

# DH Laboratory Procedure Catalog

**Test Name** AMPHETAMINES CONFIRM URINE  
**Code:** 90439

## Synonyms

2010075  
AMPHETCONFIRM

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

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

## Synonyms

2002434  
BETA-D GLUCAN  
FUNGITELL  
BDGLUCAN

## Collection Requirements

This test should batch REFRIGERATED

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

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

## Synonyms

CD4 ABS  
TCD4

## Collection Requirements

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

## Shipping and Handling Instructions

STABILITY: Ambient 24 Hours  
&#x20; LAB INSTRUCTIONS:  
1) Do NOT refrigerate or freeze  
2) Stability for Add-on Specimens is 8 hours.

## Turn Around Times

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

## Container Types

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

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

## Synonyms

2001766  
S100B

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** 11-DEOXYCORTISOL  
**Code:** 1230101010

## Synonyms

DEOXYCORTISOL  
0092331

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

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

### Synonyms

2008095

### Collection Requirements

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

### Shipping and Handling Instructions

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

### Turn Around Times

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

### Container Types

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

**Test Name** 17 KETOSTEROIDS,24HR URINE  
**Code:** 1230100259

### Synonyms

17KS  
0080650

### Collection Requirements

None Listed

### Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** 17-HYDROXPREGNENOLONE  
**Code:** 1230100811

## Synonyms

HYDROXPREGNENOLONE  
0092333  
17 OH PREG

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** 17-HYDROXYPROGESTERONE  
**Code:** 1230100812

## Synonyms

HYDROXYPROGESTERONE  
0092332

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** 21-HYDROXYLASE ANTIBODY  
**Code:** 1230500065

## Synonyms

0070265  
ADRENAL ANTIBODY

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

Test Name 5' NUCLEOTIDASE  
Code: 1230500187

### Synonyms

0080235

### Collection Requirements

None Listed

### Shipping and Handling Instructions

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

### Turn Around Times

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

### Container Types

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

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

### Synonyms

2002349  
DHT  
5ADHTTMS

### Collection Requirements

None Listed

### Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

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

## Synonyms

0080420  
5-HIAA

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** A1A ELISA, RANDOM STOOL  
**Code:** 1230500134

## Synonyms

2011041  
A1ASTL



## Collection Requirements

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

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

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

## Synonyms

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

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

## Container Types

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

Test Name ACCM QC ALL  
Code: 187

### Synonyms

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### Collection Requirements

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None Listed

### Shipping and Handling Instructions

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None Listed

### Turn Around Times

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**Laboratory**

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

**Priority**

Routine  
STAT

**TAT**

6 Hours  
40 Minutes

### Container Types

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**Laboratory**

DH PAV A CENTRAL LAB

**Container**

QC CONTAINER

**Default?**

Yes

**Min Volume**

Test Name ACETAMINOPHEN  
Code: 1230100344

### Synonyms

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TYLENOL  
APAP

### Collection Requirements

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

### Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ACETYLCHOLINE BINDING AB  
**Code:** 1230500066

## Synonyms

0080009  
ACHRBIN

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ACETYLCHOLINE BLOCKING AB  
**Code:** 1230500253

## Synonyms

0099580  
ACHR

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ACETYLCHOLINE RECEPTOR AB REFLEX PANEL  
**Code:** 123050096

## Synonyms

2001571

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ACETYLCHOLINE RECEPTOR, MODULATING  
**Code:** 1230100818

### Synonyms

ACHR MODULATING  
0099521

### Collection Requirements

None Listed

### Shipping and Handling Instructions

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

### Turn Around Times

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

### Container Types

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

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

### Synonyms

2005639  
SKELETAL MUSCLE

### Collection Requirements

None Listed

### Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ACYLCARNITINE PROFILE QUAL  
**Code:** 12301008231

## Synonyms

FATTY ACID

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

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

**Test Name** ACYLCARNITINES, PLASMA, QUANTITATIVE  
**Code:** 1230100823

## Synonyms

FATTY ACID  
0040033

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ACYLGLYCINES, QUANTITATIVE, URINE  
**Code:** 1230500188

## Synonyms

0081170

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ADALIMUMAB ACTIVITY AND NEUTRALIZING AB  
**Code:** 800

### Synonyms

2011248  
ADA NAB

### Collection Requirements

Collect specimens before adalimumab treatment.

### Shipping and Handling Instructions

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

### Turn Around Times

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

### Container Types

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

**Test Name** ADAMTS13 ACTIVITY  
**Code:** 1230500116

### Synonyms

0030056  
ADAMTS13

### Collection Requirements

None Listed

### Shipping and Handling Instructions

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



## Turn Around Times

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

## Container Types

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

**Test Name** ADENOSINE DEAMINASE, PERICARDIAL FLUID  
**Code:** 1230500117

## Synonyms

ADAPERCAR  
2009357

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ADENOSINE DEAMINASE, PERITONEAL FLUID  
**Code:** 1230500162

## Synonyms

2006101  
ADAPER

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ADENOSINE DEAMINASE, PLEURAL FLUID  
**Code:** 1230500053

## Synonyms

2006096  
ADAPLEURA

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ADENOVIRUS PCR  
**Code:** 1230100824

### Synonyms

ADENOVIRUS

### Collection Requirements

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

### Shipping and Handling Instructions

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

### Turn Around Times

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

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

**Test Name** ADRENOCORTICOTROPIC HORMONE  
**Code:** 1230500002

### Synonyms

0070010  
ACTH

### Collection Requirements

Lavender (EDTA) or pink (K<sub>2</sub>EDTA). Collection tube must be siliconized glass or plastic.

### Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

Test Name ADVIN REFERENCE SOLUTION  
Code: 339

## Synonyms

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

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

## Container Types

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

Test Name AFB BLOOD CULTURE  
Code: 1230100154

## Synonyms

AFB BLOOD CX  
CULTURE  
ACID-FAST BACTERIA BLOOD CULTURE

## Collection Requirements

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

## Shipping and Handling Instructions

Place BD Myco-lytic bottle in the appropriate cabinet.

## Turn Around Times

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

## Container Types

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

**Test Name** AFB CULTURE & SMEAR  
**Code:** 1230100512

## Synonyms

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

## Collection Requirements

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

## Shipping and Handling Instructions

FOR GASTRIC LAVAGES, MLS MUST NEUTRALIZE SPECIMEN IMMEDIATELY

## Turn Around Times

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

## Container Types

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

**Test Name** AFB RAPID GROWER MIC PANEL

**Code:** 128

## Synonyms

AFBRP

## Collection Requirements

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

## Shipping and Handling Instructions

None Listed

## Turn Around Times

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

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

**Test Name** AFIRMA THYROID FNA

**Code:** 1031

## Synonyms

## Collection Requirements

The Cytotechnologist rinses the needle in the Afirma sample after the thyroid pass.  
Primary Diagnoses Eligible for Afirma: Atypia of undetermined significance, Follicular neoplasm / suspicious for follicular neoplasm, Follicular neoplasm, HC type / suspicious for follicular neoplasm, HC type. &#x20;

## Shipping and Handling Instructions

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

## Turn Around Times

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

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

**Test Name** AFP TUMOR MARKER  
**Code:** 1230100805

## Synonyms

ALPHA-FETOPROTEIN MARKER

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** AFP, SINGLE MARKER SCREEN MATERNAL  
**Code:** 1230101002

## Synonyms

AFP  
ALPHA  
FETOPROTEIN  
MATERNAL  
ALPHA FETOPROTEIN  
MATERNAL  
AFP MOM

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

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

## Synonyms

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



## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

Test Name ALBUMIN  
Code: 1230100363

## Synonyms

ALB

## Collection Requirements

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

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

Last Updated: 7/1/2018

Test Name ALBUMIN FLUID  
Code: 1230100083

### Synonyms

### Collection Requirements

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

### Shipping and Handling Instructions

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

### Turn Around Times

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

### Container Types

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

Test Name ALDOLASE  
Code: 1230100828

### Synonyms

ALDOLASE  
0020012

### Collection Requirements

None Listed

### Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

Test Name ALDOSTERONE  
Code: 1230100829

## Synonyms

ALDOSTERONE  
0070015

## Collection Requirements

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

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

Test Name ALDOSTERONE RENIN ACT RATIO  
Code: 1230500255

## Synonyms

0070073  
ALDOSTREN

## Collection Requirements

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

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

## Synonyms

24 HOUR URINE ALDOSTERONE  
0070480

## Collection Requirements

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

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

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

### Synonyms

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### Collection Requirements

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None Listed

### Shipping and Handling Instructions

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None Listed

### Turn Around Times

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

### Container Types

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

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

### Synonyms

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2007324  
ALK (D5F3)

### Collection Requirements

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None Listed

### Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ALK BY FISH, LUNG  
**Code:** 123050139

## Synonyms

2006102  
ALKGENE

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ALKALINE PHOSPHATASE  
**Code:** 1230100015

## Synonyms

ALK PHOS

## Collection Requirements

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

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ALKALINE PHOSPHATASE, BONE SPECIFIC  
**Code:** 1230100830

## Synonyms

BONE  
ALKP  
0070053

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ALKALINE PHOSPHATASE, ISOENZYMES  
**Code:** 1230100831

### Synonyms

ISOENZYMES  
ALKP  
0021020

### Collection Requirements

None Listed

### Shipping and Handling Instructions

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

### Turn Around Times

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

### Container Types

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

**Test Name** ALLERGEN ALMONDS IGE  
**Code:** 1230100526

### Synonyms

ALMONDS  
0099577

### Collection Requirements

None Listed

### Shipping and Handling Instructions

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



## Turn Around Times

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

## Container Types

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

**Test Name** ALLERGEN APPLE IGE  
**Code:** 1230100530

## Synonyms

APPLE  
0099632

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ALLERGEN ASPERGILLUS FUMAGATUS  
**Code:** 1230100538

## Synonyms

ASPERGILLUS  
0055061

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ALLERGEN AVOCADO IGE  
**Code:** 1230100543

## Synonyms

AVOCADO  
0099695

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ALLERGEN BANANA IGE  
**Code:** 1230100546

### Synonyms

BANANA  
0099634

### Collection Requirements

None Listed

### Shipping and Handling Instructions

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

### Turn Around Times

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

### Container Types

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

**Test Name** ALLERGEN BEAN, GREEN IGE  
**Code:** 1230100550

### Synonyms

GREEN BEAN  
0099649

### Collection Requirements

None Listed

### Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ALLERGEN BEEF IGE  
**Code:** 1230100555

## Synonyms

BEEF  
0055096

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ALLERGEN BETA LACTOGLOBULIN  
**Code:** 1230100833

## Synonyms

0055074  
BETA LACT

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ALLERGEN BLACK BASS IGE  
**Code:** 1230100559

## Synonyms

BASS  
BLACK BASS  
0099692

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ALLERGEN BLACKBERRY IGE  
**Code:** 1230100561

### Synonyms

BLACKBERRY  
2007629  
BLKBERRY IGE

### Collection Requirements

None Listed

### Shipping and Handling Instructions

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

### Turn Around Times

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

### Container Types

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

**Test Name** ALLERGEN BLUEBERRY IGE  
**Code:** 1230100564

### Synonyms

BLUEBERRY  
0055426

### Collection Requirements

None Listed

### Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ALLERGEN BRAZIL NUT IGE  
**Code:** 1230100568

## Synonyms

BRAZIL NUT  
0099574

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ALLERGEN CARROT IGE  
**Code:** 1230100582

## Synonyms

CARROT  
0055005

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ALLERGEN CASEIN  
**Code:** 1230100583

## Synonyms

CASEIN  
0055081

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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



**Test Name** ALLERGEN CASHEW  
**Code:** 1230100584

### Synonyms

CASHEW  
0099573

### Collection Requirements

None Listed

### Shipping and Handling Instructions

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

### Turn Around Times

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

### Container Types

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

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

### Synonyms

CAT DANDER  
CAT HAIR  
0055006

### Collection Requirements

None Listed

### Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ALLERGEN CEDAR, MOUNTAIN IGE  
**Code:** 1230100589

## Synonyms

MOUNTAIN CEDAR  
0055007

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ALLERGEN CHICKEN  
**Code:** 1230100602

## Synonyms

CHICKEN  
0055008

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ALLERGEN CHOCOLATE IGE  
**Code:** 1230100605

## Synonyms

CHOCOLATE  
0099642

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ALLERGEN CINNAMON IGE  
**Code:** 1230100607

### Synonyms

CINNAMON  
0098876

### Collection Requirements

None Listed

### Shipping and Handling Instructions

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

### Turn Around Times

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

### Container Types

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

**Test Name** ALLERGEN CLAMS  
**Code:** 1230100609

### Synonyms

CLAMS  
0099488

### Collection Requirements

None Listed

### Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ALLERGEN COCKROACH,AMERICAN  
**Code:** 1230100612

## Synonyms

COCKROACH  
AMERICAN COCKROACH  
0050151

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ALLERGEN COCONUT IGE  
**Code:** 1230100613

## Synonyms

COCONUT  
0099473

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ALLERGEN CODFISH  
**Code:** 1230100615

## Synonyms

CODFISH  
0055036

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ALLERGEN CORN  
**Code:** 1230100617

### Synonyms

CORN  
0055078

### Collection Requirements

None Listed

### Shipping and Handling Instructions

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

### Turn Around Times

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

### Container Types

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

**Test Name** ALLERGEN COTTONWOOD TREE IGE  
**Code:** 1230100620

### Synonyms

COTTONWOOD  
0055010

### Collection Requirements

None Listed

### Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ALLERGEN CRAB IGE  
**Code:** 1230100622

## Synonyms

CRAB  
0055011

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ALLERGEN DOG DANDER  
**Code:** 1230100639

## Synonyms

DOG DANDER  
0099568



## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ALLERGEN EGG WHITE IGE  
**Code:** 1230100643

## Synonyms

EGG WHITE  
0055013

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ALLERGEN EGG YOLK IGE  
**Code:** 1230100644

### Synonyms

EGG YOLK  
0055212

### Collection Requirements

None Listed

### Shipping and Handling Instructions

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

### Turn Around Times

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

### Container Types

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

**Test Name** ALLERGEN EGG, WHOLE IGE  
**Code:** 1230100645

### Synonyms

EGG  
0055381

### Collection Requirements

None Listed

### Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

Test Name ALLERGEN ELM TREE  
Code: 1230100647

## Synonyms

ELM TREE  
0055042

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

Test Name ALLERGEN GLUTEN IGE  
Code: 1230100669

## Synonyms

GLUTEN  
0099569

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ALLERGEN GRAPE IGE  
**Code:** 1230100676

## Synonyms

GRAPE  
0055015

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ALLERGEN GREEN PEA  
**Code:** 1230100677

### Synonyms

GREEN PEA  
0099895

### Collection Requirements

None Listed

### Shipping and Handling Instructions

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

### Turn Around Times

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

### Container Types

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

**Test Name** ALLERGEN HALIBUT IGE  
**Code:** 1230100683

### Synonyms

HALIBUT  
0098516

### Collection Requirements

None Listed

### Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ALLERGEN HAZELNUT  
**Code:** 1230100834

## Synonyms

ALLERGEN  
HAZELNUT  
FOOD  
0093506

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ALLERGEN HAZELNUT/FILBERT IGE  
**Code:** 1230100684

## Synonyms

HAZELNUT  
FILBERT  
0098617

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ALLERGEN HORSE DANDER  
**Code:** 1230100699

## Synonyms

HORSE DANDER  
HORSE  
0055059

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ALLERGEN KIWI FRUIT IGE  
**Code:** 1230100708

### Synonyms

KIWI  
0055203

### Collection Requirements

None Listed

### Shipping and Handling Instructions

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

### Turn Around Times

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

### Container Types

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

**Test Name** ALLERGEN LENTIL IGE  
**Code:** 1230100715

### Synonyms

LENTIL  
0099659

### Collection Requirements

None Listed

### Shipping and Handling Instructions

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



## Turn Around Times

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

## Container Types

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

**Test Name** ALLERGEN LOBSTER  
**Code:** 1230100720

## Synonyms

LOBSTER  
0099062

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ALLERGEN MACADAMIA NUT IGE  
**Code:** 1230100722

## Synonyms

MACADAMIA NUT  
MACADAMIA  
0093246

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ALLERGEN MANGO IGE  
**Code:** 1230100728

## Synonyms

MANGO  
0055204

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ALLERGEN MILK IGE  
**Code:** 1230100736

### Synonyms

MILK  
0055020

### Collection Requirements

None Listed

### Shipping and Handling Instructions

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

### Turn Around Times

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

### Container Types

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

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

### Synonyms

GOAT'S MILK  
MILK  
2007619

### Collection Requirements

None Listed

### Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ALLERGEN MULTI INHALANT SCREEN  
**Code:** 1230100746

## Synonyms

MULTIPLE INHALANT  
INHALANT  
0055175

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ALLERGEN NUTS PANEL  
**Code:** 1230100754

## Synonyms

NUTS  
NUTS PANEL  
NUT PANEL  
0051831

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ALLERGEN OAK, IGE  
**Code:** 1230100758

## Synonyms

WHITE OAK  
0055045

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ALLERGEN OYSTER IGE  
**Code:** 1230100773

### Synonyms

OYSTER  
0099638

### Collection Requirements

None Listed

### Shipping and Handling Instructions

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

### Turn Around Times

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

### Container Types

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

**Test Name** ALLERGEN PEACH IGE  
**Code:** 1230100780

### Synonyms

PEACH  
0099582

### Collection Requirements

None Listed

### Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ALLERGEN PEANUT IGE  
**Code:** 1230100781

## Synonyms

PEANUT  
0055024

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ALLERGEN PECAN NUT IGE  
**Code:** 1230100782

## Synonyms

PECAN NUT  
0099572

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ALLERGEN PIGWEED, ROUGH IGE  
**Code:** 1230100844

## Synonyms

PIGWEED  
ROUGH  
ALLERGEN  
WEED  
0055025

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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



## Container Types

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

**Test Name** ALLERGEN PINEAPPLE IGE  
**Code:** 1230100848

## Synonyms

PINEAPPLE  
ALLERGEN  
FOOD  
0099477

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ALLERGEN PLUM IGE  
**Code:** 1230100849

## Synonyms

PLUM  
ALLERGEN  
FOOD  
0055448

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ALLERGEN PORK IGE  
**Code:** 1230100853

## Synonyms

PORK  
ALLERGEN  
FOOD  
0099780

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

Test Name ALLERGEN POTATO IGE  
Code: 1230100854

### Synonyms

POTATO  
ALLERGEN  
FOOD  
0055051

### Collection Requirements

None Listed

### Shipping and Handling Instructions

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

### Turn Around Times

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

### Container Types

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

Test Name ALLERGEN PROFILE, SUMMER - GRASS  
Code: 1230100861

### Synonyms

SEASONAL  
ALLERGEN  
SUMMER  
GRASS  
0055130

### Collection Requirements

None Listed

### Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

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

## Synonyms

RAGWEED  
SHORT  
COMMON  
WEED  
ALLERGEN  
0055085

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ALLERGEN RASPBERRY IGE  
**Code:** 1230100869

## Synonyms

RASPBERRY  
ALLERGEN  
FOOD  
0099493

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ALLERGEN RICE IGE  
**Code:** 1230100878

## Synonyms

RICE  
ALLERGEN  
FOOD  
0055054

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

Test Name ALLERGEN RYE IGE  
Code: 1230100881

## Synonyms

RYE  
ALLERGEN  
GRASS  
0055026

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

Test Name ALLERGEN SALMON IGE  
Code: 1230100886

## Synonyms

SALMON  
ALLERGEN  
FOOD  
0099680

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ALLERGEN SCALLOP IGE  
**Code:** 1230100891

## Synonyms

SCALLOP  
ALLERGEN  
FOOD  
0099495

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ALLERGEN SEAFOOD PANEL  
**Code:** 1230100893

## Synonyms

ALLERGEN  
SEAFOOD  
FOOD  
0055335

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ALLERGEN SESAME SEED IGE  
**Code:** 1230100896

## Synonyms

SESAME  
SEED  
ALLERGEN  
FOOD  
0099698

## Collection Requirements

None Listed



## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

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

## Synonyms

SHEEP  
SORREL  
DOCK  
ALLERGEN  
ANIMAL  
0099785

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

Test Name ALLERGEN SHRIMP IGE  
Code: 1230100900

### Synonyms

SHRIMP  
ALLERGEN  
FOOD  
0055030

### Collection Requirements

None Listed

### Shipping and Handling Instructions

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

### Turn Around Times

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

### Container Types

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

Test Name ALLERGEN SOYBEAN IGE  
Code: 1230100904

### Synonyms

SOYBEAN  
ALLERGEN  
FOOD  
0055031

### Collection Requirements

None Listed

### Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ALLERGEN STRAWBERRY  
**Code:** 1230100911

## Synonyms

STRAWBERRY  
ALLERGEN  
FOOD  
0099496

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ALLERGEN SUNFLOWER SEED IGE  
**Code:** 1230100916

## Synonyms

SUNFLOWER  
SEED  
ALLERGEN  
FOOD  
0099496

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ALLERGEN TOMATO IGE  
**Code:** 1230100927

## Synonyms

TOMATO  
0055033

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ALLERGEN TUNA IGE  
**Code:** 1230100931

## Synonyms

TUNA  
0055062

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ALLERGEN TURKEY IGE  
**Code:** 1230100932

## Synonyms

TURKEY  
0099627

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ALLERGEN WALNUT IGE  
**Code:** 1230100936

## Synonyms

WALNUT  
0055209

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ALLERGEN WHEAT IGE  
**Code:** 1230100939

## Synonyms

WHEAT  
0055034

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

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

## Synonyms

2007994  
ALPHAGAL

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

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

## Synonyms

BAKERS YEAST  
0097706

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ALLERGEN, FOOD, BANANA IGG  
**Code:** 1230100958

## Synonyms

BANANA  
IGG  
0090286

## Collection Requirements

None Listed



## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ALLERGEN, FOOD, BARLEY IGG  
**Code:** 1230100959

## Synonyms

BARLEY  
ALLERGEN  
FOOD  
IGG  
0097707

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

Test Name ALLERGEN, FOOD, CATFISH IGE  
Code: 123050106

### Synonyms

CATFISH  
0097629

### Collection Requirements

None Listed

### Shipping and Handling Instructions

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

### Turn Around Times

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

### Container Types

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

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

### Synonyms

0055200

### Collection Requirements

None Listed

### Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

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

## Synonyms

2003298  
FLAXLIN

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

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

## Synonyms

2001911  
GELBOVINE

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

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

## Synonyms

2001917  
GUMGUAR

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

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

### Synonyms

0055435  
CANTALOUPE  
MUSKMELON  
HONEYDEW

### Collection Requirements

None Listed

### Shipping and Handling Instructions

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

### Turn Around Times

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

### Container Types

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

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

### Synonyms

COW'S  
MILK  
ALLERGEN  
FOOD  
IGG  
0097653

### Collection Requirements

None Listed

### Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ALLERGEN, FOOD, NAVY BEAN  
**Code:** 123050108

## Synonyms

0055022  
NAVY  
PINTO  
WHITE BEAN

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ALLERGEN, FOOD, ONION  
**Code:** 787

## Synonyms

0099474

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ALLERGEN, FOOD, OVOMUCOID IGE  
**Code:** 123050098

## Synonyms

2006434  
OVOMUCOID

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

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

### Synonyms

PINON  
PIGNOLA  
PIGNOLES  
PINE KERNELS  
PINYON NUT  
0055445  
PINONNUT

### Collection Requirements

None Listed

### Shipping and Handling Instructions

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

### Turn Around Times

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

### Container Types

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

**Test Name** ALLERGEN, FOOD, PISTACHIO  
**Code:** 123050085

### Synonyms

0055447  
PISTACHIOIGE

### Collection Requirements

None Listed

### Shipping and Handling Instructions

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



## Turn Around Times

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

## Container Types

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

**Test Name** ALLERGEN, FOOD, POTATO IGG  
**Code:** 1230100978

## Synonyms

POTATO  
ALLERGEN  
FOOD  
IGG  
0097641

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

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

## Synonyms

0051835  
SHELLFISH

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ALLERGEN, FOOD, TILAPIA IGE  
**Code:** 123050089

## Synonyms

2003296  
TILAPIA

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

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

## Synonyms

2010822  
POLLOCK

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

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

## Synonyms

MUCOR  
RACEMOSUS  
ALLERGEN  
MOLD  
IGG  
0097316

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

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

## Synonyms

0097316  
MUCOR RACEMOUSUS MOLD

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

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

## Synonyms

HONEY  
BEE  
HONEYBEE  
VENOM  
ALLERGEN  
INSECT  
IGG  
0055105

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

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

## Synonyms

2006039  
ROCKY MOUNTAIN ALLERGY PANEL  
REG11PAN

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ALLERGEN, TREE, WALNUT TREE  
**Code:** 123050117

## Synonyms

0055093  
WALNUTTR

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

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

## Synonyms

2007036  
FISHGROUP

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ALLERGENS, FOOD, IGG PANEL  
**Code:** 1230101000

## Synonyms

ALLERGEN  
FOOD  
IGG  
PANEL  
2007216

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ALLERGIC BRONCHOPULMONARY ASPERGILLOSIS  
**Code:** 1230500256

## Synonyms

2004243  
ABPA

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ALPHA THALASSEMIA, 7 DELETIONS  
**Code:** 1230500163

## Synonyms

0051495  
ALPATHAL  
HBA1  
HBA2  
ALPHA GLOBIN MUTATION DELETIONS

## Collection Requirements

None Listed



## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ALPHA-1-ANTITRYPSIN  
**Code:** 1230100502

## Synonyms

A1A  
A1 ANTITRYPSIN  
0050001

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

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

## Synonyms

0080500  
A1A PHENOTYPE  
AAT DEFICIENCY  
AAT PHENOTYPE  
PI TYPING

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ALPHA-2 ANTIPLASMIN  
**Code:** 1230101004

## Synonyms

A2A  
PLASMIN  
INHIBITOR  
ANTIPLASMIN  
0098727

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

Test Name ALT  
Code: 1230100037

## Synonyms

SGPT

## Collection Requirements

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

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

Test Name ALUMINUM LEVEL  
Code: 1230101005

## Synonyms

ALUMINUM  
LEVEL  
0099266

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** AMIKACIN PEAK  
**Code:** 1230101006

## Synonyms

AMIKACIN  
PEAK

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

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

**Test Name** AMIKACIN RANDOM  
**Code:** 123010100602

### Synonyms

AMIKACIN  
RANDOM

### Collection Requirements

None Listed

### Shipping and Handling Instructions

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

### Turn Around Times

Laboratory

Priority

TAT

### Container Types

Laboratory

DH NON-INTERFACED LAB  
DH NON-INTERFACED LAB

Container

RED GEL (SST)  
RED TOP -PLAIN

Default?

Yes  
No

Min Volume

**Test Name** AMIKACIN TROUGH  
**Code:** 123010100601

### Synonyms

AMIKACIN  
TROUGH

### Collection Requirements

None Listed

### Shipping and Handling Instructions

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

## Turn Around Times

Laboratory

Priority

TAT

## Container Types

Laboratory

DH NON-INTERFACED LAB  
DH NON-INTERFACED LAB

Container

RED GEL (SST)  
RED TOP -PLAIN

Default?

Yes  
No

Min Volume

**Test Name** AMINO ACID QUANT, URINE  
**Code:** 1230100264

## Synonyms

AA QT UR  
AA QUANT UR

## Collection Requirements

Urine (Random, morning urine preferred)

## Shipping and Handling Instructions

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

## Turn Around Times

Laboratory

Priority

TAT

## Container Types

Laboratory

DH NON-INTERFACED LAB

Container

URINE

Default?

Yes

Min Volume

**Test Name** AMINO ACID QUANTITATIVE  
**Code:** 123010026401

## Synonyms

AA QT  
AA QUANT

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

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

**Test Name** AMINO ACID SCREEN  
**Code:** 123010100701

## Synonyms

AA  
AMINO  
ACID  
PLASMA

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

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

**Test Name** AMINO ACIDS, QUALITATIVE, URINE  
**Code:** 1230101578

## Synonyms

AMINO ACIDS QUAL UR

## Collection Requirements

Urine (Random, morning urine preferred)

## Shipping and Handling Instructions

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

## Turn Around Times

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

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

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

## Synonyms

0080103  
AMINOLEVULIN

## Collection Requirements

None Listed



## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** AMITRIPTYLINE AND NORTRIPTYLINE, SP  
**Code:** 1230500077

## Synonyms

0090158  
AMINORT

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** AMMONIA  
**Code:** 1230100371

## Synonyms

NH3  
NH4+

## Collection Requirements

Patient preparation: Limit use of tourniquet to finding a vein. Remove as soon as possible after blood begins to flow. Draw directly into vacutainer tube. Fill tube completely. Partially filled tube will cause falsely elevated Ammonia levels. Do not use syringe to transfer blood into vacutainer tube. This will also cause falsely elevated Ammonia levels. Transport to lab on ice ASAP. Capillary specimens are not acceptable. Only venous specimens will be tested. \*\*MICROTAINER TUBES ARE NOT ACCEPTABLE. SPECIMEN CANNOT BE EXPOSED TO AIR DURING THE COLLECTION.\*\* Collect: 4.0 mLs (1.0 minimum) venous blood in a GreenGel tube \* ON ICE \* ALTERNATES: Lavender EDTA \* ON ICE \* TRANSPORT: 1.0 mL Plasma. &#x20; STABILITY: Frozen

## Shipping and Handling Instructions

LAB INSTRUCTIONS: The specimen may be removed from ice bath long enough to centrifuge. Separate plasma from red cells if not collected in gel tube, return to ice, and test immediately. &#x20; STABILITY: Frozen

## Turn Around Times

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

## Container Types

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

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

## Synonyms

2014043  
DLDIFF

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

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

## Synonyms

2008368  
DLRATIO

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** AMPHETAMINES URINE  
**Code:** 1230100266

## Synonyms

AMPHET QUAL

## Collection Requirements

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

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** AMPHETAMINES, SERUM/PLASMA  
**Code:** 1230500189

## Synonyms

2010066  
AMPSSP

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** AMYLASE  
**Code:** 1230100372

## Synonyms

## Collection Requirements

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

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** AMYLASE BODY FLUID  
**Code:** 1230100084

## Synonyms

AMYLASE FLUID

## Collection Requirements

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

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

Test Name AMYLASE ISOENZYMES  
Code: 1230500259

## Synonyms

0020804  
AMYISO

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** AMYLASE,24 HOUR URINE  
**Code:** 1230100268

### Synonyms

UR-AMY  
24 HOUR URINE AMYLASE  
24HR URINE AMYLASE

### Collection Requirements

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

### Shipping and Handling Instructions

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

### Turn Around Times

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

### Container Types

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

**Test Name** AMYLASE,RANDOM  
**Code:** 1230100267

### Synonyms

URAMYL

### Collection Requirements

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

### Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ANA BY IFA, IGG  
**Code:** 1230101011

## Synonyms

ANTINUCLEAR  
TITER  
ANTINUCLEAR ANTIBODY  
FANA  
0050639

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ANA NEGATIVE CONTROL  
**Code:** 1003



## Synonyms

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## Collection Requirements

---

None Listed

## Shipping and Handling Instructions

---

None Listed

## Turn Around Times

---

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

## Container Types

---

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

Test Name ANA POSITIVE CONTROL  
Code: 1004

## Synonyms

---

## Collection Requirements

---

None Listed

## Shipping and Handling Instructions

---

None Listed

## Turn Around Times

---

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

## Container Types

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

**Test Name** ANA SCREEN  
**Code:** 1230100051

## Synonyms

ANTINUCLEAR ANTIBODIES  
ANTINUCLEAR ANTIBODY SCREEN  
ANA

## Collection Requirements

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

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ANAEROBIC CULTURE  
**Code:** 1230101515

## Synonyms

ANAEROBIC CULTURE  
ANAEROBIC CX  
CX ANAEROBIC

## Collection Requirements

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

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

### Shipping and Handling Instructions

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

### Turn Around Times

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

### Container Types

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

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

### Synonyms

2006480  
ANCAPRO

### Collection Requirements

None Listed

### Shipping and Handling Instructions

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

### Turn Around Times

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

### Container Types

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

**Test Name** ANDROSTENEDIONE  
**Code:** 1230101013

### Synonyms

ANDROGEN  
2001638

### Collection Requirements

None Listed

### Shipping and Handling Instructions

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

### Turn Around Times

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

### Container Types

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

**Test Name** ANGIOTENSIN CONVERT ENZYME CSF  
**Code:** 1230100087

### Synonyms

ACE CSF  
0098974

### Collection Requirements

None Listed

### Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ANGIOTENSIN CONVERTING ENZYME  
**Code:** 1230100085

## Synonyms

ACE  
0080001  
KINASE II  
PEPTIDYLPEPTIDE HYDROLASE  
SACE

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ANKYLOSING SPONDYLITIS (HLAB27)  
**Code:** 1230500014

## Synonyms

0050392  
HLA B27

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ANTI DNA, DOUBLE STRANDED  
**Code:** 1230100505

## Synonyms

DNA DS  
DS DNA  
0050215

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ANTI DNASE B ANTIBODY  
**Code:** 1230100126

## Synonyms

ADN-B  
0050220

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ANTI NEUTROPHIL CYTO ANTIBODY  
**Code:** 1230100439

## Synonyms

ANCA  
AB  
ADN-B  
0050811

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ANTIMICROBIAL LEVEL-CYCLOSERINE  
**Code:** 1230500191

## Synonyms

2009367  
CYCLOS

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ANTIMICROBIAL SUSCEPTIBILITY, AFB/MYCOBACTERIA  
**Code:** 1230304001



## Synonyms

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AFB  
AFB SINGLE DRUG  
0060217

## Collection Requirements

---

This test is to be ordered by TB Lab only.

## Shipping and Handling Instructions

---

Ship the specimen on the day of collection by courier.

## Turn Around Times

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

## Container Types

---

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

**Test Name** ANTIMULLERIAN HORMONE (AMH)  
**Code:** 1230101020

## Synonyms

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AMH  
ANTI-MULLERIAN  
ANTIMULLERIAN  
HORMONE  
2002656

## Collection Requirements

---

None Listed

## Shipping and Handling Instructions

---

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

## Turn Around Times

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

## Container Types

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

**Test Name** ANTIPHOSPHOLIPID SYNDROME PANEL  
**Code:** 1230500001

## Synonyms

APS PANEL  
DRVVT SCREEN  
HEXAGONAL PHOSPHOLIPID NEUTRAL  
HYPERCOAGULABLE  
2003222  
PHOSSYN

## Collection Requirements

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

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ANTI-SMOOTH MUSCLE ANTIBODY TITER  
**Code:** 1230101023

## Synonyms

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

## Collection Requirements

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None Listed

## Shipping and Handling Instructions

---

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

## Turn Around Times

---

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

## Container Types

---

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

Test Name ANTI-STREPTOLYSIN O  
Code: 1230100124

## Synonyms

---

ANTISTREPTOLYSIN  
ASO  
0050095

## Collection Requirements

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None Listed

## Shipping and Handling Instructions

---

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

## Turn Around Times

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

## Container Types

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

**Test Name** ANTITHROMBIN PANEL  
**Code:** 1230101027

## Synonyms

AT3  
AT3AG  
AT3ACT  
ANTITHROMBIN  
ANTI-THROMBIN  
ANTIGEN  
PANEL  
ACTIVITY  
0030370

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ANTITHROMBIN, ENZYMATIC (ACTIVITY)  
**Code:** 1230500011

## Synonyms

0030010  
ANTITHROMBIN III  
AT3

## Collection Requirements

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

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** APC RESISTANCE  
**Code:** 1230101029

## Synonyms

ACTIVATED  
PROTEIN C  
RESISTANCE  
PROFILE  
PANEL  
APCR  
FACTOR V LEIDEN  
0030127

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** AQUAPORIN-4 RECEPTOR ANTIBODY  
**Code:** 1230500085

## Synonyms

2003036  
AQP4

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ARGININE VASOPRESSIN HORMONE  
**Code:** 1230101032

## Synonyms

ADH  
ANTIDIURETIC  
AVH  
VASOPRESSIN  
0070027

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

Test Name ARSENIC, BLOOD  
Code: 1230500192

## Synonyms

0099045  
ARSBLD

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ARUP MISCELLANEOUS TEST #2  
**Code:** 1202

## Synonyms

0098556

## Collection Requirements

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

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ARUP MISCELLANEOUS TEST #3  
**Code:** 1203

## Synonyms

0098559

## Collection Requirements

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



## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ARUP MISCELLANEOUS TEST #4  
**Code:** 1204

## Synonyms

0098568

## Collection Requirements

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

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

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

## Synonyms

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## Collection Requirements

---

None Listed

## Shipping and Handling Instructions

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None Listed

## Turn Around Times

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

## Container Types

---

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

Test Name ASPERGILLUS ABS  
Code: 1230101033

## Synonyms

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PRECIPITIN  
0050171

## Collection Requirements

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None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

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

## Synonyms

0097771  
ASPFUMIGG

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** ASPERGILLUS GALACTOMANNAN AG  
**Code:** 1230101034

## Synonyms

ASPERGILLUS  
GALACTOMANNAN  
GALACTO  
PLATELIA  
0060068

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

Test Name AST  
Code: 1230100036

## Synonyms

SGOT

## Collection Requirements

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

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** AUTO DIFFERENTIAL  
**Code:** 123050210

## Synonyms

CBC AUTO DIFF

## Collection Requirements

Invert immediately and gently mix with anticoagulant.

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** AUTOIMMUNE LIVER DISEASE EVALUATION  
**Code:** 793

## Synonyms

2007210  
LIVER EVAL

## Collection Requirements

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

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** AUTOPSY, CORONER REQUEST  
**Code:** 1230500403

## Synonyms

## Collection Requirements

Blocks/Tissue Cassettes in Formalin 10%

## Shipping and Handling Instructions

Blocks are transported to Histology in 10% Formalin.

## Turn Around Times

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

## Container Types

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

**Test Name** AUTOPSY, COMPLETE GROSS& MICR  
**Code:** 1230100417

## Synonyms

AUTOPSY  
AUTOPSY GROSS

## Collection Requirements

Refrigerated 2° - 8° degrees Celsius

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

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

## Synonyms

0050255  
BBURGIGG

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

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

## Synonyms

0055260  
LYMEWBSCF

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

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

## Synonyms

0050253  
LYMEMWB



## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

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

## Synonyms

2001774  
BORDPAN2

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

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

### Synonyms

2004316  
BORDABLOT

### Collection Requirements

None Listed

### Shipping and Handling Instructions

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

### Turn Around Times

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

### Container Types

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

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

### Synonyms

2004327  
BPERTUSIGG

### Collection Requirements

None Listed

### Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

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

## Synonyms

2004326  
BORDMBLOT

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** B12  
**Code:** 1230100393

## Synonyms

VITAMIN B12

## Collection Requirements

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

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** B2GLYCOPROTEIN I, IGA AB  
**Code:** 1230500098

## Synonyms

0050324  
B2GLYCOPROTE

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** BABESIA SPECIES BY PCR  
**Code:** 1230500264

### Synonyms

2008665  
BABPCR

### Collection Requirements

None Listed

### Shipping and Handling Instructions

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

### Turn Around Times

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

### Container Types

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

**Test Name** BACTEC MONTHLY QC (HRP)  
**Code:** 762

### Synonyms

### Collection Requirements

None Listed

### Shipping and Handling Instructions

None Listed

## Turn Around Times

### Laboratory

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

### Priority

Routine  
STAT

### TAT

6 Hours  
40 Minutes

## Container Types

### Laboratory

DH PAV A CENTRAL LAB

### Container

QC CONTAINER

### Default?

Yes

### Min Volume

Test Name BACTEC QC (HRP)  
Code: 761

## Synonyms

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

### Laboratory

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

### Priority

Routine  
STAT

### TAT

6 Hours  
40 Minutes

## Container Types

### Laboratory

DH PAV A CENTRAL LAB

### Container

QC CONTAINER

### Default?

Yes

### Min Volume

Test Name BARBITURATE URINE CONF  
Code: 1230100275

## Synonyms

BARB UR CONF  
BARBITURATE CONFIRMATION  
2012213

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** BARTONELLA HENSELAE ABS IGG AND IGM  
**Code:** 1230500086

## Synonyms

0050108  
CATSCRATCH

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** BARTONELLA HENSELAE ANTIBODY, IGG IFA  
**Code:** 1230500265

### Synonyms

0050091  
HENSIGG

### Collection Requirements

None Listed

### Shipping and Handling Instructions

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

### Turn Around Times

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

### Container Types

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

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

### Synonyms

0050106  
BARTPAN

### Collection Requirements

None Listed

### Shipping and Handling Instructions

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



## Turn Around Times

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

## Container Types

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

**Test Name** BARTONELLA SPECIES BY PCR  
**Code:** 1230500138

## Synonyms

0093057  
BARTDNA

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

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

## Synonyms

0060762  
BARTPCRWB

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** BASIC METABOLIC PANEL  
**Code:** 1230100054

## Synonyms

BMET  
BMP  
C7  
CHEM 7

## Collection Requirements

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

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** B-CELL CD20 EXPRESSION  
**Code:** 1230500042

## Synonyms

0092099  
CD20

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

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

## Synonyms

2006193  
BCELLSCRN

## Collection Requirements

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

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

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

## Synonyms

2008420  
BCRABLNGS

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

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

## Synonyms

2005017

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

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

## Synonyms

2005011

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

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

## Container Types

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

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

## Synonyms

2005016  
BCRMIN

## Collection Requirements

Lavender (EDTA) or bone marrow (EDTA).

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** BCR-ABL1, QUALITATIVE WITH QUANT REFLEX  
**Code:** 1230500049

## Synonyms

2005010  
BCRRFLX

## Collection Requirements

Lavender (EDTA) or bone marrow (EDTA).

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** BENZENE QUANTITATIVE, WHOLE BLOOD  
**Code:** 1230500195

## Synonyms

3000136  
BENZBLD

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transfer 2 mL whole blood to an ARUP Standard Transport Tube. (Min: 0.7 mL). STABILITY:  
Refrigerated: 2 months; Ambient: Unacceptable; Frozen: 3 weeks

## Turn Around Times

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

## Container Types

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

**Test Name** BENZODIAZEPINE URINE QUAL  
**Code:** 1230100277

## Synonyms

BZO QUALITATIVE

## Collection Requirements

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

## Shipping and Handling Instructions

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

## Turn Around Times

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

## Container Types

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

**Test Name** BENZODIAZEPINES-CONFIRMATION/QUANTITATION-URINE  
**Code:** 1230500139

## Synonyms

2008291  
BENZOCONF

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transfer 0.5 mL urine with no additives or preservatives to an ARUP Standard Transport Tube. (Min: 0.3 mL). STABILITY: Ambient: 1 week; Refrigerated: 1 month; Frozen: 3 years



## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

**Test Name** BETA 2 MICROGLOBULIN  
**Code:** 1230100373

## Synonyms

B2M  
0080053

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Allow specimen to clot completely at room temperature. Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.3 mL). STABILITY: Frozen: 6 months; Ambient: 8 hou\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** BETA 2 TRANSFERRIN  
**Code:** 1230100112

## Synonyms

BETA2TRANSFERRIN  
0050047

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Do not freeze. Transport 2 mL aural or nasal fluid in a tube without preservative. (Min: 1 mL aural or nasal fluid). STABILITY: Refrigerated: 72 hours; Ambient: 4 hours; Frozen: Unacceptable

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	STERILE CONTAINER	Yes	

**Test Name** BETA GLOBIN (HBB) MUTATIONS BILL  
**Code:** 123050200

## Synonyms

2005828

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CALL LAB	Yes	

**Test Name** BETA LACTAMASE  
**Code:** 978

### Synonyms

NITROCEFİN  
BLAC

### Collection Requirements

Internal Micro test

### Shipping and Handling Instructions

Dayshift Microbiology test that is part of a culture. Fresh 24 hour sub is needed to perform testing.

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CONTAINER	Yes	

**Test Name** BETA-2 GLYCOPROTEIN ABS  
**Code:** 1230101046

### Synonyms

GLYCOPROTEIN  
ANTICARDIOLIPIN  
ACA  
0050321

### Collection Requirements

None Listed

### Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles)

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** BETA-2-MICROGLOBULIN, URINE  
**Code:** 1230102000

## Synonyms

0080432  
BETA-2MICRO UR

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transfer one 3 mL aliquot from a well-mixed random collection to an ARUP Standard Transport Tube. (Min: 1 mL) If pH is greater than 8, lower pH to 6-8 by adding 1M HCL. If pH less than 6, increase pH to 6-8 by adding 5% NaOH. Titrate with appropriate pre\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

**Test Name** B-HYDROXYBUTYRATE  
**Code:** 1230100484

## Synonyms

BETA HYDROXYBUTYRATE  
KETONE BODY  
KETONE BODIES  
ACETONE  
BHB

## Collection Requirements

No preparation is required. Preferred specimens: Green gel tube. Alternate specimens: Serum from red gel or plain tube with no additive. Plasma from a plain heparin tube, lavender EDTA tube, or gray top tube is also acceptable.

## Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed. Freeze specimen for longer storage.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

**Test Name** BILE ACIDS, FRACTIONATED AND TOTAL  
**Code:** 1230101048

## Synonyms

TAUROCHOLIC ACID  
GLYCOCHOLIC ACID  
0092610

## Collection Requirements

None Listed

## Shipping and Handling Instructions

After clot formation, centrifuge specimen and pour off serum into a transport tube. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL). STBILITY:  
Refrigerated: 2 weeks; Ambient: 8 hours; Frozen: 3 months

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	No	
ARUP LAB	RED TOP -PLAIN	Yes	

**Test Name** BILE ACIDS, TOTAL  
**Code:** 1230101049

## Synonyms

TAUROCHOLIC ACID  
GLYCOCHOLIC ACID  
0070189

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Allow specimen to clot completely at room temperature before centrifugation. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 8 hours; Frozen: 3 months

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** BILIRUBIN BODY FLUID  
**Code:** 1230100089

## Synonyms

BODY FLUID BILIRUBIN

## Collection Requirements

Preferred specimens: A plain white or a serum separator (gel) tube. Alternate specimens: A plain red, green, or lavender top tube is also acceptable.

## Shipping and Handling Instructions

Centrifuge and separate the fluid from the cells as soon as possible.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	No	
DH PAV A CENTRAL LAB	GREEN TOP - LIHEP	No	
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	No	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	Yes	

Test Name BILIRUBIN TOTAL  
Code: 1230100375

## Synonyms

TBIL  
TOTAL BILIRUBIN

## Collection Requirements

No patient preparation is required. Preferred specimens: 0.25 ml plasma from a green lithium heparin gel tube, protected from light as much as possible. Alternate specimens: Serum from red gel or plain tube with no additive, plasma from a lavender EDTA tube, protected from light as much as possible.

## Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed. Freeze specimen for longer storage.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name BILIRUBIN, AMNIOTIC FLUID SCAN  
Code: 1230101676

### Synonyms

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### Collection Requirements

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None Listed

### Shipping and Handling Instructions

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Protect from light during collection, storage, and shipment.

### Turn Around Times

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<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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### Container Types

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<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	CALL LAB	Yes	

Test Name BILIRUBIN, DIRECT  
Code: 1230100377

### Synonyms

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DB

### Collection Requirements

---

No patient preparation is required. Preferred specimens: 0.25 ml plasma from a green lithium heparin gel tube. Alternate specimens: Serum from red gel or plain tube with no additive.

### Shipping and Handling Instructions

---

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed. Freeze specimen for longer storage.



## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

**Test Name** BIOTINIDASE, SER (WITH NORMAL CONTROL)  
**Code:** 1230500269

## Synonyms

0093362  
BIOTINDASE

## Collection Requirements

Plain red or serum separator tube (patient) AND plain red serum separator tube (control).

## Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Ship patient and control specimens together. Separate serum from cells and freeze ASAP or within 2 hours of collection. Transfer 2 mL serum (patient) AND 2 mL serum (\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CALL LAB	Yes	

**Test Name** BK VIRUS, DNA, QUANTITATIVE  
**Code:** 1230101051

## Synonyms

BKV  
2002304

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transport 1 mL whole blood, serum or plasma in a sterile container. (Min: 0.5 mL).  
STABILITY: Refrigerated: 72 hours; Ambient: 24 hours; Frozen: 1 month

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	

**Test Name** BK VIRUS, DNA, URINE, QUANTITATIVE  
**Code:** 1230101581

## Synonyms

BKV  
2002310

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transfer 1 mL urine to a sterile container. (Min: 0.5 mL). STABILITY: Frozen: 1 month;  
Ambient: 24 hours; Refrigerated: 5 days

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

**Test Name** BLASTOMYCES ANTIBODIES  
**Code:** 1230101052

### Synonyms

BLASTOMYCES

### Collection Requirements

None Listed

### Shipping and Handling Instructions

None Listed

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** BLASTOMYCES DERMATITIDIS ANTIBODIES BY EIA WITH REFLEX TO IMMUNODIFFUSION, SERU  
**Code:** 1230500140

### Synonyms

3000236  
BLST R SER

### Collection Requirements

Collect: Serum Separator Tube (SST).

### Shipping and Handling Instructions

Specimen Preparation: Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt \* Storage/Transport Temperature: Refrigerated. Unacceptable Conditions: Contaminated, hemolyzed, or severely lipemic specimens. Remarks: Mark specimens plainly as acute or convalescent. Stability: After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles) Reported: 3-7 days

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** BLASTOMYCES DERMATITIDIS ANTIBODIES BY IMMUNODIFFUSION  
**Code:** 1029

## Synonyms

0050172  
BLASTO PPT  
BLASTOMYCES PRECIPITIN  
BLASTOMYCOSIS  
IMMUNODIFFUSION SEROLOGY FOR FUNGI

## Collection Requirements

collect: serum separator tube.

## Shipping and Handling Instructions

Specimen Preparation: Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.1 mL) Storage/Transport Temperature: Refrigerated. Unacceptable Conditions: Body fluids. Stability: After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles) Reported: 3-6 days

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** BLASTOMYCES DERMATITIDIS ANTIGEN EIA  
**Code:** 1230500141

## Synonyms

2002926  
BLASTOMYCES

## Collection Requirements

Collect: Urine, Plain Red, Serum Separator Tube (SST), Lavender (EDTA), Green (Sodium or Lithium Heparin), Light Blue (Sodium Citrate), CSF, or BAL. Specimen Preparation: Urine or BAL: Transfer 1 mL urine or BAL to an ARUP Standard Transport Tube. (Min: 0.5 mL) Serum or Plasma: Transfer 2 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 1.2 mL) CSF: Transfer 1 mL CSF to an ARUP Standard Transport Tube. (Min: 0.8 mL)

## Shipping and Handling Instructions

Storage/Transport Temperature: Refrigerated. Also acceptable: Room temperature or frozen.  
Stability (collection to initiation of testing): Ambient: 2 weeks; Refrigerated: 2 weeks; Frozen: Indefinitely

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	RED GEL (SST)	Yes	
ARUP LAB	RED TOP -PLAIN	No	
ARUP LAB	URINE	No	

Test Name BLOOD CULTURE  
Code: 1230100443

## Synonyms

CULTURE  
BLOOD CX

## Collection Requirements

Two blood culture sets, but no more than three in a 24 hour period, from separate venipuncture sites, per febrile episode and prior to administration of antibiotics. Each set includes an Aerobic Plus and Anaerobic Plus blood culture bottle or one Peds Plus Bottle. BD BACTEC Aerobic Plus and Anaerobic Plus Blood Culture collection bottles, with an optimal volume for each bottle of 8-10mLs. BC BACTEC Peds Plus Blood Culture collection bottle, with an optimal volume of 1-3mLs of Blood.

## Shipping and Handling Instructions

Input information onto the Blood Culture Adequacy Log. Scan bottles and place in the appropriate cabinet.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	BLOOD CULTURE VIALS	Yes	
DH PAV A CENTRAL LAB	PEDIATRIC BLOOD CULTURE VIAL	No	

**Test Name** BLOOD CULTURE MULTIPLEX PCR  
**Code:** 1094

## Synonyms

BCID  
BCPCR  
BLOOD CULTURE FILM ARRAY

## Collection Requirements

\*\*\*LAB ORDER ONLY!! ORDERED BY MICRO DEPT PER LAB PROTOCOL\*\*\*

## Shipping and Handling Instructions

Preferred specimen: Positive Blood Culture samples that demonstrate the presence of organisms determined by Gram Stain Minimum Sample volume: 100uL of sample is required for testing. Alternate Specimen: None Storage: Sample should be collected from the Blood Culture bottle using a syringe with a 28-gauge needle. Blood culture samples should be processed and tested as soon as possible after being flagged as positive on the Bactec. Samples may be stored for u\* Methodology: Qualitative Multiplexed Polymerase Chain Reaction (PCR) Clinical Utility: The FilmArray Blood Culture Identification (BCID) Panel is a qualitative multiplexed nucleic acid based in vitro diagnostic test. The BCID Panel is capable of simultaneous detection and identification of multiple bacterial and yeast n\* Elements of Performance The FilmArray Blood Culture Panel is a multiplexed nucleic acid test intended for the simultaneous qualitative detection of nucleic acids from multiple bacteria and yeast and select genetic determinants of antimicrobial resistance. Antimicrobial resistance can occur via multiple mechanisms. A Not Detected result for the FilmArray antimicrobial resistance gene assays does not indicate antimicrobial susceptibility. A negative FilmArray BCID result does not exclude the possibility of bloodstream infection. Negative test results may occur from sequence variants in the region targeted by the assay, the presence of inhibitors or an infection caused by an organism not \* The Denver Health Microbiology Laboratory determined the performance characteristics of the FilmArray Blood Culture Panel. It has been cleared and approved by the U.S. Food and Drug Administration (FDA).

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	BLOOD CULTURE VIALS	Yes	

**Test Name** BLOOD FUNGAL CULTURE  
**Code:** 1230100150

## Synonyms

FUNGAL CULTURE  
BLOOD FUNGUS CULTURE  
BLOOD FUNGAL CULTURE  
BLOOD CULTURE FUNGAL  
BLOOD CULTURE  
FUNGAL  
BL FUNGUS CX

## Collection Requirements

10 mLs of blood collected aseptically in an Isolator Fungal Blood Tube. Sample must be sent to the Microbiology Lab immediately, if there is a delay in transport, keep tube at room temperature. Tube can be obtained from the Microbiology Lab.

## Shipping and Handling Instructions

Spin Isolator tube within 8 hours of collection. Isolator tube must not be refrigerated. Routine specimens may be held at Room Temp at the Culture bench for processing by the day shift.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	FUNGUS ISOLATOR TUBE	Yes	

**Test Name** BLOOD GAS ARTERIAL  
**Code:** 1230100403

## Synonyms

ABG

## Collection Requirements

Hyperventilation caused by anxiety should be prevented by reassurance and adequate local anesthetic when an arterial blood gas is drawn. Specimen must be collected in a heparinized syringe and placed in an ice slurry. If the specimen is not collected on ice, it must be

tested within 10 minutes of collection. (Samples tubes from the OR are acceptable, but must be tested immediately). If fluid is not collect on ice give specimen to technologist to determine if specimen is acceptable or not.

### Shipping and Handling Instructions

If the specimen is not collected on ice, it must be tested within 10 minutes of collection. (Samples tubes from the OR are acceptable, but must be tested immediately). If fluid is not collect on ice give specimen to technologist to determine if specime\*

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes
DH RESPIRATORY LAB	Routine	6 Hours
DH RESPIRATORY LAB	STAT	60 Minutes

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	HEPARINIZED SYRINGE	Yes	

**Test Name** BLOOD GAS CAPILLARY  
**Code:** 1230100405

### Synonyms

BGCAP  
CAPILLARY  
BG

### Collection Requirements

Preferred specimens: Place capillary blood from a heel stick in a heparinized capillary, and place in ice.

### Shipping and Handling Instructions

Insert the capillary tube through the donut shaped magnet, and run the magnet up and down the capillary to mix the blood. Remove the magnetic flee from the capillary before inserting the capillary into the analyzer.

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes
DH RESPIRATORY LAB	Routine	6 Hours
DH RESPIRATORY LAB	STAT	60 Minutes

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CAP TUBE	Yes	



Test Name BLOOD GAS CORD ARTERIAL  
Code: 1230100522

### Synonyms

ABG CORD

### Collection Requirements

Preferred specimens: Cord blood collected in a heparinized syringe on ice.

### Shipping and Handling Instructions

Order venous and arterial specimens on different accn numbers. No specimen processing is required. Run test immediately. Call all results to Labor and Delivery. If fluid is not collect on ice please give specimen to technologist to determine if specimen is acceptable or not.

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes
DH RESPIRATORY LAB	Routine	6 Hours
DH RESPIRATORY LAB	STAT	60 Minutes

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	HEPARINIZED SYRINGE	Yes	

Test Name BLOOD GAS CORD VENOUS  
Code: 1230100404

### Synonyms

VBG CORD  
CORD BLOOD GAS VENOUS

### Collection Requirements

Preferred specimens: Cord blood collected in a heparinized syringe on ice.

### Shipping and Handling Instructions

Order venous and arterial specimens on different accn numbers. No specimen processing is required. Run test immediately. Call all results to Labor and Delivery. If fluid is not collect on ice please give specimen to technologist to determine if specimen is acceptable or not.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes
DH RESPIRATORY LAB	Routine	6 Hours
DH RESPIRATORY LAB	STAT	60 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	HEPARINIZED SYRINGE	Yes	

Test Name BLOOD GAS MIXED VENOUS, RT  
Code: 88

## Synonyms

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes
DH RESPIRATORY LAB	Routine	6 Hours
DH RESPIRATORY LAB	STAT	60 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	HEPARINIZED SYRINGE	Yes	

Test Name BLOOD GAS VENOUS  
Code: 1230100406

## Synonyms

VBG

## Collection Requirements

Minimize tourniquet use; release tourniquet about a minute before collection is performed. Collect specimen in a heparinized blood gas syringe. Immediately expel any bubbles through the vented dead cap.

## Shipping and Handling Instructions

Place the specimen on ice and rush specimen to the lab. Treat the specimen anaerobically. Specimen must be tested within 30 minutes of collection. If the specimen is not iced, testing must be completed within 10 minutes of collection.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes
DH RESPIRATORY LAB	Routine	6 Hours
DH RESPIRATORY LAB	STAT	60 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	HEPARINIZED SYRINGE	Yes	

**Test Name** BODY FLUID CELL COUNT W/DIFF  
**Code:** 1230100118

## Synonyms

FLUID CELL COUNT WITH DIFF

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Can maintain specimen at room temperature up to 4 hours. Refrigerate up to 24 hours. Do not freeze

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	Yes	
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	

Test Name BODY FLUID MAN DIFFERENTIAL  
Code: 123010023

### Synonyms

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### Collection Requirements

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None Listed

### Shipping and Handling Instructions

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None Listed

### Turn Around Times

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<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

### Container Types

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<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name BONE CULTURE  
Code: 117

### Synonyms

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BONE CX

### Collection Requirements

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A small piece of bone placed in a sterile cup. For large bones, select/remove portion for culture BEFORE submitting to Microbiology lab. Sample needs to be sent to Microbiology immediately, if delay in transport keep sample at room temperature.

### Shipping and Handling Instructions

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All O.R. specimens are processed immediately.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	STERILE TUBE	No	

**Test Name** BORDETELLA PERTUSSIS ANTIBODY  
**Code:** 1230100444

## Synonyms

PERTUSSIS  
2001784

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute spec\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** BORDETELLA PERTUSSIS PCR  
**Code:** 1230101518

## Synonyms

PERTUSSIS

## Collection Requirements

well collected nasal wash is the only specimen type accepted.

## Shipping and Handling Instructions

1) Specimens may be stored at 2-8 C for 72 hours, freeze at -70 C if cannot be done within 72 hours. 2) Place specimen in Microbiology refrigerator. 3) Samples need to be refrigerated during transport from CHS clinics.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CUP	Yes	

**Test Name** BORRELIA BURGdorFERI ABS, ELISA, CSF  
**Code:** 50216

## Synonyms

0099483  
LYME

## Collection Requirements

CSF collection

## Shipping and Handling Instructions

Specimen Preparation: Transfer 3 mL CSF to an ARUP Standard Transport Tube. (Min: 0.5 mL)  
Storage/Transport Temperature: Refrigerated. Unacceptable Conditions: Contaminated or heat-inactivated specimens. Stability: Refrigerated: 2 weeks; Ambient: 8 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles)

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CSF COLLECTION KIT	Yes	

**Test Name** BORRELIA BURGDORFERI ABS, TOTAL BY ELISA  
**Code:** 1230500271

### Synonyms

0050216  
LYMEEIA

### Collection Requirements

None Listed

### Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 2 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles)

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** BOTULISM TOXIN  
**Code:** 123010152902

### Synonyms

### Collection Requirements

Core lab processor: Order test and immediately deliver specimens to Serology Tech. Must have both of these specimens for test to be sent out!  
(unpreserved) stool 1) Fresh  
2) Serum

### Shipping and Handling Instructions

Serology Tech: Contact CDH epidemiology Pam Shillam @ 303-692-2629 or John Pape @ 303-692-2628. Stool is cultured for C. botulinum and serum and stool are tested for toxin. Send specimen on wet ice to CDH STAT M-F. CDH will FEDEX to CDC.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	CALL LAB	Yes	

**Test Name** BRAF CODON 600 MUTATION DETECTION  
**Code:** 1230500108

## Synonyms

2002498

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Formalin fix (10 percent neutral buffered formalin) and paraffin embed tissue. Protect from excessive heat. Transport tissue block or 5 unstained 5-micron slides. (Min: 3 slides). Tissue block will be returned after testing. Transport block and/or slide(\*)

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	Yes	

**Test Name** BRUCELLA AB (TOTAL) BY AGGLUTINATION  
**Code:** 1230500023

## Synonyms

0050135  
BRUCAB



## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute spec\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name BUN  
Code: 1230100046

## Synonyms

UREA NITROGEN

## Collection Requirements

No patient preparation is required. Preferred specimens: 0.25 ml plasma from a green lithium heparin gel tube. Alternate specimens: Serum from red gel or plain tube with no additive.

## Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed. Freeze specimen for longer storage.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	GREEN TOP - LIHEP	No	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	

Last Updated: 7/1/2018

**Test Name** BUPRENORPHINE AND METABOLITES, SER/PLA  
**Code:** 1230500388

### Synonyms

2012647  
BUPREN

### Collection Requirements

None Listed

### Shipping and Handling Instructions

Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 2 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 1 mL). STABILITY:Refrigerated: 2 weeks; Ambient: 1 week; Frozen: 3 years

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GRAY TOP	Yes	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	RED TOP -PLAIN	No	

**Test Name** BUPRENORPHINE AND METABOLITES, URN  
**Code:** 1230500273

### Synonyms

2010092  
BUPRUR

### Collection Requirements

None Listed

### Shipping and Handling Instructions

Transfer 2 mL urine with no additives or preservatives to an ARUP Standard Transport Tube. (Min: 1 mL). STABILITY: Ambient: 1 week; Refrigerated: 1 month; Frozen: 3 years (Avoid repeated freeze/thaw cycles)

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 Weeks
ARUP LAB	Routine	1 Weeks
ARUP LAB	STAT	1 Weeks
ARUP LAB	Timed	1 Weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

**Test Name** C DIFF TOXIN B GENE PCR  
**Code:** 123011699

## Synonyms

CLOSTRIDIUM DIFFICILE TOXINS BY AMPLIFIED PROBE  
CLOSTRIDIUM DIFFICILE TOXIN B GENE PCR  
CDIFPR  
CDIFF PCR

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Stabile in fridge 5 days.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CUP	Yes	

**Test Name** C. BURNETII ABS IGG/IGM, REFLEX TO TITER  
**Code:** 123050093

## Synonyms

2012634  
CBURNABS

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute spe\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	No	
ARUP LAB	RED TOP -PLAIN	Yes	

**Test Name** C. BURNETII IGG (Q-FEVER) PHASE II TITER  
**Code:** 1230500275

## Synonyms

2007754

## Collection Requirements

Refrigerated. Also acceptable: Frozen.

## Shipping and Handling Instructions

Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL)

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	No	
ARUP LAB	RED TOP -PLAIN	Yes	

**Test Name** C. TRACHOMATIS / N. GONORRHOEAE, DNA PROBE  
**Code:** 1230101519

## Synonyms

TRACHOMATIS  
CHLAM GC BY AMPLIFICATION  
BDCG  
GC/CT  
CT/NG  
CHLAMYDIA  
CTNG

## Collection Requirements

**PREFERRED SPECIMEN:** The APTIMA Combo 2 Assay is designed to detect the presence of CT and GC in the following specimens: endocervical and male urethral specimens, vaginal swab specimens, urine specimens, throat, and rectal specimens. 1. APTIMA Unisex Swab Specimen Collection Kit for Endocervical and Urethral Swab Specimens 2. APTIMA Urine Collection Kit for Male and Female Urine Specimens 3. APTIMA Vaginal Swab Specimen Collection Kit 4. APTIMA Unisex or Vaginal Swab for Throat and Rectal samples. Swab specimens must be transported to the laboratory in the swab specimen transport medium and tube. Swab specimens must be transported to the laboratory at 2 C to 30 C. Swab and urine specimen transport tubes must be properly labeled with patient information and provider (initials) collecting the specimen.

## Shipping and Handling Instructions

Swab specimens must be transported to the laboratory in the swab specimen transport medium and tube. Swab specimens must be transported to the laboratory at 2 C to 30 C and tested within 60 days of collection. First catch urine specimens must be transferred into the APTIMA specimen transport tube within 24 hours of collection and before being assayed. Urine specimens must be transported to the laboratory at 2 C to 30 C in the urine specimen transport tube. After transfer, urine specimens can be stored at 2 C to 30 C for up to 30 days after collection. Swab and urine specimen transport tubes must be properly labeled with patient information, collection date and time, and provider (initials) collecting the specimen.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	APTIMA MULTITEST (VAGINAL) SWAB KIT	Yes	

## Collection Requirements

**PREFERRED SPECIMEN:** The APTIMA Combo 2 Assay is designed to detect the presence of CT and GC in the following specimens: endocervical and male urethral specimens, vaginal swab specimens, urine specimens, throat, and rectal specimens. 1. APTIMA Unisex Swab Specimen Collection Kit for Endocervical and Urethral Swab Specimens 2. APTIMA Urine Collection Kit for Male and Female Urine Specimens 3. APTIMA Vaginal Swab Specimen Collection Kit 4. APTIMA Unisex or Vaginal Swab for Throat and Rectal samples. Swab specimens must be transported to the laboratory in the swab specimen transport medium and tube. Swab specimens must be transported to the laboratory at 2 C to 30 C. Swab and urine specimen transport tubes must be properly labeled with patient information and provider (initials) collecting the specimen.

## Shipping and Handling Instructions

Swab specimens must be transported to the laboratory in the swab specimen transport medium and tube. Swab specimens must be transported to the laboratory at 2 C to 30 C and tested within 60 days of collection. First catch urine specimens must be transferred into the APTIMA specimen transport tube within 24 hours of collection and before being assayed. Urine specimens must be transported to the laboratory at 2 C to 30 C in the urine specimen transport tube. After transfer, urine specimens can be stored at 2 C to 30 C for up to 30 days after collection. Swab and urine specimen transport tubes must be properly labeled with patient information, collection date and time, and provider (initials) collecting the specimen.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	APTIMA UNISEX SWAB KIT	Yes	

## Collection Requirements

PREFERRED SPECIMEN: The APTIMA Combo 2 Assay is designed to detect the presence of CT and GC in the following specimens: endocervical and male urethral specimens, vaginal swab specimens, urine specimens, throat, and rectal specimens. 1. APTIMA Unisex Swab Specimen Collection Kit for Endocervical and Urethral Swab Specimens 2. APTIMA Urine Collection Kit for Male and Female Urine Specimens 3. APTIMA Vaginal Swab Specimen Collection Kit 4. APTIMA Unisex or Vaginal Swab for Throat and Rectal samples. Swab specimens must be transported to the laboratory in the swab specimen transport medium and tube. Swab specimens must be transported to the laboratory at 2 C to 30 C. Swab and urine specimen transport tubes must be properly labeled with patient information and provider (initials) collecting the specimen.

## Shipping and Handling Instructions

Swab specimens must be transported to the laboratory in the swab specimen transport medium and tube. Swab specimens must be transported to the laboratory at 2 C to 30 C and tested within 60 days of collection. First catch urine specimens must be transferred into the APTIMA specimen transport tube within 24 hours of collection and before being assayed. Urine specimens must be transported to the laboratory at 2 C to 30 C in the urine specimen transport tube. After transfer, urine specimens can be stored at 2 C to 30 C for up to 30 days after collection. Swab and urine specimen transport tubes must be properly labeled with patient information, collection date and time, and provider (initials) collecting the specimen.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CUP	Yes	

Test Name C1 ESTERASE INHIBITOR PANEL  
Code: 1230101056

## Synonyms

COMPLEMENT  
COMPONENT 4  
C1  
ESTERASE  
INHIBITOR  
FUNCTIONAL  
0050140

## Collection Requirements

None Listed

## Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.4 mL). STABILITY: Frozen: 2 weeks; Amb\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name C1 ESTERASE INHIBITOR, FUNCTIONAL  
Code: 1230101057

## Synonyms

COMPLEMENT  
C1  
ESTERASE  
INHIBITOR  
FUNCTIONAL  
0050141

## Collection Requirements

Specimen Required: Collect: serum Separator Tube (SST). Specimen Preparation: Separate from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube and freeze immediately. (Min: 0.1 mL)

## Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum or plasma to an ARUP Standard Transport Tube and freeze immediately. (\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	Yes	

Test Name C1Q COMPLEMENT COMPONENT  
Code: 1230500199

## Synonyms

0099130  
COMPC1Q

## Collection Requirements

None Listed

## Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Separate plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL plasma to an ARUP Standard Transport Tube and freeze immediately. (Min: 0.1 mL). STABIL\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name C3 COMPLEMENT  
Code: 1230100057

## Synonyms



## Collection Requirements

No preparation is required. Preferred specimens: 0.1 mL Plasma (Green Lithium Heparin Gel) Ambient. Refrigerate the specimen if testing is delayed. Alternate specimens: 0.1 mL Serum (Red Gel/Plain Red) ambient. Refrigerate the specimen if testing is delayed.

## Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name C3A LEVEL (SO)  
Code: 123010005701

## Synonyms

C3A  
2003304

## Collection Requirements

PATH APPROVAL REQUIRED (Send Outs Approval Only) OKAY TO DRAW.

## Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Separate from cells within 1 hour of draw. Transfer 1 mL plasma to an ARUP Standard Transport Tube. Freeze at -70 or on dry ice immediately. (Min: 0.5 mL). STABILITY:\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name C4 COMPLEMENT  
Code: 1230100056

### Synonyms

### Collection Requirements

No preparation is required. Preferred specimens: 0.1 mL Plasma (Green Lithium Heparin Gel) Ambient. Refrigerate the specimen if testing is delayed. Alternate Specimens: 0.1 mL Serum (Red Gel/Plain Red) Ambient. Refrigerate the specimen if testing is delayed.

### Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed.

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name CA 125  
Code: 1230100060

### Synonyms

CANCER  
ANTIGEN  
CA125

### Collection Requirements

1 mL Serum (Red Gel) or mL Plasma (heparin).

### Shipping and Handling Instructions

Stability: Room temperature 8 hrs, re Fridgerated at 2-8C for 72 hours, freeze at -20C or colder if delay expected. Performed: Monday - Friday dayshift only.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	No	
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	

Test Name CADASIL DNA TEST  
Code: 12301015703

## Synonyms

CADASIL DNA

## Collection Requirements

Informed Consent Required. Athena Diagnostics Requisition must be filled out and signed by provider. If an Athena Requisition is needed please call the send out department at 303-602-5246. \*\*\* Only draw sample Monday thru Thursday, cannot not be drawn after noon on Thursday.

## Shipping and Handling Instructions

\*\*\* Needs to be shipped within 24 hours.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name CAFFEINE LEVEL  
Code: 1230101058

## Synonyms

CAFFEIN  
CAFFEINE

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum from cells. TRANSPORT: 1 mL (0.4 mL Minimum) Serum. STABILITY: Refrigerated (Ambient: 24 hours)

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	RED TOP -PLAIN	Yes	

Test Name CALCITONIN  
Code: 1230101059

## Synonyms

THYROCALCITONIN  
0070006

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 2 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 1 mL). STABILITY: Refrigerated: 1 week; Ambient: 8 hours; Frozen: 3 months

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	RED GEL (SST)	Yes	

Test Name CALCIUM  
Code: 1230100378

## Synonyms

## Collection Requirements

Preferred specimen: 0.25 ml plasma from a green lithium heparin gel tube. Alternate specimens: Serum from red gel or plain tube with no additive, plasma from sodium heparin.

## Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed. Freeze specimen for longer storage.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	GREEN TOP - LIHEP	No	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name CALCIUM IONIZED  
Code: 1230100379

## Synonyms

ION CA

## Collection Requirements

PREFERRED SPECIMENS: Plain green tube or heparinized syringe on ice if patient is on-site. A specimen that is not received on ice is only acceptable if the testing is performed within 10 minutes of collection. Specimens immediately tubed from the OR to the Lab are acceptable since testing is performed immediately. &#x20; ALTERNATE SPECIMENS FOR PATIENTS THAT ARE NOT ON-SITE: If patients are not on-site, rapid whole blood testing is not an option. In this case, a red gel serum separator tube may be used. Specimen collection MUST be anaerobic, so do not remove the tube cap. Centrifuge the specimen immediately and send to the Lab as soon as possible. Ionized calcium is stable for 24 hours at room temperature, and one week when refrigerated between 2-8 degrees C if tube remains capped at all times. Do NOT freeze. &#x20;

## Shipping and Handling Instructions

Green tubes and heparin syringes on ice: Specimens on ice should be rushed to the Lab. If a specimen is not collected on ice, testing must be performed within 10 minutes of collection. Red gel serum separator tubes: Specimen must remain anaerobic, so do not remove the cap. Keep the specimen in the original collection tube. Send at ambient or refrigerated temperature. Do not freeze.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN TOP - LIHEP	Yes	
DH PAV A CENTRAL LAB	HEPARINIZED SYRINGE	No	

Test Name CALCIUM RANDOM URINE  
Code: 1230100282

## Synonyms

CALCIUM UR

## Collection Requirements

No patient preparation is required. Preferred specimens: 10 mL of urine must be collected in a random urine collection cup. Other plain tubes are also acceptable. No preservative is necessary.

## Shipping and Handling Instructions

Mix the urine well, pour an aliquot into a test tube, and centrifuge. If testing is delayed, refrigerate the specimen.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	Yes	
DH PAV A CENTRAL LAB	STERILE CUP	No	
DH PAV A CENTRAL LAB	URINE	No	

Test Name CALCIUM TIMED URINE  
Code: 1230100283

## Synonyms

TIMED URINE CALCIUM

## Collection Requirements

No patient preparation is required. Preferred specimens: Collect urine in a 24 hour urine jug. No preservative is necessary, but the specimen must be refrigerated during collection.

## Shipping and Handling Instructions

Measure the volume and document the volume and collection time in the computer. Mix the urine well, pour an aliquot into 2 test tubes, and centrifuge. If testing is not performed immediately, refrigerate the specimen.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	24 HR URINE CONTAINER	Yes	

Test Name CALCULI (STONE) ANALYSIS  
Code: 1230101610

## Synonyms

0099460  
STN ANALY

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Air-dry calculi and transfer to an ARUP Standard Transport Tube. Larger calculi specimens may be transferred to a clean, empty urine cup (150 mL) or similar container. STABILITY: Ambient: Indefinitely; Refrigerated: Indefinitely; Frozen: Indefinitely

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	Yes	

**Test Name** CALDESMON BY IHC  
**Code:** 123050070

## Synonyms

2003484  
CALDESIHC

## Collection Requirements

Tissue or cells.

## Shipping and Handling Instructions

Formalin fix (10 percent neutral buffered formalin) and paraffin embed specimen (cells must be prepared into a cellblock). Protect paraffin block and/or slides from excessive heat. Transport tissue block or 5 unstained (3- to 5-micron thick sections), p\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	Yes	

**Test Name** CALPROTECTIN, FECAL  
**Code:** 1230500044

## Synonyms

0092303  
CALPRO

## Collection Requirements

None Listed



## Shipping and Handling Instructions

Transfer 5 g stool to an unpreserved stool transport vial (ARUP Supply #40910). Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787. (Min: 1 g). STABILITY: Refrigerated: 11 days; Ambient: 11 days; Fr\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	STERILE CUP	Yes	

**Test Name** CALR (CALRETICULIN) EXON 9 MUT. ANALYS.  
**Code:** 1230500088

## Synonyms

2010673  
CALR

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Do not freeze. Transport 5 mL whole blood. (Min: 1 mL) OR Transport 3 mL bone marrow. (Min: 1 mL). STABILITY: Refrigerated: 5 days; Ambient: 24 hours; Frozen: Unacceptable

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	

**Test Name** CANCER ANTIGEN 15-3  
**Code:** 1230101062

## Synonyms

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CA 15-3  
CANCER  
ANTIGEN  
CANCER ANTIGEN  
BREAST  
0080464  
CA153

## Collection Requirements

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1 mL Serum (Red Gel) or mL Plasma (heparin).

## Shipping and Handling Instructions

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Stability: Room temperature 8 hrs, reffridgerated at 2-8C for 72 hours, freeze at -20C or colder if delay expected. Monday - Friday dayshift only.

## Turn Around Times

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<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

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<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	No	
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	

**Test Name** CANCER ANTIGEN 19-9  
**Code:** 1230101063

## Synonyms

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CA 19-9  
GI  
CANCER  
ANTIGEN  
CANCER ANTIGEN  
CARBOHYDRATE  
0080461

## Collection Requirements

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None Listed

## Shipping and Handling Instructions

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Allow specimen to clot completely at room temperature. Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Frozen: 3 months; Ambient: 8 hou\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN GEL (PST)	No	
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** CANCER ANTIGEN 27.29  
**Code:** 1230101064

## Synonyms

CA 27.29  
CANCER  
ANTIGEN  
CANCER ANTIGEN  
0080392

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Allow specimen to clot completely at room temperature. Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Frozen: 3 months; Ambient: 8 hours; Refrigerated: 48\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	No	
ARUP LAB	RED TOP -PLAIN	Yes	

**Test Name** CANCER ANTIGEN GI (CA19-9) BODY FLUID  
**Code:** 123050147

## Synonyms

0020746  
CANCER ANTIG

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Centrifuge to remove cellular material. Transfer 1 mL body fluid to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Refrigerated: 5 days; Ambient: 8 hours; Frozen: 3 months

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	Yes	

**Test Name** CANNABINOID CONFIRMATION URINE  
**Code:** 1230100360

## Synonyms

MARIJUANA CONF UR  
THC CONF UR  
0090369

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transfer 1 mL urine with no additives or preservatives to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Ambient: 1 week; Refrigerated: 1 month; Frozen: 3 years

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

**Test Name** CARBAMAZEPINE TOTAL  
**Code:** 1230100117

## Synonyms

CARBAMAZE T  
TEGRETOL

## Collection Requirements

No preparation is required. Preferred specimens: 0.25 ml plasma from a green lithium heparin gel tube. Alternate specimens: serum from red gel or plain tube with no additive.

## Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed. Freeze specimen for longer storage.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

**Test Name** CARBON DIOXIDE  
**Code:** 1230100380

## Synonyms

CO2

## Collection Requirements

No patient preparation required. Preferred specimens: 0.25 mL Plasma (Green lithium heparin gel) Refrigerated (12 Hrs), or Frozen Indefinitely. Alternate specimens: 0.25 mL Serum (Red gel or Plain tube with no additive).

## Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Always keep the tube stoppered to prevent the release of CO<sub>2</sub> from the sample. Treat the sample anaerobically. Refrigerate the specimen if testing is delayed. Ambient (8\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

**Test Name** CARBOXYHEMOGLOBIN  
**Code:** 1230100381

## Synonyms

CO  
CARBON MONOXIDE

## Collection Requirements

&#x20; Preferred specimens: A green top tube.

## Shipping and Handling Instructions

This test is run on whole blood. Do not centrifuge. Test the specimen immediately.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN TOP - LIHEP	Yes	
DH PAV A CENTRAL LAB	GREEN TOP - NAHEP	No	

**Test Name** CARCINOEMBRYONIC ANTIGEN, FLUID  
**Code:** 1230500033

## Synonyms

0020742  
CEAFLD

## Collection Requirements

Collect: CSF, Pancreatic, Pericardial, Peritoneal/Ascites or Pleural fluid. CALL LAB FOR OTHER FLUID TYPES

## Shipping and Handling Instructions

Transfer 1 mL body fluid to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Refrigerated: 1 week; Ambient: 8 hours; Frozen: 6 months

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	Yes	

**Test Name** CARDIOLIPIN ANTIBODY  
**Code:** 1230100445

## Synonyms

AB  
ANTI PHOSPHOLIPID ANTIBODY  
0051162  
ACL  
ACA

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** CARDIOLIPIN ANTIBODY, IGA  
**Code:** 1230101068

## Synonyms

ANTICARDIOLIPIN  
ANTI-CARDIOLIPIN  
0098358

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles).

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** CARNITINE PANEL  
**Code:** 123050138

## Synonyms

0081110  
CARNPAN



## Collection Requirements

None Listed

## Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Separate plasma or serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum or plasma to an ARUP Standard Transport Tube and freeze immediately. (\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	Yes	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	RED TOP -PLAIN	No	

**Test Name** CARNITINE, FREE  
**Code:** 1230101071

## Synonyms

L-CARNITINE  
0080065  
CARNITINE

## Collection Requirements

None Listed

## Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Separate serum or plasma from cells and freeze ASAP or within 2 hours of collection. Transfer 0.5 mL serum or plasma to an ARUP Standard Transport Tube and freeze imm\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	Yes	
ARUP LAB	RED TOP -PLAIN	No	

Test Name CAROTENE, SERUM  
Code: 1230101072

### Synonyms

CAROTENE  
0080055

### Collection Requirements

Patient Prep: Fasting specimens preferred. Collect: Serum Separator Tube (SST).

### Shipping and Handling Instructions

PROTECT FROM LIGHT. Specimen Preparation: CRITICAL: Protect from light immediately after collection and during storage and shipment. Transfer 3 mL serum to ARUP Amber Transport Tube. (Min: 0.6 mL) Storage/Transport Temperature: Frozen. Separate specimens must be submitted when multiple tests are ordered. Unacceptable Conditions: Any specimen other than serum. Hemolyzed or icteric specimens. Stability (collection to initiation of testing): After separation from cells: Ambient: Unacceptable; Refrigerated: 4 hours; Frozen: 1 month

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CALL LAB	Yes	
ARUP LAB	RED GEL (SST)	No	
ARUP LAB	RED TOP -PLAIN	No	

Test Name CATECHOLAMINES FRACTIONATED, URINE FREE  
Code: 1230500018

### Synonyms

0080407  
ADRENALINE  
DOPAMINE  
NORADRENALINE

### Collection Requirements

None Listed

### Shipping and Handling Instructions

Thoroughly mix entire collection (24-hour or Random) in one container. Transfer a 4 mL aliquot to an ARUP Standard Transport Tube. (Min: 2.5 mL) Catecholamines are not stable above pH 7. The pH of such specimens must be adjusted by the addition of 6M HCl. Specimen preservation can be extended to 1 month refrigerated by performing one of the following: Option 1: Transfer a 4 mL aliquot (Min: 2.5 mL) to an ARUP Standard Transport Tube. Adjust pH to 2.0-4.0 with 6M HCl. Option 2: Transfer a 4 mL aliquot (Min: 2.5 mL) to an ARUP Standard Transport Tube containing 20 mg sulfamic acid (ARUP Supply #48098), available

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	STERILE CONTAINER	No	
ARUP LAB	STERILE CUP	Yes	
ARUP LAB	STERILE TUBE	No	

**Test Name** CATECHOLAMINES PANEL, PLASMA  
**Code:** 1230500118

### Synonyms

0080216

### Collection Requirements

None Listed

### Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Specimen should be centrifuged and frozen within one hour (refrigerated centrifuge is preferred but not required). Transfer 4 mL plasma to an ARUP Standard Transport\*

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	Yes	
ARUP LAB	GREEN TOP - NAHEP	No	

**Test Name** CATHETER TIP CULTURE  
**Code:** 1230100130

## Synonyms

IV CX  
CULTURE

## Collection Requirements

Aseptically removed cannula tip (2 inches in length or less) in sterile container

## Shipping and Handling Instructions

Routine specimens may be held in the Microbiology refrigerator for processing by the day shift.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	STERILE TUBE	No	

Test Name CBC  
Code: 1230100200

## Synonyms

HEMOGRAM

## Collection Requirements

Invert immediately and gently mix with anticoagulant.

## Shipping and Handling Instructions

Refrigerate samples at 2-8 C if unable to analyze within 8 hours of collection. Stable for 24 hrs when stored at 2-8 C and 8 hrs at RT.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	LAVENDAR BULLET - K2 EDTA	No	
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	Yes	

**Test Name** CBC W/ AUTO DIFFERENTIAL  
**Code:** 1230101636

## Synonyms

CBC W/ DIFF  
CBC AUTO DIFF

## Collection Requirements

Invert immediately and gently mix with anticoagulant.

## Shipping and Handling Instructions

Refrigerate samples at 2-8 C if unable to analyze within 8 hours of collection. CBC and auto differential are stable for 24 hrs when stored at 2-8 C and 8 hrs at RT.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	LAVENDAR BULLET - K2 EDTA	No	
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	Yes	

**Test Name** CCP ANTIBODY, IGG  
**Code:** 1230101108

## Synonyms

CITRULLINE ANTIBODY  
CYCLIC  
CITRUL  
PEPTIDE  
CYCLIC CITRUL PEPTIDE ANTIBODY  
IGG  
CYCLIC CITRULLINATER PEPTIDE  
CCPIGG

## Collection Requirements

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None Listed

## Shipping and Handling Instructions

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None Listed

## Turn Around Times

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Laboratory

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

Priority

Routine  
STAT

TAT

6 Hours  
40 Minutes

## Container Types

---

Laboratory

DH PAV A CENTRAL LAB

Container

RED GEL (SST)

Default?

Yes

Min Volume

Test Name CCP NEG CONTROL  
Code: 1000

## Synonyms

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## Collection Requirements

---

None Listed

## Shipping and Handling Instructions

---

None Listed

## Turn Around Times

---

Laboratory

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

Priority

Routine  
STAT

TAT

6 Hours  
40 Minutes

## Container Types

---

Laboratory

DH PAV A CENTRAL LAB

Container

QC CONTAINER

Default?

Yes

Min Volume

Test Name CCP POS CONTROL  
Code: 1002

### Synonyms

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### Collection Requirements

---

None Listed

### Shipping and Handling Instructions

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None Listed

### Turn Around Times

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<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

### Container Types

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<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

Test Name CD123 BY IHC  
Code: 123050141

### Synonyms

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2003809

### Collection Requirements

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Tissue or cells.

### Shipping and Handling Instructions

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Formalin fix (10 percent neutral buffered formalin) and paraffin embed specimen (cells must be prepared into a cellblock). Protect paraffin block and/or slides from excessive heat. Transport tissue block or 5 unstained (3- to 5-micron thick sections), p\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	Yes	

Test Name CD15, LEU M1 BY IHC  
Code: 123050064

## Synonyms

2003529

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Formalin fix (10 percent neutral buffered formalin) and paraffin embed specimen (cells must be prepared into a cellblock). Protect paraffin block and/or slides from excessive heat. Transport tissue block or 5 unstained (3- to 5-micron thick sections), p\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	Yes	

Test Name CD163 BY IHC  
Code: 123050142

## Synonyms

2003815



## Collection Requirements

Tissue or cells

## Shipping and Handling Instructions

Formalin fix (10 percent neutral buffered formalin) and paraffin embed specimen (cells must be prepared into a cellblock). Protect paraffin block and/or slides from excessive heat. Transport tissue block or 5 unstained (3- to 5-micron thick sections), p\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	Yes	

Test Name CD2 BY IHC  
Code: 123050143

## Synonyms

2003505

## Collection Requirements

Tissue or cells

## Shipping and Handling Instructions

Formalin fix (10 percent neutral buffered formalin) and paraffin embed specimen (cells must be prepared into a cellblock). Protect paraffin block and/or slides from excessive heat. Transport tissue block or 5 unstained (3- to 5-micron thick sections), p\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	Yes	

Test Name CD25 BY IHC  
Code: 123050144

### Synonyms

2003544

### Collection Requirements

Tissue or cells

### Shipping and Handling Instructions

Formalin fix (10 percent neutral buffered formalin) and paraffin embed specimen (cells must be prepared into a cellblock). Protect paraffin block and/or slides from excessive heat. Transport tissue block or 5 unstained (3- to 5-micron thick sections), p\*

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	Yes	

Test Name CD30 (KI-1) BY IHC  
Code: 123050065

### Synonyms

2003547

### Collection Requirements

None Listed

### Shipping and Handling Instructions

Formalin fix (10 percent neutral buffered formalin) and paraffin embed specimen (cells must be prepared into a cellblock). Protect paraffin block and/or slides from excessive heat. Transport tissue block or 5 unstained (3- to 5-micron thick sections), p\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	Yes	

Test Name CD35 BY IHC  
Code: 123050145

## Synonyms

2003559

## Collection Requirements

Tissue or cells

## Shipping and Handling Instructions

Formalin fix (10 percent neutral buffered formalin) and paraffin embed specimen (cells must be prepared into a cellblock). Protect paraffin block and/or slides from excessive heat. Transport tissue block or 5 unstained (3- to 5-micron thick sections), p\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	Yes	

Test Name CEA (CARCINOEMBRYONIC ANTIGEN)  
Code: 1230100382

## Synonyms

CEA  
CARCINOEMBRYONIC ANTIGEN

## Collection Requirements

No preparation is required. Preferred specimens: Green gel tube. Alternate specimens: Serum from red gel or plain tube with no additive. Plasma from a plain heparin tube is also acceptable.

## Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen up to one week if testing is delayed. Freeze specimen for longer storage.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	GREEN TOP - LIHEP	No	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

**Test Name** CEBPA MUTATION DETECTION  
**Code:** 1230500200

## Synonyms

2004247  
CEBPAMUT

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transport 5 mL whole blood (Min: 1 mL) OR 3 mL bone marrow (Min: 1 mL). STABILITY:  
Refrigerated: 5 days; Ambient: 24 hours; Frozen: Unacceptable

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	BLUE TOP-CITRATE	Yes	

**Test Name** CELIAC (HLA-DQ2 AND HLA-DQ8) GENOTYPING  
**Code:** 1230500119

## Synonyms

2005018  
HLACELIAC

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transport 3 mL whole blood. (Min: 1 mL). STABILITY: Refrigerated: 1 week; Ambient: 72 hours; Frozen: Unacceptable

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	
ARUP LAB	YELLOW (ACD)	No	

**Test Name** CELIAC DISEASE ANTIBODY SCREEN  
**Code:** 123010843

## Synonyms

2002026

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 2 mL serum to an ARUP Standard Transport Tube. (Min: 1 mL)

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** CELIAC PANEL REFLEX TO TITER  
**Code:** 1230101075

## Synonyms

GLIADIN  
TTA  
DGP  
IGA  
PEPTIDE  
SPRUE  
2008114

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 2 mL serum to an ARUP Standard Transport Tube. (Min: 1 mL). STABILITY: Refrigerated: 8 days; Ambient: 8 hours; Frozen: 1 year (if frozen within 24 hours)

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** CELL COUNT, DIFF, CRY. SYNOVIAL  
**Code:** 1230100119

### Synonyms

SYNOVIAL  
CELLCNTSYNFL  
JOINT FLUID CELL COUNT  
CRYSTALS

### Collection Requirements

None Listed

### Shipping and Handling Instructions

Specimen must be processed within 1 hour after collection.

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	Yes	

**Test Name** CELL SAVER HCT HGB QC TEST  
**Code:** 1059

### Synonyms

### Collection Requirements

None Listed

### Shipping and Handling Instructions

None Listed

## Turn Around Times

Laboratory

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

Priority

Routine  
STAT

TAT

6 Hours  
40 Minutes

## Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

QC CONTAINER

Default?

Yes

Min Volume

Test Name CELL SAVER K QC TEST  
Code: 1060

## Synonyms

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

Laboratory

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

Priority

Routine  
STAT

TAT

6 Hours  
40 Minutes

## Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

QC CONTAINER

Default?

Yes

Min Volume

Test Name CENTROMERE AB, IGG  
Code: 1230500009

## Synonyms

0050714  
ANTICENTROMERE ANTIBODIES  
CENTROMERE B



## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles)

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** CERULOPLASMIN  
**Code:** 1230101077

## Synonyms

COPPER  
FERROXIDASE

## Collection Requirements

No preparation is required. Preferred specimens: Green gel tube. Alternate specimens: Serum from red gel or plain tube with no additive. Plasma from a plain heparin tube is also acceptable.

## Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen up to 1 week if testing is delayed. For longer storage, freeze up to 3 months. Avoid repeated thawing freezing. \*This test is altered by lipemic samples. Ultracentrifuge any lipemic samples. \*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Last Updated: 7/1/2018

**Test Name** CHECK BLOOD BENCH ITEMS EXPIR MICRO  
**Code:** 1387

### Synonyms

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### Collection Requirements

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None Listed

### Shipping and Handling Instructions

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None Listed

### Turn Around Times

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<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

### Container Types

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<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

**Test Name** CHLAMYDIA AB DIFFERENTIATION (LGV), MIF  
**Code:** 1230500276

### Synonyms

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0098880  
CHLAMDIFF

### Collection Requirements

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Collect: Plain red or serum separator tube (SST).

### Shipping and Handling Instructions

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Specimen Preparation: Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL)  
Storage/Transport Temperature: Refrigerated. Also acceptable: Room temperature or frozen.  
Stability: Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 1 month Reported: 4-6 days

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	
ARUP LAB	RED TOP -PLAIN	No	

**Test Name** CHLAMYDIA AB PANEL, IGG BY IFA  
**Code:** 1230500277

## Synonyms

0065139  
CHLAMIGG

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute spec\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	
ARUP LAB	RED TOP -PLAIN	No	

**Test Name** CHLAMYDIA AB PANEL, IGG/IGM BY IFA  
**Code:** 1230500201

## Synonyms

0065100  
CHLMPAN

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of acute specime\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	No	
ARUP LAB	RED TOP -PLAIN	Yes	

**Test Name** CHLAMYDIA AB PANEL, IGM BY IFA  
**Code:** 1230500142

## Synonyms

0065105  
CHLAMIGM

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute spe\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	
ARUP LAB	RED TOP -PLAIN	No	

**Test Name** CHLAMYDIA FA  
**Code:** 35

### Synonyms

CHLAMYDIA TRACHOMATIS FA  
CFAB

### Collection Requirements

None Listed

### Shipping and Handling Instructions

None Listed

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	SLIDE	Yes	

**Test Name** CHLAMYDIA PNEUMONIAE PCR  
**Code:** 1230101525

### Synonyms

PNEUMONIA  
C. PNEUMONIAE  
CPPCR

### Collection Requirements

All sample types accepted, whole blood requires a pink top (EDTA) or purple top (EDTA) tube. Specimen source is required. For nasal washes and bronchial lavages, the FilmArray PCR is recommended. Special Instructions: Deliver to Microbiology/Place in Microbiology refrigerator.

### Shipping and Handling Instructions

Send at 2 - 8 degrees C if delivery is less than 24 hours. If delivery is not expected within 24 hours, freeze at -70 degrees C and ship frozen. For plasma and serum, centrifuge and transfer supernatant to an aliquot tube before freezing. Stability: Ambient - 12 hours; Refrigerated - 72 hours; Frozen (-70 degrees C) - 6 months

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	LAVENDAR BULLET - K2 EDTA	No	
DH NON-INTERFACED LAB	LAVENDER TOP - K2 EDTA	No	
DH NON-INTERFACED LAB	RED BULLET	No	
DH NON-INTERFACED LAB	RED GEL (SST)	No	
DH NON-INTERFACED LAB	RED TOP -PLAIN	No	
DH NON-INTERFACED LAB	STERILE CONTAINER	No	
DH NON-INTERFACED LAB	STERILE CUP	Yes	
DH NON-INTERFACED LAB	STERILE TUBE	No	
DH NON-INTERFACED LAB	WHITE TOP	No	
DH NON-INTERFACED LAB	YELLOW BULLET (SST)	No	

**Test Name** CHLAMYDIA TRACHOMATIS CULTURE  
**Code:** 1230100152

## Synonyms

CTRACHOMATIS CX  
0060850

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Immediately place swab, fluid, or washing in 3 mL universal transport medium such as M4, M4RT, M5, M6, UniTranz-RT, or UTM (ARUP supply #12884). STABILITY: Frozen at -70°C: 1 month; Ambient: 1 hour; Refrigerated: 48 hours

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	M4 VIRAL TRANSPORT MEDIA	Yes	

**Test Name** CHLAMYDIA TRACHOMATIS L SEROVARS (LGV) BY PCR  
**Code:** 1051

## Synonyms

CT LGVPCR  
LYMPHOGRANULOMA VENEREUM  
2013768

## Collection Requirements

Vaginal, rectal, cervical, urethral, genital, or penile swab with APTIMA Unisex Swab Specimen Collection kit (ARUP supply #28907) OR in Viral Transport Media (ARUP supply #12884) available online through eSupply using ARUP Connect™ or contact ARUP Client Services at (800) 522-2787. Also acceptable: Urine. Refer to "Sample Collection for the Diagnosis of STD" under Specimen Handling at [www.aruplab.com](http://www.aruplab.com) for specific specimen collection and transport instructions.

## Shipping and Handling Instructions

APTIMA swab: Place blue swab in Swab Specimen Transport Tube, break shaft off at scoreline then recap tube. Urine: Transfer 2 mL urine to an APTIMA Urine Specimen Transport Tube (ARUP supply #28908) available online through eSupply using ARUP Connect™ or contact ARUP Client Services at (800) 522-2787. Liquid level must be between fill lines on tube. Swab in Viral Transport Media (UTM): Transfer swab to viral transport media.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	APTIMA MULTITEST (VAGINAL) SWAB KIT	Yes	
ARUP LAB	M4 VIRAL TRANSPORT MEDIA	No	
ARUP LAB	STERILE CUP	No	

Test Name CHLORIDE  
Code: 1230100384

## Synonyms

CL

## Collection Requirements

No patient preparation is required. If the patient is receiving IV therapy, do not draw from the infusion site. Preferred specimens: 0.25 ml plasma from a green lithium heparin gel tube. Alternate specimens: serum from red gel or plain tube with no additive.

## Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed. Freeze specimen for longer storage.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

**Test Name** CHLORIDE 24 HR URINE  
**Code:** 1230100286

## Synonyms

TIMED URINE CHLORIDE  
URINE CHLORIDE TIMED

## Collection Requirements

Preferred Specimens: 10 mL of a 24 Hour Urine Specimen Ambient (8 Hours) or Refrigerated (24 Hours). Specimen should be collected in a 24 Hr Urine container no preservative.

## Shipping and Handling Instructions

Measure the volume and document the volume and collection time in the computer. Mix the specimen, pour an aliquot into a test tube, centrifuge and send to core. Also, aliquot a portion into a cup with total volume documented on the cup.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	24 HR URINE CONTAINER	Yes	

**Test Name** CHLORIDE URINE RANDOM  
**Code:** 1230100285

## Synonyms

CL RANDOM  
CL URINE



## Collection Requirements

No patient preparation required. Preferred specimens: 10 mL of urine collected in a random urine cup or a plain tube is acceptable. No preservative is necessary.

## Shipping and Handling Instructions

Mix the urine well, pour an aliquot into a test tube, and centrifuge. If testing is delayed, refrigerate the specimen.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	URINE	No	

**Test Name** CHLORIDE, STOOL  
**Code:** 62

## Synonyms

## Collection Requirements

Preferred specimen: LIQUID stool in collection cup.

## Shipping and Handling Instructions

Stool must be liquid. Centrifuge liquid stool and test the supernate. Run the specimen in the same manner as a urine.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CUP	Yes	

**Test Name** CHLORPROMAZINE LEVEL  
**Code:** 1230101081

### Synonyms

THORAZINE  
CHLORPROMAZINE  
0090870

### Collection Requirements

None Listed

### Shipping and Handling Instructions

Separate serum or plasma from cells within 2 hours of collection. Transfer 2 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 1 mL). STABILITY: Refrigerated: 72 hours; Ambient: 12 hours; Frozen: 5 days

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED TOP -PLAIN	Yes	

**Test Name** CHOLESTEROL FLUID  
**Code:** 1230100287

### Synonyms

CHOL FL

### Collection Requirements

Preferred Specimens: 1 mL of pleural fluid or thoracentesis fluid from plain white or a serum separator (gel) tube ambient. Alternate Specimens: 1 mL fluid from a (heparin) green top ambient or plain red top tube.

### Shipping and Handling Instructions

Centrifuge and separate fluid from cells as soon as possible. Refrigerate specimen if testing is not performed immediately.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	No	
DH PAV A CENTRAL LAB	GREEN TOP - LIHEP	No	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	Yes	

Test Name CHOLESTEROL TOTAL  
Code: 1230100386

## Synonyms

TOTAL CHOLESTEROL

## Collection Requirements

Patient preparation: None, it is NOT necessary for the patient to be fasting for cholesterol testing. Preferred specimens: 0.25 ml plasma from a green lithium heparin gel tube. Alternate specimens: serum from red gel or plain tube with no additive.

## Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed. Freeze specimen for longer storage. NEVER use an ultracentrifuged (cleared) specimen. Lipemia does not interfere with this assay.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name CHROMIUM LEVEL  
Code: 1230101083

## Synonyms

METAL  
CR  
0098830

## Collection Requirements

Room temperature. Also acceptable: Refrigerated or frozen.

## Shipping and Handling Instructions

Centrifuge; do not allow serum to remain on cells. Transfer 2 mL serum to an ARUP Trace Element-Free Transport Tube (ARUP supply #43116) (Min: 0.5 mL). STABILITY: Ambient. If the specimen is drawn and stored in the appropriate container, the trace eleme\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	ROYAL BLUE PLAIN	Yes	

**Test Name** CHROMOGRANIN A  
**Code:** 123050053

## Synonyms

0080469  
CHROMOGRANIN

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Allow serum specimen to clot completely at room temperature. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Frozen: 6 weeks; Ambient: 48 hours; Refrigerated: 2 weeks

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	
ARUP LAB	RED TOP -PLAIN	No	

**Test Name** CHROMOSOME ANALYSIS, AMNIOTIC FLUID - CGL  
**Code:** 123010167601

### Synonyms

CGL

### Collection Requirements

Most specimens will be picked up by Colorado Genetics in the Women's Care Clinic. Women's Care is responsible for sending a copy of the requisition to the Laboratory Sendouts Dept. for billing purposes. In rare cases (i.e. after hours), locations other than Women's Care will send specimens to the lab for Colorado Genetics. Call 303-724-5701 to schedule a pickup and save a copy of the requisition for the Sendout Dept. to take care of the billing.

### Shipping and Handling Instructions

None Listed

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	STERILE CONTAINER	Yes	

**Test Name** CHROMOSOME ANALYSIS, PRODUCTS OF CONCEPTION, PLACENTA, FETAL PARTS - CGL  
**Code:** 1230101085

### Synonyms

KARYOTYPES  
KARYOTYPING  
CHROMOSOME ANALYSIS  
CGL

### Collection Requirements

Place entire tissue sample in a single, tightly sealed, sterile container with sterile saline solution. Label container appropriately. All cytogenetics requests must be sent to the DH lab with an attached Colorado Genetics Laboratory paper requisition completed and signed by the ordering physician. If placing this order you must also order LAB1126 Tissue Exam or LAB1750 Surgical Pathology Exam

## Shipping and Handling Instructions

Deliver to surgical pathology A2800, log specimen into the book, after hours the specimen must be refrigerated at 2° - 8° degrees Celsius. Unacceptable Conditions: Frozen or in Fixative.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	STERILE CONTAINER	Yes	

**Test Name** CHROMOSOME ANALYSIS, WHOLE BLOOD - CGL  
**Code:** 1230101803

## Synonyms

CGL

## Collection Requirements

REQUIRES INSURANCE APPROVAL Only draw Monday thru Thursday!!!!!! Complete a CGL Cytogenetics Request Form. Indicate test request in the "Blood Specimens" section and include pertinent clinical and family history.

## Shipping and Handling Instructions

TRANSPORT: 4 mL (1 mL minimum) whole blood. STABILITY: Ambient: 3 Days

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	GREEN TOP - NAHEP	Yes	

**Test Name** CHROMOSOME ANALYSIS, WHOLE BLOOD HIGH RESOLUTION - CGL  
**Code:** 1230101171

## Synonyms

CHROMO HI RES  
CHROMOSOME A  
CGL

## Collection Requirements

REQUIRES INSURANCE APPROVAL Only draw Monday thru Thursday!!!!!! Complete a CGL Cytogenetics Request Form. Indicate test request in the "Blood Specimens" section and include pertinent clinical and family history.

## Shipping and Handling Instructions

TRANSPORT: 4 mL (1 mL minimum) whole blood. STABILITY: Ambient: 3 Days

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	GREEN TOP - NAHEP	Yes	

**Test Name** CITRIC ACID, URINE  
**Code:** 1230500059

## Synonyms

0020852  
CITRICUR

## Collection Requirements

If collected in outpatient clinics, please send a cup to main lab.

## Shipping and Handling Instructions

ADJUST pH to less than or equal to 2 by adding 6M HCl. Collect: 24-hour urine. Refrigerate during collection. Also acceptable: Random urine. Specimen Preparation: Transfer a 4 mL aliquot of urine to an ARUP Standard Transport Tube. (Min: 0.5 mL) Storage/Transport Temperature: Refrigerated. Also acceptable: Frozen. Remarks: Record total volume and collection time interval on transport tube and test request form. Stability (collection to initiation of testing): Ambient: 8 hours; Refrigerated: 1 week; Frozen: Indefinitely

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	STERILE CONTAINER	No	
ARUP LAB	STERILE CUP	Yes	
ARUP LAB	STERILE TUBE	No	

**Test Name** CK  
**Code:** 1230100388

## Synonyms

CREATINE KINASE

## Collection Requirements

No preparation is required. Preferred specimens: 0.25 ml plasma from a green lithium heparin gel tube. Alternate specimens: serum from red gel or plain tube with no additive.

## Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed. Freeze specimen for longer storage.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

**Test Name** CK ISOENZYMES  
**Code:** 1230100390

## Synonyms

CK-ISO  
CK ISOS  
0020414

## Collection Requirements

None Listed



## Shipping and Handling Instructions

Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Frozen: 1 month (avoid repeated freeze/thaw cycles); Ambient: Unacceptable; Refrigerated: 1 week

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	No	
ARUP LAB	RED TOP -PLAIN	Yes	

**Test Name** CK TOTAL AND CKMB  
**Code:** 1230100389

## Synonyms

CK -MB  
CKMB

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate plasma or serum from cells within 30 minutes of draw. TRANSPORT: 1 mL (0.2 mL minimum) Plasma or Serum. STABILITY: Refrigerated: 7 days (Frozen 1 month; Ambient 24 hours)

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	GREEN GEL (PST)	Yes	
DH NON-INTERFACED LAB	RED GEL (SST)	No	
DH NON-INTERFACED LAB	RED TOP -PLAIN	No	

**Test Name** CLOBAZAM QUANTITATIVE, SERUM OR PLASMA  
**Code:** 1230500202

## Synonyms

2008597  
CLOBASP

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.3 mL). STABILITY:  
Refrigerated: 2 weeks; Ambient: 2 weeks; Frozen: 2 months

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED TOP -PLAIN	Yes	

**Test Name** CLOMIPRAMINE AND METABOLITE, SP  
**Code:** 813

## Synonyms

CLOMIP  
0099336

## Collection Requirements

Plain red. Also acceptable: Lavender (K2 or K3EDTA) or pink (K2EDTA).

## Shipping and Handling Instructions

Separate serum or plasma from cells within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL)

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** CLONAZEPAM LEVEL  
**Code:** 1230100446

## Synonyms

ANTI-EPILEPTIC  
ANTI EPILEPTIC  
DRUG  
0090055

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 2 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 1 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 1 week; Frozen: 3 years (Avoid repeated freeze/thaw cycle\*)

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED TOP -PLAIN	Yes	

**Test Name** CLONIDINE, URINE  
**Code:** 123050071

## Synonyms

0091223  
0091223

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transfer 1 mL urine to an ARUP Standard Transport Tube. (Min: 0.25 mL). STABILITY:  
Refrigerated: 1 month; Ambient: 1 month; Frozen: 1 month

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

**Test Name** CLORAZEPATE (ASSAYED AS NORDIAZEPAM)  
**Code:** 714

## Synonyms

0090196  
CLORAZEPATE  
NORDIAZEPAM

## Collection Requirements

Plain Red. Also acceptable: Gray (Potassium Oxalate/Sodium Fluoride), Green (Sodium Heparin), Lavender (K2 or K3EDTA) or pink (K2EDTA). &#x20;

## Shipping and Handling Instructions

Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 2 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 1 mL) UNACCEPTABLE: Gel separator tubes. Plasma or whole blood collected in light blue (sodium citrate). Hemolyzed specimens. STABILITY: Refrigerated: 2 weeks; Ambient: 1 week; Frozen: 3 years (avoid repeated freeze/thaw cycles)

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GRAY TOP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	PINK TOP - K3 EDTA	No	
ARUP LAB	RED TOP -PLAIN	Yes	

**Test Name** CLOSTRIDIUM DIFF RAPID  
**Code:** 523

### Synonyms

C DIFFICILE ANTIGEN TOXIN  
RCDB

### Collection Requirements

None Listed

### Shipping and Handling Instructions

None Listed

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CUP	Yes	

**Test Name** CLOZAPINE  
**Code:** 1230500099

### Synonyms

CLOZAPINE  
0098930

### Collection Requirements

None Listed

### Shipping and Handling Instructions

Separate serum or plasma from cells within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Refrigerated: 2 months; Ambient: 5 weeks; Frozen: 2 months

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	PINK TOP - K3 EDTA	No	
ARUP LAB	RED TOP -PLAIN	Yes	

**Test Name** CLOZAPINE AND METABOLITES, S/P, QUANTITATIVE  
**Code:** 1230500599

## Synonyms

CLOZAPINE  
2013433

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum or plasma from cells within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Refrigerated: 2 months; Ambient: 5 weeks; Frozen: 2 months

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	PINK TOP - K3 EDTA	No	
ARUP LAB	RED TOP -PLAIN	Yes	

**Test Name** CMV PCR QUALITATIVE  
**Code:** 129

## Synonyms

CMPCR

## Collection Requirements

Stool and tissue samples in a sterile container. Send at 2 - 8 degrees C if delivered within 72 hours. If delivery is not expected within 72 hours, freeze at -70 degrees and ship frozen. Deliver to Microbiology/Place in Microbiology refrigerator.

## Shipping and Handling Instructions

Stability: Ambient - 12 hours; Refrigerated - 72 hours; Frozen (-70 degrees C) - 6 months  
Testing Performed: Monday through Friday.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	STERILE CUP	Yes	

Test Name CMV PCR QUANTITATIVE  
Code: 1230101088

## Synonyms

CYTOMEGALOVIRUS  
CPCRQ

## Collection Requirements

All sample types acceptable. whole Blood, send EDTA blood.

## Shipping and Handling Instructions

STABILITY: Ambient:12 hours Refrigerated: 72 hours Frozen (-70C): 6 months Testing Performed: Monday through Friday.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	LAVENDAR BULLET - K2 EDTA	No	
DH NON-INTERFACED LAB	LAVENDER TOP - K2 EDTA	Yes	
DH NON-INTERFACED LAB	RED BULLET	No	
DH NON-INTERFACED LAB	RED TOP -PLAIN	No	

DH NON-INTERFACED LAB	STERILE CUP	NO
DH NON-INTERFACED LAB	STERILE TUBE	NO
DH NON-INTERFACED LAB	SWAB	NO
DH NON-INTERFACED LAB	WHITE TOP	NO
DH NON-INTERFACED LAB	YELLOW BULLET (SST)	NO

### Collection Requirements

All sample types acceptable. whole Blood, send EDTA blood.

### Shipping and Handling Instructions

STABILITY: Ambient:12 hours Refrigerated: 72 hours Frozen (-70C): 6 months Testing Performed: Monday through Friday.

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	RED GEL (SST)	Yes	

### Collection Requirements

All sample types acceptable. whole Blood, send EDTA blood.

### Shipping and Handling Instructions

STABILITY: Ambient:12 hours Refrigerated: 72 hours Frozen (-70C): 6 months Testing Performed: Monday through Friday.

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	STERILE CONTAINER	Yes	

Test Name COBALT, BLOOD  
Code: 1230102001



## Synonyms

0099231  
COBALT BLOOD

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transport 7 mL whole blood in the original collection tube. (Min: 0.5 mL). STABILITY: Ambient/Refrigerated. If the specimen is drawn and stored in the appropriate container, the trace element values do not change with time.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	ROYAL BLUE - K2 EDTA	Yes	

Test Name COBALT, SERUM OR PLASMA  
Code: 1230101090

## Synonyms

CO  
0025037

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Centrifuge; Do not allow serum to remain on cells. Transfer 2 mL serum or plasma to an ARUP Trace Element-Free Transport Tube (ARUP supply #43116).(Min: 0.5 mL). STABILITY: Ambient/Refrigerated. If the specimen is drawn and stored in the appropriate container, the trace element values do not change with time.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	ROYAL BLUE - K2 EDTA	No	
ARUP LAB	ROYAL BLUE PLAIN	Yes	

**Test Name** COCAINE URINE QUAL  
**Code:** 1230100289

## Synonyms

COCAINE SCREEN UR  
COCAINE QL U

## Collection Requirements

No patient preparation is required. Preferred specimens: 30 mL of random urine is preferred. The minimum acceptable volume is 10 mL. Urine should be collected in a clean, unbreakable, leak-proof container. No pre-treatment or preservative is required. Any questions related to specimen integrity, specimen handling, or testing must be referred to a supervisor or pathologist.

## Shipping and Handling Instructions

Specimens must be centrifuged before testing if the urine specimen is not clear. Specimen should be between 20-25C before analysis. If testing cannot be completed within the shift, refrigerate specimen at 2-8C for up to one week. Note: Plastic trans\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	

**Test Name** COCCIDIOIDES ABS PANEL, CSF, BY ELISA  
**Code:** 1230500281

## Synonyms

0050710  
COCCICSF

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transfer two 1 mL aliquots of CSF to individual ARUP Standard Transport Tubes. (Min: 0.3 mL per aliquot). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles)

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CSF COLLECTION KIT	Yes	

**Test Name** COCCIDIOIDES ABS PANEL, SERUM BY CF, ID, ELISA  
**Code:** 1230500282

## Synonyms

0050588  
COCCIPAN

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate from cells ASAP or within 2 hours of collection. Transfer 2 mL serum to an ARUP Standard Transport Tube. (Min: 0.6 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Storage/Transport Temperature: Refrigerated. Remarks: Mark specimens plainly as "acute" or "convalescent." Unacceptable Conditions: Other body fluids. Contaminated, hemolyzed, or severely lipemic specimens. Stability (collection to initiation of testing): After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name COCCIDIOIDES ANTIBODY BY CF  
Code: 123050136

### Synonyms

0050170  
COCCI

### Collection Requirements

Serum Separator Tube (SST)

### Shipping and Handling Instructions

Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of acute specimens.  
Storage/Transport Temperature: Refrigerated. Remarks: Mark specimens plainly as "acute" or "convalescent." Unacceptable Conditions: Contaminated, hemolyzed, or severely lipemic specimens. Stability (collection to initiation of testing): After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name COENZYME Q10, TOTAL  
Code: 1230500283

### Synonyms

0081119

### Collection Requirements

None Listed

### Shipping and Handling Instructions

Separate plasma or serum from cells within 1 hour of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube (Min: 0.3 mL). STABILITY: Frozen: 1 month; Refrigerated: 3 weeks; Ambient: Unacceptable

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN GEL (PST)	Yes	
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	RED GEL (SST)	No	
ARUP LAB	RED TOP -PLAIN	No	

**Test Name** COLD AGGLUTININ SCREEN  
**Code:** 1230101093

## Synonyms

AGGLUTININ  
0050175

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Keep in warm water (37 Degrees C) until processed for transport by laboratory; refrigeration of specimen before separation of serum from cells will adversely affect test results. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). ST\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	No	
ARUP LAB	RED TOP -PLAIN	Yes	

**Test Name** COLON CANCER GENE PANEL (MASSARRAY)  
**Code:** 1230500284

## Synonyms

2011616

## Collection Requirements

Tissue Tumor, Tissue Resections, or Tissue Small Biopsies.

## Shipping and Handling Instructions

Formalin fix (10 percent neutral buffered formalin) and paraffin embed tissue. Protect from excessive heat. Transport block and/or slides in a tissue transport kit (ARUP supply #47808) available online through eSupply using ARUP Connect(TM) or contact A\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	Yes	

**Test Name** COMPLEMENT C3 NEPHRITIC FACTOR  
**Code:** 123050067

## Synonyms

2009380  
C3NEP

## Collection Requirements

None Listed

## Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Allow blood to clot for 20 to 60 minutes. Transfer 1 mL serum to an ARUP Standard Transport Tube and freeze immediately. (Min: 0.25 mL). STABILITY: Frozen: 1 year; Am\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED TOP -PLAIN	Yes	

**Test Name** COMPLEMENT COMPONENT 2  
**Code:** 1230500285

### Synonyms

0050148  
C2

### Collection Requirements

None Listed

### Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Allow specimen to clot for one hour at room temperature. Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Trans\*

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** COMPLEMENT TOTAL  
**Code:** 1230100059

### Synonyms

COMPLEMENT DEFICIENCY ASSAY  
CH50  
TOTAL COMPLEMENT  
0050198

### Collection Requirements

None Listed

### Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Allow specimen to clot for one hour at room temperature. Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Trans\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 Weeks
ARUP LAB	Routine	1 Weeks
ARUP LAB	STAT	1 Weeks
ARUP LAB	Timed	1 Weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED TOP -PLAIN	Yes	

**Test Name** COMPREHENSIVE METABOLIC PANEL  
**Code:** 1230100076

## Synonyms

CMP  
CMET  
CHEM 21  
CHEM21  
COMP

## Collection Requirements

No patient preparation is required. Preferred specimens: A green top LITHIUM heparin serum separator tube is preferred. Alternate specimens: A red gel, plain white or plain red tube is also acceptable.

## Shipping and Handling Instructions

Centrifuge the specimen and separate the serum/plasma from the cells as soon as possible. Keep the specimen capped at all times. Refrigerate the specimen if testing is not performed immediately.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

**Test Name** COPPER 24HR URINE  
**Code:** 1230100292



## Synonyms

COPPER 24H U  
0020461

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transfer an 8 mL aliquot from a well-mixed collection to ARUP Trace Element-Free Transport Tubes (ARUP supply #43116). Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787. (Min: 1 mL) Record total vol\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

Test Name COPPER, SERUM OR PLASMA  
Code: 123101096

## Synonyms

0020096  
COPPER  
SERU

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Centrifuge; do not allow serum or plasma to remain on cells. Transfer 2 mL serum or plasma to an ARUP Trace Element-Free Transport Tube. (Min: 0.5 mL). STABILITY: Ambient/Refrigerated. If the specimen is drawn and stored in the appropriate container, th

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	ROYAL BLUE - K2 EDTA	No	
ARUP LAB	ROYAL BLUE PLAIN	Yes	

**Test Name** CORRECTED THROMBIN TIME  
**Code:** 20

## Synonyms

TTC

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	BLUE TOP-CITRATE	Yes	

**Test Name** CORTISOL  
**Code:** 1230100387

## Synonyms

CORTU

## Collection Requirements

None Listed

## Shipping and Handling Instructions

SPECIMEN PREP: Separate serum from cells within 2 hours. TRANSPORT: 1.5 mL (1.0 mL minimum)  
Serum STABILITY: 1. Samples can be stored at 2-8°C for 7 days. 2. For longer storage, aliquot and freeze up to 3 months at -20°C. Test performed 7am - 4:30pm daily

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN BULLET - LIHEP	No	
DH PAV A CENTRAL LAB	GREEN GEL (PST)	No	
DH PAV A CENTRAL LAB	GREEN GEL BULLET (PST)	No	
DH PAV A CENTRAL LAB	GREEN TOP - NAHEP	No	
DH PAV A CENTRAL LAB	RED BULLET	No	
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	
DH PAV A CENTRAL LAB	YELLOW BULLET (SST)	No	

Test Name CORTISOL 120 MIN POST DOSE  
Code: 77

## Synonyms

CORT 120

## Collection Requirements

None Listed

## Shipping and Handling Instructions

SPECIMEN PREP: Separate serum from cells within 2 hours. TRANSPORT: 1.5 mL (1.0 mL minimum)  
Serum STABILITY: 1. Samples can be stored at 2-8°C for 7 days. 2. For longer storage, aliquot and freeze up to 3 months at -20°C. Test performed 7am - 4:30pm daily

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN BULLET - LIHEP	No	
DH PAV A CENTRAL LAB	GREEN GEL (PST)	No	
DH PAV A CENTRAL LAB	GREEN GEL BULLET (PST)	No	
DH PAV A CENTRAL LAB	GREEN TOP - NAHEP	No	

DH PAV A CENTRAL LAB	RED BULLET	No
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No
DH PAV A CENTRAL LAB	WHITE TOP	No
DH PAV A CENTRAL LAB	YELLOW BULLET (SST)	No

**Test Name** CORTISOL 30 MIN POST DOSE  
**Code:** 78

### Synonyms

CORT 30

### Collection Requirements

None Listed

### Shipping and Handling Instructions

SPECIMEN PREP: Separate serum from cells within 2 hours. TRANSPORT: 1.5 mL (1.0 mL minimum)  
 Serum STABILITY: 1. Samples can be stored at 2-8°C for 7 days. 2. For longer storage, aliquot and freeze up to 3 months at -20°C. Test performed 7am - 4:30pm daily

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN BULLET - LIHEP	No	
DH PAV A CENTRAL LAB	GREEN GEL (PST)	No	
DH PAV A CENTRAL LAB	GREEN GEL BULLET (PST)	No	
DH PAV A CENTRAL LAB	GREEN TOP - NAHEP	No	
DH PAV A CENTRAL LAB	RED BULLET	No	
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	
DH PAV A CENTRAL LAB	YELLOW BULLET (SST)	No	

**Test Name** CORTISOL 60 MIN POST DOSE  
**Code:** 79

### Synonyms

### Collection Requirements

None Listed

## Shipping and Handling Instructions

SPECIMEN PREP: Separate serum from cells within 2 hours. TRANSPORT: 1.5 mL (1.0 mL minimum) Serum 1. Samples can be stored at 2-8°C for 7 days. 2. For longer storage, aliquot and freeze up to 3 months at -20°C. Test performed 7am - 4:30pm daily

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN BULLET - LIHEP	No	
DH PAV A CENTRAL LAB	GREEN GEL (PST)	No	
DH PAV A CENTRAL LAB	GREEN GEL BULLET (PST)	No	
DH PAV A CENTRAL LAB	GREEN TOP - NAHEP	No	
DH PAV A CENTRAL LAB	RED BULLET	No	
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	
DH PAV A CENTRAL LAB	YELLOW BULLET (SST)	No	

Test Name CORTISOL AM  
Code: 80

## Synonyms

## Collection Requirements

1.0 ml Serum ONLY (Red Gel).

## Shipping and Handling Instructions

SPECIMEN PREP: Separate serum from cells within 2 hours. TRANSPORT: 1.5 mL (1.0 mL minimum) Serum 1. Samples can be stored at 2-8°C for 7 days. 2. For longer storage, aliquot and freeze up to 3 months at -20°C. Test performed 7am - 4:30pm daily

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN BULLET - LIHEP	No	
DH PAV A CENTRAL LAB	GREEN GEL (PST)	No	
DH PAV A CENTRAL LAB	GREEN GEL BULLET (PST)	No	
DH PAV A CENTRAL LAB	GREEN TOP - NAHEP	No	

DH PAV A CENTRAL LAB	RED BULLET	No
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No
DH PAV A CENTRAL LAB	WHITE TOP	No
DH PAV A CENTRAL LAB	YELLOW BULLET (SST)	No

**Test Name** CORTISOL AND CORTISONE, URINE FREE  
**Code:** 1230102004

### Synonyms

0092100  
CORTISOL AND

### Collection Requirements

None Listed

### Shipping and Handling Instructions

Transport one 4 mL aliquot of urine. (Min: 1 mL) Record total volume and collection time interval on transport tube and test request form. STABILITY: Refrigerated: 1 week; Ambient: Unacceptable; Frozen: 1 month

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

**Test Name** CORTISOL BASELINE  
**Code:** 81

### Synonyms

### Collection Requirements

None Listed

### Shipping and Handling Instructions

SPECIMEN PREP: Separate serum from cells within 2 hours. TRANSPORT: 1.5 mL (1.0 mL minimum) Serum 1. Samples can be stored at 2-8°C for 7 days. 2. For longer storage, aliquot and freeze up to 3 months at -20°C. Test performed 7am - 4:30pm daily

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN BULLET - LIHEP	No	
DH PAV A CENTRAL LAB	GREEN GEL BULLET (PST)	No	
DH PAV A CENTRAL LAB	GREEN TOP - NAHEP	No	
DH PAV A CENTRAL LAB	RED BULLET	No	
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	
DH PAV A CENTRAL LAB	YELLOW BULLET (SST)	No	

**Test Name** CORTISOL, SALIVA  
**Code:** 123050066

## Synonyms

0081117  
CORTISOL  
SA

## Collection Requirements

saliva. swab must be completely saturated to ensure sufficient volume for testing.

## Shipping and Handling Instructions

Transfer saturated swab to plain (non-citric acid) cotton salivette(R) collection device (ARUP Supply #52056). Record the time of collection on the test request form, and on salivette(R) transport container. STABILITY: Refrigerated: 3 weeks; Ambient: 1 \*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	SWAB	Yes	

**Test Name** CORTISOL, URINE, FREE  
**Code:** 1230101584

## Synonyms

CORTICOSTEROID  
0092100  
CORTISOL F U

## Collection Requirements

Collect 24-hour or random urine. Refrigerate 24-hour specimen during collection.

## Shipping and Handling Instructions

Transport one 4 mL aliquot of urine. (Min: 1 mL) Record total volume and collection time interval on transport tube and test request form. STABILITY: Refrigerated: 2 weeks; Ambient: Unacceptable; Frozen: 1 month

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

Test Name COTININE, URINE  
Code: 1230101586

## Synonyms

NICOTINE  
2007081  
COTININE U

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transfer 4 mL urine with no additives to an ARUP Standard Transport Tube. (Min: 2 mL). STABILITY: Refrigerated: 1 week; Ambient: 1 week; Frozen: 3 months

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks



## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

**Test Name** COXSACKIE A ANTIBODIES, SERUM  
**Code:** 1230500203

## Synonyms

2002932  
COXAAB

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transfer 2 mL serum to an ARUP standard transport tube. (Min: 1 mL). STABILITY: Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 1 month

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	No	
ARUP LAB	RED TOP -PLAIN	Yes	

**Test Name** COXSACKIE A SEROTYPE 9 TITER  
**Code:** 1230500110

## Synonyms

0050503  
COXA9

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute spe\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** COXSACKIE B VIRUS ANTIBODIES  
**Code:** 1230500204

## Synonyms

COXSACKIE B  
0060055

## Collection Requirements

Serum separator tube or plain red. OR CSF.

## Shipping and Handling Instructions

Separate serum from cells within 2 hours of collection. Transfer 1 mL serum or CSF to an ARUP Standard Transport Tube. (Min: 0.3 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of acute specimens\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CSF COLLECTION KIT	No	
ARUP LAB	RED GEL (SST)	Yes	
ARUP LAB	RED TOP -PLAIN	No	

**Test Name** C-PEPTIDE  
**Code:** 1230101100

## Synonyms

DIABETES  
HYPOGLYCEMIA  
0070103

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Allow specimen to clot completely at room temperature. Separate serum or plasma from cells ASAP. Submit specimen in an ARUP Standard Transport Tube. Transport 1 mL serum or plasma, frozen. (Min: 0.5 mL). STABILITY: Frozen: 1 month; Ambient: 8 hours; Re\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN GEL (PST)	No	
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	Yes	

Test Name CRE CULTURE  
Code: 118

## Synonyms

## Collection Requirements

Culturette swab of Rectum

## Shipping and Handling Instructions

Routine specimens may be held in the Microbiology refrigerator for processing by the day shift.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	SWAB	Yes	

**Test Name** C-REACTIVE PROTEIN  
**Code:** 1230100053

## Synonyms

CRP

## Collection Requirements

No preparation is required. Preferred specimens: 0.5 ml plasma from a green lithium heparin gel tube. Alternate specimens: 0.5 mL Plasma (Green Sodium Heparin) Ambient, Refrigerated, or Frozen. 0.5 mL Serum (plain tube) Ambient, Refrigerated, or Frozen.

## Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Storage and Stability: If samples can not be run within shift, refrigerate for no longer than 8 days. Samples can be stored frozen for up to 8 months.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	GREEN TOP - LIHEP	No	
DH PAV A CENTRAL LAB	GREEN TOP - NAHEP	No	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

**Test Name** CREATINE DISORDERS PANEL, SER/PLASMA  
**Code:** 1230500401

## Synonyms

CRE DPS  
2002328

## Collection Requirements

Clinical information is needed for appropriate interpretation. Biochemical Genetics Patient History Form is available on the ARUP web site.

## Shipping and Handling Instructions

Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube and freeze immediately. (Min: 0.2 mL). STABILITY: Frozen: 2 weeks Ambient; Unacceptable; Refrigerated: 1 week

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	Yes	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	No	
ARUP LAB	RED TOP -PLAIN	No	

**Test Name** CREATINE DISORDERS PANEL, URINE  
**Code:** 1230500400

## Synonyms

CRE DPU  
2002333

## Collection Requirements

Clinical information is needed for appropriate interpretation. Biochemical Genetics Patient History Form is available on the ARUP web site.

## Shipping and Handling Instructions

Transfer 2 mL urine to an ARUP Standard Transport Tube and freeze immediately. (Min: 0.5 mL). STABILITY: Frozen: 2 weeks; Ambient: Unacceptable; Refrigerated: Unacceptable

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

**Test Name** CREATINE KINASE ISOENZYMES  
**Code:** 1230500402

### Synonyms

CRE KIN IS  
0020414

### Collection Requirements

None Listed

### Shipping and Handling Instructions

Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Frozen: 1 month (avoid repeated freeze/thaw cycles); Ambient: Unacceptable; Refrigerated: 1 week

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	
ARUP LAB	RED TOP -PLAIN	No	

**Test Name** CREATINE, SERUM OR PLASMA  
**Code:** 1230101101

### Synonyms

2002340  
CREATINE

### Collection Requirements

None Listed

### Shipping and Handling Instructions

Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube and freeze immediately. (Min: 0.2 mL). STABILITY: Frozen: 2 weeks; Ambient: Unacceptable; Refrigerated: 1 week

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 Weeks
ARUP LAB	Routine	1 Weeks
ARUP LAB	STAT	1 Weeks
ARUP LAB	Timed	1 Weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	No	
ARUP LAB	RED TOP -PLAIN	Yes	

Test Name CREATININE FLUID  
Code: 12310391

## Synonyms

## Collection Requirements

Preferred specimen: A plain white tube is preferred. Alternate Specimens: Lavender, red, or green top tube is also acceptable.

## Shipping and Handling Instructions

Centrifuge the specimen and separate the serum/plasma as soon as possible. Refrigerate the specimen if testing is not to be performed immediately.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	No	
DH PAV A CENTRAL LAB	GREEN TOP - LIHEP	No	
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	No	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	Yes	

Test Name CREATININE RANDOM URINE  
Code: 1230100296

## Synonyms

CREAT URINE  
CREAT RANDOM URINE  
RANDOM URINE CREATININE

## Collection Requirements

No patient preparation required. Preferred specimens: 10 mL of random urine collected in a random urine cup or plain tube is acceptable. No preservative is necessary.

## Shipping and Handling Instructions

Mix the specimen well, pour an aliquot into a test tube, and centrifuge. If testing is delayed, refrigerate the specimen.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CUP	Yes	

**Test Name** CREATININE SERUM  
**Code:** 1230100295

## Synonyms

CREAT WITH GFR

## Collection Requirements

Preferred specimens: Plasma Green Lithium Gel Ambient. Alternate specimens: Serum Red Gel, Plain Red, or Plain white tubes.

## Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma or serum from the cells as soon as possible. If testing is to be delayed, refrigerate the specimen. No patient preparation is required.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes



## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

**Test Name** CREATININE, URINE, 24 HOUR  
**Code:** 1230101589

## Synonyms

24 HOUR CREATININE

## Collection Requirements

No patient preparation required. Preferred specimens: Urine collected in a 24 hour urine jug is acceptable. No preservative is necessary, but the specimen should be refrigerated during collection.

## Shipping and Handling Instructions

Measure the volume and document the volume and collection time in the computer. Mix the specimen, pour an aliquot into a test tube, centrifuge and send to core. Also, aliquot a portion into a cup with total volume documented on the cup.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	24 HR URINE CONTAINER	Yes	

**Test Name** CRYOGLOBULIN  
**Code:** 1230100515

## Synonyms

## Collection Requirements

Specimen must be drawn in a prewarmed tube.

## Shipping and Handling Instructions

Let clot for one hour at 37°C. Separate serum from cells, using a 37°C centrifuge, and transfer serum into a clean transport tube. Once separated from clot and cells, serum may be sent at ambient temperature.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	WHITE TOP	Yes	

**Test Name** CRYPTO & GIARDIA FA  
**Code:** 1230101683

## Synonyms

OPFA

## Collection Requirements

stool submitted in Total Fix preservative vial obtained from Central Supply

## Shipping and Handling Instructions

This is a routine, non-stat test. Place the specimen on the blood bench for processing by the day shift. Specimen must be placed into the Total Fix preservative vial. Test is performed on Tuesdays and Fridays.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	TOTAL FIX	Yes	

**Test Name** CRYPTO TITER, CSF  
**Code:** 531

## Synonyms

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CRYPTOCOCCAL AG TITER  
CCAGT

## Collection Requirements

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None Listed

## Shipping and Handling Instructions

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None Listed

## Turn Around Times

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<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

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<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CSF COLLECTION KIT	Yes	

**Test Name** CRYPTO TITER, SERUM  
**Code:** 1230101105

## Synonyms

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CRYPTOCOCCUS  
CRYPTOCOCCAL  
CRYPTOCOCCUS ANTIGEN TITER  
SCAGT

## Collection Requirements

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None Listed

## Shipping and Handling Instructions

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None Listed

## Turn Around Times

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<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	

**Test Name** CRYPTOCOCCAL AG, CSF  
**Code:** 38

## Synonyms

CRYPTO AG  
CSF  
CCRAG  
CSF

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CSF COLLECTION KIT	Yes	

**Test Name** CRYPTOCOCCAL AG, SERUM  
**Code:** 1230101103

## Synonyms

CRYPTOCOCCUS  
CRYPTOCOCCAL  
CRYPTOCOCCAL ANTIGEN  
SCRAG

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	

**Test Name** CSF CULTURE  
**Code:** 1230100176

## Synonyms

CSF CX  
CSF CULTURE  
CULTURE

## Collection Requirements

CSF collected aseptically from Lumbar Puncture or shunt. This test is to aid in the diagnosis of infection caused by aerobic bacteria and most yeast. To rule out anaerobes, viruses, fungi, Cryptococcus, or mycobacteria, separate tests/cultures must be ordered.

## Shipping and Handling Instructions

sterile body fluids are considered STAT specimens and much to processed immediately.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CSF COLLECTION KIT	Yes	
DH PAV A CENTRAL LAB	WHITE TOP	No	

**Test Name** CSF MAN DIFFERENTIAL  
**Code:** 1167

## Synonyms

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## Collection Requirements

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None Listed

## Shipping and Handling Instructions

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None Listed

## Turn Around Times

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<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

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<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CSF COLLECTION KIT	Yes	

**Test Name** C-TELOPEPTIDE, BETA-CROSS-LINKED, SERUM  
**Code:** 1230500143

## Synonyms

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0070416  
CTELOPEP

## Collection Requirements

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None Listed

## Shipping and Handling Instructions

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Allow serum separator tube to sit for 15-20 minutes at room temperature for proper clot formation. Centrifuge and separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube.\*

## Turn Around Times

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<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** CULTURE ACANTHAMOEBA  
**Code:** 12301009001

## Synonyms

EYEC  
EYE CX

## Collection Requirements

Requires advance notice. REFER ALL CALLS, QUESTIONS TO MICROBIOLOGY X25205.

## Shipping and Handling Instructions

Microbiology: 1. Advance notification is required for delivery of special media. 2. Call the UC Health Microbiology department to request the media. 3. Media will be transported to DHMC Micro department. 4. Micro staff will notify careprovider when media is available. 5. Careprovider or clinic will pick up the media, inoculate at the patient's bedside, and return to the Microbiology department. 6. Micro will send inoculated media to UC Health Micro department.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	STERILE CONTAINER	Yes	

**Test Name** CULTURE UNIT TRANS REACTN  
**Code:** 127

## Synonyms

TRANC

## Collection Requirements

Any blood product submitted by Blood Bank that is associated with a adverse reaction. This is ordered by the Blood Bank internally.

## Shipping and Handling Instructions

All O.R. specimens are processed immediately.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CALL LAB	Yes	

**Test Name** CULTURE VARICELLA ZOSTER  
**Code:** 137

## Synonyms

0060282

## Collection Requirements

Swab in M6 viral transport media - lesion scrapings, tissue lesions. Bronchial alveolar lavage (BAL) in sterile container - minimum of 1 mL. Refrigerate or keep on ice in M6 transport media. Transport same day. If delivery is not expected within 24 hours, freeze at -70 degrees C. Deliver to Microbiology/Place in Microbiology refrigerator.

## Shipping and Handling Instructions

stability (temperature-labile organism): Refrigerated - 24 hours; Frozen (-70 degrees C) - greater than 24 hours

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	M4 VIRAL TRANSPORT MEDIA	Yes	



Test Name CULTURE, HELICOBACTER PYLORI  
Code: 1230500286

### Synonyms

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2006686

### Collection Requirements

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None Listed

### Shipping and Handling Instructions

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None Listed

### Turn Around Times

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<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

### Container Types

---

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CALL LAB	Yes	

Test Name CXP QC ALL  
Code: 189

### Synonyms

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### Collection Requirements

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None Listed

### Shipping and Handling Instructions

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None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

**Test Name** CYANIDE LEVEL  
**Code:** 1230101106

## Synonyms

CYANIDE  
0090060

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Do not freeze. Transport 4 mL whole blood in original collection container. (Min: 3 mL)  
Also acceptable: Transfer specimen to an ARUP Standard Transport Tube. STABILITY: Ambient:  
72 hours (if tightly capped); Refrigerated: Unacceptable; Frozen: Unaccept\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	Yes	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	

**Test Name** CYCLIC CITRULLINATED PEPTIDE (CCP) ANTIBODY, IGG  
**Code:** 1230102469

## Synonyms

CCP  
0055256

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL). After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid freeze/thaw cycles). ST\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** CYCLOSPORINE  
**Code:** 1230100519

## Synonyms

CSA

## Collection Requirements

Specimen should be a trough level; draw immediately prior to the next dose.

## Shipping and Handling Instructions

Specimen should be a trough level; draw immediately prior to the next dose. Transport: 4 mL (1 mL minimum) whole Blood STABILITY: Refrigerated: 7 days; Frozen: 2 months; Ambient: 24 hours

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	LAVENDER TOP - K2 EDTA	Yes	

**Test Name** CYP450 2D6 (CYP2D6) 14 VARIANTS, GENE DUP  
**Code:** 1230500287

### Synonyms

0051232  
CYP2D6  
2014547

### Collection Requirements

None Listed

### Shipping and Handling Instructions

Transport 3 mL whole blood. (Min: 1 mL) STABILITY: Refrigerated: 1 week; Ambient: 72 hours; Frozen: Unacceptable

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	
ARUP LAB	YELLOW (ACD)	No	

**Test Name** CYSTATIN C  
**Code:** 1230101678

### Synonyms

0095229

### Collection Requirements

None Listed

### Shipping and Handling Instructions

Allow specimen to clot completely at room temperature. Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.4 mL). STABILITY: Refrigerated: 1 week; Frozen: 2 \*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN GEL (PST)	No	
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** CYSTATIN C REFLEX  
**Code:** 123010167801

## Synonyms

3000246

## Collection Requirements

This test is tied to the Cystatin C test and is reflexed at ARUP when the patient is 18 years of age or older. It should not be collected separately.

## Shipping and Handling Instructions

None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN GEL (PST)	No	
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** CYSTIC FIBROSIS (CFTR) 165 PATHOGENIC VARIANTS  
**Code:** 123050500

## Synonyms

2013661  
CFPAN

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transport 3 mL whole blood. (Min: 1 mL) STABILITY: Refrigerated: 1 week; Ambient: 72 hours; Frozen: Unacceptable

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	
ARUP LAB	YELLOW (ACD)	No	

**Test Name** CYSTIC FIBROSIS (CFTR) 32 MUTATIONS  
**Code:** 1230500100

## Synonyms

2001933  
CFPAN

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transport 3 mL whole blood. (Min: 1 mL) STABILITY: Refrigerated: 1 week; Ambient: 72 hours; Frozen: Unacceptable

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	
ARUP LAB	YELLOW (ACD)	No	

**Test Name** CYSTICERCOSIS AB IGG BY ELISA  
**Code:** 1230500288

### Synonyms

0055284  
CYTSER

### Collection Requirements

None Listed

### Shipping and Handling Instructions

Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.1 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Mark specimens plainly as acute or convalescent. STABILIT\*

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** CYSTICERCOSIS AB IGG BY ELISA, CSF  
**Code:** 1230500289

### Synonyms

0055285  
CYSTCSF

### Collection Requirements

None Listed

### Shipping and Handling Instructions

Transfer 1 mL CSF to an ARUP Standard Transport Tube. (Min: 0.2 mL). STABILITY:  
Refrigerated: 2 weeks; Ambient: 24 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles)

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CSF COLLECTION KIT	Yes	

**Test Name** CYSTINE URINE QUANTITATIVE  
**Code:** 1230100299

## Synonyms

CYSTINE RANDOM URINE QUANTITATIVE  
0081106

## Collection Requirements

None Listed

## Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Mix urine well. Transfer 4 mL aliquot urine to ARUP Standard Transport Tubes and freeze immediately. (Min: 3 mL) Record total volume and collection time interval on t\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

**Test Name** CYTOLOGY COLPOSCOPY OR ANOSCOPY  
**Code:** 123010079501

## Synonyms

PAP SMEAR  
PAP  
LBP



## Collection Requirements

Cytology specimen, anal: To obtain an anal sampling, moisten the Dacron® swab, not a cotton swab, with water, not lubricant. The Dacron® swab should be inserted approximately 1.5 to 2 inches into the anal canal in order to collect both rectal columnar and anal squamous cells. Once inserted deep enough into the anus, the swab should be pulled out, applying some pressure to the wall of the anus, rotating the swab in a spiral motion along the way. The collection device should be thoroughly rinsed and swirled in the PreservCyt® solution (ThinPrep® Media) vial. Tighten the cap so that the torque line on the cap passes the torque line on the vial. Affix the Epic generated specimen container label on to the specimen vial. Add the collector's initials as well as the date and time of collection. Unlabeled specimens and samples submitted in expired reagents will be discarded. ECB only collected at the time of colpo and ECB without biopsy: Collection Requirements: Use an unlubricated speculum (saline, warm water, or Pap Gel may be used). After visualization of the cervix is accomplished, collect the sample. Obtain an adequate sampling from the endocervix using an endocervical brush. Insert the brush into the cervix until only the bottommost fibers are exposed. Slowly rotate 1/4 to 1/2 turn in one direction. Do not over-rotate. Rinse the brush as quickly as possible in the PreservCyt® solution (ThinPrep® Media) vial by rotating the device in the solution 10 times while pushing against the PreservCyt® vial wall ("painting the inside of the vial"). Swirl the brush vigorously to further release material. Discard the brush. Tighten the cap so that the torque line on the cap passes the torque line on the vial. Affix the Epic generated specimen container label on to the specimen vial. Add the collector's initials as well as the date and time of collection. Unlabeled specimens and samples submitted in expired reagents will be discarded.

## Shipping and Handling Instructions

ThinPrep® vials must be transported to the laboratory in biohazard specimen bags at 15-30°C and processed within 60 days of collection. Turn-Around Time: 90% in 3 Days

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	THIN PREP MEDIA	Yes	

Test Name CYTOMEGALOVIRUS ANTIBODY, IGG  
Code: 123050052

## Synonyms

0050165  
CMV IGG  
CYTOMEGALOVI

## Collection Requirements

If ordering this test, also order CYTOMEGALOVIRUS ANTIBODY, IGM (0050553) in conjunction.

## Shipping and Handling Instructions

Allow specimen to clot completely at room temperature. Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL) Parallel testing is preferred and convalescent specimens must be received. Storage/Transport Temperature: Refrigerated. Remarks: Label specimens plainly as "acute" or "convalescent." Unacceptable Conditions: Contaminated, heat-inactivated, or grossly hemolyzed specimens. Stability (collection to initiation of testing): After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (Avoid repeated freeze/thaw cycles)

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** CYTOMEGALOVIRUS ANTIBODY, IGM  
**Code:** 1230101113

## Synonyms

CYTOMEGALOVIRUS  
0050553  
CMV IGM

## Collection Requirements

If ordering this test, also order CYTOMEGALOVIRUS ANTIBODY, IGG (0050165) in conjunction.

## Shipping and Handling Instructions

Allow specimen to clot completely at room temperature. Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL) Parallel testing is preferred and convalescent specimens must be received. Storage/Transport Temperature: Refrigerated. Remarks: Label specimens plainly as "acute" or "convalescent." Unacceptable Conditions: Contaminated, heat-inactivated, or grossly hemolyzed specimens. Stability (collection to initiation of testing): After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (Avoid repeated freeze/thaw cycles)

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** CYTOMEGALOVIRUS BY QUALITATIVE PCR  
**Code:** 1230500290

### Synonyms

0060040

### Collection Requirements

None Listed

### Shipping and Handling Instructions

None Listed

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CSF COLLECTION KIT	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	
ARUP LAB	PINK TOP - K3 EDTA	No	
ARUP LAB	RED GEL (SST)	No	
ARUP LAB	STERILE CONTAINER	No	
ARUP LAB	STERILE TUBE	No	

**Test Name** D TEST  
**Code:** 980

### Synonyms

DTEST

### Collection Requirements

Internal Micro test

### Shipping and Handling Instructions

Dayshift Microbiology test that is part of a culture. Fresh 24 hour sub is needed to perform testing.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CONTAINER	Yes	

**Test Name** D-DIMER  
**Code:** 1230100220

## Synonyms

DDIMER  
FDP  
FIBRIN DEGRADATION PRODUCTS  
FSP  
FIBRIN SPLIT PRODUCTS  
DIMER

## Collection Requirements

venous blood ONLY, no fingerstick. Inaccurate test results can occur when using capillary blood due to tissue fluid contamination during skin puncture procedures. FULL blue top tube (citrate) required. If tube is not properly filled, incorrect result may be generated.

## Shipping and Handling Instructions

Underfilled, overfilled, or clotted tubes must be cancelled. Blue top tube should be drawn before other tubes with additives. In laboratory, invert specimen 3 times, and rim with applicator stick to check for clots. Clotted specimens must be cancelled with the comment XCLT (Specimen clotted, test cancelled...) and caregiver must be called. Centrifuge for 7 minutes in big centrifuge, or 2 minutes in Coag Stat centrifuge. Specimen Stability: Uncentrifuged, 4 hrs at Room Temperature Plasma, 8 hrs at Room Temperature Frozen plasma, 1 month at -20 C

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	BLUE TOP-CITRATE	Yes	

**Test Name** DEHYDROEPIANDROSTERONE BY TMS  
**Code:** 1230500292

## Synonyms

2001640  
DHEATMS

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.3 mL). STABILITY: Refrigerated: 1 week; Ambient: 24 hours; Frozen: 6 months

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** DENGUE FEVER VIRUS ABS, IGG AND IGM  
**Code:** 1230500205

## Synonyms

0093096  
DENGUEAB

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.1 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute spec\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** DENGUE FEVER VIRUS ANTIBODY, IGM  
**Code:** 1230500293

## Synonyms

0093098  
DENIGM

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.1 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute spec\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** DERMATOPHYTE CULTURE  
**Code:** 119

## Synonyms

FUND

## Collection Requirements

skin scrapings, nail clippings or hair in a sterile container.

## Shipping and Handling Instructions

Routine specimens may be held in the Microbiology refrigerator for processing by the day shift.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	STERILE TUBE	No	
DH PAV A CENTRAL LAB	SWAB	No	

**Test Name** DESIPRAMINE LEVEL  
**Code:** 1230101120

## Synonyms

NORPRAMIN  
2011487  
DESIPRAMINE

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 5 days; Frozen: 6 months

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED TOP -PLAIN	Yes	

**Test Name** DESMOGLEIN 1 AND 3 ANTIBODIES, IGG  
**Code:** 1230500294

## Synonyms

0090649  
IGGDESMOG

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 1 week; Frozen: Indefinitely

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	
ARUP LAB	RED TOP -PLAIN	No	

**Test Name** DEXAMETHASONE, SERUM OR PLASMA, LC-MS/MS  
**Code:** 1230500206

## Synonyms

2003248  
DEXATMS

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum or plasma from cells ASAP or within 2 hours of collection. Transport 1 mL serum or plasma. (Min: 0.5 mL). STABILITY: Refrigerated: 1 week; Ambient: Unacceptable; Frozen: 6 months

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks



## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** DHEA-SULFATE  
**Code:** 1230101122

## Synonyms

DEHYDROEPIANDROSTERONE  
0070040

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Allow specimen to clot completely at room temperature. Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Frozen: 2 months; Ambient: 8 hou\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** DIGOXIN  
**Code:** 1230100136

## Synonyms

## Collection Requirements

Patient preparation: Samples should be drawn 6-8 hours after daily dose or just prior to next dose. Preferred specimens: 0.25 ml plasma from a green lithium heparin gel tube. Alternate specimens: Serum from red gel or plain tube with no additive.

## Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed. Freeze specimen for longer storage.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

**Test Name** DIPHTHERIA ANTIBODY, IGG  
**Code:** 1230500295

## Synonyms

0050210  
DIPABIGG

## Collection Requirements

Serum separator tube. ""Pre"" and ""post"" vaccination specimens should be submitted together for testing. ""Post"" specimen should be drawn 30 days after immunization.

## Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL) Mark specimens clearly as "Pre-Vaccine" or "Post-Vaccine". If shipped separately, "Post" specimen must be received wit\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** DIURETIC SURVEY, SERUM OR PLASMA  
**Code:** 1230500296

## Synonyms

2007763  
DIURETSP

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.4 mL). STABILITY: Refrigerated: 1 month; Ambient: 1 week; Frozen: 1 month

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED TOP -PLAIN	Yes	

Test Name DRUG CONF, BENZODIAZEPINES, SER/PLA  
Code: 1230500392

## Synonyms

CONFBENZS  
2010445

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 2 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 1 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 1 week; Frozen: 3 years (Avoid repeated freeze/thaw cycle\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GRAY TOP	Yes	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED TOP -PLAIN	No	

**Test Name** DRUG CONFIRMATION COCAINE, SER\PLA  
**Code:** 1230500120

## Synonyms

0090684  
COCMETSP

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 3.5 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 1.5 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 1 week; Frozen: 3 years

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GRAY TOP	Yes	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED TOP -PLAIN	No	

**Test Name** DRUG CONFIRMATION, ALCOHOL, URINE  
**Code:** 123050110

## Synonyms

2010136  
ALCCONF

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transfer 4 mL urine without additives or preservatives to an ARUP Standard Transport Tube. (Min: 1 mL). STABILITY: Ambient: 1 week; Refrigerated: 1 month; Frozen: 3 years (Avoid repeated freeze/thaw cycles)

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

**Test Name** DRUG CONFIRMATION, BARBITURATES, SER/PLA  
**Code:** 123050086

## Synonyms

2012201

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 3.5 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 1.5 mL)

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GRAY TOP	Yes	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED TOP -PLAIN	No	

**Test Name** DRUG CONFIRMATION, CANNABINOIDS, SER/PLA  
**Code:** 1230500075

## Synonyms

0090676  
THC  
MARIJUANA

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 1 week; Frozen: 3 years

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GRAY TOP	Yes	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED TOP -PLAIN	No	

**Test Name** DRUG CONFIRMATION, COCAINE, URINE  
**Code:** 1230500168

## Synonyms

0090359  
COCCONF

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transfer 3.5 mL urine with no additives or preservatives to an ARUP Standard Transport Tube. (Min: 1.5 mL). STABILITY: Ambient: 1 week; Refrigerated: 1 month; Frozen: 3 years

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

**Test Name** DRUG DETECTION PNL, UMBILICAL CORD, QUAL  
**Code:** 722

## Synonyms

2006621

## Collection Requirements

None Listed

## Shipping and Handling Instructions

S/H Instructions: Collect 6 inches of umbilical cord (approximately the length of an adult hand). Drain and discard any blood. Rinse the exterior of the cord segment with normal saline or sterile water. Pat the cord dry and transfer specimens to a steri\* Unacceptable conditions: Cords soaking in blood or other fluid. Formalin fixed. Tissue that is obviously decomposed.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	STERILE CUP	Yes	

**Test Name** DRUG PAN 9, SER/PLA, SCRN W/RFLX TO CONF  
**Code:** 1230500043

## Synonyms

0092420  
DRUG9SER

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Remove plasma from cells ASAP or within 2 hours of collection. Transfer 4 mL plasma to an ARUP Standard Transport Tube. (Min: 3 mL) Also acceptable: Serum. STABILITY: Refrigerated: 2 weeks; Ambient: 1 week; Frozen: 3 years

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GRAY TOP	Yes	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED TOP -PLAIN	No	

Test Name DRUG PANEL 5, URINE  
Code: 1230100479

## Synonyms

DRUG  
DRUG SCREEN  
URINE DRUG SCREEN  
DRUG SCREEN URINE  
TOX SCREEN URINE  
URINE TOX SCREEN  
DRUGS  
PANEL 5  
PANEL  
UTOX  
URINE TOX  
TOX  
TOXICOLOGY

## Collection Requirements

PANEL INCLUDES: 1) Amphetamines 2) Benzodiazepines 3) Cocaine Metabolites 4) Methadone 5) Opiates COLLECT: 30 mLs (10 minimum) Urine. Alternates: None

## Shipping and Handling Instructions

Centrifuge and deliver to DHMC Chemistry Dept. TRANSPORT: 30 mLs (10 minimum) Urine. STABILITY: Ambient 24 hours, Refrigerated 1 week.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes



## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	URINE	No	

**Test Name** DRUG PANEL 6, URINE  
**Code:** 726

## Synonyms

PEDIATRIC DRUG SCREEN URINE  
DRUGS

## Collection Requirements

PANEL INCLUDES: 1) Amphetamines 2) Benzodiazepines 3) Cocaine Metabolites 4) Methadone 5) Opiates 6) THC COLLECT: 10 mLs (3 minimum) Urine, Alternates: None.

## Shipping and Handling Instructions

Centrifuge and deliver to DHMC Chemistry Dept. TRANSPORT: 10 mLs (3 minimum) Urine.  
STABILITY: Ambient 24 hours, Refrigerated 1 week

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	URINE	No	

**Test Name** DRUG PANEL 7, URINE  
**Code:** 51

## Synonyms

PEDIATRIC DRUG SCREEN URINE  
DRUGS

## Collection Requirements

PANEL INCLUDES: 1) Amphetamines 2) Benzodiazepines 3) Cocaine Metabolites 4) Ethanol 5) Methadone 6) Opiates 7) THC COLLECT: 10 mLs (3 minimum) Urine, Alternates: None.

## Shipping and Handling Instructions

Centrifuge and deliver to DHMC Chemistry Dept. TRANSPORT: 10 mLs (3 minimum) Urine.  
STABILITY: Ambient 24 hours, Refrigerated 1 week

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	URINE	No	

**Test Name** DRUG PANEL, MEC, SCREEN Q/RFLX TO CONF  
**Code:** 1230500397

## Synonyms

0092516  
MEC9

## Collection Requirements

Meconium. All meconium (blackish material) excreted until milk/formula based stool (yellow-green) appears.

## Shipping and Handling Instructions

Specimen Preparation: Transport all available meconium (4 g is preferred). (Min: 2 g or 3/4 inch cube on each side) Storage/Transport Temperature: Room temperature. Stability (collection to initiation of testing): Ambient: 1 week; Refrigerated: 3 months; Frozen: 1 year

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	Yes	

**Test Name** DRVVT (DILUTE RUSSEL VV TIME)  
**Code:** 1230100226

## Synonyms

DRVVT  
RUSSEL  
VIPER VENOM  
0030461

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transfer 2 mL platelet-poor plasma to an ARUP Standard Transport Tube. (Min: 1 mL)

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	BLUE TOP-CITRATE	Yes	

**Test Name** DSDNA (CRITHIDIA LUCILIAE) AB IGG BY IFA  
**Code:** 123050051

## Synonyms

2002693

## Collection Requirements

None Listed

## Shipping and Handling Instructions

INSTRUCTIONS: Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL). STABILITY: Refrigerated: 2 weeks; Ambient 48 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles) UNACCEPTABLE: N/A

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

Laboratory  
ARUP LAB

Container  
RED GEL (SST)

Default?  
Yes

Min Volume

**Test Name** E TEST  
**Code:** 981

## Synonyms

E TEST  
FLUCONAZOL  
VORICONAZOL

## Collection Requirements

Internal Micro test

## Shipping and Handling Instructions

Dayshift Microbiology test that is part of a culture. Fresh 24 hour sub is needed to perform testing.

## Turn Around Times

Laboratory  
DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

Priority  
Routine  
STAT

TAT  
6 Hours  
40 Minutes

## Container Types

Laboratory  
DH PAV A CENTRAL LAB

Container  
CONTAINER

Default?  
Yes

Min Volume

**Test Name** E. HISTOLYTICA (AMEBIASIS), AB, IGG  
**Code:** 1230500121

## Synonyms

0050070  
EHISTIGG

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.1 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimen\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** EAR CULTURE  
**Code:** 1230100497

## Synonyms

EARC  
EAR CX  
CULTURE

## Collection Requirements

Aspirate, drainage or swab collection from the middle ear or external ear canal (meatus).

## Shipping and Handling Instructions

Routine specimens may be held in the Microbiology refrigerator for processing by the day shift.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	STERILE TUBE	No	
DH PAV A CENTRAL LAB	SWAB	No	

**Test Name** EBV AB TO VIRAL CAPSID AG, IGG  
**Code:** 1230500007

## Synonyms

0050235  
EBVIGG  
EBVG

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Allow specimen to clot completely at room temperature. Separate from cells ASAP or within 2 hours of collection. Transfer 2 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL) Parallel testing is preferred and convalescent specimens must be received. Storage/Transport Temperature: Refrigerated. Remarks: Label specimens plainly as "acute" or "convalescent." Unacceptable Conditions: Contaminated, heat-inactivated or grossly hemolyzed specimens. Stability (collection to initiation of testing): After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (Avoid repeated freeze/thaw cycles)

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name EBV AB TO VIRAL CAPSID AG, IGM  
Code: 1230500004

## Synonyms

0050240  
EBVIGM  
EBVG

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Allow specimen to clot completely at room temperature. Separate from cells ASAP or within 2 hours of collection. Transfer 2 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL) Parallel testing is preferred and convalescent specimens must be received. Storage/Transport Temperature: Refrigerated. Remarks: Label specimens plainly as "acute" or "convalescent." Unacceptable Conditions: Contaminated, heat-inactivated or grossly hemolyzed specimens. Stability (collection to initiation of testing): After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (Avoid repeated freeze/thaw cycles)

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 Weeks
ARUP LAB	Routine	1 Weeks
ARUP LAB	STAT	1 Weeks
ARUP LAB	Timed	1 Weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name EBV PCR  
Code: 1230101148

## Synonyms

EBV  
DNA  
EPSTEIN-BARR VIRUS  
EBPCR

## Collection Requirements

All sample types in a sterile container, including serum from red top tube. Whole blood collected in pink top (EDTA) or purple top (EDTA) tube. Specimen source is required. Send at 2 - 8 degrees C if delivered within 72 hours. If delivery is not expected within 72 hours, freeze at -70 degrees C and ship frozen. Deliver to Microbiology/Place in Microbiology refrigerator.

## Shipping and Handling Instructions

STABILITY: Ambient:12 hours Refrigerated: 72 hours Frozen (-70C): 6 months Testing Performed: Monday through Friday.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	CSF COLLECTION KIT	Yes	
DH NON-INTERFACED LAB	LAVENDAR BULLET - K2 EDTA	No	
DH NON-INTERFACED LAB	LAVENDER TOP - K2 EDTA	No	
DH NON-INTERFACED LAB	RED BULLET	No	
DH NON-INTERFACED LAB	RED GEL (SST)	No	
DH NON-INTERFACED LAB	RED TOP -PLAIN	No	
DH NON-INTERFACED LAB	STERILE CONTAINER	No	
DH NON-INTERFACED LAB	STERILE TUBE	No	
DH NON-INTERFACED LAB	WHITE TOP	No	
DH NON-INTERFACED LAB	YELLOW BULLET (SST)	No	

**Test Name** EGFR BY PYROSEQUENCING  
**Code:** 123050137

### Synonyms

2002440

### Collection Requirements

None Listed

### Shipping and Handling Instructions

Formalin fix (10 percent neutral buffered formalin) and paraffin embed tissue. Protect from excessive heat. Transport tissue block or 5 unstained 5-micron slides. (Min: 3 slides)  
Tissue block will be returned after testing. A Fine Needle Aspirate (FNA) \*

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	Yes	

**Test Name** EHRLICHIA CHAFFEENSIS ABS, IGG AND IGM  
**Code:** 1230500210

### Synonyms

0051002  
ECHAFAABS

### Collection Requirements

None Listed

### Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.05 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute spe\*



## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 Weeks
ARUP LAB	Routine	1 Weeks
ARUP LAB	STAT	1 Weeks
ARUP LAB	Timed	1 Weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** ELECTROLYTES  
**Code:** 1230100065

## Synonyms

LYTES

## Collection Requirements

No patient preparation is required. Do not draw from an infusion site. Preferred specimens: A green top tube containing LITHIUM heparin. Alternate specimens: A serum separator (gel) tube, a plain white top tube, or a plain red top tube are also acceptable.

## Shipping and Handling Instructions

Centrifuge the specimen and remove the serum/plasma as soon as possible. Keep the specimen capped at all times. Refrigerate specimen if testing is not performed immediately.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

**Test Name** ELECTROLYTES STOOL  
**Code:** 1230100300

## Synonyms

LYTES STOOL

## Collection Requirements

No patient preparation is required. Preferred specimens: LIQUID stool.

## Shipping and Handling Instructions

Specimen must be liquid. Centrifuge and test the supernate in the same manner as a urine specimen.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CUP	Yes	

**Test Name** ENDOMYSIAL ANTIBODY, IGA BY IFA  
**Code:** 1230500005

## Synonyms

0050736  
EMARTITER

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum from cells ASAP. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL). STABILITY: Refrigerated: 2 weeks; Ambient 48 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles)

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** ENDOMYSIAL ANTIBODY, IGG  
**Code:** 123050055

### Synonyms

2005501  
EMAIGG

### Collection Requirements

None Listed

### Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL). STABILITY: Refrigerated: 2 weeks; Ambient 48 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles)

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** ENTAMOEBA ANTIGEN BY EIA  
**Code:** 1230500302

### Synonyms

0058001  
AMOEB A

### Collection Requirements

None Listed

### Shipping and Handling Instructions

Transfer 5g stool to an unpreserved stool transport vial (ARUP supply #40910). Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787. (Min 1g). STABILITY: Frozen: 2 weeks; Ambient: Unacceptable; Refrig\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	Yes	

Test Name ENTEROVIRUS PCR  
Code: 130

## Synonyms

ENPCR

## Collection Requirements

CSF, stool, and respiratory samples types. whole blood collected in a pink top (EDTA) or a purple top (EDTA) tube. Specimen source must be identified. Deliver to Microbiology/Place in Microbiology refrigerator.

## Shipping and Handling Instructions

Transport same day refrigerated. If delivery is not expected within 24 hours, freeze at -70 degrees C and ship frozen. STABILITY: Ambient:12 hours Refrigerated: 48 hours Frozen (-70C): 6 months

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	CSF COLLECTION KIT	Yes	

## Collection Requirements

CSF, stool, and respiratory samples types. whole blood collected in a pink top (EDTA) or a purple top (EDTA) tube. Specimen source must be identified. Deliver to Microbiology/Place in Microbiology refrigerator.

## Shipping and Handling Instructions

Transport same day refrigerated. If delivery is not expected within 24 hours, freeze at -70 degrees C and ship frozen. STABILITY: Ambient:12 hours Refrigerated: 48 hours Frozen (-70C): 6 months

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	LAVENDAR BULLET - K2 EDTA	No	
DH NON-INTERFACED LAB	LAVENDER TOP - K2 EDTA	Yes	
DH NON-INTERFACED LAB	RED BULLET	No	
DH NON-INTERFACED LAB	RED TOP -PLAIN	No	
DH NON-INTERFACED LAB	STERILE CUP	No	
DH NON-INTERFACED LAB	STERILE TUBE	No	
DH NON-INTERFACED LAB	WHITE TOP	No	
DH NON-INTERFACED LAB	YELLOW BULLET (SST)	No	

Test Name EOSIN NASAL MAN DIFF  
Code: 1205

## Synonyms

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE RAYON TIPPED SWAB	Yes	

**Test Name** EOSINOPHILS, NASAL  
**Code:** 13

### Synonyms

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### Collection Requirements

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None Listed

### Shipping and Handling Instructions

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Send swab in original container, or in a sterile urine cup. Send to lab as soon as possible to avoid drying out. Lab: Give to Urinalysis tech immediately so that the swab can be rolled onto slide asap to avoid drying out.

### Turn Around Times

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<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

### Container Types

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<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE RAYON TIPPED SWAB	Yes	

**Test Name** EPSTEIN-BARR VIRUS BY QUANT PCR  
**Code:** 123010114801

### Synonyms

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EBV  
DNA  
EPSTEIN-BARR VIRUS  
EBPCR  
EBQUANT  
0051352

### Collection Requirements

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&#x20; Collect Lavender (EDTA), Pink (K2EDTA), or Serum Separator Tube (SST). Also acceptable: CSF.

### Shipping and Handling Instructions

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Separate serum or plasma from cells. Transfer 1 mL serum, plasma, whole blood, to a sterile container. (Min: 0.5 mL) Storage/Transport Temperature: Frozen. Whole Blood: Refrigerated. Unacceptable Conditions:Heparinized specimens. Stability:Ambient: 24 hours; Refrigerated: 5 days; Frozen: 1 year whole Blood: Ambient: 1 week; Refrigerated: 1 week; Frozen: 1 week

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDAR BULLET - K2 EDTA	Yes	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	No	
ARUP LAB	STERILE CONTAINER	No	

**Test Name** EPSTEIN-BARR VIRUS QUAL PCR  
**Code:** 123010114802

## Synonyms

EBV  
DNA  
EPSTEIN-BARR VIRUS  
EBPCR  
0050246

## Collection Requirements

CSF only.

## Shipping and Handling Instructions

Transfer 1 mL CSF to a sterile container. (Min: 0.5 mL) Storage/Transport Temperature: Frozen. Stability: Ambient: 24 hours; Refrigerated: 5 days; Frozen: 1 year

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CSF COLLECTION KIT	Yes	
ARUP LAB	STERILE CONTAINER	No	
ARUP LAB	STERILE TUBE	No	

**Test Name** ERYTHROPOIETIN  
**Code:** 1230100518

## Synonyms

EPO  
0050227

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Allow serum to clot completely at room temperature. Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Refrigerated: 1 week; Ambient: 8 ho\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 Weeks
ARUP LAB	Routine	1 Weeks
ARUP LAB	STAT	1 Weeks
ARUP LAB	Timed	1 Weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN GEL (PST)	No	
ARUP LAB	RED GEL (SST)	Yes	

Test Name ESBL SCREEN  
Code: 979

## Synonyms

## Collection Requirements

Internal Micro test

## Shipping and Handling Instructions

Dayshift Microbiology test that is part of a culture. Fresh 24 hour sub is needed to perform testing.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes



## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CONTAINER	Yes	

**Test Name** ESR MODIFIED WESTERGREN  
**Code:** 1230101427

## Synonyms

ERYTHROCYTE  
ESR  
SEDIMENTATION RATE

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	Yes	

**Test Name** ESR QC ALL  
**Code:** 1036

## Synonyms

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

**Test Name** ESTRADIOL  
**Code:** 1230101155

## Synonyms

17 BETA ESTRADIOL  
E2

## Collection Requirements

1 mL Serum (Red Gel) or mL Plasma (heparin).

## Shipping and Handling Instructions

Stability: Room temperature 8 hrs, reffridgerated at 2-8C for 72 hours, freeze at -20C or colder if delay expected. Performed: Monday - Friday dayshift only.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN TOP - NAHEP	No	
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	

**Test Name** ESTROGENS, FRACTIONATED  
**Code:** 1230101156

## Synonyms

E2  
ESTRADIOL  
ESTRIOL  
ESTRONE  
ESTROGENS  
E3  
0093248

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum or plasma from cells within 2 hours of collection. Transfer 0.5 mL serum or plasma to an ARUP Standard Transport Tube. (Min 0.3 mL). STABILITY: Refrigerated: 1 week; Ambient: 48 hours; Frozen: 1 month

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	Yes	

Test Name ESTRONE  
Code: 1230101158

## Synonyms

E1  
0093249

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum or plasma from cells within 2 hours of collection. Transfer 0.5 mL serum or plasma an ARUP Standard Transport Tube. (Min 0.3 mL). STABILITY: Refrigerated: 1 week; Ambient: 48 hours; Frozen: 1 month

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 Weeks
ARUP LAB	Routine	1 Weeks
ARUP LAB	STAT	1 Weeks
ARUP LAB	Timed	1 Weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	Yes	

Test Name ETHANOL  
Code: 1230100370

## Synonyms

ALCOHOL

## Collection Requirements

Patient preparation: Follow the instructions provided with your specimen collection device for use and processing. Use non alcohol germicidal solution to cleanse the skin. The tube should be completely filled and stored under refrigeration until analyzed. Preferred specimens: 0.2 mL Plasma Heparin (Grn Gel). Alternate specimens: 0.2 Plasma from green sodium heparin, lavender EDTA, gray sodium fluoride/potassium oxalate, and plain collection tubes are also acceptable.

## Shipping and Handling Instructions

Specimens are tested as they are received. To minimize the loss of alcohol in a sample due to evaporation, open and process samples in STAT mode. If not analyzed immediately, specimens may be stored tightly closed and refrigerated at 2-8 degrees C for u\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	

Test Name ETHANOL URINE  
Code: 1230100301

## Synonyms

ETOH UR  
ALCOHOL

## Collection Requirements

No patient preparation is required. Preferred specimens: 30 mL of random urine is preferred. The minimum acceptable volume is 10 mL. Urine should be collected in a clean, unbreakable, leak-proof container. No pre-treatment or preservative is required. Any questions related to specimen integrity, specimen handling, or testing must be referred to a supervisor or pathologist.

## Shipping and Handling Instructions

No patient preparation is required. Preferred specimens: 30 mL of random urine is preferred. The minimum acceptable volume is 10 mL. Urine should be collected in a clean, unbreakable, leak-proof container. No pre-treatment or preservative is required. \*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	

Test Name ETHOSUXIMIDE LEVEL  
Code: 1230101160

## Synonyms

ZARONTIN  
ANTICONVULSANT  
2010358  
ETHOSUXIMIDE

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Refrigerated: 1 week; Ambient: 5 days; Frozen: 2 months

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED TOP -PLAIN	Yes	

**Test Name** ETHYL GLUC SCRN W/RFLX TO CONF, URINE  
**Code:** 1230500090

## Synonyms

2007912  
ETGSCR

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transfer 4 mL urine with no additives or preservatives to an ARUP Standard Transport Tube.  
(Min: 1 mL). STABILITY: Refrigerated: 20 days; Ambient: 20 days; Frozen: 20 days

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

**Test Name** ETHYL GLUCURONIDE, UMBILICAL CORD TISSUE, QUALITATIVE  
**Code:** 1063

## Synonyms

3000443  
UMBILICAL CORD ALCOHOL

## Collection Requirements

Umbilical Cord (At least 8 inches, approximately the width of a sheet of paper.) Caution must be used when collecting specimen, to ensure no ethanol-containing personal care products (i.e., hand sanitizers, wipes, mouthwash) are used directly on the specimen or nearby during collection. &#x20;

## Shipping and Handling Instructions

STABILITY: Refrigerated: 2 weeks; Ambient: 3 days; Frozen: 1 year Drain and discard any blood. Rinse the exterior of the cord segment with normal saline or sterile water. Pat the cord dry and transport at least 8 inches of umbilical cord in a routine urine collection cup or Security Kit for Meconium/Umbilical Drug Det\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	STERILE CUP	Yes	

**Test Name** ETHYL GLUCURONIDE/SULFATE CONFRM, URN  
**Code:** 1230500124

## Synonyms

2007909  
ETHYLGLUC

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transfer 4 mL urine with no additives or preservatives to an ARUP Standard Transport Tube. (Min: 1 mL). STABILITY: Refrigerated: 20 days; Ambient: 20 days; Frozen: 20 days Reported: 2-8 days

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

**Test Name** ETHYLENE GLYCOL  
**Code:** 1230101161

## Synonyms

ANTIFREEZE

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Gel tubes may not be used for testing. Allow the plain red or white specimen tube to clot for 30 minutes. Separate serum from cells as soon as possible. Place serum in a sendout tube and freeze. PRINT AN EXTRA LABEL AND GIVE TO THE M BENCH PERSON FOR FO\* M Bench: Tape the label to the monitor as a reminder of the pending order. If the Tox Fellow has not called within an hour or two, call the nurse and remind her that the specimen will not be sent out until the Tox Fellow calls the Lab with an approval. Stat Turnaround time is 4 hours.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	RED TOP -PLAIN	Yes	

**Test Name** EVEROLIMUS BY HPLC-MS/MS  
**Code:** 1230500305

## Synonyms

0092118  
EVEROLIMUS

## Collection Requirements

None Listed



## Shipping and Handling Instructions

Transport 1 mL whole blood. (Min: 0.25 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 24 hours; Frozen: 2 weeks

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name EXPERT QC ALL  
Code: 226

## Synonyms

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

Test Name EXTRA FLUID CONTAINER  
Code: 1388

## Synonyms

EXTRA

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CSF COLLECTION KIT	No	
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	No	
DH PAV A CENTRAL LAB	STERILE CONTAINER	Yes	
DH PAV A CENTRAL LAB	STERILE CUP	No	
DH PAV A CENTRAL LAB	STERILE TUBE	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CSF COLLECTION KIT	No	
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	No	
DH PAV A CENTRAL LAB	STERILE CONTAINER	Yes	
DH PAV A CENTRAL LAB	STERILE CUP	No	
DH PAV A CENTRAL LAB	STERILE TUBE	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

## Collection Requirements

---

None Listed

## Shipping and Handling Instructions

---

None Listed

## Turn Around Times

---

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

---

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CSF COLLECTION KIT	No	
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	No	
DH PAV A CENTRAL LAB	STERILE CONTAINER	Yes	
DH PAV A CENTRAL LAB	STERILE CUP	No	
DH PAV A CENTRAL LAB	STERILE TUBE	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

## Collection Requirements

---

None Listed

## Shipping and Handling Instructions

---

None Listed

## Turn Around Times

---

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

---

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CSF COLLECTION KIT	No	
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	No	
DH PAV A CENTRAL LAB	STERILE CONTAINER	Yes	
DH PAV A CENTRAL LAB	STERILE CUP	No	
DH PAV A CENTRAL LAB	STERILE TUBE	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

## Collection Requirements

---

None Listed

## Shipping and Handling Instructions

---

None Listed

## Turn Around Times

---

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

---

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CSF COLLECTION KIT	No	
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	No	
DH PAV A CENTRAL LAB	STERILE CONTAINER	Yes	
DH PAV A CENTRAL LAB	STERILE CUP	No	
DH PAV A CENTRAL LAB	STERILE TUBE	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

## Collection Requirements

---

None Listed

## Shipping and Handling Instructions

---

None Listed

## Turn Around Times

---

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

---

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CSF COLLECTION KIT	No	
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	No	
DH PAV A CENTRAL LAB	STERILE CONTAINER	Yes	
DH PAV A CENTRAL LAB	STERILE CUP	No	
DH PAV A CENTRAL LAB	STERILE TUBE	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

## Collection Requirements

---

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CSF COLLECTION KIT	No	
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	No	
DH PAV A CENTRAL LAB	STERILE CONTAINER	Yes	
DH PAV A CENTRAL LAB	STERILE CUP	No	
DH PAV A CENTRAL LAB	STERILE TUBE	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name EXTRA GREEN ICE TUBE  
Code: 1230201663

## Synonyms

RAINBOW  
GREEN  
LTG  
MINT  
GREEN

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN TOP - LIHEP	Yes	

## Collection Requirements

---

None Listed

## Shipping and Handling Instructions

---

None Listed

## Turn Around Times

---

### Laboratory

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

### Priority

Routine  
STAT

### TAT

6 Hours  
40 Minutes

## Container Types

---

### Laboratory

DH PAV A CENTRAL LAB

### Container

GREEN TOP - LIHEP

### Default?

Yes

### Min Volume

## Collection Requirements

---

None Listed

## Shipping and Handling Instructions

---

None Listed

## Turn Around Times

---

### Laboratory

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

### Priority

Routine  
STAT

### TAT

6 Hours  
40 Minutes

## Container Types

---

### Laboratory

DH PAV A CENTRAL LAB

### Container

GREEN TOP - LIHEP

### Default?

Yes

### Min Volume

## Collection Requirements

---

None Listed

## Shipping and Handling Instructions

---

None Listed

## Turn Around Times

---

### Laboratory

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

### Priority

Routine  
STAT

### TAT

6 Hours  
40 Minutes

## Container Types

---

### Laboratory

DH PAV A CENTRAL LAB

### Container

GREEN TOP - LIHEP

### Default?

Yes

### Min Volume

## Collection Requirements

---

None Listed

## Shipping and Handling Instructions

---

None Listed

## Turn Around Times

---

### Laboratory

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

### Priority

Routine  
STAT

### TAT

6 Hours  
40 Minutes

## Container Types

---

### Laboratory

DH PAV A CENTRAL LAB

### Container

GREEN TOP - LIHEP

### Default?

Yes

### Min Volume

**Test Name** EXTRA STOOL CONTANER  
**Code:** 1230301662

## Synonyms

---

RAINBOW  
EXTRA  
LTB

## Collection Requirements

---

None Listed

## Shipping and Handling Instructions

---

None Listed

## Turn Around Times

---

### Laboratory

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

### Priority

Routine  
STAT

### TAT

6 Hours  
40 Minutes

## Container Types

---

### Laboratory

DH PAV A CENTRAL LAB

### Container

STERILE CUP

### Default?

Yes

### Min Volume

## Collection Requirements

---

None Listed

## Shipping and Handling Instructions

---

None Listed

## Turn Around Times

---

### Laboratory

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

### Priority

Routine  
STAT

### TAT

6 Hours  
40 Minutes

## Container Types

---

### Laboratory

DH PAV A CENTRAL LAB

### Container

STERILE CUP

### Default?

Yes

### Min Volume

## Collection Requirements

---

None Listed



**Shipping and Handling Instructions**

---

None Listed

**Turn Around Times**

---

Laboratory

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

Priority

Routine  
STAT

TAT

6 Hours  
40 Minutes

**Container Types**

---

Laboratory

DH PAV A CENTRAL LAB

Container

STERILE CUP

Default?

Yes

Min Volume

**Collection Requirements**

---

None Listed

**Shipping and Handling Instructions**

---

None Listed

**Turn Around Times**

---

Laboratory

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

Priority

Routine  
STAT

TAT

6 Hours  
40 Minutes

**Container Types**

---

Laboratory

DH PAV A CENTRAL LAB

Container

STERILE CUP

Default?

Yes

Min Volume

**Collection Requirements**

---

None Listed

**Shipping and Handling Instructions**

---

None Listed

## Turn Around Times

### Laboratory

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

### Priority

Routine  
STAT

### TAT

6 Hours  
40 Minutes

## Container Types

### Laboratory

DH PAV A CENTRAL LAB

### Container

STERILE CUP

### Default?

Yes

### Min Volume

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

### Laboratory

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

### Priority

Routine  
STAT

### TAT

6 Hours  
40 Minutes

## Container Types

### Laboratory

DH PAV A CENTRAL LAB

### Container

STERILE CUP

### Default?

Yes

### Min Volume

**Test Name** EXTRA URINE CONTAINER  
**Code:** 1230201662

## Synonyms

RAINBOW  
EXTRA  
LTB

## Collection Requirements

None Listed

## Shipping and Handling Instructions

---

None Listed

## Turn Around Times

---

### Laboratory

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

### Priority

Routine  
STAT

### TAT

6 Hours  
40 Minutes

## Container Types

---

### Laboratory

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

### Container

STERILE CONTAINER  
STERILE CUP  
URINE

### Default?

Yes  
No  
No

### Min Volume

## Collection Requirements

---

None Listed

## Shipping and Handling Instructions

---

None Listed

## Turn Around Times

---

### Laboratory

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

### Priority

Routine  
STAT

### TAT

6 Hours  
40 Minutes

## Container Types

---

### Laboratory

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

### Container

STERILE CONTAINER  
STERILE CUP  
URINE

### Default?

Yes  
No  
No

### Min Volume

## Collection Requirements

---

None Listed

## Shipping and Handling Instructions

---

None Listed

## Turn Around Times

### Laboratory

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

### Priority

Routine  
STAT

### TAT

6 Hours  
40 Minutes

## Container Types

### Laboratory

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

### Container

STERILE CONTAINER  
STERILE CUP  
URINE

### Default?

Yes  
No  
No

### Min Volume

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

### Laboratory

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

### Priority

Routine  
STAT

### TAT

6 Hours  
40 Minutes

## Container Types

### Laboratory

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

### Container

STERILE CONTAINER  
STERILE CUP  
URINE

### Default?

Yes  
No  
No

### Min Volume

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

### Laboratory

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

### Priority

Routine  
STAT

### TAT

6 Hours  
40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	Yes	
DH PAV A CENTRAL LAB	STERILE CUP	No	
DH PAV A CENTRAL LAB	URINE	No	

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	Yes	
DH PAV A CENTRAL LAB	STERILE CUP	No	
DH PAV A CENTRAL LAB	URINE	No	

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	Yes	
DH PAV A CENTRAL LAB	STERILE CUP	No	
DH PAV A CENTRAL LAB	URINE	No	

Test Name EYE CULTURE  
Code: 1230100498

### Synonyms

EYEC  
EYE CX

### Collection Requirements

Any type of ocular specimen, on a swab or directly inoculated onto plated media provided by the Microbiology lab

### Shipping and Handling Instructions

Routine specimens may be held in the Microbiology refrigerator for processing by the day shift.

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	STERILE TUBE	No	
DH PAV A CENTRAL LAB	SWAB	No	

Test Name F-ACTIN AB, IGG EIA WITH RFLX TO ASM IFA  
Code: 123050083

### Synonyms

0051174  
FACTINAB

### Collection Requirements

None Listed

### Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube.(Min: 0.25 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name FACTOR 11 ACTIVITY  
Code: 1230100215

## Synonyms

FACTOR XI ACTIVITY  
FACTOR XI ASSAY  
FACTOR 11 ASSAY

## Collection Requirements

REQUIRES PATHOLOGY APPROVAL All blue top tubes collected for coagulation assays that do not have a blood culture collected first must have a discard tube collected prior to filling. The discard tube should be another blue top tube in which greater than 1 mL of blood is collected.

## Shipping and Handling Instructions

CRITICAL FROZEN. Platelet-poor plasma.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	BLUE TOP-CITRATE	Yes	

Test Name FACTOR 12 ACTIVITY  
Code: 1230100217

## Synonyms

FACTOR XII ACTIVITY  
FACTOR XII ASSAY  
FACTOR 12 ASSAY

## Collection Requirements

All blue top tubes collected for coagulation assays that do not have a blood culture collected first must have a discard tube collected prior to filling. The discard tube should be another blue top tube in which greater than 1 mL of blood is collected.

## Shipping and Handling Instructions

CRITICAL FROZEN. Platelet-poor plasma.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
-------------------	-----------------	------------

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	BLUE TOP-CITRATE	Yes	

**Test Name** FACTOR 13 ACTIVITY  
**Code:** 1230101164

## Synonyms

FACTOR XIII  
FIBRIN  
STABILIZING  
FACTOR  
FACTOR XIII ASSAY  
FACTOR 13 ASSAY  
FACTOR XIII ACTIVITY  
2006182

## Collection Requirements

None Listed

## Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Transfer 2 mL platelet-poor plasma to an ARUP Standard Transport Tube. (Min: 1 mL).  
STABILITY: Frozen: 1 month; Ambient: 4 hours; Refrigerated: Unacceptable

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks



## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	BLUE TOP-CITRATE	Yes	

**Test Name** FACTOR 5 ACTIVITY  
**Code:** 1230100210

## Synonyms

FACTOR V ACTIVITY  
FACTOR XII ASSAY  
FACTOR 12 ASSAY

## Collection Requirements

All blue top tubes collected for coagulation assays that do not have a blood culture collected first must have a discard tube collected prior to filling. The discard tube should be another blue top tube in which greater than 1 mL of blood is collected.

## Shipping and Handling Instructions

REQUIRES PATHOLOGY APPROVAL. CRITICAL FROZEN. Platelet-poor plasma. Transport: 1 mL (0.5 mL minimum) Platelet-poor Plasma

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	BLUE TOP-CITRATE	Yes	

**Test Name** FACTOR 7 ACTIVITY  
**Code:** 1230100211

## Synonyms

FACTOR VII ACTIVITY  
FACTOR VII ASSAY  
FACTOR 7 ASSAY

## Collection Requirements

All blue top tubes collected for coagulation assays that do not have a blood culture collected first must have a discard tube collected prior to filling. The discard tube should be another blue top tube in which greater than 1 mL of blood is collected.

## Shipping and Handling Instructions

REQUIRES PATHOLOGY APPROVAL. CRITICAL FROZEN. Platelet-poor plasma. Transport: 1 mL (0.5 mL minimum) Platelet-poor Plasma

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
-------------------	-----------------	------------

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	BLUE TOP-CITRATE	Yes	

**Test Name** FACTOR 8 ACTIVITY  
**Code:** 1230100212

## Synonyms

FACTOR VIII ACTIVITY  
FACTOR VIII ASSAY  
FACTOR 8 ASSAY

## Collection Requirements

All blue top tubes collected for coagulation assays that do not have a blood culture collected first must have a discard tube collected prior to filling. The discard tube should be another blue top tube in which greater than 1 mL of blood is collected.

## Shipping and Handling Instructions

CRITICAL FROZEN. Platelet-poor plasma. Transport: 1 mL (0.5 mL minimum) Platelet-poor Plasma STABILITY: whole blood: Ambient: 4 hours; Plasma: Frozen 2 weeks; Refrigerated: 4 hours

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
-------------------	-----------------	------------

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	BLUE TOP-CITRATE	Yes	

**Test Name** FACTOR 9 ACTIVITY  
**Code:** 1230100214

## Synonyms

FACTOR IX ACTIVITY  
FACTOR IX ASSAY  
FACROT 9 ASSAY

## Collection Requirements

All blue top tubes collected for coagulation assays that do not have a blood culture collected first must have a discard tube collected prior to filling. The discard tube should be another blue top tube in which greater than 1 mL of blood is collected.

## Shipping and Handling Instructions

CRITICAL FROZEN. Platelet-poor plasma. Transport: 1 mL (0.5 mL minimum) Platelet-poor Plasma

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
-------------------	-----------------	------------

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	BLUE TOP-CITRATE	Yes	

**Test Name** FACTOR II PROTHROMBIN-GENOTYPE  
**Code:** 1230100788

## Synonyms

PROTHROMBIN MUTATION

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Stable at room temperature for 24 hours. EDTA whole blood can be refrigerated at 2-8 C for 15 days.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	LAVENDAR BULLET - K2 EDTA	No	
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	Yes	

**Test Name** FACTOR V LEIDEN-GENOTYPE  
**Code:** 1230100254

## Synonyms

FCT 5 LEIDEN

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Stable at room temperature for 24 hours. EDTA whole blood can be refrigerated at 2-8 C for 15 days.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	LAVENDAR BULLET - K2 EDTA	No	
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	Yes	

**Test Name** FACTOR XI, ACTIVITY  
**Code:** 1230500306

## Synonyms

0030110

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transfer 2 mL platelet-poor plasma to an ARUP Standard Transport Tube. (Min: 1 mL)

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	BLUE TOP-CITRATE	Yes	

**Test Name** FAP: APC SEQ, APC DEL/DUP, MUTYH 2 MUTS  
**Code:** 1230500307

## Synonyms

2004915  
FAPPANEL

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transport 3 mL whole blood. (Min: 2 mL). STABILITY: Refrigerated: 1 week; Ambient: 72 hours; Frozen: Unacceptable

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	
ARUP LAB	YELLOW (ACD)	No	

**Test Name** FAT QUALITATIVE URINE  
**Code:** 1230100304

## Synonyms

FAT QUAL UR

## Collection Requirements

No patient preparation required. Preferred specimens: Random urine sample (>15ml) collected in plain collection cup. Alternate Specimen: None. Test performed M-F, 0700-1400.

## Shipping and Handling Instructions

Caution is advisable since mineral or castor oil may stain as neutral fat.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	URINE	No	

**Test Name** FATTY ACIDS PROFILE, ESSENTIAL  
**Code:** 1230500308

## Synonyms

2013518

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum from cells within 45 minutes of draw. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.15) Separate specimens must be submitted when multiple tests are ordered. STABILITY: Frozen: 3 months; Ambient: 48 hours; Refrigerated: 1 week

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	
ARUP LAB	RED TOP -PLAIN	No	

**Test Name** FATTY ACIDS, FREE  
**Code:** 1230101167

## Synonyms

FFA  
NONESTERIFIED  
NEFA  
0080120

## Collection Requirements

Collect on ice

## Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Allow serum specimen to clot completely on ice. Serum must be separated from cells and frozen immediately, otherwise lipase continues to break down triglycerides, giv\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** FECAL FAT QUALITATIVE  
**Code:** 1230100303

## Synonyms

FFAT QUAL  
FECALFATQUAL  
STOOL FAT

## Collection Requirements

No patient preparation required. Preferred specimens: Random stool sample collected in a clean, dry container. Cannot be done from O&P collection kits. Alternate Specimens: None. Test performed M-F, 0700-1400.

## Shipping and Handling Instructions

Caution is advisable since mineral or castor oil may stain as neutral fat.

## Turn Around Times

### Laboratory

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

### Priority

Routine  
STAT

### TAT

6 Hours  
40 Minutes

## Container Types

### Laboratory

DH PAV A CENTRAL LAB

### Container

STERILE CUP

### Default?

Yes

### Min Volume

**Test Name** FECAL FAT QUANTITATIVE  
**Code:** 1230100305

## Synonyms

FFAT QUANT  
2002356

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Refer to instructions in Stool Collection-Timed Specimens (24, 48, 72 Hours) under Specimen Handling at <http://www.aruplab.com>. Submit entire 72-hour stool collection in an ARUP approved transport container(s) provided in kit using additional containers\*

## Turn Around Times

### Laboratory

ARUP LAB  
ARUP LAB  
ARUP LAB  
ARUP LAB

### Priority

Extended TAT  
Routine  
STAT  
Timed

### TAT

1 weeks  
1 weeks  
1 weeks  
1 weeks

## Container Types

### Laboratory

ARUP LAB

### Container

72 HR STOOL CONTAINER

### Default?

Yes

### Min Volume

**Test Name** FELBAMATE LEVEL  
**Code:** 1230101170



## Synonyms

FELBATOL  
0094030

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY:  
Refrigerated: 1 month; Ambient: 48 hours; Frozen: 6 months

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GRAY TOP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED TOP -PLAIN	Yes	

**Test Name** FERN TEST VAGINAL FLUID  
**Code:** 1230100449

## Synonyms

## Collection Requirements

None Listed

## Shipping and Handling Instructions

SLIDE must be labeled with a patient sticker (sample will be rejected if the slide is unlabeled). Allow slide to air dry for 5-10 min. Place the slide in a urine cup with gauze to prevent the slide from breaking. Label the urine cup with a patient stick\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes
DH PAV C WOMENS CARE LAB	Routine	6 Hours
DH PAV C WOMENS CARE LAB	STAT	60 Minutes
DH PAV G WEBB LAB	Routine	6 Hours
DH PAV G WEBB LAB	STAT	60 Minutes
EASTSIDE LAB	Routine	6 Hours
EASTSIDE LAB	STAT	60 Minutes
LA CASA LAB	Routine	6 Hours
LA CASA LAB	STAT	60 Minutes
LOWRY LAB	Routine	6 Hours
LOWRY LAB	STAT	60 Minutes
MONTBELLO LAB	Routine	6 Hours
MONTBELLO LAB	STAT	60 Minutes
PARK HILL LAB	Routine	6 Hours
PARK HILL LAB	STAT	60 Minutes
WESTSIDE LAB	Routine	6 Hours
WESTSIDE LAB	STAT	60 Minutes
WESTWOOD LAB	Routine	6 Hours
WESTWOOD LAB	STAT	60 Minutes

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	SLIDE	Yes	

Test Name FERRITIN  
Code: 1230100394

### Synonyms

### Collection Requirements

Preferred specimens: 0.25 mL plasma lithium heparin gel tube (Green). Alternate specimens: Sodium heparin, EDTA, serum from a gel or plain collection tube.

### Shipping and Handling Instructions

Samples can be stored up to 8 hours at room temperature, 1 week refrigerated or 6 months frozen at -20 C. Hemolysis greater than slight is unacceptable.

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	

Test Name FETAL CBC  
Code: 1381

## Synonyms

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## Collection Requirements

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None Listed

## Shipping and Handling Instructions

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Inform POC department before collection for scheduling. Collect sample in heparinized syringe. Mix sample well to prevent clot formation.

## Turn Around Times

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<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

---

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	HEPARINIZED SYRINGE	Yes	

Test Name FETAL FIBRONECTIN  
Code: 1230100192

## Synonyms

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## Collection Requirements

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Patient preparation: Specimens for fetal fibronectin testing should be collected prior to collection of culture specimens. Specimens should be obtained prior to digital cervical examination or vaginal probe, ultrasound examination as manipulation of the cervix may cause the release of fetal fibronectin. Testing should not be performed if the patient has had sexual intercourse within 24 hours prior to the sampling time because semen present may increase the possibility of a false positive result. Collect: Swab from the posterior fornix of the vagina or the ectocervical region of the external cervical os. Do not to contaminate the swab or cervicovaginal secretions with lubricants, soaps disinfectants or creams. Alternate specimens: None Specimen prep: Swab from the posterior fornix of the vagina or the ectocervical region of the external cervical os. Unacceptable: Specimens collected in or by any specimen device other than Fetal Fibronectin Specimen Collection Kit.

## Shipping and Handling Instructions

Stability: Frozen: 2 weeks Only one freeze/thaw cycle acceptable (Refrigerated: 3 days; Ambient: 8 hours)

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	FETAL FIBRONECTIN COLLECTION KIT	Yes	

Test Name FETAL LUNG MATURITY  
Code: 1292

## Synonyms

FLM  
FPOL

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Do not centrifuge. Transport 2 mL amniotic fluid. STABILITY: Refrigerated: 48 hours; Ambient: 1 hour; Frozen: 1 year

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	CONTAINER	No	
DH NON-INTERFACED LAB	STERILE CONTAINER	No	
DH NON-INTERFACED LAB	STERILE CUP	No	
DH NON-INTERFACED LAB	STERILE TUBE	Yes	

Test Name FIBRINOGEN  
Code: 1230100221

## Synonyms

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## Collection Requirements

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None Listed

## Shipping and Handling Instructions

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-Underfilled, overfilled, or clotted tubes must be cancelled. -Blue top tube should be drawn before other tubes with additives. -In laboratory, invert specimen 3 times, and rim with applicator stick to check for clots. -Specimens are centrifuged in processing or at the coag bench in the Stat centrifuge. Specimen Stability: Uncentrifuged, 4 hrs at Room Temperature Plasma, 8 hrs at Room Temperature Frozen plasma, 2 weeks at -20 C

## Turn Around Times

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<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

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<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	BLUE TOP-CITRATE	Yes	

**Test Name** FIBROBLAST GROWTH FACTOR 23, PLASMA  
**Code:** 1230500091

## Synonyms

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2011017  
FIBROGF23

## Collection Requirements

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None Listed

## Shipping and Handling Instructions

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Transfer 1.5 mL plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY:  
Frozen: 3 months; Ambient: Unacceptable; Refrigerated: 2 weeks

## Turn Around Times

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<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	

**Test Name** FILMARRAY BCPCR QC (HRP)  
**Code:** 743

## Synonyms

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

**Test Name** FILMARRAY EBOLAPCR QC (HRP)  
**Code:** 770

## Synonyms

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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None Listed

## Turn Around Times

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**Laboratory**

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

**Priority**

Routine  
STAT

**TAT**

6 Hours  
40 Minutes

## Container Types

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**Laboratory**

DH PAV A CENTRAL LAB

**Container**

QC CONTAINER

**Default?**

Yes

**Min Volume**

**Test Name** FILMARRAY GIPCR QC (HRP)  
**Code:** 744

## Synonyms

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## Collection Requirements

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None Listed

## Shipping and Handling Instructions

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None Listed

## Turn Around Times

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**Laboratory**

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

**Priority**

Routine  
STAT

**TAT**

6 Hours  
40 Minutes

## Container Types

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**Laboratory**

DH PAV A CENTRAL LAB

**Container**

QC CONTAINER

**Default?**

Yes

**Min Volume**

**Test Name** FILMARRAY RESPCR QC (HRP)  
**Code:** 746

## Synonyms

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## Collection Requirements

---

None Listed

## Shipping and Handling Instructions

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None Listed

## Turn Around Times

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<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

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<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

**Test Name** FINE NEEDLE ASPIRATION  
**Code:** 1230100800

## Synonyms

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FNA

## Collection Requirements

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Fine needle aspiration (FNA) procedures must be performed Monday through Friday, 9:00 AM to 4:00 PM., with the assistance of cytopathology staff, and preferably scheduled before the time of procedure. To schedule an FNA performed by a staff pathologist, or an adequacy check by a staff cytotechnologist, please call the Cytopathology Laboratory at 303-602-3580.

## Shipping and Handling Instructions

---

All specimen containers should be transported to the cytology laboratory in biohazard specimen bags by cytology staff. Unstained slides shall be transported in 95% ethanol and fixed until the time of staining. Stained slides can be transported on slid\* Needle rinsings collected in RPMI must be promptly stored in the refrigerator (2-8°C) where they will remain stable for 3 days. CytoLyt® vials are stable at 15-30° C and must be processed within 3 weeks of collection Turn-Around Time: 90% in 5 Days



## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CYTOLYT	Yes	

**Test Name** FISH AMNIOTIC FLUID, TRISOMY SCREEN - CGL  
**Code:** 1230101086

## Synonyms

CHROMOSOME ANALYSIS  
CLL FISH  
CHRONIC  
FISH  
CGL

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Indicate FISH request in the "Prenatal/Tissue Specimens" section of the requisition.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	STERILE CONTAINER	Yes	

**Test Name** FLASHLIGHT, GROSS ROOM  
**Code:** 12325001

## Synonyms

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## Collection Requirements

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None Listed

## Shipping and Handling Instructions

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None Listed

## Turn Around Times

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<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

---

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

Test Name FLASHLIGHT, HISTOLOGY  
Code: 250

## Synonyms

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## Collection Requirements

---

None Listed

## Shipping and Handling Instructions

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None Listed

## Turn Around Times

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<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

**Test Name** FLECAINIDE LEVEL  
**Code:** 1230101178

## Synonyms

TAMBOCOR  
0090003

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum or plasma from cells within 6 hours of collection. Transfer 2 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Refrigerated: 6 weeks; Ambient: 6 weeks; Frozen: 6 weeks

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED TOP -PLAIN	Yes	

**Test Name** FLOW1 QC ALL  
**Code:** 208

## Synonyms

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

**Test Name** FLT3 MUTATION DETECTION BY PCR  
**Code:** 1230500211

## Synonyms

2005400  
FLT3MUTAT

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transport 5 mL whole blood (Min: 5 mL) OR 3 mL bone marrow. (Min: 3 mL) Also acceptable: Transport 1ug previously isolated DNA. (Min: 1ug) Separate specimens must be submitted when multiple tests are ordered. STABILITY: Ambient: 72 hours; Refrigerated: 1 week; Frozen: Unacceptable Isolated DNA: Ambient: 72 hours; Refrigerated: Indefinitely; Frozen: Unacceptable

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 Weeks
ARUP LAB	Routine	1 Weeks
ARUP LAB	STAT	1 Weeks
ARUP LAB	Timed	1 Weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	BLUE TOP-CITRATE	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** FLUID CULTURE  
**Code:** 1230100177

## Synonyms

BODY FL CX  
CULTURE

## Collection Requirements

Normally sterile body fluids including amniotic, ascitic, pericardial, peritoneal, pleural, synovial, thoracentesis, vitreous fluids, or bile, collected aseptically and submitted in a sterile leak proof container or capped syringe. Bone marrow submitted in a yellow-top SPS (sodium polyanetholsulfonate) tube. Specimen should be sent to the Microbiology lab immediately.

## Shipping and Handling Instructions

This test is to aid in the diagnosis of infection caused by aerobic bacteria and most yeast. To rule out anaerobes, viruses, fungi, Cryptococcus, or mycobacteria, separate tests/cultures must be ordered.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	STERILE TUBE	No	
DH PAV A CENTRAL LAB	SWAB	No	

Test Name FLUID PH MANUAL  
Code: 34

## Synonyms

## Collection Requirements

This test is Lab orderable only. It will be utilized when the fluid specimen is unable to be run through the blood gas analyzers. Patient Preparation: None Preferred Specimens: 1.0 mL Gastric Fluid usually received in a cup. Body fluids collected in plain collection cups, plain white tubes or heparin tubes. Approximately 0.5 to 1.0 mL is required for testing. Alternate Specimens: None

## Shipping and Handling Instructions

Specimen should be placed on ice immediately after collection and sent to lab on ice. Specimen should be tested as soon as possible, within 1 hour of collection. If specimen cannot be tested immediately it may be stored refrigerated for 24 hours or fro\*

## Turn Around Times

### Laboratory

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

### Priority

Routine  
STAT

### TAT

6 Hours  
40 Minutes

## Container Types

### Laboratory

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

### Container

GREEN GEL (PST)  
GREEN TOP - LIHEP  
STERILE CONTAINER  
STERILE CUP  
WHITE TOP

### Default?

No  
No  
No  
No  
Yes

### Min Volume

Test Name FOCUS QC ALL  
Code: 695

## Synonyms

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

### Laboratory

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

### Priority

Routine  
STAT

### TAT

6 Hours  
40 Minutes

## Container Types

### Laboratory

DH PAV A CENTRAL LAB

### Container

QC CONTAINER

### Default?

Yes

### Min Volume

Test Name FOLATE  
Code: 1230100395

## Synonyms

FOLIC ACID

## Collection Requirements

Preferred specimens: 0.25 mL plasma lithium heparin gel tube (Green) Alternate specimens: Sodium heparin, serum from a gel or plain collection tube.

## Shipping and Handling Instructions

Samples can be stored up to 8 hours at room temperature, 2 days refrigerated, or 3 months frozen. Hemolysis greater than slight is unacceptable.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	GREEN TOP - NAHEP	No	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

**Test Name** FOLATE RBC  
**Code:** 1230100397

## Synonyms

RBC FOLATE  
0070385

## Collection Requirements

Hematocrit must be performed and indicated on the specimen label. If the patient has not received a transfusion or experienced excessive bleeding between the RBC folate draw and the hematocrit draw, any hematocrit drawn within 24 hours of the RBC folate draw is acceptable. Protect from light during collection

## Shipping and Handling Instructions

INSTRUCTIONS: CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Protect from light during collection, storage, and shipment. Mix specimen well. Transfer 1 mL whole blood to an ARUP Amber Transport Tube. STABILITY: Frozen: 2 months; Ambient: 2 hours; Refrigerated: 4 hours UNACCEPTABLE: Non-frozen specimens. Clotted specimens.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	

**Test Name** FRAG X DNA  
**Code:** 1230101084

## Synonyms

FRAGILE X  
CHROMOSOME ANALYSIS  
FMR1

## Collection Requirements

\*\*\*Can only be drawn Monday - Thursday only\*\*\*

## Shipping and Handling Instructions

Specimens must be received at Reference Lab within 48-72 hours of collection. Transport: 5 mL (1 mL minimum) whole Blood.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	LAVENDER TOP - K2 EDTA	Yes	

**Test Name** FRANCISELLA TULARENSIS ANTIBODY, IGG/IGM  
**Code:** 1230500212

## Synonyms

FRANCISELLA  
2005350

## Collection Requirements

None Listed



## Shipping and Handling Instructions

Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.15 mL). STABILITY:  
Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	BLUE TOP-CITRATE	No	
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** FREE T4 BY EQUIL DIALYSIS-TMS  
**Code:** 123050068

## Synonyms

0093244  
FT4EDTMS

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transfer 2 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL). STABILITY:  
Refrigerated: 2 weeks; Ambient: 4 days; Frozen: 1 month

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED TOP -PLAIN	Yes	

Test Name FRUCTOSAMINE  
Code: 1230101182

### Synonyms

GLYCATED PROTEIN  
0099012  
FRUCTOSAMINE

### Collection Requirements

None Listed

### Shipping and Handling Instructions

Allow specimen to clot completely at room temperature before centrifuging. Transfer 0.5 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.3 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 72 hours; Frozen: 2 months

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	RED GEL (SST)	Yes	

Test Name FSH  
Code: 1230100414

### Synonyms

FSHLH  
FOLLICLE  
HORMONE  
FOLLICLE STIMULATING HORMONE

### Collection Requirements

None Listed

### Shipping and Handling Instructions

SPECIMEN PREP: Separate serum from cells within 2 hours. TRANSPORT: 1.5 mL (1.0 mL minimum)  
Serum STABILITY: 1. Samples can be stored at 2-8°C for up to 7 days after collection. 2. For longer storage, aliquot and freeze up to 3 months at -20°C.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN BULLET - LIHEP	No	
DH PAV A CENTRAL LAB	GREEN GEL (PST)	No	
DH PAV A CENTRAL LAB	GREEN GEL BULLET (PST)	No	
DH PAV A CENTRAL LAB	GREEN TOP - LIHEP	No	
DH PAV A CENTRAL LAB	RED BULLET	No	
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	
DH PAV A CENTRAL LAB	YELLOW BULLET (SST)	No	

**Test Name** FTA ANTIBODIES, IGG AND IGM  
**Code:** 1230101183

## Synonyms

FLUORESCENT  
TREPONEMAL  
ANTIBODY  
SYPHILIS

## Collection Requirements

Fresh or frozen serum or plasma collected by standard phlebotomy procedures may be used in this test. The minimally acceptable volume of specimen is 40 uL. Coagulants EDTA, sodium citrate, and sodium heparin have been found to be acceptable for use with this test.

## Shipping and Handling Instructions

Specimens may be shipped at 2-8C for 7 days after collection or at room temperature (20-30C) for up to 48 hours after collection. Frozen specimens must be shipped on dry ice

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
CDPHE LAB	BLUE TOP-CITRATE	No	
CDPHE LAB	LAVENDER TOP - K2 EDTA	No	
CDPHE LAB	RED GEL (SST)	Yes	
CDPHE LAB	RED TOP -PLAIN	No	

**Test Name** FUNGAL CULTURE  
**Code:** 1230100148

## Synonyms

FUNGAL CULTURE  
FUNGUS CX  
CULTURE  
FUNC

## Collection Requirements

Any type of specimen (except blood) submitted in a sterile container. Culturette swab accepted, but suboptimal

## Shipping and Handling Instructions

Diagnosis of fungal infection, including isolation and identification of most fungal pathogens. For systemic fungal infection, see Blood Fungus culture. Do not order Fungus Culture if Candidal, Cryptococcal, or other yeast infection is suspected. A routine bacterial culture is sufficient to recover most thermally monomorphic yeasts.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	STERILE TUBE	No	
DH PAV A CENTRAL LAB	SWAB	No	

**Test Name** GABAPENTIN LEVEL  
**Code:** 1230100450

## Synonyms

ANTI-EPILEPTIC  
ANTI EPILEPTIC  
DRUG  
0090057  
GABAPENTIN

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum or plasma from cells within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.2 mL). STABILITY: Refrigerated: 1 month; Ambient: 1 month; Frozen: 2 months

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 Weeks
ARUP LAB	Routine	1 Weeks
ARUP LAB	STAT	1 Weeks
ARUP LAB	Timed	1 Weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED TOP -PLAIN	Yes	

Test Name GAMMA GT  
Code: 1230100413

## Synonyms

GTT

## Collection Requirements

No patient preparation required. Preferred specimens: 0.25 ml plasma from a green lithium heparin gel tube. Alternate specimens: Serum from red gel or plain tube with no additive.

## Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed. Freeze specimen for longer storage.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name GANGLIOSIDE (GM1) ANTIBODIES, IGG/IGM  
Code: 1230500310

## Synonyms

GANGLIOSIDEGM1  
0050591

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.3 mL serum to an ARUP Standard Transport Tube. (Min: 0.1 mL). STABILITY: Refrigerated: 2 weeks; Ambient: Unacceptable; Frozen: 1 year

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** GANGLIOSIDE ANTIBODIES, COMBINED IGG/IGM  
**Code:** 1230500213

## Synonyms

GANGLIOSIDE  
0051033

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum from cells ASAP. Transfer 0.3 mL serum to an ARUP Standard Transport Tube. (Min: 0.1 mL). STABILITY: Refrigerated: 2 weeks; Ambient: Unacceptable; Frozen: 1 year

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** GASTRIC PARIETAL CELL ANTIBODY, IGG  
**Code:** 1230500125

### Synonyms

0050596  
GASTPCA

### Collection Requirements

None Listed

### Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles)

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** GASTRIN  
**Code:** 1230100408

### Synonyms

0070075  
GASTRIN

### Collection Requirements

None Listed

### Shipping and Handling Instructions

Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Refrigerated: 1 week; Frozen: 1 month; Ambient: 8 hours

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** GBM AB, IGG BY MULTIPLEX BEAD ASSAY  
**Code:** 1230500060

## Synonyms

0051000  
GBMIGG

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL). STABILITY: Refrigerated: 2 weeks; Ambient 48 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles)

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** GENITAL CULTURE  
**Code:** 1230100499

## Synonyms



GEN CX  
CULTURE  
CERVIX CULTURE  
GENITAL CX  
CULTURE

## Collection Requirements

Aspirate (preferred) or Culturette swab. Source must be specified. Female sources: cervix, vagina, urethra, labia, genital ulcer or vessicle, bartholin gland, endometrium, culdocentesis, products of conceptions, or IUD. Male sources: urethra, genital ulcer or vessicle, penile discharge, epididymus, prostate, testicle

## Shipping and Handling Instructions

Diagnosis of bacterial genital infection. To rule out chlamydia or viral infection, separate tests must be ordered. This method is NOT optimal for recovery of Neisseria gonorrhoeae. Notify Micro lab to include rule out of Actinomyces (IUDs and surgical \*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	STERILE TUBE	No	
DH PAV A CENTRAL LAB	SWAB	No	

Test Name GENTAMICIN  
Code: 1230100178

## Synonyms

## Collection Requirements

Patient preparation is not required. Preferred specimens: 0.25 ml plasma from a green lithium heparin gel tube. Alternate specimens: Serum from red gel or plain tube with no additive. If doses are given more than once per day at regular intervals, Gentamicin is monitored by drawing "trough" and "peak" levels, usually starting after the third dose. TROUGH: Draw prior to next dose or dialysis PEAK: IV dose--draw 30 minutes after end of infusion IV dose with impaired renal function--draw 60 minutes after end of infusion. IM dose--draw 60-90 minutes after end of infusion Dialysis--draw 120 minutes after dose following dialysis If dose is given ONCE DAILY, draw random levels 6-14 hours after the start of the infusion

## Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed. Freeze specimen for longer storage.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

**Test Name** GENTAMICIN PEAK  
**Code:** 1230100188

## Synonyms

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

**Test Name** GENTAMICIN TROUGH  
**Code:** 1230100168

## Synonyms

## Collection Requirements

Patient preparation is not required. Preferred specimens: 0.25 ml plasma from a green lithium heparin gel tube. Alternate specimens: Serum from red gel or plain tube with no additive

## Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed. Freeze specimen for longer storage.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

**Test Name** GIARDIA LAMBLIA ABS PANEL BY ELISA  
**Code:** 1230500311

## Synonyms

2009410  
GIAPAN

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Remove serum from cells within one hour. Transfer 1 mL serum to an ARUP Standard Transport Tube and freeze immediately. (Min: 0.5 mL). STABILITY: Frozen: 5 weeks; Ambient: Unacceptable; Refrigerated: 1 week

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	No	
ARUP LAB	RED TOP -PLAIN	Yes	

**Test Name** GLIADIN ANTIBODY IGA  
**Code:** 1230100516

### Synonyms

GLIADIN IGA  
0051357

### Collection Requirements

None Listed

### Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transport 0.5 mL serum. (Min: 0.3 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** GLIADIN ANTIBODY IGG  
**Code:** 1230100517

### Synonyms

GLIADIN IGG  
0051359

### Collection Requirements

None Listed

### Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transport 0.5 mL serum. (Min: 0.3 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** GLIADIN PEPTIDE ANTIBODIES, IGA AND IGG  
**Code:** 1230500036

## Synonyms

0051358  
GLIADPAN

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transport 1 mL serum. (Min: 0.3 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** GLU, 1HR POST GLUCOLA (GEST DIAB SCRNI)  
**Code:** 1015

## Synonyms

## Collection Requirements

No patient preparation is required. It is not necessary for the patient to fast. The 1 hour post glucoala test is a screen for gestational diabetes. Administer 50 grams of glucoala and draw the specimen 1 hour later. Preferred specimens: 0.25 ml plasma from a green lithium heparin gel tube. Alternate specimens: Serum from red gel or plain tube with no additive, plasma from a gray top.

## Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed. Freeze specimen for longer storage.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GRAY TOP	No	
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name GLUCOSE 24 HOUR URINE  
Code: 1230100309

## Synonyms

GLUCOSE URINE 24 HOUR  
24HR GLUCOSE URINE  
24HR URINE GLUCOSE

## Collection Requirements

No patient preparation required. Preferred specimens: urine collected in a 24 hour urine jug is acceptable. No preservative is necessary, but the urine should be refrigerated during collection.

## Shipping and Handling Instructions

Measure the volume and document the volume and collection time in the computer. Mix the specimen, pour an aliquot into a test tube, centrifuge and send to core. Also, aliquot a portion into a cup with total volume documented on the cup.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	24 HR URINE CONTAINER	Yes	

**Test Name** GLUCOSE 6 PHOSPHATE DEHYDROGENASE  
**Code:** 1230101197

## Synonyms

G6PD  
0080135

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Do not freeze. Transport 3 mL whole blood. (Min: 1.5 mL). STABILITY: Refrigerated: 1 week;  
Ambient: 8 hours; Frozen: Unacceptable

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	
ARUP LAB	YELLOW (ACD)	No	

**Test Name** GLUCOSE BODY FLUID  
**Code:** 1230100093

## Synonyms

GLUCOSE FLUID BODY  
BODY FLUID  
GLUCOSE

## Collection Requirements

Preferred specimens: A serum separator (gel) tube or plain white tube is preferred.  
Alternate specimens: green, lavender and plain tubes with no additive are also acceptable.

## Shipping and Handling Instructions

Centrifuge and separate the fluid from the cell button as soon as possible. Refrigerate the specimen if testing is not performed immediately.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	No	
DH PAV A CENTRAL LAB	GREEN TOP - LIHEP	No	
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	No	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	Yes	

Test Name GLUCOSE CSF  
Code: 1230100092

## Synonyms

CSF GLUCOSE

## Collection Requirements

Patient preparation is not required. Preferred specimens: CSF is usually collected in plastic CSF tubes. Alternate specimens: CSF from a shunt may be collected in a plain white or plain red tube, or plain specimen cups.

## Shipping and Handling Instructions

Centrifuge the specimen. If blood, remove the fluid from the cell button. Refrigerate the specimen if testing is not performed immediately. Do NOT discard the tube containing the cell button. This tube should be saved along with the supernate tube in\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CSF COLLECTION KIT	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	STERILE CUP	No	
DH PAV A CENTRAL LAB	STERILE TUBE	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	



Test Name GLUCOSE FASTING  
Code: 1230100409

## Synonyms

FASTING GLUCOSE

## Collection Requirements

Patient preparation: Patient must be fasting for 10 hours. The patient may drink water at any time. Preferred specimens: 0.25 ml plasma from a green lithium heparin gel tube. Alternate specimens: Serum from red gel or plain tube with no additive. Plasma from gray top is also acceptable on the Vista analyzer. Gray top tubes may not be run on the AVL analyzer.

## Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed. Freeze specimen for longer storage.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GRAY TOP	No	
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name GLUCOSE POCT  
Code: 12301013901

## Synonyms

GLUCOSE  
POC

## Collection Requirements

Fresh whole blood--capillary, venous, arterial and neonatal blood may be used.

## Shipping and Handling Instructions

None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes
DH PAV C WOMENS CARE LAB	Routine	6 Hours
DH PAV C WOMENS CARE LAB	STAT	60 Minutes
DH PAV D DAVIS LAB	Routine	6 Hours
DH PAV D DAVIS LAB	STAT	60 Minutes
DH PAV G WEBB LAB	Routine	6 Hours
DH PAV G WEBB LAB	STAT	60 Minutes
DH PAV H STD LAB	Routine	6 Hours
DH PAV H STD LAB	STAT	60 Minutes
EASTSIDE LAB	Routine	6 Hours
EASTSIDE LAB	STAT	60 Minutes
LA CASA LAB	Routine	6 Hours
LA CASA LAB	STAT	60 Minutes
LOWRY LAB	Routine	6 Hours
LOWRY LAB	STAT	60 Minutes
MONTBELLO LAB	Routine	6 Hours
MONTBELLO LAB	STAT	60 Minutes
PARK HILL LAB	Routine	6 Hours
PARK HILL LAB	STAT	60 Minutes
WESTSIDE LAB	Routine	6 Hours
WESTSIDE LAB	STAT	60 Minutes
WESTWOOD LAB	Routine	6 Hours
WESTWOOD LAB	STAT	60 Minutes
WINTER PARK LABORATORY	Routine	6 Hours
WINTER PARK LABORATORY	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	POINT OF CARE CONTAINER	Yes	

**Test Name** GLUCOSE, RANDOM  
**Code:** 1230100410

## Synonyms

GLU

## Collection Requirements

No patient preparation is required for RANDOM glucose testing. For fasting glucose, patient should be fasting for 10 hours. The patient may have water at any time. Preferred specimens: 0.25 ml plasma from a green lithium heparin gel tube. Alternate specimens: Serum from red gel or plain tube with no additive. Plasma from a gray top tube is also acceptable.

## Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed. Freeze specimen for longer storage.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

**Test Name** GLUCOSE, URINE  
**Code:** 64

## Synonyms

## Collection Requirements

No patient preparation required. Preferred specimens: 10 mL of random urine collected in a random urine cup is preferred. No preservative is necessary.

## Shipping and Handling Instructions

Mix the urine well, pour an aliquot into a test tube, and centrifuge. If testing is delayed, refrigerate the specimen.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	URINE	No	

**Test Name** GLUCOSE, WHOLE BLOOD  
**Code:** 55

## Synonyms

## Collection Requirements

0.5 mL whole Blood (Heparin) Green top tube or heparined syringe. Needs to be run ASAP after collection.

## Shipping and Handling Instructions

Perform testing ASAP after collection.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN TOP - LIHEP	Yes	
DH PAV A CENTRAL LAB	HEPARINIZED SYRINGE	No	

**Test Name** GLUTAMIC ACID DECARBOXYLASE AB  
**Code:** 1230101200

## Synonyms

GAD  
AUTOANTIBODY  
GAD-65  
2001771

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Frozen: 3 months; Ambient: 24 hours; Refrigerated: 1 week

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** GRAM NEGATIVE COMBO SUSCEPTIBILITY  
**Code:** 6

## Synonyms

GRAM  
NEGATIVE  
NUC74  
MIC

## Collection Requirements

Microbiology MIC Panel

## Shipping and Handling Instructions

Dayshift Microbiology test that is part of a culture. Fresh 24 hour sub is needed to perform testing.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CONTAINER	Yes	

**Test Name** GRAM POSITIVE SUSCEPTIBILITY  
**Code:** 1230100490

## Synonyms

GRAM  
POSITIVE  
SENSITIVITY  
GP SUSC  
GPS  
PM29

## Collection Requirements

Microbiology MIC Panel

## Shipping and Handling Instructions

Dayshift Microbiology test that is part of a culture. Fresh 24 hour sub is needed to perform testing.

## Turn Around Times

### Laboratory

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

### Priority

Routine  
STAT

### TAT

6 Hours  
40 Minutes

## Container Types

### Laboratory

DH PAV A CENTRAL LAB

### Container

CONTAINER

### Default?

Yes

### Min Volume

**Test Name** GRAM POSTITIVE COMBO SUSCEPTIBILTY  
**Code:** 977

## Synonyms

PC34

## Collection Requirements

Microbiology MIC Panel

## Shipping and Handling Instructions

Dayshift Microbiology test that is part of a culture. Fresh 24 hour sub is needed to perform testing.

## Turn Around Times

### Laboratory

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

### Priority

Routine  
STAT

### TAT

6 Hours  
40 Minutes

## Container Types

### Laboratory

DH PAV A CENTRAL LAB

### Container

CONTAINER

### Default?

Yes

### Min Volume

**Test Name** GRAM STAIN  
**Code:** 1230100159

## Synonyms

STAIN

## Collection Requirements

Any type of specimen may be Gram stained EXCEPT for the following: catheter tips, stool/intestinal contents, vaginal swabs, mouth/throat (except if looking for yeast only), blood.

## Shipping and Handling Instructions

Routine specimens may be held in the Microbiology refrigerator for processing by the day shift.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes
DH PAV H STD LAB	Routine	6 Hours
DH PAV H STD LAB	STAT	60 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	STERILE TUBE	No	
DH PAV A CENTRAL LAB	SWAB	No	

Test Name GROWTH HORMONE  
Code: 1230101205

## Synonyms

GH  
0070080

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Allow specimen to clot completely at room temperature. Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.4 mL). STABILITY: Frozen: 2 months; Ambient: 24 ho\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN GEL (PST)	No	
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	Yes	

Test Name GTT 1 HOUR  
Code: 1230101645

## Synonyms

## Collection Requirements

Collect 1 hour after Glucola administration. Collect a Green Gel tube.

## Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed. Freeze specimen for longer storage.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GRAY TOP	No	
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name GTT 2 HOUR  
Code: 1230101646

## Synonyms

GTT2  
2 HOUR GTT

## Collection Requirements

Collect 2 hours after Glucola administration. Collect a Green Gel tube. Allow specimen to clot completely at room temperature. Centrifuge within 30 minutes of collection.



## Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed. Freeze specimen for longer storage.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GRAY TOP	No	
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name GTT 3 HOUR  
Code: 1230101648

## Synonyms

GTT3  
3 HOUR GTT

## Collection Requirements

Collect 3 hours after Glucola administration. Collect a Green Gel Tube. Allow specimen to clot completely at room temperature. Centrifuge within 30 minutes of collection.

## Shipping and Handling Instructions

None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GRAY TOP	No	
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name GTT FASTING  
Code: 1230101644

### Synonyms

GTT FAST  
FAST GTT

### Collection Requirements

Glucose Tolerance Test for Pregnant Patients, 100 grams glucoLa. Patient must be fasting. Draw the fasting specimen. Administer 100 grams of glucoLa. Draw additional specimens 1 hour, 2 hours, and 3 hours after the patient finishes ingesting the glucoLa. Fasting 1 Hour 2 Hour 3 Hour Glucose Tolerance Test for Non-Pregnant Patients, 75 grams glucoLa. Patient must be fasting. Draw the fasting specimen. Administer 75 grams of glucoLa. Draw additional specimens 1 hour and 2 hours after the patient finishes ingesting the glucoLa. Fasting 1 Hour 2 Hour For pediatric patients, administer 1.75 grams of glucoLa per kg of ideal body weight up to 75 grams. Never administer more than 75 grams, which is the adult dosage. (2.2 pounds = 1 kilogram).

### Shipping and Handling Instructions

None Listed

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GRAY TOP	No	
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name H PYLORI NEG CONTROL  
Code: 998

### Synonyms

### Collection Requirements

None Listed

### Shipping and Handling Instructions

None Listed

## Turn Around Times

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**Laboratory**

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

**Priority**

Routine  
STAT

**TAT**

6 Hours  
40 Minutes

## Container Types

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**Laboratory**

DH PAV A CENTRAL LAB

**Container**

QC CONTAINER

**Default?**

Yes

**Min Volume**

**Test Name** H PYLORI POS CONTROL  
**Code:** 999

## Synonyms

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## Collection Requirements

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None Listed

## Shipping and Handling Instructions

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None Listed

## Turn Around Times

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**Laboratory**

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

**Priority**

Routine  
STAT

**TAT**

6 Hours  
40 Minutes

## Container Types

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**Laboratory**

DH PAV A CENTRAL LAB

**Container**

QC CONTAINER

**Default?**

Yes

**Min Volume**

**Test Name** H292 NEGATIVE CONTROL  
**Code:** 1230600115

## Synonyms

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## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

**Test Name** HALOPERIDOL LEVEL  
**Code:** 1230101210

## Synonyms

HALOPERIDOL  
0099640

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum or plasma from cells within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Refrigerated: 1 week; Ambient: 4 hours; Frozen: 1 month (avoid repeated freeze/thaw cycles)

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED TOP -PLAIN	Yes	

Test Name HANSEL STAIN  
Code: 66

## Synonyms

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## Collection Requirements

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No patient preparation required. Preferred specimens: 10 mL fresh random urine. Test performed Mon-Sun, 0700-1400.

## Shipping and Handling Instructions

---

Refrigerate as soon as possible.

## Turn Around Times

---

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

---

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	URINE	No	

## Collection Requirements

---

No patient preparation required. Preferred specimens: 10 mL fresh random urine. Test performed Mon-Sun, 0700-1400.

## Shipping and Handling Instructions

---

Refrigerate as soon as possible.

## Turn Around Times

---

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	URINE	No	

**Test Name** HANSEL STAIN MAN DIFF  
**Code:** 1230101638

## Synonyms

HANSEL

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	Yes	
DH PAV A CENTRAL LAB	STERILE CUP	No	
DH PAV A CENTRAL LAB	URINE	No	

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	Yes	
DH PAV A CENTRAL LAB	STERILE CUP	No	
DH PAV A CENTRAL LAB	URINE	No	

Test Name HAPTOGLOBIN  
Code: 1230100416

## Synonyms

## Collection Requirements

Preferred specimens 0.1 mL Plasma (Green Lithium Heparin Gel) Ambient. Alternate Specimens: 0.1 mL Serum (Red Gel/Plain Red) Ambient.

## Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name HBSAG CONFIRMATION  
Code: 138

## Synonyms

## Collection Requirements

None Listed

## Shipping and Handling Instructions

SPECIMEN PREP: Spin and separate serum from cells within 2 hours of collection and refrigerate. Lab Instructions: Store samples refrigerated at 2-8 C for up to 72 hrs, if testing will not be done within 72 hours, then freeze at -20 C. Avoid repeated freezing and thawing.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	

**Test Name** HCG QUANTITATIVE BLOOD  
**Code:** 1230100048

## Synonyms

HCGS

## Collection Requirements

Preferred specimens 0.25 mL plasma lithium heparin gel tube (Green). Alternate specimens: 0.25 mL Serum Red gel or plain tube with no additive.

## Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed. Freeze specimen for longer storage. Thaw only once.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Last Updated: 7/1/2018



Test Name HD CORTISOL 60 MIN PD  
Code: 82

## Synonyms

## Collection Requirements

None Listed

## Shipping and Handling Instructions

SPECIMEN PREP: Separate serum from cells within 2 hours. TRANSPORT: 1.5 mL (1.0 mL minimum) Serum 1. Samples can be stored at 2-8°C for 7 days. 2. For longer storage, aliquot and freeze up to 3 months at -20°C. Test performed 7am - 4:30pm daily

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN BULLET - LIHEP	No	
DH PAV A CENTRAL LAB	GREEN GEL (PST)	No	
DH PAV A CENTRAL LAB	GREEN GEL BULLET (PST)	No	
DH PAV A CENTRAL LAB	GREEN TOP - NAHEP	No	
DH PAV A CENTRAL LAB	RED BULLET	No	
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	
DH PAV A CENTRAL LAB	YELLOW BULLET (SST)	No	

Test Name HDL CHOLESTEROL  
Code: 1230100003

## Synonyms

HDL

## Collection Requirements

No patient preparation is required. Fasting is NOT required for HDL testing. Preferred specimens: 0.25 ml plasma from a green lithium heparin gel tube. Alternate specimens: Serum from red gel or plain tube with no additive.

## Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible.  
Refrigerate the specimen if testing is delayed. Freeze specimen for longer storage. &#x20;

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	GREEN TOP - LIHEP	No	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

**Test Name** HEAVY METALS PANEL 3, BLOOD  
**Code:** 123050061

## Synonyms

0099470  
HYMETB

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transport 7 mL whole blood in the original collection tube. (Min: 1.5 mL). STABILITY:  
Ambient/Refrigerated: 7 days

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	ROYAL BLUE - K2 EDTA	Yes	

**Test Name** HEAVY METALS, BLOOD  
**Code:** 1230101214

### Synonyms

MERCURY  
LEAD  
CADMIUM  
ARSENIC  
0020584  
HVY MTLs BLD

### Collection Requirements

None Listed

### Shipping and Handling Instructions

Transport 7 mL whole blood. (Min: 1.5 mL). STABILITY: Ambient/Refrigerated

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	ROYAL BLUE - K2 EDTA	Yes	

**Test Name** HELICO PYLORI STOOL AG  
**Code:** 1230101691

### Synonyms

HELICOBACTER PYLORI ANTIGEN  
EIA

### Collection Requirements

Fresh stool, minimum volume 150uL, refrigerated up to 72 hours

### Shipping and Handling Instructions

Freeze testing aliquot. ELISA will be perform on Tuesday/Friday

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CUP	Yes	

**Test Name** HELICOBACTER PYLORI AG, FECAL BY EIA  
**Code:** 1230500393

## Synonyms

0065147  
HPYLAGF

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transfer 5 g stool to an unpreserved stool transport vial (ARUP supply #40910). Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787. (Min: 1 g). STABILITY: Frozen: 1 month; Ambient: 2 hours; Refrigerate\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	STERILE CONTAINER	Yes	

**Test Name** HELICOBACTER PYLORI IGG  
**Code:** 1230100063

## Synonyms

H PYLORI IGG  
HPYIGG

## Collection Requirements

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None Listed

## Shipping and Handling Instructions

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None Listed

## Turn Around Times

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### Laboratory

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

### Priority

Routine  
STAT

### TAT

6 Hours  
40 Minutes

## Container Types

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### Laboratory

DH PAV A CENTRAL LAB

### Container

RED GEL (SST)

### Default?

Yes

### Min Volume

**Test Name** HEMATOCRIT  
**Code:** 1230100194

## Synonyms

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HCT

## Collection Requirements

---

Invert immediately and gently mix with anticoagulant.

## Shipping and Handling Instructions

---

Refrigerate samples at 2-8 C if unable to analyze within 8 hours of collection. Stable for 24 hrs when stored at 2-8 C and 8 hrs at RT.

## Turn Around Times

---

### Laboratory

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

### Priority

Routine  
STAT

### TAT

6 Hours  
40 Minutes

## Container Types

---

### Laboratory

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

### Container

LAVENDAR BULLET - K2 EDTA  
LAVENDER TOP - K2 EDTA

### Default?

No  
Yes

### Min Volume

**Test Name** HEMATOCRIT (BODY FLUID)  
**Code:** 1230100110

### Synonyms

HCT FLUID  
HCT BODY FLUID

### Collection Requirements

None Listed

### Shipping and Handling Instructions

Send to lab as soon as possible.

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	Yes	

**Test Name** HEMATOCRIT, CELL SAVER  
**Code:** 1230200194

### Synonyms

HCT

### Collection Requirements

Invert immediately and gently mix with anticoagulant.

### Shipping and Handling Instructions

Refrigerate samples at 2-8 C if unable to analyze within 8 hours of collection. Stable for 24 hrs when stored at 2-8 C and 8 hrs at RT.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	LAVENDAR BULLET - K2 EDTA	No	
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	Yes	

**Test Name** HEMOCHROMATOSIS MUTATION  
**Code:** 1230101217

## Synonyms

HFE GENE  
0055656

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transport 3 mL whole blood. (Min: 1 mL). STABILITY: Refrigerated: 1 week; Ambient: 72 hours; Frozen: Unacceptable

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	
ARUP LAB	YELLOW (ACD)	No	

**Test Name** HEMOGLOBIN  
**Code:** 1230100197

## Synonyms

HGB

## Collection Requirements

Invert immediately and gently mix with anticoagulant.

## Shipping and Handling Instructions

Refrigerate samples at 2-8 C if unable to analyze within 8 hours of collection. Stable for 24 hrs when stored at 2-8 C and 8 hrs at RT.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	LAVENDAR BULLET - K2 EDTA	No	
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	Yes	

**Test Name** HEMOGLOBIN A1C  
**Code:** 1230100418

## Synonyms

GLYCHB  
GLYCO HGB  
A1C  
HA1C

## Collection Requirements

Preferred specimen: 3.0 mL whole blood (Lavender)

## Shipping and Handling Instructions

whole blood, Ambient (3 Days) or Refrigerated (7 Days).

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes



## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	Yes	

**Test Name** HEMOGLOBIN AND HEMATOCRIT POCT  
**Code:** 12301004006

## Synonyms

H&H  
H & H  
H AND H

## Collection Requirements

Invert immediately and gently mix with anticoagulant.

## Shipping and Handling Instructions

Can maintain specimen at room temperature up to 24 hours. Refrigerate up to 48 hours. Do not freeze.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH CLINIC LAB	Routine	6 Hours
DH CLINIC LAB	STAT	60 Minutes
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	PURPLE TOP-EDTA	Yes	

## Collection Requirements

Invert immediately and gently mix with anticoagulant.

## Shipping and Handling Instructions

Can maintain specimen at room temperature up to 24 hours. Refrigerate up to 48 hours. Do not freeze.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH CLINIC LAB	Routine	6 Hours
DH CLINIC LAB	STAT	60 Minutes
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	PURPLE TOP-EDTA	Yes	

**Test Name** HEMOGLOBIN EVALUATION WITH REFLEX  
**Code:** 1230500215

## Synonyms

0050610  
HEMOGLOBIN E

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transport 5 mL whole blood. (Min: 0.2 mL). STABILITY: Refrigerated: 1 week; Ambient: Unacceptable; Frozen: Unacceptable

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	

**Test Name** HEMOGLOBIN PLASMA  
**Code:** 1230100420

## Synonyms

PLASMA FREE  
FREE HEMOGLOBIN  
0020058  
HGB PLASMA

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate plasma from cells ASAP or within 2 hours of collection (delayed separation from cells will elevate plasma hemoglobin). Transfer 2 mL plasma to an ARUP Standard Transport Tube. (Min: 0.7 mL). STABILITY: Refrigerated: 1 week; Ambient: 2 hours; Fr\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	Yes	

Test Name HEMOGLOBIN POCT  
Code: 74

## Synonyms

HEMOGLOBIN

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes
DH PAV D DAVIS LAB	Routine	6 Hours
DH PAV D DAVIS LAB	STAT	60 Minutes
DH PAV G WEBB LAB	Routine	6 Hours
DH PAV G WEBB LAB	STAT	60 Minutes
EASTSIDE LAB	Routine	6 Hours
EASTSIDE LAB	STAT	60 Minutes
LA CASA LAB	Routine	6 Hours
LA CASA LAB	STAT	60 Minutes
LOWRY LAB	Routine	6 Hours
LOWRY LAB	STAT	60 Minutes
MONTBELLO LAB	Routine	6 Hours
MONTBELLO LAB	STAT	60 Minutes
PARK HILL LAB	Routine	6 Hours
PARK HILL LAB	STAT	60 Minutes
WESTSIDE LAB	Routine	6 Hours
WESTSIDE LAB	STAT	60 Minutes
WESTWOOD LAB	Routine	6 Hours
WESTWOOD LAB	STAT	60 Minutes
WINTER PARK LABORATORY	Routine	6 Hours
WINTER PARK LABORATORY	STAT	40 Minutes

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	POINT OF CARE CONTAINER	Yes	

**Test Name** HEMOGLOBINOPATHY EVAL REFLEXIVE CASCADE  
**Code:** 1230100193

### Synonyms

HGB EVAL  
2005792

### Collection Requirements

None Listed

### Shipping and Handling Instructions

Note: Do not use for the followup of an individual with a known diagnosis. If this test has been previously sent, order LAB288 instead. Transport 5 mL whole blood. (Min: 2 mL)  
 STABILITY: Refrigerated. Unacceptable: Ambient or frozen.

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	

**Test Name** HEMOSIDERIN URINE  
**Code:** 1230100312

### Synonyms

HEMOSIDERIN  
0020222

### Collection Requirements

None Listed

### Shipping and Handling Instructions

Mix specimen well. Transfer 4 mL to an ARUP Standard Transport Tube. (Min: 1 mL).  
STABILITY: Frozen: 1 week; Ambient: 1 hour; Refrigerated: 24 hours

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

**Test Name** HEPARIN-INDUCED THROMBOCYTOPENIA ABS PF4  
**Code:** 1230500312

### Synonyms

2012181  
HEPTCPPF4

### Collection Requirements

None Listed

### Shipping and Handling Instructions

CRITICAL FROZEN. Additional specimens must be submitted when multiple tests are ordered. Separate from cells ASAP or within 2 hours of collection. Transfer 5.0 mL serum to an ARUP Standard Transport Tube. (Min: 2.0 mL). STABILITY: Frozen: 2 years; Ambie\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 Weeks
ARUP LAB	Routine	1 Weeks
ARUP LAB	STAT	1 Weeks
ARUP LAB	Timed	1 Weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	No	
ARUP LAB	RED TOP -PLAIN	Yes	

**Test Name** HEPATIC FUNCTION PANEL  
**Code:** 1230100107

## Synonyms

HEPFUN  
HEPATIC PANEL  
LIVER FUNCTION

## Collection Requirements

A serum separator (gel) tube is preferred. Alternate specimens: A plain white, plane red or green top tube are also acceptable.

## Shipping and Handling Instructions

Centrifuge the specimen and separate serum/plasma from the cells as soon as possible. Refrigerate the specimen if testing is not performed immediately.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

**Test Name** HEPATITIS A ANTIBODY, IGM  
**Code:** 1230101223

## Synonyms

ANTIBODIES  
HEP A AB IGM

## Collection Requirements

None Listed

## Shipping and Handling Instructions

SPECIMEN PREP: Spin and separate serum from cells within 2 hours of collection and refrigerate. Lab Instructions: Store samples refrigerated at 2-8 C for up to 72 hrs, if testing will not be done within 72 hours, then freeze at -20 C. Avoid repeated freezing and thawing.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	

**Test Name** HEPATITIS A ANTIBODY, TOTAL  
**Code:** 1230101224

## Synonyms

ANTIBODIES

## Collection Requirements

None Listed

## Shipping and Handling Instructions

SPECIMEN PREP: Spin and separate serum from cells within 2 hours of collection and refrigerate. Lab Instructions: Store samples refrigerated at 2-8 C for up to 72 hrs, if testing will not be done within 72 hours, then freeze at -20 C. Avoid repeated freezing and thawing.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	

**Test Name** HEPATITIS B CORE ANTIBODY, IGM  
**Code:** 1230100806

### Synonyms

HBV  
HBCAB  
HEP B C AB

### Collection Requirements

None Listed

### Shipping and Handling Instructions

SPECIMEN PREP: Spin and separate serum from cells within 2 hours of collection and refrigerate. Lab Instructions: Store samples refrigerated at 2-8 C for up to 72 hrs, if testing will not be done within 72 hours, then freeze at -20 C. Avoid repeated freezing and thawing.

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	

**Test Name** HEPATITIS B CORE ANTIBODY, TOTAL  
**Code:** 1230101225

### Synonyms

HBV

### Collection Requirements

None Listed

### Shipping and Handling Instructions

SPECIMEN PREP: Spin and separate serum from cells within 2 hours of collection and refrigerate. Lab Instructions: Store samples refrigerated at 2-8 C for up to 72 hrs, if testing will not be done within 72 hours, then freeze at -20 C. Avoid repeated freezing and thawing.



## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	
DH PAV A CENTRAL LAB	WHITE TOP	No	

**Test Name** HEPATITIS B DNA, ULTRAQUANTITATIVE, PCR  
**Code:** 1230101228

## Synonyms

HBV ULTRA  
0056025  
HBV  
HBV QUANTITATIVE  
HBV VIRAL LOAD

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum or plasma from cells within 24 hours. Transfer 2 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 1 mL). STABILITY: Frozen: 6 weeks; Ambient: 72 hours; Refrigerated: 1 week

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum or plasma from cells within 24 hours. Transfer 2 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 1 mL). STABILITY: Frozen: 6 weeks; Ambient: 72 hours; Refrigerated: 1 week

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** HEPATITIS B E ANTIBODY  
**Code:** 1230101229

## Synonyms

HEP B E AB  
0020095  
CHRONIC HEPATITIS PROFILE

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Refrigerated: 6 days; Ambient: Unacceptable; Frozen: Indefinitely (avoid repeated freez\*)

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** HEPATITIS B E ANTIGEN  
**Code:** 1230101230

## Synonyms

ANTIGEN  
0020094  
CHRONIC HEPATITIS PROFILE  
HEP B E AG

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Refrigerated: 6 days; Ambient: Unacceptable; Frozen: Indefinitely (avoid repeated freez\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** HEPATITIS B SURFACE ANTIBODY  
**Code:** 1230100452

## Synonyms

HBSAB  
HEPATITIS B SURFACE ABS

## Collection Requirements

None Listed

## Shipping and Handling Instructions

SPECIMEN PREP: Spin and separate serum from cells within 2 hours of collection and refrigerate. Lab Instructions: Store samples refrigerated at 2-8 C for up to 72 hrs, if testing will not be done within 72 hours, then freeze at -20 C. Avoid repeated freezing and thawing.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	
DH PAV A CENTRAL LAB	WHITE TOP	No	

**Test Name** HEPATITIS B SURFACE ANTIGEN  
**Code:** 1230100451

## Synonyms

HBSAG

## Collection Requirements

None Listed

## Shipping and Handling Instructions

SPECIMEN PREP: Spin and separate serum from cells within 2 hours of collection and refrigerate. Lab Instructions: Store samples refrigerated at 2-8 C for up to 72 hrs, if testing will not be done within 72 hours, then freeze at -20 C. Avoid repeated freezing and thawing.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	
DH PAV A CENTRAL LAB	WHITE TOP	No	

**Test Name** HEPATITIS C ANTIBODY  
**Code:** 1230100807

## Synonyms

HEP C  
HCV  
HCVAB

## Collection Requirements

None Listed

## Shipping and Handling Instructions

SPECIMEN PREP: Spin and separate serum from cells within 2 hours of collection and refrigerate. Lab Instructions: Store samples refrigerated at 2-8 C for up to 72 hrs, if testing will not be done within 72 hours, then freeze at -20 C. Avoid repeated freezing and thawing.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	

**Test Name** HEPATITIS C HIGH-RES GENOTYPE BY SEQ  
**Code:** 1230101233

## Synonyms

AMPLIFIED PROBE  
2006898  
HCV GENO  
HCV GENO HIGH RESOLUTION

## Collection Requirements

Hepatitis C viral load needs to be pending, completed, or drawn at the same time as the Hepatitis C Genotyping is drawn. This test may be unsuccessful if the HCV RNA viral load is less than log 5.0 or 100,00 IU/mL IU/mL.

## Shipping and Handling Instructions

Lavender (EDTA), pink (K2EDTA), plasma preparation tube, or serum separator tube (SST). Specimen Preparation: Separate serum or plasma from cells. Transfer 2 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL) Storage/Transport Temperature: Frozen. Remarks: Please submit most recent viral load and test date if available. Unacceptable Conditions: Heparinized specimens. Stability (collection to initiation of testing): Ambient: Unacceptable; Refrigerated: 72 hours; Frozen: 4 months

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	
ARUP LAB	RED GEL (SST)	No	

**Test Name** HEPATITIS C LOW-RES GENOTYPE BY SEQ  
**Code:** 123010299

### Synonyms

AMPLIFIED PROBE  
0055593  
HCV GENO LOW RESOLUTION

### Collection Requirements

Hepatitis C viral load needs to be pending, completed, or drawn at the same time as the Hepatitis C Genotyping is drawn. This test may be unsuccessful if the HCV RNA viral load is less than log 3.6 or 4000 IU/mL.

### Shipping and Handling Instructions

Separate serum or plasma from cells within 6 hours. Transfer 2 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Frozen: 4 months; Refrigerated: 72 hours

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	
ARUP LAB	RED GEL (SST)	No	

**Test Name** HEPATITIS C RNA, QUANT PCR WITH REFLEX TO GENOTYPE  
**Code:** 1230101998

### Synonyms

QUANTITATIVE WITH GENOTYPE  
HEPATITIS C VIRAL LOAD WITH GENOTYPE  
HEP C VIRAL LOAD WITH GENOTYPE  
HCVQN WITH GENOTYPE

### Collection Requirements

2.0 mL Plasma EDTA (LAV) Frozen ONLY (1.0 mL minimum).

### Shipping and Handling Instructions

SPECIMEN PREP: 1. Plasma must be separated from cells and preferably frozen within 24 hours of collection to insure accuracy. May be stored at 2-25C prior to centrifugation for 24 hours. 2. Transfer plasma to a sterile polypropylene tube and label appropriately with patient label. 3. Store tube in Molecular Diagnostics rack in the Core Lab Freezer. STABILITY: 6 weeks frozen, 3 days refrigerated.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	Yes	

**Test Name** HEPATITIS C RNA, QUANTITATIVE, PCR  
**Code:** 1230101235

## Synonyms

QUANTITATIVE  
HEPATITIS C VIRAL LOAD  
HEP C VIRAL LOAD  
HCVQN

## Collection Requirements

2.0 mL Plasma EDTA (LAV) Frozen ONLY (1.0 mL minimum).

## Shipping and Handling Instructions

SPECIMEN PREP: 1. Plasma must be separated from cells and preferably frozen within 24 hours of collection to insure accuracy. May be stored at 2-25C prior to centrifugation for 24 hours. 2. Transfer plasma to a sterile polypropylene tube and label appropriately with patient label. 3. Store tube in Molecular Diagnostics rack in the Core Lab Freezer. STABILITY: 6 weeks frozen, 3 days refrigerated.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	Yes	

**Test Name** HEPATITIS C VIRUS (HCV) NS5A DRUG RESISTANCE BY SEQUENCING  
**Code:** 785

## Synonyms

ARUP 2014139  
2014139  
HCV NS5A

## Collection Requirements

Separate from cells ASAP or within 2 hours of collection.

## Shipping and Handling Instructions

Note: This test is for genotype 1 (a or b) ONLY. Separate from cells ASAP or within 2 hours of collection. Transfer 2 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 1 mL). STABILITY: Frozen: 4 months; Refrigerated: 72 hours; Ambient: Unacceptable

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDAR BULLET - K2 EDTA	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	
ARUP LAB	RED BULLET	No	
ARUP LAB	RED TOP -PLAIN	No	

**Test Name** HEPATITIS D VIRUS ANTIBODY  
**Code:** 1230500092

## Synonyms

0020799  
HEPDAB

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL) Also acceptable: Citrate, EDTA, or heparin plasma. STABILITY: Frozen: Indefinitely (avoid repeated freeze/thaw cycles);\* Test Performed On: Mondays, Wednesdays and Fridays Reported: 1-5 days

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks



## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** HEPATITIS DELTA ANTIGEN BY ELISA  
**Code:** 1230500314

## Synonyms

2006450  
HEPDAG

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Frozen: 3 months; Ambient: Unacceptable; Refrigerated: 1 week

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED TOP -PLAIN	Yes	

**Test Name** HEPATITIS E VIRUS AB, IGG BY ELISA  
**Code:** 1230500146

## Synonyms

2010151  
HEVIGG

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL). STABILITY: Refrigerated: 2 weeks; Ambient: Unacceptable; Frozen: Indefinitely (avoid repeated freeze/thaw cycles)

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** HEPATITIS E VIRUS AB, IGM BY ELISA  
**Code:** 1230500111

## Synonyms

2010156  
HEPEVIGM

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL). STABILITY: Refrigerated: 2 weeks; Ambient: Unacceptable; Frozen: Indefinitely (avoid repeated freeze/thaw cycles)

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** HEROIN, SCREEN W/RFLX TO CONFIRM, S/P  
**Code:** 1230500315

## Synonyms

0091203  
HEROINSCNSP

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transfer 3 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 1.3 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 month

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GRAY TOP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED TOP -PLAIN	Yes	

**Test Name** HEROIN, SCREEN W/RFLX TO CONFIRM, URN  
**Code:** 123050101

## Synonyms

0091586  
HEROIN

## Collection Requirements

None Listed

## Shipping and Handling Instructions

CRITICAL FROZEN. Transfer 2 mL urine to an ARUP Standard Transport Tube. (Min: 1 mL). STABILITY: Frozen: 2 weeks; Ambient:24 hours; Refrigerated: 48 hours

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

**Test Name** HERPESVIRUS 8 DNA, QUANTITATIVE RT-PCR  
**Code:** 1230500316

## Synonyms

2013089  
HHV8QUANT

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum or plasma from cells. Transport 1 mL plasma, serum, or whole blood in a sterile container. (Min: 0.5 mL). STABILITY: Refrigerated: 1 week; Ambient: 24 hours; Frozen: 1 year

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	
ARUP LAB	PINK TOP - K3 EDTA	No	
ARUP LAB	RED GEL (SST)	No	
ARUP LAB	RED TOP -PLAIN	No	

**Test Name** HEXAGONAL PHOSPHOLIPID NEUTRAL  
**Code:** 1230500112

## Synonyms

0030064  
HEXPPOS

## Collection Requirements

None Listed

## Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Transfer 2 mL platelet-poor plasma to an ARUP Standard Transport Tube. (Min: 1 mL). STABILITY: Frozen: 2 weeks; Ambient: 4 hours; Refrigerated: Unacceptable

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	BLUE TOP-CITRATE	Yes	

**Test Name** HISTONE ANTIBODY, IGG  
**Code:** 1230500216

## Synonyms

0050860  
AHA

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles)

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** HISTOPLASMA ANTIBODIES  
**Code:** 1230101249

## Synonyms

0050627  
HISTOPLAMA  
HISTO ABS

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute spe\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** HISTOPLASMA ANTIGEN, SERUM  
**Code:** 1230101250

## Synonyms

AG  
0092522  
HISTO AGSER

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transfer 2 mL serum to an ARUP Standard Transport Tube (ARUP Supply #43115). (Min: 1 mL).  
STABILITY: Refrigerated: 1 week; Ambient: Unacceptable; Frozen: Indefinitely (avoid repeated freeze/thaw cycles)

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** HISTOPLASMA GALACTOMANNAN AG QUANT, URN  
**Code:** 1230500013

## Synonyms

2009418  
HISTOPLASMA

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transfer 2 mL urine to an ARUP Standard Transport Tube. STABILITY: Refrigerated: 2 weeks; Ambient: Unacceptable; Frozen: 2 weeks (avoid repeated freeze/thaw cycles)

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

**Test Name** HIV 1 RNA QUANT BY PCR  
**Code:** 1230100511

## Synonyms

HIV 1 RNA  
HIV 1 VIRAL LOAD  
AIDS  
H1QT

## Collection Requirements

2.0 mL Plasma EDTA (LAV) Frozen ONLY (1.0 mL minimum).

## Shipping and Handling Instructions

SPECIMEN PREP: 1. Plasma must be separated from cells and preferably frozen within 6 hours of collection to insure accuracy. May be stored at 2-25C prior to centrifugation for 24 hours. 2. Transfer plasma to a sterile polypropylene tube and label appropriately with patient label. 3. Store tube in Molecular Diagnostics rack in the Core Lab Freezer. STABILITY: 6 weeks frozen, 6 days refrigerated.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name HIV 1/2 DIFFERENTIATION  
Code: 123002526

## Synonyms

HIV 1/2  
HIV DIFF

## Collection Requirements

Serum - collect blood by venipuncture into a clean, dry tube without anticoagulant and allow to clot.

## Shipping and Handling Instructions

ship under refrigeration.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
CDPHE LAB	BLUE TOP-CITRATE	No	
CDPHE LAB	LAVENDER TOP - K2 EDTA	No	
CDPHE LAB	RED GEL (SST)	Yes	
CDPHE LAB	RED TOP -PLAIN	No	



Test Name HIV 4TH GENERATION AG/AB  
Code: 12301016922

### Synonyms

HIV4  
HIV4 AG/AB

### Collection Requirements

3.0 mL (1.5 mL minimum) Serum

### Shipping and Handling Instructions

SPECIMEN PREP: Spin and separate serum from cells within 24 hours after collection and refrigerate. STABILITY: Refrigerated (14 days) or Frozen (1 year). Stable at room temperature without centrifugation for 24 hours. PERFORMED: Monday - Friday except holidays.

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name HIV ANTIBODY MULTISPOT  
Code: 1230501217

### Synonyms

HIV

### Collection Requirements

Fresh or frozen serum or plasma collected by standard phlebotomy procedures may be used in this test. The minimally acceptable volume of specimen is 40 uL. Coagulants EDTA, sodium citrate, and sodium heparin have been found to be acceptable for use with this test.

### Shipping and Handling Instructions

Specimens may be shipped at 2-8C for 7 days after collection or at room temperature (20-30C) for up to 48 hours after collection. Frozen specimens must be shipped on dry ice

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
CDPHE LAB	BLUE TOP-CITRATE	No	
CDPHE LAB	LAVENDER TOP - K2 EDTA	No	
CDPHE LAB	RED GEL (SST)	Yes	
CDPHE LAB	RED TOP -PLAIN	No	

**Test Name** HIV ANTIBODY/ANTIGEN  
**Code:** 1230100081

## Synonyms

RAPID HIV  
HIV SCREEN  
RPHIV

## Collection Requirements

Full whole Blood EDTA (LAV); Ambient (8 Hrs). Patient must be 12 years old or older.

## Shipping and Handling Instructions

This test is considered STAT, must be processed immediately. This testing is only performed for the following patient population: Emergency Department, Adult Urgent Care, Southwest Urgent Care, OB patients without prenatal care and Employee Exposures. I\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes
DH PAV H STD LAB	Routine	6 Hours
DH PAV H STD LAB	STAT	60 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	LAVENDAR BULLET - K2 EDTA	No	
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	Yes	

**Test Name** HIV EIA ANTIBODY ANTIGEN COMBO  
**Code:** 1230502217

## Synonyms

HIV  
EIA

## Collection Requirements

Fresh or frozen serum or plasma collected by standard phlebotomy procedures may be used in this test. The minimally acceptable volume of specimen is 1 mL.

## Shipping and Handling Instructions

Specimen may be shipped at room temperature for up to 48 hours after collection. Specimen may be shipped refrigerated (2-8C) for up to 7 days after collection. Specimen may be shipped frozen (<20C) if received up to 6 months after collection. Refrigerat\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
CDPHE LAB	BLUE TOP-CITRATE	No	
CDPHE LAB	LAVENDER TOP - K2 EDTA	No	
CDPHE LAB	RED GEL (SST)	Yes	
CDPHE LAB	RED TOP -PLAIN	No	

**Test Name** HIV-1 CONFIRM, WESTERN BLOT  
**Code:** 1230101256

## Synonyms

CONFIRMATORY  
0020284  
HIV1 WB

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Refrigerated: 1 week; Ambient: Up to 1 week is acceptable, but not preferred; Frozen: Indefinite\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	BLUE TOP-CITRATE	No	
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	

**Test Name** HIV1 GENOTYPE & INTEGRASE INHIBITOR, SEQ  
**Code:** 1230500147

### Synonyms

2009256  
HIV1GENO INTEG

### Collection Requirements

REQUIRES PATHOLOGY APPROVAL

### Shipping and Handling Instructions

Separate plasma from cells within 6 hours. Transfer 4 mL plasma to an ARUP Standard Transport Tube. (Min: 3 mL). STABILITY: Frozen: 4 months; Ambient: 6 hours; After separation from Cells: Ambient 24 hours; Refrigerated: 5 days

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	

**Test Name** HIV-1 GENOTYPING  
**Code:** 1230500218

### Synonyms

0055670  
HIV-1 GENOTY

### Collection Requirements

HIV viral load needs to be pending, completed, or drawn at the same time as the HIV Genotyping is drawn. This test may be unsuccessful if the HIV RNA viral load is less than 1000 copies/mL.

### Shipping and Handling Instructions

Separate plasma from cells within 6 hours. Transfer 4 mL plasma to an ARUP Standard Transport Tube. (Min: 1.5 mL). STABILITY: Frozen: 4 months; Ambient: 24 hours; Refrigerated: 5 days

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	

**Test Name** HIV-1 INTEGRASE INHIBITOR RESISTANCE  
**Code:** 1230500061

## Synonyms

2004457  
HIV1INT

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate plasma from cells within 6 hours. Transfer 4 mL plasma to an ARUP Standard Transport Tube. (Min: 1.5 mL). STABILITY: Frozen: 4 months; Ambient: 24 hours; Refrigerated: 5 days

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	

**Test Name** HLA TYPING, DR/DQ, SINGLE ANTIGEN  
**Code:** 1230101265

## Synonyms

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	LAVENDER TOP - K2 EDTA	Yes	

**Test Name** HLA-A GENOTYPE  
**Code:** 1230500318

## Synonyms

2006984  
HLAA

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transport 5 mL whole blood. (Min: 3 mL). STABILITY: Refrigerated: 1 week; Ambient: 72 hours; Frozen: Unacceptable

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	
ARUP LAB	YELLOW (ACD)	No	

**Test Name** HLA-B\*5701 GENOTYPING  
**Code:** 1230500399

### Synonyms

2002429  
HLA B5701

### Collection Requirements

None Listed

### Shipping and Handling Instructions

Transport 3 mL whole blood. (Min: 1 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 72 hours; Frozen: 1 month

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	
ARUP LAB	YELLOW (ACD)	No	

**Test Name** HOMOCYSTEINE QUANT, URINE  
**Code:** 1230500389

### Synonyms

HCYST UR  
0080413

### Collection Requirements

None Listed

### Shipping and Handling Instructions

Mix well. Transfer 5 mL urine to ARUP Standard Transport Tubes. (Min: 3 mL) Record total volume and collection time interval on transport tube and test request form. STABILITY: Frozen: 1 month; Ambient: Unacceptable; Refrigerated: 24 hours

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

Test Name HOMOCYSTEINE TOTAL  
Code: 1230100421

## Synonyms

HOMOCYSTINE  
0099869

## Collection Requirements

Send to lab ASAP for processing.

## Shipping and Handling Instructions

Serum or plasma must be separated immediately after collection. If immediate centrifugation is not possible, collected blood specimens should be kept on ice and centrifuged within one hour. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tub\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN GEL (PST)	No	
ARUP LAB	GREEN TOP - LIHEP	Yes	

Test Name HOMO VANILLIC ACID URINE  
Code: 1230100316

## Synonyms

HVA  
HOMO VANILLATE  
0080422  
HOMO VANILLIC



## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transfer 4 mL aliquot from a well-mixed 24-hour or random collection to an ARUP Standard Transport Tube. (Min: 1 mL) Record total volume and collection time interval on transport tube and test request form. STABILITY: Refrigerated: 1 week; Ambient: Unacc\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

**Test Name** HPV HIGH RISK ISH, PARAFFIN  
**Code:** 1230500319

## Synonyms

2002899

## Collection Requirements

Tissue

## Shipping and Handling Instructions

Formalin fix (10 percent neutral buffered formalin) and paraffin-embed tissue. Transport tissue block or 5 unstained 5-micron slides in a tissue transport kit (recommended but not required) (ARUP supply #47808). Available online through eSupply using AR\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	Yes	

**Test Name** HPV LOW RISK ISH, PARAFFIN  
**Code:** 1230500320

### Synonyms

2002896

### Collection Requirements

Tissue

### Shipping and Handling Instructions

Formalin fix (10 percent neutral buffered formalin) and paraffin embed tissue. Transport tissue block or 5 unstained positively charged, 5-micron slides in a tissue transport kit (recommended but not required) (ARUP supply #47808) available online throu\*

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	Yes	

**Test Name** HPV PCR PROBE, AMPLIFIED  
**Code:** 1230100172

### Synonyms

HPVDNA  
HPVPCR

### Collection Requirements

Cervical samples should be collected in ThinPrep Pap Test Vials containing PreservCyt Solution with broom-type or cytobrush/spatula collection devices. Prior to or after Cytology processing, transfer 1mL of the ThinPrep liquid cytology specimen into an APTIMA Specimen Transfer tube. All specimens from males will be rejected.

### Shipping and Handling Instructions

1. Cervical ThinPrep specimens should be transferred to an APTIMA Specimen Transfer tube within 105 days of collection. 2. Transferred samples in an APTIMA tube may be stored at 2 C to 30 C for up to 60 days.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	APTIMA TRANSPORT TUBE	Yes	

**Test Name** HSV 1 AND/OR 2 ABS, IGM BY ELISA  
**Code:** 123050130

## Synonyms

0050641  
HSV 1 AND/OR

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.1 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute sp\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** HSV 1 GLYCOPROTEIN G AB, IGG  
**Code:** 1230500321

## Synonyms

0050292  
HSV 1 GLYCOP

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Allow specimen to clot completely at room temperature. Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL)  
Storage/Transport Temperature: Refrigerated. Unacceptable Conditions: Contaminated, heat-inactivated, grossly hemolyzed, lipemic or severely icteric specimens. Stability (collection to initiation of testing): After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (Avoid repeated freeze/thaw cycles)

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 Weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** HSV 1&2, VZV BY PCR AMPLI  
**Code:** 75

## Synonyms

HSV 1&2  
VZV BY PCR

## Collection Requirements

0.2 mL CSF minimum collected in plastic CSF tubes. ALSO ACCEPTABLE: 0.2 mL CSF minimum from a shunt may be collected in a plain white, plain red tube, or plain specimen cups.

## Shipping and Handling Instructions

1. REFRIGERATE the specimen if testing cannot be performed immediately. Stable for 7 days refrigerated. 2. Place specimen in Processing Refrigerator bucket with FLU samples or in Microbiology bucket for HSVZV samples.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CSF COLLECTION KIT	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	STERILE CUP	No	
DH PAV A CENTRAL LAB	STERILE TUBE	Yes	
DH PAV A CENTRAL LAB	WHITE TOP	No	

**Test Name** HSV 1,2 AB SCREEN IGG, CSF  
**Code:** 1230500322

## Synonyms

0050394  
HER12CSF

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transfer 1 mL CSF to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY:  
Refrigerated: 2 weeks; Ambient: 8 hours; Frozen: 1 year

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CSF COLLECTION KIT	Yes	

**Test Name** HSV 1,2 GLYCO G-SPECIFIC, IGG  
**Code:** 1230500078

## Synonyms

0051152  
HERPPAN2

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute spec\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** HSV 2 GLYCOPROTEIN G AB, IGG  
**Code:** 1230500323

## Synonyms

0050294  
HSV 2 GLYCOP

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Allow specimen to clot completely at room temperature. Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL)  
Storage/Transport Temperature: Refrigerated. Unacceptable Conditions: Contaminated, heat-inactivated, grossly hemolyzed, lipemic, or severely icteric specimens  
Stability (collection to initiation of testing): After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (Avoid repeated freeze/thaw cycles)

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name HSV CULTURE  
Code: 1230101540

### Synonyms

HERPES SIMPLEX VIRUS  
HSV1

### Collection Requirements

The following specimen types collected in M4 viral transport media, provided by the Microbiology lab: Amniotic fluid, Genital, urethral, or rectal swab, Vesicle, wound, or lesion swab/aspirate, pharyngeal or nasopharyngeal swab/aspirate, conjunctival swab or corneal or conjunctival scraping, bronchoalveolar lavage, neonatal eye, nasal and rectal swab, collected in this order. Tissue, Urine

### Shipping and Handling Instructions

Routine specimens may be held in the Microbiology refrigerator for processing by the day shift. Herpes specimens are setup during the day-shift. The evening shift will count the number of HSV cultures pending, check the monolayer of the H292 and MRC5 via\*

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	M4 VIRAL TRANSPORT MEDIA	Yes	

Test Name HSV PCR  
Code: 1230101546

### Synonyms

HERPES SIMPLEX VIRUS  
HSVPCR

### Collection Requirements

All sample types collected in a sterile container, including serum from red top tube. whole blood collected in a pink top (EDTA) or purple top (EDTA) tube. Specimen source is required. Do not centrifuge.

### Shipping and Handling Instructions

Deliver to Microbiology/Place in Microbiology refrigerator Send at 2 - 8 degrees C if tested within 72 hours. If delivery is not expected within 72 hours, freeze at -70 degrees C and ship frozen. STABILITY: Ambient: 12 hours Refrigerated: 72 hours Frozen (-70C): 6 months Testing Performed: Monday through Friday.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	LAVENDAR BULLET - K2 EDTA	No	
DH NON-INTERFACED LAB	LAVENDER TOP - K2 EDTA	No	
DH NON-INTERFACED LAB	RED BULLET	No	
DH NON-INTERFACED LAB	RED GEL (SST)	No	
DH NON-INTERFACED LAB	RED TOP -PLAIN	No	
DH NON-INTERFACED LAB	STERILE CONTAINER	Yes	
DH NON-INTERFACED LAB	STERILE CUP	No	
DH NON-INTERFACED LAB	STERILE TUBE	No	
DH NON-INTERFACED LAB	WHITE TOP	No	
DH NON-INTERFACED LAB	YELLOW BULLET (SST)	No	

**Test Name** HTLV I/II ANTIBODIES CONF, WESTERN BLOT  
**Code:** 1230500219

## Synonyms

0020642  
HTLVWBLOT

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Frozen: Indefinitely (avoid repeated freeze/thaw cycles); Ambient: Unacceptable; Refrigerated: 1 week

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** HTLV I/II ANTIBODIES W/REFLEX TO CONFIRM  
**Code:** 1230500148



## Synonyms

0051164  
HTLVPAN

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Refrigerated: 1 week; Ambient: Unacceptable; Frozen: Indefinitely (avoid repeated freeze/thaw cycles)

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	BLUE TOP-CITRATE	No	
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** HUMAN IMMUNODEFICIENCY VIRUS (HIV) COMBO ANTIGEN/ANTIBODY (HIV-1/0/2) BY ELISA,  
**Code:** 424

## Synonyms

2013333  
ARUP

## Collection Requirements

Collect: Serum Separator Tube (SST). Also acceptable: Lavender (EDTA) or Pink (K2EDTA). Specimen Preparation: Separate from cells ASAP or within 2 hours of collection. Transfer 1.5 mL serum into an ARUP Standard Transport Tube. (Min: 0.75 mL) Remove particulate material.

## Shipping and Handling Instructions

Unacceptable Conditions: Specimens containing particulate material. Severely hemolyzed or heat-inactivated specimens. Stability (collection to initiation of testing): After separation from cells: Ambient: Unacceptable; Refrigerated: 1 week; Frozen: 8 months (avoid repeated freeze/thaw cycles)

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 Weeks
ARUP LAB	Routine	1 Weeks
ARUP LAB	STAT	1 Weeks
ARUP LAB	Timed	1 Weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** HUMAN IMMUNODEFICIENCY VIRUS TYPES 1 AND 2 (HIV-1/2) ANTIBODY DIFFERENTIATION  
**Code:** 12368801

## Synonyms

## Collection Requirements

Red Gel (SST) or Lavender (EDTA).

## Shipping and Handling Instructions

Separate from cells ASAP or within 2 hours of collection. (Min: 0.5 mL) Remove particulate material. After separation from cells: Ambient: Unacceptable; Refrigerated: 1 week; Frozen: Indefinitely (avoid repeated freeze/thaw cycles)

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	No	
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	

## Collection Requirements

Red Gel (SST) or Lavender (EDTA).

## Shipping and Handling Instructions

Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma into an ARUP Standard Transport Tube dedicated only for HIV testing. (Min: 0.5 mL) Remove particulate material. After separation from cells: Ambient: Unacceptable; Refrigerated: 1 week; Frozen: Indefinitely (avoid repeated freeze/thaw cycles)

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** HUNTINGTON DISEASE MUTATION BY PCR  
**Code:** 1230500173

## Synonyms

HUNTINGTON D  
0040018

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transport 5 mL whole blood. (Min: 3 mL). STABILITY: Refrigerated: 1 week; Ambient: 72 hours; Frozen: 1 month

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	
ARUP LAB	YELLOW (ACD)	No	

**Test Name** HYDROCARBON AND OXYGENATED VOLATILES BLD  
**Code:** 1230500324

## Synonyms

2008326  
HYDROOXB

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transport 2 mL whole blood. (Min: 0.7 mL). STABILITY: Refrigerated

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GRAY TOP	Yes	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	

**Test Name** HYPERSENSITIVITY PNEUMONITIS I  
**Code:** 1230500325

## Synonyms

0055076  
HYPERPNEU

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles)

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** HYPOGLYCEMIA PAN, SULFONYLUREAS, S/P  
**Code:** 1230500149

## Synonyms

2010292  
HYPOGLYPAN

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.4 mL). STABILITY: Frozen: 3 months; Ambient: 48 hours; Refrigerated: 11 days

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GRAY TOP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** IA-2 ANTIBODY  
**Code:** 1230500326

## Synonyms

0050202  
IA2

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.1 mL). STABILITY:  
Refrigerated: 1 week; Ambient: 24 hours; Frozen: 2 months

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	
ARUP LAB	RED TOP -PLAIN	No	

**Test Name** IDH1 AND IDH2 MUTATION ANALYSIS, EXON 4  
**Code:** 1230500220

## Synonyms

2006444  
IDH1H2

## Collection Requirements

Collect: Lavender (EDTA). Also acceptable: Bone Marrow (EDTA). Specimen Preparation: whole  
Blood: Transport 5 mL whole blood. (Min: 1 mL) Bone Marrow: Transport 3 mL bone marrow.  
(Min: 1 mL).

## Shipping and Handling Instructions

Storage/Transport Temperature: Refrigerated. Unacceptable Conditions: Serum or plasma.  
Specimens collected in anticoagulants other than EDTA. Clotted or grossly hemolyzed  
specimens. Stability (collection to initiation of testing): Refrigerated: 5 days; Ambient:  
24 hours; Frozen: Unacceptable

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	

**Test Name** IFOBT QC ALL  
**Code:** 1037

## Synonyms

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## Collection Requirements

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None Listed

## Shipping and Handling Instructions

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None Listed

## Turn Around Times

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<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

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<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

Test Name IGA

Code: 1230100400

## Synonyms

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IMMUNOGLOBULIN A

## Collection Requirements

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0.1 mL Plasma (Green Lithium Heparin Gel) Ambient.

## Shipping and Handling Instructions

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Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed.

## Turn Around Times

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<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

**Test Name** IGF BINDING PROTEIN-2  
**Code:** 1230500327

## Synonyms

0098842  
IGFBP2  
IGF BINDING PROTEIN 2

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL). STABILITY: Frozen: 1 month; Ambient: 12 hours; Refrigerated: 4 days

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	
ARUP LAB	RED TOP -PLAIN	No	

**Test Name** IGF BINDING PROTEIN-3  
**Code:** 1230500062

## Synonyms

0070060  
IGFBP3  
IGF BINDING PROTEIN-3

## Collection Requirements

None Listed



## Shipping and Handling Instructions

Transfer 0.5 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.3 mL).  
STABILITY: Frozen: 1 year; Ambient: 24 hours; Refrigerated: 1 week

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	RED GEL (SST)	Yes	

Test Name IGG  
Code: 1230100398

## Synonyms

IGGSUB  
IMMUNOGLOBULIN

## Collection Requirements

Preferred specimens 0.1 mL Plasma (Green Lithium Heparin Gel) Ambient. Alternate specimens: 0.1 mL Serum (Red Gel/Plain Red) Ambient.

## Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible.  
Refrigerate the specimen if testing is delayed.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name IGG BY IHC  
Code: 123050073

## Synonyms

2003963  
IGGIHC

## Collection Requirements

Tissue or cells

## Shipping and Handling Instructions

Formalin fix (10 percent neutral buffered formalin) and paraffin embed specimen (cells must be prepared into a cellblock). Protect paraffin block and/or slides from excessive heat. Transport tissue block or 5 unstained (3- to 5-micron thick sections), p\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	Yes	

Test Name IGG4 BY IMMUNOHISTOCHEMISTRY  
Code: 123050074

## Synonyms

2005844  
IGG4IHC

## Collection Requirements

Tissue or cells

## Shipping and Handling Instructions

Formalin fix (10 percent neutral buffered formalin) and paraffin embed specimen (cells must be prepared into a cellblock). Protect paraffin block and/or slides from excessive heat. Transport tissue block or 5 unstained (3-5 micron thick sections), posit\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	Yes	

**Test Name** IGM  
**Code:** 1230100399

## Synonyms

IMMUNOGLOBULIN

## Collection Requirements

Preferred specimens 0.1 mL Plasma (Green Lithium Heparin Gel) Ambient. Alternate specimens: 0.1 mL Serum (Red Gel/Plain Red) Ambient.

## Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

**Test Name** IMIPRAMINE AND DESIPRAMINE  
**Code:** 1230500328

## Synonyms

0090157  
DESIPIMIP

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum or plasma from cells within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 5 days; Frozen: 6 months

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED TOP -PLAIN	Yes	

**Test Name** IMM CHEM FECAL OCCULT BLOOD SCREEN  
**Code:** 16

## Synonyms

OC FIT-CHEK  
FIT  
FECAL OCCULT BLOOD  
FECAL IMMUNOCHEMICAL TEST  
IFOBT

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Send fecal sample in urine cup, or inoculate a small amount of fecal sample into Polymedco sampling bottle.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
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Test Name IMMATURE PLT FRACTION  
Code: 1230510001

### Synonyms

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### Collection Requirements

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Invert immediately and gently mix with anticoagulant.

### Shipping and Handling Instructions

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Refrigerate samples at 2-8 C if unable to analyze within 8 hours of collection. Stable for 24 hrs when stored at 2-8 C and 8 hrs at RT.

### Turn Around Times

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<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

### Container Types

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<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name IMMUNOCAP SCORE  
Code: 1230500406

### Synonyms

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0055041

### Collection Requirements

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None Listed

### Shipping and Handling Instructions

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None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 Weeks
ARUP LAB	Routine	1 Weeks
ARUP LAB	STAT	1 Weeks
ARUP LAB	Timed	1 Weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** IMMUNOFIXATION SERUM  
**Code:** 1230100080

## Synonyms

SFIX  
IFE SER

## Collection Requirements

None Listed

## Shipping and Handling Instructions

SPECIMEN PREP: Samples should be centrifuged as soon as possible, but can be stored refrigerated for one week. TRANSPORT: 0.5mL (0.2mL minimum) serum UNACCEPTABLE: Do not use hemolyzed or plasma samples. STABILITY: Refrigerated samples are stable for 1 week.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

**Test Name** IMMUNOFIXATION URINE  
**Code:** 145

## Synonyms

IFE URINE  
UIFE

## Collection Requirements

10 mL Random or Timed Urine Refrigerated.

## Shipping and Handling Instructions

Urine protein electrophoresis also requires a urine protein. stored up to 7 days refrigerated.

Samples may be

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CUP	Yes	

**Test Name** IMMUNOGLOBULIN D, SERUM  
**Code:** 1230500174

## Synonyms

0099200  
IGD

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Frozen: 1 month; Refrigerated: 48 hours; Ambient: 8 hours

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** IMMUNOGLOBULIN G SUBCLASS 4  
**Code:** 1230500037

### Synonyms

0050576  
IGG4

### Collection Requirements

None Listed

### Shipping and Handling Instructions

Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.45 mL). STABILITY:  
Refrigerated: 8 days; Ambient: 2 hours; Frozen: 6 months

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** IMMUNOGLOBULIN G SUBCLASSES (1, 2, 3, 4)  
**Code:** 1230500126

### Synonyms

0050577  
IGGSUB

### Collection Requirements

None Listed

### Shipping and Handling Instructions

Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 2 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.45 mL). STABILITY:  
Refrigerated: 8 days; Ambient: 2 hours; Frozen: 6 months



## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** IMMUNOGLOBULIN G, CSF  
**Code:** 1230500150

## Synonyms

0050670  
IGGCSF

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Centrifuge and separate to remove cellular material. Transfer 1 mL CSF to an ARUP Standard Transport Tube. (Min: 0.4 mL). STABILITY: Refrigerated: 8 days; Ambient: 8 hours; Frozen: 1 year (if frozen within 24 hours)

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CSF COLLECTION KIT	Yes	

**Test Name** IMMUNOGLOBULIN G, CSF INDEX  
**Code:** 1230500329

## Synonyms

0050676  
IMMUNGCSF

## Collection Requirements

CSF AND serum separator tube. Serum specimen should be drawn within 48 hours of CSF collection.

## Shipping and Handling Instructions

Centrifuge and separate CSF to remove cellular material. Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL CSF AND 1 mL serum to individual ARUP Standard Transport Tubes. (Min: 0.4 mL CSF AND 0.4 mL serum). STABILITY: Refrige\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CSF + RGL	Yes	

**Test Name** IMMUNOGLOBULIN G/ALBUMIN RATIO, CSF  
**Code:** 1230500222

## Synonyms

0050680  
IGGALBCSF

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Centrifuge and separate to remove cellular material. Transfer 1 mL CSF to an ARUP Standard Transport Tube. (Min: 0.4 mL). STABILITY: Refrigerated: 8 days; Ambient: 8 hours; Frozen: 1 year

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CSF COLLECTION KIT	Yes	

**Test Name** IMMUNOGLOBULIN IGE  
**Code:** 1230100401

### Synonyms

IGE  
0050345

### Collection Requirements

None Listed

### Shipping and Handling Instructions

Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.3 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN GEL (PST)	No	
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** INFANTILE EPILEPSY PANEL, 51 GENES  
**Code:** 1230500223

### Synonyms

2007535  
INFANEPIL

### Collection Requirements

None Listed

### Shipping and Handling Instructions

Transport 5 mL whole blood. (Min: 2 mL). STABILITY: Ambient: 1 week; Refrigerated: 1 week; Frozen: Unacceptable

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	

**Test Name** INFLIXIMAB AND INFLIXIMAB-DYYB ACTIVITY AND NEUTRALIZING AB  
**Code:** 1230500151

## Synonyms

2008320  
IFXNAB

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Refrigerated: 4 weeks; Ambient: 48 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles)

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** INFLUENZA A/B AND RSV PCR  
**Code:** 143

## Synonyms

## Collection Requirements

Nasopharyngeal wash/aspirate 1-3 mL collected with NPak (nasopharyngeal aspiration kit) available from Central Supply. Syringe aspiration kit recommended for pediatric patients. Minimum volume requirement is 0.5 mL of nasopharyngeal wash.

UNACCEPTABLE SPECIMEN:

Nasopharyngeal swabs  
swabs  
Specimens in viral transport media

Nasal  
Throat swabs

## Shipping and Handling Instructions

TRANSPORT: Refrigerated at 2-8C

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CUP	Yes	

Test Name INHIBIN B  
Code: 123050058

## Synonyms

0070413  
INHIBINB

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transport 0.5 mL serum. (Min: 0.2 mL). STABILITY: Frozen 1 month; Ambient: Unacceptable; Refrigerated: 48 hours

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	
ARUP LAB	RED TOP -PLAIN	No	

**Test Name** INHIBIN-A (DIMER)  
**Code:** 123050057

## Synonyms

0070137  
INHIBA

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY:  
Refrigerated: 1 week; Ambient: 24 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles)

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** INHIBITOR ASSAY, PTT, REFLEX  
**Code:** 1230500330

## Synonyms

2003260  
PTTINHIB

## Collection Requirements

None Listed

## Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Transfer 2 mL plasma to an ARUP Standard Transport Tube. (Min: 1 mL). STABILITY: Frozen: 2 weeks; Ambient: 24 hours; Refrigerated: Unacceptable

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	BLUE TOP-CITRATE	Yes	

**Test Name** INSECTICIDE EXPOSURE PANEL  
**Code:** 1230500331

## Synonyms

0020175  
INSECTEPNL

## Collection Requirements

None Listed

## Shipping and Handling Instructions

DO NOT FREEZE. Do not spin down or separate. Transport 3 mL whole blood. (Min: 2 mL). STABILITY: Refrigerated: 1 week; Ambient: 4 hours; Frozen: Unacceptable

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	

**Test Name** INSULIN ANTIBODY  
**Code:** 1230101283

## Synonyms

ANTIBODIES  
0099228  
INSULIN AB

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.1 mL). STABILITY: Frozen: 2 months; Ambient: 24 hours; Refrigerated: 1 week

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	
ARUP LAB	RED TOP -PLAIN	No	

**Test Name** INSULIN, FASTING  
**Code:** 1230101284

## Synonyms

INSULIN  
0070063  
INSULIN FST

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Allow specimen to clot completely at room temperature. Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min 0.5 mL). STABILITY: Frozen: 1 month; Ambient: 8 hours\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks



## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** INSULIN-LIKE GROWTH FACTOR WITH Z SCORE  
**Code:** 1230101288

## Synonyms

IGF  
0070125  
2007698

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transport 1mL, serum in an ARUP Standard Transport Tube. (Min: 0.5 mL) Storage/Transport Temperature:Frozen Unacceptable Conditions:Plasma, tissue, or urine. Grossly hemolyzed or lipemic specimens. STABILITY: After separation from cells: Ambient: 24 hours; Refrigerated: 1 week; Frozen 1 year

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** INTERLEUKIN 2 RECEPTOR (CD25), SOLUBLE  
**Code:** 123050075

## Synonyms

0051529  
IL2RECEPT

## Collection Requirements

None Listed

## Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.3 mL). STABILITY: F\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	RED GEL (SST)	Yes	
ARUP LAB	RED TOP -PLAIN	No	

**Test Name** INTERLEUKIN-6  
**Code:** 1230100240

## Synonyms

IL-6  
INTERLEUKIN 6  
0051537

## Collection Requirements

None Listed

## Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.3 mL). STABILITY: \*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	RED GEL (SST)	Yes	
ARUP LAB	RED TOP -PLAIN	No	

**Test Name** INTRAOPERATIVE PTH  
**Code:** 147

## Synonyms

PARATHYROID  
INTRAOPERATIVE PARATHYROID

## Collection Requirements

PREFERRED SPECIMEN: Full EDTA plasma (LV tube)

## Shipping and Handling Instructions

1. Note that EDTA collection tubes must be filled to their capacity. Failure to completely fill the tube will result in excess concentration of EDTA which will interfere with the assay, causing a false depression of values. 2. Keep specimens cold (2-8 C) throughout the collection and separation process. Assay immediately after centrifugation or aliquot plasma and keep on ice until ready for testing.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	Yes	

**Test Name** INTRINSIC FACTOR BLOCKING ANTIBODY  
**Code:** 1230101290

## Synonyms

ANTIBODIES  
0070210  
IF BLOCK AB

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL). STABILITY: Frozen: 1 month; Ambient: 8 hours; Refrigerated: 48 hours

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** IODINE, SERUM  
**Code:** 1230500332

## Synonyms

2007463  
IODINESER

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transport 2 mL serum in an ARUP Trace Element-Free Transport Tube (ARUP supply #43116) available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	ROYAL BLUE PLAIN	Yes	

**Test Name** IRIS QC ALL  
**Code:** 951

## Synonyms

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

**Test Name** IRON  
**Code:** 1230100422

## Synonyms

FE

## Collection Requirements

No patient preparation is required. Preferred specimens: 0.25 ml plasma from a green lithium heparin gel tube. Alternate specimens: serum from red gel or plain tube with no additive.

## Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed. Freeze specimen for longer storage. CANCEL THIS TEST IF THERE IS MODERATE OR MARKED HEMOLYSIS.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

**Test Name** IRON + TIBC  
**Code:** 1230100503

## Synonyms

TIBC  
FE + TIBC  
TOTAL IRON BINDING CAPACITY  
IRON AND TIBC

## Collection Requirements

No patient preparation is required. Preferred specimens: 0.25 ml of non-hemolyzed plasma from a green lithium heparin gel tube. Alternate specimens: Serum from red gel, plain tube with no additive or plasma from a green sodium heparin tube.

## Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed. Freeze specimen for longer storage. Specimen should be free of hemolysis.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

**Test Name** ISLET CELL CYTOPLASMIC ANTIBODY, IGG  
**Code:** 1230500127

## Synonyms

0050138  
ANTIISLET

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles)

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** ISOPROPANOL  
**Code:** 12301003701

## Synonyms

ISOPROPANOL

## Collection Requirements

Do NOT use alcohol-based wipes to cleanse the patient's skin prior to venipuncture.

## Shipping and Handling Instructions

Allow to clot for 30 minutes after collection, separate serum from cells immediately. Transport: 1.0 mL (0.5 mL minimum) Serum. NOTIFY M BENCH TECH AFTER RECEIPT OF SPECIMEN IN THE LAB! Order as an Extra and process the specimen. Hold in processing freezer until notification from Toxicology Fellow at Poison Center. 1) wait for call from Toxicology Fellow from the Rocky Mountain Poison Center at 303-739-1123, not careprovider. 2) Send via STAT courier to the University of Colorado Hospital.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	RED TOP -PLAIN	Yes	

**Test Name** ITRACONAZOLE, QUANTITATIVE BY LC-MS/MS  
**Code:** 1230500226

## Synonyms

0098519  
ITRACONAZ

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.6 mL). STABILITY: Frozen: 6 months; Ambient: 48 hours; Refrigerated: 48 hours

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	RED TOP -PLAIN	Yes	

**Test Name** JAK2 EXON 12 MUTATION ANALYSIS BY PCR  
**Code:** 1230500113

## Synonyms

2002357  
JAK2EX12

## Collection Requirements

Lavender (EDTA) OR bone marrow (EDTA).

## Shipping and Handling Instructions

Do not freeze. Transport 5 mL whole blood (Min: 1 mL) OR 3 mL bone marrow (Min: 1 mL). STABILITY: Refrigerated: 5 days; Ambient: 24 hours; Frozen: Unacceptable

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	

**Test Name** JAK2 GENE, V617F MUTATION, QUALITATIVE  
**Code:** 1230500017



## Synonyms

0051245  
JAK2 GENE  
V

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Do not freeze. Transport 5 mL whole blood (Min: 1 mL) OR 3 mL bone marrow (Min: 1 mL).  
STABILITY: Refrigerated: 5 days; Ambient: 24 hours; Frozen: Unacceptable

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	

**Test Name** JAPANESE ENCEPHALITIS VIRUS ABS, IGG/IGM  
**Code:** 1230500333

## Synonyms

2005689  
JPNGM

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 6 months (avoid repeated freeze/thaw cycles)

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name JC VIRUS PCR  
Code: 132

## Synonyms

JCPCR

## Collection Requirements

All sample types acceptable. whole Blood, send EDTA blood. All samples types collected in a sterile container. whole blood collected in a pink top (EDTA) or purple top (EDTA) tube. Specimen source is required.

## Shipping and Handling Instructions

STABILITY: Ambient:12 hours Refrigerated: 72 hours Frozen (-70C): 6 months

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	CONTAINER	No	
DH NON-INTERFACED LAB	LAVENDAR BULLET - K2 EDTA	No	
DH NON-INTERFACED LAB	LAVENDER TOP - K2 EDTA	Yes	
DH NON-INTERFACED LAB	RED BULLET	No	
DH NON-INTERFACED LAB	RED TOP -PLAIN	No	
DH NON-INTERFACED LAB	STERILE CUP	No	
DH NON-INTERFACED LAB	STERILE TUBE	No	
DH NON-INTERFACED LAB	WHITE TOP	No	
DH NON-INTERFACED LAB	YELLOW BULLET (SST)	No	

## Collection Requirements

All sample types acceptable. whole Blood, send EDTA blood. All samples types collected in a sterile container. whole blood collected in a pink top (EDTA) or purple top (EDTA) tube. Specimen source is required.

## Shipping and Handling Instructions

STABILITY: Ambient:12 hours Refrigerated: 72 hours Frozen (-70C): 6 months

## Turn Around Times

Laboratory

Priority

TAT

## Container Types

Laboratory

DH NON-INTERFACED LAB

Container

CSF COLLECTION KIT

Default?

Yes

Min Volume

## Collection Requirements

All sample types acceptable. whole Blood, send EDTA blood. All samples types collected in a sterile container. whole blood collected in a pink top (EDTA) or purple top (EDTA) tube. Specimen source is required.

## Shipping and Handling Instructions

STABILITY: Ambient:12 hours Refrigerated: 72 hours Frozen (-70C): 6 months

## Turn Around Times

Laboratory

Priority

TAT

## Container Types

Laboratory

DH NON-INTERFACED LAB

Container

RED GEL (SST)

Default?

Yes

Min Volume

## Collection Requirements

All sample types acceptable. whole Blood, send EDTA blood. All samples types collected in a sterile container. whole blood collected in a pink top (EDTA) or purple top (EDTA) tube. Specimen source is required.

## Shipping and Handling Instructions

STABILITY: Ambient:12 hours Refrigerated: 72 hours Frozen (-70C): 6 months

## Turn Around Times

Laboratory

Priority

TAT

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	STERILE CONTAINER	Yes	

**Test Name** JKA ANTIGEN TYPING - PATIENT  
**Code:** 1230500334

## Synonyms

2007727  
JKAAG

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Do not freeze. Transport 7 mL whole blood. (Min: 0.5 mL). STABILITY: Refrigerated: 1 week;  
Ambient: 72 hours; Frozen: Unacceptable

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	

**Test Name** JO-1 ANTIBODY  
**Code:** 1230500025

## Synonyms

0099592  
ANTIJO1

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles)

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name K8 GC ETEST  
Code: 1355

## Synonyms

SUSCEPTIBILITY  
GONORRHEA

## Collection Requirements

Internal Micro test

## Shipping and Handling Instructions

Dayshift Microbiology test that is part of a culture. Fresh 24 hour sub is needed to perform testing.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CONTAINER	Yes	

Test Name K8 GONORRHEA CULTURE  
Code: 1350

## Synonyms

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GC CX  
CULTURE

## Collection Requirements

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Deliver Jembec Plate immediately to Laboratory. If delivery is delayed, include a CO2 generating tablet (bicarbonate-citric acid), in impermeable transport bag.

## Shipping and Handling Instructions

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None Listed

## Turn Around Times

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<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

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<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	JEMBEK PLATE	Yes	

**Test Name** KAOLIN THROMBOELASTOGRAM  
**Code:** 23

## Synonyms

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## Collection Requirements

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Specimen must be received in the laboratory within 10 minutes after collection. Test must be performed within 15 minutes after collection. Specimen is stable up to 30 minutes after collection.

## Shipping and Handling Instructions

---

Underfilled, overfilled, or clotted tubes must be cancelled. Specimen must be received within 10 minutes after collection. Do NOT centrifuge. Whole blood is analyzed.

## Turn Around Times

---

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	BLUE TOP-CITRATE	Yes	

**Test Name** KAOLIN THROMBOELASTOGRAM WITH HEPARINASE  
**Code:** 22

## Synonyms

## Collection Requirements

Specimen must be received in the laboratory within 10 minutes after collection. Test must be performed within 15 minutes after collection. Specimen is stable up to 30 minutes after collection.

## Shipping and Handling Instructions

Underfilled, overfilled, or clotted tubes must be cancelled. Specimen must be received within 10 minutes after collection. Do NOT centrifuge. Whole blood is analyzed.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	BLUE TOP-CITRATE	Yes	

**Test Name** KAPPA/LAMBDA FREE LIGHT CHAINS QUANT URN  
**Code:** 1230500152

## Synonyms

0050618  
KAPPALAMBDA

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transfer two 4 mL aliquots from a well-mixed 24-hour collection to individual ARUP Standard Transport Tubes. (Min: 4 mL) Record total volume and collection time interval on transport tube and test request form. STABILITY: Refrigerated: 1 week; Ambient: 2 hours; Frozen: Unacceptable Reported: 2-7 days

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

**Test Name** KAPPA/LAMBDA QUANT FREE LIGHT CHAINS (SERUM) WITH RATIO  
**Code:** 123050049

## Synonyms

0055167  
KAPLAMF

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Remove serum from cells ASAP or within 2 hours of collection. Transfer 2 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Refrigerated: 1 week; Ambient: 2 hours; Frozen: 2 weeks

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** KB CELL COUNT  
**Code:** 1230100454



## Synonyms

FETAL CELL  
FETAL HGB  
KB STAIN

## Collection Requirements

Required Volume: 2mL Preferred Specimen: Lavender top tube Alternate Specimen: Amniotic Fluid, unspun preferred, in a plain white top or red top tube. Vaginal bleed collected in EDTA &#x20; &#x20;

## Shipping and Handling Instructions

Lab Instructions: Stable 2 weeks, refrigerated. Expected TAT: Routine is 24 hours, STAT is 3 hours.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CONTAINER	No	
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name KB QC CELL COUNT  
Code: 772

## Synonyms

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

**Test Name** KIRBY BAUER  
**Code:** 1230100726

## Synonyms

KIRBY BAUER  
KB SUSCEPTIBILITY  
DISK DIFFUSION

## Collection Requirements

Internal Micro test

## Shipping and Handling Instructions

Dayshift Microbiology test that is part of a culture. Fresh 24 hour sub is needed to perform testing.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	MUELLER HINTON	Yes	

**Test Name** KIT (D816V) MUTATION BY PCR  
**Code:** 1230500175

## Synonyms

0040137  
KITD816V

## Collection Requirements

Lavender (EDTA) OR bone marrow (EDTA) OR tissue.

## Shipping and Handling Instructions

whole blood: Transport 5 mL (Min: 1 mL) OR Bone marrow: Transport 3 mL (Min: 1 mL).  
STABILITY: whole blood OR Bone marrow: Refrigerated: 5 days; Ambient: 24 hours; Frozen: Unacceptable

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name KLEIB BE PATIENT NEG  
Code: 402

## Synonyms

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

Test Name KLEIH-BETKE INTERPRETATION  
Code: 1380

## Synonyms

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## Collection Requirements

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None Listed

## Shipping and Handling Instructions

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None Listed

## Turn Around Times

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<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

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<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	Yes	

**Test Name** KOH PREP  
**Code:** 1230100160

## Synonyms

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MB-KOH

## Collection Requirements

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skin, hair, and nail clippings

## Shipping and Handling Instructions

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skin and scalp scrapings, hair, and nail clippings are the only accepted specimens for testing. Please order a gram stain (LAB250) for all other specimens. This test is considered STAT and must be processed immediately.

## Turn Around Times

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<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes
DH PAV C WOMENS CARE LAB	Routine	6 Hours
DH PAV C WOMENS CARE LAB	STAT	60 Minutes
DH PAV G WEBB LAB	Routine	6 Hours
DH PAV G WEBB LAB	STAT	60 Minutes
DH PAV H STD LAB	Routine	6 Hours
DH PAV H STD LAB	STAT	60 Minutes
EASTSIDE LAB	Routine	6 Hours
EASTSIDE LAB	STAT	60 Minutes
LA CASA LAB	Routine	6 Hours
LA CASA LAB	STAT	60 Minutes
LOWRY LAB	Routine	6 Hours
LOWRY LAB	STAT	60 Minutes
MONTBELLO LAB	Routine	6 Hours
MONTBELLO LAB	STAT	60 Minutes
PARK HILL LAB	Routine	6 Hours
PARK HILL LAB	STAT	60 Minutes
WESTSIDE LAB	Routine	6 Hours
WESTSIDE LAB	STAT	60 Minutes
WESTWOOD LAB	Routine	6 Hours
WESTWOOD LAB	STAT	60 Minutes

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	STERILE TUBE	No	
DH PAV A CENTRAL LAB	SWAB	No	

**Test Name** KRAS MUTATION DETECTION  
**Code:** 123050056

### Synonyms

0040248

### Collection Requirements

None Listed

### Shipping and Handling Instructions

"Formalin fix (10 percent neutral buffered formalin) and paraffin embed tissue. Protect from excessive heat. Transport tissue block or 5 unstained 5-micron slides. (Min: 3 slides) Transport block(s) and/or slide(s) in a tissue transport kit (ARUP supply\* "

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	Yes	

**Test Name** KRAS MUTATION DETECTION WITH BRAF REFLEX  
**Code:** 123050123

### Synonyms

2001932

### Collection Requirements

Tumor tissue

### Shipping and Handling Instructions

Formalin fix (10 percent neutral buffered formalin) and paraffin embed tissue. Protect paraffin block from excessive heat. Transport tissue block or 5 unstained 5-micron slides. (Min: 3 slides). Transport block and/or slide(s) in a tissue transport kit \*

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	Yes	

**Test Name** LACOSAMIDE, SERUM OR PLASMA  
**Code:** 1230500045

### Synonyms

2003182  
LACOSASP

### Collection Requirements

None Listed

### Shipping and Handling Instructions

Separate serum or plasma from cells within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Refrigerated: 15 days; Ambient: 15 days; Frozen: 15 days

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 Weeks
ARUP LAB	Routine	1 Weeks
ARUP LAB	STAT	1 Weeks
ARUP LAB	Timed	1 Weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED TOP -PLAIN	Yes	

Test Name LACTATE  
Code: 1230100423

## Synonyms

LACTIC ACID

## Collection Requirements

No patient preparation is required. Preferred specimens: A green top tube or a heparinized syringe collected on ice. Alternate specimens: A specimen that is NOT on ice is only acceptable when the test is performed within 10-15 minutes of collection. (Specimens tubes from the OR are not usually on ice). No other specimen tubes are acceptable. Whole blood ON ICE is used for this test. Limit tourniquet use during specimen collection and immediately place the specimen in an ice slurry.

## Shipping and Handling Instructions

Testing should be done immediately. If there is the potential for any type of delay, centrifuge the specimen and remove plasma from red cells. Plasma is stable at refrigerated temperatures for several days, IF PLASMA IS IMMEDIATELY REMOVED FROM CELLS \*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN TOP - LIHEP	Yes	
DH PAV A CENTRAL LAB	HEPARINIZED SYRINGE	No	

Test Name LACTATE CLEARANCE  
Code: 56

## Synonyms

LACCLR

## Collection Requirements

A green top tube or a heparinized syringe collected on ice are the preferred specimens. A specimen that is NOT on ice is only acceptable when the test is performed within 10-15 minutes of collection. (Specimens tubes from the OR are not usually on ice). No other specimen tubes are acceptable.

## Shipping and Handling Instructions

whole blood ON ICE is used for this test. Limit tourniquet use during specimen collection and immediately place the specimen in an ice slurry. Testing should be done immediately. If there is the potential for any type of delay, centrifuge the specimen \*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN TOP - LIHEP	Yes	
DH PAV A CENTRAL LAB	HEPARINIZED SYRINGE	No	

**Test Name** LACTATE CSF  
**Code:** 1230100094

## Synonyms

CSF LACTATE  
LACTIC ACID

## Collection Requirements

No patient preparation is required. Preferred Specimen: 0.1 mL CSF Plastic CSF collection tube. Alternate Specimen: 0.1 mL CSF in a plain white or plain red top tube or specimen collection cup may also be acceptable.

## Shipping and Handling Instructions

Give to appropriate lab staff as soon as possible to perform testing.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes



## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CSF COLLECTION KIT	Yes	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	STERILE CUP	No	
DH PAV A CENTRAL LAB	STERILE TUBE	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

**Test Name** LACTATE DEHYDROGENASE  
**Code:** 1230100424

## Synonyms

LDH

## Collection Requirements

Preferred specimens: 0.25 ml plasma from a green lithium heparin gel tube. Alternate specimens: Serum from red gel or plain tube with no additive.

## Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed. Freeze specimen for longer storage.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

**Test Name** LACTATE DEHYDROGENASE FL  
**Code:** 1230100095

## Synonyms

LDH-FL  
LACTATE DEHYDROGENASE BODY FLUID  
LACTATE DEHYDROGENASE FLUID

## Collection Requirements

Preferred specimens: A green heparin tube , serum separator tube, or a plain tube. If the specimens is CSF, specimen is collected in a CSF tube. &#x20;

## Shipping and Handling Instructions

Centrifuge the specimen and separate the fluid from the cells as soon as possible.  
Refrigerate the specimen if testing is not performed immediately.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CSF COLLECTION KIT	No	
DH PAV A CENTRAL LAB	GREEN GEL (PST)	No	
DH PAV A CENTRAL LAB	GREEN TOP - LIHEP	No	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	Yes	

**Test Name** LACTOFERRIN, FECAL BY ELISA  
**Code:** 1230500336

## Synonyms

0061164  
FECLACTO

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transfer 5 g stool to an unpreserved stool transport vial (ARUP supply #40910). Available online through eSupply using ARUP Connect(TM) or contact Client Services at (800) 522-2787. (Min: 1 g) Also acceptable: Place 5 g stool in enteric transport media \* Preserved: Refrigerated: 2 weeks; Ambient: 1 week; Frozen: 2 weeks

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	STERILE CUP	Yes	

**Test Name** LAMBDA FREE LIGHT CHAINS, URINE  
**Code:** 1230500337

### Synonyms

LAMBDA FREE  
0050682

### Collection Requirements

None Listed

### Shipping and Handling Instructions

Transfer two 4 mL aliquots from a well-mixed 24-hour urine collection to individual ARUP Standard Transport Tubes. (Min: 4 mL) Record total volume and collection time interval on transport tube and test request form. STABILITY: Refrigerated: 1 week; Ambient: 2 hours; Frozen: Unacceptable Reported: 2-7 days

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

**Test Name** LAMELLAR BODY COUNT  
**Code:** 4

### Synonyms

FETAL LUNG MATURITY  
LBC  
FLM

### Collection Requirements

Sterile Tube, white top, sterile cup, sterile container. Amniocentesis preferred. 1 mL amniotic fluid.

### Shipping and Handling Instructions

Sterile Tube, white top, sterile cup, sterile container. Amniocentesis preferred. 1 mL amniotic fluid Do not centrifuge. Transport 1 mL amniotic fluid. (Min: 0.25 mL) Refrigerated.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	STERILE CONTAINER	No	
DH NON-INTERFACED LAB	STERILE CUP	No	
DH NON-INTERFACED LAB	STERILE TUBE	Yes	
DH NON-INTERFACED LAB	WHITE TOP	No	

**Test Name** LAMOTRIGINE LEVEL  
**Code:** 1230100455

## Synonyms

LAMICTAL  
ANTI-EPILEPTIC  
ANTI EPILEPTIC  
0090177  
LAMOTRIGINE

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.3 mL). STABILITY: Refrigerated: 1 week; Ambient: 7 days; Frozen: 4 weeks

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED TOP -PLAIN	Yes	

**Test Name** LATEX, IGE  
**Code:** 1230101300

## Synonyms

RAST  
LATEX  
0099614

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL plus 0.04 mL for each allergen ordered). STABILITY: Refrigerated: 2\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name LD CORTISOL 60 MIN PD  
Code: 83

## Synonyms

LOW DOSE CORTISOL 60 MIN POST DOSE

## Collection Requirements

None Listed

## Shipping and Handling Instructions

SPECIMEN PREP: Separate serum from cells within 2 hours. TRANSPORT: 1.5 mL (1.0 mL minimum) Serum 1. Samples can be stored at 2-8°C for 7 days. 2. For longer storage, aliquot and freeze up to 3 months at -20°C. Test performed 7am - 4:30pm daily

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN BULLET - LIHEP	No	
DH PAV A CENTRAL LAB	GREEN GEL (PST)	No	
DH PAV A CENTRAL LAB	GREEN GEL BULLET (PST)	No	
DH PAV A CENTRAL LAB	GREEN TOP - NAHEP	No	
DH PAV A CENTRAL LAB	RED BULLET	No	
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	
DH PAV A CENTRAL LAB	YELLOW BULLET (SST)	No	

**Test Name** LDL CHOLESTEROL DIRECT  
**Code:** 1230100004

## Synonyms

DIRECT LDL CHOLESTEROL  
0020257

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Allow specimen to clot completely at room temperature. Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Refrigerated: 5 days; Ambient: 8\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN GEL (PST)	Yes	
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	No	

**Test Name** LEAD BLOOD  
**Code:** 1230100426

## Synonyms

LEAD-B  
PB BLOOD  
0020098

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transport 7 mL whole blood (royal blue) OR 3 mL whole blood (tan). (Min: 0.5 mL).  
STABILITY: Ambient/Refrigerated

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	ROYAL BLUE - K2 EDTA	Yes	

**Test Name** LEAD, CAPILLARY BLOOD  
**Code:** 1230101301

## Synonyms

PB  
0020745  
LEAD CAP

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Invert specimen 10 times to prevent clot formation. Transport 0.5 mL whole blood. (Min: 0.5 mL). STABILITY: Ambient/Refrigerated

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDAR BULLET - K2 EDTA	Yes	

**Test Name** LECITHIN-SPHINGOMYELIN RATIO  
**Code:** 1230500338

### Synonyms

L/S RATIO  
LSRAT

### Collection Requirements

None Listed

### Shipping and Handling Instructions

Do not centrifuge. Transport 10 mL amniotic fluid. (Min: 4 mL). STABILITY: Refrigerated: 48 hours; Ambient: 1 hour; Frozen: 1 year

### Turn Around Times

Laboratory

Priority

TAT

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	CONTAINER	No	
DH NON-INTERFACED LAB	STERILE CONTAINER	No	
DH NON-INTERFACED LAB	STERILE CUP	No	
DH NON-INTERFACED LAB	STERILE TUBE	Yes	

**Test Name** LEFLUNOMIDE METABOLITE, SERUM/PLASMA  
**Code:** 1230500339

### Synonyms

2007460  
LEFLUMETSP

### Collection Requirements

None Listed

### Shipping and Handling Instructions

Separate from cells within 2 hours of draw. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.2 mL). STABILITY: Refrigerated: 17 days; Ambient: 7 days; Frozen: 90 days



## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 Weeks
ARUP LAB	Routine	1 Weeks
ARUP LAB	STAT	1 Weeks
ARUP LAB	Timed	1 Weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED TOP -PLAIN	Yes	

**Test Name** LEGIONELLA ANTIGEN, URINE  
**Code:** 1230101596

## Synonyms

AG  
ULEAGB  
L. PNEUMOPHILA URINARY AG

## Collection Requirements

Random urine.

## Shipping and Handling Instructions

Store urine specimen at room temperature if testing will be done within 24 hours of collection. If not tested within 24 hours, store at 2-8C for up to 14 days. This test is considered STAT, must be processed immediately.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	URINE	Yes	

**Test Name** LEGIONELLA CULTURE  
**Code:** 1230101548

## Synonyms

PNEUMOPHILA  
0060113

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Respiratory specimens: Abscess material, aspirates, BAL, fluids, secretions, sputum, or tissue; OR pericardial fluid or blood in SPS Vacutainer® tube for microbiology (ARUP supply #24964). Available online through eSupply using ARUP Connect™ or contact \* Fluid: Transfer to a sterile container. Place each specimen in an individually sealed bag. (Min. 0.5 mL) Tissue: Place on gauze moistened with sterile non-bacteriostatic saline to prevent drying and transport in sterile container. Blood: Transport blood in SPS tube. Refrigerated. For non-blood specimens: If delay in transport (greater than 48 hours), transport frozen. Unacceptable Conditions: Stool, urine, wounds, or other non-respiratory sites. Dry specimens. Specimens in preservatives or viral transport medium (M4, UTM).

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	No	
ARUP LAB	SPS TUBE	No	
ARUP LAB	STERILE CONTAINER	Yes	

**Test Name** LEISHMANIA ANTIBODY  
**Code:** 1230101304

## Synonyms

VISCERAL LEISHMANIASIS  
KALAZAR  
0051726  
LEISHMAN AB

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.1 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** LEUKEMIA/LYMPHOMA PHENOTYPING BY FLOW CYTOMETRY  
**Code:** 804

## Synonyms

FLOW CYTOMETRY  
2008003  
ARUP

## Collection Requirements

whole blood: Green (sodium heparin)

## Shipping and Handling Instructions

Transport 5 mL whole blood (Min: 1mL\*). \*Minimum volume is dependent on cellularity.  
STABILITY: (collection to initiation of testing): Ambient: 48 hours; Refrigerated: 48 hours; Frozen: Unacceptable

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - NAHEP	Yes	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	

**Test Name** LEUKOCYTE ALKALINE PHOSPHATASE  
**Code:** 1230101307

## Synonyms

LAPH  
0049000

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Protect both smears and whole blood from light and pack accordingly to avoid breakage. Transport 5 mL whole blood (Min: 1 mL) AND 6 unfixed, well-prepared smears (Min: 6 smears). STABILITY: Blood: Ambient: 24 hours; Refrigerated: Unacceptable; Frozen: U\* Unfixed Smears: Ambient: 1 week; Refrigerated: Unacceptable; Frozen: Unacceptable

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - NAHEP	Yes	

Test Name LEVETIRACETAM LEVEL  
Code: 1230100457

## Synonyms

KEPPRA  
0098627  
LEVETIRACETA

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.3 mL). STABILITY: Refrigerated: 1 week; Ambient: 7 days; Frozen: 1 month

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED TOP -PLAIN	Yes	

Test Name LIDOCAINE LEVEL  
Code: 1230101308

## Synonyms

XYLOCAINE  
0090155  
LIDOCAINE

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum from cells immediately. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Refrigerated: 1 week; Ambient: 1 week; Frozen: 1 month

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED TOP -PLAIN	Yes	

Test Name LIPASE  
Code: 1230100427

## Synonyms

## Collection Requirements

Preferred specimens: 0.25 ml plasma from a green lithium heparin gel tube. Alternate specimens: serum from red gel or plain tube with no additive.

## Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

**Test Name** LIPASE, FLUID  
**Code:** 123050054

## Synonyms

0020715  
LIPASEFL

## Collection Requirements

Specimen source must be provided.

## Shipping and Handling Instructions

Centrifuge to remove cellular material. Transport 1 mL body fluid. (Min: 0.5 mL).  
STABILITY: Ambient: 1 week; Refrigerated: 1 week; Frozen: 1 year

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	Yes	

**Test Name** LIPID PANEL  
**Code:** 1230100086

## Synonyms

## Collection Requirements

Patient preparation: The patient should fast for 10 hours before a lipid profile is drawn. The patient may have water at any time. Preferred specimens: A serum separator (gel) tube is preferred. Alternate specimens: Plain white, red, and green are acceptable. Note that HDL runs slightly lower in plasma than in serum.

## Shipping and Handling Instructions

Centrifuge the specimen and separate serum/plasma from cells as soon as possible.  
Refrigerate the specimen if testing cannot be performed immediately.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	GREEN TOP - LIHEP	No	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

**Test Name** LIPOPROTEIN A (LPA)  
**Code:** 1230101310

## Synonyms

APOLIPOPROTEIN  
LPA  
0099174

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Allow specimen to clot completely at room temperature. Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Frozen: 3 months; Ambient: 8 hou\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN GEL (PST)	No	
ARUP LAB	RED GEL (SST)	Yes	

Test Name LIPOPROTEIN ELECTROPHORESIS  
Code: 1230100002

### Synonyms

LIPO ELECTROPHORESIS  
LIPO ELP  
0080503

### Collection Requirements

None Listed

### Shipping and Handling Instructions

Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL) Store and ship refrigerated. DO NOT FREEZE. STABILITY: Refrigerated: 10 days; Ambient: 24 hours; Frozen: Unacceptable

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	
ARUP LAB	RED TOP -PLAIN	No	

Test Name LISTERIA ANTIBODY, CSF BY CF  
Code: 1230102002

### Synonyms

2002086  
LISTERIA ANT

### Collection Requirements

None Listed

### Shipping and Handling Instructions

Transfer 1 mL CSF to an ARUP standard transport tube. (Min: 0.5 mL). STABILITY: Refrigerated: 2 weeks; Ambient: Undetermined; Frozen: 1 month



## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	Yes	

**Test Name** LISTERIA ANTIBODY, SERUM BY CF  
**Code:** 1230101315

## Synonyms

0099529  
LISTERIA AB

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL), STABILITY:  
Refrigerated: 2 weeks; Ambient: 1 week; Frozen: 1 month

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	
ARUP LAB	RED TOP -PLAIN	No	

**Test Name** LITHIUM  
**Code:** 1230100195

## Synonyms

LI

## Collection Requirements

Patient preparation is not required. Preferred specimens: 0.25 ml serum from a red gel tube. Alternate specimens: Serum from plain tube with no additive, plasma from sodium heparin (lithium heparin is not acceptable).

## Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed. Freeze specimen for longer storage.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	

**Test Name** LIVER FIBROSIS, CHRONIC VIRAL HEPATITIS (ECHOSENS FIBROMETER)  
**Code:** 786

## Synonyms

ARUP 2005661  
2005661  
FIBRO V

## Collection Requirements

1 Red Gel AND 2 Blue Tops; 1 Lavender should be drawn if no hematology tests are ordered. Separate serum and citrated plasma from cells ASAP or within 2 hours of collection.

## Shipping and Handling Instructions

Separate serum and citrated plasma from cells ASAP or within 2 hours of collection. Do not send the EDTA whole blood to ARUP. Transfer 3 mL serum to an ARUP Standard Transport Tube. (Min: 1.2 mL) Transfer 1 mL platelet-poor citrated plasma to an ARUP Sta\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	1 RED GEL (SST) + 2 BLUE (CITRATE)	Yes	

**Test Name** LIVER-KIDNEY MICROSOME-1 AB, IGG  
**Code:** 123050050

### Synonyms

0055241  
LIVER-KIDNEY

### Collection Requirements

None Listed

### Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL).

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** LOW MOLECULAR WGT HEPARIN  
**Code:** 1230100223

### Synonyms

ANTI-XA ASSAY FOR LMWH  
LMWH

### Collection Requirements

None Listed

### Shipping and Handling Instructions

-Underfilled, overfilled, or clotted tubes must be cancelled. Specimen Stability:  
Uncentrifuged, 1 hr at Room Temperature Plasma, 2 hrs at Room Temperature Frozen plasma, 2 weeks at -20 C

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	BLUE TOP-CITRATE	Yes	

Test Name LSD CONFIRMATION, URINE  
Code: 123050111

## Synonyms

0091627

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

Test Name LSD, URINE - SCREEN W/REFLEX TO QUANT  
Code: 1230500227

## Synonyms

0091224  
LSDURINE

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Protect from light. Transfer 2 mL urine to an ARUP Amber Transport Tube. (Min: 0.85 mL).  
STABILITY: Refrigerated: 1 month; Ambient: 1 month; Frozen: 1 month

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

**Test Name** LUPUS ANTICOAGULANT  
**Code:** 1230100458

## Synonyms

0030181  
LUPUS ANTICO

## Collection Requirements

Light blue (sodium citrate). Refer to Specimen Handling at aruplab.com for hemostasis/thrombosis specimen handling guidelines.

## Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Transfer 2 mL platelet-poor plasma to an ARUP Standard Transport Tube. (Min: 2 mL).  
STABILITY: Frozen: 3 months; Ambient: 4 hours; Refrigerated: Unacceptable

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	BLUE TOP-CITRATE	Yes	

**Test Name** LUTEINIZING HORMONE  
**Code:** 1230100415

### Synonyms

LH

### Collection Requirements

None Listed

### Shipping and Handling Instructions

SPECIMEN PREP: Separate serum from cells within 2 hours. TRANSPORT: 1.5 mL (1.0 mL minimum)  
Serum STABILITY: 1. Samples can be stored at 2-8°C for up to 7 days after collection. 2.  
For longer storage, aliquot and freeze up to 3 months at -20°C.

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	
DH PAV A CENTRAL LAB	WHITE TOP	No	

**Test Name** LYME DISEASE ACUTE REFLEXIVE PANEL  
**Code:** 1230500341

### Synonyms

0050267  
LYMERFLXA

### Collection Requirements

None Listed

### Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles)

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** LYME DISEASE CHRONIC REFLEXIVE PANEL  
**Code:** 1230500039

## Synonyms

0050268  
LYMERFLXCH

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 2 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles)

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** LYMPHOCYTE SUBSET 3, CD4 AND CD8  
**Code:** 1230500228

## Synonyms

0095853  
LYMSS3

## Collection Requirements

None Listed

## Shipping and Handling Instructions

CRITICAL ROOM TEMPERATURE. Transport 4 mL whole blood. (Min: 0.5 mL). STABILITY: EDTA: Ambient: 72 hours; Refrigerated: Unacceptable; Frozen: Unacceptable Heparin: Ambient: 48 hours; Refrigerated: Unacceptable; Frozen: Unacceptable

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	

**Test Name** LYMPHOCYTE SUBSET 4, PCT. AND RATIO, BAL  
**Code:** 1230500229

## Synonyms

0093420  
LYMSS4

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transfer 4 mL bronchoalveolar lavage to a sterile container. (Min: 3 mL). STABILITY: Refrigerated: 48 hours, Ambient: Unacceptable, Frozen: Unacceptable

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	STERILE CONTAINER	Yes	



**Test Name** LYSOZYME, SERUM  
**Code:** 1230101323

### Synonyms

MURAMIDASE  
2012039

### Collection Requirements

None Listed

### Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.4 mL). STABILITY: Refrigerated: 1 week; Ambient: 8 hours; Frozen: 3 months

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** MAGNESIUM  
**Code:** 1230100005

### Synonyms

MG

### Collection Requirements

Preferred specimens: 0.25 mL Plasma Lithium Heparin (Green Gel). Alternate specimens: 0.25 mL Serum from red gel or plain tube with no additive.

### Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed. Freeze specimen for longer storage. The specimen should be free of hemolysis.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

**Test Name** MAGNESIUM 24HR URINE  
**Code:** 1230100321

## Synonyms

MAG-U

## Collection Requirements

No preparation is required. Preferred specimens: Urine collected in a 24 hour urine jug is preferred. No preservative is necessary, but the urine should be refrigerated during collection.

## Shipping and Handling Instructions

Measure the volume and document the volume and collection time in the computer. Mix the specimen, pour an aliquot into a test tube, centrifuge and send to core. Also, aliquot a portion into a cup with total volume documented on the cup.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	24 HR URINE CONTAINER	Yes	

**Test Name** MAGNESIUM RBC  
**Code:** 1230100006

## Synonyms

MG RBC  
0092079

## Collection Requirements

Collect: Royal Blue (EDTA)

## Shipping and Handling Instructions

Specimen Preparation: Centrifuge whole blood and separate RBCs from plasma within 2 hours of collection. Transfer 2 mL RBCs to an ARUP Trace Element-Free Transport Tube (ARUP supply #43116) available online through eSupply using ARUP Connect™ or contact\* Storage/Transport Temperature: Room temperature. Also acceptable: Refrigerated. Unacceptable Conditions: Specimens collected in tubes other than royal blue (EDTA). Specimens transported in containers other than Royal Blue (EDTA) tube or Trace Element-Free Transport Tube. Clotted or grossly hemolyzed specimens. Stability (collection to initiation of testing): After separation from plasma: Ambient: 1 week; Refrigerated: 1 week; Frozen: Unacceptable

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	ROYAL BLUE - K2 EDTA	Yes	

Test Name MAGNESIUM URINE  
Code: 1230100320

## Synonyms

MAG-U

## Collection Requirements

No preparation is required. Preferred specimens: 10 mL of random urine collected in a random urine cup or plain tube.

## Shipping and Handling Instructions

Mix the urine well, aliquot urine into a test tube, and centrifuge. If testing is delayed, refrigerate the specimen.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	URINE	No	

**Test Name** MALARIA THICK AND THIN SMEAR  
**Code:** 12

## Synonyms

MALARIA THICK/THIN SMEAR

## Collection Requirements

EDTA whole blood or fresh blood from a fingerstick applied to slides.

## Shipping and Handling Instructions

EDTA whole blood stable 2 hours for optimum parasite recovery: up to 8 hours if physician request but parasite recovery greatly diminishes on long standing.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CAP TUBE	No	
DH PAV A CENTRAL LAB	CSF COLLECTION KIT	No	
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	Yes	

**Test Name** MALARIAL CELL COUNT  
**Code:** 801

## Synonyms

MALARIA CELL COUNT  
MALARIA COUNT  
MALARIA

## Collection Requirements

Required Volume: 2mL

## Shipping and Handling Instructions

None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CONTAINER	No	
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	Yes	

**Test Name** MANUAL DIFFERENTIAL AND MORPHOLOGY  
**Code:** 1230101637

## Synonyms

CBC MANUAL DIFF  
MAN DIFF  
CBC MAN DIFF

## Collection Requirements

Invert immediately and gently mix with anticoagulant.

## Shipping and Handling Instructions

Slide must be made within 8 hours of collection.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	LAVENDAR BULLET - K2 EDTA	No	
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	Yes	

**Test Name** MAS1 FLDIP URINE CONTROL  
**Code:** 414

## Synonyms

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## Collection Requirements

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None Listed

## Shipping and Handling Instructions

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None Listed

## Turn Around Times

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### Laboratory

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

### Priority

Routine  
STAT

### TAT

6 Hours  
40 Minutes

## Container Types

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### Laboratory

DH PAV A CENTRAL LAB

### Container

QC CONTAINER

### Default?

Yes

### Min Volume

Test Name MAS1 UPREG POS QC (HRP)  
Code: 754

## Synonyms

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## Collection Requirements

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None Listed

## Shipping and Handling Instructions

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None Listed

## Turn Around Times

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### Laboratory

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

### Priority

Routine  
STAT

### TAT

6 Hours  
40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

**Test Name** MAS3 FLDIP NORMAL URINE CONTROL  
**Code:** 415

## Synonyms

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

**Test Name** MAS3 UPREG NEG QC (HRP)  
**Code:** 755

## Synonyms

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

**Test Name** MATERNAL SERUM SCREEN, FIRST TRIMESTER, HCG, PAPP-A, NT  
**Code:** 1038

## Synonyms

3000145  
MS FTS  
COMBINED SCREEN  
FIRST TRIMESTER SCREEN  
ULTRASCREEN

## Collection Requirements

**Patient Prep:** Specimen must be drawn between 11 weeks, 0 days and 13 weeks, 6 days. (Crown-Rump length (CRL) must be between 43-83.9 mm at time of specimen collection.)  
**Collect:** Serum Separator Tube (SST) or Plain Red.

## Shipping and Handling Instructions

**Specimen Preparation:** Separate from cells ASAP or within 2 hours of collection. Transfer 3 mL serum to an ARUP Standard Transport Tube. (Min: 1 mL) Storage/Transport Temperature: Refrigerated. **Remarks:** Submit with Order: Patient's date of birth, current weight, number of fetuses present, patient's race, if the patient has had a previous pregnancy with a trisomy, if the patient is currently smoking, if this is a repeat sample, and the age of the egg donor if in vitro fertilization. In addition to the above: the date of ultrasound, the CRL measurement, the nuchal translucency (NT) measurement and the name and certification number of the sonographer is required. NT must be measured when the CRL is between 38-83.9 mm. The NT measurement must also be performed by an ultrasonographer that is certified by one of the following agencies: Fetal Medicine Foundation (FMF) or Nuchal Translucency Quality Review (NTQR). To avoid possible test delays for an ultrasonographer that is new to our database, please contact the genetic counselor at (800) 242-2787 extension 2141 prior to sending speci\* If an NT is unobtainable, order Maternal Serum Screening, Integrated (ARUP test codes 3000147 (collect in first trimester) and 3000149 (collect in second trimester)), which can be interpreted without an NT value. **Unacceptable Conditions:** Plasma. Hemolyzed specimens. **Stability (collection to initiation of testing):** After separation from cells: Ambient: 72 hours; Refrigerated: 2 weeks; Frozen: 3 months (Avoid repeated freeze/thaw cycles.) **Reported:** 3-6 days



## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** MATERNAL SERUM, FIRST TRIMESTER  
**Code:** 123050047

## Synonyms

0081150  
MATERNAL SER

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 3 mL serum to an ARUP Standard Transport Tube. (Min: 1 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 8 hours; Frozen: 2 months

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** MEASLES IGG ANTIBODY  
**Code:** 1230101422

## Synonyms

MEASLES IMMUNE STATUS  
RUBEOLA ANTIBODY IGG  
ANTIBODY  
RUBEOLA VIRUS  
MEAGB  
RUBEOLA

### Collection Requirements

---

None Listed

### Shipping and Handling Instructions

---

None Listed

### Turn Around Times

---

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

### Container Types

---

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	

**Test Name** MEASLES IGM NEG CONTROL  
**Code:** 1009

### Synonyms

---

### Collection Requirements

---

None Listed

### Shipping and Handling Instructions

---

None Listed

### Turn Around Times

---

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

**Test Name** MEASLES IGM POS CONTROL  
**Code:** 1010

## Synonyms

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

**Test Name** MEASLES NEG CONTROL  
**Code:** 992

## Synonyms

## Collection Requirements

None Listed

## Shipping and Handling Instructions

---

None Listed

## Turn Around Times

---

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

---

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

**Test Name** MEASLES POS CONTROL  
**Code:** 993

## Synonyms

---

## Collection Requirements

---

None Listed

## Shipping and Handling Instructions

---

None Listed

## Turn Around Times

---

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

---

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

**Test Name** MERCURY 24 HOUR URINE  
**Code:** 1230100323

## Synonyms

MERCRU  
HG 24HR UR  
0025050

## Collection Requirements

24-hour or random urine collection. Specimen must be collected in a plastic container.

## Shipping and Handling Instructions

Transfer an 8 mL aliquot from a well-mixed collection to ARUP Trace Element-Free Transport Tubes (ARUP supply #43116). Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787. (Min: 1 mL) Record total vo\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

**Test Name** MERCURY, BLOOD  
**Code:** 1230101331

## Synonyms

HG  
0099305  
HG BLD

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transport 7 mL whole blood in the original collection tube. (Min: 1 mL) STABILITY: Ambient/Refrigerated. Mercury is volatile; concentration may reduce after seven or more days of storage.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	ROYAL BLUE - K2 EDTA	Yes	

**Test Name** METANEPHRINES FRACTIONATED, URINE  
**Code:** 1230500006

## Synonyms

2007996  
METANEPHRINE

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Thoroughly mix entire collection (24-hour or Random) in one container. Transfer a 4 mL aliquot to an ARUP Standard Transport Tube (Min: 2.5 mL). A pH lower than 2 can cause assay interference. Record total volume and collection time interval on transport\* Specimen preservation can be extended to 1 month refrigerated by performing one of the following:  
Option 1: Transfer a 4 mL aliquot to an ARUP Standard Transport Tube. (Min: 2.5 mL) Adjust pH to 2.0-4.0 with 6M HCl. Option 2: Transfer a 4 mL aliquot to an ARUP Standard Transport Tube containing 20 mg sulfamic acid  
STABILITY: Refrigerated: 2 weeks (unpreserved), 1 month (preserved); Ambient: Unacceptable; Frozen: 1 month

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	STERILE CONTAINER	No	
ARUP LAB	STERILE CUP	Yes	
ARUP LAB	STERILE TUBE	No	

**Test Name** METANEPHRINES, PLASMA (FREE)  
**Code:** 1230500015

## Synonyms

0050184  
METAPF

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Centrifuge within 1 hour. Transfer 2 mL plasma to an ARUP Standard Transport Tube and freeze immediately. (Min: 1 mL) Avoid hemolysis.  
STABILITY: Frozen: 1 month; Ambient: Unacceptable; Ref\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	

**Test Name** METFORMIN QUANTITATIVE, SERUM/PLASMA  
**Code:** 1230500344

## Synonyms

0092390  
METFORMSP

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.3 mL)  
STABILITY: Refrigerated: 1 month; Ambient: 1 month; Frozen: 1 month; Frozen: 2 years

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED TOP -PLAIN	Yes	

**Test Name** METHADONE & METABOLITE, SERUM OR PLASMA  
**Code:** 1230500153

## Synonyms

0090699  
METHADOSP

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL)  
STABILITY: Refrigerated: 2 weeks; Ambient: 1 week; Frozen: 3 years

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GRAY TOP	Yes	
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED TOP -PLAIN	No	

**Test Name** METHADONE AND METABOLITE, URINE  
**Code:** 1230500230

## Synonyms

0090362  
METHANDMETAB

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transfer 1 mL with no additives or preservatives urine to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Ambient: 1 week; Refrigerated: 1 month; Frozen: 3 years

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks



## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

**Test Name** METHADONE URINE  
**Code:** 50

## Synonyms

## Collection Requirements

No patient preparation is required. Preferred specimens: 30 mL of random urine is preferred. The minimum acceptable volume is 10 mL. Urine should be collected in a clean, unbreakable, leak-proof container. No pre-treatment or preservative is required. Any questions related to specimen integrity, specimen handling, or testing must be referred to a supervisor or pathologist.

## Shipping and Handling Instructions

Specimens must be centrifuged before testing if the urine specimen is not clear. Specimen should be between 20-25C before analysis. If testing cannot be completed within the shift, refrigerate specimen at 2-8C for up to one week. Note: Plastic trans\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	URINE	No	

**Test Name** METHANOL  
**Code:** 1231003703

## Synonyms

METHANOL

## Collection Requirements

Do NOT use alcohol-based wipes to cleanse the patient's skin prior to venipuncture.

## Shipping and Handling Instructions

Allow to clot for 30 minutes after collection. Centrifuge within one hour of collection. Transport: 1.0 mL (0.5 mL minimum) Serum. Place at least 1 mL serum in a tightly sealed aliquot container with minimal dead space and transport to lab at 2-8 degrees C (refrigerated or on ice). NOTIFY M BENCH TECH AFTER RECEIPT OF SPECIMEN IN THE LAB! Order as an Extra and process the specimen. 1) wait for call from Toxicology Fellow from the Rocky Mountain Poison Center at 303-739-1123, not careprovider. 2) Send via STAT courier to the University of Colorado Hospital.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	RED TOP -PLAIN	Yes	

Test Name METHAQUALONE QUANTITATIVE, URINE  
Code: 1230500231

## Synonyms

2006299

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transfer 2 mL urine to an ARUP Standard Transport Tube. (Min: 0.7 mL). STABILITY:  
Refrigerated: 2 weeks; Ambient: 1 week; Frozen: 1 year

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

**Test Name** METHEMOGLOBIN  
**Code:** 1230100419

## Synonyms

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## Collection Requirements

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Preferred specimens: A green top tube (lithium heparin) is the preferred specimen. Alternate specimens: Lavender tubes are acceptable, but do not run specimen through Glucose/Lactate Cassette. The cassette will be ruined.

## Shipping and Handling Instructions

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whole blood is tested. No specimen processing is required.

## Turn Around Times

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<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

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<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN TOP - LIHEP	Yes	

**Test Name** METHOTREXATE  
**Code:** 1032

## Synonyms

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METHOTREXATE  
MTX

## Collection Requirements

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PROTECT FROM LIGHT. Collect using a lithium heparin green top tube. Preferred specimen volume 2 mL (0.6 mL minimum).

## Shipping and Handling Instructions

---

PROTECT FROM LIGHT. Separate serum or plasma within 2 hours of collection. Transfer 1 mL (0.6 min) to an ARUP amber transport tube. STABILITY: Frozen. Performed at Children's Hospital Colorado using Homogenous Enzyme Immunoassay - Vitros 5600 methodology.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	CALL LAB	Yes	

**Test Name** METHYLPHENIDATE AND METABOLITE QUANTITATIVE, SERUM OR PLASMA  
**Code:** 1039

## Synonyms

3000253  
METHYL SP  
ATTENADE  
CONCERTA  
DAYTRANA  
DEXMETHYLPHENIDATE  
FOCALIN  
METADATE  
METHYLIN  
METHYLPHENIDATE  
RITALIN  
RITALIN BLOOD LEVEL  
RITALINIC ACID

## Collection Requirements

Patient Prep: Collect specimen 1-6 hours post dose. Collect: Plain Red, Lavender (EDTA), or Pink (K2EDTA).

## Shipping and Handling Instructions

Specimen Preparation: Separate from cells ASAP or within 2 hours of collection. Transfer 2 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.7 mL) Storage/Transport Temperature: CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Unacceptable Conditions: Separator tubes. Stability (collection to initiation of testing): Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 5 months Reported: 4-12 days

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED TOP -PLAIN	Yes	

**Test Name** METHYLPHENIDATE AND METABOLITE, SER/PLA  
**Code:** 1230500345

### Synonyms

2003114  
METHPHENSP

### Collection Requirements

None Listed

### Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 2 mL serum or plasma to an ARUP Standard Transport Tube and freeze within 6 hours of collection. (Min: 1 mL). STABILITY: Frozen: 3 months; Ambient: Unacceptable; Refriger\*

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GRAY TOP	Yes	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED TOP -PLAIN	No	

**Test Name** METHYLPHENIDATE AND METABOLITE, URINE  
**Code:** 1230500103

### Synonyms

2003115  
METHPHENUR

### Collection Requirements

None Listed

### Shipping and Handling Instructions

Transfer 2 mL urine with no additives or preservatives to an ARUP Standard Transport Tube. (Min: 1 mL). STABILITY: Refrigerated: 3 weeks; Ambient: Unacceptable; Frozen: 3 months

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 Weeks
ARUP LAB	Routine	1 Weeks
ARUP LAB	STAT	1 Weeks
ARUP LAB	Timed	1 Weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

Test Name MICRO MAID DUTIES AFBC BENCH  
Code: 1214

## Synonyms

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

Test Name MICRO MAID DUTIES BLOOD BENCH  
Code: 1215

## Synonyms

## Collection Requirements

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None Listed

## Shipping and Handling Instructions

---

None Listed

## Turn Around Times

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### Laboratory

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

### Priority

Routine  
STAT

### TAT

6 Hours  
40 Minutes

## Container Types

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### Laboratory

DH PAV A CENTRAL LAB

### Container

QC CONTAINER

### Default?

Yes

### Min Volume

**Test Name** MICRO MAID DUTIES CULTURE BENCH  
**Code:** 1216

## Synonyms

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## Collection Requirements

---

None Listed

## Shipping and Handling Instructions

---

None Listed

## Turn Around Times

---

### Laboratory

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

### Priority

Routine  
STAT

### TAT

6 Hours  
40 Minutes

## Container Types

---

### Laboratory

DH PAV A CENTRAL LAB

### Container

QC CONTAINER

### Default?

Yes

### Min Volume

**Test Name** MICRO MAID DUTIES IMMUNO-SERO  
**Code:** 1217

### Synonyms

---

### Collection Requirements

---

None Listed

### Shipping and Handling Instructions

---

None Listed

### Turn Around Times

---

**Laboratory**

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

**Priority**

Routine  
STAT

**TAT**

6 Hours  
40 Minutes

### Container Types

---

**Laboratory**

DH PAV A CENTRAL LAB

**Container**

QC CONTAINER

**Default?**

Yes

**Min Volume**

**Test Name** MICRO MAID DUTIES ROUTINE BENCH  
**Code:** 1218

### Synonyms

---

### Collection Requirements

---

None Listed

### Shipping and Handling Instructions

---

None Listed



## Turn Around Times

Laboratory

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

Priority

Routine  
STAT

TAT

6 Hours  
40 Minutes

## Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

QC CONTAINER

Default?

Yes

Min Volume

Test Name MICRO MAID DUTIES URINE BENCH  
Code: 1219

## Synonyms

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

Laboratory

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

Priority

Routine  
STAT

TAT

6 Hours  
40 Minutes

## Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

QC CONTAINER

Default?

Yes

Min Volume

Test Name MICROALBUMIN 24HR URINE  
Code: 1230100326

## Synonyms

MALB24

## Collection Requirements

Patient Preparation: Urine should not be collected during periods of exercise or prolonged upright position. Gross hematuria or blood contamination should be avoided. Local tissue inflammation associated with urinary tract infection may spuriously increase urinary albumin concentration. Patients should avoid any physical exercise during the collection period. If possible, bed rest is preferred. There are no special dietary requirements prior to sample collection. Preferred Specimen: 5.0 mL of a 24 hour well mixed collection. Any timed collection of 12 hours or greater will be accepted. If a timed collection is less than 12 hours it will be considered to be "random" and should be ordered as random.

## Shipping and Handling Instructions

Urine samples should be collected with no preservative and may be stored at 2-8 degrees C for up to 72 hours. Frozen samples or blood contaminated samples are not recommended. Measure the volume and document the volume and collection time in the comput\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	24 HR URINE CONTAINER	Yes	

**Test Name** MICROALBUMIN RANDOM URINE  
**Code:** 1230100327

## Synonyms

MA-RAN  
UMAR

## Collection Requirements

Preferred specimen: 5.0 mL of random urine collected in a urine cup or plain container. No preservative is necessary.

## Shipping and Handling Instructions

Mix the specimen well, and pour an aliquot into a test tube. Centrifuge the urine. If testing is delayed, refrigerate the specimen.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	URINE	No	

**Test Name** MICROARRAY, PEDIATRIC AND ADULT (POSTNATAL) - CGL  
**Code:** 12301012850

## Synonyms

KARYOTYPES  
KARYOTYPING  
CHROMOSOME ANALYSIS  
CHROMOSOMAL MICROARRAY  
CGL

## Collection Requirements

Can only be drawn Monday - Thursday ONLY!! REQUIRES INSURANCE APPROVAL AND PATHOLOGIST APPROVAL. A completed CGL requisition is required and should either be sent with the specimen or faxed to the sendouts department at 303-602-5247.

## Shipping and Handling Instructions

Transport: 4 mL (2 mL minimum) Green (Sodium Heparin) AND 4 mL (3 mL minimum) Lavender (EDTA) \*Note: For NICU and other pediatric patients, it is acceptable to collect only the Na Hep green tube with a minimum volume of 1 mL. Stability: Ambient: 3 days

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	GREEN (NAHEP) / LAVENDER	Yes	

**Test Name** MICROARRAY, PEDIATRIC AND ADULT (POSTNATAL) W/ 5 CELL CHROMOSOME ANALYSIS- CGL  
**Code:** 1230101804

## Synonyms

KARYOTYPES  
KARYOTYPING  
CHROMOSOME ANALYSIS  
CHROMOSOMAL MICROARRAY WITH 5 CELL CHROMOSOME ANALYSIS  
CGL

## Collection Requirements

Can only be drawn Monday - Thursday ONLY!! REQUIRES INSURANCE APPROVAL AND PATHOLOGIST APPROVAL. A completed CGL requisition is required and should either be sent with the specimen or faxed to the sendouts department at 303-602-5247.

## Shipping and Handling Instructions

Transport: 4 mL (2 mL minimum) Green (Sodium Heparin) AND 4 mL (3 mL minimum) Lavender (EDTA) \*Note: For NICU and other pediatric patients, it is acceptable to collect only the Na Nep green tube with a minimum volume of 1 mL. Stability: Ambient: 3 days

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	GREEN (NAHEP) / LAVENDER	Yes	

**Test Name** MICROARRAY, PRENATAL - CGL  
**Code:** 1065

## Synonyms

CHROMOSOME ANALYSIS  
CGL

## Collection Requirements

Fluid in a sterile cup or sterile tubes. Most specimens will be picked up by Colorado Genetics in the Women's Care Clinic. Women's Care is responsible for sending a copy of the requisition to the Laboratory Sendouts Dept. for billing purposes. In rare cases (i.e. after hours), locations other than Women's Care will send specimens to the lab for Colorado Genetics. Call 303-724-5701 to schedule a pickup and save a copy of the requisition for the Sendout Dept. to take care of the billing

## Shipping and Handling Instructions

Hold specimen at room temperature and transport to the Colorado Genetics Laboratory as soon as possible. Refrigerate if held overnight.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	STERILE CONTAINER	Yes	

**Test Name** MICROARRAY, PRENATAL WITH 5 CELL CHROMOSOME ANALYSIS - CGL  
**Code:** 1033

### Synonyms

COLORADO GENETICS LAB  
KARYOTYPES  
KARYOTYPING  
CHROMOSOME ANALYSIS  
CGL

### Collection Requirements

Can only be drawn Monday - Thursday ONLY!! REQUIRES INSURANCE APPROVAL AND PATHOLOGIST APPROVAL. A completed CGL requisition is required and should either be sent with the specimen or faxed to the sendouts department at 303-602-5247.

### Shipping and Handling Instructions

Transport: At least 25-30 ml in sterile, plastic, screw-top tubes at room temperature. Transport to the Colorado Genetics Laboratory as soon as possible.

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	STERILE CONTAINER	Yes	

**Test Name** MICROSPORIDIA STAIN - MODIFIED TRICHROME  
**Code:** 1230500046

### Synonyms

0060050

### Collection Requirements

Collect: stool. Three separate stool specimens collected over a 5-7 day period are recommended.

### Shipping and Handling Instructions

Specimen Preparation: Preserve 2 g of stool within one hour of collection in AlcorFix (ARUP Supply #52059) available online through eSupply using ARUP Connect™ contact ARUP Client Services at (800) 522-2787. (Min: 1 g) Additional specimen collection ins\*  
Storage/Transport Temperature: Room temperature. Unacceptable Conditions: Unpreserved stool or specimens in any other preservative than indicated above. Stability (collection to initiation of testing): Ambient: 9 months; Refrigerated: 9 months; Frozen: Unacceptable

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 Weeks
ARUP LAB	Routine	1 Weeks
ARUP LAB	STAT	1 Weeks
ARUP LAB	Timed	1 Weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	STERILE CUP	Yes	

**Test Name** MICROSTREP PANEL SUSCEPTIBILITY  
**Code:** 956

## Synonyms

MSTRP2

## Collection Requirements

Microbiology MIC Panel

## Shipping and Handling Instructions

Dayshift Microbiology test that is part of a culture. Fresh 24 hour sub is needed to perform testing.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CONTAINER	Yes	

**Test Name** MISCELLANEOUS TEST  
**Code:** 1230000101

## Synonyms

MISC  
MISC TEST  
SENDOUT  
PRIOR AUTH  
PRIOR AUTHORIZATION

### Collection Requirements

This is to be used to order testing that is not in Epic. Do NOT collect specimen from patient until calling the lab at (303)-602-5246 to ensure proper collection, processing, and storage occur and testing can be performed.

### Shipping and Handling Instructions

None Listed

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CALL LAB	Yes	

### Collection Requirements

This is to be used to order testing that is not in Epic. Do NOT collect specimen from patient until calling the lab at (303)-602-5246 to ensure proper collection, processing, and storage occur and testing can be performed.

### Shipping and Handling Instructions

None Listed

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	CALL LAB	Yes	

### Collection Requirements

This is to be used to order testing that is not in Epic. Do NOT collect specimen from patient until calling the lab at (303)-602-5246 to ensure proper collection, processing, and storage occur and testing can be performed.

## Shipping and Handling Instructions

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None Listed

## Turn Around Times

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<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

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<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CALL LAB	Yes	

## Collection Requirements

---

This is to be used to order testing that is not in Epic. Do NOT collect specimen from patient until calling the lab at (303)-602-5246 to ensure proper collection, processing, and storage occur and testing can be performed.

## Shipping and Handling Instructions

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None Listed

## Turn Around Times

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<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

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<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	CALL LAB	Yes	

**Test Name** MISCELLANEOUS TEST #1  
**Code:** 1201

## Synonyms

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0097163



## Collection Requirements

Refer to Test directory for transport requirements based on test code being ordered.

## Shipping and Handling Instructions

Refer to Test directory for transport requirements based on test code being ordered. Miscellaneous Interface Tests should not be used for: ∅ Reflex Tests - the initial test completes the Miscellaneous Interface Test so there is no place for the reflex test to post back. ∅ Allergen testing - not recommended since multiple allergens are usually ordered at one time. ∅ Microbiology Tests -only final results post back. ∅ Anatomical Pathology /Cytology Tests

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CALL LAB	Yes	

## Collection Requirements

Refer to Test directory for transport requirements based on test code being ordered.

## Shipping and Handling Instructions

Refer to Test directory for transport requirements based on test code being ordered. Miscellaneous Interface Tests should not be used for: ∅ Reflex Tests - the initial test completes the Miscellaneous Interface Test so there is no place for the reflex test to post back. ∅ Allergen testing - not recommended since multiple allergens are usually ordered at one time. ∅ Microbiology Tests -only final results post back. ∅ Anatomical Pathology /Cytology Tests

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	STERILE CUP	Yes	

## Collection Requirements

Refer to Test directory for transport requirements based on test code being ordered.

## Shipping and Handling Instructions

Refer to Test directory for transport requirements based on test code being ordered. Miscellaneous Interface Tests should not be used for: ∅ Reflex Tests - the initial test completes the Miscellaneous Interface Test so there is no place for the reflex test to post back. ∅ Allergen testing - not recommended since multiple allergens are usually ordered at one time. ∅ Microbiology Tests -only final results post back. ∅ Anatomical Pathology /Cytology Tests

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 Weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	CALL LAB	Yes	

## Collection Requirements

Refer to Test directory for transport requirements based on test code being ordered.

## Shipping and Handling Instructions

Refer to Test directory for transport requirements based on test code being ordered. Miscellaneous Interface Tests should not be used for: ∅ Reflex Tests - the initial test completes the Miscellaneous Interface Test so there is no place for the reflex test to post back. ∅ Allergen testing - not recommended since multiple allergens are usually ordered at one time. ∅ Microbiology Tests -only final results post back. ∅ Anatomical Pathology /Cytology Tests

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 Weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CALL LAB	Yes	

## Collection Requirements

Refer to Test directory for transport requirements based on test code being ordered.

## Shipping and Handling Instructions

Refer to Test directory for transport requirements based on test code being ordered. Miscellaneous Interface Tests should not be used for: ∅ Reflex Tests - the initial test completes the Miscellaneous Interface Test so there is no place for the reflex test to post back. ∅ Allergen testing - not recommended since multiple allergens are usually ordered at one time. ∅ Microbiology Tests -only final results post back. ∅ Anatomical Pathology /Cytology Tests

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 Weeks
ARUP LAB	Routine	1 Weeks
ARUP LAB	STAT	1 Weeks
ARUP LAB	Timed	1 Weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	STERILE CUP	Yes	

## Collection Requirements

Refer to Test directory for transport requirements based on test code being ordered.

## Shipping and Handling Instructions

Refer to Test directory for transport requirements based on test code being ordered. Miscellaneous Interface Tests should not be used for: ∅ Reflex Tests - the initial test completes the Miscellaneous Interface Test so there is no place for the reflex test to post back. ∅ Allergen testing - not recommended since multiple allergens are usually ordered at one time. ∅ Microbiology Tests -only final results post back. ∅ Anatomical Pathology /Cytology Tests

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 Weeks
ARUP LAB	Routine	1 Weeks
ARUP LAB	STAT	1 Weeks
ARUP LAB	Timed	1 Weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	CALL LAB	Yes	

Test Name MITOCHONDRIAL ANTIBODIES, M2  
Code: 1230101339

## Synonyms

ANTIBODY  
M2 ABS  
ANTI-MITOCHONDRIAL  
0050065

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL to an ARUP Standard Transport Tube. (Min: 0.3 mL)  
STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** MMA SERUM/PLASMA, VITAMIN B12 STATUS  
**Code:** 123050133

## Synonyms

0099431

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Centrifuge and remove serum or plasma from cells within 2 hours of collection. Transfer 1.2 mL serum or plasma to an ARUP Standard Transport Tube. STABILITY: Frozen: 1 month; Refrigerated: 1 week; Ambient: Unacceptable

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	No	
ARUP LAB	RED TOP -PLAIN	Yes	

**Test Name** MMR IMMUNE PANEL  
**Code:** 86

## Synonyms

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MMR IGG  
MEASLES  
MUMPS  
RUBELLA  
RUBEOLA  
MMRB  
MEASLES  
MUMPS  
RUBELLA

## Collection Requirements

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None Listed

## Shipping and Handling Instructions

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None Listed

## Turn Around Times

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<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

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<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	

**Test Name** MODIFIED ACID FAST STAIN  
**Code:** 949

## Synonyms

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## Collection Requirements

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Stool submitted in Total Fix preservative vial. Three separate collections at 2 to 3 day intervals are recommended. Unpreserved stool is suboptimal for O&P testing, as trophozoites and cyst deteriorate quickly in the absence of preservative. However, fresh/unpreserved stool will be accepted for testing, preferably transported within 2 hours of collection (or less). This test is also performed for AFBs but only as an internal test for Acid Fast Bacilli detection from MGITs and suspicious colonies.

## Shipping and Handling Instructions

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None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	TOTAL FIX	Yes	

Test Name MONOCLONAL PROTEIN AND FLC, SERUM  
Code: 1230500237

## Synonyms

2002715  
IFEFLC

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 2 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL)  
STABILITY: Refrigerated: 1 week; Ambient: Unacceptable; Frozen: 2 weeks

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name MONOSPOT  
Code: 530

## Synonyms

HETEROPHIL ANTIBODY  
MONONUCLEOSIS SCREEN  
MONO  
EBV  
EPSTEIN BARR

### Collection Requirements

None Listed

### Shipping and Handling Instructions

None Listed

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	

**Test Name** MPL CODON 515 MUTATION DETECTION, QUANT  
**Code:** 1230500079

### Synonyms

2005545  
MPL515

### Collection Requirements

None Listed

### Shipping and Handling Instructions

Transport 5 mL whole blood or bone marrow. (Min: 1 mL) STABILITY: Refrigerated: 5 days;  
Ambient: 24 hours; Frozen: Unacceptable

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	

**Test Name** MPO/PR-3 (ANCA) ANTIBODIES  
**Code:** 1230500003

## Synonyms

0050707  
MPOPR3

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL)  
STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year (avoi\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** MRC5 NEG CONTROL  
**Code:** 1230600116

## Synonyms

## Collection Requirements

None Listed



## Shipping and Handling Instructions

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None Listed

## Turn Around Times

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<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

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<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

**Test Name** MRSA CULTURE  
**Code:** 1230100141

## Synonyms

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MRSA CX

## Collection Requirements

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Admission screening: Culturette swab of Nares. Clearing patient from precautions: Culturette swab of Nares, Axilla, and Groin (and rectum for infants)

## Shipping and Handling Instructions

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Swabs sent for MRSA screening are to be setup on MRSA ChromAgar between 7AM -3PM. Any specimens received after this time will be processed the following day.

## Turn Around Times

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<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

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<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	SWAB	Yes	

**Test Name** MTB COMPLEX WITH RIFAMPIN  
**Code:** 150

## Synonyms

TBPCRR

## Collection Requirements

Preferred specimen: sputum (minimum volume 0.5 mL)

## Shipping and Handling Instructions

Storage and Stability of Specimens: resuspended sediments at 2 to 8 °C for up to 7 days or 60 days at -20°C. If necessary, sputum specimens can be stored at a maximum of 35°C for up to 3 days and then at 2 to 8 °C for an additional 7 days. Store

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CUP	Yes	

**Test Name** MTHFR 2 MUTATIONS  
**Code:** 1230500093

## Synonyms

0055655  
MTHFRPCR

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transport 3 mL whole blood. (Min: 1 mL) STABILITY: Refrigerated: 2 weeks; Ambient: 72 hours; Frozen: 1 month

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	
ARUP LAB	YELLOW (ACD)	No	

**Test Name** MUCOPOLYSACCHARIDES SCREEN  
**Code:** 1230101340

## Synonyms

0081352

## Collection Requirements

Urine (Random, morning urine preferred)

## Shipping and Handling Instructions

S/H: Transport 20 mL (10 mL min) urine in a sterile container and freeze immediately.  
STABILITY: Frozen: 1 month; Ambient: Unacceptable; Refrigerated: Unacceptable.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

**Test Name** MULTIPLEX MENINGITIS/ENCEPHALITIS PANEL  
**Code:** 711

## Synonyms

MEPCR

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Preferred Specimen: CSF specimen collected via lumbar puncture. Unacceptable Specimen: CSF collected from indwelling medical devices such as CSF shunts. Concentrated (spun) CSF. Minimum Sample Volume: 0.2 mL (200 uL) of CSF specimen is required for testing. Alternate Specimen: None Storage: Specimens should be processed and tested with the FilmArray ME Panel as soon as possible, though they may be stored for up to one day at room temperature (approximately 23°C), or under refrigeration (approximately 4°C) for up to seven days. TAT: 2-4 hours, performed 7 AM- 10PM Methodology: Qualitative Multiplexed Polymerase Chain Reaction (PCR) Clinical Utility: The FilmArray Meningitis/Encephalitis (ME) Panel is a qualitative multiplexed nucleic acid-based in vitro diagnostic test intended for use with FilmArray systems. The FilmArray ME Panel is capable of simultaneous detection and identification of multiple bacterial, viral, and yeast nucleic acids directly from cerebrospinal fluid (CSF) specimen\* A negative FilmArray ME Panel result does not exclude the possibility of CNS infection and should not be used as the sole basis for diagnosis, treatment, or other management decisions. There is a risk of false negative values due to the presence of sequenced infections. Detection of these viruses may indicate primary infection, secondary reactivation, or the presence of latent virus. Results should always be interpreted in context. The Denver Health Microbiology Laboratory determined the performance characteristics of the FilmArray ME Panel. It has been cleared and approved by the U.S. Food and Drug Administration (FDA).

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CSF COLLECTION KIT	Yes	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name MUMPS IGG ANTIBODY  
Code: 1230100066

## Synonyms

MUMPS IGG  
ANTIBODY  
MUMPS VIRUS  
MUMGB

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	

**Test Name** MUMPS IGM ANTIBODY  
**Code:** 1230100067

## Synonyms

MUMPS IGM  
0099589  
MUMPS IGM AB

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute spec\* STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles)

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** MUMPS NEG CONTROL  
**Code:** 994

## Synonyms

## Collection Requirements

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None Listed

## Shipping and Handling Instructions

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None Listed

## Turn Around Times

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### Laboratory

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

### Priority

Routine  
STAT

### TAT

6 Hours  
40 Minutes

## Container Types

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### Laboratory

DH PAV A CENTRAL LAB

### Container

QC CONTAINER

### Default?

Yes

### Min Volume

**Test Name** MUMPS POS CONTROL  
**Code:** 995

## Synonyms

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## Collection Requirements

---

None Listed

## Shipping and Handling Instructions

---

None Listed

## Turn Around Times

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### Laboratory

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

### Priority

Routine  
STAT

### TAT

6 Hours  
40 Minutes

## Container Types

---

### Laboratory

DH PAV A CENTRAL LAB

### Container

QC CONTAINER

### Default?

Yes

### Min Volume

**Test Name** MYCOBACTERIA SENSITIVITIES  
**Code:** 1210

### Synonyms

MYCOSENS  
MGIT  
AFBC  
BAFBC

### Collection Requirements

Microbiology MIC Panel

### Shipping and Handling Instructions

Dayshift Microbiology test that is part of a culture. Fresh 24 hour sub is needed to perform testing.

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CONTAINER	Yes	

**Test Name** MYCOBACTERIUM PCR  
**Code:** 1230101562

### Synonyms

TB  
MYPCR

### Collection Requirements

All sample types acceptable. whole Blood, send EDTA blood.

### Shipping and Handling Instructions

STABILITY: Ambient:12 hours Refrigerated: 24 hours Frozen (-70C): 6 months

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	STERILE CONTAINER	Yes	
DH NON-INTERFACED LAB	STERILE CUP	No	
DH NON-INTERFACED LAB	STERILE TUBE	No	

**Test Name** MYCOPHENOLIC ACID AND METABOLITES  
**Code:** 1230500128

## Synonyms

2010359  
MPAMET

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum or plasma from cells within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.1 mL)  
STABILITY: Refrigerated: 6 weeks; Ambient: 6 weeks; Frozen: 11 months

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED TOP -PLAIN	Yes	

**Test Name** MYCOPLASMA / UREAPLASMA CULTURE  
**Code:** 1230101564

## Synonyms

UREALYTICUM  
0065031



## Collection Requirements

Patient Preparation: Collect:Body fluid, CSF, respiratory, semen, cervical or urethral swab, tissue or urine. Specimen Preparation:Place swab or 0.5 mL of fluid (Min: 0.3 mL) in Mycoplasma/Ureaplasma transport media (UTM) (ARUP supply #12884) immediately. Available online through eSupply using ARUP Connect™ or contact ARUP Client Services at (800) 522-2787. Also acceptable: Any transport media validated for Mycoplasma/Ureaplasma transport such as M4 (DO NOT USE M4 RT). Storage/Transport Temperature:Frozen. Transport specimen on dry ice. Unacceptable Conditions:Specimens not in Mycoplasma/Ureaplasma transport media. M4 RT or bacterial transport media. Non-patient specimens. Dry swabs. Remarks:Specimen source preferred. Stability:Ambient: 8 hours; Refrigerated: 48 hours; Frozen at -70°C: 1 month

## Shipping and Handling Instructions

None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CALL LAB	Yes	

**Test Name** MYCOPLASMA PNEUMONIAE ABS, G/M  
**Code:** 1230500050

## Synonyms

0050399  
MYCOPAN

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.1 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute sp\* STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles)

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** MYD88 L265P MUTATION DETECTION BY PCR  
**Code:** 1230500347

## Synonyms

2009318  
MYD88

## Collection Requirements

None Listed

## Shipping and Handling Instructions

whole Blood: Transport 5 mL (Min: 1 mL) Bone marrow: Transport 3 mL (Min: 1 mL).  
STABILITY: whole blood OR Bone marrow: Refrigerated: 5 days; Ambient: 24 hours; Frozen: Unacceptable

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	

**Test Name** MYELOPEROX ABS, IGG  
**Code:** 1230500030

## Synonyms

0050526  
MPOABS

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL)  
STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year (avoid\*)

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** MYOGLOBIN SERUM  
**Code:** 1230100007

## Synonyms

SERUM MYOGLOBIN  
0020224

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Allow specimen to clot completely at room temperature. Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.2 mL). STABILITY: After separation from cells: Ref\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	Yes	
ARUP LAB	RED TOP -PLAIN	No	

Test Name MYOGLOBIN URINE QUANTITATIVE  
Code: 1230100328

### Synonyms

MYOGLOBINQLU  
MYOGLOBIN UR  
0020223

### Collection Requirements

None Listed

### Shipping and Handling Instructions

Thoroughly mix entire collection, then, perform one of the two processing options below:  
Option 1: Immediately after collection, adjust pH to 8-9 by adding 10 percent Na<sub>2</sub>CO<sub>3</sub>.  
Transfer 1 mL aliquot urine to an ARUP Standard Transport Tube. (Min: 0.5 mL)  
Option 2: Immediately after collection, transfer a maximum of 4 mL urine to an ARUP Standard Transport Tube prefilled with Sodium Carbonate (ARUP) supply #48096). (Min: 0.5 mL)  
Available online through eSupply using ARUP Connect or contact ARUP Client Se\* STABILITY:  
pH 8-9: Frozen: 1 month; Refrigerated: 72 hours; Ambient: 1 hour

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

Test Name MYOSITIS EXTENDED PANEL  
Code: 715

### Synonyms

2013961  
MYOSITIS

### Collection Requirements

Separate from cells ASAP or within 2 hours of collection. Transfer three 1 mL serum aliquots to ARUP Standard Transport Tubes. (Min: 0.5 mL/aliquot).

### Shipping and Handling Instructions

STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name NATALIZUMAB ANTIBODIES  
Code: 1230500176

## Synonyms

2005593  
NATALABS

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Allow blood to clot at room temperature for 30 minutes. Separate serum from cells within 1 hour. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Frozen: 2 weeks; Ambient: Unacceptable; Refrigerated: 2 weeks

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	No	
ARUP LAB	RED TOP -PLAIN	Yes	

Test Name NEONATAL SCREEN 2  
Code: 12301004602

## Synonyms

PKU  
NEWBORN METABOLIC SCREEN 2

## Collection Requirements

SHOULD BE COLLECTED WITHIN 7-28 DAYS AFTER BIRTH. However, it may be done up to 1 year of age if it was not performed during the optimal time period. If the infant is greater than 7 days old but HAD NOT had a previous screen performed, order LAB480. If the infant is greater than 7 days old and HAS had a previous screen performed, order LAB2355.

## Shipping and Handling Instructions

Completely dry before sending on a flat surface. DO NOT dry vertically.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	NEWBORN SCREENING CARD	Yes	

**Test Name** NEURON SPECIFIC ENOLASE  
**Code:** 1230500177

## Synonyms

0098198  
NEURON SPECI

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Allow specimen to clot completely at room temperature. Separate serum from cells immediately to avoid release of NSE from blood cells. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Frozen: 1 year (avoid repeated freez\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED TOP -PLAIN	Yes	

**Test Name** NEURONAL CELL ANTIBODIES, CSF  
**Code:** 1230500350

## Synonyms

0098726  
NEURONCSF

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transfer 2 mL CSF to an ARUP Standard Transport Tube. (Min: 1 mL)  
STABILITY: Frozen: Indefinitely; Ambient: Unacceptable; Refrigerated: 2 weeks

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CSF COLLECTION KIT	Yes	

**Test Name** NEURONAL NUCLEAR ABS IGG, IMMUNOBLOT  
**Code:** 1230500239

## Synonyms

2007963  
NRNLIB  
HU  
RI  
YO

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL)  
STABILITY: Refrigerated: 2 weeks; Ambient: 24 hours; Frozen: 1 year

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** NEUTROPHIL ASSOCIATED ANTIBODIES  
**Code:** 1230500351

## Synonyms

0055506  
ANTINEU

## Collection Requirements

None Listed

## Shipping and Handling Instructions

CRITICAL FROZEN. Separate from cells ASAP or within 2 hours of collection. Transfer 3 mL serum to an ARUP Standard Transport Tube and freeze. (Min: 0.5 mL). Separate specimens must be submitted when multiple tests are ordered. STABILITY: Frozen: 1 month; Ambient: Unacceptable; Refrigerated: Unacceptable

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	
ARUP LAB	RED TOP -PLAIN	No	

**Test Name** NEW KIT QC DONE  
**Code:** 1230600151



## Synonyms

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## Collection Requirements

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None Listed

## Shipping and Handling Instructions

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None Listed

## Turn Around Times

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<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

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<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

**Test Name** NEWBORN METABOLIC SCREEN  
**Code:** 1230100460

## Synonyms

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PKU1  
NEWBORN METABOLIC SCREEN

## Collection Requirements

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SHOULD BE COLLECTED WITHIN 1-7 DAYS AFTER BIRTH. If the infant is greater than 7 days old but HAD NOT had a previous screen performed, order LAB480. If the infant is greater than 7 days old and HAS had a previous screen performed, order LAB2355.

## Shipping and Handling Instructions

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completely dry before sending on a flat surface. DO NOT dry vertically.

## Turn Around Times

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<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	NEWBORN SCREENING CARD	Yes	

**Test Name** NIACIN (VITAMIN B3)  
**Code:** 1230101350

## Synonyms

NICTONIC ACID  
VITAMIN B3  
0092168

## Collection Requirements

None Listed

## Shipping and Handling Instructions

CRITICAL FROZEN. PROTECT FROM LIGHT. Separate specimens must be submitted when multiple tests are ordered. Transfer 4 mL plasma to an ARUP Amber Transport Tube and freeze immediately. (Min: 1 mL). STABILITY: Frozen: 2 months; Ambient: Unacceptable; Refrigerated: Unacceptable

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CALL LAB	Yes	

**Test Name** NICOTINE AND METABOLITES, SER/PLA  
**Code:** 1230500072

## Synonyms

0092361  
NICOTINESP

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 4 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 1 mL) STABILITY: Refrigerated: 2 weeks; Ambient: 1 week; Frozen: 3 years

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	No	
ARUP LAB	RED TOP -PLAIN	Yes	

**Test Name** NICOTINE AND METABOLITES, URINE  
**Code:** 1230500040

## Synonyms

0092356  
NICOTINEUR

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transfer 4 mL with no additives or preservatives urine to an ARUP Standard Transport Tube. (Min: 1 mL). STABILITY: Ambient: 10 days; Refrigerated: 10 days; Frozen: 8 months

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

**Test Name** N-METHYL-D-ASPARTATE RCPTR AB, CSF  
**Code:** 1230500398

## Synonyms

2005164  
NMD ASP

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transfer 0.5 mL CSF to an ARUP Standard Transport Tube. (Min: 0.15 mL)  
STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles)

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	STERILE TUBE	Yes	

**Test Name** N-METHYL-D-ASPARTATE RCPTR AB, IGG, SER  
**Code:** 1230500095

## Synonyms

2004221  
NMDAIGG

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL)  
STABILITY: After separation from cells: Refrigerated: 2 weeks; Ambient: 4\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

Laboratory  
ARUP LAB

Container  
RED GEL (SST)

Default?  
Yes

Min Volume

**Test Name** NON-GYNECOLOGIC CYTOLOGY  
**Code:** 1230100792

## Synonyms

NON GYNECOLOGIC  
NONGYNECOLOGIC  
MEDICAL

## Collection Requirements

Body Cavity Fluids (Pleural, Pericardial, Peritoneal and Synovial): Using standard paracentesis technique, obtain a fluid specimen from the desired body cavity. If necessary, move the patient into multiple positions to suspend cellular material in the fluid. A minimum of 10 mL of specimen is desirable for optimal cytologic evaluation. Heparin may be added to the specimen to reduce clotting. Place 3 units of heparin per mL capacity of the collection container and agitate the container to coat the sides with heparin. Rinse the paracentesis instrument with a small amount of heparin to prevent clotting of specimen before it is put into the collection container. Add specimen to the heparinized container. Gently agitate to thoroughly mix the specimen and heparin. If flow cytometry is desired, the specimen should be ordered as a LAB2330. Affix the Epic generated specimen container label(s) on to the specimen vial. Add the collector's initials as well as the date and time of collection. Fluids intended for cell block for ancillary testing (molecular, immunohistochemistry, etc) need to be submitted fresh/devoid of fixative and must be communicated to the Cytology Lab by telephone, 303-602-3580, and by documenting the request in the comments section of the order. For breast markers please note DHMC follows The American Society of Clinical Oncology (ASCO)/College of American Pathologists (CAP) guidelines and recommendations for diagnostic testing of breast cancer. A joint effort must be made by the perioperative and laboratory staff to ensure we are meeting these standards. Failure to meet these requirements can result in false positive or false negative results in subsequent testing which is crucial for treatment of breast cancer patients. -Cold ischemic time from excision to fixation should NOT exceed 1 hour. This includes the time it will take the Cytology to process the specimen. -Formalin fixation time must be at least 6 but NOT exceed 72 hours. This includes the time it will take the Cytology to process the specimen. Cytology lab should be contacted at x23580 prior to the collection and the specimen must be transported STAT to the Cytology lab to meet the cold ischemic time within business hours. Care should be taken to avoid collecting these samples prior to a long holiday (3 day weekend) or after hours Thursday which would result in exceeding the formalin fixation guidelines. Bronchial Brushing/Washing: Using standard bronchoscopy technique, identify the lesion in question and obtain a brushing sample of the lesion. Upon withdrawing the brush, agitate the brush vigorously in the CytoLyt® vial. If possible, detach the brush and leave it in the vial. Next, lavage the distribution of the bronchus to be sampled and collect the wash in a separate CytoLyt® vial or a sterile cup. Affix the Epic generated specimen container label(s) on to the specimen vial(s). Add the collector's initials as well as the date and time of collection. Bronchoalveolar Lavage: Using standard bronchoscopy BAL technique, lavage the lung distribution in question with sterile, normal saline (or other physiologic solution). Collect the lavage specimen directly into a CytoLyt® vial or into a sterile cup. Affix the Epic generated specimen container label on to the specimen vial. Add the collector's initials as well as the date and time of collection. Cerebral Spinal Fluid: Using standard CSF procedure, collect a minimum of 3 ml of CSF into a sterile vial without addition of any fixative and refrigerate (2-8°C) promptly. If flow cytometry is desired, additional fluid is required and the specimen should be ordered as a LAB2330. Affix the Epic generated specimen container label on to the specimen vial. Add the collector's initials as well as the date and time of collection. Gastro-intestinal Brushings (Bile Duct, Esophageal, GI Junction, Gastric, Duodenal, Other): Instruct the patient to fast overnight or for a minimum of six hours prior to the procedure. Using standard endoscopy technique, identify the lesion in question and obtain a brushing sample of the lesion. It is important to brush the edges of an ulcer, as well as the floor, in order to obtain diagnostic material. Upon withdrawing the brush, detach the brush and leave it in the CytoLyt® vial. Affix the Epic generated specimen container label on to the specimen vial. Add the collector's initials as well as the date and time of collection. Gastro-intestinal washings (Bile Duct, Esophageal,

Gastric, Other): Instruct the patient to fast overnight or for a minimum of six hours prior to the procedure. Using standard endoscopy technique, lavage the area of interest using sterile, normal saline (or other physiologic solution). Aspirate the solution and place in a CytoLyt® vial or in a sterile cup. Affix the Epic generated specimen container label on to the specimen vial. Add the collector's initials as well as the date and time of collection. Nipple Secretion: Collect as much discharge as readily available into a PreservCyt® solution (ThinPrep® Media) vial. If there is not enough discharge to fall freely into the vial, gently scrape any discharge available using the rounded end of a plastic collection spatula (found in Pap collection kits). Rinse the spatula into the collection vial by swirling the spatula vigorously in the vial ten times. Discard the spatula. Affix the Epic generated specimen container label on to the specimen vial. Add the collector's initials as well as the date and time of collection. Peritoneal/Pelvic washing(s): Using appropriate sterile technique during intra-abdominal surgery, instill a physiologic solution into the peritoneal/pelvic cavity to be sampled. Lavage the area of interest. Aspirate the solution and place in a sterile specimen cup. If multiple areas are being washed (i.e. right gutter, left gutter, sub-diaphragmatic, pelvic), submit each washing in a separate cup and carefully denote specific specimen sites for each specimen in the order and on the vials. Affix the Epic generated specimen container label(s) on to the specimen vial(s). Add the collector's initials as well as the date and time of collection. Sputum: The optimum time for specimen collection is within 15 to 30 minutes after waking and before eating breakfast. Brushing of teeth or rinsing of the mouth thoroughly with water will reduce contamination by saliva. Instruct the patient to inhale and exhale deeply, forcing air from the lungs using the diaphragm. Repeat until the patient coughs and is able to produce a sputum specimen. Collect the specimen in a sterile specimen cup, attempting to obtain at least one teaspoon of sputum. Specimen should be a deep cough specimen and not saliva. Saliva is of no diagnostic value. Greater diagnostic yield may be obtained if specimens are submitted on three to five successive mornings. Affix the Epic generated specimen container label on to the specimen vial. Add the collector's initials as well as the date and time of collection. Tzanck Prep for HSV: Gently scrape the area of abnormality with a plastic spatula (found in Pap collection kits). If the lesion is a vesicle, soften the overlying crust with saline-soaked gauze, remove crust and scrape outer rim of vesicle where viral changes will be most available. Thoroughly rinse the spatula into a PreservCyt® solution (ThinPrep® Media) vial. Repeat the process with a second spatula if necessary for better diagnostic yield. Affix the Epic generated specimen container label(s) on to the specimen vial(s). Add the collector's initials as well as the date and time of collection. Urine, voided/Catheterized: For purposes of obtaining the greatest yield of diagnostic material, a second-morning voided urine specimen should be obtained, if possible. A midstream, clean-catch specimen is recommended to avoid vaginal contamination in female patients. A midstream specimen, not necessarily clean catch, is recommended for male patients. If the patient must be catheterized to obtain the specimen, this should be noted on the test order as catheterization can lead to artifacts which may be misinterpreted without the knowledge that the specimen was catheterized. The specimen may be submitted fresh, in a sterile specimen cup if it will reach the laboratory the same day. If there will be a delay in processing, such as a specimen collected in an outlying clinic, it is preferred that the specimen be mixed in equal parts with PreservCyt® solution (ThinPrep® Media) and submitted in the ThinPrep® vial so that the laboratory knows that fixative was added. Affix the Epic generated specimen container label(s) on to the specimen vial(s). Add the collector's initials as well as the date and time of collection. Unlabeled specimens and samples submitted in expired reagents will be discarded. Urologic washing(s): Using standard cystoscopy technique, obtain washing specimen(s), carefully denoting specific specimen sites for each specimen in the order and on the vial. Affix the Epic generated specimen container label(s) on to the specimen vial(s). Add the collector's initials as well as the date and time of collection.

## Shipping and Handling Instructions

All specimens should be transported to the main laboratory in biohazard specimen bags. Fresh specimens must be promptly stored in the refrigerator (2-8°C) where they will remain stable for 3 days. CytoLyt® vials are stable at 15-30°C and must be processed within 3 weeks of collection. ThinPrep® vials are stable 15-30°C and must be processed within 60 days of collection. Turn-Around Time: 90% in 4 Days

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CYTOLYT	Yes	
DH PAV A CENTRAL LAB	STERILE CUP	No	

**Test Name** NORMAL D-DIMER QC (HRP)  
**Code:** 749

## Synonyms

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

**Test Name** NORMAL URINE STATUS QC (HRP)  
**Code:** 759

## Synonyms

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

**Test Name** NPM1 MUTATION, PCR-FRAGMENT ANALYSIS  
**Code:** 1230500178

## Synonyms

0040174  
NPM1F

## Collection Requirements

Lavender (EDTA) OR bone marrow (EDTA) OR tissue.

## Shipping and Handling Instructions

whole blood: Transport 5 mL. (Min: 1 mL) OR Bone marrow: Transport 3 mL. (Min: 1 mL) OR FFPE tumor tissue: Formalin fix (10 percent neutral buffered formalin) and paraffin embed tissue. Protect from excessive heat. Transport tissue block or four 10-micr\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	

**Test Name** N-TELOPEPTIDE, URINE  
**Code:** 1230101600



## Synonyms

COLLAGEN  
0070062  
N-TELOPEP U

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transfer a 1 mL aliquot of urine from a well-mixed, second-morning void or 24-hour collection to an ARUP Standard Transport Tube. (Min: 0.5 mL) STABILITY: Frozen: 2 years; Ambient: 24 hours; Refrigerated: 1 week

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

Test Name NT-PROBNP  
Code: 1230100008

## Synonyms

BNP  
NATRIURETIC PEPTIDE

## Collection Requirements

No patient preparation is required. If patient is receiving IV therapy, do not draw the sample from the infusion site. Preferred specimens: 0.25 ml plasma from a green lithium heparin gel tube. Alternate specimens: Serum from red gel, plain tube with no additive, sodium heparin or EDTA.

## Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. If testing is delayed, specimen may be stored at room or refrigerated temperature for 3 days, and may be frozen for 1 year. Avoid thawing and freezing cycles.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	GREEN TOP - NAHEP	No	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

**Test Name** OCCULT BLOOD STOOL  
**Code:** 1230100331

## Synonyms

FECAL OCCULT BLOOD

## Collection Requirements

Patient Preparation: Patient should avoid eating the following foods for at least 2 days prior to testing: red meats, horseradish, turnips, or melons. Use of vitamin C, aspirin, anti-inflammatory drugs, and iron supplements should also be avoided during the same time period. Preferred Specimens: Random stool sample collected in plain collection cup. Stool sample on Hemocult slides prepared by patient or health care provider. Slides prepared by patients are usually done in sets of 3. Random stool specimen for inpatients. Only one occult blood test can be done on any individual stool specimen. Alternate Specimens: None

## Shipping and Handling Instructions

Slides containing sample may be stored for up to 14 days at room temperature (15-30 C) before developing.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes
EASTSIDE LAB	Routine	6 Hours
EASTSIDE LAB	STAT	60 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	OCCULT CARDS	Yes	
DH PAV A CENTRAL LAB	STERILE CUP	No	

**Test Name** OCCULT BLOOD, GASTRIC QUAL  
**Code:** 67

## Synonyms

GI BLOOD

## Collection Requirements

No patient preparation is required: Preferred Specimens: Gastric aspirate or vomitus sample.  
Alternate Specimens: None.

## Shipping and Handling Instructions

Specimen should be tested as soon as possible. Specimens may be stored at room temperature up to 24 hours or refrigerated for 5 days.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	

Test Name OCT-3/4 BY IHC  
Code: 123050078

## Synonyms

2004058

## Collection Requirements

Tissue or cells

## Shipping and Handling Instructions

Formalin fix (10 percent neutral buffered formalin) and paraffin embed specimen (cells must be prepared into a cellblock). Protect paraffin block and/or slides from excessive heat. Transport tissue block or 5 unstained (3- to 5-micron thick sections), p\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	Yes	

Test Name OLIGOCLONAL BANDING  
Code: 1230101355

### Synonyms

CSF PROTEIN  
0080440  
OLIGO BAND

### Collection Requirements

None Listed

### Shipping and Handling Instructions

Allow serum to clot completely at room temperature. Separate serum from cells ASAP or within 2 hours of collection. Transport 1.5 mL CSF. (Min: 0.7 mL) AND transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL) Stability: Refrigerated\*

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CSF + RGL	Yes	

Test Name OP DIRECT EXAM  
Code: 121

### Synonyms

O & P

### Collection Requirements

Direct exam of sputum, urine, liver aspirates, and other body tissues/fluids - send in a sealed sterile container.

### Shipping and Handling Instructions

This is a routine, non-stat test. Place the specimen on the blood bench for processing by the day shift.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STOOL MEDIA (MICRO)	Yes	

Test Name OP FOR ARTHROPOD ID  
Code: 120

## Synonyms

O & P

## Collection Requirements

Arthropod/bug identification, send specimen in a tightly sealed container.

## Shipping and Handling Instructions

This is a routine, non-stat test. Place the specimen on the blood bench for processing by the day shift.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes
DH PAV H STD LAB	Routine	6 Hours
DH PAV H STD LAB	STAT	60 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CONTAINER	Yes	
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	No	

Test Name OP FOR WORM-PROGLOTID ID  
Code: 122

## Synonyms

O & P

## Collection Requirements

worm or proglotid identification - send in a tightly sealed container.

## Shipping and Handling Instructions

This is a routine, non-stat test. Place the specimen on the blood bench for processing by the day shift.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STOOL MEDIA (MICRO)	Yes	

**Test Name** OPIATE QUALITATIVE URINE  
**Code:** 1230100332

## Synonyms

OPISCR

## Collection Requirements

No patient preparation is required. Preferred specimens: 30 mL of random urine is preferred. The minimum acceptable volume is 10 mL. Urine should be collected in a clean, unbreakable, leak-proof container. No pre-treatment or preservative is required. Any questions related to specimen integrity, specimen handling, or testing must be referred to a supervisor or pathologist.

## Shipping and Handling Instructions

Specimens must be centrifuged before testing if the urine specimen is not clear. Specimen should be between 20-25C before analysis. If testing cannot be completed within the shift, refrigerate specimen at 2-8C for up to one week. Note: Plastic trans\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	URINE	No	

**Test Name** OPIATE, QUANTITATIVE, UR CONF  
**Code:** 1230100333

## Synonyms

OPI  
0090364  
OPIATEURCONF

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transfer 0.5 mL with no additives or preservatives urine to an ARUP Standard Transport Tube. (Min: 0.3 mL). STABILITY: Ambient: 1 week; Refrigerated: 1 month; Frozen: 3 years

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	STERILE CUP	Yes	

**Test Name** OPIATES, CONFIRM/QUANT, SERUM/PLASMA  
**Code:** 1230500038

## Synonyms

0092354  
OPISSP

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 1 week; Frozen: 3 years

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GRAY TOP	Yes	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED TOP -PLAIN	No	

Test Name ORGANIC ACIDS URINE  
Code: 1230100334

## Synonyms

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Pour off urine into a plastic screw top send out tube. Transport: 3 mL (2 mL minimum) urine. STABILITY: Frozen

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	URINE	Yes	

Test Name OROTIC ACID AND OROTIDINE, URINE  
Code: 1230500240



## Synonyms

0092458  
OROTICACID

## Collection Requirements

None Listed

## Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Urine must be refrigerated or frozen within 24 hours of collection. Transport 2 mL urine. (Min: 1 mL) Freeze ASAP or within 2 hours of collection. STABILITY: Frozen: 2\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 Weeks
ARUP LAB	Routine	1 Weeks
ARUP LAB	STAT	1 Weeks
ARUP LAB	Timed	1 Weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	No	
ARUP LAB	STERILE CONTAINER	No	
ARUP LAB	STERILE CUP	Yes	

Test Name OSMOLALITY  
Code: 1230100009

## Synonyms

OSMO

## Collection Requirements

Preferred specimens: Serum from a RedGel or Plain No additive tube, 0.5 mL.

## Shipping and Handling Instructions

Stable for 3 hours at room temperature or 3 days refrigerated. Keep specimen tightly capped to prevent evaporation.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	

**Test Name** OSMOLALITY STOOL  
**Code:** 1230100109

## Synonyms

0098122  
OSMOLALITY

## Collection Requirements

None Listed

## Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Do not add saline or water to liquefy sample. Transfer 5 mL liquid stool to an unpreserved stool transport vial (ARUP supply #40910). Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787. (Min: 0.5 mL\*)

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	STERILE CUP	Yes	

**Test Name** OSMOLALITY URINE  
**Code:** 1230100336

## Synonyms

## Collection Requirements

Preferred specimens: Random urine, centrifuge if cloudy.

## Shipping and Handling Instructions

stable for 3 hours at room temperature, 3 days refrigerated. Keep tightly capped to prevent evaporation.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	

**Test Name** OSMOTIC FRAGILITY RBC  
**Code:** 1230100238

## Synonyms

ARUP 2002257  
2002257  
FRAGILITY  
OSMOTIC (RBC)  
OSMOTIC FRAGILITY  
RBC FRAGILITY  
ERYTHROCYTES  
RED CELL FRAGILITY  
SPHEROCYTIC HEMOLYTIC DISEASE  
OSM FRG

## Collection Requirements

CAN ONLY DRAW SAMPLE MONDAY - THURSDAY (NOON LATEST)!!!!!! Specimens should be refrigerated within 30 minutes after collection.

## Shipping and Handling Instructions

Transport 2 unfixed, air-dried, and unstained smears. (Min: 2 smears made from the blood submitted) AND 5 mL whole blood. (Min: 1 mL) Specimens should be refrigerated within 30 minutes after collection. Place both slides and whole blood specimens in an \*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	

**Test Name** OSTEOCALCIN  
**Code:** 1230101358

## Synonyms

BGP  
0020728  
OSTEOCALCIN

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Allow serum tube to sit for 15-20 minutes at room temperature for proper clot formation. Centrifuge and separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** OVA AND PARASITES  
**Code:** 1230101568

## Synonyms

O & P

## Collection Requirements

Stool submitted in Total Fix preservative vial. Three separate collections at 2 to 3 day intervals are recommended. Unpreserved stool is suboptimal for O&P testing, as trophozoites and cyst deteriorate quickly in the absence of preservative. However, fresh/unpreserved stool will be accepted for testing, preferably transported within 2 hours of collection (or less).

## Shipping and Handling Instructions

This is a routine, non-stat test. Place the specimen on the blood bench for processing by the day shift. Specimen must be placed into the Total Fix preservative vial.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	TOTAL FIX	Yes	

**Test Name** OXALATE, TOTAL, URINE  
**Code:** 1230500047

## Synonyms

0020482  
OXALATE  
T UR

## Collection Requirements

Patient Prep: Patient should avoid ingestion of vitamin C prior to collection. Collect: 24-hour urine. Refrigerate during collection. Specimen Preparation: Thoroughly mix entire collection (24-hour) in one container. Do not exceed 4 mL in tubes. Preserved: Transfer 4 mL aliquot to an ARUP Transport Tube with Sulfamic Acid (ARUP supply #48098) available online through eSupply using ARUP Connect™ or contact ARUP Client Services at (800) 522-2787. (Min: 1.5 mL) Mix well. Freeze immediately. Unpreserved: Transfer 4 mL unadjusted aliquot of urine to an ARUP Standard Transport Tube. (Min: 1.5 mL) Freeze immediately.

## Shipping and Handling Instructions

Storage/Transport Temperature: CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Remarks: Record total volume and collection time interval on transport tube and test request form. Stability (collection to initiation of testing): After collection complete: Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 1 month

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 Weeks
ARUP LAB	Routine	1 Weeks
ARUP LAB	STAT	1 Weeks
ARUP LAB	Timed	1 Weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	STERILE CONTAINER	No	
ARUP LAB	STERILE CUP	Yes	
ARUP LAB	STERILE TUBE	No	

**Test Name** OXCARBAZEPINE METABOLITE LEVEL  
**Code:** 1230100464

### Synonyms

DRUG  
HYDROXYOXCARBAZEPINE  
MHD  
0098834

### Collection Requirements

None Listed

### Shipping and Handling Instructions

Separate serum or plasma from cells within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL) STABILITY: Refrigerated: 6 weeks; Ambient: 6 weeks; Frozen: 3 months (avoid repeated freeze/thaw cycles)

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED TOP -PLAIN	Yes	

**Test Name** OXYCODONE SCREEN URINE  
**Code:** 1230100338

### Synonyms

PERCODAN  
OXYCONTIN  
PERCOLONE  
ROXICODONE  
ENDOCONE

### Collection Requirements

No patient preparation is required. Preferred specimens: 30 mL of random urine is preferred. The minimum acceptable volume is 10 mL. Urine should be collected in a clean, unbreakable, leak-proof container. No pre-treatment or preservative is required. Any questions related to specimen integrity, specimen handling, or testing must be referred to a supervisor or pathologist. Alternate specimens: None

### Shipping and Handling Instructions

Specimens must be centrifuged before testing if the urine specimen is not clear. Specimen should be between 20-25C before analysis. If testing cannot be completed within the shift, refrigerate specimen at 2-8C for up to one month. Avoid repeated freez\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	URINE	No	

Test Name OXYHEMOGLOBIN  
Code: 76

## Synonyms

O2HB

## Collection Requirements

&#x20; Preferred specimens: A green top tube.

## Shipping and Handling Instructions

This test is run on whole blood. Do not centrifuge. Test the specimen immediately.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN TOP - LIHEP	Yes	

Test Name PANCREATIC ELASTASE , FECAL  
Code: 1230500081

## Synonyms

PANCREATIC E  
0080526

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transfer 5 g stool to an unpreserved stool transport vial (ARUP supply #40910). Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787. (Min: 1 g). STABILITY: Frozen: 1 year; Ambient: 1 week; Refrigerat\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	STERILE CUP	Yes	

**Test Name** PANCREATIC POLYPEPTIDE  
**Code:** 1230500353

## Synonyms

0099436  
PANPOLY

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Allow specimen to sit in collection tube for 15-20 minutes at room temperature for proper clot formation. Centrifuge and separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	
ARUP LAB	RED TOP -PLAIN	No	



**Test Name** PANTHER NEG CHLAMYDIA AND GONORR (AMPLICLEAR)  
**Code:** 205

### Synonyms

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### Collection Requirements

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None Listed

### Shipping and Handling Instructions

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None Listed

### Turn Around Times

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<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

### Container Types

---

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

**Test Name** PANTHER NEG CHLAMYDIA POS GONORR  
**Code:** 204

### Synonyms

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### Collection Requirements

---

None Listed

### Shipping and Handling Instructions

---

None Listed

## Turn Around Times

**Laboratory**

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

**Priority**

Routine  
STAT

**TAT**

6 Hours  
40 Minutes

## Container Types

**Laboratory**

DH PAV A CENTRAL LAB

**Container**

QC CONTAINER

**Default?**

Yes

**Min Volume**

**Test Name** PANTHER NEGATIVE PREV RUN PATIENT  
**Code:** 201

## Synonyms

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

**Laboratory**

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

**Priority**

Routine  
STAT

**TAT**

6 Hours  
40 Minutes

## Container Types

**Laboratory**

DH PAV A CENTRAL LAB

**Container**

QC CONTAINER

**Default?**

Yes

**Min Volume**

**Test Name** PANTHER POS CHLAMYDIA NEG GONORR  
**Code:** 203

## Synonyms

## Collection Requirements

---

None Listed

## Shipping and Handling Instructions

---

None Listed

## Turn Around Times

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### Laboratory

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

### Priority

Routine  
STAT

### TAT

6 Hours  
40 Minutes

## Container Types

---

### Laboratory

DH PAV A CENTRAL LAB

### Container

QC CONTAINER

### Default?

Yes

### Min Volume

**Test Name** PANTHER POSITIVE PREV RUN PATIENT  
**Code:** 202

## Synonyms

---

## Collection Requirements

---

None Listed

## Shipping and Handling Instructions

---

None Listed

## Turn Around Times

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### Laboratory

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

### Priority

Routine  
STAT

### TAT

6 Hours  
40 Minutes

## Container Types

---

### Laboratory

DH PAV A CENTRAL LAB

### Container

QC CONTAINER

### Default?

Yes

### Min Volume

Test Name PANTHER QC ALL  
Code: 200

## Synonyms

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## Collection Requirements

---

None Listed

## Shipping and Handling Instructions

---

None Listed

## Turn Around Times

---

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

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<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

Test Name PAP TEST  
Code: 1230100795

## Synonyms

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PAP SMEAR

## Collection Requirements

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Obtain specimen prior to bimanual examination. Use an unlubricated speculum (saline, warm water, or Pap Gel may be used). After visualization of the cervix is accomplished, collect the sample in one of two ways: 1. Obtain an adequate sampling from the ectocervix using a plastic spatula. Rinse the spatula as quickly as possible into the PreservCyt® solution (ThinPrep® Media) vial by swirling the spatula vigorously in the vial 10 times. Discard the spatula. Obtain an adequate sampling from the endocervix using an endocervical brush. Insert the brush into the cervix until only the bottommost fibers are exposed. Slowly rotate 1/4 to 1/2 turn in one direction. Do not over-rotate. Rinse the brush as quickly as possible in the PreservCyt® solution by rotating the device in the solution 10 times while pushing against the PreservCyt® vial wall ("painting the inside of the vial"). Swirl the brush vigorously to further release material. Discard the brush. 2. Obtain an adequate sampling from both the ectocervix and endocervix simultaneously using a cyto-broom. Insert the central bristles of the broom into the endocervical canal until the lateral bristles press against the ectocervix. Rotate the broom 5 full circles in the same direction while applying gentle pressure. Rinse the broom as quickly as possible in the PreservCyt solution

by rotating the device in the solution 10 times while pushing against the PreservCyt vial wall ("painting the inside of the vial"). Swirl the broom vigorously to further release material. Discard the broom. Tighten the cap so that the torque line on the cap passes the torque line on the vial. Affix the Epic generated specimen container label on to the specimen vial. Add the collector's initials as well as the date and time of collection. Unlabeled specimens and samples submitted in expired reagents will be discarded.

### Shipping and Handling Instructions

ThinPrep® vials must be transported to the laboratory in biohazard specimen bags at 15-30°C and processed within 60 days of collection. Turn-Around Time: 90% in 5 Days

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	THIN PREP MEDIA	Yes	

**Test Name** PARATHYROID HORMONE BY IHC  
**Code:** 123050079

### Synonyms

2004118

### Collection Requirements

Tissue or cells

### Shipping and Handling Instructions

Formalin fix (10 percent neutral buffered formalin) and paraffin embed specimen (cells must be prepared into a cellblock). Protect paraffin block and/or slides from excessive heat. Transport tissue block or 5 unstained (3- to 5-micron thick sections), p\*

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	Yes	

**Test Name** PAROXYSMAL NOCTURNAL HEMOGLOBINURIA RBC  
**Code:** 1230500356

### Synonyms

2004366  
PNHRBC

### Collection Requirements

None Listed

### Shipping and Handling Instructions

Transport 4 mL whole blood. (Min: 0.5 mL). STABILITY: Refrigerated: 4 days; Ambient: 4 days; Frozen: Unacceptable

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	

**Test Name** PARVOVIRUS B19 ANTIBODY, IGG AND IGM  
**Code:** 1230101362

### Synonyms

ANTIBODY  
0065120  
PARV IGG IGM

### Collection Requirements

None Listed

### Shipping and Handling Instructions

Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.3 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from rec\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** PARVOVIRUS B19 PCR  
**Code:** 133

## Synonyms

PAPCR

## Collection Requirements

All sample types acceptable. whole blood, send EDTA blood.

## Shipping and Handling Instructions

STABILITY: Ambient:12 hours Refrigerated: 72 hours Frozen (-70C): 6 months

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	CSF COLLECTION KIT	Yes	

## Collection Requirements

All sample types acceptable. whole blood, send EDTA blood.

## Shipping and Handling Instructions

STABILITY: Ambient:12 hours Refrigerated: 72 hours Frozen (-70C): 6 months

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	LAVENDAR BULLET - K2 EDTA	No	
DH NON-INTERFACED LAB	LAVENDER TOP - K2 EDTA	Yes	
DH NON-INTERFACED LAB	RED BULLET	No	
DH NON-INTERFACED LAB	RED TOP -PLAIN	No	
DH NON-INTERFACED LAB	STERILE CUP	No	
DH NON-INTERFACED LAB	STERILE TUBE	No	
DH NON-INTERFACED LAB	WHITE TOP	No	
DH NON-INTERFACED LAB	YELLOW BULLET (SST)	No	

## Collection Requirements

All sample types acceptable. whole Blood, send EDTA blood.

## Shipping and Handling Instructions

STABILITY: Ambient:12 hours Refrigerated: 72 hours Frozen (-70C): 6 months

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	RED GEL (SST)	Yes	

## Collection Requirements

All sample types acceptable. whole Blood, send EDTA blood.



## Shipping and Handling Instructions

STABILITY: Ambient:12 hours Refrigerated: 72 hours Frozen (-70C): 6 months

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	STERILE CONTAINER	Yes	

Test Name PATH REVIEW-CP  
Code: 7301

## Synonyms

## Collection Requirements

Invert immediately and gently mix with anticoagulant.

## Shipping and Handling Instructions

Path review will require CBC with differential. Refrigerate samples at 2-8 C if unable to analyze within 8 hours of collection. CBC and auto differential are stable for 24 hrs when stored at 2-8 C and 8 hrs at RT.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	LAVENDAR BULLET - K2 EDTA	No	
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name PATHOLOGIC D-DIMER QC (HRP)  
Code: 750

## Synonyms

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## Collection Requirements

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None Listed

## Shipping and Handling Instructions

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None Listed

## Turn Around Times

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<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

---

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

Test Name PENTOBARBITAL  
Code: 1231100315

## Synonyms

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PENTOBARBITAL

## Collection Requirements

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\*\* ALWAYS ORDER STAT AND DELIVER TO M BENCH IMMEDIATELY \*\* &#x20;

## Shipping and Handling Instructions

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Specimen must be received at University Hospital Lab by 11 a.m. or it will be held until the next day for testing. Allow to clot for 30 minutes prior to centrifuging. Centrifuge within 24 hours of collection. Place 2 mL serum/plasma in an aliquot container and transport to lab at 2-8 degrees C (refrigerated or on ice). STABILITY: Refrigerated: 7 days; Frozen: 1 month; Ambient: 1 month

## Turn Around Times

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<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	RED TOP -PLAIN	Yes	

**Test Name** PH BODY FLUID  
**Code:** 1230100013

## Synonyms

BFPH

## Collection Requirements

Preferred Specimen: 1.0 mL Fluid Heparinized (Green) ON ICE. Gastric Fluid usually received in a cup. Body fluids collected in plain collection cups, plain white tubes or heparin tubes. Approximately 0.5 to 1.0 mL is required for testing.

## Shipping and Handling Instructions

Specimen should be tested as soon as possible, within 1 hour of collection. If specimen cannot be tested immediately it may be stored refrigerated for 24 hours or frozen for 6 months. If fluid is not collect on ice please give specimen to technologist \*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN TOP - LIHEP	Yes	
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	

**Test Name** PH VENOUS  
**Code:** 1230100402

## Synonyms

VENOUS PH

## Collection Requirements

No patient preparation required. Preferred specimens: 1 mL whole Blood (Green) tube on ice or 1 mL whole Blood in a heparinized syringe on ice. Limit use of tourniquet to finding a vein, and remove as soon as possible. Fill tube completely and place on ICE!.

## Shipping and Handling Instructions

This test is run on whole blood. Do not centrifuge.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes
DH RESPIRATORY LAB	Routine	6 Hours
DH RESPIRATORY LAB	STAT	60 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN TOP - LIHEP	Yes	
DH PAV A CENTRAL LAB	HEPARINIZED SYRINGE	No	

Test Name PH, ARTERIAL  
Code: 65

## Synonyms

## Collection Requirements

No patient preparation required. Preferred specimens: A heparized syringe or green top tube on ice is required. Alternate specimens: No other specimen is acceptable. If the specimen is not collected on ice, it must be tested within 10 minutes of collection.

## Shipping and Handling Instructions

whole blood is tested immediately. No other processing is needed.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes
DH RESPIRATORY LAB	Routine	6 Hours
DH RESPIRATORY LAB	STAT	60 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN TOP - LIHEP	No	
DH PAV A CENTRAL LAB	HEPARINIZED SYRINGE	Yes	

Test Name PH, FECAL  
Code: 123050062

## Synonyms

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0020518  
FECALPH

## Collection Requirements

---

None Listed

## Shipping and Handling Instructions

---

Transfer 5 g stool to an unpreserved stool transport vial (ARUP Supply #40910) and freeze immediately. Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787. (Min: 1 g). STABILITY: Frozen: 1 week; Ambi\*

## Turn Around Times

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<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

---

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	STERILE CUP	Yes	

Test Name PH, URINE  
Code: 84

## Synonyms

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## Collection Requirements

---

None Listed

## Shipping and Handling Instructions

---

Specimen is stable for 2 hours at room temperature and 4 hours refrigerated. Refrigerated specimens must be returned to room temperature before testing. Specimen must be well mixed by inversion and not by swirling.

## Turn Around Times

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<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes
EASTSIDE LAB	Routine	6 Hours
EASTSIDE LAB	STAT	60 Minutes
LA CASA LAB	Routine	6 Hours
LA CASA LAB	STAT	60 Minutes
LOWRY LAB	Routine	6 Hours
LOWRY LAB	STAT	60 Minutes
MONTBELLO LAB	Routine	6 Hours
MONTBELLO LAB	STAT	60 Minutes
PARK HILL LAB	Routine	6 Hours
PARK HILL LAB	STAT	60 Minutes
WESTSIDE LAB	Routine	6 Hours
WESTSIDE LAB	STAT	60 Minutes
WESTWOOD LAB	Routine	6 Hours
WESTWOOD LAB	STAT	60 Minutes

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	URINE	No	

**Test Name** PHENCYCLIDINE CONFIRMATION, SER/PLA  
**Code:** 123050087

### Synonyms

2010460  
PCPSP

### Collection Requirements

None Listed

### Shipping and Handling Instructions

Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 1 week; Frozen: 3 years (Avoid repeated freeze/thaw cyc\*

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GRAY TOP	Yes	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED TOP -PLAIN	No	

**Test Name** PHENCYCLIDINE CONFIRMATION, URINE  
**Code:** 1230500358

## Synonyms

2010462  
PCPURINE

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transport 1 mL urine. (Min: 0.5 mL). STABILITY: Ambient: 1 week; Refrigerated: 1 month; Frozen: 3 years (Avoid repeated freeze/thaw cycles)

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 Weeks
ARUP LAB	Routine	1 Weeks
ARUP LAB	STAT	1 Weeks
ARUP LAB	Timed	1 Weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

Test Name PHENOBARBITAL  
Code: 1230100206

## Synonyms

## Collection Requirements

Patient preparation is not required. Preferred specimens: 0.25 ml plasma from a green lithium heparin gel tube. Alternate specimens: Serum from red gel or plain tube with no additive.

## Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed for up to 1 month.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

**Test Name** PHENYL/TYROSINE RATIO  
**Code:** 123010021601

## Synonyms

PHENYLALANINE  
TYROSINE

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate plasma or serum from cells. Attach original sample tube to pour off tube with rubber band. STABILITY: Frozen

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	GREEN TOP - NAHEP	Yes	
DH NON-INTERFACED LAB	RED GEL (SST)	No	
DH NON-INTERFACED LAB	RED TOP -PLAIN	No	

**Test Name** PHENYTOIN TOTAL  
**Code:** 1230100216

## Synonyms

DILANTIN

## Collection Requirements

Patient preparation is not required. Preferred specimens: 0.25 ml plasma from a green lithium heparin gel tube. Alternate specimens: serum from red gel or plain tube with no additive.



## Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible.  
Refrigerate the specimen if testing is delayed for up to 1 month.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

**Test Name** PHENYTOIN TOTAL AND FREE  
**Code:** 1230100082

## Synonyms

PHENYTOIN T&F

## Collection Requirements

PATH APPROVAL REQUIRED (Send Outs Approval Only) OKAY TO DRAW.

## Shipping and Handling Instructions

Separate serum from cells asap. Transport: 2 mL (1 mL minimum) Serum. STABILITY: Frozen: 2 weeks; Refrigerated: 48 hours; Ambient: 8 hours

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	RED TOP -PLAIN	Yes	

**Test Name** PHOSPHATIDYLETHANOL (PETH)  
**Code:** 1041

## Synonyms

2012130  
PHOS PHAT

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transport 1 mL whole blood. (Min: 0.5 mL)

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	PURPLE TOP-EDTA	Yes	

**Test Name** PHOSPHATIDYLSERINE ANTIBODIES  
**Code:** 1230101366

## Synonyms

APS ANTIBODIES  
2006495  
PHOS ABS

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles)

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** PHOSPHOLIPASE A2 RECEPTOR (PLA2R) ANTIBODY, IGG WITH REFLEX TO TITER  
**Code:** 815

## Synonyms

PLA2R  
2011828

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL)

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** PHOSPHOLIPASE A2 RECEPTOR, IGG TITER  
**Code:** 1052

## Synonyms

2011831

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** PHOSPHORUS  
**Code:** 1230100016

## Synonyms

PO4  
PHOS

## Collection Requirements

Preferred specimens: 0.25 ml non-hemolyzed plasma from a green lithium heparin gel tube.  
Alternate specimens: Serum from red gel or plain tube with no additive.

## Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible.  
Refrigerate the specimen for up to several days if testing is delayed.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

**Test Name** PHOSPHORUS 24 HR URINE  
**Code:** 1230100342

## Synonyms

TIMED PHOSPHORUS URINE

## Collection Requirements

No preparation is required. Preferred specimens: Urine collected in a 24 hour urine jug is preferred. No preservative is necessary. Refrigerate urine during collection.

## Shipping and Handling Instructions

Measure the volume and document the volume and collection time in the computer. Mix the specimen, pour an aliquot into a test tube, centrifuge and send to core. Also, aliquot a portion into a cup with total volume documented on the cup.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	24 HR URINE CONTAINER	Yes	

Test Name PHOSPHORUS RANDOM URINE  
Code: 1230100343

## Synonyms

RANDOM PHOSPHORUS URINE

## Collection Requirements

No preparation is required. Preferred specimens: 10 mL of random urine collected in a random urine cup or other plain container is acceptable. No preservative is required.

## Shipping and Handling Instructions

Mix the urine well, aliquot urine into a test tube, and centrifuge. If testing is delayed, refrigerate the specimen.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	URINE	No	

**Test Name** PICCOLO ABNORMAL QC (HRP)  
**Code:** 764

## Synonyms

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

**Test Name** PICCOLO NORMAL QC (HRP)  
**Code:** 763

## Synonyms

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

**Test Name** PIPECOLIC ACID, SERUM OR PLASMA  
**Code:** 1230500242

## Synonyms

2007406  
PIPECOLSP

## Collection Requirements

None Listed

## Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Separate serum/plasma from cells immediately. Transfer 0.5 mL serum/plasma to an ARUP Standard Transport Tube and freeze immediately. (Min: 0.2 mL). STABILITY: Frozen\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	Yes	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	No	
ARUP LAB	RED TOP -PLAIN	No	

**Test Name** PLASMINOGEN ACTIVATOR INHIBITOR  
**Code:** 1230101367

### Synonyms

PAI-1  
0098781

### Collection Requirements

None Listed

### Shipping and Handling Instructions

CRITICAL FROZEN. Additional specimens must be submitted when multiple tests are ordered. Centrifuge plasma. Within 1 hour of draw, transfer 1.5 mL platelet-poor plasma to an ARUP Standard Transport Tube and freeze. (Min: 1 mL). STABILITY: Frozen: 2 mon\*

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	BLUE TOP-CITRATE	Yes	

**Test Name** PLASMINOGEN ACTIVITY  
**Code:** 1230101368

### Synonyms

FACTORS  
0030190  
PLASMIN ACT

### Collection Requirements

None Listed

### Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Transfer 1 mL platelet-poor plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Frozen: at -20°C: 3 months; at -70° C: 6 months; Ambient: 4 hours; Re\*



## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	BLUE TOP-CITRATE	Yes	

Test Name PLATELET AGGREGATION  
Code: 1231200315

## Synonyms

PLATELET AGGREGATION

## Collection Requirements

REQUIRES PATHOLOGY APPROVAL \* THIS TESTING MUST BE SCHEDULED WITH UCHSC SPECIAL COAGULATION LAB \* Call Special Coagulation Lab 10 Days in ADVANCE for instructions and scheduling PHONE: 720-848-6938 \* Patients must have a minimum platelet count of  $100 \times 10^9/L$  (100,000) for this testing. \* All blue tops collected for coagulation assays which do not have a blood culture collected first must have a discard tube collected prior to filling. Discard tube should be another blue top in which greater than 1 mL of blood is collected. \* Must be a free flowing draw and mixed gently. Test must be scheduled with UCHSC at least 10 days before blood is collected. Collect: Lt. Blue (sodium citrate) AND Lavender (EDTA)

## Shipping and Handling Instructions

Transport: 20 mL whole blood

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	BLUE TOP-CITRATE	Yes	
DH NON-INTERFACED LAB	LAVENDER TOP - K2 EDTA	No	

Test Name PLATELET ASSOC ABS, DIRECT ASSAY  
Code: 1230500359

## Synonyms

0095614  
PAIG

## Collection Requirements

CRITICAL ROOM TEMPERATURE

## Shipping and Handling Instructions

CRITICAL ROOM TEMPERATURE. Transport 4 mL whole blood. (Min: 1 mL). STABILITY: Ambient: 48 hours; Refrigerated: Unacceptable; Frozen: Unacceptable

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name PLATELET COUNT  
Code: 1230100208

## Synonyms

PLT COUNT

## Collection Requirements

Invert immediately and gently mix with anticoagulant.

## Shipping and Handling Instructions

Refrigerate samples at 2-8 C if unable to analyze within 8 hours of collection. Stable for 24 hrs when stored at 2-8 C and 8 hrs at RT.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	LAVENDAR BULLET - K2 EDTA	No	
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	Yes	

**Test Name** PLATELET FUNCTION PANEL  
**Code:** 1230100225

## Synonyms

PLT FUNC

## Collection Requirements

\* THIS TEST MUST BE SCHEDULED WITH THE SENDOUT DEPT BEFORE DRAWING \* Sendout Dept # = 303-602-5246 (alternate 303-602-5200) REQUIRES PATHOLOGY APPROVAL Collect: 2 Blue Top tubes (2 minimum).

## Shipping and Handling Instructions

DO NOT CENTRIFUGE BLUE OR PURPLE TOP TUBES. whole blood required for testing. Samples must be received within 4 hrs of collection. Send samples STAT. Transport: 2 Blue Top tubes (2 minimum).

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	CALL LAB	Yes	

**Test Name** PNEUMOCOCCAL ABS, IGG 23  
**Code:** 1230500360

## Synonyms

2005779  
PNEUM023

## Collection Requirements

Serum separator tube. Post-immunization specimen should be drawn 30 days after immunization and, if shipped separately, must be received within 60 days of pre-immunization specimen.

## Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL) MARK SPECIMENS CLEARLY AS "PRE" OR "POST" SO SPECIMENS WILL BE SAVED AND TESTED SIMULTANEOUSLY. STABILITY: Refrigerated\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** PNEUMOCOCCAL ABS, IGG 9  
**Code:** 1230500361

## Synonyms

2008919  
PNEUMOCOCCAL

## Collection Requirements

Serum separator tube. Post-immunization specimen should be drawn 30 days after immunization and, if shipped separately, must be received within 60 days of pre-immunization specimen.

## Shipping and Handling Instructions

Separate serum from cells within 2 hours of collection. Transfer 1.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL) MARK SPECIMENS CLEARLY AS "PRE" OR "POST" SO SPECIMENS WILL BE SAVED AND TESTED SIMULTANEOUSLY. STABILITY: Refrigerated: 2 w\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** PNEUMOCYSTIS FA  
**Code:** 1230101569

## Synonyms

CARINII

## Collection Requirements

Induced sputum or BAL. As induced sputum is not an optimal specimen, no two induced sputums from the same patient will be processed for Pneumocystis. If the induced sputum FA was negative and Pneumocystis is still suspected, please submit BAL.

## Shipping and Handling Instructions

Routine specimens may be held in the Microbiology refrigerator for processing by the day shift. Day shift will spin the BAL/Mini BAL, inoculate slide and acetone fix. Induced sputum will be processed by the blood bench. Print label and place on Blood Be\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	STERILE TUBE	No	
DH PAV A CENTRAL LAB	SWAB	No	

**Test Name** PNH PANEL (RBC, WBC)  
**Code:** 1230500055

## Synonyms

2005006  
PNHPAN

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transport 4 mL whole blood. (Min: 3 mL). STABILITY: Refrigerated: 72 hours; Ambient: 24 hours; Frozen: Unacceptable

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	

**Test Name** PNEUMOCYSTIS JIROVECII DETECTION BY PCR  
**Code:** 1230500180

## Synonyms

2006254  
PNEUMOCYSTIS

## Collection Requirements

Collect: Respiratory specimen: Bronchoalveolar lavage (BAL), bronchial wash, or sputum

## Shipping and Handling Instructions

Transfer 2 mL respiratory specimen to a sterile container. (Min: 0.5 mL). Also acceptable: Transfer to viral transport media (ARUP supply #12884). Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787.\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	Yes	

**Test Name** POC EP BG  
**Code:** 1030

## Synonyms

BG

## Collection Requirements

Skin puncture: lancet and capillary collection tube (plain, lithium heparin, or balanced heparin for electrolytes and blood gases) Venipuncture: lithium or sodium heparin collection tubes and disposable transfer device.  
Arterial puncture: Plain syringe or blood gas syringe with the least amount of heparin to prevent clotting (10 U heparin/mL of blood)

## Shipping and Handling Instructions

None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes
DH PAV D DAVIS LAB	Routine	6 Hours
DH PAV D DAVIS LAB	STAT	60 Minutes
DH PAV G WEBB LAB	Routine	6 Hours
DH PAV G WEBB LAB	STAT	60 Minutes
EASTSIDE LAB	Routine	6 Hours
EASTSIDE LAB	STAT	60 Minutes
WESTSIDE LAB	Routine	6 Hours
WESTSIDE LAB	STAT	60 Minutes
WINTER PARK LABORATORY	Routine	6 Hours
WINTER PARK LABORATORY	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	POINT OF CARE CONTAINER	Yes	

**Test Name** POC EP BG ARTERIAL  
**Code:** 1035

## Synonyms

BG

## Collection Requirements

Skin puncture: lancet and capillary collection tube (plain, lithium heparin, or balanced heparin for electrolytes and blood gases) Venipuncture: lithium or sodium heparin collection tubes and disposable transfer device.  
Arterial puncture: Plain syringe or blood gas syringe with the least amount of heparin to prevent clotting (10 U heparin/mL of blood)

## Shipping and Handling Instructions

None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes
DH PAV D DAVIS LAB	Routine	6 Hours
DH PAV D DAVIS LAB	STAT	60 Minutes
DH PAV G WEBB LAB	Routine	6 Hours
DH PAV G WEBB LAB	STAT	60 Minutes
EASTSIDE LAB	Routine	6 Hours
EASTSIDE LAB	STAT	60 Minutes
WESTSIDE LAB	Routine	6 Hours
WESTSIDE LAB	STAT	60 Minutes
WINTER PARK LABORATORY	Routine	6 Hours
WINTER PARK LABORATORY	STAT	40 Minutes

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	POINT OF CARE CONTAINER	Yes	

Test Name POC EP BG VENOUS  
Code: 1044

### Synonyms

### Collection Requirements

Skin puncture: lancet and capillary collection tube (plain, lithium heparin, or balanced heparin for electrolytes and blood gases) Venipuncture: lithium or sodium heparin collection tubes and disposable transfer device.  
Arterial puncture: Plain syringe or blood gas syringe with the least amount of heparin to prevent clotting (10 U heparin/mL of blood)

### Shipping and Handling Instructions

None Listed

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes
DH PAV D DAVIS LAB	Routine	6 Hours
DH PAV D DAVIS LAB	STAT	60 Minutes
DH PAV G WEBB LAB	Routine	6 Hours
DH PAV G WEBB LAB	STAT	60 Minutes
EASTSIDE LAB	Routine	6 Hours
EASTSIDE LAB	STAT	60 Minutes
WESTSIDE LAB	Routine	6 Hours
WESTSIDE LAB	STAT	60 Minutes
WINTER PARK LABORATORY	Routine	6 Hours
WINTER PARK LABORATORY	STAT	40 Minutes

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	POINT OF CARE CONTAINER	Yes	



**Test Name** POC EP CALCIUM  
**Code:** 123100378

### Synonyms

CAL

### Collection Requirements

Skin puncture: lancet and capillary collection tube (plain, lithium heparin, or balanced heparin for electrolytes and blood gases) Venipuncture: lithium or sodium heparin collection tubes and disposable transfer device.  
Arterial puncture: Plain syringe or blood gas syringe with the least amount of heparin to prevent clotting (10 U heparin/mL of blood)

### Shipping and Handling Instructions

None Listed

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes
DH PAV D DAVIS LAB	Routine	6 Hours
DH PAV D DAVIS LAB	STAT	60 Minutes
DH PAV G WEBB LAB	Routine	6 Hours
DH PAV G WEBB LAB	STAT	60 Minutes
EASTSIDE LAB	Routine	6 Hours
EASTSIDE LAB	STAT	60 Minutes
WESTSIDE LAB	Routine	6 Hours
WESTSIDE LAB	STAT	60 Minutes
WINTER PARK LABORATORY	Routine	6 Hours
WINTER PARK LABORATORY	STAT	40 Minutes

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	POINT OF CARE CONTAINER	Yes	

**Test Name** POC EP CHLOR  
**Code:** 123100384

### Synonyms

CHLOR

### Collection Requirements

Skin puncture: lancet and capillary collection tube (plain, lithium heparin, or balanced heparin for electrolytes and blood gases) Venipuncture: lithium or sodium heparin collection tubes and disposable transfer device.  
Arterial puncture: Plain syringe or blood gas syringe with the least amount of heparin to prevent clotting (10 U heparin/mL of blood)

## Shipping and Handling Instructions

None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes
DH PAV D DAVIS LAB	Routine	6 Hours
DH PAV D DAVIS LAB	STAT	60 Minutes
DH PAV G WEBB LAB	Routine	6 Hours
DH PAV G WEBB LAB	STAT	60 Minutes
EASTSIDE LAB	Routine	6 Hours
EASTSIDE LAB	STAT	60 Minutes
WESTSIDE LAB	Routine	6 Hours
WESTSIDE LAB	STAT	60 Minutes
WINTER PARK LABORATORY	Routine	6 Hours
WINTER PARK LABORATORY	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	POINT OF CARE CONTAINER	Yes	

Test Name POC EP CREAT  
Code: 1230100391

## Synonyms

CREAT

## Collection Requirements

Skin puncture: lancet and capillary collection tube (plain, lithium heparin, or balanced heparin for electrolytes and blood gases) Venipuncture: lithium or sodium heparin collection tubes and disposable transfer device.  
Arterial puncture: Plain syringe or blood gas syringe with the least amount of heparin to prevent clotting (10 U heparin/mL of blood)

## Shipping and Handling Instructions

None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes
DH PAV D DAVIS LAB	Routine	6 Hours
DH PAV D DAVIS LAB	STAT	60 Minutes
DH PAV G WEBB LAB	Routine	6 Hours
DH PAV G WEBB LAB	STAT	60 Minutes
EASTSIDE LAB	Routine	6 Hours
EASTSIDE LAB	STAT	60 Minutes
WESTSIDE LAB	Routine	6 Hours
WESTSIDE LAB	STAT	60 Minutes
WINTER PARK LABORATORY	Routine	6 Hours
WINTER PARK LABORATORY	STAT	40 Minutes

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	POINT OF CARE CONTAINER	Yes	

Test Name POC EP GLU  
Code: 12355

### Synonyms

GLU

### Collection Requirements

Skin puncture: lancet and capillary collection tube (plain, lithium heparin, or balanced heparin for electrolytes and blood gases) Venipuncture: lithium or sodium heparin collection tubes and disposable transfer device.  
Arterial puncture: Plain syringe or blood gas syringe with the least amount of heparin to prevent clotting (10 U heparin/mL of blood)

### Shipping and Handling Instructions

None Listed

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes
DH PAV D DAVIS LAB	Routine	6 Hours
DH PAV D DAVIS LAB	STAT	60 Minutes
DH PAV G WEBB LAB	Routine	6 Hours
DH PAV G WEBB LAB	STAT	60 Minutes
EASTSIDE LAB	Routine	6 Hours
EASTSIDE LAB	STAT	60 Minutes
WESTSIDE LAB	Routine	6 Hours
WESTSIDE LAB	STAT	60 Minutes
WINTER PARK LABORATORY	Routine	6 Hours
WINTER PARK LABORATORY	STAT	40 Minutes

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	POINT OF CARE CONTAINER	Yes	

Test Name POC EP HCT  
Code: 123101194

### Synonyms

HCT

### Collection Requirements

Skin puncture: lancet and capillary collection tube (plain, lithium heparin, or balanced heparin for electrolytes and blood gases) Venipuncture: lithium or sodium heparin collection tubes and disposable transfer device.  
Arterial puncture: Plain syringe or blood gas syringe with the least amount of heparin to prevent clotting (10 U heparin/mL of blood)

### Shipping and Handling Instructions

None Listed

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes
DH PAV D DAVIS LAB	Routine	6 Hours
DH PAV D DAVIS LAB	STAT	60 Minutes
DH PAV G WEBB LAB	Routine	6 Hours
DH PAV G WEBB LAB	STAT	60 Minutes
EASTSIDE LAB	Routine	6 Hours
EASTSIDE LAB	STAT	60 Minutes
WESTSIDE LAB	Routine	6 Hours
WESTSIDE LAB	STAT	60 Minutes
WINTER PARK LABORATORY	Routine	6 Hours
WINTER PARK LABORATORY	STAT	40 Minutes

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	POINT OF CARE CONTAINER	Yes	

Test Name POC EP LAC  
Code: 12356

### Synonyms

LAC

### Collection Requirements

Skin puncture: lancet and capillary collection tube (plain, lithium heparin, or balanced heparin for electrolytes and blood gases) Venipuncture: lithium or sodium heparin collection tubes and disposable transfer device.  
Arterial puncture: Plain syringe or blood gas syringe with the least amount of heparin to prevent clotting (10 U heparin/mL of blood)

## Shipping and Handling Instructions

None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes
DH PAV D DAVIS LAB	Routine	6 Hours
DH PAV D DAVIS LAB	STAT	60 Minutes
DH PAV G WEBB LAB	Routine	6 Hours
DH PAV G WEBB LAB	STAT	60 Minutes
EASTSIDE LAB	Routine	6 Hours
EASTSIDE LAB	STAT	60 Minutes
WESTSIDE LAB	Routine	6 Hours
WESTSIDE LAB	STAT	60 Minutes
WINTER PARK LABORATORY	Routine	6 Hours
WINTER PARK LABORATORY	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	POINT OF CARE CONTAINER	Yes	

**Test Name** POC EP POTASSIUM  
**Code:** 12310017

## Synonyms

K

## Collection Requirements

Skin puncture: lancet and capillary collection tube (plain, lithium heparin, or balanced heparin for electrolytes and blood gases) Venipuncture: lithium or sodium heparin collection tubes and disposable transfer device.  
Arterial puncture: Plain syringe or blood gas syringe with the least amount of heparin to prevent clotting (10 U heparin/mL of blood)

## Shipping and Handling Instructions

None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes
DH PAV D DAVIS LAB	Routine	6 Hours
DH PAV D DAVIS LAB	STAT	60 Minutes
DH PAV G WEBB LAB	Routine	6 Hours
DH PAV G WEBB LAB	STAT	60 Minutes
EASTSIDE LAB	Routine	6 Hours
EASTSIDE LAB	STAT	60 Minutes
WESTSIDE LAB	Routine	6 Hours
WESTSIDE LAB	STAT	60 Minutes
WINTER PARK LABORATORY	Routine	6 Hours
WINTER PARK LABORATORY	STAT	40 Minutes

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	POINT OF CARE CONTAINER	Yes	

Test Name POC EP SODIUM  
Code: 12310026

### Synonyms

NA

### Collection Requirements

Skin puncture: lancet and capillary collection tube (plain, lithium heparin, or balanced heparin for electrolytes and blood gases) Venipuncture: lithium or sodium heparin collection tubes and disposable transfer device.  
Arterial puncture: Plain syringe or blood gas syringe with the least amount of heparin to prevent clotting (10 U heparin/mL of blood)

### Shipping and Handling Instructions

None Listed

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes
DH PAV D DAVIS LAB	Routine	6 Hours
DH PAV D DAVIS LAB	STAT	60 Minutes
DH PAV G WEBB LAB	Routine	6 Hours
DH PAV G WEBB LAB	STAT	60 Minutes
EASTSIDE LAB	Routine	6 Hours
EASTSIDE LAB	STAT	60 Minutes
WESTSIDE LAB	Routine	6 Hours
WESTSIDE LAB	STAT	60 Minutes
WINTER PARK LABORATORY	Routine	6 Hours
WINTER PARK LABORATORY	STAT	40 Minutes

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	POINT OF CARE CONTAINER	Yes	

**Test Name** POCHI HIGH ABNORMAL QC (HRP)  
**Code:** 767

### Synonyms

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### Collection Requirements

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None Listed

### Shipping and Handling Instructions

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None Listed

### Turn Around Times

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**Laboratory**

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

**Priority**

Routine  
STAT

**TAT**

6 Hours  
40 Minutes

### Container Types

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**Laboratory**

DH PAV A CENTRAL LAB

**Container**

QC CONTAINER

**Default?**

Yes

**Min Volume**

**Test Name** POCHI LOW ABNORMAL QC (HRP)  
**Code:** 765

### Synonyms

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### Collection Requirements

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None Listed

### Shipping and Handling Instructions

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None Listed

## Turn Around Times

Laboratory

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

Priority

Routine  
STAT

TAT

6 Hours  
40 Minutes

## Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

QC CONTAINER

Default?

Yes

Min Volume

Test Name POCHI NORMAL QC (HRP)  
Code: 766

## Synonyms

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

Laboratory

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

Priority

Routine  
STAT

TAT

6 Hours  
40 Minutes

## Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

QC CONTAINER

Default?

Yes

Min Volume

Test Name POCT ISTAT ACT  
Code: 696

## Synonyms



## Collection Requirements

Arterial or venous blood is collected in a plastic syringe without anticoagulant or collection tube containing no anticoagulant. Use a plastic pipette to transfer from tube to cartridge. Test sample immediately.

## Shipping and Handling Instructions

None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	POINT OF CARE CONTAINER	Yes	

**Test Name** POCT ISTAT BLOOD GAS PANEL ARTERIAL  
**Code:** 701

## Synonyms

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	POINT OF CARE CONTAINER	Yes	

**Test Name** POCT ISTAT BLOOD GAS PANEL VENOUS  
**Code:** 690

### Synonyms

BG

### Collection Requirements

Skin puncture: lancet and capillary collection tube (plain, lithium heparin, or balanced heparin for electrolytes and blood gases) Venipuncture: lithium or sodium heparin collection tubes and disposable transfer device.

### Shipping and Handling Instructions

None Listed

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	POINT OF CARE CONTAINER	Yes	

**Test Name** PORPHOBILINOGEN QUANTITATIVE URINE  
**Code:** 1230500105

### Synonyms

0080260  
PBGQT

### Collection Requirements

None Listed

### Shipping and Handling Instructions

PROTECT FROM LIGHT. Transfer 8 mL aliquot from a random or well-mixed 24-hour collection to ARUP Amber Transport Tubes. (Min: 3.5 mL) Record total volume and collection time interval on transport tube and test request form. STABILITY: Frozen: 1 month; A\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CALL LAB	Yes	
ARUP LAB	URINE	No	

**Test Name** PORPHYRIN TOTAL  
**Code:** 1230100027

## Synonyms

TOTAL PORPHYRINS  
0080429  
PORPHYRIN TOT

## Collection Requirements

None Listed

## Shipping and Handling Instructions

CRITICAL: Protect from light during collection, storage, and shipment. Separate plasma or serum from cells within 1 hour of collection. Transfer 2 mL plasma or serum to an ARUP Amber Transport Tube. (Min: 1 mL). STABILITY: Frozen: 1 month; Ambient: Una\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CALL LAB	Yes	
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	No	

**Test Name** PORPHYRINS, FRACTIONATION AND QUANT, URN  
**Code:** 1230500048

## Synonyms

2002058  
PORURINE

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Protect from light. Transfer 4 mL aliquot of urine to an ARUP Amber Transport Tube. (Min: 2 mL) Record total volume and collection time interval on transport tube and test request form. STABILITY: Frozen: 1 month; Ambient: Unacceptable; Refrigerated: 4 \*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CALL LAB	Yes	
ARUP LAB	URINE	No	

**Test Name** POSACONAZOLE, QUANTITATIVE BY LC-MS/MS  
**Code:** 1230500181

## Synonyms

2001739  
POSACON

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube and freeze. (Min: 0.6 mL). STABILITY: Frozen: 6 months; Ambient: 48 hours; Refrigerated: 48 hours

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED TOP -PLAIN	Yes	

Last Updated: 7/1/2018

**Test Name** POST VASECTOMY SEMEN ANALYSIS  
**Code:** 1230100810

## Synonyms

SEMEN ANALYSIS  
POST VASECTOMY

## Collection Requirements

**Patient Preparation:** After vasectomy, wait 6 weeks and at least 10 ejaculations prior to specimen collection. Evacuate bladder prior to specimen collection. **Patient Instructions:** Collect specimen by masturbation without the aid of lubricants. Lubricants and ordinary condoms may interfere with the sperm viability. Bring container next to body temperature at collection time. Patient should record the number of days or hour of sexual abstinence prior to collection of the specimen, time and date of collection, and if part of the ejaculate was lost. Deliver specimen with lab requisition to laboratory within 1 hour of collection. During transport, protect specimen from light and temperature extremes by keeping it close to the body inside a shirt, blouse, or coat. **Preferred Specimen:** Entire ejaculate, collected by masturbation into clean, sterile, plastic container with a screw top lid. Test is offered only Monday through Friday from 7AM to 2PM, NO holidays. &#x20;

## Shipping and Handling Instructions

Specimens more than 1 hour old will not be accepted. Specimen and requisition must be labeled with the man's name and hospital information, not the woman's information. **Person Accepting Specimen:** Check specimen for correct patient identification before accepting specimen. Ensure Semen Collection questionnaire is filled out. Check LIS for an order. **Processor:** receipt verify or test request and deliver specimen and questionnaire IMMEDIATELY to UA bench tech. **NOTIFY tech.** UA Bench Tech: Semen analysis must be performed immediately to avoid reporting incorrect results.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CONTAINER	Yes	
DH PAV A CENTRAL LAB	STERILE CUP	No	

**Test Name** POST VASECTOMY SEMEN ANALYSIS (MANUAL)  
**Code:** 1062

## Synonyms

POST VAS  
SEMEN

## Collection Requirements

**Patient Preparation:** After vasectomy, wait 6 weeks and at least 10 ejaculations prior to specimen collection. Evacuate bladder prior to specimen collection. **Patient Instructions:** Collect specimen by masturbation without the aid of lubricants. Lubricants and ordinary condoms may interfere with the sperm viability. Bring container next to body temperature at

collection time. Patient should record the number of days or hour of sexual abstinence prior to collection of the specimen, time and date of collection, and if part of the ejaculate was lost. Deliver specimen with lab requisition to laboratory within 1 hour of collection. During transport, protect specimen from light and temperature extremes by keeping it close to the body inside a shirt, blouse, or coat. Preferred Specimen: Entire ejaculate, collected by masturbation into clean, sterile, plastic container with a screw top lid. Test is offered only Monday through Friday from 7AM to 2PM, NO holidays. &#x20;

### Shipping and Handling Instructions

Specimens more than 1 hour old will not be accepted. Specimen and requisition must be labeled with the man's name and hospital information, not the woman's information. Person Accepting Specimen: Check specimen for correct patient identification before accepting specimen. Ensure Semen Collection questionnaire is filled out. Check LIS for an order. Processor: receipt verify or test request and deliver specimen and questionnaire IMMEDIATELY to UA bench tech. NOTIFY tech. UA Bench Tech: Semen analysis must be performed immediately to avoid reporting incorrect results.

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CONTAINER	Yes	
DH PAV A CENTRAL LAB	STERILE CUP	No	

Test Name POTASSIUM  
Code: 1230100017

### Synonyms

K

### Collection Requirements

No patient preparation is required. If patient is receiving IV therapy, do not draw the sample from the infusion site. Collect a green lithium heparin gel tube. Alternate specimens: serum from red gel or plain tube with no additive.

### Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed. Freeze specimen for longer storage.

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

**Test Name** POTASSIUM 24 HOUR URINE  
**Code:** 1230100348

## Synonyms

K-24H  
K 24HR URINE  
POTASSIUM 24HR URINE

## Collection Requirements

No patient preparation required. Preferred specimens: Urine collected in a 24 hour urine jug is acceptable. No preservative is necessary, but the urine must be refrigerated during the collection.

## Shipping and Handling Instructions

Measure the volume and document the volume and collection time in the computer. Mix the specimen, pour an aliquot into a test tube, centrifuge and send to core. Also, aliquot a portion into a cup with total volume documented on the cup.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	24 HR URINE CONTAINER	Yes	

**Test Name** POTASSIUM RANDOM URINE  
**Code:** 1230100346

## Synonyms

K URINE  
K RANDOM URINE  
RANDOM URINE K

## Collection Requirements

No patient preparation required. Preferred specimens: 10 mL random urine collected in a random urine cup or plain tube is acceptable. No preservative is necessary.

## Shipping and Handling Instructions

Mix the urine well, aliquot into a test tube, and centrifuge. If testing is delayed, refrigerate the specimen.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	Yes	
DH PAV A CENTRAL LAB	STERILE CUP	No	
DH PAV A CENTRAL LAB	URINE	No	

**Test Name** POTASSIUM, STOOL  
**Code:** 58

## Synonyms

## Collection Requirements

Preferred specimen: LIQUID stool.

## Shipping and Handling Instructions

Stool must be liquid. Centrifuge and test the supernate in the same manner as a urine sample.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CUP	Yes	

**Test Name** POTASSIUM, WHOLE BLOOD  
**Code:** 54



## Synonyms

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## Collection Requirements

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No patient preparation is required. Preferred specimens: A green top tube or a heparinized syringe are the only acceptable specimens. Specimen must be tested within 30 minutes of collection.

## Shipping and Handling Instructions

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Perform testing within 30 minutes of collection.

## Turn Around Times

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<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

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<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN TOP - LIHEP	Yes	
DH PAV A CENTRAL LAB	HEPARINIZED SYRINGE	No	

**Test Name** PRADER-WILLI SYNDROME DNA  
**Code:** 1230101378

## Synonyms

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PWS DNA  
2005077

## Collection Requirements

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None Listed

## Shipping and Handling Instructions

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Transport 3 mL whole blood. (Min: 1.5 mL). STABILITY: Refrigerated: 1 week; Ambient: 72 hours; Frozen: Unacceptable

## Turn Around Times

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<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	

**Test Name** PREALBUMIN  
**Code:** 1230100018

## Synonyms

PAB

## Collection Requirements

Preferred specimens: 0.1 mL Plasma (Green Lithium Heparin Gel) Ambient. Alternate Specimens: 0.1 mL Serum (Red Gel/Plain Red) Ambient.

## Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

**Test Name** PRE-EPIC CASE AMENDMENT/ADDENDUM  
**Code:** 1049

## Synonyms

SURGICAL  
PATHOLOGY  
PATHOLOGIST  
SPECIMEN

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CONSULT	No	
DH PAV A CENTRAL LAB	FORMALIN 10%	Yes	

**Test Name Code:** PREGNANCY LOSS, AMNIOTIC FLUID- CGL  
802

## Synonyms

CGL

## Collection Requirements

Amniotic fluid in a sterile cup or sterile tubes. Most specimens will be picked up by Colorado Genetics in the women's Care Clinic. Women's Care is responsible for sending a copy of the requisition to the Laboratory Sendouts Dept. for billing purposes. In rare cases (i.e. after hours), locations other than women's Care will send specimens to the lab for Colorado Genetics. Call 303-724-5701 to schedule a pickup and save a copy of the requisition for the Sendout Dept. to take care of the billing

## Shipping and Handling Instructions

Hold specimen at room temperature and transport to the Colorado Genetics Laboratory as soon as possible. Refrigerate if held overnight.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	STERILE CONTAINER	Yes	

**Test Name** PREGNANCY, SERUM  
**Code:** 52

### Synonyms

HCG QUALITATIVE  
SERUM

### Collection Requirements

Preferred specimen: Serum

### Shipping and Handling Instructions

Stable for 2 days refrigerated, but sample should be allowed to warm to room temperature before testing. Any sample delayed longer than 48 hours should be frozen.

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes
DH PAV H STD LAB	Routine	6 Hours
DH PAV H STD LAB	STAT	60 Minutes

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

**Test Name** PREGNANCY, URINE  
**Code:** 1230100050

### Synonyms

HCG QUAL UR  
PREGNANCY TEST  
HCG QUALITATIVE URINE  
UPREGB

### Collection Requirements

Preferred specimen: First morning urine. Alternate specimens: Random urine.

### Shipping and Handling Instructions

Random urines may be too dilute to give accurate results. Sample is stable for 48 hours, refrigerated, If testing cannot be done within 48 hours, specimen should be frozen. Warm to room temperature before testing.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes
DH PAV C WOMENS CARE LAB	Routine	6 Hours
DH PAV C WOMENS CARE LAB	STAT	60 Minutes
DH PAV G WEBB LAB	Routine	6 Hours
DH PAV G WEBB LAB	STAT	60 Minutes
DH PAV H STD LAB	Routine	6 Hours
DH PAV H STD LAB	STAT	60 Minutes
EASTSIDE LAB	Routine	6 Hours
EASTSIDE LAB	STAT	60 Minutes
LA CASA LAB	Routine	6 Hours
LA CASA LAB	STAT	60 Minutes
LOWRY LAB	Routine	6 Hours
LOWRY LAB	STAT	60 Minutes
MONTBELLO LAB	Routine	6 Hours
MONTBELLO LAB	STAT	60 Minutes
PARK HILL LAB	Routine	6 Hours
PARK HILL LAB	STAT	60 Minutes
WESTSIDE LAB	Routine	6 Hours
WESTSIDE LAB	STAT	60 Minutes
WESTWOOD LAB	Routine	6 Hours
WESTWOOD LAB	STAT	60 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	Yes	
DH PAV A CENTRAL LAB	STERILE CUP	No	
DH PAV A CENTRAL LAB	URINE	No	

**Test Name** PRIMIDONE AND METABOLITE  
**Code:** 1230500156

## Synonyms

0090202  
PRIMODONE

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Allow specimen to clot completely at room temperature. Separate serum from cells within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.8 mL). STABILITY: Refrigerated: 1 week; Ambient: 1 week; Frozen: 1 \*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	RED TOP -PLAIN	Yes	

**Test Name** PROCALCITONIN  
**Code:** 146

## Synonyms

## Collection Requirements

Procalcitonin testing is only performed on patients from MICU and SICU. Orders on other patients will be cancelled as Test Not Indicated. Preferred specimen: 0.5 mL's plasma from a lithium heparin tube (green gel). Alternate specimen: 0.5 mL's serum from a red gel tube.

## Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Specimen is stable 48 hours refrigerated. Freeze at -20 C if testing delay is expected. &#x20; &#x20;

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	

**Test Name** PROGESTERONE  
**Code:** 1230101383

## Synonyms

HORMONE  
2008509  
PROGEST

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.3 mL). STABILITY: Refrigerated: 1 week; Ambient: Unacceptable; Frozen: 6 months.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN GEL (PST)	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	RED GEL (SST)	Yes	
ARUP LAB	RED TOP -PLAIN	No	

Test Name PROINSULIN  
Code: 1230101384

## Synonyms

INSULINOMA  
0070112  
PROINSULIN

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube and freeze immediately. (Min: 0.2 mL). STABILITY: Frozen: 2 months (avoid repeated freeze/thaw cycles); Ambient: U\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	Yes	
ARUP LAB	RED TOP -PLAIN	No	

Test Name PROLACTIN  
Code: 1230101385

## Synonyms

PRL

## Collection Requirements

COLLECT: 1.0 mL Serum (Red Gel).

## Shipping and Handling Instructions

SPECIMEN PREP: Separate serum from cells within 2 hours. TRANSPORT: 1.5 mL (1.0 mL minimum) Serum STABILITY: 1. Samples can be stored at 2-8°C for up to 7 days after collection. 2. For longer storage, aliquot and freeze up to 3 months at -20°C.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	RED BULLET	No	
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	
DH PAV A CENTRAL LAB	YELLOW BULLET (SST)	No	

**Test Name** PROPOXYPHENE CONFIRMATION, SER/PLA  
**Code:** 123050088

## Synonyms

2010464  
PPXYSP

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 1 week; Frozen: 3 years (Avoid repeated freeze/thaw cy\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks



## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GRAY TOP	Yes	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED TOP -PLAIN	No	

**Test Name** PROPOXYPHENE CONFIRMATION, URINE  
**Code:** 123050100

## Synonyms

2010468  
PPXYUR

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transfer 1 mL with no additives or preservatives urine to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Ambient: 1 week; Refrigerated: 1 month; Frozen: 3 years (Avoid repeated freeze/thaw cycles)

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

**Test Name** PROTEIN 24 HOUR URINE  
**Code:** 1230100354

## Synonyms

24 HOUR URINE PROTEIN  
PROTEIN URINE 24 HOUR  
URINE 24 HOUR PROTEIN  
24 HOUR URINE PROTEIN

## Collection Requirements

No preparation is required. Preferred specimens: Urine collected in a 24 hour urine jug is preferred. No preservative is necessary. Refrigerate the urine during collection.

## Shipping and Handling Instructions

Measure the volume and document the volume and collection time in the computer. Mix the specimen, pour an aliquot into a test tube, centrifuge and send to core. Also, aliquot a portion into a cup with total volume documented on the cup.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	24 HR URINE CONTAINER	Yes	

**Test Name** PROTEIN BODY FLUID  
**Code:** 1230100102

## Synonyms

BODY FLUID  
PROTEIN  
PROTEIN FLUID

## Collection Requirements

Preferred specimens: A plain white or a serum separator (gel) tube. Alternate specimens: A plain red, or green top tubes are also acceptable.

## Shipping and Handling Instructions

Centrifuge specimen and separate fluid from cells as soon as possible. Refrigerate specimen if testing is not performed immediately.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	No	
DH PAV A CENTRAL LAB	GREEN TOP - LIHEP	No	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	Yes	

Test Name PROTEIN C ACTIVITY  
Code: 1230100469

### Synonyms

0030113  
PRO C ACT

### Collection Requirements

None Listed

### Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Transfer 1.5 mL platelet-poor plasma to an ARUP Standard Transport Tube. (Min: 1 mL).  
STABILITY: Frozen at -20°C: 3 months, at -70°C: 6 months; Ambient: 4 hours; Refr\*

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	BLUE TOP-CITRATE	Yes	

Test Name PROTEIN C AND S PANEL, FUNCTIONAL  
Code: 1230500016

### Synonyms

0030182  
PROTEIN C  
PROTEIN S  
PROTCSPNL

### Collection Requirements

None Listed

### Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Transfer 2 mL platelet-poor plasma to an ARUP Standard Transport Tube. (Min: 1 mL).  
STABILITY: Frozen at -20°C: 3 months, at -70°C: 6 months; Ambient: 4 hours; Refri\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	BLUE TOP-CITRATE	Yes	

**Test Name** PROTEIN C AND S PANEL, TOTAL, ANTIGEN  
**Code:** 123050081

## Synonyms

0030116  
PROTEIN C AN

## Collection Requirements

None Listed

## Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Transfer 2 mL platelet-poor plasma to an ARUP Standard Transport Tube. (Min: 1 mL).  
STABILITY: Frozen at -20°C: 3 months, at -70°C: 6 months; Ambient: 4 hours; Refrig\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	BLUE TOP-CITRATE	Yes	

**Test Name** PROTEIN CREATININE RATIO, URINE, RANDOM  
**Code:** 1346

## Synonyms

PROTEIN URINE RANDOM  
CREATININE URINE RANDOM

## Collection Requirements

No preparation is required. Preferred specimens: 10 mL of random urine collected in a random urine cup, or other plain container is acceptable. No preservative is necessary.

## Shipping and Handling Instructions

Mix the specimen well, and pour an aliquot into a test tube. Centrifuge the urine. If testing is delayed, refrigerate the specimen.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CUP	Yes	

**Test Name** PROTEIN CSF  
**Code:** 1230100101

## Synonyms

CSF PROTEIN

## Collection Requirements

Patient preparation is not required. Preferred specimens: CSF is usually collected in plastic CSF tubes. Alternate specimens: Plain white or plain red tube, or plain specimen cups.

## Shipping and Handling Instructions

Centrifuge the specimen. If the fluid is bloody, remove the fluid from the cell button. Refrigerate the specimen if testing is not performed immediately. Do NOT discard the tube containing the cell button. This tube should be saved along with the sup\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CSF COLLECTION KIT	Yes	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	STERILE CUP	No	
DH PAV A CENTRAL LAB	STERILE TUBE	No	

**Test Name** PROTEIN ELECTROPHORESIS SERUM W/ REFLEX TO IFE  
**Code:** 123010022

### Synonyms

PROTEIN ELP SERUM

### Collection Requirements

None Listed

### Shipping and Handling Instructions

SPECIMEN PREP: Samples should be centrifuged as soon as possible, but can be stored refrigerated for one week. TRANSPORT: 0.5mL (0.2mL minimum) serum UNACCEPTABLE: Do not use hemolyzed or plasma samples. STABILITY: Refrigerated samples are stable for 1 week.

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

**Test Name** PROTEIN ELECTROPHORESIS URINE  
**Code:** 1230100350

### Synonyms

UPEP  
 PROTEINELPUR  
 ELP PROTEIN  
 UPTTEL

### Collection Requirements

10 mL Random or Timed Urine Refrigerated.

### Shipping and Handling Instructions

Urine protein electrophoresis also requires a urine protein. Samples may be stored up to 7 days refrigerated. This test should be ordered if there is already a urine protein. If there is not a urine protein, the package UPELE should be ordered. Samples may be stored up to 7 days refrigerated.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CUP	Yes	

Test Name PROTEIN RANDOM URINE  
Code: 1230100351

## Synonyms

PROTEIN URINE RANDOM  
UPTL

## Collection Requirements

No preparation is required. Preferred specimens: 10 mL of random urine collected in a random urine cup, or other plain container is acceptable. No preservative is necessary.

## Shipping and Handling Instructions

Mix the specimen well, and pour an aliquot into a test tube. Centrifuge the urine. If testing is delayed, refrigerate the specimen.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CUP	Yes	

Test Name PROTEIN S ANTIGEN TOTAL  
Code: 1230100473

## Synonyms

PRO S AG TOT  
0030112

## Collection Requirements

None Listed

## Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Transfer 1.5 mL platelet-poor plasma to an ARUP Standard Transport Tube. (Min: 1 mL). STABILITY: Frozen at -20°C: 3 months, at -70°C: 6 months; Ambient: 4 hours; Refr\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	BLUE TOP-CITRATE	Yes	

Test Name PROTEIN S, FUNCTIONAL  
Code: 1230500063

## Synonyms

0030114  
PROTSF

## Collection Requirements

None Listed

## Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Transfer 1.5 mL platelet-poor plasma to an ARUP Standard Transport Tube. (Min: 1 mL). STABILITY: Frozen at -20°C: 3 months, at -70°C: 6 months; Ambient: 4 hours; Refr\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	BLUE TOP-CITRATE	Yes	



**Test Name** PROTHROMBIN ANTIBODY, IGG  
**Code:** 1230500363

### Synonyms

0051302  
PROTHROMG

### Collection Requirements

None Listed

### Shipping and Handling Instructions

Transport 0.5 mL serum or plasma. (Min: 0.3 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	BLUE TOP-CITRATE	No	
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** PROTINE SUBSTITUTION  
**Code:** 1230100229

### Synonyms

EQUAL MIX  
PT/INR  
PROTINE 1:1 MIXING  
PT SUB

### Collection Requirements

None Listed

### Shipping and Handling Instructions

None Listed

## Turn Around Times

### Laboratory

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

### Priority

Routine  
STAT

### TAT

6 Hours  
40 Minutes

## Container Types

### Laboratory

DH PAV A CENTRAL LAB

### Container

BLUE TOP-CITRATE

### Default?

Yes

### Min Volume

Test Name PROTImE/INR  
Code: 1230100228

## Synonyms

PT  
PROTHROMBIN TIME

## Collection Requirements

Completely fill the top (black arrow on the tube) to attain the correct ratio of blood to citrate (9:1). Invert to mix, 3-4 times.

## Shipping and Handling Instructions

-Underfilled, overfilled, or clotted tubes must be cancelled. Specimen Stability: DO NOT REFRIGERATE! Opened, 4hrs at Room Temperature Unopened, 24hrs at Room Temperature Frozen plasma, 2 weeks at -20 C

## Turn Around Times

### Laboratory

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

### Priority

Routine  
STAT

### TAT

6 Hours  
40 Minutes

## Container Types

### Laboratory

DH PAV A CENTRAL LAB

### Container

BLUE TOP-CITRATE

### Default?

Yes

### Min Volume

Test Name PROTImE/INR POINT OF CARE  
Code: 28

## Synonyms

PROTImE  
INR  
POC

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes
DH PAV D DAVIS LAB	Routine	6 Hours
DH PAV D DAVIS LAB	STAT	60 Minutes
DH PAV G WEBB LAB	Routine	6 Hours
DH PAV G WEBB LAB	STAT	60 Minutes
EASTSIDE LAB	Routine	6 Hours
EASTSIDE LAB	STAT	60 Minutes
LOWRY LAB	Routine	6 Hours
LOWRY LAB	STAT	60 Minutes
WESTSIDE LAB	Routine	6 Hours
WESTSIDE LAB	STAT	60 Minutes
WINTER PARK LABORATORY	Routine	6 Hours
WINTER PARK LABORATORY	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	POINT OF CARE CONTAINER	Yes	

Test Name PSA  
Code: 1230100019

## Synonyms

PSA

## Collection Requirements

COLLECT: 1.0 mL Serum (Red Gel) MINIMUM VOLUME: 0.3 mL PATIENT PREP: Sample should not be collected within 48 hours following a digital rectal exam or other prostatic manipulation.

## Shipping and Handling Instructions

SPECIMEN PREP: Separate serum from cells within 2 hours.  
1.0 mL (0.5 mL minimum) Serum  
&#x20; STABILITY:  
Samples can be stored at 2-8°C for up to 48 hours after collection.  
storage, aliquot and freeze up to 3 months at -20°C.

TRANSPORT:

- 1.
2. For longer

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	RED BULLET	No	
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	
DH PAV A CENTRAL LAB	YELLOW BULLET (SST)	No	

Test Name PSA MONITORING  
Code: 149

## Synonyms

PSA  
PSAM

## Collection Requirements

COLLECT: 1.0 mL Serum (Red Gel) MINIMUM VOLUME: 0.3 mL PATIENT PREP: Sample should not be collected within 48 hours following a digital rectal exam or other prostatic manipulation.

## Shipping and Handling Instructions

SPECIMEN PREP: Separate serum from cells within 2 hours.  
1.0 mL (0.5 mL minimum) Serum  
&#x20; STABILITY:  
Samples can be stored at 2-8°C for up to 48 hours after collection.  
storage, aliquot and freeze up to 3 months at -20°C.

TRANSPORT:

- 1.
2. For longer

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	RED BULLET	No	
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	
DH PAV A CENTRAL LAB	YELLOW BULLET (SST)	No	

Test Name PSA TOTAL WITH FREE PSA  
Code: 1230500021

## Synonyms

0080206  
PSA TOTAL WI

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Allow specimen to clot completely at room temperature. Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Frozen: 3 months; Ambient: 8 hou\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN GEL (PST)	No	
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	Yes	
ARUP LAB	RED TOP -PLAIN	No	

**Test Name** PSEUDOCHOLINESTERASE DIB INHIB  
**Code:** 1230101395

## Synonyms

BENZOYLCHOLINESTERASE  
CHOLINESTERASE  
0020159

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Allow specimen to clot completely at room temperature. Separate serum or plasma from cells ASAP or within 2 hours of collection. Transport 1 mL serum or plasma. (Min: 0.25 mL)  
Storage/Transport Temperature: Refrigerated. STABILITY: Refrigerated: 1 week; Ambient: 4 hours; Frozen: 3 months

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** PSEUDOCHOLINESTERASE, TOTAL  
**Code:** 1230101394

## Synonyms

BENZOYLCHOLINESTERASE  
CHOLINESTERASE  
0020167

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Allow serum specimen to clot completely at room temperature. Separate serum or plasma from cells ASAP or within 2 hours of collection. Transport 0.5 mL serum or plasma. (Min: 0.1 mL). STABILITY:Refrigerated: 1 week; Ambient: 4 hours; Frozen: 3 months

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** PT SUB 1:1 NORMAL PLASMA, PT  
**Code:** 970

## Synonyms

PT SUB

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	BLUE TOP-CITRATE	Yes	

**Test Name** PT SUB CORRECTED THROMBIN TIME  
**Code:** 964

## Synonyms

TTC

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	BLUE TOP-CITRATE	Yes	

Test Name PT SUB FIBRINOGEN  
Code: 965

### Synonyms

FIB

### Collection Requirements

None Listed

### Shipping and Handling Instructions

Lab Instructions: -Blue top tube should be drawn before other tubes with additives. -In laboratory, invert specimen 3 times, and rim with applicator stick to check for clots. -Specimens are centrifuged in processing or at the coag bench in the Stat centrifuge. Specimen Stability: -Uncentrifuged 4 hrs at room temperature -If testing cannot be completed within 4 hrs., platelet poor plasma sample aliquoted into plastic tube is stable at 20 +/-5 C for 8 hrs. Frozen aliquots are stable for 2 weeks at -20 C or below, and 6 months at -70 C or below. Frozen specimens must be rapidly thawed at 37 C, then gently and thoroughly mixed and tested immediately.

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	BLUE TOP-CITRATE	Yes	

Test Name PT SUB INCUBATION  
Code: 972

### Synonyms

### Collection Requirements

None Listed

### Shipping and Handling Instructions

None Listed



## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	BLUE TOP-CITRATE	Yes	

Test Name PT SUB THROMBIN TIME  
Code: 963

## Synonyms

TT

## Collection Requirements

Venous blood ONLY, no fingerstick. Inaccurate test results can occur when using capillary blood due to tissue fluid contamination during skin puncture procedures. -Citratated blood 9:1 (blood to anticoagulant ratio), 3.2% sodium citrate (blue top tube). -Vacutainers should be filled up to, or within +/- 10% of the nominal fill black mark as indicated on the tube.

## Shipping and Handling Instructions

-Underfilled, overfilled, or clotted tubes must be cancelled. -Blue top tube should be drawn before other tubes with additives. -In laboratory, invert specimen 3 times, and rim with applicator stick to check for clots. -Specimens are centrifuged in processing or at the coag bench in the Stat centrifuge. -Uncentrifuged 4 hrs at room temperature -If testing cannot be completed within 4 hrs., platelet poor plasma sample aliquoted into plastic tube is stable at 20 +/-5 C for 8 hrs. If on heparin therapy, plasma is stable for 2 hrs at 20 +/-5 C. -Frozen aliquots are stable for 2 weeks at -20 C or below, and 6 months at -70 C or below. Frozen specimens must be rapidly thawed at 37 C, then gently and thoroughly mixed and tested immediately.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	BLUE TOP-CITRATE	Yes	

Test Name PTH INTACT  
Code: 1230100010

## Synonyms

BIOPTH  
INTACT PTH  
PARATHYROID HORMONE  
INTACT  
PTHI

## Collection Requirements

PREFERRED SPECIMEN: 1.0 ml Serum (Red Gel) MINIMUM VOLUME: 0.3 mL

## Shipping and Handling Instructions

1) Store serum samples refrigerated at 2-8 C for up to 8 hours, if testing will not be performed within 8 hours, freeze at -20 C. 2) Avoid repeated freezing and thawing.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN BULLET - LIHEP	No	
DH PAV A CENTRAL LAB	GREEN GEL (PST)	No	
DH PAV A CENTRAL LAB	GREEN GEL BULLET (PST)	No	
DH PAV A CENTRAL LAB	GREEN TOP - LIHEP	No	
DH PAV A CENTRAL LAB	RED BULLET	No	
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	
DH PAV A CENTRAL LAB	YELLOW BULLET (SST)	No	

**Test Name** PTHRP BY LC-MS/MS, PLASMA  
**Code:** 1230500129

## Synonyms

2010677  
PTHRP

## Collection Requirements

Collect: Protease Inhibitor tube (PPACK; Phe-Pro-Arg-chlormethylketone) (ARUP supply #49662), available online through eSupply using ARUP Connect™ or contact ARUP Client Services at (800) 522-2787. A winged collection set must be used. Specimen Preparation: Mix well. Separate from cells within 1 hour of collection. Transfer 1.5 mL plasma to an ARUP Standard Transport Tube. (Min: 0.7 mL)

## Shipping and Handling Instructions

Storage/Transport Temperature: Frozen. Separate specimens must be submitted when multiple tests are ordered. Unacceptable Conditions: Grossly hemolyzed specimens. Stability (collection to initiation of testing): After separation from cells: Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 3 months

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 Weeks
ARUP LAB	Routine	1 Weeks
ARUP LAB	STAT	1 Weeks
ARUP LAB	Timed	1 Weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CALL LAB	Yes	

Test Name PTT  
Code: 1230100232

## Synonyms

PTT  
APTT  
ACTIVATED PROTHOMBIN TIME  
PARTIAL THROMBOPLASTIN TIME

## Collection Requirements

Completely fill the top (black arrow on the tube) to attain the correct ratio of blood to citrate (9:1). Invert to mix, 3-4 times.

## Shipping and Handling Instructions

-Underfilled, overfilled, or clotted tubes must be cancelled. Specimen Stability: DO NOT REFRIGERATE! Non-heparinized, Unopened, 4hrs at Room Temperature On Heparin - Only 1 hr at Room Temperature, spin, test plasma within 4hrs Frozen plasma, 2 weeks at -20 C

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	BLUE TOP-CITRATE	Yes	

Test Name PTT SUB 1:1 NORMAL PLASMA, PTT  
Code: 974

## Synonyms

PTT SUB

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	BLUE TOP-CITRATE	Yes	

**Test Name** PTT SUB CORRECTED THROMBIN TIME  
**Code:** 967

## Synonyms

TTC

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	BLUE TOP-CITRATE	Yes	

Test Name PTT SUB FIBRINOGEN  
Code: 968

### Synonyms

FIB

### Collection Requirements

None Listed

### Shipping and Handling Instructions

Lab Instructions: -Blue top tube should be drawn before other tubes with additives. -In laboratory, invert specimen 3 times, and rim with applicator stick to check for clots. -Specimens are centrifuged in processing or at the coag bench in the Stat centrifuge. Specimen Stability: -Uncentrifuged 4 hrs at room temperature -If testing cannot be completed within 4 hrs., platelet poor plasma sample aliquoted into plastic tube is stable at 20 +/-5 C for 8 hrs. Frozen aliquots are stable for 2 weeks at -20 C or below, and 6 months at -70 C or below. Frozen specimens must be rapidly thawed at 37 C, then gently and thoroughly mixed and tested immediately.

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	BLUE TOP-CITRATE	Yes	

Test Name PTT SUB INCUBATION 1 HR, PTT  
Code: 975

### Synonyms

PTT SUB

### Collection Requirements

None Listed

### Shipping and Handling Instructions

None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	BLUE TOP-CITRATE	Yes	

Test Name PTT SUB THROMBIN TIME  
Code: 966

## Synonyms

TT

## Collection Requirements

Venous blood ONLY, no fingerstick. Inaccurate test results can occur when using capillary blood due to tissue fluid contamination during skin puncture procedures. -Citratated blood 9:1 (blood to anticoagulant ratio), 3.2% sodium citrate (blue top tube). -Vacutainers should be filled up to, or within +/- 10% of the nominal fill black mark as indicated on the tube.

## Shipping and Handling Instructions

-Blue top tube should be drawn before other tubes with additives. -In laboratory, invert specimen 3 times, and rim with applicator stick to check for clots. -Specimens are centrifuged in processing or at the coag bench in the Stat centrifuge. -Uncentrifuged 4 hrs at room temperature -If testing cannot be completed within 4 hrs., platelet poor plasma sample aliquoted into plastic tube is stable at 20 +/-5 C for 8 hrs. If on heparin therapy, plasma is stable for 2 hrs at 20 +/-5 C. -Frozen aliquots are stable for 2 weeks at -20 C or below, and 6 months at -70 C or below. Frozen specimens must be rapidly thawed at 37 C, then gently and thoroughly mixed and tested immediately.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	BLUE TOP-CITRATE	Yes	

Test Name PTT SUBSTITUTION STUDY  
Code: 27

## Synonyms

PTT 1:1 MIXING STUDY

## Collection Requirements

None Listed

## Shipping and Handling Instructions

-Underfilled, overfilled, or clotted tubes must be cancelled. -Blue top tube should be drawn before other tubes with additives. -In laboratory, invert specimen 3 times, and rim with applicator stick to check for clots. -Specimens are centrifuged in processing or at the coag bench in the Stat centrifuge. -Uncentrifuged 4 hrs at room temperature -If testing cannot be completed within 4 hrs., platelet poor plasma sample aliquoted into plastic tube is stable at 20 +/-5 C for 8 hrs. If on heparin therapy, plasma is stable for 2 hrs at 20 +/-5 C. -Frozen aliquots are stable for 2 weeks at -20 C or below, and 6 months at -70 C or below. Frozen specimens must be rapidly thawed at 37 C, then gently and thoroughly mixed and tested immediately."

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	BLUE TOP-CITRATE	Yes	

**Test Name** PTT, INHIBITOR SCREEN, 1-HOUR  
**Code:** 123050122

## Synonyms

2003266  
PTTINHIB

## Collection Requirements

None Listed

## Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Transfer 2 mL plasma to an ARUP Standard Transport Tube. (Min: 1 mL). STABILITY: Frozen: 2 weeks; Ambient: 4 hours; Refrigerated: Unacceptable

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	BLUE TOP-CITRATE	Yes	

Test Name PYRUVIC ACID  
Code: 1230101400

## Synonyms

PYRUVATE  
0080310  
PYRUVIC ACID

## Collection Requirements

Patient Prep: Patient should be fasting and at complete rest. Patient should avoid any exercise of the arm or hand before or during collection. Draw the specimen without the use of a tourniquet or within three minutes of applying the tourniquet, but before releasing the tourniquet. Collect: Green (Sodium or Lithium Heparin). Specimen Preparation: If whole blood is collected in a syringe, transfer immediately to green (sodium or lithium heparin) tube before preparing specimen. 1) Immediately after blood is drawn, add exactly 1 mL whole blood to a chilled pyruvate collection tube containing 2 mL 8 percent (w/v) perchloric acid (ARUP supply #16567) available online through eSupply using ARUP Connect™ or contact Client Services at (800) 522-2787. 2) Mix well for 30 seconds then place in an ice bath for 10 minutes. 3) Centrifuge for 10 minutes at 1500 x g. 4) Decant 2 mL supernatant to an ARUP Standard Transport Tube and freeze. (Min: 1 mL) Note: If less than 1 mL of blood is added to collection tube, pH of the supernatant will be too low for testing.

## Shipping and Handling Instructions

Storage/Transport Temperature: Frozen. Stability: Ambient: Unacceptable; Refrigerated: 2 days; Frozen: 4 weeks

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	Yes	



Test Name PYRUVIC ACID, CSF  
Code: 123050082

### Synonyms

0080312  
PYRUVIC ACID

### Collection Requirements

None Listed

### Shipping and Handling Instructions

1) Immediately after CSF is drawn, add exactly 1 mL CSF to a chilled pyruvate collection tube containing 2 mL 8 percent (w/v) perchloric acid (ARUP supply #16567) available online through eSupply using ARUP Connect(TM) or contact Client Services at (800\*

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CSF COLLECTION KIT	Yes	

Test Name QC: SONICATION  
Code: 1348

### Synonyms

### Collection Requirements

None Listed

### Shipping and Handling Instructions

None Listed

## Turn Around Times

Laboratory

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

Priority

Routine  
STAT

TAT

6 Hours  
40 Minutes

## Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

QC CONTAINER

Default?

Yes

Min Volume

Test Name QUANTIFERON  
Code: 522

## Synonyms

QUANTIFERON TB GOLD  
QNTFRB

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

Laboratory

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

Priority

Routine  
STAT

TAT

6 Hours  
40 Minutes

## Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

QUANTIFERON TUBES

Default?

Yes

Min Volume

Test Name QUANTITATIVE RESPIRATORY CULTURE  
Code: 123

## Synonyms

## Collection Requirements

Bronchial lavage, Mini-BAL, or bronchial brush/brushings. Place brush into 1mL of sterile saline and then submit to lab for processing

## Shipping and Handling Instructions

Routine specimens may be held in the Microbiology refrigerator for processing by the day shift.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	STERILE TUBE	No	

**Test Name** QUANTITATIVE TISSUE  
**Code:** 124

## Synonyms

QUANTITATIVE TISSUE CULTURE

## Collection Requirements

Aseptically collected tissue specimen, >=250 mg.

## Shipping and Handling Instructions

STAT requests and all O.R. specimens are processed immediately. Routine specimens may be held in the Microbiology refrigerator for processing by the day shift.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	STERILE TUBE	No	
DH PAV A CENTRAL LAB	SWAB	No	

Test Name RADIOMETER QC ALL  
Code: 693

### Synonyms

---

### Collection Requirements

---

None Listed

### Shipping and Handling Instructions

---

None Listed

### Turn Around Times

---

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

### Container Types

---

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

Test Name RAINBOW DRAW LAVENDER TOP  
Code: 1230101661

### Synonyms

---

RAINBOW  
LAVENDER  
PURPLE

### Collection Requirements

---

None Listed

### Shipping and Handling Instructions

---

None Listed

## Turn Around Times

**Laboratory**

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

**Priority**

Routine  
STAT

**TAT**

6 Hours  
40 Minutes

## Container Types

**Laboratory**

DH PAV A CENTRAL LAB

**Container**

LAVENDER TOP - K2 EDTA

**Default?**

Yes

**Min Volume**

**Test Name** RAINBOW DRAW LIGHT BLUE TOP  
**Code:** 1230101662

## Synonyms

RAINBOW  
LIGHT BLUE  
LTB

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

**Laboratory**

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

**Priority**

Routine  
STAT

**TAT**

6 Hours  
40 Minutes

## Container Types

**Laboratory**

DH PAV A CENTRAL LAB

**Container**

BLUE TOP-CITRATE

**Default?**

Yes

**Min Volume**

## Collection Requirements

None Listed

## Shipping and Handling Instructions

---

None Listed

## Turn Around Times

---

### Laboratory

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

### Priority

Routine  
STAT

### TAT

6 Hours  
40 Minutes

## Container Types

---

### Laboratory

DH PAV A CENTRAL LAB

### Container

BLUE TOP-CITRATE

### Default?

Yes

### Min Volume

## Collection Requirements

---

None Listed

## Shipping and Handling Instructions

---

None Listed

## Turn Around Times

---

### Laboratory

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

### Priority

Routine  
STAT

### TAT

6 Hours  
40 Minutes

## Container Types

---

### Laboratory

DH PAV A CENTRAL LAB

### Container

BLUE TOP-CITRATE

### Default?

Yes

### Min Volume

## Collection Requirements

---

None Listed

## Shipping and Handling Instructions

---

None Listed

## Turn Around Times

Laboratory

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

Priority

Routine  
STAT

TAT

6 Hours  
40 Minutes

## Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

BLUE TOP-CITRATE

Default?

Yes

Min Volume

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

Laboratory

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

Priority

Routine  
STAT

TAT

6 Hours  
40 Minutes

## Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

BLUE TOP-CITRATE

Default?

Yes

Min Volume

**Test Name** RAINBOW DRAW LIGHT GREEN GEL TOP  
**Code:** 1230101663

## Synonyms

RAINBOW  
GREEN  
LTG  
MINT  
GREEN

## Collection Requirements

None Listed

## Shipping and Handling Instructions

---

None Listed

## Turn Around Times

---

### Laboratory

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

### Priority

Routine  
STAT

### TAT

6 Hours  
40 Minutes

## Container Types

---

### Laboratory

DH PAV A CENTRAL LAB

### Container

GREEN GEL (PST)

### Default?

Yes

### Min Volume

## Collection Requirements

---

None Listed

## Shipping and Handling Instructions

---

None Listed

## Turn Around Times

---

### Laboratory

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

### Priority

Routine  
STAT

### TAT

6 Hours  
40 Minutes

## Container Types

---

### Laboratory

DH PAV A CENTRAL LAB

### Container

GREEN GEL (PST)

### Default?

Yes

### Min Volume

## Collection Requirements

---

None Listed

## Shipping and Handling Instructions

---

None Listed



## Turn Around Times

**Laboratory**

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

**Priority**

Routine  
STAT

**TAT**

6 Hours  
40 Minutes

## Container Types

**Laboratory**

DH PAV A CENTRAL LAB

**Container**

GREEN GEL (PST)

**Default?**

Yes

**Min Volume**

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

**Laboratory**

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

**Priority**

Routine  
STAT

**TAT**

6 Hours  
40 Minutes

## Container Types

**Laboratory**

DH PAV A CENTRAL LAB

**Container**

GREEN GEL (PST)

**Default?**

Yes

**Min Volume**

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

**Laboratory**

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

**Priority**

Routine  
STAT

**TAT**

6 Hours  
40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	

**Test Name** RAINBOW DRAW PALE YELLOW TOP  
**Code:** 1230101664

## Synonyms

RAINBOW  
YELLOW  
PALE YELLOW

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	YELLOW (ACD)	Yes	

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

**Laboratory**

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

**Priority**

Routine  
STAT

**TAT**

6 Hours  
40 Minutes

## Container Types

**Laboratory**

DH PAV A CENTRAL LAB

**Container**

YELLOW (ACD)

**Default?**

Yes

**Min Volume**

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

**Laboratory**

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

**Priority**

Routine  
STAT

**TAT**

6 Hours  
40 Minutes

## Container Types

**Laboratory**

DH PAV A CENTRAL LAB

**Container**

YELLOW (ACD)

**Default?**

Yes

**Min Volume**

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

**Laboratory**

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

**Priority**

Routine  
STAT

**TAT**

6 Hours  
40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	YELLOW (ACD)	Yes	

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	YELLOW (ACD)	Yes	

**Test Name** RAINBOW DRAW RED TOP  
**Code:** 1230101660

## Synonyms

RAINBOW  
RED

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

---

**Laboratory**

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

**Priority**

Routine  
STAT

**TAT**

6 Hours  
40 Minutes

## Container Types

---

**Laboratory**

DH PAV A CENTRAL LAB

**Container**

RED TOP -PLAIN

**Default?**

Yes

**Min Volume**

## Collection Requirements

---

None Listed

## Shipping and Handling Instructions

---

None Listed

## Turn Around Times

---

**Laboratory**

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

**Priority**

Routine  
STAT

**TAT**

6 Hours  
40 Minutes

## Container Types

---

**Laboratory**

DH PAV A CENTRAL LAB

**Container**

RED TOP -PLAIN

**Default?**

Yes

**Min Volume**

## Collection Requirements

---

None Listed

## Shipping and Handling Instructions

---

None Listed

## Turn Around Times

---

**Laboratory**

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

**Priority**

Routine  
STAT

**TAT**

6 Hours  
40 Minutes

## Container Types

---

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	RED TOP -PLAIN	Yes	

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

---

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

---

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	RED TOP -PLAIN	Yes	

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

---

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

---

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	RED TOP -PLAIN	Yes	

**Test Name** RAPID CITRATED THROMBOELASTOGRAM (TEG)  
**Code:** 1344

### Synonyms

---

### Collection Requirements

---

Specimen must be received in the laboratory within 30 minutes after collection. Test must be performed within 2 hours after collection. Specimen is stable up to 2 hours after collection.

### Shipping and Handling Instructions

---

Analysis must begin as soon as possible after sample collection. Do NOT centrifuge. whole blood is analyzed. Underfilled, overfilled, or clotted tubes must be cancelled.

### Turn Around Times

---

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

### Container Types

---

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	BLUE TOP-CITRATE	Yes	

**Test Name** RAPID HIV ANTIBODY  
**Code:** 524

### Synonyms

---

UNIGOLD  
RHIVB

### Collection Requirements

---

None Listed

### Shipping and Handling Instructions

---

None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	Yes	

**Test Name** RAPID INFLUENZA A&B  
**Code:** 1230100809

## Synonyms

RAPID INFLUENZA  
INFLUENZA  
RINF

## Collection Requirements

Nasopharyngeal wash/aspirate, 2-3 ml collected with NPak (nasopharyngeal aspiration kit) available from Central Supply. Syringe aspiration kit recommended for pediatric patients.

## Shipping and Handling Instructions

This test is considered STAT, must be processed immediately.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	STERILE TUBE	No	

**Test Name** RAPID MALARIA ANTIGEN  
**Code:** 525

## Synonyms

MALARIA AG  
RMALB



## Collection Requirements

None Listed

## Shipping and Handling Instructions

EDTA whole blood stable 2 hours for optimum parasite recovery; up to 8 hours if physician request but parasite recovery greatly diminishes on long standing.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	Yes	

**Test Name** RAPID MALARIA ANTIGEN QC (HRP)  
**Code:** 748

## Synonyms

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

**Test Name** RAPID PLASMA REAGIN ANTIBODY  
**Code:** 12300528

### Synonyms

RPR

### Collection Requirements

Serum - collect blood by venipuncture into a clean, dry tube without anticoagulant and allow to clot. Plasma- Collect blood by venipuncture into a tube containing EDTA, heparin, potassium oxalate, potassium sequestrene or sodium fluoride.

### Shipping and Handling Instructions

ship under refrigeration.

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
CDPHE LAB	BLUE TOP-CITRATE	No	
CDPHE LAB	LAVENDER TOP - K2 EDTA	No	
CDPHE LAB	RED GEL (SST)	Yes	
CDPHE LAB	RED TOP -PLAIN	No	

**Test Name** RAPID PLASMA REAGIN-SYPHILIS  
**Code:** 1230100474

### Synonyms

RPR  
SYPHILIS

### Collection Requirements

Separate serum from cells ASAP. Plasma is also acceptable if testing is completed before the specimen is 48 hours old.

### Shipping and Handling Instructions

After separation from cells, store at room temperature up to 2 days. Can be refrigerated up to 2 weeks and frozen up to 1 year. Avoid repeated freeze/thaw cycles.

## Turn Around Times

---

**Laboratory**

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

**Priority**

Routine  
STAT

**TAT**

6 Hours  
40 Minutes

## Container Types

---

**Laboratory**

DH NON-INTERFACED LAB

**Container**

RED GEL (SST)

**Default?**

Yes

**Min Volume**

## Collection Requirements

---

Separate serum from cells ASAP. Plasma is also acceptable if testing is completed before the specimen is 48 hours old.

## Shipping and Handling Instructions

---

After separation from cells, store at room temperature up to 2 days. Can be refrigerated up to 2 weeks and frozen up to 1 year. Avoid repeated freeze/thaw cycles.

## Turn Around Times

---

**Laboratory**

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

**Priority**

Routine  
STAT

**TAT**

6 Hours  
40 Minutes

## Container Types

---

**Laboratory**

DH NON-INTERFACED LAB

**Container**

RED GEL (SST)

**Default?**

Yes

**Min Volume**

## Collection Requirements

---

Separate serum from cells ASAP. Plasma is also acceptable if testing is completed before the specimen is 48 hours old.

## Shipping and Handling Instructions

---

After separation from cells, store at room temperature up to 2 days. Can be refrigerated up to 2 weeks and frozen up to 1 year. Avoid repeated freeze/thaw cycles.

## Turn Around Times

---

**Laboratory**

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

**Priority**

Routine  
STAT

**TAT**

6 Hours  
40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	

## Collection Requirements

Separate serum from cells ASAP. Plasma is also acceptable if testing is completed before the specimen is 48 hours old.

## Shipping and Handling Instructions

After separation from cells, store at room temperature up to 2 days. Can be refrigerated up to 2 weeks and frozen up to 1 year. Avoid repeated freeze/thaw cycles.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	

**Test Name** RAPID STREP  
**Code:** 1230100501

## Synonyms

STREP A SCREEN  
RAPID STREP SCREEN

## Collection Requirements

Kit-specific sterile rayon tipped swab on plastic shaft, available from Microbiology. Transport in paper wrapper. Specimens from DECC, AUC or EMD departments only.

## Shipping and Handling Instructions

This test is considered STAT, must be processed immediately. A reflex Throat Culture is ordered for Negative Rapid Strep results for ages <18. For adults, >18 years old, a reflex Throat Culture will not be performed for negative Rapid Strep results. If \*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes
DH PAV G WEBB LAB	Routine	6 Hours
DH PAV G WEBB LAB	STAT	60 Minutes
EASTSIDE LAB	Routine	6 Hours
EASTSIDE LAB	STAT	60 Minutes
LA CASA LAB	Routine	6 Hours
LA CASA LAB	STAT	60 Minutes
LOWRY LAB	Routine	6 Hours
LOWRY LAB	STAT	60 Minutes
MONTBELLO LAB	Routine	6 Hours
MONTBELLO LAB	STAT	60 Minutes
PARK HILL LAB	Routine	6 Hours
PARK HILL LAB	STAT	60 Minutes
WESTSIDE LAB	Routine	6 Hours
WESTSIDE LAB	STAT	60 Minutes
WESTWOOD LAB	Routine	6 Hours
WESTWOOD LAB	STAT	60 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE RAYON TIPPED SWAB	Yes	

Test Name RAPID THROMBOELASTOGRAM  
Code: 30

## Synonyms

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	WHITE TOP	Yes	

**Test Name** RBC BAND 3 PROTEIN REDUCTION  
**Code:** 1230500367

### Synonyms

2008460  
RBCBAND3

### Collection Requirements

None Listed

### Shipping and Handling Instructions

Transport 4 mL whole blood in the original container. (Min: 0.5 mL). STABILITY:  
Refrigerated: 7 days; Ambient: 3 days; Frozen: Unacceptable

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	

**Test Name** RBC MORPH NO PATH REVIEW  
**Code:** 1116

### Synonyms

### Collection Requirements

Invert immediately and gently mix with anticoagulant.

### Shipping and Handling Instructions

Can maintain specimen at room temperature up to 8 hours. Refrigerate up to 24 hours. Do not freeze.

## Turn Around Times

### Laboratory

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

### Priority

Routine  
STAT

### TAT

6 Hours  
40 Minutes

## Container Types

### Laboratory

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

### Container

LAVENDAR BULLET - K2 EDTA  
LAVENDER TOP - K2 EDTA

### Default?

No  
Yes

### Min Volume

Test Name RBC MORPHOLOGY  
Code: 123050207

## Synonyms

## Collection Requirements

Invert immediately and gently mix with anticoagulant.

## Shipping and Handling Instructions

Slide must be made within 8 hours of collection.

## Turn Around Times

### Laboratory

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

### Priority

Routine  
STAT

### TAT

6 Hours  
40 Minutes

## Container Types

### Laboratory

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

### Container

LAVENDAR BULLET - K2 EDTA  
LAVENDER TOP - K2 EDTA

### Default?

No  
Yes

### Min Volume

Test Name RECORD CORE LAB TEMPERATURES  
Code: 810

## Synonyms

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

**Test Name** RENAL FUNCTION PANEL  
**Code:** 1230100097

## Synonyms

RFP  
RENAL PANEL

## Collection Requirements

No patient preparation required. Preferred specimens: 0.25 ml plasma from a green lithium heparin gel tube. Alternate specimens: serum from red gel or plain tube with no additive.

## Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed. Freeze specimen for longer storage.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	



Test Name RENIN ACTIVITY  
Code: 123050132

### Synonyms

0070105  
PRA  
PLASMA RENIN ACTIVITY

### Collection Requirements

Patient Preparation Supine: 1. Specimen should be obtained between 8 a.m. and 10 a.m., after at least two hours of sitting, standing, or walking and seated for 5-15 minutes; 2. Normal sodium diet (100-200 mEq/day) for at least three days; 3. Take no medications known to affect renin-aldosterone system. Upright: 1. Specimen should be obtained before noon (after at least two hours in upright position; seated or standing); 2. Normal sodium diet (100-200 mEq/day) for at least three days; 3. Take no medications known to affect renin-aldosterone system. Contact Medical Director if more information is needed.

### Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Separate plasma from cells. Transfer 2 mL plasma to an ARUP Standard. Transport Tube and freeze immediately. (Min: 1.2 mL). STABILITY: Frozen: 1 month; Ambient: 6 hou\*

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name RESPIRATORY CULTURE  
Code: 125

### Synonyms

### Collection Requirements

Sputum, expectorated or induced. Tracheal aspirate, bronchial washings, bronchial biopsy, bronchial lavage, lung aspirate, transtracheal aspirate. Sputums and tracheal aspirates are evaluated for quality. Gram stains showing excessive squamous epithelial cells indicative of salivary contamination will not be cultured and the floor will be advised to recollect.

### Shipping and Handling Instructions

Routine specimens may be held in the Microbiology refrigerator for processing by the day shift.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	STERILE TUBE	No	

**Test Name** RESPIRATORY MULTIPLEX PCR  
**Code:** 134

## Synonyms

PCR FOR RESP VIRUS/BACTERIA  
RESPCR  
RESPIRATORY PCR PANEL  
RESPIRATORY FILM ARRAY

## Collection Requirements

1.0 mL (300uL min) Nasopharyngeal wash, BAL, or Mini-BAL. Specimen may be refrigerated up to 24h before testing, frozen -70C after 24h.

## Shipping and Handling Instructions

Perform FilmArray between 7AM-10PM

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	Yes	
DH PAV A CENTRAL LAB	STERILE CUP	No	

**Test Name** RETIC HEMOGLOBIN CONTENT  
**Code:** 1230510002

## Synonyms

## Collection Requirements

Invert immediately and gently mix with anticoagulant.

## Shipping and Handling Instructions

Refrigerate samples at 2-8 C if unable to analyze within 8 hours of collection. Stable for 24 hrs when stored at 2-8 C and 8 hrs at RT.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name RETICULOCYTES  
Code: 1230100202

## Synonyms

RETIC

## Collection Requirements

Invert immediately and gently mix with anticoagulant.

## Shipping and Handling Instructions

Mix tube 2 minutes on rocker, or manually inverted 30 times prior to sampling.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	LAVENDAR BULLET - K2 EDTA	No	
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	Yes	

**Test Name** RHEUMATOID FACTOR  
**Code:** 1230100113

### Synonyms

RF  
RF SCREEN

### Collection Requirements

None Listed

### Shipping and Handling Instructions

None Listed

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	

**Test Name** RHEUMATOID FACTOR, FLUID  
**Code:** 1230101415

### Synonyms

RF FL  
2003347

### Collection Requirements

Collect: CSF, Pericardial, Pleural, or Synovial fluid

### Shipping and Handling Instructions

Specimen source must be provided. Centrifuge to remove cellular material. Transfer 1 mL body fluid to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Refrigerated: 1 week; Ambient: 24 hours; Frozen: 1 month (should not be thawed more than once)

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	Yes	

**Test Name** RIBONUCLEIC PROTEIN ANTIBODY, IGG  
**Code:** 1230101417

## Synonyms

ANTIBODY  
RNP IGG  
0050470

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL) STABILITY:Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles)

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** RIBOSOMAL P PROTEIN ANTIBODY  
**Code:** 1230101416

## Synonyms

ANTI-RIBOSOME P ANTIBODIES  
RRNP  
0099249  
RIB P PRO AB

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles)

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** RISPERIDONE AND METABOLITE S/P  
**Code:** 1230500368

## Synonyms

2007951  
RISPERIDONE

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum or plasma from cells within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 2 weeks; Frozen: 2 months

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	
ARUP LAB	RED TOP -PLAIN	No	

**Test Name** RNA POLYMERASE III ANTIBODY, IGG  
**Code:** 1230500130

### Synonyms

2001601  
RNAPOL3

### Collection Requirements

None Listed

### Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL).STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** ROCKY MOUNTAIN SPOTTED FEVER IGG AND IGM  
**Code:** 1230500183

### Synonyms

0050371  
RMSFGM  
RICKETTSIA

### Collection Requirements

None Listed

### Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.1 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute spec\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** ROCKY MOUNTAIN SPOTTED FEVER, IGG  
**Code:** 1230500369

## Synonyms

0050369  
RMSFIGG

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.05 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute spe\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** ROS1 BY FISH  
**Code:** 123050126

## Synonyms



## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	STERILE CONTAINER	Yes	

**Test Name** ROS1 BY IHC WITH FISH CONFIRMATION  
**Code:** 123050125

## Synonyms

2008414

## Collection Requirements

Tumor tissue

## Shipping and Handling Instructions

Formalin fix (10 percent neutral buffered formalin) and paraffin embed tissue. Transport tissue block or 6 unstained (3- to 5-micron thick sections), positively charged slides in a tissue transport kit (ARUP supply #47808) available online through eSupp\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	Yes	

Test Name ROTAVIRUS EM  
Code: 135

### Synonyms

ROTEM

### Collection Requirements

Fresh stool - Recommendation is to perform the Stool Multiplex PCR.

### Shipping and Handling Instructions

Stability of specimen: Fresh stool can be refrigerated for up to 7 days in a sterile transport container.

### Turn Around Times

Laboratory

Priority

TAT

### Container Types

Laboratory

DH NON-INTERFACED LAB

Container

STERILE CUP

Default?

Yes

Min Volume

Test Name RPR  
Code: 528

### Synonyms

RAPID PLASMA REAGIN

### Collection Requirements

None Listed

### Shipping and Handling Instructions

None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes
DH PAV H STD LAB	Routine	6 Hours
DH PAV H STD LAB	STAT	60 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	

Test Name RPR TITER  
Code: 529

## Synonyms

RAPID PLASMA REAGIN TITER  
RPRTI

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	

Test Name RUB NEGATIVE CONTROL  
Code: 989

## Synonyms

## Collection Requirements

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None Listed

## Shipping and Handling Instructions

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None Listed

## Turn Around Times

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### Laboratory

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

### Priority

Routine  
STAT

### TAT

6 Hours  
40 Minutes

## Container Types

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### Laboratory

DH PAV A CENTRAL LAB

### Container

QC CONTAINER

### Default?

Yes

### Min Volume

**Test Name** RUB POSITIVE CONTROL  
**Code:** 991

## Synonyms

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## Collection Requirements

---

None Listed

## Shipping and Handling Instructions

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None Listed

## Turn Around Times

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### Laboratory

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

### Priority

Routine  
STAT

### TAT

6 Hours  
40 Minutes

## Container Types

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### Laboratory

DH PAV A CENTRAL LAB

### Container

QC CONTAINER

### Default?

Yes

### Min Volume

Test Name RUBELLA ANTIBODY, IGM  
Code: 1230101421

### Synonyms

ANTIBODY  
0050551  
RUBELLA IGM  
RUBEIGM

### Collection Requirements

None Listed

### Shipping and Handling Instructions

Allow specimen to clot completely at room temperature. Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL) Parallel testing is preferred and convalescent specimens must be\* Unacceptable Conditions: Contaminated, heat-inactivated, or grossly hemolyzed specimens. STABILITY: After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (Avoid repeated freeze/thaw cycles)

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name RUBELLA IGG AB  
Code: 1230100476

### Synonyms

AB  
GERMAN MEASLES  
RUBELLA IGG  
RUBELLA ANTIBODY IGG  
RUB

### Collection Requirements

None Listed

### Shipping and Handling Instructions

None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	

**Test Name** RUFINAMIDE, SERUM OR PLASMA  
**Code:** 1230500370

## Synonyms

2003176  
RUFINSP

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum or plasma from cells within 2 hours. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 2 weeks; Frozen: 2 weeks

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED TOP -PLAIN	Yes	

**Test Name** RUPTURE OF FETAL MEMBRANES  
**Code:** 1393

## Synonyms

ROM

## Collection Requirements

Use a sterile polyester swab provided by lab to collect specimen. Please contact lab if swab is needed. Place the swab into the collection vial and rotate for 1 minute. (DO NOT leave the swab in the vial). Collection vial must be sent to the Lab immediately. Vials received more than 30 minutes after collection will be rejected. If Blood is present, the test may malfunction. If more than a trace amount of blood is on the swab, the test is invalid; in this case, do not submit the specimen to the Lab.

## Shipping and Handling Instructions

collection vial must be received and tested in the lab within 30 minutes of collection.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	ROM COLLECTION VIAL	Yes	

**Test Name** SACCHAROMYCES CEREVISIAE ABS, IGG, IGA  
**Code:** 1230500244

## Synonyms

0050564  
SPAN

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles)

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** SALICYLATE  
**Code:** 1230100247

## Synonyms

SALICYLIC ACID  
ASPIRIN

## Collection Requirements

Preferred specimens: 0.5 ml plasma from a green lithium heparin gel tube. Alternate specimens: 0.5 mL Serum (gel separator tube) or Plain White or Plain Red.

## Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed. Freeze specimen for longer storage. Ambient (immediate), Refrigerated (8 Hrs), or Frozen (1 week).

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

**Test Name** SCHISTOSOMA ANTIBODY, IGG  
**Code:** 1230101426

## Synonyms

0099411  
SCHIST IGG

## Collection Requirements

None Listed



## Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube (Min: 0.1 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** SCHISTOSOMA ANTIBODY, IGG, SERUM  
**Code:** 1069

## Synonyms

3000582  
SCHIST IGG

## Collection Requirements

Collect: Serum Separator Tube (SST) or Plain Red.

## Shipping and Handling Instructions

Specimen Preparation: Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL)  
Storage/Transport Temperature: Refrigerated. Also acceptable: Frozen  
Stability: After separation from cells: Refrigerated: 1 month; Frozen: 1 month  
Unacceptable Conditions: Ambient stored specimens, Grossly hemolyzed, lipemic specimens. Reported: 4-10 days

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	
ARUP LAB	RED TOP -PLAIN	No	

**Test Name** SCLERODERMA (SCL-70) ANTIBODY  
**Code:** 1230100509

## Synonyms

SCL 70  
0050599  
TOPOISOMERASE  
SCLERODERMA

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles)

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name SCOTCH TAPE PREP  
Code: 1230100156

## Synonyms

PINWORM EXAM

## Collection Requirements

Apply a 1.5 to 2 inch strip of CLEAR cellophane tape, adhesive side down, firmly several times against the right and left perianal folds. Spread the inoculated tape adhesive side down over a glass, frosted-edge microscope slide. Smooth the tape down with gauze. Label the frosted end of the slide with patient information and place slide in a clean container.

## Shipping and Handling Instructions

This is a routine, non-stat test. Place the specimen on the blood bench for processing by the day shift.

## Turn Around Times

### Laboratory

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

### Priority

Routine  
STAT

### TAT

6 Hours  
40 Minutes

## Container Types

### Laboratory

DH PAV A CENTRAL LAB

### Container

CALL LAB

### Default?

Yes

### Min Volume

**Test Name** SEDIMENTATION RATE, AUTOMATED  
**Code:** 1230100230

## Synonyms

SED RATE  
ERYTHROCYTE SEDIMENTATION RATE  
ESR

## Collection Requirements

Preferred specimen: whole Blood EDTA (LAV) 1ml minimum

## Shipping and Handling Instructions

stability: 4 hours ambient 24 hours refrigerated Expected TAT: 30 min

## Turn Around Times

### Laboratory

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

### Priority

Routine  
STAT

### TAT

6 Hours  
40 Minutes

## Container Types

### Laboratory

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

### Container

LAVENDAR BULLET - K2 EDTA  
LAVENDAR TOP - K2 EDTA

### Default?

No  
Yes

### Min Volume

**Test Name** SELENIUM SERUM  
**Code:** 1230101428

## Synonyms

SE  
0025023  
SELENIUM S

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Centrifuge; do not allow serum or plasma to remain on cells. Transfer 2 mL serum or plasma to an ARUP Trace Element-Free Transport Tube. (Min: 0.5 mL). STABILITY: Ambient. If the specimen is drawn and stored in the appropriate container, the trace eleme\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	ROYAL BLUE - K2 EDTA	No	
ARUP LAB	ROYAL BLUE PLAIN	Yes	

**Test Name** SEMEN ANALYSIS  
**Code:** 1230100122

## Synonyms

SEMEN

## Collection Requirements

Patient Preparation: 1. 48-72 hours, but no longer than seven days of sexual continence (no ejaculation). 2. Evacuate bladder prior to specimen collection. Preferred Specimen: Entire ejaculate, collected by masturbation into clean, sterile plastic container with a screw top lid. Bring container to body temperature at collection time. Collect specimen without the aid of lubricants. Lubricants and ordinary condoms may interfere with the sperm viability. Patient should record the number of days or hours of sexual abstinence prior to collection of the specimen, time and date of collection, and if part of the ejaculate was lost. Deliver specimen with lab requisition to laboratory within 1 hour of collection. During transport, protect specimen from light and temperature extremes by keeping it close to the body inside a shirt, blouse, or coat. Test is offered only Monday through Friday from 7AM to 3PM, NO holidays. Results available same day. . &#x20;

## Shipping and Handling Instructions

Specimens more than 1 hour old will not be accepted. Specimen and requisition must be labeled with the man's name and hospital information, not the woman's information. Person Accepting Specimen: Check specimen for correct patient identification before accepting specimen. Ensure Semen Collection questionnaire is filled out. Check LIS for an order. Processor: receipt verify or test request and deliver specimen and questionnaire IMMEDIATELY to UA bench tech. NOTIFY tech. UA Bench Tech: Semen analysis must be performed immediately to avoid reporting incorrect results.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CONTAINER	Yes	
DH PAV A CENTRAL LAB	STERILE CUP	No	

Test Name SEMEN ANALYSIS (MANUAL)  
Code: 1061

## Synonyms

## Collection Requirements

Patient Preparation: 1. 48-72 hours, but no longer than seven days of sexual continence (no ejaculation). 2. Evacuate bladder prior to specimen collection. Preferred Specimen: Entire ejaculate, collected by masturbation into clean, sterile plastic container with a screw top lid. Bring container to body temperature at collection time. Collect specimen without the aid of lubricants. Lubricants and ordinary condoms may interfere with the sperm viability. Patient should record the number of days or hours of sexual abstinence prior to collection of the specimen, time and date of collection, and if part of the ejaculate was lost. Deliver specimen with lab requisition to laboratory within 1 hour of collection. During transport, protect specimen from light and temperature extremes by keeping it close to the body inside a shirt, blouse, or coat. Test is offered only Monday through Friday from 7AM to 2PM, NO holidays. Results available same day. &#x20; &#x20;

## Shipping and Handling Instructions

Specimens more than 1 hour old will not be accepted. Specimen and requisition must be labeled with the man's name and hospital information, not the woman's information. Person Accepting Specimen: Check specimen for correct patient identification before accepting specimen. Ensure Semen Collection questionnaire is filled out. Check LIS for an order. Processor: receipt verify or test request and deliver specimen and questionnaire IMMEDIATELY to UA bench tech. NOTIFY tech. UA Bench Tech: Semen analysis must be performed immediately to avoid reporting incorrect results.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	

Test Name SEMEN QWIKCHECK HIGH  
Code: 779

### Synonyms

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### Collection Requirements

---

None Listed

### Shipping and Handling Instructions

---

None Listed

### Turn Around Times

---

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

### Container Types

---

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

Test Name SEMEN QWIKCHECK LOW  
Code: 778

### Synonyms

---

### Collection Requirements

---

None Listed

### Shipping and Handling Instructions

---

None Listed

## Turn Around Times

---

**Laboratory**

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

**Priority**

Routine  
STAT

**TAT**

6 Hours  
40 Minutes

## Container Types

---

**Laboratory**

DH PAV A CENTRAL LAB

**Container**

QC CONTAINER

**Default?**

Yes

**Min Volume**

**Test Name** SEMEN QWIKCHECK NEG  
**Code:** 777

## Synonyms

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## Collection Requirements

---

None Listed

## Shipping and Handling Instructions

---

None Listed

## Turn Around Times

---

**Laboratory**

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

**Priority**

Routine  
STAT

**TAT**

6 Hours  
40 Minutes

## Container Types

---

**Laboratory**

DH PAV A CENTRAL LAB

**Container**

QC CONTAINER

**Default?**

Yes

**Min Volume**

**Test Name** SEMEN QWIKCHECK QC ALL  
**Code:** 780

## Synonyms

---

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

### Laboratory

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

### Priority

Routine  
STAT

### TAT

6 Hours  
40 Minutes

## Container Types

### Laboratory

DH PAV A CENTRAL LAB

### Container

QC CONTAINER

### Default?

Yes

### Min Volume

**Test Name** SEMIQUANTITATIVE RF  
**Code:** 527

## Synonyms

RHEUMATOID FACTOR TITER  
RFT

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

### Laboratory

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

### Priority

Routine  
STAT

### TAT

6 Hours  
40 Minutes

## Container Types

### Laboratory

DH PAV A CENTRAL LAB

### Container

RED GEL (SST)

### Default?

Yes

### Min Volume



**Test Name** SERINE PROTEASE3, IGG  
**Code:** 1230500019

### Synonyms

0050527  
PR3  
PROT3

### Collection Requirements

None Listed

### Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles)

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** SEROTONIN SERUM  
**Code:** 1230100025

### Synonyms

SERUM SEROTONIN  
0080397  
SEROTONIN S

### Collection Requirements

None Listed

### Shipping and Handling Instructions

Spin and separate within one hour. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL). STABILITY: Frozen: 1 month; Ambient: Unacceptable; Refrigerated: 24 hours

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name SEROTONIN, WHOLE BLOOD  
Code: 1230500157

## Synonyms

0080395  
SEROTWB

## Collection Requirements

COLLECT ON ICE

## Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Place on ice. Transfer 3 mL whole blood to an ARUP Serotonin Transport Tube containing ascorbic acid (ARUP supply #16568). Available online through eSupply using ARU\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name SERUM PREG QC - NEG  
Code: 405

## Synonyms

## Collection Requirements

---

None Listed

## Shipping and Handling Instructions

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None Listed

## Turn Around Times

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### Laboratory

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

### Priority

Routine  
STAT

### TAT

6 Hours  
40 Minutes

## Container Types

---

### Laboratory

DH PAV A CENTRAL LAB

### Container

QC CONTAINER

### Default?

Yes

### Min Volume

**Test Name** SERUM PREG QC - NEG (HRP)  
**Code:** 757

## Synonyms

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## Collection Requirements

---

None Listed

## Shipping and Handling Instructions

---

None Listed

## Turn Around Times

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### Laboratory

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

### Priority

Routine  
STAT

### TAT

6 Hours  
40 Minutes

## Container Types

---

### Laboratory

DH PAV A CENTRAL LAB

### Container

QC CONTAINER

### Default?

Yes

### Min Volume

**Test Name** SERUM PREG QC - POS  
**Code:** 406

### Synonyms

---

### Collection Requirements

---

None Listed

### Shipping and Handling Instructions

---

None Listed

### Turn Around Times

---

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

### Container Types

---

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

**Test Name** SERUM PREG QC - POS (HRP)  
**Code:** 756

### Synonyms

---

### Collection Requirements

---

None Listed

### Shipping and Handling Instructions

---

None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

**Test Name** SEX HORMONE BINDING GLOBULIN  
**Code:** 1230500158

## Synonyms

0099375  
SHBG

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Allow specimen to clot completely at room temperature. Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.4 mL). STABILITY: Refrigerated: 1 week; Ambient:\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** SICKLE CELL SCREEN  
**Code:** 1230100246

## Synonyms

## Collection Requirements

---

None Listed

## Shipping and Handling Instructions

---

None Listed

## Turn Around Times

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<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

---

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	BLOOD BANK UNIT	Yes	
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	No	

**Test Name** SIROLIMUS  
**Code:** 1230100520

## Synonyms

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RAPAMUNE  
RAPAMYCIN

## Collection Requirements

---

Specimen should be a trough level; draw immediately prior to next dose. Collect: One 4.0 ml purple top (EDTA). Pediatric Collection: Minimum volume: 1 mL EDTA whole blood.

## Shipping and Handling Instructions

---

Unacceptable Conditions Specimen improperly stored; centrifuged sample; obvious microbial contamination; heat-inactivated sample; cadaver sample; other body fluids; specimen not properly identified; incorrect container; insufficient sample volume. Storage/Transport Temperature Do not centrifuge. Send to UHealth refrigerated/on ice (2-8 °C). Stability (from collection to initiation) Ambient: 24 hours; Refrigerated (2-8 degrees C): 7 days; Frozen (-10 degrees C or lower): 6 months. Performed by UCH Clinical Laboratory - Toxicology

## Turn Around Times

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<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	PINK TOP - K3 EDTA	No	
DH NON-INTERFACED LAB	PURPLE TOP-EDTA	Yes	

**Test Name** SMEAR FOR BLOOD PARASITES  
**Code:** 15

## Synonyms

GIEMSA STAIN FOR PARASITES

## Collection Requirements

1.0 mL whole Blood EDTA, blood from fingerstick or 1.0 mL CSF

## Shipping and Handling Instructions

EDTA whole blood stable 2 hours for optimum parasite recovery: up to 8 hours if physician request but parasite recovery greatly diminishes on long standing.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CAP TUBE	No	
DH PAV A CENTRAL LAB	CSF COLLECTION KIT	No	
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	Yes	
DH PAV A CENTRAL LAB	SLIDE	No	

**Test Name** SMITH (ENA) AB, IGG  
**Code:** 1230101353

## Synonyms

NUCLEAR  
ANTIGEN  
RNP  
SMITH  
SCLERODERMA  
SSA  
SSB  
0050085  
ENA ABS IGG

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles)

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name SODIUM  
Code: 1230100026

## Synonyms

NA

## Collection Requirements

No patient preparation is required. If the patient is receiving IV therapy, do not draw from the infusion site. Alternate specimens: serum from red gel or plain tube with no additive. Sodium heparin may NOT be used.

## Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed. Freeze specimen for longer storage.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Last Updated: 7/1/2018



Test Name SODIUM 24 HOUR URINE  
Code: 1230100359

### Synonyms

SODIUM 24HR URINE  
24HR URINE SODIUM

### Collection Requirements

No preparation is required. Preferred specimens: Urine collected in a 24 hour urine jug is required. No preservative is necessary, but the urine should be refrigerated during collection.

### Shipping and Handling Instructions

Measure the volume and document the volume and collection time in the computer. Mix the specimen, pour an aliquot into a test tube, centrifuge and send to core. Also, aliquot a portion into a cup with total volume documented on the cup.

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	24 HR URINE CONTAINER	Yes	

Test Name SODIUM RANDOM URINE  
Code: 1230100357

### Synonyms

SODIUM URINE RANDOM  
RANDOM URINE SODIUM  
RANDOM SODIUM URINE

### Collection Requirements

No preparation is required. Preferred specimens: 10 mL of random urine collect collected in a random urine cup or plain container. No preservative is necessary.

### Shipping and Handling Instructions

Mix the specimen well, and pour an aliquot into a test tube. Centrifuge the urine. If testing is delayed, refrigerate the specimen.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CUP	Yes	

Test Name SODIUM STOOL  
Code: 1230100104

## Synonyms

STOOL SODIUM

## Collection Requirements

No patient preparation is required. Preferred specimens: LIQUID stool.

## Shipping and Handling Instructions

Specimen must be liquid. Centrifuge and test the supernate in the same manner as a urine specimen.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CUP	Yes	

Test Name SODIUM, WHOLE BLOOD  
Code: 53

## Synonyms

## Collection Requirements

No preparation is required. A green top tube or heparinized syringe are the only acceptable whole blood specimens.

## Shipping and Handling Instructions

whole blood is used for this test. No processing is required. Specimen must be run as soon as it is received.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN TOP - LIHEP	Yes	
DH PAV A CENTRAL LAB	HEPARINIZED SYRINGE	No	

**Test Name** SOLUBLE TRANSFERRIN RECEPTOR  
**Code:** 1034

## Synonyms

STR  
0070283

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.3 mL)

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	PURPLE TOP-EDTA	No	
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** SPECIFIC GRAVITY, URINE  
**Code:** 87

### Synonyms

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### Collection Requirements

---

No patient preparation required. Preferred specimens: Random urine.

### Shipping and Handling Instructions

---

warm sample to room temperature before testing.

### Turn Around Times

---

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

### Container Types

---

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	URINE	No	

**Test Name** SPILL KIT HIGH RISK PATHOGENS  
**Code:** 716

### Synonyms

---

### Collection Requirements

---

None Listed

### Shipping and Handling Instructions

---

None Listed

## Turn Around Times

**Laboratory**

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

**Priority**

Routine  
STAT

**TAT**

6 Hours  
40 Minutes

## Container Types

**Laboratory**

DH PAV A CENTRAL LAB

**Container**

QC CONTAINER

**Default?**

Yes

**Min Volume**

**Test Name** SPINAL FLUID CELL COUNT  
**Code:** 1230100120

## Synonyms

CSF CELL COUNT  
CELL COUNT  
CSF CELL CNT  
SPINAL FLUID CELL COUNT WITH DIFFERENTIAL

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Specimen must be processed within 30 minutes to 1 hour after collection.

## Turn Around Times

**Laboratory**

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

**Priority**

Routine  
STAT

**TAT**

6 Hours  
40 Minutes

## Container Types

**Laboratory**

DH PAV A CENTRAL LAB

**Container**

CSF COLLECTION KIT

**Default?**

Yes

**Min Volume**

**Test Name** SPINAL FLUID CELL COUNT ONLY  
**Code:** 1230500405

## Synonyms

CSF CELL COUNT  
CELL COUNT  
CSF CELL CNT  
SPINAL FLUID CELL CNT

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Specimen must be processed within 30 minutes to 1 hour after collection.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CSF COLLECTION KIT	Yes	

**Test Name** SPINAL MUSCULAR ATROPHY (SMA) COPY NUMBER ANALYSIS  
**Code:** 1027

## Synonyms

2013436  
SMN1  
SMN2

## Collection Requirements

Collect: Lavender (EDTA), Pink (K2EDTA), or Yellow (ACD solution A or B). Transport: Transport 3 mL whole blood. (Min: 2 mL)

## Shipping and Handling Instructions

Storage/Transport Temperature: Refrigerated. Stability: Ambient: 72 hours; Refrigerated: 1 week; Frozen: Unacceptable Reported: within 16 days

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	
ARUP LAB	PINK TOP - K3 EDTA	No	
ARUP LAB	YELLOW (ACD)	No	

**Test Name** SPUN HEMATOCRIT  
**Code:** 18

## Synonyms

HEMATOCRIT

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Collect sample in 2-3 heparinized capillary tubes, 1/2 - 2/3 full each. Can be finger stick or heel stick.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CAP TUBE	Yes	

**Test Name** SRA, UNFRACTIONATED HEPARIN  
**Code:** 1230500022

## Synonyms

2005631  
SRA  
UNFRACT

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transfer 5 mL serum to ARUP Standard Transport Tubes. (Min: 1 mL). STABILITY: Frozen: Indefinite; Ambient: Unacceptable; Refrigerated: 1 week

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** SSA (RO) IGG AB  
**Code:** 1231111301

## Synonyms

SSA  
2012074  
SSA 52 & 60 (RO) (ENA) ANTIBODIES  
IGG

## Collection Requirements

None Listed

## Shipping and Handling Instructions

INSTRUCTIONS: Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles).\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	



Test Name SSB (LA) (ENA) AB, IGG  
Code: 123050127

### Synonyms

0050692  
SJGREN SYNDROME  
SJORGREN  
SSB (LA) (EN

### Collection Requirements

None Listed

### Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL). STABILITY: Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles. STABILITY: Refrigerated: 2 weeks;\*

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name STAGO QC ALL  
Code: 940

### Synonyms

### Collection Requirements

None Listed

### Shipping and Handling Instructions

None Listed

## Turn Around Times

**Laboratory**

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

**Priority**

Routine  
STAT

**TAT**

6 Hours  
40 Minutes

## Container Types

**Laboratory**

DH PAV A CENTRAL LAB

**Container**

QC CONTAINER

**Default?**

Yes

**Min Volume**

**Test Name** STAGO SATELLITE NORMAL QC (HRP)  
**Code:** 751

## Synonyms

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

**Laboratory**

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

**Priority**

Routine  
STAT

**TAT**

6 Hours  
40 Minutes

## Container Types

**Laboratory**

DH PAV A CENTRAL LAB

**Container**

QC CONTAINER

**Default?**

Yes

**Min Volume**

**Test Name** STAGO SATELLITE PATHOLOGIC QC (HRP)  
**Code:** 752

## Synonyms

## Collection Requirements

---

None Listed

## Shipping and Handling Instructions

---

None Listed

## Turn Around Times

---

### Laboratory

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

### Priority

Routine  
STAT

### TAT

6 Hours  
40 Minutes

## Container Types

---

### Laboratory

DH PAV A CENTRAL LAB

### Container

QC CONTAINER

### Default?

Yes

### Min Volume

**Test Name** STERILITY CULTURE  
**Code:** 1230100132

## Synonyms

---

STERILITY CX  
CULTURE  
STERC

## Collection Requirements

---

None Listed

## Shipping and Handling Instructions

---

To be ordered ONLY by DH Micro Dept Staff for culture of Duodenoscope parts for Infection Control.

## Turn Around Times

---

### Laboratory

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

### Priority

Routine  
STAT

### TAT

6 Hours  
40 Minutes

## Container Types

---

### Laboratory

DH PAV A CENTRAL LAB

### Container

CONTAINER

### Default?

Yes

### Min Volume

**Test Name** STOOL CULTURE  
**Code:** 1230100129

### Synonyms

CULTURE  
STOOL CX

### Collection Requirements

Stool specimen submitted in Cary Blair transport media. LAB ORDER ONLY

### Shipping and Handling Instructions

This is a Laboratory order only. If the GIPCR meets specific criteria for a Stool Culture, tech must setup culture the same day.

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CARY-BLAIR MEDIA	Yes	

**Test Name** STOOL MULTIPLEX PCR  
**Code:** 131

### Synonyms

GI PCR  
GI FILM ARRAY  
GIPCR

### Collection Requirements

Stool in Cary Blair transport media, 200uL-1mL

### Shipping and Handling Instructions

Perform FilmArray between 7AM-10PM, specimen must be appropriately filled in Cary Blair for PCR testing to be performed.

## Turn Around Times

### Laboratory

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

### Priority

Routine  
STAT

### TAT

6 Hours  
40 Minutes

## Container Types

### Laboratory

DH PAV A CENTRAL LAB

### Container

CARY-BLAIR MEDIA

### Default?

Yes

### Min Volume

**Test Name** STREP B CULTURE  
**Code:** 126

## Synonyms

GBS  
GROUP B  
GROUP B STREP

## Collection Requirements

cervical swab, perianal and genital swab, or vaginal swab

## Shipping and Handling Instructions

Routine specimens may be held in the Microbiology refrigerator for processing by the day shift.

## Turn Around Times

### Laboratory

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

### Priority

Routine  
STAT

### TAT

6 Hours  
40 Minutes

## Container Types

### Laboratory

DH PAV A CENTRAL LAB

### Container

SWAB

### Default?

Yes

### Min Volume

**Test Name** STREP PNEUMO URINE AG  
**Code:** 136

## Synonyms

## Collection Requirements

Urine specimens, store at room temperature if tested within 24 hours of collection. If not tested within 24 hours, store at 2-8C for up to 14 days.

## Shipping and Handling Instructions

This test is considered STAT, must be processed immediately.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	

**Test Name** STRONGYLOIDES AB, IGG BY ELISA  
**Code:** 123050048

## Synonyms

0099564  
STRONGYLOIDE

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min. 0.05 mL).  
STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year Performed: Sunday - Saturday Reported: 1-3 days

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	
ARUP LAB	RED TOP -PLAIN	No	

**Test Name** SUB-CULTURE CDC QC ORGANISMS FROM FREEZER  
**Code:** 697

### Synonyms

---

### Collection Requirements

---

None Listed

### Shipping and Handling Instructions

---

None Listed

### Turn Around Times

---

**Laboratory**

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

**Priority**

Routine  
STAT

**TAT**

6 Hours  
40 Minutes

### Container Types

---

**Laboratory**

DH PAV A CENTRAL LAB

**Container**

QC CONTAINER

**Default?**

Yes

**Min Volume**

**Test Name** SUCCINYLACETONE, QUANTITATIVE, URINE  
**Code:** 1230500374

### Synonyms

---

2007401  
SUCCACURINE

### Collection Requirements

---

None Listed

### Shipping and Handling Instructions

---

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Transfer 1.0 mL urine to an ARUP Standard Transport Tube and freeze immediately. (Min: 0.3 mL). STABILITY: Frozen: 1 month; Ambient: Unacceptable; Refrigerated: 24 h\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

**Test Name** SULFONAMIDES (SULFAS)  
**Code:** 1230500375

## Synonyms

SULFONAMIDES  
0020044

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum or plasma from cells within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 2 weeks; Frozen: 2 weeks

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED TOP -PLAIN	Yes	

**Test Name** SUPERSATURATION PROFILE, URINE  
**Code:** 1230500376

## Synonyms

2008771  
SUPERSAT



## Collection Requirements

Collect: 24-hour urine. Refrigerate during collection. Specimen Preparation: Thoroughly mix entire collection (24-hour) in one container. Transport four separate 4 mL aliquots of urine using Calculi Risk/Supersaturation Urine Collection Kit (ARUP supply# 46007) available online through eSupply using ARUP Connect™ or contact Client Services at (800) 522-2787. Do not exceed 4 mL in tubes. Aliquot according to the following specifications: 1st aliquot (pH 2): Transfer 4 mL urine into a Sulfamic Acid Tube. (Min: 4 mL) Mix well. Freeze immediately. 2nd aliquot (pH 2): Transfer 4 mL urine into a Sulfamic Acid Tube. (Min: 4 mL) Mix well. Freeze immediately. 3rd aliquot (pH 9): Transfer 4 mL urine into a Sodium Carbonate Tube. (Min: 4 mL) Mix well. Freeze immediately. 4th aliquot: Transfer 4 mL urine into an Unpreserved Tube. (Min: 4 mL) Freeze immediately. If collection kit is unavailable, transport four 4 mL unadjusted aliquots of urine.

## Shipping and Handling Instructions

Storage/Transport Temperature: Frozen. Remarks: Record total volume and collection time interval on transport tube and test request form.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

Test Name SWEAT CHLORIDE  
Code: 148

## Synonyms

## Collection Requirements

collected by molecular lab staff. Call ext. 25201 when ordering. Only Monday - Friday day shift

## Shipping and Handling Instructions

None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CONTAINER	Yes	

**Test Name** SYNERGY QUAD  
**Code:** 1220

## Synonyms

SQ

## Collection Requirements

Microbiology MIC Panel

## Shipping and Handling Instructions

Dayshift Microbiology test that is part of a culture. Fresh 24 hour sub is needed to perform testing.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CONTAINER	Yes	

**Test Name** SYNOVIAL FLUID CRYSTAL  
**Code:** 1230100121

## Synonyms

CRYSTALS

## Collection Requirements

None Listed

## Shipping and Handling Instructions

---

May test up to 2-3 days when refrigerated.

## Turn Around Times

---

**Laboratory**

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

**Priority**

Routine  
STAT

**TAT**

6 Hours  
40 Minutes

## Container Types

---

**Laboratory**

DH PAV A CENTRAL LAB

**Container**

LAVENDER TOP - K2 EDTA

**Default?**

Yes

**Min Volume**

**Test Name** SYNOVIAL MAN DIFFERENTIAL  
**Code:** 123010022

## Synonyms

---

## Collection Requirements

---

None Listed

## Shipping and Handling Instructions

---

None Listed

## Turn Around Times

---

**Laboratory**

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

**Priority**

Routine  
STAT

**TAT**

6 Hours  
40 Minutes

## Container Types

---

**Laboratory**

DH PAV A CENTRAL LAB

**Container**

LAVENDER TOP - K2 EDTA

**Default?**

Yes

**Min Volume**

**Test Name** SYPHILIS EIA SCREEN  
**Code:** 526

## Synonyms

---

ANTI-TREPONEMA PALLIDUM EIA SCREEN  
TREP

## Collection Requirements

---

None Listed

## Shipping and Handling Instructions

---

None Listed

## Turn Around Times

---

### Laboratory

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

### Priority

Routine  
STAT

### TAT

6 Hours  
40 Minutes

## Container Types

---

### Laboratory

DH PAV A CENTRAL LAB

### Container

RED GEL (SST)

### Default?

Yes

### Min Volume

Test Name SYPHILIS NEG CONTROL  
Code: 987

## Synonyms

---

## Collection Requirements

---

None Listed

## Shipping and Handling Instructions

---

None Listed

## Turn Around Times

---

### Laboratory

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

### Priority

Routine  
STAT

### TAT

6 Hours  
40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

**Test Name** SYPHILIS POS CONTROL  
**Code:** 988

## Synonyms

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

**Test Name** SYPHILIS TPPA  
**Code:** 12300526

## Synonyms

SYPHILIS  
TPPA

## Collection Requirements

Serum - collect blood by venipuncture into a clean, dry tube without anticoagulant and allow to clot.

## Shipping and Handling Instructions

Ship under refrigeration.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
CDPHE LAB	BLUE TOP-CITRATE	No	
CDPHE LAB	LAVENDER TOP - K2 EDTA	No	
CDPHE LAB	RED GEL (SST)	Yes	
CDPHE LAB	RED TOP -PLAIN	No	

Test Name SYSMEX QC ALL  
Code: 694

## Synonyms

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

Test Name SYSMEX QC OVERALL  
Code: 1159

## Synonyms

---

## Collection Requirements

---

None Listed

## Shipping and Handling Instructions

---

None Listed

## Turn Around Times

---

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

---

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

**Test Name** SYSTEMATIC SCLEROSIS COMPREHENSIVE PANEL  
**Code:** 1230500245

## Synonyms

---

2013325  
SCLERPAN  
SCLERODERMA ANTIBODIES PANEL

## Collection Requirements

---

None Listed

## Shipping and Handling Instructions

---

Transfer 3 mL serum to an ARUP Standard Transport Tube (Min: 1.5 mL). STABILITY:  
Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year

## Turn Around Times

---

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** T CELL ENUMER CD3,CD4,CD8  
**Code:** 1230100248

## Synonyms

T-CELL  
LYMTCELL%ABS

## Collection Requirements

COLLECT: 5.0 mL whole Blood Lavender EDTA tube ALTERNATES: Lavender EDTA Bullet STABILITY:  
Ambient 24 Hours

## Shipping and Handling Instructions

STABILITY: Ambient 24 Hours LAB INSTRUCTIONS: 1) Do NOT refrigerate or freeze 2) Stability  
for Add-on Specimens is 8 hours.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	LAVENDAR BULLET - K2 EDTA	No	
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	Yes	

**Test Name** T. PALLIDUM AB (FTA-ABS), SERUM, IGG  
**Code:** 1230100245

## Synonyms

TREPONEMA  
0050477  
TREPONEMAL  
SYPHILIS

## Collection Requirements

None Listed



## Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles)

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** T3 (THYROID HORMONE), TOTAL  
**Code:** 1230100041

## Synonyms

T3  
TOTAL T3

## Collection Requirements

PREFERRED SPECIMEN: 1.0 mL Serum (Red Gel) MINIMUM VOLUME: 0.3 mL

## Shipping and Handling Instructions

SPECIMEN PREP: Separate serum from cells within 2 hours. TRANSPORT: 1.5 mL (1.0 mL minimum)  
Serum STABILITY: 1. Samples can be stored at 2-8°C for up to 7 days after collection. 2. For longer storage, aliquot and freeze up to 3 months at -20°C.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN BULLET - LIHEP	No	
DH PAV A CENTRAL LAB	GREEN GEL (PST)	No	
DH PAV A CENTRAL LAB	GREEN GEL BULLET (PST)	No	
DH PAV A CENTRAL LAB	GREEN TOP - LIHEP	No	
DH PAV A CENTRAL LAB	RED BULLET	No	
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	
DH PAV A CENTRAL LAB	YELLOW BULLET (SST)	No	

Test Name T3 FREE  
Code: 1230100042

### Synonyms

T3F  
FREE T3  
0070133  
T3 FREE

### Collection Requirements

None Listed

### Shipping and Handling Instructions

Allow specimen to clot completely at room temperature. Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Refrigerated: 1 week; Ambient: 5\*

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN GEL (PST)	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	Yes	

Test Name T3 UPTAKE  
Code: 1230100040

### Synonyms

THY3  
UPTAKE T3  
0070135  
T3 UPTAKE

### Collection Requirements

None Listed

### Shipping and Handling Instructions

Allow serum to clot completely at room temperature. Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 8 d\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 Weeks
ARUP LAB	Routine	1 Weeks
ARUP LAB	STAT	1 Weeks
ARUP LAB	Timed	1 Weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN GEL (PST)	No	
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	Yes	

Test Name T4 FREE  
Code: 1230100031

## Synonyms

FREE T4  
FREE THYROXINE (FT4)  
FT4  
FREE THYROXINE

## Collection Requirements

Preferred specimens: 0.2 mL Plasma Lithium Heparin (Green Gel). Alternate specimens: 0.2 mL Serum Plain white or Plain red.

## Shipping and Handling Instructions

Specimens may be stored no longer than 8 hours at room temperature or 48 hours refrigerated. If testing will not be performed within 48 hours, freeze for up to 1 month. Thaw only once.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name TACROLIMUS  
Code: 1230100521

## Synonyms

---

FK506

## Collection Requirements

---

Draw trough level immediately before next dose.

## Shipping and Handling Instructions

---

Transport: 4 mL (1 mL minimum) whole Blood

## Turn Around Times

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<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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## Container Types

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<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	LAVENDER TOP - K2 EDTA	Yes	

**Test Name** T-CELL CLONALITY BY V-BETA  
**Code:** 1230500159

## Synonyms

---

0093199  
TCELLCLONA

## Collection Requirements

---

Transport 5 mL whole blood. STABILITY: Ambient: 48 hours; Refrigerated 48 hours; Frozen: Unacceptable

## Shipping and Handling Instructions

---

Transport 5 mL whole blood.

## Turn Around Times

---

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - NAHEP	Yes	

**Test Name** T-CELL CLONALITY SCREENING BY PCR  
**Code:** 1230500378

## Synonyms

0055567  
TCELLPCR

## Collection Requirements

None Listed

## Shipping and Handling Instructions

whole blood: Transport 5 mL. STABILITY: whole blood OR Bone marrow: Refrigerated: 5 days;  
Ambient: 24 hours; Frozen: Unacceptable

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	

**Test Name** TESTOSTERONE  
**Code:** 1230100028

## Synonyms

FTEST

## Collection Requirements

COLLECT: 1.0 mL Serum (Red Gel) ALSO ACCEPTABLE: white

## Shipping and Handling Instructions

SPECIMEN PREP: Separate serum from cells within 2 hours. TRANSPORT: 1.5 mL (1.0 mL minimum)  
Serum STABILITY: 1. Samples can be stored at 2-8°C for up to 7 days after collection. 2.  
For longer storage, aliquot and freeze up to 3 months at -20°C.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	RED BULLET	No	
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	
DH PAV A CENTRAL LAB	YELLOW BULLET (SST)	No	

**Test Name** TESTOSTERONE F & T BY ED/LC-MS/MS, MALE  
**Code:** 123050129

## Synonyms

2004246  
TESTOSTERONE FREE AND TOTAL  
TE FRTOT ED

## Collection Requirements

Collect between 6-10 a.m.

## Shipping and Handling Instructions

Separate serum or plasma from cells ASAP or within 2 hours of collection. Transport 1 mL serum or plasma. (Min: 0.4 mL). STABILITY: Frozen: 2 months; Ambient: 24 hours; Refrigerated: 1 week

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** TESTOSTERONE FREE/TOTAL, FEMALE/CHILD  
**Code:** 123050128

### Synonyms

0081056  
TESTOS FEMCHIL

### Collection Requirements

Collect between 6-10 a.m. This test is suggested for women and children due to an improved sensitivity of testosterone by LC-MS/MS

### Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.8 mL).  
STABILITY: Refrigerated: 1 week; Ambient: 24 hours; Frozen: 6 months

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** TESTOSTERONE TOTAL FREE  
**Code:** 1230100079

### Synonyms

TESFBT  
TOTFREESTESTOSTERONE  
TOTFREESTEST

### Collection Requirements

None Listed

### Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.4 mL). STABILITY: Refrigerated: 1 week; Ambient: 48 hours; Frozen: 2 months

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	Yes	
ARUP LAB	RED GEL (SST)	No	

**Test Name** TESTOSTERONE, BIOAVAILABLE (M)  
**Code:** 1230101453

## Synonyms

FREE  
0070102  
TEBG  
TESTOS BIO

## Collection Requirements

Collect specimen between 6-10 a.m.

## Shipping and Handling Instructions

Transfer 2 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.6 mL). STABILITY:  
Refrigerated: 1 week; Ambient: 48 hours; Frozen: 2 months

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** TETANUS ANTIBODY, IGG  
**Code:** 1230101454

## Synonyms

ANTIBODY  
0050535  
TETANUS IGG



## Collection Requirements

Serum separator tube. "Post" specimen should be drawn 30 days after immunization.

## Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL) "Pre" and "post" vaccine specimens can be submitted separately or together for testing; if shipped separately, "post" s\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name THC URINE  
Code: 48

## Synonyms

MARIJUANA

## Collection Requirements

Preferred specimens: 30 mL of random urine is preferred. The minimum acceptable volume is 10 mL. Urine should be collected in a clean, unbreakable, leak-proof container. No pre-treatment or preservative is required.

## Shipping and Handling Instructions

Specimens must be centrifuged before testing if the urine specimen is not clear. Specimen should be between 20-25C before analysis. If testing cannot be completed within the shift, refrigerate specimen at 2-8C for up to one week. Note: Plastic trans\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	URINE	No	

Test Name THEOPHYLLINE  
Code: 1230100258

### Synonyms

AMINOPHYLLINE

### Collection Requirements

No patient preparation is required. If the patient is receiving IV therapy, do not draw from the infusion site. Preferred Specimen: 0.25 mL plasma from a green lithium heparin gel tube. Alternate Specimen: 0.25 mL Serum (Red, Red Gel, white) tube with no additive.

### Shipping and Handling Instructions

Stable for one week refrigerated and separated from cells. Stable for 8 hours if not refrigerated or separated.

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name THIOPURINE METHYLTRANSFERASE, RBC  
Code: 1042

### Synonyms

TPMT RBC  
0092066

### Collection Requirements

None Listed

### Shipping and Handling Instructions

Transport 5 mL whole blood. (Min: 3 mL)

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 Weeks
ARUP LAB	Routine	1 Weeks
ARUP LAB	STAT	1 Weeks
ARUP LAB	Timed	1 Weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	PURPLE TOP-EDTA	Yes	

**Test Name** THROAT CULTURE  
**Code:** 1230100143

## Synonyms

STREP A CX THROAT  
THROAT STREP A CX  
CULTURE  
THROAT CULTURE  
CULTURE  
THROAT

## Collection Requirements

Tonsillar and/or posterior pharynx swab (dry or culturette).

## Shipping and Handling Instructions

STAT requests and all O.R. specimens are processed immediately. Routine specimens may be held in the Microbiology refrigerator for processing by the day shift.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE RAYON TIPPED SWAB	No	
DH PAV A CENTRAL LAB	SWAB	Yes	

**Test Name** THROMBIN TIME  
**Code:** 1230100231

## Synonyms

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TT

## Collection Requirements

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venous blood ONLY, no fingerstick. Inaccurate test results can occur when using capillary blood due to tissue fluid contamination during skin puncture procedures. -Citratated blood 9:1 (blood to anticoagulant ratio), 3.2% sodium citrate (blue top tube). -Vacutainers should be filled up to, or within +/- 10% of the nominal fill black mark as indicated on the tube.

## Shipping and Handling Instructions

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-Underfilled, overfilled, or clotted tubes must be cancelled. -Blue top tube should be drawn before other tubes with additives. -In laboratory, invert specimen 3 times, and rim with applicator stick to check for clots. -Specimens are centrifuged in processing or at the coag bench in the Stat centrifuge. Specimen Stability: Uncentrifuged, 4 hrs at Room Temperature Plasma, 8 hrs at Room Temperature On Heparin - Plasma, 8 hrs at Room Temperature Frozen plasma, 2 weeks at -20 C

## Turn Around Times

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### Laboratory

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

### Priority

Routine  
STAT

### TAT

6 Hours  
40 Minutes

## Container Types

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### Laboratory

DH PAV A CENTRAL LAB

### Container

BLUE TOP-CITRATE

### Default?

Yes

### Min Volume

Test Name THUNDERBOLT QC ALL  
Code: 1011

## Synonyms

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## Collection Requirements

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None Listed

## Shipping and Handling Instructions

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None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

**Test Name** THYROGLOBULIN  
**Code:** 1230101462

## Synonyms

ANTI THYROGLOBULIN ANTIBODIES  
2006685  
THYROGLOB

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transfer 3 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 1.5 mL). STABILITY:  
Frozen: 6 months; Refrigerated: 48 hours; Ambient: 8 hours;

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** THYROGLOBULIN AB  
**Code:** 1230101028

## Synonyms

ANTI-THYROGLOBULIN  
0050105  
THYROGLOB AB

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL) Also acceptable: Heparinized plasma. STABILITY: Refrigerated: 1 week; Ambient 8 hours; Frozen: 6 months

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** THYROID ANTIBODIES  
**Code:** 1230102003

## Synonyms

0050645  
ANTI THYROGLOBIN  
THYROID ANTI

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transfer 0.5 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.3 mL). STABILITY: Refrigerated: 1 week; Ambient: 8 hours; Frozen: 6 months

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** THYROID PEROXIDASE ANTIBODY  
**Code:** 1230101463

### Synonyms

ANTIBODIES  
0050075  
TPO AB

### Collection Requirements

None Listed

### Shipping and Handling Instructions

Transfer 0.5 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.3 mL) .  
STABILITY: Refrigerated: 1 week; Ambient: 8 hours; Frozen: 6 months

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** THYROID STIMULATING HORMONE  
**Code:** 1230100033

### Synonyms

TSH

### Collection Requirements

Preferred specimens: 0.25 mL Plasma Lithium heparin gel tube (Green). Alternate specimens: 0.25 mL Serum Red gel or plain tube with no additive.

### Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed. Freeze specimen for longer storage. Thaw only once. For TSH stimulation, 200 to 500 micrograms of TRH is injected intravenously and TSH specimens are drawn at 0, 15, 30, and 60 minutes post injection. If hypothalamic disease is suspected, samples are also drawn at 45 and 90 minutes.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	GREEN TOP - LIHEP	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

**Test Name** THYROID STIMULATING HORMONE RECEPTOR AB  
**Code:** 123050134

## Synonyms

2002734  
THYROID STIM

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Allow serum separator to sit for 15-20 minutes at room temperature for proper clot formation. Centrifuge and separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL). STABILITY\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** THYROID STIMULATING IMMUNOGLOBULIN  
**Code:** 1230101464

## Synonyms

HUMAN  
TSI  
0099430



## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.7 mL). STABILITY: Frozen: 3 months; Ambient: 24 hours; Refrigerated: 6 days

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	No	
ARUP LAB	RED TOP -PLAIN	Yes	

**Test Name** THYROXINE  
**Code:** 123050131

## Synonyms

0070140  
T4 TOTAL  
THYROXINE

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Allow specimen to clot completely at room temperature. Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Refrigerated: 8 days; Ambient: 4\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** THYROXINE BINDING GLOBULIN  
**Code:** 1230100032

### Synonyms

TBG  
0070410

### Collection Requirements

None Listed

### Shipping and Handling Instructions

Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.4 mL). STABILITY:  
Frozen: 1 month; Refrigerated: 1 week; Ambient: 24 hours;

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** TISSUE CULTURE  
**Code:** 1230100180

### Synonyms

TISSUE CX  
CULTURE

### Collection Requirements

Tissue submitted in a sterile container, including surgical specimens, biopsies, needle aspirates, and lymph nodes. For large tissue specimens, select/remove portion for culture BEFORE submitting to Microbiology lab.

### Shipping and Handling Instructions

STAT requests and all O.R. specimens are processed immediately. Routine specimens may be held in the Microbiology refrigerator for processing by the day shift.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	STERILE TUBE	No	

Test Name TISSUE EXAM  
Code: 1230100793

## Synonyms

SURGICAL  
PATHOLOGY  
PATHOLOGIST  
SPECIMEN

## Collection Requirements

Tissue Exam (Lab1126): Formalin 10% is preferred. Specimen too large to fit inside a container with formalin may be submitted fresh and refrigerated. Surgical Pathology Exam (Lab1750): Breast specimen: DHMC follows The American Society of Clinical Oncology (ASCO)/College of American Pathologists (CAP) guidelines and recommendations for diagnostic testing of breast cancer. A joint effort must be made by the perioperative and laboratory staff to ensure we are meeting these standards. Failure to meet these requirements can result in false positive or false negative results in subsequent testing which is crucial for treatment of breast cancer patients. -Cold ischemic time from excision to fixation should NOT exceed 1 hour. This includes the time it will take the Pathology Staff to process the specimen. -Formalin fixation time must be at least 6 but NOT exceed 72 hours. This includes the time it will take the Pathology Staff to process the specimen \*To meet these requirements care should be taken to avoid collecting the surgical specimen preceding a long (3-day) holiday weekend or biopsy specimen late in the day on Thursdays. Lymphoma Protocol (Lab2301): The tissue specimen such as lymph nodes must be sent fresh in a sterile cup moistened with saline, devoid of fixative. Interventional Radiology may use the RPMI tubes from ARUP to collect tissue cores. Minimum amount needed for testing is 100 mg of fresh tissue. Time from collection to receipt by the reference laboratory should not exceed 24 hours. A minimum of 10,000 viable cells is required for flow cytometry phenotyping of samples containing a very limited number of markers (may also be called antibodies or antigens). For low-count specimens, supplying clinical and diagnostic information is especially important to help ensure that the most appropriate marker combinations are evaluated before the specimen is depleted of cells. Skin, Shave/Punch biopsy for IF only (LAB1126), LAB1750): Place skin sample in Michel's media. Label container appropriately. The paper Immunodermatology Required Clinical Information Form (Tissue) found on the ARUP website under test #0092572 must accompany the specimen. Gout (LAB1126), LAB1750): The tissue specimen must be sent sterile cup devoid of fixative.

## Shipping and Handling Instructions

Tissue Exam (Lab1126), Surgical Pathology Exam (LAB1750): Specimen may be transported at ambient/room temperature to the Surgical Pathology Lab, Pav A. Lymphoma Protocol (Lab2301): Deliver to Surgical Pathology A2800, log specimen into the book, after hours the specimen must be refrigerated. Specimen must be submitted fresh, devoid of fixative. Unacceptable Conditions: Frozen or in Fixative Archived Block (Lab3116): The Pathologist responsible for signing out the original case or the Pathology office (25221) should be contacted to communicate this request Gout (LAB1126, LAB1750): Deliver to Surgical Pathology A2800, log specimen into the book, after hours the specimen must be refrigerated. Surgical Pathology Exam (LAB1750) - Breast specimen: Deliver immediately to Surgical Pathology A2800, log specimen into the book, verbally alert staff at the time of arrival.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CONSULT	No	
DH PAV A CENTRAL LAB	FORMALIN 10%	Yes	

**Test Name** TISSUE TRANSGLUTAMINASE, IGA  
**Code:** 1230101469

## Synonyms

ANTIBODY  
0097709  
TTG IGA

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL). STABILITY: Refrigerated: 7 days; Ambient: 48 hours; Frozen: 1 year (avoid freeze/thaw cycles)

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** TISSUE TRANSGLUTAMINASE, IGG  
**Code:** 1230101470

## Synonyms

ANTIBODY  
0056009  
TTG IGG

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Remove serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name TMAN QC ALL  
Code: 216

## Synonyms

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

Test Name TOBRAMYCIN PEAK  
Code: 1230100269

### Synonyms

---

### Collection Requirements

---

Draw peak tobramycin levels 30 minutes after the end of a 30 - 60 minute infusion. Draw 60 minutes after an IM injection.

### Shipping and Handling Instructions

---

Separate plasma from cells within 30 minutes of draw. Transport: 4 mL (1.5 mL minimum)  
Plasma

### Turn Around Times

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<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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### Container Types

---

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	GREEN TOP - NAHEP	Yes	

Test Name TOBRAMYCIN RANDOM  
Code: 1230100280

### Synonyms

---

TOBRAMYCIN LEVEL

### Collection Requirements

---

Draw trough level immediately before the next dose.

### Shipping and Handling Instructions

---

Separate plasma from cells within 30 minutes of draw. Transport: 4 mL (1.5 mL minimum)  
Plasma

## Turn Around Times

Laboratory

Priority

TAT

## Container Types

Laboratory

DH NON-INTERFACED LAB

Container

GREEN TOP - NAHEP

Default?

Yes

Min Volume

**Test Name** TOBRAMYCIN TROUGH  
**Code:** 1230100291

## Synonyms

TOBRA TROUGH

## Collection Requirements

Draw trough level immediately before the next dose.

## Shipping and Handling Instructions

Separate plasma from cells within 30 minutes of draw. Transport: 4 mL (1.5 mL minimum)  
Plasma

## Turn Around Times

Laboratory

Priority

TAT

## Container Types

Laboratory

DH NON-INTERFACED LAB

Container

GREEN TOP - NAHEP

Default?

Yes

Min Volume

**Test Name** TOPIRAMATE LEVEL  
**Code:** 1230100478

## Synonyms

DRUG  
0070390  
TOPIRAMATE

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.3 mL). STABILITY: Refrigerated: 1 week; Ambient: 6 days; Frozen: 4 weeks

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED TOP -PLAIN	Yes	

**Test Name** TORCH ANTIBODIES, IGG  
**Code:** 1230500069

## Synonyms

0050772  
TORCHIGG

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Allow specimen to clot completely at room temperature. Separate serum from cells ASAP or within 2 hours of collection. Transfer 2 mL serum to an ARUP Standard Transport Tube. (Min: 1 mL) Parallel testing is preferred and convalescent specimens must be r\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	



**Test Name** TORCH ANTIBODIES, IGM  
**Code:** 1230500076

### Synonyms

0050665  
TORCHIGM

### Collection Requirements

None Listed

### Shipping and Handling Instructions

Transfer 2 mL serum to an ARUP Standard Transport Tube. (Min: 1 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Mark specimens plainly as "acute" or "convalescent." STABIL\*

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** TOTAL PROTEIN  
**Code:** 1230100021

### Synonyms

TP

### Collection Requirements

No patient preparation required. Preferred specimens: 0.25 ml plasma from a green lithium heparin gel tube. Alternate specimens: Serum from red gel or plain tube with no additive.

### Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed. Freeze specimen for longer storage.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

**Test Name** TOXOCARA ANTIBODY BY ELISA  
**Code:** 1043

## Synonyms

TOXOCA AB  
3000472

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.1 mL)

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** TOXOCARA ANTIBODY IGG BY ELISA  
**Code:** 123050059

## Synonyms

0099090  
TOXOCARA

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum from cells ASAP. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL) Acute and convalescent specimens must be labeled as such; parallel testing is preferred and convalescent specimens must be received within 30 days fro\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** TOXOPLASMA GONDII AB, IGG, CSF  
**Code:** 1230500380

## Synonyms

0092534  
TGONDIIGG

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transfer 0.5 mL CSF to an ARUP Standard Transport Tube. (Min: 0.25 mL). STABILITY:  
Refrigerated: 2 weeks; Ambient: 1 week; Frozen: 1 month

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CSF COLLECTION KIT	Yes	

Test Name TOXOPLASMA GONDII BY PCR  
Code: 1230500114

### Synonyms

0055591  
TOXOPCR

### Collection Requirements

None Listed

### Shipping and Handling Instructions

Separate serum or plasma from cells. Transfer 1 mL serum, plasma, amniotic fluid, CSF or ocular fluid to a sterile container. (Min: 0.5 mL) OR Tissue: Transfer to a sterile container and freeze immediately. STABILITY: Tissue: Frozen: 3 months; Ambient: \* All Others: Frozen: 3 months; Ambient: 8 hours; Refrigerated: 5 days

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	
ARUP LAB	PINK TOP - K3 EDTA	No	
ARUP LAB	RED GEL (SST)	No	
ARUP LAB	STERILE CONTAINER	No	

Test Name TOXOPLASMA IGG NEG CONTROL  
Code: 1007

### Synonyms

### Collection Requirements

None Listed

### Shipping and Handling Instructions

None Listed

## Turn Around Times

Laboratory

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

Priority

Routine  
STAT

TAT

6 Hours  
40 Minutes

## Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

QC CONTAINER

Default?

Yes

Min Volume

Test Name TOXOPLASMA IGG POS CONTROL  
Code: 1008

## Synonyms

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

Laboratory

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

Priority

Routine  
STAT

TAT

6 Hours  
40 Minutes

## Container Types

Laboratory

DH PAV A CENTRAL LAB

Container

QC CONTAINER

Default?

Yes

Min Volume

Test Name TOXOPLASMA IGM AND IGG  
Code: 85

## Synonyms

TOXOGM  
TOXOPLASMA

## Collection Requirements

---

None Listed

## Shipping and Handling Instructions

---

None Listed

## Turn Around Times

---

### Laboratory

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

### Priority

Routine  
STAT

### TAT

6 Hours  
40 Minutes

## Container Types

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### Laboratory

DH PAV A CENTRAL LAB

### Container

RED GEL (SST)

### Default?

Yes

### Min Volume

**Test Name** TOXOPLASMA IGM NEG CONTROL  
**Code:** 1005

## Synonyms

---

## Collection Requirements

---

None Listed

## Shipping and Handling Instructions

---

None Listed

## Turn Around Times

---

### Laboratory

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

### Priority

Routine  
STAT

### TAT

6 Hours  
40 Minutes

## Container Types

---

### Laboratory

DH PAV A CENTRAL LAB

### Container

QC CONTAINER

### Default?

Yes

### Min Volume

**Test Name** TOXOPLASMA IGM POS CONTROL  
**Code:** 1006

### Synonyms

---

### Collection Requirements

---

None Listed

### Shipping and Handling Instructions

---

None Listed

### Turn Around Times

---

**Laboratory**

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

**Priority**

Routine  
STAT

**TAT**

6 Hours  
40 Minutes

### Container Types

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**Laboratory**

DH PAV A CENTRAL LAB

**Container**

QC CONTAINER

**Default?**

Yes

**Min Volume**

**Test Name** TPMT GENOTYPE  
**Code:** 1230500032

### Synonyms

---

2012233  
TPMTGENO

### Collection Requirements

---

None Listed

### Shipping and Handling Instructions

---

Transport 3 mL whole blood. (Min: 1 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 72 hours; Frozen: 1 month.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 Weeks
ARUP LAB	Routine	1 Weeks
ARUP LAB	STAT	1 Weeks
ARUP LAB	Timed	1 Weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name TRANSFERRIN  
Code: 1230100038

## Synonyms

SIDEROPHILIN

## Collection Requirements

Preferred specimens: 0.1 mL Plasma (Green Lithium Heparin Gel) Ambient. Alternate Specimens: 0.1 mL Serum (Red Gel/Plain Red) Ambient.

## Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name TRANSFUSION RXN PATH INTERP  
Code: 739

## Synonyms



## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	PINK TOP - K3 EDTA	Yes	

**Test Name** TREPONEMA PALLIDUM ANTIBODY BY TP-PA  
**Code:** 1230500012

## Synonyms

0050777  
TREPPALL

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.1 mL). STABILITY:  
Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year (avoid repeated freeze/thaw cy\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN GEL (PST)	No	
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** TRICYCLIC ANTIDEPRESSANTS, QUANTITATIVE, URINE  
**Code:** 1230500381

### Synonyms

2007515  
TADQNTU

### Collection Requirements

None Listed

### Shipping and Handling Instructions

Transfer 2 mL urine to ARUP Standard Transport Tube. (Min: 0.7 mL). STABILITY:  
Refrigerated: 11 days; Ambient: 1 week; Frozen: 2 weeks

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

**Test Name** TRIGLYCERIDES  
**Code:** 1230100039

### Synonyms

### Collection Requirements

Patient preparation: The patient should be fasting for 10 hours before the specimen is drawn. If this test is part of a Lipid Profile, the patient should be fasting. The lab will not refuse or deny testing if patient is not fasting. Preferred specimens: 0.25 ml plasma from a green lithium heparin gel tube. Alternate specimens: Serum from red gel or plain tube with no additive.

### Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Never test a specimen that has been cleared by ultracentrifugation. Refrigerate the specimen for up to 7 days if testing is delayed. Freeze specimen for longer storage, up to 3 months.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	GREEN TOP - LIHEP	No	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

**Test Name** TRIGLYCERIDES BODY FLUID  
**Code:** 1230100108

## Synonyms

TRIG FL  
TRIG BODY FLUID  
TRIGLYCERIDES FLUID

## Collection Requirements

Preferred specimens: A plain white or a serum separator (gel) tube. Alternate specimens: A plain, or green top tube is also acceptable.

## Shipping and Handling Instructions

Fluid triglycerides are sometimes requested on pediatric patients. Centrifuge and separate fluid from cells as soon as possible. Refrigerate specimen if testing is not performed immediately. (Do NOT clear the specimen).

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	No	
DH PAV A CENTRAL LAB	GREEN TOP - LIHEP	No	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	Yes	

**Test Name** TRIIODOTHYRONINE, REVERSE BY TMS  
**Code:** 1230500247

## Synonyms

2007918  
RT3TMS

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Allow serum specimen to clot completely at room temperature. Separate serum or plasma from cells ASAP or within two hours of collection. Transfer 2 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 1 mL). STABILITY: Frozen: 3 months; Ambient:\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	Yes	
ARUP LAB	RED TOP -PLAIN	No	

**Test Name** TROFILE CO-RECEPTOR TROPISM  
**Code:** 1230500382

## Synonyms

0093370  
TROFILE

## Collection Requirements

None Listed

## Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Separate plasma from cells within 6 hours of collection. Transfer 3 mL plasma to an ARUP Standard Transport Tube and freeze immediately. (Min: 3 mL). STABILITY: Froze\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	

**Test Name** TROPHYMA WHIPPLEI BY PCR, BLOOD  
**Code:** 1230500248

### Synonyms

2011025  
TWHIPB

### Collection Requirements

None Listed

### Shipping and Handling Instructions

Transport 1 mL whole blood in the original tube. (Min: 0.5 mL). STABILITY: Refrigerated: 5 days; Ambient: 8 hours; Frozen: 2 weeks

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	

**Test Name** TROPONIN I  
**Code:** 1230100804

### Synonyms

TNI  
TROPONIN

### Collection Requirements

Preferred specimens: 0.25 ml plasma from a green lithium heparin gel tube. Alternate specimens: Serum from red gel or plain tube with no additive.

### Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed. Freeze specimen for longer storage.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

**Test Name** TRYPANOSOMA CRUZI AB, IGG  
**Code:** 1230500184

## Synonyms

0051076  
TRYPCRUZ

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days of the acute specimens. Mar\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** TRYPANOSOMA CRUZI AB, IGM  
**Code:** 1230500383

## Synonyms

TRYPANOSOMA  
0051075

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.05 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days of the acute specimens. Mark \*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** TRYPSIN-LIKE IMMUNOREACTIVITY  
**Code:** 1230500249

## Synonyms

0070003  
TRYPSINLK

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Allow serum tube to sit for 15-20 minutes at room temperature for proper clot formation. Centrifuge and separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.3\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	Yes	
ARUP LAB	RED TOP -PLAIN	No	

Test Name TRYPTASE  
Code: 1230101484

### Synonyms

IMMUNOASSAY  
0099173  
TRYPTASE

### Collection Requirements

None Listed

### Shipping and Handling Instructions

Allow serum to clot completely at room temperature. Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Frozen: 1 month; Ambient: 48 hours; Refrigerated: 72 ho\*

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name UMBILICAL TISSUE SPECIMEN HOLD  
Code: 3

### Synonyms

HOLD

### Collection Requirements

None Listed

### Shipping and Handling Instructions

None Listed



## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 Weeks
ARUP LAB	Routine	1 Weeks
ARUP LAB	STAT	1 Weeks
ARUP LAB	Timed	1 Weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	STERILE CUP	Yes	

**Test Name** UNFRACTIONATED HEPARIN  
**Code:** 1230100224

## Synonyms

ANTI-XA ASSAY FOR HEPARIN  
HUF

## Collection Requirements

None Listed

## Shipping and Handling Instructions

-Underfilled, overfilled, or clotted tubes must be cancelled. Specimen Stability:  
Uncentrifuged, 1 hr at Room Temperature Plasma, 2 hrs at Room

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	BLUE TOP-CITRATE	Yes	

**Test Name** UREA NITROGEN 24 HOUR URINE  
**Code:** 1230100362

## Synonyms

URINE UREA NITROGEN TIMED  
TIMED URINE UREA NITROGEN

## Collection Requirements

No preparation is required. Preferred specimens: Urine collected in a 24 hour urine jug is preferred. No preservative is required. Refrigerate urine during collection.

## Shipping and Handling Instructions

Measure the volume and document the volume and collection time in the computer. Mix the specimen, pour an aliquot into a test tube, centrifuge and send to core. Also, aliquot a portion into a cup with total volume documented on the cup.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	24 HR URINE CONTAINER	Yes	

**Test Name** UREA NITROGEN, URINE  
**Code:** 1230101618

## Synonyms

UUN

## Collection Requirements

No preparation is required. Preferred specimens: 10 mL of random urine collected in a random urine cup or plain tube is acceptable. No preservative is necessary.

## Shipping and Handling Instructions

Mix the specimen well, pour an aliquot into test tubes, and centrifuge. If testing is delayed, refrigerate the specimen.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	No	
DH PAV A CENTRAL LAB	URINE	Yes	

Test Name URIC ACID  
Code: 1230100047

### Synonyms

UA

### Collection Requirements

No patient preparation is required. Preferred specimens: 0.25 ml plasma from a green lithium heparin gel tube. Alternate specimens: Serum from red gel or plain tube with no additive.

### Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed. Freeze specimen for longer storage.

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name URIC ACID, URINE  
Code: 63

### Synonyms

URIC ACID URINE RANDOM

### Collection Requirements

No preparation is required. Preferred specimens: 10 mL of random urine collected in a random urine cup or plain tube is preferred. No preservative is necessary.

### Shipping and Handling Instructions

Mix the urine well, aliquot urine into a test tube, and centrifuge. If testing is delayed, refrigerate the specimen.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	No	
DH PAV A CENTRAL LAB	URINE	Yes	

**Test Name** URIC ACID, URINE, 24 HOUR  
**Code:** 1230101619

## Synonyms

24HR

## Collection Requirements

No preparation is required. Preferred specimens: Urine collected in a 24 hour urine jug is preferred. No preservative is required. Refrigerate urine during collection.

## Shipping and Handling Instructions

Measure the volume and document the volume and collection time in the computer. Mix the specimen, pour an aliquot into a test tube, centrifuge and send to core. Also, aliquot a portion into a cup with total volume documented on the cup. Transfer one 3 mL aliquot from a well-mixed 24-hour collection to an ARUP Standard Transport Tube. (Min: 0.5 mL)  
Storage/Transport Temperature: Refrigerated. Also acceptable: Frozen. Unacceptable Conditions: Specimens with pH less than 8.0. Urine collected with acid. Stability (collection to initiation of testing): Ambient: 4 days; Refrigerated: 4 days; Frozen: 2 weeks

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	24 HR URINE CONTAINER	Yes	

**Test Name** URINALYSIS CHEM ONLY  
**Code:** 1230100255

## Synonyms

UCHEM  
UA  
UDIP

## Collection Requirements

Mid-stream clean catch preferred to minimize contaminants

## Shipping and Handling Instructions

Specimen is stable for 2 hours at room temperature and 4 hours refrigerated. Refrigerated specimens must be returned to room temperature before testing. Specimen must be well mixed by inversion and not by swirling.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes
DH PAV C WOMENS CARE LAB	Routine	6 Hours
DH PAV C WOMENS CARE LAB	STAT	60 Minutes
DH PAV G WEBB LAB	Routine	6 Hours
DH PAV G WEBB LAB	STAT	60 Minutes
DH PAV H STD LAB	Routine	6 Hours
DH PAV H STD LAB	STAT	60 Minutes
EASTSIDE LAB	Routine	6 Hours
EASTSIDE LAB	STAT	60 Minutes
LA CASA LAB	Routine	6 Hours
LA CASA LAB	STAT	60 Minutes
LOWRY LAB	Routine	6 Hours
LOWRY LAB	STAT	60 Minutes
MONTBELLO LAB	Routine	6 Hours
MONTBELLO LAB	STAT	60 Minutes
PARK HILL LAB	Routine	6 Hours
PARK HILL LAB	STAT	60 Minutes
WESTSIDE LAB	Routine	6 Hours
WESTSIDE LAB	STAT	60 Minutes
WESTWOOD LAB	Routine	6 Hours
WESTWOOD LAB	STAT	60 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	URINE	No	

Test Name URINALYSIS W MICROSCOPIC  
Code: 1230100256

## Synonyms

URINALYSIS WITH MICROSCOPIC  
MICROSCOPIC  
URINE  
UA  
UAM

## Collection Requirements

No patient preparation required. Preferred Specimens: Minimum volume 4 mL of urine freshly voided, first-morning, or random, "clean catch", midstream-urine collected in a clean or sterile container. Alternate specimens: Catheterized urine, pediatric urine collectors, or pediatric urine in sterile syringe, Ileal conduit, cystoscopy, or urine for transfusion reaction workup. NOTE: A microscopic analysis is done regardless.

## Shipping and Handling Instructions

Specimen is stable for 2 hours at room temperature and 4 hours refrigerated. Refrigerated specimens must be returned to room temperature before testing. Specimen must be well mixed by inversion and not by swirling.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes
DH PAV C WOMENS CARE LAB	Routine	6 Hours
DH PAV C WOMENS CARE LAB	STAT	60 Minutes
DH PAV G WEBB LAB	Routine	6 Hours
DH PAV G WEBB LAB	STAT	60 Minutes
EASTSIDE LAB	Routine	6 Hours
EASTSIDE LAB	STAT	60 Minutes
LA CASA LAB	Routine	6 Hours
LA CASA LAB	STAT	60 Minutes
LOWRY LAB	Routine	6 Hours
LOWRY LAB	STAT	60 Minutes
MONTBELLO LAB	Routine	6 Hours
MONTBELLO LAB	STAT	60 Minutes
PARK HILL LAB	Routine	6 Hours
PARK HILL LAB	STAT	60 Minutes
WESTSIDE LAB	Routine	6 Hours
WESTSIDE LAB	STAT	60 Minutes
WESTWOOD LAB	Routine	6 Hours
WESTWOOD LAB	STAT	60 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	URINE	No	

**Test Name** URINALYSIS WITH MICRO WITH REFLEX CULTURE  
**Code:** 69

## Synonyms

URINALYSIS WITH MICROSCOPIC AND CULTURE IF POS  
UAMR

## Collection Requirements

No patient preparation required. Preferred Specimens: Minimum volume 4 mL of urine freshly voided, first-morning, or random, "clean catch", midstream-urine collected in a clean or sterile container. Alternate specimens: Catheterized urine, pediatric urine collectors, pediatric urine in sterile syringe, Ileal conduit, or cystoscopy. NOTE: A microscopic analysis is done regardless. A culture will reflex if the WBC >10.

## Shipping and Handling Instructions

Specimen is stable for 2 hours at room temperature and 4 hours refrigerated. Refrigerated specimens must be returned to room temperature before testing. Specimen must be well mixed by inversion and not by swirling.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes
DH PAV C WOMENS CARE LAB	Routine	6 Hours
DH PAV C WOMENS CARE LAB	STAT	60 Minutes
DH PAV G WEBB LAB	Routine	6 Hours
DH PAV G WEBB LAB	STAT	60 Minutes
EASTSIDE LAB	Routine	6 Hours
EASTSIDE LAB	STAT	60 Minutes
LA CASA LAB	Routine	6 Hours
LA CASA LAB	STAT	60 Minutes
LOWRY LAB	Routine	6 Hours
LOWRY LAB	STAT	60 Minutes
MONTBELLO LAB	Routine	6 Hours
MONTBELLO LAB	STAT	60 Minutes
PARK HILL LAB	Routine	6 Hours
PARK HILL LAB	STAT	60 Minutes
WESTSIDE LAB	Routine	6 Hours
WESTSIDE LAB	STAT	60 Minutes
WESTWOOD LAB	Routine	6 Hours
WESTWOOD LAB	STAT	60 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	URINE	No	

**Test Name** URINALYSIS, MICROSCOPIC IF INDICATED  
**Code:** 71

## Synonyms

URINALYSIS WITH REFLEX TO MICROSCOPIC  
UMAC

## Collection Requirements

No patient preparation is required. Preferred Specimens: Minimum volume 4 mL of urine freshly voided, first-morning, or random "clean catch", midstream-urine collected in a clean or sterile container. Alternate specimens: catheterized urine, pediatric urine collectors, or pediatric urine in sterile syringe, Ileal conduit, Cytoscopy, or urine for transfusion reaction workup. NOTE: A microscopic analysis is done only if macroscopic results meet established laboratory criteria.

## Shipping and Handling Instructions

Specimen is stable for 2 hours at room temperature and 4 hours refrigerated. Refrigerated specimens must be returned to room temperature before testing. Specimen must be well mixed by inversion and not by swirling.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes
DH PAV C WOMENS CARE LAB	Routine	6 Hours
DH PAV C WOMENS CARE LAB	STAT	60 Minutes
DH PAV G WEBB LAB	Routine	6 Hours
DH PAV G WEBB LAB	STAT	60 Minutes
EASTSIDE LAB	Routine	6 Hours
EASTSIDE LAB	STAT	60 Minutes
LA CASA LAB	Routine	6 Hours
LA CASA LAB	STAT	60 Minutes
LOWRY LAB	Routine	6 Hours
LOWRY LAB	STAT	60 Minutes
MONTBELLO LAB	Routine	6 Hours
MONTBELLO LAB	STAT	60 Minutes
PARK HILL LAB	Routine	6 Hours
PARK HILL LAB	STAT	60 Minutes
WESTSIDE LAB	Routine	6 Hours
WESTSIDE LAB	STAT	60 Minutes
WESTWOOD LAB	Routine	6 Hours
WESTWOOD LAB	STAT	60 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	URINE	No	

**Test Name** URINALYSIS, MICROSCOPIC ONLY  
**Code:** 1230101670

## Synonyms

UA  
SCOPE ONLY  
UMIC

## Collection Requirements

No patient preparation is required. Preferred specimens: Minimum volume 4 mL of urine freshly voided, first-morning, or random "clean catch", midstream-urine collected in a clean or sterile container. Alternate specimens: catheterized urine, pediatric urine collectors, or pediatric urine in sterile syringe, Ileal conduit, Cytoscopy, or urine for transfusion reaction workup. NOTE: A microscopic analysis is done only if macroscopic results meet established laboratory criteria.

## Shipping and Handling Instructions

Specimen is stable for 2 hours at room temperature and 4 hours refrigerated. Refrigerated specimens must be returned to room temperature before testing. Specimen must be well mixed by inversion and not by swirling.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes
DH PAV C WOMENS CARE LAB	Routine	6 Hours
DH PAV C WOMENS CARE LAB	STAT	60 Minutes
DH PAV G WEBB LAB	Routine	6 Hours
DH PAV G WEBB LAB	STAT	60 Minutes
DH PAV H STD LAB	Routine	6 Hours
DH PAV H STD LAB	STAT	60 Minutes
EASTSIDE LAB	Routine	6 Hours
EASTSIDE LAB	STAT	60 Minutes
LA CASA LAB	Routine	6 Hours
LA CASA LAB	STAT	60 Minutes
LOWRY LAB	Routine	6 Hours
LOWRY LAB	STAT	60 Minutes
MONTBELLO LAB	Routine	6 Hours
MONTBELLO LAB	STAT	60 Minutes
PARK HILL LAB	Routine	6 Hours
PARK HILL LAB	STAT	60 Minutes
WESTSIDE LAB	Routine	6 Hours
WESTSIDE LAB	STAT	60 Minutes
WESTWOOD LAB	Routine	6 Hours
WESTWOOD LAB	STAT	60 Minutes

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	URINE	No	

**Test Name** URINE CULTURE  
**Code:** 1230100146

### Synonyms

URC  
CULTURE  
CULTURE URINE  
URINE CX

### Collection Requirements

Clean catch (midstream) urine, Catheter urine, Indwelling or Straight, Ileal conduit/nephrostomy urine, Suprapubic needle aspirate urine, Cystoscopy urine

### Shipping and Handling Instructions

Routine specimens may be held in the Microbiology refrigerator for processing by the day shift.

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	STERILE TUBE	No	

**Test Name** URINE MICROSCOPIC REFLEX  
**Code:** 264

### Synonyms

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### Collection Requirements

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None Listed

### Shipping and Handling Instructions

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None Listed

### Turn Around Times

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<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes
DH PAV G WEBB LAB	Routine	6 Hours
DH PAV G WEBB LAB	STAT	60 Minutes
EASTSIDE LAB	Routine	6 Hours
EASTSIDE LAB	STAT	60 Minutes
LA CASA LAB	Routine	6 Hours
LA CASA LAB	STAT	60 Minutes
LOWRY LAB	Routine	6 Hours
LOWRY LAB	STAT	60 Minutes
MONTBELLO LAB	Routine	6 Hours
MONTBELLO LAB	STAT	60 Minutes
PARK HILL LAB	Routine	6 Hours
PARK HILL LAB	STAT	60 Minutes
WESTSIDE LAB	Routine	6 Hours
WESTSIDE LAB	STAT	60 Minutes
WESTWOOD LAB	Routine	6 Hours
WESTWOOD LAB	STAT	60 Minutes

### Container Types

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<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	URINE	No	

**Test Name** URINE MICROSCOPIC REFLEX WITH REFLEX TO CULTURE  
**Code:** 265

### Synonyms

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## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes
DH PAV G WEBB LAB	Routine	6 Hours
DH PAV G WEBB LAB	STAT	60 Minutes
EASTSIDE LAB	Routine	6 Hours
EASTSIDE LAB	STAT	60 Minutes
LA CASA LAB	Routine	6 Hours
LA CASA LAB	STAT	60 Minutes
LOWRY LAB	Routine	6 Hours
LOWRY LAB	STAT	60 Minutes
MONTBELLO LAB	Routine	6 Hours
MONTBELLO LAB	STAT	60 Minutes
PARK HILL LAB	Routine	6 Hours
PARK HILL LAB	STAT	60 Minutes
WESTSIDE LAB	Routine	6 Hours
WESTSIDE LAB	STAT	60 Minutes
WESTWOOD LAB	Routine	6 Hours
WESTWOOD LAB	STAT	60 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CONTAINER	No	
DH PAV A CENTRAL LAB	STERILE CUP	Yes	

**Test Name** URINE TOXICOLOGY SCREEN (SO)  
**Code:** 123010025701

## Synonyms

URINE TOXICOLOGY SCREEN  
URSTMB

## Collection Requirements

REQUIRES PATHOLOGY APPROVAL

## Shipping and Handling Instructions

None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	URINE	Yes	

**Test Name** URTICARIA-INDUCED BASOPHIL ACTIVATION  
**Code:** 1230500082

## Synonyms

2005416  
URTICARIA-IN

## Collection Requirements

None Listed

## Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Frozen: 1 year (avoi\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED TOP -PLAIN	Yes	

**Test Name** VALPROIC ACID TOTAL  
**Code:** 1230100147

## Synonyms

VALPR ACID T  
DEPAKOTE

## Collection Requirements

No patient preparation is required. Preferred specimens: 0.25 ml plasma from a green lithium heparin gel tube. Alternate specimens: Serum from red gel or plain tube with no additive.

## Shipping and Handling Instructions

Centrifuge the specimen to separate the plasma/serum from cells as soon as possible. Refrigerate the specimen if testing is delayed. Freeze specimen for longer storage.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

Test Name VANCOMYCIN  
Code: 1230100314

## Synonyms

## Collection Requirements

IF PATIENT IS <18 YEARS OF AGE VANCOMYCIN LEVELS ARE NOT GENERALLY RECOMMENDED. PLEASE CONTACT PEDIATRIC ID STAFF FOR RECOMMENDATION BEFORE ORDERING. If doses are given more than once per day, at regular intervals, vancomycin is monitored by drawing trough and peak levels, usually starting after the third dose. Trough: Draw prior to next dose or dialysis Peak: Draw 2 hours after the end of the dose. If dose is given once daily, draw a random level 6-14 hours after the start of the infusion.

## Shipping and Handling Instructions

Ambient (8 Hrs), Refrigerated at 2-8 degrees (7 Days), or Frozen (14 Days).

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

**Test Name** VANCOMYCIN PEAK  
**Code:** 1230100325

## Synonyms

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

**Test Name** VANCOMYCIN TROUGH  
**Code:** 1230100302

## Synonyms

## Collection Requirements

None Listed

## Shipping and Handling Instructions

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None Listed

## Turn Around Times

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<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

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<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	GREEN GEL (PST)	Yes	
DH PAV A CENTRAL LAB	RED GEL (SST)	No	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

**Test Name** VARICELLA ZOSTER IGG  
**Code:** 1230100068

## Synonyms

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VZ IGG  
VZV IGG  
VZGB  
VZVG

## Collection Requirements

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None Listed

## Shipping and Handling Instructions

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None Listed

## Turn Around Times

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<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

---

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	

Test Name VARICELLA ZOSTER IGM  
Code: 1230100069

### Synonyms

VZ IGM  
0099314

### Collection Requirements

None Listed

### Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.1 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute spec\*

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

Test Name VARICELLA ZOSTER PCR  
Code: 1230101488

### Synonyms

VZV  
VAPCR  
0060042

### Collection Requirements

All sample types collected in a sterile container. Whole blood collected in a pink top (EDTA) or purple top (EDTA) tube. Specimen source is required. Deliver to Microbiology/Place in Microbiology refrigerator. Do not centrifuge whole blood. If delivered within 72 hours, send at 2 - 8 degrees C. If delivery is not expected within 72 hours, freeze at -70 degrees C and ship frozen.

### Shipping and Handling Instructions

Stability: Ambient - 24 hours; Refrigerated - 72 hours; Frozen (-70 degrees C) - 6 months



## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	CSF COLLECTION KIT	Yes	

## Collection Requirements

All sample types collected in a sterile container. whole blood collected in a pink top (EDTA) or purple top (EDTA) tube. Specimen source is required. Deliver to Microbiology/Place in Microbiology refrigerator. Do not centrifuge whole blood. If delivered within 72 hours, send at 2 - 8 degrees C. If delivery is not expected within 72 hours, freeze at -70 degrees C and ship frozen.

## Shipping and Handling Instructions

Stability: Ambient - 24 hours; Refrigerated - 72 hours; Frozen (-70 degrees C) - 6 months

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	LAVENDAR BULLET - K2 EDTA	No	
DH NON-INTERFACED LAB	LAVENDER TOP - K2 EDTA	Yes	
DH NON-INTERFACED LAB	RED BULLET	No	
DH NON-INTERFACED LAB	RED TOP -PLAIN	No	
DH NON-INTERFACED LAB	STERILE CUP	No	
DH NON-INTERFACED LAB	STERILE TUBE	No	
DH NON-INTERFACED LAB	WHITE TOP	No	
DH NON-INTERFACED LAB	YELLOW BULLET (SST)	No	

## Collection Requirements

All sample types collected in a sterile container. whole blood collected in a pink top (EDTA) or purple top (EDTA) tube. Specimen source is required. Deliver to Microbiology/Place in Microbiology refrigerator. Do not centrifuge whole blood. If delivered within 72 hours, send at 2 - 8 degrees C. If delivery is not expected within 72 hours, freeze at -70 degrees C and ship frozen.

## Shipping and Handling Instructions

Stability: Ambient - 24 hours; Refrigerated - 72 hours; Frozen (-70 degrees C) - 6 months

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	RED GEL (SST)	Yes	

## Collection Requirements

All sample types collected in a sterile container. whole blood collected in a pink top (EDTA) or purple top (EDTA) tube. Specimen source is required. Deliver to Microbiology/Place in Microbiology refrigerator. Do not centrifuge whole blood. If delivered within 72 hours, send at 2 - 8 degrees C. If delivery is not expected within 72 hours, freeze at -70 degrees C and ship frozen.

## Shipping and Handling Instructions

Stability: Ambient - 24 hours; Refrigerated - 72 hours; Frozen (-70 degrees C) - 6 months

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
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## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH NON-INTERFACED LAB	STERILE CONTAINER	Yes	

**Test Name** VARICELLA ZOSTER VIRUS AB, IGM, CSF  
**Code:** 1230500028

## Synonyms

0054445  
VARICELLA ZO

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transfer 0.5 mL CSF to an ARUP Standard Transport Tube. (Min: 0.3 mL). STABILITY:  
Refrigerated: 2 weeks; Ambient: 8 hours; Frozen: 1 year

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	Yes	

**Test Name** VASOACTIVE INTESTINAL POLYPEPTIDE  
**Code:** 1230500160

## Synonyms

VASOACTIVE I  
0099435

## Collection Requirements

call lab for collection instructions

## Shipping and Handling Instructions

Protease Inhibitor tube (ARUP supply #49662), available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787. A winged collection set must be used. NOT RECOMMENDED: Filling collection tubes directly through a n\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CALL LAB	Yes	

**Test Name** VDRL CSF W/ REFLEX TO TITER  
**Code:** 1230100114

## Synonyms

SYPHILIS  
0050206

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transfer 0.5 mL CSF to an ARUP Standard Transport Tube. (Min: 0.2 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 48 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles) Unacceptable Conditions: Other body fluids. Contaminated, hemolyzed, xanthochromic, or severely lipemic specimens.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	STERILE TUBE	Yes	

**Test Name** VERY LONG/BRANCHED-CHAIN FATTY ACIDS  
**Code:** 1230101168

## Synonyms

LCFA  
LONG  
CHAIN  
2004250

## Collection Requirements

None Listed

## Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Separate plasma from cells. Transfer 0.5 mL plasma to an ARUP Standard Transport Tube and freeze immediately. (Min: 0.2 mL). STABILITY: Frozen: 1 month; Ambient: 24 h\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	Yes	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	

**Test Name** VIRUS CMV CULTURE  
**Code:** 1230100164

## Synonyms

VIRUS CMV CX  
CULTURE  
CYTOMEGALOVIRUS  
0065004

## Collection Requirements

"Patient Preparation: Collect:Lavender (EDTA) or pink (K2EDTA). OR bronchoalveolar lavage (BAL), throat swab, tissue, or urine. Specimen Preparation:Blood: Transport 5 mL whole blood. (Min: 1 mL) Fluid specimen: Transfer specimen to a sterile container. Transfer 2 mL fluid to a sterile container. (Min: 0.5 mL). Also acceptable: Transfer to viral transport media (ARUP supply #12884). Available online through eSupply using ARUP Connect™ or contact ARUP Client Services at (800) 522-2787. Swab or tissue: Place in viral transport media. Place each specimen in an individually sealed bag. Storage/Transport Temperature:Refrigerated. Unacceptable Conditions:CSF, rectal swab, or stool. Whole blood in viral transport media. Calcium alginate, eswab, dry, or wood swabs. Remarks:Specimen source preferred. Stability: Refrigerated: 72 hours; Ambient: 2 hours; Frozen: Unacceptable. "

## Shipping and Handling Instructions

None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CALL LAB	Yes	

**Test Name** VISCOSITY, SERUM  
**Code:** 1230101492

## Synonyms

VISCOSITY  
0020056

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transfer 3 mL serum to an ARUP Standard Transport Tube. (Min: 0.6 mL). STABILITY: Refrigerated: 7 days; Ambient: 8 hours; Frozen: 1 month

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** VISCOSITY, WHOLE BLOOD  
**Code:** 1230500250

## Synonyms

VISCOSITY  
W  
0020054

## Collection Requirements

None Listed

## Shipping and Handling Instructions

DO NOT FREEZE. Transport 3 mL whole blood. (Min: 0.6 mL). STABILITY: Refrigerated: 4 days; Ambient: 8 hours; Frozen: Unacceptable

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name VISTA QC ALL  
Code: 157

### Synonyms

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### Collection Requirements

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None Listed

### Shipping and Handling Instructions

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None Listed

### Turn Around Times

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**Laboratory**

DH PAV A CENTRAL LAB  
DH PAV A CENTRAL LAB

**Priority**

Routine  
STAT

**TAT**

6 Hours  
40 Minutes

### Container Types

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**Laboratory**

DH PAV A CENTRAL LAB

**Container**

QC CONTAINER

**Default?**

Yes

**Min Volume**

Test Name VITAMIN A (RETINOL), SERUM OR PLASMA  
Code: 1230500074

### Synonyms

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0080525  
VITAMINA

### Collection Requirements

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None Listed

### Shipping and Handling Instructions

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"Separate serum or plasma within 1 hour of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube immediately. (Min: 0.2 mL). STABILITY: Refrigerated: 1 month; Frozen: 1 year; Ambient: Unacceptable"

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN GEL (PST)	No	
ARUP LAB	GREEN TOP - LIHEP	Yes	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	No	

Test Name VITAMIN B1  
Code: 1230100029

## Synonyms

VITB1  
B1  
THIAMINE  
0080389

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum or plasma within 1 hour of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube immediately (Min: 0.2mL). STABILITY: Frozen: 6 months; Refrigerated: 1 week; Ambient: Unacceptable. Separate specimens must be submitted when multiple tests are ordered.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN GEL (PST)	No	
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	Yes	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	

Test Name VITAMIN B1, WHOLE BLOOD  
Code: 1230101494



## Synonyms

THIAMINE  
0080388  
VIT B1 BLD

## Collection Requirements

None Listed

## Shipping and Handling Instructions

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Transfer 3 mL whole blood to an ARUP Standard Transport Tube (Min: 0.6 mL). STABILITY: Frozen: 6 months; Refrigerated: 4 hours; Ambient: Unacceptable

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	Yes	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	

Test Name VITAMIN B2  
Code: 1230101495

## Synonyms

RIBOFLAVIN  
0081123  
VIT B2

## Collection Requirements

None Listed

## Shipping and Handling Instructions

PROTECT FROM LIGHT during collection, storage and shipment. Separate plasma from cells within 1 hour of collection. Transfer 1 mL plasma to an ARUP Amber Transport Tube. (Min: 0.5 mL). STABILITY: Frozen: 1 month; Ambient: Unacceptable; Refrigerated: 5 d\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CALL LAB	Yes	
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	

Test Name VITAMIN B6  
Code: 1230100024

## Synonyms

B6  
0080111  
VITAMIN B6

## Collection Requirements

None Listed

## Shipping and Handling Instructions

"Protect from light during collection, storage, and shipment. Separate plasma or serum from cells within 1 hour of collection. Transfer 1 mL plasma or serum to an ARUP Amber Transport Tube and freeze immediately. (Min: 0.5 mL). STABILITY: Frozen: 2 mont\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CALL LAB	Yes	
ARUP LAB	GREEN GEL (PST)	No	
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	RED TOP -PLAIN	No	

Test Name VITAMIN B7 (BIOTIN)  
Code: 1230500385

## Synonyms

2003184  
B7

## Collection Requirements

None Listed

## Shipping and Handling Instructions

PROTECT FROM LIGHT. CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Allow specimen to clot for 30 minutes and separate from cells. Transfer 2 mL serum to an ARUP Amber Transport Tube and freeze immediately. (Min: 1\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CALL LAB	Yes	
ARUP LAB	RED GEL (SST)	No	
ARUP LAB	RED TOP -PLAIN	No	

**Test Name** VITAMIN C (ASCORBIC ACID) PLASMA  
**Code:** 1230500185

## Synonyms

0080380  
VITAMINC

## Collection Requirements

None Listed

## Shipping and Handling Instructions

CRITICAL FROZEN AND LIGHT PROTECTED. Separate specimens must be submitted when multiple tests are ordered. Protect from light, centrifuge, transfer plasma and freeze within 1 hour of collection. Transfer 0.5 mL plasma to an ARUP Amber Transport Tube. \*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CALL LAB	Yes	
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	

**Test Name** VITAMIN D 1,25-DIHYDROXY  
**Code:** 1230101497

## Synonyms

1  
25 DIHYDROXYVITAMIN D  
0080385  
VIT D DIHYDROXY

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Allow serum separator or plain red tube to sit for 15-20 minutes at room temperature for proper clot formation. Centrifuge and separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Tr\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	Yes	
ARUP LAB	RED TOP -PLAIN	No	

Test Name VITAMIN D LEVEL  
Code: 1230101498

## Synonyms

CALCIFEDIOL  
VITAMIN D 25-HYDROXY

## Collection Requirements

3.0 mLs (0.5 minimum) Serum.

## Shipping and Handling Instructions

TRANSPORT: 3.0 mLs (0.5 minimum) Serum.  
STABILITY: Refrigerated 7 Days, Frozen 1 Month, Ambient 24 Hours  
SPECIMEN PREP:  
Separate serum from cells within 6 days. Specimens may be refrigerated at 2-8 C for up to 7 days. If testing will not be done within 7 days, freeze at -20 C. Specimen is stable on cells for 6 days if kept refrigerated.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	RED GEL (SST)	Yes	
DH PAV A CENTRAL LAB	RED TOP -PLAIN	No	
DH PAV A CENTRAL LAB	WHITE TOP	No	

**Test Name** VITAMIN E, SERUM OR PLASMA  
**Code:** 1230500052

## Synonyms

0080521  
VITAMINE

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum or plasma within 1 hour of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube immediately. (Min: 0.2mL). STABILITY: Refrigerated: 1 month; Frozen: 1year; Ambient: Unacceptable

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	Yes	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	No	

**Test Name** VITAMIN K1, SERUM  
**Code:** 1230500097

## Synonyms

0099225  
VITAMINK

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Protect from light during collection, storage, and shipment. Separate serum or plasma from cells within 1 hour of collection. Transfer 1 mL serum or plasma to an ARUP Amber Transport Tube. (Min: 0.6 mL). STABILITY:Frozen: 6 months; Ambient: Unacceptable\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CALL LAB	Yes	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED GEL (SST)	No	
ARUP LAB	RED TOP -PLAIN	No	

Test Name VMA, URINE  
Code: 1230101624

## Synonyms

3 METHOXY 4 HYDROXYMANDELIC ACID  
0080421  
VMA U

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transfer 4 mL aliquot from a well-mixed 24-hour or random collection to an ARUP Standard Transport Tube. (Min: 1 mL) Record total volume and collection time interval on transport tube and test request form. STABILITY: Refrigerated: 1 week; Ambient: Unac\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	URINE	Yes	

**Test Name** VOLTAGE-GATED CALCIUM CHANNEL (VGCC) AB  
**Code:** 1230500386

### Synonyms

0092628  
VGCCAB

### Collection Requirements

None Listed

### Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL). STABILITY: Refrigerated: 2 weeks; Ambient: 8 hours; Frozen: Indefinitely

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	No	
ARUP LAB	RED TOP -PLAIN	Yes	

**Test Name** VOLTAGE-GATED POTASSIUM CHANNEL (VGKC)AB  
**Code:** 1230500186

### Synonyms

2004890  
VGKCAB

### Collection Requirements

None Listed

### Shipping and Handling Instructions

Separate serum from cells within 1 hour. Transfer 4 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Refrigerated: 2 weeks; Ambient: Less than 72 hours; Frozen: 1 month (avoid repeated freeze/thaw cycles)

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	No	
ARUP LAB	RED TOP -PLAIN	Yes	

**Test Name** VON WILLEBRAND ANTIGEN  
**Code:** 1230101501

## Synonyms

ANTIGENIC  
0030285  
VON WIL AG

## Collection Requirements

None Listed

## Shipping and Handling Instructions

CRITICAL FROZEN. Transfer 1.5 mL platelet-poor plasma to an ARUP Standard Transport Tube. (Min: 1 mL). STABILITY: Frozen at -20°C: 3 months; Frozen at -70°C: 6 months; Ambient: 4 hours; Refrigerated: Unacceptable

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	BLUE TOP-CITRATE	Yes	

**Test Name** VON WILLEBRAND PANEL  
**Code:** 1230101503

## Synonyms

VWF  
0030125  
VON WIL PNL



## Collection Requirements

None Listed

## Shipping and Handling Instructions

CRITICAL FROZEN. Transfer 3 mL platelet-poor plasma to an ARUP Standard Transport Tube. (Min: 1 mL). STABILITY: Frozen at -20 °C: 3 months; Frozen at -70°C: 6 months; Ambient: 4 hours; Refrigerated: Unacceptable

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	BLUE TOP-CITRATE	Yes	

**Test Name** VORICONAZOLE, QUANTITATION BY LC-MS/MS  
**Code:** 1230500387

## Synonyms

2001737  
VORICONAF

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.6 mL). STABILITY: Frozen: 6 months; Ambient: 48 hours; Refrigerated: 48 hours

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	GREEN TOP - LIHEP	No	
ARUP LAB	GREEN TOP - NAHEP	No	
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED TOP -PLAIN	Yes	

Last Updated: 7/1/2018

**Test Name** VRE CULTURE  
**Code:** 1230100145

### Synonyms

VANCOMYCIN-RESISTANT ENTEROCOCCUS CULTURE  
CULTURE

### Collection Requirements

Rectal swab

### Shipping and Handling Instructions

Routine specimens may be held in the Microbiology refrigerator for processing by the day shift. Protocol for clearing patients from precautions is on the Pulse under "Infection Control".

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	SWAB	Yes	

**Test Name** VZV ANTIBODY IGG CSF  
**Code:** 1230500031

### Synonyms

0054444  
VARICELLA ZOSTER  
VZV ANTIBODY  
VZECSF

### Collection Requirements

None Listed

### Shipping and Handling Instructions

Transfer 0.5 mL CSF to an ARUP Standard Transport Tube. (Min: 0.3 mL). Storage/Transport Temperature: Refrigerated. Also acceptable: Frozen. Unacceptable Conditions: Specimens other than CSF. Contaminated, heat-inactivated or hemolyzed, or xanthochromic specimens. STABILITY: Refrigerated: 2 weeks; Ambient: 8 hours; Frozen: 1 year

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CSF COLLECTION KIT	Yes	

Test Name VZV BY DFA W/REFLEX TO CULTURE  
Code: 806

## Synonyms

60282  
VZV DFA

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	M4 VIRAL TRANSPORT MEDIA	Yes	

Test Name VZV CULTURE BILL  
Code: 807

## Synonyms

60258

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	M4 VIRAL TRANSPORT MEDIA	Yes	

Test Name VZV NEG CONTROL  
Code: 996

## Synonyms

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

Test Name VZV POS CONTROL  
Code: 997

### Synonyms

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### Collection Requirements

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None Listed

### Shipping and Handling Instructions

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None Listed

### Turn Around Times

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<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

### Container Types

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<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	QC CONTAINER	Yes	

Test Name WAM MANUAL DIFF  
Code: 123050208

### Synonyms

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CBC MANUAL DIFF  
MAN DIFF  
CBC MAN DIFF

### Collection Requirements

---

Invert immediately and gently mix with anticoagulant.

### Shipping and Handling Instructions

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Slide must be made within 8 hours of collection.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	LAVENDAR BULLET - K2 EDTA	No	
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	Yes	

Test Name WBCS STOOL  
Code: 1230100173

## Synonyms

FECAL WBCS  
WBC'S STOOL  
WHITE CELLS STOOL  
STWBC

## Collection Requirements

Preferred specimen: Test performed on soft and diarrheal stools ONLY. Test is performed daily, 0700-2300.

## Shipping and Handling Instructions

Test performed on soft or diarrheal stools ONLY. Others may be cancelled as: Test not indicated on formed stools. Specimen may be refrigerated if transport or testing is delayed for more than 8 hrs. Do not freeze specimen. Specimen stability is 24hrs.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CUP	Yes	

Test Name WEST NILE VIRUS CSF  
Code: 1230100115

## Synonyms

WNCSF

## Collection Requirements

None Listed

## Shipping and Handling Instructions

None Listed

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	STERILE CONTAINER	Yes	

**Test Name** WEST NILE VIRUS IGG, CSF  
**Code:** 1230101506

## Synonyms

WNV  
ARBOVIRUS  
VIRAL ENCEPHALITIS  
0050238  
WNV IGG

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transfer 2 mL CSF to an ARUP Standard Transport Tube. (Min: 0.15 mL). STABILITY:  
Refrigerated: 2 weeks; Ambient: 8 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles)

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	Yes	

**Test Name** WEST NILE VIRUS IGG, SERUM  
**Code:** 1230500106

## Synonyms

WEST NILE IGG  
0050234

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute spe\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** WEST NILE VIRUS IGM, CSF  
**Code:** 1230101507

## Synonyms

WNV IGM  
ARBOVIRUS  
VIRAL ENCEPHALITIS  
0050239

## Collection Requirements

None Listed



## Shipping and Handling Instructions

Transfer 2 mL CSF to an ARUP Standard Transport Tube. (Min: 0.15 mL). STABILITY:  
Refrigerated: 2 weeks; Ambient: 8 hours; Frozen: 1 year (avoid repeated freeze/thaw cycles)

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	CONTAINER	Yes	

**Test Name** WEST NILE VIRUS IGM, SERUM  
**Code:** 1230500083

## Synonyms

WEST NILE IGM  
0050236

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute spe\*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	RED GEL (SST)	Yes	

**Test Name** WET PREP  
**Code:** 1230100161

## Synonyms

MB-WET  
GENITAL  
WET MOUNT

## Collection Requirements

vaginal discharge placed in a leakproof container or a vaginal swab placed into a tube with 5-10 drops of saline (approx 0.5 mL). Do not exceed 1mL saline. Male urethral discharge collected on a cotton or rayon swab and placed into a tube with 5-10 drops (approx 0.5 mL) of sterile saline.

## Shipping and Handling Instructions

This test is considered STAT, must be processed immediately. Test must be transported to the laboratory within 1 hour of collection. Orders must be cancelled if this criteria is not met.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes
DH PAV C WOMENS CARE LAB	Routine	6 Hours
DH PAV C WOMENS CARE LAB	STAT	60 Minutes
DH PAV G WEBB LAB	Routine	6 Hours
DH PAV G WEBB LAB	STAT	60 Minutes
DH PAV H STD LAB	Routine	6 Hours
DH PAV H STD LAB	STAT	60 Minutes
EASTSIDE LAB	Routine	6 Hours
EASTSIDE LAB	STAT	60 Minutes
LA CASA LAB	Routine	6 Hours
LA CASA LAB	STAT	60 Minutes
LOWRY LAB	Routine	6 Hours
LOWRY LAB	STAT	60 Minutes
MONTBELLO LAB	Routine	6 Hours
MONTBELLO LAB	STAT	60 Minutes
PARK HILL LAB	Routine	6 Hours
PARK HILL LAB	STAT	60 Minutes
WESTSIDE LAB	Routine	6 Hours
WESTSIDE LAB	STAT	60 Minutes
WESTWOOD LAB	Routine	6 Hours
WESTWOOD LAB	STAT	60 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	SWAB	Yes	

Test Name WHITE BLOOD COUNT  
Code: 1230100204

## Synonyms

WBC

## Collection Requirements

Invert immediately and gently mix with anticoagulant.

## Shipping and Handling Instructions

Refrigerate samples at 2-8 C if unable to analyze within 24 hours of collection. Stable for 72 hrs when stored at 2-8 C and 24 hrs at RT.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	LAVENDAR BULLET - K2 EDTA	No	
DH PAV A CENTRAL LAB	LAVENDER TOP - K2 EDTA	Yes	

**Test Name** WOUND CULTURE  
**Code:** 1230100482

## Synonyms

SKIN  
CULTURE  
WOUND CX

## Collection Requirements

Aspirate in capped syringe or sterile container or Culturette swab collected from: abscess, wound infection of soft tissue or skin, lesion or cellulitis, ulcer, drainage, aspirate from vesicle, bullae, or lymph node, hardware/foreign bodies such as pins, screws, metal plates, etc. in a sterile container.

## Shipping and Handling Instructions

STAT requests and all O.R. specimens are processed immediately. Routine specimens may be held in the Microbiology refrigerator for processing by the day shift.

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	STERILE CUP	Yes	
DH PAV A CENTRAL LAB	SWAB	No	

Test Name YERSINIA CULTURE  
Code: 1230101574

### Synonyms

PESTIS  
YERC

### Collection Requirements

Stool submitted in Cary-Blair Preservative, yellow vial (included in the ParaPak collector system available from Central Supply). Add specimen to the vial to reach the FILL LINE. Cap and mix thoroughly. Fresh feces in a sterile container within 2 hours of collection.

### Shipping and Handling Instructions

Routine specimens may be held in the Microbiology refrigerator for processing by the day shift.

### Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
DH PAV A CENTRAL LAB	Routine	6 Hours
DH PAV A CENTRAL LAB	STAT	40 Minutes

### Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
DH PAV A CENTRAL LAB	CARY-BLAIR MEDIA	Yes	

Test Name ZINC  
Code: 1230101510

### Synonyms

ZN  
0020097  
ZINC

### Collection Requirements

None Listed

### Shipping and Handling Instructions

Do not allow serum or plasma to remain on cells. Centrifuge and pour off serum or plasma ASAP or within 2 hours of collection. Transfer 2 mL serum or plasma to an ARUP Trace Element-Free Transport Tube (ARUP supply #43116). (Min: 0.5 mL). STABILITY: If \*

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	ROYAL BLUE - K2 EDTA	No	
ARUP LAB	ROYAL BLUE PLAIN	Yes	

**Test Name** ZINC PROTOPORPHYRIN  
**Code:** 1230101511

## Synonyms

ZN  
0020605  
ZPP

## Collection Requirements

None Listed

## Shipping and Handling Instructions

Transport 1 mL whole blood. (Min: 0.2 mL). STABILITY: Refrigerated: 5 weeks; Ambient: 30 hours; Frozen: Unacceptable

## Turn Around Times

<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	Yes	
ARUP LAB	ROYAL BLUE - K2 EDTA	No	

**Test Name** ZONISAMIDE QUANTITATIVE  
**Code:** 1230500070

## Synonyms

ZONISAMIDE Q  
0097908

## Collection Requirements

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None Listed

## Shipping and Handling Instructions

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Separate serum or plasma from cells within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL). STABILITY: Refrigerated: 1 week; Ambient: 1 week; Frozen: 6 weeks

## Turn Around Times

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<u>Laboratory</u>	<u>Priority</u>	<u>TAT</u>
ARUP LAB	Extended TAT	1 weeks
ARUP LAB	Routine	1 weeks
ARUP LAB	STAT	1 weeks
ARUP LAB	Timed	1 weeks

## Container Types

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<u>Laboratory</u>	<u>Container</u>	<u>Default?</u>	<u>Min Volume</u>
ARUP LAB	LAVENDER TOP - K2 EDTA	No	
ARUP LAB	RED TOP -PLAIN	Yes	