

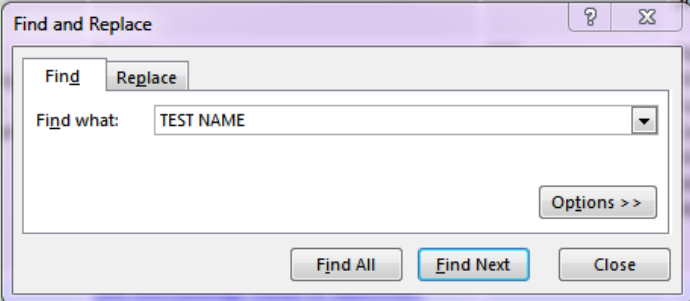
The Guide to Laboratory Services Test Directory

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

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

Type CTRL+F to find a test

Type the test name you are looking for in the box:



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

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



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



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7	7-Dehydrocholesterol 7-DHC Smith Lemli-Opiz Syndrome Sterol Profile	ST Lab only: Order Send Out Test	Serum Fasting required Protect from light	SST	Protect from light. Centrifuge and aliquot 1mL serum. Store and ship frozen to referral site.	ICL DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval.
A	ABO Group and Rh Blood group only	BLDGRPNLY ABO Group & RH Type Only	EDTA Whole blood	EDTA 2 x 6 mL	Contact local IH Transfusion Medicine department for more information.	
A	Acetaminophen Tylenol Temptra	ACET Acetaminophen	Serum (SST tube) preferred Plasma (PST tube) can be collected for STAT or Urgent orders when testing is performed on site	SST/PST	Allow sample to clot a minimum of 30 min at room temperature. Centrifuge within 2 hours of collection. Store refrigerated after centrifugation. Ship refrigerated to testing site.	Most IH Sites



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A	Acetone Isopropanol metabolite	VOLALC Acetone Includes: Methanol, Acetone and Isopropanol	Plasma or serum 2 tubes	PST/SST	* Refer to "Performing Osmolar Gap for Volatile Alcohol and/or Ethylene Glycol Test Requests" Procedure for specific instructions. * NOTE: Include a copy of test results if sample is sent to VGH. Collect: PST / SST Specimen specifics: Centrifuge both tubes. Tube 1: Perform any available on-site testing. If OSMO testing is not performed on site, ship both tubes refrigerated to OSMO testing site. Tube 2: DO NOT OPEN. Store and ship UNOPENED tube refrigerated to referral site. IH Pathologist or Biochemist approval required prior to shipping sample to VGH. Send to sites/options: XVGH	Vancouver General Hospital
A	Acetylcholine Receptor Antibodies ACHR Antibodies Myasthenia Gravis Evaluation	ACERAB Acetylcholine Receptor Ab You may also use this code for orders for: Acetylcholine Receptor Antibodies with reflex Muscle Specific Tyrosine Kinase Antibodies (MuSK Ab)	Serum Ship Mon-Thurs only. Sample must not arrive on weekend or holiday.	SST	Centrifuge and aliquot 2-5mL serum. Store and ship frozen to referral site.	VGH (Forward to UBC via VGH) Submit completed BC Neuroimmunology Laboratory Requisition with specimen. Requisition is also available from the Lab Teamsite.
A	Acid Phosphatase	Test not available				



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



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A	Adalimumab Humira Hadlima	ADALIMUMAB	Serum Collect specimen just before drug administration. All tests on the requisition should be sent to DynaCare for testing. Outpatients should present with a waybill for shipping. *See 'biologics' for additional information.	RTT	Centrifuge and aliquot 1mL (min). Store and ship frozen to referral site.	DynaCare, Laval, Quebec 3885, boul. Industriel Laval, QC, H7L 4S3 Inpatients contact Clinical Biochemist (250-258-3880) for approval.
A	ADAMTS-13 von Willebrand factor cleaving protease	ADAMTS-13	Na Cit and Serum **Hematopathologist approval required**	2 NaCit	NaCit tubes- Prepare Platlet Poor Plasma on both tubes. Do not pool. Indicate "Double-spun" on label and batch sheet requisition. Freeze all aliquots within two hours of collection. Ship frozen.	VGH Testing performed once/month All requests for testing will be reviewed by a Hematopathologist
A	Adrenal Antibodies Anti-21 hydroxylase antibodies	ADRENALAB	Serum	RTT	Centrifuge within 2 hours of collection. Aliquot 2 mL serum Store and ship frozen to referral site.	Send via KGH to Royal Jubilee Hospital, Victoria BC



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A	Adrenal Vein ACTH Challenge Adrenal Vein Sampling (includes aldosterone and cortisol)	ADRENAL Adrenal V ACTH Challenge	Baseline plasma or serum samples are drawn from the right renal vein, left renal vein and IVC (in that order). ACTH is administered and the collection is repeated, following the same order (right, left, IVC) Label each tube as pre or post and identify site	IRTT (4 mL) tube per collection for a total of 6 samples	Aliquot and freeze a 0.4 mL aliquot per collection, for a total of 6 aliquots. Label each aliquot as pre or post and identify site Send frozen.	St. Paul's Hospital
A	Adrenocorticotrophic Hormone Plasma ACTH	ACTH Adrenocorticotrophic Hormone Note: Collection for this test is at select locations only. Please confirm availability with local laboratory.	EDTA Plasma Collect on ice Deliver immediately to lab	EDTA (3mL) Collect into pre-chilled tube, keep tube on ice after collection and deliver to lab immediately for processing. To pre-chill tube prior to collection, place one cup crushed ice into biohazard bag. Place tube in second biohazard bag (to keep dry) and place in crushed ice bag.	Centrifuge sample in a temperature controlled centrifuge at 4°C as soon as possible after collection (within 15 minutes). Aliquot minimum 1mL into a Roche False Bottom Tube and freeze. Store and ship frozen.	St. Paul's Hospital
A	AFB Acid-Fast Bacilli		See Microbiology Guide to Specimen Ordering Collection & Transport			



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A AFP - Fluid	BFAFP Alpha Fetoprotein Fluid	Place fluid in sterile container	Sterile screw cap container	Aliquot 1 mL (min) and ship cool to referral testing site.	BCCA
A Alanine Aminotransferase SGPT, GPT Glutaminic Pyruvic Tranaminase	ALT ALT	Lithium Heparinized Plasma (preferred) or Serum	PST/SST	Centrifuge within 2 hours of collection. Store refrigerated.	Most IH Sites
A Albumin - Dialysate	DIALALB Albumin Peritoneal Dialysate	Peritoneal dialysate fluid	Sterile screw cap container - or - RTT or SST	Aliquot 2 mL and centrifuge. Store refrigerated.	Most IH Sites
A Albumin - Fluid	BFALB Albumin Fluid	Heparinized fluid preferred Mix specimen well by inverting 6-8 times Indicate Fluid type	GRN-LiHep without gel or No additive tube or Sterile screw top container	Aliquot 1 mL (min) and ship cool to referral testing site.	EKH, KBH, KGH, PRH, RIH, VJH
A Albumin	ALB Albumin	Lithium Heparinized Plasma (preferred) or Serum	PST/SST	Centrifuge within 2 hours of collection. Store cool.	Most IH Sites
A Albumin/Creatinine Ratio	ACR or URMALB ALBCR, A/C ratio, Microalbumin	Refrigerate specimen until delivery to lab.	Sterile screw cap container	Aliquot 4mL into 12x75 (5mL) plastic tube. Store and ship aliquot refrigerated to referral testing site.	EKH, KBH, KGH, RIH



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A	Aldolase	ST Lab only: Order Send Out Test	Serum	RTT	Centrifuge and aliquot 1mL serum. Store and ship frozen to referral site.	ICL DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval.
A	Aldosterone – Urine	U24ALDO Aldosterone-24h urine	Provide 24hr Urine Patient Collection Instructions Patient should be off β-blockers and diuretics for 2 weeks prior to test. Refrigerate specimen during collection until delivery to lab. Indicate Start and Finish Date and Time on requisition. Record patients height and weight on requisition	24hr urine collection container No preservative	Measure and record total volume. Aliquot 50 mL sample into sterile screw cap container. Store and ship frozen to referral site. Record patient height and weight	St. Paul's Hospital



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



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
A	Allergen Specific IgE Antibody Test (LifeLabs) Specific Allergen IgE Request RAST	ALLERGENIGE RAST <i>NOTE: Sample will be sent to LifeLabs when their requisition is submitted</i>	Serum MSP only covers 5 allergens per patient per year unless ordered by an allergy specialist. Requisitions received without reason for testing selected will be rejected. CW no longer offers testing for Food Mix, Nut Mix and Seafood Mix. In addition, the indication for testing must be selected by the ordering provider to avoid tests being cancelled: <ul style="list-style-type: none"> - A history of life-threatening or severe allergic reactions - Patient with skin disease for whom skin tests cannot be done - Allergic bronchopulmonary aspergillosis 	SST If >20 tests, collect 2 SST	Aliquot and ship 2mL (minimum). Store and ship refrigerated.	Specific Allergen IgE Request to be complete and signed by physician Note: Choose the appropriate requisition for the desired testing facility to send the specimen. Specific Allergen IgE Request (Lifelabs Requisition) Note: If sending to CW, only those tests that are listed on the CW Allergy Requisition (ver. 04/2022) will be accepted and tested at CW. Requisition: http://teamsites.interiorhealth.ca/sites/Clinical/IHLS/Shared%20Documents/CW%20Allergy%20Requisition%20revised%20April%202022.pdf Other test requests not listed on the CW requisition, i.e. on a LifeLab requisition, or in the "Additional Allergens" field, must be sent to Lifelabs.
A	Alpha Fetoprotein	AFP Alpha Fetoprotein	Serum <i>Order for non-maternal testing only. For maternal perinatal AFP order AFPM.</i>	SST	Centrifuge within 2 hours of collection. Store and ship refrigerated to referral site if shipping within 4 days of collection. If shipping delayed more than 4 days: Aliquot 1ml serum. Store and ship frozen to referral site	KGH, PHSA Tumor Marker Lab



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
A	Alpha- Glucosidase Pompe disease - bloodspot Acid maltase Glycogen storage II GAA	ALPHAGLUC	Venipuncture - sodium heparin or lithium heparin tube no gel Collect min volume 0.5mL Use disposable pipet to fill bloodspot card within 1 hour of collection. Capillary - follow collection instructions on reverse of card. Wipe away first blood drop as it contains tissue fluids which may dilute the sample.	Blood spot card or NaHep no gel or LiHep no gel	Fill out patient demographics on the card. At the bottom of the card, check the empty field box, and write the test name. Apply no more than 100 microliters of blood (1 drop) per circle. Blood must soak through to the back of the card. 4. Let bloodspot card dry on flat surface at room temperature for 3-4 hours. Do not stack wet bloodspot cards. Do not expose to heat or direct sunlight. 5. Once dry, place bloodspot card in sealed plastic bag. 6. Store in 4°C fridge until shipping.	BCCH
A	Alpha-1-Antitrypsin AAT Alpha-1 AT	A1AT	Serum	SST	Centrifuge within 2 hours of collection. Aliquot 1mL serum. Store and ship refrigerated to referral site.	SPH
A	Alpha-1-Antitrypsin Phenotype / Genotype	A1ATPG Alpha-1-Antitrypsin Pheno/Geno	Serum and whole blood	RTT and 3 mL EDTA	Aliquot RED within 2 hours of collection and ship frozen (minimum 1 mL). Send EDTA frozen, unopened, unspun. St. Paul's will perform the phenotype and forward the EDTA for genotyping (if indicated). Alpha 1 Antitrypsin Genotyping (providencelaboratory.org)	SPH DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval. Specimens must be accompanied by the following requisition SPH Alpha-1-Antitrypsin Genetic Requisition



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
A	Alpha-1-Antitrypsin (Fecal)	ST Lab only: Order Send Out Test	Stool, Random (10g minimum) in dedicated container	Sterile Container	Freeze within 30 minutes of collection Ship frozen.	ICL (ICL will forward to Quest) DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval.
A	Alpha-1-Fetoprotein Maternal - Amniotic Fluid	ST Lab only: Order Send Out Test	Amniotic Fluid	Sterile Container	Store and ship frozen.	BC Children & Women's Hospital Prenatal Genetic Screening Laboratory Requisition
A	Alpha-1-Fetoprotein Maternal - Serum MASFP Maternal Serum Alpha- fetoprotein	AFPM Alpha 1-Fetoprotein Maternal	Serum	SST	Centrifuge and aliquot 3 mL serum. Store and ship frozen.	BC Children & Women's Hospital Prenatal Genetic Screening Laboratory Requisition



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
A	Alpha-1-Glycoprotein Orosomuroid alpha-1-acid-glycoprotein	A1GP Alpha 1 Glycoprotein	Serum	RTT	Centrifuge and aliquot 1mL serum. Store and ship frozen to referral site.	ICL DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval.
A	Alpha-2-Macroglobulin α-2-Macroglobulin	ST Lab only: Order Send Out Test	Serum	SST	Centrifuge and aliquot 1ml serum. Store and ship refrigerated to referral site.	ICL DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval.



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
A	Alpha-Galactosidase Fabry disease	ALPHAGALAC	Venipuncture - sodium heparin or lithium heparin tube no gel Collect min volume 0.5mL Use disposable pipet to fill bloodspot card within 1 hour of collection. Capillary - follow collection instructions on reverse of card. Wipe away first blood drop as it contains tissue fluids which may dilute the sample.	Blood spot card	Fill out patient demographics on the card. At the bottom of the card, check the empty field box, and write the test name. Apply no more than 100 microliters of blood (1 drop) per circle. Blood must soak through to the back of the card. 4. Let bloodspot card dry on flat surface at room temperature for 3-4 hours. Do not stack wet bloodspot cards. Do not expose to heat or direct sunlight. 5. Once dry, place bloodspot card in sealed plastic bag. 6. Store in 4°C fridge until shipping.	BCCH



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



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



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
A	Amino Acids Plasma	AMINO Amino Acids Note:Collection for this test is at select locations only. Please confirm availability with local laboratory.	Li Hep Plasma no gel Na Hep Plasma no gel Collect on ice Deliver immediately to lab Fasting required: For infants (<1 year): Draw specimen prior to feeding. For children (1-18 year): 3 to 4 hours fast acceptable. For adults: Overnight fast.	Li Hep no gel Na Hep no gel Collect into pre-chilled tube, keep tube on ice after collection and deliver to lab immediately for processing. To pre-chill tube prior to collection, place one cup crushed ice into biohazard bag. Place tube in second biohazard bag (to keep dry) and place in crushed ice bag.	Centrifuge sample as soon as possible after collection (within 15 minutes). Aliquot minimum 0.5mL and freeze. Store and ship frozen.	BC Children & Women's Hospital Biochemical Genetics Lab Requisition
A	Amino Acids Screen - Urine Urine Amino Acid Chromatography	URAMINO Amino Acid Screen-R Urine	Urine - First morning random urine, freeze immediately Consecutive voids may be added together if unable to obtain 20 mL at once. Freeze during collection period.	Sterile screw cap container	Freeze entire sample (20 mL minimum). Accumulate all voids until 20 mL minimum has been collected. Ship frozen to BCCH. Plasma Amino Acid specimen is preferred sample. Include diagnosis on requisition	BC Children & Women's Hospital Biochemical Genetics Lab Requisition



Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
A Amiodarone	AMIOD Amiodarone	To monitor therapy, draw trough sample just prior to next dose.	RTT	Centrifuge and aliquot 3mL (1mL minimum) Ship frozen. Indicate date and time of last dose	Provincial Toxicology Centre Note: PTC will forward sample to ICL for testing. No OOP approval required.
A Amitriptyline Elavil	AMITRIP Amitriptyline	Patient should be on dose 7 days prior to collection. Collect prior to dose.	RTT	Centrifuge and aliquot 2 mL minimum. Store and ship cool to referral site. Indicate date and time of last dose.	Provincial Toxicology Centre
A Ammonia PNH3 NH3	AMM or NH3 Ammonia (NH3) Note: Collection for this test is at select locations only. Please confirm availability with local laboratory.	Lithium Heparinized Plasma Collect on ice Deliver immediately to lab	PST (3mL) Collect into pre-chilled tube, keep tube on ice after collection and deliver to lab immediately for processing. To pre-chill tube prior to collection, place one cup crushed ice into biohazard bag. Place tube in second biohazard bag (to keep dry) and place in crushed ice bag).	Centrifuge sample as soon as possible after collection (within 15 min). Analyze immediately. Sites without refrigerated centrifuges: Centrifuge immediately; not to exceed 15 minutes post collection. Analyze immediately. Sites referring test out: Immediately separate plasma into a small vial with minimal headspace. Obtain aliquot tubes from larger sites (RIH, KGH, EKH, KBRH). Ordered one bag of 500/listed area. erex#1022963 (VWR 89004-316). Freeze immediately preferably at -25C; ship frozen. Stable frozen for up to 24 hours. Testing Site: Thaw and test immediately upon receipt.	EKH, KBH, KGH, PRH, RIH, VJH
A Amniocentesis	AMNIO Amniocentesis	Amniotic fluid Note Expected Date of Confinement (EDC) in Meditech.	Sterile screw cap container or Red top tube	Do not centrifuge. 1.5 mL minimum Store and ship refrigerated to referral site.	Royal Columbian Hospital



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A	Amphetamines - Urine Urine Drugs of Abuse Screen MDMA, Ecstasy	URDRUGS Urine Drug Screen	Refrigerate specimen until delivery to lab.	Sterile screw cap container	Store and ship 50 mL aliquot refrigerated to referral testing site.	Most IH Sites
A	Amphetamines Confirmation - Urine Urine Drugs of Abuse Confirmation MDMA, Ecstasy	URDRUGSCONF Urine Drug Confirmation	Refrigerate specimen until delivery to lab. Note: Do only when physician specifically requests confirmatory drug testing.	Sterile screw cap container	Store and ship 50 mL (25 mL min) aliquot refrigerated to referral testing site. Include positive screen report.	LifeLabs
A	Amylase - Fluid	BFAMY Amylase Fluid	Heparinized fluid preferred Mix specimen well by inverting 6-8 times Indicate Fluid type	GRN-LiHep without gel or No additive tube or Sterile screw top container	Centrifuge prior to testing. Store and ship refrigerated to testing site.	KGH, RIH
A	Amylase – Random Urine or Urine 24 hr	Not orderable in Meditech. Urine amylase (random or 24 hr) is not available in the province. Physician must contact IH Clinical Biochemist (250-258-3880)				Consult Clinical Biochemist



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A	Amylase	AMY Order lipase unless approved by IH Biochemist (250-258-3880) or patient has a requisition from transplant clinic	Serum (SST tube) preferred Plasma (PST tube) For transplant patients, order both amylase and lipase only if requested on the requisition.	SST/PST	Centrifuge within 2 hours of collection. Store and ship refrigerated to testing site. Do NOT freeze. Hemolysis may decrease result.	KGH, RIH If required contact IH Clinical Biochemist (250-258-3880)
A	ANA - Fluid	Not orderable in Meditech. Physician must contact IH Clinical Biochemist (250-258-3880)				Contact IH Clinical Biochemist (250-258-3880)
A	Androstenedione	ANDRO Androstenedione	Serum	RTT	Ship minimum 2mL refrigerated to Lifelabs	Lifelabs
A	Angiotensin Converting Enzyme ACE	CSFANGCE Angiotensin Converting Enzyme	CSF	CSF: sterile aliquot tube	Centrifuge and aliquot 1mL minimum. Store and ship to referral site. Clearly mark if sample type is CSF. Clearly indicate if STAT.	Victoria General Hospital
A	Angiotensin Converting Enzyme ACE	ANGCE Angiotensin Converting Enzyme	Serum	SST	Centrifuge and aliquot 1mL serum. Store and ship to referral site. Clearly indicate if STAT.	Victoria General Hospital
A	Anti-AMPA Receptor	See MITOREF Lab Order Only				



Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
A Anti-Aquaporin 4 Neuromyelitis Optica, Devic's Disease, NMO/Aquaporin 4	See MITOREF Lab Order Only				
A Anti-Cardiolipin Antibody Cardiolipin Antibody	ANTICARD Anti Cardiolipin Antibody	Serum	SST	Centrifuge within 2 hours of collection. Aliquot 2mL (min) serum Store and ship frozen to referral testing site.	Vancouver General Hospital
A Anti-centromere Centromere Ab		See ENA			
A Anti-Cyclic Citrullinated Peptide Antibody	ANTICCP Anti CCP	Serum	SST	Centrifuge within 2 hours of collection. Aliquot 1mL (min) serum Store and ship frozen to referral testing site. (Mon-Thurs only)	Vancouver General Hospital
A Anti-deamidated gliadin Ab Anti-DGP Anti-gliadin Ab	ANTIDGP	Serum Test requires Biochemist or pathologist approval prior to collecting.	SST	Centrifuge within 2 hours of collection. Ship refrigerated if arrives within 7 days, otherwise aliquot 2mL and ship frozen.	Send via KGH to Royal Jubilee Hospital, Special Hematology, Victoria, BC
A Anti-Dipeptidyl Aminopeptidase-like 6 Anti-DPPX	See MITOREF Lab Order Only				
A Anti-Diuretic Hormone Arginine Vasopressin ADH	See COPEPTIN	Test no longer available. Copeptin is replacement test			



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
A	Anti-DNase B Streptococcus pyogenes Anti-Streptolysin O Ab. Group A Streptococcus	DNASE Anti-Dnase B Antibodies	Serum	SST	Centrifuge within 2 hours of collection. Aliquot 2mL serum Store and ship refrigerated to referral testing site.	BCCDC Zoology Requisition Order under "other tests" in bacteria box
A	Anti-Endomysial Antibody	ST Lab only: Order Send Out Test	Serum	SST	Centrifuge and aliquot 1mL serum. Store and ship frozen to referral site.	ICL DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval.
A	Anti-GABAB Receptor	See MITOREF Lab Order Only				



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
A	Anti-GAD GAD 65	GAD65 If Anti-GAD is ordered on its own with no other Mitogen test (i.e. for diabetes), use this mnemonic and follow CS 0080. If Anti-GAD is ordered with other Mitogen antibody testing (e.g. Paraneoplastic Disease or Neurological Disease Panel), order MITOREF and select all appropriate tests.	Serum	SST RTT acceptable	Centrifuge within 2 hours of collection. Aliquot 1 mL (min) serum (RTT) Store and ship refrigerated to referral site.	ICL DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval and signed consent form. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval.
A	Anti-Glomerular Basement Membrane Antibody GLOBMAB, AGBM, Anti-GLOBM	GBM Glomerular Basement Memb Ab	Serum	SST	Centrifuge within 2 hr of collection. Aliquot 1 mL (min). Ship refrigerated to referral site. Recollect grossly hemolyzed or lipemic specimens	RIH, KGH
A	Anti-Histone Antibody	Order ANA				
A	Anti-IgA Confirmatory	IGAAB Anti-IgA Confirmation Antibody	Serum	SST	Aliquot and freeze 2 mL serum. Send frozen.	CBS Submit CBS requisition: https://www.blood.ca/sites/default/files/F800014_2020-08-17.pdf Provider must indicate reason for request



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
A	Anti-MAG Anti-myelin associated glycoproteins	See MITOREF Lab Order Only				
A	Anti-Mitochondrial Antibody	AMA Anti-Mitochondrial Antibody	Serum	SST	Centrifuge within 2 hours of collection. Aliquot 1mL (min) serum Store and ship frozen to referral testing site.	RIH, KGH
A	Anti-MOG Anti-myelin oligodendrocyte glycoproteins	See MITOREF Lab Order Only				
A	Anti-Mullerian Hormone AMH	ANTIMUL Anti-Mullerian Hormone	Serum or Plasma	SST/PST	Centrifuge and aliquot as soon as possible - 1mL serum or plasma. Store and ship frozen to referral site. Thawed samples are unsuitable for analysis.	ICL Test is self pay, have patient sign Form#807643



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
A	Anti-Neutrophil Cytoplasmic Antibody ANCA MPO PR3	ANCA Anti Neut Cytoplasmic Antibody	Serum Reject grossly hemolyzed or lipemic specimens	SST	Centrifuge within 2 hr of collection. Aliquot 1 mL (min) in plastic tube with flange cap. Ship refrigerated to referral site Additional Information: ANCA order includes MPO and PR3 (proteinase 3)	KGH, RIH
A	Anti-Nuclear Antibody Immunofluorescence	ANAIFA ANA (Immunofluorescence)	Serum	SST	Contact Clinical Biochemist for approval (250- 258-3880) If ANA was performed within the last 12 months, MSP will not cover, instruct ordering provider to contact Clinical Biochemist Allow to clot for a minimum of 30 minutes Centrifuge Store and ship refrigerated	LifeLabs
A	Anti-Nuclear Antibody Anti-Nuclear Factor Anti-dsDNA Anti-DNA antibody	ANA Anti-Nuclear Antibody (ANA)	Serum Reject grossly hemolyzed or lipemic specimens	SST	Centrifuge within 2 hr of collection. Aliquot 1 mL (min) serum. Ship refrigerated to referral site Additional Information: Screening test for ANA, dsDNA & ENA6 antibodies (ab). If ANA is negative, ENA testing is not indicated. Results > 1.0 will have reflex testing for ENA 6 screen & dsDNA ab Positive ENA 6 screen will have RNP, Sm, SSA, SSB, Centromere, Scl-70 & Jo-1 ab performed.	KGH, RIH



Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
A Anti-Parietal Cell Antibody	APCA Anti-Parietal Cell Antibody	Serum	SST	Centrifuge within 2 hours of collection. Aliquot 1mL (min) serum Store and ship frozen to testing site.	KGH, RIH
A Anti-Phospholipase A2 Receptor Anti-PLA2R PLA2R	ANTIPLA2 Anti-Phospholipase A2 Receptor	Serum	SST RTT acceptable	Centrifuge within 2 hours of collection. If RTT collected, aliquot and ship refrigerated - minimum 1 mL. Sample stability 14 days. Ship frozen if greater than 14 days.	ICL DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval.
A Anti-Saccharomyces Cerevisiae Inflammatory Bowel Disease	ASCA Anti-Saccharomyces Cerevisiae	Serum	SST	Centrifuge within 2 hours of collection. Aliquot 1mL (min) serum Store and ship frozen to referral testing site.	VGH
A Anti-Smooth Muscle Antibody	ASMA Anti-Smooth Muscle Antibody	Serum	SST	Centrifuge within 2 hours of collection. Aliquot 1mL (min) serum Store and ship frozen to testing site.	KGH, RIH
A Anti-SSA/Anti-SSB	ANA	See ANA Anti-SSA/SSB is included in the ENA profile. ENA will automatically be ordered on a positive ANA result.			



Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
A Anti-Streptolysin O Titre		See Microbiology Guide to Specimen Ordering Collection & Transport			
A Antithrombin III AT3	AT3 Antithrombin III	Citrated plasma	NaCit	Prepare platelet poor plasma within 2 hr. of collection. Aliquot 1 mL (min) plasma into polypropylene tube. Store & ship frozen Mon-Wed. AT3, Protein C & Protein S are done on 1 tube.	KGH RIH
A Anti-Thyroglobulin Antibody	ANTITHYR Anti-Thyroglobulin Antibody	Serum	SST	Diagnosis Required. Centrifuge within 2 hours of collection. Aliquot 2 mL serum to Roche false-bottom tube and freeze. Ship frozen to referral site.	St. Paul's Hospital
A Anti-Thyroid Stimulating Antibody TRAB	THYSTIM or TSHRAB TSH Receptor Antibody	Serum Sample must have no visible hemolysis. Do NOT order for Anti-Thyroglobulin Antibody	SST	Centrifuge within 2 hours of collection. Aliquot 1 mL (min) serum Store and ship frozen to referral testing site.	St. Paul's Hospital
A Apixaban	APIX	Platelet poor plasma	NaCit	Prepare platelet poor plasma within 2 hours of collection Aliquot I mL (min) plasma into polypropylene tube. Store and ship frozen.	St. Paul's Hospital
A Apolipoprotein A APO A	APOA Apolipoprotein A	Serum or Plasma	PST/SST	Centrifuge within 2 hrs of collection. Aliquot minimum 0.5mL. Store and ship refrigerated.	St. Paul's Hospital



Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
26 Apolipoprotein B APO B	APOB Apolipoprotein B	Serum or Plasma	PST/SST	Centrifuge within 2 hrs of collection. Aliquot minimum 0.5 mL. Store and ship refrigerated. Diagnosis is Required	St. Paul's Hospital
A Apoprotein E APO E Lipoprotein Genotyping Apolipoprotein E Isoforms	APOEG Apo E Genotyping	EDTA Whole Blood - Do NOT spin	EDTA (3mL)	Whole Blood - Do not open or centrifuge tube. Ship primary tube refrigerated Prior consultation is required or provide lipid profile results	St. Paul's Hospital
A Aquaporin 4 Antibodies	See MITOREF Lab Order Only				
A Aripiprazole Abilify	ABILIFY	Serum Draw blood immediately prior to next scheduled dose, unless instructed otherwise.	RTT	Centrifuge and separate serum from cells within 2 hours of collection. Aliquot 2mL min serum Store and ship refrigerated.	XPTC
A Arsenic - 24 hr Urine	U24ARS Arsenic (As)-24h Urine	Provide 24hr Urine Patient Collection Instructions Refrigerate specimen during collection until delivery to lab Indicate Start and Finish Date and Time on requisition. Patient to avoid seafood consumption for five days prior to collection.	24hr urine collection container No preservative.	Measure and record total volume. Store and ship 10 mL aliquot in sterile screw-cap container refrigerated to ICL.	ICL DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080_ Inpatients require Clinical Biochemist (250-258-3880) approval. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval.



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
A	Arsenic	ARSENIC Arsenic (As)	Dark Blue Trace Metal tube - K2EDTA Contamination of specimen must be avoided. Collection tubes must be covered and dust free until used. Store tubes in plastic bag until use. Mix 8 times and store upright to minimize contact with rubber lid.	Dark blue trace metal tube K2EDTA	Ship primary tube, unopened. Do not centrifuge. Keep upright during storage and shipping Send refrigerated.	ICL DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval.
A	ASOT		See Microbiology Guide to Specimen Ordering Collection & Transport			
A	Aspartate Aminotransferase AST, SGOT Glutamic Oxaloacetic Transaminase	AST AST	Lithium Heparinized Plasma (preferred) or Serum	PST/SST	Centrifuge within 2 hours of collection. Store refrigerated.	Most IH Sites
A	Aspergillus Precipitins	ASPPRECI Aspergillus Precipitins	Serum *Clinical Indications and diagnosis required	SST	Centrifuge within 2hrs of collection and ship primary tube. Store and ship refrigerated to referral site. Package separately and ship in VGH cooler.	Ship to Carlsten Lab via VGH G&L Diamond Health Centre 7225 - 2775 Laurel Street Vancouver, BC V5Z 1M8
A	Autoimmune Liver Disease Profile	See MITOREF Lab Order Only				



Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
A Autoimmune Myopathy/Myositis Profile Synthetase Syndrome	See MITOREF Lab Order Only				
A Avian Precipitins	AVIANPRECIP Avian Precipitins	Serum *Clinical Indications and diagnosis required	SST	Centrifuge within 2hrs of collection and ship primary tube. Store and ship refrigerated to referral site. Package separately and ship in VGH cooler.	Ship to Carlsten Lab via VGH G&L Diamond Health Centre 7225 - 2775 Laurel Street Vancouver, BC V5Z 1M6
B Barbiturate - Qualitative	URDRUGS Urine Drug Screen	Random Urine Refrigerate specimen until delivery to lab.	Sterile screw cap container	Store and ship 50 mL aliquot refrigerated to referral testing site. Centrifuge prior to testing.	Most IH Sites
B BCR Philadelphia Chromosome BCR-ABL Breakcell Cluster Region Analysis Molecular Genetic Test (RT-PCR, FISH)	GENETICS Lab Order Only	Collection requirements based on test requested by Pathologist. Peripheral Blood: 1) CML Diagnosis - 4mL NaHep 2) CML Baseline - 20mL EDTA 3) Minimal Residual Disease (MRD) - 20mL EDTA 4) Kinase Mutation - 20mL EDTA Bone Marrow: 2x 1 mL transport media Collect Mon – Wed (Thursday only if necessary) by 1300 hr only to allow for same day shipping.	confirm on BCCA website	Whole blood - Do NOT spin. Store and ship room temperature same day to referral testing site. BCCA Lab must be notified of impending arrival of specimen. Phone: 604-877-6000 Fax preliminary BM/Path Report to 604-877-6294.	Genetics Requisition
B Benzodiazepine - Urine	URDRUGS Urine Drug Screen	Random Urine Refrigerate specimen until delivery to lab.	Sterile screw cap container	Store and ship 50 mL aliquot refrigerated to referral testing site. Centrifuge prior to testing.	Most IH Sites



Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
B Beta 2 Glycoprotein B2-GPS Anti-Beta 2 Glycoprotein 1 Antibody	B2G Beta-2 Glycoprotein	Serum	SST	Centrifuge and aliquot 1mL (min) serum. Store and ship frozen to referral site for testing.	VGH
B Beta 2 Microglobulin	B2M Beta-2 MicroGlobulin	Serum Avoid excessive hemolysis or lipemia.	SST	Centrifuge and aliquot 1mL (min) serum. Store and ship frozen.	PHSA Tumour Marker Lab
B Beta 2 Transferrin CSF specific Transferrin, Tau Protein, B2T, CSF Leak Investigation	B2T Beta-2 Transferrin	Requires 2 specimens; serum and body fluid (specify type) Collect SST after fluid has been collected.	CSF: allow to drip freely into sterile container Serum: RTT or SST	Serum: Centrifuge when clotted, aliquot and freeze serum; minimum 0.5 mL Freeze body fluid immediately in sterile screw capped tube; minimum 0.1 mL Store and ship serum and CSF together same day frozen . Ship frozen ASAP.	St. Paul's Hospital Notify St. Paul's Hospital of impending arrival of specimens
B Beta HCG - Quantitative Human Chorionic Gonadotropin	BHCGQ BHCG Quantitative	Plasma or Serum Include diagnosis when ordered on male patient.	PST/SST	Centrifuge within 2 hours of collection. Store and ship refrigerated to referral testing site.	EKH, KBH, KGH, PRH, RIH, VJH
B Beta HCG screen Pregnancy test, HCG screen, Human Chorionic Gonadotropin Screen	BHCGS BHCG Screen	Serum or Plasma* *Collect LiHep for stat or urgent requests on inpatients/pre-ops	SST/PST	Centrifuge within 2 hours of collection. Serum: Store and ship refrigerated to referral testing site. Plasma: if plasma is > 4 hours old, sample must be aliquoted and respun prior to analysis	Most IH Sites
B Beta Hydroxybutyrate Ketones	BHB Beta Hydroxybutyrate (Ketones)	Serum or plasma	PST/SST	Centrifuge and aliquot. Store and ship frozen to referral site Minimum: 0.5mL plasma/serum	VGH



Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
B Beta-Galactosidase, WBC GM1 gangliosidosis Mucopolysaccharidosis Type IV B MPS IV B Morquio B	ST Lab only: Order Send Out Test	Heparinized Whole blood 8-10 mL whole blood preferred Collect Mon-Thurs only to allow for same day shipping. <i>Note: Urine mucopolysaccharides and urine oligosaccharides are useful to be ordered first as screening tests.</i>	LiHep Minimum: 3 mL	Store and ship unspun primary tube(s) same day room temperature to referral site. Do NOT Freeze. Include patient history if available. For more information consult the BC C&WH e- Lab Handbook.	BC Women & Children's Hospital
B Bicarbonate HCO3	C02 or LYLES4 *If physician wants blood gas values, see BGV	Serum or plasma	PST/SST	Centrifuge within 2hrs of collection. Store and ship refrigerated to testing site.	Most IH Sites
B Bile Acids	BILEACID Bile Acids	Plasma (preferred) or serum Test restricted to pregnant females Fasting preferred but not mandatory	PST preferred, or GRN LiHep no gel or RTT acceptable	Centrifuge and aliquot 0.5mL (min) plasma Store and ship refrigerated within 7 days of collection or ship frozen.	BC Women & Children's Hospital
B Bilirubin - Fluid	BFBIL Bilirubin Fluid	Heparinized fluid preferred Mix specimen well by inverting 6-8 times Indicate Fluid type	GRN-LiHep without gel or No additive tube or Sterile screw top container	Add minimum 2ml to container. Centrifuge prior to testing. Aliquot 1 mL (min) and ship refrigerated to referral testing site. Avoid prolonged exposure to light at room temp.	EKH, KBH, KGH, PRH, RIH, VJH



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
B	Bilirubin - Neonatal NBIL	BILNEO Bilirubin Neonatal	Plasma or serum Order on infants <1 year old If newborn under bili lights in nursery, turn light off prior to collection. Turn back on when finished. Lipemia may decrease result.	1 full amber or PST microtainer Protect from light	Centrifuge prior to testing. Store and ship refrigerated to testing site. Avoid prolonged exposure to light at room temp Refrigerate if testing is delayed. Result includes % conjugated bilirubin.	Most IH Sites
B	Bilirubin Conjugated Direct Bilirubin	BILC Bilirubin Conjugated	Order separately from TBIL.	PST/SST Children - 1 full amber microtainer	Centrifuge prior to testing. Store and ship refrigerated to testing site. Avoid prolonged exposure to light at room temp Refrigerate if testing is delayed Note: % conjugated bilirubin is included with all Neonatal bilirubin results (infants <1 year old).	Most IH Sites
B	Bilirubin Total Total Bilirubin	BILT Bilirubin Total	Lithium Heparinized Plasma (preferred) or Serum Order for patients >1 year old. Order BILNEO on Infants <1 year old. Lipemia may decrease result.	PST/SST Children - 1 full amber microtainer	Centrifuge prior to testing. Store and ship refrigerated to testing site. Avoid prolonged exposure to light at room temp Refrigerate if testing is delayed	Most IH Sites
B	Bilirubin Unconjugated Indirect Bilirubin	Test no longer orderable, see BILT				Most IH Sites



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



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



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



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



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



Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
B Blood Gas- Venous Venous blood gas Venous Gas	BGV Blood Gases-Venous	Heparinized Whole blood Completely fill small volume LiHep tube. Prevent introduction of air. Minimize use of tourniquet for collection. Deliver immediately to lab. Sample must be tested within 30 mins of collection. Do NOT place on ice.	GRN-Li Hep - no gel filled completely -or- Blood Gas syringe <i>See Blood Gas - Arterial</i>	Do NOT spin or open tube. Test as soon as possible after arrival in lab. Testing must be completed within 30 mins of collection.	Most IH Sites
B Bone Marrow Investigation Bone Marrow Aspiration Bone Marrow Biopsy	BMPANEL Lab Order Only	Bone marrow aspiration collected by Pathologist		Phone local lab for more information or to book an appointment	Use bone marrow request form
B Borrelia Serology		See Microbiology Guide to Specimen Ordering Collection & Transport			
B BP 180	See MITOREF Lab Order Only				
B Brain Natriuretic Peptide	BNP Brain Natriuretic Peptide See NT-proBNP if ordered *BNP not eligible for standing order (SO) in adults.	EDTA Plasma	EDTA (3mL)	Centrifuge and aliquot, using plastic pipettes and aliquot tubes only. Store and ship refrigerated, Analyze within 24 hours. freeze if testing/transport is delayed.	EKH, KBH, KGH, PRH, RIH, VJH
B Bronchial Alveolar Lavage		See Microbiology Guide to Specimen Ordering Collection & Transport			
B Bullous Autoimmune Skin Disease Profile	See MITOREF Lab Order Only				



Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
C C difficile		See Microbiology Guide to Specimen Ordering Collection & Transport			
C C Telopeptide CTX Carboxy-terminal collagen crosslinks C-Terminal Telopeptides <i>*Replaces Urine D-PYR Crosslinks</i>	CTX C-Telopeptide	Serum Patient must be fasting 8-10 hours prior to test	SST	Centrifuge within 2 hours of collection. Aliquot 2mL serum and ship frozen to referral site.	Lifelabs Test is self pay, have patient sign Form#807643
C C1 Esterase Inhibitor C1 Nephritic Factor	C1E C1 Esterase Inhibitor Assay	Citrated plasma	NaCit	Centrifuge and aliquot 2mL (min) plasma. Store and ship frozen to referral site.	VGH
C C2 Complement 2	Order CH CH50/CH100				
C C3 Complement 3 Serum Complement Beta-1C-globulin	C3 C3	Serum	SST	Centrifuge and ship primary container. Sample stable in primary container for ≤ 5 days. Aliquot and Freeze 1 mL of serum if > 5days to testing.	KGH, RIH
C C4 Serum Complement	C4 C4	Serum	SST	Centrifuge and ship primary tube cool to testing site. If sample not shipped within 4 days of collection, aliquot, freeze and ship frozen to testing site.	KGH, RIH
C Ca 125 Cancer Antigen 125 Carcinoma Antigen 125	CA125 CA125	Serum	SST	Centrifuge and ship primary tube cool to testing site. If sample not shipped within 4 days of collection, aliquot, freeze and ship frozen to testing site.	KGH, PHSA



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
C	Ca 15-3 Cancer Antigen 15-3 Carcinoma Antigen 15-3	CA153 CA15-3	Serum	SST	Centrifuge and ship primary tube cool to testing site. If sample not shipped within 4 days of collection, aliquot, freeze and ship frozen to testing site.	KGH, RIH, PHSA
C	Ca 19-9 Carbohydrate Antigen 19-9	CA199 CA19-9	Serum	SST	Centrifuge and ship primary tube cool to testing site. If sample not shipped within 4 days of collection, aliquot, freeze and ship frozen to testing site.	KGH, PHSA
C	Cadmium - 24 hr Urine 24hr urine cadmiun	U24CAD Cadmium (Cd)-24h Urine	Provide 24hr Urine Patient Collection Instructions Refrigerate specimen during collection until delivery to lab Indicate Start and Finish Date and Time on requisition	24hr urine collection container No preservative	Measure and record total volume of specimen. Mix and aliquot 10 mL minimum to sterile urine container then freeze. Store and ship frozen to referral site.	ICL DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval.



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
C	Cadmium	ST Lab only: Order Send Out Test	<p>*Instructions are for whole blood samples, confirm sample type as per approval from BC Agency. Contact a Clinical Biochemist at 250-258-3880, or Client Services Technical Specialist if you have an approval letter with an alternate sample type.</p> <p>Contamination of specimen must be avoided. Collection tubes must be covered and dust free until used. Store tubes in plastic bag until use.</p> <p>Mix 8 times and store upright to minimize contact with rubber lid.</p>	Dark Blue (K2EDTA) Trace metal tube	Do NOT Centrifuge Send primary tube, min 4mL required Ship cool to referral site.	<p>ICL</p> <p>DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080.</p> <p>Inpatients require Clinical Biochemist (250-258-3880) approval.</p> <p>Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval.</p>



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
C	Calcitonin Thyrocalcitonin hCT	CAL Calcitonin	Serum Collect on ice Deliver immediately to lab	RTT on ice Collect into pre-chilled tube, keep tube on ice after collection and deliver to lab immediately for processing. To pre-chill tube prior to collection, place one cup crushed ice into biohazard bag. Place tube in second biohazard bag (to keep dry) and place in crushed ice bag).	Centrifuge sample in a temperature controlled centrifuge at 4°C as soon as possible after collection (within 15 minutes). Aliquot 1mL (min) into a Roche False Bottom tube. Freeze immediately. Store and ship frozen to referral site.	St. Paul's Hospital
C	Calcium - 24 hr Urine	U24CA Calcium (Ca)- 24h Urine	Provide 24hr Urine Patient Collection Instructions Refrigerate specimen during collection until delivery to lab Indicate Start and Finish Date and Time on requisition	24hr urine collection container No preservative	Measure and record total volume of specimen, then aliquot 10 mL sample Adjust specimen pH to 1.5 - 4 prior to testing. Centrifuge prior to testing.	EKH, KBH, KGH, PRH, RIH, VJH
C	Calcium - Urine	URCA Calcium (Ca)- Random urine	Random Urine Refrigerate specimen until delivery to lab.	Sterile screw-cap container	Aliquot 10mL. Store and ship aliquot refrigerated to referral testing site. Adjust specimen pH to 1.5 - 4 prior to testing.	EKH, KBH, KGH, PRH, RIH, VJH



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



Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
C Calprotectin Stool Calprotectin Fecal Calprotectin	STCALPRO Calprotectin- Stool	Fresh stool. Order pediatric test (below) on children. Provide patient with Patient Collection Instructions (LifelabsDoc#38118) and Stool Collection Instructions (LifelabsDoc#39144) Reject bloody samples Random stool in sterile container. Have patient collect a small amount of stool directly into disposable container. Do not contaminate with urine or toilet water. Transfer minimum 10g (1 tbsp) to sterile container. Samples must be kept refrigerated. Return to lab within 24 hours.	Sterile screw-cap container	Ship refrigerated within 72 hours or ship frozen. Diagnosis of Inflammatory Bowel Disease (IBD), Crohn's, colitis, or ulcerative colitis must be indicated on requisition. See LifeLabs ordering guidelines https://www.lifelabs.com/new-ordering-guidelines-for-fecal-calprotectin-fcalp-tests/	Lifelabs
C Cannabinoids - Urine Tetrahydrocannabinol THC, Marijuana, Cannabis	Order URDRUGS for ER and inpatient testing				
C Carbamazepine Tegretol	CARB Carbamazepine (Tegretol)	Serum Collect 0-60 minutes prior to next dose	PST/SST	Centrifuge within 2 hours of collection. Aliquot and ship refrigerated to referral site	EKH, KBH, KGH, RIH, VJH
C Carbon Dioxide CO2 Total CO2	CO2 Carbone Dioxide (CO2)	Lithium Heparinized Plasma (preferred) or Serum	PST/SST	Centrifuge within 2 hours of collection. Store and ship cool if sending to referral testing site. Avoid opening tube prior to testing.	Most IH Sites
C Carbon Monoxide	BGVCOHGB Carboxyhemoglobin-Venous	See Carboxyhemoglobin			



Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
C Carboxyhemoglobin Carbon Monoxide CO Hgb CO	BGVCOHGB Carboxyhemoglobin- Venous	Heparinized whole blood, unspun Do NOT open or allow air to enter tube. DO NOT collect in blood gas syringe if sample is sent to referral site for testing.	Li Hep tube (filled) or blood gas syringe	Do Not Spin. Do not open tube prior to testing. Seal tube with parafilm Ship cool	EKH, CMH, KBH, KGH, KLH, PRH, RIH, SLH, VJH
C Carcinoembryonic Antigen	CEA CEA	Serum	SST	Centrifuge with 2 hours of collection. Store and ship refrigerated to referral site. Store and ship frozen if sample not received at testing site within 4 days of collection.	KGH, PHSA
Carfentanyl Included in Lifelabs Fentanyl screening	URFENTANYLOP URDRUGSCARFENT CARFENTANIL FENTANYL (Order defaults to Urine Fentanyl Screen)	Random Urine Screen includes:Fentanyl analogues, Norfentanyl, U4770, Furanylfentanyl, Carfentanyl. All positive screens are confirmed by LC/MS.	Sterile screw cap container	Note: NOT for legal testing. Order for outpatient testing. Collect 50mL random urine Store and ship refrigerated to referral site. Freeze and send frozen if samples will arrive >72 hrs after collection	LifeLabs
C Carnitine - Total and Free	CARN Carnitine (Total & Free)	Serum	RTT	Centrifuge and aliquot 0.2 mL (min) serum. Store and ship frozen same day or overnight to referral testing site.	BC Children & Women's Hospital BC C&WH5/16/2016 BC C&W Lab Requisition
C Carotene Beta Carotene CAR	CARO Carotene	Serum Fasting preferred Protect sample from light	SST	Centrifuge and aliquot 1mL (min) serum. Store and ship cool to referral site for testing. Protect sample from light until tested	VGH



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
C	Catecholamines - 24 hr Urine	U24CAT Catecholamines- 24h Urine	Provide 24hr Urine Patient Collection Instructions Refrigerate specimen during collection until delivery to lab Indicate Start and Finish Date and Time on requisition Includes Epinephrine, Norepinephrine, Dopamine.	24hr urine collection container No preservative.	Sample must be kept refrigerated between receipt and processing. Measure and record total volume of specimen in Meditech. Prepare two aliquot tubes, minimum 3mL each. Freeze immediately at -20C. Ship frozen to referral site.	VGH
C	Catecholamines - Plasma This test cannot be collected in lab outpatient department. *Ordering physician must book test procedure in ambulatory care setting.	CAT Catecholamines Plasma Note: Collection for this test is at select locations only. Please confirm availability with local laboratory.	EDTA Plasma Collect on ice Deliver immediately to lab *Sample is not collected by venipuncture or by lab staff. Lab will provide the pre-chilled tubes and be present to assist. Patient must have an indwelling venous catheter and be in supine position for 30 minutes prior to and during sample collection. Patient must be fasting a minimum of 4 hours. Do not collect by venipuncture. For the assessment of pheochromocytoma and paraganglioma, refer to Metanephrines 24h- Urine or Metanephrines, Plasma. Consult with IH clinical Clinical Biochemist to determine if testing referral is clinically warranted.	EDTA (6mL) Collect into pre-chilled tube, keep tube on ice after collection and deliver to lab immediately for processing. To pre-chill tube prior to collection, place one cup crushed ice into biohazard bag. Place tube in second biohazard bag (to keep dry) and place in crushed ice bag.	Centrifuge sample in a temperature controlled centrifuge at 4°C as soon as possible after collection (within 15 minutes). Aliquot plasma into two equal aliquots and freeze immediately. Store and ship frozen.	ICL DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval.



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
C	CBC Pathologist Blood Film Review Peripheral blood smear Blood film review Peripheral smear Pathologist review	CBCCOMP Pathologist Blood Film Review Order CBC (if not ordered)	Plasma EDTA	EDTA (3mL) or EDTA microtainer filled to upper line	If sending to a referral site, send 2 unstained slides and copy of CBC **IH West sites should forward EDTA tube to RIH with slides.	
C	CBC Profile Complete Blood Count	CBC Complete Blood Count (CBC)	Whole blood	EDTA (3mL)		Most IH Sites
C	CD19/20	CD19 CD19/CD20 Lab Order Only	EDTA Whole Blood NaHep or ACD-1 Mon-Thurs Collect 1 NaHep and 1 EDTA Fri-Sun & Stats: Collect 1 ACD-A and 1 EDTA	See specimen requirements	Drug monitoring for Rituximab. Send whole blood at RT. If NaHep is collected, it must be received at SPH within 48 hours	St. Paul's Hospital



Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
C CD4/CD8 T4/T8 Ratio T and B lymphocytes T-helper/Suppressor Cell HS Ratio T-Helper Cell Count	CD4 T-Helper Cell Count (CD4/CD8)	Whole blood or Bronchial lavage Also collect CBC within 6 hours. Blood: Collect Sun-Wed. Thurs collections acceptable if sample can arrive at SPH on Friday. If sending from a rural site, consult with through site regarding courier times before collecting on Thursdays. Do not collect on Sundays if Monday is a stat holiday. Samples are tested M-F until 3pm. Testing must be performed within 72 hours of collection.	Whole Blood: 8.5 mL ACD-A tube Bronchial lavage: Sterile screw cap container	Whole Blood: Do not spin. Ship primary blood tube room temperature. CBC Results must be sent with specimen. ACD sample stable for 72 hrs. Bronchial Lavage: Ship refrigerated Mon-Thurs for next day arrival at SPH by 9 AM. Must be processed within 24 hours.	St. Paul's Hospital
C Cell count and Differential - CSF	CSFPANEL For shunt or Ventriculostomy sample order CSFVENTRICPANEL	See CSFPANEL / CSFVENTRICPANEL			
C Cell count and Differential - Fluid	Type BFCELLS 'lookup', and select the appropriate fluid type	EDTA for specimen types: Synovial, Ascites, Pericardial, Pleural No anti-coagulant for Peritoneal dialysis	EDTA (3mL) or RTT for peritoneal dialysis	Add minimum 1ml sample to tube. Add fluid immediately upon collection. Mix by inverting tube slowly 8 times to prevent clotting. Store and ship refrigerated to testing site.	EKH, KBH, KGH, PRH, RIH, VJH
C Cerebrospinal Fluid Panel	CSFPANEL CSF Panel includes CSF Glucose, protein and cell count.	CSF Number tubes in the order they are collected. Deliver to lab immediately following collection.	Sterile CSF collection tube	Refer to CS 0073 Distributing Cerebrospinal Fluids CSF Samples Procedure for sample distribution.	



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
C	Ceruloplasmin	CERULO Ceruloplasmin	Serum	SST	Centrifuge and aliquot 2mL (min) serum. Store and ship refrigerated to referral site.	VGH
C	CF Annual Cystic Fibrosis Annual Bloodwork ordered by BCCH: Includes: Vit A, Vit E:Chol ratio (includes Vit E and cholesterol)*, Vit D 25 Hydroxy, Zinc and IgE *Do not order Vit E and Chol separately, as BCCH must perform both to obtain the ratio.	CFANNUAL	Serum	Trace Element SERUM (Dark Blue) Minimum 4mL whole blood for all tests	Centrifuge within 2 hours of collection. Aliquot as per below in a polypropylene tube: Zinc: aliquot minimum 200 uL serum Vit A: aliquot minimum 200 uL serum wrapped in foil (protect from light). Vit E:Chol ratio (includes Vit E and Chol): aliquot minimum 500 uL serum. Note: Can be combined with VitA aliquot. If combined send min 500uL. 25-Hydroxy Vit D: aliquot minimum 200 uL serum IgE: aliquot minimum 500 uL serum All aliquots: Store and ship frozen to referral site.	BC Children's Hospital
C	CH50/CH100 Total Complement Hemolytic Complement	CH CH50/CH100 Note:Collection for this test is at select locations only. Please confirm availability with local laboratory.	Serum	RTT	Allow whole blood to clot for 60 min at RT. Centrifuge at 4°C if available. Aliquot 0.5 mL (minimum) serum and freeze immediately. Store and ship frozen.	VGH Autoimmune Lab



Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
C Chimerism Post Transplant Assessment	ST Lab only: Order Send Out Test	Sodium heparinized whole blood - 20 mL <i>and/or</i> Bone marrow <i>Collect Mon-Wed before 1pm only to allow for same day shipping</i> <i>May be collected on Thursday but sample must arrive before 3:30pm.</i>	20 mL NaHep whole blood	Contact Terry Fox Lab immediately following collection for detailed shipping instructions. (604) 675-8146	Terry Fox Lab Stem Cell Assay requisition - select Chimerism under Test Requested.
C Chloride - 24hr Urine	U24CL Chlorine (Cl)- 24h Urine	Provide 24hr Urine Patient Collection Instructions Refrigerate specimen during collection until delivery to lab Indicate Start and Finish Date and Time on requisition	24hr urine collection container No preservative	Measure and record total volume of specimen, then aliquot 4 mL (min) sample. Store and ship refrigerated to testing site.	EKH, KBH, KGH, PRH, RIH, VJH
C Chloride - Random Urine	URCL Chlorine (Cl)- Random Urine	Refrigerate specimen until delivery to lab.	Sterile screw cap container	Aliquot 4mL into 12x75 (5mL) plastic tube. Store and ship aliquot refrigerated to referral testing site.	EKH, KBH, KGH, PRH, RIH, VJH
C Chloride	CL Included in Electrolytes (LYTES4)	Lithium Heparinized Plasma (preferred) or Serum	PST/SST	Centrifuge within 2 hours of collection. Store refrigerated.	Most IH Sites
C Cholesterol - Fluid	BFCHOL Cholesterol fluid	Heparinized fluid preferred Mix specimen well by inverting 6-8 times Indicate Fluid type	GRN-LiHep without gel or No additive tube or Sterile screw top container	Centrifuge within 2 hours of collection. Store refrigerated.	EKH, KBH, KGH, PRH, RIH, VJH
C Cholesterol - Fluid	BFCHOL Cholesterol fluid	Heparinized fluid preferred Mix specimen well by inverting 6-8 times Indicate Fluid type	GRN-LiHep without gel or No additive tube or Sterile screw top container	Aliquot 1 mL (min) and ship cool to referral testing site.	EKH, KBH, KGH, PRH, RIH, VJH



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



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



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



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



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



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
C	Cord Blood Specimen Cord	CORD Cord Blood Specimen Order Management Category: TS <i>Note: Order this test to hold the sample in the TMS department. No testing is attached to this order.</i>	Cord blood Add minimum 2mL (optimum 4mL) to tube as soon as possible after delivery. Do not overfill. Mix tube immediately after filling by gently rotating tube 180° back and forth 8 times. Do not contaminate outside of tube or label with blood. Clean with disinfectant wipe if required.	EDTA	Store and ship unspun primary tube refrigerated to referral site.	
C	Cord DAT Cord Blood Investigation CDAT	DATCORD Direct Antiglobulin Test Cord Order Management Category: TS	Cord blood Add minimum 2mL (optimum 4mL) to tube as soon as possible after delivery. Do not overfill. Mix tube immediately after filling by gently rotating tube 180° back and forth 8 times. Do not contaminate outside of tube or label with blood. Clean with disinfectant wipe if required.	EDTA	Store and ship unspun primary tube refrigerated to referral site.	
C	Coronavirus COVID-19		See Microbiology Guide to Specimen Ordering Collection & Transport			



Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
C Cortisol - 24 hr Urine	U24CORTF Free Cortisol- 24h Urine	Provide 24hr Urine Patient Collection Instructions Refrigerate specimen during collection until delivery to lab Indicate Start and Finish Date and Time on requisition	24hr urine collection container No preservative	Measure and record total volume of specimen, then aliquot 10 mL sample. Store and ship frozen to referral site.	VGH
C Cortisol - am	CORAM Cortisol AM (0700-0900)	Plasma or Serum Collect specimen between 7am and 9 am or up to 3 hrs post waking. Collect on same day as Cortisol-PM for indication of diurnal variation.	PST/SST	Centrifuge and ship refrigerated to testing site.	EKH, KBH, KGH, PRH, RIH, VJH
C Cortisol - pm	CORPM Cortisol PM (1500-1700)	Plasma or Serum Collect specimen between 3pm and 5pm. Collect on same day as Cortisol-AM for indication of diurnal variation.	PST/SST	Centrifuge and ship refrigerated to testing site. Collect between 3-5pm	EKH, KBH, KGH, PRH, RIH, VJH
C Cortisol - Post Dexamethasone	CORAMPOSTDEX Cortisol Post Dexamethasone	Plasma or Serum Collect sample at 0800 the next morning following dexamethasone dose, or at time indicated by ordering physician.	PST/SST	Centrifuge within 2 hours of collection. Store and ship refrigerated to referral site.	EKH, KBH, KGH, PRH, RIH, VJH
C Cortisol - Random	CORR Cortisol Random	Plasma or Serum Random collection time only	PST/SST	Centrifuge within 2 hours of collection. Store and ship refrigerated to referral site.	EKH, KBH, KGH, PRH, RIH, VJH



Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
C Cortisol- Salivary	CORSAL	Contact VGH to obtain salivette tube, 604-875-4111 ext 68203. Provide patient with VGH instructions on Patient Test Instruction page. Instruct patient to keep the swab in mouth as long as possible to obtain sample.	Salivette Tube	Minimum 2mL saliva required. Sample must be kept refrigerated until returned to the lab. Ship room temperature to VGH.	VGH
C Cotinine Nicotine metabolite	COTININE URDRUGSCOTININE	Random Urine	Sterile Container	20ml Urine Ship refrigerated	VGH
C C-Peptide Insulin C-Pptide	CPEP C-Peptide	Serum 10 hr fasting preferred	SST	Centrifuge and aliquot 1 mL (min) serum ASAP into a Roche False Bottom tube. Store and ship frozen to referral site.	St. Paul's Hospital
C C-Reactive Protein CRP	CRP CRP (C-Reactive Protein)	Lithium Heparinized Plasma (preferred) or Serum	PST/SST	Centrifuge within 2 hrs of collection. Store and ship refrigerated. Aliquot, freeze and ship frozen if testing will not be performed within 72 hrs.	BDH, CMH, KBH, EKH, KGH, KLH, OMH, PRH, RIH, SLH, SOG, VJH
C C-Reactive Protein High Sensitivity	CRP	Order CRP			
C Creatine Kinase MB	CKMB- Test not available	Substitute test: Troponin I			
C Creatine Kinase CPK	CK CK	Lithium Heparinized Plasma (preferred) or Serum	PST/SST	Centrifuge within 2 hours of collection. Store and ship refrigerated to referral site.	



Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
C Creatinine - 24 hr Urine	U24CRE Creatinine-24h Urine	<p>Provide 24 hr Urine Patient Collection Instructions.</p> <p>Refrigerate specimen during collection until delivery to lab Indicate Start and Finish Date and Time on requisition A blood sample for creatinine is required for this test. It is preferable to order and collect the blood sample for creatinine when the collection container is picked up. Blood must be collected within 24 hours of the start or finish time of the urine collection. Record patient current height and weight on requisition.</p>	24hr urine collection container No preservative or 15mL 6N HCL added prior to collection	Measure and record total volume of specimen. Send 10mL aliquot. Store and ship refrigerated to referral site. Record height and weight.	EKH, KBH, KGH, PRH, RIH, VJH
C Creatinine - Dialysate	DIALCRE Creatinine Peritoneal Dialysate	May deliver entire sample to lab If delivering aliquot, total volume must be indicated on container and/or requisition	Sterile screw cap container or serum- RTT	Aliquot 4mL into 12x75 (5mL) plastic tube. Store and ship aliquot refrigerated to referral testing site.	
C Creatinine - Fluid	BFCRE Creatinine Fluid	Indicate body fluid source	GRN-LiHep without gel or No additive tube or Sterile screw top container	Centrifuge within 2 hours of collection. Store and ship refrigerated to testing site.	EKH, KBH, KGH, PRH, RIH, VJH
C Creatinine – Random Urine	URCRE Creatinine- Random Urine	Refrigerate specimen until delivery to lab.	Sterile screw cap container	Aliquot 4mL into 12x75 (5mL) plastic tube. Store and ship aliquot refrigerated to referral testing site.	EKH, KBH, KGH, PRH, RIH, VJH



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
C	Creatinine Clearance	U24CRCL Creatinine Clearance- 24h Urine	Provide 24 hr Urine Patient Collection Instructions. Refrigerate specimen during collection until delivery to lab Indicate Start and Finish Date and Time on requisition A blood sample for creatinine is required for this test. It is preferable to order and collect the blood sample for creatinine when the collection container is picked up. Blood must be collected within 24 hours of the start or finish time of the urine collection. Record patient current height and weight on requisition.	24hr urine collection container No preservative or 15mL 6N HCL added prior to collection	Measure and record total volume of specimen. Send 4 mL aliquot. Store and ship refrigerated to referral site. Record height and weight.	EKH, KBH, KGH, PRH, RIH, VJH
C	Creatinine CR CREA	CRE Creatinine (Incl GFR)	Lithium Heparinized Plasma (preferred) or Serum	PST/SST	Centrifuge within 2 hours of collection. Store and ship refrigerated to referral site.	Most IH Sites
C	Creutzfeldt-Jakob Disease		See Microbiology Guide to Specimen Ordering Collection & Transport			
C	Crossmatch RBC	RBC Red Blood Cells				



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



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



Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
C Cyclobenzarine Flexeral	CYBEN Cyclobenzaprine (Flexeral)	Serum	RTT	Centrifuge and aliquot 1 mL (min) serum. Store and ship cool to referral site for testing.	Provincial Toxicology Centre
C Cyclosporin - 2 Hour Post	CYCL2 Cyclosporin- 2 hour post	EDTA Whole blood Collect 2 hours (within 15 minutes) post dose Date/time of last dose is required. Testing performed at VGH Sun-Fri	EDTA (3mL)	Store and ship unspun primary tube refrigerated to testing site. Sample stable for 14 days.	VGH
C Cyclosporin - Trough Cyclosporin A, Cyclosporin, Sandimmune	CYCL1 Cyclosporin- Trough	EDTA Whole Blood Collect within 30 min of next dose Date/time of last dose is required. Testing performed at VGH Sun-Fri	EDTA (3mL)	Store and ship unspun primary tube refrigerated to testing site. Sample stable for 14 days.	VGH
C Cystic Fibrosis Screening CF Fetal EB CAVD CBAVD Cystic Fibrosis Gene Electrophoresis	Order GENETICS	EDTA Whole blood Collect Monday-Thursday only to allow for same day shipping.	EDTA (4mL)	Store and ship whole blood same day at room temperature. Do not refrigerate or freeze.	BCCH Molecular Diagnostics Lab Requisition
C Cystine - 24 hr urine	ST Lab only: Order Send Out Test	Collect only for known patients. CH will only perform a 24-hour for cystine if patient is in their database with a previous positive screen. If you get a request, call 1-604-875-2307 prior to starting the collection.	24 hour urine container-no preservative	Store and ship entire sample frozen to referral site for testing. Do not aliquot for other tests.	BC Women & Children's Hospital



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



Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
D DAT Coombs Test	DAT Direct Antiglobulin Test	EDTA Whole blood Order Management Category: TS Provide patient's transfusion and medication history	EDTA (4mL)	Do Not SPIN Store and ship primary tube refrigerated to IH testing site. Do Not Freeze	
D DDAVP Trial Desmopressin Challenge DDAVP Challenge	DDAVPTRIAL	Citrated plasma Timed specimens: Baseline, 1 hr. & 4 hr. collections	2 NaCit per collection	Prepare platelet poor plasma within 2 hr. of collection. Aliquot 1 mL (min) plasma into polypropylene tube. Ship & store frozen Mon-Thur.	KGH
D D-Dimer DIC INvestigation	DD D-Dimer	Citrated plasma	NaCit	Store and ship unspun citrate tube at room temperature. If testing is delayed > 8 hr. post collection, prepare platelet poor plasma within 2 hr. of collection. Aliquot 1 mL (min) plasma into polypropylene tube. Store & ship frozen.	KBH, KGH, PRH, RIH, VJH
D Dehydro-epiandrosterone	DHEAS DHEAS	Serum	SST	Centrifuge within 2 hours of collection. Aliquot 1 mL (min) serum Store and ship frozen to referral site.	VGH
D Delta-Aminolevulinic Acid - 24 hr Urine Amino Levulinic Acid ALA Delta-ALA DALA Porphyrin precursor	U24DALA Delta Aminolevulinic Acid-24hU	Provide 24hr Urine Patient Collection Instructions Refrigerate specimen during collection until delivery to lab Indicate Start and Finish Date and Time on requisition. Protect from light during collection and delivery to lab.	24hr urine collection container No preservative or 15mL 6N HCL added prior to collection	Mix well, measure and record total volume and pH. If unpreserved urine is pH >7, recollect using 15mL 6N HCL as preservative. Aliquot 10 mL sample into sterile screw cap container. Store and ship frozen to referral site. Protect from light.	VGH



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
D	Deoxyypyridinoline Crosslinks Urine D-PYR	Test not available CTX is an alternative test				
D	Desipramine Norpramine	DESIP Desipramine	Serum Patient should be on medication at least 7 days prior to specimen collection. Collect just prior to next dose	RTT-no additive	Centrifuge within 2 hours of collection. Store and ship refrigerated to referral site.	Provincial Toxicology Centre
D	Desmoglein 1, Desmoglein 3 Pemphigus Ab	DESMOAB	Fasting preferred	SST	Centrifuge and aliquot 1mL (min) as soon as possible. Freeze immediately. Hemolyzed and icteric samples are unacceptable. Store and ship frozen.	ICL (ICL forwards to Quest) DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval and signed consent form. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval.
D	Devic's Disease Neuromyelitis Optica NMO/Aquaporin 4	See MITOREF Lab Order Only				



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
D	Dexamethasone Suppression Test	CORAMPOSTDEX Mini Dose Suppression Test,	Collect sample at 0800 the next morning following dexamethasone dose, or at time indicated by practitioner.	SST/PST	Centrifuge within 2 hours of collection. Store and ship refrigerated to referral site.	EKH, KBH, KGH, PRH, RIH
D	Dialysate fluid	Order analytes individually: DIALALB Albumin DIALCRE Creatinine DIALGLU Glucose DIALUREA Urea	Peritoneal dialysis fluid	RTT or sterile screw cap container	Store and ship refrigerated to testing site.	Most IH Sites
D	Differential - Miscellaneous Fluid Diff	BFDIFFMISC Miscellaneous Fluid <i>Do not use for pericardial, peritoneal ascites or dialysate, pleural or synovial fluid. Use for any body fluid not listed.</i>	EDTA <i>No cell count is performed on miscellaneous fluids, only a differential.</i>	EDTA (3mL)	Add minimum 1mL sample to tube. Add fluid immediately upon collection. Mix by inverting tube slowly 8 times to prevent clotting. Store and ship refrigerated to testing site. Do not order/perform a cell count. If in doubt, contact the pathologist to clarify the order.	EKH, KBH, KGH, PRH, RIH, VJH
D	Differential	Manual Diff See CBC	EDTA Whole Blood - Do NOT spin	EDTA (3mL)	Manual differential will be performed based on CBC results	



Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
D Digoxin Lanoxin	DIG Digoxin	Serum Collect specimen 0-60 minutes prior to next dose or 6-8 hours post dose. Indicate date and time of last dose.	SST RTT acceptable	Centrifuge within 2 hours of collection. SST: Primary tube acceptable if tube is full and testing is performed within 7 days. Store and ship refrigerated. Aliquot 2mL serum minimum and freeze if tube is not a full draw, or testing is not performed within 7 days. Send frozen. RTT: Aliquot 2mL serum minimum. Store and ship refrigerated. Freeze and send frozen if testing is not performed within 7 days.	EKH, KBH, KGH, PRH, RIH, VJH
D Dilantin - Free	DILF Free Dilantin (Phenytoin)	Serum Oral Therapy: Collect 0-60 minutes prior to next dose. IV Therapy: Collect >2 hrs post dose. Indicate date and time of last dose.	RTT-no additive	Centrifuge within 2 hours of collection. Aliquot 2 mL serum Store and ship refrigerated to referral site. Total Dilantin and Free Dilantin performed on same aliquot.	VGH
D Direct Antiglobulin Test	DAT Coombs Test	EDTA Whole blood Order Management Category: TS Provide patient's transfusion and medication history	Adults – EDTA (4ml) Neonate - EDTA microtainer, 0.5mL (min).	Do Not centrifuge or aliquot. Store and ship refrigerated to referral site.	
D DNA Double-Strand Antibody Anti-DNA Anti-ds DNA	DSDNA or DNADS DNA Double-Strand Antibody	Serum	SST	Aliquot 1.0 ml and ship refrigerated	KGH, RIH



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



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



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



Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
E EGFR T790M plasma cell-free DNA (cfDNA)	Order GENETICS	Special cell free DNA (STRECK) tubes: Obtain from KGH Accession department. <u>Order of draw: Same as EDTA* except if heparin tubes are also being collected.</u> Important: Heparin contamination in the STRECK tube may interfere with results. <u>Collect the STRECK tubes prior to any heparin tubes to avoid contamination.</u> Alternatively, use a discard EDTA after the heparin tube and before the STRECK tubes. Collect by vacutainer using a butterfly. Use a non-additive discard tube if these are the first tubes drawn. <u>Invert 8 times to mix.</u>	cfDNA collection tube 2 x 10mL	Ship whole blood at room temperature to BCCA Cancer Genetics Lab, Room 3307, 600 West 10th Ave. Collect Mon-Wed only (5 day stability)	Orderable by oncologist only Use BCCA Cancer genetics solid tumour requisition: Contact BCCA Cancer Genetics Lab at 1-604-877-6000 ext. 2094 for questions
E Elastase	STELAST Stool Elastase	Stool - well-formed	Sterile screw cap container	Store and ship 50g (min) frozen to referral site.	BC Children's and Women's Hospital
E Electrolytes - Urine Random	Order separately: URNA - Urine Sodium, Urine NA URK - Urine Potassium, Urine K	Random Urine Refrigerate specimen until delivery to lab.	Sterile screw cap container	Aliquot 4mL into 12x75 (5mL) plastic tube. Store and ship aliquot refrigerated to referral testing site.	EKH, KBH, KGH, PRH, RIH, VJH
E Electrolytes	See LYTES2 or LYTES4 Includes: Sodium (NA), Potassium (K) [LYTES2], Chloride (Cl), and Carbon dioxide (CO2) [LYTES4]	Lithium Heparinized plasma (preferred) or serum	PST/SST	Centrifuge within 2 hours of collection. Store refrigerated. <i>Note: Potassium (K) result will be falsely increased if the sample is hemolyzed, or there is a delay in separating cells from serum/plasma.</i>	Most IH Sites



Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
E Electrophoresis - 24hr Urine Bence Jones Protein	U24EL Electrophoresis- 24h Urine	Provide 24hr Urine Patient Collection Instructions Refrigerate specimen during collection until delivery to lab Indicate Start and Finish Date and Time on requisition	24hr urine collection container No preservative	Mix well, measure and record total volume. Aliquot 50 mL sample into sterile screw cap container. Also aliquot 4 mL into a 12x75 aliquot tube. Store and ship both aliquots refrigerated to testing site.	KGH, RIH
E Electrophoresis - CSF Oligoclonal Banding IgG Fraction IgG Albindex IgG Synthesis Rate	CSFOLIG Oligoclonal Panel CSF	CSF + serum sample Serum sample required to be drawn same day. May be obtained up to 7 days before or after the CSF.	Sterile CSF collection tube - 1-4 tubes depending on tests required Serum: SST	Place 1 mL (min) CSF into aliquot tube. Place 1 mL (min) serum into separate aliquot tube. Store and ship both samples frozen to VGH.	VGH
E Electrophoresis - Random Urine Bence Jones Protein	UREL Electrophoresis-Random Urine	Random urine Refrigerate specimen until delivery to lab.	Sterile screw cap container	Aliquot urine in a 12x75 plastic send out tube & approximately 50 mL of urine in a Starplex container. Store and ship both aliquot and sterile screw-cap container refrigerated to testing site.	KGH, RIH
E Electrophoresis	EL SPE, Serum Protein Electrophoresis, Protein Electrophoresis, PEP	Serum	SST	Centrifuge within 2 hours of collection. Store and ship refrigerated to testing site. Stability 14 days refrigerated.	KGH, RIH
E Eligibility for Rh Immune Globulin RHIG Eligibility Group and Screen for Eligibility for RhoGAM	ELIG Eligibility for RhIG	Order Management category: TS <i>Also order BLDGRPNEO on Infant cord blood</i>	EDTA (3mL)	Store and ship unspun primary tube refrigerated to referral site.	



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
E	Embryopathology	Products of Conception PATHSPEC	Products of conception		Do not order as a Special Test in lab module. Order PATHSPEC in the LAB module when referring a pathology specimen from one IH site to another. This mnemonic is used for tracking purposes. The IH sites with Pathology module will order the appropriate test to the referral site. I.e. Embryopathology is referred from CMH to RIH (to be referred to VJH or BCCWH). CMH will order PATHSPEC only. RIH will order the Embryofetopathology referral to the appropriate site.	
E	ENA Extractable Nuclear Antibodies	Order ANA *ENA automatically ordered if ANA > 1.0+C291	Serum	SST	Centrifuge within 2 hours of collection. Aliquot 1 mL (min) serum Store and ship refrigerated to referral site. ENA Panel includes: Anti-Centromere Anti-Ro (Anti-ssA) for Sjogren's syndrome Anti-La (Anti-ssB) for Sjogren's syndrome Anti-RNP/U1RNP (Anti-Ribonucleoprotein) for connective tissue disease Anti-Sm (Anti-Smith) Anti-Scl-70 for scleroderma Anti-Jo-1 for polymyositis	KGH, RIH
E	Epstein-Barr Virus		See Microbiology Guide to Specimen Ordering Collection & Transport			



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
E	Erythrocyte Protoporphyrin-Zinc Erythrocyte Protoporphyrin Note: Includes both zinc protoporphysin and free erythrocyte protoporphyrin (not individually available at VGH)	PROTOZN	EDTA Whole blood Protect specimen from light. Include HCT result with specimen.	EDTA (3mL)	Keep protected from light. Store and ship unspun whole blood primary tube refrigerated to referral site.	Vancouver General Hospital
E	Erythrocyte Sedimentation Rate Sed Rate	ESR ESR	Citrated Whole blood Clinical indications required May be ordered STAT only in cases of suspected Temporal Arteritis EDTA blood is unacceptable Excyte tube: <ul style="list-style-type: none"> • ensure patient arm is in downward position • needle must puncture center of cap • collection with syringe and using a blood transfer device to fill Excyte tube has shown improvement in tube filling • support tube in upward position while filling • tube fills very slowly 	ESR tube (black cap) Seditainer or Excyte tube only fill completely	Store and ship unspun primary tube refrigerated to referral site.	Most IH Sites
E	Erythropoietin Level	EPO Erythropoetin (EPO)	Serum Morning sample recommended. Allow to clot and centrifuge within 2 hours of collection.	SST or RTT	Centrifuge within 2 hours of collection. Aliquot min 1mL serum. Freeze ASAP. Ship frozen to referral site. (Refrigerated sample stability is only 24 hrs).	VGH



Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
E Estradiol Estrogen	EST	Serum	SST	Centrifuge within 2 hours of collection. Store primary tube and ship refrigerated to testing site.	RIH, KGH
E Ethanol ALC Alcohol EtOH	ETH Ethanol	Lithium Heparin plasma (preferred) or Serum Do not use alcohol swab to clean site. Use suitable alternative. Not available as an add-on test	PST/SST	Centrifuge within 2 hours of collection. Wrap cap with parafilm. Store and ship unopened primary tube refrigerated to testing site. *If requested to draw an ethanol sample for the RCMP, refer to IH policy AL0300	Most IH Sites
E Ethosuximide Zarontin	ETHOSUX Ethosuximide (Zarontin)	Serum Indicate date and time of last dose	RTT-no additive	Centrifuge within 2 hours of collection. Aliquot 2 mL serum Store and ship frozen to referral site. Dose steady state reached approximately 14 days (adult) or 7 days (child)	Provincial Toxicology Centre
E Ethyl Glucuronide	ETG Ethyl Glucuronide- Random Urine	Random Urine	Sterile screw cap container	Store and ship 5mL (min) random urine refrigerated to referral site.	Provincial Toxicology Centre



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
E	Ethylene Glycol Radiator fluid Antifreeze Degreasing agents Foam stabilizers Metal cleaners	ETHGLY (VOLALC) Ethyl glycol	Plasma or serum 2 tubes	PST/SST x 2	* Refer to "Performing Osmolar Gap for Volatile Alcohol and/or Ethylene Glycol Test Requests" Procedure for specific instructions. * NOTE: Include a copy of test results if sample is sent to VGH. Collect: PST / SST Specimen specifics: Centrifuge both tubes. Tube 1: Perform any available on-site testing. If OSMO testing is not performed on site, ship both tubes refrigerated to OSMO testing site. Tube 2: DO NOT OPEN. Store and ship UNOPENED tube refrigerated to referral site. IH Pathologist or Biochemist approval required prior to shipping sample to VGH. Send to sites/options: XVGH	Vancouver General Hospital
E	Factor 10 Assay Factor X	F10 Factor X Assay	Citrated plasma <i>Requires pathologist approval for ordering. Call pathologist for approval, if pathologist unavailable, collect and prepare sample. Obtain pathologist approval after collection.</i> <i>No approval required if ordered by a Hematologist.</i> Do NOT order for Heparin Factor 10A activity+D401	NaCit	Prepare platelet poor plasma within 2 hr. of collection. Aliquot 1 mL (min) plasma into polypropylene tube. One Factor assay per tube. Store & ship frozen Mon- Wed.	RIH send frozen Mon-Wed Only



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
F	Factor 11 Assay Coagulation Factor XI Factor XI FXI	F11 Factor 11Assay	Citratd plasma <i>Requires pathologist approval for ordering. Call pathologist for approval, if pathologist unavailalbe, collect and prepare sample. Obtain pathologist approval after collection. No approval required if ordered by a Hematologist.</i>	NaCit	Prepare platelet poor plasma within 2 hr. of collection. Aliquot 1 mL (min) plasma into polypropylene tube. One Factor assay per tube. Store & ship frozen Mon- Wed.	RIH send frozen Mon-Wed Only
F	Factor 12 Assay Factor XII FXII	F12 Factor 12Assay	Citratd plasma <i>Requires pathologist approval for ordering. Call pathologist for approval, if pathologist unavailalbe, collect and prepare sample. Obtain pathologist approval after collection. No approval required if ordered by a Hematologist.</i>	NaCit	Prepare platelet poor plasma within 2 hr. of collection. Aliquot 1 mL (min) plasma into polypropylene tube. One Factor assay per tube. Store & ship frozen Mon- Wed.	RIH send frozen Mon-Wed Only
F	Factor 13 Screen Factor XIII FXIII	F13 Factor 13 Screen	Citratd plasma	2 NaCit	Prepare platelet poor plasma within 2 hr. of collection. Aliquot 1 mL (min) plasma into polypropylene tube. Store & ship frozen Mon- Wed.	St. Paul's Hospital



Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
F Factor 2 Assay Factor II FII	F2 Lab Order Only Do NOT order for Prothrombin Gene Mutation	Citrated plasma <i>Requires pathologist approval for ordering. Call pathologist for approval, if pathologist unavailable, collect and prepare sample. Obtain pathologist approval after collection. No approval required if ordered by a Hematologist.</i>	NaCit	Prepare platelet poor plasma within 2 hr. of collection. Aliquot 1 mL (min) plasma into polypropylene tube. One Factor assay per tube. Store & ship frozen Mon- Wed.	RIH send frozen Mon-Wed Only
F Factor 5 Assay Factor V Assay FV	F5 Lab Order Only Do NOT order for Factor 5 Leiden, FVL or PT Gene Mutation	Citrated plasma <i>Requires pathologist approval for ordering. Call pathologist for approval, if pathologist unavailable, collect and prepare sample. Obtain pathologist approval after collection. No approval required if ordered by a Hematologist.</i>	NaCit	Prepare platelet poor plasma within 2 hr. of collection. Aliquot 1 mL (min) plasma into polypropylene tube. One Factor assay per tube. Store & ship frozen Mon- Wed.	RIH send frozen Mon-Wed Only
F Factor 5 Inhibitor Assay	F5INH	Citrated plasma	NaCit-3 tubes	Prepare platelet poor plasma within 2 hours of collection. Aliquot 1.0 mL (min) into 3 polypropylene tube Store and ship frozen Mon-Thurs	SPH
F Factor 5 Leiden F5 Leiden Factor V Leiden	F5L Factor 5 Leiden/PRT Gene Mut Order includes order for PT Gene Mutation (620210a)	EDTA Whole Blood - Do NOT spin	EDTA (3mL)	Do Not Centrifuge. Ship primary tube same day or as soon as possible. Ship room temperature or refrigerated (Mon- Thurs) to referral site. Sample stable for one week. TAT 1 wk	VGH



Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
F Factor 7 Assay Factor VII	F7 Factor 7 Assay	Citrated plasma <i>Requires pathologist approval for ordering. Call pathologist for approval, if pathologist unavailable, collect and prepare sample. Obtain pathologist approval after collection. No approval required if ordered by a Hematologist.</i>	NaCit	Prepare platelet poor plasma within 2 hr. of collection. Aliquot 1 mL (min) plasma into polypropylene tube. One Factor assay per tube. Store & ship frozen Mon- Wed.	RIH
F Factor 8 Assay Hemophilia A Factor VIII FVIII Factor VIII:C See also Von Willibrand's	F8 Factor 8 Assay	Citrated plasma	NaCit	Prepare platelet poor plasma within 2 hr. of collection. Aliquot 1 mL (min) plasma into polypropylene tube. One Factor assay per tube. Store & ship frozen Mon- Wed.	KGH/RIH send frozen Mon-Wed Only
F Factor 8 Chromogenic Assay	F8CHROM Factor 9 Chromogenic Assay	NaCit plasma	NaCit - 2	Prepare platelet poor plasma within 2 hr. of collection. Aliquot 2.5 mL (min) plasma into polypropylene tube. Store & ship frozen Mon-Wed. Specimens must arrive frozen.	St. Paul's Hospital
F Factor 8 Inhibitor Factor VIII Inhibitor Factor 8 Bethesda Units Factor 8 Antibody Screen	F8INH Factor 8 Inhibitor Assay	Citrated plasma Process immediately.	NaCit	Prepare platelet poor plasma within 2 hr. of collection. Aliquot 2.5 mL (min) plasma into polypropylene tube. Store & ship frozen Mon-Wed. Specimens must arrive frozen.	St. Paul's Hospital



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
F	Factor 9 Assay Hemophilia B Christmas Disease Factor IX	F9 Factor 9 Assay	Citrated plasma	2 NaCit	Prepare platelet poor plasma within 2 hr. of collection. Aliquot 1 mL (min) plasma into polypropylene tube. One Factor assay per tube. Store & ship frozen Mon- Wed.	KGH/RIH send frozen Mon-Wed Only
F	Factor 9 Chromogenic Assay F9 Chromogenic For Monitoring Pegylated F9 (Rebinyn)	F9CHROM Factor 9 Chromogenic Assay	NaCit plasma	NaCit	Prepare platelet poor plasma within 2 hr. of collection. Aliquot 2.5 mL (min) plasma into polypropylene tube. Store & ship frozen Mon-Wed. Specimens must arrive frozen.	St. Paul's Hospital
F	Fat Globules - Stool	ST Lab only: Order Send Out Test	Random stool specimen	Sterile Container	Refrigerate within 1hr of collection. Freeze if >48hrs prior to testing. Ship frozen.	Lifelabs



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
F	Fecal Fat - Quantitative 72 hour stool for fat	STFAT	Stool - collected over a designated time period (72 hr) Patient must obtain pre-weighed metal can from lab Collection: Collect all bowel movements passed during the required time period. Do not allow urine or water to contaminate the sample. Storage: Store collection container upright, tightly sealed and cool throughout the collection period. Complete the label information and deliver to the lab as soon as possible upon completion of the collection time period.	Pre-weighed metal can	Ensure container lid is securely sealed. Place container in a tightly sealed plastic bag for shipping. Store and ship refrigerated to referral site.	Lifelabs Detailed collection instructions
F	Fecal Immunochemical Test FIT Test <i>Outpatient Screening test for BC residents age 50-74, asymptomatic</i> INPATIENTS Not eligible for this test.	FIT	Stool in special collection container. Provide patient with collection instructions . Return sample to lab within 7 days of collection. Lab Staff: Follow sample labelling instructions procedure. Check kit expiry prior to giving out kit.	Special FIT collection container	Check sample container is not over- or under-filled, is not leaking, or that the outside has not been contaminated prior to allowing patient to leave. Store and ship samples refrigerated until analysis or transport to testing facility. Testing valid for samples up to 14 days post collection.	Lifelabs
F	Fecal Leukocytes	Test no longer available (See ILU 19-21)				



Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
F Fecal Occult Blood FOB	Test no longer available (See ILU 19-27)				
F Fentanyl Screen-ED/IP Screen includes Fentanyl and Norfentanyl only	URDRUGSFENT FENTANYLED	Random urine ED or IP Testing at sites with fentanyl kits	Sterile screw cap container	Collect 5 mL min random urine	IHEKH, IHKBH, IHKGH, IHPRH, IHRIH, IHVJH
F Fentanyl-Outpatient Screen includes: Fentanyl analogues Norfentanyl U4770 Furanylfentanyl Carfentanyl	URFENTANYLOP FENTANYL	Random urine This is a routine screening test for outpatients only. Note for legal testing. Screen includes:Fentanyl analogues, Norfentanyl, U4770, Furanylfentanyl, Carfentanyl All positive screens are confirmed by LC/MS	Sterile screw cap container	Note: NOT for legal testing. Order for outpatient testing. Store and ship 50 mL aliquot refrigerated to testing site. Freeze and send frozen if sample will arrive >72 hours after collection.	Lifelabs
F Ferritin FER	FERRITIN Ferritin	Plasma or Serum	PST/SST	Centrifuge within 2 hours of collection. Aliquot 2 mL serum/plasma. Store and ship refrigerated to referral site.	EKH, KBH, KGH, PRH, RIH, VJH
F Fetal Fibrinectin	FFN Fetal Fibronectin	Special FFN swab available from Lab. Refer to specific collection procedure. Deliver to lab ASAP. Contact local laboratory for more information	FFN swab	Lab: Test upon receipt. If sample cannot be tested within 8 hours of collection, store and ship cool to testing site. Sample must be tested within 3 days of collection.	Most IH Sites
F Fetal Hemoglobin Screen	FETHGB APT test	<i>Contact local lab for more information</i>			



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
F	Fetal Maternal Screen	FETSCR Fetal Screen, Rosette test	EDTA Whole blood Collect post-partum only on Rh negative mothers who deliver Rh positive infants. Test indicates whether additional dose of RhIg is required.	EDTA (3mL)	Store and ship unspun whole blood primary tube refrigerated to referral site.	
F	Fibrinogen Factor 1	FIB Fibrinogen	Citrated plasma Deliver to lab promptly. Avoid hemolysis. Hemolyzed specimens must be recollected.	NaCit	If testing is delayed > 4 hr. post collection, prepare platelet poor plasma within 2 hr. of collection. Aliquot 1 mL (min) plasma into polypropylene tube. Store & ship frozen.	KBH, KGH, PRH, RIH, VJH, CMH, IHSLH
F	Flow Cytometry BCCA	FLOWBCCA Lab Order Only	Collect Mon-Thurs before 13:00pm to allow for same day shipping to BCCA. For rural collection sites, consult with through site regarding courier times to ensure same day shipping to BCCA. Consult pathologist before collecting outside of Mon-Thurs or after 13:00. Sample requirements are based on sample type and testing required. Follow instructions on requisition. Peripheral Blood: Collect Mon-Thurs before 1pm only to allow for same day shipping. Bone Marrow: Appointment must be booked. Contact local laboratory for more information. Body Fluid: Sterile screw-cap container or EDTA tube Fine Needle Aspirate: 1mL in saline or EDTA	See requisition for detailed sample requirements.	If testing is required at more than one site, submit separate samples and requisitions for each site. Follow requisition instructions to process and ship samples, including sending required results. Ship at temperature indicated on requisition for sample type. Ship peripheral blood at room temperature. Create a separate site batch and package separately.	BCCA Submit Flow Cytometry Requisition for BCCA/VGH:



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
F	Flow Cytometry BCCH	FLOWBCCH Lab Order Only	<p>Collect Mon-Thurs before 13:00pm to allow for same day shipping to BCCH. For rural collection sites, consult with through site regarding courier times to ensure same day shipping to BCCH.</p> <p>Collect 5 mL EDTA whole blood (minimum 1 mL).</p> <p>*Order IDEFPED for tests under the 'Immunodeficiency Investigation' section on the BCCH Flow Cytometry requisition (i.e. TBNK cell count, T,B subset)</p> <p>*Order FLOWBCCH for all other tests on the Flow Cytometry requisition. For Hereditary Spherocytosis, order E5M. For Neutrophil Oxidative Burst, order OXIB</p>	EDTA Whole blood	<p>Send 5 mL EDTA whole blood (minimum 1 mL). Specimens must be received within 30 hours of collection. Label "STAT" on the transport box Ship at room temperature. Create a separate site batch and package separately.</p>	BCCH Submit Requisition for BCCH: http://www.elabhandbook.info/PHSA/Files/RequisitionForms%2f1_20200811_051921_Flow%20Cytometry%20Requisition%20v3.3%20CP%20Aug%2011%202020.pdf



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
F	Flow Cytometry VGH	FLOWVGH Lab Order Only	<p>Collect Mon-Thurs before 13:00pm to allow for same day shipping to VGH. For rural collection sites, consult with through site regarding courier times to ensure same day shipping to VGH.</p> <p>Consult pathologist before collecting outside of Mon-Thurs or after 13:00.</p> <p>Sample requirements are based on sample type and testing required. Follow instructions on requisition.</p> <p>Peripheral Blood: Collect Mon-Thurs before 1pm only to allow for same day shipping.</p> <p>Bone Marrow: Appointment must be booked. Contact local laboratory for more information.</p> <p>Body Fluid: Sterile screw-cap container or EDTA tube</p> <p>Fine Needle Aspirate: 1mL in saline or EDTA</p>	<p>See requisition for detailed sample requirements.</p>	<p>If testing is required at more than one site, submit separate samples and requisitions for each site.</p> <p>Follow requisition instructions to process and ship samples, including sending required results.</p> <p>Ship at temperature indicated on requisition for sample type.</p> <p>Create a separate site batch and package separately.</p>	<p>VGH</p> <p>Submit Flow Cytometry Requisition for BCCA/VGH:</p>
F	Flunitrazepam Rohypnol	FLUNITRAZ ROHYPNOL Flunitrazepam (Rohypnol)	<p>If < 5 hours from ingestion, collect Red Top tube</p> <p>If > 5 hours (or unknown) from ingestion, collect urine</p>	<p>Blood: RRT</p> <p>Urine: Sterile screw cap container</p>	<p>Serum: Centrifuge and aliquote 2-4ml, ship refrigerated</p> <p>Urine:Aliquot 50mL (min) and ship refrigerated to referral testing site.</p>	<p>Provincial Toxicology Centre</p>



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



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
F	Folate Red Cell	RBCF RBC Folate **must order HCT (hematocrit) as well	EDTA whole blood Order HCT (hematocrit) as well and include the report with the sample shipped to ICL.	EDTA (3mL)	Hematocrit is tested in an IH lab and the report needs to be sent with the frozen sample. RBC folate tube must be well mixed and 1mL (min) whole blood must be aliquoted and frozen at -20 immediately. Store and ship frozen to referral site.	ICL DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval.
F	Folate	Folic Acid	Test no longer available			
F	Free Androgen Index FAI	Substitute TESB Testosterone - Bioavailable, BAT	Test not available. Substitute TESB - Bioavailable Testosterone which includes Testosterone, Sex Hormone Binding Globulin and Free Androgen Index			



Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
F Free Fatty Acids Total free fatty acids	ST Lab only: Order Send Out Test	12 hour fasting. Specimens containing heparin are unsuitable for analysis, including patients receiving heprin therapy.	SST	Centrifuge immediately and aliquot 1mL minimum. Freeze immediately. Store and send frozen to referral site.	ICL DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval.
F Free Light Chains sFLC Light chains Free kappa/lambda ratio	LIGHTCHAIN Light Chains (Free)	Serum	SST	Centrifuge within 2 hours of collection. Aliquot 1 mL serum.	VGH
F Free PSA	PSAF PSA Free	Serum	SST	Centrifuge within 2 hours of collection. Aliquot 2 mL serum. Store and ship frozen to referral site.	PHSA Tumour Marker lab
F Free T3 Triiodothyronine	FT3 Free T3	Plasma or Serum	PST/SST	Centrifuge within 2 hours of collection. Store and ship refrigerated to referral site.	KGH, VGH
F Free T4 T4 Free Free Thyroxine	FT4 Free T4	Plasma or Serum	PST/SST	Centrifuge within 2 hours of collection. Aliquot 0.5 mL (min) serum. Store and ship refrigerated to referral site.	EKH, KBH, KGH, PRH, RIH, VJH



Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
F Fructosamine	FRUCTOSAMINE	Serum	SST	Centrifuge and aliquot 1mL (min) serum. Hemolysis and icterus interfere with testing. Store and ship refrigerated to referral site. Send copy of requisition to KGH.	ICL DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval.
F FSH Follicle Stimulating Hormone Pituitary Gonadotropins	FSH FSH	Serum	SST	Centrifuge within 2 hours of collection. Store and ship primary tube refrigerated to testing site.	RIH, KGH
F FTA-ABS	Syphilis Fluorescent Treponemal Antibody Syphilis	See Microbiology Guide to Specimen Ordering Collection & Transport			
F FTACSF	FTACSF	See Microbiology Guide to Specimen Ordering Collection & Transport			
F Gabapentin Neurontin	GABAPENT Neurontin	Serum Collect just prior to next dose	RTT only	Centrifuge and aliquot 2 mL (min) serum within 2 hours of collection. Store and ship refrigerated to referral site.	Provincial Toxicology Centre



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
G	Galactokinase	Test not available in IH Galactose Kinase, GK	Patient must go to BC C&WH for testing as sample must be processed within 3 hours of collection.			BC Children & Women's Hospital Biochemical Diseases Lab
G	Galactose-1-Phosphate	Test not available in IH	Patient must go to BC C&WH for testing		eLab	BC Children & Women's Hospital
G	Gamma-Hydroxybutyrate GHB	GAMHB GHB GAMMAHYDROXY Gamma-Hydroxybutyrate	Random urine-minimum 5mL Note hours since ingestion. Detectable up to 12 hrs post ingestion	Sterile screw cap container	Urine: minimum 5 mL, ship refrigerated or frozen. Must be collected within 12 hrs of ingestion.	Hospital for Sick Kids-Toronto- via Provincial Toxicology Note: NOT for legal testing or chain of custody samples. Refer to: CS 0103 for Sexual Assault Response Team (SART) requests.



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
G	Gastrin	GASTRIN Gastrin Note: Collection for this test is at select locations only. Please confirm availability with local laboratory.	Serum or Li Hep Plasma Collect on ice Deliver immediately to lab 12 hr fasting required	SST/PST Collect into pre-chilled tube, keep tube on ice after collection and deliver to lab immediately for processing. To pre-chill tube prior to collection, place one cup crushed ice into biohazard bag. Place tube in second biohazard bag (to keep dry) and place in crushed ice bag.	Centrifuge sample in a temperature controlled centrifuge at 4°C as soon as possible after collection (within 1 hour). Aliquot minimum 1mL and freeze within one hour of collection. Store and ship frozen.	PHSA Tumour Marker lab
G	GENETICS Chromosome Studies Karyotype Cytogenetics Pediatric Chromosome FISH DPYD Hereditary Cancer Panel	GENETICS Lab Order Only	Sample instructions are found on the appropriate requisition for each site. Specific test requested must be indicated on the appropriate requisition. Order GENETICS, Click on blue "i" button in Meditech for further information on specimen requirements.	Test/Site dependant	Test/Site dependant	Test/Site dependant Consult your local laboratory for more detailed collection/ shipping instructions



Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
G Gentamicin - Peak Garamicin Aminoglycoside Antibiotic	GENP Gentamicin- Peak	Plasma or Serum Peak - Collect specimen 30 minutes after completion of IV infusion -or- 60 minutes following IM injection	PST/SST	Centrifuge within 2 hours of collection. Store and ship refrigerated to referral site. Accurate timing is imperative to ensure accurate results. Lab must be notified of any drug administration timing changes.	EKH, KBH, KGH, PRH, RIH, VJH
G Gentamicin - Random Garamicin Aminoglycoside Antibiotic	GENR Gentamicin- Random	Plasma or Serum Must indicate: - Dose in mg - Date and time infusion started of the previous dose <i>**Only done at the request of pharmacy</i>	PST/SST	Centrifuge within 2 hours of collection. Store and ship refrigerated to referral site. Note: This is a non-trough/non-peak level. Consult pharmacy for interpretation and further guidance on dosing.	EKH, KBH, KGH, PRH, RIH, VJH
G Gentamicin - Trough Garamicin Aminoglycoside Antibiotic	GENT Garamicin- Trough	Plasma or Serum Trough: Collect 0-30 minutes prior to next dose administration. Must indicate: - Dose in mg - Date and time of next dose	PST/SST	Centrifuge within 2 hours of collection. Store and ship refrigerated to referral site. Accurate timing is imperative for best interpretation of results. Lab must be notified of any drug administration timing changes.	EKH, KBH, KGH, PRH, RIH, VJH
G GFR Estimated Glomerular Filtration Rate - included with Creatinine order	CREATININE	Order creatinine			Most IH Sites
G GGT Gamma-glutamyl Transferase Gamma GT	GGT GGT	Lithium Heparinized Plasma (preferred) or Serum	PST/SST	Centrifuge within 2 hours of collection. Store cool.	Most IH Sites



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
G	Gleevec	GLEEVEC	Sodium Heparinized - Whole Blood only Specimens must be received at testing site within 5 days of collection.	NaHep - 10mL	Handling instructions are provided with kit.	Kit supplied by CCSI. Contact 250-712-3900 ext 6742 for more information.
G	Glucagon Stimulation Test	GLUCASTIM Glucagon Stimulation Test	Serum Collect sample prior to Growth Hormone administration, and at 30, 60, 120, 150, and 180 minutes post administration.	SST or RTT	Centrifuge within 2 hours of collection. Aliquot 1 mL serum. Store and ship refrigerated to referral site. Proper collection timing is imperative for best results.	St. Paul's Hospital
G	Glucagon	GLUCAGON Lab only: Order Send Out Test Note: Collection for this test is at select locations only. Please confirm availability with local laboratory.	EDTA Plasma Collect on ice Deliver immediately to lab 8 hour fast required	EDTA (3mL) Collect into pre-chilled tube, keep tube on ice after collection and deliver to lab immediately for processing. To pre-chill tube prior to collection, place one cup crushed ice into biohazard bag. Place tube in second biohazard bag (to keep dry) and place in crushed ice bag).	Ensure tube has been chilled for 10 min after collection. Centrifuge sample in a temperature controlled centrifuge at 4°C as soon as possible after collection (within 15 minutes). Immediately aliquot minimum 0.5mL and freeze. Store and ship frozen.	ICL (ICL forwards to Mayo) DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval and signed consent form. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval.



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
G	Glucometer Check	GLUMCHECK Glucometer Check Includes GLUR	Have patient perform glucose with personal glucose meter immediately prior to collection of glucose lab sample.	PST/SST	Record the glucose meter result in Meditech at the prompt.	Most IH Sites
G	Glucose - 2 Hour Post Prandial or 2 hr PC 2 hr PP Glucose 2 Hour Post Glucose 2 Hour PC	GLU2 Glucose 2 hour	Lithium Heparinized Plasma (preferred) or Serum Collect specimen two hours after eating a meal.	PST/SST	Centrifuge as soon as possible after collection and within 2 hours for best result. Store refrigerated.	Most IH Sites
G	Glucose - CSF	CSFPANEL Panel includes: CSF Cell count, Glucose and Protein.	See CSFPANEL			Most IH Sites
G	Glucose - Fluid	BFGLU Glucose Fluid	Heparinized fluid preferred Mix specimen well by inverting 6-8 times Indicate Fluid type	GRN-LiHep without gel or No additive tube or Sterile screw top container	Centrifuge within 2 hours of collection. Aliquot 1 mL (min) and ship refrigerated to referral testing site.	EKH, KBH, KGH, PRH, RIH, VJH



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
G	Glucose Cerebrosidase Beta Galactocerebrosidase, Bloodspot Beta Gluco-cerebrosidase Krabbe disease Krabbe enzyme Galactosylceramidase Galactoceramidase	ST Lab only: Order Send Out Test	Venipuncture - sodium heparin or lithium heparin tube no gel Collect min volume 0.5mL Use disposable pipet to fill bloodspot card within 1 hour of collection. Capillary - follow collection instructions on reverse of card. Wipe away first blood drop as it contains tissue fluids which may dilute the sample.	LiHep or Na Hep no gel Min: 0.5 mL Optimal Volume: 4 spots Min: 2 spots	Fill out patient demographics on the card. At the bottom of the card, check the empty field box, and write the test name. Apply no more than 100 microliters of blood (1 drop) per circle. Blood must soak through to the back of the card. 4. Let bloodspot card dry on flat surface at room temperature for 3-4 hours. Do not stack wet bloodspot cards. Do not expose to heat or direct sunlight. 5. Once dry, place bloodspot card in sealed plastic bag. 6. Store in 4°C fridge until shipping.	BCCH
G	Glucose Fasting Fasting Blood Sugar FBS	GLUF Glucose Fasting	Lithium Heparinized Plasma (preferred) or Serum Patient should be fasting at least 8 hrs. Neonatal collections (<1 month of age): Feed to feed fast: Collect prior to next feed.	PST/SST	Centrifuge as soon as possible after collection and within 2 hours for best result. Hemolysis may decrease result. Store refrigerated.	Most IH Sites
	Glucose-Neonate	GLUR	Lithium heparinized Plasma (preferred) Transport and centrifuge immediately	Lithium Heparin (preferred) or Serum Microtainer or PST/SST Deliver to lab immediately for processing	Centrifuge as soon as possible. Hemolysis may decrease result. Store refrigerated.	All IH sites



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



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
G	Glucose Tolerance Test Prenatal GTT - Gestational diabetes screen (50 g) Glucose Gestational Screen for diabetes Patient must be pregnant.	GLUP Glucose Prenatal	Lithium Heparinized Plasma (preferred) or Serum Fasting is not required. Have patient consume 50g glucose drink within 5 minutes. Collect sample at 1 hour post-dose. Assess patient for wellness during the procedure. Appointments recommended and may be required at some locations.	PST/SST	Centrifuge within 2 hours of collection. Store refrigerated.	Most IH Sites
G	Glucose Tolerance Test confirmation - Prenatal (75 g) GTT - Gestational diabetes confirmation Glucose Gestational Screen for diabetes Patient must be pregnant.	GLUTOL2P	Patient must remain at lab for duration of test. If patient cannot stay, document in LIS and have the patient sign waiver form 826253, available at: http://insidenet.interiorhealth.ca/infoResources/forms/Documents/826253.pdf Attach waiver to requisition. Do not order on outpatients <16 years of age. 8 hr fasting required. Water is OK. Collect fasting sample. Give 75g dose, have patient consume the entire dose within 5 minutes. Assess the patient for wellness during the procedure. Draw 1 and 2 hr samples post-dose. 8 hr fasting required. Water is OK. Appointments recommended and may be required at some locations.	PST/SST	Centrifuge within 2 hours of collection. Store refrigerated.	Most IH Sites



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



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



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
G	Group and Screen	GS Type and Screen	EDTA Whole blood Strictly follow TMS Patient Identification and Sample Labelling criteria <i>Only personnel trained in TMS collection procedure are authorized to collect samples for possible transfusion.</i>	EDTA (6mL) x 2		
G	Growth Hormone - Exercise stimulated Somatotropin Somatotropic Hormone Somatomedin-C	GROHE Growth Hormone-Exercise	Serum or plasma For Adult patients, pathologist approval is required Refer to specific sample collection instructions in Meditech.	SST	Centrifuge and aliquot 0.2mL (min) serum into a Roche False bottom tube. Store and ship cool to referral site.	St. Paul's Hospital
G	Growth Hormone Stimulation Test	ST Lab only: Order Send Out Test	Serum or plasma Consult Pathologist for specimen collection procedure. Collect baseline specimen prior to administration of medication. Collect baseline plus timed samples. Specific Pediatrician's orders may supercede these instructions.	RTT (preferred) or LiHep	Centrifuge and aliquot 1mL serum for each specimen collected. Store and ship frozen to referral site. Indicate type of stimulation on requisition: Glucagon, Clonidine, Arginine, Exercise	BC Children's and Women's Hospital BC C&WH Lab Requisition



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
G	Growth Hormone Suppression Test (Adult)	GROHS & GROSGLU <i>For Adults only- 75g glucose tolerance drink given</i>	Serum Order and collect growth hormone & glucose tests x 5 collections. Add sample comment below for each requisition: GHSF- Fasting GHS30- 30min GHS1- 60min GHS90- 90min GHS2- 120min Write timed interval on labels prior to sample collection.	SST 3ml tube	Minimum 1ml serum for each times sample in Roche False Bottom tubes. Write timed interval on aliquot label prior to aliquoting to ensure matching timed sample with aliquot tube.	St. Paul's Hospital
G	Growth Hormone Suppression Test (Pediatric)	ST Lab only: Order Send Out Test For Pediatric Patients only	Serum or plasma Consult Pathologist for specimen collection procedure. Collect baseline specimen prior to administration of medication. Collect baseline plus timed samples: 30min, 60min, 90min, 120min. Specific Pediatrician's orders may supercede these instructions.	RTT (preferred) or LiHep	Centrifuge and aliquot 1mL serum for each specimen collected. Store and ship frozen to referral site.	BC Children's and Women's Hospital BC C&WH Lab Requisition
G	Growth Hormone Somatotropin Somatropic Hormone Somatomedin-C	GROH Growth Hormone	Serum or plasma For Adult patients, pathologist approval is required	SST	Centrifuge and aliquot 0.5mL (min) serum. Store and ship cool to referral site.	St. Paul's Hospital
G	Ham Test	Acid Hemolysis	Test no longer available			



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
H	Hanta virus		<p>**Category A Sample** Not to be performed on outpatients, need microbiologist approval.</p> <p>See Microbiology Guide to Specimen Ordering Collection & Transport</p>			
H	Haptoglobin HAP HAPT	HAPTO Haptoglobin	Serum	SST	Centrifuge and aliquot 1mL serum. Store and ship refrigerated to testing site. Centrifuged gel tube stable for 4 days at 2-8°C. Aliquot tube (red cell free) stable 1 month at 2-8°C of frozen.	KGH, RIH



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



Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
H Helicobacter pylori H pylori serology	HELICOBACTS HPYLORIS	See Microbiology Guide to Specimen Ordering Collection & Transport	SST	Centrifuge within 2 hours of collection. Store and ship primary tube refrigerated to referral site.	BCCDC
H Hematocrit HCT	Order CBC HCT	EDTA plasma	EDTA (3mL)	Store refrigerated.	Most IH Sites
H Hemochromatosis HFE-HH Genetic Screening Hemochromatosis for Diagnosis C282Y Mutations	HEMOCHROM Hemochromatosis	EDTA Whole Blood <i>plus</i> SST Collect Mon-Thurs only to allow for same day shipping.	EDTA (4mL) x 2 <i>plus</i> SST (6mL)	Store and ship <i>unspun whole blood EDTA and spun SST primary</i> tubes cool to referral site same day (in same bag) . Iron Profile and Ferritin are included and will be performed at referral site. Do not order.	LifeLabs - They will refer sample to BC C&WH for testing if indicated.
H Hemoglobin - Free	No longer available Order PLHGB				
H Hemoglobin A1C by Immunoassay A1C variant	A1CIA Hemoglobin A1C by Immunoassay <i>*not orderable for children <1 yr</i>	EDTA Whole Blood - Do NOT spin Requisition must specifically request A1C by immunoassay. A1C and A1CIA are not to be ordered together as they are the same test but performed by different methods. A1CIA is only requested when there is interference with A1C IH testing methodology. Consult IH Clinical Biochemist (250-258-3880).	EDTA (3mL)	Store and ship unspun whole blood primary tube refrigerated to referral site. Do not freeze. Collect Mon-Wed only as testing must be performed within 5 days of collection.	Lifelabs



Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
H Hemoglobin A1C Glycosylated Hemoglobin A1C	HGBA1C or A1C Hemoglobin A1C <i>*not orderable for children <1 yr</i>	EDTA Whole Blood - Do NOT spin	EDTA (3mL)	Store and ship unspun whole blood primary tube refrigerated to referral site. Do not freeze.	KGH
H Hemoglobin Electrophoresis HGBEL Thalassemia Screen HgbA2 Hgb F Quantitative Hgb S Sickle cell	ELHGB HGBFQ HGBSQ Hgb Electrophoresis	EDTA Whole Blood - Do NOT spin	EDTA (3mL) Min: 3mL	Ship unspun primary tube refrigerated to referral site. Include CBC results plus 2 stained peripheral slides. Include 2 Hgb H slides if MCV below normal range. For rural sites that do not make Hgb H slides, notify the regional through site to request. Place sample in separate bag and label: Attn: Hematology - Slides needed before sending to BCCH.	BC Children's and Women's Hospital
H Hemoglobin H bodies Incubated Reticulocyte Preparation	ST Lab only: Order Send Out Test	EDTA Whole blood Collect Mon-Thurs only to allow for same day shipping. <i>This test is most often ordered as part of a Hemoglobin Electrophoresis</i>	EDTA Min volume: 1 mL EDTA microtainer: 0.5mL min	Ship unspun primary tube refrigerated same day to referral site. Include CBC and RBC morphology report plus 2 stained slides.	BC Children's and Women's Hospital
H Hemoglobin HGB	Order CBC	EDTA Whole Blood - Do NOT spin	EDTA (3mL)	Store refrigerated.	Most IH Sites
H Hemophilia Carrier Status Hemophilia A or Hemophilia B Carrier	ST Lab only: Order Send Out Test	EDTA Whole blood Collect Mon-Thurs only to allow for same day shipping.	EDTA (6mL) Min volume: 2 mL	Clotting studies, including APTT, quantitative Factor VIII, Factor IX activity and vWF levels should be performed prior to pursuing molecular genetic testing. Testing is referred to the National Program for Hemophilia Mutation Testing in Kingston, Ontario. Family physician to contact BCC&WH Molecular Genetics lab.	BC Children & Women's Hospital BC C&WH Molecular Genetics Lab Requisition



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
H	Heparin Factor 10A Activity Anti-Xa Activity Anti-10A Factor Xa Anti-F10A Low Molecular Weight Heparin Unfractionated Heparin Activity Level	F10A Heparin Factor 10A Activity	Citrated plasma Collect 4 hrs post dose. Process immediately after collection. Include medication type, and date and time of last dose.	NaCit	Prepare platelet poor plasma as soon as possible upon receipt. Aliquot 1 mL (min) plasma into polypropylene tube. Store & ship frozen.	KGH/SPH frozen Mon-Thur only
H	Heparin Induced Thrombocytopenia Assay Order for investigation of vaccine induced thrombotic thrombocytopenia (VITT)	HITELISA (VITT)	Citrated plasma and serum	3 NaCit and 2 RTT	Prepare platelet poor plasma within 2 hr of collection. Aliquot plasma into two polypropylene tubes (1mL minimum in each). Label as PLASMA. Serum: Centrifuge within 2 hr of collection. Aliquot serum into 2 tubes with 1mL minimum in each. Label as SERUM. Store all tubes frozen and ship frozen on dry ice to referral site.	SPH Send McMaster VITT requisition to referral site: https://fhs.mcmaster.ca/plateletimmunology/documents/VIPIT_test_requisition.pdf



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
H	Heparin Induced Thrombocytopenia Assay	HIT Hep Induced Thrombocytopenia	Citrated plasma	2x Blue- NaCitate	Prepare platelet poor plasma within 2 hr. of collection if sending to referral site. Aliquot 1 mL (min) plasma into polypropylene tube. Store & ship frozen.	KGH, SPH Request for HIT assay Form #855125
H	Hepatitis - Acute Panel	HEPACUTE Hepatitis Acute Panel	Serum Conforms to the "Acute-undefined etiology" checkbox on the IH Laboratory Outpatient Requisition. Includes Hepatitis A (anti-HAV IgM), Hepatitis B (HBsAg +/- anti-HBc) and Hepatitis C (anti-HCV).	SST	Centrifuge within 2 hours of collection. Store and ship primary tube refrigerated to referral site.	RIH, KGH, BCCDC
H	Hepatitis A Ab Immune Status Anti-Hepatitis A Total	HEPAIMMUNE Hep A Antibody Immune Status	Serum <i>Includes Anti-Hep A IgG and Anti-Hep A total (IgG plus IgM)</i>	SST	Centrifuge within 2 hours of collection. Store and ship primary tube refrigerated to referral site.	BCCDC
H	Hepatitis A Antibody IgM Anti-Hepatitis A IgM Anti-HAV IGM	HEPAIGM Hepatitis A Antibody IgM Acute Infection	Serum	SST	Centrifuge within 2 hours of collection. Store and ship primary tube refrigerated to referral site.	RIH, KGH, BCCDC



Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
H Hepatitis A Confirmation	HEPACONFIRM Lab Order only	Serum	SST	Centrifuge within 2 hours of collection. Store and ship primary tube refrigerated to referral site.	BCCDC Complete and submit the BCCDC Serology Screening Requisition following the Hepatitis A Job Aid, CH 0684. Write index value on tube.
H Hepatitis B Core Antibody Anti-HBc Total	HEPBCOREAB Hepatitis B Core Antibody, Total	Serum	SST	Centrifuge within 2 hours of collection. Store and ship primary tube refrigerated to referral site.	RIH, KGH, BCCDC
H Hepatitis B Core Antibody IgM	HEPBCOREIGM Hepatitis B Core Antibody IgM	Serum	SST	Centrifuge within 2 hours of collection. Store and ship primary tube refrigerated to referral site.	BCCDC
H Hepatitis B DNA Hep B PCR HBV Viral Load	HEPBDNA Hepatitis B DNA	EDTA	EDTA (6mL)	Minimum 2.0 mL EDTA plasma. Separate aseptically within 6 hours of collection into sterile plastic cryovial. Freeze at -20°C, send frozen.	St. Paul's Hospital
H Hepatitis B Genotyping Hep B Resistance HBV DNA Resistance	HEPBGENO Hepatitis B Genotyping	EDTA	EDTA (6mL)	Minimum 2.0 mL EDTA plasma. Separate within 6 hours of collection into sterile plastic cryovial. Freeze at -20°C, send frozen.	St. Paul's Hospital
H Hepatitis B Surface Antibody Anti-HBs	HEPBSAB Hepatitis B Surface Antibody <i>Immune Status</i>	Serum	SST	Centrifuge within 2 hours of collection. Store and ship primary tube refrigerated to referral site.	RIH, KGH, BCCDC



Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
H Hepatitis B Surface Antigen - Confirmation Anti-Hbs conf. Hepatitis B Surface Antibody	HEPBSAGCONFIRM Lab Order Only	Serum - for confirmation of Hepatitis B	SST	Centrifuge within 2 hours of collection. Store and ship primary tube refrigerated to referral site.	BCCDC Complete and submit the BCCDC Serology Screening Requisition following the Hepatitis B Job Aid CH 685.
H Hepatitis B Surface Antigen HBsAg	HEPBSAG Hepatitis B Surface Antigen <i>Acute infection or carrier</i>	Serum	SST	Centrifuge within 2 hours of collection. Store and ship primary tube refrigerated to referral site.	RIH, KGH, BCCDC
H Hepatitis Be Antibody Anti-HBe	HEPBEAB Hepatitis Be Antibody Do not order for Hepatitis B antibody <i>Therapeutic Monitoring</i>	Serum <i>Patient must already test positive for Hepatitis B antigen. Order when quantitating Hepatitis B.</i>	SST	Centrifuge within 2 hours of collection. Store and ship primary tube refrigerated to referral site.	BCCDC
H Hepatitis Be Antigen HBeAg	HEPBEAG Hepatitis Be Antigen Do not order for Hepatitis B antigen <i>Therapeutic Monitoring</i>	Serum <i>Patient must already test positive for Hepatitis B antigen. Order when quantitating Hepatitis B.</i>	SST	Centrifuge within 2 hours of collection. Store and ship primary tube refrigerated to referral site.	BCCDC



Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
H Hepatitis C Antibody anti-HCV	HEPCAB Hepatitis C Antibody/ anti-HCV <i>Used for HCV Screen</i>	Serum	SST	Centrifuge within 2 hours of collection. Store and ship primary tube refrigerated to referral site.	RIH, KGH, BCCDC
H Hepatitis C Confirmation	HEPCCONFIRM Lab Order only	Serum	SST	Centrifuge within 2 hours of collection. Store and ship refrigerated to referral site.	BCCDC Complete and submit the BCCDC Serology Screening Requisition following the Hepatitis C Job Aid, CH 0686.
H Hepatitis C Genotyping HCV Genotyping	HEPCGENO Hepatitis C Genotyping For Treatment	EDTA Whole blood Dedicated tube only. Do not open tube.	EDTA (6mL)	Store and ship unspun whole blood primary tube refrigerated to referral site. Do not collect before a stat holiday weekend.	BCCDC
H Hepatitis C PCR HCV RNA Quantitative Hepatitis C RNA Quantitative	HEPCRNAQUANT Hep C RNA Quantitative For diagnosis and monitoring	EDTA Whole blood Dedicated tube only. Do not open tube.	EDTA (6mL)	Store and ship unspun whole blood primary tube refrigerated to referral site. Do not collect before a stat holiday weekend.	BCCDC
H Hepatitis C Resistance	HEPCRESISTANCE Lab Order Only	EDTA Plasma	EDTA (6mL)	Centrifuge for 15 minutes. Using a sterile pipette, aseptically aliquot a minimum of 1.2 mL plasma into a 2 mL screw cap cryovial. Freeze. Ship frozen Mon-Wed only.	St. Paul's Hospital http://www.cfenet.ubc.ca/sites/default/files/uploads/publications/centre_docs/fcd_0097_hcv_ns3_ns5a_ns5b_v5.pdf



Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
H Hepatitis Chronic / Previous Panel	HEPCHRONIC Hepatitis Chronic/Prev	Serum Conforms to the "Chronic-undefined etiology" checkbox on the IH Laboratory Outpatient Requisition. Includes Hep B (HBsAg, anti-HBc, anti- HBs) and Hep C (anti-HCV).	SST	Centrifuge within 2 hours of collection. Store and ship primary tube refrigerated to referral site.	RIH, KGH, BCCDC
H Hepatitis D Antibody Anti-Hepatitis D	HEPDAB Hepatitis D Antibody	Serum	SST	Centrifuge within 2 hours of collection. Store and ship primary tube refrigerated to referral site.	BCCDC Requisition: Zoonotics Select 'Other' in Virus section.
H Hepatitis E Antibody	HEPEAB Hepatitis E Antibody	Serum	SST	Centrifuge within 2 hours of collection. Store and ship primary tube refrigerated to referral site.	BCCDC Requisition: Zoonotics Select 'Other' in Virus section.
H Hepatitis Immune Status	HEPIMMUNE Hepatitis Immune Status	Serum Conforms to the 'Immune status' checkbox on the IH Laboratory Outpatient Requisition. Includes: Hep A (anti-HAV, total and Hep B (anti-HBs)	SST	Centrifuge within 2 hours of collection. Store and ship primary tube refrigerated to referral site.	RIH, KGH, BCCDC
H Hereditary Cancer Panel	GENETICS See Genetics				
H Hereditary Spherocytosis Eosin-5-Maleimide	E5M HEREDSPHERO	Whole Blood EDTA **Requires pathologist approval Pre-book with BCCH Immunology Lab #604-875-2345 ext. 7491**	EDTA	Ship whole blood refrigerated - 1.0 mL min Ship Monday - Thursday only Include peripheral blood smear	BC Children & Women's Hospital BC C&WH Flow Cytometry Lab Requisition



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
H	Hexosaminidase A and B White blood cell Hexosaminidase (Pregnant Female)	HEX Hexosaminidase	Pregnant Females: Sodium heparin whole blood Collect Mon-Wed only to allow for same day shipping and immediate analysis upon receipt. For Males and Non-pregnant Females (indicate of on oral contraceptive): Serum	Males and Non-pregnant Females: Collect 10 mL SST Pregnant Females: Collect 7mL sodium heparin Ship same day	Pregnant Female: Ship unspun primary tube same day for overnight (0900 am) delivery to BCCH. Phone 604-875-2307 to notify testing facility of specimen arrival. Male or non-pregnant Female: Centrifuge and aliquot 2mL serum. Indicate pregnancy status and/or oral contraceptive on requisition. Store and ship frozen to referral site for testing. Patients must complete additional form to go along with requisition for Molecular Genetics Lab.	BC Children & Women's Hospital BC C&WH Molecular Genetics Lab Requisition
H	Histamine - 24 hr Urine	U24HISTAM Histamine- 24h Urine	Patient Preparation: Restrict histamine-rich foods (cheese, wine, red meats, spinach and tomatoes) for 5h prior to and during collection. Antihistamines taken within 48h prior to and during collection will interfere with assay Provide Patient Collection Instructions 24hr Urine Refrigerate specimen during collection until delivery to lab Indicate Start and Finish Date and Time on requisition	24hr urine collection container. No preservative	Measure and record total volume and pH. Aliquot 10 mL into sterile screw cap container. Store and ship refrigerated Sample stability 14 days.	ICL (ICL forwards to Quest) DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval and signed consent form. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval.



Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
H Histamine-Plasma	ST Lab only: Order Send Out Test	Patient Preparation: Restrict histamine-rich foods (cheese, wine, red meats, spinach and tomatoes) for 5h prior to and during collection. Antihistamines taken within 48h prior to and during collection will interfere with assay EDTA plasma	EDTA (3mL)	Centrifuge immediately and aliquot 1mL minimum plasma. Freeze immediately. Store and ship frozen. Must arrive at ICL Mon-Wed within 3 days of collection - must coordinate collection with KGH.	ICL (ICL forwards to Quest) DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval and signed consent form. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval.
H HIV Confirmation	HIVCONFIRM Lab order only	Serum	SST	Centrifuge within 2 hours of collection. Store and ship primary tube refrigerated to referral site.	BCCDC Complete and submit the BCCDC Serology Screening Requisition following the HIV Job Aid CH 0683.
H HIV Genotype	HIVGENOVIRAL HIV Genotype <i>*HIV Viral Load will automatically be included</i>	EDTA plasma <i>*One EDTA (6ml) for both tests is sufficient</i> Includes both genotype and viral load	EDTA (6mL)	Minimum 3.0 mL EDTA plasma. Centrifuge and aliquot plasma (ideally within 6 hours of collection) using sterile technique into a sterile cryovial and freeze at -20C. Store and ship frozen.	St. Paul's Hospital BC Centre for Excellence in HIV Requisition



Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
H HIV PCR	HIVPCR HIV PCR	EDTA Whole blood - unspun	EDTA (3mL)	Store and ship <i>unspun whole blood</i> primary tube. Sample must be received within 4 days of collection for testing to be performed within 7 days of collection. For high risk moms and neonates, collect and send asap to ensure testing is performed within 7 days.	BCCDC
H HIV Serology Human Immunodeficiency Virus AIDS	HIV HIV (1&2 serology)	Serum	SST	Centrifuge within 2 hours of collection. Store and ship primary tube refrigerated to referral site. For non-nominal testing, refer to SoftTech procedure CS 0037 Identifying and Collecting Patients Presenting with a Requisition for Non-Nominal Reporting Procedure	IHEKH, IHKBH, IHKGH, IHRIH, XCDC
H HIV Viral Load HIV RNA	HIVVL HIV Viral Load <i>*Patient must be on Anti-HIV antiviral therapy or have applied to receive the medication</i>	EDTA plasma	EDTA (6mL)	Minimum 2.0 mL EDTA plasma. Separate within 6 hours of collection into sterile plastic cryovial. Freeze at -20°C, send frozen.	St. Paul's Hospital
H HLA Antibody Screen Donor Specific Ab, DSA Cytotoxic AB, PRA	PRA Panel Reactive Antibodies	See PRA			



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
H	HLA Typing	HLATYPING Note: If more than one HLA test panel is requested, enter a separate requisition for each request Select the Test: ALLOPURIN B58B (HLA B5801) ANKYLOS SP B27B (HLA B27) BEHCET'S B51B (HLA B51/B5) BIRDSHOT A29B (HLA A29) CARBAM RX CBZB (HLA A3101/B1502) CELIAC CELB (HLA DQ2/DQ8) NARCOLEPSY DQ6B (HLA DQB1/DRB1/DQ06)	ACDB whole blood (Either ACD-B or ACD-A is acceptable)	ACD-B (6mL) (Either ACD-B or ACD-A is acceptable)	Do not spin. Store and ship at room temperature. Testing performed every 3 weeks	Vancouver General Hospital
H	HLAB-5701	HLAB5701 HLA B5701	EDTA Whole blood Collect Mon-Thur to allow for same day shipping, overnight arrival. Do NOT spin or separate. <i>For Abacavir Hypersensitivity</i>	EDTA (3mL)	Store and ship <i>unspun whole blood</i> primary tube same day refrigerated to referral site. Protect from freezing.	St. Paul's Hospital BC Centre for Excellence for HIV



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
H	Homocysteine	HOMOC Homocysteine Note: Collection for this test is at select locations only. Please confirm availability with local laboratory.	EDTA Plasma Collect on ice Deliver immediately to lab	EDTA (3mL) Collect into pre-chilled tube, keep tube on ice after collection and deliver to lab immediately for processing. To pre-chill tube prior to collection, place one cup crushed ice into biohazard bag. Place tube in second biohazard bag (to keep dry) and place in crushed ice bag.	Centrifuge sample in a temperature controlled centrifuge at 4°C as soon as possible after collection (within 15 minutes). Immediately aliquot minimum 1mL and freeze. Store and ship frozen.	VGH
H	HomoVanillic Acid - 24 hr Urine HVA	U24HVA Homovanillic Acid- 24h Urine	Provide 24r Urine Patient Collection Instructions Refrigerate specimen during collection until delivery to lab Indicate Start and Finish Date and Time on requisition	24hr urine collection container No preservative or 15mL 6N HCL added prior to collection	Measure and record total volume and pH. If collected without preservative, acidify entire collection to a pH 2.0-4.0 within 12 hours of completion of collection. Aliquot 20 mL into sterile screw cap container. Store and ship refrigerated to referral site.	Vancouver General Hospital
H	HomoVanillic Acid - Random urine HVA	URHVA Homovanillic Acid- Random Urine	**Patient Collection Instructions: Random Urine** <i>Order on children only</i>	Sterile screw cap container	Add acid to adjust urine pH between 2.0-4.0 Store and ship entire sample refrigerated to referral site.	VGH



Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
H HPV		No blood test available		Done with PAP upon request. Refer to Lifelabs website for information. Testing is self-pay	LifeLabs
H hsTroponin	Troponin I High Sensitivity	Plasma Serum can be used in special circumstances upon approval of the Biochemists. Subsequent serial testing must also be performed on serum. Plasma and serum samples are not interchangeable for testing	PST	Timed hsTnI samples are not to be collected prior to the timed collection time in order for the delta change calculation to compute correctly.	Performing sites IHCDH; IHCMH; IHCVH; IHEKH; IHEVH; IHGDH; IHKBH; IHKGH; IHKLH; IHLIH; IHNVH; IHOMH, IHPRH, IHQVH; IHRIH, IHSLH; IHSOG; IHVJH
H HTL Virus I/II	HTLVS (Micro module) Human T Lymphotropic Virus I and II	Serum	SST	Centrifuge within 2 hours of collection. Store and ship primary tube refrigerated to referral site.	BCCDC
H Hypoglycemic Agent Screen Includes: Chlorpropamide Glimepiride Glipizide Nateglinide Pioglitazone Repaglinide Rosiglitazone Tolazamide Tolbutamide	ST Lab only: Order Send Out Test	Serum	RTT	Centrifuge as soon as possible (within 1 hour) Aliquot 1 mL Store and ship refrigerated Send to sites/options: XICL	ICL (ships to Mayo) DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval.



Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
H IgA Ab Confirmation	IGAAB	Serum	SST	Centrifuge within 2 hours of collection. Aliquot 2mL (min) serum Store and ship frozen to referral testing site.	Canadian Blood Services Patient Request for Anti-IgA Testing
I IgA Immunoglobulin A	IGA IgA	Serum	SST	Centrifuge within 2 hours of collection. Store and ship refrigerated to referral testing site.	KGH, RIH
I IgD Immunoglobulin D	IGD IgD	Serum	SST	Centrifuge within 2 hours of collection. Aliquot 1mL (min) serum Store and ship cool to referral testing site.	VGH
I IgE Immunoglobulin E	IGE IgE	Serum	Adult: SST or Pediatric: Trace Element SERUM (Dark Blue)	Centrifuge within 2 hours of collection. Aliquot 1mL serum in a false bottom or 13x75 tube. Ship frozen. Sample cannot have any hemolysis. Specimen specifics PEDIATRIC: Aliquot and ship minimum 500 uL serum in a polypropylene tube Ship frozen.	St. Paul's Hospital or BC Children's* *Must use the change site routine if sending a pediatric sample
I IGF1 Insulin like Growth Factor Somatomedin-C	IGF1 SOMC	Serum	SST preferred RTT acceptable	Centrifuge. Aliquot and freeze ASAP minimum 0.5 mL serum. Store and ship frozen to referral site.	St. Paul's Hospital



Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
I IGF-BP3 Insulin like Growth Factor- binding protein 3	IGFBP3 Insulin-like Growth Factor BP3	Serum or plasma	PST/SST/RTT-no additive	2mL serum or plasma. Aliquot and freeze within 2 hours of collection. Ship frozen U of A Hospital, Dept. of Lab Medicine & Pathology Walter MacKenzie Centre, Specimen Control, Core Lab, Room 4B210 8440 - 112 St Edmonton, AB T6G 2B7 Ph: 780-407-7484	University of Alberta DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require biochemist/pathologist approval. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval.
I IGG Precipitin Screen Allergic Alveolitis Precipitans to allergic alveolitis Serum Precipitans	IGGPS IgG Precipitin Screen <i>Panel includes Avian Precipitins, Thermophilic fungi precipitins, Aspergillus Precipitins</i>	Serum *Clinical Indications and diagnosis required	SST	Centrifuge within 2hrs of collection and ship primary tube. Store and ship refrigerated to referral site. Package separately and ship in VGH cooler.	Ship to Carlsten Lab via VGH G&L Diamond Health Centre 7225 - 2775 Laurel Street Vancouver, BC V5Z 1M9
I IGG Subclasses IGG4	IGGSUB IgG Subclasses	Serum Clinical Indications and diagnosis required	SST	Centrifuge and aliquot 1mL (min) serum. Store and ship cool to referral site.	St. Paul's Hospital
I IgG Immunoglobulin G	IGG IgG	Serum	SST	Centrifuge within 2 hours of collection. Store and ship refrigerated to referral testing site.	KGH, RIH
I IgM Anti-IgM Immunoglobulin M	IGM IgM	Serum	SST	Centrifuge within 2 hours of collection. Store and ship refrigerated to referral testing site.	KGH, RIH



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
I	IGRA Interferon Gamma Release Assay	IGRA Lab Order Only	<p>Follow Special Collection requirements. Collections can only be done at: EKH, KBH, KGH, PRH and RIH</p> <p>Testing is pre-approved if the patient presents with a properly completed ZEP requisition with testing criteria indicated (lower right).</p> <p>All other requests must be pre-approved by BCPHMRL. The physician must contact the BCCDC TB Clinic nurse consultant at 1-604-707-5678.</p>	QuantiFERON (IGRA) sample tubes <i>*QuantiFERON® sample tubes contain lithium heparin as a preservative, so follow appropriate order of draw if additional tubes are required.</i>	Collecting and processing sites must follow Softtech CS 0046.	BCCDC BC CDC IGRA TB Requisition
I	Imipramine	IMIP Imipramine	Serum Indicate date and time of last dose Patients on divided dose: Collect 30 minutes prior to morning dose Patients on once only daily dose should have level drawn 10-14 hours post dose.	Red top	Centrifuge and aliquot 2mL (min) serum. Store and ship cool to referral site. Medication steady state reached in 2-5 days.	Provincial Toxicology Centre
I	Immune Complexes - Circulating CIC	CIRIC Circul. Immune Complex	Serum Clinical Indications and diagnosis required	SST	Centrifuge and aliquot 1mL (min) serum. Store and ship cool to referral site.	VGH
I	Immunodeficiency Panel - Adult (IDEF) IDEF panel contains CD3, CD4, CD8, CD19 and CD56	IDEFPANEL Immunodeficiency Panel-Adult Note: Panel is NOT to be used for CD4/CD8 requests.	ACD-A Whole Blood EDTA (CBC required)	ACD-A plus EDTA (CBC)	***Also order CBC and send a copy of report with specimen*** Store and ship at room temp. Do not spin. Ship Mon-Thu only. Must arrive on a weekday <72 hours from collection.	St. Paul's Hospital



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
I	Immunodeficiency Panel - Pediatric IDEF-Pediatric T&B cells subset TBNK LSM(Lymphocyte Stimulation Mitogen)	IDEFPED Immunodeficiency Panel-Pediatric	See requisition *Requires pathologist review prior to collection. Requests will be limited to Pediatric Hematology/Oncology/BMT specialists, Clinical Immunologists and Pediatric Rheumatologists. *Order IDEFPED for tests under the 'Immunodeficiency Investigation' section on the BCCH Flow Cytometry requisition. *Order FLOWBCCH for all other tests on the Flow Cytometry requisition. For Hereditary Spherocytosis, order E5M. For Neutrophil Oxidative Burst, order OXIB	http://www.elabhandbook.info/PHSA/Default.ault.aspx	Refer to detailed instructions: http://www.elabhandbook.info/PHSA/Default.aspx Collect Mon-Thurs or as appropriate for receipt at BCCH Specimens must be received within 30 hours of collection. Label "STAT" on the transport box.	BC Women & Children's Hospital Physician to submit completed Flow Cytometry requisition available here
I	Immunofixation Electrophoresis	IFE Clinical Biochemist Order Only <i>This test is ordered by lab physicians as a follow up to any abnormalities noted in either a serum or urine electrophoresis. Consults related to this testing can be initiated by biochemists/pathologists</i>	Serum	SST	Centrifuge and aliquot 2mL serum. Store and ship frozen to referral site.	KGH, RIH



Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
I Immunoglobulin Heavy Chain Variable Region IGHV IGHV-MA IGHV-SHM	GENETICS Lab Order Only	EDTA Whole Blood	EDTA x 2 6mL	Store refrigerated. Ship at room temperature (stable for 3 days)	VGH
I Immunoglobulins - IMM Quantitative Immunglobulins	IMMUNO Immunoglobulins Includes: IgA, IgM, IgG	Serum	SST	Centrifuge within 2 hours of collection. Store and ship refrigerated to referral testing site.	KGH, RIH
I Immunoreactive Trypsinogen IRT	TRYPsin Immunoreactive Trypsin	Fill a minimum of 2 complete circles on the Blood Dot Card	Blood Dot Card	Allow blood dots to dry for a minimum of 3 hours before placing into mailing sleeve. Write IRT on the blank space near the bottom of the filter card and mark the checkbox beside the line.	BC Children's and Women's Hospital
I Indirect Antiglobulin Test	GS Indirect Coombs Test, Antibody Screen, IAT	EDTA Whole blood Note Transfusion date and obstetrical history Strictly follow TMS Patient Identification and Sample collection procedures for possible transfusion.	EDTA 3mL		
I Infectious Mononucleosis Epstein-Barr Virus	MONO Monospot	Serum	SST	Centrifuge and aliquot 1 mL serum. Store and ship room temperature to referral site.	



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
I	Infliximab	INFLIX Infliximab	Serum Samples should be collected immediately prior to (preferred), or less than 2 weeks prior to, the next infusion.	SST/ Red	Centrifuge and aliquot into 2 tubes. Store and ship frozen (minimum 1 mL per tube). Anti-infliximab antibody test is reflexively performed based on the infliximab concentration.	St. Paul's Hospital Test must be ordered by a gastroenterologist and submit with a properly completed "Infliximab Test Requisition" completed by the ordering physician. Include a copy of requisition to St. Pauls.



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
I	Infliximab- for testing at Dynacare in Laval, Quebec	ST	Serum Collect specimen just before drug administration. Can be collected anytime All tests on the requisition should be sent to DynaCare for testing. Outpatients should present with a kit/waybill for shipping. *See 'biologics' for additional information.	SST or RTT	Centrifuge and aliquot 1mL (min). Store and ship frozen to referral site. Ship Mon-Wed only.	DynaCare, Laval, Quebec 3885, boul. Industriel Laval, QC, H7L 4S3 Inpatients contact Clinical Biochemist (250-258-3880) for approval.
I	Influenza		See Microbiology Guide to Specimen Ordering Collection & Transport			
I	INR PT International Normalized Ratio ProthrombinTime Pro-time	INR INR	Citratd plasma Unacceptable samples: Over- or under-filled tubes, hemolyzed samples, clotted samples	Na Citrate tube - Completely filled	Store & ship unspun citrate tube at room temperature. If testing is delayed >24 hr., prepare platelet poor plasma. Aliquot 1 mL (min) plasma into polypropylene tube. Store & ship frozen.	IHKBH, IHKGH, IHPRH, IHRIH, IHVJH



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
I	Insulin Antibody Anti-Insulin	INSULINAB Insulin Antibody	Serum	SST	Centrifuge and aliquot 1.0 mL (min). Store and ship frozen to referral site.	ICL This test can be collected in advance of approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval.
I	Insulin like Growth Factor-binding protein 3	IGF-BP3	See IGFBP3			
I	Insulin	INSULIN Insulin	Serum 10 hr fasting preferred.	SST	Aliquot into a Roche False Bottom Tube (FBT). Freeze 1mL minimum. Store and ship frozen to referral site. Do not allow the sample to thaw.	St. Paul's Hospital
I	Insulin-Like Growth Factor 1 IGF-1 Somatomedin-C	IGF1 SOMC Somatomedin-C (IGF-1)	See IGF1			



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



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



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



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
I	Iron Total Iron Binding Capacity (TIBC) FEP Transferrin Saturation	IRON Iron Panel (Fe) IRON includes: Iron, Total Iron Binding Capacity (TIBC), Iron Saturation Index	Plasma or Serum Fasting preferred Collect prior to 10am Ensure no heparin-line contamination of sample.	PST/SST	Centrifuge within 2 hours of collection. Store refrigerated. Iron exhibits diurnal variation. In late afternoon, values may be decreased by 50% over morning values.	EKH, KBH, KGH, PRH, VJH, RIH
I	IRT	See TRYPSIN				BC Children & Women's Hospital
I	Islet Cell Ab	ST Lab only: Order Send Out Test	Serum	RTT	Centrifuge and aliquot minimum 2mL Store and ship frozen	ICL (ICL forwards to Quest) DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval and signed consent form. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval.
I	Isoniazid	ISON Isoniazid	Serum	Red top tube	Centrifuge and aliquot 1mL (min) serum. Store and ship frozen to referral site.	Provincial Toxicology Centre



Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
I Isopropanol Rubbing Alcohol Hand sanitizer Antiseptic preparations	VOLALC Isopropanol Includes: Methanol, Acetone and Isopropanol	Plasma or serum 2 tubes	PST/SST	* Refer to "Performing Osmolar Gap for Volatile Alcohol and/or Ethylene Glycol Test Requests" Procedure for specific instructions. * NOTE: Include a copy of test results if sample is sent to VGH. Collect: PST / SST Specimen specifics: Centrifuge both tubes. Tube 1: Perform any available on-site testing. If OSMO testing is not performed on site, ship both tubes refrigerated to OSMO testing site. Tube 2: DO NOT OPEN. Store and ship UNOPENED tube refrigerated to referral site. IH Pathologist or Biochemist approval required prior to shipping sample to VGH. Send to sites/options: XVGH	Vancouver General Hospital
I Itraconazole	ITRACONAZOLE	Serum or EDTA plasma Indicate date and time of last dose. If pre and post dose requested, post dose is 2-hour Post oral or 30 minutes Post IV.	RTT or 6mL EDTA	Centrifuge ASAP, aliquot 2-4 mL serum or EDTA plasma. Store and ship frozen to referral site.	XSP
I JAK2 Mutation Testing	GENETICS Lab Order Only	Collect Mon-Wed only before 1300hr to allow for same day shipping. Peripheral blood: 2x 6mL EDTA Bone Marrow: BM Transport Media Pre-book by phoning 1-604-877-6000	EDTA (6mL) x 2 and/or Bone marrow transport media	Ship same day room temperature to testing site. Refer to cancergeneticslab.ca for requisition and requirements.	BCCA Physician must complete requisition to accompany sample Fax BM/Path report to 1-604-877-6294 as soon as available.
J Karyotype FISH Cytogenetics	GENETICS Lab Order Only	Order GENETICS, Click on blue "i" button in Meditech for further information on specimen requirements.	Test/Site dependant	Test/Site dependant	Cytogenetics Requisition (click on "i" icon in Meditech for link)



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



Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
L Lactate - CSF	CSFLAC CSF Lactate	CSF Deliver to lab immediately following collection.	Sterile CSF collection tube - 1-4 tubes depending on tests required	Tube #1: Hematology Tube #2: Microbiology Tube #3: Chemistry Tube #4: Hematology/Additional tests	
L Lactate - Fluid	BFLAC Body Fluid Lactate	Indicate body fluid source when ordering	GRN-LiHep without gel or No additive tube or Sterile screw top container	Store and ship cool to testing facility.	EKH, KBH, KGH, PRH, RIH, VJH
L Lactate - Whole Blood	BGV Included in Venous Blood Gas	Heparinized Whole blood - protect from exposure to air/ eliminate bubbles Deliver to laboratory immediately.	GRN - Li Hep - no gel separator	Test specimen immediately upon arrival in lab. Do not spin. Sample stable 30 minutes only.	
L Lactate Dehydrogenase	LDH Lactate Dehydrogenase, LD	Lithium Heparinized Plasma (preferred) or Serum	PST/SST	Centrifuge within 2 hours of collection. Store at room temperature. Hemolysis will increase results Refrigeration will decrease results	Most IH Sites
L Lactate	LAC Lactic Acid (Whole Blood Lactate included in Venous Blood Gas order)	Plasma Collect without the use of a tourniquet, or immediately after the tourniquet is applied. If tourniquet is used, do not release until tube is filled. Avoid fist pumping.	GREY - NaFluoride/K Oxalate when ordered individually.	Centrifuge and aliquot. NaFl whole blood is stable 8 hrs at room temperature or plasma aliquot is stable 14 days refrigerated. Ship cool.	Most IH Sites
L Lactose Tolerance Test		Testing is no longer available			



Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
L Lamictal	LAMOTRIG Lamictal Lamotrigine	Serum	Red top tube	Centrifuge within 2 hours of collection. Aliquot 2 mL (min) serum. Store and ship refrigerated to referral site.	Provincial Toxicology Centre
L LAP Leukocyte Alkaline Phosphatase		Testing is no longer available			
L LD-1 Lactate Dehydrogenase Isoenzymes LD Isoenzymes	ST Lab only: Order Send Out Test	Serum	SST	Prepare two 1 mL aliquots in transfer vials Store and send at controlled ambient temperature. *Do not freeze. Avoid hemolysis. Sample stability is 7 days, so collection must be coordinated with KGH for shipping Monday to Wednesday.	ICL (ICL forwards to Mayo) DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval and signed consent form. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval.
L LDH - Fluid	BFLDH LDH Fluid	Heparinized fluid preferred Mix specimen well by inverting 6-8 times Indicate Fluid type	GRN-LiHep without gel or No additive tube or Sterile screw top container	Aliquot 1 mL (min) and ship cool to referral testing site.	EKH, KBH, KGH, PRH, RIH, VJH
L LDL	LIPID LDL Cholesterol Included in Lipid Panel	*Patient Fasting Requirements* Fasting required: 12-14 hours	PST/SST	Centrifuge within 2 hours of collection. Store refrigerated.	



Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
L Lead	LEAD Pb, Lead screen	Whole blood Note: Tubes must be protected from dust contamination at all times (store in zip-close bag). Closely follow patient, collector, and environmental preparation instructions to prevent sample contamination.	Tan EDTA tube 0.5mL whole blood sample minimum Alternate acceptable tubes: Dark Blue K2EDTA, NaHep, LiHep(no sure sep)	Store and ship <i>unspun</i> primary tube refrigerated to referral site.	BC Children's and Women's Hospital
L Lead, 24 hr Urine	U24LEAD Lead (Pb)- 24h Urine	Provide 24hr Urine Patient Collection Instructions Refrigerate specimen during collection until delivery to lab Indicate Start and Finish Date and Time on requisition	24hr urine collection container No preservative	Measure and record total volume of specimen. Aliquot 50 mL sample. Store and ship cool to referral site.	BC Children's and Women's Hospital
L Leukocyte Function Test	Test no longer available				
L Levetiracetam	LEVETB Keppra	Serum	Red top tube	Centrifuge within 2 hours of collection. Aliquot 2 mL (min) serum. Store and ship refrigerated to referral site.	Provincial Toxicology Centre
L LH Luteinizing Hormone Luteotropin Pituitary Gonadotropins	LH LH	Serum	SST	Centrifuge within 2 hrs of collection. Store primary tube and ship refrigerated to referral site.	RIH, KGH
L Lidocaine	LIDOCAINE LIDOCAINE	Serum	RTT	Centrifuge within 2 hrs of collection. Aliquot 2mL serum. Store and ship refrigerated to referral site.	Provincial Toxicology Centre



Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
L Lipase - Fluid	BFLIPASE	Heparinized fluid preferred Mix specimen well by inverting 6-8 times Indicate Fluid type	GRN-LiHep without gel or No additive tube or Sterile screw top container	Centrifuge within 2 hrs of collection. Aliquot 2mL serum. Store and ship refrigerated to referral site.	EKH, KBH, KGH, PRH, RIH, VJH
L Lipase	LIPASE	Plasma (preferred) or Serum	PST/SST	Centrifuge within 2 hrs of collection. Store and ship refrigerated to referral site.	Most IH Sites
L Lipid Profile CHOL, TRIG, HDL, LDL	LIPID Lipid Panel	Fasting is not required for any of the panels but clinician may specifically instruct patient to fast for 10 hours in select circumstances, independent of laboratory requirements.	PST/SST	Centrifuge within 2 hrs of collection. Aliquot 2mL serum. Store and ship refrigerated to referral site.	Refer to IH Laboratory Requisition for additional Information
L Lipoprotein A	LIPA Lipoprotein A	Serum	SST/RTT	Centrifuge within 2 hrs of collection. Aliquot minimum 1mL serum. Store and ship frozen to referral site.	St. Paul's Hospital
L Lithium	LI Lithium (Li)	Serum Indicate time of last dose Multi-dose regime: Collect up to 1 hr prior to next dose Single Dose regime: Collect 12 hrs or more after dose	SST/RTT	Centrifuge within 2 hrs of collection. Aliquot 2mL serum (aliquot from gel tube if testing is not performed within 24 hours) Store and ship refrigerated to referral site.	EKH, KBH, KGH, PRH, VJH, SLH, RIH
L Liver Kidney Microsomal 1 Antibody LKM1 Anti-LKM LKM Antibodies	LKM1AB Liver Kidney Microsomal Ab	Serum	SST	Centrifuge within 2 hrs of collection. Aliquot 1mL (min) serum. Store and ship frozen to referral site.	Vancouver General Hospital



Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
L Lupus +B2G/ Anticardiolipin DRVVT (dilute Russell viper venom test) Anti-phospholipid Ab (three of the anti- phospholipid antibodies are anticardiolipin, B2G, and lupus anticoagulant)	LUPUS Lupus (+B2G/ Anticardiolipin)	Citrated plasma AND Serum	Na Citrate AND SST	Prepare Platelet Poor Plasma. Aliquot into Corning orange top cryogenic vial, minimum volume 1 mL. Freeze. ANTICARD aliquot, ship frozen - 2.0 mL minimum B2G - aliquot ship frozen - 1.0 mL minimum	RIH and VGH Mon-Wed only
L Lyme Disease		See Microbiology Guide to Specimen Ordering Collection & Transport			
L Lymphocyte Stimulation Mitogen LSM Mitogen LST T cell Proliferation T Cell Function Mitogen Antigen Lymphocyte Function	Note: This test is not performed at Mitogen Labs. DO NOT order and send to Mitogen lab in Calgary.	Patients must have collection performed at BC Children's. Pre-approval by CH hematopathologist required. Pre-book test: phone 604-875-2345, x7491	http://www.elabhand book.info/PHSA/Def ault.aspx	Sample is only stable for 24 hours. Due to transportation timelines, patients must have collection performed at BC Children's. Testing done weekly on Thursday afternoons except for STAT holidays	BC Children's and Women's Hospital
L Lymphocyte Stimulation Virals		Patients must have collection performed at BC Children's. Pre-approval by CH hematopathologist required. Pre-book test: phone 604-875-2345, x7491	http://www.elabhand book.info/PHSA/Def ault.aspx	Sample is only stable for 24 hours. Due to transportation timelines, patients must have collection performed at BC Children's. Testing done weekly on Thursday afternoons except for STAT holidays	BC Children's and Women's Hospital
L Lymphoma Protocol	Lymphoma protocol			Do not order as a Special Test in lab module. Order a PATHSPEC when referring in to another IH site. Test is ordered in Pathology module for referral to BCCA.	



Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
L LYTES2 Electrolytes (Na, K)	LYTES2 Includes: Sodium (NA) and Potassium (K)	Lithium Heparinized plasma (preferred) or Serum	PST/SST	Centrifuge within 2 hours of collection. Store refrigerated. Note: Potassium (K) result will be falsely increased if the sample is hemolyzed, or there is a delay in separating cells from serum/plasma.	Most IH Sites
L LYTES4 Electrolytes (Na, K, Cl, CO ₂)	LYTES4 Includes: Sodium (NA), Potassium (K), Chloride (Cl), and Carbon Dioxide (CO ₂)	Lithium Heparinized plasma (preferred) or Serum	PST/SST	Centrifuge within 2 hours of collection. Store refrigerated. Note: Potassium (K) result will be falsely increased if the sample is hemolyzed, or there is a delay in separating cells from serum/plasma.	Most IH Sites
L Macroprolactin	MACROPROL Includes: Prolactin	Serum	SST	Centrifuge within 2 hours of collection. Store and ship refrigerated to referral site.	RIH
M Magnesium - 24 hr Urine	U24MG 24 hr urine magnesium	Provide 24hr Urine Patient Collection Instructions Refrigerate specimen during collection until delivery to lab Indicate Start and Finish Date and Time on requisition	24hr urine collection container No preservative	Measure and record volume. Send 10 mL aliquot. Designated site performing testing will acidify the aliquot to pH 3.0-4.0 with 6N HCL prior to testing.	EKH, KBH, KGH, PRH, VJH, RIH
M Magnesium - Random Urine	URMG Random urine magnesium	**Patient Collection Instructions - Random Urine** Refrigerate specimen until delivery to lab.	Sterile screw cap container	Aliquot 4mL into 12x75 (5mL) plastic tube. Store and ship aliquot refrigerated to referral testing site. Adjust specimen pH to 3-4 prior to testing.	EKH, KBH, KGH, PRH, VJH, RIH
M Magnesium Mg	MG Magnesium (Mg)	Lithium Heparinized plasma (preferred) or Serum	PST/SST	Centrifuge within 2 hours of collection. Store refrigerated.	Most IH Sites



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
M	Malaria Confirmation	MALCONF Lab order only: For confirmation of positive Malarial screen results	EDTA Whole Blood - Do NOT spin	EDTA (3mL)	EDTA shipped at room temperature. Refer a minimum of 2 thick and 2 thin peripheral blood smears prepared within 1 hour of collection.	BCCDC Requisition: Parasitology
M	Malaria	MAL Malaria	EDTA (2 tubes) Please order CBC as well	Lavender EDTA	Prepare and stain 6 thick and 6 thin peripheral blood smears within 1 hour of collection. Ship slides to IH testing site.	Most IH Sites screen All negative screens referred for Malaria NAT testing (KGH, RIH)
M	Manganese	ST Lab only: Order Send Out Test	*Instructions are for whole blood samples, confirm sample type as per approval from BC Agency. Contact a Clinical Biochemist at 250-258-3880, or Client Services Technical Specialist if you have an approval letter with an alternate sample type. Contamination of specimen must be avoided. Collection tubes must be covered and dust free until used. Store tubes in plastic bag until use. Mix 8 times and store upright to minimize contact with rubber lid.	Dark Blue (K2EDTA) Trace metal tube	Ship primary tube, unopened. Store and ship refrigerated.	ICL DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval.



Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
M Mercury - Random Urine	URMERC Mercury (Hg)- Random Urine	Random Urine	Sterile screw cap container (orange Starplex)	Aliquot minimum 5mL into orange Starplex sterile screw cap container (erex 0147932). Sterile pink top not acceptable. Store and ship refrigerated to referral site. Store and ship frozen if sample cannot be tested within 7 days.	BC Children's and Women's Hospital
M Mercury- 24hr Urine	U24MERC Mercury- 24h Urine	Provide 24hr Urine Patient Collection Instructions Refrigerate specimen during collection until delivery to lab Indicate Start and Finish Date and Time on requisition	24 hr urine collection container No preservative	Mix well, measure and record total volume. Aliquot 50mL sample into orange sterile screw cap Starplex container (erex 0147932). Sterile pink top not acceptable. Store and ship refrigerated to referral site. Store and ship frozen if sample cannot be tested within 7 days.	BC Children's and Women's Hospital
M Mercury Hg	MERCURY Mercury (Hg)	Lithium Heparin Whole blood Collect Mon-Thursday only to allow for same day shipping. Do NOT Spin	GRN-LIHep - no gel	Store and ship unspun primary tube refrigerated to referral site. Clinical Indications required	BC Children's and Women's Hospital
M Metanephrine - 24 Hr Urine	U24MET Metanephrines- 24h Urine Includes Normetanephrine (norepinephrine) Catecholamines, Metenephrine (epinephrine), Pheochromocytoma Screen	Provide 24hr Urine Patient Collection Instructions Refrigerate specimen during collection until delivery to lab Indicate Start and Finish Date and Time on requisition	24hr urine collection container No preservative	Sample must be kept refrigerated between receipt and processing. Measure and record total volume of specimen in Meditech Prepare two aliquot tubes, minimum 3mL each. Freeze immediately at -20C. Ship frozen to referral site.	Vancouver General Hospital



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
M	Metanephrine - plasma Fractionated metanephrines <i>*If plasma not specifically requested, order U24MET instead*</i>	MET	Plasma Overnight fast required Patient must fast and not smoke for at least 4 hours prior to collection. Patient must be supine for 30 minutes prior to sample collection.	EDTA (3mL)	Centrifuge immediately (within 15 min) Aliquot 1 mL plasma minimum and freeze asap Store and ship frozen.	ICL DO NOT ORDER OR COLLECT without approval. follow instructions in CS 0080 Inpatients require Clinical Biochemist (250-258-3880) approval. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval.
M	Methadone – Urine	URDRUGSMC Methadone Clinic Send Out	**Patient Collection Instructions - Random Urine** Refrigerate specimen until delivery to lab.	Sterile screw cap container	Store and ship urine aliquot refrigerated to referral site. Maximum volume: 50 mL Methadone maintenance patients only.	LifeLabs
M	Methanol - Urine	Test not available				



Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
M Methanol Methyl Alcohol De-icing products Windshield wiper fluid Paint remover Shoe dye Enbalming fluid Window cleaning product	METH (VOLALC) Volatile Alcohol Screen Includes: Methanol, Acetone and Isopropanol	Plasma or serum 2 tubes	PST/SST	* Refer to "Performing Osmolar Gap for Volatile Alcohol and/or Ethylene Glycol Test Requests" Procedure for specific instructions. * NOTE: Include a copy of test results if sample is sent to VGH. Collect: PST / SST Specimen specifics: Centrifuge both tubes. Tube 1: Perform any available on-site testing. If OSMO testing is not performed on site, ship both tubes refrigerated to OSMO testing site. Tube 2: DO NOT OPEN. Store and ship UNOPENED tube refrigerated to referral site. IH Pathologist or Biochemist approval required prior to shipping sample to VGH. Send to sites/options: XVGH	Vancouver General Hospital
M Methemoglobin	See Blood Gas - included in BG panel	Heparinized whole blood	GRN - LiHep or blood gas syringe	Deliver immediately to lab for testing. Do Not Spin	
M Methotrexate	METHOTREX Methotraxate	Serum Collect prior to next dose. Date and time of last dose required.	SST	Centrifuge as soon as possible and wrap in foil to protect from light. Store and ship 1 mL (min) serum refrigerated to testing site.	KGH, BC Children & Women's Hospital
M Methotrimeprazine	METHOTRIM Nozinan	Serum Include date and time of last dose	Red top tube	Centrifuge and aliquot 1 mL (min) serum. Store and ship cool to referral site.	Provincial Toxicology Centre



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
M	Methylmalonic acid MMA	METHMA Methylmalonic Acid	Plasma	EDTA (6mL)	Centrifuge and aliquot min 3mL plasma. Separate plasma within 6 hours of collection. Store and send frozen.	ICL DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval.
M	Microalbumin - 24 hr Urine	U24MALB Microalbumin- 24h Urine	Provide 24hr Urine Patient Collection Instructions Refrigerate specimen during collection until delivery to lab Indicate Start and Finish Date and Time on requisition	24hr urine collection container No preservative	Measure and record total volume of specimen, then aliquot 10 mL sample. Store and ship refrigerated to referral site. Stable for 8 days at 2-8°C	EKH, KBH, KGH, RIH
M	Microalbumin - Random Urine	URMALB Urine Microalbumin, Microalbumin ratio, ACR	Random urine	Sterile screw cap container	Aliquot 4mL into 12x75 (5mL) plastic tube. Store and ship aliquot refrigerated to referral testing site. Stable for 8 days at 2-8°C	EKH, KBH, KGH, RIH



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
M	Mitogen Referral	MITOREF Lab Order Only	Serum or CSF See CS 0104 Ordering Mitogen Test Requests for Referral Testing Job Aid. If the test is not listed below, it is performed at an alternate referral site. Restrict orders from the Mitogen requisition to the following: Autoimmune Myopathy/ Myositis Panel Synonym: Synthetase syndrome NMDA (NR1) Receptor Ab Anti-DPPX (dipeptidyl aminopeptidase-like 6) Voltage Gated Potassium Channel Synonym: Anti-VGKC or VGKC Ab Anti-GABA_ρ Receptor Anti-AMPA Receptor Neurological Disease Test Panel Neuromyelitis Optica Spectrum Disorder Synonyms: Anti-Aquaporin 4, Devic's Disease, NMO, Anti-MOG, Anti-Myelin Oligodendrocyte Glycoproteins Anti-MAG Synonyms: Anti-myelin associated glycoproteins Anti-GAD 65 Synonyms: Glutamic Acid Decarboxylase Ab *See note in CS 0104. If Anti-GAD 65 is ordered on its own with no other Mitogen tests, order ANTIGAD instead. Paraneoplastic Disease Panel	SST	Centrifuge within 2 hours of collection. SST only: Aliquot minimum 1mL serum and store refrigerated. Ship refrigerated. CSF only: Store and ship frozen to referral site. SST + CSF on the same patient/same test: Store 1mL serum aliquot tube and CSF tube frozen. Ship both frozen.	Mitogen BC Lab Agency approval not required. All Mitogen orders are reviewed by an IH Biochemist. Send a copy of the original requisition with the sample to KGH. Retain the original requisition on site.



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
M	Mono Infectious Mononucleosis Epstein-Barr Virus	MONO Monospot	Serum Note: If test is an "add-on" and serum has not been collected, plasma from sodium or lithium heparin or EDTA tubes may be used.	SST	Centrifuge within 2 hours of collection. Avoid hemolysis. Spun SST primary tube acceptable. Aliquot 1mL for plasma samples. Store and ship refrigerated to referral site. Ship frozen aliquot if testing cannot be performed within 72 hours on refrigerated samples.	Most IH sites
M	Mucopolysaccharides - Random Urine Alternate names: GAGS; MPS; Urine GAGS; GAG; Glycosaminoglycan; Uronic acid; Screening test for Hurler, Scheie, Hunter, Sanfilippo, Maroteux-Lamy, Morquio, and B-glucuronidase Deficiency.	URMUCCOPOLY Mucopolysaccharides- R urine	Collect early morning random urine. Refrigerate specimen until delivery to lab.	Sterile screw cap container	Optimal volume 10 mL, minimum 2 mL Store and ship frozen to referral site.	BC Children's and Women's Hospital
M	Muscular Dystrophy Screening Duchenne Muscular Dystrophy	GENETICS Lab Order Only	EDTA Whole blood Collect Mon-Thur only to allow for same day shipping.	EDTA (3mL)	Ship unspun whole blood primary tube same day at room temperature to referral site. Do not refrigerate or freeze.	BC Children & Women's Hospital BC C&WH Molecular Genetics Lab Requisition



Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
M MuSK Antibody Anti-Muscle Specific Kinase	MUSK MuSK Antibody	Serum *Test must be ordered by a neurologist or is self-pay.	SST	Centrifuge and aliquot 2-5mL serum. Store and ship frozen to referral site. Ship Mon-Thurs	VGH (Forward to UBC via VGH) Submit completed BC Neuroimmunology Laboratory Requisition with specimen. Requisition is also available from the Lab Teamsite.
M Mycophenolate	MYCOPHEN	EDTA plasma	Lavender EDTA	Centrifuge and aliquot 2 mL (min) plasma. Store and ship frozen to referral site.	VGH
M Myeloid Panel	MYELOID	0.5 mL Bone Marrow aspirate in EDTA	EDTA	Ship room temperature. Specimens should arrive at testing site within 48 hrs of collection, avoiding weekends and holidays.	BCCA A completed BC Cancer requisition must accompany the specimen: http://cancergeneticslab.ca/wp- content/uploads/2020/03/CACG_CG L_3010-CGL-Requisition-MYL-Mar- 2020.pdf
M Myeloperoxidase	ANCA	See ANCA			
M Myoglobin - Urine	Test no longer available			Do not order or send test out Refer to Important Lab Update 12-18	
M Myoglobin	Test no longer available	Serum		Do not order or send test out Refer to Important Lab Update 12-18	
M Myositis Profile Autoimmune Myopathy	See MITOREF Lab Order Only				



Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
M Myotonic Dystrophy Screening	GENETICS Lab Order Only	EDTA Whole blood Collect Mon-Thur only to allow for same day shipping.	EDTA (3mL)	Ship unspun whole blood primary tube same day at room temperature to referral site. Do not refrigerate or freeze.	BC Children & Women's Hospital BC C&WH Molecular Genetics Lab Requisition
M Na Sodium	NA Sodium (Na)	Plasma or Serum	PST/SST	Centrifuge within 2 hours of collection. Store refrigerated.	Most IH Sites
N N-Acetyl Procainamide	NAPA N-acetyl Procainamide	Serum Indicate date and time of last dose.	Red top tube	Centrifuge and aliquot 1 mL (min) serum. Store and ship cool to referral site.	Provincial Toxicology Centre or VGH
N Neonatal Platelet Investigation	PLTAB Anti-Platelet Antibodies	<i>Only for Neonatal Alloimmune Thrombocytopenia (NAIT)</i> Each sample type requires a separate requisition . <i>Collect Mon-Wed only to allow for same day shipping.</i> <i>See detailed sample and shipping instructions under Platelet Antibody Investigation</i> Call Winnipeg CBS to arrange for prior approval - 204-789-1152.	Maternal sample: 3 x 5mL EDTA plus 1 x 10mL SST/RTT Paternal sample: 5 x 5mL EDTA Neonatal sample: 1 x 1mL EDTA	Process and package (separate biohazard bags) samples from each patient individually. Centrifuge and aliquot serum. Freeze serum if sample will arrive more than 48 hours post collection. Include most recent or pre/post platelet count result(s) with sample. Ship serum and EDTA primary tubes same day refrigerated to Canadian Blood Services - Winnipeg Centre. Sample must arrive at testing site on a weekday (not on a weekend or holiday).	CBS Platelet Immunology Requisition - select appropriate investigation Send by overnight courier to: Platelet Immunology Laboratory Canadian Blood Services - Winnipeg Centre 777 William Ave. Winnipeg, MB R3E 3R4 Fax waybill to 204-789-1186 when sample is shipped.



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
N	Neurological Disease Profile	See MITOREF Lab Order Only				
N	Neuromyelitis Optica Autoantibody NMO Devic's Disease Aquaporin 4	See MITOREF Lab Order Only				
N	Newborn Drug Testing Meconium Hair Toxicology	NBTOX Newborn Toxicology	Forensic Newborn Toxicology collection kit Clinical staff to obtain specimen using instructions provided in kit. Include: -patient information with demographic label -sample type and test panel requested -collector signature/date/time -mnemonic of individual who sealed container/date/time. The individual sending the box is to fill out the Collector /Processor Certification box. Email Info@ICLabs.ca for supplies (chain of custody requisitions, collection kits and instructions and extra seals if required)	Meconium or hair See kit instructions	Meconium: Sealed sample can be stored refrigerated for up to 3 months. Freeze sample if shipping delayed past 3 months.	ICL (ICL forwards to USDTL) BC Agency Approval NOT required. Forensic Newborn Drug Testing Custody & Control Form must accompany sample. Form provided in kit.



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
N	Newborn Screening PKU	NBSCREEN Newborn Screening (PKU) Screens for 22 inborn metabolic or genetic diseases	Blood from heelpoke collected on in-date Blood Spot Card Newborn should be older than 24 hours before collection. Complete patient information on card. BCCH recommends that all babies have a Newborn Screen card collected even if patient is discharged at less than 24 hours old. Completely fill 4 blood dots. Collector must sign card.	Newborn Screen blood dot card Check expiry date - do not use expired card	Allow card to air dry 3-4 hrs on horizontal surface before inserting into mailing sleeve. Ensure all information on card is complete.	BC Children & Women's Hospital Newborn Screening Guideline: includes list of all screened-for disorders
N	NH3 See Ammonia	NH3 or AMM Ammonia, PNH3				
N	NMDA (NR1) Receptor Ab	See MITOREF Lab Order Only				
N	NMO Neuromyelitis Devic's Disease Aquaporin 4	See MITOREF Lab Order Only				



Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
N Non Invasive Prenatal Screening Test (NIPS or NIPT) For Harmony NIPT kits-see HARMONY For all other NIPS requests, contact the biochemist on call (250-258-3880) for approval BEFORE collection.	NIPTor NIPS Prenatal Screen Patient will present with kit. Mandatory outpatient requisition signed by ordering practitioner required. Must meet kit criteria as per policy. Patient will be charged a collection fee when ordering KIT.	Harmony Kit - See HARMONY Self-pay NIPS (excluding Harmony) Contact the biochemist on call (250-258-3880) for approval prior to collection. I.e. Invitae, MaterniT21Plus, Panorama	Collection and processing instructions provided with kit. Check tubes for expiry. Do not collect if tubes expired.	Refer to kit instructions for packaging and shipping. Ship kit with completed documents using pre-filled waybill. Sample must be shipped by IH. Kit must include waybill.	
N Non-malaria blood parasite Babesia Filaria Leishmania Toxoplasma Trypanosoma	PARABL	EDTA Plasma	EDTA (3mL)	Make blood films within 1 hour of collection Send 6 thin and 6 thick unstained blood films, and EDTA tube	KGH, PRH, RIH, VJH
N Norclozapine	NORCLOZ Norclozapine	Serum Indicate date and time of last dose.	Red top tube	Centrifuge and aliquot 1 mL (min) serum. Store and ship cool to referral site.	Provincial Toxicology Centre
N Nortriptyline	NORTRIP Nortriptyline See Tricyclic Antidepressants	Serum Indicate date and time of last dose.	Red top tube	Centrifuge and aliquot 1 mL (min) serum. Store and ship cool to referral site.	Provincial Toxicology Centre



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
N	N-Telopeptide - 24 hr Urine	ST Lab only: Order Send Out Test	Provide 24hr Urine Patient Collection Instructions Refrigerate specimen during collection until delivery to lab Indicate Start and Finish Date and Time on requisition	24hr urine collection container No preservative	Measure and record total volume of specimen, then aliquot 50 mL (25 mL min) sample. Store and ship refrigerated to referral site.	Calgary Diagnostic and Scientific Centre (Alberta Precision Laboratories) 3535 Research Rd NW Calgary AB T2L 2K8 DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require biochemist/pathologist approval. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval.
N	NT-proBNP	NTPROBNP If criteria to order NT-proBNP not met order BNP	plasma or serum	PST/SST	0.5ml plasma aliquoted. Stable for 6 days refrigerated. Biochemist (250-258-3880) approval required if NT-proBNP is ordered unless one of the following indications: 1. Patient with AL amyloidosis 2. Patient on specific heart failure medication (nesiritide, entresto) 3. Ordering physician is a hematologist or cardiologist If criteria to order NT-proBNP not met order BNP	St. Paul's Hospital
N	Olanzapine	OLANZ	Serum Indicate date and time of last dose.	Red top tube	Centrifuge and aliquot 1 mL (min) serum. Store and ship cool to referral site.	Provincial Toxicology Centre



Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
O Oligoclonal Banding Oligoclonal Banding IgG Fraction IgG Albindex IgG Synthesis Rate	CSFOLIG Oligoclonal Panel CSF	CSF + serum sample Serum sample required to be drawn same day. May be obtained up to 7 days before or after the CSF.	Sterile CSF collection tube - 1-4 tubes depending on tests required Serum: SST	Place 1 mL (min) CSF into aliquot tube. Serum: Centrifuge and aliquot 1 mL (min) serum into separate aliquot tube. Store and ship both samples refrigerated to VGH. Store and ship frozen if testing cannot be performed within 14 days.	Vancouver General Hospital
O Oligosaccharides-urine Alternate names: Urine Olygosaccharide; Urine Olygosaccharides; Urine Sialic Acid; Sialic Acid; Aspartyl Glucosamine. Screening test for sialidosis, galactosialidosis, and aspartylglucosaminuria	UROLIGO	Collect early morning random urine. Refrigerate specimen until delivery to lab.	Sterile crew cap container	Optimal volume 10 mL, minimum 2 mL Store and ship frozen to referral site.	BC Children's and Women's Hospital
O Opiates - Random Urine Codeine Morphine Heroin Urine Drugs of Abuse	URDRUGS Urine Drug Screen	Collect early morning random urine. Refrigerate specimen until delivery to lab.	Sterile screw cap container	Aliquot 50 mL urine, no preservative. Store and ship frozen to referral site.	Most IH Sites



Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
O Organic Acid – Urine Methylmalonic Acid (urine MMA); Succinyl Acetone; Mevalonic Lactone; Urine Lactate; Orotic Acid; Isovaleric Acid (IVA); Methylcitric Acid; Propionic Acid; Glutaric Acid; Homogentisic Acid; N-acetyl aspartic; Adipic, branched chain keto acids; Dicarboxylic acid; Ethylmonic; Glutaric; Hexanoyl glycine; 4-Hydroxybutyric; Pyroglutamine acid; β-hydroxy β-methylglutaric; Isovaleric acid; ketones; Lactic acid; Methylcitric acid; Methylcrotonyl glycine; Methylmalonic acid; Propionic; Sebacic; Suberic; Suberylglycine; Succinyl acetoacetate; Succinyl acetone; Valproate metabolites	URORGA	Collect early morning random urine. Refrigerate specimen until delivery to lab.	Sterile screw cap container	Aliquot 20 mL urine, no preservative. Minimum volume: 5 mL Store and ship frozen to referral site.	BC Children's and Women's Hospital
O Osmolality - Random Urine	UROSMO Osmolality- Random Urine	Refrigerate specimen until delivery to lab.	Sterile screw cap container	Aliquot 4mL into 12x75 (5mL) plastic tube. Store and ship aliquot refrigerated to referral testing site.	EKH, KBH, KGH, PRH, VJH, RIH, CMH



Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
O Osmolality- 24 hr Urine	U24OSM Osmolality- 24h Urine	Provide 24hr Urine Patient Collection Instructions Refrigerate specimen during collection until delivery to lab Indicate Start and Finish Date and Time on requisition	24hr urine collection container No preservative	Measure and record total volume of specimen, then aliquot 4 mL sample. Store and ship refrigerated to referral site. Stable for 8 days at 2-8°C	CMH, EKH, KBH, KGH, PRH, VJH
O Osmolality Serum Osmolality	OSMO Osmol	Serum	SST	Centrifuge within 2 hours of collection. If testing delayed or shipping to referral site aliquot - 0.5 mL minimum. Store and ship refrigerated.	EKH, KBH, KGH, PRH, VJH, RIH, CMH
O Osmolar Gap	OSMOGAP	Serum	SST	Centrifuge and aliquot 1 mL serum. Store and ship refrigerated to referral site. Calculation only: Includes measured Osmolality, glucose, ethanol, sodium and urea	CMH, EKH, KBH, KGH, PRH, RIH, VJH
O Osmotic Fragility Test Red Cell Membrane Flow Analysis	ST Lab only: Order Send Out Test	EDTA Whole Blood - Do NOT Spin *Pathologist approval required	Lavender - EDTA	Store and ship whole blood primary tube refrigerated to referral testing site. Sample must be received at site within 48 hrs of collection. Send peripheral blood smear with sample	BC Children's and Women's Hospital BC C&WH Lab Requisition
O Out of Province Testing (with no BC Agency approval letter)	OOPREQ	None *Not to be confused with requests for OOP biologic drug testing. For biologic test requests, consult with the clinical biochemist on call (250-258-3880). For additional information, see 'Biologics'	None	Only to be used when there is no approval letter from the BC Agency. A report will be sent to the ordering provider that the test was not collected and to request BC Agency approval.	None



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
O	Oxalate - 24 hr Urine	U240X 24 hr UR OX	Provide 24hr Urine Patient Collection Instructions Refrigerate specimen during collection until delivery to lab Indicate Start and Finish Date and Time on requisition Avoid high intake of vitamin C during sample collection period.	24hr urine collection container 15mL 6N HCL added prior to collection	Measure and record total volume of specimen, then aliquot 10 mL sample. Store and ship refrigerated to referral site.	Vancouver General Hospital
O	Oxidative Burst Neutrophil DHR Neutrophil Oxidative Burst, Oxyburst, Flow Cytometry, Nitro Blue Tetrazolium (NBT), Neutrophil Function	OXIB NEUTOXIB	Whole Blood EDTA Requires Hematopathologist or clinical biochemist approval prior to collection. Must be pre-booked with BC C&W Immunology lab (604)-875-2345 ext 7491 Refer to www.elabhandbook.info link for collection information	EDTA 4.5mL (1mL min)	Store at RT. Must be processed at BC W&C within 24 hrs of collection. If approved, collection and shipping must be coordinated with BC W&C	BC Children & Women's Hospital BC C&WH Flow Cytometry Lab Requisition
O	P24 Antigen Order HIV serology		Order HIV serology - BCCDC HIV screen is a 4th generation HIV assay (HIV antibody/serology + p24 antigen/HIV combo/HIV Ab+Ag/HIV 4th gen)			
P	Pancreatic Cyst Fluid	BFPANCY	<i>For Chemistry testing:</i> Serum <i>For Cytology testing:</i> 10mL (min) sample in Cytolyt container	Chemistry: Red top tube Cytology: Cytolyte container	Chemistry: Centrifuge prior to testing. Store and ship refrigerated to IH testing site.	KGH



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
P	Pancreatic Polypeptide	PANCPOLYPT Pancreatic Polypeptide Note: Collection for this test is at select locations only. Please confirm availability with local laboratory.	EDTA plasma Collect on ice Deliver immediately to lab This test should not be requested on patients who have recently received radioactive materials. 8 hour fast required	EDTA (3mL) Collect into pre-chilled tube, keep tube on ice after collection and deliver to lab immediately for processing. To pre-chill tube prior to collection, place one cup crushed ice into biohazard bag. Place tube in second biohazard bag (to keep dry) and place in crushed ice bag.	Centrifuge sample as soon as possible after collection (within 15 minutes). Aliquot minimum 0.5 mL and freeze immediately. Store and ship frozen.	ICL (ICL forwards to Mayo) DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval and signed consent form. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval.
P	Panel Reactive Ab PRA DSA Donor Specific Ab HLA Ab Screen Cytotoxic Ab HLA Screening	PRA Panel Reactive Antibodies	Whole Blood or serum + cells	RTT or SST	Send whole blood sample (unspun sample is preferred, can still send if centrifuged). Store and ship at RT. Collect Mon-Thur preferably. If collected on a Fri/Sat/Sun, spin, aliquot 2mL serum and freeze serum. Save the cells (do not freeze, keep at RT) and ship both the frozen aliquot and the room temp primary tube with cells in separate shipping containers on the following Monday.	Vancouver General Hospital



Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
P Paraneoplastic Disease Profile Anti-Hu Anti-Neuronal Nuclear Antigen	See MITOREF Lab Order Only				
P Parathyroid Hormone Assay- Intra Operative	PTHIO Lab Order Only: Parathyroid Hormone (Intra-Op)	Plasma (or Serum)- Sample collected intra-operatively	EDTA (testing can be performed on PST or LiHep if needed)	Separate upon receipt, test and call results to OR.	KBH, KGH, PRH, RIH, VJH
P Parathyroid Hormone Assay PTH iPTH Intact PTH	PTH Parathyroid Hormone (Intact)	Plasma	EDTA (3mL)	MUST be separated within 1 hour of collection. Specimens requiring shipment: Aliquot, freeze and send frozen. Specimens collected at performing sites: Aliquot and refrigerate. Stable for 48 hours at 2-8C when refrigerated ASAP post testing	EKH, KBH, KGH, PRH, RIH, VJH
P Paroxetine Paxil	PAROXETINE Paroxetine (Paxil)	Serum	Red top tube	Centrifuge within 2 hours of collection. Aliquot 2 mL serum Store and ship refrigerated to referral site.	Provincial Toxicology Centre
P Paternity Testing	Testing not available through IH	Refer to Genetrack BioLabs		http://www.genetrackcanada.com/tests/dna-paternity-test	
P PATHDIF	PATHDIF Lab Order Only: Path Specimen Sent for DIF	Pathology sample for direct immunofluorescence testing (DIF)		Order PATHDIF in the lab module when referring immunohistochemistry requests. This mnemonic is used for tracking purposes. Do not order Special Test as it is not required.	AP Consultation form #826233 required



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
P	PATHSPEC	PATHSPEC Lab Order Only: Path Specimen within IH	Pathology sample i.e. Lymphoma protocol, renal biopsy, muscle biopsy, etc. See: Collecting an Anatomical Pathology Specimen Procedure AP 0448		Order PATHSPEC in the LAB module when referring a pathology specimen from one IH site to an AP Lab site. This mnemonic is used for tracking purposes. Do not order Special Test as it is not required. The IH sites with the Pathology module will order the appropriate test.	
P	PATHSPECV	PATHSPECV	Pathology sample sent to Vernon AP from another AP lab site. i.e. embryo, fetus, infant, and placentas to VJH from other AP sites required. See: AP 0078 Managing Fetal or Stillborn Demise Inquiries Procedure and AP 0060 Shipping an Embryo, Fetus or Infant to an Interior Health Site for an Examination or Autopsy Procedure		Order PATHSPECV in the LAB module when referring a pathology specimen to Vernon AP from another AP lab site. This mnemonic is used for tracking purposes. Do not order Special Test as it is not required. Vernon AP will order the appropriate test in the PTH module.	
P	Pemphigus Antibody Pemphigoid Ab Anti-Skin Antibodies, Desmoglein1,Desmoglein 3, BP180, BP230	See DESMOAB Lab Order Only				
P	PEP	Anti-Skin Antibodies, Desmoglein1,Desmoglein 3, BP180, BP230	Serum	SST	Centrifuge within 2 hours of collection. Aliquot 2 mL serum Store and ship refrigerated to IH testing site.	KGH, RIH



Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
P pH - Fluid	BFPH Fluid pH, Body fluid pH	Heparinized fluid preferred - collected anaerobically Mix specimen well by inverting 6-8 times Indicate Fluid type	Heparinized syringe Minimum 0.5mL in syringe, no air	Collect anaerobically. Keep on ice until testing performed. Must be analyzed within 60 minutes.	
P pH - Stool	STPH Stool for pH	Fresh stool sample	Sterile screw cap container	Store and ship frozen to referral site for testing.	BC Children & Women's Hospital
P Phenobarbital	PHENO Phenobarbital	Serum Collect within 30 minutes prior to next dose. Indicate date and time of last dose.	SST or Red top tube or GRN-LiHep PST	Centrifuge and aliquot 1 mL (min) serum/plasma. Remove serum/plasma from Gel if testing is not performed within 24 hours. Store and ship refrigerated to referral site. Time to steady state is 3-4 weeks. Valproic acid inhibits phenobarb metabolism leading to significantly increased serum levels.	Vancouver General Hospital
P Phenylalanine Monitoring	PKUM See PKU Monitoring	Blood drops from heelpoke collected on Blood Spot Card	Blood Spot Card - 2 dots completely filled (min)	Allow card to dry 3 hours before inserting into mailing sleeve.	BC Children & Women's Hospital Biochemical Genetics Lab Requisition



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
P	Phenylalanine	PHEA Phenylalanine Note: Collection for this test is at select locations only. Please confirm availability with local laboratory.	Li Hep plasma no gel Na Hep plasma no gel Collect on ice Deliver immediately to lab Fasting required: For infants (<1 year): Draw specimen prior to feeding. For children (1-18 year): 3 to 4 hours fast acceptable. For adults: Overnight fast.	Li Hep no gel Na Hep no gel Collect into pre-chilled tube, keep tube on ice after collection and deliver to lab immediately for processing. To pre-chill tube prior to collection, place one cup crushed ice into biohazard bag. Place tube in second biohazard bag (to keep dry) and place in crushed ice bag.	Centrifuge sample as soon as possible after collection (within 15 minutes). Aliquot minimum 0.5mL and freeze. Store and ship frozen.	BC Children & Women's Hospital
P	Phenytoin Dilantin PTN	PHENY Phenytoin (Dilantin)	Serum Indicate date & time of last dose Oral therapy - collection time should be consistent for a given patient (Trough levels are not imperative because of the long half-life) IV therapy - collect >2 hours after end of dose	Red top - no additive only	Centrifuge within 2 hours of collection. Aliquot 2 mL serum Store and ship refrigerated to referral site.	CMH, EKH, KBH, KGH, PRH, RIH, VJH



Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
P Phosphatidylserine Antibody Anti-Phosphatidyl serine Ab IgG and IgM antiphosphatidylserine level	ST Lab only: Order Send Out Test	Serum	RTT	Centrifuge within 2 hours of collection. Aliquot 3mL serum (1mL minimum). Store frozen. Send frozen. TAT: 8 wks	DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval.I.
P Phosphorus - 24hr Urine	U24PO4 or U24PHOS Phosphorus (PO4)- 24hr Urine	Provide 24hr Urine Patient Collection Instructions Refrigerate specimen during collection until delivery to lab Indicate Start and Finish Date and Time on requisition	24hr urine collection container No preservative or 15mL 6N HCL added prior to collection	Measure and record volume. Send 10 mL aliquot. Designated site performing testing will acidify the aliquot to pH 1.5-5.0 with 6N HCL prior to testing.	EKH, KBH, KGH, PRH, RIH, VJH
P Phosphorus - Random Urine	URPO4 Phosphorous (PO4)- Random urine	Refrigerate specimen until delivery to lab.	Sterile screw cap container	Aliquot 10mL. Store and ship aliquot refrigerated to referral testing site. Adjust pH of aliquot between 1.5-5 using HCL	EKH, KBH, KGH, PRH, RIH, VJH
P Phosphorus Inorganic Phosphate	PO4 Phosphorus (PO4)	Lithium Heparinized Plasma (preferred) or Serum Overnight fasting preferred	PST/SST	Centrifuge and aliquot 1 mL plasma or serum. Store and ship refrigerated to referral site. Hemolysis may elevate result.	Most IH Sites



Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
P PKU Monitoring Phenylketonuria	PKUM Phenylketonuria	Blood spot Complete patient information on card. Completely fill 2 blood dots. Collector must sign card.	Newborn Screen blood dot card	Allow card to dry 3 hours before inserting into mailing sleeve. Order only on cases of monitoring PKU.	BC Children & Women's Hospital
P PKU Screen	NBSCREEN See Newborn Screening for full battery of screening tests Phenylpyruvic Acid	Blood spot Complete patient information on card. Completely fill 4 blood dots. Collector must sign card.	Newborn Screen blood dot card	Allow card to dry 3 hours before inserting into mailing sleeve.	BC Children & Women's Hospital - Newborn Screening Lab
P Placental Lactogen	PLACLACT Placental Lactogen	Serum	SST	Centrifuge and aliquot 2.0 mL min. Store and ship frozen to referral testing site.	Vancouver General Hospital
P Plasma cfDNA	GENETICS Lab Order Only	See EGFR T790M			BC Children & Women's Hospital, BC Cancer, VGH, St. Paul's Hospital
P Plasma Hemoglobin Free Hemoglobin	PLHGB Plasma Hgb	Li Hep Plasma Care must be taken to avoid hemolysis during the collection process.	PST	Centrifuge as soon as possible after collection (within 15 minutes). Aliquot minimum 0.5mL plasma and freeze immediately. Store and ship frozen.	BC Children & Women's Hospital



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
P	Plasminogen	PLASMIN Plasminogen	NaCit Must be preapproved by Pathologist.	NaCit	Deliver to lab asap at room temperature. Centrifuge and process immediately Aliquot plasma to labeled aliquot tube. Store and ship 0.5mL (min) plasma frozen to referral site.	BC Children & Women's Hospital
P	Platelet Allo Immunization Platelet Immunology	PLTAB See Platelet Antibody Investigation	<i>See requisition for detailed sample requirements</i> 1 x 10 mL SST serum plus 5 x 5mL EDTA		<i>See detailed instructions under Platelet Antibody Investigation</i>	CBS Platelet Immunology Requisition - select appropriate investigation



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
P	Platelet Antibody Investigation Anti-Platelet Antibodies Platelet Immunology Platelet Allo Immunization Post Transfusion Purpura investigation	PLTAB Platelet Antibody	<p><i>Collect Mon-Wed only to allow for same day shipping.</i></p> <p>Sample must arrive at Winnipeg CBS on a weekday only.</p> <p>Call Winnipeg CBS to arrange for prior approval - 204-789-1152.</p> <p>Include patient name and investigation requested.</p> <p>Neonatal Investigation: <i>Only available for neonatal alloimmune thrombocytopenia (NAIT).</i></p> <p><i>See more detailed instructions under Neonatal Platelet Investigation.</i></p>	<p><i>See requisition for detailed sample requirements based on desired investigation.</i></p>	<p>Centrifuge and aliquot serum. Freeze serum if sample will arrive more than 48 hours post collection.</p> <p>Include most recent or pre/post platelet count result(s) with sample.</p> <p>Ship serum and EDTA primary tubes same day refrigerated to Canadian Blood Services - Winnipeg Centre.</p> <p>Sample must arrive at testing site on a weekday (not on a weekend or holiday).</p>	<p>Send by overnight courier to: Platelet Immunology Laboratory Canadian Blood Services - Winnipeg Centre 777 William Ave. Winnipeg, MB R3E 3R4 Fax waybill to 204-789-1186 when sample is shipped.</p> <p>No out of province approval letter required at this time.</p> <p>CBS Platelet Immunology Requisition - select appropriate investigation</p>
P	Platelet Count	See CBC				



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



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



Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
P Porphyryns - Fecal <i>*Only if fecal porphyryns specifically requested, otherwise, use U24POR</i>	ST Lab only: Order Send Out Test	Random stool sample Freeze immediately and until delivery to lab. Protect from light. Requires pathologist approval.	Sterile screw cap container	Store, protect from light and ship frozen to referral site for testing.	Vancouver General Hospital
P Porphyryns - Plasma	PORPH	EDTA plasma *Requires Clinical Biochemist (250-258-3880) approval prior to collection. *Protect sample from light immediately after collection.	EDTA	Centrifuge asap. Keep protected from light during processing, storage and shipping. Aliquot 2mL plasma minimum. Store and ship refrigerated to referral site.	Vancouver General Hospital
p Porphyryns - Random Urine Qualitative Porphyryns <i>*If random urine not specified, use U24POR</i>	URPOR Porphyrin Screen- Random urine <i>Includes Uroporphyrin, Coproporphyrins, Porphobilinogen, Urobilinogen</i>	First morning urine specimen. Refrigerate specimen until delivery to lab. Protect from light.	Sterile screw cap container	Aliquot 10 mL urine into screw cap container. Protect from light. Store and ship refrigerated to referral site.	Vancouver General Hospital
P Posaconazole	POSACONAZOLE	EDTA plasma Date and time of last dose preferred but not mandatory.	EDTA	Centrifuge asap, aliquot 1mL minimum plasma. Store frozen. Send frozen to referral site.	SPH



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
P	Post Transfusion Purpura	PLTAB See Platelet Antibody Investigation	See requisition for detailed sample requirements	SST (10mL) plus EDTA (6mL) x 3	See detailed instructions under Platelet Antibody Investigation	CBS Platelet Immunology Requisition - select appropriate investigation
P	Potassium – Random Urine	URK Potassium (K)- Random Urine	Refrigerate specimen until delivery to lab.	Sterile screw cap container	Aliquot 4mL into 12x75 (5mL) plastic tube. Store and ship aliquot refrigerated to referral testing site.	EKH, KBH, KGH, PRH, VJH, RIH
P	Potassium K	K Potassium (K)	Lithium Heparinized Plasma (preferred) or Serum Avoid hemolysis. Note: Routine outpatient testing referred-in to IH regional laboratory sites for testing must be collected in SST only. STAT or urgent on site testing can be collected in PST to maintain a rapid turnaround time.	PST/SST	Centrifuge within 2 hours of collection. Store refrigerated. Note: Potassium (K) result will be falsely increased if the sample is hemolyzed, or there is a delay in separating cells from serum/plasma.	Most IH Sites



Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
P PR3	ANCA	See ANCA			
P Prealbumin Albumin-Pre	PREALB Prealbumin	Serum	SST	Centrifuge within 2 hours of collection. Aliquot 1mL (min) serum. Store and ship refrigerated to testing site.	St. Paul's Hospital
P Predict Study	PREDICT	EDTA whole blood Patient must present with PREDICT lab requisition	EDTA (10mL)	Prepare buffy coat and freeze, as per PREDICT study centre procedure. Ship frozen to Victoria Deeley Research Centre	Victoria Deeley Research Centre PREDICT Lab Requisition
P Prenatal Screen - CBS Maternal Antibodies, Antenatal Investigation, Antenatal Serology	PRENCBS Prenatal Screen (CBS)	EDTA Whole Blood Collect Mon-Thurs only <i>For prenatal genetic screening, see Integrated Prenatal Serum Screen</i>	EDTA (6mL)	Ship unspun primary tube refrigerated to referral site.	Canadian Blood Services Perinatal Screen Request
P Prenatal Screen - CDC Prenatal Serology: includes HIV, HBsAG, Rubella IgG, Syphilis (1st trimester only)	PRENCDC Prenatal Screen (CDC)	Serum	SST(2)	Centrifuge within 2 hours of collection. Store and ship primary tube to referral site.	BCCDC
P Primidone Mysoline	PRIM Primidone (Mysoline)	Serum Collect 1/2 hour prior to next dose. Record date and time of last dose.	Red top - no additive or SST	Centrifuge within 2 hours of collection. Aliquot 2 mL serum. Store and ship refrigerated to referral site.	Provincial Toxicology Centre
P Procainamide Pronestyl	PROCAIN Procainamide	Serum Collect 1/2 hour prior to next dose. Record date and time of last dose.	Red top - no additive or SST	Centrifuge within 2 hours of collection. Aliquot 2 mL serum. Store and ship refrigerated to referral site.	Provincial Toxicology Centre or VGH



Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
P Procalcitonin	PROCAL	Plasma *Do not collect unless approval given by clinical biochemist or pathologist	SST	Centrifuge within 2 hours of collection. Aliquot minimum 1 mL plasma Store and ship frozen	St. Paul's DO NOT ORDER OR COLLECT without approval.
P Progesterone	PROG Progesterone	Serum	SST	Centrifuge within 2 hours of collection. Store primary tube and ship refrigerated to testing site.	RIH, KGH
P Proinsulin	ST Lab only: Order Send Out Test	Serum 8 hour fast required	SST	Centrifuge sample. Aliquot minimum 1mL and freeze immediately. Store and ship frozen. Stability 90 days frozen.	ICL (ICL forwards to Quest) DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval and signed consent form. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval.
P Prolactin	PROL Prolactin	Serum	SST	Centrifuge within 2 hours of collection. Store primary tube and ship refrigerated to testing site.	RIH, KGH



Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
P Protein - 24 hr Urine 24h Urine Albumin	U24PROT Protein-24h Urine	Provide 24hr Urine Patient Collection Instructions Refrigerate specimen during collection until delivery to lab Indicate Start and Finish Date and Time on requisition	24hr urine collection container No preservative	Measure and record total volume of specimen, then aliquot 10 mL sample. Store and ship refrigerated to referral site.	EKH, KBH, KGH, PRH, RIH, VJH
P Protein - CSF	CSFPANEL CSF Panel includes CSF Glucose, protein and cell count	See CSFPANEL			
P Protein - Fluid	BFPROT Protein Fluid	Heparinized fluid preferred Mix specimen well by inverting 6-8 times Indicate Fluid type	GRN-LiHep without gel or No additive tube or Sterile screw top container	Aliquot 1 mL (min) and ship cool to referral testing site.	EKH, KBH, KGH, PRH, RIH, VJH
P Protein – Random Urine	URPROT Protein- Random Urine	Refrigerate specimen until delivery to lab.	Sterile screw cap container	Aliquot 4mL into 12x75 (5mL) plastic tube. Store and ship aliquot refrigerated to referral testing site.	EKH, KBH, KGH, PRH, RIH, VJH
P Protein C Activity	PROTC Protein C Activity <i>Protein C, Protein S and AT3 can be performed on the same aliquot tube. Order Protein C Antigen separately if requested</i>	Citrated plasma Must be collected prior to initiation of oral anticoagulant therapy as Protein C is depressed by Warfarin. Test will not be performed on patients receiving Warfarin.	NaCit	Prepare platelet poor plasma within 2 hr. of collection. Aliquot 1 mL (min) plasma into polypropylene tube. Store & ship frozen Mon-Wed. AT3, Protein C & Protein S are done on 1 tube.	KGH,RIH send frozen Mon-Wed Only



Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
P Protein S <i>Protein S Free</i>	PROTS	Citrated plasma	NaCit	Prepare platelet poor plasma within 2 hr. of collection. Aliquot 1 mL (min) plasma into polypropylene tube. Store & ship frozen Mon-Wed. AT3, Protein C & Protein S are done on 1 tube.	KGH,RIH send frozen Mon-Wed Only Protein C, Protein S and AT3 can be performed on the same aliquot tube.
P Protein S Activity	PROSACCT Prot S Act	Citrated plasma	NaCit	Prepare platelet poor plasma within 2 hr. of collection. Aliquot 1 mL (min) plasma into 2 separate polypropylene tubes. Store & ship frozen Mon- Wed	St. Paul's Hospital Ship Mon-Wed only
P Protein Total TP	PROT Protein Total (TP)	Plasma or serum	PST/SST	Centrifuge within 2 hours of collection. Aliquot 2 mL serum. Store and ship refrigerated to referral site.	Most IH Sites
P Protein/Creatinine Ratio-Random Urine	URPCR Protein/Creatinine Ration- R Ur	Refrigerate specimen until delivery to lab.	Sterile screw cap container	Aliquot 4mL into 12x75 (5mL) plastic tube. Store and ship aliquot refrigerated to referral testing site.	EKH, KBH, KGH, PRH, RIH, VJH
P Prothrombin Gene Mutation (6202+B40710a)	PRTGM Order F5L which includes Factor V Leiden and PT gene mutation Prothrombin II	EDTA Whole Blood - Do NOT spin	EDTA (3mL)	Do Not Centrifuge. Ship unspun primary tube same day room temperature (Mon - Thurs only) to referral site.	VGH
P Prozac Fluoxetine HCL	FLUOX Fluoxetine (Prozac)	Serum Trough level: Collect just prior to next dose	Red top - no additive or SST	Centrifuge within 2 hours of collection. Aliquot 2 mL serum. Store and ship refrigerated to referral site.	Provincial Toxicology Centre



Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
P PSA - Total Total Prostatic Specific Antigen	PSA PSA	Serum If patient self-pay, be sure to order appropriately in Meditech.	SST	Centrifuge within 2 hours of collection. Aliquot 2 mL serum. Store and ship refrigerated to referral site.	EKH, KBH, KGH, PRH, RIH, VJH IH Patient Self-Pay form if appropriate
P Pseudocholinesterase Dibucaine Inhibition Test Dibucaine Number Test Fluoride Number Test Pseudo Cholinesterase Cholinesterase Cholinesterase Phenotype Butyrylcholinesterase	PSEU Pseudocholinesterase	Serum	SST	Centrifuge and aliquot 2mL (min) serum. Aliquot and ship frozen.	ICL DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval and signed consent form. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval.
P Psilocybin	Testing not available				
P PT Mixing Study	PTMIX	Citrated plasma	3 NaCit	Prepare platelet poor plasma within 2 hr. of collection. Aliquot 2 mL (min) plasma into 2 separate polypropylene tubes. Store & ship frozen Mon- Wed	KGH, RIH
P PT	See INR				



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



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
P	PTT aPTT Partial Thromboplastin Time Activated Partial Thromboplastin Time	PTT PTT	Citrated plasma Deliver to lab promptly. Avoid hemolysis. Hemolyzed specimens must be recollected.	NaCit	If testing is delayed >4 hr. post collection, prepare platelet poor plasma (PPP) within 2 hr. of collection. If patient is on heparin, prepare PPP within 1 hr. of collection. Aliquot 1 mL (min) plasma into polypropylene tube. Store & ship frozen.	KBH, KGH, PRH, RIH, VJH
P	Purines and Pyrimidines, Urine Creatine metabolites, GAA,GMAT AGAT, NCB-ALA Adenine Guanidinoacetate Hypoxanthine Xanthine Deoxyanderosine Deoxyinosine Deoxyguanosine Adenosine Inosine Guanosine Succinyladenosine Thymine Deoxyuridine Guanine	URPUR	URINE- 10 mL random	Sterile screw cap container	Optimum volume 10 mL, minimum 2 mL Freeze urine, store and ship frozen.	BC Children's and Womens's Hospital BC C&WH Lab Requisition
P	Pyruvate Kinase Assay Do not use for PKU screen	ST Lab only: Order Send Out Test	EDTA Whole blood Collect Mon-Thurs to allow for same day shipping	EDTA (3mL)	Ship unspun whole blood primary tube same day refrigerated to referral site.	BC Children's and Women's Hospital BC C&WH Lab Requisition



Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
P Pyruvate Kinase Screen	PK Screen Do Not order for PKU screening or monitoring	EDTA Whole blood Collect Mon-Thurs to allow for same day shipping Do not collect after recent blood cell transfusion or after a hemolytic crisis.	Lavender - EDTA - unspun 3 mL preferred 1.0 mL minimum	Ship 3 mL whole blood sample on wet ice same day to referral lab Must be received by noon on Friday	BC Children's and Women's Hospital BC C&WH Lab Requisition
P Quadruple Marker Screen	QUADS See Serum Integrated Prenatal Screen (SIPS) Formerly Triple Marker Screen, Integrated Prenatal Serum Screen (IPSS), SIPS1, SIPS2, Nuchal Translucency (NT)	For Prenatal Genetic Screening use only SIPS Part 1: Collect during first Trimester SIPS Part 2: Collect during second trimester See BCWomen's Recommendations to select correct test on BC C&W Prenatal Biochemistry requisition <i>For Maternal Antibody screening - see Prenatal Screen - CBS</i>	SST	Centrifuge and aliquot 3 mL serum. Store and ship frozen to referral site. Ship to: Prenatal Biochemistry Lab BC C&W Health Centre	Includes MS-AFP, ESTRIOIOL, BHCG (Quantitative), InhibinA Maternal Serum AFP only: Alphafetoprotein testing for Pregnant Patients form must be signed by Physician. Must order SIPS Part 1 or Part 2 according to gestational age at collection. BC C&WH Prenatal Chemistry Requisition
Q Quinidine	QUIN	Test is no longer available at Prox Tox as of Nov 2016.		Cancel test request as per procedure. Reason: Test no longer available.	Provincial Toxicology Center Vancouver General Hospital
Q RBC Full Phenotype	RBCFULLPHENO DARA	EDTA Whole Blood - Do NOT spin	EDTA (6mL) x 2	Do Not SPIN Store and ship primary tube refrigerated to IH testing site. Do Not Freeze	Order only on oncology patients prior to starting daratumumab therapy or as part of the initial antibody workup for patients with warm autoantibodies.
R RBC Protoporphyrin	RBCPROTO	EDTA Whole blood Protect from light.	EDTA	Include HCT result with specimen. Keep protected from light. Store and ship unspun whole blood primary tube refrigerated to referral site.	Vancouver General Hospital
R Reducing Substances - Stool and Urine	Test no longer available				



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



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



Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
R Reverse T3	ST Lab only: Order Send Out Test	Serum	SST	Centrifuge and aliquot 1 mL minimum. Store and ship frozen	ICL (ICL forwards to Quest) DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval and signed consent form. This test has limited clinical utility. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval.
R Rheumatoid Factor RA	RF Rheumatoid Factor	Serum	SST	Centrifuge within 2 hours of collection. Store and ship refrigerated to referral site. Aliquot 2mL and freeze if test is not performed within 8 days.	KGH, RIH
R RHIG Eligibility	RHIG Eligibility for RhIG	<i>Order Management Category: TS</i> Need for sample collection will be determined by TMS staff	Lavender-EDTA		
R Risperidone	RISP Risperidone	Serum Indicate Date and Time of last dose	RTT	Centrifuge within 2 hours of collection. Aliquot 1 mL (min) serum. Store and ship refrigerated to referral site.	Provincial Toxicology Centre
R Ristocetin Cofactor	Test no longer available	Order Von Willibrand's Panel (VONWILL)			



Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
R Rituximab	CD19	See CD19/20			St. Paul's Hospital
R RNP Antibody Anti-RNP, RNP, ribonucleoprotein Ab		See ENA			
R Rohypnol Flunitrazepam Included in the UDS-137 Panel performed at PTC	URDRUGSROHYPNO L ROHYPNOLUR FLUNITRAZEPAM URDRUGSFLUNITRA	Random urine	Sterile screw cap container	Note: NOT for legal testing or chain of custody samples. Refer to: CS 0103 for Sexual Assault Reponse Team (SART) requests. Order for outpatient testing. Testing is confirmatory (UDS panel). Collect 25-50 mL urine Store and ship refrigerated to referral site.	Provincial Toxicology Centre
R Salicylate ASA Aspirin	SAL Salicylate	Lithium Heparinized Plasma (preferred) or Serum	PST/SST	Centrifuge within 2 hours of collection. Aliquot 2 mL plasma or serum. Store and ship refrigerated to referral site.	Most IH Sites
S SCL-70 Scleroderma 70 Topoisomerase Ab		See ENA			



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



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



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



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
S	Serotonin Release Assay	SRA Lab Order Only at KGH	4mL serum , Red top tube (RTT) 2mL Na citrate plasma	2 RTT and 3 NaCit	Aliquot and freeze immediately. Ship 4mL serum and 2mL NaCit plasma frozen to ICL Note: ICL will forward samples for testing to McMaster University, Platelet Immunology Laboratory, Hamilton, ON	McMaster University Platelet Immunology Requisition DO NOT ORDER OR COLLECT without approval. Inpatients require Clinical Biochemist (250-258-3880) approval. Outpatients require BC Agency Approval Letter. Ordering practitioner is responsible for obtaining approval.



Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
S Serotonin	ST Lab only: Order Send Out Test	Serum 48 hrs prior to collectoin, patient must abstain from: avocados, bananas, coffee, plums, pineapples, tomatoes, walnuts, hickory nut, mollusks, eggplant and medications-aspirin, cortocotropins, MAO inhibitors, phenacetin, catecholamines, reserpine and nicotine.	RTT	Aliquot and freeze immediately -1mL minimum, Store and send frozen.	ICL DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval.
S Sertraline Zoloft	SERTRALINE	Serum Collect prior to next dose, unless instructed otherwise. Patient should be on drug at least one week prior to collection.	RTT	Centrifuge and separate serum from cells within 2 hours of collection. Aliquot 2mL min serum. Store and send refrigerated to referral site.	XPTC
S Serum Integrated Prenatal Screen 1 Integrated Prenatal Serum Screen (IPSS) Quad Screen (formerly Triple Marker Screen) Nuchal Translucency (NT)	SIPS1 Serum Intergrated Pren Screen 1	<i>For Prenatal Genetic Screening use only</i> SIPS Part 1: Collect during first trimester Integrated Prenatal Screen: Includes both SIPS Part 1 and SIPS Part 2 See BCWomen's Recommendations to select correct test on BC C&W Prenatal Biochemistry requisition <i>For Maternal Antibody screening - see Prenatal Screen - CBS</i>	SST	Centrifuge and aliquot 3 mL serum. Store and ship frozen to referral site. Ship to: Prenatal Biochemistry Lab BC C&W Health Centre	Includes MS-AFP, ESTRIOIOL, BHCG (Quantitative), InhibinA Maternal Serum AFP only: Alphafetoprotein testing for Pregnant Patients form must be signed by Physician. BC C&WH Prenatal Genetic Screening Lab Requisition



Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
S Serum Integrated Prenatal Screen 2 Integrated Prenatal Serum Screen (IPSS) Quad Screen (formerly Triple Marker Screen) Nuchal Translucency (NT)	SIPS2 Serum Integrated Pren Screen 2	<i>For Prenatal Genetic Screening use only</i> SIPS Part 2: Collect during second trimester Integrated Prenatal Screen: Includes both SIPS Part 1 and SIPS Part 2 See BCWomen's Recommendations to select correct test on BC C&W Prenatal Biochemistry requisition <i>For Maternal Antibody screening - see Prenatal Screen - CBS</i>	SST	Centrifuge and aliquot 3 mL serum. Freeze and ship frozen to referral site. Ship to: Prenatal Biochemistry Lab BC C&W Health Centre	Includes MS-AFP, ESTRIOLO, BHCG (Quantitative), InhibinA Maternal Serum AFP only: Alphafetoprotein testing for Pregnant Patients form must be signed by Physician. BC C&WH Prenatal Genetic Screening Lab Requisition
S Sex Hormone Binding Globulin SHBG Sex Binding Hormone Sex Hormone Profile SHP	TESB - order bioavailable testosterone				
S Sickle Cell Screen	SDEX Sickledex Screen	EDTA Whole Blood - Do NOT spin	EDTA (3mL)	Ship 1 mL (min) whole blood refrigerated to testing site	RIH
S Sirolimus	SIROL Rapamycin	EDTA Whole Blood Indicate date and time of last dose	Lavender EDTA 3mL minimum	Do Not Spin Store and ship primary tube cool to referral site	Vancouver General Hospital
S Sjogren's Syndrome Anti-SSA (Anti-Ro) Anti-SSB (Anti-La)		See ENA			KGH, RIH
S Smith Antibody		See ENA			KGH, RIH



Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
S Sodium - 24 hr Urine 24 hr Urine Na 24 hr Urine Sodium	U24NA Sodium (Na)-24h Urine	Provide 24hr Urine Patient Collection Instructions Refrigerate specimen during collection until delivery to lab Indicate Start and Finish Date and Time on requisition	24hr urine collection container No preservative	Measure and record total volume of specimen, then aliquot 4mL sample. Store and ship refrigerated to referral site.	EKH, KBH, KGH, PRH, RIH, VJH
S Sodium - Random Urine Urine Na Random Urine Sodium	URNA Sodium (Na)- Random Urine	Refrigerate specimen until delivery to lab.	Sterile screw cap container	Aliquot 4mL into 12x75 (5mL) plastic tube. Store and ship aliquot refrigerated to referral testing site.	EKH, KBH, KGH, PRH, RIH, VJH
S Sodium	NA Sodium (Na)	Serum or plasma	PST/SST	Centrifuge within 2 hours of collection. Aliquot 2 mL serum. Store and ship refrigerated to referral site.	Most IH Sites
S Somatomedin-C IGF-1 Insulin-like Growth Factor	SOMC	See IGF-1			
S Specific Allergen IgE Antibody Test (BC C&WH) Specific Allergen IgE Request RAST	ALLERGINIGE RAST <i>NOTE: Sample will be sent to BC C&WH only when their requisition is submitted. Change referral site to XBCCH.</i>	Serum MSP only covers 5 allergens per patient per year (Up to 20 if ordered by an allergy specialist). Requisition received without reason for testing selected or if allergens are ordered that are not listed on the requisition it will be rejected.	RTT	Aliquot and ship 1mL (minimum). 100µL/allergen Store and ship refrigerated.	Allergen Specific IgE Antibody requisition to be complete and signed by physician LifeLabs is the routine referral site. Samples only sent to BC C&WH when specifically requested. Testing site must be changed using ISAC 0052 Changing a Specimen Testing Site Procedure
S Squamous Cell Carcinoma	SCC	SST	SST	Centrifuge within 2 hours of collection. Aliquot 1 mL serum. Store and ship frozen to referral site.	PHSA Tumour Marker lab



Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
S SSA Antibody Anti-Ro		See ENA			KGH, RIH
S SSB Antibody Anti-La		See ENA			KGH, RIH
S Stem Cell Culture Assay	STEM Colony Forming Cell Assay (CFC) Chimerism Post Transplant Assay	Sodium heparinized whole blood <i>and/or</i> Bone marrow <i>Collect Mon-Wed before 1pm only to allow for same day shipping</i> <i>May be collected on Thursday but sample must arrive within 24 hours of collection.</i>	Peripheral blood: 20-30 mL NaHep whole blood Bone marrow: 2mL heparinized blood Contact Hematology department	Ship same day refrigerated to Terry Fox Lab. Additional shipping instructions included on requisition. CBC and Bone marrow report must be included with sample.	Terry Fox Lab - Stem Cell Assay requisition
S Stem Cell Donor Potential stem cell donor CBS donor referral	ST Order ST and VCT	Kit- provided by Stem Cell Registry Blue kit ships to Candian Blood Services Testing Lab Red kit ships to the Transplant center	Kit	Collections are for patients identified as a potential stem cell donor. Full collection and shipping instructions are included in the kits. Open kit prior to donor's appointment,kit materials (gel packs) require preconditioning prior to samples being shipped. Follow collection and shipping instructions included in the kit. Ship Mon to Wed only	Canadian Blood Services or Transplant Center (national or international) Shipping location will be provided within the kit
S Stool Elastase order stool elastase for chymotrypsin and trypsin test orders	STELAST Stool Elastase	well-formed stool	Sterile screw-capped container	Ship frozen - minimum 50g	BC Children's and Women's Hospital



Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
S Stool pH	STPH	Stool	Sterile screw-capped container	Store and ship frozen	BC Children's and Women's Hospital
S Sulfonylurea screen <u>Includes:</u> Acetohexamide Chlorpropamide Tolazamide Tolbutamide Glimepiride Glipizide Glyburide Nateglinide Repaglinide	ST Lab only: Order Send Out Test	20mL random urine and 1 RTT	Sterile screw cap container RTT and	Send refrigerated to PTC	Provincial Toxicology Centre
S Sweat Chloride	SWEAT Sweat Conductivity Test	*Must be pre-booked* Contact local lab for more information. KGH: No pre-booking required. Coll Mon- Fri 8am-12:30pm RIH/KBH: Pre-book with Chemistry Dept. Collected 1 day/wk at 10am VJH: Pre-book with Chemistry Dept. Coll Mon,Wed,Thurs,Fri at 1pm only PRH: Pre-book with Chemistry Dept. Coll Mon-Fri at 10am			KBH, KGH, PRH, RIH, VJH
S Synthetase Syndrome	See MITOREF Lab Order Only				
S Syphilis Screen Treponema pallidum	SYPHISC Syphilis Screen EIA/RPR	Serum For further information see Serology, PCR and Viral testing in Microbiology Guide	SST	Centrifuge within 2 hours of collection. Store and ship primary tube refrigerated to referral site.	BCCDC



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
S	Syphilis Screen Perinatal Treponema pallidum	SYPHPERI Syphilis Perinatal (Delivery)	Serum	SST	Centrifuge within 2 hours of collection. Store and ship primary tube refrigerated to referral site.	BCCDC
S	T790M	Order GENETICS	See EGFR T790M			BC Woman & Children's Hospital BC Cancer Agency VGH St. Paul's Hospital
T	Tacrolimus FK506	TACROL Tacrolimus (FK506)	EDTA Whole blood Do NOT Spin Include date and time of last dose	Lavender EDTA	Store and ship <i>unspun</i> primary tube (3 mL min) refrigerated to referral site. Sample stable for 7 days. Extenuating circumstances such as evaluation of suspected nephrotoxicity or organ rejection would support an URGENT test request. Such exceptions will be handled and shipped by the fastest possible means following consultation with the Laboratory. biochemist.	Vancouver General Hospital, St. Paul's Hospital, or Calgary Diagnostic and Scientific Centre (Alberta Precision Laboratories)
T	Testosterone	TES Testosterone	Serum Order TES, or if specifically ordered as 'Testosterone by mass spectrophotometry (MS)', order TESMS	SST	Centrifuge within 2 hours of collection. Store primary tube and ship refrigerated to testing site. If sending to PHSA, aliquot and ship frozen.	KGH, RIH, PHSA



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
T	Testosterone Bioavailable Bioavailable Testosterone Free Testosterone Free Androgen Index Sex Hormone Binding Globulin	TESB	Serum Collection before 10am preferred but not mandatory	RTT only no gel tubes	Centrifuge and aliquot 2 mL serum into a False Bottom tube. Ship frozen to referral site.	St. Paul's Hospital
T	Testosterone by Mass Spectrometry (MS)	TESMS	Serum Morning fast (8hr) is preferred. Order TESMS if specifically ordered as 'Testosterone by mass spectrophotometry (MS)', otherwise order TES	RTT	Centrifuge within 2 hours of collection. Aliquot 2mL serum (minimum 0.5mL) Ship refrigerated within 5 days of collection to testing site, otherwise ship frozen. Morning fast (8hr) is preferred.	SPH
T	Thallium - 24 hr Urine	ST Lab only: Order Send Out Test	Provide 24hr Urine Patient Collection Instructions Refrigerate specimen during collection until delivery to lab Indicate Start and Finish Date and Time on requisition	24 hr urine collection container - no preservative	Measure and record total volume. Mix well and aliquot 10mL minimum in to sterile urine container.	ICL DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval.



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
T	Thallium	ST Lab only: Order Send Out Test	<p>*Instructions are for whole blood samples, confirm sample type as per approval from BC Agency. Contact a Clinical Biochemist at 250-258-3880, or Client Services Technical Specialist if you have an approval letter with an alternate sample type.</p> <p>Contamination of specimen must be avoided. Collection tubes must be covered and dust free until used. Store tubes in plastic bag until use.</p> <p>Mix 8 times and store upright to minimize contact with rubber lid.</p>	Dark Blue (K2EDTA) Trace metal tube	Whole Blood - DO NOT SPIN Store and ship same day refrigerated to referral site.	ICL DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval.
T	Theophylline Aminophylline Theodur Choledyl Phyllocontin Somophylline Quibron Paralon Oxtriphylline	THEO Theophylline	Serum IV administration: Draw 30 minutes after completion of loading dose and 4-6 hrs after start of infusion. Oral dose: Draw up to 60 minutes prior to next dose.	Red top tube	Centrifuge within 2 hours of collection. Aliquot 1 mL serum. Store and ship refrigerated to referral site.	EKH, KBH, KGH, RIH



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
T	Thermal Amplitude Screen	TAMP	EDTA plasma Order Management category: TS Keep warm (37°C) until delivery to lab.	EDTA	Incubate at 37C immediately after collection, for a minimum of 15 min. Invert 2-3 times during incubation. Keep at 37C until centrifugation. Centrifuge and aliquot plasma promptly. Send both cells and plasma. Store and ship refrigerated to testing site.	KGH, RIH
T	Thermophilic Fungi Precipitins Actinomyces vulgaris precipitins Thermoactinomyces vulgaris precipitins	THERMOPRECIP Thermophylic Fungi Precipitins	Serum *Clinical Indications and diagnosis required	SST	Centrifuge within 2hrs of collection and ship primary tube. Store and ship refrigerated to referral site. Package separately and ship in VGH cooler.	Ship to Carlsten Lab via VGH G&L Diamond Health Centre 7225 - 2775 Laurel Street Vancouver, BC V5Z 1M7
T	Thiopurine Metabolites TPMT Metabolites	Lab Order Only: TPMETA Thiopurine Metabolites <i>Thiopurine monitoring. If not specifically requested, order TPMT phenotype for TPMT requests</i>	EDTA Whole Blood - Do NOT spin	EDTA (3mL)	Minimum 1mL Ship whole blood refrigerated. Stable 8 days refrigerated.	Victoria General Hospital



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
T	Thiopurine Methyltransferase Activity TPMT Phenotype TPMT RBC Enzyme Activity	Lab Order Only: TPMTPHENO TPMT Phenotype <i>*Screening test, prior to starting thiopurine therapy</i> <i>*Preferred test unless TPMT metabolites specifically requested</i>	Whole Blood - Do NOT spin Testing performed once in a lifetime. Do not perform on patients transfused with RBC within one month. Patient to abstain from the following medications for 48 hrs prior: sulfasalazine, mesalamine, olsalaxine.	EDTA (3mL) 1mL minimum	Store and ship whole blood refrigerated. Sample stable for 14 days.	Surrey Memorial Hospital
T	Thiopurine Methyltransferase Genotype TPMT <u>Genotype</u>	TPMTGENO TPMT Genotype Do not confuse with TPMT phenotype or Thiopurine metabolites	Whole Blood - Do NOT spin Collect Mon-Thursday only to allow for same day shipping.	EDTA (3mL)	Do not spin. Send refrigerated in original collection tube. Sample stability is 7 days, so collection must be coordinated with KGH for shipping Monday to Wednesday.	ICL DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval.
T	Thrombin Time Fibrindex	TT Thrombin Time	Citrated plasma Deliver to lab promptly. Avoid hemolysis. Hemolyzed specimens must be recollected.	NaCit	If testing is delayed >4 hr. post collection, prepare platelet poor plasma (PPP) within 2 hr. of collection. If patient is on heparin, prepare PPP within 1 hr. of collection. Aliquot 1 mL (min) plasma into polypropylene tube. Store & ship frozen.	EKH, KBH, KGH, PRH, RIH, VJH



Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
T Thyroglobulin Panel	THYROGLOB Thyroglobulins Thyroglobulin Profile: includes Thyroglobulin (TG) and Anti- Thyroglobulin Antibodies	Serum	SST	Diagnosis required. Centrifuge within 2 hours of collection. Aliquot 2mL minimum into a Roche False Bottom Tube. Store and ship frozen to referral site.	St. Paul's Hospital
T Thyroid Peroxidase Antibody TPO Antibody Microsomal Antibody	THYPER Thyroid Peroxidase Antibodies	Plasma or Serum	PST/SST	Centrifuge within 2 hours of collection. Ship primary tube if sample will be tested <48 hrs from collection. Aliquot 1 mL serum, store and ship frozen to referral site if sample will be tested >48 hrs from collection.	KGH
T Thyroid Receptor Antibody TRAB Anti-Thyroid Stimulating Antibodies LATS LATS Protector TSH Antibody Thyroid Stimulating Immunoglobulins Thyroid Stimulating Hormone Receptor Antibody	TSHRAB TSH Receptor Antibody	Serum Sample must have no visible hemolysis.	SST	Centrifuge within 2 hours of collection. Aliquot 1 mL (min) serum into a Roche False Bottom Tube. Store and ship frozen to referral site.	St. Paul's Hospital
T Thyroid Stimulating Hormone	TSH	Plasma or Serum - 0.5mL min. required	PST/SST	Centrifuge within 2 hours of collection. Store and ship refrigerated.	EKH, KBH, KGH, PRH, RIH, VJH



Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
T TIBC Total Iron Binding Capacity Iron Panel Iron Profile FEP	IRON Iron Panel (Fe) <i>IRON includes: Iron, Total Iron Binding Capacity (TIBC), Transferrin Saturation</i>	Plasma or Serum Optimum to collect prior to 10am	PST/SST	Centrifuge within 2 hours of collection. Store refrigerated. Iron exhibits diurnal variation. In late afternoon, values may be decreased by 50% over morning values.	EKH, KBH, KGH, PRH, RIH, VJH
T Tick Identification		See Microbiology Guide to Specimen Ordering Collection & Transport			
T Tissue Transglutaminase ATTG Celiac Screen Celiac Serology TG2	TTG Tissue Transglutaminase Ab IgA	Serum If patient is <15 years old, please add IGA to order.	SST	Centrifuge within 2 hr of collection Aliquot 1 mL (min). Ship refrigerated to referral site. If sample cannot reach testing site within 7 days ship frozen. Recollect grossly hemolyzed or lipemic specimens	KGH, RIH
T Tobramycin - Peak	TOBP Tobramycin- Peak	Plasma or Serum IV infusion: Collect 30 minutes after completion of dose IM: Collect 1 hr post injection Must indicate: - Dose (in mg) - Date and time infusion started for the previous dose.	PST/SST	Centrifuge within 2 hours of collection. Store and ship refrigerated to referral site. <i>Accurate timing is imperative to ensure accurate results.</i> <i>Lab must be notified of any drug administration timing changes.</i>	KBH, KGH, RIH
T Tobramycin - Random	TOBR Tobramycin- Random	Plasma or Serum Must indicate: - Dose in mg - Date and time infusion started of the previous dose <i>**Only done at the request of pharmacy</i>	PST/SST	Centrifuge within 2 hours of collection. Store and ship refrigerated to referral site. <i>Note: This is a non-trough/non-peak level.</i> <i>Consult pharmacy for interpretation and further guidance on dosing.</i>	KBH, KGH, RIH



Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
T Tobramycin - Trough	TOBT Tobramycin- Trough	Plasma or Serum Trough: Collect 0-30 minutes prior to next dose administration. Must indicate: - Dose in mg - Date and time of next dose	PST/SST	Centrifuge within 2 hours of collection. Store and ship refrigerated to referral site. <i>Accurate timing is imperative to ensure accurate results.</i> <i>Lab must be notified of any drug administration timing changes.</i>	KBH, KGH, RIH
T Topiramate	TOPIR Topamax	7 mL Red top	Red top tube	Centrifuge within 2 hours of collection. Aliquot 2mL serum Store and ship refrigerated to referral site.	Provincial Toxicology Centre
T TORCH	Test no longer available	Specific serology tests must be ordered individually as per physician order.			
T Total Protein	PROT Protein Total, TP	Plasma or serum	PST/SST	Centrifuge within 2 hours of collection. Aliquot 2 mL serum. Store and ship refrigerated to referral site.	Most IH Sites
T Trace Metal Screen	TRACE Trace Elements Screen	Serum - collect in trace metal vacutainer <i>Avoid contamination of sample - store tubes in dust free environment</i> Mix briefly then keep tube upright while clotting	DK Blue - trace metal tube - serum	Centrifuge within 2 hours of collection. Aliquot immediately using dust-free plastic pipette: Remove 0.5mL serum and expel from pipette into biohazard container Using same pipette, transfer 1-2 mL serum into second dark blue - serum tube or cryovial Immediately freeze upright. Store and ship frozen to referral testing site.	BC Children's and Women's Hospital BC C&WH Lab Requisition



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



Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
T Trazodone Desyrel Polycyclic antidepressant	TRAZ Trazodone	Serum Collect just prior to next dose.	Red top - no additive	Centrifuge within 2 hours of collection. Store and ship refrigerated to referral site.	Provincial Toxicology Centre
T Tricyclic Antidepressants Included in the UDS-137 Panel performed at PTC	URDRUGSTRICYCLI URDRUGSTCA TCA TRICYCLICAD	Random urine	Sterile screw cap container	Note: NOT for legal testing. Order for outpatient testing. Testing is confirmatory (UDS panel). Collect 25-50mL urine Store and ship refrigerated to referral site.	Provincial Toxicology Centre
T Triglyceride	TRIG-order LIPID	Fasting preferred: 8-12 hours	PST/SST	Centrifuge within 2 hours of collection. Store refrigerated.	
T Triglycerides - Fluid	BFTRIG Triglycerides Fluid	Heparinized fluid preferred Mix specimen well by inverting 6-8 times Indicate Fluid type	GRN-LiHep without gel or No additive tube or Sterile screw top container	Aliquot 1 mL (min) and ship cool to referral testing site.	EKH, KBH, KGH, PRH, RIH, VJH
T Triple Marker Screen	Substitute to QUADS	See BC Women's Prenatal Screen Recommendations for correct order information			Prenatal Genetic Screening Lab Requisition
T Trypsin	TRYPSIN Immunoreactive Trypsinogen, IRT	Fill a minimum of 2 complete circles on the Blood Dot Card	Blood spot Card	Allow blood dots to dry for a minimum of 3 hours before placing into mailing sleeve. Write IRT on the blank space near the bottom of the filter card and mark the checkbox beside the line.	BC Woman & Children's Hospital



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
T	Tryptase	TRYPTASE	Serum Clinical indication is required. For outpatient testing, it is restricted to the following specialists (investigating follow-up anaphylaxis, mastocytosis, and mast cell activation disorders): <ul style="list-style-type: none"> • Allergists/immunologists • Anesthesiologists • Dermatologists • Respiriologists • Haematologists, and • Clinicians not included above must obtain approval from IH Clinical Biochemist (250-258-3880). For inpatient testing: <ul style="list-style-type: none"> • No restrictions or approval required as the indications for testing are nearly always clinically indicated (i.e., a serious anaphylactic event in an Emergency Department, or possible serious reaction to an anesthetic or drug). For suspected anaphylaxis: Collect specimen 15min to 3 hours after onset of mast cell activation. *Collection timing is crucial. For assessment of systemic mastocytosis or mast cell activation syndrome, collect specimen at any time.	Red top tube (RTT)	Allow tube to clot minimum 30 minutes at room temperature. Centrifuge and aliquot 2 mL serum (min 0.5 mL) as soon as possible after collection. Store and ship refrigerated to referral site. If shipping is delayed more than 7 days, store frozen (-20C) and ship on dry ice.	BC Children's & Women Hospital Clinical indication is required on requisition
T	Type and Screen	See Group and Screen				
T	Tyrosine	Amino Acids	See Amino Acids			



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



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
U	Urate Rasburicase	URATERASB Note: Collection for this test is at select locations only. Please confirm availability with local laboratory.	Lithium Heparinized Plasma Collect on ice Deliver immediately to lab	PST Collect into pre-chilled tube, keep tube on ice after collection and deliver to lab immediately for processing. To pre-chill tube prior to collection, place one cup crushed ice into biohazard bag. Place tube in second biohazard bag (to keep dry) and place in crushed ice bag.	Centrifuge sample in a temperature controlled centrifuge at 4°C as soon as possible after collection (within 15 minutes). Aliquot minimum 1mL and freeze immediately. Store and ship frozen.	IHKGH, IHRIH, IHVJH, IHKBH, IHEKH, IHPRH
U	Urate	URATE Uric Acid	Lithium Heparinized Plasma (preferred) or Serum	PST/SST	Centrifuge within 2 hours of collection. Store refrigerated.	Most IH Sites
U	Urea – 24 hr urine Urine Urea Nitrogen Urine BUN	U24UREA Urea- 24h Urine	Provide 24hr Urine Patient Collection Instructions Refrigerate specimen during collection until delivery to lab Indicate Start and Finish Date and Time on requisition	24hr urine collection container No preservative	Measure and record volume. Send 10ml aliquot.	EKH, KBH, KGH, PRH, RIH, VJH
U	Urea – Random Urine	URUREA Random Urine Urea, Urine BUN	Refrigerate specimen until delivery to lab.	Sterile screw cap container	Aliquot 4mL into 12x75 (5mL) plastic tube. Store and ship aliquot refrigerated to referral testing site.	KBH, KGH, PRH, RIH, VJH



Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
U Urea Breath Test Helicobacter pylori screen H. pylori		Testing no longer available. Refer to Important Lab Update 21-07.			
U Urea BUN Blood Urea Nitrogen	UREA Urea	Lithium Heparinized Plasma (preferred) or Serum	PST/SST	Centrifuge within 2 hours of collection. Store refrigerated.	Most IH Sites
U Urinalysis	UR RU, Routine Urinalysis	Random Urine Preferably first morning void Refrigerate until delivery to lab.	Urinalysis tube	Deliver to lab promptly Refrigerate if delivery to lab delayed Specimen must be tested within 24 hours	Most IH Sites
U Urine BHCG	URBHCG Urine pregnancy screen	Refrigerate specimen until delivery to lab.	Sterile screw cap container	Store and ship 10 mL (min) cool to testing site.	Most IH Sites
U Urine Cytology	Not orderable in Meditech	Cytology Consult Request required. <i>See Additional Tests & Services Section: Anatomical Pathology/ Cytology for specific cytology sample collection instructions.</i>	See site-specific collection instructions: RIH or KGH		For send-out to BCCA, order CYTOLOGY - Send Out at the request of a Pathologist/Cytologist. IH Cytology Consult Request
U Urine Deoxy pyridinoline Crosslinks		Test no longer available			
U Urine Drug Screen	See Drug Screen - Urine				
U Urine Reducing Substances		Test no longer available			



Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
U Valproate Divalproex Depakene, Epival, Valproic Acid	VAL	Plasma or Serum Collect 0-60 min prior to next dose Indicate Date and time of last dose	PST/SST	Centrifuge within 2 hours of collection. Store and ship refrigerated to referral site.	EKH, KBH, KGH, PRH, RIH, VJH
V Vancomycin - Random	VANR	Serum Pharmacy will determine the time of collection Must indicate: - Dose in mg - Date and time of the last dose	RTT	Centrifuge within 2 hours of collection and aliquot 1mL(minimum). Store and ship refrigerated to referral site.	EKH, KBH, KGH, PRH, RIH, VJH
V Vancomycin - Trough Vancomycin - Tr	VANT VANC	Serum Trough: Collect 0-30 minutes prior to the start of the next dose; coordinate collection time with the ordering unit. Pharmacy will determine the time of collection Must indicate: - Dose in mg - Date and time of next dose	RTT	Centrifuge within 2 hours of collection and aliquot 1mL(minimum). Store and ship refrigerated to referral site.	EKH, KBH, KGH, PRH, RIH, VJH
V Vanillylmandelic Acid - 24 hr Urine (VMA)	U24VMA VMA Includes epinephrine and norepinephrine	Provide 24r Urine Patient Collection Instructions Refrigerate specimen during collection until delivery to lab Indicate Start and Finish Date and Time on requisition	24hr urine collection container No preservative or 15mL 6N HCL added prior to collection	Measure and record total volume. If collected without preservative, acidify entire collection to pH 2-4 within 12 hours of completion of collection. Aliquot 20 mL into sterile screw cap container. Store and ship refrigerated to referral site.	Vancouver General Hospital



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
V	Vanillymandelic Acid - Random (VMA)	ST 24 hr preferred	Random urine Random urine must be submitted to laboratory immediately after collection for acidification within 12 hrs of collection.	Sterile screw cap container	Acidify collection to pH 2-4 within 12 hours of completion of collection. Aliquot minimum 5 mL urine into sterile screw cap container. Store and ship refrigerated to referral site.	Vancouver General Hospital
V	Vascular endothelial growth factor D VEGF-D	ST Lab only: Order Send Out Test	Serum	SST	Centrifuge within 2 hours of collection. Aliquot 3mL serum. Store and ship frozen to referral site.	Cincinnati Children's Hospital 3333 Burnet Ave, Cincinnati, OH 45229, USA DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require biochemist/pathologist approval and signed consent form. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval.



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
V	Vascular endothelial growth factor VEGF (total) <i>Note: This is for VEGF total, not VEGF-D</i>	ST Lab only: Order Send Out Test	EDTA Plasma	EDTA (3ml)	Immediately after specimen collection, place the tube on wet ice. Centrifuge and aliquot minimum 1 mL plasma. Freeze specimen within 30 minutes.	ICL (ICL forwards to Quest Diagnostics) DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require biochemist/pathologist approval and signed consent form. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval.
V	Vasoactive Intestinal Polypeptide	VIP	EDTA Plasma 8 hour fast preferred.	EDTA (3mL)	Centrifuge as soon as possible after collection(within 15 minutes). Aliquot minimum 0.75mL plasma and freeze immediately. Store and ship frozen to ICL.	ICL (ICL forwards to Mayo) DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval and signed consent form. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval.



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
V	Vasovasotomy	SEMASO	Must confirm with local lab if testing can be completed on-site. Collected in OR only. Indicate if fluid is from R or L vas deferens.	Sterile screw cap container	Keep warm (body temperature) and deliver to lab within 30 min of collection.	Confirm location with laboratory
V	Vedolizumab Entyvio	ST	Serum Collect specimen just before drug administration. All tests on the requisition should be sent to DynaCare for testing. Outpatients should present with a waybill for shipping.	SST	Follow instructions as provided in kit by Dynacare. Centrifuge within 2 hours of collection. Refrigerate until shipment. Freeze cold brick included in kit. Package tubes in bio bag, place in foil pack with cold brick to ship. Waybill must be provided by Dynacare. Samples must be received within 72 hrs of collection.	DynaCare, Laval, Quebec 3885, boul. Industriel Laval, QC, H7L 4S3 Inpatients contact Clinical Biochemist (250-258-3880) for approval.
V	Very Long Chain Fatty Acids	VLCFA Phytanic	Li Hep Plasma or Serum or EDTA Plasma Fasting: Overnight preferred, 4 hr minimum Infants (<1 yr): collect prior to next feed.	SST or EDTA or PST	Centrifuge sample as soon as possible after collection (within 15 min). Aliquot 0.5 mL (min 0.2mL) and freeze immediately. Store and ship frozen.	BC Children's and Women's Hospital



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
V	Viscosity	VISCOS	Clotted Whole Blood - Do NOT Spin Fasting preferred - 8 hrs Indicate if patient has been fasting on requisition Maintain specimen at 37°C until clotted. Collect 2-10mL non-Hemogard red top tubes, maintain at 37 degrees using thermos. Deliver immediately for lab 37C waterbath	RTT-no additive	Only collected at CMH, EKH, KBH, KLH, KGH, PRH, RIH, SLH, VJH Collect at hospital facility only Maintain at 37 degrees using thermos. Deliver immediately to lab 37C waterbath. Allow to clot at 37C. DO NOT SPIN Allow to clot at 37C and then remove serum post-clotting (it may take up to 24 hours for red cells to settle out completely) Aliquot 2.0 mL minimum post clotting. Aliquot may be shipped at room temperature	VGH
V	Vitamin A Retinol	VITA	Serum Fasting sample preferred. No IV lipid infusion or vitamin supplements for 8 hrs prior to collection. Protect specimen from light.	RTT or Trace Element SERUM (Dark Blue) or LiHep	Centrifuge and aliquot 0.3 mL (min) serum. Protect from light. Store and ship frozen to referral site.	BC Children's and Women's Hospital



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
V	Vitamin B1 	VITB1 Thiamine	Whole Blood Fasting sample required. Avoid vitamin supplementation for 24 hours. Protect specimen from light post collection.	Lavender EDTA	Freeze original tube within one hour of collection. Wrap in foil to protect from light. Store and ship frozen to referral site.	ICL DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval.
V	Vitamin B12 B12 Cobalamin VB12	VITB12 Vitamin B12	Serum Fasting sample preferred. Avoid vitamin supplementation for 24 hours.	SST	Centrifuge within 2 hrs of collection. Store and ship refrigerated to referral site.	KGH, RIH



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
V	Vitamin B6 VitB6 Pyridoxamine	VITB6 Vitamin B6	Plasma Fasting sample preferred. Avoid vitamin supplementation for 24 hours. Protect specimen from light.	EDTA - Lav or GRN-LiHep <i>Only non-gel tubes are acceptable</i>	Centrifuge and aliquot 2mL plasma and freeze immediately. Wrap in foil to protect from light. Store and ship frozen to referral site.	ICL DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval.
V	Vitamin C	VITC Ascorbic Acid	Serum 12-14 hour fast preferred. Avoid vitamin supplementation for 24 hours. Protect specimen from light.	RTT	Centrifuge and aliquot 2mL serum and freeze immediately. Wrap in foil to protect from light. Store and ship frozen to referral site.	ICL DO NOT ORDER OR COLLECT without approval. Follow instructions in CS 0080. Inpatients require Clinical Biochemist (250-258-3880) approval. Outpatients require Provincial Laboratory Medicine Services approval letter. Ordering practitioner is responsible for obtaining approval.



	Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
V	Vitamin D (25 Hydroxy Vit D)	VITD Dietary Vitamin D, Vitamin D3, Vitamin D 25 Hydroxy, <u>Vit D 25 OH,</u> 25 Hydroxy- cholecalciferol	Adult: Serum Pediatrics: Serum (preferred) Li Heparin acceptable 25 Hydroxy (OH) Vit D is the default test when Vit D is indicated on the requisition.	Adult: SST Pediatrics: RTT, Trace Element SERUM (dark blue) or LiHep	Centrifuge and aliquot: Pediatrics: 0.2mL (min) serum or plasma. Store frozen. Send frozen to C&W. Adult: 0.5 mL (min) serum. Store frozen. Send frozen to SPH.	St Paul's Hospital (Adult) or BC Children's and Women's Hospital* (Pediatrics) MSP covered if ordered by specialist or pt<19yrs Self-pay for investigation of Vit D nutritional status. Self-pay must be indicated on batch sheet requisition or request will be cancelled by SPH. *Must use the change site routine if sending a pediatric sample
V	Vitamin D1,25 (1,25 Dihydroxy Vit D)	VITD125 Calcitriol, 1,25 Dihydroxy- cholecalciferol, 1,25 (OH ₂) Vit D	Serum	RTT	Centrifuge and aliquot 2mL (min) serum. Store and ship frozen to referral site. Test not appropriate for Vit D nutritional status. Ordered for patients with advanced renal failure, mineral/bone disease (per MSP) TAT: 1 wk	LifeLabs
V	Vitamin E	VITE Tocopheral, TCP	Serum (preferred) Li Heparin acceptable Patient should have no vitamin supplements for 8hrs prior to collection. Protect specimen from light	RED (***)Protect from light(***) or Trace Element SERUM (Dark Blue) or Li Heparin plasma	Centrifuge and aliquot 0.5mL (min) serum ASAP after collection. Wrap in foil to protect from light. Store and ship frozen to referral site.	BC Children's and Women's Hospital



Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
V Vitamin E: Chol Ratio includes Vit E and Chol	VITE+CHOLRATIO	Serum Note: If ordered on a pediatric patient with Vit A, Vit D 25 Hydroxy, Zinc and IgE, all tests can be combined -Collect one navy trace metal serum tube for all and prepare aliquots (see coll notes for specific tests)	RTT (RED) or Trace Element SERUM (Dark Blue)	Centrifuge ASAP and make 2 aliquots: Aliquot ASAP after collection. Aliquot min 300 uL for Vit E. Wrap aliquot in foil to protect from light. Aliquot min 200 uL for CHOL. Wrap in foil to protect from light. Store frozen. Ship frozen to referral site.	BC Children's and Women's Hospital
V Voltage Gated Calcium Channel	VGCCAB Only orderable by a neurologist.	Serum	SST	Centrifuge and aliquot (minimum 2 mL serum). Store and ship frozen.	VGH (Forward to UBC via VGH) Submit completed BC Neuroimmunology Laboratory Requisition with specimen. Requisition is available from the Lab Teamsite: New-Req-1-Oct-2021-V-4.1.pdf (bcneuro.ca) https://bcneuro.ca/wp-content/uploads/2021/10/New-Req-1-Oct-2021-V-4.1.pdf
v Voltage Gated Potassium Channel VGKC Ab	See MITOREF Lab Order Only	Serum	SST	Centrifuge within 2 hours of collection. Aliquot minimum 1mL serum. Store and ship refrigerated to referral site.	Mitogen BC Lab Agency approval not required
V von Willebrand's Panel <i>von Willebrand's Activity</i> <i>von Willebrand's Antigen</i> <i>von Willebrand's Factor Activity</i> <i>Von Willebrand's Ristocetin Cofactor</i>	VONWILL A panel of 3 tests including F8	Citrated plasma	2 NaCit	Prepare platelet poor plasma within 2 hours of collection. Aliquot 1 mL (min) plasma into two separate polypropylene tubes. Store & ship frozen.	KGH



Lab Test Name Alternate Names	Lab Mnemonic Order Entry(OE)Name	Sample Requirements	Collection Container	Processing Information	Testing Site/ Required Requisition
V Voriconazole	VORICONAZOLE	EDTA Plasma Collect trough 12 hrs after last dose and prior to next dose. Date/Time of last dose & dosage preferred but not mandatory.	EDTA (3mL)	Date/Time of last dose & dosage preferred but not mandatory. Centrifuge ASAP, aliquot (min 1 mL), and freeze. Send frozen or send frozen sample on ice packs Mon-Thurs	St. Paul's Hospital
V Zinc - 24 hr Urine	U24ZINC Zinc (Zn)- 24h Urine	Provide 24r Urine Patient Collection Instructions Refrigerate specimen during collection until delivery to lab Indicate Start and Finish Date and Time on requisition.	24 hr urine no preservative collection container	Mix well, measure and record total volume. Aliquot 50mL sample into orange Starplex sterile screw cap container (erex 0147932). Sterile pink top not acceptable. Store and ship refrigerated to referral site.	BC Children's and Women's Hospital
Z Zinc	ZINC	Adult: Plasma Pediatric: Serum Care must be taken to avoid hemolysis and contamination during collection process. Orders for Copper and Zinc may be combined in same tube (2 mL minimum) Contamination of specimen must be avoided. Collection tubes must be covered and dust free until used. Store tubes in plastic bag until use. Mix 8 times and store upright to minimize contact with rubber lid.	Dark blue trace metal tube - K2EDTA or Pediatric: Trace Element SERUM (Dark Blue)	Specimen Specifics ADULT: Aliquot and ship 1.5 mL in a Simport polystyrene tube with snap cap (SIM-T4052 or SIM-T405-3 COP and ZINC may be combined in the same tube (2 ml). Send to sites/options: XVGH Specimen Specifics PEDIATRIC: Aliquot and ship min 200uL serum in a polypropylene tube Send to sites/options: XCH	Vancouver General Hospital and Children's *Must use the change site routine if sending a pediatric sample

Ref #	Erex#
363080	97527
363083	103403
364606	87704
364816	85422
364960	89981
366430	3082
366674	133396
366703	
367587	134335
367812	3160
367814	
367815	3149
367820	
367841	3150
367844	
367855	
367856	3159
367861	
367863	
367871	96098

367878 122146

367884 89385

367886

367899 87703

367921

367922 33937

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367986

367987

367988

368380 138886

368381 138887

368661

369714 3080

4150-F03R 3115

CA470CE

1043501

BD Description

BD Vacutainer® Plus plastic citrate tube. Translucent light blue BD Hemogard™ closure. Paper label. Buffered Sodi

BD Vacutainer® Plus plastic citrate tube. Translucent light blue BD Hemogard™ closure. Paper label. Buffered Sodi

BD Vacutainer® glass whole blood ACD tube

BD Vacutainer® glass whole blood ACD tube

BD Vacutainer® glass whole blood SPS tube

BD Vacutainer® glass serum tube. Suggested substitution: 367815 13x100 mm 6.0 mL BD Vacutainer® plastic seru

BD Seditainer 0.105M 1.26ml

BD Vacutainer® Plus tube. Clear BD Hemogard™ closure. Paper label. No additive.

BD Vacutainer® Plus plastic tube. Gray BD Hemogard™ closure and paper label. Sodium Fluoride 3.0 mg and Na2I

BD Vacutainer® Plus plastic serum tube. Red BD Hemogard™ closure. Paper label. Clot activator and silicone coat

BD Vacutainer® Plus plastic serum tube. Red BD Hemogard™ closure. Paper label. Clot activator and silicone coat

BD Vacutainer® Plus plastic serum tube. Red BD Hemogard™ closure. Paper label. Clot activator and silicone coat

BD Vacutainer® Plus plastic serum tube. Red conventional closure. Paper label. Clot activator and silicone coated ir

BD Vacutainer® Plus plastic whole blood tube. Lavender BD Hemogard™ closure. Paper label. K2EDTA 3.6 mg.

BD Vacutainer® Plus plastic whole blood tube. Lavender conventional closure. Paper label. K2EDTA 7.2 mg.

BD Vacutainer® Plus plastic tube. Tan BD Hemogard™ closure. Paper label. K2EDTA 5.4 mg.

BD Vacutainer® Plus plastic whole blood tube. Lavender conventional closure. Paper label. K2EDTA 5.4 mg.

BD Vacutainer® Plus plastic whole blood tube. Lavender BD Hemogard™ closure. Paper label. K2EDTA 7.2 mg.

BD Vacutainer® Plus plastic whole blood tube. Lavender BD Hemogard™ closure. Paper label. K2EDTA 10.8 mg.

BD Vacutainer® Plus plastic plasma tube. Green BD Hemogard™ closure. Paper label. Sodium Heparin 75 USP un

BD Vacutainer® Plus plastic plasma tube. Green BD Hemogard™ closure. Paper label. Sodium Heparin 95 USP un

BD Vacutainer® Plus plastic plasma tube. Green BD Hemogard™ closure. Paper label. Lithium Heparin 75 USP uni

BD Vacutainer® Plus plastic plasma tube. Green BD Hemogard™ closure. Paper label. Lithium Heparin 95 USP uni

BD Vacutainer® Plus plastic whole blood tube. Pink BD Hemogard™ closure. Paper cross-match label. K2EDTA 10

BD Vacutainer® Plus plastic tube. Gray BD Hemogard™ closure. Paper label. Sodium Fluoride 5.0 mg and Potassiu

BD Vacutainer® Plus plastic tube. Gray BD Hemogard™ closure. Paper label. Sodium Fluoride 10.0 mg and Potass

BD Vacutainer® Plus plastic PST tube. Lt. green BD Hemogard™ closure. Paper label. Lithium Heparin 56 USP uni

BD Vacutainer® Plus plastic PST tube. Lt. green BD Hemogard™ closure. Paper label. Lithium Heparin 65 USP uni

BD Vacutainer® Plus plastic PST tube. Lt. green BD Hemogard™ closure. Paper label. Lithium Heparin 84 USP uni

BD Vacutainer® Plus plastic SST tube. Gold BD Hemogard™ closure. Paper label. Clot activator and gel for serum

BD Vacutainer® Plus plastic SST tube. Gold BD Hemogard™ closure. Paper label. Clot activator and gel for serum

BD Vacutainer® Plus plastic SST tube with double polymer gel. Suggested substitution: 367988 16 x 100 x 8.5 mL E

BD Vacutainer® Plus plastic SST tube. Gold BD Hemogard™ closure. Paper label. Clot activator and gel for serum

BD Vacutainer® Plus plastic SST tube with double polymer gel. Suggested substitution: 367988 16 x 100 x 8.5 mL E

BD Vacutainer® Plus plastic SST tube. Red / gray conventional closure. Paper label. Clot activator and gel for serun

BD Vacutainer® SPC Plus plastic tube. Royal blue BD Hemogard™ closure. Paper Label. Clot activator and silicone

BD Vacutainer® SPC Plus plastic tube. Royal blue BD Hemogard™ closure. Paper Label. K2EDTA 10.8 mg.

BD Vacutainer® Plus plastic EDTA tube. Lavender conventional closure. Paper Label. K2EDTA 10.8 mg.

BD Vacutainer® glass citrate tube. Recommended substitution: 363083 13x75 mm 2.7 mL BD Vacutainer® plastic c

Vial, Parasitology, SAF, 30ml w/Spork, Red

Swab Fecal Enteric Transport System
24HR URINE CONTAINER
STERILE URINE CONTAINER
MICRO SPECIMENS

Colour/Closure	Tube size	Draw Volume	Test Directory Name	Picture
Light blue	13x75 mm	1.8 mL		
Light blue	13x75 mm	2.7 ml		
Yellow	16x100	8.5 ml		
Yellow	13x100	6.0 ml		
Yellow	16x100	8.3 ml		
?	16x100	10.0 ml		
Black	10x120	5.0 ml		
Clear	13x75	3.0 ml		
Gray	13x75	2.0 ml		
Red	13x75	4.0 ml		
Red	13x100	5.0 ml		
Red	13x100	6.0 ml		
?	16x100	10.0 ml		
Lavender	13x75	2.0 ml		
Lavender	13x75	4.0 ml		
Tan	13x75	3.0 ml		
Lavender	13x75	3.0 ml		
Lavender	13x75	4.0 ml		
Lavender	13x100	6.0 ml		
Green	13x75	4.0 ml		

Green	13x100	6.0 ml
Green	13x75	4.0 ml
Green	13x100	6.0 ml
Pink	13x100	6.0 ml
Gray	13x75	2.0 ml
Gray	13x75	4.0 ml
Lt. Green	13x75	3.0 ml
Lt. Green	13x100	3.5 ml
Lt. Green	13x100	4.5 ml
Gold	13x100	4.0 ml
Gold	13x100	3.5 ml
?	16x125	10.0 ml
Yellow	13x100	5.0 ml
?	16x100	8.5 ml
?	16x100	8.5 ml
Royal Blue	13x100	6.0 ml
Royal Blue	13x100	6.0 ml
Lavender	13x100	6.0 ml
Light Blue	13x75	4.5 ml
Red		30ml



Green



Label	Link:
	http://catalog.bd.com/nexus-ecat/getProductDetail?productId=363080&parent
Buff. Na Citrate 0.109M, 3.2%	http://catalog.bd.com/nexus-ecat/getProductDetail?productId=363083&parent
ACD Solution A	http://catalog.bd.com/nexus-ecat/getProductDetail?productId=364606&parent
ACD Solution B	http://catalog.bd.com/nexus-ecat/getProductDetail?productId=364816&parent
SPS Sterile	http://catalog.bd.com/nexus-ecat/getProductDetail?productId=364960&parent
Serum	http://catalog.bd.com/nexus-ecat/getProductDetail?productId=366430&parent
Seditainer 4NC 0.105M 1.26ml ?	http://catalog.bd.com/nexus-ecat/getProductDetail?productId=366703&parent
	http://catalog.bd.com/nexus-ecat/getProductDetail?productId=367587&parent
	http://catalog.bd.com/nexus-ecat/getProductDetail?productId=367812&parent
	http://catalog.bd.com/nexus-ecat/getProductDetail?productId=367814&parent
Serum	http://catalog.bd.com/nexus-ecat/getProductDetail?productId=367815&parent
	http://catalog.bd.com/nexus-ecat/getProductDetail?productId=367820&parent
	http://catalog.bd.com/nexus-ecat/getProductDetail?productId=367841&parent
	http://catalog.bd.com/nexus-ecat/getProductDetail?productId=367844&parent
K2 EDTA 5.4mg	http://catalog.bd.com/nexus-ecat/getProductDetail?productId=367855&parent
	http://catalog.bd.com/nexus-ecat/getProductDetail?productId=367856&parent
K2 EDTA 7.2mg	http://catalog.bd.com/nexus-ecat/getProductDetail?productId=367861&parent
K2 EDTA 10.8mg	http://catalog.bd.com/nexus-ecat/getProductDetail?productId=367863&parent
Sodium Heparin 75 USP Units	http://catalog.bd.com/nexus-ecat/getProductDetail?productId=367871&parent

<http://catalog.bd.com/nexus-ecat/getProductDetail?productId=367878&parent>

Lithium Heparin 75 USP Units <http://catalog.bd.com/nexus-ecat/getProductDetail?productId=367884&parent>

<http://catalog.bd.com/nexus-ecat/getProductDetail?productId=367886&parent>

<http://catalog.bd.com/nexus-ecat/getProductDetail?productId=367899&parent>

<http://catalog.bd.com/nexus-ecat/getProductDetail?productId=367921&parent>

Sodium Fluoride Potassium Oxa <http://catalog.bd.com/nexus-ecat/getProductDetail?productId=367922&parent>

<http://catalog.bd.com/nexus-ecat/getProductDetail?productId=367960&parent>

<http://catalog.bd.com/nexus-ecat/getProductDetail?productId=367961&parent>

PST Gel and Lithium Heparin 83 <http://catalog.bd.com/nexus-ecat/getProductDetail?productId=367962&parent>

SST <http://catalog.bd.com/nexus-ecat/getProductDetail?productId=367977&parent>

SST <http://catalog.bd.com/nexus-ecat/getProductDetail?productId=367983&parent>

<http://catalog.bd.com/nexus-ecat/getProductDetail?productId=367985&parent>

SST <http://catalog.bd.com/nexus-ecat/getProductDetail?productId=367986&parent>

<http://catalog.bd.com/nexus-ecat/getProductDetail?productId=367987&parent>

<http://catalog.bd.com/nexus-ecat/getProductDetail?productId=367988&parent>

Trace Element Serum <http://catalog.bd.com/nexus-ecat/getProductDetail?productId=368380&parent>

Trace Element K2 EDTA 10.8mç <http://catalog.bd.com/nexus-ecat/getProductDetail?productId=368381&parent>

<http://catalog.bd.com/nexus-ecat/getProductDetail?productId=368661&parent>

<http://catalog.bd.com/nexus-ecat/getProductDetail?productId=369714&parent>

SAF *Rare circumstances only, collect stool x 2 in SAF for high rist.

FecalSwab

Molecular stool parasite panel and stool culture

Fkeyword%3D369714

Source	Requisition	Link location
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CBS		
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	CBS Platelet Immunology Requisition	
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BCCA		
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BC C&WH		
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BC CDC		
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	Virology	
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