typing, Blood AND the PRA when HLA Typing is requested.
### HLA-B 5701 Genotype, Abacavir Hypersensitivity, Blood

**Cerner Primary Synonym:** HLA-B 5701 Genotype, Abacavir, Blood-Mayo  
**PowerChart Aliases:**  
**PathNet Aliases:**

<table>
<thead>
<tr>
<th>Lab Where Test is Performed:</th>
<th>Mayo</th>
<th>Ref Lab Code or #:</th>
<th>HLA57</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Minimum Specimen Requirements:</strong></td>
<td>3 mL EDTA Whole Blood</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Specimen Stability:</strong></td>
<td>(2) 5 mL Lavender EDTA Tubes</td>
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<td></td>
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<tr>
<td><strong>Patient Preparation:</strong></td>
<td>None.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Laboratory Handling:</strong></td>
<td>Send sample in original tube. Room temperature.</td>
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<tr>
<td><strong>Turn around Time:</strong></td>
<td>2-4 days</td>
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<tr>
<td><strong>CPT Code(s):</strong></td>
<td>81381</td>
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</table>

### HLA-SSO Class II Molecular Phenotype, Blood

**Cerner Primary Synonym:** Send-out Other  
**PowerChart Aliases:**  
**PathNet Aliases:**

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<th>Lab Where Test is Performed:</th>
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<th>Ref Lab Code or #:</th>
<th>DISII</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Minimum Specimen Requirements:</strong></td>
<td>12 mL ACD Solution B Whole Blood (Absolute minimum = 6 mL)</td>
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</tr>
<tr>
<td><strong>Specimen Stability:</strong></td>
<td>(2) 7 mL Yellow Top ACD (Solution B) Tubes</td>
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<tr>
<td><strong>Patient Preparation:</strong></td>
<td>None.</td>
<td></td>
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<tr>
<td><strong>Laboratory Handling:</strong></td>
<td>Collect Monday through Thursday ONLY! Specimen MUST arrive at Mayo within 72 hours. Room temperature. Send in original containers.</td>
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<tr>
<td><strong>Turn around Time:</strong></td>
<td>7 days</td>
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<tr>
<td><strong>CPT Code(s):</strong></td>
<td>83890, 83894, 83898, 83912</td>
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### Homocysteine, Total, Plasma

**Cerner Primary Synonym:** Homocysteine, Total-Mayo  
**PowerChart Aliases:**  
**PathNet Aliases:**

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<th>Ref Lab Code or #:</th>
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<tbody>
<tr>
<td><strong>Minimum Specimen Requirements:</strong></td>
<td>0.4 mL EDTA Plasma (Absolute minimum = 0.2 mL)</td>
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<tr>
<td><strong>Specimen Stability:</strong></td>
<td>4 hours ON ICE until spun</td>
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<tr>
<td><strong>Specimen Type:</strong></td>
<td>5 mL EDTA Lavender Tube</td>
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<tr>
<td><strong>Patient Preparation:</strong></td>
<td>Fasting is preferred but not required.</td>
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<tr>
<td><strong>Laboratory Handling:</strong></td>
<td>Collect the specimen on ice. Must be kept cold. Spin and remove plasma within 4 hours of collection. Refrigerate.</td>
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<tr>
<td><strong>Turn around Time:</strong></td>
<td>1-4 days</td>
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<tr>
<td><strong>CPT Code(s):</strong></td>
<td>83090</td>
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<td>Test Description</td>
<td>Cerner Primary Synonym</td>
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<td>PathNet Aliases</td>
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<tr>
<td>Homovanillic Acid, Urine (HVA) 24 Hour</td>
<td>Homovanillic Acid 24 Hour Urine-Mayo</td>
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<td>Mayo-Homovanillic Acid (HVA), 24 Hr, U</td>
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<tr>
<td>HPV Screen (Human Papilloma Virus)</td>
<td>HPV DNA</td>
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<tr>
<td>HSV 1/2 Antibodies, IgG, CSF - see Herpes Simplex Virus 1/2 IgG Type Specific Antibodies, CSF</td>
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</tbody>
</table>
HSV 1/2 Antibodies, IgM CSF - see Herpes Simplex Virus (HSV) 1/2 IgM Antibody, CSF

Cerner Primary Synonym:
PowerChart Aliases:
PathNet Aliases:
Lab Where Test is Performed: Ref Lab Code or #:
Turn around Time: CPT Code(s):
Specimen Stability:
Specimen Type:
Minimum Specimen Requirements:
Patient Preparation:
Laboratory Handling:

HSV IgM Antibody, Serum - order Herpes Simplex Virus IgM Antibody Screen, Serum

Cerner Primary Synonym:
PowerChart Aliases:
PathNet Aliases:
Lab Where Test is Performed: Ref Lab Code or #:
Turn around Time: CPT Code(s):
Specimen Stability:
Specimen Type:
Minimum Specimen Requirements:
Patient Preparation:
Laboratory Handling:

HSV PCR Spinal Fluid (CSF) - see Herpes Simplex Virus (HSV) Molecular Detection PCR Spinal Fluid (CSF)

Cerner Primary Synonym:
PowerChart Aliases:
PathNet Aliases:
Lab Where Test is Performed: Ref Lab Code or #:
Turn around Time: CPT Code(s):
Specimen Stability:
Specimen Type:
Minimum Specimen Requirements:
Patient Preparation:
Laboratory Handling:
HTLV I / II Antibody - see Human T-Cell Lymphotropic Virus Types I and II (HTLV-1/-II) Antibody Screen with Confirmation, Serum

Cerner Primary Synonym:
PowerChart Aliases:
PathNet Aliases:
Lab Where Test is Performed: Ref Lab Code or #:
Turn around Time: CPT Code(s):
Specimen Stability:
Specimen Type:
Minimum Specimen Requirements:
Patient Preparation:
Laboratory Handling:

HTLV-III - see HIV Types 1 and 2 Antibody Screen for screening or HIV-1/2 Antibody Confirmatory Evaluation for confirmation of positives

Cerner Primary Synonym:
PowerChart Aliases:
PathNet Aliases:
Lab Where Test is Performed: Ref Lab Code or #:
Turn around Time: CPT Code(s):
Specimen Stability:
Specimen Type:
Minimum Specimen Requirements:
Patient Preparation:
Laboratory Handling:

Hu Autoantibody Test (ANTI-Hu) (Anti-Neuronal Nuclear Ab:ANNA), Serum - see Anti-Hu (Hu Autoantibody Test) (ANNA-1), Serum

Cerner Primary Synonym:
PowerChart Aliases:
PathNet Aliases:
Lab Where Test is Performed: Ref Lab Code or #:
Turn around Time: CPT Code(s):
Specimen Stability:
Specimen Type:
Minimum Specimen Requirements:
Patient Preparation:
Laboratory Handling:
Hu Autoantibody Test (ANTI-Hu) (Anti-Neuronal Nuclear Ab:ANNA), CSF - see Anti-Hu Antibody, CSF

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: BVHS

Ref Lab Code or #:

Turn around Time: < 1 day

CPT Code(s): 84702

Specimen Stability:

Specimen Type: 5 mL Red Top Tube (SST Gel is acceptable)

Minimum Specimen Requirements:

Patient Preparation: This HCG is for reproductive status or pregnancy. Not for males.

Laboratory Handling: Only order for females. This test is for reproductive status or pregnancy. If a Tumor Marker HCG is requested please order HCG Tumor Marker (HCGTM).
### Human Growth Hormone, Serum (HGH)

**Cerner Primary Synonym:** Growth Hormone-Mayo  
**PowerChart Aliases:**  
**PathNet Aliases:** Mayo-Growth Hormone, S  
**Lab Where Test is Performed:** Mayo  
**Ref Lab Code or #:** HGH  
**Turn around Time:** 3 days  
**CPT Code(s):** 83003  
**Specimen Stability:**  
**Specimen Type:** 5 mL Red Top Tube (SST Gel is acceptable)  
**Minimum Specimen Requirements:** 1 mL Serum  
**Patient Preparation:** The patient should fast for 12 hours.  
**Laboratory Handling:** Freeze.

### Human Immunodeficiency Virus 1 (HIV-1) by Quantitative NAAT, CSF

**Cerner Primary Synonym:** Send-out Other  
**PowerChart Aliases:**  
**PathNet Aliases:**  
**Lab Where Test is Performed:** ARUP  
**Ref Lab Code or #:** 3000872  
**Turn around Time:** 1-4 days  
**CPT Code(s):** 87536  
**Specimen Stability:**  
**Specimen Type:** CSF  
**Minimum Specimen Requirements:** 2 mL CSF (Absolute minimum = 0.8 mL)  
**Patient Preparation:** None.  
**Laboratory Handling:** Freeze. This test is used to detect and quantify HIV-1 in CSF.

### Human T-Cell Lymphotropic Virus Types I and II (HTLV-I/-II) Antibody Screen with Confirmation, Serum

**Cerner Primary Synonym:** Send-out Other  
**PowerChart Aliases:**  
**PathNet Aliases:**  
**Lab Where Test is Performed:** Mayo  
**Ref Lab Code or #:** HTLVI  
**Turn around Time:** 3-5 days  
**CPT Code(s):** 86790, (86689 if reflexed)  
**Specimen Stability:**  
**Specimen Type:** 5 mL Red Gel Tube  
**Minimum Specimen Requirements:** 1 mL Serum (Absolute minimum = 0.6 mL)  
**Patient Preparation:** None.  
**Laboratory Handling:** Freeze.
**Hunter Syndrome - see Iduronate Sulfatase**

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**Hunter Syndrome Monitoring, Quantitative (known positive patients) - see Mucopolysaccharides (MPS) Quantitative, Urine**

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**Hunter Syndrome Screen - see Mucopolysaccharides (MPS) Screen, Urine**

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<th>Laboratory Handling:</th>
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</table>
Huntingtons Disease, Blood (Symptomatic or Pre-Symptomatic)

Cerner Primary Synonym: Send-out Other

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Mayo
Ref Lab Code or #: FHUNT

Turn around Time: 7-14 days after consent
CPT Code(s): 83898, 83909, 83891, 83912

Specimen Stability:

Specimen Type: 2 Yellow Top ACD Tubes or (2) 5 mL Lavender EDTA Tubes

Minimum Specimen Requirements: 10 mL ACD Whole Blood (Solution A) or 10 mL EDTA Whole Blood (Absolute minimum = 2 mL)

Patient Preparation: None.

Laboratory Handling: Do NOT centrifuge. Refrigerate. Specimen is only good for 5 days. Need the Dr.'s telephone number and address and patient's signed consent form (symptomatic or pre-symptomatic) and Supplemental Information form.

HVA - see Homovanillic Acid, Urine

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Mayo
Ref Lab Code or #: 

Turn around Time: 
CPT Code(s): 

Specimen Stability:

Specimen Type:
Minimum Specimen Requirements:
Patient Preparation:
Laboratory Handling:

Hvomorphine, Serum - see Dilaudid

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Mayo
Ref Lab Code or #: 

Turn around Time: 
CPT Code(s): 

Specimen Stability:

Specimen Type:
Minimum Specimen Requirements:
Patient Preparation:
Laboratory Handling:
Hydroxycorticosteroids-17 (17-OH) - see 17-Hydroxycorticosteroids

Cerner Primary Synonym:  
PowerChart Aliases:  
PathNet Aliases:  
Lab Where Test is Performed: Ref Lab Code or #:  
Turn around Time: CPT Code(s):  
Specimen Stability:  
Specimen Type:  
Minimum Specimen Requirements:  
Patient Preparation:  
Laboratory Handling:  

**Hydroxyproline, 24 Hour Urine, Total**

Cerner Primary Synonym: Send-out Other  
PowerChart Aliases:  
PathNet Aliases:  
Lab Where Test is Performed: ARUP  
Ref Lab Code or #: 0080328  
Turn around Time: 4-11 days  
CPT Code(s): 83505  
Specimen Stability:  
Specimen Type: 24 Hour Urine collection (no preservative)  
Minimum Specimen Requirements: 5 mL Urine from a 24 hour collection (Absolute minimum = 3 mL)  
Patient Preparation: None.  
Laboratory Handling:  
Urine must be refrigerated during collection. Refrigerate. (Urine hydroxyproline is an older, nonspecific marker for bone resorption. Deoxypyridinoline Crosslinks, Pyridinoline and Deoxypyridinoline by HPLC, and N-Telopeptide, Cross-Linked, Urine are more specific tests for bone resorption.)  

**Hypercoagulation Profile - (obsolete; see Thrombosis Profile Comprehensive (BVH)**

Cerner Primary Synonym:  
PowerChart Aliases:  
PathNet Aliases:  
Lab Where Test is Performed: BVHS  
Ref Lab Code or #:  
Turn around Time: CPT Code(s):  
Specimen Stability:  
Specimen Type:  
Minimum Specimen Requirements:  
Patient Preparation:  
Laboratory Handling:  

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Wednesday, July 3, 2019  
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**Hypersensitivity Pneumonitis Extended Panel, Serum**

- **Cerner Primary Synonym:** Send-out: Other
- **PowerChart Aliases:**
- **Ref Lab Code or #:** 3001561
- **Lab Where Test is Performed:** ARUP
- **Turn around Time:** 4-9 days
- **CPT Code(s):** 86003 (x3), 86005, 86331 (x6), 86606 (x5)
- **Specimen Type:** (3) 7 mL Plain Red Top Tubes (SST Gel is acceptable)
- **Minimum Specimen Requirements:** (2) 2.5 mL aliquots of Serum (5 mL Total) (Absolute minimum = (2) 1 mL aliquots)
- **Patient Preparation:** None
- **Laboratory Handling:** Separate serum from cells within 2 hours of collection. Divide the serum volume into 2 ARUP Transport Tubes (2.5 mL each). Refrigerate.

**Hypoglycemic Agent Screen, Serum**

- **Cerner Primary Synonym:** Hypoglycemic Agent Screen-Mayo
- **PowerChart Aliases:**
- **PathNet Aliases:** Mayo-Hypoglycemic Agent Scrn, S
- **Ref Lab Code or #:** HYPOG
- **Lab Where Test is Performed:** Mayo
- **Turn around Time:** 2-8 days
- **CPT Code(s):** G0431
- **Specimen Type:** (2) 7 mL Plain Red Top Tubes (NO SST Gel)
- **Minimum Specimen Requirements:** 3 mL Serum (Absolute minimum = 1.1 mL)
- **Patient Preparation:** None
- **Laboratory Handling:** Freeze. Test includes: Acetohexamide, Chlorpropamide, Tolazamide, Tolbutamide, Glimepiride, Glipizide, Glyburide, and Repaglinide.

**IBD 7 - see IBD sgi Diagnostic**

- **Cerner Primary Synonym:**
- **PowerChart Aliases:**
- **PathNet Aliases:**
- **Ref Lab Code or #:**
- **Lab Where Test is Performed:**
- **Turn around Time:**
- **CPT Code(s):**
- **Specimen Stability:**
- **Specimen Type:**
- **Minimum Specimen Requirements:**
- **Patient Preparation:**
- **Laboratory Handling:**
### IBD Diagnostic Panel, Serum - see IBD sgi Diagnostic

**Cerner Primary Synonym:**

**PowerChart Aliases:**

**PathNet Aliases:**

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<th>Patient Preparation:</th>
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<th>Laboratory Handling:</th>
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### IBD Panel (Inflammatory Bowel Panel) - see IBD sgi Diagnostic

**Cerner Primary Synonym:**

**PowerChart Aliases:**

**PathNet Aliases:**

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<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Minimum Specimen Requirements:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Patient Preparation:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Laboratory Handling:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### IBD sgi Diagnostic, Blood and Serum (formerly known as IBD Serology 7, Serum)

**Cerner Primary Synonym:** Send-out Other

**PowerChart Aliases:**

**PathNet Aliases:**

<table>
<thead>
<tr>
<th>Lab Where Test is Performed</th>
<th>Ref Lab Code or #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prometheus</td>
<td>1800</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Turn around Time</th>
<th>CPT Code(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-4 days</td>
<td>83520 (x8), 82397 (x3), 86140,88346,88350, 81479(X4)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Specimen Stability</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Specimen Type</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) 5 mL EDTA Tube and (2) 5 mL Red Top Tubes (SST Gel is acceptable)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Minimum Specimen Requirements:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Patient Preparation:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Laboratory Handling:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Refrigerate. DO NOT FREEZE. ('sgi' stands for Serologic, Genetic, and Inflammatory). This panel helps differentiate IBD versus non-IBD and Crohn's versus UC (ulcerative colitis).</td>
<td></td>
</tr>
</tbody>
</table>
Iduronate Sulfatase Deficiency (monitoring known positive patients) - see Mucopolysaccharides (MPS) Quantitative, Urine

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

---

Iduronate Sulfatase Deficiency Screen - see Mucopolysaccharides (MPS) Screen, Urine

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

---

IgA Fibronectin Aggregates, Serum

Cerner Primary Synonym: Send-out Other

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Mayo Ref Lab Code or #: FIFAF

Turn around Time: 3-10 days CPT Code(s): 83516

Specimen Stability:

Specimen Type: 7 mL Plain Red Top Tube (SST Gel is acceptable but MUST be poured off)

Minimum Specimen Requirements: 1 mL Serum (Absolute minimum = 0.5 mL)

Patient Preparation: None.

Laboratory Handling: Refrigerate.
<table>
<thead>
<tr>
<th>Test</th>
<th>Lab Where Test is Performed</th>
<th>Specimen Type</th>
<th>Patient Preparation</th>
<th>Laboratory Handling</th>
<th>Turn around Time</th>
<th>Specimen Stability</th>
<th>CPT Code(s)</th>
<th>Ref Lab Code or #</th>
</tr>
</thead>
<tbody>
<tr>
<td>IgA, Serum (Immunoglobulin A)</td>
<td>BVHS</td>
<td>5 mL Light Green Heparinized Gel Tube</td>
<td>None.</td>
<td>None</td>
<td>&lt; 1 day</td>
<td>8 hours at Room Temperature, 48 hours at 2-8°C</td>
<td>82784</td>
<td></td>
</tr>
<tr>
<td>IgD Quantitative, Serum</td>
<td>ARUP</td>
<td>5 mL Red Top Tube (SST Gel is acceptable.)</td>
<td>None.</td>
<td>Separate serum from cells ASAP. Refrigerate.</td>
<td>1-4 days</td>
<td></td>
<td>82784</td>
<td>0099200</td>
</tr>
<tr>
<td>IgE, Serum (IgE Total / Immunoglobulin E)</td>
<td>Mayo</td>
<td>7 mL Red Top Tube (SST Gel is acceptable)</td>
<td>None.</td>
<td>Refrigerate. Do not freeze.</td>
<td>2-3 days</td>
<td></td>
<td>82785</td>
<td>IGE</td>
</tr>
</tbody>
</table>
### IGF Binding Protein 1, Serum

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Send-out Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>ARUP</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>Varies</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>7 mL Red Top Tube (NO SST Gel)</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>1 mL Serum (Absolute minimum = 0.2 mL)</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>Overnight fasting preferred.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Freeze.</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td>98843</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>83519</td>
</tr>
</tbody>
</table>

### IGF1 - see Somatomedin C

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
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<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td></td>
</tr>
<tr>
<td>Turn around Time:</td>
<td></td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td></td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td></td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td></td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td></td>
</tr>
</tbody>
</table>

### IGFBP-3, Serum (Insulin-Like Growth Factor Binding Protein 3)

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>IGFBP-3-Mayo</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td>Mayo-IGFBP-3, S</td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>Mayo</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>3 days</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>5 mL Red Top Tube (SST Gel is acceptable)</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>0.8 mL Serum (Pediatric minimum = 0.3 mL)</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Freeze</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td>IGFB3</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>83520</td>
</tr>
</tbody>
</table>
IgG Index and Synthesis Rate, CSF - see IgG Synthesis Rate and Index, CSF

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Mayo
Ref Lab Code or #: SFIN

Turn around Time: 2 days
CPT Code(s): 82040, 82042, 82784(X2)

Specimen Stability:

Specimen Type: CSF and Serum

Minimum Specimen Requirements: 1 mL CSF and 1 mL Serum

Patient Preparation: None.

Laboratory Handling: Collection date and time for the CSF and serum should be the same. Refrigerate.

---

IgG Subclasses Panel (1,2,3,4), Serum

Cerner Primary Synonym: IgG Subclasses-Mayo

PowerChart Aliases:

PathNet Aliases: Mayo-IgG Subclasses, S

Lab Where Test is Performed: Mayo
Ref Lab Code or #: IGGS

Turn around Time: 2 days
CPT Code(s): 82787(X4), 82784

Specimen Stability:

Specimen Type: 5 mL Red Top Tube (SST Gel is acceptable)

Minimum Specimen Requirements: 1 mL Serum

Patient Preparation: None.

Laboratory Handling: Refrigerate.

---

IgG Synthesis Rate and Index, CSF

Cerner Primary Synonym: Send-out Other

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Mayo
Ref Lab Code or #: SFIN

Turn around Time: 2 days
CPT Code(s): 82040, 82042, 82784(X2)

Specimen Stability:

Specimen Type: CSF and Serum

Minimum Specimen Requirements: 1 mL CSF and 1 mL Serum

Patient Preparation: None.

Laboratory Handling: Collection date and time for the CSF and serum should be the same. Refrigerate.
### IgG, Serum (Immunoglobulin G)

<table>
<thead>
<tr>
<th>Lab Where Test is Performed:</th>
<th>BVHS</th>
<th>Ref Lab Code or #:</th>
<th>CPT Code(s):</th>
<th>Specimen Stability:</th>
<th>Minimum Specimen Requirements:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turn around Time:</td>
<td>&lt; 1 day</td>
<td></td>
<td>82784</td>
<td>8 hours at Room Temperature, 48 hours at 2-8 C</td>
<td>1.5 mL Plasma</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>5 mL Light Green Heparinized Gel Tube</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>None.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### IGH Somatic Hypermutation Analysis, B-Cell Chronic Lymphocytic Leukemia (B-CLL), Blood

<table>
<thead>
<tr>
<th>Lab Where Test is Performed:</th>
<th>Mayo</th>
<th>Ref Lab Code or #:</th>
<th>CPT Code(s):</th>
<th>Specimen Stability:</th>
<th>Minimum Specimen Requirements:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turn around Time:</td>
<td>5-14 days</td>
<td></td>
<td>81263</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>(3) 5 mL EDTA Lavender Top Tube</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>The following information is required: Pertinent clinical history, clinical or morphologic suspicion, date of collection, and specimen source (i.e. blood)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Refrigerate. Send in the original tube. Make sure to label as blood.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### IgM - Anti-Hepatitis A Virus, Serum (Anti-HA IgM)

<table>
<thead>
<tr>
<th>Lab Where Test is Performed:</th>
<th>BVHS</th>
<th>Ref Lab Code or #:</th>
<th>CPT Code(s):</th>
<th>Specimen Stability:</th>
<th>Minimum Specimen Requirements:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turn around Time:</td>
<td>1-3 days</td>
<td></td>
<td>86709</td>
<td>8 hours at Room Temperature, 7 days at 2-8 C</td>
<td>0.5 mL Serum ONLY</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>5 mL Red Top SST Tube <strong>Serum ONLY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Use precautions.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### IgM, Serum (Immunoglobulin M)

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>IgM Level</th>
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</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>BVHS</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td></td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>&lt; 1 day</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td>8 hours at Room Temperature, 48 hours at 2-8 C</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>5 mL Light Green Heparinized Gel Tube</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>1 mL Plasma</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>None.</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>82784</td>
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<tr>
<td>Cerner Primary Synonym:</td>
<td></td>
</tr>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>Mayo</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td>IMIPR</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>3-4 days</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td>(2) 5 mL Plain Red Top Tube</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>1 mL Serum (Absolute minimum = 0.25 mL)</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>Specimen should be collected 12 hours after the last dose and just before the next does.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Remove the serum within 2 hours of collection. Refrigerate.</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>80335</td>
</tr>
<tr>
<td>Cerner Primary Synonym:</td>
<td></td>
</tr>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
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<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>ARUP</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td>0050301</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>1-8 days</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td>7 mL Plain Red Top Tube (No SST Gel)</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>1 mL Serum (Minimum = 0.5 mL)</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Allow specimen to clot for 2 hours before centrifugation. Freeze.</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>86332</td>
</tr>
</tbody>
</table>
### Immune Complex, Raji Cell Assay, Serum

**Cerner Primary Synonym:** Send-out Other  
**PowerChart Aliases:**  
**Lab Where Test is Performed:** ARUP  
**Ref Lab Code or #:** 0050302  
**Turn around Time:** 2-9 days  
**CPT Code(s):** 86332  
**Specimen Stability:**  
**Specimen Type:** (2) 7 mL Plain Red Top Tubes (No SST Gel)  
**Minimum Specimen Requirements:** 3 mL Serum (Minimum = 0.5 mL)  
**Patient Preparation:** None.  
**Laboratory Handling:** Allow specimen to clot for 2 hours before centrifugation. Freeze.

### Immunofixation Electrophoresis, Serum (IEP)

**Cerner Primary Synonym:** Serum Immunofixation Electrophoresis  
**PowerChart Aliases:**  
**Lab Where Test is Performed:** BVHS  
**Ref Lab Code or #:**  
**Turn around Time:** 2-7 days  
**CPT Code(s):** 86320  
**Specimen Stability:** 3 weeks at 2-8 C  
**Specimen Type:** 5 mL Red Top Tube (SST Gel is acceptable)  
**Minimum Specimen Requirements:** 1 mL Serum  
**Patient Preparation:** None.  
**Laboratory Handling:** None.

### Immunofixation Electrophoresis, Urine (24 Hour Urine or Random Collection)

**Cerner Primary Synonym:** Urine Immunofixation Electrophoresis  
**PowerChart Aliases:**  
**Lab Where Test is Performed:** BVHS  
**Ref Lab Code or #:**  
**Turn around Time:** 2-7 days  
**CPT Code(s):** 86325  
**Specimen Stability:** 4 weeks at 2-8 C  
**Specimen Type:** 24 Hour collection with NO preservative (or 30 mL of a random collection)  
**Minimum Specimen Requirements:** 100 mL of a 24 Hour Urine (or 30 mL of a random collection)  
**Patient Preparation:** None.  
**Laboratory Handling:** Collect urine on ice. Record the total urine volume.
### Immunoglobulin Free Light Chains, Serum (Kappa and Lambda Free Light Chains)

**Cerner Primary Synonym:** Immunoglobulin Free Light Chains-Mayo  
**PathNet Aliases:** Mayo-Immunoglobulin Free Light Chains, S  
**Lab Where Test is Performed:** Mayo  
**Ref Lab Code or #:** FLCP  
**Minimum Specimen Requirements:** 1 mL Serum  
**Specimen Type:** (2) 5 mL Red Top Tubes (SST Gel is acceptable.)  
**Patient Preparation:** None.  
**Laboratory Handling:** None.  
**Turn around Time:** 2-3 days  
**CPT Code(s):** 83883(x2)  
**Specimen Stability:**

#### Immunoglobulin Gene Rearrangement, Blood (Heavy / Light Chains)

**Cerner Primary Synonym:** Send-out Other  
**PathNet Aliases:** LAB  
**Lab Where Test is Performed:** Mayo  
**Ref Lab Code or #:** BCGR  
**Minimum Specimen Requirements:** 4 mL EDTA Whole Blood  
**Specimen Type:** (2) 5 mL Lavender EDTA Tubes  
**Patient Preparation:** None.  
**Laboratory Handling:** Room temperature. Send in the original collection tubes. The specimen must arrive at Mayo within 96 hours of collection.  
**Turn around Time:** 7 days  
**CPT Code(s):** VARIABLE  
**Specimen Stability:**

#### Immunoglobulins, CSF (IgA, IgG, IgM)

**Cerner Primary Synonym:** Send-out Other  
**PathNet Aliases:**  
**Lab Where Test is Performed:** ARUP  
**Ref Lab Code or #:** 0050631  
**Minimum Specimen Requirements:** 1 mL CSF  
**Specimen Type:** Fluid from Spinal Tap  
**Patient Preparation:** None.  
**Laboratory Handling:** Refrigerate.  
**Turn around Time:** 1-5 days  
**CPT Code(s):** 82784(X3)  
**Specimen Stability:**
**Immunoglobulins, IgG, IgA, and IgM (Serum)**

Cerner Primary Synonym: Immunoglobulin Levels IgG, IgA and IgM

**PowerChart Aliases:**

PathNet Aliases: GAM

**Lab Where Test is Performed:** BVHS

Ref Lab Code or #: CPT Code(s): 82784(x3)

**Specimen Stability:**

Specimen Type: 5 mL Light Green Heparinized Gel Tube

Minimum Specimen Requirements:

Patient Preparation: None.

Laboratory Handling: None.

**Turn around Time:** < 1 day

**CPT Code(s):** 82784(x3)

---

**Inborn Errors of Metabolism - Amino Acids ONLY, Plasma and Urine (Dr.s FAC, REM, and BV Pediatrics)**

Cerner Primary Synonym: Send-out Other

**PowerChart Aliases:**

PathNet Aliases:

**Lab Where Test is Performed:** CGH

Ref Lab Code or #: CPT Code(s): Special

**Specimen Stability:**

Specimen Type: (2) 5 mL Plain Green Top Tube and 24 Hour Urine collection with NO preservative

Minimum Specimen Requirements:

Patient Preparation: None.

Laboratory Handling: Collect the urine on ice. The urine collection should not contain any stool. 24 hour urine collections should be collected when possible. Freeze both the plasma and urine. Ship on dry ice via Federal Express. Infant minimum requirements: 2 ML Plasma and 10 ML of a Random Urine. (This test does NOT include Organic Acid Testing). Order Quantitation of Plasma and Urinary Amino Acids: For detection of Inborn Errors of Amino Acids Metabolism.

**Turn around Time:** Special

**CPT Code(s):** Special

---

**Inborn Errors of Metabolism, Plasma and Urine (Dr. Cameron) - see below**

Cerner Primary Synonym:

**PowerChart Aliases:**

PathNet Aliases:

**Lab Where Test is Performed:** Ref Lab Code or #: CPT Code(s):

**Specimen Stability:**

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling: Order these tests individually:

1. Organic Acids Screen, Urine
2. Amino Acids Quantitative, Plasma by Ion Exchange
3. Amino Acids Quantitative, Urine by Ion Exchange (24 Hour)
   OR Amino Acids Quantitative, Urine by Ion Exchange (Random)
### India Ink, CSF

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>India Ink</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>BVHS</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td></td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>&lt; 1 day</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>87210</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>Sterile Tube (Usually Tube #3)</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>0.5 mL CSF</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td></td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td></td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td></td>
</tr>
</tbody>
</table>

The only acceptable specimen for this test is CSF. The same specimen used for culture can be used to perform this test. This is specifically looking for Cryptococcus. The Cryptococcal Antigen test is preferred.

### Indices, RBC (MCV, MCH, and MCHC) - order HHP or CBC (if a Differential is desired)

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Antibody Screen Auto</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td>AS Auto</td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td>AS Auto</td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>BVHS</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td></td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>&lt; 1 day</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>86885</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>7 mL Pink EDTA Tube or 7 mL Plain Red Top Tube (No SST Gel)</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>Variable</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>None.</td>
</tr>
</tbody>
</table>

### Indirect Coombs, Plasma (Antibody Screen)

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Antibody Screen Auto</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td>AS Auto</td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td>AS Auto</td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>BVHS</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td></td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>&lt; 1 day</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>86885</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>7 mL Pink EDTA Tube or 7 mL Plain Red Top Tube (No SST Gel)</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>Variable</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>None.</td>
</tr>
</tbody>
</table>
Infertility, Semen Analysis
Cerner Primary Synonym: Semen Analysis
PowerChart Aliases:
PathNet Aliases:
Lab Where Test is Performed: BVHS
Ref Lab Code or #:
Minimum Specimen Requirements:
Specimen Type: Semen in a clean, dry container
Patient Preparation: Follow collection instruction sheet available from the Lab.
Laboratory Handling: Deliver to the Lab within 1 hour after collection.
Turn around Time: 1-3 days
CPT Code(s): 89320
Specimen Stability:

Inflammatory Bowel Panel - see IBD sgi Diagnostic
Cerner Primary Synonym:
PowerChart Aliases:
PathNet Aliases:
Lab Where Test is Performed: BVHS
Ref Lab Code or #:
Minimum Specimen Requirements:
Specimen Type: Semen in a clean, dry container
Patient Preparation: Follow collection instruction sheet available from the Lab.
Laboratory Handling: Deliver to the Lab within 1 hour after collection.
Turn around Time: 1-3 days
CPT Code(s): 89320
Specimen Stability:

Infliximab Quantitation with Reflex to Antibodies to Infliximab
Cerner Primary Synonym: Send-out Other
PowerChart Aliases:
PathNet Aliases:
Lab Where Test is Performed: BVHS
Ref Lab Code or #: INFXR
Minimum Specimen Requirements:
Specimen Type: 5 mL Plain Red Top Tube (SST Gel is acceptable).
Patient Preparation: None.
Laboratory Handling: Freeze.
Turn around Time: 1-3 days
CPT Code(s): 80299
Specimen Stability:

Minimum Specimen Requirements:
Specimen Type: 1 mL Serum (Absolute minimum = 0.5 mL)
Patient Preparation: None.
Laboratory Handling: Freeze.
**Influenza A & B Antigen, ER Only**

**Cerner Primary Synonym:** Influenza A & B Antigen, ER Only  
**PowerChart Aliases:**  
**PathNet Aliases:**  
**Lab Where Test is Performed:** BVHS  
**Ref Lab Code or #:**  
**Turn around Time:** < 1 day  
**CPT Code(s):** 87804 (x2)  
**Specimen Stability:**  
**Specimen Type:** Green Nasopharyngeal Swab  
**Minimum Specimen Requirements:** 1 Green Nasopharygela Swab. NOTE: if also ordering the RSV Antigen a separate swab MUST be submitted for the RSV Antigen test)  
**Patient Preparation:** None.  
**Laboratory Handling:** None.  

**Influenza A H1N1 RNA, RT-PCR (for confirmation request of positive BVH FLU test)**

**Cerner Primary Synonym:** Send-out Other  
**PowerChart Aliases:**  
**PathNet Aliases:**  
**Lab Where Test is Performed:** Focus  
**Ref Lab Code or #:** 46585  
**Turn around Time:** 1 day  
**CPT Code(s):** 87502  
**Specimen Stability:**  
**Specimen Type:** Throat, Nasal, or Nasopharyngeal Swab in Viral Transport Media or Nasal Aspirate (DO NOT USE calcium alginate swabs)  
**Minimum Specimen Requirements:** Swab or Aspirate in Viral Transport Media (NO calcium alginate swabs) DO NOT USE Green Top swabs.  
**Patient Preparation:**  
**Laboratory Handling:** Refrigerate. DO NOT USE Calcium Alginate Swabs. DO NOT USE Green Top Nasopharyngeal Swabs. Performed at the physician's request after a positive FLU screen from BVH.  

**Influenza A Virus Antibody IgG and IgM, Serum**

**Cerner Primary Synonym:** Send-out Other  
**PowerChart Aliases:**  
**PathNet Aliases:**  
**Lab Where Test is Performed:** Mayo  
**Ref Lab Code or #:** SFLA  
**Turn around Time:** 3 days  
**CPT Code(s):** 86710(X2)  
**Specimen Stability:**  
**Specimen Type:** 5 mL Red Top Tube (SST Gel is acceptable)  
**Minimum Specimen Requirements:** 0.25 mL Serum (Pediatric minimum = 0.1 mL)  
**Patient Preparation:** None.  
**Laboratory Handling:** Refrigerate.
### Influenza A/B and RSV, PCR

<table>
<thead>
<tr>
<th>Cerner Primary Synonym</th>
<th>PowerChart Aliases:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza A/B and RSV, PCR</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lab Where Test is Performed:</th>
<th>BVHS</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Turn around Time:</th>
<th>&lt; 1 day</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Specimen Stability:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Specimen Type:</th>
<th>Swab, Aspirate, or Sputum (UTM Swab / M4 Media Swabs)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Minimum Specimen Requirements:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Patient Preparation:</th>
<th>None.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Laboratory Handling:</th>
</tr>
</thead>
</table>

Acceptable specimens include nasopharyngeal swabs, throat swabs, nasal aspirates, or sputums.

<table>
<thead>
<tr>
<th>CPT Code(s):</th>
<th>87804(x2)</th>
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</table>

### Influenza B Virus Antibody IgG and IgM, Serum

<table>
<thead>
<tr>
<th>Cerner Primary Synonym</th>
<th>PowerChart Aliases:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Send-out Other</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lab Where Test is Performed:</th>
<th>Mayo</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Turn around Time:</th>
<th>3 days</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Specimen Stability:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Specimen Type:</th>
<th>5 mL Red Top Tube (SST Gel is acceptable)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Minimum Specimen Requirements:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Patient Preparation:</th>
<th>None.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Laboratory Handling:</th>
</tr>
</thead>
</table>

Refrigerate.

<table>
<thead>
<tr>
<th>CPT Code(s):</th>
<th>86710(X2)</th>
</tr>
</thead>
</table>

### Influenza H1N1 - see H1N1 Influenza (Real Time PCR)

<table>
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<tr>
<th>Cerner Primary Synonym:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>PowerChart Aliases:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>PathNet Aliases:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Lab Where Test is Performed:</th>
<th>Ref Lab Code or #:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SFLB</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Turn around Time:</th>
<th>CPT Code(s):</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Specimen Stability:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Specimen Type:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Minimum Specimen Requirements:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Patient Preparation:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Laboratory Handling:</th>
</tr>
</thead>
</table>

<p>| |</p>
<table>
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<tr>
<th></th>
</tr>
</thead>
</table>

### Summary

- **Influenza A/B and RSV, PCR**
  - Lab Where Test is Performed: BVHS
  - Turn around Time: < 1 day
  - Specimen Type: Swab, Aspirate, or Sputum
  - Patient Preparation: None.
  - Laboratory Handling: Acceptable specimens include nasopharyngeal swabs, throat swabs, nasal aspirates, or sputums.
  - CPT Code(s): 87804(x2)

- **Influenza B Virus Antibody IgG and IgM, Serum**
  - Lab Where Test is Performed: Mayo
  - Turn around Time: 3 days
  - Specimen Type: 5 mL Red Top Tube
  - Patient Preparation: None.
  - Laboratory Handling: Refrigerate.
  - CPT Code(s): 86710(X2)

- **Influenza H1N1 - see H1N1 Influenza (Real Time PCR)**
  - Lab Where Test is Performed: Ref Lab Code or #:
  - Turn around Time: CPT Code(s):
  - Specimen Type:
  - Minimum Specimen Requirements:
  - Patient Preparation:
  - Laboratory Handling:
**Influenza Type A and B RT-PCR Reflex to Influenza A H1N1 (2009) RT-PCR**

<table>
<thead>
<tr>
<th>Lab Where Test is Performed:</th>
<th>Focus</th>
<th>Ref Lab Code or #:</th>
<th>42699</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>Minimum = 0.35 mL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>Use ONLY sterile swabs. Dacron, nylon, or rayon with plastic shafts. DO NOT USE calcium alginate swabs.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Refrigerate.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Specimen Stability:**

**Inhibin A and B (Tumor Marker), Serum**

<table>
<thead>
<tr>
<th>Lab Where Test is Performed:</th>
<th>Mayo</th>
<th>Ref Lab Code or #:</th>
<th>INHAB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>1 mL Serum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Refrigerate.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Specimen Stability:**

**Inhibin A, Serum**

<table>
<thead>
<tr>
<th>Lab Where Test is Performed:</th>
<th>Mayo</th>
<th>Ref Lab Code or #:</th>
<th>INHA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>0.6 mL Serum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Refrigerate.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Specimen Stability:**
**Inhibin B, Serum**

Cerner Primary Synonym: Send-out Other

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Mayo

Ref Lab Code or #: INHB

Minimum Specimen Requirements: 0.4 mL Serum (Absolute minimum = 0.2 mL)

Specimen Type: 7 mL Plain Red Top Tubes (SST Gel is acceptable)

Patient Preparation: None.

Laboratory Handling: Refrigerate.

Turn around Time: 7-14 days

CPT Code(s): 83520

Specimen Stability:

**Inner Ear Antibodies - see Heat Shock Protein 70 (hsp-70 68kD) IgG by Western Blot**

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

Inorganic Phosphorus - see Phosphorus, Inorganic

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:
Insulin Antibodies, Serum

Cerner Primary Synonym: Insulin Antibody-Mayo

PowerChart Aliases:

PathNet Aliases: Mayo-Insulin Abs, S

Lab Where Test is Performed: Mayo

Ref Lab Code or #: INAB

Turn around Time: 9 days

CPT Code(s): 86337

Specimen Stability:

Specimen Type: 5 mL Red Top Tube (SST Gel is acceptable)

Minimum Specimen Requirements: 1 mL Serum

Patient Preparation: None.

Laboratory Handling: Refrigerate.

Insulin Resistance Test (2 Hour) - Plasma

Cerner Primary Synonym: Insulin Resistance - 2 Hour CS

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: BVHS

Ref Lab Code or #: 

Turn around Time: < 1 day

CPT Code(s): 83525(x2), 82947(x2)

Specimen Stability: 8 hours at Room Temperature, 48 hours at 2-8 C

Specimen Type: 5 mL Light Green Heparinized Gel Tube and 5 mL Lavender EDTA tube for Initial testing AND the samd for 2 hour testing when needed

Minimum Specimen Requirements:

Patient Preparation: The patient will have the initial Insulin Resistance bloodwork collected then have either a 75g dose of glucola or a meal (**Consult the ordering physician for which.) Children glucola dosage is SPECIALLY CALCULATED. Then the patient will be drawn 2 hours later for the second glucose and insulin.

Laboratory Handling: No finger stick needed. Draw a fasting Glucose and Insulin & draw a 2 HOUR Glucose and Insulin.

Insulin, Plasma

Cerner Primary Synonym: Insulin Level

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: BVHS

Ref Lab Code or #: 

Turn around Time: < 1 day

CPT Code(s): 83525

Specimen Stability: 8 hours at Room Temperature, 24 hours at 2-8 C

Specimen Type: 5 mL EDTA Lavender

Minimum Specimen Requirements:

Patient Preparation: None.

Laboratory Handling: Refrigerate. The specimen is stable for 8 hours at room temperature or 24 hours refrigerated. Do not freeze.
**Integrillin - see Platelet IIB II A Supression - no longer performed at BVH.**

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>PowerChart Aliases:</th>
</tr>
</thead>
<tbody>
<tr>
<td>BVHS</td>
<td>Ref Lab Code or #:</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>CPT Code(s):</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td></td>
</tr>
<tr>
<td>Minimum Specimen</td>
<td></td>
</tr>
<tr>
<td>Preparations:</td>
<td></td>
</tr>
<tr>
<td>Handling:</td>
<td></td>
</tr>
</tbody>
</table>

**Interleukin 1 Alpha, Serum**

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Send-out Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ref Lab Code or #:</td>
<td></td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td></td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>(3) 5 mL Red Top Tubes (SST Gel is acceptable)</td>
</tr>
<tr>
<td>Minimum Specimen</td>
<td>3 mL Serum</td>
</tr>
<tr>
<td>Preparations:</td>
<td>None.</td>
</tr>
<tr>
<td>Handling:</td>
<td>Freeze. This test is sent to Inter Science Institute. See &quot;DORA&quot; manual.</td>
</tr>
</tbody>
</table>

**Intrinsic Factor Blocking Antibody, Serum (Anti-Intrinsic Factor Blocking Antibody)**

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Mayo-Intrinsic Factor Blocking Antibody-Mayo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ref Lab Code or #:</td>
<td>IFBA</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>86340</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>5 mL. Red Top Tube (SST Gel is acceptable)</td>
</tr>
<tr>
<td>Minimum Specimen</td>
<td>1 mL Serum</td>
</tr>
<tr>
<td>Preparations:</td>
<td>This test should not be ordered on patients who have received a radioisotope or a vitamin B12 injection within the previous week.</td>
</tr>
<tr>
<td>Handling:</td>
<td>Refrigerate.</td>
</tr>
</tbody>
</table>
### Iodine, Serum

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Iodine Level-Mayo</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td>Mayo-Iodine, S</td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>Mayo</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td>IOD</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>2-6 days</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>83789</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>7 mL Royal Blue Trace Elements Tube, Plain (send serum)</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>1 mL Serum</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td></td>
</tr>
</tbody>
</table>

### Ionized Calcium, Serum (Free Calcium)

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Calcium Level Ionized</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td>Ionized Calcium, CAION</td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>BVHS</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td></td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>&lt; 1 day</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>82330</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td>Testing must be done ASAP</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>5 mL Red Top Tube (may be plain red or SST) - Tube MUST be COMPLETELY filled.</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>1 mL Serum</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td><strong>DO NOT REMOVE THE CAP</strong> Tube MUST be COMPLETELY filled. Centrifuge within 30 minutes following collection and submit unopened to the Laboratory.</td>
</tr>
</tbody>
</table>

### Iron (FE), Serum

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Iron Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td>Fe Level</td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td>Fe</td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>BVHS</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td></td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>&lt; 1 day</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>83540</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td>8 hours at Room Temperature, 48 hours at 2-8 C</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>5 mL Light Green Heparinized Gel Tube</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>0.5 mL Plasma</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>None.</td>
</tr>
</tbody>
</table>
Iron and TIBC, Serum (Iron and Iron Binding Capacity) - includes Transferrin

Cerner Primary Synonym: Total Iron Binding Capacity

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: BVHS

Ref Lab Code or #:

Turn around Time: < 1 day

CPT Code(s): 83540, 84466

Specimen Stability:

Specimen Type: 5 mL Light Green Heparinized Gel Tube

Minimum Specimen Requirements:

Patient Preparation: None.

Laboratory Handling: Panel includes: Total Iron, Iron Binding Capacity, % Saturation, and Transferrin.

Iron Studies for Orion Cancer Care (Dr. Sharon Cole or Dr. Ihsan Haq)

Cerner Primary Synonym: See Laboratory Handling Section

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: BVHS

Ref Lab Code or #:

Turn around Time: 1 day

CPT Code(s): Variable

Specimen Stability:

Specimen Type: 5 mL EDTA Lavender Top Tube, 5 mL Light Green Heparinized Gel Tube, 5 mL Red Top SST Tube

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling: This is a group order that contains the following tests: CBC with differential, Reticulocyte Count, Vitamin B12, Folate, TIBC, and Ferritin. See each test individually for any specific instructions.

Islet Cell Antibody (Pancreatic Islet Cell Antibodies) - order Glutamic Acid Decarboxylase (GAD65) Antibody Assay

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:
**Isoagglutinin Titer, Anti-A, Blood**

Cerner Primary Synonym: Send-out Other

PowerChart Aliases:  

PathNet Aliases:  

Lab Where Test is Performed: Mayo  
Ref Lab Code or #: ATITH

Minimum Specimen Requirements:  
- 5 mL Serum and RBC Clots (Absolute minimum = 1 mL Serum plus the RBC Clot)

Specimen Type:  
- (4) 7 mL Plain Red Top Tubes (No SST Gel)

Specimen Stability:  
- Spin down and separate serum from clot. Send both the serum and the clot.

Patient Preparation: None.

Laboratory Handling: None.

Turn around Time: 4 days  
CPT Code(s): 86886

**Isoagglutinin Titer, Anti-B, Blood**

Cerner Primary Synonym: Send-out Other

PowerChart Aliases:  

PathNet Aliases:  

Lab Where Test is Performed: Mayo  
Ref Lab Code or #: BTITH

Minimum Specimen Requirements:  
- 5 mL Serum and RBC Clots (Absolute minimum = 1 mL Serum plus the RBC Clot)

Specimen Type:  
- (4) 7 mL Plain Red Top Tubes (No SST Gel)

Specimen Stability:  
- Spin down and separate serum from clot. Send both the serum and the clot.

Patient Preparation: None.

Laboratory Handling: None.

Turn around Time: 4 days  
CPT Code(s): 86886

**Isoenzymes of Alkaline Phosphatase - see Alkaline Phosphatase Isoenzymes (Fractionation)**

Cerner Primary Synonym:  

PowerChart Aliases:  

PathNet Aliases:  

Lab Where Test is Performed:  
Ref Lab Code or #:  

Turn around Time:  
CPT Code(s):  

Specimen Stability:  

Specimen Type:  
Minimum Specimen Requirements:  
Patient Preparation:  
Laboratory Handling: 
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<tr>
<th>Test</th>
<th>Cerner Primary Synonym:</th>
<th>PowerChart Aliases:</th>
<th>PathNet Aliases:</th>
<th>Lab Where Test is Performed:</th>
<th>Ref Lab Code or #:</th>
<th>Turn around Time:</th>
<th>CPT Code(s):</th>
<th>Specimen Stability:</th>
<th>Specimen Type:</th>
<th>Minimum Specimen Requirements:</th>
<th>Patient Preparation:</th>
<th>Laboratory Handling:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Isoenzymes, CPK and LDH (Cardiac) - order CPK, Isoenzymes and LDH, Isoenzymes separately</td>
<td></td>
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</table>
### ITP Screen - see Platelet Autoantibodies (ITP Screen)

<table>
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<tr>
<th>Cerner Primary Synonym:</th>
<th>PowerChart Aliases:</th>
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<tbody>
<tr>
<td>Ref Lab Code or #:</td>
<td>CPT Code(s):</td>
</tr>
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### Lab Where Test is Performed: Mayo

<table>
<thead>
<tr>
<th>Minimum Specimen Requirements:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specimen Type: (2) 7 mL Plain Red Top Tube (No SST Gel)</td>
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</table>

<table>
<thead>
<tr>
<th>Patient Preparation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>None.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Laboratory Handling:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freeze. SST Gel tube is NOT acceptable.</td>
</tr>
</tbody>
</table>

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### Itraconazole (Sporonox), Serum

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>PowerChart Aliases:</th>
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<tbody>
<tr>
<td>Ref Lab Code or #:</td>
<td>CPT Code(s):</td>
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### Lab Where Test is Performed: Mayo

<table>
<thead>
<tr>
<th>Minimum Specimen Requirements:</th>
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<tr>
<td>Specimen Type: (2) 7 mL Plain Red Top Tube (No SST Gel)</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Patient Preparation:</th>
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<tbody>
<tr>
<td>None.</td>
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<table>
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<tr>
<th>Laboratory Handling:</th>
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<tbody>
<tr>
<td>Freeze. SST Gel tube is NOT acceptable.</td>
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</tbody>
</table>

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### IUI (Intra Uterine Insemination) - see Semen Wash - (IUI - Intra Uterine Insemination)

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
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<tbody>
<tr>
<td>Ref Lab Code or #:</td>
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### Lab Where Test is Performed: Mayo

<table>
<thead>
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<th>Minimum Specimen Requirements:</th>
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<tbody>
<tr>
<td>Specimen Type: (2) 7 mL Plain Red Top Tube (No SST Gel)</td>
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</table>

<table>
<thead>
<tr>
<th>Patient Preparation:</th>
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<tbody>
<tr>
<td>None.</td>
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<table>
<thead>
<tr>
<th>Laboratory Handling:</th>
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</thead>
<tbody>
<tr>
<td>Freeze. SST Gel tube is NOT acceptable.</td>
</tr>
</tbody>
</table>
JAK2 V617 Mutation Detection, Blood

Cerner Primary Synonym: JAK2 V617F Mutation Detection-Mayo

PowerChart Aliases: Mayo-JAK2 V617F Mutation Detection, B

PathNet Aliases: Mayo-JAK2 V617F Mutation Detection, B

Lab Where Test is Performed: Mayo
Ref Lab Code or #: JAK2B

Minimum Specimen Requirements:
- 4 mL EDTA Whole blood (in original container) (Absolute minimum = 1 mL)
- (2) 5 mL Lavender Top EDTA Tubes

Patient Preparation: None.

Laboratory Handling:
- Room Temperature. **Specimen CANNOT be frozen** Specimen must arrive at Mayo within 96 hours of collection. Ship sample in its original collection container (vacutainer).
- Turn around Time: 5 days
- CPT Code(s): 83896, 83898, 83891, 83912

Specimen Stability:
- 8 hours at Room Temperature, 48 hours at 2-8 C

K, Plasma (Potassium)

Cerner Primary Synonym: Potassium Level

PowerChart Aliases: K Level

PathNet Aliases:

Lab Where Test is Performed: BVHS
Ref Lab Code or #: JAK2B

Turn around Time: < 1 day
CPT Code(s): 84132

Specimen Stability:
- 8 hours at Room Temperature, 48 hours at 2-8 C

Specimen Type:
- 5 mL Light Green Heparinized Gel Tube

Minimum Specimen Requirements:
- 0.5 mL Heparinized Plasma

Patient Preparation: None.

Laboratory Handling:
- Avoid hemolysis. Serum is also acceptable.
- Turn around Time: < 1 day
- CPT Code(s): 84132

Specimen Stability:
- 8 hours at Room Temperature, 48 hours at 2-8 C

Kappa and Lambda Free Light Chains - see Immunoglobulin Free Light Chains, Serum

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: BVHS
Ref Lab Code or #: JAK2B

Turn around Time: < 1 day
CPT Code(s): 84132

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:
### Karyotype (Cytogenetics) - see Chromosome Analysis for Congenital Disorders, Blood

<table>
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<td>Specimen Type:</td>
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<td>Minimum Specimen Requirements:</td>
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<td>Patient Preparation:</td>
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<td>Laboratory Handling:</td>
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### Keflex - see Cephalexin

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<td>Minimum Specimen Requirements:</td>
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### Keppra - see Levetiracetam

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<td>Specimen Stability:</td>
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<td>Specimen Type:</td>
<td></td>
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<tr>
<td>Minimum Specimen Requirements:</td>
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<tr>
<td>Patient Preparation:</td>
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<tr>
<td>Laboratory Handling:</td>
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</tbody>
</table>
Ketogenic-17, Steroids, Total (17-KGS) - order Congenital Adrenal Hyperplasia (CAH) Profile for 21-Hydroxylase Deficiency

Cerner Primary Synonym: Ketogenic-17, Steroids, Total (17-KGS)
PowerChart Aliases: Ketogenic-17, Steroids, Total (17-KGS)
PathNet Aliases: Ketogenic-17, Steroids, Total (17-KGS)

Lab Where Test is Performed: Ref Lab Code or #:
Turn around Time: CPT Code(s):
Specimen Stability:
Specimen Type:
Minimum Specimen Requirements:
Patient Preparation:
Laboratory Handling: If 17-Ketogenic Steroids, 24 Hour Urine is ordered for Cushing's Syndrome order the Cortisol, Free Urine (24 Hour Urine Cortisol) instead.

Ketones (Serum Acetone) - ONLY performed at the Bluffton Laboratory (Order Beta Hydroxybuterate for Findlay patients)

Cerner Primary Synonym: Ketones (Serum Acetone)
PowerChart Aliases: Ketones (Serum Acetone)
PathNet Aliases: Acetone

Lab Where Test is Performed: Ref Lab Code or #:
Turn around Time: CPT Code(s): 82009
Specimen Stability:
Specimen Type: 5 mL Light Green Heparinized Gel Tube (SST Gel is acceptable)
Minimum Specimen Requirements:
Patient Preparation: None.
Laboratory Handling: None.

Ketosteroids-17, Total (17-Keto) - order Congenital Adrenal Hyperplasia (CAH) Profile for 21-Hydroxylase Deficiency

Cerner Primary Synonym: Ketosteroids-17, Total (17-Keto)
PowerChart Aliases: Ketosteroids-17, Total (17-Keto)
PathNet Aliases: Ketosteroids-17, Total (17-Keto)

Lab Where Test is Performed: Ref Lab Code or #:
Turn around Time: CPT Code(s):
Specimen Stability:
Specimen Type:
Minimum Specimen Requirements:
Patient Preparation:
Laboratory Handling: If 17-Ketosteroid Fractionation, 24 Hour Urine is ordered for Cushing's Syndrome order the Cortisol, Free Urine (24 Hour Urine Cortisol) instead.
### Kidney Stone Analysis

**Cerner Primary Synonym:** Kidney Stone Analysis-Mayo  

**PowerChart Aliases:**  

**PathNet Aliases:** Mayo-Kidney Stone Analysis  

**Lab Where Test is Performed:** Mayo  

**Ref Lab Code or #:** CASA  

**Turn around Time:** 2-5 days  

**CPT Code(s):** 82365  

**Specimen Stability:**  

**Specimen Type:** Entire dried calculi specimen (stone) from Bladder, kidney, prostatic, renal, or urinary sources  

**Minimum Specimen Requirements:** Entire dried calculi specimen (stone)  

**Patient Preparation:** see Mayo Kidney Stone Analysis Patient Collection Instructions  

**Laboratory Handling:** Use Stone Analysis Collection Kit (Mayo Supply T550). Specimen source is required. Send entire specimen clean and dry. Do not ship stone specimen directly in a bag. Place stone in a screw-capped container (or bag with stone in it in the screw-capped container). Room temperature.

### Kleihauer, Blood (for Fetal Hemoglobin in Mothers Blood)

**Cerner Primary Synonym:** Kleihauer-Betke  

**PowerChart Aliases:**  

**PathNet Aliases:**  

**Lab Where Test is Performed:** BVHS  

**Ref Lab Code or #:**  

**Turn around Time:** < 1 day  

**CPT Code(s):** 85460  

**Specimen Stability:**  

**Specimen Type:** 5 mL Lavender EDTA Tube  

**Minimum Specimen Requirements:** 1 mL EDTA Whole Blood  

**Patient Preparation:** None.  

**Laboratory Handling:** None.

### Klonopin, Serum (Clonazepam)

**Cerner Primary Synonym:** Clonazepam Level-Mayo  

**PowerChart Aliases:**  

**PathNet Aliases:** Mayo-Clonazepam, S  

**Lab Where Test is Performed:** Mayo  

**Ref Lab Code or #:** CZPS  

**Turn around Time:** 4 days  

**CPT Code(s):** 80154  

**Specimen Stability:**  

**Specimen Type:** (2) 5 mL Red Top Tubes (SST Gel is acceptable)  

**Minimum Specimen Requirements:** 2 mL Serum  

**Patient Preparation:** None.  

**Laboratory Handling:** Refrigerate.
KOH Prep
Cerner Primary Synonym: KOH
PowerChart Aliases:
PathNet Aliases: BVHS
Lab Where Test is Performed: BVHS
Ref Lab Code or #: 
Turn around Time: < 1 day
CPT Code(s): 87210
Specimen Stability: 
Specimen Type: See NOTE in Laboratory Handling section below
Minimum Specimen Requirements:
Patient Preparation: Carefully wash the affected site with 70% alcohol and, after drying, scrape the lesion with a sterile scalpel. Hairs from infected areas are clipped or plucked. Any material obtained should be placed in a sterile container and brought to the lab as soon as possible. For lesions or abscesses where fungus is suspected, tubes with KOH in them are available from the Microbiology department. A sterile swab is used to collect the material and is placed directly into the KOH. Bring the specimen to the lab as soon as possible.
Laboratory Handling: NOTE: Hair, skin scrapings, nails, or swabs (not generally done on genital sources unless male urethral swab) Or collect in a sterile container or with a red duo swab. Eswab collection is NOT acceptable.

Lactosamide (Vimpat), Serum or Plasma
Cerner Primary Synonym: Lactosamide Level-Mayo
PowerChart Aliases:
PathNet Aliases: Mayo-Lactosamide, S
Lab Where Test is Performed: Mayo
Ref Lab Code or #: LACOS
Turn around Time: 4-6 days
CPT Code(s): 82542
Specimen Stability: 
Specimen Type: (2) 7 mL Plain Red Top Tubes (NO Gel) or (2) Plain Green SODIUM Heparin Tubes
Minimum Specimen Requirements: 1 mL Serum or Sodium Heparin Plasma
Patient Preparation: None.
Laboratory Handling: Refrigerate. Indicate specimen type on the sample.

Lactate Dehydrogenase CSF - see LDH, CSF
Cerner Primary Synonym:
PowerChart Aliases:
PathNet Aliases: 
Lab Where Test is Performed: 
Ref Lab Code or #: 
Turn around Time: 
CPT Code(s): 
Specimen Stability: 
Specimen Type: 
Minimum Specimen Requirements: 
Patient Preparation: 
Laboratory Handling: 
Lactic Acid, Plasma (Lactate)

- **Cerner Primary Synonym:** Lactic Acid
- **PowerChart Aliases:**
- **PathNet Aliases:**

<table>
<thead>
<tr>
<th>Lab Where Test is Performed:</th>
<th>BVHS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Minimum Specimen Requirements:</strong></td>
<td>1 mL Plasma</td>
</tr>
</tbody>
</table>

**Specimen Type:** 5 mL Grey Top

**Patient Preparation:** None.

**Laboratory Handling:** Collect the specimen on ice. Spin within 15 minutes.

**Turn around Time:** 2 hours

**CPT Code(s):** 83605

**Specimen Stability:** ASAP ON ICE.

Lactoferrin, Fecal

- **Cerner Primary Synonym:** Fecal Lactoferrin
- **PowerChart Aliases:**
- **PathNet Aliases:**

<table>
<thead>
<tr>
<th>Lab Where Test is Performed:</th>
<th>BVHS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Minimum Specimen Requirements:</strong></td>
<td>1/2 mL stool sample</td>
</tr>
</tbody>
</table>

**Specimen Type:** Fresh feces

**Patient Preparation:** None.

**Laboratory Handling:** Run ASAP.

**Turn around Time:** < 1 day

**CPT Code(s):** 87899

**Specimen Stability:**

Lactose Tolerance Test, Plasma - Must be scheduled at least 3 business days in advance

- **Cerner Primary Synonym:** Send-out Other
- **PowerChart Aliases:**
- **PathNet Aliases:**

<table>
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<th>Lab Where Test is Performed:</th>
<th>ARUP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Minimum Specimen Requirements:</strong></td>
<td>Multiple Plasma Aliquots (from Grey Top Tubes)</td>
</tr>
</tbody>
</table>

**Specimen Type:** Multiple, Timed Grey Top Tubes

**Patient Preparation:**

- ***NOTIFY THE LABORATORY IMMEDIATELY UPON SCHEDULING ***

Fasting patient should be given 50 gm of Lactose in 200-300 ML of water consumed within 5-10 minutes. If lactose deficiency is suspected the dose should be lowered (contact ARUP for new dose).

**Laboratory Handling:**

- The Pharmacy must be notified immediately upon scheduling this test so they can order the lactose powder. The lactose tolerance test is performed with multiple, timed sample collections. The recommended collection time intervals are: Fasting (baseline - before the lactose dose is given), 30 minutes, 60 minutes, 120 minutes, and 180 minutes after the lactose is consumed. Contact the Pharmacy department to prepare the lactose solution. Ship a 1 ML aliquot of plasma for each timed specimen. Refrigerate. Send to ARUP by Federal Express. Send a copy of the physician's order to Pharmacy with mixing instructions on it (see above).
Lamictal - see Lamotrigine
Cerner Primary Synonym: 
PowerChart Aliases: 
PathNet Aliases: 
Lab Where Test is Performed: Ref Lab Code or #: 
Turn around Time: CPT Code(s): 
Specimen Stability: 
Specimen Type: 
Minimum Specimen Requirements: 
Patient Preparation: 
Laboratory Handling: 

Lamotrigine, Serum (Lamictal)
Cerner Primary Synonym: Lamotrigine-Mayo 
PowerChart Aliases: 
PathNet Aliases: Mayo-Lamotrigine, S 
Lab Where Test is Performed: Mayo Ref Lab Code or #: LAMO 
Turn around Time: 2 days CPT Code(s): 80299 
Specimen Stability: 
Specimen Type: 7 mL Plain Red Top Tube (No SST Gel) 
Minimum Specimen Requirements: 1 mL Serum 
Patient Preparation: None. 
Laboratory Handling: The specimen cannot be drawn in any gel tube. Refrigerate. 

Lanoxin - see Digoxin
Cerner Primary Synonym: 
PowerChart Aliases: 
PathNet Aliases: 
Lab Where Test is Performed: BVHS Ref Lab Code or #: 
Turn around Time: CPT Code(s): 
Specimen Stability: 
Specimen Type: 
Minimum Specimen Requirements: 
Patient Preparation: 
Laboratory Handling: 
LAP (Leukocyte Alkaline Phosphatase Score) - Test Obsolete (see below)

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: BVHS

Ref Lab Code or #:

Turn around Time: < 1 day

CPT Code(s): 83615

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

Latex Fixation - see Rheumatoid Factor

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: BVHS

Ref Lab Code or #:

Turn around Time: < 1 day

CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

LDH (Fluid)

Cerner Primary Synonym: Body Fluid LDH

PowerChart Aliases:

PathNet Aliases: FLDH

Lab Where Test is Performed: BVHS

Ref Lab Code or #:

Turn around Time: < 1 day

CPT Code(s): 83615

Specimen Stability:

Specimen Type: Fluid in a Plain Red Top Tube

Minimum Specimen Requirements: 1 mL Fluid (Specify type)

Patient Preparation: None.

Laboratory Handling: Specify type of fluid.
LDH and CPK Isoenzymes (Cardiac) - see LDH Isoenzymes and CPK Isoenzymes individually

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: BVHS

Ref Lab Code or #:

Turn around Time:

CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

LDH and CPK, Total (Cardiac Enzymes) - order LDH and CPK individually

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: BVHS

Ref Lab Code or #:

Turn around Time:

CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

LDH Isoenzymes, Serum

Cerner Primary Synonym: LDH Isoenzymes, Serum-Mayo

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Mayo

Ref Lab Code or #: LD_1

Turn around Time: 4 days

CPT Code(s): 83615,83625

Specimen Stability:

Specimen Type: 5 mL Red Top Tube (SST Gel is acceptable)

Minimum Specimen Requirements: 1 mL Serum (Pediatric minimum = 0.4 mL)

Patient Preparation: None.

Laboratory Handling: Do not freeze. Refrigerate.
### LDH, CSF

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>CSF LDH</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td>Lactate Dehydrogenase CSF</td>
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<td>PathNet Aliases:</td>
<td></td>
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<tr>
<td>Lab Where Test is Performed:</td>
<td>BVH</td>
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<tr>
<td>Turn around Time:</td>
<td>&lt; 1 day</td>
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<tr>
<td>Specimen Stability:</td>
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<tr>
<td>Specimen Type:</td>
<td>CSF</td>
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<tr>
<td>Minimum Specimen Requirements:</td>
<td>0.5 mL Spinal Fluid</td>
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<tr>
<td>Patient Preparation:</td>
<td>None.</td>
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<tr>
<td>Laboratory Handling:</td>
<td>None.</td>
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<tr>
<td>Ref Lab Code or #:</td>
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<tr>
<td>CPT Code(s):</td>
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### LDH, Plasma (Total)

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<tr>
<th>Cerner Primary Synonym:</th>
<th>Lactate Dehydrogenase</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td>LDH</td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td>LDH</td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>BVHS</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>&lt; 1 day</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td>ASAP at Room Temperature, it is not recommended to store this test at 2-8 C</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>5 mL Light Green Heparinized Gel Tube</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>0.5 mL Heparinized Plasma</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Avoid hemolysis. Serum is also acceptable.</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td></td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>83615</td>
</tr>
</tbody>
</table>

### LDL Cholesterol, Plasma (part of a Lipid Profile)

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Lipid Panel (1070)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td>Fasting Lipid Profile</td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>BVHS</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>&lt; 1 day</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td>8 hours at Room Temperature, 48 hours at 2-8 C</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>5 mL Light Green Heparinized Gel Tube</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>2 mL Heparinized Plasma</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>The patient must be fasting 12-14 hours.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Not to be ordered by itself - The Lipid Profile includes: Glucose, Triglycerides, Total Cholesterol, HDL, LDL, and Cardiac Risk Factor. Serum is also acceptable.</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td></td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>80061</td>
</tr>
</tbody>
</table>
LE Prep - order Anti-DNA Antibody, Double Stranded

Cerner Primary Synonym: Lead Venous Bld with Demographics-Mayo

PowerChart Aliases: PBDV

PathNet Aliases: PBDC

Lab Where Test is Performed: Mayo

Ref Lab Code or #: PBDV

Turn around Time: 2-5 days

CPT Code(s): 83655

Specimen Stability: Refrigerated (preferred) up to 28 days

Specimen Type: 1.5 mL EDTA Microtainer Tube

Minimum Specimen Requirements:

Patient Preparation: NOTE: Venous samples are recommended by the CDC for testing. High concentrations of gadolinium and iodine are known to interfere with most metals tests. If either gadolinium- or iodine-containing contrast media has been administered, a specimen should not be collected for 96 hours.

Laboratory Handling: Send specimen in its original tube. Refrigerate.
### Lead, Urine (Random)

**Cerner Primary Synonym:** Send-out Other  
**PowerChart Aliases:**  
**PathNet Aliases:**  
**Lab Where Test is Performed:** ARUP  
**Ref Lab Code or #:** 0025060  
**Minimum Specimen Requirements:** 10 mL Aliquot of a Random Urine  
**Specimen Type:** Random Urine Collection (Refrigerate)  
**Patient Preparation:** None.  
**Laboratory Handling:** No preservative is needed if refrigerated. Submit specimen in two ARUP Trac Element-Free Transport Tubes.  
**Turn around Time:** 1-3 days  
**CPT Code(s):** 83655  
**Specimen Stability:**

### Legionella Antigen, Urine

**Cerner Primary Synonym:** Legionella Antigen  
**PowerChart Aliases:**  
**PathNet Aliases:**  
**Lab Where Test is Performed:** BVHS  
**Ref Lab Code or #:**  
**Minimum Specimen Requirements:**  
**Specimen Type:** Clean Catch First A.M. Urine  
**Patient Preparation:** Obtain the first morning urine (Cath or Clean Catch) in a sterile, leak proof urine container. Deliver to the Lab as soon as possible or refrigerate if delayed.  
**Laboratory Handling:** None.  
**Turn around Time:** < 1 day  
**CPT Code(s):** 87449  
**Specimen Stability:**

### Legionella Culture

**Cerner Primary Synonym:** Send-out Other  
**PowerChart Aliases:**  
**PathNet Aliases:**  
**Lab Where Test is Performed:** Focus  
**Ref Lab Code or #:** 51700  
**Minimum Specimen Requirements:**  
**Specimen Type:** Sterile container  
**Patient Preparation:** None.  
**Laboratory Handling:** Acceptable specimens are sputum, bronchial secretions, or transtracheal aspirates. Transport to the Lab as soon as possible.  
**Turn around Time:** 10-13 days  
**CPT Code(s):** 87081  
**Specimen Stability:**
## Legionella pneumophila (Legionnaires Disease) Antibody, Serum

**Cerner Primary Synonym:** Legionella pneumophila Antibody, Serum-Mayo

**PowerChart Aliases:**

**Lab Where Test is Performed:** Mayo

**Ref Lab Code or #:** SLEG

**Minimum Specimen Requirements:**

- **Specimen Type:** 7 mL Red SST Gel Tube
- **Minimum Serum:** 0.5 mL Serum

**Patient Preparation:** None.

**Laboratory Handling:** Refrigerate.

**Turn around Time:** 2-3 days

**CPT Code(s):** 86713

### Legionella pneumophila Antibody (Types 1-6) IgM by IFA

**Cerner Primary Synonym:** Send-out Other

**PowerChart Aliases:**

**Lab Where Test is Performed:** ARUP

**Ref Lab Code or #:** 0050274

**Minimum Specimen Requirements:**

- **Specimen Type:** 5 mL Red Top Tube (SST Gel is acceptable)
- **Minimum Serum:** 1 mL Serum (Absolute minimum = 0.1 mL)

**Patient Preparation:** None.

**Laboratory Handling:** Use precautions. Separate serum from cells ASAP or within 2 hours of collection. Refrigerate.

**Turn around Time:** 4-5 days

**CPT Code(s):** 86713

### LEMS Autoantibody, Serum (Lambert-Eaton Myasthenic Syndrome Evaluation)

**Cerner Primary Synonym:** Send-out Other

**PowerChart Aliases:**

**Lab Where Test is Performed:** Mayo

**Ref Lab Code or #:** MGLES

**Minimum Specimen Requirements:**

- **Specimen Type:** (4) 5 mL Red Top Tubes (SST Gel is acceptable)
- **Minimum Serum:** 3 mL Serum (Absolute minimum = 2 mL)

**Patient Preparation:** None.

**Laboratory Handling:** Refrigerate. Hemolysis is NOT acceptable.

**Turn around Time:** 7 days

**CPT Code(s):** 83519(x4), 83520

---
**Leptospira Antibody, Serum**

**Cerner Primary Synonym:** Send-out Other

**PowerChart Aliases:**

**Lab Where Test is Performed:** ARUP

**Ref Lab Code or #:** 0050786

**Minimum Specimen Requirements:**

- 1 mL Serum (Minimum = 0.5 mL)

**Specimen Type:** 5 mL Red Top Tube (SST Gel is acceptable)

**Patient Preparation:** None.

**Laboratory Handling:** Separate serum from cells ASAP. Refrigerate.

**Turn around Time:** 1-4 days

**CPT Code(s):** 86720

**Specimen Stability:**

<table>
<thead>
<tr>
<th>Cerner Primary Synonym</th>
<th>PowerChart Aliases</th>
<th>Lab Where Test is Performed</th>
<th>Ref Lab Code or #</th>
<th>Minimum Specimen Requirements</th>
<th>Specimen Type</th>
<th>Patient Preparation</th>
<th>Laboratory Handling</th>
<th>Turn around Time</th>
<th>CPT Code(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Send-out Other</td>
<td></td>
<td>ARUP</td>
<td>0050786</td>
<td>1 mL Serum (Minimum = 0.5 mL)</td>
<td>5 mL Red Top Tube (SST Gel is acceptable)</td>
<td>None</td>
<td>Separate serum from cells ASAP. Refrigerate.</td>
<td>1-4 days</td>
<td>86720</td>
</tr>
</tbody>
</table>

**Leukemia Lymphoma Phenotyping, Blood (Flow Cytometry)**

**Cerner Primary Synonym:** Send-out Other

**PowerChart Aliases:**

**Lab Where Test is Performed:** Mayo

**Ref Lab Code or #:** LCMS

**Minimum Specimen Requirements:**

- 10 mL ACD (Solution B) Whole Blood

**Specimen Type:** 10 mL Yellow ACD Tube

**Patient Preparation:** None.

**Laboratory Handling:** Room temperature. Specimen cannot be frozen. Indicate blood as the specimen type on the container. Do not transfer the specimen to any other container. Include 5-10 unstained smears if possible.

**Turn around Time:** 4 days

**CPT Code(s):** 88184,88185(X6)

**Specimen Stability:**

<table>
<thead>
<tr>
<th>Cerner Primary Synonym</th>
<th>PowerChart Aliases</th>
<th>Lab Where Test is Performed</th>
<th>Ref Lab Code or #</th>
<th>Minimum Specimen Requirements</th>
<th>Specimen Type</th>
<th>Patient Preparation</th>
<th>Laboratory Handling</th>
<th>Turn around Time</th>
<th>CPT Code(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Send-out Other</td>
<td></td>
<td>Mayo</td>
<td>LCMS</td>
<td>10 mL ACD (Solution B) Whole Blood</td>
<td>10 mL Yellow ACD Tube</td>
<td>None</td>
<td>Room temperature. Specimen cannot be frozen. Indicate blood as the specimen type on the container. Do not transfer the specimen to any other container. Include 5-10 unstained smears if possible.</td>
<td>4 days</td>
<td>88184,88185(X6)</td>
</tr>
</tbody>
</table>

**Leukemia/Lymphoma Phenotyping, Bone Marrow - see Bone Marrow, Flow Cytometry**

**Cerner Primary Synonym:**

**PowerChart Aliases:**

**Lab Where Test is Performed:**

**Ref Lab Code or #:**

**Minimum Specimen Requirements:**

**Specimen Type:**

**Patient Preparation:**

**Laboratory Handling:**
Leukocyte Alkaline Phosphatase Score - see LAP

Lab Where Test is Performed: BVHS
CPT Code(s): 89055

Leukocytes, Fecal (WBC in Stool)

Specimen Type: Fresh Feces or a Rectal swab

Laboratory Handling: The only acceptable specimen is fecal material collected in a clean container. (Rectal swabs are acceptable, but actual feces are preferred.) Transport to the Lab as soon as possible.

Levetiracetam, Serum (Keppra)

Specimen Type: 7 mL Plain Red Top Tube (SST Gel is acceptable)

Laboratory Handling: Refrigerate.
LFT (Liver Function Tests) - order Liver Profile

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Liver Profile</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>BVHS</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>CPT Code(s):</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td></td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td></td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td></td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td></td>
</tr>
</tbody>
</table>

LH and FSH - order LH and FSH individually

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Luteinizing Hormone</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td>LH</td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td>LH</td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>BVHS</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>CPT Code(s): 83002</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td>8 hours at Room Temperature, 48 hours at 2-8 C</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>5 mL Red Top Tube or 5 mL Green Top Tube (Gel is acceptable)</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>1 mL Serum or Heparin Plasma</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>None.</td>
</tr>
</tbody>
</table>

LH, Plasma (Luteinizing Hormone)
### Lidocaine (Xylocaine), Serum

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Lidocaine Level, Serum-Mayo</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>Mayo</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td>LIDO</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>1 day</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>7 mL Plain Red Top Tube (No SST Gel)</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>0.5 mL Serum</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>Note the time the last dose was given in comments. The usual sample collection is 12 hours post therapy initiation, thereafter each 12 hours.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Refrigerate. SST Gel Tube is NOT acceptable.</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>80176</td>
</tr>
</tbody>
</table>

### Lipase, Plasma

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Lipase Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>BVHS</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td></td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>&lt; 1 day</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td>8 hours at Room Temperature, 48 hours at 2-8 C</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>5 mL Light Green Heparinized Gel Tube</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>0.5 mL Heparinized Plasma</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Serum is also acceptable.</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>83690</td>
</tr>
</tbody>
</table>

### Lipid Profile, Plasma

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Lipid Panel (1070)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td>Fasting Lipid Profile</td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>BVHS</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td></td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>&lt; 1 day</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td>8 hours at Room Temperature, 48 hours at 2-8 C</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>5 mL Light Green Heparinized Gel Tube</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>2 mL Heparinized Plasma</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>Patient should be fasting.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>The Lipid Profile includes: Triglycerides, Total Cholesterol, HDL, LDL, and Cardiac Risk Factor. Serum is also acceptable.</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>80061</td>
</tr>
</tbody>
</table>
**Lipoprotein NMR - see Nuclear Magnetic Resonance (NMR) Lipoprotein Profile, Serum**

**Lipoprotein A (Lp a), Serum**

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Lipoprotein a-Mayo</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td>Mayo-Lipoprotein (a), S</td>
</tr>
</tbody>
</table>

**Lab Where Test is Performed:** Mayo  
**Ref Lab Code or #:** LIPA  
**CPT Code(s):** 83520

**Specimen Stability:**  
**Specimen Type:** 7 mL Plain Red Top Tube (No SST Gel)  
**Minimum Specimen Requirements:** 1 mL Serum  
**Patient Preparation:** None.  
**Laboratory Handling:** Refrigerate.

**Lithium, Serum**

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>LI</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
</tbody>
</table>

**Lab Where Test is Performed:** BVHS  
**Ref Lab Code or #:**  
**CPT Code(s):** 80178

**Specimen Stability:** Testing must be done ASAP  
**Specimen Type:** 5 mL Red Top Tube (SST Gel is acceptable)  
**Minimum Specimen Requirements:** 0.5 mL Serum  
**Patient Preparation:** Note the time the last dose was given in comments.  
**Laboratory Handling:** Note the time the blood is drawn on the label.
<table>
<thead>
<tr>
<th>Test Description</th>
<th>Lab Where Test is Performed</th>
<th>Ref Lab Code or #</th>
<th>Turn around Time</th>
<th>CPT Code(s)</th>
<th>Specimen Stability</th>
<th>Minimum Specimen Requirements</th>
<th>Patient Preparation</th>
<th>Laboratory Handling</th>
</tr>
</thead>
<tbody>
<tr>
<td>LithoLink, 24 Hour Urine</td>
<td>LithoLink</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Liver FibroTest-ActiTest-Mayo (Protect from light)**

Cerner Primary Synonym: Liver FibroTest-ActiTest-Mayo

PowerChart Aliases: FibroTest-ActiTest, Liver-Mayo

PathNet Aliases:

Lab Where Test is Performed: Mayo

Turn around Time: 3-5 days

Specimen Stability:

Specimen Type: (3) 7 mL Plain Red Top Tubes (SST Gel is acceptable) (Absolute minimum = 2 mL)

Minimum Specimen Requirements: 3 mL Serum (Protect from light.)

Patient Preparation: None.

Laboratory Handling: Protect from light. Centrifuge and aliquot within 2 hours of collection. Refrigerate.

<table>
<thead>
<tr>
<th>Test Description</th>
<th>Lab Where Test is Performed</th>
<th>Ref Lab Code or #</th>
<th>Turn around Time</th>
<th>CPT Code(s)</th>
<th>Specimen Stability</th>
<th>Minimum Specimen Requirements</th>
<th>Patient Preparation</th>
<th>Laboratory Handling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liver Profile, Plasma</td>
<td>BVHS</td>
<td>FIBRO</td>
<td>&lt; 1 day</td>
<td>82172, 82247, 82977, 83010, 83883, 84460</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Cerner Primary Synonym: Hepatic Function Panel

PowerChart Aliases: Liver Function Test

PathNet Aliases: LIVER, 1080

Lab Where Test is Performed: BVHS

Turn around Time: < 1 day

Specimen Stability:

Specimen Type: 5 mL Light Green Heparinized Gel Tube

Minimum Specimen Requirements: 1 mL Heparinized Plasma

Patient Preparation: None.

Laboratory Handling: The profile includes: Total bilirubin, Direct bilirubin, Indirect bilirubin, Alkaline phosphatase, SGOT(AST), SGPT(ALT), Total protein and Albumin. Serum is also acceptable.
Liver-Kidney Microsome Type 1 Antibody, Serum

Cerner Primary Synonym: Liver/Kidney Microsome 1 Ab,S-Mayo
PowerChart Aliases:  
PathNet Aliases:  
Lab Where Test is Performed: Mayo  
Ref Lab Code or #: LKM  
Turn around Time: 2-4 days  
CPT Code(s): 86376

Minimum Specimen Requirements:
Specimen Type: 5 mL Red Gel Tube
Minimum Specimen Requirements: 0.5 mL Serum (Absolute minimum = 0.4 mL)
Patient Preparation: None.
Laboratory Handling: Refrigerate.

LMWH - see Anti-Factor Xa Assay

Cerner Primary Synonym:
PowerChart Aliases:  
PathNet Aliases:
Lab Where Test is Performed: BVHS  
Ref Lab Code or #:  
Turn around Time:  
CPT Code(s): 
Specimen Stability:  
Specimen Type:  
Minimum Specimen Requirements:  
Patient Preparation:  
Laboratory Handling:

Long Chain Fatty Acid Ratios, Serum (Fatty Acid Profile, Comprehensive C8-C26)

Cerner Primary Synonym: Send-out Other
PowerChart Aliases:  
PathNet Aliases:
Lab Where Test is Performed: Mayo  
Ref Lab Code or #: FAPCP  
Turn around Time: 7 days  
CPT Code(s): 82544
Specimen Stability:  
Specimen Type: (3) 5 mL Red Top Tubes (SST Gel is acceptable)
Minimum Specimen Requirements: 3 mL Serum (Pediatric minimum = 2 mL)
Patient Preparation: Overnight fasting (12-14 hours) is required. The patient must not consume any alcohol for 24 hours before collection.
Laboratory Handling: The patient's age is required on the requisition form. Freeze.
### Lorazepam (Ativan)

**Cerner Primary Synonym:** Lorazepam (Ativan) Level-Mayo  
**PowerChart Aliases:**  
**PathNet Aliases:** Mayo-Lorazepam (Ativan)  
**Lab Where Test is Performed:** Mayo  
**Ref Lab Code or #:** LORAZ  
**Minimum Specimen Requirements:**  
- **Specimen Type:** (2) 5 mL Plain Red Top Tube (No SST Gel)  
- **2 mL Non-Gel Serum**  
**Patient Preparation:** None.  
**Laboratory Handling:** Refrigerate.  
**Turn around Time:** 6-8 days  
**CPT Code(s):** 80154  
**Specimen Stability:**  
**Low Molecular Weight Heparin - see Anti-Factor Xa Assay**

**Cerner Primary Synonym:**  
**PowerChart Aliases:**  
**PathNet Aliases:**  
**Lab Where Test is Performed:** BVHS  
**Ref Lab Code or #:**  
**Minimum Specimen Requirements:**  
**Patient Preparation:**  
**Laboratory Handling:**  
**Turn around Time:**  
**CPT Code(s):**  
**Specimen Stability:**  
**Lupus Anticoagulant - see Lupus-Like Anticoagulant**

**Cerner Primary Synonym:**  
**PowerChart Aliases:**  
**PathNet Aliases:**  
**Lab Where Test is Performed:** BVHS  
**Ref Lab Code or #:**  
**Minimum Specimen Requirements:**  
**Patient Preparation:**  
**Laboratory Handling:**  
**Turn around Time:**  
**CPT Code(s):**
### Lupus Inhibitor Panel - see Lupus-Like Anticoagulant, Plasma

Cerner Primary Synonym:  
PowerChart Aliases:  
PathNet Aliases:  
Lab Where Test is Performed: BVHS  
Ref Lab Code or #:  
CPT Code(s):  
Specimen Stability:  
Specimen Type:  
Minimum Specimen Requirements:  
Patient Preparation:  
Laboratory Handling:  
Minimum Specimen Requirements:  
Specimen Stability:  
Specimen Type:  
Minimum Specimen Requirements:  
Patient Preparation:  
Laboratory Handling:

### Lupus-Like Anticoagulant, Plasma

Cerner Primary Synonym: Lupus Anticoagulant Profile  
PowerChart Aliases:  
PathNet Aliases:  
Lab Where Test is Performed: BVHS  
Ref Lab Code or #:  
CPT Code(s): Variable  
Specimen Stability:  
Specimen Type: (4) 5 mL Blue Citrate Tubes  
Minimum Specimen Requirements: (2) 1 mL Aliquots, Citrated Plasma  
Patient Preparation: None.  
Laboratory Handling: Spin down and remove the top 3/4 of plasma and place in 4 plastic tubes. Spin again and remove the top portion of plasma and place aliquots in each of 4 plastic tubes. Freeze at -70°C if not to be analyzed within 4 hours.

### Lupus-Type Anticoagulant - see Lupus-Like Anticoagulant, Plasma

Cerner Primary Synonym:  
PowerChart Aliases:  
PathNet Aliases:  
Lab Where Test is Performed: BVHS  
Ref Lab Code or #:  
CPT Code(s):  
Specimen Stability:  
Specimen Type:  
Minimum Specimen Requirements:  
Patient Preparation:  
Laboratory Handling:
### Luteinizing Hormone, Plasma (LH)

**Cerner Primary Synonym:** Luteinizing Hormone  
**PowerChart Aliases:** LH  
**PathNet Aliases:** LH  
**Lab Where Test is Performed:** BVHS  
**Ref Lab Code or #:** CPT Code(s): 83002  
**Turn around Time:** < 1 day  
**Specimen Stability:** 8 hours at Room Temperature, 48 hours at 2-8°C  
**Specimen Type:** 5 mL Red Top Tube or 5 mL Green Top Tube (Gel is acceptable)  
**Minimum Specimen Requirements:** 1 mL Serum or Plasma  
**Patient Preparation:** None.  
**Laboratory Handling:** None.

### Lyme Disease Antibodies (Borrelia burgdorferi Ab) - see Lyme Disease Serology Evaluation

**Cerner Primary Synonym:**  
**PowerChart Aliases:**  
**PathNet Aliases:**  
**Lab Where Test is Performed:**  
**Ref Lab Code or #:** CPT Code(s):  
**Turn around Time:**  
**Specimen Stability:**  
**Specimen Type:**  
**Minimum Specimen Requirements:**  
**Patient Preparation:**  
**Laboratory Handling:**

### Lyme Disease Antibodies, CSF (IgG and IgM) (Lyme Titer, CSF)

**Cerner Primary Synonym:** Send-out Other  
**PowerChart Aliases:**  
**PathNet Aliases:**  
**Lab Where Test is Performed:** Focus  
**Ref Lab Code or #:** CPT Code(s): 6034  
**Turn around Time:** 1-4 days  
**Specimen Stability:**  
**Specimen Type:** CSF  
**Minimum Specimen Requirements:** 1 mL of CSF (Absolute minimum = 0.1 mL)  
**Patient Preparation:** None.  
**Laboratory Handling:** Refrigerate.
Lyme Disease Serology, Serum (Lyme Titer, Serum)

Cerner Primary Synonym: Lyme Disease Serology-Mayo

PowerChart Aliases: 
PathNet Aliases: Mayo-Lyme Disease Serology, S

Lab Where Test is Performed: Mayo
Ref Lab Code or #: LYME

Minimum Specimen Requirements:
1 mL Serum (Absolute minimum = 0.25 mL)

Specimen Type: 5 mL Red Top SST Tube (Plain Red is acceptable)

Patient Preparation: None.

Laboratory Handling:
Refrigerate. If the Lyme Disease Screen is reactive a "Lyme Disease Antibody, Confirmation" test (to include immunofluorescence assay (IFA) and western blot) will be reflexed by Mayo.

Turn around Time: 4 days
CPT Code(s): 86618

Specimen Stability:

Lymphocyte Mitogen Screen, Whole Blood (Blastogenesis / Proliferation)

Cerner Primary Synonym: Send-out Other

PowerChart Aliases: 
PathNet Aliases: 

Lab Where Test is Performed: Mayo
Ref Lab Code or #: LPMGF

Minimum Specimen Requirements:
15 mL Sodium Heparin Whole Blood

Specimen Type: (3) 7 mL Plain Green Sodium Heparin Tubes (No Gel)

Patient Preparation: None.

Laboratory Handling:
Room temperature. Draw Monday through Thursday ONLY. The specimen must be shipped the same day as it is drawn. It must arrive in the reference lab within 24 hours of collection. Specify Mitogens (NOT Antigens) on the request.

Turn around Time: 11 days
CPT Code(s): 86353

Specimen Stability:

Lyrica - see Pregabalin

Cerner Primary Synonym:

PowerChart Aliases: 
PathNet Aliases: 

Lab Where Test is Performed: 
Ref Lab Code or #: 

Turn around Time: 
CPT Code(s): 

Specimen Stability:

Specimen Type:
Minimum Specimen Requirements:
Patient Preparation:
Laboratory Handling:
Lysosomal Enzyme (Muramidase) - see Lysozyme

Cerner Primary Synonym: Lysozyme (Muramidase)-Mayo

PowerChart Aliases: Mayo-Lysozyme (Muramidase), P

PathNet Aliases: Lytes

Lab Where Test is Performed: Mayo

Ref Lab Code or #: MUR

Turn around Time: 5 days

CPT Code(s): 85549

Specimen Stability: (2) 5 mL EDTA Lavender Top Tube

Minimum Specimen Requirements: 3 mL EDTA Plasma

Patient Preparation: None.

Laboratory Handling: Freeze.

Lytes, Plasma (Electrolytes - Sodium, Potassium, Chloride, CO2)

Cerner Primary Synonym: Electrolyte Panel (1050)

PowerChart Aliases: Lytes

PathNet Aliases: Lytes

Lab Where Test is Performed: BVHS

Ref Lab Code or #: MUR

Turn around Time: < 1 day

CPT Code(s): 80051

Specimen Stability: 8 hours at Room Temperature, 48 hours at 2-8 C

Specimen Type: 5 mL Light Green Heparinized Gel Tube

Minimum Specimen Requirements: 0.5 mL Heparinized Plasma

Patient Preparation: None.

Laboratory Handling: Avoid hemolysis. Serum is also acceptable.
### M2 Autoantibodies - see Mitochondrial Antibodies

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
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<td>PathNet Aliases:</td>
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<tr>
<th>Lab Where Test is Performed:</th>
<th>Ref Lab Code or #:</th>
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<tr>
<td>Turn around Time:</td>
<td>CPT Code(s):</td>
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<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td></td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td></td>
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<tr>
<td>Patient Preparation:</td>
<td></td>
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<tr>
<td>Laboratory Handling:</td>
<td></td>
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</tbody>
</table>

### MAG Autoantibody - see Anti-MAG

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
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<tr>
<td>PowerChart Aliases:</td>
<td></td>
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<tr>
<td>PathNet Aliases:</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Lab Where Test is Performed:</th>
<th>Ref Lab Code or #:</th>
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</thead>
<tbody>
<tr>
<td>Turn around Time:</td>
<td>CPT Code(s):</td>
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<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td></td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td></td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td></td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td></td>
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</table>

### Magnesium, Plasma

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Magnesium Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td>Mg Level</td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td>Mg Level</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lab Where Test is Performed:</th>
<th>BVHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turn around Time:</td>
<td>&lt; 1 day</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td>8 hours at Room Temperature, 48 hours at 2-8 C</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>5 mL Light Green Heparinized Gel Tube</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>0.5 mL Heparinized Plasma</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Avoid hemolysis. Serum is also acceptable.</td>
</tr>
</tbody>
</table>
### Magnesium, Red Blood Cell (Intracellular) ***NOT PLASMA MAGNESIUM***

**Cerner Primary Synonym:** Send-out Other

**PowerChart Aliases:**

**PathNet Aliases:**

<table>
<thead>
<tr>
<th>Lab Where Test is Performed</th>
<th>ARUP</th>
<th>Ref Lab Code or #: 92079</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Turn around Time:</strong></td>
<td>1-5 days</td>
<td>CPT Code(s): 83735</td>
</tr>
</tbody>
</table>

**Specimen Stability:** 6 mL Royal Blue Trace Metal EDTA Tube

**Minimum Specimen Requirements:** 2 mL EDTA Cells (Pediatric minimum = 0.6 mL)

**Patient Preparation:** None.

**Laboratory Handling:** ***Spin immediately*** Separate RBCs from the plasma and send the EDTA RBCs at room temperature.

---

### Magnesium, Urine 24 Hour

**Cerner Primary Synonym:** Urine Magnesium 24 Hour

**PowerChart Aliases:**

**PathNet Aliases:**

<table>
<thead>
<tr>
<th>Lab Where Test is Performed</th>
<th>BVHS</th>
<th>Ref Lab Code or #:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Turn around Time:</strong></td>
<td>&lt; 1 day</td>
<td>CPT Code(s): 83735</td>
</tr>
</tbody>
</table>

**Specimen Stability:** 2 hours at Room Temperature (run ASAP)

**Specimen Type:** 24 Hour Urine

**Minimum Specimen Requirements:** 5 mL of a 24 Hour Urine

**Patient Preparation:** None.

**Laboratory Handling:** Refrigerate during collection or collect on ice.

---

### Malabsorption Panel, First (Initial)

**Cerner Primary Synonym:** Order Individually

**PowerChart Aliases:**

**PathNet Aliases:**

<table>
<thead>
<tr>
<th>Lab Where Test is Performed</th>
<th>Variable</th>
<th>Ref Lab Code or #: Variable</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Turn around Time:</strong></td>
<td>Variable</td>
<td>CPT Code(s): Variable</td>
</tr>
</tbody>
</table>

**Specimen Stability:**

**Specimen Type:** See individual test components

**Minimum Specimen Requirements:** Collect (4) 7 mL Red Top Tubes (full), 5 mL Plain Green Heparin Tube, (2) 7 mL Royal Blue Tubes (full) (NO ADDITIVE):

**Patient Preparation:** See individual test components.

**Laboratory Handling:** Protect required specimens from light. This is an order group that contains Zinc, Vitamin K1, Vitamin D 25, Vitamin A, Vitamin B1, Vitamin B2, Vitamin B6, and Copper.
### Malabsorption Panel, Second (Follow-up)

**Cerner Primary Synonym:** Order Individually  
**PowerChart Aliases:**  
**Lab Where Test is Performed:** BVHS  
**Ref Lab Code or #:** Variable  
**Minimum Specimen Requirements:** Collect (2) 5 mL Heparin Gel Tubes (protect required specimens from light), 1 5 mL EDTA Lavender Top Tube (full), (2) 5 mL Red Top SST Gel Tubes.  
**Specimen Stability:** See individual test components.  
**Specimen Type:** See individual test components.  
**Patient Preparation:** See individual test components.  
**Laboratory Handling:** This is an order group panel that contains the following tests: CBC, Comprehensive Profile, Pre-Albumin, Phosphorus, Magnesium, TIBC (includes Iron, IBC, and Transferrin), Ferritin, Vitamin B12, Folate, and PTH, Intact.

### Malarial Smear, Blood

**Cerner Primary Synonym:** Blood Parasites Quant With Id  
**PowerChart Aliases:**  
**Lab Where Test is Performed:** BVHS  
**Ref Lab Code or #:** Variable  
**Minimum Specimen Requirements:** 5 mL EDTA Whole Blood  
**Specimen Stability:**  
**Specimen Type:** 5 mL Lavender EDTA Tube  
**Patient Preparation:** None.  
**Laboratory Handling:** Request (Stat) just before a chill is expected. The specimen must be processed within 1 hour of collection. Send to Findlay Campus lab for testing.

### Manganese, Serum

**Cerner Primary Synonym:** Manganese Level-Mayo  
**PowerChart Aliases:**  
**PathNet Aliases:**  
**Lab Where Test is Performed:** Mayo  
**Ref Lab Code or #:** MNS  
**Minimum Specimen Requirements:** 1 mL Serum (Absolute minimum: 0.5 mL)  
**Specimen Stability:**  
**Specimen Type:** 7 mL Royal Blue Top Trace Element Tube  
**Patient Preparation:** None.  
**Laboratory Handling:** Allow the specimen to clot for 30 minutes then centrifuge. Carefully pour (do NOT use a transfer pipette) 1 ML of serum into a 7 ML Mayo Metal-Free screw-capped polypropylene vial. Send refrigerated.
MaterniT21 PLUS (collect Monday - Thursday ONLY) MUST be scheduled with the Lab due to special collection container

**Cerner Primary Synonym:** Send-out Other

**PowerChart Aliases:**

**Lab Where Test is Performed:** Mayo

**Ref Lab Code or #:** FMT21

**Turn around Time:** 9-14 days

**CPT Code(s):** 81479

**Specimen Stability:** See below.

**Specimen Type:** (2) 10 mL Special Streck Black-Tan top tubes from Mayo

**Minimum Specimen Requirements:** 20 mL Whole Blood (Minimum Specimen = 10 mL)

**Patient Preparation:** Specimen collected between 10 and 27 weeks gestation.

**Laboratory Handling:** Send specimen in original collection container. Room temperature. Specimen MUST arrive at Mayo within 72 hours of collection. Collect M-TH only. Use only Mayo provided specimen collection tubes. (MML Supply T715). Include maternal height (inches), weight (lbs), gestational age (weeks), gestational age (days), method used to determine gestational age, number of fetuses and increased risk due to information if appropriate.

**Turn around Time:** 9-14 days

**CPT Code(s):** 81479

**Specimen Stability:**

**Cerner Primary Synonym:** Send-out Other

**PowerChart Aliases:**

**Lab Where Test is Performed:** Quest

**Ref Lab Code or #:** 8457

**Turn around Time:** 6 days

**CPT Code(s):** 80101

**Specimen Stability:**

**Specimen Type:** Random Urine

**Minimum Specimen Requirements:** 10 mL Random Urine

**Patient Preparation:** None.

**Laboratory Handling:** Freeze. MDMA is not part of the standard occupational screening at BVHS or elsewhere. Do not send a chain of custody form. If ordered in conjunction with other drug screening, send an aliquot for this test and process as a normal send-out.

**Measles Titer (Rubeola) IgG, Serum**

**Cerner Primary Synonym:** Measles (Rubeola) IgG Antibody-Mayo

**PowerChart Aliases:**

**Lab Where Test is Performed:** Mayo

**Ref Lab Code or #:** ROPG

**Turn around Time:** 1-3 days

**CPT Code(s):** 86765

**Specimen Stability:**

**Specimen Type:** 5 mL Red Top Tube (SST Gel is acceptable)

**Minimum Specimen Requirements:** 0.5 mL Serum (Absolute minimum = 0.4 mL)

**Patient Preparation:** None.

**Laboratory Handling:** Refrigerate.
Mebaral (Mephobarbital) with Phenobarbital, Serum

<table>
<thead>
<tr>
<th>Lab Where Test is Performed:</th>
<th>Mayo</th>
<th>Ref Lab Code or #:</th>
<th>MEPHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turn around Time:</td>
<td>3 days</td>
<td>CPT Code(s):</td>
<td>80184,82205</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td>(3) 7 mL Plain Red Top Tubes (NO SST Gel)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>5 mL Serum (Absolute minimum = 1.5 mL)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Refrigerate. Avoid severe hemolysis and severe lipemia.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cerner Primary Synonym:</td>
<td>Send-out Other</td>
<td></td>
<td></td>
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<tr>
<td>PowerChart Aliases:</td>
<td>Send-out Other</td>
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<tr>
<td>PathNet Aliases:</td>
<td>Send-out Other</td>
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</table>

Meconium, Drugs of Abuse

<table>
<thead>
<tr>
<th>Lab Where Test is Performed:</th>
<th>Mayo</th>
<th>Ref Lab Code or #:</th>
<th>DASM5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turn around Time:</td>
<td>3 days</td>
<td>CPT Code(s):</td>
<td>G0431</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td>14 days frozen, ONLY 24 hours refrigerated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>Random Meconium collection (send the entire specimen)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>1 gram of meconium specimen-about 1 teaspoon (send the entire specimen) (Absolute minimum = 0.45 grams-about 0.5 teaspoon)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Send the entire specimen. Freeze. Testing includes Amphetamines, Cocaine (and metabolites), Opiates, THC, and PCP. Confirmation testing will be performed on positive screening results.IMPORTANT: Specimen should be shipped frozen to the reference laboratory; BUT it is ONLY good for 24 hours if refrigerated. Collection site or location should NOT delay sending the sample to the Laboratory for processing.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cerner Primary Synonym:</td>
<td>Drugs of Abuse Screen, Meconium 5-Mayo</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PowerChart Aliases:</td>
<td>Mayo-Drugs of Abuse Screen, Meconium 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td>Mayo-Drugs of Abuse Screen, Meconium 5</td>
<td></td>
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</table>

Mephenytoin and Metabolite Quantitative, Serum or Plasma

<table>
<thead>
<tr>
<th>Lab Where Test is Performed:</th>
<th>ARUP</th>
<th>Ref Lab Code or #:</th>
<th>0091110</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turn around Time:</td>
<td></td>
<td>CPT Code(s):</td>
<td>82492</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td>(2) 5 mL Plain Green Top Tubes or (2) 7 mL Plain Red Top Tubes (No Gel)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>2 mL NA Heparin Plasma or Serum (Absolute minimum = 1 mL)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Remove serum/plasma from cells ASAP. Indicate specimen type on aliquots. Refrigerate.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cerner Primary Synonym:</td>
<td>Send-out Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PowerChart Aliases:</td>
<td>Send-out Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td>Send-out Other</td>
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</tbody>
</table>
### Mephobarbital - see Mebaral

Cerner Primary Synonym:  
PowerChart Aliases:  
PathNet Aliases:  

<table>
<thead>
<tr>
<th>Lab Where Test is Performed:</th>
<th>Ref Lab Code or #:</th>
<th>Turn around Time:</th>
<th>CPT Code(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>3 days</td>
<td>83825</td>
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</tbody>
</table>

### Mercury, Blood

Cerner Primary Synonym: Mercury Blood-Mayo  
PowerChart Aliases:  
PathNet Aliases: Mayo-Mercury, B  

<table>
<thead>
<tr>
<th>Lab Where Test is Performed:</th>
<th>Ref Lab Code or #:</th>
<th>Turn around Time:</th>
<th>CPT Code(s):</th>
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<tbody>
<tr>
<td>Mayo</td>
<td>HG</td>
<td>3 days</td>
<td>83825</td>
</tr>
</tbody>
</table>

### Meridian E95 and or A95 Food Allergy Panels, Serum

Cerner Primary Synonym: Send-out Other  
PowerChart Aliases:  
PathNet Aliases:  

<table>
<thead>
<tr>
<th>Lab Where Test is Performed:</th>
<th>Ref Lab Code or #:</th>
<th>Turn around Time:</th>
<th>CPT Code(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meridian Valley Lab</td>
<td></td>
<td>Variable</td>
<td>Variable</td>
</tr>
</tbody>
</table>

### Specimen Stability:
- **Specimen Type:** 7 mL Royal Blue Trace Metal EDTA Tube
- **Minimum Specimen Requirements:** 2 mL EDTA Whole Blood (Pediatric minimum = 0.5 mL)
- **Patient Preparation:** None.
- **Laboratory Handling:** Refrigerate. The E95 and A95 are two separate and distinct food allergy panels performed by Meridian Valley Laboratory. The testing requisition form can be found on the Meridian Valley Laboratory web site: [http://www.meridianvalleylab.com/test_req.html](http://www.meridianvalleylab.com/test_req.html)
Mesantoin - see Mephenytoin

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

Metabolism Screen, Inborn Errors of (Adult and Pediatric) - see Inborn Errors of Metabolism, Plasma and Urine

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

Metanephrines, Plasma

Cerner Primary Synonym: Metanephrines, Fractionated Free-Mayo

PowerChart Aliases:

PathNet Aliases: Mayo-Metanephrines, Fract., Free, P

Lab Where Test is Performed: Mayo Ref Lab Code or #: PMET

Turn around Time: 4 days CPT Code(s): 83835

Specimen Stability:

Specimen Type: 5 mL EDTA Lavender Tube

Minimum Specimen Requirements: 1 mL EDTA Plasma (Absolute minimum = 0.3 mL)

Patient Preparation: Discontinue epinephrine and epinephrine-like drugs 1 week before collection. Do not take acetaminophen 48 hours before collection.

No caffeine, tobacco, or alcohol 4 hours before collection.

Laboratory Handling: Freeze.
Metanephrines, Urine Fractionated, 24 HR Urine (includes Normetanephrines)

Cerner Primary Synonym: Metanephrines, Fractionated 24 Hour Urine-Mayo

PowerChart Aliases:

PathNet Aliases: Mayo-Metanephrines, Fractionated, 24h, U

Lab Where Test is Performed: Mayo Ref Lab Code or #: METAF

Turn around Time: 2 days CPT Code(s): 83835

Specimen Stability:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

Restrictions 72 hours prior to and during collection: the patient should be off medications for 3 days prior to collection.

Add 10 grams (pediatric = 3 grams) of boric acid or 25 ML (pediatric = 15 ML) of 50% acetic acid at the start of collection - NO exceptions. The urine total volume must be included on the request form. Refrigerate.

---

Metanephrines, Urine Fractionated, Random

Cerner Primary Synonym: Send-out Other

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Mayo Ref Lab Code or #: METAR

Turn around Time: 2 days CPT Code(s): 83835

Specimen Stability:

Specimen Type: Random Urine

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

Restrictions 72 hours prior to and during collection: the patient should be off medications for 3 days prior to collection.

No preservatives required. Freeze.

---

Methemoglobin Reductase, Blood (order must specify Reductase)

Cerner Primary Synonym: Send-out Other

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Mayo Ref Lab Code or #: METR

Turn around Time: 6 days CPT Code(s): 82657

Specimen Stability:

Specimen Type: 7 mL Yellow ACD (Solution B) Tube

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

The patient's age is required.

Do NOT transfer blood to other containers. Patient's age is required. Refrigerate. Submit a Hematopathology-Molecular Oncology Request Form.
Methemoglobin, Blood (**NOT Reductase**) (includes Sulfhemoglobin) - see below for collection limitations

**Cerner Primary Synonym:** Send-out Other

**PowerChartAliases:**

**PathNet Aliases:**

**Lab Where Test is Performed:** Mayo

**Ref Lab Code or #:** MET

**Turn around Time:** 3 days

**CPT Code(s):** 83050, 83060

**Specimen Stability:**

**Specimen Type:** 5 mL Lavender EDTA Tube

**Minimum Specimen Requirements:**

**Patient Preparation:** None.

**Laboratory Handling:** Do NOT collect on Saturday, Sunday, or Friday after 12 p.m. Must arrive at Mayo within 48 hours of collection. Send original container. Refrigerate. Cannot be frozen.

---

**Methicillin Resistant Staphylococcus aureus DNA by PCR (Nasal Source ONLY) (MRSA Screen DNA PCR)**

**Cerner Primary Synonym:** MRSA, PCR

**PowerChartAliases:** PCR, MRSA

**PathNet Aliases:** PCR, MRSA

**Lab Where Test is Performed:** BVHS

**Ref Lab Code or #:**

**Turn around Time:** < 1 day

**CPT Code(s):** 87641

**Specimen Stability:**

**Specimen Type:** 1 Swab Nasal Source ONLY

**Minimum Specimen Requirements:**

**Patient Preparation:** None.

**Laboratory Handling:** Bring to Laboratory as soon as possible. Nasal Source ONLY. For MRSA Screens for other sources order the MRSACUL, MRSA Screen Culture.

---

**Methotrexate, Serum**

**Cerner Primary Synonym:** Methotrexate-Mayo

**PowerChartAliases:**

**PathNet Aliases:** Mayo-Methotrexate, S

**Lab Where Test is Performed:** Mayo

**Ref Lab Code or #:** MTHX

**Turn around Time:** 1 day

**CPT Code(s):** 80299

**Specimen Stability:**

**Specimen Type:** 7 mL SST Gel Red Top Tube (Plain Red is acceptable.)

**Minimum Specimen Requirements:**

**Patient Preparation:** None.

**Laboratory Handling:** Protect the specimen from light. Refrigerate.
### Methotrexate, Serum (Special order ONLY!!! - requiring 2 hour turn-around time)

**Cerner Primary Synonym:** Send-out Other  
**PowerChart Aliases:**  
**PathNet Aliases:**  
**Lab Where Test is Performed:** Toledo Hospital  
**Ref Lab Code or #:**  
**Minimum Specimen Requirements:**  
1 mL Serum in original vacutainer tube  
**Patient Preparation:** None.  
**Laboratory Handling:** Wrap the specimen in foil to protect from light. Centrifuge the specimen and send in the original tube wrapped in foil. Notify Toledo Hospital Laboratory (Promedica) at: 419-291-4134. Stats are available, test run daily.  
**Turn around Time:** 2 hours  
**CPT Code(s):** 8721  
**Specimen Stability:**

### Methsuximide, Serum (Celontin)

**Cerner Primary Synonym:** Methsuximide (Celontin)-Mayo  
**PowerChart Aliases:**  
**PathNet Aliases:** Mayo-Methsuximide (Celontin)  
**Lab Where Test is Performed:** Mayo  
**Ref Lab Code or #:** FMETX  
**Minimum Specimen Requirements:**  
2 mL Serum  
**Patient Preparation:** None.  
**Laboratory Handling:** No SST Gel.  
**Turn around Time:** 5-7 days  
**CPT Code(s):** 83858  
**Specimen Stability:**

### Methylene tetrahydrofolate Reductase Mutation, Blood (MTHFR)

**Cerner Primary Synonym:** MTHFR C677T Mutation Analysis-Mayo  
**PowerChart Aliases:**  
**PathNet Aliases:** Mayo-MTHFR C677T Mutation Analysis, B  
**Lab Where Test is Performed:** Mayo  
**Ref Lab Code or #:** MTHFR  
**Minimum Specimen Requirements:**  
6 mL ACD Whole Blood  
**Patient Preparation:** None.  
**Laboratory Handling:** Keep tube intact. Do not pour off. Send at room temperature. Do not refrigerate or freeze.  
**Turn around Time:** 9 days  
**CPT Code(s):** 81291  
**Specimen Stability:**

---
Methyl-Histadine, Urine - order Amino Acid Analysis, Quantitative, Urine

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

Methylmalonic Acid, Serum (MMA)

Cerner Primary Synonym: Methylmalonic Acid Quant-Mayo

PowerChart Aliases:

PathNet Aliases: Mayo-Methylmalonic Acid, QN, S

Lab Where Test is Performed: Mayo Ref Lab Code or #: MMAS

Turn around Time: 5 days CPT Code(s): 83921

Specimen Stability:

Specimen Type: (2) 5 mL Red Top Tubes (SST Gel is acceptable)

Minimum Specimen Requirements: 2 mL Serum

Patient Preparation: The patient should be fasting.

Laboratory Handling: Refrigerate.

Methyphenidate - see Ritalin

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:
| Test Name          | Cerner Primary Synonym | PowerChart Aliases | PathNet Aliases | Lab Where Test is Performed | Ref Lab Code or # | Turn around Time | CPT Code(s) | Specimen Stability | Specimen Type | Minimum Specimen Requirements | Patient Preparation | Laboratory Handling | Specimen Stability | Specimen Type | Minimum Specimen Requirements | Patient Preparation | Laboratory Handling | Specimen Stability | Specimen Type | Minimum Specimen Requirements | Patient Preparation | Laboratory Handling |
|-------------------|------------------------|--------------------|-----------------|---------------------|---------------------------|-------------------|-----------------|---------------|-------------------|-----------------|-------------------------------|-------------------|------------------|---------------------|---------------|-----------------------------|-------------------|------------------|---------------------|---------------|-----------------------------|-------------------|------------------|---------------------|---------------|-----------------------------|
| Mexilene, Serum (Mexil)  | Send-out Other         |                    |                 | Mayo                | MEX                       | 8 days            | 80299           |               |                   | (3) 7 mL Plain Red Top Tubes (No SST Gel) | 5 mL Serum         |                               | Draw this level after the patient has been receiving mexilene for 3 days and just before the next dose. | None.            |                           | None.                   |               |                           |                  |
| MI-2 (a Myositis specific Autoantibody) | Send-out: Other     |                    |                 | Mayo                | FMI2                      | 18-21 days        | 83516           |               |                   | 5 mL Plain Red Top Tube (No SST Gel) | 1 mL Serum         |                               | None.                   | Refrigerate. |                           |                  |                           | None.                   |               |                           |                  |

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<table>
<thead>
<tr>
<th><strong>Microalbumin, 24 Hour Urine</strong></th>
<th><strong>Cerner Primary Synonym:</strong> Urine Microalbumin 24 Hour</th>
<th><strong>PowerChart Aliases:</strong></th>
<th><strong>Ref Lab Code or #:</strong></th>
<th><strong>CPT Code(s):</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lab Where Test is Performed:</strong> BVHS</td>
<td><strong>Specimen Stability:</strong> 8 hours at Room Temperature, 72 hours at 2-8 C</td>
<td><strong>Minimum Specimen Requirements:</strong> 7 mL of a 24 Hour Urine</td>
<td><strong>Patient Preparation:</strong> None.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Microalbumin, Random Urine (includes Random Urine Creatinine)</strong></th>
<th><strong>Cerner Primary Synonym:</strong> Microalbumin Level Urine Random</th>
<th><strong>PowerChart Aliases:</strong> Urine Microalbumin Level</th>
<th><strong>Ref Lab Code or #:</strong></th>
<th><strong>CPT Code(s):</strong> 82570,82043</th>
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</thead>
<tbody>
<tr>
<td><strong>Lab Where Test is Performed:</strong> BVHS</td>
<td><strong>Specimen Stability:</strong> 8 hours at Room Temperature, 72 hours at 2-8 C</td>
<td><strong>Minimum Specimen Requirements:</strong> 7 mL Random Urine</td>
<td><strong>Patient Preparation:</strong> None.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Microhematocrit, Blood</strong></th>
<th><strong>Cerner Primary Synonym:</strong> MHCT</th>
<th><strong>PowerChart Aliases:</strong></th>
<th><strong>Ref Lab Code or #:</strong></th>
<th><strong>CPT Code(s):</strong> 85013</th>
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<tbody>
<tr>
<td><strong>Lab Where Test is Performed:</strong> BVHS</td>
<td><strong>Specimen Stability:</strong></td>
<td><strong>Minimum Specimen Requirements:</strong></td>
<td><strong>Patient Preparation:</strong> None.</td>
<td></td>
</tr>
</tbody>
</table>
Microsomal Antibodies - see Anti-Thyroid Peroxidase Antibodies

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

This test is also known as Anti-Thyroid Peroxidase Antibodies or Anti-Thyroid Antibodies or Anti-TPO Antibodies.

Milk IgE, Serum (Cow’s Milk)

Cerner Primary Synonym: Milk IgE, Serum-Mayo

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Mayo Ref Lab Code or #: MILK

Turn around Time: 2-3 days CPT Code(s): 86003

Specimen Stability:

Specimen Type: 5 mL Red Top Tube (SST Gel is acceptable)

Minimum Specimen Requirements: 0.3 mL for one allergen OR 0.5 mL for every 5 allergens tested

Patient Preparation: None.

Laboratory Handling: Refrigerate.

Mirtazapine, Serum (Remeron)

Cerner Primary Synonym: Send-out Other

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Quest Ref Lab Code or #: 30348

Turn around Time: 7 days CPT Code(s): 80299

Specimen Stability:

Specimen Type: (2) 7 mL Plain Red Top Tubes (No SST Gel)

Minimum Specimen Requirements: 3 mL Serum (Absolute minimum = 1.2 mL)

Patient Preparation: None.

Laboratory Handling: Refrigerate. EDTA plasma is also acceptable.
### Mitochondrial Antibodies, Serum (Mi2)

**Cerner Primary Synonym:** Mitochondrial Antibody, M2-Mayo

<table>
<thead>
<tr>
<th>PathNet Aliases:</th>
<th>Mayo-Mitochondrial Ab, M2, S</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lab Where Test is Performed:</strong></td>
<td>Mayo</td>
</tr>
<tr>
<td><strong>Ref Lab Code or #:</strong></td>
<td>AMA</td>
</tr>
<tr>
<td><strong>Turn around Time:</strong></td>
<td>1 day</td>
</tr>
<tr>
<td><strong>CPT Code(s):</strong></td>
<td>83516</td>
</tr>
</tbody>
</table>

**Specimen Stability:**
- **Specimen Type:** 5 mL Red Top Tube (SST Gel is acceptable)
- **Minimum Specimen Requirements:** 0.5 mL Serum
- **Patient Preparation:** None.
- **Laboratory Handling:** Refrigerate.

### Mitochondrial DNA Studies - see Mitochondrial Myopathy mtDNA Evaluation

**Cerner Primary Synonym:**

<table>
<thead>
<tr>
<th>PathNet Aliases:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lab Where Test is Performed:</strong></td>
</tr>
<tr>
<td><strong>Turn around Time:</strong></td>
</tr>
<tr>
<td><strong>Specimen Stability:</strong></td>
</tr>
<tr>
<td><strong>Specimen Type:</strong></td>
</tr>
<tr>
<td><strong>Minimum Specimen Requirements:</strong></td>
</tr>
<tr>
<td><strong>Patient Preparation:</strong></td>
</tr>
<tr>
<td><strong>Laboratory Handling:</strong></td>
</tr>
</tbody>
</table>

### Mitochondrial Myopathy mtDNA Evaluation, Blood

**Cerner Primary Synonym:** Send-out Other

<table>
<thead>
<tr>
<th>PathNet Aliases:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lab Where Test is Performed:</strong></td>
</tr>
<tr>
<td><strong>Ref Lab Code or #:</strong></td>
</tr>
<tr>
<td><strong>Turn around Time:</strong></td>
</tr>
<tr>
<td><strong>CPT Code(s):</strong></td>
</tr>
</tbody>
</table>

**Specimen Stability:**
- **Specimen Type:** (5) 5 mL EDTA Lavender Top Tubes
- **Minimum Specimen Requirements:** 20 mL EDTA Whole Blood
- **Patient Preparation:** None.
- **Laboratory Handling:** Room temperature. Blood must be shipped within 24 hours of collection so do not collect on Friday, Saturday, or Sunday (before 5 pm).
## Mono Test, Serum

**Cerner Primary Synonym:** Mononucleosis Test  
**PowerChart Aliases:**  
**PathNet Aliases:**  
**Lab Where Test is Performed:** BVHS  
**Ref Lab Code or #:**  
**Turn around Time:** < 1 day  
**CPT Code(s):** 86308  
**Specimen Stability:**  
**Specimen Type:** 5 mL Red Top Tube (EDTA Whole Blood is acceptable)  
**Minimum Specimen Requirements:** 0.5 mL Serum  
**Patient Preparation:** None.  
**Laboratory Handling:** None.

## Mothers Blood Drawn (Baby to Toledo)

**Cerner Primary Synonym:** PHLEB  
**PowerChart Aliases:**  
**PathNet Aliases:**  
**Lab Where Test is Performed:** BVHS  
**Ref Lab Code or #:**  
**Turn around Time:** NA  
**CPT Code(s):** 36415  
**Specimen Stability:**  
**Specimen Type:** 7 mL Plain Red Top Tube (No SST Gel)  
**Minimum Specimen Requirements:**  
**Patient Preparation:** None.  
**Laboratory Handling:** The phlebotomist should manually label the blood appropriately and leave with the Nursery.

## MRSA DNA PCR - see Methicillin Resistant Staphylococcus aureus DNA by PCR

**Cerner Primary Synonym:**  
**PowerChart Aliases:**  
**PathNet Aliases:**  
**Lab Where Test is Performed:**  
**Ref Lab Code or #:**  
**Turn around Time:**  
**CPT Code(s):**  
**Specimen Stability:**  
**Specimen Type:**  
**Minimum Specimen Requirements:**  
**Patient Preparation:**  
**Laboratory Handling:**
**MRSA Screen Culture (Non Nasal Sources) (Methicillin Resistant Staphylococcus Aureus)**

**Cerner Primary Synonym:** Culture MRSA Screen

**PowerChart Aliases:** MRSA Screen Culture

**PathNet Aliases:** C MRSA

**Lab Where Test is Performed:** BVHS

**Ref Lab Code or #:**

**Minimum Specimen Requirements:**
- 1 Swab

**Specimen Type:** Swab of the axilla, groin, or other source (NOT Nasal)

**Patient Preparation:** None.

**Laboratory Handling:** Send to the Laboratory as soon as possible.

**Turn around Time:** 2 days

**CPT Code(s):** 87081

**Specimen Stability:**

**MS Profile, CSF and Serum (Multiple Sclerosis Panel)**

**Cerner Primary Synonym:** Send-out Other

**PowerChart Aliases:**

**PathNet Aliases:**

**Lab Where Test is Performed:** ARUP

**Ref Lab Code or #:** 0080440

**Turn around Time:** 1-4 days

**CPT Code(s):** 83916, 83873, 82784(x2), 82040, 82042

**Specimen Stability:**

**Specimen Type:** Fluid from spinal tap and 7 mL Red Top Tube (SST Gel is acceptable)

**Minimum Specimen Requirements:**
- 2 mL CSF and 1 mL Serum (Absolute minimum = 1.5 mL CSF and 0.5 mL Serum)

**Patient Preparation:** None.

**Laboratory Handling:** Serum must be drawn within 48 hours of CSF collection. Separate serum from cells as soon as possible. Refrigerate.

**MTHFR - See Methyltetrahydrofolate Reductase Mutation, Blood**

**Cerner Primary Synonym:**

**PowerChart Aliases:**

**PathNet Aliases:**

**Lab Where Test is Performed:**

**Ref Lab Code or #:**

**Turn around Time:**

**CPT Code(s):**

**Specimen Stability:**

**Specimen Type:**

**Minimum Specimen Requirements:**

**Patient Preparation:**

**Laboratory Handling:**
Mucopolysaccharides (MPS) Quantitative, Urine (Hunter Syndrome Monitoring - not Screening)

Cerner Primary Synonym: Send-out Other
PowerChart Aliases:
PathNet Aliases:

Lab Where Test is Performed: Mayo
Ref Lab Code or #: MPSQN

Minimum Specimen Requirements:
Specimen Type: Random Urine (Early morning specimen is preferred.)

Patient Preparation:
Patient's age is required. This test is for monitoring known Hunter Syndrome patients.

Laboratory Handling: Freeze immediately.

Turn around Time: 3 days
CPT Code(s): 83864

Specimen Stability:

Mucopolysaccharides (MPS) Screen, Urine (Hunter Syndrome Screen)

Cerner Primary Synonym: Send-out Other
PowerChart Aliases:
PathNet Aliases:

Lab Where Test is Performed: Mayo
Ref Lab Code or #: MPSSC

Minimum Specimen Requirements:
Specimen Type: Random Urine (Early morning is preferred)

Patient Preparation:
Patient's age is required. This test is for screening-diagnosing Hunter Syndrome. It includes the qualitative screen and the quantitative test.

Laboratory Handling: Freeze immediately.

Turn around Time: 16 days
CPT Code(s): 83864, 83866

Specimen Stability:

Mullerian Hormone Antibody - see Anti-Mullerian Hormone

Cerner Primary Synonym:

PowerChart Aliases:
PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:
Multiple Endocrine Neoplasia Type 2A and Familial MTC Molecular Analysis (MEN2), Blood - see RET Proto-Oncogene, Full Gene Analysis

- **Lab Where Test is Performed:**
- **Ref Lab Code or #:**
- **Minimum Specimen Requirements:**
- **Specimen Type:**
- **Specimen Stability:**
- **Patient Preparation:**
- **Laboratory Handling:**
- **CPT Code(s):**

---

**Mumps Antibodies, IgG and IgM, Qualitative (Serum) (not a Quantitative Titer)**

- **Cerner Primary Synonym:** Mumps IgM and IgG Antibodies-Mayo
- **PowerChart Aliases:**
- **PathNet Aliases:**
- **Lab Where Test is Performed:** Mayo
- **Ref Lab Code or #:** MMPGM
- **Turn around Time:** 3 days
- **CPT Code(s):** 86735(X2)
- **Specimen Type:** 5 mL Red Top Tube (SST Gel is acceptable)
- **Minimum Specimen Requirements:** 1 mL Serum (Absolute minimum = 0.9 mL)
- **Patient Preparation:** None.
- **Laboratory Handling:** Refrigerate.

---

**Mumps IgG Antibody Screen, Serum, Qualitative (not a Quantitative Titer)**

- **Cerner Primary Synonym:** Mumps IgG Antibody-Mayo
- **PowerChart Aliases:**
- **PathNet Aliases:**
- **Lab Where Test is Performed:** Mayo
- **Ref Lab Code or #:** MPPG
- **Turn around Time:** 2 days
- **CPT Code(s):** 86735
- **Specimen Type:** 5 mL Red Top Tube (SST Gel is acceptable)
- **Minimum Specimen Requirements:** 0.5 mL Serum (Absolute minimum = 0.4 mL)
- **Patient Preparation:** None.
- **Laboratory Handling:** Refrigerate.
<table>
<thead>
<tr>
<th>Test</th>
<th>Lab Where Test is Performed</th>
<th>Ref Lab Code or #</th>
<th>CPT Code(s)</th>
<th>Specimen Type</th>
<th>Patient Preparation</th>
<th>Laboratory Handling</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mumps IgG Antibody, CSF</strong></td>
<td>ARUP</td>
<td>0054442</td>
<td>86735</td>
<td>Cerebrospinal Fluid</td>
<td>None</td>
<td>Refrigerate</td>
</tr>
<tr>
<td><strong>Mumps IgG Antibody, Serum (Titer/Quantitative)</strong></td>
<td>ARUP</td>
<td>0050390</td>
<td>86735</td>
<td>5 mL Red Top Tube (SST Gel is acceptable)</td>
<td>None</td>
<td>Refrigerate</td>
</tr>
<tr>
<td><strong>Mumps IgM Antibody, CSF</strong></td>
<td>ARUP</td>
<td>0054443</td>
<td>86735</td>
<td>Cerebrospinal Fluid</td>
<td>None</td>
<td>Refrigerate</td>
</tr>
</tbody>
</table>
**Mumps IgM Antibody, Serum (Quantitative/Titer)**

Cerner Primary Synonym: Mumps Virus Antibody (IgM)-Mayo

PowerChart Aliases:

PathNet Aliases: Mayo-Mumps Virus Antibody (IgM)

Lab Where Test is Performed: Mayo

Ref Lab Code or #: FMUMM

Turn around Time: 2-5 days

CPT Code(s): 86735

Specimen Stability:

Specimen Type: 7 mL Plain Red Top Tube (No SST Gel)

Minimum Specimen Requirements:

Patient Preparation: None.

Laboratory Handling: Refrigerated.

**Muramidase - see Lysozyme**

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Mayo

Ref Lab Code or #:

Turn around Time:

CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

**MUSK Antibody, Serum (Muscle Specific Receptor Tyrosine Kinase)**

Cerner Primary Synonym: Send-out Other

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Mayo

Ref Lab Code or #: MUSK

Turn around Time: 8-15 days

CPT Code(s): 83519

Specimen Stability:

Specimen Type: (2) 5 mL Red Top Tubes (SST Gel is acceptable)

Minimum Specimen Requirements:

Patient Preparation: None.

Laboratory Handling: Refrigerate.
Myasthenia Gravis (MG) Evaluation, Adult, Serum

Cerner Primary Synonym: Send-out Other

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Mayo

Ref Lab Code or #: MGA1

Minimum Specimen Requirements:

Specimen Type: (3) 5 mL Red Top Tubes (SST Gel is acceptable)

Specimen Stability:

Patient Preparation: The patient should have not had general anesthesia or muscle relaxants in the previous 24 hours.

Laboratory Handling: Hemolyzed specimens are not acceptable. Refrigerate. The evaluation includes: Acetylcholine (Ach) Receptor Blocking Antibodies, Acetylcholine (Ach) Receptor Modulating Antibodies, and Striational Muscle Antibodies. Acetylcholine (Ach) Receptor Blocking Ab and CRMP-5-IgG Western Blot are reflexed if appropriate.

Turn around Time: 7 days

CPT Code(s): 83519-59(X3),83520,84182

Myasthenia Gravis (MG) Evaluation, Pediatric, Serum

Cerner Primary Synonym: Send-out Other

PowerChart Aliases:

PathNet Aliases: LAB

Lab Where Test is Performed: Mayo

Ref Lab Code or #: MGEP

Minimum Specimen Requirements:

Specimen Type: (2) 5 mL Red Top Tubes (SST Gel is acceptable)

Specimen Stability:

Patient Preparation: The patient should have not had general anesthesia or muscle relaxants in the previous 24 hours.

Laboratory Handling: Hemolyzed specimens are not acceptable. Refrigerate. The evaluation includes: Acetylcholine (Ach) Binding Antibodies and Acetylcholine (Ach) Modulating Antibodies. The Acetylcholine (ACh) Blocking Antibody is reflexed if needed.

Turn around Time: 5 days

CPT Code(s): 83519(X3)

Mycobacteria Culture and Smear (AFB or TB) - see Acid Fast Culture and Smear (Mycobacteria tuberculosis)

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Minimum Specimen Requirements:

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:
### Mycobacterium tuberculosis Complex, Molecular Detection, PCR

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>M. tuberculosis Complex PCR-Mayo</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
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<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>Mayo</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td>MTBRP</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>2-4 days</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>87556, 87015 (for culture if appropriate)</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>Variable (See Mayo Access)</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>Variable (Preferred Specimens are: Body Fluid, CSF, Ocular Fluid, BAL, Bronchial Washing, Sputum, Stool, Fresh Tissue, Bone, Bone Marrow, or Urine)</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>Variable depending on specimen submitted.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Specimen source is required. Refrigerate.</td>
</tr>
</tbody>
</table>

### Mycoplasma EIA, Serum

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Mycoplasma Antibody</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td>Mayo-Mycoplasma Acid, S</td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>BVHS</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td></td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>1 day</td>
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<tr>
<td>CPT Code(s):</td>
<td>86318</td>
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<tr>
<td>Minimum Specimen Requirements:</td>
<td>0.5 mL Serum</td>
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<tr>
<td>Specimen Type:</td>
<td>5 mL Red Top Tube (SST Gel is acceptable)</td>
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<tr>
<td>Patient Preparation:</td>
<td>None.</td>
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<tr>
<td>Laboratory Handling:</td>
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### Mycophenolic Acid, Serum

<table>
<thead>
<tr>
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<th>Mycophenolic Acid-Mayo</th>
</tr>
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<tbody>
<tr>
<td>PowerChart Aliases:</td>
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<tr>
<td>PathNet Aliases:</td>
<td>Mayo-Mycophenolic Acid, S</td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>Mayo</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td>MPA</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>1-3 days</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>80299</td>
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<tr>
<td>Minimum Specimen Requirements:</td>
<td>1 mL Serum (Absolute minimum = 0.1 mL)</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>7 mL Plain Red Top Tube (SST Gel is NOT acceptable.)</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Refrigerate.</td>
</tr>
</tbody>
</table>
**Mycoplasma hominis Culture (and Ureaplasma Species culture)**

**Lab Where Test is Performed:** ARUP  
**Ref Lab Code or #:** 0065031

**Minimum Specimen Requirements:**  
Nylon swab (no wooden shafts) or 10 mL Sterile Urine

**Specimen Type:**  
Urine, urethral or cervical swab, semen, body fluid, tracheal or nasopharyngeal aspirate

**Patient Preparation:** None.

**Laboratory Handling:**  
Collect specimen in ARUP Universal Transport Media (UTM) (or M4 is OK but NOT M4RT) for Mycoplasma/Ureaplasma. ALWAYS FREEZE at -70 degrees C (the freezer in the Laboratory Storeroom). No other transport media is acceptable. The ARUP Courier DOES NOT come on the weekends!

**CPT Code(s):** 87109

**Specimen Stability:**

**Mycoplasma pneumoniae - see Mycoplasma FIA**

**Lab Where Test is Performed:** BVHS  
**Ref Lab Code or #:**

**Minimum Specimen Requirements:**

**Specimen Type:**

**Patient Preparation:** None.

**Laboratory Handling:**

**Specimen Stability:**

**Myelin Basic Protein, CSF (ONLY - NOT part of an MS Profile)**

**Lab Where Test is Performed:** ARUP  
**Ref Lab Code or #:** 0080515

**Minimum Specimen Requirements:**  
1.0 mL CSF (Absolute minimum = 0.3 mL)

**Patient Preparation:**  
Label CSF tubes and deliver to the Lab immediately.

**Laboratory Handling:**  
Avoid hemolysis. Use care to avoid leakage. Freeze. If CSF is blood, centrifuge the sample and separate from cells prior to freezing.
### Myeloperoxidase Antibodies, Serum

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Send-out Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>Mayo</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td>MPO</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>3 days</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>5 mL Red Top Tube (SST Gel is acceptable)</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>0.5 mL Serum</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Refrigerate</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>83876</td>
</tr>
</tbody>
</table>

### Myoglobin, Urine

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Urine Myoglobin Random</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>BVHS</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td></td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>&lt; 1 day</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>Random Urine specimen</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>10 mL Urine</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>None</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>81000</td>
</tr>
</tbody>
</table>

### Myoglobin, Plasma

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Myoglobin</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>BVHS</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td></td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>4 hours</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>5 mL Light Green Heparinized Gel Tube</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>0.2 mL Plasma (Serum is also acceptable)</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>None</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>83874</td>
</tr>
</tbody>
</table>
Blanchard Valley Health System Laboratory Specimen Collection Manual

Myotonic Syndrome Advanced Evaluation, Blood
Cerner Primary Synonym: Send-out Other

<table>
<thead>
<tr>
<th>PowerChart Aliases:</th>
<th>Ref Lab Code or #: 5506</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lab Where Test is Performed: Athenas</td>
<td></td>
</tr>
<tr>
<td>Turn around Time: 21-28 days</td>
<td></td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type: (2) 5 mL Lavender EDTA Tubes - see Lab Handling for Pediatric minimums</td>
<td></td>
</tr>
<tr>
<td>Minimum Specimen Requirements: 8 mL EDTA Whole Blood (Absolute minimum = 6 mL)</td>
<td></td>
</tr>
<tr>
<td>Patient Preparation: None.</td>
<td></td>
</tr>
<tr>
<td>Laboratory Handling: Room temperature. Patients 0-3 years: 2 mL EDTA Whole Blood (Absolute minimum = 1 mL). This is due to the higher WBC count in that younger patient population.</td>
<td></td>
</tr>
</tbody>
</table>

| CPT Code(s): 81187, 81234, 81404, 81406 (x2), 81479 |
| Specimen Stability: |

Mysoline - see Primidone
Cerner Primary Synonym: |

<table>
<thead>
<tr>
<th>PowerChart Aliases:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PathNet Aliases:</td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
</tr>
<tr>
<td>Turn around Time:</td>
</tr>
<tr>
<td>Specimen Stability:</td>
</tr>
<tr>
<td>Specimen Type:</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
</tr>
<tr>
<td>Patient Preparation:</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
</tr>
</tbody>
</table>

| CPT Code(s): |
| Specimen Stability: |

NA, Plasma (Sodium)
Cerner Primary Synonym: Sodium Level

<table>
<thead>
<tr>
<th>PowerChart Aliases: Na Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>PathNet Aliases:</td>
</tr>
<tr>
<td>Lab Where Test is Performed: BVHS</td>
</tr>
<tr>
<td>Turn around Time: &lt; 1 day</td>
</tr>
<tr>
<td>Specimen Stability: 8 hours at Room Temperature, 48 hours at 2-8 C</td>
</tr>
<tr>
<td>Specimen Type: 5 mL Light Green Heparinized Gel Tube</td>
</tr>
<tr>
<td>Minimum Specimen Requirements: 0.5 mL Heparinized Plasma</td>
</tr>
<tr>
<td>Patient Preparation: None.</td>
</tr>
<tr>
<td>Laboratory Handling: Serum is also acceptable.</td>
</tr>
</tbody>
</table>

| CPT Code(s): 84295 |
| Specimen Stability: |

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Nabferon (IFN-Beta-1) Neutralizing Antibody, Serum

Cerner Primary Synonym: Send-out Other

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Athena

Ref Lab Code or #: 112

Minimum Specimen Requirements:

Specimen Type: (2) 7 mL Plain Red Top Tubes (No SST Gel)

Patient Preparation: The sample needs to be collected either before treatment with interferon or more than 24 hours following the most recent dose. The patient should not be on steroid therapy.

Laboratory Handling: Room temperature. Ship within 24 hours of collection. This test is for neutralizing antibodies to beta-interferon. It is useful in testing for Multiple Sclerosis.

CPT Code(s): 86382, 86384, 87253

Specimen Stability:

NAPA, Plasma (N-Acetyl Procainamide) (includes Procainamide)

Cerner Primary Synonym: Procainamide and NAPA Levels-Mayo

PowerChart Aliases:

PathNet Aliases: Mayo-Procainamide, S

Lab Where Test is Performed: Mayo

Ref Lab Code or #: PROCG

Minimum Specimen Requirements:

Specimen Type: 7 mL SST Gel Red Top Tube (Plain Red is acceptable.)

Patient Preparation: None.

Laboratory Handling: Refrigerate.

CPT Code(s): 80192, 80190

Specimen Stability:

Narcolepsy (HLA-DQB1) DNA Genotyping (HLA-DR/DO Testing)

Cerner Primary Synonym: Send-out Other

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: ARUP

Ref Lab Code or #: 2005023

Minimum Specimen Requirements:

Specimen Type: (2) 5 mL Lavender EDTA Tubes (NO HEPARIN)

Patient Preparation: None.

Laboratory Handling: Room temperature. DO NOT freeze.

CPT Code(s): 83891, 83898, 83912, 81383

Specimen Stability:
Natural Killer Cell Panel, Blood (CD57)
Cerner Primary Synonym: Send-out Other
PowerChart Aliases: 
PathNet Aliases: 
Lab Where Test is Performed: ARUP 
Ref Lab Code or #: 2004360
Turn around Time: 1-3 days 
CPT Code(s): 88184,88184(x7) each add mrkr
Specimen Stability: 
Specimen Type: 5 mL Plain Green (sodium or lithium) Heparin Tube or 5 mL Lavender EDTA Tube
Minimum Specimen Requirements: 5 mL Heparin or EDTA Whole Blood (Must be at Room Temperature)
Patient Preparation: None.
Laboratory Handling: This test should only be drawn Monday-Thursday. It must be received at ARUP within 24 hours of collection. Room temperature. Includes %CD2, %CD3, %CD5, %CD7, %CD8, %CD2/%CD16, %CD56, and %CD57.

Natural Killer Cells - see T- and B-Cell Quantitation by Flow Cytometry (includes - CD3, CD4, CD8, CD4-CD8 Ratio, CD19, CD16-CD56)
Cerner Primary Synonym: 
PowerChart Aliases: 
PathNet Aliases: 
Lab Where Test is Performed: 
Ref Lab Code or #: 
Turn around Time: 
CPT Code(s): 
Specimen Stability: 
Specimen Type: 
Minimum Specimen Requirements: 
Patient Preparation: 
Laboratory Handling: 

Nardil - see Phenelzine
Cerner Primary Synonym: 
PowerChart Aliases: 
PathNet Aliases: 
Lab Where Test is Performed: Ref Lab Code or #: 
Turn around Time: CPT Code(s): 
Specimen Stability: 
Specimen Type: 
Minimum Specimen Requirements: 
Patient Preparation: 
Laboratory Handling: 

Natural Killer Cell Panel, Blood (CD57)
Cerner Primary Synonym: Send-out Other
PowerChart Aliases: 
PathNet Aliases: 
Lab Where Test is Performed: ARUP 
Ref Lab Code or #: 2004360
Turn around Time: 1-3 days 
CPT Code(s): 88184,88184(x7) each add mrkr
Specimen Stability: 
Specimen Type: 5 mL Plain Green (sodium or lithium) Heparin Tube or 5 mL Lavender EDTA Tube
Minimum Specimen Requirements: 5 mL Heparin or EDTA Whole Blood (Must be at Room Temperature)
Patient Preparation: None.
Laboratory Handling: This test should only be drawn Monday-Thursday. It must be received at ARUP within 24 hours of collection. Room temperature. Includes %CD2, %CD3, %CD5, %CD7, %CD8, %CD2/%CD16, %CD56, and %CD57.

Natural Killer Cells - see T- and B-Cell Quantitation by Flow Cytometry (includes - CD3, CD4, CD8, CD4-CD8 Ratio, CD19, CD16-CD56)
Cerner Primary Synonym: 
PowerChart Aliases: 
PathNet Aliases: 
Lab Where Test is Performed: 
Ref Lab Code or #: 
Turn around Time: 
CPT Code(s): 
Specimen Stability: 
Specimen Type: 
Minimum Specimen Requirements: 
Patient Preparation: 
Laboratory Handling: 

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Neisseria gonorrhoeae by RNA (GenProbe)
Cerner Primary Synonym: Neisseria gonorrhoeae by RNA (GenProbe)
PowerChart Aliases:
PathNet Aliases:
Lab Where Test is Performed: BVHS
Ref Lab Code or #:
Turn around Time: 1-6 days
CPT Code(s): 87591
Specimen Stability:
Specimen Type: Random NON-STERILE urine or APTIMA Unisex Swab Specimen Collection Kit for Endocervical and male urethral swab specimen, or Gynecologic ThinPrep.
Minimum Specimen Requirements: 15-20 mL Urine or APTIMA swab
Patient Preparation: The patient should not have urinated for at least 1 hour prior to collection. Collect the first part of the voided urine (this is the dirty part of the collection, not the mid-stream) in a sterile, preservative free container. Keep (store) urine at 2-8 degrees C.
Laboratory Handling: If the Laboratory receives a swab specimen transport tube with no swab, two swabs, a cleaning swab, or a swab not supplied by GenProbe, the specimen must be rejected. Prior to rejecting a swab transport tube with no swab, verify that it is not an APTIMA Specimen Transfer Tube (green label), as this specimen will not contain a swab.

Neisseria gonorrhoeae by Transcription Mediated Amplification DNA (non-Probelec specimens)
Cerner Primary Synonym: Neisseria gonorrhoeae by Transcription Mediated Amplification DNA (non-Probelec specimens)
PowerChart Aliases:
PathNet Aliases:
Lab Where Test is Performed: ARUP
Ref Lab Code or #: 0060244
Turn around Time: 1-3 days
CPT Code(s): 87591
Specimen Type: Swab in APTIMA Transport Media
Minimum Specimen Requirements: Oral, pharyngeal or rectal swab in APTIMA Combo 2 Assay transport media. (available from the Laboratory)
Patient Preparation: To be used for oral, pharyngeal or rectal sources. Collect in APTIMA Combo 2 Assay transport media. Transfer swab to this media. Media submitted without swab is unacceptable.
Laboratory Handling: Room temperature. Positive results are confirmed using an alternative nucleic acid target in accordance with CDC guidelines. This test is intended for medical purposes only and is not valid for the evaluation of suspected sexual abuse or for other forensic purposes. Culture is recommended for Neisseria gonorrhoeae detection in cases of sexual abuse or suspected failure of therapy.
Neisseria meningitidis Antigen by Latex Agglutination - order Bacterial Meningitis Antigen Detection Panel

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

Neurofibromatosis Type I (NF1) Deletion-Duplication, Blood

Cerner Primary Synonym: Send-out Other

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

Neuron Specific Enolase (NSE), Serum

Cerner Primary Synonym: Send-out Other

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:
Blanchard Valley Health System Laboratory Specimen Collection Manual

Neurontin - see Gabapentin
Cerner Primary Synonym:
PowerChart Aliases:
PathNet Aliases:
Lab Where Test is Performed: Ref Lab Code or #:
Turn around Time: CPT Code(s):
Specimen Stability:
Specimen Type:
Minimum Specimen Requirements:
Patient Preparation:
Laboratory Handling:

Neutralizing Antibody - see Nabferon (IFN-Beta) Antibody
Cerner Primary Synonym:
PowerChart Aliases:
PathNet Aliases:
Lab Where Test is Performed: Ref Lab Code or #:
Turn around Time: CPT Code(s):
Specimen Stability:
Specimen Type:
Minimum Specimen Requirements:
Patient Preparation:
Laboratory Handling:
Neutrophil Oxidative Burst, Blood (Nitroblue Tetrazolium Assay) - Test Obsolete - see Dihydrorhodamine (DHR) Flow Cytometric Phorbol Myr

Lab Where Test is Performed: Ref Lab Code or #:

Specimen Type:

Specimen Requirements:

Patient Preparation:

Laboratory Handling:

Neutrophils (Absolute) - order WBC Count ONLY

Lab Where Test is Performed: Ref Lab Code or #:

Specimen Type:

Specimen Stability:

Specimen Requirements:

NGAL Lipocalin-2 - see Neutrophil Gelatinase Associated Lipocalin, Urine

Lab Where Test is Performed: Ref Lab Code or #:

Specimen Type:

Specimen Requirements:

Patient Preparation:

Laboratory Handling:
<table>
<thead>
<tr>
<th>Test</th>
<th>Lab Where Test is Performed</th>
<th>Ref Lab Code or #</th>
<th>CPT Code(s)</th>
<th>Specimen Type</th>
<th>Specimen Preparation</th>
<th>Laboratory Handling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ammonia (Venous or Arterial)</td>
<td>BVHS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Niacin, Plasma (Vitamin B3 / Nicotinic Acid)</td>
<td>Mayo</td>
<td>FNIAC</td>
<td>84591</td>
<td>(3) 5 mL Lavender EDTAT Tubes *** Protect from light. ***</td>
<td>None.</td>
<td>*** IMPORTANT *** Protect from light. Spin down and separate the plasma within 15 minutes of collection. Freeze. Send on dry ice.</td>
</tr>
<tr>
<td>Nickel, Serum</td>
<td>Mayo</td>
<td>NIS</td>
<td>83885</td>
<td>(2) 7 mL Royal Blue Trace Metal Tubes. NO Additive.</td>
<td>None.</td>
<td>Refrigerate.</td>
</tr>
</tbody>
</table>
Nicotine, Serum (and metabolites including Cotinine)

Cerner Primary Synonym: Nicotine and Metabolites-Mayo

PowerChart Aliases:
PathNet Aliases: Mayo-Nicotine and Metabolites, S

Lab Where Test is Performed: Mayo

Ref Lab Code or #: NICOS

Turn around Time: 4 days

CPT Code(s): G0480

Specimen Stability:

Specimen Type: (2) 7 mL Plain Red Top Tubes (No SST Gel)

Minimum Specimen Requirements:

Patient Preparation: None.

Laboratory Handling: Specimen cannot be frozen. Refrigerate.

Nicotinic Acid - see Niacin (Vitamin B3)

Cerner Primary Synonym:

PowerChart Aliases:
PathNet Aliases:

Lab Where Test is Performed: Mayo

Ref Lab Code or #: 

Turn around Time: 

CPT Code(s): 

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

Nitroblue Tetrazolium Assay - see Dihydrorhodamine (DHR) Flow Cytometric Phorbol Myristate Acetate (PMA) Test, Blood

Cerner Primary Synonym:

PowerChart Aliases:
PathNet Aliases:

Lab Where Test is Performed: Mayo

Ref Lab Code or #: 

Turn around Time: 

CPT Code(s): 

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:
NK Cells - see T- and B-Cell Quantitation by Flow Cytometry (includes - CD3, CD4, CD8, CD4-CD8 Ratio, CD19, CD16-CD56)

Cerner Primary Synonym:
PowerChart Aliases:
PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:
Turn around Time: CPT Code(s):
Specimen Stability:
Specimen Type:
Minimum Specimen Requirements:
Patient Preparation:
Laboratory Handling:

NK Panel CD-57 - see Natural Killer Cell Profile (CD57)

Cerner Primary Synonym:
PowerChart Aliases:
PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:
Turn around Time: CPT Code(s):
Specimen Stability:
Specimen Type:
Minimum Specimen Requirements:
Patient Preparation:
Laboratory Handling:

Noonan Syndrom (PTPN11 Sequencing), Blood

Cerner Primary Synonym: Send-out Other
PowerChart Aliases:
PathNet Aliases:

Lab Where Test is Performed: Baylor Ref Lab Code or #: 6065
Turn around Time: 6 weeks CPT Code(s):
Specimen Stability:
Specimen Type: Adults = (4) 5mL EDTA, Children = (2) 5mL EDTA, Infants = (1) 5mL EDTA
Minimum Specimen Requirements: Adults = 14 mL EDTA Whole Blood, Children = 6mL, Infants = 2-3mL
Patient Preparation:
Laboratory Handling: The specimen can only be collected Monday-Thursday. It must be shipped overnight. Send to Baylor College of Medicine. Send room temperature and in the original containers. Forms can be found on the BCM website at www bcmgeneticlabs org.
Nordoxepin, Plasma (metabolite of Doxepin) - see Doxepin
Cerner Primary Synonym:
PowerChart Aliases:
PathNet Aliases:
Lab Where Test is Performed: Ref Lab Code or #:
Turn around Time: CPT Code(s):
Specimen Stability:
Specimen Type:
Minimum Specimen Requirements:
Patient Preparation:
Laboratory Handling:

Norepinephrine, Urine - order Catecholamines, Urine Fractionated
Cerner Primary Synonym:
PowerChart Aliases:
PathNet Aliases:
Lab Where Test is Performed: Ref Lab Code or #:
Turn around Time: CPT Code(s):
Specimen Stability:
Specimen Type:
Minimum Specimen Requirements:
Patient Preparation:
Laboratory Handling:

Normetanephrine, Urine 24 Hour - see Metanephrines, Urine Fractionated, 24 HR Urine
Cerner Primary Synonym:
PowerChart Aliases:
PathNet Aliases:
Lab Where Test is Performed: Ref Lab Code or #:
Turn around Time: CPT Code(s):
Specimen Stability:
Specimen Type:
Minimum Specimen Requirements:
Patient Preparation:
Laboratory Handling:
Norpace, Plasma (Disopyramide)

Cerner Primary Synonym: Send-out Other

PowerChart Aliases: 

PathNet Aliases: 

Lab Where Test is Performed: Mayo

Ref Lab Code or #: DSP

Minimum Specimen Requirements: 

Specimen Type: 1 mL Plasma

Patient Preparation: None.

Laboratory Handling: Refrigerate.

Turn around Time: 1 day

CPT Code(s): 80299

Specimen Stability: 

NOTRP

Nortriptyline, Serum (Pamelor)

Cerner Primary Synonym: Nortriptyline Level-Mayo

PowerChart Aliases: 

PathNet Aliases: Mayo-Nortriptyline, S

Lab Where Test is Performed: Mayo

Ref Lab Code or #: NOTRP

Minimum Specimen Requirements: 

Specimen Type: (2) 7 mL Plain Red Top Tubes (SST Gel is NOT acceptable)

Patient Preparation: Draw 12 hours after the last dose.

Laboratory Handling: Remove the serum within 2 hours of collection. Refrigerate.

Turn around Time: 4 days

CPT Code(s): 80182

Specimen Stability: 

NOTCH3 DNA Sequencing - CADASIL Evaluation, Complete (DNA Sequencing), Blood

Cerner Primary Synonym: Send-out Other

PowerChart Aliases: 

PathNet Aliases: 

Lab Where Test is Performed: Athena

Ref Lab Code or #: 421

Minimum Specimen Requirements: 

Specimen Type: (3) 5 mL Lavender Top EDTA tubes

Patient Preparation: None.

Laboratory Handling: Room temperature. Send the same day. MUST arrive at Athena within 24 hours. "CADASIL" stands for "C"erebral "A"utosomal "D"ominant "A"rteriopathy with "S"ubcortical "I"nfarcts and "L"euencephalopathy.

Turn around Time: 21-28 days

CPT Code(s): 83891,83898(X23),83904(X23),83912,83909

Specimen Stability: 

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### NSE - see Neuron Specific Enolase

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Neuron Specific Enolase</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>Ref Lab Code or #:</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>CPT Code(s):</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td></td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td></td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td></td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td></td>
</tr>
</tbody>
</table>

### N-Telopeptide, Urine (Urine Collogen Cross-Linked N-Telopeptide) (NTX)

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>NTX-Telopeptide Urine-Mayo</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td>Mayo-NTX-Telopeptide, Urine-Mayo</td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td>Mayo-NTX-Telopeptide, U</td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>Mayo</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>2 days</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>24 Hour Urine with no preservative</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>4 mL Urine from a 24 Hour collection</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None. 24 hour urine is preferred but a second morning voided and random specimens are acceptable.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Freeze.</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>82523</td>
</tr>
</tbody>
</table>

### NT-Pro B-Type Natriuretic Peptide - see Pro-BNP

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>NT-Pro B-Type Natriuretic Peptide</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>Ref Lab Code or #:</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>CPT Code(s):</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td></td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td></td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td></td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td></td>
</tr>
</tbody>
</table>
NTX - see N-Telopeptide
Cerner Primary Synonym:
PowerChartAliases:
PathNetAliases:
Lab Where Test is Performed: Ref Lab Code or #:
Turn around Time: CPT Code(s):
Specimen Stability:
Specimen Type:
Minimum Specimen Requirements:
Patient Preparation:
Laboratory Handling:

### Nuclear Magnetic Resonance (NMR) Lipoprotein Profile, Serum

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Send-out: Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChartAliases:</td>
<td></td>
</tr>
<tr>
<td>PathNetAliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed: Mayo</td>
<td>Ref Lab Code or #: NMRLP</td>
</tr>
<tr>
<td>Turn around Time: 3-5 days</td>
<td>CPT Code(s): 83704</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type: (2) 5 mL Red SST Gel Tubes</td>
<td></td>
</tr>
<tr>
<td>Minimum Specimen Requirements: 1.5 mL Serum (Absolute minimum = 1 mL)</td>
<td></td>
</tr>
<tr>
<td>Patient Preparation: Fasting overnight (12-14 hours) is REQUIRED. On the night before collection, the evening meal should be eaten before 6pm and should contain no fatty foods.</td>
<td></td>
</tr>
<tr>
<td>Laboratory Handling: Refrigerate.</td>
<td></td>
</tr>
</tbody>
</table>

### OB Drug Screen w Confirmation, Urine - (UDS OB/C)

| Cerner Primary Synonym: OB Drug Screen w/Confirmation, Urine |
|------------------------|---------------------------------------------------------------|
| PowerChartAliases:     |                                                              |
| PathNetAliases:        |                                                              |
| Lab Where Test is Performed: BVHS | Ref Lab Code or #: |
| Turn around Time: < 1 day for Screen | CPT Code(s): 80307 |
| Specimen Stability: |                                                              |
| Specimen Type: Random Urine Drug Screen Collecton | |
| Minimum Specimen Requirements: 25 mL Urine | |
| Patient Preparation: None. | |
| Laboratory Handling: Test contains: Urine Amphetamines Screen, Urine Barbiturates Screen, Urine Benzodiazepines Screen, Urine Cannabinoids Screen, Urine Cocaine Screen, Urine Opiates Screen, Urine Oxytocodone Screen, Urine PCP Screen, Urine Methadone Screen, Urine Buprenorphine Screen, Urine Creatinine, Urine pH, and Urine Specific Gravity. Confirmation testing will be performed as appropriate. | |
OB Panel - Findlay Womens Care ONLY

Cerner Primary Synonym: See Laboratory Handling

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: BVHS

Ref Lab Code or #:

Minimum Specimen Requirements:

Specimen Type: See individual components below.

Patient Preparation:

Laboratory Handling: Individual Orders: CBC without Diff (HHP), RPR, Rubella IgG, Hepatitis B Surface Angigen (HBSAG), Prenatal Type and Screen, HIV1/2 Antibody Screen, UA, Urine Culture, Hepatitis C Antibody (HCV), Free T4, and TSH

Turn around Time:

CPT Code(s):

Specimen Stability:

Obstetrics Panel (for Cascades Womens Health)

Cerner Primary Synonym: See Laboratory Handling

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: BVHS

Ref Lab Code or #: Variable

Minimum Specimen Requirements:

Specimen Type: See individual test components

Patient Preparation:

Laboratory Handling: See Gestational Diabetes Screen for patient preparation for the GDS test component.

Turn around Time: Variable

CPT Code(s): See Below

Specimen Stability:

Minimum Specimen Requirements:

Specimen Type: See individual test components.

Patient Preparation:

Laboratory Handling: This is an Order Group that includes: CBC with differential, Hepatitis B Surface Antigen, Rubella IgG Antibody, RPR, TSH, Gestational Diabetes Screen (1hr), Routine Urinalysis, a Prenatal Type and Screen, and a Hemoglobin A1C Reflex test for when the GDS result is >130 mg/dL.

Occult Blood, Fecal (See Special NOTE if the specimen received is an Occult Blood Slide-Card)

Cerner Primary Synonym: Occult Blood Stool

PowerChart Aliases: Stool Occult Blood

PathNet Aliases:

Lab Where Test is Performed: BVHS

Ref Lab Code or #:

Minimum Specimen Requirements:

Specimen Type: Stool specimen

Patient Preparation:

Laboratory Handling: If possible, place patients on a diet two days before and during the test period: food to eat; well cooked meats, poultry, and fish. Bran cereal daily, cooked fruits and vegetables, peanuts and popcorn. Food, drug, and vitamin restrictions: no red rare meat, no turnips, no horseradish, no melons, no vitamin C in excess of 250 mg/day, no aspirin containing products, no anti-inflammatory drugs, and no iron supplements.

Specimen Stability:

Minimum Specimen Requirements:

Specimen Type: Approximately 1 cc of stool.

Patient Preparation:

Laboratory Handling: *** Special NOTE: If an Occult Blood Slide (Card) is received by the Lab, this test CAN be performed at the Bluffton Hospital Laboratory.
<table>
<thead>
<tr>
<th><strong>Occult Blood, Gastric</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cerner Primary Synonym:</strong></td>
<td>Gastric Occult Blood</td>
</tr>
<tr>
<td><strong>PowerChart Aliases:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Lab Where Test is Performed:</strong></td>
<td>BVHS</td>
</tr>
<tr>
<td><strong>Ref Lab Code or #:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Minimum Specimen Requirements:</strong></td>
<td>0.5 mL</td>
</tr>
<tr>
<td><strong>Specimen Type:</strong></td>
<td>Gastric or emesis contents</td>
</tr>
<tr>
<td><strong>Patient Preparation:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Laboratory Handling:</strong></td>
<td>None.</td>
</tr>
<tr>
<td><strong>Turn around Time:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>CPT Code(s):</strong></td>
<td>82271</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>OH-17 (17-Hydroxycorticosteroids) see 17-Hydroxycorticosteroids</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cerner Primary Synonym:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>PowerChart Aliases:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Lab Where Test is Performed:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Ref Lab Code or #:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Minimum Specimen Requirements:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Patient Preparation:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Laboratory Handling:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Turn around Time:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>CPT Code(s):</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Oligoclonal Banding (Serum and CSF) (ONLY - NOT part of MS Profile)</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cerner Primary Synonym:</strong></td>
<td>Oligoclonal Banding-Mayo</td>
</tr>
<tr>
<td><strong>PowerChart Aliases:</strong></td>
<td>Mayo-Oligoclonal Banding</td>
</tr>
<tr>
<td><strong>Lab Where Test is Performed:</strong></td>
<td>Mayo</td>
</tr>
<tr>
<td><strong>Ref Lab Code or #:</strong></td>
<td>OLIG</td>
</tr>
<tr>
<td><strong>Minimum Specimen Requirements:</strong></td>
<td>3 mL CSF and 0.5 mL Serum</td>
</tr>
<tr>
<td><strong>Specimen Stability:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Patient Preparation:</strong></td>
<td>Label the CSF tubes and deliver to the Lab immediately.</td>
</tr>
<tr>
<td><strong>Laboratory Handling:</strong></td>
<td>Clearly label each tube with the specimen type. The collection date and time must be the same for both samples. Refrigerate.</td>
</tr>
<tr>
<td><strong>Turn around Time:</strong></td>
<td>4 days</td>
</tr>
<tr>
<td><strong>CPT Code(s):</strong></td>
<td>83916</td>
</tr>
</tbody>
</table>
### Organic Acids Screen, Urine

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Send-out Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>Mayo</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td>OAU</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>6 days</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>Random Urine</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>10 mL Urine (Pediatric minimum = 3 mL)</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Note: Urine is the preferred specimen for screening for organic acid disorders. Send the specimen frozen in a plastic vial (refrigerated is also acceptable). The patient's age is required on the request form for processing. Include family history, clinical condition (asymptomatic or acute episode), diet, and drug therapy information.</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>83919</td>
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</tbody>
</table>

### Osmolality, Serum

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Serum Osmolality</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>BVHS</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td></td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>&lt; 1 day</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td>Testing must be done ASAP</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>5 mL Red Top Tube (SST Gel is acceptable)</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>1 mL Serum</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>If simultaneous blood and urine osmolalities are ordered, draw the blood immediately after the urine is collected (or within 1 hour).</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>83930</td>
</tr>
</tbody>
</table>

### Osmolality, Urine

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Urine Osmolality</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>BVHS</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td></td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>&lt; 1 day</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td>Testing must be done ASAP</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>Random Urine specimen</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>1 mL Urine</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>Contact the Lab to draw simultaneous blood after the urine is collected if a serum osmolality is also requested.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>None.</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>83935</td>
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<tr>
<td>Lab Where Test is Performed:</td>
<td>Ref Lab Code or #:</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>--------------------</td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>Ref Lab Code or #:</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>CPT Code(s):</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td></td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td></td>
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<tr>
<td>Patient Preparation:</td>
<td></td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td></td>
</tr>
</tbody>
</table>

### Osteocalcin, Human

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Send-out Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>Mayo</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>3 days</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>5 mL Red Top Tube (SST Gel is acceptable)</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>1 mL Serum (Absolute minimum = 0.5 mL)</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>Overnight fasting is preferred.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Avoid hemolysis and lipemia. Freeze.</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>83937</td>
</tr>
<tr>
<td>Osteocalcin, Human</td>
<td></td>
</tr>
</tbody>
</table>

### Ova and Parasites (Parasite Exam) - IMPORTANT - See Lab Handling below for special ordering instructions

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Parasitic Examination-Mayo</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td>Mayo-Parasitic Examination</td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>Mayo</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>4 days</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>Special collection kit (Total Fix ParaPak transport containers) NOTE: If Ecofix (green) submitted, CANNOT perform Crypto-Giardia testing</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>Filled collection kit (fill to the line indicated on the container)</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td></td>
</tr>
</tbody>
</table>
### OVA1 with FSH and LH (for Ovarian Cancer), Serum

<table>
<thead>
<tr>
<th>Cerner Primary Synonym</th>
<th>Send-out Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>Quest</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td>16992</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>3-5 days</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>84999, 83001, 83002</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>(2) 7 mL Red Top Tubes (SST Gel is acceptable)</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>2.5 mL Serum (Absolute minimum = 1.3 mL)</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Freeze. Testing set up Monday-Saturday.</td>
</tr>
</tbody>
</table>

### OVA1, Serum (for Ovarian Cancer)

<table>
<thead>
<tr>
<th>Cerner Primary Synonym</th>
<th>Send-out Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>Quest</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td>16991</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>3-5 days</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>84999</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>(2) 7 mL Red Top Tubes (SST Gel is acceptable)</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>2.2 mL Serum (Absolute minimum = 1.1 mL)</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Freeze. Test set up Monday-Saturday.</td>
</tr>
</tbody>
</table>

### OX 19 Antibodies IgG and IgM, Serum (Q Fever Antibodies)

<table>
<thead>
<tr>
<th>Cerner Primary Synonym</th>
<th>Send-out Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>Mayo</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td>QFP</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>3 days</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>86638(X2)</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>7 mL Plain Red Top Tube (SST Gel is acceptable.)</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>0.5 mL Serum (Absolute minimum = 0.25 mL)</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Includes IgG and IgM antibodies to Coxiella burnetii.</td>
</tr>
</tbody>
</table>
### OX-2, Serum (Proteus OX2-Weil Felix)/(Murine Typhus IgG) (Spotted Fever Group Antibody, IgG and IgM)

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Send-out Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>Mayo</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td>QFP</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>3 days</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>86757(x2)</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>0.5 mL Serum (Pediatric minimum = 0.2 mL)</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>5 mL Red Top Tube (SST Gel is acceptable)</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Refrigerate</td>
</tr>
</tbody>
</table>

### Oxalate, Plasma (Draw specimens and place on ice.)

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Send-out Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>Mayo</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td>POXA</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>7 days</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>83945</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>5 mL Acidified Heparin Plasma</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>(3) 5 mL Plain Green Heparin Tubes (No Gel)</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>Avoid taking vitamin C supplements for 24 hours prior to collection.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Draw specimens and place on ice. Centrifuge for 10 minutes at 4 degrees C within 1 hour of collection. Adjust the plasma pH to 1.0-3.5 (ideal range is 2.3-2.7) with approximately 10 uL concentrated HCL per 1 mL plasma.</td>
</tr>
</tbody>
</table>

### Oxalate, Urine 24 Hour

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Oxalate 24 Hour Urine-Mayo</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td>Mayo-Oxalate, U</td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
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<tr>
<td>Lab Where Test is Performed:</td>
<td>Mayo</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td>OXU</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>5 days</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>83945</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>24 Hour Urine (No preservative)</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>5 mL Aliquot of a 24 Hour Urine</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>The patient should not take viatmin C, multivitamins, citrus fruits and juices several days prior to collection.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>MUST refrigerate specimen during and after collection. Record the total volume on the aliquot container and worksheets. Specimen pH should be between 4.5 and 8 and will stay in this range if kept refrigerated. Specimens with pH &gt;8 indicate bacterial contamination, and testing will be cancelled DO NOT attempt to adjust the ph as it will adversely affect results. Do not send in any container with a metal cap. Refrigerate.</td>
</tr>
</tbody>
</table>
### Oxcarbazepine - see Trileptal (10-Hydroxy)

<table>
<thead>
<tr>
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<tr>
<td>PathNet Aliases:</td>
<td>CPT Code(s):</td>
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<th>Lab Where Test is Performed:</th>
<th>Specimen Stability:</th>
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<td>Turn around Time:</td>
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<table>
<thead>
<tr>
<th>Specimen Type:</th>
<th>Minimum Specimen Requirements:</th>
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</thead>
<tbody>
<tr>
<td>Patient Preparation:</td>
<td>Laboratory Handling:</td>
</tr>
</tbody>
</table>

### PAI-1 Antigen - see Plasminogen Activator Inhibitor Antigen

<table>
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<tr>
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<th>Ref Lab Code or #:</th>
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<td>PathNet Aliases:</td>
<td>CPT Code(s):</td>
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<th>Lab Where Test is Performed:</th>
<th>Specimen Stability:</th>
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<td>Turn around Time:</td>
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<table>
<thead>
<tr>
<th>Specimen Type:</th>
<th>Minimum Specimen Requirements:</th>
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<tbody>
<tr>
<td>Patient Preparation:</td>
<td>Laboratory Handling:</td>
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### Pamelor - see Nortriptyline

<table>
<thead>
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<th>Cerner Primary Synonym:</th>
<th>Ref Lab Code or #:</th>
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<td>PathNet Aliases:</td>
<td>CPT Code(s):</td>
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</table>

<table>
<thead>
<tr>
<th>Lab Where Test is Performed:</th>
<th>Specimen Stability:</th>
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<td>Turn around Time:</td>
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<table>
<thead>
<tr>
<th>Specimen Type:</th>
<th>Minimum Specimen Requirements:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Preparation:</td>
<td>Laboratory Handling:</td>
</tr>
</tbody>
</table>
Blanchard Valley Health System Laboratory Specimen Collection Manual

Pancreatic Elastase, Stool ELISA (Pancreatic Elastase-1)

Cerner Primary Synonym: Pancreatic Elastase Fecal-Mayo

Lab Where Test is Performed: Mayo

Ref Lab Code or #: FPAN1

Minimum Specimen Requirements:

Specimen Type: Random Stool Specimen Undiluted

Patient Preparation: None.

Laboratory Handling: Refrigerate.

Turn around Time: 3-9 days

CPT Code(s): 82656

Specimen Stability:

Cerner Primary Synonym: Pancreatic Islet Cell Antibodies (Islet Cell Antibody) - order Glutamic Acid Decarboxylase Antibody (GAD65)

Lab Where Test is Performed: Mayo

Ref Lab Code or #: HPP

Minimum Specimen Requirements:

Specimen Type: 1 gram of random Stool specimen

Patient Preparation: None.

Laboratory Handling: Refrigerate.

Turn around Time: 8 days

CPT Code(s): 83519

Specimen Stability:

Cerner Primary Synonym: Pancreatic Polypeptide, Plasma

Lab Where Test is Performed: Mayo

Ref Lab Code or #: HPP

Minimum Specimen Requirements:

Specimen Type: (2) 5 mL EDTA Lavender Top Tubes

Patient Preparation: The patient should be fasting (8 hours).

Laboratory Handling: Keep specimens cold. Freeze.

Specimen Stability:

(2) 5 mL EDTA Lavender Top Tubes

3 mL EDTA Plasma
Panel Reactive Antibody (PRA)
Cerner Primary Synonym:  Send-out: Other
PowerChart Aliases:
PathNet Aliases:
Lab Where Test is Performed:  UTMC
Ref Lab Code or #:
Turn around Time:  1-2 days
CPT Code(s):  86832
Specimen Stability:
Specimen Type:  10 mL Plain Red Top Serum (Glass) Tube. Ask Blood Bank for the glass tube.
Minimum Specimen Requirements:
Patient Preparation:
Laboratory Handling:
NOTED: UTMC - Deliver to the Pathology office located in the basement.
3000 Arlington Avenue
Toledo, Ohio

Parainfluenza Virus Antibodies, IgG and IgM, Serum
Cerner Primary Synonym:  Send-out Other
PowerChart Aliases:
PathNet Aliases:
Lab Where Test is Performed:  ARUP
Ref Lab Code or #:  2008451
Turn around Time:  1-8 days
CPT Code(s):  86790(X2)
Specimen Stability:
Specimen Type:  5 mL Red Top SST Tube
Minimum Specimen Requirements:
Patient Preparation:
Laboratory Handling:
Separate serum from cells as soon as possible or within 2 hours of collection. Refrigerate.

Paraneoplastic Syndrome Evaluation, Serum (Paraneoplastic Profile, Complete)
Cerner Primary Synonym:  Send-out Other
PowerChart Aliases:
PathNet Aliases:
Lab Where Test is Performed:  Mayo
Ref Lab Code or #:  PAVAL
Turn around Time:  10 days
CPT Code(s):  Multiple
Specimen Stability:
Specimen Type:  (4) 5 mL Red Top Tubes (SST Gel is acceptable)
Minimum Specimen Requirements:
Patient Preparation:
Laboratory Handling:
Refrigerate. The panel includes: Anti-Neuronal Antibodies Types 1,2,3, Purkinje Cell Cytoplasmic Antibodies Types 1,2, Purkinje Cell Cytoplasmic Antibody Type T, Amphiphysin Antibody, CRMP-5 IgG, Staitional Antibody, P/Q-Type Calcium Channel Antibodies, N-Type Calcium Channel Antibody, ACh Receptor (Muscle) Binding Antibody, and ACh Receptor Ganglionic Neuronal Antibody. These tests are performed if necessary: CRMP-5 Western Blot, GAD65 Antibody Assay, ACh Receptor (Muscle) Modulating Antibody, ACh Receptor (Muscle) Blocking Antibody, Paraneoplastic Autoantibody Western Blot. (This is not the same test as the Connective Tissue Diseases Cascade from Mayo; if both appear on the requisition, order both the Paraneoplastic Syndrome Evaluation and the Connective Tissue Diseases Cascade.)
Parapertussis - see Bordetella Pertussis and Parapertussis by Rapid PCR
Cerner Primary Synonym:
PowerChart Aliases:
PathNet Aliases:
Lab Where Test is Performed: Ref Lab Code or #:
Turn around Time: CPT Code(s):
Specimen Stability:
Specimen Type:
Minimum Specimen Requirements:
Patient Preparation:
Laboratory Handling:

Parasite Exam - see Ova and Parasites
Cerner Primary Synonym:
PowerChart Aliases:
PathNet Aliases:
Lab Where Test is Performed: Ref Lab Code or #:
Turn around Time: CPT Code(s):
Specimen Stability:
Specimen Type:
Minimum Specimen Requirements:
Patient Preparation:
Laboratory Handling:

Parasite Identification, Referred
Cerner Primary Synonym: Send-out Other
PowerChart Aliases:
PathNet Aliases:
Lab Where Test is Performed: Mayo Ref Lab Code or #: PARID
Turn around Time: 1-4 days CPT Code(s): 87169 (parasite ID) or 87168 (arthropod ID)
Specimen Stability:
Specimen Type: Variable depending on the parasite to be identified.
Minimum Specimen Requirements: Entire specimen.
Patient Preparation: Specific to the parasite to be identified.
Laboratory Handling: Send the entire specimen or parasite in a sterile container with 10% formalin or 70% alcohol. Send at room temperature. (For scabies, submit skin scrapings on a glass microscope slide. Cover with a clean slide and fasten down to transport. Rubber bands work well for this.) Indicate the reason for the Parasite ID request.
### Parathyroid Hormone, Plasma - PTH, Intact, Plasma

Lab Where Test is Performed: Ref Lab Code or #: 
CPT Code(s): 

### Minimum Specimen Requirements:

Specimen Type: 
Patient Preparation: 
Laboratory Handling: 

### Specimen Stability:

### CPT Code(s):

### Specimen Stability:

### Cerner Primary Synonym:

### PowerChart Aliases:

### PathNet Aliases:

### Parathyroid Related Protein - see PTH-Related Peptide

Lab Where Test is Performed: 
CPT Code(s): 

### Minimum Specimen Requirements:

Specimen Type: 
Patient Preparation: 
Laboratory Handling: 

### Specimen Stability:

### Cerner Primary Synonym:

### PowerChart Aliases:

### PathNet Aliases:

### Parathyroid Related Protein - see PTH-Related Peptide

Lab Where Test is Performed: 
CPT Code(s): 

### Minimum Specimen Requirements:

Specimen Type: 
Patient Preparation: 
Laboratory Handling: 

### Specimen Stability:

### Cerner Primary Synonym:

### PowerChart Aliases:

### PathNet Aliases:

### Parental Sample Prep for Prenatal Microarray Testing (REQUIRES 2 SAMPLE TYPES)

Lab Where Test is Performed: Mayo 
CPT Code(s): PPAP 

### Minimum Specimen Requirements:

Specimen Type: 
Patient Preparation: 
Laboratory Handling: 

### Specimen Stability:

### Cerner Primary Synonym: 
Send-out: Other 

### PowerChart Aliases:

### PathNet Aliases:

### Parental Sample Prep for Prenatal Microarray Testing (REQUIRES 2 SAMPLE TYPES)

Lab Where Test is Performed: 
CPT Code(s): None (No charge for this test) 

### Minimum Specimen Requirements:

Specimen Type: 
Patient Preparation: 
Laboratory Handling: 

### Specimen Stability:

### Cerner Primary Synonym: 
Send-out: Other 

### PowerChart Aliases:

### PathNet Aliases:

### Parental Sample Prep for Prenatal Microarray Testing (REQUIRES 2 SAMPLE TYPES)

Lab Where Test is Performed: 
CPT Code(s): 

### Minimum Specimen Requirements:

Specimen Type: 
Patient Preparation: 
Laboratory Handling: 

### Specimen Stability:

### Cerner Primary Synonym: 
Send-out: Other 

### PowerChart Aliases:

### PathNet Aliases:

### Parental Sample Prep for Prenatal Microarray Testing (REQUIRES 2 SAMPLE TYPES)

Lab Where Test is Performed: 
CPT Code(s): 

### Minimum Specimen Requirements:

Specimen Type: 
Patient Preparation: 
Laboratory Handling: 

### Specimen Stability:
Parietal Cell Antibodies (Total) - see Anti-Parietal Cell Antibodies

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

Partial CMT Axonal Only, Blood (Charcot Marie Tooth)

Cerner Primary Synonym: Send-out Other

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Athena Ref Lab Code or #:

Turn around Time: 21-28 days CPT Code(s):

Specimen Stability:

Specimen Type: (5) 5 mL Lavender EDTA Tubes

Minimum Specimen Requirements: 20 mL EDTA Whole Blood

Patient Preparation: None.

Laboratory Handling: Send Monday-Thursday ONLY!!! Room temperature. DO NOT freeze.

Partial Thromboplastic Time, Plasma (PTT, APTT)

Cerner Primary Synonym: PTT

PowerChart Aliases: Partial Thromboplastin Time, APTT

PathNet Aliases: APTT

Lab Where Test is Performed: BVHS Ref Lab Code or #:

Turn around Time: < 1 day CPT Code(s): 85730

Specimen Stability:

Specimen Type: 5 mL Blue Citrate Tube

Minimum Specimen Requirements: 1 mL Citrated Plasma

Patient Preparation: None.

Laboratory Handling: Stable 4 hours at 2-8 C. Tube must be filled. For mixing studies contact hematology. 2 ML and 3 ML Pediatric tubes are also acceptable provided they are filled adequately.
**Parvovirus B19 Antibodies IgG and IgM, Serum (Fifths Disease)**

**Cerner Primary Synonym:** Parvovirus B19 Antibody IgG and IgM-Mayo  

**PowerChart Aliases:**  

**PathNet Aliases:**  

**Lab Where Test is Performed:** Mayo  

**Ref Lab Code or #:** PARV  

**Turn around Time:** 2 days  

**CPT Code(s):** 86747(X2)  

**Specimen Stability:**  

**Specimen Type:** 5 mL Red Top Tube (SST Gel is acceptable)  

**Minimum Specimen Requirements:** 0.5 mL Serum  

**Patient Preparation:** None.  

**Laboratory Handling:** Refrigerate.
<table>
<thead>
<tr>
<th>Test Description</th>
<th>Cerner Primary Synonym</th>
<th>PowerChart Aliases</th>
<th>Lab Where Test is Performed</th>
<th>Ref Lab Code or #</th>
<th>Turn around Time</th>
<th>CPT Code(s)</th>
<th>Specimen Stability</th>
<th>Minimum Specimen Requirements</th>
<th>Patient Preparation</th>
<th>Laboratory Handling</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCA 3 Assay (Urine PCA 3)</td>
<td>Send-out Other</td>
<td></td>
<td>Mayo</td>
<td>FPPCA</td>
<td>4-8 days</td>
<td>81313</td>
<td></td>
<td>2.5 mL Urine in each of the Special PROGENSA collection tubes (within 15 minutes of collection or refrigerate and process within 4 hours)</td>
<td></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Specimen Type:</td>
<td>20-30+ mL Post-DRE Voided Urine</td>
<td>Patient should undergo a thorough digital rectal exam (DRE). Collect the first 20-30 mL of urine of the patient's next void immediately following the DRE. If more that 30 mL DO NOT DISCARD; but mix thoroughly.</td>
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<td></td>
<td></td>
<td></td>
<td>Minimum Specimen Requirements:</td>
<td>2.5 mL Urine in each of the Special PROGENSA collection tubes (within 15 minutes of collection or refrigerate and process within 4 hours)</td>
<td>Refrigerate. Transfer 2.5 mL of mixed urine to the PROGENSA tubes WITHIN 15 minutes of collection (or refrigerate and process within 4 hours). Invert PROGENSA tubes 5 times to mix urine and transport medium.</td>
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<td></td>
<td>Specimen Stability:</td>
<td></td>
<td>Laboratory Handling:</td>
<td></td>
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<td></td>
<td></td>
<td>Specimen Type:</td>
<td>(2) 5 mL EDTA Lavender Top Tubes</td>
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<td></td>
<td></td>
<td>Minimum Specimen Requirements:</td>
<td>5 mL EDTA Whole Blood</td>
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<td></td>
<td></td>
<td>Specimen Stability:</td>
<td></td>
<td>Laboratory Handling:</td>
<td>Send 5 ML EDTA whole blood. Refrigerate. This test is performed through Mayo by MedTox Laboratories.</td>
</tr>
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<td>Specimen Type:</td>
<td>5 mL Red Top Tube (SST Gel is acceptable)</td>
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<td>Laboratory Handling:</td>
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<td></td>
<td></td>
<td></td>
<td>Minimum Specimen Requirements:</td>
<td>0.3 mL for one allergen OR 0.5 mL for every 5 allergens tested</td>
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<td>Specimen Stability:</td>
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<td></td>
<td>Specimen Type:</td>
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<td></td>
<td></td>
<td>Minimum Specimen Requirements:</td>
<td>0.3 mL for one allergen OR 0.5 mL for every 5 allergens tested</td>
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<td>Laboratory Handling:</td>
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<td></td>
<td>Specimen Type:</td>
<td>5 mL Red Top Tube (SST Gel is acceptable)</td>
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<td>Laboratory Handling:</td>
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<td></td>
<td></td>
<td>Minimum Specimen Requirements:</td>
<td>0.3 mL for one allergen OR 0.5 mL for every 5 allergens tested</td>
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<td>Laboratory Handling:</td>
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**Pecan-Food IgE, Serum**

<table>
<thead>
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<th>Cerner Primary Synonym:</th>
<th>Pecan-Food IgE, Serum-Mayo</th>
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<tbody>
<tr>
<td>PowerChart Aliases:</td>
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<td>PathNet Aliases:</td>
<td></td>
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<tr>
<td>Lab Where Test is Performed:</td>
<td>Mayo</td>
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<tr>
<td>Ref Lab Code or #:</td>
<td>PEC</td>
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<tr>
<td>Turn around Time:</td>
<td>2-3 days</td>
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<tr>
<td>Specimen Type:</td>
<td>5 mL Red Top Tube (SST Gel is acceptable)</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>0.3 mL for one allergen OR 0.5 mL for every 5 allergens tested</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Refrigerate.</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>86003</td>
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</table>

**Peripheral CBC Smear (Differential), Blood**

<table>
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<th>Cerner Primary Synonym:</th>
<th>Diff Manual</th>
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<tbody>
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<td>PowerChart Aliases:</td>
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<td>PathNet Aliases:</td>
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</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>BVHS</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td></td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>&lt; 1 day</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>5 mL Lavender EDTA Tube</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>2 mL EDTA Whole Blood</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>NONE</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Micro procedures: 1 Lavender EDTA Microtainer (500 uL) plus 2 fingerstick slides. Microtainer minimum volume = 500 uL.</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>NA</td>
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**Peripheral CBC Smear with Buffy Coat, Blood**

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<td>PathNet Aliases:</td>
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</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>BVHS</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td></td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>&lt; 1 day</td>
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<tr>
<td>Specimen Type:</td>
<td>5 mL Lavender EDTA Tube</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>2 mL Lavender EDTA Whole Blood</td>
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<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>None.</td>
</tr>
</tbody>
</table>
### Pertussis by PCR - see Bordatella Pertussis and Parapertussis by Rapid PCR

**Cerner Primary Synonym:**

**PowerChart Aliases:**

**PathNet Aliases:**

<table>
<thead>
<tr>
<th>Lab Where Test is Performed</th>
<th>BVHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ref Lab Code or #:</td>
<td></td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>&lt; 1 day</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>83986</td>
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</table>

### PFA - see Platelet Function Analysis

**Cerner Primary Synonym:**

**PowerChart Aliases:**

**PathNet Aliases:**

<table>
<thead>
<tr>
<th>Lab Where Test is Performed</th>
<th>BVHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ref Lab Code or #:</td>
<td></td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>&lt; 1 day</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>83986</td>
</tr>
</tbody>
</table>

### pH (Fluid)

**Cerner Primary Synonym:** Body Fluid pH

**PowerChart Aliases:**

**PathNet Aliases:** FLPH

<table>
<thead>
<tr>
<th>Lab Where Test is Performed</th>
<th>BVHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ref Lab Code or #:</td>
<td></td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>&lt; 1 day</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>83986</td>
</tr>
</tbody>
</table>

**Specimen Stability:** Testing must be done ASAP.

**Specimen Type:** 1 mL Fluid (Specify fluid type in comments)

**Minimum Specimen Requirements:**

**Patient Preparation:** None.

**Laboratory Handling:** Specify fluid type in comments. (Body fluid type, fecal, gastric). This is NOT to be ordered on urine specimens, instead order an UDIP for urine pH testing.
### Phenelzine, Serum (Nardil)

**Cerner Primary Synonym:** Send-out Other  
**PowerChart Aliases:**  
**PathNet Aliases:**  
**Lab Where Test is Performed:** Mayo  
**Ref Lab Code or #:** FPHNZ  
**Minimum Specimen Requirements:**  
- 4 mL Serum or EDTA Plasma  
**Specimen Type:** (3) 7 mL Plain Red Top Tubes (No SST Gel) or (3) 5 mL EDTA Lavender Tubes  
**Patient Preparation:** None.  
**Laboratory Handling:** Indicate serum or plasma on the specimen. Refrigerate.  
**Turn around Time:** 5-11 days  
**CPT Code(s):** 82491

### Phenobarbital, Serum

**Cerner Primary Synonym:** Phenobarbital Level  
**PowerChart Aliases:**  
**PathNet Aliases:**  
**Lab Where Test is Performed:** BVHS  
**Ref Lab Code or #:**  
**Minimum Specimen Requirements:**  
- 0.4 mL Serum  
**Specimen Type:** 7 mL Plain Red Top Tube (No SST Gel)  
**Patient Preparation:** None.  
**Laboratory Handling:** Refrigerate.  
**Turn around Time:** <1 day  
**CPT Code(s):** 80184

### Phenotyping, Paternal - see Paternal Phenotyping, Blood

**Cerner Primary Synonym:**  
**PowerChart Aliases:**  
**PathNet Aliases:**  
**Lab Where Test is Performed:**  
**Ref Lab Code or #:**  
**Minimum Specimen Requirements:**  
**Specimen Type:**  
**Patient Preparation:**  
**Laboratory Handling:**  
**Turn around Time:**  
**CPT Code(s):**  
**Specimen Stability:**  
**Cerner Primary Synonym:**  
**PowerChart Aliases:**  
**PathNet Aliases:**
Phenylalanine (NOT PKU with filter paper), Plasma

Cerner Primary Synonym: Send-out Other

PowerChart Aliases: 
PathNet Aliases: LAB

Lab Where Test is Performed: Mayo  Ref Lab Code or #: PKU

Turn around Time: 5 days  CPT Code(s): 84030, 84510

Specimen Stability:

Specimen Type: 5 mL Plain Green Top Tube (No Gel)
Minimum Specimen Requirements:
Patient Preparation: A minimum fast of 4 hours is required.
Laboratory Handling: Separate plasma from cells immediately. Freeze.

Phenytoin - see Dilantin

Cerner Primary Synonym:

PowerChart Aliases:
PathNet Aliases:

Lab Where Test is Performed: BVHS  Ref Lab Code or #:

Turn around Time:
Specimen Stability:

Specimen Type:
Minimum Specimen Requirements:
Patient Preparation:
Laboratory Handling:

Phenytoin, Free and Total (Dilantin), Serum - See Dilantin, Free and Total (Phenytoin, Free and Total), Plasma

Cerner Primary Synonym:

PowerChart Aliases:
PathNet Aliases:

Lab Where Test is Performed:  Ref Lab Code or #:

Turn around Time:
Specimen Stability:

Specimen Type:
Minimum Specimen Requirements:
Patient Preparation:
Laboratory Handling:
Philadelphia Chromosome - see BCR/ABL Translocation 9-22, FISH
Cerner Primary Synonym:
PowerChart Aliases:
PathNet Aliases:
Lab Where Test is Performed: Ref Lab Code or #:
Turn around Time: CPT Code(s):
Specimen Stability:
Specimen Type:
Minimum Specimen Requirements:
Patient Preparation:
Laboratory Handling:

Phlebotomy
Cerner Primary Synonym: PHLEB
PowerChart Aliases:
PathNet Aliases:
Lab Where Test is Performed: BVHS Ref Lab Code or #:
Turn around Time: NA CPT Code(s): 36415
Specimen Stability:
Specimen Type:
Minimum Specimen Requirements:
Patient Preparation: None.
Laboratory Handling: None. This is a charge only test.

Phosphatidylcholine IgG, IgM, IgA Antibodies, Serum
Cerner Primary Synonym: Anti-phosphatidylcholine Panel-Mayo
PowerChart Aliases:
PathNet Aliases: Mayo-Anti-Phosphatidylcholine Panel
Lab Where Test is Performed: Mayo Ref Lab Code or #: FCLNE
Turn around Time: 9-16 days CPT Code(s): 83520(X3)
Specimen Stability:
Specimen Type: (2) 7 mL Plain Red Top Tubes (No SST Gel)
Minimum Specimen Requirements: 3 mL Serum (Absolute minimum = 0.2 mL)
Patient Preparation: None.
Laboratory Handling: Freeze. Mayo Medical Labs forwards this test to:
Cambridge Biomedical Clinical Reference Laboratory
1256 Soldiers Field Road
Brighton, MA 02135
Phosphatidylethanolamine IgG, IgM, IgA Antibodies, Serum
Cerner Primary Synonym: Anti-Phosphatidylethanolamine Panel-Mayo
PowerChart Aliases:
PathNet Aliases: Mayo-Anti-Phosphatidylethanolamine Panel
Lab Where Test is Performed: Mayo  Ref Lab Code or #: FPHET
Turn around Time: 9-16 days  CPT Code(s): 83520(X3)
Specimen Stability:
Specimen Type: (2) 7 mL Plain Red Top Tubes
Minimum Specimen Requirements: 3 mL Serum (Absolute minimum = 0.2 mL)
Patient Preparation: None.
Laboratory Handling:
Freeze. Mayo Medical Labs forwards this test to:
Cambridge Biomedical
Clinical Reference Laboratory
1256 Soldiers Field Road
Brighton, MA 02135

Phosphatidylserine Antibody Panel, Serum (IgG, IgM, IgA)
Cerner Primary Synonym: Phosphatidylserine IgG, IgM, IgA Antibodies-Mayo
PowerChart Aliases:
PathNet Aliases: Mayo-Phosphatidylserine Ab IgG, IgM, IgA
Lab Where Test is Performed: Mayo  Ref Lab Code or #: FPHOS
Turn around Time: 4-7 days  CPT Code(s): 86148(X3)
Specimen Stability:
Specimen Type: 5 mL Red Top Tube (SST Gel is acceptable)
Minimum Specimen Requirements: 0.5 mL Serum (Absolute minimum = 0.25 mL)
Patient Preparation: None.
Laboratory Handling:
Refrigerate.

Phospholipid Antibodies, Serum (same as Anti-Cardiolipin Antibody IgG and IgM)
Cerner Primary Synonym: Phospholip Ab (Cardiolip) IgM/IgG Evaluation-Mayo
PowerChart Aliases:
PathNet Aliases: Mayo-Phospholip Ab (Cardiolip) IgM/IgG
Lab Where Test is Performed: Mayo  Ref Lab Code or #: CLPMG
Turn around Time: 2 days  CPT Code(s): 86147(X2)
Specimen Stability:
Specimen Type: 5 mL Red Top Tube (SST Gel is acceptable)
Minimum Specimen Requirements: 1 mL Serum
Patient Preparation: None.
Laboratory Handling:
Refrigerate.
### Phosphorus, Inorganic (Serum or Plasma)

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Phosphorus Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>BVHS</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>0.5 mL Serum</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>5 mL Light Green Heparinized Gel Tube</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>&lt; 1 day</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td>8 hours at Room Temperature, 48 hours at 2-8 °C</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>84100</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td></td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>This is the same phosphorus as we do at BVHS Laboratories.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td></td>
</tr>
</tbody>
</table>

### Phosphorus, Serum

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Phosphorus Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>BVHS</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>0.5 mL Heparin Plasma</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>5 mL Light Green Heparinized Gel Tube</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>&lt; 1 day</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td>8 hours at Room Temperature, 48 hours at 2-8 °C</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>84100</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td></td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Serum is also acceptable.</td>
</tr>
</tbody>
</table>

### Phosphorus, Urine 24 Hour

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Urine Phosphorous 24 Hour</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>BVHS</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>1 mL of a 24 hour collection</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>24 Hour Urine collection</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>&lt; 1 day</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td>2 hours at Room Temperature, 24 hours at 2-8 °C</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>84105</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td></td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Refrigerate during collection or collect on ice. Record the total urine volume.</td>
</tr>
</tbody>
</table>
### PIH Panel (Pregnancy Induce Hypertension), Plasma and Blood

<table>
<thead>
<tr>
<th>Cerner Primary Synonym</th>
<th>PowerChart Aliases:</th>
<th>PathNet Aliases:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Order tests individually listed below in lab handling.</td>
<td></td>
</tr>
</tbody>
</table>

**Lab Where Test is Performed:** BVHS  
**Ref Lab Code or #:** CPT Code(s): 80053, 85025, 84550

**Minimum Specimen Requirements:**
- 1 mL Heparin Plasma and 2 mL EDTA Whole Blood

<table>
<thead>
<tr>
<th>Specimen Type:</th>
<th>5 mL Light Green Heparinized Gel Tube and 5 mL Lavender EDTA Tube</th>
</tr>
</thead>
</table>

**Patient Preparation:** None.

**Laboratory Handling:** The panel includes a Comprehensive Profile, Uric Acid, and CBC.

### PI-Linked Antigen (PNH), Blood (CD 55 and CD 59 Expression, RBC - for PNH - replaces Hams Test)

<table>
<thead>
<tr>
<th>Cerner Primary Synonym</th>
<th>PowerChart Aliases:</th>
<th>PathNet Aliases:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Send-out Other</td>
<td></td>
</tr>
</tbody>
</table>

**Lab Where Test is Performed:** Mayo  
**Ref Lab Code or #:** PLINK  
**CPT Code(s):** 88184(X2), 88185(X7)

**Minimum Specimen Requirements:**
- 6 mL ACD (Solution B) Whole Blood (Absolute Min = 3mL)

<table>
<thead>
<tr>
<th>Specimen Type:</th>
<th>7 mL Yellow ACD (Solution B) Tube</th>
</tr>
</thead>
</table>

**Patient Preparation:** None.

**Laboratory Handling:** Room Temperature. Specimen cannot be frozen.

### Pinworm Scotch Tape Prep

<table>
<thead>
<tr>
<th>Cerner Primary Synonym</th>
<th>PowerChart Aliases:</th>
<th>PathNet Aliases:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pinworm Prep</td>
<td></td>
</tr>
</tbody>
</table>

**Lab Where Test is Performed:** BVHS  
**Ref Lab Code or #:** CPT Code(s): 87172

**Specimen Stability:**
- Scotch Tape Prep Kit

**Patient Preparation:** The patient should not bathe or have a bowel movement prior to collecting the specimen.

**Laboratory Handling:** Acceptable specimen is a clear scotch tape or cellulose tape preparation from the perianal region for recovery of eggs. Obtain first thing in the morning, before bath or bowel movement. The tape is touched, sticky side out, to the folds of skin in the perianal area, then placed, sticky side down on a glass slide in a cardboard slide container. The slides, tape, and container may be obtained from the Microbiology department. It is imperative that clear scotch tape be used, not magic transparent tape.
Pistachio IgE, Serum

Cerner Primary Synonym: Pistachio IgE, Serum-Mayo

PowerChart Aliases:  
PathNet Aliases:  

Lab Where Test is Performed: Mayo  
Ref Lab Code or #: PISTA

Turn around Time: 2-3 days  
CPT Code(s): 86003

Specimen Stability:  
Specimen Type: 5 mL Red Top Tube (SST Gel is acceptable)

Minimum Specimen Requirements: 0.3 mL for one allergen OR 0.5 mL for every 5 allergens tested

Patient Preparation: None.

Laboratory Handling: Refrigerate.

PKU (Newborn) - this is for Tracking the PKU or Repeat PKU collection only

Cerner Primary Synonym: Send-out Other Tracking

PowerChart Aliases:  
PathNet Aliases:  

Lab Where Test is Performed: ODH  
Ref Lab Code or #:  
CPT Code(s): NA

Specimen Stability:  
Specimen Type: 5 Air Dried Blood Circles - Special Filter Paper

Minimum Specimen Requirements:  
Patient Preparation: Follow directions on special filter paper carefully.

Laboratory Handling: Tests which are included in the PKU Profile: a). Homocysteinuria  b). Galactesemia  c). T4  d). Hemoglobin. This test is to TRACK the collection or repeat collection of a PKU or MST. Processing associate will enter the test of PKU/MST or Repeat PKU/MST at the Send Out Test field and enter the canned text of "LBR" in the comments section of the Send Out Result field.

Plasminogen Activator Inhibitor Antigen, Plasma - (PAI-1 Antigen)

Cerner Primary Synonym: Send-out Other

PowerChart Aliases:  
PathNet Aliases:  

Lab Where Test is Performed: Mayo  
Ref Lab Code or #: PAI1

Turn around Time: 12 days  
CPT Code(s): 83520

Specimen Stability:  
Specimen Type: 5 mL Blue Top Citrate Tube

Minimum Specimen Requirements: 1 mL Platelet Poor Plasma

Patient Preparation: None.

Laboratory Handling: Spin immediately. Remove the top 3/4 plasma and transfer to a plastic tube. Spin again. Remove 1 ML from the top and put in a plastic tube. Freeze immediately. Always, without exception, send plasma in a plastic tube.
**Platelet Aggregometry (Aggregation), Blood** - *(This is **NOT** a Platelet Function Analysis Test)*

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Send-out Other</th>
</tr>
</thead>
</table>

**PowerChart Aliases:**

<table>
<thead>
<tr>
<th>Lab Where Test is Performed:</th>
<th>MUO</th>
</tr>
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</table>

**Ref Lab Code or #:**

<table>
<thead>
<tr>
<th>Turn around Time:</th>
<th>1-2 days</th>
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</table>

**CPT Code(s):**

<table>
<thead>
<tr>
<th>Specimen Stability:</th>
<th>85576 (each)</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Specimen Type:</th>
<th>(4) 5 mL Blue Top Tubes (Sodium Citrate / Coag Tubes)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Minimum Specimen Requirements:</th>
<th>(4) 5 mL Blue Top Tubes (Minimum)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Laboratory Handling:</th>
<th>NOT COLLECTED AT BVHS. The patient should not have taken aspirin or ibuprofen for the past 7 days or not alcohol the night before.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Specimen Stability:</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Laboratory Handling:</th>
<th>NOT COLLECTED AT BVHS. This test must be scheduled in advance because it is collected and performed at MUO (NOT BVHS). It is done Monday-Friday. MUO can only do 2 procedures per day so it is ABSOLUTELY necessary to call in advance. The specimen should arrive at MUO by 9am and within one hour of collection or the platelets start to lose viability. Call MUO Coagulation Lab at 419-383-3468 (Fax: 419-383-6130). Contact: Kevin. A &quot;Patient Information for Special Coag Testing&quot; sheet must be filled out to accompany the specimen.</th>
</tr>
</thead>
</table>

**Platelet Antibody Screen, Serum - see Anti-Platelet Alloantibodies**

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th></th>
</tr>
</thead>
</table>

**PowerChart Aliases:**

<table>
<thead>
<tr>
<th>Lab Where Test is Performed:</th>
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</table>

**Ref Lab Code or #:**

<table>
<thead>
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<th>Turn around Time:</th>
<th></th>
</tr>
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</table>

**CPT Code(s):**

<table>
<thead>
<tr>
<th>Specimen Stability:</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Specimen Type:</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Minimum Specimen Requirements:</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Laboratory Handling:</th>
<th></th>
</tr>
</thead>
</table>

**Platelet Aspirin Suppression - order Platelet Function Analysis (PFA)**

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th></th>
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</thead>
</table>

**PowerChart Aliases:**

<table>
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<tr>
<th>Lab Where Test is Performed:</th>
<th>BVHS</th>
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**Ref Lab Code or #:**

<table>
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</thead>
</table>

**CPT Code(s):**

<table>
<thead>
<tr>
<th>Specimen Stability:</th>
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</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Specimen Type:</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Minimum Specimen Requirements:</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Laboratory Handling:</th>
<th></th>
</tr>
</thead>
</table>
## Platelet Autoantibodies, Blood (ITP Screen)

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Send-out Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>SEWIS</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td>5544</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>3 days</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>86023X2, 85590, 86022</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td>See below</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>Yellow Top ACD (Solution A) Whole Blood (Solution B is also acceptable)</td>
</tr>
</tbody>
</table>

| Patient Preparation:   | The amount of whole blood to be drawn is determined by the platelet count. |
| Laboratory Handling:   | The ITP Screen consists only of the platelet autoantibodies. The amount of blood drawn depends on the patient's platelet count: If Plt Count < 100,000 Draw 40 ML ACD-A Whole Blood If Plt Count > 100,000 Draw 10 ML ACD-A Whole Blood Refrigerate. (Do NOT freeze.) EDTA whole blood is also acceptable. Test detects platelet autoantibodies associated with Autoimmune Thrombocytopenic Purpura (AITP). It is recommended to send this test Monday through Thursday. |

## Platelet Autoantibodies, Drug Induced (Heparin PF4 / HIT Antibody), Serum

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Heparin-PF4 Antibody (HIT)-Mayo</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td>Mayo-Heparin-PF4 Ab (HIT), S</td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>Mayo</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td>HITIG</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>3 days</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>86022</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>7 mL Plain Red Top Tube (No SST Gel)</td>
</tr>
</tbody>
</table>

| Patient Preparation:   | None.                          |
| Laboratory Handling:   | Freeze.                        |

## Platelet Count, Blood

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Platelet Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>BVHS</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td></td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>&lt; 1 day</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>85049</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>5 mL Lavender EDTA Tube or Unopette and 2 Wedge Smears</td>
</tr>
</tbody>
</table>

| Patient Preparation:   | None.                          |
| Laboratory Handling:   | Stable for 5 hours at room temperature. Stable 24 hours at 2-8 C. |
### Platelet Electron Microscopy

- **Cerner Primary Synonym:** Platelet Ultrastructural Analysis Electron Microscopy
- **PowerChart Aliases:**
- **PathNet Aliases:**

#### Lab Where Test is Performed:

**Ref Lab Code or #:**

#### Turn around Time:

**CPT Code(s):**

#### Specimen Stability:

#### Specimen Type:

#### Minimum Specimen Requirements:

- **Patient Preparation:**
- **Laboratory Handling:**

---

### Platelet Function Analysis, Blood (PFA) (Do NOT refrigerate or freeze.)

- **Cerner Primary Synonym:** Platelet Function Analysis
- **PowerChart Aliases:**
- **PathNet Aliases:**

#### Lab Where Test is Performed:

**BVHS**

**Ref Lab Code or #:**

#### Turn around Time:

**CPT Code(s):** 85576

#### Specimen Stability:

**Specimen Type:** 5 mL Blue Citrate Tube and 5 mL Lavender EDTA Tube

**Minimum Specimen Requirements:** Citrated Whole Blood (a full tube) and 2 mL EDTA Whole Blood

- **Patient Preparation:** None.
- **Laboratory Handling:** Do NOT refrigerate or freeze. Keep specimen at room temperature. Collect a blue citrate tube and a lavender EDTA tube (if a CBC or HHP has not already been ordered). Do not use a syringe for collection. Use a 21 gauge needle without a tourniquet if possible. Avoid hemolysis. Do not centrifuge. The specimen is stable at room temperature for 4 hours. Do not place the specimen on a rocker or rotator. (This test replaces the Bleeding Time test.)

---

### Platelet IIB IIIA Supression - (Integrillin-PLTIIIBIIIA) - No longer performed at BVH

- **Cerner Primary Synonym:**
- **PowerChart Aliases:**
- **PathNet Aliases:**

#### Lab Where Test is Performed:

**BVHS**

**Ref Lab Code or #:**

#### Turn around Time:

**CPT Code(s):**

#### Specimen Stability:

#### Specimen Type:

#### Minimum Specimen Requirements:

- **Patient Preparation:**
- **Laboratory Handling:**
Platelet Neutralization (PNP) - see Lupus-Like Anticoagulant, Plasma

Cerner Primary Synonym:
PowerChart Aliases:
PathNet Aliases:
Lab Where Test is Performed: BVHS
Ref Lab Code or #:
CPT Code(s):
Minimum Specimen Requirements:
Specimen Type:
Specimen Stability:
Patient Preparation:
Laboratory Handling:

Platelet Ultrastructural Analysis Electron Microscopy (Platelet Storage Pool Analysis by Electron Microscopy)

Cerner Primary Synonym: Send-out: Other
PowerChart Aliases:
PathNet Aliases:
Lab Where Test is Performed: UTMC
Ref Lab Code or #: Not applicable
CPT Code(s):
Turn around Time:
Minimum Specimen Requirements:
Specimen Type: (2) 7 mL Yellow Top ACD Tube (A or B)
7 mL ACD Whole Blood
Specimen Stability:
Patient Preparation:
Laboratory Handling: Room temperature. (DO NOT refrigerate or freeze.) If the specimen is collected at an offsite, call the Main Lab for a STAT courier pick up. Processor must fill out the UTMC Electron Microscopy Requisition Form for Reference Lab Testing and the Ordering Provider needs to fill out the UTMC Bleeding History/Disorder Data Sheet.(can be found in the Main Lab Office or on The Core). Once the paper work is completed the Processor will call for a STAT courier deliver to UTMC. (paper work must accompany the sample.)

Plavix Resistance - see Cytochrome P450 2C19 Genotype

Cerner Primary Synonym:
PowerChart Aliases:
PathNet Aliases:
Lab Where Test is Performed: Ref Lab Code or #:
CPT Code(s):
Turn around Time:
Specimen Stability:
Specimen Type:
Minimum Specimen Requirements:
Patient Preparation:
Laboratory Handling:
Pneumococcal Antibodies 23 Serotypes - see Streptococcus pneumoniae IgG Panel (23 Serotypes)

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

Pneumococcal Antibodies Panel, IgG (12 Serotypes), Serum

Cerner Primary Synonym: Send-out Other

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Mayo Ref Lab Code or #: FPNAP

Turn around Time: 2-5 working days CPT Code(s): 86609(X12)

Specimen Stability:

Specimen Type: 5 mL Red Top Tube (SST Gel is acceptable)

Minimum Specimen Requirements: 0.5 mL Serum

Patient Preparation: None.

Laboratory Handling: Refrigerate. Panel includes Types 1, 3, 4, 8, 9 (9N), 12 (12F), 14, 19 (19F), 23 (23F), 26 (6B), 51 (7F), 56 (18C).

Pneumococcal Antibody Panel (14 Serotypes) - see Streptococcus pneumoniae IgG Antibody Panel (14 Serotypes)

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:
Pneumococcal Antigen, Urine - see Streptococcus pneumoniae Antigen, Urine

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

Pneumocystis jiroveci by PCR-Mayo

Cerner Primary Synonym: Pneumocystis jiroveci by PCR-Mayo

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Mayo Ref Lab Code or #: PNRP

Turn around Time: 2-3 days CPT Code(s): 87798

Specimen Stability:

Specimen Type: Varies (see below Lab Handling)

Minimum Specimen Requirements: 1-2 mL (Source dependent.) (Absolute minimum = 0.5 mL)

Patient Preparation: Source dependent.

Laboratory Handling: Refrigerate The specimen and minimum sample volume is variable for this test. It can be: Pleural Fluid (1 mL), Bronchoalveolar lavage (1 mL), Bronchial washing (1 mL), Tracheal secretions (1 mL), Sputum (1 mL), or Tissue (5-10 mm).

Pneumoniae Evaluation, Serum (Typical Pneumoniae Evaluation) (same as Atypical Pneumonia Evaluation)

Cerner Primary Synonym: Send-out Other

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Focus Ref Lab Code or #: 4070

Turn around Time: 1-4 days CPT Code(s): 86631(x6),86632(x3),86713(x3),86738(x2)

Specimen Stability:

Specimen Type: (3) 5 mL Red Top Tubes (SST Gel is acceptable)

Minimum Specimen Requirements: 3 mL Serum

Patient Preparation: None.

Laboratory Handling: Refrigerate. The panel includes: Chlamydia pneumoniae, Chlamydia psittaci, Chlamydia trachomatis, Legionella species (non-pneumophila), Legionella pneumophila, Mycoplasma pneumoniae IgG and IgM.
### PO4 - order Phosphorus, Serum

- **Cerner Primary Synonym:**
- **PowerChart Aliases:**
- **PathNet Aliases:**
- **Lab Where Test is Performed:** BVHS
- **Ref Lab Code or #:**
- **CPT Code(s):**
- **Minimum Specimen Requirements:**
- **Specimen Type:**
- **Patient Preparation:**
- **Laboratory Handling:**

### Polio Antibodies, Serotypes 1-3, CSF

- **Cerner Primary Synonym:** Send-out Other
- **PowerChart Aliases:**
- **PathNet Aliases:**
- **Lab Where Test is Performed:** ARUP
- **Ref Lab Code or #:** 2014107
- **CPT Code(s):** 86658(X3)
- **Minimum Specimen Requirements:** 1 mL CSF
- **Specimen Type:** CSF
- **Patient Preparation:** None.
- **Laboratory Handling:** Refrigerate.

### Polio Antibodies, Serotypes 1-3, Serum

- **Cerner Primary Synonym:** Send-out Other
- **PowerChart Aliases:**
- **PathNet Aliases:**
- **Lab Where Test is Performed:** ARUP
- **Ref Lab Code or #:** 2014107
- **CPT Code(s):** 86658(X3)
- **Minimum Specimen Requirements:** 1 mL Serum
- **Specimen Type:** 5 mL Red Top Tube (SST Gel is acceptable)
- **Patient Preparation:** None.
- **Laboratory Handling:** Separate serum from cells ASAP. Refrigerate.
Polychlorinated Biphenyls - see PCB

Cerner Primary Synonym:  
PowerChart Aliases:  
PathNet Aliases:  
Lab Where Test is Performed:  
Ref Lab Code or #:  
Turn around Time:  
CPT Code(s):  
Specimen Stability:  
Specimen Type:  
Minimum Specimen Requirements:  
Patient Preparation:  
Laboratory Handling:  

Minimum Specimen Requirements:  
Specimen Type:  
Patient Preparation:  
Laboratory Handling:  

**Porphyribilinogen, Quantitative 24 Hour Urine**

Cerner Primary Synonym: Porphyrins Quantitative Urine-Mayo  
PowerChart Aliases:  
PathNet Aliases: Mayo-Porphyrins, QN, U  
Lab Where Test is Performed: Mayo  
Ref Lab Code or #: PQNU  
Turn around Time: 3 days  
CPT Code(s): 84110, 84120  
Specimen Stability: 
Specimen Type: 24 Hour Urine collection with no preservative  
Minimum Specimen Requirements: 20-50 mL Aliquot of a 24 Hour Urine  
Patient Preparation: The patient should be off medications for one week before specimen collection if possible. Should not have alcohol for 24 hours before collection.  
Laboratory Handling: Add 5 grams of sodium carbonate at the start of collection. The pH of the urine specimen should be > 7. Protect specimen from light during and after collection. Freeze.  

**Porphyrbins Total, Plasma (with reflex to Porphyrbins, Fractionation, Plasma)**

Cerner Primary Synonym: Send-out Other  
PowerChart Aliases:  
PathNet Aliases:  
Lab Where Test is Performed: Mayo  
Ref Lab Code or #: PTP  
Turn around Time: 5 days  
CPT Code(s): 84311, (82492 if appropriate)  
Specimen Stability: 
Specimen Type: (3) 5 mL Plain Green Top Heparin Tubes (No Gel)  
Minimum Specimen Requirements: 3 mL Heparinized Plasma  
Patient Preparation: Fast ofr 12-14 hours. The patient should be off medications for at least one week. If not possible include a list of medications with the specimen. Water is allowed. The patient should abstain from alcohol for 24 hours.  
Laboratory Handling: Protect from light. Freeze.
### Porphyrins, Feces

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Send-out Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>Mayo</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td>FQPPS</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>4 days</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>84126</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>24, 48, 72, or 96 Hour Stool collection</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>Must have 100 grams of stool.</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>Refrain from red meat for 3 days. The patient should be off medications and refrain from alcohol for 1 week. If not possible, include a list of medications with the specimen.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Use the red and white Mayo collection kits found in send-outs or the storeroom. Send the entire collection. Freeze. Include the duration of collection.</td>
</tr>
</tbody>
</table>

### Porphyrins, Urine Fractionated (includes Copro- and Uroporphyrin)

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>PORPHUPorphyrins Quantitative Urine-Mayo</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
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<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>Mayo</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td>PQNU</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>3 days</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>84110,84120</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>24 Hour Urine collection with preservative</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>20-50 mL Aliquot of 24 hour urine</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>The patient should be off medications for at least one week. The patient should abstain from alcohol for 24 hours.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Add 5 grams of sodium carbonate at the start of collection. The pH after collection should be &gt; 7. Wrap the container in aluminum foil to protect from light. Refrigerate during and after collection. Freeze aliquots to send.</td>
</tr>
</tbody>
</table>

### Post Void Residual (PVR) - this test is performed by the Ultrasound Department

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
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</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
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</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>BVHS</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td></td>
</tr>
<tr>
<td>Turn around Time:</td>
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<tr>
<td>CPT Code(s):</td>
<td></td>
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<tr>
<td>Specimen Stability:</td>
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<tr>
<td>Specimen Type:</td>
<td></td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td></td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td></td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td></td>
</tr>
</tbody>
</table>
Post-Vasectomy Semen Analysis

Cerner Primary Synonym: Semen Post Vasectomy

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: BVHS

Ref Lab Code or #: 

Turn around Time: < 1 day

CPT Code(s): 89321

Specimen Stability:

Specimen Type: Semen in a clean dry container

Minimum Specimen Requirements:

Patient Preparation: Follow instruction sheet available from the Lab.

Laboratory Handling: Specimen must be examined within 24 hours of collection. This is a non-scheduled test always accepted when meeting proper collection criteria, if in doubt contact the Hematology department.

Potassium, Plasma (K)

Cerner Primary Synonym: Potassium Level

PowerChart Aliases: K Level

PathNet Aliases:

Lab Where Test is Performed: BVHS

Ref Lab Code or #: 

Turn around Time: < 1 day

CPT Code(s): 84132

Specimen Stability: 8 hours at Room Temperature, 48 hours at 2-8 C

Specimen Type: 5 mL Light Green Heparinized Gel Tube

Minimum Specimen Requirements:

Patient Preparation: None.

Laboratory Handling: Avoid hemolysis. Serum is also acceptable

Potassium, Random Urine - see Urine Potassium, Random

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: BVHS

Ref Lab Code or #: 

Turn around Time: 

CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:
Potassium, Urine 24 Hour

Cerner Primary Synonym: Urine Potassium Level 24 Hour

PowerChart Aliases: 24 Hour Urine Potassium Level, K Level 24 Hour Urine, Urine 24 Hour Potassium Level

PathNet Aliases:

Lab Where Test is Performed: BVHS

Ref Lab Code or #:

Minimum Specimen Requirements:
1 mL Urine

Specimen Type:
24 Hour Urine collection

Patient Preparation:
None.

Laboratory Handling:
Collect on ice. Record the total urine volume.

< 1 day

Specimen Stability:
2 hours at Room Temperature, 24 hours at 2-8 °C

CPT Code(s):
84133

PPAP - see Parental Sample Prep for Prenatal Microarray Testing

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed:

Ref Lab Code or #:

Prealbumin, Plasma (Transthyretin / TBPA)

Cerner Primary Synonym: Prealbumin Level

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: BVHS

Ref Lab Code or #:

Minimum Specimen Requirements:
1 mL Heparinized Plasma

Specimen Type:
5 mL Light Green Heparinized Gel Tube

Patient Preparation:
None.

Laboratory Handling:
Serum is also acceptable.

< 1 day

Specimen Stability:

CPT Code(s):
84134
**Pregabalin (Lyrica)**

Cerner Primary Synonym: Pregabalin Level-Mayo

PowerChart Aliases: 

PathNet Aliases: Mayo-Pregabalin

Lab Where Test is Performed: Mayo

Ref Lab Code or #: FPRGA

Minimum Specimen Requirements:
1 mL No-Gel Serum

Specimen Type: (2) 5 mL Plain Red Top Tubes (No SST Gel)

Patient Preparation:
None.

Laboratory Handling:
Refrigerate.

Turn around Time: 3-5 days

CPT Code(s): 82542

Specimen Stability:

**Pregnancy Test, Serum (Qualitative Beta HCG)**

Cerner Primary Synonym: Serum Pregnancy Test Qualitative

PowerChart Aliases: 

PathNet Aliases: SPT

Lab Where Test is Performed: BVHS

Ref Lab Code or #: 

Minimum Specimen Requirements:
1 mL Serum

Specimen Type: 5 mL Plain Red Top Tube Preferred (SST Gel is acceptable)

Patient Preparation:
None.

Laboratory Handling:
None.

Turn around Time: < 1 day

CPT Code(s): 84703

Specimen Stability:

**Pregnancy Test, Serum (Quantitative Beta HCG) (**NOT FOR TUMOR MARKER**)**

Cerner Primary Synonym: Beta hCG Quant w/reflex Progesterone

PowerChart Aliases: hCG Quant w/ reflex Progesterone

PathNet Aliases: 

Lab Where Test is Performed: BVHS

Ref Lab Code or #: 

Minimum Specimen Requirements:
1 mL Serum

Specimen Type: 5 mL Plain Red Top Tube Preferred (SST Gel is acceptable)

Patient Preparation:
This HCG is for reproductive status or pregnancy. Not for males.

Laboratory Handling:
Only order for females. This test is for reproductive status or pregnancy. If a Tumor Marker HCG is requested please order HCG Tumor Marker (HCGTM).

Turn around Time: < 1 day

CPT Code(s): 84702

Specimen Stability:
8 hours at Room Temperature, 48 hours at 2-8 C

Wednesday, July 3, 2019

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**Pregnancy Test, Urine**

**Cerner Primary Synonym:** Urine Pregnancy Test Qualitative

**PowerChart Aliases:**

**PathNet Aliases:** UPREG

**Lab Where Test is Performed:** BVHS

**Ref Lab Code or #:**

**Minimum Specimen Requirements:**

**Specimen Type:** Random Urine collection. First morning specimen is best.

**Patient Preparation:** None.

**Laboratory Handling:** None.

**Turn around Time:** < 1 day

**CPT Code(s):** 81025

**Specimen Stability:**

**Pregnantroid, Urine - order Congenital Adrenal Hyperplasia (CAH) Profile for 21-Hydroxylase Deficiency**

**Cerner Primary Synonym:**

**PowerChart Aliases:**

**PathNet Aliases:**

**Lab Where Test is Performed:** Mayo

**Ref Lab Code or #:**

**Turn around Time:**

**CPT Code(s):**

**Specimen Stability:**

**Specimen Type:**

**Minimum Specimen Requirements:**

**Patient Preparation:**

**Laboratory Handling:**

**Pregnolone, Serum**

**Cerner Primary Synonym:** Pregnenolone Level-Mayo

**PowerChart Aliases:**

**PathNet Aliases:** Mayo-Pregnenolone, S

**Lab Where Test is Performed:** Mayo

**Ref Lab Code or #:** PREGN

**Turn around Time:** 2 days

**CPT Code(s):** 84140

**Specimen Stability:**

**Specimen Type:** 5 mL Red Top Tubes (SST Gel is acceptable)

**Minimum Specimen Requirements:** 1 mL Serum (Absolute minimum = 0.5 mL)

**Patient Preparation:** None.

**Laboratory Handling:** Freeze.
Prelude Prenatal Screen - see Counsyl Prelude Prenatal Screen, Blood

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

Prenatal Panel (Findlay) - includes CBC with Differential, HBsAG, Rubella IgG Ab, RPR, and Prenatal Type and Screen

Cerner Primary Synonym: Order individually. See Lab Handling

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: BVHS Ref Lab Code or #:

Turn around Time: Variable CPT Code(s): Variable

Specimen Stability:

Specimen Type: Variable (see individual tests)

Minimum Specimen Requirements: Variable (see individual tests)

Patient Preparation:

Laboratory Handling: This is an order group that includes these individual tests: CBC, Hepatitis B surface antigen, Rubella IgG Antibody, RPR, and a Prenatal Blood Type and Screen.

Primidone, Serum (Mysoline) (includes metabolite Phenobarbital)

Cerner Primary Synonym: Primidone and Phenobarbital-Mayo

PowerChart Aliases:

PathNet Aliases: Mayo-Primidone and Phenobarbital, S

Lab Where Test is Performed: Mayo Ref Lab Code or #: PRMB

Turn around Time: 1 day CPT Code(s): 80184,80188

Specimen Stability:

Specimen Type: (2) 7 mL SST Gel Red Top Tube (Plain Red is acceptable.)

Minimum Specimen Requirements: 0.5 mL Serum

Patient Preparation: None.

Laboratory Handling: To be collected immediately prior to the next dose. Refrigerate.
Pro-BNP - NT-Pro B-Type Natriuretic Peptide (BNP)

Cerner Primary Synonym: NT-Pro BNP-Mayo

PowerChart Aliases:
PathNet Aliases: Mayo-NT-Pro BNP, S

Lab Where Test is Performed: Mayo
Ref Lab Code or #: PBNP

Turn around Time: 2-3 days
CPT Code(s): 83880

Specimen Stability:
Specimen Type: 0.5 mL Serum (Absolute minimum = 0.3 mL)
Minimum Specimen Requirements:
Patient Preparation: None. Patient's age and sex are required.

Laboratory Handling: Centrifuge and aliquot within 2 hours of collection. Freeze. NT-Pro B-Type Natriuretic Peptide (BNP) is recommended instead of BNP for monitoring patients on the drug Entresto.

Procainamide, Serum (includes N-Acetyl Procainamide - NAPA)

Cerner Primary Synonym: Procainamide and NAPA Levels-Mayo

PowerChart Aliases:
PathNet Aliases: Mayo-Procainamide, S

Lab Where Test is Performed: Mayo
Ref Lab Code or #: PROCG

Turn around Time: 1 day
CPT Code(s): 80192,80190

Specimen Stability:
Specimen Type: 7 mL SST Gel Tube (Plain Red Top is acceptable)
Minimum Specimen Requirements:
Patient Preparation: None.

Laboratory Handling: Refrigerate. Test includes n-acetyl procainamide (NAPA) level.

Procalctitonin, Serum

Cerner Primary Synonym: Procalcitonin Level

PowerChart Aliases:
PathNet Aliases: Procalcitonin Level

Lab Where Test is Performed: Bluffton
Ref Lab Code or #: 

Turn around Time: 1 day
CPT Code(s): 84145

Specimen Stability:
Specimen Type: 5 mL Red Gel Tube
Minimum Specimen Requirements:
Patient Preparation: None.

Laboratory Handling: Refrigerate. Procalcitonin testing is performed on the Bluffton Campus Laboratory ONLY. Samples are delivered between Blanchard Valley and Bluffton on a routine courier basis. Stat couriers for this testing are not to be used.
<table>
<thead>
<tr>
<th>Test Name</th>
<th>Cerner Primary Synonym</th>
<th>PowerChart Aliases:</th>
<th>PathNet Aliases:</th>
<th>Lab Where Test is Performed:</th>
<th>Ref Lab Code or #:</th>
<th>Turn around Time:</th>
<th>CPT Code(s):</th>
<th>Specimen Stability:</th>
<th>Specimen Type:</th>
<th>Minimum Specimen Requirements:</th>
<th>Patient Preparation:</th>
<th>Laboratory Handling:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Progesterone, Serum</td>
<td></td>
<td></td>
<td></td>
<td>BVHS</td>
<td></td>
<td>&lt; 1 day</td>
<td>84144</td>
<td>Specimen is stable for 8 hours at room temperature or 48 hours refrigerated. 8 hours at Room Temperature, 48 hours at 2-8 C, if not tested within 48 hours freeze at -20. Thawn only once.</td>
<td>7 mL Plain Red Top Tube (No SST Gel)</td>
<td>1 mL Serum ONLY</td>
<td>None.</td>
<td>Refrigerate.</td>
</tr>
</tbody>
</table>

Prograff - see Tacrolimus

Proinsulin, Insulin, Plasma

Proinsulin, Intact-Mayo

Mayo-Proinsulin, Intact, P

Mayo

7 days

84206

(2) 5 mL Pre-Chilled EDTA Lavender Top Tubes

0.5 mL EDTA Plasma (Absolute minimum = 0.25 mL)

Patient should be fasting. 8 hours is preferred. Infants under 2 years should fast a maximum of 6 hours.

Collect on ice. Chill for at least 10 minutes after collection. Spin down in a refrigerated centrifuge. Freeze.
### Prolactin, Plasma

**Cerner Primary Synonym:** Prolactin Level  
**PowerChart Aliases:**  
**PathNet Aliases:**  
**Lab Where Test is Performed:** BVHS  
**Ref Lab Code or #:**  
**Turn around Time:** < 1 day  
**CPT Code(s):** 84146  
**Specimen Stability:** 8 hours at Room Temperature, 48 hours at 2-8°C  
**Specimen Type:** 5 mL Red Top Tube or 5 mL Light Green Heparinized Gel Tube (SST Gel is acceptable)  
**Minimum Specimen Requirements:** 1 mL Serum or Plasma  
**Patient Preparation:** None.  
**Laboratory Handling:** None.

### Prolinix Hydrochloride, Serum (Fluphenazine)

**Cerner Primary Synonym:** Send-out Other  
**PowerChart Aliases:**  
**PathNet Aliases:**  
**Lab Where Test is Performed:** Mayo  
**Ref Lab Code or #:** PROLX  
**Turn around Time:** 6 days  
**CPT Code(s):** 84022  
**Specimen Stability:**  
**Specimen Type:** (2) 7 mL Plain Red Top Tubes (No SST Gel) or (2) 5 mL Plain Green Top Tubes (No Gel)  
**Minimum Specimen Requirements:** 3 mL Serum or 3 mL Heparin Plasma  
**Patient Preparation:** None.  
**Laboratory Handling:** Refrigerate.

### Pronestyl - see Procainamide

**Cerner Primary Synonym:**  
**PowerChart Aliases:**  
**PathNet Aliases:**  
**Lab Where Test is Performed:**  
**Ref Lab Code or #:**  
**Turn around Time:**  
**CPT Code(s):**  
**Specimen Stability:**  
**Specimen Type:**  
**Minimum Specimen Requirements:**  
**Patient Preparation:**  
**Laboratory Handling:**
### Propafenone, Serum (Rythmol)

<table>
<thead>
<tr>
<th>Cerner Primary Synonym</th>
<th>Propafenone Level-Mayo</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
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<tr>
<td>PathNet Aliases:</td>
<td>Mayo-Propafenone, S</td>
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<tr>
<td>Lab Where Test is Performed:</td>
<td>Mayo</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td>PFN</td>
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<tr>
<td>Turn around Time:</td>
<td>8 days</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>80299</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>(2) 7 mL Plain Red Top Tubes (No SST Gel). Plasma is NOT acceptable.</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>3 mL Serum</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>Collect the specimen after the patient has been on Propafenone for 3 days and just before the next dose.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Refrigerate.</td>
</tr>
</tbody>
</table>

### Properdin FB (Factor B), Serum

<table>
<thead>
<tr>
<th>Cerner Primary Synonym</th>
<th>Send-out Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>SL</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td>1511</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>3-5 days</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>83883</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>5 mL Red Top Tube (SST Gel is acceptable)</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>1 mL Serum (Absolute minimum = 0.5 mL)</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Refrigerate.</td>
</tr>
</tbody>
</table>

### Prostaglandin D2, Urine

<table>
<thead>
<tr>
<th>Cerner Primary Synonym</th>
<th>Send-out Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>ISI</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td></td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>Varies</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td></td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>24 Hour Urine collection with no preservative</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>5 mL Aliquot of 24 hour Urine</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None. But note that aspirin and other medications may inhibit prostaglandin production.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Mix well and record the total volume on aliquot container and worksheets. Send 5 ML. Ship at room temperature or frozen on dry ice.</td>
</tr>
</tbody>
</table>
**Prostaglandin E1 (PGE1), Serum**

**Cerner Primary Synonym:** Send-out Other  
**PowerChart Aliases:**  
**PathNet Aliases:**  
**Lab Where Test is Performed:** ISI  
**Ref Lab Code or #:**  
**Minimum Specimen Requirements:**  
**Specimen Stability:**  
**Specimen Type:** (3) 5 mL Red Top Tubes (SST Gel is acceptable)  
**Patient Preparation:** None  
**Laboratory Handling:** Freeze. The test is sent to Inter Science Institute.  
**Turn around Time:** Varies  
**CPT Code(s):**  

---

**Prostate Specific Antigen, Serum (PSA) - Diagnostic (ultrasensitive)**

**Cerner Primary Synonym:** Prostate Specific Antigen (PSA)  
**PowerChart Aliases:**  
**PathNet Aliases:**  
**Lab Where Test is Performed:** BVHS  
**Ref Lab Code or #:**  
**Minimum Specimen Requirements:**  
**Specimen Stability:**  
**Specimen Type:** 5 mL Red Top Tube (SST Gel is acceptable)  
**Patient Preparation:** None  
**Laboratory Handling:** Refrigerate.  
**Turn around Time:** < 1 day  
**CPT Code(s):** 84153

---

**Prostate Specific Antigen, Serum (PSA) - Screening (ultrasensitive)**

**Cerner Primary Synonym:** PSA Screen  
**PowerChart Aliases:**  
**PathNet Aliases:**  
**Lab Where Test is Performed:** BVHS  
**Ref Lab Code or #:**  
**Minimum Specimen Requirements:**  
**Specimen Stability:**  
**Specimen Type:** 5 mL Red Top Tube (SST Gel is acceptable)  
**Patient Preparation:** None  
**Laboratory Handling:** Refrigerate.  
**Turn around Time:** < 1 day  
**CPT Code(s):** G0103

---
Prostatic Acid Phosphatase, Serum (Male PAP)

Cerner Primary Synonym: Prostatic Acid Phosphatase-Mayo

PowerChart Aliases:
PathNet Aliases: Mayo-Prostatic Acid Phosphatase, S

Lab Where Test is Performed: Mayo
Ref Lab Code or #: PACP

Minimum Specimen Requirements:
Specimen Type: 1 mL Serum

Patient Preparation: Draw prior to rectal examination or biopsy procedure.

Laboratory Handling: Refrigerate.

Turn around Time: 3 days

CPT Code(s): 84066

Specimen Stability:
Specimen Type: 5 mL Red Top Tube (SST Gel is acceptable)

Protein C Activity, Plasma

Cerner Primary Synonym: Protein C Activity

PowerChart Aliases:
PathNet Aliases:

Lab Where Test is Performed: BVHS
Ref Lab Code or #: 

Minimum Specimen Requirements:
Specimen Type: 5 mL Blue Citrate Tubes

Patient Preparation: None.

Laboratory Handling: Spin immediately. Remove the top 3/4 plasma and transfer to a plastic tube. Spin again. Remove 1 ML from the top and put in a plastic tube. Freeze immediately.

Turn around Time: 5 days

CPT Code(s): 85303

Specimen Stability:
Specimen Type: 1 mL Citrated Plasma

Protein C Antigen, Plasma

Cerner Primary Synonym: Protein C Antigen-Mayo

PowerChart Aliases:
PathNet Aliases: Mayo-Protein C Ag, P

Lab Where Test is Performed: Mayo
Ref Lab Code or #: PCAG

Minimum Specimen Requirements:
Specimen Type: (2) 5 mL Blue Citrate Tubes

Patient Preparation: None.

Laboratory Handling: Spin down. Remove the top 3/4 plasma and place in 2 plastic tubes. Spin again. Remove the top portion of the plasma and place a 1 ML aliquot into a plastic tube. Freeze immediately.

Turn around Time: 3 days

CPT Code(s): 85302

Specimen Stability:
Specimen Type: 1 mL Citrated Plasma
### Protein Electrophoresis - see SPE (Serum Protein Electrophoresis)

**Cerner Primary Synonym:**

**PowerChart Aliases:**

**PathNet Aliases:**

<table>
<thead>
<tr>
<th>Lab Where Test is Performed:</th>
<th>BVHS</th>
<th>Ref Lab Code or #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turn around Time:</td>
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<td>CPT Code(s):</td>
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<tr>
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<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
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<td></td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Protein S Activity - see Protein S Activity Profile

**Cerner Primary Synonym:**

**PowerChart Aliases:**

**PathNet Aliases:**

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<thead>
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<th>Lab Where Test is Performed:</th>
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<th>Ref Lab Code or #:</th>
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</thead>
<tbody>
<tr>
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<td></td>
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<tr>
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<td>Specimen Type:</td>
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<td></td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Protein S Activity Profile, Plasma (includes Protein S Activity, APCR, and Lupus)

**Cerner Primary Synonym:** Protein S Act w/LA and APC Res

**PowerChart Aliases:**

**PathNet Aliases:**

<table>
<thead>
<tr>
<th>Lab Where Test is Performed:</th>
<th>BVHS</th>
<th>Ref Lab Code or #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turn around Time:</td>
<td>5 days</td>
<td>CPT Code(s):</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
<td>Variable</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>(4) 5 mL Blue Citrate Tubes</td>
<td></td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>(4) 1 mL Citrate Plasma aliquots</td>
<td></td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
<td></td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Centrifuge the specimen and remove the top 3/4 plasma into (4) 1 ML aliquots. Spin plasma again (to achieve platelet poor plasma) and remove the top 3/4 plasma again. Place 1 ML in 4 plastic tubes and freeze immediately.</td>
<td></td>
</tr>
</tbody>
</table>
Protein S Antigen, Free, Plasma

Cerner Primary Synonym: Protein S Antigen-Mayo

PowerChart Aliases: 
PathNet Aliases: Mayo-Protein S Ag, P

Lab Where Test is Performed: Mayo

Ref Lab Code or #: PSTF

Minimum Specimen Requirements: 
(2) 0.5 mL Aliquots Plasma

Specimen Type: (2) 5 mL Blue Citrate Tubes

Patient Preparation: None.

Laboratory Handling: Spin immediately. Remove the top 3/4 plasma and transfer to 2 plastic tubes. Spin again. Remove (2) 0.5 ML aliquots from the top and place in 2 plastic tubes. Freeze immediately. Always, without exception, send plasma in aliquots in plastic tubes.

Turn around Time: 3 days

CPT Code(s): 85306, 85305

Specimen Stability:

Protein, Random Urine - see Urine Protein, Random

Cerner Primary Synonym: 

PowerChart Aliases: 
PathNet Aliases: 

Lab Where Test is Performed: BVHS

Ref Lab Code or #: 

Turn around Time: 

CPT Code(s): 

Specimen Stability: 

Specimen Type: 

Minimum Specimen Requirements: 

Patient Preparation: 

Laboratory Handling: 

Proteinase 3 Autoantibodies, Serum

Cerner Primary Synonym: Send-out Other

PowerChart Aliases: 
PathNet Aliases: 

Lab Where Test is Performed: Mayo

Ref Lab Code or #: PR3

Turn around Time: 3 days

CPT Code(s): 83516

Specimen Stability: 

Specimen Type: 7 mL Plain Red Top Tube (No SST Gel)

Minimum Specimen Requirements: 0.5 mL Serum

Patient Preparation: None.

Laboratory Handling: Refrigerate.
## Prothrombin G20210A Gene Mutation, Blood

**Cerner Primary Synonym:** Prothrombin G20210A Mutation-Mayo  
**PowerChart Aliases:**  
**PathNet Aliases:** Mayo-Prothrombin G20210A Mutation, B  
**Lab Where Test is Performed:** Mayo  
**Ref Lab Code or #:** PTNT  
**Minimum Specimen Requirements:**  
- (2) 7 mL Yellow ACD Tubes  
- 1 Full Yellow ACD Tube  
**Patient Preparation:** None.  
**Laboratory Handling:** Fill the tubes and invert several times to mix. Send in the original vacutainer tube at room temperature. Do not refrigerate. Do not spin. Note: The "Coagulation Request Form" (Supply T237) needs completed and sent with the specimen.  
**Turn around Time:** 4 days  
**CPT Code(s):** 81240  

---

## Prothrombin Time, Plasma (PT)

**Cerner Primary Synonym:** PTINR  
**PowerChart Aliases:**  
**PathNet Aliases:** 1100  
**Lab Where Test is Performed:** BVHS  
**Ref Lab Code or #:**  
**Turn around Time:** < 1 day  
**CPT Code(s):** 85610  
**Specimen Stability:**  
**Specimen Type:** 5 mL Blue Top Citrate Tube  
**Minimum Specimen Requirements:** 1 mL Citrated Plasma  
**Patient Preparation:** None.  
**Laboratory Handling:** Stable, centrifuged or uncentrifuged, at 2-4 degrees C or 18-24 degrees C for 24 hours if UNOPENED. The tube MUST be filled. For mixing studies contact Hematology. 2 ML and 3 ML pediatric tubes may also be drawn.  

---

## Protoporphyrins, Fractionation, Erythrocytes

**Cerner Primary Synonym:** Protoporphyrins Fractionation, RBC-Mayo  
**PowerChart Aliases:**  
**PathNet Aliases:** Mayo-Protoporphyrins, Fractionation, WB  
**Lab Where Test is Performed:** Mayo  
**Ref Lab Code or #:** PPFE  
**Turn around Time:** 3 days  
**CPT Code(s):** 84202  
**Specimen Stability:**  
**Specimen Type:** 5 mL Plain Green Top Tube (No Gel)  
**Minimum Specimen Requirements:** 5 mL Heparin Whole Blood  
**Patient Preparation:** The patient must be fasting for 12-14 hours before collection. They may have water but no other liquids. The patient should be off medications for 1 week before collection. If not send a list of medications.  
**Laboratory Handling:** Specimen cannot be frozen and will be rejected if frozen. Refrigerate.
Protoporphyrins, Zinc (Blood) (**For Well at Work Clients ONLY**)

Cerner Primary Synonym: Send-out: Other

Lab Where Test is Performed: Mayo

Ref Lab Code or #:

Minimum Specimen Requirements:

Specimen Type: 1 mL EDTA Whole Blood

Patient Preparation: None.

Laboratory Handling: Refrigerate. Specimen cannot be frozen. This test is for Well at Work clients ONLY. If Zinc Protoporphyrins are ordered on a non-Well at Work client order the Protoporphyrins, Fractionation, Erythrocytes.

Proventil - see Albuterol

Cerner Primary Synonym:

Lab Where Test is Performed: Mayo

Ref Lab Code or #:

Turn around Time: 3 days

CPT Code(s): 84202

Specimen Stability:

Specimen Type: 5 mL Laveder EDTA Tube

Minimum Specimen Requirements:

Patient Preparation: None.

Laboratory Handling:

Prozac - see Fluoxetine

Cerner Primary Synonym:

Lab Where Test is Performed: Mayo

Ref Lab Code or #:

Turn around Time: 3 days

CPT Code(s): 84202

Specimen Stability:

Specimen Type: 1 mL EDTA Whole Blood

Minimum Specimen Requirements:

Patient Preparation: None.

Laboratory Handling:
Blanchard Valley Health System Laboratory Specimen Collection Manual

PSA - see Prostatic Specific Antigen -Diagnostic OR -Screening

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: BVHS

Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

Minimum Specimen Requirements:

See below

Specimen Type:

Patient Preparation:

Laboratory Handling:

Contact the Lab to schedule in advance. The phosphate buffered saline and the sterile conical tube (found in the tissue grinder package) are found in Microbiology. Questions: Call Glen De Vries at (212) 305-5727. Ship samples to: Dr. Aaron Katz, Columbia University, Department of Urology 630 West 168th Street, New York, NY 10032 PH: (212) 305-6408.

The sample should be processed as soon as possible after the blood is drawn. Be sure to spin at the correct temperature. 1) Draw blood using a vacutainer CPT cell preparation tube with Sodium Citrate gel and density gradient media (blue and black speckled top made by B-D). The tube has an 8 ML draw. Gently mix by inversion. 2) Spin at 2800 rpm for 20 minutes at room temperature. 3) Transfer the buffy coat cells with a sterile pasteur pipette to a sterile 15 ML conical tube. The buffy coat is seen as a cloudy fraction directly above the gel (about 2 ML). 4) Add 10-15 ML of cold 1X PBS (Phosphate Buffered saline) to the buffy coat. Gently mix by inversion. 5) Spin at 1200 rpm for 15 minutes at 4 degrees C. 6) Aspirate off the supernatant, leaving the cell pellet intact. 7) Freeze the sample and ship overnight on dry ice. Make sure the tube is well labeled, and do not ship samples of PRID. Include the patient's relevant clinical history (biopsy report and PSA results).

PSA Profile, Serum (Free and Total PSA)

Cerner Primary Synonym: PSA Profile

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: BVHS

Ref Lab Code or #:

Turn around Time: < 1 day

CPT Code(s): 84153,84154

Specimen Stability:

3 hours at Room Temperature, 24 hours at 2-8 C

Specimen Type:

5 mL Red Top Tube (SST Gel is acceptable)

Minimum Specimen Requirements:

1 mL Serum

Patient Preparation:

None.

Laboratory Handling:

See specimen stability. The profile includes Total PSA (Diagnostic), Free PSA, and % Free PSA.
### PSA, Free and Total - see PSA Profile

**Cerner Primary Synonym:**

**PowerChart Aliases:**

**PathNet Aliases:**

<table>
<thead>
<tr>
<th>Lab Where Test is Performed</th>
<th>Ref Lab Code or #</th>
</tr>
</thead>
<tbody>
<tr>
<td>BVHS</td>
<td></td>
</tr>
</tbody>
</table>

**Minimum Specimen Requirements:**

<table>
<thead>
<tr>
<th>Specimen Type:</th>
<th>Patient Preparation:</th>
<th>Laboratory Handling:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specimen Type:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

### Pseudocholinesterase, Serum

**Cerner Primary Synonym:** Pseudocholinesterase-Mayo

**PowerChart Aliases:**

**PathNet Aliases:** Mayo-Pseudocholinesterase, Total, S

<table>
<thead>
<tr>
<th>Lab Where Test is Performed</th>
<th>Ref Lab Code or #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mayo</td>
<td>PCHES</td>
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**Specimen Stability:**

<table>
<thead>
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<th>Specimen Type:</th>
<th>Patient Preparation:</th>
<th>Laboratory Handling:</th>
</tr>
</thead>
</table>

---

### PT - see Prothrombin Time

**Cerner Primary Synonym:**

**PowerChart Aliases:**

**PathNet Aliases:**

<table>
<thead>
<tr>
<th>Lab Where Test is Performed</th>
<th>Ref Lab Code or #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Minimum Specimen Requirements:**

<table>
<thead>
<tr>
<th>Specimen Type:</th>
<th>Patient Preparation:</th>
<th>Laboratory Handling:</th>
</tr>
</thead>
</table>

---
## PTH Intact with Minerals, Plasma

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Parathyroid Hormone Intact with Minerals</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>BVHS</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td></td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>&lt; 1 day</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td>8 hrs for plasma / 4 hrs for serum at Room Temperature, 48 hours at 2-8 C</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>(2) 5 mL Light Green Heparinized Gel Tube (Serum is also acceptable)</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>1 mL Plasma (or serum)</td>
</tr>
</tbody>
</table>

### Patient Preparation:
None.

### Laboratory Handling:
This test contains the PTH, Intact, Creatinine, Calcium, and Phosphorus.

### Turn around Time:
< 1 day

### CPT Code(s):
82310,82565,8397

### Specimen Stability:
8 hrs for plasma / 4 hrs for serum at Room Temperature, 48 hours at 2-8 C

## PTH, Intact, Plasma

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Parathyroid Hormone Intact</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td>PTH</td>
</tr>
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<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>BVHS</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td></td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>&lt; 1 day</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td>8 hrs for plasma / 4 hrs for serum at Room Temperature, 48 hours at 2-8 C</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>5 mL Light Green Heparinized Gel Tube (Serum is acceptable)</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>1 mL Plasma (or serum)</td>
</tr>
</tbody>
</table>

### Patient Preparation:
None.

### Laboratory Handling:
Use this test for PTH, Intact testing for all non-dialysis patients.

### Turn around Time:
< 1 day

### CPT Code(s):
83970

### Specimen Stability:
8 hrs for plasma / 4 hrs for serum at Room Temperature, 48 hours at 2-8 C

## PTH (NPTH) - order PTH, Intact

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
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</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
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<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>BVHS</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td></td>
</tr>
<tr>
<td>Turn around Time:</td>
<td></td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td></td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td></td>
</tr>
</tbody>
</table>

### Patient Preparation:

### Laboratory Handling:

### CPT Code(s):
**PTH-Related Peptide, Plasma**

**Cerner Primary Synonym:** Send-out Other

**PowerChart Aliases:**

**PathNet Aliases:**

**Lab Where Test is Performed:** Mayo

**Ref Lab Code or #:** PTHRP

**Minimum Specimen Requirements:**

0.7 mL EDTA Plasma (Absolute minimum = 0.25 mL)

**Specimen Type:** Ice Cooled 5 mL Lavender EDTA Tube

**Patient Preparation:** None.

**Laboratory Handling:** Cool the EDTA tube on ice. Keep on ice. Spin in a refrigerated centrifuge. Freeze.

**Turn around Time:** 5 days

**CPT Code(s):** 82397

**Specimen Stability:**

**Cerner Primary Synonym:**

**PowerChart Aliases:**

**PathNet Aliases:**

**Lab Where Test is Performed:** BVHS

**Ref Lab Code or #:**

**Turn around Time:** < 1 day

**CPT Code(s):** 85730

**Specimen Stability:**

**Specimen Type:** 5 mL Blue Citrate Tube

**Minimum Specimen Requirements:**

1 mL Citrated Plasma

**Patient Preparation:** None.

**Laboratory Handling:** Stable for 4 hours at 2-8 C. Tube must be filled completely. For Mixing Studies contact Hematology. 2 ML and 3 ML pediatric tubes may also be drawn.

**PTT, Plasma (APTT, Activated Partial Thromboplastin Time)**

**Cerner Primary Synonym:** PTT

**PowerChart Aliases:** APTT

**PathNet Aliases:** APTT

**Lab Where Test is Performed:** BVHS

**Ref Lab Code or #:**

**Turn around Time:** < 1 day

**CPT Code(s):** 85730

**Specimen Stability:**

**Specimen Type:** 5 mL Blue Citrate Tube

**Minimum Specimen Requirements:**

1 mL Citrated Plasma

**Patient Preparation:** None.

**Laboratory Handling:** Stable for 4 hours at 2-8 C. Tube must be filled completely. For Mixing Studies contact Hematology. 2 ML and 3 ML pediatric tubes may also be drawn.
Purkinje Cell Cytoplasmic Antibodies, Type 1 (Cerebellum), Serum - see Anti-Purkinje Cell Cytoplasmic Antibody with reflex to Titer and Immu
Cerner Primary Synonym:
PowerChart Aliases:
PathNet Aliases:
Lab Where Test is Performed: Ref Lab Code or #:
Turn around Time: CPT Code(s):
Specimen Stability:
Specimen Type:
Minimum Specimen Requirements:
Patient Preparation:
Laboratory Handling:

PVR - see Post Void Residual
Cerner Primary Synonym:
PowerChart Aliases:
PathNet Aliases:
Lab Where Test is Performed: BVHS Ref Lab Code or #:
Turn around Time: CPT Code(s):
Specimen Stability:
Specimen Type:
Minimum Specimen Requirements:
Patient Preparation:
Laboratory Handling:

Pyridoxal-5-Phosphate - (Vitamin B6/Pyridoxine)
Cerner Primary Synonym: Pyridoxal 5-Phosphate (PLP)-Mayo
PowerChart Aliases:
PathNet Aliases: Mayo-Pyridoxal 5-Phosphate (PLP), P
Lab Where Test is Performed: Mayo Ref Lab Code or #: PLP
Turn around Time: 5 days CPT Code(s): 84207
Specimen Stability:
Specimen Type: 5 mL Plain Green Top Tube (No Gel) - Serum is NOT acceptable.
Minimum Specimen Requirements: 1 mL Heparin Plasma
Patient Preparation: The patient should fast for 12-14 hours prior to collection. The patient should not ingest alcohol or vitamin supplements for 24 hours before collection.
Laboratory Handling: Wrap in foil to protect from light. Centrifuge at 4 degrees C. Use an amber tube for aliquot(s). Refrigerate.
**Pyruvate, Blood (Pyruvic Acid)**

**Lab Where Test is Performed:** Mayo  
**Ref Lab Code or #:** PYR

**Minimum Specimen Requirements:** See below

**Specimen Type:** Special collection tube from Mayo

**Patient Preparation:** None.

**Laboratory Handling:** Call to order special collection tubes from Mayo (supply #T012). Tubes contain 2.5 ML of 6% Perchloric Acid. Draw approximately 1.5 ML of blood into a 3 or 6 ML syringe and immediately dispense 1 ML of whole blood into a cold 6% Perchloric Acid tube. Cap the tube and mix well by shaking gently until the entire solution is brown in color. Tubes may be found in the 3-door DXI refrigerator on the right side in the back (in plastic bags). Ship refrigerated. Do not cover the number on the special vial with labels, Mayo needs this. Mix very well to avoid any clotting. If some acid is spilled prior to adding the blood, DO NOT use the tube. The volume of acid inside is very important.

**Turn around Time:** 5 days

**CPT Code(s):** 84210

**Specimen Stability:**

**Cerner Primary Synonym:** Pyruvic Acid-Mayo

**PowerChart Aliases:**

**PathNet Aliases:** Mayo-Pyruvic Acid, B

---

**Q Fever Antibodies - see OX-19**

**Lab Where Test is Performed:**  
**Ref Lab Code or #:**

**Minimum Specimen Requirements:**

**Specimen Type:**

**Patient Preparation:**

**Laboratory Handling:**

---

**Quick Strep**

**Lab Where Test is Performed:** BVHS  
**Ref Lab Code or #:**

**Turn around Time:** 2 hours  
**CPT Code(s):** 87880

**Specimen Stability:**

**Specimen Type:** Duo Swab

**Minimum Specimen Requirements:** 1 Sterile Swab

**Patient Preparation:** Acceptable specimen is a throat swab collected with a dacron or rayon swab placed in Modified Stuart's Transport media. Bring to the Lab as soon as possible. This test is a rapid screening for Group A Beta Hemolytic Streptococcus. Results of the test can be expected within 1 hour. All rapid Strep screens are confirmed by a culture plate. If the order reads Quick Strep, Culture if negative, a Duo Swab must be used to collect the specimen so that there is enough material to do both tests. Both tests should be ordered in the computer when the specimen is collected.

**Laboratory Handling:** None.
<table>
<thead>
<tr>
<th>Test</th>
<th>Lab Where Test is Performed</th>
<th>Ref Lab Code or #</th>
<th>CPT Code(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Quick Strep Back-up Plate</strong> (for Dr.s Cheney, Stump, and Cole)</td>
<td>BVHS</td>
<td></td>
<td>87081</td>
</tr>
<tr>
<td><strong>Quinidex - see Quinidine</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Quinidine, Serum</strong></td>
<td>Mayo</td>
<td>QUIND</td>
<td>80194</td>
</tr>
</tbody>
</table>

**Quick Strep Back-up Plate**

- **Cerner Primary Synonym:** Culture Backup Strep
- **Specimen Type:** Sterile Duo-Swab
- **Patient Preparation:** None.
- **Laboratory Handling:** This is for Quick Strep Back-up plates only.
- **Turn around Time:** 2 days
- **CPT Code(s):** 87081

**Quinidex - see Quinidine**

- **Cerner Primary Synonym:** Culture Backup Strep
- **Specimen Type:** Sterile Duo-Swab
- **Patient Preparation:** None.
- **Laboratory Handling:** This is for Quick Strep Back-up plates only.
- **Turn around Time:** 2 days
- **CPT Code(s):** 87081

**Quinidine, Serum**

- **Cerner Primary Synonym:** Culture Backup Strep
- **Specimen Type:** Sterile Duo-Swab
- **Patient Preparation:** None.
- **Laboratory Handling:** This is for Quick Strep Back-up plates only.
- **Turn around Time:** 2 days
- **CPT Code(s):** 87081

**Quinidine, Serum**

- **Cerner Primary Synonym:** Quinidine Level-Mayo
- **Specimen Type:** (2) 7 mL Plain Red Top Tubes (No SST Gel)
- **Patient Preparation:** Note the time the last dose was given in comments. Trough - immediately prior to the next dose.
- **Laboratory Handling:** Room temperature. Note the time the blood was drawn on the label. SST Gel tubes are NOT acceptable.
- **Turn around Time:** 1 day
- **CPT Code(s):** 80194
### RA, Quantitative, Serum (Rheumatoid Factor)

- **Cerner Primary Synonym:** Rheumatoid Factor, Serum
- **PowerChart Aliases:**
- **PathNet Aliases:** RF
- **Lab Where Test is Performed:** BVHS
- **Ref Lab Code or #:**
- **Minimum Specimen Requirements:** 0.5 mL Serum
- **Specimen Type:** 5 mL Red Top Tube (SST Gel is acceptable)
- **Patient Preparation:** None.
- **Laboratory Handling:** None.
- **Turn around Time:** 1 day
- **CPT Code(s):** 86431
- **Specimen Stability:**

### Rabies Antibody, Endpoint, Serum (for vaccination response)

- **Cerner Primary Synonym:** Send-out Other
- **PowerChart Aliases:**
- **PathNet Aliases:**
- **Lab Where Test is Performed:** Mayo
- **Ref Lab Code or #:** FRFT
- **Minimum Specimen Requirements:** 2 mL Serum (Absolute minimum = 0.5 mL)
- **Specimen Type:** (2) 5 mL Red Top Tube (SST Gel is acceptable)
- **Patient Preparation:** None.
- **Laboratory Handling:** Refrigerate.
- **Turn around Time:** 9-12 days
- **CPT Code(s):** 86382
- **Specimen Stability:**

### Raji Cell Assay - see Immune Complex, Raji Cell Assay

- **Cerner Primary Synonym:**
- **PowerChart Aliases:**
- **PathNet Aliases:**
- **Lab Where Test is Performed:**
- **Ref Lab Code or #:**
- **Minimum Specimen Requirements:**
- **Specimen Type:**
- **Specimen Stability:**
- **Turn around Time:**
- **CPT Code(s):**
- **Patient Preparation:**
- **Laboratory Handling:**

---

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Raji Cell Replacement Assay, Immune Complex - see C3D Circulating Immune Complexes

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

Rapamune (Rapamycin) - see Sirolimus

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

Rapamycin (Rapamune) - see Sirolimus

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:
**Rapid Plasma Reagin (RPR), Response to Therapy, Serum**

Cerner Primary Synonym: RPR w/Reflex Titer, Response to Therapy-Mayo

PowerChart Aliases: RPR Titer-Mayo; RPR w/Reflex Titer-Mayo

PathNet Aliases:

Lab Where Test is Performed: Mayo

Ref Lab Code or #: RPRRT

Minimum Specimen Requirements:

0.5 mL (Absolute minimum = 0.3 mL)

Specimen Type:

5 mL Red Top Serum Serum Separator Gel Tube

Patient Preparation: None.

Laboratory Handling:

Refrigerate. If the RPR Screen is positive, RPR Titer will be performed at an additional charge. This test is for monitoring response to therapy in patients treated for syphilis infection.

CPT Code(s):

86592 (86593 for Titer if appropriate)

Specimen Stability:

RAST Test, Serum (IgE Antibodies, Multiallergen, Serum)

Cerner Primary Synonym: Send-out Other

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Mayo

Ref Lab Code or #: VARIABLE

Minimum Specimen Requirements:

0.5 mL Serum per 10 Allergens Tested

Specimen Type:

5 mL Red Top Tube (Pediatric: 4 mL) (SST Gel is acceptable)

Patient Preparation: None.

Laboratory Handling:

Submit 0.5 ML of serum for every 10 Allergens. The test code varies depending on the specific allergens or group or allergens. Send Refrigerated.

CPT Code(s):

86003

Specimen Stability:

RBC Folate - see Folate, RBC

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed:

Ref Lab Code or #:

Turn around Time:

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:
### RBC Fragility, Blood

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Send-out Other</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ref Lab Code or #:</strong></td>
<td><strong>FRAG</strong></td>
</tr>
<tr>
<td><strong>Specimen Type:</strong></td>
<td>5 mL Lavender EDTA Tube from Patient and 5 mL Lavender EDTA Tube from Normal Person</td>
</tr>
<tr>
<td><strong>Minimum Specimen Requirements:</strong></td>
<td>5 mL EDTA Whole Blood from the Patient and 5 mL EDTA Whole Blood from a Control (Normal Person)</td>
</tr>
<tr>
<td><strong>Patient Preparation:</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>Laboratory Handling:</strong></td>
<td>Draw 5 ML EDTA whole blood from the patient and then draw 5 ML EDTA whole blood from a normal, unrelated person. Label the patient specimen with the patient's name and label the normal control as &quot;Normal Control&quot; and include gender. Do not transfer the blood to other tubes. The specimen must arrive at Mayo within 72 hours of collection. Refrigerate.</td>
</tr>
<tr>
<td><strong>Turn around Time:</strong></td>
<td>5 days</td>
</tr>
<tr>
<td><strong>CPT Code(s):</strong></td>
<td>85557</td>
</tr>
</tbody>
</table>

---

### RBC Magnesium - see Magnesium, Red Blood Cell (Intracellular)

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ref Lab Code or #:</strong></td>
</tr>
<tr>
<td><strong>Specimen Type:</strong></td>
</tr>
<tr>
<td><strong>Minimum Specimen Requirements:</strong></td>
</tr>
<tr>
<td><strong>Patient Preparation:</strong></td>
</tr>
<tr>
<td><strong>Laboratory Handling:</strong></td>
</tr>
<tr>
<td><strong>Turn around Time:</strong></td>
</tr>
<tr>
<td><strong>CPT Code(s):</strong></td>
</tr>
</tbody>
</table>

---

### RECOMBx CAR, Serum (Anti-Recoverin)

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Send-out Other</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ref Lab Code or #:</strong></td>
<td>118</td>
</tr>
<tr>
<td><strong>Specimen Type:</strong></td>
<td>5 mL Red Top Tube (SST Gel is acceptable)</td>
</tr>
<tr>
<td><strong>Minimum Specimen Requirements:</strong></td>
<td>1 mL Serum</td>
</tr>
<tr>
<td><strong>Patient Preparation:</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>Laboratory Handling:</strong></td>
<td>Refrigerate. Do not freeze. This test is used for the detection of anti-CAR antibodies most often for Cancer Associated Retinopathy.</td>
</tr>
<tr>
<td><strong>Turn around Time:</strong></td>
<td>7-14 days</td>
</tr>
<tr>
<td><strong>CPT Code(s):</strong></td>
<td>84182</td>
</tr>
</tbody>
</table>
Reducing Substances, Fecal - see Fecal Sugar, Qualitative

Cerner Primary Synonym: 

PowerChart Aliases: 

PathNet Aliases: 

Lab Where Test is Performed: Ref Lab Code or #: 

Turn around Time: CPT Code(s): 

Specimen Stability: 

Specimen Type: 

Minimum Specimen Requirements: 

Patient Preparation: 

Laboratory Handling: 

Referral of Peripheral Blood Smear for Review (Pathology Referral)

Cerner Primary Synonym: Pathology Referral 

PowerChart Aliases: 

PathNet Aliases: 

Lab Where Test is Performed: Ref Lab Code or #: 

Turn around Time: CPT Code(s): 

Specimen Stability: 

Specimen Type: 

Minimum Specimen Requirements: 

Patient Preparation: 

Laboratory Handling: This is a to indicate a peripheral slide from a CBC should be manually reviewed by a Pathologist. 

REFPATH - see Referral of Peripheral Blood Smear for Review 

Cerner Primary Synonym: 

PowerChart Aliases: 

PathNet Aliases: 

Lab Where Test is Performed: Ref Lab Code or #: 

Turn around Time: CPT Code(s): 

Specimen Stability: 

Specimen Type: 

Minimum Specimen Requirements: 

Patient Preparation: 

Laboratory Handling: 

---
### Renal Panel, Plasma

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Renal Function Panel (1090)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>BVHS</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>&lt; 1 day</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>5 mL Light Green Heparinized Gel Tube</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>1 mL Heparinized Plasma</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>The panel includes: Sodium, Potassium, Chloride, CO2, BUN, Creatinine, Glucose, Albumin, Calcium, and Phosphorus. Serum is also acceptable.</td>
</tr>
</tbody>
</table>

**CPT Code(s):**

- 80069

---

### Renin (Activity), Plasma

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Renin Activity-Mayo</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td>Mayo-Renin Activity, P</td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>Mayo</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>5 days</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>(2) 5 mL Lavender EDTA Tubes (Pre-Chilled)</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>2 mL EDTA Plasma</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
</tbody>
</table>

**CPT Code(s):**

- 84244
**Respiratory Culture (gram stain is separate)**

**Cerner Primary Synonym:** Culture Respiratory  
**PowerChart Aliases:** Respiratory Culture  
**PathNet Aliases:** C Respiratory  
**Lab Where Test is Performed:** BVHS  
**Ref Lab Code or #:**  
**Turn around Time:** 2 days  
**CPT Code(s):** 87071  
**Specimen Stability:**  
**Specimen Type:** Sterile Swab or Sterile container  
**Minimum Specimen Requirements:** 1 Swab or 1 mL Fluid  
**Patient Preparation:** Whenever possible, specimens should be obtained first thing in the morning.  
**Laboratory Handling:** Specimens include throat swabs, nasal swabs, sputum, bronchial secretions, E-T tubes, transtracheal aspirates, or pleural fluids. Any swab should only touch the infected area to avoid contamination with excess normal flora. Sputums should be from deep in the chest. The amount of material necessary for sputum culture is 1-3 ML. Sputums, E-T tubes, bronchial secretions, pleural fluid, or transtracheal aspirates should be brought to the Lab within 2 hours or refrigerated to retard the growth of normal flora.  
NOTE: Order GMSTB if a Gram Stain is needed.

**Respiratory Pathogens Panel**  
**Cerner Primary Synonym:** Respiratory Pathogens Panel  
**PowerChart Aliases:**  
**PathNet Aliases:**  
**Lab Where Test is Performed:** BVH  
**Ref Lab Code or #:**  
**Turn around Time:** < 1 day  
**CPT Code(s):** 87633, 87798 (x3)  
**Specimen Stability:** Swab  
**Specimen Type:** UTM-M4 Media Swab  
**Minimum Specimen Requirements:** Includes Influenza A, Influenza A/H1, Influenza A/H3, Influenza B, RSV A, RSV B, Adenovirus, hMPV (human metapneumovirus), Parainfluenza 1-4, Rhinovirus, Bordatella parapertussis/ bronchiseptica, Bordatella pertussis, and Bordatella holmesii.

**Respiratory Syncytial Virus (RSV)**

**Cerner Primary Synonym:** RSV Antigen  
**PowerChart Aliases:**  
**PathNet Aliases:**  
**Lab Where Test is Performed:** BVHS  
**Ref Lab Code or #:**  
**Turn around Time:** < 1 day  
**CPT Code(s):** 87240  
**Specimen Stability:**  
**Specimen Type:** Nasopharyngeal Wash (see below)  
**Minimum Specimen Requirements:** see below  
**Patient Preparation:** None.  
**Laboratory Handling:** Nasopharyngeal washings are the recommended specimen for this test. A nasopharyngeal swab may be substituted but there is a chance for false negative results with this. Obtain a nasopharyngeal wash specimen using a bulb syringe or a suction apparatus and 3.7 ML buffered saline.
RET Proto-Oncogene, Full Gene Analysis

**Cerner Primary Synonym:** Send-out Other

**PowerChart Aliases:**

<table>
<thead>
<tr>
<th>Lab Where Test is Performed</th>
<th>Mayo</th>
<th>Ref Lab Code or #:</th>
<th>RETZ</th>
</tr>
</thead>
</table>

**Turn around Time:** 14 days

**Specimen Stability:**

<table>
<thead>
<tr>
<th>Specimen Type</th>
<th>(2) 5 mL EDTA Lavender Top Tubes (Yellow ACD Tubes are acceptable)</th>
</tr>
</thead>
</table>

**Minimum Specimen Requirements:**

<table>
<thead>
<tr>
<th>Specimen Type</th>
<th>3 mL Whole Blood (EDTA or ACD)</th>
</tr>
</thead>
</table>

**Patient Preparation:** None.

**Laboratory Handling:** Room temperature. ACD whole blood may also be used. The specimen must arrive at Mayo within 96 hours of collection. **BVMA special request (i.e. Dr. Schroeder). Send to Nichols by way of Quest. Test code: 55426N Specimen: 3 ML EDTA Whole Blood at Room temperature.

---

Retain Laboratory Samples (potential Forensic or Coroner use)

**Cerner Primary Synonym:** Retain Laboratory Samples

**PowerChart Aliases:**

<table>
<thead>
<tr>
<th>Lab Where Test is Performed</th>
<th>BVHS</th>
</tr>
</thead>
</table>

**CPT Code(s):**

**Specimen Stability:**

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Retain Laboratory Samples</th>
</tr>
</thead>
</table>

**PowerChart Aliases:**

<table>
<thead>
<tr>
<th>Lab Where Test is Performed</th>
<th>BVHS</th>
</tr>
</thead>
</table>

**CPT Code(s):**

**Specimen Stability:**

<table>
<thead>
<tr>
<th>Retain Laboratory Samples</th>
</tr>
</thead>
</table>

**Reticulocyte, Blood**

**Cerner Primary Synonym:** Reticulocyte Count

**PowerChart Aliases:**

<table>
<thead>
<tr>
<th>Lab Where Test is Performed</th>
<th>BVHS</th>
</tr>
</thead>
</table>

**CPT Code(s):**

**Specimen Stability:**

<table>
<thead>
<tr>
<th>Specimen Type</th>
<th>2 mL Lavender EDTA Tube or 5 Drops Fingerstick Blood in Tube w/ Stain</th>
</tr>
</thead>
</table>

**Minimum Specimen Requirements:**

<table>
<thead>
<tr>
<th>Specimen Type</th>
<th>0.5 mL EDTA Whole Blood</th>
</tr>
</thead>
</table>

**Patient Preparation:** None.

**Laboratory Handling:** Stable at room temperature or 2-8 C for 24 hours.
### Reverse T3, Serum (Triiodothyronine)

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>T3 (Triiodothyronine), Reverse-Mayo</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td>Mayo-T3 (Triiodothyronine), Reverse, S</td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>Mayo</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>3-6 days</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>84482</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>5 mL Red Top Tube (SST Gel is acceptable)</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>0.8 mL Serum (Absolute min.=0.4 mL)</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Freeze.</td>
</tr>
</tbody>
</table>

### RH, Blood

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Rh Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>BVHS</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>&lt; 1 day</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>86901</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>7 mL Pink Top EDTA Tube (Plain Red Top is also acceptable)</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>1 mL Whole Blood</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Can use a lavender top tube also.</td>
</tr>
</tbody>
</table>
### Rheumatoid Factor Latex Fixation - see RA

**Cerner Primary Synonym:**

**PowerChart Aliases:**

**PathNet Aliases:**

<table>
<thead>
<tr>
<th>Lab Where Test is Performed</th>
<th>BVHS</th>
<th>Ref Lab Code or #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turn around Time</td>
<td></td>
<td>CPT Code(s):</td>
</tr>
<tr>
<td>Specimen Stability</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Specimen Type:**

**Minimum Specimen Requirements:**

**Patient Preparation:**

**Laboratory Handling:**

### Rheumatoid Profile - (ordered by Dr. Kramer)

**Cerner Primary Synonym:**

**PowerChart Aliases:**

**PathNet Aliases:**

<table>
<thead>
<tr>
<th>Lab Where Test is Performed</th>
<th>BVHS</th>
<th>Ref Lab Code or #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turn around Time</td>
<td></td>
<td>CPT Code(s):</td>
</tr>
<tr>
<td>Specimen Stability</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Specimen Type:** Order individually: ASO, CRP, COMP, RA, ESR, and ANA.

**Minimum Specimen Requirements:**

**Patient Preparation:**

**Laboratory Handling:** Order individually: ASO, CRP, COMP, RA, ESR, and ANA.

### Rhogam (Antenatal), Plasma - Outpatient

**Cerner Primary Synonym:** Antenatal Rhogam Workup

**PowerChart Aliases:** ED Rhogam Request

**PathNet Aliases:** ARW

<table>
<thead>
<tr>
<th>Lab Where Test is Performed</th>
<th>BVHS</th>
<th>Ref Lab Code or #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turn around Time</td>
<td>2 hours</td>
<td>CPT Code(s): 86901,86850</td>
</tr>
<tr>
<td>Specimen Stability</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Specimen Type:** 7 mL Pink EDTA Tube (Plain Red Top Tube is acceptable)

**Minimum Specimen Requirements:** 2 mL Plasma

**Patient Preparation:** None.

**Laboratory Handling:** A pathologist or an RN must be notified to administer the injection.
### Rhogam (Post Delivery) Blood

**Cerner Primary Synonym:** Rhogam Workup Cord  

**PowerChart Aliases:**  

**PathNet Aliases:** RWC  

**Lab Where Test is Performed:** BVHS  

**Ref Lab Code or #:**  

**Minimum Specimen Requirements:**  

- 1 mL Cord Blood  

**Specimen Type:** 5 mL Cord Blood (from OB)  

**Patient Preparation:** None.  

**Laboratory Handling:** Depending on the results of the Cord Blood, the mother may be drawn (7 ML Pink EDTA Tube) for Rhogam workup.  

**Turn around Time:** < 1 day  

**CPT Code(s):** 86900, 869001, 86880  

**Specimen Stability:**  

### Rhogam Workup (only for miscarriages, e.c.t.) Blood

**Cerner Primary Synonym:** Antenatal Rhogam Workup, *** ER ONLY order - EDRhogam Workup ***  

**PowerChart Aliases:**  

**PathNet Aliases:**  

**Lab Where Test is Performed:** BVHS  

**Ref Lab Code or #:**  

**Minimum Specimen Requirements:**  

- 2 mL EDTA Whole blood  

**Specimen Type:** 7 mL Pink EDTA Tube  

**Patient Preparation:** None.  

**Laboratory Handling:** Includes Rh Typing and Antibody Screen. A pathologist or an RN must be notified to administer the injection  

**Turn around Time:** 2 hours  

**CPT Code(s):** 86901, 86850  

**Specimen Stability:**  

### Ri Autoantibody, Serum

**Cerner Primary Synonym:** Send-out Other  

**PowerChart Aliases:**  

**PathNet Aliases:**  

**Lab Where Test is Performed:** Athena  

**Ref Lab Code or #:** 115  

**Minimum Specimen Requirements:**  

- 2 mL Serum  

**Specimen Type:** (2) 7 mL Plain Red Top Tubes (No SST Gel)  

**Patient Preparation:** None.  

**Laboratory Handling:** None.  

**Turn around Time:** 7-14 days  

**CPT Code(s):** 84182  

**Specimen Stability:**
Rickettsia rickettsii IgG, Serum (Rocky Mountain Spotted Fever)

Cerner Primary Synonym:  Send-out Other

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: ARUP  Ref Lab Code or #:  0050369

Turn around Time:  1-4 days  CPT Code(s):  86757

Specimen Stability:

Specimen Type:  5 mL Red Top Tube (SST Gel is acceptable)

Minimum Specimen Requirements:

Patient Preparation:  None.

Laboratory Handling:  Refrigerate.

Rickettsia typhi IgG, Serum (Typhus Fever)

Cerner Primary Synonym:  Send-out Other

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: ARUP  Ref Lab Code or #:  0050381

Turn around Time:  1-5 days  CPT Code(s):  86757

Specimen Stability:

Specimen Type:  5 mL Red Top Tube (SST Gel is acceptable)

Minimum Specimen Requirements:

Patient Preparation:  None.

Laboratory Handling:  Refrigerate.

Ristocetin Cofactor, Plasma (Ristocetin) - Test Obsolete - see below for substitutions

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed:  Ref Lab Code or #:

Turn around Time:  CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:  Ristocetin Cofactor is obsolete. Please order the following 3 tests:

(** All 3 Tests must be ordered for proper interpretation. ***)
1. von Willebrand Factor Multimer Analysis, Plasma Mayo #8844
2. von Willebrand Factor Antigen, Plasma Mayo #9051
3. von Willebrand Factor Activity, Plasma Mayo #89792

See individual entries for specimen and collection requirements.
### Ritalin, Serum (Methylphenidate)

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Send-out Other</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lab Where Test is Performed:</strong></td>
<td>Mayo</td>
</tr>
<tr>
<td><strong>Ref Lab Code or #:</strong></td>
<td>RIT</td>
</tr>
<tr>
<td><strong>Minimum Specimen Requirements:</strong></td>
<td>(2) 7 mL Plain Red Top Tubes (No SST Gel) or (2) 5 mL Plain Green Top Tubes (No Gel)</td>
</tr>
<tr>
<td><strong>3 mL Serum or Heparin Plasma (Absolute minimum = 1 mL)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Patient Preparation:</strong></td>
<td>None.</td>
</tr>
<tr>
<td><strong>Laboratory Handling:</strong></td>
<td>Indicate the specimen type on the aliquot. Freeze.</td>
</tr>
<tr>
<td><strong>Specimen Stability:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>CPT Code(s):</strong></td>
<td>82542</td>
</tr>
</tbody>
</table>

### RNA Antibodies - see Anti-RNA Antibodies

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lab Where Test is Performed:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Ref Lab Code or #:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Minimum Specimen Requirements:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Patient Preparation:</strong></td>
<td></td>
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<tr>
<td><strong>Laboratory Handling:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Specimen Stability:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>CPT Code(s):</strong></td>
<td></td>
</tr>
</tbody>
</table>

### RNP Antibodies - see Anti-RNP Antibodies

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lab Where Test is Performed:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Ref Lab Code or #:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Minimum Specimen Requirements:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Patient Preparation:</strong></td>
<td></td>
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<tr>
<td><strong>Laboratory Handling:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Specimen Stability:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>CPT Code(s):</strong></td>
<td></td>
</tr>
</tbody>
</table>
Rocky Mountain Spotted Fever, Rickettsia rickettsii (IgG and IgM), Serum

Cerner Primary Synonym: Send-out Other

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: ARUP

Ref Lab Code or #: 0050371

Turn around Time: 1-5 days

CPT Code(s): 86757(X2)

Specimen Stability:

Specimen Type: 5 mL Red Top Tube (SST Gel is acceptable)

Minimum Specimen Requirements:

Patient Preparation: None.

Laboratory Handling: Separate serum from cells as soon as possible. Refrigerate.

Rohipnol, Serum (GHB / Gamma-Hydroxybutyric Acid / Flunitrazepam)

Cerner Primary Synonym: Send-out Other

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: ARUP

Ref Lab Code or #: 0091116

Turn around Time: Varies

CPT Code(s): 80100, (80154 if positive)

Specimen Stability:

Specimen Type: (3) 7mL Plain Red Top Tubes or (3) 5mL Lavender EDTA Tubes (No SST Gel)

Minimum Specimen Requirements:

Patient Preparation: None.

Laboratory Handling: Refrigerate. Rohipnol is a date-rape drug.

Rohipnol, Urine (GHB / Gamma-Hydroxybutyric Acid)

Cerner Primary Synonym: Send-out Other

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Mayo

Ref Lab Code or #: FGHB

Turn around Time: 6 days

CPT Code(s): 83921

Specimen Stability:

Specimen Type: Random Urine - no preservatives

Minimum Specimen Requirements:

Patient Preparation: None.

Laboratory Handling: This is the preferred specimen for Rohipnol. Refrigerate. Rohipnol is a date-rape drug.
<table>
<thead>
<tr>
<th>Test Description</th>
<th>Lab Where Test is Performed</th>
<th>Specimen Stability</th>
<th>Minimum Specimen Requirements</th>
<th>Patient Preparation</th>
<th>Turn around Time</th>
<th>CPT Code(s)</th>
<th>PowerChart Aliases</th>
<th>PathNet Aliases</th>
<th>Ref Lab Code or #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rotavirus Antigen</td>
<td>BVHS</td>
<td></td>
<td>1 mL stool specimen</td>
<td></td>
<td>1-2 days</td>
<td>87425</td>
<td>Rota</td>
<td>Rota</td>
<td></td>
</tr>
<tr>
<td>RPR, Serum (with reflex to Syphilis Antibody by TP-PA, Serum)</td>
<td>BVHS</td>
<td></td>
<td>5 mL Red Top Tube (SST Gel is acceptable)</td>
<td>None.</td>
<td>1-3 days</td>
<td>86592</td>
<td>RPR</td>
<td>RPR</td>
<td></td>
</tr>
<tr>
<td>RSV (RSV Screen)/Respiratory Syncytial Virus Antibody, Serum</td>
<td>Mayo</td>
<td></td>
<td>0.5 mL Serum</td>
<td>None.</td>
<td>3 days</td>
<td>86756(X2)</td>
<td>SRSV</td>
<td>SRSV</td>
<td>SRSV</td>
</tr>
</tbody>
</table>

**Rotavirus Antigen**
- **Cerner Primary Synonym:** Rotavirus Antigen Stool
- **Specimen Stability:** Stool in a clean, wide mouth container
- **Patient Preparation:** Collect 1-3 ML of liquid stool or at least 1 gram of formed stool in a clean container. Refrigerate. A rectal swab CANNOT be used for this test.
- **Laboratory Handling:** Send to Bluffton Campus.

**RPR, Serum (with reflex to Syphilis Antibody by TP-PA, Serum)**
- **Cerner Primary Synonym:** Rapid Plasma Reagin Test
- **Specimen Stability:** 5 mL Red Top Tube (SST Gel is acceptable)
- **Patient Preparation:** None.
- **Laboratory Handling:** Done at Bluffton instead of VDRL. Replace all VDRL orders with an RPR unless the physician specifically requests a VDRL. If reactive specimen will be sent out to Mayo Clinic Laboratories for "Syphilis Antibody by TP-PA, Serum", Test Code: TPPA. See this Mayo test entry for details.

**RSV (RSV Screen)/Respiratory Syncytial Virus Antibody, Serum**
- **Cerner Primary Synonym:** Send-out Other
- **Specimen Stability:** 5 mL Red Top Tube (SST Gel Tubes are acceptable)
- **Patient Preparation:** None.
- **Laboratory Handling:** Refrigerate. This is the RSV Antibody test NOT the RSV Antigen.
**Rubella IgM Antibody, Serum** *(Qualitative ***NOT a Titer***)(Quantitative Rubella IgM tests are not being done currently)*

**Cerner Primary Synonym:**  Send-out Other

**PowerChart Aliases:**

**PathNet Aliases:**

<table>
<thead>
<tr>
<th>Lab Where Test is Performed</th>
<th>Ref Lab Code or #</th>
<th>Turn around Time</th>
<th>CPT Code(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARUP</td>
<td>0050551</td>
<td>24 hours</td>
<td>86762</td>
</tr>
</tbody>
</table>

**Minimum Specimen Requirements:**

- 1 mL Serum *(Absolute minimum = 0.5 mL)*

**Specimen Type:**

- 5 mL Red Top Tube *(SST Gel is acceptable)*

**Patient Preparation:**

- None.

**Laboratory Handling:**

- Allow serum to clot completely at room temperature. Separate from cells ASAP. Refrigerate.

---

**Rubella, Serum  (Rubella IgG Index)**

**Cerner Primary Synonym:**  Rubella IgG Antibody

**PowerChart Aliases:**

**PathNet Aliases:**

<table>
<thead>
<tr>
<th>Lab Where Test is Performed</th>
<th>Ref Lab Code or #</th>
<th>Turn around Time</th>
<th>CPT Code(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BVHS</td>
<td></td>
<td>&lt; 1 day</td>
<td>86762</td>
</tr>
</tbody>
</table>

**Specimen Stability:**

- 8 hours at Room Temperature, 48 hours at 2-8 C

**Specimen Type:**

- 5 mL Red Top Tube *(SST Gel is acceptable)*

**Minimum Specimen Requirements:**

- 0.5 mL Serum

**Patient Preparation:**

- A positive result indicates immunity.

**Laboratory Handling:**

- None.

---

**Rubeola (Measles) Antibody IgG, Serum  (Quantitative Titer)**

**Cerner Primary Synonym:**  Measles (Rubeola) IgG Antibody-Mayo

**PowerChart Aliases:**

**PathNet Aliases:**

<table>
<thead>
<tr>
<th>Lab Where Test is Performed</th>
<th>Ref Lab Code or #</th>
<th>Turn around Time</th>
<th>CPT Code(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mayo</td>
<td>ROPG</td>
<td>1-3 days</td>
<td>86765</td>
</tr>
</tbody>
</table>

**Specimen Stability:**

**Specimen Type:**

- 5 mL Red Top Tube *(SST Gel is acceptable)*

**Minimum Specimen Requirements:**

- 0.5 mL Serum

**Patient Preparation:**

- None.

**Laboratory Handling:**

- Refrigerate.
### Rubeola (Measles) Antibody IgM, Serum (Quantitative Titer)

**Cerner Primary Synonym:** Send-out Other  
**Ref Lab Code or #:** 34256  
**Turn around Time:** 1-4 days  
**CPT Code(s):** 86765

**Lab Where Test is Performed:** Focus  
**Specimen Type:** 5 mL Red Top Tube (SST Gel is acceptable.)

**Minimum Specimen Requirements:** 1 mL Serum (Absolute minimum = 0.2 mL)

**Patient Preparation:** None.  
**Laboratory Handling:** Separate cells from serum as soon as possible. Room Temperature.

### Rubeola IgG and IgM Antibodies, Serum (Quantitative Titers)

**Cerner Primary Synonym:** Send-out Other  
**Ref Lab Code or #:** 34166  
**Turn around Time:** 1-4 days  
**CPT Code(s):** 86765(x2)

**Lab Where Test is Performed:** Focus  
**Specimen Type:** (2) 5 mL Red Top Tube (SST Gel is acceptable)

**Minimum Specimen Requirements:** 1 mL Serum (Absolute minimum = 0.3 mL)

**Patient Preparation:** None.  
**Laboratory Handling:** Separate serum from cells as soon as possible. Refrigerate.

### Rubeola IgM and IgG Antibodies, CSF

**Cerner Primary Synonym:** Send-out Other  
**Ref Lab Code or #:** 60675  
**Turn around Time:** 1-4 days  
**CPT Code(s):** 86765(X2)

**Lab Where Test is Performed:** Focus  
**Specimen Type:** Fluid from Spinal Tap

**Minimum Specimen Requirements:** 1 mL CSF (Absolute minimum = 0.075 mL)

**Patient Preparation:** None.  
**Laboratory Handling:** Refrigerate.
Rythmol - see Propafenone
Cerner Primary Synonym:
PowerChart Aliases:
PathNet Aliases:
Lab Where Test is Performed: Ref Lab Code or #:
Turn around Time: CPT Code(s):
Specimen Stability:
Specimen Type:
Minimum Specimen Requirements:
Patient Preparation:
Laboratory Handling:

S Delta Antibody - see Hepatitis Delta Virus Antibody
Cerner Primary Synonym:
PowerChart Aliases:
PathNet Aliases:
Lab Where Test is Performed: Ref Lab Code or #:
Turn around Time: CPT Code(s):
Specimen Stability:
Specimen Type:
Minimum Specimen Requirements:
Patient Preparation:
Laboratory Handling:

Saccharomyces cerevisiae Antibody - order the IBD sgi Diagnostic (Inflammatory Bowel Disease)
Cerner Primary Synonym:
PowerChart Aliases:
PathNet Aliases:
Lab Where Test is Performed: Ref Lab Code or #:
Turn around Time: CPT Code(s):
Specimen Stability:
Specimen Type:
Minimum Specimen Requirements:
Patient Preparation:
Laboratory Handling:
### Salicylates, Plasma

**Cerner Primary Synonym:** Salicylate Level

**PowerChart Aliases:**  
*PathNet Aliases:*  

#### Lab Where Test is Performed: BVHS  
**Ref Lab Code or #:**

#### Turn around Time: < 1 day  
**CPT Code(s):** 80196

#### Specimen Stability:  
8 hours at Room Temperature, 48 hours at 2-8 °C

#### Specimen Type:  
5 mL Light Green Heparinized Gel Tube

#### Minimum Specimen Requirements:  
1 mL Heparinized Plasma

#### Patient Preparation:  
Note the time the last dose was given in comments. Usual sample collection is 6 hours post ingestion.

#### Laboratory Handling:  
Note the time the blood is drawn on the label. Serum is also acceptable.

---

### SCL 70 Autoantibodies - see Anti-SCL70 (Anti-Scleroderma Antibody)

**Cerner Primary Synonym:**  
*PowerChart Aliases:*  
*PathNet Aliases:*  

#### Lab Where Test is Performed:  
**Ref Lab Code or #:**

#### Turn around Time:  
**CPT Code(s):**

#### Specimen Stability:  

#### Specimen Type:  

#### Minimum Specimen Requirements:  

#### Patient Preparation:  

#### Laboratory Handling:  

---

### Scotch Tape Prep - see Pinworm Scotch Tap Prep

**Cerner Primary Synonym:**  
*PowerChart Aliases:*  
*PathNet Aliases:*  

#### Lab Where Test is Performed: BVHS  
**Ref Lab Code or #:**

#### Turn around Time:  
**CPT Code(s):**

#### Specimen Stability:  

#### Specimen Type:  

#### Minimum Specimen Requirements:  

#### Patient Preparation:  

#### Laboratory Handling:  

### Sedimentation Rate - see ESR

<table>
<thead>
<tr>
<th>Lab Where Test is Performed</th>
<th>BVHS</th>
<th>Ref Lab Code or #</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Minimum Specimen Requirements:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Specimen Type:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Patient Preparation:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Laboratory Handling:</strong></td>
<td></td>
<td></td>
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<tr>
<td><strong>Turn around Time:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CPT Code(s):</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Selenium, Serum

<table>
<thead>
<tr>
<th>Lab Where Test is Performed</th>
<th>Mayo</th>
<th>Ref Lab Code or #</th>
<th>SES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Minimum Specimen Requirements:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Specimen Type:</strong></td>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>Patient Preparation:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Laboratory Handling:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Turn around Time:</strong> 3 days</td>
<td><strong>CPT Code(s):</strong> 84255</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Semen Analysis Infertility

<table>
<thead>
<tr>
<th>Lab Where Test is Performed</th>
<th>BVHS</th>
<th>Ref Lab Code or #</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Minimum Specimen Requirements:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Specimen Type:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Patient Preparation:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Laboratory Handling:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Turn around Time:</strong> 1-3 days</td>
<td><strong>CPT Code(s):</strong> 89320</td>
<td></td>
</tr>
</tbody>
</table>

---

**Blanchard Valley Health System Laboratory Specimen Collection Manual**

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**Semen Analysis, Post Vasectomy - see Post Vasectomy Semen Analysis**

**Cerner Primary Synonym:**
Semen Analysis Post Vasectomy

**PowerChart Aliases:**

**PathNet Aliases:**

**Lab Where Test is Performed:** BVHS

**Ref Lab Code or #:**

**Minimum Specimen Requirements:**

**Specimen Type:**

**Patient Preparation:**

**Laboratory Handling:**

---

**Semen Wash - (IUI - Intra Uterine Insemination)**

**Cerner Primary Synonym:** Semen Wash

**PowerChart Aliases:**

**PathNet Aliases:**

**Lab Where Test is Performed:** BVHS

**Ref Lab Code or #:**

**Minimum Specimen Requirements:**

**Specimen Type:** Special

**Patient Preparation:**

**** Special - refer to collection procedure ****

**Laboratory Handling:**

**** Special - refer to collection procedure ****

---

**Sensori-Neural Hearing Loss Profile, Serum**

**Cerner Primary Synonym:** Send-out Other

**PowerChart Aliases:**

**PathNet Aliases:**

**Lab Where Test is Performed:** Otoimmune Diagnostics

**Ref Lab Code or #:**

**Minimum Specimen Requirements:**

**Specimen Type:**

(4) 5 mL Red Top Tubes (SST Gel is acceptable)

4 mL Serum

**Patient Preparation:**

None.

**Laboratory Handling:**

Room temperature. Obtain collection kit for shipping. Place serum in orange tube contained in the kit if possible. Do no puncture the top of the orange tube. Kits are found in the cupboard beneath the send-out bench. The test is sent to: Otoimmune Diagnostics

60 Pineview Drive

Buffalo, NY 14228-2120

Profile includes: 68Kd (hsp-70) Antibodies by Western Blot, ANA Titer and Pattern on Hep-2 Mouse Kidney, ANCA, Phospholipid/Cardiolipin Antibodies (IgG, IgM, IgA), Rheumatoid Factor (IgG, IgM, IgA), Circulating Immune Complexes, Collagen Type II.
### Sensory Neuropathy Profile, Serum

- **Cerner Primary Synonym:** Send-out Other
- **PowerChart Aliases:**
- **PathNet Aliases:**
  - **Lab Where Test is Performed:** Athena
  - **Ref Lab Code or #:** 265
  - **Minimum Specimen Requirements:** 2 mL Serum
  - **Specimen Type:** (2) 7 mL Plain Red Top Tube (No SST Gel)
  - **Patient Preparation:** None.
  - **Laboratory Handling:** None. Includes Hu Antibody, MAG (Duel Antigen) Antibody, and Sulfatide Antibody.
  - **Turn around Time:** 7-14 days
  - **CPT Code(s):** 83520(x5)

### Seroquel, Serum (Quetiapine Fumarate)

- **Cerner Primary Synonym:** Send-out Other
- **PowerChart Aliases:**
- **PathNet Aliases:**
  - **Lab Where Test is Performed:** Mayo
  - **Ref Lab Code or #:** FQUET
  - **Minimum Specimen Requirements:** 3 mL Serum
  - **Specimen Type:** (2) 7 mL Plain Red Top Tubes (No SST Gel)
  - **Patient Preparation:** Refrigerate. EDTA plasma or heparin plasma (from a plain, non-gel tube) are also acceptable.
  - **Laboratory Handling:**
  - **Turn around Time:** 6 days
  - **CPT Code(s):** 82491

### Serotonin Metabolite, Urine - see 5-HIAA

- **Cerner Primary Synonym:**
- **PowerChart Aliases:**
- **PathNet Aliases:**
  - **Lab Where Test is Performed:**
  - **Ref Lab Code or #:**
  - **Minimum Specimen Requirements:**
  - **Specimen Type:**
  - **Patient Preparation:**
  - **Laboratory Handling:**
Serotonin, Quantitative (Blood)

Cerner Primary Synonym: Send-out Other

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Mayo Ref Lab Code or #: SERWB

Turn around Time: 6 days CPT Code(s): 84260

Specimen Stability:

Specimen Type: 5 mL EDTA Lavender Tube

Minimum Specimen Requirements:

Patient Preparation: Dietary restrictions: Avoid avocado, banana, tomato, plum, walnut, pineapple, eggplant, tobacco, tea, and coffee 3 days prior to collection. Medications that may affect serotonin include Lithium, MAO Inhibitors, Methyldopa, Morphine, and Reserpine.

Laboratory Handling: Collect blood in an EDTA tube and mix well. Transfer 2.5 ML to a special Mayo serotonin tube (supply #T259) containing ascorbic acid. Mix well and freeze immediately. Send frozen.

Serum Pregnancy Test (Beta HCG Qualitative)

Cerner Primary Synonym: Serum Pregnancy Test Qualitative

PowerChart Aliases:

PathNet Aliases: SPT

Lab Where Test is Performed: BVHS Ref Lab Code or #:

Turn around Time: < 1 day CPT Code(s): 84703

Specimen Stability:

Specimen Type: 5 mL Plain Red Top Tube Preferred (SST Gel is acceptable)

Minimum Specimen Requirements:

Patient Preparation: None.

Laboratory Handling: None.

Serum Pregnancy Test (Beta HCG Quantitative) (**NOT FOR TUMOR MARKER**)

Cerner Primary Synonym: Beta hCG Quantitative

PowerChart Aliases: hCG Quantitative

PathNet Aliases: HCG

Lab Where Test is Performed: BVHS Ref Lab Code or #:

Turn around Time: < 1 day CPT Code(s): 84702

Specimen Stability: 8 hours at Room Temperature, 48 hours at 2-8 C

Specimen Type: 5 mL Red Top Tube (SST Gel is acceptable)

Minimum Specimen Requirements:

Patient Preparation: This HCG is for reproductive status or pregnancy. Not for males.

Laboratory Handling: Only order for females. This test is for reproductive status or pregnancy. If a Tumor Marker HCG is requested please order HCG Tumor Marker (HCGTM).
Sex Hormone Binding Globulin, Serum

Cerner Primary Synonym: Sex Hormone Binding Globulin-Mayo
PowerChart Aliases:
PathNet Aliases: Mayo-Sex Hormone Binding Globulin, S
Lab Where Test is Performed: Mayo
Ref Lab Code or #: SHBG
Turn around Time: 3 days
CPT Code(s): 84270
Specimen Stability:
Specimen Type: 5 mL Red Top Tube (SST Gel is acceptable)
Minimum Specimen Requirements: 0.5 mL Serum (Absolute minimum = 0.25 mL)
Patient Preparation: None.
Laboratory Handling: Refrigerate.

SGOT - see AST

Cerner Primary Synonym:
PowerChart Aliases:
PathNet Aliases:
Lab Where Test is Performed: BVHS
Ref Lab Code or #: 
Turn around Time: CPT Code(s):
Specimen Stability:
Specimen Type:
Minimum Specimen Requirements:
Patient Preparation:
Laboratory Handling:
SGPT - see ALT
Cerner Primary Synonym: 
PowerChart Aliases: 
PathNet Aliases: 
Lab Where Test is Performed: BVHS 
Ref Lab Code or #: 
CPT Code(s): 
Turn around Time: 
Specimen Stability: 
Specimen Type: 
Minimum Specimen Requirements: 
Patient Preparation: 
Laboratory Handling: 

Shingles (with HSV and reflex to HSV Typing) - see Varicella Zoster and Herpes Simplex Virus DFA with Reflex to Culture (and reflex to HSV T
Cerner Primary Synonym: 
PowerChart Aliases: 
PathNet Aliases: 
Lab Where Test is Performed: 
Ref Lab Code or #: 
CPT Code(s): 
Turn around Time: 
Specimen Stability: 
Specimen Type: 
Minimum Specimen Requirements: 
Patient Preparation: 
Laboratory Handling: 

Sickle Cell Screen (Hemoglobin S), Blood
Cerner Primary Synonym: Hemoglobin S Screen
PowerChart Aliases: 
PathNet Aliases: Sickle Cell 
Lab Where Test is Performed: BVHS 
Ref Lab Code or #: 
CPT Code(s): 85660
Turn around Time: < 1 day
Specimen Stability: 
Specimen Type: 5 mL EDTA Lavender Tube 
Minimum Specimen Requirements: 1 mL EDTA Whole Blood (Pediatric minimum = 0.5 mL)
Patient Preparation: None.
Laboratory Handling: The specimen CANNOT be frozen. This procedure does not distinguish Hemoglobin S Trait from Homozygous Sickle Cell Disease nor any of the following combinations: S/C, S/D, S/G, S/E, S/Thalassemia, S/O-Arab, and C/Georgetown Trait.
### Sinequan - see Doxepin (Metabolit Nordoxepin also reported)

**Cerner Primary Synonym:**
- Doxepin Metabolit Nordoxepin

**PathNet Aliases:**
- PowerChart Aliases:
- Lab Where Test is Performed: Ref Lab Code or #:
- Turn around Time: CPT Code(s):
- Specimen Stability:
- Specimen Type:
- Minimum Specimen Requirements:
- Patient Preparation:
- Laboratory Handling:

### Single Stranded DNA Antibody - see Anti-DNA Single Stranded Autoantibodies, Serum

**Cerner Primary Synonym:**
- Single Stranded DNA Antibody

**PathNet Aliases:**
- PowerChart Aliases:
- Lab Where Test is Performed: Ref Lab Code or #:
- Turn around Time: CPT Code(s):
- Specimen Stability:
- Specimen Type:
- Minimum Specimen Requirements:
- Patient Preparation:
- Laboratory Handling:

### Sirolimus, Blood (Rapamycin / Rapamune)

**Cerner Primary Synonym:**
- Sirolimus Level-Mayo

**PathNet Aliases:**
- Mayo-Sirolimus, B

**Lab Where Test is Performed:**
- Mayo Ref Lab Code or #: SIIRO

**Turn around Time:**
- 3 days CPT Code(s): 80195

**Specimen Stability:**

**Specimen Type:**
- (2) 5 mL EDTA Lavender Tubes

**Minimum Specimen Requirements:**
- 3 mL EDTA Whole Blood

**Patient Preparation:**
- None.

**Laboratory Handling:**
- Refrigerate. Cannot be frozen.
Sjogrens Antibodies (Anit-SSA and Anti-SSB)

Cerner Primary Synonym: Order Both… SS-A/Ro Antibody IgG-Mayo & SS-B/La Antibody IgG-Mayo

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling: This is an order group that orders Anti-SSA and Anti-SSB individually.

Skeletal Muscle Antibodies, Serum (Striated Muscle Antibodies)

Cerner Primary Synonym: Striational (Striated Muscle) Antibody-Mayo

PowerChart Aliases:

PathNet Aliases: Mayo-Striational (Striated Muscle) Ab, S

Lab Where Test is Performed: Mayo Ref Lab Code or #: STR

Turn around Time: 5 days CPT Code(s): 83520

Specimen Stability:

Specimen Type: 5 mL Red Top Tube (SST Gel is acceptable)

Minimum Specimen Requirements: 1 mL Serum

Patient Preparation: None.

Laboratory Handling: Refrigerate.

Skin Sweat Test - Screen for Cystic Fibrosis (Sweat Chloride) - no longer performed at BVHS (see below)

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling: The alternate test for this is the Cystic Fibrosis Detection/Carrier test performed on blood.(see the entry in this manual). If Skin Sweat Chloride testing is still requested by the provider it can be performed at Mercy Laboratory in Toledo. The patient can schedule this by calling 419-251-8383. Must be scheduled at least 3 days in advance.
Slide for Provider Review - Blood

Lab Where Test is Performed: BVHS

Specimen Stability: EDTA Whole Blood

Minimum Specimen Requirements: 0.1 mL EDTA Whole Blood

Patient Preparation: None.

Laboratory Handling: This order is utilized so that the Laboratory Department will be notified to make a peripheral blood slide for the ordering provider to review. This is NOT intended to be used for Laboratory Pathologist review. These slide will be made from the lavender EDTA tube samples that were submitted for Hematology testing and will be maintained in the department for a specified period of time.

Specimen Stability:

CPT Code(s): No Charge

Slide for Provider Review - Blood (for provider to review peripheral blood slide)

Lab Where Test is Performed: BVHS

Specimen Stability: 5 mL EDTA Lavender Top Tube

Minimum Specimen Requirements: 0.1 mL EDTA Whole Blood

Patient Preparation: None.

Laboratory Handling: This is for patient Provider Slide Review NOT for Lab Pathologist Review.
### Smear, Gram Stain - see Gram Stain

**Cerner Primary Synonym:**

**PowerChart Aliases:**

**PathNet Aliases:**

**Lab Where Test is Performed:** BVHS

**Ref Lab Code or #:**

**CPT Code(s):**

**Specimen Stability:**

**Specimen Type:**

**Minimum Specimen Requirements:**

**Patient Preparation:**

**Laboratory Handling:**

### Smooth Muscle Antibody, Serum

**Cerner Primary Synonym:** Smooth Muscle Antibody-Mayo

**PowerChart Aliases:**

**PathNet Aliases:** Mayo-Anti-Smooth Muscle Ab

**Lab Where Test is Performed:** Mayo

**Ref Lab Code or #:** SMA

**CPT Code(s):** 86255

**Specimen Stability:**

**Specimen Type:** 5 mL Red Top Tube (SST Gel is acceptable)

**Minimum Specimen Requirements:** 0.8 mL Serum

**Patient Preparation:** None.

**Laboratory Handling:** Refrigerate.

### Sodium, Plasma (NA)

**Cerner Primary Synonym:** Sodium Level

**PowerChart Aliases:** Na Level

**PathNet Aliases:**

**Lab Where Test is Performed:** BVHS

**Ref Lab Code or #:**

**CPT Code(s):** 84295

**Specimen Stability:**

**Specimen Type:** 8 hours at Room Temperature, 48 hours at 2-8°C

**Minimum Specimen Requirements:**

**Patient Preparation:** None.

**Laboratory Handling:** Serum is also acceptable.
### Sodium, Random Urine - see Urine Sodium, Random

**Cerner Primary Synonym:**

**PowerChart Aliases:**

**PathNet Aliases:**

<table>
<thead>
<tr>
<th>Lab Where Test is Performed</th>
<th>BVHS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ref Lab Code or #:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>CPT Code(s):</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Specimen Stability:**

**Specimen Type:**

**Minimum Specimen Requirements:**

**Patient Preparation:**

**Laboratory Handling:**

### Sodium, Urine 24 Hour

**Cerner Primary Synonym:** Urine Sodium Level 24 Hour

**PowerChart Aliases:**

**PathNet Aliases:** 24 Hour Urine Sodium Level

<table>
<thead>
<tr>
<th>Lab Where Test is Performed</th>
<th>BVHS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ref Lab Code or #:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>CPT Code(s):</strong></td>
<td>84300</td>
</tr>
</tbody>
</table>

**Specimen Stability:** 2 hours at Room Temperature, 24 hours at 2-8 C

**Specimen Type:** 24 Hour Urine collection - no preservative

**Minimum Specimen Requirements:** 1 mL Urine

**Patient Preparation:** None.

**Laboratory Handling:** Collect on ice or keep refrigerated. Record the total urine volume.

### Soluble Transferrin Receptor, Serum (sTfR)

**Cerner Primary Synonym:** Soluble Transferrin Receptor (sTfR)-Mayo

**PowerChart Aliases:**

**PathNet Aliases:** Mayo-Soluble Transferrin Receptor (sTfR)

<table>
<thead>
<tr>
<th>Lab Where Test is Performed</th>
<th>Mayo</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ref Lab Code or #:</strong></td>
<td>STFR</td>
</tr>
<tr>
<td><strong>CPT Code(s):</strong></td>
<td>84238</td>
</tr>
</tbody>
</table>

**Specimen Stability:**

**Specimen Type:** 5 mL Red Top Tube (SST Gel is acceptable)

**Minimum Specimen Requirements:** 0.5 mL Serum

**Patient Preparation:** None.

**Laboratory Handling:** Freeze.
### Somatomedin C, Serum (IGF-1)

**Cerner Primary Synonym:** Insulin-Like Growth Factor 1-Mayo  
**Ref Lab Code or #:** IGFMS  
**Lab Where Test is Performed:** Mayo  
**Specimen Type:** 5 mL Red Top Tube (SST Gel is acceptable)  
**Minimum Specimen Requirements:** 0.5 mL Serum  
**Patient Preparation:** None.  
**Laboratory Handling:** Spin down promptly. Freeze.  
**Turn around Time:** 3 days  
**CPT Code(s):** 84305  

### Somatostatin, Plasma

**Cerner Primary Synonym:** Send-out Other  
**PathNet Aliases:**  
**Ref Lab Code or #:** FSOMA  
**Lab Where Test is Performed:** Mayo  
**Specimen Type:** Special 3 mL EDTA Tube with GI preservative  
**Minimum Specimen Requirements:** 3 mL EDTA Plasma (collected in a special tube with GI preservative)  
**Patient Preparation:** Fasting (10-12 hours). The patient should not be on any medications that affect insulin secretion or intestinal motility, if possible, for at least 48 hours prior to collection.  
**Laboratory Handling:** Separate the plasma from the cells immediately after collection and freeze in a plastic tube. (Mayo sends this test to Inter Science Institute) Tubes are kept in the 3-door DXI refrigerator with the pyruvate tubes.  
**Turn around Time:** 6-9 days  
**CPT Code(s):** 84307  

### Sotalol, Plasma (Betapace / Beta Cardone)

**Cerner Primary Synonym:** Sotalol (Betapace) Level-Mayo  
**PathNet Aliases:** Mayo-Sotalol (Betapace)  
**Ref Lab Code or #:** FSOTA  
**Lab Where Test is Performed:** Mayo  
**Specimen Type:** 5 mL Plain Green Top Tube or 7 mL Plain Red Top Tube (No Gel)  
**Minimum Specimen Requirements:** 1 mL Heparin Plasma or Serum  
**Patient Preparation:** None.  
**Laboratory Handling:** Indicate the specimen type on the aliquot tubes. Refrigerate.  
**Turn around Time:** 6 days  
**CPT Code(s):** 82491
**Soybean IgE, Serum**

Cerner Primary Synonym: Soybean IgE, Serum-Mayo

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Mayo

Ref Lab Code or #: SOY

Minimum Specimen Requirements: 0.3 mL for one allergen OR 0.5 mL for every 5 allergens tested

Specimen Type: 5 mL Red Top Tube (SST Gel is acceptable)

Patient Preparation: None.

Laboratory Handling: Refrigerate.

CPT Code(s): 86003

Turn around Time: 2-3 days

Specimen Stability:

**SPE (Serum Protein Electrophoresis)**

Cerner Primary Synonym: Serum Protein Electrophoresis

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: BVHS

Ref Lab Code or #: 

Minimum Specimen Requirements: 

Patient Preparation: None.

Laboratory Handling: None.

CPT Code(s): 84165

Specimen Stability: 1 week at 2-8 C

Specimen Type: 5 mL Red Top Tube (SST Gel is acceptable)

Specimen Type: 

Minimum Specimen Requirements: 1 mL Serum

**SPE with IFE - order the SPE and Immunofixation Electrophoreis (IEP) separately**

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: BVHS

Ref Lab Code or #: 

CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:
### Specific Gravity, Fluid

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Body Fluid Specific Gravity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PowerChart Aliases:</strong></td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td>FLSG</td>
</tr>
<tr>
<td><strong>Lab Where Test is Performed:</strong></td>
<td>BVHS</td>
</tr>
<tr>
<td><strong>Ref Lab Code or #:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Minimum Specimen Requirements:</strong></td>
<td>0.5 mL Fluid</td>
</tr>
<tr>
<td><strong>Specimen Stability:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Specimen Type:</strong></td>
<td>Fluid in a Plain Red Top Tube (Specify the fluid type)</td>
</tr>
<tr>
<td><strong>Patient Preparation:</strong></td>
<td>None.</td>
</tr>
<tr>
<td><strong>Laboratory Handling:</strong></td>
<td>None.</td>
</tr>
<tr>
<td><strong>Turn around Time:</strong></td>
<td>&lt; 1 day</td>
</tr>
<tr>
<td><strong>CPT Code(s):</strong></td>
<td>84315</td>
</tr>
</tbody>
</table>

### Specific Gravity, Urine

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Urine Specific Gravity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PowerChart Aliases:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Lab Where Test is Performed:</strong></td>
<td>BVHS</td>
</tr>
<tr>
<td><strong>Ref Lab Code or #:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Minimum Specimen Requirements:</strong></td>
<td>2 mL Urine</td>
</tr>
<tr>
<td><strong>Specimen Stability:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Specimen Type:</strong></td>
<td>Random Urine Specimen</td>
</tr>
<tr>
<td><strong>Patient Preparation:</strong></td>
<td>None.</td>
</tr>
<tr>
<td><strong>Laboratory Handling:</strong></td>
<td>None.</td>
</tr>
<tr>
<td><strong>Turn around Time:</strong></td>
<td>&lt; 1 day</td>
</tr>
<tr>
<td><strong>CPT Code(s):</strong></td>
<td>81001</td>
</tr>
</tbody>
</table>

### SPEP (Serum Protein Electrophoresis) - see SPE

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>PowerChart Aliases:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Lab Where Test is Performed:</strong></td>
<td>BVHS</td>
</tr>
<tr>
<td><strong>Ref Lab Code or #:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Minimum Specimen Requirements:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Specimen Stability:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Specimen Type:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Patient Preparation:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Laboratory Handling:</strong></td>
<td></td>
</tr>
</tbody>
</table>
**Sperm Count, Infertility**

Cerner Primary Synonym: Semen Analysis

**PowerChart Aliases:**

**PathNet Aliases:**

**Lab Where Test is Performed:** BVHS  
**Ref Lab Code or #:**

**Turn around Time:** 1-3 days  
**CPT Code(s):** 89320

**Specimen Stability:**

**Specimen Type:** Semen in a clean-dry container.

**Minimum Specimen Requirements:**

**Patient Preparation:** Instruction sheet available from the Lab.

**Laboratory Handling:** Deliver to the Lab within 1 hour after collection.

---

**Sperm Count, Post Vasectomy - see Post Vasectomy Semen Analysis**

**Cerner Primary Synonym:**

**PowerChart Aliases:**

**PathNet Aliases:**

**Lab Where Test is Performed:** BVHS  
**Ref Lab Code or #:**

**Turn around Time:**

**CPT Code(s):**

**Specimen Stability:**

**Specimen Type:**

**Minimum Specimen Requirements:**

**Patient Preparation:**

**Laboratory Handling:**

---

**Spinal Fluid, Cell Count (WBC, RBC, DIFF)**

Cerner Primary Synonym: Fluid Cell Count CSF

**PowerChart Aliases:**

**PathNet Aliases:**

**Lab Where Test is Performed:** BVHS  
**Ref Lab Code or #:**

**Turn around Time:** < 1 day  
**CPT Code(s):** 89051

**Specimen Stability:**

**Specimen Type:** Fluid from Spinal Tap. Usualy Tube #2.

**Minimum Specimen Requirements:**

**Patient Preparation:** None.

**Laboratory Handling:** Label with the patient's name and deliver immediately to the Lab.
Spinal Fluid, Chloride

Cerner Primary Synonym: Body Fluid Chloride

PowerChart Aliases:  
PathNet Aliases: FLCL

Lab Where Test is Performed: BVHS

Minimum Specimen Requirements: 0.5 mL Spinal fluid

Patient Preparation: None.

Laboratory Handling: Label with the patient's name and deliver immediately to the Lab.

Turn around Time: < 1 day

CPT Code(s): 82438

Specimen Stability: Fluid from Spinal Tap. Usually Tube #2.

Cerner Primary Synonym: Body Fluid Culture

PowerChart Aliases:  
PathNet Aliases: C Body Fluid

Lab Where Test is Performed: BVHS

Minimum Specimen Requirements: 0.5 mL CSF

Patient Preparation: None.

Laboratory Handling: See CSF Culture for collection instructions.

Turn around Time: 3 days

CPT Code(s): 87071

Specimen Stability: Sterile Tube of Spinal Fluid. Usually Tube #3.

Spinal Fluid, Glucose

Cerner Primary Synonym: CSF Glucose

PowerChart Aliases:  
PathNet Aliases:  

Lab Where Test is Performed: BVHS

Minimum Specimen Requirements: 0.5 mL CSF

Patient Preparation: None.

Laboratory Handling: Label with the patient's name and deliver immediately to the Lab.

Turn around Time: < 1 day

CPT Code(s): 82945

Specimen Stability: Testing must be done ASAP

Specimen Type: Fluid from Spinal Tap. Usually Tube #1.

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### Spinal Fluid, Protein

**Cerner Primary Synonym:** CSF Protein  
**PowerChart Aliases:**  
**Lab Where Test is Performed:** BVHS  
**Ref Lab Code or #:**  
**Minimum Specimen Requirements:** 1 mL CSF  
**Specimen Type:** Fluid from Spinal Tap. Usually Tube #1.  
**Patient Preparation:** None.  
**Laboratory Handling:** Label with the patient's name and deliver immediately to the Lab.  
**CPT Code(s):** 84157  
**Specimen Stability:** Test must be done ASAP

### Spinal Fluid, VDRL

**Cerner Primary Synonym:** VDRL Screen CSF-Mayo  
**PowerChart Aliases:**  
**Lab Where Test is Performed:** Mayo  
**Ref Lab Code or #:** VDSF  
**Minimum Specimen Requirements:** 0.5 mL CSF  
**Specimen Type:** Fluid from a Spinal Tap. Usually Tube #1.  
**Patient Preparation:** None.  
**Laboratory Handling:** Freeze.  
**CPT Code(s):** 86592

### Split Products, Serum (FSP / FDP) - order D-Dimer

**Cerner Primary Synonym:**  
**PowerChart Aliases:**  
**Lab Where Test is Performed:** BVHS  
**Ref Lab Code or #:**  
**Turn around Time:**  
**Specimen Stability:**  
**Specimen Type:**  
**Minimum Specimen Requirements:**  
**Patient Preparation:**  
**Laboratory Handling:** This test is replaced with the D-Dimer test.
Sporonox (Itraconazole), Serum - see Itraconazole, Serum

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

---

SPT (Serum Pregnancy Test, Qualitative)

Cerner Primary Synonym: Serum Pregnancy Test Qualitative

PowerChart Aliases:

PathNet Aliases: SPT

Lab Where Test is Performed: BVHS Ref Lab Code or #:

Turn around Time: < 1 day CPT Code(s): 84703

Specimen Stability:

Specimen Type: 5 mL Plain Red Top Tube Preferred (SST Gel is acceptable)

Minimum Specimen Requirements: 1 mL Serum

Patient Preparation: None.

Laboratory Handling: None.

---

Squamous Cell Carcinoma Antigen, Serum

Cerner Primary Synonym: Send-out Other

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: ARUP Ref Lab Code or #: 0081054

Turn around Time: 1-8 days CPT Code(s): 86316

Specimen Stability:

Specimen Type: (2) 5 mL Red Top Tubes

Minimum Specimen Requirements: 2 mL Serum (Absolute minimum = 0.3 mL)

Patient Preparation: None.

Laboratory Handling: Allow specimen to clot completely. Freeze.
**SS-A and SS-B (Anti-SSA and Anti-SSB Antibodies) - see Sjogrens Antibodies**

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

---

**St Louis Encephalitis Antibodies (IgG and IgM), Serum**

Cerner Primary Synonym: Send-out Other

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Mayo Ref Lab Code or #: STLP

Turn around Time: 4 days CPT Code(s): 86653(x2)

Specimen Stability:

Specimen Type: 5 mL Red Top Tube (SST Gel is acceptable)

Minimum Specimen Requirements: 0.5 mL Serum

Patient Preparation: None.

Laboratory Handling: Refrigerate.

---

**Starch, Fecal - see Fecal Starch**

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:
Sterile Body Site Culture

Cerner Primary Synonym: Sterile Body Sites Culture
PowerChart Aliases: C Sterile BS
PathNet Aliases:

Lab Where Test is Performed: BVHS
Ref Lab Code or #:

Turn around Time: 2 days
CPT Code(s): 87071

Specimen Stability:
Specimen Type: Sterile container
Minimum Specimen Requirements:
Patient Preparation: None.
Laboratory Handling: Specimens include gallbladder, lymph node, total hip, total knee, appendix, bone implant, bone, or tissue. These specimens are usually collected in surgery. The specimen can either be a sterile swab or fragments of bone or tissue or fluid in a sterile container. Transport to the Lab as soon as possible.

Stone Analysis - see Kidney Stone Analysis

Cerner Primary Synonym:
PowerChart Aliases:
PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:
Specimen Type:
Minimum Specimen Requirements:
Patient Preparation:
Laboratory Handling:
Stone Risk Profile - see Supersaturation Profile, Urine

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

### Stool Culture

Cerner Primary Synonym: Culture Stool

PowerChart Aliases: Stool Culture

PathNet Aliases: C Stool

Lab Where Test is Performed: BVHS Ref Lab Code or #:

Turn around Time: 2 days CPT Code(s): 87045, 87899(X2), 87015

Specimen Stability:

Specimen Type: Stool collected in a clean, wide mouth container

Minimum Specimen Requirements: 1 mL or 1 GM of stool (a Rectal swab is also acceptable)

Patient Preparation: None.

Laboratory Handling: Acceptable specimens include rectal swabs, stool specimens, duodenal aspirates, biopsies, and sigmoid material. Stool specimens should be collected in a clean container with a tight cover. These should not be refrigerated as this lowers the pH and may be toxic to potential pathogens. All commercially available transport media are adequate for stool with the exception of buffered glycerol saline which may be toxic to Campylobacter spp. Feces must be transported to the Lab immediately to ensure viability of potential pathogens. Specimens submitted for Clostridium difficile toxin and culture should be refrigerated. Only 1 gram of specimen is required. Also, any antibiotic therapy the patient has been undergoing should be noted. Actual fecal material is preferred as the specimen of choice over rectal swabs.

Stool for Clostridium difficile Toxin - see Clostridium difficile Toxin

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:
Stool for Occult Blood - see Occult Blood, Fecal

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: BVHS

Ref Lab Code or #:

Turn around Time:

CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

---

Stool pH - see Fecal pH

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: BVHS

Ref Lab Code or #:

Turn around Time:

CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

---

STRATIFY JCV Antibody with Reflex to Inhibition Assay

Cerner Primary Synonym: Send-out Other

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Quest

Ref Lab Code or #: 91665

Turn around Time: CPT Code(s): 86711

Specimen Stability:

Specimen Type: (1) Red Top Tube (Lavender Top Tube is also acceptable)

Minimum Specimen Requirements: 0.5 mL Serum (Absolute minimum = 0.25 mL) (EDTA Plasma is also acceptable.)

Patient Preparation: None.

Laboratory Handling: Room Temperature. When ordering this to Quest, need to know:
1. Is this Multiple Sclerosis or Other for Dx
2. Country of Origin
### Strep Screen (Rapid Strep) - see Quick Strep

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>PowerChart Aliases:</th>
</tr>
</thead>
<tbody>
<tr>
<td>BVHS</td>
<td>Ref Lab Code or #:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Minimum Specimen Requirements:</th>
</tr>
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<tbody>
<tr>
<td>Patient Preparation:</td>
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<tr>
<td>Laboratory Handling:</td>
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<table>
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<tr>
<th>Lab Where Test is Performed:</th>
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<tr>
<td>BVHS</td>
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<table>
<thead>
<tr>
<th>Turn around Time:</th>
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<tbody>
<tr>
<td>CPT Code(s):</td>
</tr>
<tr>
<td>Specimen Stability:</td>
</tr>
</tbody>
</table>

### Streptococcus pneumoniae Antigen, Urine

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>PowerChart Aliases:</th>
</tr>
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<tbody>
<tr>
<td>Mayo</td>
<td>Mayo-Streptococcus pneumoniae Ag, U</td>
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<table>
<thead>
<tr>
<th>Minimum Specimen Requirements:</th>
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<tbody>
<tr>
<td>Patient Preparation:</td>
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<tr>
<td>Laboratory Handling:</td>
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<table>
<thead>
<tr>
<th>Specimen Stability:</th>
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</table>

<table>
<thead>
<tr>
<th>Specimen Type:</th>
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</thead>
<tbody>
<tr>
<td>Random Urine Collection</td>
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<table>
<thead>
<tr>
<th>Turn around Time:</th>
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<tr>
<td>CPT Code(s):</td>
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### Streptococcus pneumoniae IgG Panel (14 Serotypes), Serum

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>PowerChart Aliases:</th>
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<tbody>
<tr>
<td>ARUP</td>
<td>Send-out Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
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<td>Patient Preparation:</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Specimen Stability:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Specimen Type:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(2) 5 mL Red Top Tubes (SST Gel is acceptable)</td>
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</table>

<table>
<thead>
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<th>Turn around Time:</th>
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</thead>
<tbody>
<tr>
<td>CPT Code(s):</td>
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### Specimen Stability:

<table>
<thead>
<tr>
<th>Specimen Type:</th>
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</thead>
<tbody>
<tr>
<td>1.5 mL Serum (Absolute minimum = 0.7 mL)</td>
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</table>

<table>
<thead>
<tr>
<th>Patient Preparation:</th>
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<thead>
<tr>
<th>Laboratory Handling:</th>
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<table>
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<th>Turn around Time:</th>
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<tbody>
<tr>
<td>CPT Code(s):</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Specimen Stability:</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Specimen Type:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Separate serum from cells ASAP or within 2 hours. Refrigerate. Panel includes Serotypes 1, 3, 4, 5, 6B, 7F, 8, 9N, 9V, 12F, 14, 18C, 19F, 23F.</td>
</tr>
</tbody>
</table>

| Patient Preparation: |

<table>
<thead>
<tr>
<th>Laboratory Handling:</th>
</tr>
</thead>
<tbody>
<tr>
<td>----------------------</td>
</tr>
</tbody>
</table>
### Streptococcus pneumoniae IgG Panel (23 Serotypes), Serum

**Cerner Primary Synonym:** S pneumoniae Antibody IgG, 23 serotypes-Mayo  
**PowerChart Aliases:**  
**PathNet Aliases:** Mayo-S. pneumoniae IgG Ab,23 serotypes,S

<table>
<thead>
<tr>
<th>Lab Where Test is Performed:</th>
<th>Mayo</th>
<th>Ref Lab Code or #:</th>
<th>PN23</th>
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</thead>
<tbody>
<tr>
<td><strong>Turn around Time:</strong></td>
<td>6 days</td>
<td>CPT Code(s):</td>
<td>86317 (x23)</td>
</tr>
</tbody>
</table>

**Specimen Stability:**  
**Specimen Type:** 5 mL Red Top Tube (SST Gel is acceptable)  
**Minimum Specimen Requirements:** 0.5 mL Serum  
**Patient Preparation:** None.  
**Laboratory Handling:** Refrigerate.

### Streptozyme (ASO), Serum

**Cerner Primary Synonym:** Send-out Other  
**PowerChart Aliases:**  
**PathNet Aliases:**  

<table>
<thead>
<tr>
<th>Lab Where Test is Performed:</th>
<th>ARUP</th>
<th>Ref Lab Code or #:</th>
<th>2009214</th>
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<tbody>
<tr>
<td><strong>Turn around Time:</strong></td>
<td>Varies</td>
<td>CPT Code(s):</td>
<td>80299</td>
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</tbody>
</table>

**Specimen Stability:**  
**Specimen Type:** 5 mL Plain Red Top Tube (No SST Gel)  
**Minimum Specimen Requirements:** 1 mL Serum (Absolute minimum = 0.5 mL)  
**Patient Preparation:** None.  
**Laboratory Handling:** Freeze. (Must be frozen.)

### Streptozyme (ASO), Serum

**Cerner Primary Synonym:** ASO Screen  
**PowerChart Aliases:**  
**PathNet Aliases:**  

<table>
<thead>
<tr>
<th>Lab Where Test is Performed:</th>
<th>BVHS</th>
<th>Ref Lab Code or #:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Turn around Time:</strong></td>
<td>1-2 days</td>
<td>CPT Code(s):</td>
</tr>
</tbody>
</table>

**Specimen Stability:**  
**Specimen Type:** (2) 7 mL Plain Red Top Tubes (SST Gel is acceptable)  
**Minimum Specimen Requirements:** 1.5 mL Serum  
**Patient Preparation:** None.  
**Laboratory Handling:** Send the specimen to the Bluffton Campus.
<table>
<thead>
<tr>
<th>Test Name</th>
<th>Lab Where Test is Performed</th>
<th>Ref Lab Code or #</th>
<th>Specimen Type</th>
<th>Patient Preparation</th>
<th>Laboratory Handling</th>
<th>Turn around Time</th>
<th>CPT Code(s)</th>
<th>Specimen Stability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Striational Antibodies - see Skeletal Muscle Antibodies</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Strongyloides stercoralis IgG Antibody, Serum</td>
<td>Mayo</td>
<td>FSAI</td>
<td>5 mL Red Top Tube (SST Gel is acceptable.)</td>
<td>None.</td>
<td>Freeze.</td>
<td>3-10 days</td>
<td>86682</td>
<td></td>
</tr>
<tr>
<td>Sulfatide Autoantibody, Serum</td>
<td>Mayo</td>
<td>FSULF</td>
<td>(2) 5 mL Red Top Tubes (SST Gel is acceptable)</td>
<td>None.</td>
<td>Refrigerate.</td>
<td>16 days</td>
<td>83520(X4),83912</td>
<td></td>
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</tbody>
</table>
### Supersaturation Profile, Urine (Stone Risk Profile)

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Send-out Other</th>
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</thead>
<tbody>
<tr>
<td><strong>Lab Where Test is Performed:</strong></td>
<td>Mayo</td>
</tr>
<tr>
<td><strong>Minimum Specimen Requirements:</strong></td>
<td>35 mL Urine</td>
</tr>
<tr>
<td><strong>Specimen Type:</strong></td>
<td>24 HR Urine collection (with toluene preservative or keep refrigerated)</td>
</tr>
<tr>
<td><strong>Patient Preparation:</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>Laboratory Handling:</strong></td>
<td>Keep refrigerated during and after collection. Refrigerate.</td>
</tr>
<tr>
<td><strong>Turn around Time:</strong></td>
<td>5 days</td>
</tr>
<tr>
<td><strong>CPT Code(s):</strong></td>
<td>82340,82436,82507,82570,83735,83935,83945,83986,84105,84133,84300,84392,84560,82140,84540</td>
</tr>
<tr>
<td><strong>Specimen Stability:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>PowerChart Aliases:</strong></td>
<td></td>
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<tr>
<td><strong>PathNet Aliases:</strong></td>
<td></td>
</tr>
</tbody>
</table>

### Surgical Type and Screen, Blood

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Type and Screen</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lab Where Test is Performed:</strong></td>
<td>BVHS</td>
</tr>
<tr>
<td><strong>Minimum Specimen Requirements:</strong></td>
<td>3 mL Whole Blood</td>
</tr>
<tr>
<td><strong>Specimen Type:</strong></td>
<td>7 mL Pink EDTA Tube (Plain Red Top is acceptable / No Gel)</td>
</tr>
<tr>
<td><strong>Patient Preparation:</strong></td>
<td>No units will be crossmatched. But for selected surgical cases units will be available for surgery with minimal delay if needed unexpectedly.</td>
</tr>
<tr>
<td><strong>Laboratory Handling:</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>Turn around Time:</strong></td>
<td>&lt; 1 day</td>
</tr>
<tr>
<td><strong>CPT Code(s):</strong></td>
<td>86900,86901,86850</td>
</tr>
</tbody>
</table>

### Sweat Test - Screen for Cystic Fibrosis (Sweat Chloride) - see Skin Sweat Test - Screen for Cystic Fibrosis (Sweat Chloride)

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
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</thead>
<tbody>
<tr>
<td><strong>Lab Where Test is Performed:</strong></td>
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<tr>
<td><strong>Minimum Specimen Requirements:</strong></td>
<td></td>
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<tr>
<td><strong>Specimen Type:</strong></td>
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<tr>
<td><strong>Patient Preparation:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Laboratory Handling:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Turn around Time:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>CPT Code(s):</strong></td>
<td></td>
</tr>
</tbody>
</table>
### Synovial Culture - see Body Fluid Culture

**Cerner Primary Synonym:**

**PowerChart Aliases:**

**PathNet Aliases:**

| Lab Where Test is Performed | BVHS | Ref Lab Code or #:
|-----------------------------|------|---------------------|
| Turn around Time            |      | CPT Code(s):
| Specimen Stability          |      |                     |
| Specimen Type               |      |                     |
| Minimum Specimen Requirements: |    |                     |
| Patient Preparation:        |      |                     |
| Laboratory Handling:        |      |                     |

### Syphilis Antibody by TP-PA, Serum (this is the reflex test done if the BVH RPR is reactive)

**Cerner Primary Synonym:** Syphilis Antibody by TP-PA, Serum-Mayo

**PowerChart Aliases:**

**PathNet Aliases:**

| Lab Where Test is Performed | Mayo | Ref Lab Code or #: TPWA
|-----------------------------|------|---------------------|
| Turn around Time            | 2-5 days | CPT Code(s): 86780
| Specimen Stability          |      |                     |
| Specimen Type               | 7 mL SST Gel Tube |                     |
| Minimum Specimen Requirements: | 0.5 mL Serum (Absolute minimum = 0.3 mL) |
| Patient Preparation:        | None. |                     |
| Laboratory Handling:        | Refrigerate. This test is ordered by the Laboratory for confirmation of a reactive RPR. |                     |

### T- and B-Cell Quantitation by Flow Cytometry, Blood (includes - CD3, CD4, CD8, CD4/CD8 Ratio, CD19, CD16-Cy56)

**Cerner Primary Synonym:** Send-out Other

**PowerChart Aliases:**

**PathNet Aliases:**

| Lab Where Test is Performed | Mayo | Ref Lab Code or #: TBBS
|-----------------------------|------|---------------------|
| Turn around Time            | 2 days | CPT Code(s): 86355,86357,86359,86360
| Specimen Stability          |      |                     |
| Specimen Type               | 5 mL Lavender EDTA Tube ONLY |                     |
| Minimum Specimen Requirements: | 4 mL EDTA Whole Blood (in original Vacutainer) (Absolute minimum = 1 mL) |
| Patient Preparation:        | None. |                     |
| Laboratory Handling:        | Send at Room Temperature. DO NOT FREEZE. Specimen MUST arrive at Mayo within 48 hours of draw. Specimen must be collected before 2 pm. Test includes absolute and percent counts of CD3 (T-cells), CD4 (T-Helper cells), CD8 (T-Suppressor cells), and CD4/CD8 Ratio (Helper/Suppressor Ratio), CD19 (B-cells), CD16-Cy56 (Natural Killer cells). |                     |
T- and B-Cells - see T- and B-Cell Quantitation by Flow Cytometry (includes - CD3, CD4, CD8, CD4-CD8 Ratio, CD19, CD16-CD56)

Cerner Primary Synonym: T3 Resin Uptake, Plasma (T3 RU)
PowerChart Aliases:
PathNet Aliases:
Lab Where Test is Performed: BVHS
Ref Lab Code or #:
Turn around Time: < 1 day
CPT Code(s): 84479
Specimen Stability: 8 hours at Room Temperature, 48 hours at 2-8 C
Specimen Type: 5 mL Light Green Heparinized Gel Tube or Red Top Tube (SST Gel is acceptable)
Minimum Specimen Requirements: 0.5 mL Heparin Plasma or Serum
Patient Preparation: None.
Laboratory Handling: Serum is also acceptable. This test is usuuslly orderd with a T4 or as part of a Thyroid Profile. Refrigerate.

Cerner Primary Synonym: T3 Total, Plasma (Total T3)/Triiodothyronine
PowerChart Aliases:
PathNet Aliases:
Lab Where Test is Performed: BVHS
Ref Lab Code or #:
Turn around Time: < 1 day
CPT Code(s): 84480
Specimen Stability: 8 hours at Room Temperature, 48 hours at 2-8 C, Freeze at -20C if not testing within 48 hours.
Specimen Type: 5 mL Red Top Tube or 5 mL Light Green Heparinized Gel Tube
Minimum Specimen Requirements: 0.5 mL Serum or Plasma
Patient Preparation: None.
Laboratory Handling: 8 hours at Room Temperature, 48 hours at 2-8 C, Freeze at -20C if not testing within 48 hours. Thaw samples no more than 1 time.
### T3, Free, Plasma

**Cerner Primary Synonym:** Free T3  
**PowerChart Aliases:**  
**PathNet Aliases:**  
**Lab Where Test is Performed:** BVHS  
**Ref Lab Code or #:**  
**Turn around Time:** < 1 day  
**CPT Code(s):** 84481  
**Specimen Stability:** 8 hours at Room Temperature, 48 hours at 2-8 C, Freeze at -20C if not testing within 48 hours.  
**Specimen Type:** 5 mL Light Green Heparinized Gel Tube (SST Gel is acceptable)  
**Minimum Specimen Requirements:** 0.5 mL Plasma or Serum  
**Patient Preparation:** None.  
**Laboratory Handling:** 8 hours at Room Temperature, 48 hours at 2-8 C, Freeze at -20C if not testing within 48 hours. Thaw samples no more than 3 times.  

### T3, Reverse - see Reverse T3

**Cerner Primary Synonym:**  
**PowerChart Aliases:**  
**PathNet Aliases:**  
**Lab Where Test is Performed:**  
**Ref Lab Code or #:**  
**Turn around Time:**  
**Specimen Stability:**  
**Specimen Type:**  
**Minimum Specimen Requirements:**  
**Patient Preparation:**  
**Laboratory Handling:**  

### T3, T4 (T3 Resin Uptake, T4), Plasma

**Cerner Primary Synonym:** Total T4 and T Uptake  
**PowerChart Aliases:**  
**PathNet Aliases:**  
**Lab Where Test is Performed:** BVHS  
**Ref Lab Code or #:**  
**Turn around Time:** < 1 day  
**CPT Code(s):** 84436, 84479  
**Specimen Stability:** 8 hours at Room Temperature, 48 hours at 2-8 C  
**Specimen Type:** 5 mL Light Green Heparinized Gel Tube or Serum Red Top Tube  
**Minimum Specimen Requirements:** 1.5 mL Heparinized Plasma or Serum  
**Patient Preparation:** None.  
**Laboratory Handling:** Refrigerate.
<table>
<thead>
<tr>
<th>Test</th>
<th>Minimum Specimen Requirements</th>
<th>Specimen Type</th>
<th>Patient Preparation</th>
<th>Laboratory Handling</th>
<th>Specimen Stability</th>
<th>CPT Code(s)</th>
<th>Reference Lab Code or #</th>
</tr>
</thead>
<tbody>
<tr>
<td>T3, T4, T7, TSH (T3RU, T4, T7, TSH / Thyroid Profile), Plasma</td>
<td>1.5 mL Heparinized Plasma or Serum</td>
<td>5 mL Light Green Heparinized Gel Tube or Serum Red Top Tube</td>
<td>None.</td>
<td>None.</td>
<td>8 hours at Room Temperature, 48 hours at 2-8 C, Freeze at -20C if not testing within 48 hours.</td>
<td>&lt; 1 day</td>
<td>BVHS</td>
</tr>
<tr>
<td>T3-RIA, Plasma - order T3 Total, Plasma (Total T3)(Triiodothyronine)</td>
<td>1.5 mL Heparinized Plasma or Serum</td>
<td>5 mL Light Green Heparinized Gel Tube or Serum Red Top Tube</td>
<td>None.</td>
<td>None.</td>
<td>8 hours at Room Temperature, 48 hours at 2-8 C, Freeze at -20C if not testing within 48 hours.</td>
<td>&lt; 1 day</td>
<td>BVHS</td>
</tr>
<tr>
<td>T4, Free, Plasma</td>
<td>1 mL Heparin Plasma or Serum</td>
<td>5 mL Light Green Heparinized Gel Tube or Serum Red Top Tube</td>
<td>None.</td>
<td>None.</td>
<td>8 hours at Room Temperature, 48 hours at 2-8 C</td>
<td>&lt; 1 day</td>
<td>BVHS</td>
</tr>
<tr>
<td><strong>T4, Plasma (Thyroxine)</strong></td>
<td><strong>Cerner Primary Synonym:</strong></td>
<td>Total T4</td>
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<tr>
<td><strong>PathNet Aliases:</strong></td>
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<tr>
<td><strong>Lab Where Test is Performed:</strong></td>
<td>BVHS</td>
<td><strong>Ref Lab Code or #:</strong></td>
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<tr>
<td><strong>Turn around Time:</strong></td>
<td>&lt; 1 day</td>
<td><strong>CPT Code(s):</strong></td>
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<tr>
<td><strong>Specimen Stability:</strong></td>
<td>8 hours at Room Temperature, 48 hours at 2-8 C</td>
<td><strong>84436</strong></td>
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<tr>
<td><strong>Specimen Type:</strong></td>
<td>5 mL Light Green Heparinized Gel Tube</td>
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</tr>
<tr>
<td><strong>Minimum Specimen Requirements:</strong></td>
<td>1 mL Heparinized Plasma</td>
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<tr>
<td><strong>Patient Preparation:</strong></td>
<td>None.</td>
<td></td>
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<tr>
<td><strong>Laboratory Handling:</strong></td>
<td>Serum is also acceptable.</td>
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<table>
<thead>
<tr>
<th><strong>T4, Total - see T4 (Thyroxine)</strong></th>
<th><strong>Cerner Primary Synonym:</strong></th>
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<tr>
<td><strong>PowerChart Aliases:</strong></td>
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<td></td>
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<tr>
<td><strong>PathNet Aliases:</strong></td>
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<td><strong>Lab Where Test is Performed:</strong></td>
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<td><strong>Turn around Time:</strong></td>
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<tr>
<td><strong>Specimen Type:</strong></td>
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<td></td>
</tr>
<tr>
<td><strong>Minimum Specimen Requirements:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Patient Preparation:</strong></td>
<td></td>
<td></td>
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<tr>
<td><strong>Laboratory Handling:</strong></td>
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<table>
<thead>
<tr>
<th><strong>T9T22 - see BCR/ABL Translocation 9-22 (FISH)</strong></th>
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<tbody>
<tr>
<td><strong>PowerChart Aliases:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PathNet Aliases:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Lab Where Test is Performed:</strong></td>
<td></td>
<td></td>
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<tr>
<td><strong>Turn around Time:</strong></td>
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<tr>
<td><strong>Specimen Stability:</strong></td>
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<td><strong>Specimen Type:</strong></td>
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<tr>
<td><strong>Minimum Specimen Requirements:</strong></td>
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<tr>
<td><strong>Patient Preparation:</strong></td>
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<tr>
<td><strong>Laboratory Handling:</strong></td>
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<td></td>
</tr>
</tbody>
</table>
**TA90-IC (Melanoma Monitor), Serum - Test Obsolete. No alternate given by Quest**

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

**Lab Where Test is Performed:**

**Ref Lab Code or #:**

**Turn around Time:**

**CPT Code(s):**

**Specimen Stability:**

**Specimen Type:**

**Minimum Specimen Requirements:**

**Patient Preparation:**

**Laboratory Handling:**

---

**Tacrolimus, Blood (Prograf)**

Cerner Primary Synonym: Tacrolimus Level-Mayo

PowerChart Aliases:

PathNet Aliases: Mayo-Tacrolimus, B

**Lab Where Test is Performed:** Mayo

**Ref Lab Code or #:** TAKRO

**Turn around Time:** 2 days

**CPT Code(s):** 80197

**Specimen Stability:**

**Specimen Type:** 5 mL EDTA Lavender Tube

**Minimum Specimen Requirements:**

**Patient Preparation:** None.

**Laboratory Handling:** Refrigerate. Do not freeze.

---

**Tambocor - see Flecainide**

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

**Lab Where Test is Performed:**

**Ref Lab Code or #:**

**Turn around Time:**

**CPT Code(s):**

**Specimen Stability:**

**Specimen Type:**

**Minimum Specimen Requirements:**

**Patient Preparation:**

**Laboratory Handling:**
<table>
<thead>
<tr>
<th>Test</th>
<th>Lab Where Test is Performed</th>
<th>Ref Lab Code or #</th>
<th>Turn around Time</th>
<th>CPT Code(s)</th>
<th>Specimen Type</th>
<th>Minimum Specimen Requirements</th>
<th>Patient Preparation</th>
<th>Laboratory Handling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tartrate Resistant Acid Phosphatase Stain, Blood (TRAP) - Protect from light</td>
<td>ARUP</td>
<td>0049060</td>
<td>3-5 days</td>
<td>88319</td>
<td>5 mL Lavender EDTA Tube</td>
<td>5 mL EDTA Whole Blood AND 6 <strong>Unfixed</strong> Blood Smears</td>
<td>None</td>
<td>Protect from light. Collect only Monday through Thursday. Specimen MUST arrive at ARUP within 24 hours of collection. Room temperature.</td>
</tr>
<tr>
<td>Tay Sachs Disease, Blood (and Carrier Detection)</td>
<td>Mayo</td>
<td>TSD</td>
<td>10 days</td>
<td>83890,83898,83912</td>
<td>5 mL EDTA Lavender Tube or 7 mL Yellow ACD Tube</td>
<td>3 mL EDTA or ACD Whole Blood</td>
<td>Fasting specimen is needed. Also, females must be tested for carrier status prior to pregnancy.</td>
<td>Room temperature. <em><strong>The specimen CANNOT be frozen</strong></em> Do not transfer blood to other containers.</td>
</tr>
<tr>
<td>TB by Quantiferon - see QuantiFERON TB Gold In Tube</td>
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</tbody>
</table>
TB Culture

Cerner Primary Synonym: Acid Fast Bacilli Culture

PowerChart Aliases: AFB Culture

PathNet Aliases: AFB

Lab Where Test is Performed: BVHS

Ref Lab Code or #: 

Minimum Specimen Requirements:

Specimen Type: Sterile container

1 mL

Patient Preparation: Specimen should be collected first thing in the morning.

Laboratory Handling: See Acid Fast Culture and Smear for collection instructions.

Turn around Time: 8 weeks

CPT Code(s): 87206, 87116

Specimen Stability:

TB Gold - see QuantiFERON TB Gold In Tube

Cerner Primary Synonym:

-power-chart-aliases:

PathNet Aliases:

Lab Where Test is Performed:

Ref Lab Code or #:

Turn around Time:

CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

TBG - see Thyroxine Binding Globulin

Cerner Primary Synonym:

-power-chart-aliases:

PathNet Aliases:

Lab Where Test is Performed:

Ref Lab Code or #:

Turn around Time:

CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:
Blanchard Valley Health System Laboratory Specimen Collection Manual

T-Cell Receptor Gene Rearrangement PCR (Blood)

Cerner Primary Synonym: Send-out Other

PowerChart Aliases: 

PathNet Aliases: 

Lab Where Test is Performed: Mayo

Ref Lab Code or #: TCGR

Turn around Time: 10 days

CPT Code(s): Variable

Specimen Stability: 

Specimen Type: (2) 5 mL EDTA Lavender Top Tubes

Minimum Specimen Requirements: 5 mL EDTA Whole Blood

Patient Preparation: None.

Laboratory Handling: Room temperature. Send the blood in the original collection containers. Do NOT pour off. Must arrive at Mayo within 96 hours of collection.

T-Cell Subsets - see CD4 Count for Monitoring (includes CD3, CD4, CD8, CD4-CD8 Ratio)

Cerner Primary Synonym: 

PowerChart Aliases: 

PathNet Aliases: 

Lab Where Test is Performed: 

Ref Lab Code or #: 

Turn around Time: 

CPT Code(s): 

Specimen Stability: 

Specimen Type: 

Minimum Specimen Requirements: 

Patient Preparation: 

Laboratory Handling: 

T-cells, T-cell Subsets, B-cells - see T- and B-Cell Quantitation by Flow Cytometry (includes - CD3, CD4, CD8, CD4-CD8 Ratio, CD19, CD16-CD

Cerner Primary Synonym: 

PowerChart Aliases: 

PathNet Aliases: 

Lab Where Test is Performed: 

Ref Lab Code or #: 

Turn around Time: 

CPT Code(s): 

Specimen Stability: 

Specimen Type: 

Minimum Specimen Requirements: 

Patient Preparation: 

Laboratory Handling: 
<table>
<thead>
<tr>
<th><strong>Tegretol Epoxide (Tegretol-10,11 Epoxide) - see Carbamazepine Epoxide</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cerner Primary Synonym:</strong></td>
</tr>
<tr>
<td><strong>PowerChart Aliases:</strong></td>
</tr>
<tr>
<td><strong>PathNet Aliases:</strong></td>
</tr>
<tr>
<td><strong>Lab Where Test is Performed:</strong></td>
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<tr>
<td><strong>Ref Lab Code or #:</strong></td>
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<tr>
<td><strong>Turn around Time:</strong></td>
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<tr>
<td><strong>CPT Code(s):</strong></td>
</tr>
<tr>
<td><strong>Specimen Stability:</strong></td>
</tr>
<tr>
<td><strong>Specimen Type:</strong></td>
</tr>
<tr>
<td><strong>Minimum Specimen Requirements:</strong></td>
</tr>
<tr>
<td><strong>Patient Preparation:</strong></td>
</tr>
<tr>
<td><strong>Laboratory Handling:</strong></td>
</tr>
<tr>
<td><strong>CPT Code(s):</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Tegretol, Free and Total, Serum</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cerner Primary Synonym:</strong> Carbamazepine, Free and Total-Mayo</td>
</tr>
<tr>
<td><strong>PowerChart Aliases:</strong> Mayo-Carbamazepine, Free and Total, S</td>
</tr>
<tr>
<td><strong>PathNet Aliases:</strong></td>
</tr>
<tr>
<td><strong>Lab Where Test is Performed:</strong> Mayo</td>
</tr>
<tr>
<td><strong>Ref Lab Code or #:</strong> CARFT</td>
</tr>
<tr>
<td><strong>Turn around Time:</strong>                                         3 days</td>
</tr>
<tr>
<td><strong>CPT Code(s):</strong>                                              80156,80157</td>
</tr>
<tr>
<td><strong>Specimen Stability:</strong></td>
</tr>
<tr>
<td><strong>Specimen Type:</strong>                                            (2) 7 mL Plain Red Top Tubes (No SST Gel)</td>
</tr>
<tr>
<td><strong>Minimum Specimen Requirements:</strong></td>
</tr>
<tr>
<td><strong>Patient Preparation:</strong>                                      None.</td>
</tr>
<tr>
<td><strong>Laboratory Handling:</strong>                                      Refrigerate.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Tegretol, Serum (Carbamazepine)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cerner Primary Synonym:</strong> Tegretol Level (1140)</td>
</tr>
<tr>
<td><strong>PowerChart Aliases:</strong></td>
</tr>
<tr>
<td><strong>PathNet Aliases:</strong></td>
</tr>
<tr>
<td><strong>Lab Where Test is Performed:</strong> BVHS</td>
</tr>
<tr>
<td><strong>Ref Lab Code or #:</strong></td>
</tr>
<tr>
<td><strong>Turn around Time:</strong>                                         &lt; 1 day</td>
</tr>
<tr>
<td><strong>CPT Code(s):</strong>                                              80156</td>
</tr>
<tr>
<td><strong>Specimen Stability:</strong></td>
</tr>
<tr>
<td><strong>Specimen Type:</strong>                                            7 mL Plain Red Top Tube (No SST Gel)</td>
</tr>
<tr>
<td><strong>Minimum Specimen Requirements:</strong></td>
</tr>
<tr>
<td><strong>Patient Preparation:</strong>                                      None.</td>
</tr>
<tr>
<td><strong>Laboratory Handling:</strong>                                      The usual sample collection for trough is immediately prior to the next dose. Note the time the blood is drawn on the specimen label.</td>
</tr>
</tbody>
</table>
## Testosterone - see Testosterone, Total

**Cerner Primary Synonym:**

**PowerChart Aliases:**

**PathNet Aliases:**

<table>
<thead>
<tr>
<th>Lab Where Test is Performed</th>
<th>BVHS</th>
<th>Ref Lab Code or #:</th>
<th>CPT Code(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turn around Time</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Specimen Stability</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Specimen Type</td>
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</tr>
<tr>
<td>Minimum Specimen Requirements</td>
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<td></td>
</tr>
<tr>
<td>Patient Preparation</td>
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<td></td>
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</tr>
<tr>
<td>Laboratory Handling</td>
<td></td>
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</tr>
</tbody>
</table>

### Testosterone Free (Adult Male)

**Cerner Primary Synonym:** Send-out Other

**PowerChart Aliases:**

**PathNet Aliases:**

<table>
<thead>
<tr>
<th>Lab Where Test is Performed</th>
<th>ARUP</th>
<th>Ref Lab Code or #:</th>
<th>0070111</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turn around Time</td>
<td>2-3 days</td>
<td>CPT Code(s):</td>
<td>84402</td>
</tr>
<tr>
<td>Specimen Stability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specimen Type</td>
<td>5 mL Light Green Heparinized Gel Tube (or 5 mL Serum Separator)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minimum Specimen Requirements</td>
<td>1 mL plasma or serum (Absolute minimum = 0.4 mL)</td>
<td></td>
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</tr>
<tr>
<td>Patient Preparation</td>
<td>Collect specimen between 6-10 am.</td>
<td></td>
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</tr>
<tr>
<td>Laboratory Handling</td>
<td>Separate plasma or serum from cells ASAP or within 2 hours of collection. Refrigerate.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Testosterone Free (Females or Children)

**Cerner Primary Synonym:** Send-out Other

**PowerChart Aliases:**

**PathNet Aliases:**

<table>
<thead>
<tr>
<th>Lab Where Test is Performed</th>
<th>ARUP</th>
<th>Ref Lab Code or #:</th>
<th>0081059</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turn around Time</td>
<td>2-5 days</td>
<td>CPT Code(s):</td>
<td>84402</td>
</tr>
<tr>
<td>Specimen Stability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specimen Type</td>
<td>5 mL Red Top SST tube (or 5 mL Light Green Heparinized Gel Tube)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minimum Specimen Requirements</td>
<td>1 mL serum or plasma (Absolute minimum = 0.8 mL)</td>
<td></td>
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</tr>
<tr>
<td>Patient Preparation</td>
<td>Collect between 6-10 am.</td>
<td></td>
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</tr>
<tr>
<td>Laboratory Handling</td>
<td>Separate serum or plasma ASAP or within 2 hours of collection. Refrigerate.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Testosterone, Free and Total, Serum (**Note Absolute Minimum Requirement**)

Cerner Primary Synonym: Testosterone, Total and Free - Mayo

PowerChart Aliases:

PathNet Aliases: Mayo-Testosterone, Total and Free,

Lab Where Test is Performed: Mayo

Ref Lab Code or #: TGRP

Minimum Specimen Requirements:

Specimen Type: (3) 7 mL Plain Red Top Tubes ONLY (SST Gel is NOT acceptable)

Specimen Stability: 2.5 mL Serum (Absolute minimum: 2 mL serum)

Patient Preparation: None.

Laboratory Handling: Record the patient's age and sex on the specimen and form. Refrigerate.

Turn around Time: 5 days

CPT Code(s): 84402, 84403

Specimen Stability:

Testosterone, Free Plus Weakly Bound Panel (Bioavailable) - see Total Testosterone Plus Weakly Bound (Bioavailable)

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: BVHS

Ref Lab Code or #: TGRP

Minimum Specimen Requirements:

Specimen Type: 5 mL Red Top Tube (SST Gel is acceptable)

Specimen Stability: 8 hours at Room Temperature, 48 hours at 2-8 C, Freeze at -20C if not testing within 48 hours.

Patient Preparation: None.

Laboratory Handling: Refrigerate. The specimen is stable for 8 hours at Room Temperature, 48 hours at 2-8 C, Freeze at -20C if not testing within 48 hours. Thaw sample no more that 2 times.

Turn around Time: < 1 day

CPT Code(s): 84403

Specimen Stability: 8 hours at Room Temperature, 48 hours at 2-8 C, Freeze at -20C if not testing within 48 hours.
<table>
<thead>
<tr>
<th>Test</th>
<th>Lab Where Test is Performed</th>
<th>Specimen Stability</th>
<th>Minimum Specimen Requirements</th>
<th>Patient Preparation</th>
<th>Laboratory Handling</th>
<th>Ref Lab Code or #</th>
<th>CPT Code(s)</th>
<th>Specimen Type</th>
<th>Specimen Stability</th>
<th>Minimum Specimen Requirements</th>
<th>Patient Preparation</th>
<th>Laboratory Handling</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Testosterone-Estrogen Binding Globulin</strong> - see <strong>Sex Hormone Binding Globulin</strong></td>
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<tr>
<td><strong>Tetanus / Diptheria Antibody Panel IgG, Serum</strong> - see <strong>Diptheria / Tetanus Antibody Panel IgG, Serum</strong></td>
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<tr>
<td><strong>Tetanus Antibody IgG (Only), Serum</strong></td>
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<tr>
<td>Cerner Primary Synonym:</td>
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<td>PowerChart Aliases:</td>
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<td>PathNet Aliases:</td>
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<td><strong>Lab Where Test is Performed:</strong></td>
<td>Ref Lab Code or #:</td>
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<td><strong>Turn around Time:</strong></td>
<td>CPT Code(s):</td>
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<td><strong>Specimen Stability:</strong></td>
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<tr>
<td><strong>Minimum Specimen Requirements:</strong></td>
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<tr>
<td><strong>Patient Preparation:</strong></td>
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<tr>
<td><strong>Laboratory Handling:</strong></td>
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</tbody>
</table>
Thalassemia and Hemoglobinopathy Evaluation, Blood

Cerner Primary Synonym: Send-out Other

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Mayo

Ref Lab Code or #: THEVP

Turn around Time: 15 days

CPT Code(s): 82728, 83020, 83021

Specimen Stability:

Specimen Type: (4) 5 mL EDTA Lavender Tubes and 5 mL Red Top Tube (SST Gel is acceptable)

Minimum Specimen Requirements: 15 mL EDTA Whole blood *AND* 0.5 mL Serum

Patient Preparation: The patient's age and sex are required on the request form.

Laboratory Handling: Label specimens appropriately. Refrigerate. Submit the Hematopathology/Molecular Oncology Request Form with the specimen.

---

T-Helper Cells (CD4) - see CD4 Count for Monitoring (includes CD3, CD4, CD8, CD4-CD8 Ratio)

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

---

T-Helper T-Suppressor Ratio (CD4-CD8 Ratio) - see CD4 Count for Monitoring (includes CD3, CD4, CD8, CD4-CD8 Ratio)

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:
### Theophylline, Plasma (Aminophylline)

**Cerner Primary Synonym:** Theophylline Level  
**PowerChart Aliases:**  
**PathNet Aliases:**  
**Lab Where Test is Performed:** BVHS  
**Ref Lab Code or #:**  
**Turn around Time:** < 1 day  
**CPT Code(s):** 80198  
**Specimen Stability:** 8 hours at Room Temperature, 48 hours at 2-8°C  
**Specimen Type:** 5 mL Light Green Heparinized Gel Tube  
**Minimum Specimen Requirements:** 0.5 mL Heparinized Plasma  
**Patient Preparation:** Note the time of the last dose. Usual sample collection: IV Peak: 4-6 hours post beginning infusion, IV Trough: Immediately prior to infusion, Oral Peak: 2 post rapid release; 4 hour post sustained release, Oral Trough: Immediately prior to dose.  
**Laboratory Handling:** Note the time the blood is drawn on the slip. Serum is also acceptable.

### Thiamine, Erythrocytes - see Vitamin B1, Whole Blood

**Cerner Primary Synonym:**  
**PowerChart Aliases:**  
**PathNet Aliases:**  
**Lab Where Test is Performed:**  
**Ref Lab Code or #:**  
**Turn around Time:**  
**CPT Code(s):**  
**Specimen Stability:**  
**Specimen Type:**  
**Minimum Specimen Requirements:**  
**Patient Preparation:** None.  
**Laboratory Handling:**  

### Thiocyanate, Serum (Nipride)

**Cerner Primary Synonym:** Send-out Other  
**PowerChart Aliases:**  
**PathNet Aliases:**  
**Lab Where Test is Performed:** Mayo  
**Ref Lab Code or #:** 90519  
**Turn around Time:** 2 days  
**CPT Code(s):** 84430  
**Specimen Stability:**  
**Specimen Type:** 5 mL Plain Red Top Tubes (No SST Gel)  
**Minimum Specimen Requirements:** 1 mL Serum (Absolute minimum = 0.12)  
**Patient Preparation:** None.  
**Laboratory Handling:** Forwarded to MedTox. Code #118. Refrigerate.
### Thiopurine Metabolites, Blood

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Send-out Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>Prometheus</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td>3200</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>3 days</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>82542</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>(2) 5 mL Lavender EDTA Tubes</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>5 mL EDTA Whole Blood</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Refrigerate. (** DO NOT FREEZE **)</td>
</tr>
</tbody>
</table>

### Thiothixene, Plasma (Navene)

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Send-out Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
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<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>Mayo</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td>FFTHI</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>6 days</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>82491</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>(2) 5 mL Plain Green Top Tubes or (2) 7 mL Plain Red Top Tubes (No SST Gel)</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>3 mL Heparin Plasma or Serum (Absolute minimum = 0.6 mL)</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Indicate the specimen type on the aliquots. Refrigerate.</td>
</tr>
</tbody>
</table>

### Thorazine - see Chlorpromazine, Serum

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td></td>
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<tr>
<td>Turn around Time:</td>
<td></td>
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<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td></td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td></td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td></td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td></td>
</tr>
</tbody>
</table>
Throat Culture

Cerner Primary Synonym: Culture Throat
PowerChart Aliases: Throat Culture
PathNet Aliases: C Throat
Lab Where Test is Performed: BVHS
Ref Lab Code or #: 
Turn around Time: 2 days
CPT Code(s): 87070
Specimen Stability: 
Specimen Type: A swab of each of the tonsillar fossa areas
Minimum Specimen Requirements: 1 Swab
Patient Preparation: Depress the tongue and have the patient say "AAAAHHH" to open up the area by the tonsils. Swab the area without touching other parts of the mouth.
Laboratory Handling: Send to the Lab as soon as possible.

Thrombin Time (Bovine), Plasma

Cerner Primary Synonym: Thrombin Time (Bovine), P-Mayo
PowerChart Aliases: 
PathNet Aliases: Mayo-Thrombin Time (Bovine), P
Lab Where Test is Performed: Mayo
Ref Lab Code or #: TT
Turn around Time: 4 days
CPT Code(s): 85670
Specimen Stability: 
Specimen Type: 5 mL Blue Citrate Tube
Minimum Specimen Requirements: 1 mL Citrated Plasma
Patient Preparation: None.
Laboratory Handling: Spin down, remove the top 3/4 plasma. Spin the top 3/4 plasma again and remove the top 3/4 of that. Place 1 ML of the platelet poor plasma in a plastic tube. Freeze.

Thrombocytopenia, Heparin Induced - see HIT Antibodies

Cerner Primary Synonym: 
PowerChart Aliases: 
PathNet Aliases: 
Lab Where Test is Performed: 
Ref Lab Code or #: 
Turn around Time: 
CPT Code(s): 
Specimen Stability: 
Specimen Type: 
Minimum Specimen Requirements: 
Patient Preparation: 
Laboratory Handling: 

Thrombotic Thrombocytopenic Purpura - see HIT Antibodies

Cerner Primary Synonym: 
PowerChart Aliases: 
PathNet Aliases: 
Lab Where Test is Performed: 
Ref Lab Code or #: 
Turn around Time: 
CPT Code(s): 
Specimen Stability: 
Specimen Type: 
Minimum Specimen Requirements: 
Patient Preparation: 
Laboratory Handling: 

Thrombotic Microangiopathy - see HIT Antibodies

Cerner Primary Synonym: 
PowerChart Aliases: 
PathNet Aliases: 
Lab Where Test is Performed: 
Ref Lab Code or #: 
Turn around Time: 
CPT Code(s): 
Specimen Stability: 
Specimen Type: 
Minimum Specimen Requirements: 
Patient Preparation: 
Laboratory Handling: 

Thrombotic Microangiopathy, Indeterminate - see HIT Antibodies

Cerner Primary Synonym: 
PowerChart Aliases: 
PathNet Aliases: 
Lab Where Test is Performed: 
Ref Lab Code or #: 
Turn around Time: 
CPT Code(s): 
Specimen Stability: 
Specimen Type: 
Minimum Specimen Requirements: 
Patient Preparation: 
Laboratory Handling: 

Thrombotic Microangiopathy, Myeloproliferative - see HIT Antibodies

Cerner Primary Synonym: 
PowerChart Aliases: 
PathNet Aliases: 
Lab Where Test is Performed: 
Ref Lab Code or #: 
Turn around Time: 
CPT Code(s): 
Specimen Stability: 
Specimen Type: 
Minimum Specimen Requirements: 
Patient Preparation: 
Laboratory Handling: 

Wednesday, July 3, 2019  Page 498 of 581
### Thrombophilia Panel - see Thrombosis Profile Comprehensive (BVH)

**Cerner Primary Synonym:**

**PowerChart Aliases:**

**PathNet Aliases:**

<table>
<thead>
<tr>
<th>Lab Where Test is Performed</th>
<th>Specimen Type</th>
<th>Patient Preparation</th>
<th>Laboratory Handling</th>
</tr>
</thead>
<tbody>
<tr>
<td>BVHS</td>
<td>(4) 5 mL Blue Citrate Tubes, 5 mL Lavender Tube (collected on ice), 7 mL Yellow ACD Tube</td>
<td>None.</td>
<td>Centrifuge the citrate specimens and remove the top 3/4 plasma into 4 aliquots. Spin plasma again (to achieve platelet poor plasma) and remove the top 3/4 plasma again. Place 1 ML in each of 4 plastic tubes and freeze immediately. Maintain Lavender tube on ice. Centrifuge and store Heparin plasma refrigerated. Send the ACD whole blood in the original tube at room temperature.</td>
</tr>
</tbody>
</table>

**Ref Lab Code or #:**

**CPT Code(s):** Variable

### Thrombosis Profile Comprehensive (BVH) (includes PTINR, PTT, Anti-Thrombin III Act, Prot C Act, Prot S Act, APCR, Lupus, Homocysteine,)

**Cerner Primary Synonym:** Thrombosis Profile CS

**PowerChart Aliases:**

**PathNet Aliases:**

<table>
<thead>
<tr>
<th>Lab Where Test is Performed</th>
<th>Specimen Type</th>
<th>Patient Preparation</th>
<th>Laboratory Handling</th>
</tr>
</thead>
<tbody>
<tr>
<td>BVHS</td>
<td>(4) 1 mL Citrate Plasma, 0.5 mL EDTA Plasma (kept on ice or refrigerated), 7 mL of ACD Whole Blood</td>
<td>None.</td>
<td>Centrifuge the citrate specimens and remove the top 3/4 plasma into 4 aliquots. Spin plasma again (to achieve platelet poor plasma) and remove the top 3/4 plasma again. Place 1 ML in each of 4 plastic tubes and freeze immediately. Maintain Lavender tube on ice. Centrifuge and store Heparin plasma refrigerated. Send the ACD whole blood in the original tube at room temperature.</td>
</tr>
</tbody>
</table>

**Ref Lab Code or #:**

**CPT Code(s):** Variable

### Thyrocalcitonin - see Calcitonin, Serum

**Cerner Primary Synonym:**

**PowerChart Aliases:**

**PathNet Aliases:**

<table>
<thead>
<tr>
<th>Lab Where Test is Performed</th>
<th>Specimen Type</th>
<th>Patient Preparation</th>
<th>Laboratory Handling</th>
</tr>
</thead>
</table>

**Ref Lab Code or #:**

**CPT Code(s):**
Thyroglobulin Antibody ONLY, Serum (Does **NOT** include Serum Thyroglobulin)

Cerner Primary Synonym: Thyroglobulin Antibody-Mayo

PowerChart Aliases:

PathNet Aliases: Mayo-Thyroglobulin Antibody, S

Lab Where Test is Performed: Mayo

Ref Lab Code or #: TGAB

Turn around Time: 3-7 days

CPT Code(s): 86800

Specimen Stability:

Specimen Type: 0.6 mL Serum

Minimum Specimen Requirements:

Patient Preparation: None.

Laboratory Handling: Refrigerate. (Dr. Schroeder does **NOT** want this when he orders a serum thyroglobulin. ALWAYS order the TGL for Dr. Schroeder which includes BOTH the Thyroglobulin Antibody Screen and the Thyroglobulin, Tumor Marker.)

---

Thyroglobulin Profile - see Thyroglobulin, Tumor Marker, Serum includes Thyroglobulin Antibody Screen (Dr. L. Schroeder ALWAYS wants this.)

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases: Mayo-Thyroglobulin, Tumor Marker

Lab Where Test is Performed: Mayo

Ref Lab Code or #: HTG2

Turn around Time: 3 days

CPT Code(s): 84432, 86800

Specimen Stability:

Specimen Type: 5 mL Red Top Tube (SST Gel Tube is NOT acceptable)

Minimum Specimen Requirements:

Patient Preparation: None.

Laboratory Handling: Refrigerate. This is the Thyroglobulin, Tumor Marker and includes Thyroglobulin, Tumor Marker AND the Thyroglobulin Antibody Screen. Dr. LeRoy Schroeder ALWAYS wants this.
### Thyroid Antibodies, Serum (Anti-Thyroid Peroxidase Antibodies / TPO)

**Cerner Primary Synonym:** Thyroperoxidase Antibody-Mayo

**PowerChart Aliases:**

**PathNet Aliases:** Mayo-Thyroperoxidase Ab, S

<table>
<thead>
<tr>
<th>Lab Where Test is Performed:</th>
<th>Mayo</th>
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</thead>
<tbody>
<tr>
<td>Ref Lab Code or #:</td>
<td>TPO</td>
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</table>

<table>
<thead>
<tr>
<th>Turn around Time:</th>
<th>3 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPT Code(s):</td>
<td>86376</td>
</tr>
</tbody>
</table>

**Specimen Stability:**

**Specimen Type:** 5 mL Plain Red Top Tube (No SST Gel)

**Minimum Specimen Requirements:**

- Patient Preparation: None.
- Laboratory Handling: Refrigerate.

### Thyroid Inhibitory Immunoglobulins (Thyrotropin-Binding Inhibitory IgG/TBII) - see Thyrotropin Receptor Antibody

**Cerner Primary Synonym:**

**PowerChart Aliases:**

**PathNet Aliases:**

<table>
<thead>
<tr>
<th>Lab Where Test is Performed:</th>
<th>Ref Lab Code or #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turn around Time:</td>
<td>CPT Code(s):</td>
</tr>
</tbody>
</table>

**Specimen Stability:**

**Specimen Type:**

**Minimum Specimen Requirements:**

**Patient Preparation:**

**Laboratory Handling:**

### Thyroid Peroxidase Antibodies - see Thyroid Antibodies

**Cerner Primary Synonym:**

**PowerChart Aliases:**

**PathNet Aliases:**

<table>
<thead>
<tr>
<th>Lab Where Test is Performed:</th>
<th>Ref Lab Code or #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turn around Time:</td>
<td>CPT Code(s):</td>
</tr>
</tbody>
</table>

**Specimen Stability:**

**Specimen Type:**

**Minimum Specimen Requirements:**

**Patient Preparation:**

**Laboratory Handling:**
Thyroid Profile - see T3, T4, T7, TSH (T3RU, T4, T7, TSH / Thyroid Profile), Plasma

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

Thyroid Releasing Hormone (TRH) Stimulation of TSH, Panel

Cerner Primary Synonym: Send-out Other

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: ARUP Ref Lab Code or #: 0070269

Turn around Time: 1-2 days CPT Code(s): 80438

Specimen Stability:

Specimen Type: 5 mL Red Top Tube (SST is acceptable) at Baseline, 0, 30, and 60 minutes. (4 specimens total)

Minimum Specimen Requirements: 1 mL Serum for each specimen (Baseline, 0, 30, and 60 minute intervals) (Absolute minimum = 0.5 mL per interval)

Patient Preparation: *** Special: The patient must receive Thyroid Releasing Hormone (TRH) as a stimulation - a Baseline sample must be collected prior to stimulation, then the sample collections occur at 0, 30, and 60 minute intervals following administration of TRH.

Laboratory Handling: Refrigerate. Allow serum to clot at room temperature. Separate serum from cells ASAP. Lavender (EDTA) or Green (sodium or lithium heparin) samples may also be used. *** Be certain to label each specimen appropriately: Baseline, 0 minutes, 30 minutes, and 60 minutes.

Thyroid Stimulating Hormone Receptor Antibody - see Thrytropin Receptor Antibody

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:
Thyroid Stimulating Hormone, Plasma (TSH)

Cerner Primary Synonym: Thyroid Stimulating Hormone (TSH)

PowerChart Aliases: TSH

PathNet Aliases: TSH

Lab Where Test is Performed: BVHS

Ref Lab Code or #: 

Turn around Time: < 1 day

CPT Code(s): 84443

Specimen Stability: 8 hours at Room Temperature, 7 days at 2-8 C, Freeze at -20C for up to 90 days.

Specimen Type: 5 mL Light Green Heparinized Gel Tube

Minimum Specimen Requirements:

1 mL Heparinized Plasma

Patient Preparation: None.

Laboratory Handling: Serum is also acceptable. This is a third generation TSH test. 8 hours at Room Temperature, 7 days at 2-8 C, Freeze at -20C for up to 90 days.

Thyroid Stimulating Immunoglobulin, Serum (TSI)

Cerner Primary Synonym: Thyroid Stimulating Immunoglobulins-Mayo

PowerChart Aliases:

PathNet Aliases: Mayo-Thyroid-Stimulating Immunoglob, S

Lab Where Test is Performed: Mayo

Ref Lab Code or #: TSI

Turn around Time: 6 days

CPT Code(s): 84445

Specimen Stability:

Specimen Type: 5 mL Red Top SST Tube (No Plain Red Top)

Minimum Specimen Requirements:

0.5 mL Serum (Absolute minimum = 0.1 mL)

Patient Preparation: None.

Laboratory Handling: Draw blood in a serum separator tube. Spin down and send refrigerate in a plastic vial.

Thyrotropin Binding Inhibitory Immunoglobulin (TBII) - see Thyrotropin Receptor Antibody

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: 

Ref Lab Code or #: 

Turn around Time:

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:
### Thyrotropin Receptor Antibody, Serum

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Thyrotropin Receptor Antibody, Serum</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td>Send-out Other</td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>Mayo</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td>THYRO</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>3 days</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>83519</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>5 mL Red Top Tube (SST Gel is acceptable)</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>1 mL Serum</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>This test should not be performed on patients who have recently received radioisotopes.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Refrigerate.</td>
</tr>
</tbody>
</table>

### Thyrotropin Releasing Hormone, Blood (TRH)(Thyroid Releasing Hormone) - TEST OBSOLETE - see Thyroid Releasing Hormone (TRH) Stim

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Thyrotropin Releasing Hormone, Blood (TRH)(Thyroid Releasing Hormone) - TEST OBSOLETE - see Thyroid Releasing Hormone (TRH) Stim</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td></td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td></td>
</tr>
<tr>
<td>Turn around Time:</td>
<td></td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td></td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
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<tr>
<td>Specimen Type:</td>
<td></td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td></td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>This test is no longer available. Please see alternative testing: Thyroid Releasing Hormone (TSH) Stimulation of TSH, Panel.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td></td>
</tr>
</tbody>
</table>

### Thyroxine Binding Globulin, Serum (TBG)

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Thyroxine Binding Globulin-Mayo</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td>Mayo-Thyroxine Binding Globulin, S</td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td>Mayo-Thyroxine Binding Globulin, S</td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>Mayo</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td>TBGI</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>3 days</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>8442</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>5 mL Red Top Tube (SST Gel is acceptable)</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>1 mL Serum</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Refrigerate.</td>
</tr>
</tbody>
</table>
**Tissue Culture**

**Cerner Primary Synonym:** Sterile Body Sites Culture  
**PowerChart Aliases:**  
**PathNet Aliases:** C Sterile BS  
**Lab Where Test is Performed:** BVHS  
**Turn around Time:** 2 days  
**Specimen Stability:** Tissue fragments in a sterile container  
**Minimum Specimen Requirements:**  
**Patient Preparation:** None.  
**Laboratory Handling:** See Sterile Body Site Culture for collection instructions.  
**Ref Lab Code or #:** BVHS  
**CPT Code(s):** 87071

**Tissue Transglutaminase IgA and IgG Profile, Serum**

**Cerner Primary Synonym:** Tissue Transglutaminase Antibody IgA and IgG-Mayo  
**PowerChart Aliases:**  
**PathNet Aliases:** Mayo-Tissue Transglutaminase Ab, IgA/IgG  
**Lab Where Test is Performed:** Mayo  
**Turn around Time:** 2-4 days  
**Specimen Stability:**  
**Specimen Type:** 5 mL Red Top Tube (SST Gel is acceptable)  
**Minimum Specimen Requirements:** 0.5 mL Serum  
**Patient Preparation:** None.  
**Laboratory Handling:** None.  
**Ref Lab Code or #:** TSTGP  
**CPT Code(s):** 83516(x2)

**Tissue Transglutaminase IgA Antibody, Serum - (tTG Antibody)**

**Cerner Primary Synonym:** Tissue Transglutaminase Antibody IgA-Mayo  
**PowerChart Aliases:**  
**PathNet Aliases:** Mayo-Tissue Transglutaminase Ab, IgA, S  
**Lab Where Test is Performed:** Mayo  
**Turn around Time:** 4 days  
**Specimen Stability:**  
**Specimen Type:** 5 mL Red Top Tube (SST Gel is acceptable)  
**Minimum Specimen Requirements:** 1 mL Serum  
**Patient Preparation:** None.  
**Laboratory Handling:** Refrigerate.  
**Ref Lab Code or #:** TTGA  
**CPT Code(s):** 83516
### Tobramycin, Plasma (Trough, Peak, Random)

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Tobramycin Level Peak, Tobramycin Level Trough, Tobramycin Level Peak</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td>1160. 1170.1180</td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>BVHS</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td></td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>&lt; 1 day</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>80200</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td>8 hours at Room Temperature, 48 hours at 2-8 C</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>5 mL Light Green Heparinized Gel Tube</td>
</tr>
<tr>
<td>Minimum Specimen</td>
<td>0.5 mL Heparinized Plasma</td>
</tr>
<tr>
<td>Requirements:</td>
<td></td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>The usual sample collection time: IV Peak - 30 minutes post infusion completion, IM Peak - 1 hour post dose, Trough - immediately prior to dose.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Note the time drawn on the label and in the computer when receiving. **If it is part of a kinetic dosing from the Pharmacy, the test must be ordered (not just received) in Meditech and enter which draw of the series this specimen is. (Do not attach this kinetic dosing test to other existing specimen requisitions.) Serum is also acceptable.</td>
</tr>
</tbody>
</table>

### Ticainide (Quantitative), Serum

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Send-out Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
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</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>ARUP</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td>0091112</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>Varies</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>80299</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>7 mL Plain Red Top Tube or 5 mL Plain Green Top (Sodium Heparin) or 5 mL Lavender (EDTA) Tube (**NO Gel Tubes)</td>
</tr>
<tr>
<td>Minimum Specimen</td>
<td>2 mL Serum or Plasma (Absolute minimum = 1 mL) (**NO GEL TUBES)</td>
</tr>
<tr>
<td>Requirements:</td>
<td></td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Remove serum or plasma from the cells as soon as possible. Freeze.</td>
</tr>
</tbody>
</table>

### Tofranil - see Imipramine

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
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</tr>
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<tr>
<td>Ref Lab Code or #:</td>
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<tr>
<td>Turn around Time:</td>
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<td>CPT Code(s):</td>
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<td>Specimen Stability:</td>
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<td>Specimen Type:</td>
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<tr>
<td>Minimum Specimen</td>
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<td>Requirements:</td>
<td></td>
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<tr>
<td>Patient Preparation:</td>
<td></td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td></td>
</tr>
</tbody>
</table>
Blanchard Valley Health System Laboratory Specimen Collection Manual

Tonocard - see Tocainide
Cerner Primary Synonym:
PowerChart Aliases:
PathNet Aliases:
Lab Where Test is Performed: Ref Lab Code or #:
Turn around Time: CPT Code(s):
Specimen Stability:
Specimen Type:
Minimum Specimen Requirements:
Patient Preparation:
Laboratory Handling:

Topiramate, Serum (Topamax)
Cerner Primary Synonym: Topiramate Level-Mayo
PowerChart Aliases:
PathNet Aliases: Mayo-Topiramate, S
Lab Where Test is Performed: Mayo Ref Lab Code or #: TOPI
Turn around Time: 1 day CPT Code(s): 80201
Specimen Stability:
Specimen Type: 7 mL Plain Red Top Tubes (No SST Gel)
Minimum Specimen Requirements:
Patient Preparation: None.
Laboratory Handling: Refrigerate.

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## TORCH Panel, Acute

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Send-out Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>Focus</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td>6444</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>2-5 days</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>86777, 86778, 86762, 86645, 86695, 86696</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>(3) 5 mL Red Top Tubes (SST Gel is acceptable)</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>3 mL Serum (Absolute minimum = 1.5 mL)</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Room temperature. Panel includes: Toxoplasma Antibody (IgG), Cytomegalovirus Antibodies (IgM), Toxoplasma Antibody (IgM), Herpes Simplex Virus 1/2 Antibody (IgM) with reflex to Titer, Rubella Antibody (IgM)</td>
</tr>
</tbody>
</table>

## TORCH Panel, Convalescent

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Send-out Other</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
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<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>Focus</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td>10010</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>2-5 days</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>86777, 86778, 86762, 86644, 86695, 86696</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>(2) 5 mL Plain Red Top Tube (SST Gel is acceptable)</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>2 mL Serum (Absolute minimum = 0.6 mL)</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Room temperature. Panel includes: Cytomegalovirus Antibody (IgG), Toxoplasma Antibody (IgG), Herpes Simplex Virus 1/2 (IgG) Type-Specific Antibodies, Toxoplasma Antibody (IgM), Rubella Immune Status.</td>
</tr>
</tbody>
</table>

## TORCH, CSF (IgG and IgM Antibody Panel) - Test Discontinued - See Below

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td></td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td></td>
</tr>
<tr>
<td>Turn around Time:</td>
<td></td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td></td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td></td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td></td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td></td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>This test has been discontinued. Please order the following individual tests from FOCUS Diagnostics (see individual entries for collection information): 1. 60923 Toxoplasma gondii IgG, CSF 2. 60924 Toxoplasma gondii IgM, CSF 3. 64600 Cytomegalovirus (CMV) IgG,CSF 4. 64605 Cytomegalovirus (CMV) IgM, CSF 5. 60555 Herpes Simplex Virus 1/2 (IgG) Type Specific Abs, CSF 6. 60545 Herpes Simplex Virus (HSV) 1/2 IgM Ab, CSF</td>
</tr>
</tbody>
</table>

Wednesday, July 3, 2019
Total Bilirubin, Body Fluid - see Bilirubin, Total, Body Fluid (not urine)

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

Total Complement - see CH50

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

Total Hepatitis A Antibodies - see Hepatitis A Antibody IgG and IgM Total, Serum

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:
### Total Protein, Plasma

<table>
<thead>
<tr>
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<th>Protein Total</th>
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</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td>Total Protein</td>
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<tr>
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<td>Total Protein</td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>BVHS</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td></td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>&lt; 1 day</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td>8 hours at Room Temperature, 48 hours at 2-8 C</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>5 mL Light Green Heparinized Gel Tube</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>0.5 mL Heparinized Plasma</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Serum is also acceptable.</td>
</tr>
</tbody>
</table>

| CPT Code(s): | 84155 |

### Total T4 - see T4 (Thyroxine)

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>BVHS</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td></td>
</tr>
<tr>
<td>Turn around Time:</td>
<td></td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td></td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td></td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td></td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td></td>
</tr>
</tbody>
</table>

### Total Testosterone Plus Weakly Bound (Bioavailable), Serum

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Testosterone, Total and Bioavailable-Mayo</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td>Mayo-Testosterone, Total and Bioavail. S</td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>Mayo</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td>TTBS</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>4 days</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>5 mL Plain Red Top Tube ONLY (SST Gel is NOT acceptable)</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>1 mL Serum</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Record the patient's age and sex on both the specimen container and the test request form. Refrigerate.</td>
</tr>
</tbody>
</table>

| CPT Code(s): | 84402,84403 |
### Toxocara Antibody, ELISA (Serum)

<table>
<thead>
<tr>
<th>Lab Where Test is Performed</th>
<th>Mayo</th>
<th>Ref Lab Code or #:</th>
<th>FFTOX</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimum Specimen Requirements</td>
<td>1 mL Serum</td>
<td>CPT Code(s):</td>
<td>86682</td>
</tr>
<tr>
<td>Patient Preparation</td>
<td>None</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laboratory Handling</td>
<td>Refrigerate</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Toxoplasma gondii Antibody (IgG and IgM, Separate Determinations), Serum

<table>
<thead>
<tr>
<th>Lab Where Test is Performed</th>
<th>Mayo</th>
<th>Ref Lab Code or #:</th>
<th>TOXOP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimum Specimen Requirements</td>
<td>1 mL Serum</td>
<td>CPT Code(s):</td>
<td>86777,86778</td>
</tr>
<tr>
<td>Patient Preparation</td>
<td>None</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laboratory Handling</td>
<td>Refrigerate</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Toxoplasma gondii Antibody IgG, Serum

<table>
<thead>
<tr>
<th>Lab Where Test is Performed</th>
<th>Mayo</th>
<th>Ref Lab Code or #:</th>
<th>TOXGP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimum Specimen Requirements</td>
<td>0.5 mL Serum</td>
<td>CPT Code(s):</td>
<td>86777</td>
</tr>
<tr>
<td>Patient Preparation</td>
<td>None</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laboratory Handling</td>
<td>Refrigerate</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Toxoplasma gondii Antibody IgM, Serum

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Toxoplasma Antibody IgM, Serum-Mayo</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>Mayo</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td>TXM</td>
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<tr>
<td>Turn around Time:</td>
<td>2-3 days</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>7 mL Red SST Gel Tube</td>
</tr>
<tr>
<td>Minimum Specimen</td>
<td>1 mL Serum</td>
</tr>
<tr>
<td>Requirements:</td>
<td></td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Refrigerate.</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td></td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>86778</td>
</tr>
</tbody>
</table>

### Toxoplasma gondii IgG, CSF

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Send-out Other</th>
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</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>Focus</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td>60923</td>
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<tr>
<td>Turn around Time:</td>
<td>1-5 days</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>Cerebrospinal Fluid (CSF)</td>
</tr>
<tr>
<td>Minimum Specimen</td>
<td>0.5 mL CSF (Absolute minimum = 0.25 mL)</td>
</tr>
<tr>
<td>Requirements:</td>
<td></td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Refrigerate.</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td></td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>86777</td>
</tr>
</tbody>
</table>

### Toxoplasma gondii IgM, CSF

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Send-out Other</th>
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<tbody>
<tr>
<td>PowerChart Aliases:</td>
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<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>Focus</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td>60924</td>
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<td>Turn around Time:</td>
<td>1-5 days</td>
</tr>
<tr>
<td>Specimen Stability:</td>
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</tr>
<tr>
<td>Specimen Type:</td>
<td>Cerebrospinal Fluid (CSF)</td>
</tr>
<tr>
<td>Minimum Specimen</td>
<td>0.5 mL CSF (Absolute minimum = 0.25 mL)</td>
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<tr>
<td>Requirements:</td>
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</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
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<tr>
<td>Laboratory Handling:</td>
<td>Room temperature.</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td></td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>86778</td>
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</table>
Toxoplasma gondii IgM, Serum
Cerner Primary Synonym: Send-out Other
PowerChart Aliases: 
PathNet Aliases: 
Lab Where Test is Performed: Mayo Ref Lab Code or #: TOXMP 
Turn around Time: 2 days CPT Code(s): 86778 
Specimen Stability: 
Specimen Type: 5 mL Red Top Tube (SST Gel is acceptable) 
Minimum Specimen Requirements: 
Patient Preparation: None. 
Laboratory Handling: Freeze. 

toxoplasma IgG, Serum
Cerner Primary Synonym: Send-out Other
PowerChart Aliases: 
PathNet Aliases: 
Lab Where Test is Performed: Mayo Ref Lab Code or #: TOXGP 
Turn around Time: 2 days CPT Code(s): 86777 
Specimen Stability: 
Specimen Type: 5 mL Red Top Tube (SST Gel is acceptable) 
Minimum Specimen Requirements: 
Patient Preparation: None. 
Laboratory Handling: Refrigerate. 

TP53 Somatic Mutation DNA Sequencing Exons 4-9 Hemtologic Neoplasms
Cerner Primary Synonym: TP53 Gene Somatic Mut Analysis Bld-Mayo
PowerChart Aliases: 
PathNet Aliases: 
Lab Where Test is Performed: Mayo Ref Lab Code or #: P53CA 
Turn around Time: 7-10 days CPT Code(s): 81405 
Specimen Stability: Ambient <96 hours 
Specimen Type: (3) 5 mL EDTA Lavender Top Tubes 
Minimum Specimen Requirements: 
Patient Preparation: None. 
Laboratory Handling: Room Temperature. Send in the original tube. Make sure to indicate on the sample tube that the specimen as blood.
### TPHA (Treponema pallidum Antibody by TP-PA) - order RPR

<table>
<thead>
<tr>
<th>Lab Where Test is Performed</th>
<th>BVHS</th>
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</thead>
<tbody>
<tr>
<td>Turn around Time</td>
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</tr>
<tr>
<td>Specimen Stability</td>
<td></td>
</tr>
<tr>
<td>Specimen Type</td>
<td></td>
</tr>
<tr>
<td>Minimum Specimen Requirements</td>
<td></td>
</tr>
<tr>
<td>Patient Preparation</td>
<td></td>
</tr>
<tr>
<td>Laboratory Handling</td>
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<table>
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<th>Ref Lab Code or #:</th>
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<tr>
<th>CPT Code(s):</th>
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</thead>
<tbody>
<tr>
<td></td>
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</table>

### TPMT Enzyme, Blood

<table>
<thead>
<tr>
<th>Lab Where Test is Performed</th>
<th>Prometheus</th>
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</thead>
<tbody>
<tr>
<td>Turn around Time</td>
<td>4-5 days</td>
</tr>
<tr>
<td>Specimen Stability</td>
<td></td>
</tr>
<tr>
<td>Specimen Type</td>
<td>(2) 5 mL EDTA Lavender Top Tubes</td>
</tr>
<tr>
<td>Minimum Specimen Requirements</td>
<td>5 mL EDTA Whole Blood</td>
</tr>
<tr>
<td>Patient Preparation</td>
<td>None</td>
</tr>
<tr>
<td>Laboratory Handling</td>
<td>Refrigerate</td>
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</table>

<table>
<thead>
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<table>
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</tr>
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<tbody>
<tr>
<td>82657, 82542</td>
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</tbody>
</table>

### TPMT Genetics, Blood

<table>
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<th>Lab Where Test is Performed</th>
<th>Prometheus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turn around Time</td>
<td>2-3 days</td>
</tr>
<tr>
<td>Specimen Stability</td>
<td></td>
</tr>
<tr>
<td>Specimen Type</td>
<td>(2) 5 mL Lavender EDTA Tubes</td>
</tr>
<tr>
<td>Minimum Specimen Requirements</td>
<td>5 mL EDTA Whole Blood</td>
</tr>
<tr>
<td>Patient Preparation</td>
<td>None</td>
</tr>
<tr>
<td>Laboratory Handling</td>
<td>Refrigerate</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Ref Lab Code or #:</th>
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<table>
<thead>
<tr>
<th>CPT Code(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>81401</td>
</tr>
</tbody>
</table>
TPN Profile - see below (Total Parenteral Nourishment)

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: BVHS

Ref Lab Code or #:

Minimum Specimen Requirements:

Specimen Type: Order these tests individually: CBC, CHEM8, Triglyceride, Mg, Phosphorus, PTINR, PTT, and Liver Profile.

Laboratory Handling: Order these tests individually: CBC, CHEM8, Triglyceride, Mg, Phosphorus, PTINR, PTT, and Liver Profile.

Turn around Time:

CPT Code(s):

Specimen Stability:

TRACK (to be ordered for tracking special send out tests ONLY)

Cerner Primary Synonym: Sendout Tracking

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: BVHS

Ref Lab Code or #:

Minimum Specimen Requirements:

Specimen Type: Variable

Patient Preparation: Variable

Laboratory Handling: This test is to be ordered when the BVH Laboratory is serving as a collection station ONLY. In these situations we do not received results on these tests nor do we bill the patient. The Reference Laboratory bills the patient (or office) directly. When ordering TRACK use the canned text LTRACK in the specimen comments field to facilitate entering specific information. The Send-Out bench Tech must result this specimen when the send out is processed or taken to the Office.

Tramadol (Ultram), Qualitative, Urine (and Metabolite)

Cerner Primary Synonym: Send-out Other

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Mayo

Ref Lab Code or #: TRAM

Minimum Specimen Requirements:

Specimen Type: Random Urine collection (No preservative)

Patient Preparation: None.

Laboratory Handling: Refrigerate.
### Transferrin Isoelectric Focusing - see below for ordering criteria

**Cerner Primary Synonym:**
- Transferrin Level

**PowerChart Aliases:**

**PathNet Aliases:**

**Lab Where Test is Performed:** Ref Lab Code or #:
- BVHS

**Turn around Time:**
- < 1 day

**CPT Code(s):**
- 84446

**Specimen Stability:**
- 8 hours at Room Temperature, 48 hours at 2-8°C

**Specimen Type:**
- 5 mL Red Top Tube or 5 mL Light Green Heparinized Gel Tube (Gel is acceptable)

**Minimum Specimen Requirements:**
- 1 mL Serum or Plasma

**Patient Preparation:**
- None.

**Laboratory Handling:**
- It is recommended that the serum / plasma is separated from the cells within 2 hours.

---

### Transferrin, Plasma

**Cerner Primary Synonym:**
- Transferrin Deficient Transferrin for Congenital Disorders of Glycosylation, Serum

**PowerChart Aliases:**

**PathNet Aliases:**

**Lab Where Test is Performed:** Ref Lab Code or #:
- BVHS

**Turn around Time:**
- < 1 day

**CPT Code(s):**
- 84446

**Specimen Stability:**
- 8 hours at Room Temperature, 48 hours at 2-8°C

**Specimen Type:**
- 5 mL Red Top Tube or 5 mL Light Green Heparinized Gel Tube (Gel is acceptable)

**Minimum Specimen Requirements:**
- 1 mL Serum or Plasma

**Patient Preparation:**
- None.

**Laboratory Handling:**
- It is recommended that the serum / plasma is separated from the cells within 2 hours.

---

### Transfusion Reaction Study, Serum and Blood

**Cerner Primary Synonym:**
- Transfusion Reaction Workup

**PowerChart Aliases:**

**PathNet Aliases:**

**Lab Where Test is Performed:** Ref Lab Code or #:
- BVHS

**Turn around Time:**
- Variable

**CPT Code(s):**
- Variable

**Specimen Stability:**
- 7 mL Plain Red Top Tube and 5 mL EDTA Lavender Tube (No Gel)

**Specimen Type:**
- 7 mL Plain Red Top Tube and 5 mL EDTA Lavender Tube (No Gel)

**Minimum Specimen Requirements:**
- Call Blood Bank for suspected transfusion reactions. (These are not ordered in Meditech.)

**Patient Preparation:**
- None.

**Laboratory Handling:**
- None.
**Transglutaminase IgA** - see Tissue Transglutaminase, IgA

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

---

**Translocation 9-22** - see BCR/ABL Translocation 9-22, FISH

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

---

**Tranxene (Nordiazepam)** - see Diazepam (and Nordiazepam)

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:
### Trazodone, Serum (Desyrel)

**Cerner Primary Synonym:** Trazodone Level-Mayo  

**PowerChart Aliases:**  
**PathNet Aliases:** Mayo-Trazodone, S  

**Lab Where Test is Performed:** Mayo  
**Ref Lab Code or #:** FFTRZ  

**Minimum Specimen Requirements:**  
- (2) 7 mL Plain Red Top Tubes (No SST Gel)  
- 1 mL Serum

**Specimen Stability:**  
- The patient should be on trazodone for 5 days prior to collection. Collect the specimen 12 hours after the last dose.

**Laboratory Handling:** Refrigerate.

**Turn around Time:** 9 days  
**CPT Code(s):** 80338

---

### TRH - see Thyrotropin Releasing Hormone (Thyroid Releasing Hormone)

**Cerner Primary Synonym:**  

**PowerChart Aliases:**  
**PathNet Aliases:**

**Lab Where Test is Performed:**  
**Ref Lab Code or #:**  

**Minimum Specimen Requirements:**  
- 3 mL serum collected in a no additive (dark blue-top) tube (Plain Red Top serum or EDTA Plasma are also acceptable)

**Specimen Stability:**  
- Includes Amitriptyline, Nortriptyline, Imipramine, Desipramine, Doxepin, Desmethyldoxepin, Clomipramine, Desmethyloclopramine.

**Laboratory Handling:** Centrifuge immediately and separate the serum from the cells. Refrigerate. Includes Amitriptyline, Nortriptyline, Imipramine, Desipramine, Doxepin, Desmethyldoxepin, Clomipramine, Desmethyloclopramine.

---

### Tricyclic Antidepressant Screen (TCA), Serum (Tricyclics, ID and Quant)

**Cerner Primary Synonym:** Send-out Other  

**PowerChart Aliases:**  
**PathNet Aliases:**

**Lab Where Test is Performed:** Quest  
**Ref Lab Code or #:** 17482  

**Turn around Time:** 8 days  
**CPT Code(s):** 82492

**Specimen Stability:**

**Specimen Type:** (2) 7 mL Dark Blue NO ADDITIVE tubes

**Minimum Specimen Requirements:**  
- 3 mL serum collected in a no additive (dark blue-top) tube (Plain Red Top serum or EDTA Plasma are also acceptable)

**Patient Preparation:** None.

**Laboratory Handling:** Centrifuge immediately and separate the serum from the cells. Refrigerate. Includes Amitriptyline, Nortriptyline, Imipramine, Desipramine, Doxepin, Desmethyldoxepin, Clomipramine, Desmethyloclopramine.
Trifluoperazine, Plasma (Stelazine)

Cerner Primary Synonym: Send-out Other

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: ARUP  Ref Lab Code or #: 0091354

Turn around Time: Varies  CPT Code(s): 84022

Specimen Stability:

Specimen Type: SPECIAL HANDLING - (3) 5 mL Grey Top Potassium Oxalate Tubes (No SST Gel)

Minimum Specimen Requirements:

Patient Preparation: None.

Laboratory Handling: ** Remove plasma from cells within 10 minutes. Refrigerate.

Triglycerides, Body Fluid

Cerner Primary Synonym: Body Fluid Triglycerides

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: BVHS  Ref Lab Code or #:

Turn around Time: < 1 day  CPT Code(s): 84478

Specimen Stability:

Specimen Type: 7 mL Red No Gel Tube - Body Fluid (Paracentesis, Pleural, Synovial, Thoracentesis, Other)

Minimum Specimen Requirements:

Patient Preparation: None.

Laboratory Handling: None.

Triglycerides, Plasma

Cerner Primary Synonym: Triglycerides

PowerChart Aliases: Triacylglycerols

PathNet Aliases:

Lab Where Test is Performed: BVHS  Ref Lab Code or #:

Turn around Time: < 1 day  CPT Code(s): 84478

Specimen Stability: 8 hours at Room Temperature, 48 hours at 2-8 C

Specimen Type: 5 mL Light Green Heparinized Gel Tube

Minimum Specimen Requirements:

Patient Preparation: Fasting for 14 hours.

Laboratory Handling: Serum is also acceptable.
## Trileptal, Serum (Oxcarbazepine)

<table>
<thead>
<tr>
<th>Lab Where Test is Performed</th>
<th>Mayo</th>
<th>Ref Lab Code or #: OMHC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimum Specimen Requirements</td>
<td>0.5 mL Serum ONLY</td>
<td></td>
</tr>
<tr>
<td>Specimen Type</td>
<td>7 mL Plain Red Top Tubes (NO SST Gel)</td>
<td></td>
</tr>
<tr>
<td>Turn around Time</td>
<td>3 days</td>
<td></td>
</tr>
<tr>
<td>CPT Code(s)</td>
<td>82491</td>
<td></td>
</tr>
</tbody>
</table>

### Laboratory Handling
- Spin down within 2 hours of collection. Refrigerate.

### PowerChart Aliases:
- Mayo-Oxcarbazepine Metabolite (MHC), S

### Cerner Primary Synonym:
- Oxcarbazepine Metabolite (MHC)-Mayo

### PathNet Aliases:
- Mayo-Oxcarbazepine Metabolite (MHC), S

## Troponin, Blood

<table>
<thead>
<tr>
<th>Lab Where Test is Performed</th>
<th>BVHS</th>
<th>Ref Lab Code or #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimum Specimen Requirements</td>
<td>0.5 mL Li Heparin Whole Blood</td>
<td></td>
</tr>
<tr>
<td>Specimen Type</td>
<td>5 mL Light Green Heparinized Gel Tube</td>
<td></td>
</tr>
<tr>
<td>Turn around Time</td>
<td>4 hours</td>
<td></td>
</tr>
<tr>
<td>CPT Code(s)</td>
<td>84484</td>
<td></td>
</tr>
</tbody>
</table>

### Laboratory Handling
- None.

### PowerChart Aliases:
- Troponin-I

### Cerner Primary Synonym:
- Troponin-I

### PathNet Aliases:
- None.

## Trypsin, Fecal (Test Obsolete) - order Pancreatic Elastase, Stool (ELISA)

<table>
<thead>
<tr>
<th>Lab Where Test is Performed</th>
<th>BVHS</th>
<th>Ref Lab Code or #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimum Specimen Requirements</td>
<td>None.</td>
<td></td>
</tr>
<tr>
<td>Specimen Type</td>
<td>None.</td>
<td></td>
</tr>
<tr>
<td>Turn around Time</td>
<td>None.</td>
<td></td>
</tr>
<tr>
<td>CPT Code(s)</td>
<td>None.</td>
<td></td>
</tr>
</tbody>
</table>

### Laboratory Handling
- None.
## Trypsin, Serum

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Send-out Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>ARUP</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td>2014025</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>2-7 days</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>83519</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>5 mL Red Top Tube (SST Gel is acceptable)</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>1 mL Serum</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td></td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Allow the specimen to clot for 15-20 minutes at room temperature then separate from cells ASAP or within 2 hours of collection.</td>
</tr>
<tr>
<td></td>
<td>Freeze.</td>
</tr>
</tbody>
</table>

## Tryptase, Serum

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Tryptase Level-Mayo</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td>Mayo-Tryptase, S</td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>Mayo</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td>TRYPTE</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>5 days</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>83520</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>5 mL Red Top Tube (SST Gel is acceptable)</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>0.5 mL Serum</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Freeze.</td>
</tr>
</tbody>
</table>

## TSH, Plasma (Thyroid Stimulating Hormone)

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Thyroid Stimulating Hormone (TSH)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td>TSH</td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td>TSH</td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>BVHS</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td></td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>&lt; 1 day</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>84443</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td>8 hours at Room Temperature, 7 days at 2-8 C, Freeze at -20C for up to 90 days.</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>5 mL Light Green Heparinized Gel Tube (Serum is also acceptable)</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>1 mL Heparinized Plasma or Serum</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>None. This is a third generation TSH. 8 hours at Room Temperature, 7 days at 2-8 C, Freeze at -20C for up to 90 days.</td>
</tr>
</tbody>
</table>
TSI - see Thyroid-Stimulating Immunoglobulin

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

T-Spot for Tuberculosis, Blood

Cerner Primary Synonym: T-Spot for Tuberculosis, Blood

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Oxford Laboratories Ref Lab Code or #:

Turn around Time: 2-3 days CPT Code(s):

Specimen Stability:

Specimen Type: *** Special *** Li Heparin Whole Blood - use tube from collection kit

Minimum Specimen Requirements: 9.0 mL whole blood (tube needs to be filled)

Patient Preparation: None. DO NOT collect after noon on Friday or Saturday or Sunday.

Laboratory Handling: Must use Oxford Immunotec Collection kit. Collect blood (9mL) in tube provided in kit. Room temperature. MUST ship on the same day of collection. Place tube in collection kit tube holder (holder can hold up to 5 additional patient sample tubes); roll the holder up and place it in the biohazard bag. Complete the Order Requisition form with the Ordering Provider and NPI. Must have 2 identifiers on the tube. Place the requisition in the biohazard bag outer slot. Sandwich the tube(s) between the gel and the solid packs provided in the kit. MUST be sure to put the lid on the collection kit box. Samples may be rejected if not on. DO NOT tape box closed. The barcode on the kit box is linked to out BVHS account for resupply purposes. Put box in FedEx bag and label with shipping label.

T-Suppressor Cells (CD8) - see CD4 Count for Monitoring (includes CD3, CD4, CD8, CD4:CD8 Ratio)

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:
TTG IgA and IgG Profile, Serum - see Tissue Transglutaminase IgA and IgG Profile, Serum

Cerner Primary Synonym:
PowerChart Aliases:
PathNet Aliases:
Lab Where Test is Performed: Ref Lab Code or #:
Turn around Time: CPT Code(s):
Specimen Stability:
Specimen Type:
Minimum Specimen Requirements:
Patient Preparation:
Laboratory Handling:

TTG IgA Antibodies - see Tissue Transglutaminase (tTG) IgA Antibodies

Cerner Primary Synonym:
PowerChart Aliases:
PathNet Aliases:
Lab Where Test is Performed: Ref Lab Code or #:
Turn around Time: CPT Code(s):
Specimen Stability:
Specimen Type:
Minimum Specimen Requirements:
Patient Preparation:
Laboratory Handling:

TTR Gene, Full Gene Analysis - (Amyloidosis TTR DNA Test (Amyloidosis, Familial Molecular Analysis)), Blood

Cerner Primary Synonym: Send-out Other
PowerChart Aliases:
PathNet Aliases:
Lab Where Test is Performed: Mayo Ref Lab Code or #: ATTRZ
Turn around Time: 14 days CPT Code(s): 81404
Specimen Stability:
Specimen Type: (2) 5 mL EDTA Lavender Top Tube
Minimum Specimen Requirements: 3 mL EDTA Whole blood in original container
Patient Preparation: None.
Laboratory Handling: Send samples in original tube(s). Room Temperature.
Tuberculosis (TB) Culture (AFB, Mycobacteria)

**Cerner Primary Synonym:** Culture Acid Fast Bacili

**PowerChart Aliases:** Acid Fast Bacili Culture, AFB Culture

**PathNet Aliases:** C AFB

**Lab Where Test is Performed:** BVHS

**Minimum Specimen Requirements:** 1 mL of specimen

**Specimen Stability:** Sterile container

**Patient Preparation:** The specimen should be collected first thing in the morning.

**Laboratory Handling:** See Acid Fast Culture and Smear for collection instructions.

**Turn around Time:** 8 weeks

**CPT Code(s):** 87206, 87116

---

Type and Crossmatch, Blood

**Cerner Primary Synonym:** Type and Crossmatch

**Lab Where Test is Performed:** BVHS

**Minimum Specimen Requirements:** 3 mL EDTA Whole Blood or Serum

**Patient Preparation:** See special instruction in the Blood Bank department.

**Laboratory Handling:** Order ABORH, AS, and PC or LP (followed by the number of units requested). Choose according to how many units are to be set up.

**Turn around Time:** < 1 day

**CPT Code(s):** Variable

---

Type and Screen, Blood (Surgical Type and Screen)

**Cerner Primary Synonym:** Type and Screen

**Lab Where Test is Performed:** BVHS

**Minimum Specimen Requirements:** 3 mL EDTA Whole Blood or Serum

**Patient Preparation:** See Surgical Type and Screen.

**Laboratory Handling:** None.

**Specimen Stability:** 7 mL Pink Top EDTA Tube or Plain Red Top Tube (No SST Gel)

**CPT Code(s):** 86900, 86901, 86850

---
**Typical Pneumoniae Evaluation, Blood (same as Atypical Pneumoniae Evaluation)**

<table>
<thead>
<tr>
<th>Lab Where Test is Performed:</th>
<th>Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ref Lab Code or #:</td>
<td>4070</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>1-4 days</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>86631(x6), 86632(x3), 86713(x3), 86738(x2)</td>
</tr>
</tbody>
</table>

**Minimum Specimen Requirements:**
- (3) 5 mL Red Top Tubes (SST Gel is acceptable)
- 3 mL Serum

**Patient Preparation:**
- None.

**Laboratory Handling:**
- Refrigerate. The panel includes: Chlamydia pneumoniae, Chlamydia psittaci, Chlamydia trachomatis, Legionella spp. (non-pneumophila), Legionella pneumophila, and Mycoplasma pneumoniae IgG and IgM.

---

**Tyrosine, Plasma (includes Phenylalanine)**

<table>
<thead>
<tr>
<th>Lab Where Test is Performed:</th>
<th>Mayo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ref Lab Code or #:</td>
<td>PKU</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>5 days</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>84030, 84510</td>
</tr>
</tbody>
</table>

**Minimum Specimen Requirements:**
- 5 mL Sodium Heparin Green Top Tubes
- 0.5 mL Heparin Plasma

**Patient Preparation:**
- Patient must be fasting. (at least 4 hours for infants)

**Laboratory Handling:**
- Remove plasma from cells as soon as possible. Freeze.

---

**UA (Routine Urinalysis)**

<table>
<thead>
<tr>
<th>Lab Where Test is Performed:</th>
<th>BVHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ref Lab Code or #:</td>
<td></td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>&lt; 1 day</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>81001</td>
</tr>
</tbody>
</table>

**Minimum Specimen Requirements:**
- Random Urine collection
- 10 mL Random Urine (Pediatric minimum = 1 mL)

**Patient Preparation:**
- None.

**Laboratory Handling:**
- None.
Ultrastensitive HIV-1 RNA Quantitative - see HIV-1 RNA Ultrastensitive Quantitative

Cerner Primary Synonym: 

PowerChart Aliases: 

PathNet Aliases: 

Lab Where Test is Performed: Ref Lab Code or #: 

Turn around Time: CPT Code(s): 

Specimen Stability: 

Specimen Type: 

Minimum Specimen Requirements: 

Patient Preparation: 

Laboratory Handling: 

Umbilical Cord Tissue Detection Panel - see Drug Detection Panel, Umbilical Cord Tissue

Cerner Primary Synonym: 

PowerChart Aliases: 

PathNet Aliases: 

Lab Where Test is Performed: Ref Lab Code or #: 

Turn around Time: CPT Code(s): 

Specimen Stability: 

Specimen Type: 

Minimum Specimen Requirements: 

Patient Preparation: 

Laboratory Handling: 

Urea Clearance, 24 hour Urine

Cerner Primary Synonym: BUN Clearance 

PowerChart Aliases: 

PathNet Aliases: 

Lab Where Test is Performed: BVHS Ref Lab Code or #: 

Turn around Time: < 1 day CPT Code(s): 84545 

Specimen Stability: Urine: 2 hours at Room Temp.-24 hours at 2-8 C; Serum: 8 hours at Room Temperature, 48 hours at 2-8 C 

Specimen Type: 24 HR Urine collection with no preservative and 5 mL Heparin Gel Tube 

Minimum Specimen Requirements: 1 mL Urine from a 24 hour collection and 1 mL Plasma 

Patient Preparation: Order (plasma) BUN to be drawn during the collection period. 

Laboratory Handling: Collect urine on ice or keep refrigerated. Record the total urine volume. Serum is also acceptable.
<table>
<thead>
<tr>
<th>Test Description</th>
<th>Lab Where Test is Performed</th>
<th>Ref Lab Code or #</th>
<th>CPT Code(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urea-N (BUN) - see BUN</td>
<td>BVHS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urea-N, Urine (Urine Urea Nitrogen) - see BUN, Urine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ureaplasma Species Culture - see Mycoplasma hominis Culture (and Ueaplasma Species culture)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Uric Acid Crystals, Fluid

Cerner Primary Synonym: Fluid For Crystal Analysis

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: BVHS

Ref Lab Code or #: CPT Code(s): 89060

Minimum Specimen Requirements:

Specimen Type: Body fluid in a EDTA Lavender Top Tube

Patient Preparation:

Laboratory Handling:

Turn around Time: < 1 day

Specimen Stability:

Uric Acid for Patients on Rasburicase (Elitek) (**Special Handling**)

Cerner Primary Synonym: Uric Acid Level (Rasburicase - Elitek)

PowerChart Aliases: Uric Acid for Patients on Rasburicase-Elitek

PathNet Aliases:

Lab Where Test is Performed: BVHS

Ref Lab Code or #: CPT Code(s): 84550

Minimum Specimen Requirements:

Specimen Type: 5 mL Heparin Gel Tube ON ICE (SST Gel Tube is acceptable).

Patient Preparation: This order is ONLY for patients on the drug Rasburicase (Elitek).

Laboratory Handling: Specimen needs to be placed on ice IMMEDIATELY after being drawn and sent on ice to the Laboratory. Test must be performed within 4 hours of collection. Sample should remain on ice until testing. Centrifuge immediately upon receiving in the Laboratory.

Uric Acid, Plasma

Cerner Primary Synonym: Uric Acid

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: BVHS

Ref Lab Code or #: CPT Code(s): 84550

Minimum Specimen Requirements:

Specimen Type: 5 mL Heparin Gel Tube

Patient Preparation:

Laboratory Handling: Serum is also acceptable.

Specimen Stability: 8 hours at Room Temperature, 48 hours at 2-8 C

Specimen Type: 0.5 mL Heparinized Plasma

Uric Acid Crystals, Fluid

Lab Where Test is Performed: BVHS

Ref Lab Code or #: CPT Code(s): 84550

Minimum Specimen Requirements:

Specimen Type: Body fluid in a EDTA Lavender Top Tube

Patient Preparation:

Laboratory Handling:

Turn around Time: < 1 day

Specimen Stability:
### Uric Acid, Urine 24 Hour

**Cerner Primary Synonym:** Urine Uric Acid 24 Hour

**PowerChart Aliases:**

<table>
<thead>
<tr>
<th>Lab Where Test is Performed</th>
<th>BVHS</th>
<th>Ref Lab Code or #:</th>
</tr>
</thead>
</table>

**Turn around Time:** < 1 day

**CPT Code(s):** 84560

**Specimen Stability:** 2 hours at Room Temperature after collection, DO NOT REFRIGERATE.

**Specimen Type:** 24 Hour Urine collection WITH preservative

**Minimum Specimen Requirements:** 1 mL of a 24 Hour Urine

**Patient Preparation:** None. DO NOT REFRIGERATE. Keep at Room Temperature.

**Laboratory Handling:** 2 hours at Room Temperature after collection, DO NOT REFRIGERATE. Add 10 Ml 5% NaOH to the container prior to collection. Keep at ROOM TEMPERATURE during collection. Record the total urine volume.

---

### Urinalysis - see UA

**Cerner Primary Synonym:**

**PowerChart Aliases:**

<table>
<thead>
<tr>
<th>Lab Where Test is Performed</th>
<th>BVHS</th>
<th>Ref Lab Code or #:</th>
</tr>
</thead>
</table>

**Turn around Time:**

**CPT Code(s):**

---

### Urine 17-Hydroxycorticosteroids (17-OH) - see 17-Hydroxycorticosteroids, Urine (17-OH)

**Cerner Primary Synonym:**

**PowerChart Aliases:**

<table>
<thead>
<tr>
<th>Lab Where Test is Performed</th>
<th>BVHS</th>
<th>Ref Lab Code or #:</th>
</tr>
</thead>
</table>

**Turn around Time:**

**CPT Code(s):**

---
Urine 17-Ketogenic Steroids, Total (17-KGS) - see order Congenital Adrenal Hyperplasia (CAH) Profile for 21-Hydroxylase Deficiency

Cerner Primary Synonym:

PowerChartAliases:

PathNetAliases:

LabWhereTestisPerformed: 

Ref Lab Code or #:

Turn around Time: 

CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling: If 17-Ketogenic Steroids, 24 Hour Urine is ordered for Cushing's Syndrom order the Cortisol, Free Urine (24 Hour Urine Cortisol) instead.

---

Urine 17-Ketosteroids, Total (17-Keto) - order 17 Ketosteroid Fractionation, Urine

Cerner Primary Synonym:

PowerChartAliases:

PathNetAliases:

LabWhereTestisPerformed: 

Ref Lab Code or #:

Turn around Time: 

CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

---

Urine 5-HIAA, 24 Hour (5-Hydroxy Indole Acetic Acid, Urine) - see 5-HIAA

Cerner Primary Synonym:

PowerChartAliases:

PathNetAliases:

LabWhereTestisPerformed: 

Ref Lab Code or #:

Turn around Time: 

CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:
Urine Aldosterone - see Aldosterone, Urine

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

Urine Amino Acids and Plasma Amino Acids - see Amino Acids, Quant. for each specimen type

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

Urine Aminolevulinic Acid (ALA) - see Aminolevulinic Acid

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:
Urine Amylase - see Amylase, Urine Random

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: BVHS

Ref Lab Code or #:

CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

Urine Calcium Random

Cerner Primary Synonym: Urine Calcium Random

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: BVHS

Ref Lab Code or #:

Turn around Time: < 1 day

CPT Code(s): 82310

Specimen Stability:

Specimen Type: Random Urine collection

Minimum Specimen Requirements: 1 mL Random Urine sample

Patient Preparation: None.

Laboratory Handling: None.

Urine Calcium, 24 Hour - see Calcium, Urine 24 Hour

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: BVHS

Ref Lab Code or #:

Turn around Time:

CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:
Urine Catecholamines, Fractionated - see Catecholamines, Urine Fractionated

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: BVHS

Turn around Time: < 1 day

Specimen Stability: 2 hours at Room Temperature, 24 hours at 2-8°C

Specimen Type: Random Urine collection

Minimum Specimen Requirements:

2 mL Random Urine

Patient Preparation: None.

Laboratory Handling: None.

Urine Chloride, Random

Cerner Primary Synonym: Urine Chloride Random

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: BVHS

Turn around Time: < 1 day

Specimen Stability: 2 hours at Room Temperature, 24 hours at 2-8°C

Specimen Type: Random Urine collection

Minimum Specimen Requirements:

2 mL Random Urine

Patient Preparation: None.

Laboratory Handling: None.

Urine Citrate Excretion - see Citrate Excretion, Urine

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: BVHS

Turn around Time: < 1 day

Specimen Stability: 2 hours at Room Temperature, 24 hours at 2-8°C

Specimen Type: Random Urine collection

Minimum Specimen Requirements:

2 mL Random Urine

Patient Preparation: None.

Laboratory Handling: None.
Urine Copper - see Copper, Urine
Cerner Primary Synonym:
PowerChart Aliases:
PathNet Aliases:
Lab Where Test is Performed: Ref Lab Code or #:
Turn around Time: CPT Code(s):
Specimen Stability:
Specimen Type:
Minimum Specimen Requirements:
Patient Preparation:
Laboratory Handling:

Urine Creatinine Clearance - see Creatinine Clearance (CRCL)
Cerner Primary Synonym:
PowerChart Aliases:
PathNet Aliases:
Lab Where Test is Performed: BVHS Ref Lab Code or #:
Turn around Time: CPT Code(s):
Specimen Stability:
Specimen Type:
Minimum Specimen Requirements:
Patient Preparation:
Laboratory Handling:

Urine Creatinine, 24 Hour - see Creatinine, Urine (24 Hour Urine Creatinine)
Cerner Primary Synonym:
PowerChart Aliases:
PathNet Aliases:
Lab Where Test is Performed: BVHS Ref Lab Code or #:
Turn around Time: CPT Code(s):
Specimen Stability:
Specimen Type:
Minimum Specimen Requirements:
Patient Preparation:
Laboratory Handling:
### Urine Creatinine, Random

**Cerner Primary Synonym:** Urine Creatinine Random  
**PowerChart Aliases:**  
**PathNet Aliases:**  
**Lab Where Test is Performed:** BVHS  
**Ref Lab Code or #:**  
**Turn around Time:** < 1 day  
**CPT Code(s):** 82570  
**Specimen Stability:** 2 hours (ASAP) at Room Temperature, 24 hours at 2-8 C  
**Specimen Type:** Random Urine collection  
**Minimum Specimen Requirements:** 2 mL Random Urine  
**Patient Preparation:** None.  
**Laboratory Handling:** None.  

### Urine Culture (Colony Count)

**Cerner Primary Synonym:** Culture Urine  
**PowerChart Aliases:** Urine Culture  
**PathNet Aliases:** C Urine  
**Lab Where Test is Performed:** BVHS  
**Ref Lab Code or #:**  
**Turn around Time:** 2-3 days  
**CPT Code(s):** 87088  
**Specimen Stability:**  
**Specimen Type:** Sterile Urine container  
**Minimum Specimen Requirements:** 0.5 mL Urine  
**Patient Preparation:** See collection instructions.  
**Laboratory Handling:** Specimens must be collected in sterile containers. For Clean Catch specimens must be collected in sterile containers. For Clean Catch specimens, the patient must be instructed as to how to collect the specimen. Clean the genital area well, void 15-20 ML of urine, then collect the specimen without stopping the stream of urine. Do not touch the inside of the container. Containers must have tight fitting lids to prevent leakage of the specimen. Specimens must be brought to the Lab within 1 hour. If this is not possible, the specimen should be refrigerated until it can be transported. Colony Counts are performed on all urines (with the exception of bladder urines obtained at cystoscopy).  

### Urine Cyclic AMP - see Cyclic AMP (Urine)

**Cerner Primary Synonym:**  
**PowerChart Aliases:**  
**PathNet Aliases:**  
**Lab Where Test is Performed:**  
**Ref Lab Code or #:**  
**Turn around Time:**  
**CPT Code(s):**  
**Specimen Stability:**  
**Specimen Type:**  
**Minimum Specimen Requirements:**  
**Patient Preparation:**  
**Laboratory Handling:**
### Urine Cystine, Quantitative, 24 Hour

**Cerner Primary Synonym:** Cystinuria Profile Quant 24Hr Urine-Mayo  
**PowerChart Aliases:**  
**PathNet Aliases:** Mayo-Cystinuria Profile, QN, 24 hour  
**Lab Where Test is Performed:** Mayo  
**Ref Lab Code or #:** CYSQN  
**Minimum Specimen Requirements:** 5 mL Aliquot of a 24 Hour Urine  
**Specimen Type:** 24 Hour Urine collection with preservative  
**Patient Preparation:** None.  
**Laboratory Handling:** Add 20 ML of Toluene at the start of collection. If Toluene is not available, refrigerate the specimen during collection. Freeze.  
**Turn around Time:** 5 days  
**CPT Code(s):** 82127, 82131  
**Specimen Stability:**

### Urine Dopamine - order Catecholamines, Urine Fractionated

**Cerner Primary Synonym:**  
**PowerChart Aliases:**  
**PathNet Aliases:**  
**Lab Where Test is Performed:**  
**Ref Lab Code or #:**  
**Specimen Type:**  
**Minimum Specimen Requirements:**  
**Patient Preparation:**  
**Laboratory Handling:**  
**Turn around Time:**  
**CPT Code(s):**  
**Specimen Stability:**

### Urine Estrogen Fractionation (includes Estradiol, Estrone, Creatinine) - see Estrogen Fractionation, Urine (includes Estradiol, Estrone, Creatinine)

**Cerner Primary Synonym:**  
**PowerChart Aliases:**  
**PathNet Aliases:**  
**Lab Where Test is Performed:**  
**Ref Lab Code or #:**  
**Specimen Type:**  
**Minimum Specimen Requirements:**  
**Patient Preparation:**  
**Laboratory Handling:**  
**Turn around Time:**  
**CPT Code(s):**  
**Specimen Stability:**
Blanchard Valley Health System Laboratory Specimen Collection Manual

Urine for Legionella Antigen - see Legionella Antigen, Urine

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: BVHS

Ref Lab Code or #:

Turn around Time:

CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

Urine Free Cortisol - see Cortisol, Free Urine (24 Hour Urine Cortisol)

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: BVHS

Ref Lab Code or #:

Turn around Time:

CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

Urine Glucose, 24 Hour (Quantitative) - see Glucose, 24 hour Urine (Quantitative)

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: BVHS

Ref Lab Code or #:

Turn around Time:

CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:
**Urine Glucose, Qualitative - order Urine Chemistry by Dipstick (UDIP)**

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: BVHS

Ref Lab Code or #:

Turn around Time:

CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

---

**Urine Heavy Metals Panel (Arsenic, Lead, Mercury - see Heavy Metal Panel, Urine (Arsenic, Lead, Mercury)**

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: BVHS

Ref Lab Code or #:

Turn around Time:

CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

---

**Urine Hemoglobin**

Cerner Primary Synonym: UHEM

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: BVHS

Ref Lab Code or #:

Turn around Time: < 1 day

CPT Code(s): 83069

Specimen Stability:

Specimen Type: Random Urine collection

Minimum Specimen Requirements: 10 mL Random Urine

Patient Preparation: None.

Laboratory Handling: None.
### Urine Hemosiderin (Urine for Hemosiderin) - see Hemosiderin Stain, Urine

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
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<tbody>
<tr>
<td>PowerChart Aliases:</td>
</tr>
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<td>PathNet Aliases:</td>
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<tr>
<td>Lab Where Test is Performed:</td>
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<td>Specimen Type:</td>
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<tr>
<td>Minimum Specimen Requirements:</td>
</tr>
<tr>
<td>Patient Preparation:</td>
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<tr>
<td>Laboratory Handling:</td>
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### Urine Homovanillic Acid (HVA) - see Homovanillic Acid, Urine (HVA)

<table>
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<tbody>
<tr>
<td>PowerChart Aliases:</td>
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<td>PathNet Aliases:</td>
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<td>Lab Where Test is Performed:</td>
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<tr>
<td>Turn around Time:</td>
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<tr>
<td>Specimen Stability:</td>
</tr>
<tr>
<td>Specimen Type:</td>
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<tr>
<td>Minimum Specimen Requirements:</td>
</tr>
<tr>
<td>Patient Preparation:</td>
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<tr>
<td>Laboratory Handling:</td>
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### Urine Hydroxyproline, Total - see Hydroxyproline, 24 Hour Urine, Total

<table>
<thead>
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<th>Cerner Primary Synonym:</th>
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<tbody>
<tr>
<td>PowerChart Aliases:</td>
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<td>Lab Where Test is Performed:</td>
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<tr>
<td>Turn around Time:</td>
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<tr>
<td>Specimen Stability:</td>
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<tr>
<td>Specimen Type:</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
</tr>
<tr>
<td>Patient Preparation:</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
</tr>
</tbody>
</table>
Urine IEP - see Immunofixation Electrophoresis, Urine

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: BVHS  Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

Urine Immunoglobulin Total Light Chains, 24 Hour Urine

Cerner Primary Synonym: Send-out: Other

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Mayo  Ref Lab Code or #: TLCU

Turn around Time: 4-5 days  CPT Code(s): 83883 (x2)

Specimen Stability:

Specimen Type: 24 Hour Urine Collection (No Preservative)

Minimum Specimen Requirements: 1 mL of a 24 Hour Urine Collection (Absolute minimum = 0.5 mL)

Patient Preparation:

Laboratory Handling: Refrigerate.

Urine Lead, 24 Hour

Cerner Primary Synonym: Send-out Other

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Mayo  Ref Lab Code or #: PBU

Turn around Time: 3 days  CPT Code(s): 83655

Specimen Stability:

Specimen Type: 24 Hour Urine collection with preservative

Minimum Specimen Requirements: 10 mL Aliquot of a 24 Hour Urine

Patient Preparation:

Laboratory Handling: Collect in a clean, plastic container with no metal caps or glued inserts. Refrigerate.
Urine Magnesium, 24 Hour - see Magnesium, Urine 24 Hour

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: BVHS

Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

---

Urine Metabolic Screen - see Metabolic Screen, Comprehensive

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

---

Urine Metabolic Screen (ordered by Dr FAC and McEvoy, BV Pediatrics)

Cerner Primary Synonym: Send-out Other

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: CGH

Ref Lab Code or #:

Turn around Time: Varies

CPT Code(s): Varies

Specimen Stability:

Specimen Type: Random Urine collection

Minimum Specimen Requirements:

10 mL Urine

Patient Preparation: None.

Laboratory Handling: Freeze. Ship on dry ice via Federal Express. (This does not include Organic Acids, Quantitative testing. However, it does include a Qualitative Screen for Non-Volatile Organic Acids.)
Urine Metanephrines, Fractionated, 24 Hour - see Metanephrines, Urine Fractionated, 24 HR Urine
Cerner Primary Synonym:
PowerChart Aliases:
PathNet Aliases:
Lab Where Test is Performed: Ref Lab Code or #:
Turn around Time: CPT Code(s):
Specimen Stability:
Specimen Type:
Minimum Specimen Requirements:
Patient Preparation:
Laboratory Handling:

Urine Metanephrines, Fractionated, Random - see Metanephrines, Urine Fractionated, Random
Cerner Primary Synonym:
PowerChart Aliases:
PathNet Aliases:
Lab Where Test is Performed: Ref Lab Code or #:
Turn around Time: CPT Code(s):
Specimen Stability:
Specimen Type:
Minimum Specimen Requirements:
Patient Preparation:
Laboratory Handling:

Urine Methyl-Histadine - order Amino Acid Analysis, Quantitative
Cerner Primary Synonym:
PowerChart Aliases:
PathNet Aliases:
Lab Where Test is Performed: Ref Lab Code or #:
Turn around Time: CPT Code(s):
Specimen Stability:
Specimen Type:
Minimum Specimen Requirements:
Patient Preparation:
Laboratory Handling:
Urine Microscopic - cannot be performed by itself, order a Routine Urinalysis (UA)

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed:  
Ref Lab Code or #:

Turn around Time:  
CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

---

Urine Myoglobin - see Myoglobin, Urine

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed:  BVHS  
Ref Lab Code or #:

Turn around Time:  
CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

---

Urine Norepinephrine - order Catecholamines, Urine Fractionated

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed:  
Ref Lab Code or #:

Turn around Time:  
CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:
Urine Organic Acids Screen (Adult and Pediatric) - see Organic Acids Screen, Urine
Cerner Primary Synonym:

PowerChart Aliases:
PathNet Aliases:

Lab Where Test is Performed: BVHS

Ref Lab Code or #:

Turn around Time:

CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

---

Urine Osmolality - see Osmolality, Urine
Cerner Primary Synonym:

PowerChart Aliases:
PathNet Aliases:

Lab Where Test is Performed: BVHS

Ref Lab Code or #:

Turn around Time:

CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

---

Urine Oxalate - see Oxalate, Urine 24 Hour
Cerner Primary Synonym:

PowerChart Aliases:
PathNet Aliases:

Lab Where Test is Performed: BVHS

Ref Lab Code or #:

Turn around Time:

CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:
### Urine PCA 3 - see PCA 3 Assay

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<th>Ref Lab Code or #</th>
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<th>Turn around Time</th>
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<tr>
<td>&lt; 1 day</td>
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<table>
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<tr>
<th>Specimen Stability</th>
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**Specimen Type:**

**Minimum Specimen Requirements:**

**Patient Preparation:**

**Laboratory Handling:**

---

### Urine pH

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<tr>
<th>Cerner Primary Synonym</th>
<th>Urine Dipstick</th>
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<tr>
<th>Turn around Time</th>
<th>CPT Code(s)</th>
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<tbody>
<tr>
<td>&lt; 1 day</td>
<td>81003</td>
</tr>
</tbody>
</table>

**Specimen Stability:**

**Specimen Type:**

**Minimum Specimen Requirements:**

**Patient Preparation:**

**Laboratory Handling:**

Urine pH cannot be ordered by itself. Instead order UDIP for the urine chemistry which includes a urine pH.

---

### Urine pH, 24 Hour

<table>
<thead>
<tr>
<th>Cerner Primary Synonym</th>
<th>Urine pH 24 Hour</th>
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<table>
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<table>
<thead>
<tr>
<th>Lab Where Test is Performed</th>
<th>BVHS</th>
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<table>
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<tr>
<th>Turn around Time</th>
<th>CPT Code(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 1 day</td>
<td>81003</td>
</tr>
</tbody>
</table>

**Specimen Stability:**

**Specimen Type:**

**Minimum Specimen Requirements:**

**Patient Preparation:**

**Laboratory Handling:**

None.
Urine Phosphobilinogen Screen (Watson-Schwartz) - see Porphobilinogen, Urine (Watson-Schwartz Test)

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: BVHS

Ref Lab Code or #: 

CPT Code(s): 

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

---

Urine Phosphorus - see Phosphorus, Urine 24 Hour

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: BVHS

Ref Lab Code or #: 

CPT Code(s): 

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

---

Urine Porphyrins, Fractionated - see Porphyrins, Urine Fractionated (includes Copro- and Uroporphyrin)

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

CPT Code(s): 

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:
### Urine Potassium, Random

**Cerner Primary Synonym:** Urine Potassium Random  
**PowerChart Aliases:**  
**PathNet Aliases:**  
**Lab Where Test is Performed:** BVHS  
**Ref Lab Code or #:**  
**Turn around Time:** < 1 day  
**CPT Code(s):** 84133  
**Specimen Stability:** 2 hours at Room Temperature, 24 hours at 2-8°C  
**Specimen Type:** Random Urine collection  
**Minimum Specimen Requirements:** 2 mL Random Urine  
**Patient Preparation:** None.  
**Laboratory Handling:** None.

---

### Urine Pregnancy Test - see Pregnancy Test, Urine

**Cerner Primary Synonym:**  
**PowerChart Aliases:**  
**PathNet Aliases:**  
**Lab Where Test is Performed:** BVHS  
**Ref Lab Code or #:**  
**Turn around Time:**  
**CPT Code(s):**  
**Specimen Stability:**  
**Specimen Type:**  
**Minimum Specimen Requirements:**  
**Patient Preparation:**  
**Laboratory Handling:**

---

### Urine Pregnanetriol - order Congenital Adrenal Hyperplasia (CAH) Profile for 21-Hydroxylase Deficiency

**Cerner Primary Synonym:**  
**PowerChart Aliases:**  
**PathNet Aliases:**  
**Lab Where Test is Performed:** BVHS  
**Ref Lab Code or #:**  
**Turn around Time:**  
**CPT Code(s):**  
**Specimen Stability:**  
**Specimen Type:**  
**Minimum Specimen Requirements:**  
**Patient Preparation:**  
**Laboratory Handling:**
### Urine Profile, 24 Hour (for Dr. Iboaya)

<table>
<thead>
<tr>
<th>Lab Where Test is Performed:</th>
<th>Variable</th>
<th>Ref Lab Code or #:</th>
<th>Variable</th>
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<tbody>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>See Laboratory Handling.</td>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>See Laboratory Handling.</td>
<td>Laboratory Handling:</td>
<td></td>
</tr>
</tbody>
</table>

This profile is an order group for Dr. Iboaya. It contains the following tests please see each individual test for any special collection instructions: 24 Hour Urine Uric Acid, 24 Hour Urine Phosphorus, 24 Hour Urine Citrate Excretion, 24 Hour Urine Magnesium, 24 Hour Urine Oxalate, 24 Hour Urine Sodium, 24 Hour Urine pH, and 24 Hour Urine Calcium.

---

### Urine Profile, Random (for Dr. Iboaya) (NOT A 24 HR URINE PROFILE)

<table>
<thead>
<tr>
<th>Lab Where Test is Performed:</th>
<th>BVHS</th>
<th>Ref Lab Code or #:</th>
<th>Variable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>6 mL Random Urine specimen</td>
<td>Specimen Stability:</td>
<td>Random Urine collection.</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
<td>Laboratory Handling:</td>
<td>*** NOT A 24 HOUR URINE PROFILE ***</td>
</tr>
</tbody>
</table>

This profile is an order group for Dr. Iboaya. It contains the following tests: Random Urine Protein, Random Urine Creatinine, and Random Urinalysis.

---

### Urine Prostaglandin D2 - see Prostaglandin D2, Urine

| Lab Where Test is Performed: | | Ref Lab Code or #: | |
|------------------------------| | Specimen Stability: | |
| Minimum Specimen Requirements: | | Specimen Type: | |
| Patient Preparation: | | |
| Laboratory Handling: | | |

This profile is an order group for Dr. Iboaya. It contains the following tests: Random Urine Protein, Random Urine Creatinine, and Random Urinalysis.
# Urine Protein Electrophoresis (24 Hour Urine or Random Collection)

**Cerner Primary Synonym:** Urine Protein Electrophoresis  
**PowerChart Aliases:**  
**PathNet Aliases:**

<table>
<thead>
<tr>
<th>Lab Where Test is Performed:</th>
<th>BVHS</th>
<th>Ref Lab Code or #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turn around Time:</td>
<td>2-7 days</td>
<td>CPT Code(s): 84166</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td>2 weeks at 2-8 C</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>24 Hour Urine collection with no preservative (or 30 mL of a random urine sample)</td>
<td></td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>100 mL of a 24 Hour Urine (or 30 mL of a random urine specimen)</td>
<td></td>
</tr>
</tbody>
</table>

**Patient Preparation:** None.  
**Laboratory Handling:** Collect on ice or keep refrigerated. Record the total urine volume.

---

# Urine Protein, Qualitative (Random)

**Cerner Primary Synonym:** Urine Protein, Qualitative  
**PowerChart Aliases:**  
**PathNet Aliases:**

<table>
<thead>
<tr>
<th>Lab Where Test is Performed:</th>
<th>BVHS</th>
<th>Ref Lab Code or #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turn around Time:</td>
<td>&lt; 1 day</td>
<td>CPT Code(s): 84156</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td>Random Urine</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>0.5 mL Random Urine</td>
<td></td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>None.</td>
<td></td>
</tr>
</tbody>
</table>

**Patient Preparation:** None.  
**Laboratory Handling:** This is for a random urine sample semi-qualitative total protein. ONLY performed at the Armes Family Cancer Care Center Laboratory.

---

# Urine Protein, Quantitative, 24 Hour

**Cerner Primary Synonym:** Urine Protein 24 Hour  
**PowerChart Aliases:** Urine 24 Hour Protein, 24 Hour Urine Protein,  
**PathNet Aliases:** 24 Hour Urine Protein, Urine 24 Hour Protein

<table>
<thead>
<tr>
<th>Lab Where Test is Performed:</th>
<th>BVHS</th>
<th>Ref Lab Code or #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turn around Time:</td>
<td>&lt; 1 day</td>
<td>CPT Code(s): 84156</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td>2 hours at Room Temperature, 24 hours at 2-8 C</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>24 Hour Urine collection with no preservative</td>
<td></td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>1 mL of a 24 Hour Urine</td>
<td></td>
</tr>
</tbody>
</table>

**Patient Preparation:** None.  
**Laboratory Handling:** Record the total urine volume. Collect on ice or keep refrigerated.
### Urine Protein, Random

**Cerner Primary Synonym:** Urine Protein Random  
**PowerChart Aliases:**  
**PathNet Aliases:**  
**Lab Where Test is Performed:** BVHS  
**Ref Lab Code or #:**  
**Turn around Time:** < 1 day  
**CPT Code(s):** 84156  
**Specimen Stability:** 2 hours at Room Temperature, 24 hours at 2-8 C  
**Specimen Type:** 5 mL Random Urine Collection  
**Minimum Specimen Requirements:** 5 mL Random Urine  
**Patient Preparation:** None.  
**Laboratory Handling:** Refrigerate.

### Urine Reducing Substance - order a Urinalysis (UA)

**Cerner Primary Synonym:**  
**PowerChart Aliases:**  
**PathNet Aliases:**  
**Lab Where Test is Performed:** BVHS  
**Ref Lab Code or #:**  
**Turn around Time:**  
**CPT Code(s):**  
**Specimen Stability:**  
**Specimen Type:**  
**Minimum Specimen Requirements:**  
**Patient Preparation:**  
**Laboratory Handling:**

### Urine Routine Analysis - order a Urinalysis (UA)

**Cerner Primary Synonym:**  
**PowerChart Aliases:**  
**PathNet Aliases:**  
**Lab Where Test is Performed:** BVHS  
**Ref Lab Code or #:**  
**Turn around Time:**  
**CPT Code(s):**  
**Specimen Stability:**  
**Specimen Type:**  
**Minimum Specimen Requirements:**  
**Patient Preparation:**  
**Laboratory Handling:**
Urine Serotonin Metabolite - see 5-HIAA

Lab Where Test is Performed: BVHS
Ref Lab Code or #:

Specimen Preparation:

Laboratory Handling:

Urine Sodium, 24 Hour - see Sodium, Urine 24 Hour

Lab Where Test is Performed: BVHS
Ref Lab Code or #:

Turn around Time: < 1 day
CPT Code(s): 84300

Specimen Stability: 2 hours at Room Temperature, 24 hours at 2-8 °C
Specimen Type: Random Urine collection
Minimum Specimen Requirements: 2 mL Random Urine

Patient Preparation:

Laboratory Handling:

Urine Sodium, Random

Cerner Primary Synonym: Urine Sodium Random

Lab Where Test is Performed: BVHS
Ref Lab Code or #:

Turn around Time: < 1 day
CPT Code(s): 84300

Specimen Stability: 2 hours at Room Temperature, 24 hours at 2-8 °C
Specimen Type: Random Urine collection
Minimum Specimen Requirements: 2 mL Random Urine

Patient Preparation: None.

Laboratory Handling: None.
### Urine Specific Gravity - see Specific Gravity, Urine

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Urine Specific Gravity - see Specific Gravity, Urine</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
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<tr>
<td>Lab Where Test is Performed:</td>
<td>BVHS</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td></td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td></td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td></td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td></td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td></td>
</tr>
</tbody>
</table>

### Urine Total Protein, Random

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Urine Protein Random</th>
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<tbody>
<tr>
<td>PowerChart Aliases:</td>
<td></td>
</tr>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>BVHS</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>&lt; 1 day</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td>2 hours at Room Temperature, 24 hours at 2-8 C</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>Random Urine collection</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>2 mL Random Urine</td>
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<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>None.</td>
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### Urine Urea Clearance - see Urea Clearance

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Urine Urea Clearance - see Urea Clearance</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
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<td>PathNet Aliases:</td>
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</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>BVHS</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td></td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td></td>
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<tr>
<td>Minimum Specimen Requirements:</td>
<td></td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td></td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td></td>
</tr>
</tbody>
</table>
### Urine Urea Nitrogen (UUN) - see Urea-N, Urine (Urine Urea Nitrogen)

**Cerner Primary Synonym:**

**PowerChart Aliases:**

**PathNet Aliases:**

**Lab Where Test is Performed:** BVHS

**Ref Lab Code or #:**

**CPT Code(s):**

### Urine Uric Acid - see Uric Acid, Urine 24 Hour

**Cerner Primary Synonym:**

**PowerChart Aliases:**

**PathNet Aliases:**

**Lab Where Test is Performed:** BVHS

**Ref Lab Code or #:**

**CPT Code(s):**

### Urine Urobilinogen, Qualitative - see Porphobilinogen, Urine (Watson-Schwartz Test)

**Cerner Primary Synonym:**

**PowerChart Aliases:**

**PathNet Aliases:**

**Lab Where Test is Performed:** BVHS

**Ref Lab Code or #:**

**CPT Code(s):**
Blanchard Valley Health System Laboratory Specimen Collection Manual

**Urine Uroporphyrins - order Urine Prophyrins, Fractionated**

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: BVHS

Ref Lab Code or #:

CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

---

**Urine VMA (Vanillymandelic Acid) - see Vanillymandelic Acid, Urine**

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: BVHS

Ref Lab Code or #:

CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

---

**Urine Watson-Schwartz - see Porphobilinogen, Urine (Watson-Schwartz Test)**

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: BVHS

Ref Lab Code or #:

CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:
### Urine Zinc - see Zinc, Urine 24 Hour

<table>
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<tr>
<th>Lab Where Test is Performed:</th>
<th>Ref Lab Code or #:</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Turn around Time:</th>
<th>CPT Code(s):</th>
</tr>
</thead>
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<table>
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<tr>
<th>Specimen Stability:</th>
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<tr>
<th>Specimen Type:</th>
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<table>
<thead>
<tr>
<th>Minimum Specimen Requirements:</th>
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</thead>
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<table>
<thead>
<tr>
<th>Patient Preparation:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Laboratory Handling:</th>
</tr>
</thead>
</table>

### Urine, Eosinophils - see Eosinophils, Urine

<table>
<thead>
<tr>
<th>Lab Where Test is Performed:</th>
<th>Ref Lab Code or #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>BVHS</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Turn around Time:</th>
<th>CPT Code(s):</th>
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<table>
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<tr>
<th>Specimen Stability:</th>
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<table>
<thead>
<tr>
<th>Specimen Type:</th>
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</table>

<table>
<thead>
<tr>
<th>Minimum Specimen Requirements:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Patient Preparation:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Laboratory Handling:</th>
</tr>
</thead>
</table>

### Urobilinogen (Urine), Qualitative - see Porphobilinogen, Urine (Watson-Schwartz Test)

<table>
<thead>
<tr>
<th>Lab Where Test is Performed:</th>
<th>Ref Lab Code or #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>BVHS</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Turn around Time:</th>
<th>CPT Code(s):</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Specimen Stability:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Specimen Type:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Minimum Specimen Requirements:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Patient Preparation:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Laboratory Handling:</th>
</tr>
</thead>
</table>
**Uroporphyrins, Urine - order Urine Porphyrins, Fractionated**

**Cerner Primary Synonym:**

**PowerChart Aliases:**

**PathNet Aliases:**

**Lab Where Test is Performed:** Ref Lab Code or #:

**Turn around Time:** CPT Code(s):

**Specimen Stability:**

**Specimen Type:**

**Minimum Specimen Requirements:**

**Patient Preparation:**

**Laboratory Handling:**

---

**Urothelial Cancer, FISH (UroVysion FISH), Urine**

**Cerner Primary Synonym:** UroVysion for Bladder Ca-Mayo

**PowerChart Aliases:**

**PathNet Aliases:**

**Lab Where Test is Performed:** Mayo Ref Lab Code or #: FUROC

**Turn around Time:** 7 days CPT Code(s): 88120

**Specimen Stability:**

**Specimen Type:** Random Urine collection with preservative

**Minimum Specimen Requirements:**

**Patient Preparation:** If the patient is to collect the specimen at home, send the kit with the patient with instructions to add the preservative to the specimen after collection. Chill the specimen and bring to the OPLAB the next day.

**Laboratory Handling:** The urine specimen should be collected in the designated kit container which contains preservative. Add preservative (Preserv Cyt) if the urine is not collected in the kit's specimen cup. Refrigerate. To order more kits contact Mayo and request supply item T509 for the collection kit.

---

**UroVysion FISH - see Urothelial Cancer, FISH**

**Cerner Primary Synonym:**

**PowerChart Aliases:**

**PathNet Aliases:**

**Lab Where Test is Performed:**

**Turn around Time:**

**Specimen Stability:**

**Specimen Type:**

**Minimum Specimen Requirements:**

**Patient Preparation:**

**Laboratory Handling:**
Vaginal DNA Panel, Affirm method, (for Trich-Gvag-Yeast) - for females ONLY

Cerner Primary Synonym: Affirm DNA Panel
PowerChart Aliases: Vaginal DNA Panel
PathNet Aliases:

Lab Where Test is Performed: BVHS
Ref Lab Code or #:  

Turn around Time: 1 hour
CPT Code(s): 87660, 87510, 87480

Specimen Stability:
Specimen Type: BD Affirm Collection Kit
Minimum Specimen Requirements: proper collection and preservation

Patient Preparation: none
Laboratory Handling: Check swab for preservative.

Valproate (Depakene / Depakote / Valproic Acid) - see Valproic Acid

Cerner Primary Synonym:
PowerChart Aliases:
PathNet Aliases:

Lab Where Test is Performed: BVHS
Ref Lab Code or #:  

Turn around Time: 
CPT Code(s): 

Specimen Stability:
Specimen Type: 
Minimum Specimen Requirements: 

Patient Preparation: 
Laboratory Handling: 

Valproic Acid, Free, Serum

Cerner Primary Synonym: Send-out: Other
PowerChart Aliases:
PathNet Aliases:

Lab Where Test is Performed: Mayo
Ref Lab Code or #: VALPF

Turn around Time: 1-2 days
CPT Code(s): 80165

Specimen Stability:
Specimen Type: 5 mL Red Top Tube (SST Gel is acceptable)
Minimum Specimen Requirements: 1 mL Serum

Patient Preparation: None.
Laboratory Handling: Samples should be centrifuged within 2 hours of collection. Refrigerate.
**Valproic Acid, Serum (Depakene / Depakane / Depakote / Valproate)**

**Cerner Primary Synonym:** Valproic Acid Level

**PowerChart Aliases:**

**Lab Where Test is Performed:** BVHS

**Ref Lab Code or #:**

**Specimen Stability:** 8 hours at Room Temperature, 48 hours at 2-8 C

**Specimen Type:** 7 mL Plain Red Top Tube or 5 mL Green Top Tube (No Gel)

**Minimum Specimen Requirements:** 1 mL Serum or Plasma

**Patient Preparation:** Note the time of the last dose in specimen comments. The usual sample collection: Trough = immediately prior to the next dose.

**Laboratory Handling:** Cannot be drawn in Gel tubes. Note the time the blood is drawn on the specimen label and in the computer.

**Vancomycin, Plasma**

**Cerner Primary Synonym:** Vancomycin Level, Vancomycin Level Peak, Vancomycin Level Trough

**PowerChart Aliases:**

**Lab Where Test is Performed:** BVHS

**Ref Lab Code or #:**

**CPT Code(s):** 80202

**Turn around Time:** < 1 day

**Specimen Stability:** 8 hours at Room Temperature, 48 hours at 2-8 C

**Specimen Type:** 5 mL Light Green Heparinized Gel Tube

**Minimum Specimen Requirements:** 1 mL Heparinized Plasma

**Patient Preparation:** The usual sample collection: IV Peak = 1 hour post infusion, Trough = immediately prior to the dose.

**Laboratory Handling:** Note the time drawn on the label and in the computer. **If this is part of a kinetic dosing from Pharmacy, the test must be ordered (not just received) in Meditech and enter which draw of the series it is. (Do not attach this kinetic dosing test to other, existing specimen requisitions.)** Serum is also acceptable.

**Vandenburg (VDBG) Bilirubin, Plasma - see Full Bilirubin**

**Cerner Primary Synonym:**

**PowerChart Aliases:**

**Lab Where Test is Performed:** BVHS

**Ref Lab Code or #:**

**CPT Code(s):**

**Turn around Time:**

**Specimen Stability:**

**Specimen Type:**

**Minimum Specimen Requirements:**

**Patient Preparation:**

**Laboratory Handling:**
### Vanillylmandelic Acid, Urine (VMA)

<table>
<thead>
<tr>
<th>Cerner Primary Synonym</th>
<th>Vanillylmandelic Acid 24 Hour Urine-Mayo</th>
</tr>
</thead>
</table>

**PowerChart Aliases:**
- Mayo-Vanillylmandelic Acid, 24 Hr, U

**Lab Where Test is Performed:** Mayo

**Ref Lab Code or #:** VMA

**Minimum Specimen Requirements:**
- 5 mL Aliquot of a 24 hour Urine

**Patient Preparation:**
- The patient should be off medications for 3 days prior to drawing. Avoid alcohol, tea, tobacco, and strenuous exercise prior to collection.

**Laboratory Handling:**
- Add 25 ML of 50% Acetic Acid at the start of collection. No exceptions. Use 15 ML for children < 5 years old. The pH should be between 1 and 5. Refrigerate. (10 grams of Boric Acid is also acceptable as a preservative.)

**Turn around Time:** 4 days

**CPT Code(s):** 84585, 83150

**Specimen Stability:**
- Cerner Primary Synonym: Vanillylmandelic Acid 24 Hour Urine-Mayo
- PowerChart Aliases: Mayo-Vanillylmandelic Acid, 24 Hr, U
- PathNet Aliases: Mayo-Vanillylmandelic Acid, 24 Hr, U
- ARUP
- 0060283

---

### Varicella Zoster and Herpes Simplex Virus DFA with Reflex to Culture (and reflex to HSV Typing)

**Cerner Primary Synonym:** Send-out Other

**Lab Where Test is Performed:** ARUP

**Ref Lab Code or #:** 0060283

**Minimum Specimen Requirements:**
- 24 Hour Urine collection with preservative
- 5 mL Aliquot of a 24 hour Urine

**Patient Preparation:**
- Add 25 ML of 50% Acetic Acid at the start of collection. No exceptions. Use 15 ML for children < 5 years old. The pH should be between 1 and 5. Refrigerate. (10 grams of Boric Acid is also acceptable as a preservative.)

**Laboratory Handling:**
- Refrigerate. Extremely temperature sensitive. If the DFA is negative or inadequate, then a Varicella/HSV culture will be added (reflexed).

**Turn around Time:** 24 hours

**CPT Code(s):** 87290, 87274, 87273

**Specimen Stability:**
- Send-out Other
- PowerChart Aliases: Send-out Other
- PathNet Aliases: Send-out Other

---

### Varicella Zoster Virus Antibodies IgG and IgM, Quantitative, Serum (Titer)

**Cerner Primary Synonym:** Send-out Other

**Lab Where Test is Performed:** ARUP

**Ref Lab Code or #:** 0050162

**Minimum Specimen Requirements:**
- Specimen Type: 5 mL Red Top Tube (SST Gel is acceptable)
- 1 mL Serum (Absolute minimum = 0.2 mL)

**Patient Preparation:**
- None.

**Laboratory Handling:**
- Refrigerate. (The Varicella Zoster Virus Antibodies, Quantitative are NOT available seperately. The QUANTITATIVE IgG or IgM cannot be ordered seperately; if they are, order this test and the physician will get BOTH.)
Varicella Zoster Virus IgG Screen, Qualitative, Serum (not a Quantitative Titer)

Cerner Primary Synonym: Varicella-Zoster IgG Antibodies-Mayo

PowerChart Aliases: Varicella-Zoster Ab, IgG, S

PathNet Aliases: Mayo-Varicella-Zoster Ab, IgG, S

Lab Where Test is Performed: Mayo

Minimum Specimen Requirements:
- 0.5 mL Serum (Absolute minimum = 0.4 mL)

Specimen Type:
- 5 mL Red Top Tube (SST Gel is acceptable)

Patient Preparation: None.

Laboratory Handling: Refrigerate.

Turn around Time: 3 days

CPT Code(s): 86735

Varicella Zoster Virus IgM Screen, Qualitative, Serum (not a Quantitative Titer)

Cerner Primary Synonym: Send-out Other

PowerChart Aliases: Send-out Other

PathNet Aliases: Send-out Other

Lab Where Test is Performed: Mayo

Minimum Specimen Requirements:
- 0.5 mL Serum

Specimen Type:
- 5 mL Red Top Tube (SST Gel is acceptable)

Patient Preparation: None.

Laboratory Handling: Refrigerate.

Turn around Time: 2 days

CPT Code(s): 86787

Vasopressin (ADH / Anti-Diuretic Hormone / DDABP) - see Arginine Vasopressin

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:
VCA (Epstein Barr Viral Capsid Antigen) - order EB Titer, Serum (Epstein Barr) (includes VCA - Viral Capsid Antigens)

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

VDRL, CSF

Cerner Primary Synonym: VDRL Screen CSF-Mayo

PowerChart Aliases:

PathNet Aliases: Mayo-VDRL, CSF

Lab Where Test is Performed: Mayo Ref Lab Code or #: VDSF

Turn around Time: 3 days CPT Code(s): 86592

Specimen Stability:

Specimen Type: Fluid from a Spinal Tap, Usually Tube #1

Minimum Specimen Requirements:

Patient Preparation: None.

Laboratory Handling: Freeze.

Venlaflazine, Serum (includes Dismethylvenlaflaxine)

Cerner Primary Synonym: Send-out Other

PowerChart Aliases:

PathNet Aliases: LAB

Lab Where Test is Performed: Mayo Ref Lab Code or #: VENLA

Turn around Time: 4 days CPT Code(s): 80299

Specimen Stability:

Specimen Type: 7 mL Plain Red Top Tubes (No SST Gel)

Minimum Specimen Requirements:

Patient Preparation: Draw 12 hours post oral dose.

Laboratory Handling: Room temperature..
Venous Blood Gas (a.k.a Bicarbonate, Blood) - Performed by the BVH Respiratory Department

Cerner Primary Synonym: Blood Gas Venous

PowerChart Aliases: Venous Blood Gas

PathNet Aliases:

Lab Where Test is Performed: BVHS

Ref Lab Code or #: 

Turn around Time: 

CPT Code(s): NA

Specimen Stability: 

Specimen Type: 1 mL Heparinized Whole Blood syringe ONLY - Syringe provided by the Respiratory Dept associates

Minimum Specimen Requirements: 1 mL Heparinized Whole Blood

Patient Preparation: None.

Laboratory Handling: Before the phlebotomy procedure is attempted, Laboratory associates MUST notify the Respiratory department associates so that they can be present at the time of collection as well as provide the 1 mL heparinized syringe. Respiratory associates can be notified by utilizing the Vocera communication system by calling for "Respiratory _____ (floor number or location of the patient)" For example: "Respiratory 5" or "Respiratory ICU". Laboratory associates will collect venous blood utilizing the Cerner specimen collection process as normal ensuring the syringe is properly labeled just as any other collection tube. If other tests are ordered for collection at the same time, the best collection device to use is the butterfly, making sure you crimp the tubing when exchanging the syringe with a needle and hub adapter, or other syringe to the end of the butterfly. Give the properly labeled heparinized syringe back to the Respiratory associate.

Turn around Time: 

CPT Code(s): 

Specimen Stability: 

Cerner Primary Synonym: Blood Gas Venous

PowerChart Aliases: Venous Blood Gas

PathNet Aliases:

Lab Where Test is Performed: Mayo

Ref Lab Code or #: VIP

Turn around Time: 8 days

CPT Code(s): 84586

Specimen Stability: 

Specimen Type: (2) 5 mL Lavender EDTA Tubes

Minimum Specimen Requirements: 3 mL EDTA Plasma (Absolute minimum = 1 mL)

Patient Preparation: The patient should be fasting for 8 hours prior to collection. This test should not be requested on patients who have recently received radioactive material.

Laboratory Handling: Separate and freeze plasma immediately.

---

VIP (Vasoactive Intestinal Polypeptide), Plasma

Cerner Primary Synonym: Vasoactive Intestinal Polypeptide-Mayo

PowerChart Aliases: Mayo-Vasoactive Intestinal Polypeptide,P

PathNet Aliases:

Lab Where Test is Performed: Mayo

Ref Lab Code or #: VIP

Turn around Time: 8 days

CPT Code(s): 84586

Specimen Stability: 

Specimen Type: (2) 5 mL Lavender EDTA Tubes

Minimum Specimen Requirements: 3 mL EDTA Plasma (Absolute minimum = 1 mL)

Patient Preparation: The patient should be fasting for 8 hours prior to collection. This test should not be requested on patients who have recently received radioactive material.

Laboratory Handling: Separate and freeze plasma immediately.
Viral Culture

Cerner Primary Synonym: Send-out Other

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: ARUP

Ref Lab Code or #: see below

Turn around Time: 3-14 days

CPT Code(s): 87252

Specimen Stability:

Specimen Type:
- Eye swab, nasopharyngeal aspirate-swab-washing, throat swab, bronchoalveolar lavage, tissue, biopsy, lesion, tracheal aspirate, or urine

Minimum Specimen Requirements:
- Varies depending on the source. NOTE: Must be in a sterile, leak-proof container when appropriate.

Patient Preparation:
- Dependant on the source and virus suspected. Transfer specimen to transport media as soon as possible.

Source of specimen is required.

Laboratory Handling:

- SPECIMEN MUST BE REFRIGERATED. (Note: For Herpes or Chlamydia Cultures, see specific entries.) DO NOT FREEZE.
- ARUP Test Code: Non-Respiratory Sources = 2006498
- Respiratory Sources = 2006499
- IMPORTANT NOTE: Sterile fluids MUST be placed in Sterile Containers (not the viral transport media).

Viral Culture, CSF

Cerner Primary Synonym: Send-out Other

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Focus

Ref Lab Code or #: 81112

Turn around Time: 2-24 days

CPT Code(s): 87252, 87253

Specimen Stability:

Specimen Type: CSF

Minimum Specimen Requirements:
- 1 mL CSF

Patient Preparation:
- None.

Laboratory Handling:
- Refrigerate. Send overnight in a sterile container. Do not dilute with viral transport media.

Viral Culture, Stool

Cerner Primary Synonym: Send-out Other

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Focus

Ref Lab Code or #: 81112

Turn around Time: 2-24 days

CPT Code(s): 87252, 87253

Specimen Stability:

Specimen Type: Stool collection

Minimum Specimen Requirements:
- 5-10 Grams of Stool in a sterile container

Patient Preparation:
- None.

Laboratory Handling:
### Viscosity, Serum

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Send-out Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChartAliases:</td>
<td></td>
</tr>
<tr>
<td>PathNetAliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>Mayo</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td>VISCS</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>3 days</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>85810</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>(3) 7 mL Plain Red Top Tube (No SST Gel)</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>1.5 mL Serum</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Keep specimen at 37C until clotted then separate serum from cells. Refrigerate.</td>
</tr>
</tbody>
</table>

### Vitamin A, Serum (Retinol)

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Vitamin A Level-Mayo</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChartAliases:</td>
<td>Mayo-Vitamin A, S</td>
</tr>
<tr>
<td>PathNetAliases:</td>
<td>Mayo-Vitamin A, S</td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>Mayo</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td>VITA</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>5 days</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>84590</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>7 mL Plain Red Top Tubes (No SST Gel)</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>0.5 mL Serum (Absolute minimum = 0.25 mL)</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>The patient should be fasting for 12-14 hours and should not ingest alcohol or vitamin supplements for 24 hours before collection.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Refrigerate. The specimen will be rejected for lipemia.</td>
</tr>
</tbody>
</table>

### Vitamin B1 (Thiamin), Whole Blood (Protect from Light)

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Thiamin (Vit B1) Whole Blood-Mayo</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerChartAliases:</td>
<td>Mayo-Thiamin (Vitamin B1), WB</td>
</tr>
<tr>
<td>PathNetAliases:</td>
<td>Mayo-Thiamin (Vitamin B1), WB</td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>Mayo</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td>TDP</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>3-4 days</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>84425</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td></td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>(2) 5 mL EDTA Lavender Top Tubes.</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>3 mL EDTA Whole Blood,</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>The patient should fast for 12 hours before collection.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Freeze. Protect from light.</td>
</tr>
</tbody>
</table>
### Vitamin B12 and Folate, Plasma

**Cerner Primary Synonym:** Vitamin B12 and Folate  
**PowerChart Aliases:** B12FO  
**PathNet Aliases:**  
**Lab Where Test is Performed:** BVHS  
**Ref Lab Code or #:**  
**Turn around Time:** < 1 day  
**CPT Code(s):** 82746, 82607  
**Specimen Stability:** Test must be done ASAP at Room Temperature, 8 hours at 2-8°C  
**Specimen Type:** 5 mL Light Green Heparinized Gel Tube (SST Gel is acceptable)  
**Minimum Specimen Requirements:** 1 mL Plasma or Serum  
**Patient Preparation:** None.  
**Laboratory Handling:**

### Vitamin B12, Plasma

**Cerner Primary Synonym:** Vitamin B12 Level  
**PowerChart Aliases:**  
**PathNet Aliases:**  
**Lab Where Test is Performed:** BVHS  
**Ref Lab Code or #:**  
**Turn around Time:** < 1 day  
**CPT Code(s):** 82607  
**Specimen Stability:** 8 hours at Room Temperature, 24 hours at 2-8°C  
**Specimen Type:** 5 mL Light Green Heparinized Gel Tube (SST Gel is acceptable)  
**Minimum Specimen Requirements:** 0.5 mL Plasma or Serum  
**Patient Preparation:** None.  
**Laboratory Handling:**

### Vitamin B2, Serum (Riboflavin) (Collect on ice.)

**Cerner Primary Synonym:** Riboflavin (Vitamin B2)-Mayo  
**PowerChart Aliases:**  
**PathNet Aliases:** Mayo-Riboflavin (Vitamin B2), P  
**Lab Where Test is Performed:** Mayo  
**Ref Lab Code or #:** VITB2  
**Turn around Time:** 4 days  
**CPT Code(s):** 84252  
**Specimen Stability:**  
**Specimen Type:** 5 mL Plain Green Top Tube (Collect on ice.)  
**Minimum Specimen Requirements:** 1 mL Heparinized Plasma  
**Patient Preparation:** The patient should fast for 12-14 hours prior to collection. The patient should not ingest alcohol or vitamin supplements for 24 hours before collection.  
**Laboratory Handling:** Collect on ice. Indicate the specimen type on the aliquot containers. Wrap in foil to protect from light. Freeze.
Vitamin B3 - see Niacin (Nicotinic Acid)

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

Vitamin B6 - see Pyridoxal-5-Phosphate

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

Vitamin B7 - see Biotin

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:
## Vitamin D (1,25 Dihydroxy), Serum

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>1,25-Dihydroxyvitamin D Level-Mayo</th>
</tr>
</thead>
<tbody>
<tr>
<td>PathNet Aliases:</td>
<td>D125, Mayo-1,25-Dihydroxyvitamin D, S</td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>Mayo</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td>DVHD</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>4 days</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>82652</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td>(2) 5 mL Red Top Tubes (SST Gel is acceptable)</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>1.5 mL Serum (Absolute minimum = 1.2 mL)</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>The patient should fast for at least 4 hours.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Vitamin D (1, 25 OH) is useful as a second-order test in the assessment of Vitamin D status, especially in patients with renal disease. 1,25-Dihydroxy Vitamin D is the most potent Vitamin D metabolite. NOTE: This may sometimes be ordered as an additional test to Vitamin D-25 Hydroxy.</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>Serum</td>
</tr>
</tbody>
</table>

## Vitamin D (25 Hydroxy) with D2 and D3 Differentiation, Serum

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Send-out: Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>Mayo</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td>25HDN</td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>3-5 days</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>82306</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td>5 mL Red Gel Tube</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>1 mL Serum (Absolute minimum - 0.25 mL)</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td></td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>Refrigerate. ONLY order this if the provider's order states D2 and D3 Differentiation. Order Vitamin D 25 (performed here at BVH) for all other requested order combinations.</td>
</tr>
</tbody>
</table>

## Vitamin D 25-Hydroxy Total, Serum

<table>
<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Vitamin D 25-Hydroxy Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>PathNet Aliases:</td>
<td></td>
</tr>
<tr>
<td>Lab Where Test is Performed:</td>
<td>BVH</td>
</tr>
<tr>
<td>Ref Lab Code or #:</td>
<td></td>
</tr>
<tr>
<td>Turn around Time:</td>
<td>1-2 days</td>
</tr>
<tr>
<td>CPT Code(s):</td>
<td>82306</td>
</tr>
<tr>
<td>Specimen Stability:</td>
<td>72 hours at 15-30 C or 7 days at 2-10 C</td>
</tr>
<tr>
<td>Specimen Type:</td>
<td>5 mL Light Green Heparinized Gel Tube (Serum is also acceptable)</td>
</tr>
<tr>
<td>Minimum Specimen Requirements:</td>
<td>0.5 mL Plasma</td>
</tr>
<tr>
<td>Patient Preparation:</td>
<td>None.</td>
</tr>
<tr>
<td>Laboratory Handling:</td>
<td>This test is used to evaluate Vitamin D deficiency and to monitor known deficiency. This test is for TOTAL Vitamin D 25 measurement in a single result. Order this test if a provider requests Vitamin D2, Vitamin D3 or Vitamin D25 Profile. Order the Vitamin D 25 Hydroxy to send to Mayo (Send-out: Other) if the writes D2 and D3 Differentiation. See &quot;Vitamin D (25 Hydroxy) with D2 and D3 Differentiation, Serum&quot; in the Collection Manual.</td>
</tr>
</tbody>
</table>

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Vitamin D2 - order Vitamin D 25 Hydroxy Total
Cerner Primary Synonym:
PowerChart Aliases:
PathNet Aliases:
Lab Where Test is Performed: Ref Lab Code or #:
Turn around Time: CPT Code(s):
Specimen Stability:
Specimen Type:
Minimum Specimen Requirements:
Patient Preparation:
Laboratory Handling: Order the Vitamin D 25 performed at BVH.

Vitamin D3 - order Vitamin D 25 Hydroxy Total
Cerner Primary Synonym:
PowerChart Aliases:
PathNet Aliases:
Lab Where Test is Performed: Ref Lab Code or #:
Turn around Time: CPT Code(s):
Specimen Stability:
Specimen Type:
Minimum Specimen Requirements:
Patient Preparation:
Laboratory Handling: Order the Vitamin D 25 Hydroxy performed at BVH.

Vitamin E - Alpha and Gamma - Tocopherol, Plasma (NOT Vitamin E ONLY)
Cerner Primary Synonym: Send-out Other
PowerChart Aliases:
PathNet Aliases:
Lab Where Test is Performed: ARUP Ref Lab Code or #: 0080521
Turn around Time: 1-4 days CPT Code(s): 84446(X2)
Specimen Stability:
Specimen Type: 7 mL Green Top Tube (SST Gel is also acceptable.)
Minimum Specimen Requirements: 1 mL Plasma or Serum (Absolute minimum = 0.3 mL)
Patient Preparation: None.
Laboratory Handling: Protect from light. Refrigerate. (This test is different from the single Vitamin E test.) Send in an amber transport tube.
Vitamin E, Serum (Tocopherol) (This is NOT Vitamin E Alpha and Gamma - Tocopherol)

Cerner Primary Synonym: Vitamin E Level-Mayo

PowerChart Aliases:
PathNet Aliases: Mayo-Vitamin E, S

Ref Lab Code or #: VITE

Lab Where Test is Performed: Mayo

Turn around Time: 3 days

CPT Code(s): 84446, 82491

Specimen Stability:

Specimen Type: (2) 7 mL Plain Red Top Tubes (No SST Gel)

Minimum Specimen Requirements: 2 mL Serum (No Gel)

Patient Preparation: The patient should fast for 12-14 hours prior to collection. The patient should not ingest alcohol or vitamin supplements for 24 hours before collection.

Laboratory Handling: Refrigerate. The specimen will be rejected for lipemia.

Vitamin H - see Biotin

Cerner Primary Synonym:

PowerChart Aliases:
PathNet Aliases:

Ref Lab Code or #: 

Lab Where Test is Performed: 

Turn around Time: 

CPT Code(s): 

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

Vitamin K, Serum (K1)

Cerner Primary Synonym: Vitamin K1-Mayo

PowerChart Aliases:
PathNet Aliases: Mayo-Vitamin K1, S

Ref Lab Code or #: VITK1

Lab Where Test is Performed: Mayo

Turn around Time: 3-5 days

CPT Code(s): 84597

Specimen Stability:

Specimen Type: (2) 5 mL Red Top Tubes (SST Gel is acceptable)

Minimum Specimen Requirements: 2 mL Serum (Absolute minimum = 0.75 mL)

Patient Preparation: The patient should be fasting for 12 hours. No alcohol consumed for 1 day before drawing.

Laboratory Handling: Refrigerate.
VLDL (Very Low Density Lipoprotein) - order a Lipid Profile

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: BVHS

Ref Lab Code or #:

CPT Code(s):

Minimum Specimen Requirements:

Specimen Type:

Patient Preparation:

Laboratory Handling:

---

VMA - see Vanillylmandelic Acid, Urine (VMA)

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: BVHS

Ref Lab Code or #:

CPT Code(s):

Specimen Stability:

Minimum Specimen Requirements:

Specimen Type:

Patient Preparation:

Laboratory Handling:

---

Von Willebrand Factor Activity, Plasma (with reflex to Ristocetin Cofactor, Plasma)

Cerner Primary Synonym: Send-out Other

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Mayo

Ref Lab Code or #: VWFX

CPT Code(s): 85247

Specimen Stability:

Specimen Type: (2) 5 mL Blue Top Tubes

Minimum Specimen Requirements: (2) 1 mL aliquots Platelet Poor Plasma

Patient Preparation:

Laboratory Handling: Spin down samples, remove the top 3/4 plasma to 2 labelled aliquot tubes, spin again, and remove the top 3/4 plasma to achieve platelet poor plasma. Place in 2 aliquot tubes to send. Send (2) 1 mL aliquots. Freeze at < -40 degrees C.
### Von Willebrand Factor Antigen, Plasma

**Cerner Primary Synonym:** Send-out Other

**PathNet Aliases:**

<table>
<thead>
<tr>
<th>Lab Where Test is Performed</th>
<th>Ref Lab Code or #:</th>
<th>CPT Code(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mayo</td>
<td>VWAG</td>
<td>85246</td>
</tr>
</tbody>
</table>

**Minimum Specimen Requirements:**
- 1 mL aliquot Platelet Poor Plasma

**Specimen Stability:**
- 5 mL Blue Top Tube

**Patient Preparation:**
- None.

**Laboratory Handling:**
- Spin down sample, remove the top 3/4 plasma to a labelled aliquot tubes, spin again, and remove the top 3/4 plasma to achieve platelet poor plasma. Place in an aliquot tube to send. Send 1 mL aliquot. Freeze at < -40 degrees C.

**Turn around Time:** 1-3 days

**CPT Code(s):** 85246

---

### Von Willebrand Multimeric Analysis, Plasma - ***Special Ordering Considerations-see below***

**Cerner Primary Synonym:** Send-out Other

**PathNet Aliases:**

<table>
<thead>
<tr>
<th>Lab Where Test is Performed</th>
<th>Ref Lab Code or #:</th>
<th>CPT Code(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mayo</td>
<td>VWFM2</td>
<td>85247</td>
</tr>
</tbody>
</table>

**Minimum Specimen Requirements:**
- 1 mL Citrated Plasma

**Specimen Stability:**
- 5 mL Blue Citrate Tube

**Patient Preparation:**
- None.

**Laboratory Handling:**
- *** This test MUST be ordered with von Willebrand Factor Antigen, Plasma AND von Willebrand Factor Activity, Plasma for proper interpretation. ***
  - Spin and remove the top 3/4 plasma. Spin this again and again remove the top 3/4 plasma. Place (2) 0.5 ML aliquots in plastic tubes and freeze immediately.

**Turn around Time:** 10 days

**CPT Code(s):** 85247

---

### Von Willebrand Profile

**Cerner Primary Synonym:** Send-out Other

**PathNet Aliases:**

<table>
<thead>
<tr>
<th>Lab Where Test is Performed</th>
<th>Ref Lab Code or #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mayo</td>
<td>VWPR</td>
</tr>
</tbody>
</table>

**Minimum Specimen Requirements:**
- (2) 1 mL Aliquots Citrated Plasma

**Specimen Stability:**
- (4) 5 mL Blue Citrate Tubes

**Patient Preparation:**
- None.

**Laboratory Handling:**
- Spin specimen and remove the top 3/4 of the plasma into 4 plastic tubes. Spin again and remove the top portion of the of the plasma and place into (2) 1 ML aliquots in plastic tubes. Freeze. Panel includes: Factor VIII (8) Activity Assay, vonWillebrand Factor Antigen, von Willebrand Factor Activity, Interpretation. Reflex tests are performed if appropriate. They are: Factor VIII Inhibitor, Ristocetin Cofactor, von Willebrand Factor Multimer Analysis, and Bethesda titer.

**Turn around Time:** 14 days

**CPT Code(s):** 80500, 85240, 8585240, 85246, 85247, 80500
Voriconazole, Serum

Cerner Primary Synonym: Send-out Other

PowerChart Aliases: 

PathNet Aliases: 

Lab Where Test is Performed: Mayo 

Ref Lab Code or #: VORI

Minimum Specimen Requirements:

Specimen Type: (2) 7 mL Plain Red Top Tube (No SST Gel) or (2) 5 mL Plain Green Top Tubes

2 mL Serum or Plasma

Patient Preparation: None.

Laboratory Handling: Refrigerate.

Turn around Time: 6 days

CPT Code(s): 80299

Specimen Stability:

VRE Screen (Vancomycin Resistant Enterococcus)

Cerner Primary Synonym: Culture VRE Screen

PowerChart Aliases: 

PathNet Aliases: 

Lab Where Test is Performed: BVHS

Ref Lab Code or #: 

Minimum Specimen Requirements:

Specimen Type: Stool or swab containing visible stool specimen.

Stool or swab specimen.

Patient Preparation: Obtain fresh stool without contamination from urine.

Laboratory Handling: Send to the Laboratory as soon as possible.

Turn around Time: 2 days

CPT Code(s): 87081

Specimen Stability:

Walnut-Food IgE, Serum

Cerner Primary Synonym: Walnut-Food IgE, Serum-Mayo

PowerChart Aliases: 

PathNet Aliases: 

Lab Where Test is Performed: Mayo

Ref Lab Code or #: BLW

Minimum Specimen Requirements:

Specimen Type: 5 mL Red Top Tube (SST Gel is acceptable)

0.3 mL for one allergen OR 0.5 mL for every 5 allergens tested

Patient Preparation: None.

Laboratory Handling: Refrigerate.

Turn around Time: 2-3 days

CPT Code(s): 86003

Specimen Stability:
Watson-Schwartz Test (Porphobilinogen, Urine) - see Porphobilinogen, Urine (Watson-Schwartz Test)

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: BVHS  Ref Lab Code or #:

Turn around Time:  CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

---

WBC ONLY (White Blood Cell Count ONLY), Blood

Cerner Primary Synonym: WBC w/ Differential

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: BVHS  Ref Lab Code or #:

Turn around Time:  < 1 day  CPT Code(s): 85004

Specimen Stability:

Specimen Type: 5 mL Lavender Top EDTA Tube

Minimum Specimen Requirements:

Patient Preparation: None.

Laboratory Handling: None. Includes Total WBCs, Differential, Absolute Neutrophils, and Absolute Lymphocytes.

---

WBC Stool (Fecal Lactoferrin)

Cerner Primary Synonym: *** Order Fecal Lactoferrin ***

PowerChart Aliases: WBC Stool

PathNet Aliases: WBC Fecal

Lab Where Test is Performed: BVHS  Ref Lab Code or #:

Turn around Time:  < 1 day  CPT Code(s): 87899

Specimen Stability:

Specimen Type: Fresh Feces in a clean container

Minimum Specimen Requirements:

Patient Preparation: None.

Laboratory Handling: See Fecal Lactoferrin for collection instructions.
Weil Felix Agglutination - order OX-2, Serum (Proteus OX2-Weil Felix)/Murine Typhus IgG) (Spotted Fever Group Antibody, IgG and IgM)

Cerner Primary Synonym:

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Ref Lab Code or #:

Turn around Time: CPT Code(s):

Specimen Stability:

Specimen Type:

Minimum Specimen Requirements:

Patient Preparation:

Laboratory Handling:

West Nile Virus Antibody Panel, IgG and IgM, ELISA, CSF

Cerner Primary Synonym: Send-out Other

PowerChart Aliases:

PathNet Aliases:

Lab Where Test is Performed: Mayo Ref Lab Code or #: FWTNL

Turn around Time: 4 days CPT Code(s): 86788

Specimen Stability:

Specimen Type: CSF

Minimum Specimen Requirements: 1 mL CSF

Patient Preparation: None.

Laboratory Handling: Refrigerate.
### West Nile Virus Antibody Panel, IgG and IgM, Serum

**Cerner Primary Synonym:** West Nile Virus IgG and IgM Serum-Mayo  
**PowerChart Aliases:** Mayo-West Nile Virus Ab, IgG and IgM, Serum  
**Ref Lab Code or #:** WNS  
**CPT Code(s):** 86788, 86789  
**Lab Where Test is Performed:** Mayo  
**Minimum Specimen Requirements:** 0.5 mL Serum  
**Specimen Type:** 5 mL Red Top Tube (SST Gel is acceptable)  
**Patient Preparation:** None.  
**Laboratory Handling:** Refrigerate.  
**Turn around Time:** 4 days  
**Specimen Stability:**

### West Nile Virus Antibody, IgG and IgM, CSF

**Cerner Primary Synonym:** West Nile Virus Ab, IgG-IgM, CSF-Mayo  
**PowerChart Aliases:** CSF West Nile Virus Ab IgG-IgM-Mayo; WNV Antibodies IgG-IgM CSF-Mayo  
**PathNet Aliases:** Mayo-West Nile Virus Ab, IgG and IgM, Serum  
**Ref Lab Code or #:** WNC  
**CPT Code(s):** 86789, 86788  
**Lab Where Test is Performed:** Mayo  
**Minimum Specimen Requirements:** 0.8 mL CSF Sterile tube  
**Specimen Type:** CSF collected using sterile technique  
**Patient Preparation:** None.  
**Laboratory Handling:** Refrigerate. Be sure to send in sterile Mayo vial.  
**Turn around Time:** 2-4 days  
**Specimen Stability:**

### Westergren (Sedimentation Rate) - see ESR

**Cerner Primary Synonym:**  
**PowerChart Aliases:**  
**PathNet Aliases:**  
**Ref Lab Code or #:**  
**CPT Code(s):**
Wet Prep for Trichomonas (Urine samples are NOT acceptable)

Cerner Primary Synonym: Wet Prep
PowerChart Aliases: Wet Prep
PathNet Aliases: Wet Prep

Lab Where Test is Performed: BFT, *BVH
Ref Lab Code or #:  
Turn around Time: 2 hours
CPT Code(s): 87210

Specimen Stability:

Specimen Type: Modified Amies Swab (preferred) Cotton Swab in Sterile Saline also acceptable if submitted immediately and performed within 30 minutes.

Minimum Specimen Requirements:

Patient Preparation: None.

Laboratory Handling: The preferred specimen is obtained with an Amies Transport Media swab. ** Urine samples are NOT acceptable.** Transport to the Lab immediately. If testing is delayed, the Amies media swab cab be held at room temperature for up to 12 hours. Performed for males and females on the Bluffton Campus ONLY. If patient is female the Affirm Vaginal DNA Panel is preferred. ONLY performed on males on the Findlay Campus (if request is for a female patient order and use the Affirm DNA Collection kit) If an Amies swab is not available, then a cotton swab or male metal shaft swab may be used and placed in a tube of sterile saline obtained from the Laboratory Microbiology Department. Transport immediately to the Lab. Testing must be performed within 20-30 minutes of collection.

Wound Culture

Cerner Primary Synonym: Culture Wound
PowerChart Aliases: Wound Culture
PathNet Aliases: C Wound

Lab Where Test is Performed: BVHS
Ref Lab Code or #:  
Turn around Time: 2 days
CPT Code(s): 87070

Specimen Stability:

Specimen Type: Sterile Swab
Minimum Specimen Requirements: Sterile Swab

Patient Preparation: None.

Laboratory Handling: Specimens should be collected using aseptic technique with a sterile swab. Sources include Pus, Abscesses, Ulcer, Skin, Drainage, Eye, Ear, Leg, Foot, Toe Arm, Hand, Face, Back, etc. You must also specify the specific location on the body where the specimen was obtained (for example medial calf of right leg ulcer). The specimen should be brought to the lab as soon as possible.

Wright Stain Sputum or Nasal for Eosinophils - see Eosinophils, Nasal

Cerner Primary Synonym:
PowerChart Aliases:
PathNet Aliases:  

Lab Where Test is Performed: BVHS
Ref Lab Code or #:  
Turn around Time:  
CPT Code(s):  

Specimen Stability:

Specimen Type:  
Minimum Specimen Requirements:  

Patient Preparation:  

Laboratory Handling:  

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<tr>
<th>Test Name</th>
<th>Minimum Specimen Requirements</th>
<th>Specimen Type</th>
<th>Patient Preparation</th>
<th>Laboratory Handling</th>
<th>CPT Code(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Xylose Absorption Panel, Adults (D-Xylose)</td>
<td>See below - avoid hemolysis</td>
<td>7 mL Plain Red Top Tube (No SST Gel) and a cumulative 5 hour urine</td>
<td>The patient should fast for 8 hours (4 hours minimum) prior to test. Just before starting the test the patient should empty the bladder (do not collect this urine), and the first blood sample should be drawn. Label this sample as &quot;Fasting Serum&quot;. Spin and separate the serum promptly. Give adults 25 grams D-Xylose in 250 mL water. Encourage the patient to drink another 250 ML water after the dose. The patient may have water as desired but not other fluids, food, and no smoking. The patient should rest in a chair or bed for the rest of the test. Mild diarrhea is common. After giving the D-Xylose, collect all of the patient's urine for the next 5 hours. After 2 hours collect the second blood sample and label as &quot;2 Hour Serum&quot;. Spin and separate serum promptly.</td>
<td>Send 0.5 ML (minimum) serum for each of the fasting and 2 hour blood draws. Measure and record the total urine volume and send 5 ML of urine (minimum = 3 ML). Label this aliquot as the &quot;5 Hour Urine&quot;. All specimens should be refrigerated. Record the xylose dose given and the total urine volume on the requisition and urine aliquot tube. Make sure that all the specimens are clearly labeled as to type and interval. Send to ARUP by Federal Express. (D-Xylose cana be obtained from Mayo Medical Laboratories.)</td>
<td>84620</td>
</tr>
<tr>
<td>Xylose Absorption Panel, Pediatrics (D-Xylose)</td>
<td>See below - avoid hemolysis</td>
<td>7 mL Plain Red Top Tube (No SST Gel) and a cumulative 5 hour Urine collection</td>
<td>The patient should fast for 8 hours (4 hours minimum) prior to test. Just before starting the test the patient should empty the bladder (do NOT collect this urine), and the first blood sample should be drawn. Label this sample as &quot;Fasting Serum&quot;. Spin and separate the serum promptly. Give the patient (&lt; 17 years old) 0.5 grams of D-Xylose per pound of body weight up to 25 grams total. The D-Xylose should be given in 2.5 ML water per 0.5 grams of Xylose up to 250 ML. Encourage the patient to drink additional water after the dose. The patient may have water as desired but no other fluids, food, and no smoking. The patient should rest in a chair or bed for the rest of the test. Mild diarrhea is common. After giving the D-Xylose collect all of the patient's urine for the next 5 hours. After 1 hour collect the second blood sample and label as &quot;1 Hour Serum&quot;. Spin and separate serum promptly. Pediatric urine samples are desired but not required.</td>
<td>Send 0.5 ML (minimum) serum for each of the Fasting and 1 Hour blood draws. Measure and record the total urine volume and send 5 ML of urine (minimum = 3 ML). Label this aliquot as the &quot;5 Hour Urine&quot;. All specimens should be refrigerated. Record the xylose dose given and the total urine volume on the requisition and urine aliquot tube. Make sure that all specimens are clearly labelled as to type and interval. Send to ARUP by Federal Express. (D-Xylose can be obtained from Mayo Medical Laboratories.)</td>
<td>84620</td>
</tr>
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<td>Test Name</td>
<td>Cerner Primary Synonym</td>
<td>PowerChart Aliases</td>
<td>PathNet Aliases</td>
<td>Lab Where Test is Performed</td>
<td>Specimen Stability</td>
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<tr>
<td>Yeast Culture - see Fungal Culture</td>
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<td>BVHS</td>
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<tr>
<td>Yo Autoantibody (Anti-Yo) - see Anti-Purkinje Cell Cytoplasmic Antibody, Type 1</td>
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<tr>
<td>Zarontin - see Ethosuximide</td>
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</tbody>
</table>
Zika Virus (Zika, Chikungunya, and Dengue Testing) *** Free testing at ODC***

Cerner Primary Synonym:  Send-out Other to ODC or Paid to Mayo

PowerChart Aliases:  

PathNet Aliases:  

Lab Where Test is Performed: ODH/Mayo  Ref Lab Code or #: MZIKV for Mayo

Turn around Time: 2-4 weeks  CPT Code(s): none (no charges)

Specimen Stability:

Specimen Type: 5 mL Red Top SST Gel Tube

Minimum Specimen Requirements: 0.5 mL Serum


Select Arbovirus Serology from the drop down menu for test order name. Include date of illness. The healthcare provider can fill his/her information in the original submitter section to receive a copy of the results. The travel history section on the second page needs filled out. In the comments section at the bottom of the second page, fill in "Zika, chikungunya, and dengue testing requested" to make sure CDC tests for all three. The form should be filled out electronically and then printed.

Laboratory Handling:  Refrigerate. Ship in a cooler with ice packs to keep the specimen cold. Ship Monday-Thursday overnight to ODH. ODH wants all specimens to be shipped there because they are keeping track. ODH will batch ship specimens to the CDC on Wednesdays and Thursdays. DO NOT SHIP TO THE CDC DIRECTLY!

Send specimens to:
Ohio Department of Health Laboratory
8995 East Main Street
Building 22
Reynoldsburg, OH  43068

Turn around Time: 3 days

CPT Code(s): 84630

Specimen Stability:

Specimen Type: 7 mL Royal Blue Trace Metal Tube (No additive) - Not hemolyzed

Minimum Specimen Requirements: 1 mL Serum (Pediatric minimum = 0.5 mL) - Not hemolyzed

Patient Preparation:
The patient should not take vitamins or mineral supplements at least 3 days prior to collection.

Laboratory Handling:  Avoid hemolysis. Allow the specimen to clot for 30 minutes. Spin and carefully pour 1 ML of serum into Mayo "Metal-Free", screw capped, polypropylene tubes. Do not insert a pipette or wooden sticks into the specimen. Refrigerate. (If stored more than 48 hours - Freeze.)
### Zinc, Urine 24 Hour

*Cerner Primary Synonym:* Send-out Other  
*PowerChart Aliases:*  
*PathNet Aliases:*  
*Lab Where Test is Performed:* Mayo  
*Ref Lab Code or #:* ZNU  
*Turn around Time:* 4 days  
*CPT Code(s):* 84630  
*Specimen Stability:*  
*Specimen Type:* 24 Hour Urine, no preservative  
*Minimum Specimen Requirements:* 2 mL of a 24 Hour Urine collection.  
*Patient Preparation:* None.  
*Laboratory Handling:* The send-out container cannot have any metal caps or glued inserts. The specimen must be refrigerated within 4 hours of completion of collection. Refrigerate the aliquot to send.

### Zinc-Complexed Protoporphyrins - see Protoporphyrins, Zinc-Complexed

*Cerner Primary Synonym:* Send-out Other  
*PowerChart Aliases:*  
*PathNet Aliases:*  
*Lab Where Test is Performed:* Mayo  
*Ref Lab Code or #:*  
*Turn around Time:*  
*CPT Code(s):*  
*Specimen Stability:*  
*Specimen Type:*  
*Minimum Specimen Requirements:*  
*Patient Preparation:*  
*Laboratory Handling:*  

### Zoloft, Serum (Sertraline) (includes Desmethylsertraline)

*Cerner Primary Synonym:* Send-out Other  
*PowerChart Aliases:*  
*PathNet Aliases:*  
*Lab Where Test is Performed:* Mayo  
*Ref Lab Code or #:* FSERT  
*Turn around Time:* 5-7 days  
*CPT Code(s):* 82542  
*Specimen Stability:*  
*Specimen Type:* (2) 7 mL Plain Red Top Tubes (No SST Gel)  
*Minimum Specimen Requirements:* 2 mL Serum (Absolute minimum = 1.2 mL)  
*Patient Preparation:* None.  
*Laboratory Handling:* Refrigerate.
### Zolpidem, Serum - Ambien

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<thead>
<tr>
<th>Cerner Primary Synonym:</th>
<th>Send-out Other</th>
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</thead>
<tbody>
<tr>
<td>PowerChart Aliases:</td>
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<tr>
<td>PathNet Aliases:</td>
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<tr>
<td>Lab Where Test is Performed:</td>
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<td>Ref Lab Code or #:</td>
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<tr>
<td>Turn around Time:</td>
<td>Varies</td>
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<td>Specimen Stability:</td>
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<tr>
<td>Specimen Type:</td>
<td>(2) 7 mL Plain Red Top Tubes or (2) Lavender EDTA Tubes (No Gel)</td>
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<tr>
<td>Minimum Specimen Requirements:</td>
<td>2 mL Serum or Plasma</td>
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<td>Patient Preparation:</td>
<td>None.</td>
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<tr>
<td>Laboratory Handling:</td>
<td>Refrigerate. (Grey top - sodium fluoride/potassium oxalate, Green top - sodium heparin may also be used.)</td>
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</table>

### Zonegran - see Zonisamide

<table>
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<tr>
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<tbody>
<tr>
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<td>Specimen Type:</td>
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<tr>
<td>Minimum Specimen Requirements:</td>
<td>1 mL Serum</td>
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<td>Patient Preparation:</td>
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<td>Laboratory Handling:</td>
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### Zonisamide, Serum (Zonegran)

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<th>Zonisamide Level-Mayo</th>
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<tbody>
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<td>PathNet Aliases:</td>
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<td>Turn around Time:</td>
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<tr>
<td>Specimen Type:</td>
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<td>Minimum Specimen Requirements:</td>
<td>1 mL Serum (Absolute minimum = 0.6 mL)</td>
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<td>Patient Preparation:</td>
<td>None.</td>
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<tr>
<td>Laboratory Handling:</td>
<td>Refrigerate.</td>
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</table>