

# LABORATORY TEST INFORMATION GUIDE



Laboratory Services

## Test Name:

**Alanine Aminotransferase**

**Specimen:** Blood

**Container:** Lithium Heparin

**Volume:** 2.5 – 4.5 ml

**Requirements:** Invert 8-10 times

**Stability:** 3 days room temp, 7 days 2-8°C, Separated: 60 days at -20 °C

## Special Instructions:

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## Test Name:

**Albumin**

**Specimen:** Blood

**Container:** Lithium Heparin

**Volume:** 2.5 – 4.5 ml

**Requirements:** Invert 8-10 times

**Stability:** 2.5 months at room temperature, 5 months at 2-8°C, Separated: 3 months at -20 °C

## Special Instructions:

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## Test Name:

**Alkaline Phosphatase**

**Specimen:** Blood

**Container:** Lithium Heparin

**Volume:** 2.5 – 4.5 ml

**Requirements:** Invert 8-10 times

**Stability:** 7 days 2-8°C, Separated: 2 months at -20 °C

## Special Instructions:

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## Test Name:

**Anti-nuclear Factor**

**Specimen:** Blood

**Container:** SST

**Volume:** 2 – 3.5 ml

**Requirements:** Invert 5 times

**Stability:** 7 days at 2-8°C, 60 days at -20 °C

## Special Instructions:

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## Test Name:

**Anti-Streptolysin O**

**Specimen:** Blood

**Container:** SST

**Volume:** 2 – 3.5 ml

**Requirements:** Invert 5 times

**Stability:** 7 days at 2-8°C, If longer, freeze at -20 °C for 3 months

## Special Instructions:

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## Test Name:

**Aspartate Aminotransferase**

**Specimen:** Blood

**Container:** Lithium Heparin

**Volume:** 2.5 – 4.5 ml

**Requirements:** Invert 8-10 times

**Stability:** 7 days 2-8°C, Separated: 12 weeks at -20 °C

## Special Instructions:

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## Test Name:

**Beta HCG**

**Specimen:** Blood

**Container:** Lithium Heparin

**Volume:** 2.5 – 4.5 ml

**Requirements:** Invert 8-10 times

**Stability:** 7 days at 2-8°C

## Special Instructions:

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## Test Name:

**Bilirubin, Conjugated**

**Specimen:** Blood

**Container:** Lithium Heparin

**Volume:** 2.5 – 4.5 ml

**Requirements:** Invert 8-10 times

**Stability:** 7 days 2-8°C, Separated: 3 months at -20 °C

## Special Instructions:



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## Test Name:

**Bilirubin, Conjugated**

**Specimen:** Blood

**Container:** Micro Amber

**Volume:** 400 – 600 mml

**Requirements:** Invert 8-10 times

**Stability:**

## Special Instructions:

Order total or neonatal as needed

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## Test Name:

**Bilirubin, Total**

**Specimen:** Blood

**Container:** Lithium Heparin

**Volume:** 2.5 – 4.5 ml

**Requirements:** Invert 8-10 times

**Stability:** 7 days 2-8°C, Separated: 3 months at -20 °C

## Special Instructions:

Do not use neonatal sample

## Test Name:

**Blood Cultures**

**Specimen:** Peripheral Blood, blood from line/port

**Container:** Aerobic bottle, Anaerobic bottle

**Volume:** 5-10 mls (10 mls is optimum amount)

**Requirements:** Gently invert each tube after collection

**Stability:** Room temperature

## Special Instructions:

Do not inoculate any more than 10 mls. Collect one aerobic and one anaerobic via venipuncture or line/port. Label as #1 and indicate if it was collected via line/port. Collect another aerobic bottle via venipuncture. Label as #2.

## Test Name:

**Blood Cultures - Pediatric**

**Specimen:** Peripheral Blood

**Container:** Pediatric bottle

**Volume:** 1-4 mls (4 mls is the optimum amount)

## Requirements:

**Stability:** Room temperature

## Special Instructions:

Do not inoculate any more than 4 mls. For infants and younger children, the volume of blood drawn should be no more than 1% of the patient's total blood volume.

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## Test Name:

**Bone (TPN)**

**Specimen:** Bone

**Container:** Sterile container

**Volume:**

**Requirements:**

**Stability:** 2-8°C 48 hrs

## Special Instructions:

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## Test Name:

**Bordetella PERTUSSUS**

**Specimen:** Nasopharyngeal Swab

**Container:** UTM

**Volume:**

**Requirements:** Specify source on container

**Stability:** 2-8° 24 hrs; if delay in processing, specimen should be frozen at -70 °C and transported on dry ice

## Special Instructions:

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## Test Name:

**Calcium**

**Specimen:** Blood

**Container:** Lithium Heparin

**Volume:** 2.5 – 4.5 ml

**Requirements:** Invert 8-10 times

**Stability:** 21 days 2-8°C

## Special Instructions:

Albumin must be ordered with Calcium

## Test Name:

**Carbamazepine**

**Specimen:** Blood

**Container:** Lithium Heparin

**Volume:** 2.5 – 4.5 ml

**Requirements:** Invert 8-10 times

**Stability:** 7 days at 2-8°C, 180 days at -20 °C

## Special Instructions:

Trough level unless doctor request otherwise. Trough level: just before next dose. Peak level: 2-4 hours before next dose. Also known as: Tegretol and Mazepine



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## Test Name:

**Carbapenem Resistant Enterobacteriaceae**

**Specimen:** Rectal swab

**Container:** E Swab Media

**Volume:**

**Requirements:** Swab must be visibly soiled

**Stability:** Room temp or 4° 96 hrs

## Special Instructions:

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## Test Name:

**Catheter Tip Culture**

**Specimen:** Intravascular Catheter tip

**Container:** Sterile container

**Volume:** 2-3 cm sections of distal intravascular tip and/or proximal transcutaneous segment

**Requirements:** Deliver ASAP, specify type of catheter tip

**Stability:** Refrigerate if not delivered to lab within 2 hrs of collection.

## Special Instructions:

Urinary Foley Catheter tips, chest tube tips and abdominal drainage tips are not suitable specimens.

## Test Name:

**Cerebral Spinal Fluid - Glucose, Total Protein, Cell Count, Culture**

**Specimen:** Cerebral Spinal fluid

**Container:** 3 - 4 sterile screw cap tubes ( included in the lumbar Puncture Tray)

**Volume:**  
< 1ml-12mls

**Requirements:**  
Keep at room temp, deliver to Lab immediately

**Stability:**  
Room temp until processed, then refrigerate

## Special Instructions:

Cerebral Spinal Fluid Tube #1 Chemistry Tube #2 Microbiology Tube #3 Hematology Tube #4 other Tests

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## Test Name:

**Chlamydia**

**Specimen:** Urine

**Container:** Sterile Urine Container

**Volume:** 25-50 mls

**Requirements:** First part of urine

**Stability:**

## Special Instructions:

Must have urine to lab within 24 hrs. Patient should not have urinated for at least 1 hour prior to specimen collection. Specimen source is required on specimen and requisition

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## Test Name:

**Chlamydia**

**Specimen:** Cervical or Vaginal

**Container:** Cobas PCR Female Swab Sample Kit

**Volume:**

**Requirements:**

**Stability:** Endocervical 12 months @ 2-30°C, Vaginal 90 days @ 2-30°C

## Special Instructions:

Specimen source is required. Spermicidal agents and feminine powder sprays interfere with the assay and should not be used prior to collection.

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## Test Name:

**Cholesterol**

**Specimen:** Blood

**Container:** Lithium Heparin

**Volume:** 2.5 – 4.5 ml

**Requirements:** Invert 8-10 times

**Stability:** 7 days at 2-8°C, 180 days at -20 °C

## Special Instructions:

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## Test Name:

**Clostridium Difficile**

**Specimen:** Unformed stool indicative of CDAD

**Container:** Cary Blair Media

**Volume:**

**Requirements:**

**Stability:** 24 hrs at 21-27°C, 3 days at 2-8°C, >3 days freeze at -20°C or colder

## Special Instructions:

Samples from patients < 1 year will not be tested since Clostridium difficile in stool is normal for this age. Test for cure is not indicated, therefore samples received on a patient who has tested positive in the last 14 days will not be processed. Repeat testing of a patient who tests negative is allowed one additional specimen within a 7 day period. When ordering C. Difficile, please order GI Multiplex as well.

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## Test Name:

**Complete Blood Count**

**Specimen:** Blood

**Container:** Lavender

**Volume:** 2 – 4 ml (half the tube volume)

**Requirements:** Invert 8-10 times

**Stability:** 8 hrs at room temp, 24 hrs at 2-8°C

## Special Instructions:

Includes differential



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## Test Name:

**Complete Blood Count**

**Specimen:** Pediatric

**Container:** Micro EDTA

**Volume:** 1 - 2 ml

**Requirements:** Invert 8-10 times

**Stability:**

## Special Instructions:

Must also collect thrombo-tic manual platelet.

## Test Name:

**Corneal Scrapings - Bacterial**

**Specimen:** Corneal Scrapings

**Container:** Sterile container or inoculated plates

**Volume:**

**Requirements:** Deliver ASAP

**Stability:** uninoculated specimens - 4°C; plates - 35°C

## Special Instructions:

Ideally, submit 2 smears also. Plates available from microbiology on request from ophthalmologist.

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## Test Name:

**C-Reactive Protein (hsCRP)**

**Specimen:** Blood

**Container:** Lithium Heparin

**Volume:** 2.5 – 4.5 ml

**Requirements:** Invert 8-10 times

**Stability:** 7 days at room temp, 2 months at 2-8°C, 1 year at -20 °C

## Special Instructions:

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Laboratory Services

## Test Name:

**Creatinine**

**Specimen:** Blood

**Container:** Lithium Heparin

**Volume:** 2.5 – 4.5 ml

**Requirements:** Invert 8-10 times

**Stability:** 7 days at 2-8°C, 1 year at -20 °C

## Special Instructions:

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Laboratory Services

## Test Name:

**Creatinine Kinase**

**Specimen:** Blood

**Container:** Lithium Heparin

**Volume:** 2.5 – 4.5 ml

**Requirements:** Invert 8-10 times

**Stability:** 7 days at 2-8°C

## Special Instructions:

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## Test Name:

**Deep Wound Culture**

**Specimen:** Swab

**Container:** E Swab Media

**Volume:**

**Requirements:** Specify source

**Stability:** 48 hrs 2-8°C

## Special Instructions:

Aspirate or biopsy would be the specimen of choice

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Laboratory Services

## Test Name:

**Dental Abscess Culture**

**Specimen:** Dental Abscess swab or exudate

**Container:** E Swab Media or Anaerobic Transport Container

**Volume:**

**Requirements:**

**Stability:**

## Special Instructions:

Take extreme care to avoid contamination with oral flora. The mouth should be rinsed and prepped with dry sterile gauze.

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Laboratory Services

## Test Name:

**Digoxin**

**Specimen:** Blood

**Container:** Lithium Heparin

**Volume:** 2.5 – 4.5 ml

**Requirements:** Invert 8-10 times

**Stability:** 2 days at 2-8°C, 7 days at -20 °C

## Special Instructions:

Collect 6-8 hours after last dose



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## Test Name:

**Direct Coombs**

**Specimen:** Blood

**Container:** Pink or Lavender

**Volume:** 3 – 6 ml

**Requirements:** Mix gently

**Stability:**

## Special Instructions:

Usually only done if problem or ordered by doctor using same guidelines as group and screen

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Laboratory Services

## Test Name:

**Electrolytes (Sodium, Potassium, Chloride)**

**Specimen:** Blood

**Container:** Lithium Heparin

**Volume:** 2.5 – 4.5 ml

**Requirements:** Invert 8-10 times

**Stability:** 7 days at 2-8°C, Separated: 1 year at -20 °C

## Special Instructions:

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Laboratory Services

## Test Name:

**Erythrocyte Sedimentation Rate**

**Specimen:** Blood

**Container:** Lavender

**Volume:** 3 – 5 ml

**Requirements:** Invert 8-10 times

**Stability:**

## Special Instructions:

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Laboratory Services

## Test Name:

**EYE CULTURE**

**Specimen:** Discharge

**Container:** E Swab Media

**Volume:**

**Requirements:**

**Stability:** 48 hrs, 2-8°C

## Special Instructions:

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## Test Name:

**Fluid Culture**

**Specimen:** Peritoneal

**Container:** Sterile container

**Volume:** < 1m-12mls

**Requirements:** >1ml centrifuge; transfer supernatant and label

**Stability:** Room temperature

## Special Instructions:

Deliver to the Microbiology lab ASAP.

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## Test Name:

**Fluid Culture**

**Specimen:** Body fluid other than urine, CSF, blood or peritoneal dialysis effluent

**Container:** Sterile container or tube

**Volume:**

**Requirements:**

**Stability:** up to 72 hours

## Special Instructions:

Deliver to Microbiology lab ASAP. CSF for culture requires tube #2.

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## Test Name:

**Fungal Culture - Hair**

**Specimen:** Hair

**Container:** Black paper in PHL fungal kit

**Volume:** Multiple infected hairs.

**Requirements:** Collect at least 10 broken hairs.

**Stability:** Keep at room temp

## Special Instructions:

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Laboratory Services

## Test Name:

**Fungal Culture - Nail**

**Specimen:** Nail

**Container:** Black paper in PHL fungal kit

**Volume:**

**Requirements:** Scrapings with surgical blade. Scrape away superficial portions first

**Stability:** Keep at room temp

## Special Instructions:



## Test Name:

**Fungal Culture - Skin**

**Specimen:** Skin

**Container:** Black paper in PHL fungal kit

**Volume:**

**Requirements:** Scales removed with surgical blade.

**Stability:** Keep at room temp

## Special Instructions:

Lesions should be sampled from erythematous, peripheral, actively growing margins of typical ringworm infection.

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## Test Name:

**Fungal Culture - Sterile Fluid**

**Specimen:** Sterile Fluid

**Container:** Sterile screw-cap container

**Volume:** Minimum of 2 ml

## Requirements:

**Stability:** CSF-Keep at room temp; Other fluids - 2-8°C

## Special Instructions:

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## Test Name:

**Fungal Culture - Tissue/Skin Biopsy**

**Specimen:** Tissue/Skin Biopsy

**Container:** Sterile screw-cap container

**Volume:**

**Requirements:** Add a small amount of nonbacteriostatic saline to prevent drying

**Stability:** 2-8°C

## Special Instructions:

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## Test Name:

**Fungal Culture - Urine**

**Specimen:** First morning clean-catch or catheter

**Container:** Sterile screw-cap container

**Volume:**

**Requirements:**

**Stability:** 2-8°C

## Special Instructions:

## Test Name:

**Fungal Culture- Respiratory**

**Specimen:** Sputum, Bronchial Wash/Lavage,  
Tracheal Aspirate

**Container:** Sterile screw-cap container

**Volume:**

**Requirements:**

**Stability:** 2-8°C

## Special Instructions:

If collecting sputum, collect 3 early morning samples, resulting from a deep cough, in 3 separate containers; submit each sample as it is collected. Sample must be received at PHML within 72hrs for processing.

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Laboratory Services

## Test Name:

**Gamma Glutamyl Transferase**

**Specimen:** Blood

**Container:** Lithium Heparin

**Volume:** 2.5 – 4.5 ml

**Requirements:** Invert 8-10 times

**Stability:** 7 days 2-8°C, 1 year at -20 °C

## Special Instructions:

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Laboratory Services

## Test Name:

**Genital Bacterial Vaginosis**

**Specimen:** Vaginal swab

**Container:** E Swab Media

**Volume:**

**Requirements:**

**Stability:** 48 hrs 2-4°

## Special Instructions:

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## Test Name:

**Genital Group B strep**

**Specimen:** Vaginal/Rectal Swab

**Container:** E Swab Media

**Volume:**

**Requirements:**

**Stability:** 48 hrs 2-4°

## Special Instructions:

Usually done at 35-37 weeks



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## Test Name:

**GI Multiplex**

**Specimen:** Stool

**Container:** Cary Blair Media

**Volume:** To fill line on collection bottle

## Requirements:

**Stability:** 48 hrs 2-8°C

## Special Instructions:

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Laboratory Services

## Test Name:

**Glucose – 2hr PC**

**Specimen:** Blood

**Container:** Lithium Heparin

**Volume:** 2.5 – 4.5 ml

**Requirements:** Invert 8-10 times

**Stability:** 2 days at 20-25 °C, 7 days at 2-8 °C, 3 months at -20 °C

## Special Instructions:

Finger prick not greater than 8.2. 75g glucose given after blood drawn, patient returns 1 hr and 2 hrs after drink.

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## Test Name:

**Glucose – Fasting 8hr**

**Specimen:** Blood

**Container:** Lithium Heparin

**Volume:** 2.5 – 4.5 ml

**Requirements:** Invert 8-10 times

**Stability:** 2 days at 20-25 °C, 7 days at 2-8 °C, 3 months at -20 °C

## Special Instructions:

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Laboratory Services

## Test Name:

**Glucose – Random, no Fasting**

**Specimen:** Blood

**Container:** Lithium Heparin

**Volume:** 2.5 – 4.5 ml

**Requirements:** Invert 8-10 times

**Stability:** 2 days at 20-25 °C, 7 days at 2-8 °C, 3 months at -20 °C

## Special Instructions:

No Fasting

## Test Name:

**Glucose Tolerance Gestational**

**Specimen:** Blood

**Container:** Lithium Heparin

**Volume:** 2.5 – 4.5 ml

**Requirements:** Invert 8-10 times

**Stability:** 2 days at 20-25 °C, 7 days at 2-8 °C, 3 months at -20 °C

## Special Instructions:

If finger prick less than 10.3, 50g glucose drink given patient to fast for 1 hour and return for blood test.

## Test Name:

**Glucose Tolerance Test 2 hr Diabetic confirmatory Test – Fasting 8 hrs)**

**Specimen:** Blood

**Container:** Lithium Heparin

**Volume:** 2.5 – 4.5 ml

**Requirements:** Invert 8-10 times

**Stability:** 2 days at 20-25 °C, 7 days at 2-8 °C, 3 months at -20 °C

## Special Instructions:

If finger prick 11.1 or less blood work drawn, then give 75g glucose drink. Patient to continue to fast and return in 1 hour and 2 hours for more blood work.

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## Test Name:

**Gonorrhea culture**

**Specimen:** Urethral, cervical, or endocervical swab

**Container:** Cobas PCR Female Swab Sample Kit

**Volume:**

**Requirements:**

**Stability:** 24 hrs 2-4°

## Special Instructions:

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## Test Name:

**Group & Screen**

**Specimen:** Blood

**Container:** Pink or Lavender

**Volume:** 3 – 6 ml

**Requirements:** Invert 8-10 times

**Stability:** 7 days at 2-8°C, If transfused within the last 3 months 4 days at 2-8°C

## Special Instructions:

All patients must have an arm band



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## Test Name:

**Group & Screen Neonate**

**Specimen:** Blood

**Container:** Cells in saline

**Volume:** Few drops until changes red

**Requirements:** Mix gently

**Stability:**

## Special Instructions:

Consult with Transfusion Medicine Technologist prior to collection.

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## Test Name:

**Hemoglobin A1C**

**Specimen:** Blood

**Container:** Lavender

**Volume:** 1 – 4 ml

**Requirements:** Invert 8-10 times

**Stability:** 7 days at 2-8 °C, 72 hrs at room temp

## Special Instructions:

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## Test Name:

**Hepatitis B**

**Specimen:** Blood

**Container:** Lithium Heparin

**Volume:** 2 – 3.5 ml

**Requirements:** Invert 5 times

**Stability:** 24 hours at room temp, 6 days at 2-8°C, -20 °C until testing completed

## Special Instructions:

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## Test Name:

**Herpes Simplex Virus**

**Specimen:** CSF

**Container:** Sterile Tube

**Volume:** 1-12 mls

## Requirements:

**Stability:** 2-4°C 3 days, freeze if > 3 days

## Special Instructions:

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## Test Name:

**Herpes Simplex Virus**

**Specimen:** Genital Swab (or other non-CSF)

**Container:** UTM

**Volume:**

**Requirements:**

**Stability:** 2-4°C 3 days, freeze if > 3 days

## Special Instructions:

Specify source.

## Test Name:

**High Density Lipoprotein/Low Density Lipoprotein**

**Specimen:** Blood

**Container:** Lithium Heparin

**Volume:** 2.5 – 4.5 ml

**Requirements:** Invert 8-10 times

**Stability:** 7 days at 2-8°C, 90 days at -20 °C

## Special Instructions:

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## Test Name:

**HIV Serology**

**Specimen:** Blood

**Container:** Lithium Heparin

**Volume:** 2 – 3.5 ml

**Requirements:** Invert 5 times

**Stability:** 14 days at 2-8 °C, -20 °C until tested

## Special Instructions:

Specify if the collection is due to a Needle stick/exposure incident

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## Test Name:

**Inorganic Phosphate**

**Specimen:** Blood

**Container:** Lithium Heparin

**Volume:** 2.5 – 4.5 ml

**Requirements:** Invert 8-10 times

**Stability:** 1 day at room temperature, 7 days at 2-8°C, Separated: 6 months at -20 °C

## Special Instructions:



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## Test Name:

INR

**Specimen:** Blood

**Container:** Sodium Citrate

**Volume:** Full Draw - 4.5 ml for adult tube, 2.5 ml for paed.

**Requirements:** Invert 3-4 times

**Stability:** 24 hrs at room temp. Specimens not processed within 24 hours must have plasma separated from Red Cells and Frozen

## Special Instructions:

Vacutainer tube must be completely full.

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## Test Name:

**Intrauterine Device for Actinomyces**

**Specimen:** IUD or swab of secretions around IUD

**Container:** Dry Sterile Container or E Swab Media

**Volume:**

**Requirements:**

**Stability:** 72 hrs 2-8°C

## Special Instructions:

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## Test Name:

**Lactate Dehydrogenase**

**Specimen:** Blood

**Container:** SST

**Volume:** 2.5 – 4.5 ml

**Requirements:** Invert 8-10 times

**Stability:** 7 days at room temp, 4 days 2-8°C, 180 days at -20 °C

## Special Instructions:

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## Test Name:

**Lipid profile – Fasting 12 hrs / Non-Fasting**

**Specimen:** Blood

**Container:** Lithium Heparin

**Volume:** 2.5 – 4.5 ml

**Requirements:** Invert 8-10 times

**Stability:**

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## Test Name:

**Lithium**

**Specimen:** Blood

**Container:** Red

**Volume:** 3 – 6 ml

**Requirements:** Invert 5 times

**Stability:** 7 days at 2-8°C, 6 months at -20 °C

## Special Instructions:

Trough level to be collected 12 hours after last dose, unless doctor requests otherwise

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## Test Name:

**Liver Function Test ( ALP, ALT)**

**Specimen:** Blood

**Container:** Lithium Heparin

**Volume:** 2.5 – 4.5 ml

**Requirements:** Invert 8-10 times

**Stability:**

## Special Instructions:

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## Test Name:

**Magnesium**

**Specimen:** Blood

**Container:** Lithium Heparin

**Volume:** 2.5 – 4.5 ml

**Requirements:** Invert 8-10 times

**Stability:** 7 days at 2-8°C, Separated: 1 year at -20 °C

## Special Instructions:

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## Test Name:

**MRSA Screen - Sputum**

**Specimen:** Sputum

**Container:** Sterile container

**Volume:**

**Requirements:** Only required if patient has a tracheostomy

**Stability:** 2-8°C 48 hrs

## Special Instructions:



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## Test Name:

**MRSA Screen - Swab**

**Specimen:** Swab of anterior nares, open wound or area of dermatitis

**Container:** E Swab Media

**Volume:**

**Requirements:**

**Stability:** 2-8°C 48 hrs

## Special Instructions:

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## Test Name:

**MRSA Screen - Urine**

**Specimen:** Urine

**Container:** Sterile container

**Volume:**

**Requirements:** Only required if patient has an indwelling catheter

**Stability:** 2-8°C 24 hrs

## Special Instructions:

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## Test Name:

**MSSA/MRSA - Staph aureus carrier status**

**Specimen:** Nose

**Container:** E Swab Media

**Volume:**

**Requirements:**

**Stability:** 2-8°C 48 hrs

## Special Instructions:

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## Test Name:

**Mycobacterium tuberculosis**

**Specimen:** Sputum

**Container:** Sterile 4 oz disposable container

**Volume:** 3-5 mls

**Requirements:**

**Stability:**

## Special Instructions:

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## Test Name:

**Mycobacterium tuberculosis**

**Specimen:** Tissue (lung biopsy)

**Container:** Sterile 4 oz disposable container

**Volume:**

**Requirements:**

**Stability:**

## Special Instructions:

Must contain small volume of sterile saline to prevent drying out of specimen.

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## Test Name:

**Mycobacterium tuberculosis**

**Specimen:** Fluid

**Container:** Sterile 4 oz disposable container

**Volume:** 3-5 mls

**Requirements:**

**Stability:**

## Special Instructions:

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Laboratory Services

## Test Name:

**Myobacterium tuberculosis**

**Specimen:** Urine

**Container:** Sterile 4 oz disposable container

**Volume:** 3-5 mls

## Requirements:

**Stability:** 24 hrs for optimal results, 48 hrs if necessary. 2-8°

## Special Instructions:

# LABORATORY TEST INFORMATION GUIDE



Laboratory Services

## Test Name:

**Oral Cavity**

**Specimen:** Mouth or tongue swab

**Container:** E Swab Media

**Volume:**

**Requirements:** Source must be indicated

**Stability:** 48 hrs 2-8°C

## Special Instructions:

Only processed upon special request for Vincent's Angina.



# LABORATORY TEST INFORMATION GUIDE



Laboratory Services

## Test Name:

Ova and parasites

**Specimen:** Stool

**Container:** SAF Medium and Cary Blair Medium (Both samples required)

**Volume:** Fill to line on collection bottle

**Requirements:**

**Stability:** 18 months 2-8°C or Room Temperature

## Special Instructions:

# LABORATORY TEST INFORMATION GUIDE



Laboratory Services

## Test Name:

**Phenobarbital**

**Specimen:** Blood

**Container:** Lithium Heparin

**Volume:** 2.5 – 4.5 ml

**Requirements:** Invert 8-10 times

**Stability:** 7 days at 2-8°C, 6 months at -20 °C

## Special Instructions:

Trough level collected just before next dose unless doctor requests otherwise. Also known as Luminal

# LABORATORY TEST INFORMATION GUIDE



Laboratory Services

## Test Name:

**Phenytoin**

**Specimen:** Blood

**Container:** Lithium Heparin

**Volume:** 2.5 – 4.5 ml

**Requirements:** Invert 8-10 times

**Stability:** 2 days at room temp, 7 days at 2-8°C, 6 months at -20 °C

## Special Instructions:

Collect just before next dose.

# LABORATORY TEST INFORMATION GUIDE



Laboratory Services

## Test Name:

**Pinworm**

**Specimen:** Clear polystyrene paddle preparation of perianal area

**Container:** Pinworm collector

**Volume:**

**Requirements:** Ideal time of collection is early morning before bathing or using toilet

**Stability:**

## Special Instructions:

If pinworm collector is not available, clear scotch tape and a microscope slide may be used.

# LABORATORY TEST INFORMATION GUIDE



Laboratory Services

## Test Name:

**Pneumocystis Jiroveci**

**Specimen:** Sputum

**Container:** Sterile Container

**Volume:**

**Requirements:** Set up smear and/or GMS stain, Diff quick

**Stability:** ?

## Special Instructions:

Usually occurs in immuno compromised or HIV patients.

# LABORATORY TEST INFORMATION GUIDE



Laboratory Services

## Test Name:

**Pneumocystis Jiroveci**

**Specimen:** Bronchial Lavage

**Container:** Sterile Container

**Volume:**

**Requirements:**

**Stability:** ?

## Special Instructions:

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# LABORATORY TEST INFORMATION GUIDE



Laboratory Services

## Test Name:

**Pneumocystis Jiroveci**

**Specimen:** Lung Tissue

**Container:** Sterile Container

**Volume:**

**Requirements:** Stain and a Meriflu or Pneumocystis stain

**Stability:**

## Special Instructions:

Usually ordered by Pathologist.

# LABORATORY TEST INFORMATION GUIDE



Laboratory Services

## Test Name:

**Pregnancy Test**

**Specimen:** Urine

**Container:** Sterile Urine Bottle

**Volume:** Min 5ml

## Requirements:

**Stability:** 4 hours at room temp, 3 days at 2-8°C

## Special Instructions:

First morning specimen preferred since it is the most concentrated urine but urine collected any time of day may be used.



# LABORATORY TEST INFORMATION GUIDE



Laboratory Services

## Test Name:

**Prenatal**

**Specimen:** Blood

**Container:** CBC=EDTA, Group and Screen=Pink

**Volume:** 3 – 6 ml

**Requirements:** Invert 8-10 times

**Stability:** CBC - 48 hrs at 2-8 °C, GS - 7 days at 2-8 °C unless patient transfused in the previous 3 months.

## Special Instructions:

All patients must have an arm band

# LABORATORY TEST INFORMATION GUIDE



Laboratory Services

## Test Name:

**Prostate Specific Antigen**

**Specimen:** Blood

**Container:** SST

**Volume:** 2 – 3.5 ml

**Requirements:** Invert 5 times

**Stability:** 24 hours at 2-8°C. If longer, freeze at -20 °C

## Special Instructions:

# LABORATORY TEST INFORMATION GUIDE



Laboratory Services

## Test Name:

**PTT**

**Specimen:** Blood

**Container:** Sodium Citrate

**Volume:** 2.5 or 4.5 ml

**Requirements:** Invert 3-4 times

**Stability:** Meds – 4hrs unopened. No Meds – 4 hrs room temp

## Special Instructions:

4 hrs room temp

## Test Name:

**Quantiferon/Interferon Gamma Release Assay**

**Specimen:** Plasma

**Container:** Quantiferon Blood Collection Kit

**Volume:** 1 ml per tube; total 3 mls

**Requirements:** Results of Tuberculin Skin Test must be submitted

**Stability:** 16 hrs @ RT prior to incubation; post centrifugations 2-8°C

## Special Instructions:

# LABORATORY TEST INFORMATION GUIDE



Laboratory Services

## Test Name:

**Respiratory Culture**

**Specimen:** Lavage/ washings

**Container:** Sterile 4 oz disposable container

**Volume:** min 3 - 5 mls for TB, 15-30 mls

**Requirements:** Deliver to lab ASAP. If delayed refrigerate to maintain sample integrity

**Stability:**  
72 hrs 2-8°C

## Special Instructions:

# LABORATORY TEST INFORMATION GUIDE



Laboratory Services

## Test Name:

**Respiratory Culture**

**Specimen:** Sputum

**Container:** Sterile 4 oz disposable container

**Volume:**

**Requirements:** Deliver to lab ASAP. If delayed refrigerate to maintain sample integrity

**Stability:**  
48 hrs 2-8°C

## Special Instructions:

Best sample first thing in AM.

# LABORATORY TEST INFORMATION GUIDE



Laboratory Services

## Test Name:

**Respiratory Culture**

**Specimen:** Respiratory secretions

**Container:** Sterile 4 oz disposable container

**Volume:** 3-5 mls for TB

**Requirements:** Deliver to lab ASAP. If delayed refrigerate to maintain sample integrity

**Stability:**  
48 hrs 2-8°C

## Special Instructions:

# LABORATORY TEST INFORMATION GUIDE



Laboratory Services

## Test Name:

**Respiratory Culture**

**Specimen:** Tracheal Aspirations

**Container:** Sterile 4 oz disposable container

**Volume:** 3-5 mls for TB

**Requirements:** Deliver to lab ASAP. If delayed refrigerate to maintain sample integrity

**Stability:**  
48 hrs 2-8°C

## Special Instructions:



# LABORATORY TEST INFORMATION GUIDE



Laboratory Services

## Test Name:

**Respiratory Syncytial Virus**

**Specimen:** Nasopharyngeal Swab

**Container:** UTM Media

**Volume:**

**Requirements:** Specify source on container

**Stability:** Swab - 4 hrs @ RT, Swab - 48 hrs @ 2-8°C; Wash - 4 hrs @ RT,  
Wash - 24 hrs @ 2-8°C

## Special Instructions:

Longer than 48 hrs. Freeze at -70°

## Test Name:

**Respiratory Viruses**

**Specimen:** Nasopharyngeal Swab

**Container:** UTM Media

**Volume:**

**Requirements:** Longer than 72 hrs freeze at -70°C

**Stability:** 2-8°C 72 hrs

## Special Instructions:

Includes testing for Influenza A & B, metapneumo virus, adenovirus, parainfluenzae, RSV

## Test Name:

**Reticulocyte Profile**

**Specimen:** Blood

**Container:** EDTA

**Volume:** 1.5 – 4 ml

**Requirements:** Invert 8-10 times

**Stability:** Maximum 6 hrs room temp

## Special Instructions:

Must also order CBC

# LABORATORY TEST INFORMATION GUIDE



Laboratory Services

## Test Name:

**Rheumatoid Factor**

**Specimen:** Blood

**Container:** SST

**Volume:** 2 – 3.5 ml

**Requirements:** Invert 5 times

**Stability:** 1 day at room temp, 7 days at 2-8°C, 3 months at -20 °C

## Special Instructions:

# LABORATORY TEST INFORMATION GUIDE



Laboratory Services

## Test Name:

**Routine Urine**

**Specimen:** Urine

**Container:** Sterile Urine Bottle

**Volume:** Min 10ml

**Requirements:** Midstream/Catheter

**Stability:** 2 hours at room temp, 24 hours at 2-8°C

## Special Instructions:

# LABORATORY TEST INFORMATION GUIDE



Laboratory Services

## Test Name:

Rubella

**Specimen:** Blood

**Container:** SST

**Volume:** 2 – 3.5 ml

**Requirements:** Invert 5 times

**Stability:** 14 days at 2-8°C, Separated: 1 month at -20 °C

## Special Instructions:

Send to PHL

## Test Name:

**Seminal Fluid Culture**

**Specimen:** Seminal Fluid

**Container:** Sterile container

**Volume:**

**Requirements:** Specimen must be transported to lab immediately

**Stability:** 3 hrs room temp

## Special Instructions:

Periurethral area & hands should be washed and urine should be passed immediately before seminal fluid collection.

# LABORATORY TEST INFORMATION GUIDE



Laboratory Services

## Test Name:

**Superficial Wound Culture**

**Specimen:** Swab

**Container:** E Swab Media

**Volume:**

**Requirements:** Specify source

**Stability:** 48 hrs 2-8°C

## Special Instructions:



# LABORATORY TEST INFORMATION GUIDE



Laboratory Services

## Test Name:

**Syphilis TP Antibody**

**Specimen:** Blood

**Container:** SST

**Volume:** 5 mls of whole blood; min 0.3 mls serum

**Requirements:** Separate within 6 hrs

**Stability:** Separated: 7 days at 2-8°C. For longer delay, freeze at -70°C

## Special Instructions:

# LABORATORY TEST INFORMATION GUIDE



Laboratory Services

## Test Name:

**Theophylline**

**Specimen:** Blood

**Container:** Lithium Heparin

**Volume:** 2.5 – 4.5 ml

**Requirements:** Invert 8-10 times

**Stability:** 7 days at 2-8°C, 3 months at -20 °C

## Special Instructions:

Collect post-dose (peak) specimen

# LABORATORY TEST INFORMATION GUIDE



Laboratory Services

## Test Name:

**Throat Culture**

**Specimen:** Throat swab

**Container:** E Swab Media

**Volume:**

**Requirements:**

**Stability:** 48 hrs 2-8°C

## Special Instructions:

Specimens will be checked for Group A streptococci only unless testing for another pathogen is specifically requested.

# LABORATORY TEST INFORMATION GUIDE



Laboratory Services

## Test Name:

**Thyroid Stimulating Hormone**

**Specimen:** Blood

**Container:** Lithium Heparin

**Volume:** 2.5 – 4.5 ml

**Requirements:** Invert 8-10 times

**Stability:** 7 days at 2-8°C, 6 months at -10 °C or colder

## Special Instructions:

# LABORATORY TEST INFORMATION GUIDE



Laboratory Services

## Test Name:

**Tissue Culture**

**Specimen:** Tissue

**Container:** Sterile container with small amount of saline

**Volume:**

**Requirements:** Specify source

**Stability:** 72 hrs 2-8°C

## Special Instructions:

# LABORATORY TEST INFORMATION GUIDE



Laboratory Services

## Test Name:

**Total Protein**

**Specimen:** Blood

**Container:** Lithium Heparin

**Volume:** 2.5 – 4.5 ml

**Requirements:** Invert 8-10 times

**Stability:** 7 days 2-8°C, Separated: 2 months at -20 °C

## Special Instructions:

# LABORATORY TEST INFORMATION GUIDE



Laboratory Services

## Test Name:

**Triglycerides**

**Specimen:** Blood

**Container:** Lithium Heparin

**Volume:** 2.5 – 4.5 ml

**Requirements:** Invert 8-10 times

**Stability:** 7 days at 2-8°C, Separated: 1 year at -20 °C

## Special Instructions:

# LABORATORY TEST INFORMATION GUIDE



Laboratory Services

## Test Name:

**Urea**

**Specimen:** Blood

**Container:** Lithium Heparin

**Volume:** 2.5 – 4.5 ml

**Requirements:** Invert 8-10 times

**Stability:** 7 days at 2-8°C, Separated: 3 months at -20 °C

## Special Instructions:



# LABORATORY TEST INFORMATION GUIDE



Laboratory Services

## Test Name:

**Uric Acid**

**Specimen:** Blood

**Container:** Lithium Heparin

**Volume:** 2.5 – 4.5 ml

**Requirements:** Invert 8-10 times

**Stability:** 7 days 2-8°C, Separated: 6 months at -20 °C

## Special Instructions:

# LABORATORY TEST INFORMATION GUIDE



Laboratory Services

## Test Name:

**Urine Cultures**

**Specimen:** Urine Catheter or midstream

**Container:** Dry sterile container

**Volume:** Min. 10 mls

## Requirements:

**Stability:** 2 hrs room temperature/24 hours refrigerated at 2 -8 degrees

## Special Instructions:

# LABORATORY TEST INFORMATION GUIDE



Laboratory Services

## Test Name:

**Urine from OR Cytoscopic**

**Specimen:** Urine

**Container:** Dry sterile container

**Volume:** 10 mls

## Requirements:

**Stability:** 2 hrs room temp, 2-8° 24 hrs

## Special Instructions:

# LABORATORY TEST INFORMATION GUIDE



Laboratory Services

## Test Name:

**Urine from OR Nephrostomy**

**Specimen:** Aspirate

**Container:** Dry sterile container

**Volume:** 10 mls

## Requirements:

**Stability:** 2 hrs room temp, 2-8° 24 hrs

## Special Instructions:

# LABORATORY TEST INFORMATION GUIDE



Laboratory Services

## Test Name:

**Urine from OR Suprapubic**

**Specimen:** Aspirate

**Container:** Dry sterile container

**Volume:** 10 mls

## Requirements:

**Stability:** 2 hrs room temp, 2-8° 24 hrs

## Special Instructions:

# LABORATORY TEST INFORMATION GUIDE



Laboratory Services

## Test Name:

**urine Microalbumin**

**Specimen:** Urine

**Container:** Sterile Urine Bottle

**Volume:** Min 2 ml

## Requirements:

**Stability:** 7 days at 4°C

## Special Instructions:

# LABORATORY TEST INFORMATION GUIDE



Laboratory Services

## Test Name:

**Valproic Acid**

**Specimen:** Blood

**Container:** Lithium Heparin

**Volume:** 2.5 – 4.5 ml

**Requirements:** Invert 8-10 times

**Stability:** 2 days at 2-8°C, 7 days at -20 °C

## Special Instructions:

Trough level just before next dose.

# LABORATORY TEST INFORMATION GUIDE



Laboratory Services

## Test Name:

**Vancomycin Resistant Enterococcus**

**Specimen:** Rectal swab

**Container:** E Swab Media

**Volume:**

**Requirements:** Swab must be visibly soiled

**Stability:** Room temp or 4° 96 hrs

## Special Instructions:

If patient has an indwelling urinary catheter, a urine specimen should be sent in a sterile container, refrigerated and stable up to 24 hours



# LABORATORY TEST INFORMATION GUIDE



Laboratory Services

## Test Name:

**Vitamin B12**

**Specimen:** Blood

**Container:** SST

**Volume:** 2 – 3.5 ml

**Requirements:** Invert 5 times

**Stability:** Spin within 2 hours, store at 2-8 °C

## Special Instructions:

Spin within 2 hours, if not sent out within 7 days pour off and freeze at -20 °C.