



OKANAGAN CLINICAL LABORATORIES TEST CODE MANUAL

Revision date: December 2023

This directory of tests includes test names and special instructions for laboratory tests available through our laboratories, as well as information for internal laboratory processing. Please note:

- Some tests are collected only at certain locations, and perhaps only at certain times or on certain days of the week. This information is summarized in a separate document titled "Tests with Special Requirements or Limited by Location," also available under the "For Physicians" tab on our website.
- Samples collected in a healthcare practitioner's office are subject to the same storage and transport requirements as those collected at the laboratory.
- Please refer to the document "Specimen Collection Guidelines," also available under the "For Physicians" tab on our website.
- Healthcare Practitioners will be notified if specimen is rejected, and patient will be contacted by the laboratory or healthcare practitioner for recollection.

Contact us

If you require additional information regarding testing availability or instructions for any laboratory test, please call the Accession Department of our main laboratory location in Kelowna, B.C. Monday - Friday 8:00a.m. - 4:30 p.m.

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TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
1 Hour 50 g Glucose Tolerance aka: 1h GTT For Pregnancy Only	1HR50G	4 mL SST	1 mL serum	<ul style="list-style-type: none"> • Ordered for gestational diabetes screen • Patient does not have to fast • Patient to consume 50 g drink, note time patient started drink • Patient must consume drink within 5 minutes • Start timer immediately • Document on premade glucose slip time collection is due • Inform patient of collection time so they can remind you if the timer quits working • This test is a resting metabolic rate. Patient must not leave the lab • The patient cannot smoke, eat or drink (except small sips of water) following the glucose load until testing is complete • Collect sample exactly 1 hour from the time they started the drink. • Record collection time on Req and SST label • Allow to clot for minimum 30 minutes. • Centrifuge for 10 minutes • Refrigerate 	VML Chemistry (KE)
17OH PROGESTERONE aka: 17-hydroxyprogesterone	17OHP	6 mL RED	2 mL serum	<ul style="list-style-type: none"> • Allow to clot minimum 30 minutes • Centrifuge for 10 minutes • Pipette into plastic tube • Refrigerate • If specimen will not reach Life Labs within 4 days freeze and transport frozen • Tests for Adrenal Dysfunction • e.g. Chronic Adrenal Hyperplasia 	Life Labs (LL)
2 Hour Lactose Test				Send patient to Kelowna General Hospital laboratory	
2 HOUR MEAL GLUCOSE TEST	2HML	4 mL SST	1 mL serum	<ul style="list-style-type: none"> • Patient must have had a substantial meal 2 hours prior to test. • Blood is collected exactly 2 hours from the start of the meal. • The patient cannot smoke, eat or drink (except small sips of water) following the meal until testing is complete • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate 	VML Chemistry (KE)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
2H 75 g GLUCOSE TOLERANCE aka: 75g GTT Non-Pregnant Only	F/275	1x 4 mL SST before drink 1x 4 mL SST 2 h after drink	1 mL serum 1 mL serum	<ul style="list-style-type: none"> • Patient must be fasting • Collect SST(FBS) • Give the patient a 75 g glucose drink • No longer than 5 minutes should be taken to consume the drink • Start timer immediately • Document on premade glucose slip time collections are due • Inform patient of collection times so they can remind you if the timer quits working • This test is a resting metabolic rate. Patient must not leave the lab • The patient cannot smoke, eat or drink (except small sips of water) following the glucose load until testing is complete • Collect SST exactly 2 h after the patient started the drink • Record collection time on Req and SST label • Allow SST samples to clot for minimum 30 minutes after collection • Centrifuge for 10 minutes • Refrigerate 	VML Chemistry (KE)
a PTT MIXING STUDY				Send patient to Kelowna General Hospital laboratory	
A/G RATIO aka: Albumin/Globulin Ratio, Globulin	A/GRATIO	4 mL SST	0.5 mL serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate Protein and Albumin included in this panel	VML Chemistry (KE)
A1C aka: HgbA1C, Hemoglobin A1C, Glycosylated Hemoglobin, Glycosylated Hgb, Glycated Hemoglobin, Hemoglobin A1, Hemoglobin, HbA1C	A1C	4 mL EDTA	4 mL whole blood	<ul style="list-style-type: none"> • Collect whole blood • Refrigerate 	VML Chemistry (KE)
A1C, SYSTOLIC, DIASTOLIC Kelowna only	ASD			No longer available, June23/17	
A1C	DCAA1C	4 mL EDTA	4 mL whole blood	<ul style="list-style-type: none"> • Order when requested in the notes in the computer patient demographic screen. • Replaces the A1C for specified patients. 	VML Chemistry (KE)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
ACETAMINOPHEN Kelowna and Vernon aka: Tylenol, Excedrin	ACETAK	4 mL SST	1 mL serum	<ul style="list-style-type: none"> • Note date and time of medication • Allow to clot minimum 30 minutes • Centrifuge for 10 minutes • Pipette into plastic tube • Refrigerate 	Kelowna General Hospital (KGH)
ACETAMINOPHEN Penticton aka: Tylenol, Excedrin	ACETAP	4 mL SST	1 mL serum	<ul style="list-style-type: none"> • Note date and time of medication • Allow to clot minimum 30 minutes • Centrifuge for 10 minutes • Pipette into plastic tube • Refrigerate 	Penticton Regional Hospital (PRH)
ACETYLCHOLINE RECEPTOR ANTIBODY aka: Choline Receptor Antibody, Myasthenia Gravis, Anti Cholinesterase, ACH Ab, MG Ab	ACRA	4 mL SST	2 mL serum	<p>Private pay unless ordered by a neurologist</p> <ul style="list-style-type: none"> • Collect at main labs only • (KE, VB, PE, OS) • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate • The Clinical Information Sheet must be filled out and accompany the sample • Not the same test as acetylcholines 	Vancouver General Hospital - UBC SITE
ACID PHOSPHATE				No longer available	
ACTH Private Pay Only	SOLIF	4 mL EDTA	2 mL Plasma	<p>Collect at main labs only (KE, VB, PE, OS) Order and collect AM CORTISOL with ACTH</p> <ul style="list-style-type: none"> • Collect within 3 hours of waking • Collect on ice • Centrifuge at 4 degrees for 15 minutes • Pipette into plastic tube • Freeze <p>SEND CORTISOL RESULTS WITH SAMPLE</p>	Life Labs
ACTH aka: Adrenocorticotrophic Hormone	ACTH	4 mL EDTA	2 mL plasma	<ul style="list-style-type: none"> • Collect at main labs only (KE, VB, PE, OS) • Collect on ice • Centrifuge at 4 degrees for 15 minutes • Pipette into plastic tube • Freeze <p><i>Tests for Pituitary Dysfunction e.g. Addison's Disease, Cushing's Syndrome.</i></p>	St Paul's Hospital (SP)
ACTH STIMULATION TEST				Refer patient to nearest hospital	

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
AFB SPUTUM aka: acid fast bacillus sputum, Atypical Mycobacteria sputum, Zeill Neison stain		Sterile container		<ul style="list-style-type: none"> Entered in microbiology First AM specimen preferred Give patient instruction sheet and explain collection process 3 samples on consecutive days unless specified by physician 	BC Center for Disease Control (CDC)
AFB URINE aka: acid fast bacillus urine		Sterile container		<ul style="list-style-type: none"> Entered in microbiology Three first mornings, midstream samples on consecutive days A volume greater than or equal to 50 mL to 100 mL is adequate for each sample Any sample less than 20 mL will not be processed 	BC Center for Disease Control (CDC)
ALBUMIN	ALB	4 mL SST	0.5 mL serum	<ul style="list-style-type: none"> Allow to clot for minimum 30 minutes Centrifuge for 10 minutes Refrigerate. 	VML Chemistry (KE)
ALCOHOL aka: ETOH, Ethanol	ALCOH	5 mL SST	1 mL serum	<ul style="list-style-type: none"> Clean the venipuncture site with soap and water or use SoluPrep swab Rinse well DO NOT use alcohol to clean site DO NOT remove stopper from collection tube Allow to clot for minimum 30 minutes Centrifuge for 10 minutes Refrigerate Send photocopy of original requisition with sample. Not for legal purposes. 	Life Labs (LL)
ALDOLASE				Send patient to nearest hospital	

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
ALDOSTERONE RENIN INCLUDED	ALDOS	4 mL EDTA ALDOS 4 mL EDTA for RENIN	1 mL plasma 1 mL plasma	<ul style="list-style-type: none"> Collect at Main labs only (KE, PE, VB) Always order RENIN with aldosterone SUPINE - collect 1 H after prone position UPRIGHT - collect 2 H after upright position RANDOM - collect 5 – 15 minutes after seated position Patient should not have taken spironolactone or estrogen for 6 weeks and beta blockers for 1 week prior if possible. Drugs that cannot be discontinued for patient well-being must be noted in external specimen comments and tagged to ALDOS test. <p>BOTH EDTA SAMPLES</p> <ul style="list-style-type: none"> Collect on ice Centrifuge at 4 degrees for 15 minutes Pipette both into ONE plastic tube Freeze immediately 	St Paul's Hospital (SP)
ALKALINE PHOSPHATASE aka: ALK, AP, ALK PHOS	ALP	4 mL SST	0.5 mL serum	<ul style="list-style-type: none"> Allow to clot for minimum 30 minutes Centrifuge for 10 minutes Refrigerate 	VML Chemistry (KE)
ALKALINE PHOSPHATASE ISOENZYMES aka: Fractionated alkaline phosphatase, Alk Phos Bone specific	ALPI	1x4 mL SST 2x4 mL Lithium Heparin	1 mL serum 2 mL plasma	<p>SST:</p> <ul style="list-style-type: none"> Allow to clot for minimum 30 minutes Centrifuge for 10 minutes Pipette into a plastic tube <p>Lithium Heparin:</p> <ul style="list-style-type: none"> Centrifuge 10 minutes Pipette into a plastic tube <p>Both samples types:</p> <ul style="list-style-type: none"> Refrigerate If sample cannot reach VGH within 48 hours freeze sample Send ALP results with sample to VGH 	Vancouver General Hospital (VGH)
ALPHA 1 ANTITRYPSIN aka: Alpha 1 Protease Inhibitor	AAT	5 mL SST	1 mL serum	<ul style="list-style-type: none"> Allow to clot for minimum 30 minutes Centrifuge for 10 minutes Refrigerate. 	Life Labs (LL)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
ALPHA 1 ANTITRYPSIN PHENOTYPE aka: PI Type, Protease Inhibitor				No longer available When ordered by a specialist: Order Alpha 1 Antitrypsin Genetic Test	
ALPHA 1 ANTITRYPSIN GENETIC TESTING aka: A1ATP Genetic test Includes AAT level	SOSTP	2x 6 mL RED 1x 4 mL EDTA	2 x 1 mL Serum 4 mL Whole blood	<ul style="list-style-type: none"> • Allow RED tubes to clot for minimum 30 minutes • Centrifuge for 10 minutes • Pipette each into separate plastic tubes • Indicate on pour off the tube of origin (RED) • DO NOT CENTRIFUGE EDTA • DO NOT OPEN EDTA • Freeze all 3 tubes together 	St Paul's Hospital (STP)
ALPHA 2 ANTIPLASMIN				No Longer Available as of Feb 4/11	
ALPHA FETO PROTEIN aka: AFP, AFPTM, AFP Tumor Marker	AFPTM	5 mL SST	1 mL serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate. 	Life Labs (LL)
ALT aka: SGPT, Alanine Aminotransferase	ALT	4 mL SST	0.5 mL serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate. 	VML Chemistry (KE)
ALUMINUM aka: AL				No longer available. Use Out of Province/Country Protocol	
ALVEOLAR PRECIPITINS				DO NOT order this test. Substitute Avian Precipitins	
AMINO ACID PLASMA	SOBCH	4 mL Sodium Heparin or Lithium Heparin	1 mL plasma	<ul style="list-style-type: none"> • Contact Central Processing Sendouts or Team Lead for possible collection days • Patient must be fasting 12 hours (3 hours for < 1year old) • Main labs only (KE, PE, VB, OS) • May also go to nearest Hospital • Collect on ice • Centrifuge for 10 minutes within 1 h of collection • Pipette plasma into plastic pour off tube • Freeze <p>Note: <i>must be received at BC Children's Hospital frozen within 3 days of collection.</i></p>	BC Children's Hospital (CH)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
AMITRIPTYLINE aka: Elavil	AMITR	6 mL RED DO NOT USE SST	3 mLs serum	<ul style="list-style-type: none"> • Trough specimen preferred. Must be at least 6 h post medication dose • Note date and time of medication • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Pipette into orange top Polypropylene tube • Refrigerate 	Provincial Toxicology Centre (PTC)
AMMONIA Kelowna aka: NH3,NH4	AMMONK	4 mL LITHIUM HEPARIN	2 mL plasma	<ul style="list-style-type: none"> • Collect only at Main Lab (KE) • DO NOT collect on Fridays • Collect on ice • Centrifuge immediately for 15 minutes at 4 degrees • Pipette into plastic tube within 15 minutes of collection • Freeze immediately • Send to local hospital within 24 h of collection 	Kelowna General Hospital (KGH)
AMMONIA Penticton aka: NH3,NH4	AMMONP	4 mL LITHIUM HEPARIN	2 mL plasma	<ul style="list-style-type: none"> • Collect only at Main Lab (PE, OS) • DO NOT collect on Fridays • Collect on ice • Centrifuge immediately for 15 minutes at 4 degrees • Pipette into plastic tube within 15 minutes of collection • Freeze immediately • Send to local hospital within 24 h of collection 	Penticton Regional Hospital (PRH)
AMMONIA Vernon aka: NH3,NH4				Send patient to Vernon Jubilee Hospital	
AMMONIUM CHLORIDE				Refer patient to nearest hospital	
AMOEBIASIS aka: Amoeba	AMOEB	5 mL SST	4 mL blood	<ul style="list-style-type: none"> • Send whole blood • Do not centrifuge • Refrigerate • BCCDC form to be filled out and sent with sample 	BC Center for Disease Control (CDC)
AMYLASE	AMY	4 mL SST	0.5 mL serum	<ul style="list-style-type: none"> • If ordered with Lipase follow MSP protocol • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate 	VML Chemistry (KE)
ANA aka: anti-nuclear antibody, LE Cells, Anti Centromere	ANA	4 mL SST	1 mL serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Pipette into plastic tube • Refrigerate • Includes titres and patterns 	VML Hematology (KE)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
ANDROSTENEDION aka: D4	ANDRS	6 mL RED DO NOT USE SST	0.5 mL serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Pipette into plastic tube • Refrigerate 	Life Labs (LL)
ANGIOTENSIN CONVERTING ENZYME AKA: ACE	ACE	5 mL SST	1 mL serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate 	Life Labs (LL)
ANION GAP	GAP			<ul style="list-style-type: none"> • Calculation only • Requires Na, Cl and bicarbonate (CO2) to be ordered 	VML Chemistry (KE)
ANTI ADRENAL ANTIBODY AKA: 21-HYDROXYLASE ANTIBODIES, Adrenocortical Autoantibodies	SOLIF	5 mL SST	1 mL serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate 	Life Labs (LL)
ANTI CYCLIC CITRULLINATED PEPTIDE ANTIBODIES Aka: ACCP	ACCP	5 mL SST	1 mL serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate • Can only be ordered by Internal Medicine physician or Rheumatologist, unless private pay. 	Life Labs (LL)
ANTI D/ANTI Rh aka: ABO blood group/Rh	ANTID	6 mL EDTA	Whole blood	<ul style="list-style-type: none"> • Ordered as a follow up on pregnant Rh-negative patients • Complete CBS RhD form • Send whole blood • Refrigerate 	Canadian Blood Services (CBS)
ANTI GAD 65 aka: Glutamic Acid Decarboxylase Ab Private Pay	SENDO	5 mL SST	1 mL serum	SEE MITOGEN ENTRY	Mitogen Laboratory Calgary AB
ANTI GLOMERULAR BASEMENT MEMBRANE	AGBM	4 mL SST	1 mL serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Pipette into plastic tube • Freeze 	Vancouver General Hospital (VGH)
ANTI HISTONE ANTIBODY	AHA	4 mL SST	1 mL serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Pipette into plastic tube • Freeze 	Vancouver General Hospital (VGH)
ANTI INSULIN ANTIBODY				<ul style="list-style-type: none"> • Send patient to Kelowna General Hospital laboratory • Not covered by MSP 	

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
ANTI LIVER KIDNEY MICROSOMAL ANTIBODY aka: LKM, KLM	ALKMI	4 mL SST	0.5 mL serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Pipette into plastic tube • Freeze • Include patient history if available in comments and tag to ALKMI test 	Vancouver General Hospital (VGH)
ANTI MITOCHONDRIAL ANTIBODY aka: Anti M2, Antibody for Primary Biliary Cirrhosis	AMA	5 mL SST	2 mL serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate 	Life Labs (LL)
ANTI MULLERIAN HORMONE aka: AMH *Read all instructions before collection*	SOLIF	5 mL SST	1 mL serum	<ul style="list-style-type: none"> • Private Pay test. • Patient must pay \$100.00 before blood can be drawn. • Make comment "Account A4511" and tag to SOLIF test code • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate • Send ASAP 	Life Labs (LL)
ANTI NEUTROPHIL CYTOPLASMIC ANTIBODY aka: P ANCA, PR3, MPO	ANCA	5 mL SST	1 mL serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate 	Life Labs (LL)
ANTI PARIETAL CELL ANTIBODY aka: Anti Gastric Cell Antibody, Antibody for pernicious anemia	APCA	5 mL SST	2 mL serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate 	Life Labs (LL)
ANTI PHOSPHOLIPID ANTIBODY aka: APL, Anti PL	APHOS			This code will order an ACARD and LUPUS See ACARD and LUPUS for instructions	

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
ANTI PLATELET ANTIBODY aka: NAIT, PTP	APLAT	3 x 6 mL EDTA 1x 6 mL RED		<ul style="list-style-type: none"> • Do NOT open or centrifuge EDTA tubes. • Allow RED to clot minimum 30 minutes • Centrifuge RED for 10 minutes • Pipette into plastic tube • Refrigerate • The Immunology form must be completed and accompany the sample 	Canadian Blood Services (CBS)
ANTI SMOOTH MUSCLE ANTIBODY aka: Anti Skeletal Ab, Anti Sm	ASMA	5 mL SST	1 mL serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate 	Life Labs (LL)
Anti Streptolysine O Titre aka: Group A Streptococcus Anti DNase B, Streptococcal Infection Serology, ASOT	ASOT	5 mL SST	4 mL blood	<ul style="list-style-type: none"> • CDC form to be filled out • Do not centrifuge • Refrigerate 	BC Center for Disease Control (CDC)
ANTI THYROGLOBULIN ANTIBODY aka: TG Abs	THGAB	5 mL SST	0.5 mL serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate 	Life Labs (LL)
ANTI THYROID PEROXIDASE ANTIBODY aka: Antimicrosomal antibodies, Anti TPO, aTPO	ATPO	4 mL SST	1 mL serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate 	VML Chemistry (KE)
ANTICARDIOLIPIN ANTIBODY aka: ACA Antibodies	ACARD	4 mL SST	2 mL serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Pipette into plastic tube • Freeze <p><i>Place in external comments:</i></p> <ul style="list-style-type: none"> • Diagnosis • Is patient on anticoagulants • Tag comment to ACARD test 	Vancouver General Hospital (VGH)
ANTIPLASMIN A2				Test no longer available	

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
ANTITHROMBIN III aka: Prothrombin 3	ATH3	2 x 4 mL SODIUM CITRATE	2 mL plasma	<ul style="list-style-type: none"> • Full draw required • Collect at main labs only (KE, PE, OS, VB) • Collect on ice • Immediately double centrifuge as follows: <ul style="list-style-type: none"> • Centrifuge at • 4 degrees for 15 minutes • Pipette 2/3 of plasma from each into separate polypropylene orange top tubes • Centrifuge pour off tubes at 4 degrees for 15 minutes • Pipette 2/3 of remaining plasma from each tube into its own polypropylene orange top tube • Freeze • Must be centrifuged within 2 hours of collection 	St Paul's Hospital (SP)
APOLIPOPROTEIN A1 aka: Alpha Lipoprotein	APOA	5 mL SST	0.5 mL serum	<ul style="list-style-type: none"> • Diagnosis MUST be provided • Fasting preferred but not required • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate • Send copy of lipid results with sample 	Life Labs (LL)
APOLIPOPROTEIN B-100 aka: Beta Lipoprotein, Apo-B	APOB	4 mL SST	0.5 mL serum	<ul style="list-style-type: none"> • Fasting preferred but not required • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate 	VML Chemistry (KE)
APOLIPOPROTEIN E	APOE	4 mL EDTA	4 mL whole blood	<ul style="list-style-type: none"> • Collect Mon-Wed only • DO NOT open tube • Refrigerate • Send copy of lipid results with sample 	St Paul's Hospital (SP)
ARBOVIRUS	ARBOV	5 mL SST	5 mL blood	<ul style="list-style-type: none"> • CDC form to be filled out • Do not centrifuge • Refrigerate 	BC Center for Disease Control (CDC)
ARL SULFATASE				Send patient to nearest hospital laboratory	
ARSENIC				Send patient to nearest hospital laboratory	
ASPERGILLUS ANTIBODY	SOVGH	4 mL SST	1 mL serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate 	Vancouver General Hospital (VGH)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
ASPERGILLUS PRECIPITINS 1 fungus tested	ASPPR	4 mL SST	2 mL serum	<ul style="list-style-type: none"> • Allow to clot for 30 minutes • Centrifuge for 10 minutes • Refrigerate 	Vancouver General Hospital (VGH)
ASPERGILLUS SPUTUM		STERILE CONTAINER		<ul style="list-style-type: none"> • Entered in microbiology • First morning specimen preferred • Use Sputum C&S collection instructions. • Refrigerate 	BC Center for Disease Control (CDC)
AST aka: SGOT, Aspartate Aminotransferase	AST	4 mL SST	0.5 mL serum	<ul style="list-style-type: none"> • Substitute with ALT unless req has a liver related diagnosis or hepatitis clinic, add protocol comment (AST) • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate 	VML Chemistry (KE)
AUTOLOGOUS SERUM EYE DROPS AKA: Tears	STUDY Internal comment: "Autologous Tears"	5 x 5 mL SST Full draws required Collection of greater than 5 tubes requires a quote from billing, please contact billing supervisor.		<ul style="list-style-type: none"> • Patient must have a VML Autologous Tears requisition issued by Dyck's Pharmacy • Dyck's Pharmacy will indicate required date of collection on requisition • Charge Patient \$30.00 for collection and processing • Have patient initial 5 header labels and 5 security seal labels before collection • Collect 5 x 5 mL SST - label with initialed VML header labels • Place one security seal label over each tube top, sealing it to the tube • Centrifuge SST's • Place tubes into biohazard bag with dry mop, one patient per bag • Place original requisition in outside pocket of biohazard bag (keep a copy for billing) • Store samples in refrigerator • Contact Dyck's Pharmacy at 250-762-3333 to arrange for pickup on Tuesday <p>Muliple patient's samples must be individually bagged but can be shipped together</p> <p>Kelowna</p> <ul style="list-style-type: none"> • Sample collection on Monday's only, before 5:00pm <p>Vernon</p> <ul style="list-style-type: none"> • Sample collection on Monday's only, must be in first cooler • Forward spun samples to Kelowna Main <p>Penticton</p> <ul style="list-style-type: none"> • Sample collection on Monday's only, must be in first cooler • Forward spun samples to Kelowna Main 	Dyck's Pharmacy Kelowna

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
AVIAN PRECIPITINS	AVIAN	4 mL SST	1 mL serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate 	Vancouver General Hospital (VGH)
BABESIA aka: Babesiosis	BAB	4 mL EDTA	4 mL whole blood	<ul style="list-style-type: none"> • Main Labs only (VB, KE, PE, OS) • This is a STAT test • Note in comments areas patient has travelled recently <p>North and South:</p> <ul style="list-style-type: none"> • Make 4 thick and 4 thin slides within 1 h of collection. • Send to Kelowna with EDTA sample 	VML Hematology (KE)
BARBITURATES Serum				Serum testing no longer available	
BARTONELLA aka: Cat Scratch Fever/ Disease, Rochalimaea	BARTO	5 mL SST	4 mL blood	<ul style="list-style-type: none"> • CDC form to be filled out • Do not centrifuge • Refrigerate 	BC Center for Disease Control (CDC)
BCR ABL Use only for Molecular testing at BC Cancer Agency, for Cytogenetics see FISHV	SOBCCA	5 x 4 mL EDTA	20 mL EDTA	<ul style="list-style-type: none"> • DO NOT CENTRIFUGE • DO NOT COLLECT ON FRIDAY • MUST REACH KE or PE BY 2:30 • Room Temperature • Must have completed Cancer Genetics Laboratory requisition • Copy Dr Argatoff 	BC Cancer Agency (CA)
BETA 2 GLYCOPROTEIN 1 ANTIBODIES	B2GLYCO	4 mL SST	1 mL serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Pipette into plastic tube • Freeze • Must be frozen within 48 hours of collection 	Vancouver General Hospital (VGH)
BETA 2 MICROGLOBULIN AKA: B2M	SOPRO	5 mL SST	1 mL serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Pipette into plastic tube • Freeze • Does not need separate PHSA requisition • Write on packing slip: "Lane Level Laboratory" 	BC Center for Disease Control (CDC)
BETA HCG MALE Aka: Human Chorionic Gonadotropin	SOLIF	5 mL SST	1 mL Serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate 	Life Labs (LL)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
BETA HCG QUANTITATIVE aka: Quantitative Pregnancy, Human Chorionic Gonadotropin	BHCGQ	4 mL SST	1 mL serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate • It is no longer a requirement to order a BHCGS first • IF ORDERED ON A MALE: SEE BETA HCG MALE 	VML Chemistry (KE)
BETA HCG SCREEN aka: Serum Preg test				No longer available. Substitute with BETA HCG QUANTITATIVE (BHCGQ)	
BETA HYDROXYBUTYRATE aka: BOH-Butyl, OH Butyrate, Ketones	SOLIF	5 mL SST	2 mL Serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate 	Life Labs (LL)
BICARBONATE aka: CO ₂ , HCO ₃	BICAR	4 mL SST	0.5 mL blood	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate • DO NOT open tube • Capillary collection not acceptable 	VML Chemistry (KE)
BILE ACIDS AKA: Bile Salts	SOBCH	4 mL LITHIUM HEPARIN	0.2 mL plasma	<ul style="list-style-type: none"> • Patient must be fasting minimum 8 h • Centrifuge for 10 minutes • Pipette into plastic tube • Refrigerate • Must have diagnosis "Cholestasis of Pregnancy" in comments and on tube <p>Note: 1. Test is restricted to patients being investigated or monitored for intrahepatic cholestasis of pregnancy. 2. In the context of intrahepatic cholestasis of childhood and investigation of bile acid metabolism disorders, urine bile acid is the appropriate test.</p>	BC Children's Hospital (CH)
BILE ACIDS Urine		See Urine Bile Acids			
BILIRUBIN- DIRECT aka: Conjugated, Fractionated, BC	BILID	4 mL SST PROTECT FROM LIGHT	0.5 mL serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate 	VML Chemistry (KE)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
BILIRUBIN- TOTAL aka: Bilirubin, Bilirubin Micro Serum, Neonatal Bilirubin, Infant Bilirubin, Pediatric Bilirubin	BILIT	4 mL SST PROTECT FROM LIGHT	0.5 mL serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate • Infants & Children • For patients 7 days to 12 months old, order BILIT & BILID • If infant bilirubin is collected in the afternoon change the priority to STAT. • Phone STAT information to Kelowna Main Lab • Capillary collections require 2 full microtainers 	VML Chemistry (KE)
BIOAVAILABLE TESTOSTERONE aka Calculated Free Testosterone, BAT	BTEST	5 mL SST	2.5 mL serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate • This test includes: • Total Testosterone • Free Testosterone • Sex Hormone Binding Globulin (If Testosterone results are abnormal) 	Life Labs (LL)
BK VIRUS aka BK Polyoma Virus PCR, Polyomavirus PCR, JC Virus	BKV	2x 4 mL EDTA	2 mL plasma	<ul style="list-style-type: none"> • Centrifuge for 10 minutes within 4 hours of collection • Pipette both tubes into a single plastic tube. • Freeze • Urine test not available in BC 	St Paul's Hospital (SP)
BLASTOMYCOSIS	BLAS	5 mL SST	4 mL blood	<ul style="list-style-type: none"> • CDC form to be filled out • Do not centrifuge • Refrigerate 	BC Center for Disease Control (CDC)
BLEEDING TIME				Refer patient to nearest hospital laboratory	
BLOOD CULTURES				Refer patient to nearest hospital laboratory	
BLOOD GASES aka: ABG, Venous Blood Gas				Refer patient to nearest hospital laboratory	
BLOOD GROUP For Canadian Blood Services	GPCBS	6 mL EDTA	4 mL whole blood	<ul style="list-style-type: none"> • Fill out Canadian Blood Services Form • Refrigerate <p>Use for:</p> <ul style="list-style-type: none"> • Prenatal testing • RCMP • Medical Alert • Infertility • Artificial Insemination donor 	Canadian Blood Services (CBS)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
BLOOD GROUP For Kelowna General Hospital	GPKG	2x 4 mL EDTA	7 mL whole blood	<ul style="list-style-type: none"> • DO NOT Centrifuge • Refrigerate • Please inform patient they will receive a bill from KGH • Add comment code "PRV" to external comments 	Kelowna General Hospital (KGH)
BLOOD GROUP For Life Labs	GPMDS	4 mL EDTA		<ul style="list-style-type: none"> • DO NOT Centrifuge • Refrigerate • Please inform patient they will receive a bill from Life Labs. Make external comment in computer • "Patient aware of billing" • Private pay test. Draw fee charge required. Please contact billing • Life Labs reports out blood group only. If Rh is required, please make external comment. • Tag comment(s) to GPMDS test 	Life Labs (LL)
BLOOD GROUP For Penticton Regional Hospital	GPPRH	2x 4 mL EDTA	7 mL whole blood	<ul style="list-style-type: none"> • DO NOT Centrifuge • Refrigerate • Please inform patient they will receive a bill from PRH. Make external comment in computer • "Patient aware of billing" • Private pay test. Draw fee charge required. Please contact billing • Tag comment to GPPRH test 	Penticton Regional Hospital (PRH)
BLOOD PARASITE OTHER aka: Microfilaria, Malaria Confirmation	BPO	4 mL EDTA 2 x SLIDES	3 mL whole blood	<ul style="list-style-type: none"> • Main Labs only (VB, KE, PE, OS) • This is a STAT test • Call Hematology to inform them it is coming • Note if patient has travelled to a Malaria endemic area <p>North and South:</p> <ul style="list-style-type: none"> • Make 4 thick and 4 thin slides • Send to Kelowna with EDTA sample after doing preliminary scan 	VML Hematology (KE)
BLOOD pH				Refer patient to nearest hospital laboratory	

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
BLOOD TYPE - For RHIG Eligibility Only aka: RHIG, ABO & Rh	GPPRH or GPKGH	2 x 4 mL EDTA	7 mL Whole Blood	<ul style="list-style-type: none"> • Sample to be sent to nearest hospital • South Okanagan use "GPPRH" • Central and North Okanagan use "GPKGH" • DO NOT Centrifuge • Refrigerate • Send copy of original requisition with sample <p>May be ordered for medical abortions / pregnancy terminations</p> <p>Patient will not be billed for this test</p>	Penticton Regional Hospital (PRH) or Kelowna General Hospital (KGH)
BNP For Kelowna and Vernon aka: Brain Natriuretic Peptide Do not substitute for NT PRO BNP, this is a different test	BNP	4 mL EDTA		<p>UNAVAILABLE AS AN ADD ON CANNOT BE SHARED WITH OTHER TESTING</p> <ul style="list-style-type: none"> • Centrifuge for 10 minutes • Pipette into plastic tube • Refrigerate if tested with 24 hours • Freeze if shipping to KGH will be longer than 24 hours • Frozen sample stable for 96 hours 	Kelowna General Hospital (KGH)
BRCA 1 + 2	SOBCCA	4 x4 mL EDTA	15 mL	<ul style="list-style-type: none"> • Must have approval and requisition from genetic counselor at BC Cancer Agency • Do not centrifuge • Room temperature • Send copy of requisition for sendouts. 	BC Cancer Agency (BCCA)
BRUCELLA aka: Brucellosis	BRUCE	5 mL SST	4 mL blood	<ul style="list-style-type: none"> • CDC form to be filled out • Do not centrifuge • Refrigerate 	BC Center for Disease Control (CDC)
BUCCAL SMEAR				Send patient to nearest hospital laboratory	
C DIFFICILE aka: Clostridium, Clostridioides, Pseudomembraneous Colitis, c. diff	CDIFF	STERILE CONTAINER		<p>WHEN ORDERED WITH STOOL C&S, O&P, STOOL VIRAL, or IDP: ORDER IDP ONLY</p> <ul style="list-style-type: none"> • Fresh sample required • Note date and time of collection on requisition • Entered in Microbiology • Refrigerate • Testing not performed for ages ≤ 2 years 	VML Microbiology (KE)
C1 ESTERASE INHIBITOR aka: C1 INH	C1EST	3.5 mL SODIUM CITRATE	2 mL plasma	<ul style="list-style-type: none"> • Centrifuge for 10 minutes • Pipette into plastic tube • Freeze 	Vancouver General Hospital (VGH)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
C1Q BINDING aka: Circulating immune complex	C1Q	4 mL SST	0.5 mL serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Pipette into plastic tube • Freeze 	Vancouver General Hospital (VGH)
C2 CYCLOSPORIN	C2P	4 mL EDTA	3 mL whole blood	<ul style="list-style-type: none"> • Must be collected 2 h post dose • Time frame of 15 minutes on either side of the 2 h is acceptable • Note the date and time of last medication • Note the transplant type in comments • DO NOT centrifuge • Refrigerate 	Life Labs (LL)
C3 and C4 COMPLEMENT	C3C4	5 mL SST	1 mL serum	<ul style="list-style-type: none"> • Use this test code when both C3 and C4 are ordered • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate 	Life Labs (LL)
C3 COMPLEMENT	C3	5 mL SST	1 mL serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate 	Life Labs (LL)
C4 COMPLEMENT	C4	5 mL SST	1 mL serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate 	Life Labs (LL)
C6 PEPTIDE	SOPRO	5 mL SST	4 mL serum	<ul style="list-style-type: none"> • CDC form to be filled out • Do not centrifuge • Refrigerate • Not the same as C6 Complement 	BC Center for Disease Control (CDC)
CA 125 aka: Cancer antigen 125	CA125	5 mL SST	0.5 mL serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate • Enter history and/or diagnosis if given • Tag comment to CA125 test code 	Life Labs (LL)
CA 153 aka: Cancer antigen 15-3	CA153	5 mL SST	0.5 mL serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate • Enter history and/or diagnosis if given • Tag comment to CA153 test code 	Life Labs (LL)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
CA 199 aka: Cancer antigen 19-9	CA199	5 mL SST	0.5 mL serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate • Enter history and/or diagnosis if given • Tag comment to CA199 test code 	Life Labs (LL)
CADMIUM	SOLIF	4 mL SODIUM HEPARIN		NO LONGER AVAILABLE	Life Labs (LL)
CALCITONIN aka: CLCT, Thyrocalcitonin	CALCI	6 mL RED	1 mL serum	<ul style="list-style-type: none"> • Collect at the following labs only (KE, VB, PE, PB, OS) • Collect on ice • Allow to clot for minimum 30 minutes at 4 degrees • Centrifuge for 15 minutes at 4 degrees • Pipette into a polypropylene orange top tube • Freeze immediately 	St Paul's Hospital (SP)
CALCIUM aka: Ca+, Ca++, Total Calcium, Calc	CA	4 mL SST	0.5 mL serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate. 	VML Chemistry (KE)
CALCULI aka: Kidney Stone Analysis	CALCU	STERILE URINE CONTAINER		<ul style="list-style-type: none"> • Entered into computer system by the front office • Keep at room temperature 	Vancouver General Hospital (VGH)
CARBAMAZEPINE aka: Tegretol, CBZ	CARB	5 mL SST	0.5 mL Serum	<ul style="list-style-type: none"> • Trough level specimen is preferred (within ½ h of next dose) • Minimum 6 h post dose acceptable • Note date and time of last dose of medication • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate 	Life Labs (LL)
CARBOXYHEMOGLOBIN aka: COHgb, Carbon Monoxide				Send Patient to nearest Hospital	
CARNITINE Free and Total				No longer available	BC Children's Hospital (BCH)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
CAROTENE	CAROT	4 mL SST PROTECT FROM LIGHT	1 mL serum	<ul style="list-style-type: none"> • Protect from light • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate. 	Vancouver General Hospital (VGH)
CATECHOLAMINES aka: Adrenaline, Dopamine, Epinephrine, Pressoramines				NO LONGER AVAILABLE IN BC OUT OF PROVINCE/COUNTRY APPROVAL REQUIRED	
CBC aka: Hematology profile, Complete blood count	CBC6	4 mL EDTA	2 mL whole blood	<ul style="list-style-type: none"> • Includes Hgb, Hct. WBC, RBC, MCV, MCH, MCHC, Platelets and automated Differential • DO NOT centrifuge • Refrigerate 	VML Hematology (KE and PE)
CD 19, CD 20	SOSTP	8.5 mL ACD solution A or 4 mL SODIUM HEPARIN AND 4 mL EDTA	Full Draw	<ul style="list-style-type: none"> • DO NOT collect on Friday • MUST reach KE or PE by 2:30 for same day sendouts • Write "CD test" on CBC6 label • Requires same day CBC6 results sent with sample • Room Temperature 	St Paul's Hospital (SP)
CD 19, CD 25	SOVGH	4 mL SODIUM HEPARIN AND 4 mL EDTA	Full Draw	<ul style="list-style-type: none"> • DO NOT collect on Friday • MUST reach KE or PE by 2:30 for same day sendouts • Write "CD test" on CBC6 label • Requires same day CBC6 results sent with sample • Room Temperature • <u>TUBES MUST BE FULL DRAW</u> 	Vancouver General Hospital (VGH)
CD 56	SOSTP	8.5 mL ACD solution A or 4 mL SODIUM HEPARIN AND 4 mL EDTA	Full Draw	<ul style="list-style-type: none"> • DO NOT collect on Friday • MUST reach KE or PE by 2:30 for same day sendouts • Write "CD Test" on CBC6 label • Requires same day CBC6 results sent with sample • Room Temperature 	St Paul's Hospital (SP)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
CD2, CD3 aka: OKT monitoring, T cell subsets	CD3	1x 4 mL SODIUM HEPARIN 1x 4 mL EDTA	Full Draw	<ul style="list-style-type: none"> • DO NOT collect on Friday • MUST reach KE or PE by 2:30 for same day sendouts • Write "CD2" or "CD3" on CBC6 label • Requires same day CBC6 results sent with sample • Room Temperature 	St Paul's Hospital (SP)
CD4, CD8 aka: Helper/ suppressor ratio, T Cell Subset T4/T8, T and B cells, T Helper cells, H/S ratio, HSR, CD4/CD8 cells, T & B Lymphocytes, CD4t	CD4	8.5 mL ACD solution A	Full Draw	<ul style="list-style-type: none"> • DO NOT collect on Friday • MUST reach KE or PE by 2:30 for same day sendouts • Write "CD4" or "CD8" on CBC6 label • Requires same day CBC6 results sent with sample • Room Temperature 	St Paul's Hospital (SP)
CD55, CD59 aka: Flow Cytometry for PNH, Erythrocytes, Paroxysmal Nocturnal Hemoglobinuria, Sucrose Lysis Test, Ham's Test, Sugar Water Test	SOVGH	2 x 4 mL EDTA	Full Draw whole blood	<ul style="list-style-type: none"> • DO NOT collect on Friday • MUST reach KE or PE by 1:30pm for same day sendouts • Write "CD Test" on CBC6 label • Requires same day CBC6 results sent with sample • Room Temperature 	Vancouver General Hospital (VGH)
C-DIFFICILE CONFIRMATORY		Sample will be brought over by Microbiology		<ul style="list-style-type: none"> • Microbiology will enter and label • Send out to KGH as TDG every morning (before 9:00am) 	Kelowna General Hospital (KGH)
CEA aka: Carcinogenic Embryonic Antigen	CEA	4 mL SST	1 mL serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate 	Kelowna General Hospital (KGH)
CEA AKA: Carcinoembryonic Antigen Private Pay or Naturopth Only	SOLIF	5 mL SST	2 mL Serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Pipette into plastic tube • Refrigerate 	Life Labs (LL)
CERULOPLASMIN	CERUL	5 mL SST	1 mL serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate 	Life Labs (LL)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
CH 100 aka: CH10, 100	CH100	2 x 6 mL RED	4 mL serum	<ul style="list-style-type: none"> • Collect at main labs only (KE, VB, PE, OS) • Clot in 37 degree water bath for 30 minutes • Then continue clotting at 4 degrees for 1 hour • Centrifuge for 15 minutes at 4 degrees • Pipette into two plastic tubes • Freeze immediately 	Vancouver General Hospital (VGH)
CH 50 aka: C2, C5, C6, C7, C8, C9 Complement, CH100, Complement Total, Hemolytic Complement	CH50	2 x 6 mL RED	4 mL serum	<ul style="list-style-type: none"> • Collect at main labs only (KE, VB, PE) • Clot in 37 degree water bath for 30 minutes • Then continue clotting at 4 degrees for 1 hour • Centrifuge for 15 minutes at 4 degrees • Pipette into two plastic tubes • Freeze immediately 	Vancouver General Hospital (VGH)
CHLAMYDIA / GC SWAB		SWAB		Entered in Microbiology	VML Microbiology (KE)
CHLAMYDIA / GC URINE aka: Urine Chlamydia/GC	CTGC	STERILE CONTAINER	15 mL	<p>DO NOT COVER FOIL LID WITH DOT STICKERS OR PARAFILM</p> <ul style="list-style-type: none"> • Patient must not have voided at least one hour before test • Collect first part of stream • Order on its own accession number • Pipette urine into Aptima vial to fill area • Ensure cap is tightened and gently mix • Can be refrigerated or room temperature <p>If ordered with Trichomonas (female), use CTGCTV code If ordered with Trichomonas (male), use CTGC code only and add external comment TVNA</p> <p><i>Referred in specimens will be entered by microbiology</i></p>	VML Microbiology (KE)
CHLORAMPHENICOL	CHLOR	6 mL RED DO NOT USE SST	2 mL serum	<ul style="list-style-type: none"> • Note dosage interval, date and time of medication • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Pipette into orange top Polypropylene tube • Refrigerate. 	Provincial Toxicology Center (PTC)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
CHLORIDE	CL	4 mL SST	0.5 mL serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate. 	VML Chemistry (KE)
CHOLESTEROL	CHOL	4 mL SST	0.5 mL serum	<ul style="list-style-type: none"> • If HDL also requested order LIPIDS • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate. 	VML Chemistry (KE)
CHOLINESTERASE PLASMA For Pesticide Exposure Aka: Dibucaine, Dibucaine Fluoride Number, Pseudocholinesterase Acetylcholinesterase PRIVATE PAY ONLY	CHEP	4 mL EDTA	1 mL plasma	<p>Include patient history or diagnosis in comments</p> <ul style="list-style-type: none"> • Centrifuge for 10 minutes • Pipette into plastic tube • Refrigerate • Hemolyzed samples not acceptable 	Life Labs (LL)
CHROMOGRANIN A aka: CgA	CHROA	4 mL SST	1 mL serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate • Lipemia is unacceptable 	BC Cancer Agency (CA)
CHROMOSOME STUDIES >16 years of age aka: Karyotyping, Cytogenetics, Trisomy 21, Downs Syndrome, Klinefelter's Syndrome, Turners Syndrome, Premature ovarian failure, Amenorrhea, Oligo or Azoospermia	CHROV	4 mL SODIUM HEPARIN	4 mL blood	<ul style="list-style-type: none"> • DO NOT collect on Fridays • Must reach KE or PE by 2:30pm • Room Temperature • Patient must be over 16 years of age. If patient is younger than 16 see CHROB • VGH Cytogenetics form must be filled out 	Vancouver General Hospital (VGH)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
CHROMOSOME STUDIES Under 16 years of age aka: Karyotyping, Cytogenetics, Prader-Willi Syndrome, Trisomy 21, Downs Syndrome, Klinefelter's Syndrome, Turners Syndrome	CHROB	2 x 4 mL SODIUM HEPARIN	5 mL blood	<ul style="list-style-type: none"> • DO NOT collect on Fridays • Must reach KE or PE by 2:30pm • Room Temperature • Patient must be under 16 years of age. If patient is older than 16 years, see CHROV • BCCH Cytogenetics form must be filled out 	BC Children's Hospital (CH)
CIRCULATING ANTI-COAGULANTS				Contact doctor to find out exactly what tests are required. VML Pathologists suggest PT, PTT, ACARD and DRVV	
CIRCULATING IMMUNE COMPLEXES aka: C1Q	CIC	4 mL SST	0.5 mL serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Pipette into plastic tube • Freeze 	Vancouver General Hospital (VGH)
CLOBAZAM aka: Frisium, Urbanyl, Desmethyloclobazam, Onfi	CLOB	6 mL RED DO NOT USE SST	2 mL serum	<ul style="list-style-type: none"> • Trough specimen preferred. Must be at least 6 h post medication dose • Note date and time of medication • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Pipette into orange top Polypropylene tube • Refrigerate 	Provincial Toxicology Center (PTC)
CLOMIPRAMINE aka: Anafranil, Desmethylclomipramine	CLOM	6 mL RED DO NOT USE SST	2 mL serum	<ul style="list-style-type: none"> • Trough specimen preferred. Must be at least 6 h post medication dose • Note date and time of medication • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Pipette into orange top Polypropylene tube • Refrigerate 	Provincial Toxicology Center (PTC)
CLONAZEPAM aka: Rivotril, Rivatril, Klonopin	CLONA	6 mL RED DO NOT USE SST	2 mL serum	<ul style="list-style-type: none"> • Trough specimen preferred. Must be at least 6 h post medication dose • Note date and time of medication • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Pipette into orange top Polypropylene tube • Refrigerate 	Provincial Toxicology Center (PTC)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
CLOZAPINE aka: Clozaril, Clozapine, Norclozapine	CLOZ	6 mL RED DO NOT USE SST	2 mL serum	<ul style="list-style-type: none"> • Trough specimen preferred. Must be at least 6 h post medication dose • Note date and time of medication • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Pipette into orange top Polypropylene tube • Refrigerate 	Provincial Toxicology Center (PTC)
COCAINE	COC	6 mL RED DO NOT USE SST	2 mL serum	<ul style="list-style-type: none"> • Note date and time drug last taken if available • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Pipette into orange top Polypropylene tube • Refrigerate 	Provincial Toxicology Center (PTC)
COCCIDIOMYCOSIS aka: Coccidioides immitis, Valley Fever, Coccidioidal Granuloma	COCCI	5 mL SST	4 mL serum	<ul style="list-style-type: none"> • CDC form to be filled out • Do not centrifuge • Refrigerate 	BC Center for Disease Control (CDC)
COLD AGGLUTININS	COLDA	6 mL RED	2 mL serum	<ul style="list-style-type: none"> • Collect at main labs only (KE, VB, PE) • Place in water bath immediately after collection for 1 h • Verify clot retraction after 1 h • If specimen has not clotted after 2 h consult pathologist • Centrifuge for 10 minutes • Pipette into plastic tube • Refrigerate 	Life Labs (LL)
COLOGIC				No longer available as of Aug 14/17	Life Labs (LL)
COMMENT	GCM			Must be entered prior to deleting all tests from an order	
COPPER aka: CU	COPPE	6 mL NAVY BLUE Trace Element Serum	1 mL serum	<ul style="list-style-type: none"> • Keep upright at all times after required inversions • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Pipette into another navy blue top tube • Cap with navy blue stopper or tainer top • Parafilm cap • Refrigerate 	Life Labs (LL)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
CORRECTED CALCIUM	CA and ALB	4 mL SST	1 mL Serum	If corrected calcium is requested: <ul style="list-style-type: none"> • Order Calcium • Order Albumin • Enter Corrected Calcium comment in EXTERNAL comments • Follow collection and handling procedure for Calcium and Albumin 	VML Chemistry (KE)
CORTISOL AM aka: Hydroxycortisol	CORTA	4 mL SST	0.5 mL serum	<ul style="list-style-type: none"> • Collect between 8:00am and 10:00am h only • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate 	VML Chemistry (KE)
CORTISOL PM	CORTP	4 mL SST	0.5 mL serum	<ul style="list-style-type: none"> • Collect between 3:00pm and 5:00pm only • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate 	VML Chemistry (KE)
CORTISOL RANDOM	CORTR	4 mL SST	0.5 mL serum	<ul style="list-style-type: none"> • Use this code for cortisol collected between 10:00am and 5:00pm • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate 	VML Chemistry (KE)
CORTISOL SALIVARY	SOVGH	Salivette Swab		<ul style="list-style-type: none"> • Collected at main locations only (KE, PE, OS, VB) • DO NOT eat or drink 30 minutes prior to collection of saliva • DO NOT brush teeth or rinse mouth 30 minutes prior to collection of saliva 	Vancouver General Hospital (VGH)
COTININE aka: Nicotine	SOPTC	Sterile container	15 mL urine	<ul style="list-style-type: none"> • Random urine • No special collection instructions • Refrigerate 	Provincial Toxicology Center (PTC)
C-PEPTIDE	CPEP	4 mL SST	1 mL serum	<ul style="list-style-type: none"> • Fasting preferred but not mandatory • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Pipette into a polypropylene orange top tube • Freeze 	St Paul's Hospital (SP)
CPK aka: Creatinine Phosphokinase, CK, Creatine Kinase	CPK	4 mL SST	0.5 mL serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate 	VML Chemistry (KE)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
CPKMB aka: CKMB, CPK isoenzymes				Send patient to nearest hospital laboratory	
C-REACTIVE PROTEIN aka: hsCRP, high sensitivity CRP, low sensitivity CRP, L-CRP	CRP	4 mL SST	0.5 mL serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate <p>CRP and ESR can only be ordered together by a Rheumatologist or an Orthopedic Surgeon. Other physicians will be considered on a case by case basis by Pathology</p>	VML Chemistry (KE)
CREATININE aka: EGFR, Estimated Glomerular Filtration Rate	EGFR	4 mL SST	0.5 mL serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate 	VML Chemistry (KE)
CRYOFIBRINOGEN	CRYOF	2 x 4 mL EDTA	2 mL plasma	<ul style="list-style-type: none"> • Immediately centrifuge for 10 minutes • Pipette into plastic tube immediately • Room Temperature 	Life Labs (LL)
CRYOGLOBULIN aka: Pyroglobulin Cryocrit	CRYOG	2 x 6 mL RED DO NOT USE SST	4 mL serum	<ul style="list-style-type: none"> • Collect at main labs only (KE, VB, PE) • DO NOT collect in SST • Allow to clot in water bath for 1 hour • Centrifuge before it cools for 10 minutes • Pipette into plastic tube • Room temperature 	Life Labs (LL)
CRYPTOCOCCUS aka: European Blastomycosis	CRYPT	5 mL SST	4 mL blood	<ul style="list-style-type: none"> • CDC form to be filled out • Do not centrifuge • Refrigerate 	BC Center for Disease Control (CDC)
CTX Aka: C-Telopeptide	SOLIF	5 mL SST	2 mL serum	<ul style="list-style-type: none"> • Private Pay • Fasting is required • Patient MUST agree to receive a bill from LifeLabs • Add comment "Patient Aware of Bill from LifeLabs" • Add one of the following in external comments: Baseline CTX, Therapeutic CTX, or Random CTX • Centrifuge • Pipette into plastic tube • Freeze <p>Patient can contact 1-800-663-9422 to inquire about price</p>	Life Labs (LL)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
CYANIDE	CYANI	4 mL SODIUM FLOURIDE (GREY) or (2x 2 mL)	4 mL whole blood	<ul style="list-style-type: none"> • Tube must be full to fill line • DO NOT centrifuge • Parafilm lid • Refrigerate 	Provincial Toxicology Center (PTC)
CYCLOSPORIN aka: CSA level	CYCLOP	4 mL EDTA	4 mL whole blood	<ul style="list-style-type: none"> • Must be collected between 10-14 h post dose or just prior to next dose • Include date and time of last dose, and transplant type in external comments • DO NOT centrifuge • Refrigerate 	Life Labs (LL)
CYSTIC FIBROSIS aka: CFTR Mutations, CF Gene Probe	CYSTF	4 mL EDTA	4 mL whole blood	<ul style="list-style-type: none"> • DO NOT collect on Friday • Molecular Genetics requisition must be filled out and accompany the specimens • DO NOT centrifuge • Room Temperature 	BC Children's Hospital (CH)
CYTOMEGALOVIRUS aka: CMV	CMV	5 mL SST	4 mL blood	<ul style="list-style-type: none"> • CDC form to be filled out • Do not centrifuge • Refrigerate 	BC Center for Disease Control (CDC)
CYTOMEGALOVIRUS PCR aka: CMV Antigenemia, CMV PP67	CMVPCR	2 x 4 mL EDTA	2 mL plasma	<ul style="list-style-type: none"> • Immediately centrifuge for 10 minutes • Pipette both tubes into a single plastic tube • Hemolysis is not acceptable • Stable at 4 degrees C for up to 6 days • Freeze if stored for more than 6 days 	St Paul's Hospital (SP)
CYTOTOXIC ANTIBODY aka: HLA antibody screening, Tissue Typing for Cytotoxicity, Panel Reactive Antibody	CYTAB	6 mL RED	4 mL blood	<ul style="list-style-type: none"> • DO NOT collect on Friday • Must reach KE or PE by 2:30pm on Thursday • DO NOT centrifuge • DO NOT open • Collect only the first or last week of the month or as advised by the BC Transplant Society • Enter diagnosis or history in external comments • Send copy of ordering requisition with specimen • Room Temperature 	Vancouver General Hospital (VGH)
D-DIMER aka: Fibrin Degradation Products				Immediately send patient to nearest hospital laboratory	
D-DIMER QUANTITATIVE				Immediately send patient to nearest hospital laboratory	

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
DEAMIDATED GLIADIN AB Aka: TTG-IGG NOTE: NOT THE SAME AS TTG-IGA	SOLIF	6 mL Red Top	2 mL serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Pipette into plastic tube • Refrigerate 	Life Lab (LL)
DENGUE VIRUS aka: Dengue fever, Flavivirus	SOPRO	5 mL SST	4 mL blood	<ul style="list-style-type: none"> • CDC form to be filled out • Hand write "Dengue Fever" on CDC form • Do not centrifuge • Refrigerate 	BC Center for Disease Control (CDC)
DESIPRAMINE aka: Norpramin	DESIP	6 mL RED DO NOT USE SST	2 mL serum	<ul style="list-style-type: none"> • Trough specimen preferred. Must be at least 6 h post medication dose • Note date and time of medication • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Pipette into orange top Polypropylene tube • Refrigerate 	Provincial Toxicology Center (PTC)
DEXAMETHASONE SUPPRESSION TEST	CORTA	4 mL SST	1 mL serum	<ul style="list-style-type: none"> • Patient to take pills in evening prior to test • Order AM Cortisol • In external comments please state "Dexamethasone Suppression Test" 	VML Chemistry (KE)
DHEAS aka: Dehydroepiandroster one Sulphate	DHEAS	4 mL SST	0.5 mL serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate 	VML Chemistry (KE)
DIASTOLIC For blood pressure	DIA			No longer available June23/17	VML Office (KE)
DIAZEPAM aka: Valium	DIAZE	6 mL RED DO NOT USE SST	3 mL serum	<ul style="list-style-type: none"> • Trough specimen preferred. Must be at least 6 h post medication dose • Note date and time of medication • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Pipette into orange top Polypropylene tube • Refrigerate 	Provincial Toxicology Center (PTC)
DIGOXIN aka: Lanoxin, Digitalis	DIG	6 mL RED	0.5 mL serum	<ul style="list-style-type: none"> • Trough specimen preferred. Must be at least 6 h post medication dose • Note date and time of medication • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Pipette into polypropylene orange top tube • Refrigerate 	VML Chemistry (KE)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
DIHYDROTESTOSTERONE AKA: DHT Private Pay Only	SOLIF	6 mL Red Top	1 mL Serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Pipette into plastic tube • Freeze 	Life Labs (LL)
DIPHTHERIA ANTIBODY	SOPRO	5 mL SST	1 mL Serum	<ul style="list-style-type: none"> • Testing only performed for: <ul style="list-style-type: none"> • Patients < 16 years old • Organ transplant • Ordered by Immunologist with diagnosis of "Immune Disorder" (must have approval sticker on req from BC CDC) • CDC form to be filled out • Do not centrifuge • Refrigerate 	Centre for Disease and Control (CDC)
DIRECT ANTIGLOBULIN TEST Kelowna and Vernon AKA: Coombs Test	DATK	4 mL EDTA	4 mL whole blood	<ul style="list-style-type: none"> • DO NOT centrifuge • Refrigerate 	Kelowna General Hospital (KGH)
DIRECT ANTIGLOBULIN TEST Penticton AKA: Coombs Test	DATP	4 mL EDTA	4 mL whole blood	<ul style="list-style-type: none"> • DO NOT centrifuge • Refrigerate 	Penticton Regional Hospital (PRH)
DNA aka: Anti DNA, Single Strand DNA, Double Strand DNA, DS DNA	DNA	5 mL SST	1 mL serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate 	Life Labs (LL)
DOXEPIN aka: Sinequan Desmethyldoxepin	DOXEP	6 mL RED DO NOT USE SST	3 mL serum	<ul style="list-style-type: none"> • Trough specimen preferred. Must be at least 6 h post medication dose • Note date and time of medication • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Pipette into orange top Polypropylene tube • Refrigerate 	Provincial Toxicology Center (PTC)
DRUG SCREEN HAIR Chain of Custody				No longer available	

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
DRUG SCREEN URINE Chain of Custody Kelowna & Penticton	DSBIO	KIT	50 mL	<ul style="list-style-type: none"> • Appointment to be booked at main labs (KE, PE) • Used for legal purposes requested by: <ul style="list-style-type: none"> • The Ministry of Child and Family Services • Private pay lawyers and employers • *Physician requisition still required for private pay testing. 	BC Biomedical Laboratory
DRUG SCREEN URINE Karis Society				See Urine Drug Screen - Karis	
DRUG SCREEN URINE NOW Canada				See Urine Drug Screen - NOW Canada	
DRUG SCREEN URINE Random				See Urine Drug Screen	
D-XYLOSE TOLERANCE				Send patient to nearest hospital laboratory	
ECG INSURANCE TRACING	ECGPINS			For Penticton ECG's only	VML Penticton (PE)
ECG TRACING aka: Electrocardiogram, EKG	ECG			Done in Vernon and Penticton labs only	VML Penticton (PE, PB) VML Vernon (VB or VN)
ECHINOCOCCOSIS aka: Hydatidosis, Hydatid Disease	ECHIN	5 mL SST	4 mL blood	<ul style="list-style-type: none"> • CDC form to be filled out • Do not centrifuge • Refrigerate 	BC Center for Disease Control (CDC)
ENA aka: Extractable Nuclear Antigen Includes: SM, RNP, SS-A/RO, SS-B/LA, SCL-70, JO-1	ENA	5 mL SST	2 mL serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate 	Life Labs (LL)
ENTERIC BACTERIOLOGY		STERILE CONTAINER		Entered in Microbiology	BC Center for Disease Control (CDC)
ENTEROPATHOGEN		STERILE CONTAINER		Entered in Microbiology	BC Center for Disease Control (CDC)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
EOSINOPHIL COUNT				TESTING NOT LONGER AVAILABLE <ul style="list-style-type: none"> • Order CBC6 • Contact Hematology • Hematology will add a comment to the order for the physician 	VML Hematology (KE, PE)
EPSTEIN BARR VIRUS aka: Viral Capsid Antigen, EBV	EBV	5 mL SST	4 mL blood	<ul style="list-style-type: none"> • CDC form to be filled out • Do not centrifuge • Refrigerate 	BC Center for Disease Control (CDC)
EPSTEIN BARR VIRUS PCR aka: EBV Viral Load, EBV NAT (Nucleic Acid Test), Epstein Barr Virus PC, EBV DNA Viral Load	SOSTP	2 x 4 mL EDTA		<ul style="list-style-type: none"> • Centrifuge for 10 minutes • Pipette into plastic pour off tube within 4 hours of collection • Freeze 	St Paul's Hospital (SP)
ERLICHIA	ERLIC	5 mL SST	4 mL blood	<ul style="list-style-type: none"> • CDC form to be filled out • Do not centrifuge • Refrigerate 	BC Center for Disease Control (CDC)
ERYTHROPOIETIN aka: EPO level	ERYTH	6 mL RED	2 mL serum	<ul style="list-style-type: none"> • CBC6 must be ordered • Requires same day CBC6 results sent with sample • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Pipette into plastic tube • Freeze 	Terry Fox Laboratory (Stem Cell Assay Laboratory) (SCA)
ESR aka: Erythrocyte Sedimentation Rate, Sed Rate, Sedimentation Rate	ESR	1.36 mL BLACK SODIUM CITRATE eXcyte	1.36 mL whole blood	<ul style="list-style-type: none"> • Justification must be given • Refrigerate Test CANNOT be run off an EDTA CRP and ESR can only be ordered together by a Rheumatologist or an Orthopedic Surgeon. Other physicians will be considered on a case by case basis by Pathology	VML Hematology (KE or PE)
ESTRADIOL aka: E2, Estrogen	ESTRA	4 mL SST	1 mL serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate. 	VML Chemistry (KE)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
ETHOSUXIMIDE aka: Zarontin	ETHO	6 mL RED DO NOT USE SST	3 mL serum	<ul style="list-style-type: none"> • Trough specimen preferred. Must be at least 6 h post medication dose • Note date and time of medication • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Pipette into orange top Polypropylene tube • Refrigerate 	Provincial Toxicology Center (PTC)
ETHYLENE GLYCOL aka: Antifreeze	ETHYL	STERILE CONTAINER	20 mL urine	<ul style="list-style-type: none"> • Random urine collection • Refrigerate 	Provincial Toxicology Center (PTC)
FACTOR IX aka: Factor IX Inhibitor, Bethesda Units, Factor 9	F9	2 x 3.5 mL SODIUM CITRATE	2 mL plasma	<ul style="list-style-type: none"> • Full draw required • Collect at main labs only (KE, VB, PE, OS) • Collect on ice <p>Immediately double centrifuge as follows:</p> <ul style="list-style-type: none"> • Centrifuge at 4 degrees for 15 minutes • For each tube pipette 2/3 of plasma into a polypropylene orange top tube • Centrifuge pour off tubes at 4 degrees for 15 minutes • Pipette 2/3 of remaining plasma from both into one polypropylene orange top tube • Freeze • Must be centrifuged within 2 hours of collection • Send copy of requisition with sample 	St Paul's Hospital (SP)
FACTOR V LEIDEN aka: Prothrombin gene 20210, Prothrombin gene mutation, Prothrombin Variant	F5L	4 mL EDTA	4 mL whole blood	<ul style="list-style-type: none"> • DO NOT centrifuge • Refrigerate 	Life Labs (LL)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
<p>FACTOR VIII aka: Factor VIII Coagulant, Factor 8, Factor 8 Activity</p>	F8	2 x 3.5 mL SODIUM CITRATE	2 mL plasma	<ul style="list-style-type: none"> • Full draw required • Collect at main labs only (KE, VB, PE, OS) • Collect on ice <p>Immediately double centrifuge as follows:</p> <ul style="list-style-type: none"> • Centrifuge at 4 degrees for 15 minutes • For each tube pipette 2/3 of plasma into a polypropylene orange top tube • Centrifuge pour off tubes at 4 degrees for 15 minutes • Pipette 2/3 of remaining plasma from both into one polypropylene orange top tube • Freeze • Must be centrifuged within 2 hours of collection • Send copy of requisition with sample 	St Paul's Hospital (SP)
<p>FACTOR VIII ANTIGEN aka: von Willebrand's Antigen (Factor), Ristocetin Co-Factor Von Willebrand Activity</p>	F8A	2x4 mL SODIUM CITRATE	2 mL plasma	<ul style="list-style-type: none"> • Full draw required • Collect at main labs only (KE, VB, PE, OS) • Collect on ice • For Dr. Delorme orders place in comments "include Ristocetin Co-Factor" • Tag comment to F8A test <p>Immediately double centrifuge as follows:</p> <ul style="list-style-type: none"> • Centrifuge at 4 degrees for 15 minutes • For each tube pipette 2/3 of plasma into a polypropylene orange top tube • Centrifuge pour off tubes at 4 degrees for 15 minutes • Pipette 2/3 of remaining plasma from both into one polypropylene orange top tube • Freeze • Must be centrifuged within 2 hours of collection • Send a copy of the requisition with the sample 	St Paul's Hospital (SP)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
FACTOR X	F10	2 x 3.5 mL SODIUM CITRATE	2 mL plasma	<ul style="list-style-type: none"> • Full draw required • Collect at main labs only (KE, VB, PE, OS) • Collect on ice <p>Immediately double centrifuge as follows:</p> <ul style="list-style-type: none"> • Centrifuge at 4 degrees for 15 minutes • For each tube pipette 2/3 of plasma into a polypropylene orange top tube • Centrifuge pour off tubes at 4 degrees for 15 minutes • Pipette 2/3 of remaining plasma from both into one polypropylene orange top tube • Freeze • Must be centrifuged within 2 hours of collection • Send copy of requisition with sample 	St Paul's Hospital (SP)
FASTING and 2 HOUR MEAL	F/2HML	4 mL SST	0.5 mL blood for each test	<ul style="list-style-type: none"> • Patient must be fasting a minimum 8 h for FBS level • 2 h specimen to be drawn 2 h after start of meal consumed • The patient cannot smoke, eat or drink (except small sips of water) following the meal until testing is complete • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate 	VML Chemistry (KE)
FASTING BLOOD SUGAR aka: FBS, Fasting Glucose	FBS	4 mL SST	0.5 mL blood	<ul style="list-style-type: none"> • Patient must be fasting a minimum 8 h • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate 	VML Chemistry (KE)
FECAL CALPROTECTIN Use only for MSP covered testing	FCAL	STERILE CONTAINER	0.3 grams	<ul style="list-style-type: none"> • Must have diagnosis of Inflammatory Bowel Disease (IBD) • Include diagnosis in external comments • Include diagnosis on packing slip • Refrigerate 	Life Labs (LL)
FECAL CALPROTECTIN Use only for Private Pay orders	FCAL	STERILE CONTAINER	0.3 grams	<ul style="list-style-type: none"> • Private Pay • Charge patient \$146 upon receiving sample • Attach "Account A4511" in comments • Refrigerate 	Life Labs (LL)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
FECAL IMMUNOCHEMICAL TESTING For accepting completed kits suitable for testing	FITSO	FIT KIT		<ul style="list-style-type: none"> • Enter this code when receiving a completed FIT kit • Make sure to confirm patient demographics • Must include: <ul style="list-style-type: none"> • Date requisition issued by physician • Date kit handed out • Date kit collected 	LifeLabs (LL)
FECAL IMMUNOCHEMICAL TESTING For handing out kit	CAFIT	FIT KIT		<p>DO NOT COPY BCCA UNLESS SPECIFIED REGARDLESS OF AGE</p> <ul style="list-style-type: none"> • Use this code when handing out FIT kit only • Make sure to confirm patient demographics • Give patient written instructions for proper collection • Create a "to follow" requisition to be used when patient drops off completed sample • When receiving completed kits please see FITK instructions 	VML Billing code (KE)
FECAL IMMUNOCHEMICAL TESTING Use when rejecting completed kits unsuitable for testing	UNFIT	FIT KIT		<ul style="list-style-type: none"> • Use this code when rejecting FIT Kits unsuitable for testing as outlined • Must be entered on its own accession number • Attach demographic label to original "to follow" requisition • File requisition with daily requisitions • Fill out rejected FIT kit form and submit to Accession Department Supervisor • Issue new CAFIT to patient and follow CAFIT instructions • <ul style="list-style-type: none"> Rejection Reasons: <ul style="list-style-type: none"> Broken Container Specimen Leaking Too much stool Container contaminated Insufficient buffer Expired kit >7 days collection >3 days room temperature 	VML Accession Supervisor (KE)
FERRITIN	FERR	4 mL SST	0.5 mL blood	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate • Plasma from EDTA sample also acceptable 	VML Chemistry (KE)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
FERTILITY Aka: Semen Analysis	FERT	STERILE CONTAINER		KELOWNA ONLY <ul style="list-style-type: none"> • Patient to be given written instructions for proper collection • Patient to return sample to main lab within 60 min of collection, until 2pm only • Keep at room temperature • Note date and time of collection in computer • Patient MUST complete SEMEN COLLECTION PATIENT INFORMATION form when returning sample (OA Doc # 26469) 	VML Microbiology (KE)
FETAL Hb QUANTITATIVE				See HbF	
FIBRINOGEN	FIBRI	3.5 mL SODIUM CITRATE	2 mL plasma	<ul style="list-style-type: none"> • Full draw required • Collect at main labs only (KE, VB, PE, OS) • Collect on ice <p>Immediately double centrifuge as follows:</p> <ul style="list-style-type: none"> • Centrifuge at 4 degrees for 15 minutes • Pipette 2/3 of plasma into a polypropylene orange top tube • Centrifuge pour off tube at 4 degrees for 15 minutes • Pipette 2/3 of remaining plasma into a polypropylene orange top tube • Freeze • Must be centrifuged within 2 hours of collection 	St Paul's Hospital (SP)
FIBRINOGEN Private Pay	SOLIF	4 mL Sodium Citrate	FULL TUBE	<ul style="list-style-type: none"> • Full draw required • Collect at main labs only (KE, VB, PE, OS) • Collect on ice • Must be centrifuged within 2 hours of collection <p>Double centrifuge as follows:</p> <ul style="list-style-type: none"> • Centrifuge at 4 degrees for 15 minutes • Pipette 2/3 of plasma into a polypropylene orange top tube • Centrifuge pour off tube at 4 degrees for 15 minutes • Pipette 2/3 of remaining plasma into a polypropylene orange top tube • Freeze 	Life Labs (LL)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
FISH BC Children's Hospital aka: Cytogenetics, Mosaicism, Aneuploidy, Trisomy, Turner, Turners, Turner's, Klinefelter's, Klinefelter, Klinefelter's, Chromosome	FISHC	4 mL SODIUM HEPARIN	4 mL whole blood	<ul style="list-style-type: none"> • For individuals under 17 yrs old • Collect Mon- Wed only • DO NOT centrifuge • Room Temperature • BC Women's and Children's Postnatal Constitutional Cytogenetics requisition required to accompany specimen 	BC Children's Hospital (CH)
FISH Vancouver General Hospital aka: Cytogenetics, BCR/ABL t(9;22), Prader-Willis, CLL, diGeorge 22q11.2, Steroid Sulfatase, Eosinophilia, PDGFRA, PDGFRB, FGFR1 JAK 2 (not molecular)	FISHV	4 mL SODIUM HEPARIN	4 mL whole blood	<ul style="list-style-type: none"> • For individuals 17 years or older • Collect Mon- Wed only • DO NOT centrifuge • Room Temperature • Vancouver General Hospital Cytogenetics requisition required to accompany specimen 	Vancouver General Hospital (VGH)
FLOW CYTOMETRY aka: CD55, CD59, PNH, Paroxysmal Nocturnal Hemoglobinuria, Sucrose Lysis Test, Ham's Test, Sugar Water Test, Flow Cytometry for PNH	SOVGH	2x 4 mL EDTA & 2 x UNSTAINED SLIDES	Full Tubes whole blood	<ul style="list-style-type: none"> • Must reach KE or PE by 1:30pm • Monday – Wednesday only (contact team lead if exception is needed) • DO NOT collect on Friday • DO NOT collect after 1:00pm • Write "FLOW" on CBC6 label • Copy of requisition must accompany samples • Requires same day CBC6 results sent with sample • Room Temperature 	Vancouver General Hospital (VGH)
FLOW CYTOMETRY aka: Lymphoproliferative Disorder, Flow Cytometry for Leukemia or Lymphoma, Immuno phenotyping	FLOW	2x 4 mL EDTA & 2 x UNSTAINED SLIDES	Full Tubes whole blood	<ul style="list-style-type: none"> • Must reach KE or PE by 1:30pm • Monday – Wednesday only (contact team lead if exception is needed) • DO NOT collect on Friday • DO NOT collect after 1:00pm • Write "FLOW" on CBC6 label • Copy of requisition must accompany sample • Copy Dr. L Argatoff (005001) • Requires same day CBC6 results sent with sample • Room Temperature • Requires Pathology approval 	BC Cancer Agency (CA)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
FLOW CYTOMETRY For CD4/8 Ratio aka: T Cell Flow, T Helper Cells, T Suppressor cells	SOSTP			See CD4, CD8 Ratio column	
FLUIDS Joint aspirates, cyst fluid etc				<ul style="list-style-type: none"> • Not available at Valley Medical Laboratories. • Doctor's office or patient to deliver sample to hospital lab • This is a STAT test 	
FLUORIDE				No longer available	
FOLATE				No longer available	
FOLLICLE STIMULATING HORMONE	FSH	4 mL SST	1 mL serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate 	VML Chemistry (KE)
FRAGILE X All ages processed at BC Children's Hospital aka: FMR1; FMR-1; FRX; Premature Ovarian Failure; Premature Ovarian Insufficiency; POI; POF; Fragile X Associated Tremor Ataxia Syndrome; Fragile X Tremor/Ataxia syndrome	FRAGXC	4 mL EDTA	1 mL whole blood	<ul style="list-style-type: none"> • Collect Monday – Thursday only • DO NOT collect on Friday • Must reach KE or PE by 2:30pm for same day sendouts • Room Temperature <p>Must be sent out the same day it's collected</p>	BC Children's Hospital (CH)
Free Androgen Index				No longer available Substitute Bioavailable Testosterone (BTEST)	
FREE INSULIN				NO LONGER AVAILABLE	
FREE LIGHT CHAINS Serum aka: Kappa, Lambda, Serum FLC, Light Chains	SOVGH	4 mL SST	1 mL serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Pipette into plastic tube • Refrigerate <p><i>Specimen stable 28 day when refrigerated</i></p>	Vancouver General Hospital (VGH)
FREE PSA aka: Prostatic Specific Antigen, PSA Ratio Includes PSA Total, PSA Free, PSA Free Ratio	FRPSA	6 mL RED	2 mL serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Pipette into plastic tube • Freeze • DO NOT order PSA 	BC Cancer Agency (CA)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
FREE T3	FT3	4 mL SST	2 mL serum	<ul style="list-style-type: none"> • If only thyroid test ordered proceed • Justification must be indicated on requisition. • If ordered with other thyroid tests it must meet the BCMA/ MSC Thyroid Protocol • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate 	VML Chemistry (KE)
FREE T4 aka: Free Thyroxin	FT4	4 mL SST	2 mL serum	<ul style="list-style-type: none"> • If ordered with TSH follow BCMA/ MSC Thyroid Protocol • If only thyroid test ordered, proceed • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate 	VML Chemistry (KE)
FREE TESTOSTERONE	BTEST			No longer available. Substitute Bioavailable Testosterone	
FTA ANTIBODIES	FTAAB	5 mL SST	4 mL blood	<ul style="list-style-type: none"> • CDC form to be filled out • Do not centrifuge • Refrigerate 	BC Center for Disease Control (CDC)
FUNGAL and KOH PREP	FUNG	Collection Kit		<ul style="list-style-type: none"> • Enter at main labs only (KE, PE, OS, VB) • Note site in specimen external comments • Tag comment to FUNG test • Room Temperature • Specimens include nails and skin scrapings 	Life Labs (LL)
G6PD Private Pay or Naturopath	SOLIF	3x4 mL EDTA	12 mL EDTA whole blood	<ul style="list-style-type: none"> • Collect Monday only • Must reach KE or PE by 2:30pm • Patient will be billed by Life Labs unless ordered by Naturopath • Indicate patient aware of bill if Private Pay. • Refrigerate 	Life Labs (LL)
G6PD aka: G-6-PD, Glucose 6 Phosphate Dehydrogenase Use only for MSP	G6PD	4 mL EDTA	0.5 mL whole blood	<ul style="list-style-type: none"> • Collect Monday – Thursday only • DO NOT collect on Friday • Must reach KE or PE by 2:30pm • Room Temperature • Must be sent the same day it's collected 	BC Children's Hospital (CH)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
GABAPENTIN aka: Neurontin	GABAP	6 mL RED DO NOT USE SST	2 mL serum	<ul style="list-style-type: none"> • Trough specimen preferred. Must be at least 6 h post medication dose • Note date and time of medication • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Pipette into orange top Polypropylene tube • Refrigerate 	Provincial Toxicology Center (PTC)
GAMMA GT aka: Y- Glutamyltransferase	GGT	4 mL SST	0.5 mL serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate 	VML Chemistry (KE)
GAMMA HYDROXYBUTYRATE aka: GHB				See Urine for Date Rape	
GASTRIN	GAST	4 mL SST	1 mL serum	<ul style="list-style-type: none"> • Collect at main lab only (KE, VB, PE) • Minimum 8 h fasting required • Collect on ice • Allow to clot in fridge (not on ice) approximately 30 minutes • Centrifuge at 4 degrees for 15 minutes • Pipette serum into plastic tube within • 1 h of collection • Freeze immediately • Send outs bench: Mark bag for Tumor Marker, Lane Level Lab 	BC Center for Disease Control (CDC)
GEM QUAD TEST aka: IPSS, SIPS, Serum Integrated Prenatal Screen, Quad Screen, Maternal Serum AFP, formerly the Triple Marker Screen	GEM	4 mL SST	2 mL serum	<ul style="list-style-type: none"> • Allow to clot for 30 minutes • Centrifuge for 10 minutes • Pipette into polypropylene tube • Refrigerate • Prenatal Genetic Screening Laboratory Requisition must accompany sample • Freeze if longer than 72 hours until tested <p>Additional information:</p> <ul style="list-style-type: none"> • Quad Screen done at 15-20 wks • SIPS Part 1 done at 9-13 wks • SIPS Part 2 done at 15-20 wks • Maternal Serum AFB only done at 15-20 wks 	BC Children's Hospital (CH)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
GENTAMICIN Kelowna, Penticton, Osoyoos, and Vernon	GENTAK	5 mL SST	2 mL serum	<ul style="list-style-type: none"> • Order must have peak or trough levels ordered • Peak level 30-60 minutes post dose • Trough level immediately prior to next dose • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate 	Kelowna General Hospital (KGH)
GLUCOMETER	GLUC	Patient Glucometer 1x 4 mL SST for RBS or FBS		<ul style="list-style-type: none"> • Patient must have glucometer and strips on hand • Check expiry on glucometer strips before performing test • If expired do not proceed. Explain to patient their results will not be accurate with an expired strip • Enter an RBS or FBS along with the GLUC • Have patient test themselves with their glucometer • Record glucometer reading on requisition to be recorded by the front office in KE • If 17.0 to 27.9, mark RBS or FBS as ASAP • If ≥ 28.0 change RBS or FBS to STAT and use STAT PROCEDURE • Collect SST sample within 5 minutes of glucometer reading <p>SST:</p> <ul style="list-style-type: none"> • Allow specimen to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate 	VML Chemistry (KE)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
<p>GLUCOSE TOLERANCE TEST 2 HOUR aka: Gestational diabetes, GTT</p> <p>For Pregnancy Only</p>	2HGD	<p>4 mL SST before 75 g glucose drink & 4 mL SST each hour after drink for 2 hours</p>	1 mL serum	<ul style="list-style-type: none"> • Patient must be fasting 8-10 hours • Collect an SST before giving patient 75 g glucose drink • Patient has no longer than 5 minutes to consume drink • Start timer immediately • Document on premade glucose slip time when collections are due • Inform patient of collection times so they can remind you if the timer quits working • This test is a resting metabolic rate. Patient must not leave the lab (can wait in car if accompanied by someone) • The patient cannot smoke, eat or drink (except small sips of water) following the glucose load until testing is complete • Collect SST 1-hour post drink • Record collection time on Req and SST label • Collect SST 2 hours post drink • Record collection time on Req and SST label • Allow each sample to clot for minimum 30 minutes after collection • Centrifuge for 10 minutes • Refrigerate 	VML Chemistry (KE)
<p>GROWTH HORMONE aka: Somatotropin</p>	GH	5 mL SST	0.5 mL serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate 	Life Labs (LL)
HAPTOGLOBIN	HAPTO	5 mL SST	0.5 mL serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate 	Life Labs (LL)
<p>HARMONY PRENATAL TESTING BILLING ACCOUNTS:</p> <p>MSP: "BC", "AB" etc</p> <p>Non-MSP: "OTH"</p>	SEE INSTRUCTIONS	Kit		<p>DO NOT COLLECT BEFORE WEEKENDS WITH HOLIDAYS</p> <ul style="list-style-type: none"> • MSP order "HARMSP" • Non-MSP order "HARPRV" • MSP Billing requires authorization code on requisition from BCCH • Non-MSP requires payment. Dynacare will contact patient for payment, or have patient scan QR code • Room temperature • Requisition available on VML website for physicians 	Dynacare Next

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
HbF aka: Fetal Hb Quantitative	SOBCH	4 mL EDTA	4 mL whole blood	<ul style="list-style-type: none"> • Room Temperature • Send stained slides with blood sample • Send CBC results with sample • Send copy of original requisition with sample 	BC Children's Hospital (CH)
HDL aka: HDL Cholesterol	HDL	4 mL SST	0.5 mL serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate • If Cholesterol is also ordered add CHOL and RRI 	VML Chemistry (KE)
HELICOBACTER PYLORI SEROLOGY	HELIC	5 mL SST	4 mL serum	<ul style="list-style-type: none"> • CDC form to be filled out • Do not centrifuge • Refrigerate 	BC Center for Disease Control (CDC)
HELICOBACTER PYLORI STOOL	MSOCD	Sterile Pink Top		<p>ENTERED IN MICRO</p> <ul style="list-style-type: none"> • CDC form to be filled out • Refrigerate • Must have previous positive serology test, or previous treatment for H. Pylori • Indicate which of the above on CDC requisition <p>Freeze if delayed more than 72 hours</p>	BC Center for Disease Control (CDC)
HELPER / SUPPRESSOR RATIO				See CD4	
HEMOCHROMATOSIS	HEMOC	2 x 4 mL EDTA (+ 1 x 4 mL SST if needed, see below)	4 mL whole blood	<ul style="list-style-type: none"> • Copy Dr. J Doyle (026756) • DO NOT centrifuge • Room Temperature • Send copy of requisition to sendouts • Requires pathology approval • Provide pathologist with Ferritin or Iron Saturation results <p>If Sibling/Parent is C282Y/C282Y Homozygote AND there are no Ferritin results from the past 12 months:</p> <ul style="list-style-type: none"> • Order Ferritin • Collect and process SST as per Ferritin instructions 	BC Children's Hospital (CH)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
HEMOGLOBIN ELECTROPHORESIS aka: Hemoglobin A1, A2, F, S Requires Life labs questionnaire to be completed by patient before drawing sample	HBELE	3 x 4 mL EDTA	Whole blood	<ul style="list-style-type: none"> • Must order CBC6 with HBELE • Copy Dr. J Doyle (026756) • Note in external comments if Hemoglobin A1, A2, F, S have been requested • Slides are required for VML pathologist review (not required for sendout bench) • Tag comment to HBELE test code • Refrigerated • CBC6 results to be sent with samples • Complete "Family Origin Questionnaire" and send with sample • Send a copy of the requisition and the completed questionnaire (OA Doc # 28072) to Hematology with pathology review slip • Specimens must reach KE or PE by 2:30pm on Friday's 	Life Labs (LL)
HEPATITIS A DELTA ANTIBODY Only done on HBsAg positive patients	ADELTA	5 mL SST	4 mL serum	<ul style="list-style-type: none"> • CDC form to be filled out • Do not centrifuge • Refrigerate 	BC Center for Disease Control (CDC)
HEPATITIS A IgM To detect acute infection	AHAV	5 mL SST	2 mL serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate 	Life Labs (LL)
HEPATITIS A TOTAL aka: Anti HAV titre IgG, Hepatitis A for immunity Includes Immune status and both IgG and IgM	HAVTO	5 mL SST	4 mL serum	<ul style="list-style-type: none"> • CDC form to be filled out • Do not centrifuge • Refrigerate 	BC Center for Disease Control (CDC)
HEPATITIS B CORE ANTIBODY IGM ONLY	SOPRO	5 mL SST	1 mL Serum	<p>ONLY USE IF "HEP B CORE AB IGM ONLY" IS REQUESTED</p> <ul style="list-style-type: none"> • Fill out CDC Serology Requisition • Indicate Hep B Core AB IGM Only on requisition • Do not centrifuge • Refrigerate 	Centre for Disease Control (CDC)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
HEPATITIS B CORE ANTIBODY	HBCAB	5 mL SST	4 mL serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate <p>If "Hepatitis B Core Antibody IGM Only" is requested:</p> <ul style="list-style-type: none"> • Order as SOPRO • Fill out CDC Serology requisition • Indicate "Hep B Core AB IGM Only" on CDC Serology requisition • Follow collection process for CDC Serology testing 	Life Labs (LL)
HEPATITIS B DNA aka: Hepatitis B Viral Load, HBsAg Quantitative	HBDNA	2 x 4 mL EDTA	2 mL plasma	<ul style="list-style-type: none"> • Centrifuge for 10 Minutes • Pipette into plastic tube within 4 hours of collection • Refrigerate • Transport TDG Category B • Freeze plasma if sample will be greater than 72 hours before it reaches St. Paul's 	St Paul's Hospital (SP)
HEPATITIS B SURFACE ANTIBODY	HBSAB	5 mL SST	4 mL serum	<ul style="list-style-type: none"> • Allow to clot for Minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate 	Life Labs (LL)
HEPATITIS B SURFACE ANTIGEN	HBSAG	5 mL SST	4 mL serum	<ul style="list-style-type: none"> • Allow to clot for Minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate 	Life Labs (LL)
HEPATITIS Be ANTIBODY aka: Hepatitis B Virus little E antibody	HBEAB	5 mL SST	4 mL serum	<ul style="list-style-type: none"> • CDC form to be filled out • Do not centrifuge • Refrigerate • Transport TDG Category B • Patient is/was Hep B positive and may be in a conversion state 	BC Center for Disease Control (CDC)
HEPATITIS Be ANTIGEN aka: Hepatitis B virus little E Antigen	HBEAG	5 mL SST	4 mL serum	<ul style="list-style-type: none"> • Done only on HBsAg positive patient • Contact ordering physician if this information is not included on the requisition. • CDC form to be filled out • Do not centrifuge • Refrigerate • Transport TDG Category B 	BC Center for Disease Control (CDC)
HEPATITIS C aka: Anti HCV	AHCV	5 mL SST	4 mL serum	<ul style="list-style-type: none"> • CDC form to be filled out • Do not centrifuge • Refrigerate 	BC Center for Disease Control (CDC)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
HEPATITIS C GENOTYPE aka: Innolipa Hepatitis C Genotyping, HCV Genotyping	SOPRO	1 x 6 mL CDC EDTA DO NOT USE 4 mL EDTA Tube	6 mL whole blood	<ul style="list-style-type: none"> • Can be combined with HCPCR on the same tube (must be full draw) • CDC form to be filled out • Do not open tube • Do not centrifuge • Refrigerate • Ship TDG Category B • Usually only done once, however the KGH Hepatitis Clinic may need it done again. If they supply a completed CDC requisition, please photocopy requisition and send copy with samples. 	BC Center for Disease Control (CDC)
HEPATITIS C PCR VIRAL LOAD or PCR Quantitative NAT aka: Hep C Treatment Monitoring, Hep C nucleic acid testing	HCPCR	1 x 6 mL CDC EDTA DO NOT USE 4 mL EDTA Tube	6 mL whole blood	<ul style="list-style-type: none"> • Can be combined with Hepatitis C Genotype on the same tube (must be full draw) • CDC form to be filled out • Document on CDC requisition AM or PM collection time • Indicate on requisition "for treatment monitoring" • Do not open tube • Do not centrifuge • Refrigerate • Transport TDG Category B • Must be received and processed within 5 days of collection 	BC Center for Disease Control (CDC)
HEPATITIS C PCR/RNA Quantitative for diagnosis Can be combined with Hepatitis C Genotype on the same tube (must be full draw)	HCPCR	1 x 6 mL CDC EDTA DO NOT USE 4 mL EDTA Tube	6 mL whole blood	<ul style="list-style-type: none"> • CDC form to be filled out • Document on CDC requisition AM or PM collection time • Indicate on requisition "for diagnosis" or "blood or body fluid exposure" (for needle stick injury) • Do not open tube • Do not centrifuge • Refrigerate • Transport TDG Category B • Must be received and processed within 5 days of collection 	BC Center for Disease Control (CDC)
HEPATITIS C RESISTANCE Aka: NS3, NS5A, NS5B	SOSTP	4 mL EDTA FULL DRAW	1.5 mL plasma	<ul style="list-style-type: none"> • Centrifuge for 10 minutes • Pipette into plastic tube within 4 hours of collection • Freeze • Resistance Test Requisition must accompany sample • Transport TDG Category B 	BC Centre for Excellence at St. Paul's Hospital
HEPATITIS C AKA: Anti HCV, AHCV Naturopath Only	SOLIF	5 mL	2 mL Serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate 	Life Labs (LL)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
HEPATITIS D ANTIBODY aka: Hep D Ab, Delta antibody or serology	SOPRO	5 mL SST	4 mL serum	<ul style="list-style-type: none"> • CDC form to be filled out • Do not centrifuge • Refrigerate 	BC Center for Disease Control (CDC)
HEPATITIS D PCR aka: Hep D Viral Load, Hep D PCR, HEP D Quantification PCR, Hepatitis Delta viral Load by quantitative PCR Results in approximately 20 days	SOPRO	6 mL EDTA or 5 mL SST	1 mL plasma or 1 mL serum	<ul style="list-style-type: none"> • Done only on Hepatitis D positive patient • Contact ordering physician if this information is not included on the requisition. • CDC form to be filled out • Mark clearly on form for PCR testing <p>EDTA:</p> <ul style="list-style-type: none"> • Centrifuge 10 min • Pipette plasma into plastic tube within 4 h of collection • Freeze <p>SST:</p> <ul style="list-style-type: none"> • Allow to clot for Minimum 30 minutes • Pipette serum into plastic tube within 4 h of collection • Freeze • Send a copy of the ordering requisition with sample • Transport TDG Category B 	BC Center for Disease Control (CDC)
HEPATITIS E VIRUS aka: HEV	SOPRO	5 mL SST	4 mL serum	<ul style="list-style-type: none"> • CDC form to be filled out • Do not centrifuge • Refrigerate 	BC Center for Disease Control (CDC)
HERPES TITRE aka: HSV, Herpes Simplex Virus	HERTI	5 mL SST	1 mL serum	<ul style="list-style-type: none"> • CDC form to be filled out • Do not centrifuge • Refrigerate 	BC Center for Disease Control (CDC)
HERPES TYPE 1 or 2 aka: Herpes Simplex Ab Typing, Herpes Simplex Typing Western Blot, Herpes Type 1 or 2 Typing, Herpes ½ Typing, HSV Ab Typing, HSV II, HSV II Antibody, HSV2 Western Blot, Herpes Simplex Typing	SOPRO	5 mL SST	1 mL serum	<ul style="list-style-type: none"> • CDC form to be filled out • Do not centrifuge • Refrigerate 	BC Center for Disease Control (CDC)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
HISTOPLASMOSIS aka: Histoplasma serology	HISTO	5 mL SST	4 mL serum	<ul style="list-style-type: none"> • CDC form to be filled out • Do not centrifuge • Refrigerate • Antigen testing only available after consultation with Program Head 604-707-2622. 	BC Center for Disease Control (CDC)
HIV Stop HIV/Syphilis program	HIV + RPR	5 mL SST	4 mL serum	<ul style="list-style-type: none"> • Patient can present at any VML location and request HIV testing without a requisition • Complete special VML requisition with patient demographics • Have patient read sign & date requisition • Any questions regarding testing or results please refer patient to • 1-866-778-7736 • CDC form to be filled out • Do not centrifuge Refrigerate • Non-nominal not available 	BC Center for Disease Control (CDC)
HIV aka: HIV Confirmatory, HIV P24 antigen, Human Immunodeficiency virus antibody, AIDS antibody, HIV Ag/Ab combo, Anti HIV Ag/Ab combo, HIV serology, HIV diagnosis, HIV third/fourth generation, HIV 1 and 2 Ag/Ab combo	HIV	5 mL SST	3 mL serum	<ul style="list-style-type: none"> • Can be ordered nominally or non-nominally • CDC form to be filled out • Do not centrifuge • Refrigerate <p>For non-nominal testing label tube and fill out CDC form with:</p> <ul style="list-style-type: none"> • Patient initials • Date of Birth • Date of Collection • Physician • Test (Non-Nominal) • Attach unused HIV barcode to the outside of the sample bag. This barcode is needed for receiving and validating purposes at KE or PE 	BC Center for Disease Control (CDC)
HIV AB/AG Specific strand	SOSTP	6 mL SST		<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Pipette into plastic pour off tube • Refrigerate 	St Paul's Hospital (SP)
HIV GENOTYPE or PHENOTYPE aka: HIV Drug Resistance Testing, ARV Resistance Testing, Anti Retroviral Resistance Testing	SOSTP	2 x 4 mL EDTA	3 mL plasma	<ul style="list-style-type: none"> • Centrifuge for 10 minutes • Pipette into one plastic tube • Freeze • Transport TDG Category B 	St Paul's Hospital (SP)
HIV P24 ANTIGEN				See HIV	

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
HIV PCR aka: HIV 1 Quant NAT (HIV RNA NAT, or HIV PCR)	SOPRO	6 mL EDTA	3 mL whole blood adult 1 mL whole blood babies	<ul style="list-style-type: none"> • Use only for Prenatal or Babies • Order HIVLO for all others • CDC form to be filled out • Do not open tube • Do not centrifuge • Refrigerate • Transport TDG Category B 	BC Center for Disease Control (CDC)
HIV VIRAL LOAD aka: HIV RNA, HIV RNA PCR, HIV Resistance, Cell Free HIV-1, HIV Quantitative, HIV1 RNA Viral Load	HIVLO	2 x 4 mL EDTA	2 mL plasma	<ul style="list-style-type: none"> • Centrifuge for 10 minutes • Pipette into plastic tube within 4 h of collection • Refrigerate • Transport TDG Category B • <i>Freeze plasma if sample will be greater than 72 hours before it reaches St. Paul's</i> 	St Paul's Hospital (SP)
HIV AKA: Human Immunodeficiency Virus Naturopath Only	SOLIF	5 mL SST	1 mL Serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate 	Life Labs (LL)
HLA DQ2, DQ8 aka: DQ2, DQ8, HLA DQ, HLA Typing for Celiac Disease	SOVGH	8.5 mL ACD solution A or B		<ul style="list-style-type: none"> • DO NOT collect on Friday • DO NOT centrifuge • Must reach KE or PE Monday to Thursday by 2:30pm • Keep room temperature • Diagnosis or query for Celiac Disease is required to perform this test • Note Diagnosis in external comments and tag to SOVGH test code • Sample viable for 48 h only 	Vancouver General Hospital (VGH)
HLAB27 ANTIGEN aka: Ankylosing Spondylitis	HLAB2	4 mL EDTA	3 mL whole blood	<ul style="list-style-type: none"> • DO NOT centrifuge • Refrigerate 	Life Labs (LL)
HLAB5701 aka: Abacavir Sensitivity	SOSTP	4 mL EDTA	3 mL whole blood	<ul style="list-style-type: none"> • Collect Monday – Wednesday only • Must reach KE or PE by 2:30pm • DO NOT centrifuge • Refrigerate • HLAB5701 requisition must be completed by physician and shipped with sample • Send TDG CAT B UN3373 • <i>St Paul's will forward sample to the BC Center for Excellence</i> 	St Paul's Hospital (SP)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
HOMOCYSTEINE	HOMO	4 mL EDTA	1 mL plasma	<ul style="list-style-type: none"> • Minimum 8 h fasting preferred • Collect at main labs only (KE, PE, VB) • Collect on ice • Pipette into plastic tube within 1 hour of collection • Refrigerate 	Life Labs (LL)
HOSPITAL PANELS				<p>USE ONLY FOR INTERIOR HEALTH REQUISITIONS WITH HOSPITALIST AS THE ORDERING PHYSICIAN.</p> <p>ER PANEL: GLUCOSE, CREATININE, UREA, NA, K, BICARB, GAP, CL, CBC6, PT, PTT</p> <p>HEPATIC PANEL: BILIRUBIN, PROTEIN, ALB, ALT, ALP, GGT</p> <p>RENAL PANEL: PROTEIN, ALB, ALP, CA, PO4, RANDOM GLUCOSE, NA, K, CL, BICARB, GAP, UREA, CREATININE, URATE</p> <p>PROCRI: CRP</p> <p>HIGH & LOW SENSITIVITY: CRP</p> <p>E2: NA, K</p> <p>E4: NA, K, CL, BICARB, GAP</p> <p>E6: NA, K, CL, BICARB, GAP, CREATININE, UREA</p> <p>E7: NA, K, CL, BICARB, GAP, CREATININE, UREA, GLUCOSE</p> <p>UCL: UREA, CREATININE, NA, K</p> <p>PIH PANEL (AKA Pregnancy Induced Hypertension): CREATININE, URATE, AST, LDH, ALT</p> <p>HEPATITIS CLINIC (FEP): FERRITIN, AST, ALT, ALP, GGT, BILIRUBIN, IRON, TIBC</p>	

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
HTLV I and/or II aka: Human T lymphocyte virus, Human T Lymphotropic Virus (HTLV) Adult lymphoma/leukemia, ATLL, HTLV-I associated Myelopathy, HAM, Tropical Spastic Paraparesis, TSP	HTLV	5 mL SST	1 mL serum	<ul style="list-style-type: none"> • CDC form to be filled out • Do not centrifuge • Refrigerate 	BC Center for Disease Control (CDC)
HUMAN PAPILLOMA VIRUS aka: HPV				Serum testing currently not available	
HUNTINGTON DISEASE aka: Huntington DNA	DNAHU	4 mL EDTA	1 mL whole blood	<ul style="list-style-type: none"> • Collect Monday - Wednesday only • Must have BCCH Molecular Genetics form completed by physician • Room Temperature • Ship form with sample 	BC Children's Hospital (CH)
IgA aka: Immunoglobulin A	IGA	4 mL SST	0.5 mL serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate 	VML Chemistry (KE)
IgD aka: Immunoglobulin D	IGD	4 mL SST	1 mL serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate 	Vancouver General Hospital (VGH)
IgE aka: Immunoglobulin E	IGE	4 mL SST	0.5 mL serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate 	VML Chemistry (KE)
IGFBP3				Send patient to nearest hospital laboratory	
IgG aka: Immunoglobulin G	IGG	4 mL SST	0.5 mL serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate 	VML Chemistry (KE)
IgG SUBCLASSES aka: IgG1, IgG2, IgG3, IgG4, IgG subsets, IgG subclasses (1-4)	SOSTP	4 mL SST	1 mL serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 Minutes • Pipette into plastic tube • Refrigerate 	St Paul's Hospital (SP)
IgM aka: Immunoglobulin M	IGM	4 mL SST	0.5 mL serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate 	VML Chemistry (KE)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
IMIPRAMINE aka: Desipramine, Tofranil, Novapramine	IMIPR	6 mL RED DO NOT USE SST	3 mL serum	<ul style="list-style-type: none"> • Trough specimen preferred (30 minutes – 1 hour before next dose) • Must be at least 6 h post medication dose • Note date and time of medication • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Pipette into orange top Polypropylene tube • Refrigerate 	Provincial Toxicology Centre (PTC)
IMMUNOFIXATION Serum Aka: immunoelectrophoresis	IFE	5 mL SST	0.5 mL serum	<ul style="list-style-type: none"> • Copy Dr. L Argatoff (005001) • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate • Send a copy of the SPE results with specimen • Requires Pathologist approval <p>If ordered with an SPE or added to SPE, keep IFE and SPE on the same accession number</p>	Life Labs (LL)
IMMUNOGLOBULIN HEAVY CHAIN VARIABLE REGION SOMATIC HYPERMUTATIONAL STATUS Aka: IGHV-MA, IGHV-SMH	SOVGH	3x4 mL EDTA	10 mL EDTA whole Blood	<ul style="list-style-type: none"> • DO NOT COLLECT ON FRIDAY • MUST REACH KE OR PE BY 2:30 • VGH Cytogenetics form to go with samples • Room Temperature • SAMPLE <u>ONLY</u> STABLE FOR 3 DAYS 	Vancouver General Hospital – Cytogenetics (VGH)
IMMUNOREACTIVE TRYPSIN	IRT	Blood Spot Card	2-3 dots filled	<ul style="list-style-type: none"> • Write on card "IRT" • Send copy of ordering requisition with sample • Can collect 4 mL EDTA and apply blood from EDTA to card 	BC Children's Hospital (CH)
INDIRECT ANTIGLOBULIN aka: Indirect Coombs Test, Antibody Screen, IAT	IDAT	2x4 mL EDTA	7 mL Whole blood	<ul style="list-style-type: none"> • Send whole blood • Refrigerate • Note Transfusion date and obstetrical history in comments and on packing slip 	Kelowna General Hospital (KGH)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
Infectious Diarrhea Panel AKA: IDP, stool culture, stool ova and parasite, stool c&s, stool o&p, stool virus, stool norwalk, stool rotavirus, stool adenovirus	IDP	FecalSwab(TM)	Fill Line	DO NOT OVERFILL DO NOT OPEN KIT PROVIDE DEMO LABEL FOR PATIENT, MUST BE LABELED BY PATIENT AT TIME OF COLLECTION <ul style="list-style-type: none"> • Date and time of collection required on requisition • Entered in Microbiology • Deliver to Micro within 24 h of collection time • Refrigerate 	VML Microbiology (KE)
INFLIXIMAB ANTIBODIES Aka: Remicade, anti infa, anti infliximab	SOSTP	6 mL Red Top	2 x 1 mL serum	<ul style="list-style-type: none"> • St. Paul's Infliximab requisition must be completed by the ordering physician. • Allow to clot for minimum 30 minutes. • Centrifuge for 10 minutes. • Pipette 1 mL into 2 plastic tubes. • Freeze 	St. Paul's Hospital (STP)
INSECT IDENTIFICATION	SOPRO	Sterile Container		<ul style="list-style-type: none"> • Insect should be in container • CDC form to be filled out 	BC Center for Disease Control (CDC)
INSULIN ASSAY aka: Fasting insulin	INSUL	2 x 5 mL SST	1.0 mL serum	<ul style="list-style-type: none"> • Patient must be fasting 8-12 h • Allow to clot minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate • Do not order Fasting Blood Sugar with this test • Fasting blood sugar included in results 	Life Labs (LL)
INSULIN GROWTH FACTOR aka: IGF1, Somatomedin-C MSP ONLY	IGF1	6 mL Red	2 mL serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Aliquot into plastic tube • Freeze 	St Paul's Hospital (SP)
INSULIN GROWTH FACTOR aka: IGF 1, IGF1, Insulin Growth Factor 1, Somatomedin-C Private Pay Only	SOLIF	5 mL SST	2 mL Serum	Centrifuge within 2 hours of collection <ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Pipette into plastic tube • Freeze 	Life Labs (LL)
INSURANCE KIT	IPK			<ul style="list-style-type: none"> • Send patient to main lab for blood draw and shipment (KE, VB, PE) • Insurance ECG's are done at VB, VN, PE, PB, OS only 	

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
INTERFERON GAMMA RELEASE ASSAY				Send patient to TB Clinic at Kelowna General Hospital or Penticton Regional Hospital	
INVITAE BLOOD COLLECTION KIT Account: OTH DO NOT CHARGE PATIENT FOR COLLECTION				NO LONGER AVAILABLE	INVITAE
INVITAE NIPS TESTING KIT Account: OTH DO NOT CHARGE PATIENT FOR COLLECTION		1x 6 mL EDTA (Only if Carrier Screening is ordered)	6 mL additional whole blood if Carrier Screening is ordered	NO LONGER AVAILABLE	INVITAE
IONIZED CALCIUM aka: Free Calcium, Calculated Free Calcium	IONCA	5 mL SST	5 mL Full draw	DO NOT COLLECT ON FRIDAY Must reach KE or PE by 1:30 on Thursday for same day send-outs Sample only viable for 3 days, cannot be stored at VML over the weekend • Use tourniquet only when inserting the needle then release immediately • When this is the only test ordered, collect a dummy tube first • Always follow the order of draw • Parafilm® tube top immediately • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate • DO NOT OPEN TUBE	Life Labs (LL)
IRON This is a panel of tests that include: Iron, TIBC and % Saturation.	IRON	4 mL SST	0.5 mL serum	• Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate • If Ferritin is also ordered justification is required to perform the iron in accordance with Provincial Protocol	VML Chemistry (KE)
ISOPROPYL aka: Acetone Quantitation	ISOPR	6 mL RED DO NOT USE SST	2 mL serum	• Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Pipette into orange top Polypropylene tube • Refrigerate	Provincial Toxicology Centre (PTC)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
JAK 2	SOBCCA	2 x 4 mL EDTA	6 mL whole blood	<ul style="list-style-type: none"> • Monday to Thursday collection only • Must reach KE or PE by 2:30pm on Thursday • Copy Dr. J Doyle (026756) • Molecular Genetics form must be filled out by doctor prior to collection of samples • Room Temperature • Must be received by the BC Cancer Agency within 48 h of collection 	BC Cancer Agency (CA)
JOINT STAT aka: 14-3-3n (eta) protein	SOLIF	5 mL SST	0.5 mL serum	<ul style="list-style-type: none"> • Private Pay test • Use PRV comment code in external comments • Tag comment to SOLIF test code • If there are no other tests being done by VML patient must also pay an additional \$10.00 draw fee. • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerated • Send copy of requisition with sample 	Life Labs (LL)
LACTIC ACID For Kelowna & Vernon aka: Lactate, Post prandial Lactate	LACTIK	4 mL SODIUM FLUORIDE (GREY) or (2x 2 mL)	2 mL plasma	<ul style="list-style-type: none"> • Collect at main lab only (KE, VB) • DO NOT use tourniquet. If other tubes are to be drawn collect grey tube last • Collect on ice • Centrifuge immediately at 4 degrees for 15 minutes • Pipette into plastic tube within 30 minutes of collection • Refrigerate • Stable 14 days at 4 degrees <p>If a tourniquet must be used, it must remain tied until NaFl tube is full. Collect NaFl tube on separate venipuncture if necessary.</p>	Kelowna General Hospital (KGH)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
LACTIC ACID For Penticton & Osoyoos aka: Lactate	LACTIP	4 mL SODIUM FLUORIDE (GREY) or (2x 2 mL)	2 mL plasma	<ul style="list-style-type: none"> Collect at main lab only (PE, OS) DO NOT use tourniquet. If other tubes are to be drawn collect grey tube last Collect on ice Centrifuge immediately at 4 degrees for 15 minutes Pipette into plastic tube within 30 minutes of collection Refrigerate Stable 14 day at 4 degrees <p>If a tourniquet must be used, it must remain tied until NaFl tube is full. Collect NaFl tube on separate venipuncture if necessary.</p>	Penticton Regional Hospital (PRH)
LACTOSE TOLERANCE BREATH TEST AKA: Hydrogen Breath Test				Send patient to nearest Life Labs. Test must be booked in advance. Life Labs booking number: 1-855-412-4495	
LACTOSE TOLERANCE TEST Blood Only				Send patient to nearest hospital laboratory	
LAMOTRIGINE Aka: Lamictal	SOPTC	6 mL RED DO NOT USE SST	3 mL serum	<ul style="list-style-type: none"> Note date and time of medication Usual collection is trough level (1/2 h – 1 h before next dose) Allow to clot for minimum 30 minutes Centrifuge for 10 minutes Pipette into orange top Polypropylene tube Refrigerate 	Provincial Toxicology Centre (PTC)
LDH aka: Lactate Dehydrogenase, LD	LDH	4 mL SST	0.5 mL serum	<ul style="list-style-type: none"> Allow to clot for minimum 30 minutes Centrifuge for 10 minutes Refrigerate 	VML Chemistry (KE)
LDL CHOLESTEROL Complete Lipid panel must be ordered LDL is a calculation only	LIP	4 mL SST	0.5 mL serum	<ul style="list-style-type: none"> Allow to clot for minimum 30 minutes Centrifuge for 10 minutes Refrigerate 	VML Chemistry (KE)
LEAD aka: PB				NO LONGER AVAILABLE	Life Labs (LL)
LEAD WorkSafe BC				NO LONGER AVAILABLE	WorkSafe BC via Life Labs

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
LEGIONNAIRES DISEASE	LEGIO	5 mL SST	4 mL serum	<ul style="list-style-type: none"> • CDC form to be filled out • Do not centrifuge • Refrigerate 	BC Center for Disease Control (CDC)
LEUKOCYTE ALKALINE PHOSPHATASE				No longer available	
LEVETIRICETAM AKA: Keppra	SOPTC	6 mL Red Top	2 mL Serum	<ul style="list-style-type: none"> • Trough specimen preferred. Preferably at least 6 h post medication dose • Note date and time of medication • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Pipette into orange top Polypropylene tube • Refrigerate 	Provincial Toxicology (PTC)
LIFE LABS GENETIC TESTING Counsyl				Contact Kelowna Main Lab for information	
LIPASE	LIPA	4 mL SST	0.5 mL serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate 	
LIPIDS Includes CHOL, HDL, TRIG, LDL	LIP	4 mL SST	0.5 mL serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate 	
LIPOPROTEIN A aka: Lipoprotein Little A Use only for MSP Billable orders	LPA	5 mL SST	1 mL serum	<ul style="list-style-type: none"> • Fasting not required • Pathologist approval not required • Cholesterol diagnosis required, must be in comments and on sendout slip. • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate • Lipid panel results no longer required 	Life Labs (LL)
LIPOPROTEIN A aka: Lipoprotein Little A Use only for PRV or Naturopath orders	LPA	5 mL SST	1 mL serum	<ul style="list-style-type: none"> • Fasting not required. • Pathologist approval not required. • Allow to clot for minimum 30 minutes. • Centrifuge for 10 minutes. • Refrigerate. 	Life Labs (LL)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
LIPOPROTEIN ASSOCIATED PHOSPHOLIPASE AKA: Lp-PLA2, PLAC Private Pay Only	SOLIF	4 mL EDTA	1 mL Plasma	<ul style="list-style-type: none"> • Centrifuge • Pipette into plastic tube • Refrigerate 	Life Labs (LL)
LIPOPROTEIN ELECTROPHORESIS aka: Plasma Lipoprotein Electrophoresis	LIPOE	4 mL SST	1 mL serum	<ul style="list-style-type: none"> • Fasting 12-14 hours required. • Avoid alcohol consumption for 24 hours • Pathologist approval required. • Allow to clot for minimum 30 minutes. • Centrifuge for 10 minutes. • Pipette into plastic tube. • Refrigerate. • DO NOT FREEZE 	St Paul's Hospital (SP)
LITHIUM aka: Li cO3, Eskalith	LITH	4 mL SST	0.5 mL serum	<ul style="list-style-type: none"> • Trough specimen (30 minutes to 1 hour before next dose). Must be at least 6 h post medication dose • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate 	VML Chemistry (KE)
LUPUS ANTICOAGULANT aka: Circulating Anticoagulant, Platelet Neutralization Procedure, PNP, SLE Anticoagulant, LAC, Russell Viper Venom	LUPUS	2 x 3.5 mL SODIUM CITRATE	2 mL plasma	<ul style="list-style-type: none"> • Full draw required • Collect at main labs only (KE, VB, PE, OS) • Collect on ice • Note Diagnosis and if patient is on anticoagulants in comments and tag to LUPUS test code <p>Immediately double centrifuge as follows:</p> <ul style="list-style-type: none"> • Centrifuge at 4 degrees for 15 minutes • Pipette 2/3 of plasma from each into separate polypropylene orange top tubes • Centrifuge pour off tubes at 4 degrees for 15 minutes • Pipette 2/3 of remaining plasma from each tube into its own polypropylene orange top tube • Freeze • Must be centrifuged within 2 hours of collection • Send copy of requisition with sample • PTT automatically done 	St Paul's Hospital (SP)
LUTEINIZING HORMONE aka: LH	LH	4 mL SST	0.5 mL serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate 	VML Chemistry (KE)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
LYME DISEASE aka: Borrelia, B. Burgdorferi Ab	LYME	5 mL SST	4 mL serum	<ul style="list-style-type: none"> • During Transmission Season (Aug-Sept) • Collect a 5 mL SST for acute specimen • Prepare a "to follow" requisition (copy of original) • Advise patient to return in 10-14 days for a 5 mL SST convalescent specimen collection • Follow bottom bolded instructions <p><i>The rest of the year</i></p> <ul style="list-style-type: none"> • Collect 5 mL SST • CDC form to be filled out • Do not centrifuge • Refrigerate 	BC Center for Disease Control (CDC)
LYMPHOGRANULOMA VENEREUM	LGV	5 mL SST	4 mL serum	<ul style="list-style-type: none"> • Collect a 5 mL SST for acute specimen • Prepare a "to follow" requisition (copy of original) • Advise patient to return in 10-14 days for a 5 mL SST convalescent specimen collection • CDC form to be filled out • Do not centrifuge • Refrigerate 	BC Center for Disease Control (CDC)
MACROPROLACTIN	SOLIF	5 mL SST	1 mL serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate • Do not order Prolactin (included by Life Labs) 	Life Labs (LL)
MAGNESIUM	MG	4 mL SST	0.5 mL serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate 	VML Chemistry (KE)
MALARIA	MALAR	4 mL EDTA	5 mL whole blood	<ul style="list-style-type: none"> • Main Labs only (VB, KE, PE, OS) • This is a stat test • Call Accession to notify them the time the sample will arrive. • Please note in comments if patient has travelled to a malaria endemic area • Refrigerate <p>North and South:</p> <ul style="list-style-type: none"> • Make 4 thick and 4 thin slides • Send to Kelowna with EDTA sample after preliminary scan done 	VML Hematology (KE)
MEASLES aka: Rubeola	MEASL	5 mL SST	4 mL serum	<ul style="list-style-type: none"> • CDC form to be filled out • Do not centrifuge • Refrigerate 	BC Center for Disease Control (CDC)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
MERCURY aka: Hg blood, Amalgam				NO LONGER AVAILABLE	Life Labs (LL)
MERCURY Random urine aka: Hg Urine For WorkSafe BC samples see billing instructions	SOLIF	x2 STERILE CONTAINERS	100 mL urine	<ul style="list-style-type: none"> • Have patient collect 2 containers • Refrigerate • Enter in comments any information regarding exposure WCB Billing: <ul style="list-style-type: none"> • Enter in comments WCB number • Billing account needs to be WCB • Tag all comments to test code 	Life Labs (LL)
MERCURY Blood For WorkSafe BC samples see billing instructions	MERWC	4 mL sodium heparin (Dark green)	4 mL whole blood	NO LONGER AVAILABLE	Life Labs (LL)
METHEMALBUMIN aka: Schumm test				No longer available	Kelowna General Hospital (KGH)
METHEMOGLOBIN	SOSTP	4 mL LITHIUM HEPARIN Full Draw	3 mL whole blood	<ul style="list-style-type: none"> • DO NOT OPEN TUBE • DO NOT CENTRIFUGE • Room Temperature 	St Paul's Hospital (SP)
METHOTREXATE aka: MTX	METHO	6 mL Red DO NOT USE SST Plasma acceptable	1 mL serum	<ul style="list-style-type: none"> • Protect from light • History or diagnosis required • Note date and time of last medication • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Freeze 	BC Cancer Agency (CA)
METHYLMALONIC ACID aka: MMA, Plasma methylmalonic acid, Plasma MMA PRIVATE PAY ONLY	SOLIF	2 x 4 mL EDTA	3 mL plasma	<ul style="list-style-type: none"> • Private pay only through Life Labs • Have patient contact Life Labs for test price at • 1-800-431-7206 and agree to fees before drawing • Main labs only (KE, VB, PE, OS) • Centrifuge for 10 minutes • Pipette into plastic tube • Freeze immediately 	Life Labs (LL)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
METHYLMALONIC ACID aka: MMA, Plasma methylmalonic acid, Plasma MMA FOR MSP COVERED TESTING ONLY				<ul style="list-style-type: none"> • Collected at main labs only (KE, VB, PE, OS) • Requires out of province funding approval • Contact Kelowna Main Lab for instructions 	Out of Province
METHYLMALONIC ACID Urine aka: Organic Acid Urine				See Urine Organic Acid instructions	
METHYLPHENIDATE aka: Ritalin, Mephenidate, Concerta, Methylphenidylacetate	METHY	6 mL Red	2 mL serum	<ul style="list-style-type: none"> • Note date and time of last medication • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Pipette into orange top Polypropylene tube • Refrigerate 	Provincial Toxicology Centre (PTC)
MHA-TP	MHATP	5 mL SST	4 mL serum	<ul style="list-style-type: none"> • CDC form to be filled out under syphilis section • Note clinical history • Do not centrifuge Refrigerate	BC Center for Disease Control (CDC)
MILK T2 STUDY	A1C	4 mL EDTA	1 mL whole blood	<ul style="list-style-type: none"> • UBC-O study • Collected by UBC-O delivered twice a week • Entered by KE only • Account OTH • This is a Hemoglobin A1C test being done for this study 	VML Chemistry (KE)
MITOGEN For any test on Mitogen requisition				SEND PATIENT TO NEAREST HOSPITAL LABORATORY	Mitogen Laboratory Calgary AB
MONOTEST aka: Heterophile antibody	MONO	4 mL SST	0.5 mL serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate <i>If CBC6 also ordered write MONO on CBC6 label</i>	VML Hematology (KE or PE)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
MORPHOLOGY aka: Peripheral smear	MOR	4 mL EDTA	4 mL whole blood	<ul style="list-style-type: none"> • CBC6 must be ordered • <i>Write Morph on CBC6 label</i> 	VML Hematology (KE or PE)
MUMPS aka: Paramyxoviridae	MUMPS	5 mL SST	4 mL serum	<ul style="list-style-type: none"> • Collect a 5 mL SST • CDC form to be filled out • Do not centrifuge • Refrigerate 	BC Center for Disease Control (CDC)
MUSCULAR DYSTROPHY	MUSCD	4 mL EDTA	4 mL whole blood	<ul style="list-style-type: none"> • Do not collect on Friday. • Must be received in KE or PE by 2:30pm • Molecular Genetics form must be completed by ordering physician before blood samples are drawn • Molecular Genetics form must accompany specimens • Send out sample same day • Room Temperature 	BC Children's Hospital (CH)
MYCOLOGY Sputum		Sterile container		<ul style="list-style-type: none"> • Use for sputum samples for detection of fungus • Store at room temperature • Entered by microbiology 	
MYCOPHENOLATE	SOVGH	4 mL EDTA		<ul style="list-style-type: none"> • Document in comment and sendout slip; the last date and time of medication • Centrifuge whole blood • Pipette into plastic tube • Freeze 	Vancouver General Hospital (VGH)
MYCOPLASMA PNEUMONIAE	MYCOP	5 mL SST	4 mL serum	<ul style="list-style-type: none"> • Collect a 5 mL SST • CDC form to be filled out • Do not centrifuge • Refrigerate 	BC Center for Disease Control (CDC)
MYELOPEROXIDASE AKA: MPO Private Pay or Naturopath Only	SOLIF	4 mL EDTA	1 mL Plasma	<ul style="list-style-type: none"> • Centrifuge for 10 minutes • Pipette into plastic tube • Refrigerate 	Life Labs (LL)
MYOGLOBIN Urine				Send patient to nearest hospital laboratory	
MYOGLOBIN Serum				No longer available. Substitute Troponin	
NICOTINE aka: Cotinine	SOPTC	Sterile container	15 mL Urine	<ul style="list-style-type: none"> • Random urine collection • Refrigerate 	Provincial Toxicology Centre (PTC)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
NITRAZEPAM aka: Mogadon, Nitrazadon	NITRA	6 mL Red	2 mL serum	<ul style="list-style-type: none"> • Trough sample is preferred (30min-1 h before next dose) • Note date and time of last medication • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Pipette into orange top Polypropylene tube • Refrigerate 	Provincial Toxicology Centre (PTC)
NORTRIPTYLINE aka: Aventyl	NORTR	6 mL RED DO NOT USE SST	4 mL serum	<ul style="list-style-type: none"> • Trough sample is preferred (30min-1 h before next dose) • Note date and time of last medication • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Pipette into orange top Polypropylene tube • Refrigerate 	Provincial Toxicology Centre (PTC)
NT PRO BNP Aka: PRO BNP, NT BNP	SOSTP	4 mL SST	1 mL Serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Pipette into plastic tube • Refrigerate 	St Paul's (STP)
OCCULT BLOOD Cards	OB	OB KIT		<ul style="list-style-type: none"> • Requires Pathology approval • Go over instructions in the kit • Dietary restrictions no longer needed 	VML Microbiology (KE)
OSMOLALITY Serum	OSMO	5 mL SST MUST BE FULL DRAW	2 mL serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • DO NOT OPEN TUBE • Refrigerate 	Life Labs (LL)
OSMOLALITY Urine				See Urine Osmolality	
OSMOTIC FRAGILITY				Send patient to nearest hospital laboratory	
P24 ANTIGEN				See HIV	
PANORAMA PRENATAL SCREENING Use Account: OTH				NO LONGER AVAILABLE	Life Labs

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
PARATHYROID HORMONE aka: PTH intact, iPTH	PTH	4 mL EDTA	2 mL plasma	<ul style="list-style-type: none"> • Centrifuge immediately • Pipette into polypropylene orange top tube • Refrigerate within 30 minutes of collection • Keep refrigerated 	VML Chemistry (KE)
PARTIAL THROMBOPLASTIN TIME aka: PTT, APTT PE, PB, OS put PTT on separate accession number.	PTT	3.5 mL SODIUM CITRATE (Light blue)	4 mL whole blood	<ul style="list-style-type: none"> • Full draw required • Keep at room temperature • Must be tested within 6 hours of collection <p>If sample cannot be tested within 6 h of collection:</p> <ul style="list-style-type: none"> • Place PTT on its own accession number • DO NOT COMBINE WITH PT • Centrifuge for 15 minutes at 1500 g • Pipette into polypropylene orange top tube • Freeze 	VML Hematology (KE or PE)
PARVOVIRUS	PARVO	5 mL SST	4 mL serum	<ul style="list-style-type: none"> • CDC form to be filled out • Do not centrifuge • Refrigerate 	BC Center for Disease Control (CDC)
PATERINITY GENETRAK Penticton Only	PATGENE	KIT		Penticton Main lab only Appointment required	
PATERNITY ORCHID Penticton Only	PATORCHID	KIT		Penticton Main lab only Appointment required	
PERTUSSIS aka: Whooping cough, Bordetella pertussis		PERTUSSIS SWAB ONLY		Serology no longer available. Nasopharyngeal swab only.	
PHENOBARBITAL aka: Mebrarol, Barbital, Nembutal, Luminal, Eskabarb, Barbiturate Quantitative, Phenobarb, Solfoton	PHENO	5 mL SST	0.5 mL serum	<ul style="list-style-type: none"> • Trough specimen Preferred (30 min – 1 h before next dose) • Note date and time of last dose of medication • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Pipette into plastic tube • Refrigerate 	Life Labs (LL)
PHENYLKETONURIA	PKU	BLOOD SPOT CARD		<ul style="list-style-type: none"> • Generally done on newborn babies • Fill all circles completely • Allow to air dry before sending to referral laboratory <p>Blood spot card can be pipetted with whole blood from EDTA tube</p>	BC Children's Hospital (CH)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
PHENYTOIN aka: Dilantin, Diphenylhydantoin	PHENY	6 mL RED DO NOT USE SST	0.5 mL serum	<ul style="list-style-type: none"> • Must be at least 6 h post medication dose • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Pipette into polypropylene orange top tube • Refrigerate 	VML Chemistry (KE)
PHOSPHORUS	PO4	4 mL SST	0.5 mL serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate 	VML Chemistry (KE)
PHYTANIC ACID aka: Long chain fatty acid	PHYTA	4 mL LITHIUM HEPARIN (Dark green)	2 mL plasma	<ul style="list-style-type: none"> • Collect at Main Labs only (KE, PE, OS, VB) • Patient must be fasting 12 h (Children >12 4 h fasting) • Collect on ice • Centrifuge at 4 degrees for 15 minutes • Pipette into plastic tube • Freeze immediately 	BC Children's Hospital (CH)
PINWORM		KIT		<ul style="list-style-type: none"> • Provide patient with Pinworm kit and instructions • Entered by microbiology 	VML Microbiology (KE)
PLASMA HEMOGLOBIN aka: Plasma Free Hemoglobin	PLASH	4 mL LITHIUM HEPARIN (Dark green)	1 mL plasma	<ul style="list-style-type: none"> • Centrifuge immediately for 10 minutes • Pipette immediately into plastic tube • Freeze • Hemolysis is not acceptable 	BC Children's Hospital (CH)
PLATELET AGGREGATION				Send patient to nearest hospital laboratory	
PNEUMOCYSTIS SPUTUM	SPPCP	Sterile container		Instruct patient to collect first morning sputum sample	Kelowna General Hospital (KGH)
POLYCHLORINATE aka: Polychlorinated Biphenyls	SOLIF	6 mL RED SST NOT ACCEPTABLE	3 mL serum	<ul style="list-style-type: none"> • Private pay only through Life Labs • Have patient contact Life Labs for test price at 1-800-431-7206 • Blood draw can happen once patient has agreed to fees • Allow to clot for 1 hour • Centrifuge 10 minutes • Pipette into plastic tube • Refrigerate 	Life Labs (LL)
PORPHYRIN RBC aka: Zinc Protoporphyrins, Free Erythrocyte Protoporphyrins	PORPH	4 mL EDTA	Whole blood	<ul style="list-style-type: none"> • Must order a CBC6 • Protect from light • Refrigerate • Send CBC6 results with specimen 	Vancouver General Hospital (VGH)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
POSACONAZOLE	SOSTP	4 mL EDTA	1 mL plasma	<ul style="list-style-type: none"> Record date and time of medication in comments and on sendout slip Centrifuge for 10 minutes within 30 minutes of collection Pipette into plastic tube Freeze 	St Paul's Hospital
POST EJACULATE	POSTE	Sterile Container		<ul style="list-style-type: none"> Provide patient with instructions Random collection Refrigerate 	VML Microbiology (KE)
POST VASECTOMY Aka: Semen Analysis	POSTV	Sterile Container		<ul style="list-style-type: none"> Specimen must arrive at the Kelowna Main, or Penticton Main lab by 2pm Patient to deliver to the lab within 90 Min of collection Note time of collection and date of surgery in computer \$27.00 fee to be paid if surgery was more than 1 year prior to collection Keep room temperature Patient MUST complete SEMEN COLLECTION PATIENT INFORMATION form when returning sample (OA Doc # 26469) 	VML Microbiology (KE) or Penticton Main (PE)
POTASSIUM aka: K+ If plasma potassium is requested; MUST BE ON SEPARATE ACCESSION Add PLAS comment code to internal comments section	K	4 mL SST or 4 mL LiHep for plasma	0.5 mL serum 0.5 mL plasma	<ul style="list-style-type: none"> Allow to clot for minimum 30 minutes (spin LiHep tube immediately for plasma samples) Centrifuge for 10 minutes Refrigerate Hemolysis not acceptable Capillary collection not acceptable 	VML Chemistry (KE)
PREALBUMIN	PREAL	4 mL SST	1 mL serum	<ul style="list-style-type: none"> Allow to clot for minimum 30 minutes Centrifuge for 10 minutes Pipette into plastic off tube Refrigerate 	St Paul's Hospital (SP)
PRECIPITANS TO CAUSES OF ALLERGIC ALVEOLITIS 6 Fungi tested	SOVGH	6 mL Red	1 mL serum	<ul style="list-style-type: none"> Allow to clot for minimum 30 minutes Centrifuge for 10 minutes Pipette into plastic off tube Refrigerate 	Vancouver General Hospital (VGH)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
PRECIPITINS to IgG Precipitins tested are: pigeon, budgie, M. faeni, T. vulgaris and aspergillus aka: Avian precipitins	PRECI	6 mL Red		<ul style="list-style-type: none"> Note which precipitins are being requested in comments Tag comment to PRECI test code Collect 1 red top for every 2 precipitins Allow to clot for minimum 30 minutes Centrifuge for 10 minutes Pipette into plastic off tube Refrigerate When Jack Bell Research Lab/ Dr. Chan noted on requisition order as Aspergillus Precipitins 	Vancouver General Hospital (VGH)
PRENATAL SCREEN Panel includes: HIV HBsAg Rubella STS Blood Group & Type	PRENA	2 x 5 mL SST And 1 x 6 mL EDTA	4 mL serum and 4 mL whole blood	<p>SST:</p> <ul style="list-style-type: none"> CDC form to be filled out Do not centrifuge Refrigerate <p>EDTA:</p> <ul style="list-style-type: none"> CBS form to be filled out Send whole blood Refrigerate 	BC Center for Disease Control (CDC) Canadian Blood Services (CBS)
PRIMIDONE aka: Mysoline	PRIMI	5 mL SST	0.5 mL serum	<ul style="list-style-type: none"> Trough level is preferred (30 min- 1 h before next dose) Allow to clot minimum 30 minutes Centrifuge for 10 minutes Pipette into plastic tube Refrigerate Note date & time of last medication in comments 	Life Labs (LL)
PRO INSULIN				No longer available	
PROCAINAMIDE aka: Pronestyl, Procan	PROCA	6 mL RED DO NOT USE SST	4 mL serum	<ul style="list-style-type: none"> Trough sample is preferred (30min-1 h before next dose) Note date and time of last medication Allow to clot for minimum 30 minutes Centrifuge for 10 minutes Pipette into orange top Polypropylene tube Refrigerate 	Provincial Toxicology Centre (PTC)
PROGESTERONE	PROG	4 mL SST	0.5 mL serum	<ul style="list-style-type: none"> Allow to clot for minimum 30 minutes Centrifuge for 10 minutes Refrigerate 	VML Chemistry (KE)
PROLACTIN	PROL	4 mL SST	0.5 mL serum	<ul style="list-style-type: none"> Allow to clot for minimum 30 minutes Centrifuge for 10 minutes Refrigerate 	VML Chemistry (KE)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
PROTEIN aka: Total Protein	PROT	4 mL SST	0.5 mL serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate • If SPE also ordered – only order SPE do not order both tests 	VML Chemistry (KE)
PROTEIN C Antigen and Activity	PROTC	3.5 mL Sodium Citrate If ordered without Protein S collect 2 NaCit tubes	2 mL plasma	<ul style="list-style-type: none"> • Collect at Main Labs only (KE, PE, OS, VB) • Full draw required • Note in comments if patient is on oral anticoagulant and tag to PROTC test code <p>Immediately double centrifuge as follows:</p> <ul style="list-style-type: none"> • Centrifuge 10 minutes • Pipette 2/3 of plasma into a polypropylene orange top tube • Centrifuge pour off tube for 10 minutes • Pipette 2/3 of remaining plasma from each tube into its own polypropylene orange top tube • Freeze • Must be centrifuged within 2 hours of collection • If ordered without Protein S collect 2 NaCit tubes 	St Paul's Hospital (SP)
PROTEIN ELECTROPHORESIS aka: Serum Protein Electrophoresis, MGUS, Monoclonal gammopathy of undetermined significance, Immuno- electrophoresis, Gamma Globulin	SPE	6 mL Red	0.5 mL serum	<ul style="list-style-type: none"> • Requires a separate accession number • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Pipette into polypropylene orange top tube • Refrigerate • Do not order Protein or Albumin with SPE order 	VML Chemistry (KE)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
PROTEIN S	PROTS	3.5 mL Sodium Citrate If ordered without Protein C collect 2 NaCit tubes	2 mL plasma	<ul style="list-style-type: none"> Collect at Main Labs only (KE, PE, OS, VB) Full draw required <p>Immediately double centrifuge as follows:</p> <ul style="list-style-type: none"> Centrifuge for 10 minutes Pipette 2/3 of plasma into a polypropylene orange top tube Centrifuge pour off tube for 10 minutes Pipette 2/3 of remaining plasma from each tube into its own polypropylene orange top tube Freeze Must be centrifuged within 2 hours of collection If ordered without Protein C collect 2 NaCit tubes 	St Paul's Hospital (SP)
PROTHROMBIN TIME aka: PT, INR PE, PB, OS put on separate accession number. Can be combined with PTT	PT	3.5 mL Sodium Citrate	Full draw required	<ul style="list-style-type: none"> Whole blood Room temperature 	VML Hematology (KE or PE)
PSA MSP billable aka: Prostate Specific Antigen	PSA	4 mL SST	1 mL serum	<ul style="list-style-type: none"> Allow to clot for minimum 30 minutes Centrifuge for 10 minutes Refrigerate Follow BCMA/MSC Protocol 	VML Chemistry (KE)
PSA RATIO				See Free PSA	
PSA SCREENING Private Pay	PSAS	4 mL SST	1 mL serum	<ul style="list-style-type: none"> Enter on own accession number Change payment plan to Private Allow to clot for minimum 30 minutes Centrifuge for 10 minutes Refrigerate 	VML Chemistry (KE)
PULS Aka: Protein Unstable Lesion Signature ACCOUNT: OTH External comment: "PULS"	STUDY	5 mL SST and 4 mL EDTA	2 mL serum AND 1 mL EDTA whole blood	<ul style="list-style-type: none"> Collect at Main Labs only (VB, KE, PE) Collect Monday all day, and Tuesday before 12:00 Patient to pay draw fee Must have completed GD Biosciences PULS specific requisition Allow SST to clot for a minimum of 30 minutes Centrifuge SST only for 10 minutes Refrigerate 	Life Labs (LL)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
QUANTITATIVE IMMUNO-GLOBULINS		4 mL SST		Order: IGG, IGA, and IGM	VML Chemistry (KE)
QUININE aka: Biquin	QUIN	6 mL RED DO NOT USE SST	4 mL serum	<ul style="list-style-type: none"> • Trough sample is preferred (30min-1 h before next dose) • Note date and time of last medication • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Pipette into orange top Polypropylene tube • Refrigerate 	Provincial Toxicology Centre (PTC)
RA aka: Rheumatoid Factor, RF	RA	4 mL SST	1 mL serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate 	VML Chemistry (KE)
RANDOM GLUCOSE aka: Spot sugar, random blood sugar	RBS	4 mL SST	1 mL serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate 	VML Chemistry (KE)
RAPID PLASMA REAGIN aka: Syphilis, RPR, VDRL, STS, TP-PA, TPPA, TPA-EIA, Treponema pallidum	RPR	5 mL SST	1 mL serum	<ul style="list-style-type: none"> • CDC form to be filled out • Do not centrifuge • Refrigerate 	BC Center for Disease Control (CDC)
RAST TEST BC Children's Hospital	RASTB	6 mL Red	0.2 mL serum per allergen	<ul style="list-style-type: none"> • Code only to be used when doctor specifically request samples sent to BC Children's Hospital • BCCH RAST form must accompany sample • Allow to clot for minimum 30 minutes • When Total IgE and RAST are requested enter as SOBCH indicate tests to BC Children's Hospital • 1 sample will be sufficient for both tests. • Centrifuge for 10 minutes • Pipette into plastic off tube • Refrigerate 	BC Children's Hospital (CH)
RAST TEST Life Labs	RAST	6 mL Red	1.5 mL serum per allergen	<ul style="list-style-type: none"> • Life Labs RAST form must accompany sample • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Pipette into plastic off tube • Refrigerate 	Life Labs (LL)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
REB BLOOD CELL MEMBRANE FLOW aka: Red Cell Membrane, HS, Hereditary spherocytosis, EMA, Eosin 5 maleimide, E5M, Osmotic Fragility, OF, RBC Membrane Protein Analysis, Band 3 Protein by Flow, EMA Flow Immunology	SOBCH	4 mL EDTA	1 mL whole blood	<ul style="list-style-type: none"> • Collect at main locations only (KE, PE, OS, VB) • Collect Monday – Wednesday only • Sample must make the daily cooler shipment to Vancouver. • Phone the Immunology Lab at BC Children’s Hospital to make them aware sample is being shipped to them (604-875-2345 ext 7491) • Include peripheral smear with sample • Send whole blood refrigerated to Specimen Receiving 2J20 	BC Children’s Hospital (CH)
RED BLOOD CELL MAGNESIUM AKA: RBC Magnesium, RBC MG				Not Available	
RED CELL DISTRIBUTION WIDTH Aka: RDW	Must be ordered with CBC6 (No code entered in Omni)	4 mL EDTA	2 mL whole blood	<ul style="list-style-type: none"> • Mark CBC6 tube with “RDW” • Include “Red Cell Distribution Width requested” in external comments 	VML Hematology (KE or PE)
RED CELL FOLATE aka: RBC Folate				No longer available	
RED CELL FRAGILITY aka: RBC fragility				Send patient to nearest hospital laboratory	
RENIN aka: Angiotensin, Angiotensin 1, Plasma Renin, Plasma Renin Activity, PRA, Renin Ambulatory, Renin Plasma, Renin Upright, Upright Renin, Renin Angiotensin Ratio,	ALDOS			<ul style="list-style-type: none"> • See instructions for Aldosterone • Aldosterone panel includes Renin 	
RETICULOCYTES aka: Retic Count	RETIC	4 mL EDTA	Whole blood	<ul style="list-style-type: none"> • CBC6 must be ordered • Refrigerate 	VML Hematology (KE or PE)
RETICULOCYTES Penticton and Osoyoos only	RETICM	4 mL EDTA	Whole blood	<ul style="list-style-type: none"> • Test code used only in PE and KE • Test code used for manual • Retic estimations only • CBC6 must be ordered 	VML Hematology (KE or PE)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
REVERSE T3	SOLIF	6 mL RED	0.5 mL serum	<ul style="list-style-type: none"> • Private Pay. Please have patient contact Life Labs for price 1-800-431-7206 • Use comment code PRV in external comments • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Pipette into plastic tube • Refrigerate 	Life Labs (LL)
ROCKY MOUNTAIN SPOTTED FEVER aka: Rickettsia Infection	ROCKY	5 mL SST	4 mL serum	<ul style="list-style-type: none"> • CDC form to be filled out • Do not centrifuge • Refrigerate 	BC Center for Disease Control (CDC)
ROHYPNOL aka: Date Rape Drug, Flunitrazepam	ROHYP	STERILE CONTAINER	50 mL urine	<ul style="list-style-type: none"> • Phone Team Lead immediately • If physician provides patient information, please place in comments • DO NOT ask patient for this information • Team Lead: contact VML Pathologist for directive 	Provincial Toxicology Center (PTC)
RUBELLA aka: German measles, RUBV Ab	RUBEL	5 mL SST	4 mL serum	<ul style="list-style-type: none"> • CDC form to be filled out • Do not centrifuge • Refrigerate 	BC Center for Disease Control (CDC)
SALICYLATE For Kelowna and Vernon aka: Acetosalicic acid, ASA, Aspirin	ASAK	4 mL SST	2 mL serum	<ul style="list-style-type: none"> • Trough specimen is preferred • Allow to clot minimum 30 minutes • Centrifuge for 10 minutes • Pipette into plastic tube • Refrigerate 	Kelowna General Hospital (KGH)
SALICYLATE For Penticton and Osoyoos aka: Acetosalicic acid, ASA, Aspirin	ASAP	4 mL SST	2 mL serum	<ul style="list-style-type: none"> • Trough specimen is preferred • Allow to clot minimum 30 minutes • Centrifuge for 10 minutes • Pipette into plastic tube • Refrigerate 	Penticton Regional Hospital (PRH)
SCABIES aka: Mites, Mite identification, Skin parasite	SCABI	STERILE CONTAINER		<ul style="list-style-type: none"> • CDC form to be filled out • Skin scrapings • Room temperature 	BC Center for Disease Control (CDC)
SCHISTOSOMIASIS AKA: Bilharzia	SCHIS	5 mL SST	4 mL serum	<ul style="list-style-type: none"> • Travel history required • CDC form to be filled out • Do not centrifuge • Refrigerate 	BC Center for Disease Control (CDC)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
SELENIUM	SELEN	6 mL NAVY BLUE Trace Element Serum	1 mL serum	<ul style="list-style-type: none"> • Keep Upright after initial inversions • Allow to clot minimum 30 minutes • Centrifuge for 10 minutes • Pipette into another Navy Blue tube. Recap with navy blue stopper or tainer top and parafilm • Refrigerate 	Life Labs (LL)
SENDOUT BC CANCER AGENCY	SOBCCA			<ul style="list-style-type: none"> • Used for tests being sent to BC Cancer Agency that do not have their own test code • Always enter name of test when prompted • Write test name & sample type on label 	BC Cancer Agency (CA)
SENDOUT BC CENTER FOR DISEASE CONTROL	SOPRO			<ul style="list-style-type: none"> • Used for tests being sent to BC Center for Disease Control that do not have their own test code • Always enter name of test when prompted • Write test name & sample type on label 	BC Center for Disease Control (CDC)
SENDOUT BC CHILDRENS HOSPITAL	SOBCH			<ul style="list-style-type: none"> • Used for tests being sent to BC Children's Hospital that do not have their own test code • Always enter name of test when prompted • Write test name and tube type on label 	BC Children's Hospital (CH)
SENDOUT KELOWNA GENERAL HOSPITAL	SOKGH			<ul style="list-style-type: none"> • Used for tests being sent to Kelowna General Hospital that do not have their own test code • Always enter name of test when prompted • Write test name & sample type on label 	Kelowna General Hospital (KGH)
SENDOUT LIFELABS	SOLIF			<ul style="list-style-type: none"> • Used for tests being sent to Life Labs that do not have their own test code • Always enter name of test when prompted • Write test name & sample type on label 	Life labs (LL)
SENDOUT PENTICTON REGIONAL HOSPITAL	SOPRH			<ul style="list-style-type: none"> • Used for tests being sent to Penticton Regional Hospital that do not have their own test code • Always enter name of test when prompted • Write test name & sample type on label 	BC Children's Hospital (CH)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
SENDOUT PROVINCIAL TOXICOLOGY CENTRE	SOPTC			<ul style="list-style-type: none"> • Used for tests being sent to Provincial Toxicology Centre that do not have their own test code • Always enter name of test when prompted • Write test name on label 	Provincial Toxicology Centre (PTC)
SENDOUT ST PAULS HOSPITAL	SOSTP			<ul style="list-style-type: none"> • Used for tests being sent to St Paul's Hospital that do not have their own test code • Always enter name of test when prompted • Write test name & sample type on label 	St Paul's Hospital (SP)
SENDOUT VANCOUVER GENERAL HOSPITAL	SOVGH			<ul style="list-style-type: none"> • Used for tests being sent to Vancouver General Hospital that do not have their own test code • Always enter name of test when prompted • Write test name & sample type on label 	Vancouver General Hospital (VGH)
SENDOUT VERNON JUBILEE HOSPITAL	SOVJH			<ul style="list-style-type: none"> • Used for tests being sent to Vernon Jubilee Hospital that do not have their own test code • Always enter name of test when prompted • Write test name & sample type on label 	Vernon Jubilee Hospital (VJH)
SENDOUT	SEND0			<ul style="list-style-type: none"> • Only use this code for a referral test that does not have its own test code and the use of the other SO___ test codes are not optional • Always enter the name of the referral site and the test requested as prompted 	Write test name, destination and sample type on tube label
SEX HORMONE BINDING GLOBULIN Only order if SHBG is ordered without BTEST or TEST OR If SHBG is requested as private pay SHBG is included in BTEST if testosterone results are abnormal	SHBG	5 mL SST	0.5 mL serum	<ul style="list-style-type: none"> • Private Pay • Note in comments "Patient aware of bill from Life Labs" tag comment to SHBG test code • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate 	Life Labs (LL)
SICKLE CELL	SICKL	3 x 4 mL EDTA	12 mL Whole blood	<ul style="list-style-type: none"> • Must order CBC6 • Refrigerate • Send CBC6 results with specimen 	Life Labs (LL)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
SIROLIMUS aka: Rapamycin	SIROL	4 mL EDTA	3 mL whole blood	<ul style="list-style-type: none"> • Enter date and time of last dose • Refrigerate 	Vancouver General Hospital (VGH)
SODIUM	NA	4 mL SST	0.5 mL serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate 	VML Chemistry (KE)
SPUTUM CULTURE		STERILE CONTAINER		<ul style="list-style-type: none"> • One sample only per container (no repetitive collections into one container) • Keep refrigerated • Deliver to lab within 12 h of collection • Entered in VML Microbiology 	VML Microbiology (KE)
SPUTUM CYTOLOGY		3 x CYTOLOGY CONTAINERS		<ul style="list-style-type: none"> • Usually collected 3 consecutive days unless otherwise specified by Physician • Entered in VML Microbiology 	Kelowna General Hospital (KGH)
SQUAMOUS CELL CARCINOMA aka: SCCAR, SCC, TA-4	SCC	6 mL RED	2 mL serum	<ul style="list-style-type: none"> • In comments note patient's cancer history and/or diagnosis. Type, date of surgery and smoking habits must be given • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Pipette into plastic tube • Refrigerate • If transport delayed more than 24 h freeze 	BC Cancer Agency (CA)
STOOL FOR C- DIFFICILE		STERILE CONTAINER		<ul style="list-style-type: none"> • See C-Difficile • Entered by VML Microbiology 	VML Microbiology (KE)
STOOL FOR CHYMOTRYPSIN				No longer available. Please use Stool for Elastase	
STOOL FOR ELASTASE aka: Fecal Elastase, Pancreatic Elastase 1 Stool, Exocrine Pancreatic Function		STERILE CONTAINER	50g	<ul style="list-style-type: none"> • Walnut size, well formed sample preferred • Entered in Microbiology • Send Frozen 	BC Children's Hospital (CH)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
STOOL FOR FAT GLOBULES		STERILE CONTAINER	100g	<ul style="list-style-type: none"> • Patient should be on diet containing at least 60 g fat. • Avoid the administration of barium, bismuth, Metamucil, castor oil, mineral oil, oily salad dressing, oily material (creams, lubricants) within 1 week prior to collection • Entered in Microbiology • Send Frozen within 24 h of collection time 	Kelowna General Hospital (KGH)
STOOL FOR FECAL FAT Random, Qualitative				<p>NO LONGER AVAILABLE</p> <p>If this is the only test ordered:</p> <ul style="list-style-type: none"> • Return requisition to patient and inform them that the test is no longer available <p>If there are other tests on the requisition:</p> <ul style="list-style-type: none"> • Enter EXTERNAL comment code: FECA <p>72 Hour Quantitative Fecal Fat testing is available through Interior Health Laboratories</p>	
STOOL FOR LISTERIA	SOPRO	STERILE CONTAINER		<ul style="list-style-type: none"> • For Feces: Submit samples only after consulting with the Medical Microbiologist and in declared outbreaks only • Entered in Microbiology • Refrigerated 	BC Center for Disease Control (CDC)
STOOL FOR MICROSPORIDIUM aka: Microsporidiosis		O&P STOOL CONTAINER (With SAF preservative)		<ul style="list-style-type: none"> • Entered in Microbiology • Room Temperature 	BC Center for Disease Control (CDC)
STOOL FOR OCCULT BLOOD				See FIT	
STOOL FOR POTASSIUM				No longer available	
STOOL FOR REDUCING SUBSTANCE				No longer available	
STOOL FOR SODIUM				No longer available	

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
STOOL MICROSCOPY	MSOCD	O&P STOOL CONTAINER (With SAF preservative)	Fill Line	Use only when stool microscopy specifically requested <ul style="list-style-type: none"> • Note date and time of collection on requisition • Entered in Microbiology • Refrigerate • Deliver to laboratory within 24 h of collection time 	BC Centre for Disease Control (BCCDC)
STOOL TRYPSIN				No longer available	
STOOL WHITE BLOOD CELLS aka: WBC's		O&P STOOL CONTAINER (With SAF preservative)		Entered in Microbiology	VML Microbiology (KE)
STREET DRUGS				See Urine for Street drugs	
STUDY	STUDY	Follow instructions on requisition if available		<ul style="list-style-type: none"> • Use for collection and shipment of any clinical trials, research studies, private collection kits • Include name of kit or study in comments 	
SYPHILIS aka: RPR, STS, VDRL, ART, T. Pallidum, Treponema pallidum	STS	5 mL SST	1 mL serum	<ul style="list-style-type: none"> • CDC form to be filled out • Do not centrifuge • Refrigerate 	BC Center for Disease Control (CDC)
SYSTOLIC Blood Pressure	SYS			No longer available June23/17	VML Kelowna sites (KE)
T. PALLIDUM				See Syphilis	
T3 RESIN UPTAKE	FT4			See Free T4	
TACROLIMUS aka: FK506	TACRO	4 mL EDTA	1 mL	<ul style="list-style-type: none"> • Trough specimen preferred (within ½ hour of next dose) • Enter date and time of medication and type of transplant • Tag comment to TACRO test • Refrigerate 	Vancouver General Hospital (VGH)
TESTOSTERONE Aka: Total Testosterone	TEST	4 mL SST	1 mL serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate 	VML Chemistry (KE)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
TETANUS	TETAN	5 mL SST	2 mL serum	<ul style="list-style-type: none"> • Testing only performed for: <ul style="list-style-type: none"> • Patients < 16 years old • Organ transplant • Ordered by Immunologist with diagnosis of "Immune Disorder" (must have approval sticker on req from BC CDC) • Do not centrifuge • Refrigerate 	BC Center for Disease Control (CDC)
TETRA HYDRO CANNIBOIDS aka: Cannabis, marijuana, THC	THC	6 mL Red	2 mL serum	<ul style="list-style-type: none"> • Only use this code when serum THC is requested • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Pipette into orange top Polypropylene tube • Refrigerate 	Provincial Toxicology Centre (PTC)
THALASSEMIA SCREEN	CBC6 & HBELE	4 x 4 mL EDTA	Whole blood	<ul style="list-style-type: none"> • Order CBC6 and HBELE • Write THAL Screen on CBC6 label • In external comments state Thalassemia Screen 	VML Hematology (KEor PE)
THEOPHYLLINE aka: Aminophylline, Choledyl, Oxtriphylline, Uniphyl	THEO	5 mL SST	0.5 mL serum	<ul style="list-style-type: none"> • Trough specimen preferred (within ½ hour of next dose) • Enter date and time of last medication dose • Allow to clot for 30 minutes • Centrifuge for 10 minutes • Pipette into plastic tube • Refrigerate 	Life Labs (LL)
THERMOPHILIC FUNGUS aka: Farmers Lung Antigen	THERM	6 mL RED	1 mL serum	<ul style="list-style-type: none"> • Record diagnosis and/or history in external comments • Tag comments to THERM test • Allow to clot for 30 minutes • Centrifuge for 10 minutes • Refrigerate • Send to Jack Bell Research Center 	Vancouver General Hospital (VGH)
THIOCYANATE aka: Nitroprusside toxicity	THIOC	4 mL SST	1 mL serum	<ul style="list-style-type: none"> • Enter date and time of last medication dose • Allow to clot for 30 minutes • Centrifuge for 10 minutes • Pipette into plastic tube • Refrigerate 	Vancouver General Hospital (VGH)
THIORIDAZINE aka: Mellaril	THIOR	6 mL RED	1 mL serum	<ul style="list-style-type: none"> • Enter date and time of last medication dose • Allow to clot for 30 minutes • Centrifuge for 10 minutes • Pipette into orange top Polypropylene tube • Refrigerate 	Provincial Toxicology Centre (PTC)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
THIURINE METHYLTRANSFERASE PHENOTYPE Aka: TPMT Phenotype, TPMT RBC enzyme activity NOT FOR GENOTYPING	SENDO	4 mL EDTA	1 mL whole blood	<ul style="list-style-type: none"> • Not for patients who have received a red blood cell transfusion within the last month • Patients must abstain from: Sulfasalazine, Mesalamine, Olsalazine for at least 48 hours. • Refrigerate 	Surrey Memorial Hospital
THYROGLOBULIN ANTIBODY aka: Anti Tg Ab, Anti Tg, TgAb	THGAB	5 mL SST	0.5 mL serum	<ul style="list-style-type: none"> • Allow to clot for 30 minutes • Centrifuge for 10 minutes • Refrigerate 	Life Labs (LL)
THYROGLOBULIN TUMOR MARKER	THYRO	4 mL SST	0.5 mL serum	<ul style="list-style-type: none"> • Only use this code if patient has a history of thyroid cancer. If not, use THGAB • Allow to clot for 30 minutes • Centrifuge for 10 minutes • Pipette into a polypropylene orange top tube • Refrigerate • This test includes thyroglobulin and anti thyroglobulin antibodies <p>MUST BE FROZEN IF OVER A LONG WEEKEND</p>	St Paul's Hospital (SP)
Thyroid - Suspected Hyperthyroidism aka: TSH Hyperthyroidism	HYPER	4 mL SST	1 mL Serum	<p>Use when "Suspected Hyperthyroidism" box is checked FT4 and FT3 auto added if TSH result is abnormal</p> <ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate 	VML Chemistry (KE)
Thyroid - Suspected Hypothyroidism aka: TSH Hypothyroidism	HYPO	4 mL SST	1 mL Serum	<p>Use when "Suspected Hypothyroidism" box is checked FT4 auto added if TSH result is abnormal</p> <ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate 	VML Chemistry (KE)
THYROID BINDING GLOBULIN				No longer available Replaced with Free T4	

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
THYROID STIMULATING HORMONE	TSH	4 mL SST	1 mL serum	<ul style="list-style-type: none"> • Note if patient is on thyroid medication • Allow to clot for 30 minutes • Centrifuge for 10 minutes • Refrigerate • If Free T4 and Free T3 also requested, please follow the Provincial Protocol 	VML Chemistry (KE)
TISSUE TRANS-GLUTAMINASE aka: TTG, Anti Endomysial Antibody, Anti Reticulin Ab, Anti Tissue Tg IgA, Celiac Screen, IgA Ab for Gluten Enteropathy NOT THE SAME AS TTG-IGG or DEAMIDATED GLIADIN AB	TTG	4 mL SST	0.5 mL serum	<ul style="list-style-type: none"> • Allow to clot for 30 minutes • Centrifuge for 10 minutes • Refrigerate 	Life Labs (LL)
TOBRAMYCIN For Kelowna and Vernon	TOBRAK	5 mL SST	2 mL serum	<ul style="list-style-type: none"> • Trough (within ½ h of next dose or Peak (30 min after dose) • Note date and time of medication in external comments. • Note if sample is Trough or Peak in external comments • Tag comments to TOBRAK • Allow to clot minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate 	Kelowna General Hospital (KGH) See next page for Penticton instructions
TOBRAMYCIN For Penticton	TOBRAP	5 mL SST	2 mL serum	<ul style="list-style-type: none"> • Trough (within ½ h of next dose or Peak (30 min after dose) • Note date and time of medication in external comments. • Note if sample is Trough or Peak in external comments • Tag comments to TOBRAP • Allow to clot minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate 	Penticton Regional Hospital (PRH)
TORCH Includes: Toxoplasmosis, Rubella, Cytomegalovirus, Herpes	TORCH	5 mL SST	4 mL serum	<ul style="list-style-type: none"> • CDC form to be filled out • Do not centrifuge • Refrigerate 	BC Center for Disease Control (CDC)
TOXOCARIASIS aka: Toxocara canis	SOPRO	5 mL SST	4 mL serum	<ul style="list-style-type: none"> • CDC form to be filled out • Do not centrifuge • Refrigerate 	BC Center for Disease Control (CDC)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
TOXOPLASMOSES	TOXOP	5 mL SST	4 mL serum	<ul style="list-style-type: none"> • CDC form to be filled out • Do not centrifuge • Refrigerate 	BC Center for Disease Control (CDC)
TRANSFERRIN	IRON	4 mL SST	1 mL serum	<ul style="list-style-type: none"> • Order IRON • Allow to clot minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate 	VML Chemistry (KE)
TRICHINOSIS	TRICH	5 mL SST	4 mL serum	<ul style="list-style-type: none"> • CDC form to be filled out • Do not centrifuge • Refrigerate 	BC Center for Disease Control (CDC)
TRICHOMONAS Female Only	TV If ordered with CHLAMYDIA /GC use CTGCTV code	Sterile Container	15 mL	<p>DO NOT COVER FOIL LID WITH DOT STICKERS OR PARAFILM</p> <ul style="list-style-type: none"> • Patient must not have voided at least one hour before test • Collect first part of stream • Order on its own accession number • Pipette urine into Aptima vial to fill area • Ensure cap is tightened and gently mix • Can be refrigerated or room temperature 	VML Microbiology (KE)
TRICHOMONAS (Male Only)	SOLIF	Sterile Container	15 mL Urine	<p>DO NOT ORDER WITH CTGC</p> <p>If ordered with CHLAMYDIA/GC use CTGC code instead and add external comment TVNA</p> <ul style="list-style-type: none"> • Patient must not have voided at least one hour before test • Collect first part of stream • Order on its own accession number • Pipette urine into Aptima vial to fill area • Ensure cap is tightened and gently mix • Can be refrigerated or room temperature 	Life Labs (LL)
TRICYCLIC DRUGS Amitriptyline, Clomipramine, Desipramine, Doxepine, Imipramine, Nortriptyline, Trimipramine	TRICY	6 mL RED DO NOT USE SST	2 mL serum	<ul style="list-style-type: none"> • Note which specific drugs are requested if available • Trough level (within ½ h of next dose) preferred • Allow to clot for 30 minutes • Centrifuge for 10 minutes • Pipette into orange top Polypropylene tube • Refrigerate 	Provincial Toxicology Center (PTC)
TRIGLYCERIDE	TRIG	4 mL SST	0.5 mL serum	<ul style="list-style-type: none"> • Allow to clot for 30 minutes • Centrifuge for 10 minutes • Refrigerate 	VML Chemistry (KE)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
TRIMIPRAMINE	TRIMI	6 mL RED DO NOT USE SST	3 mL serum	<ul style="list-style-type: none"> Note date and time of last medication dose Tag comment to TRIMI test Allow to clot for 30 minutes Centrifuge for 10 minutes Pipette into orange top Polypropylene tube Refrigerate 	Provincial Toxicology Center (PTC)
TROPONIN				Immediately send patient to nearest hospital laboratory	
TRYPTASE	SOBCH	6ml RED	0.5 mL serum	<p>Can only be ordered by Allergists/immunologists, Dermatologists, Respirologists, or Hematologists</p> <p>Anaphylaxis collection:</p> <ul style="list-style-type: none"> Collect 15 min to 3 h after onset of mast cell activation Collection timing crucial Allow to clot for 30 minutes Centrifuge for 10 minutes Pipette into plastic tube Refrigerate <p>Systemic Mastocytosis collections:</p> <ul style="list-style-type: none"> Collection can be done anytime Allow to clot for 30 minutes Centrifuge for 10 minutes Pipette into plastic tube Refrigerate 	BC Children's Hospital (CH)
TSH RECEPTOR ANTIBODY aka: HTS, Human Thyroid Stimulator, LATS, TB11, Thyroid Stimulating Ab, Thyroid Stimulating Immunoglobulin, Thyrotropin Receptor Ab, TRA, TSI, TSIG, Long Acting Thyroid Stimulants	TSHRE	4 mL SST	1 mL serum	<ul style="list-style-type: none"> Hemolysis and lipemia are unacceptable Allow to clot for 30 minutes Centrifuge for 10 minutes Pipette into a polypropylene orange top tube Freeze 	St Paul's Hospital (SP)
TYROSINE				Send patient to nearest hospital laboratory	
URATE aka: Uric Acid	URATE	4 mL SST	0.5 mL serum	<ul style="list-style-type: none"> Allow to clot for 30 minutes Centrifuge for 10 minutes Refrigerate 	VML Chemistry (KE)
UREA aka: Blood Urea Nitrogen, BUN	UREA	4 mL SST	0.5 mL serum	<ul style="list-style-type: none"> Allow to clot for 30 minutes Centrifuge for 10 minutes Refrigerate 	VML Chemistry (KE)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
UREA BREATH TEST Kelowna	URBRT	KIT		• Currently not available	Life Labs (LL)
UREA BREATH TEST Penticton & Osoyoos	URBRT	KIT		Currently not available	Life Labs (LL)
UREA BREATH TEST Vernon	URBRT	KIT		Currently not available	Life Labs (LL)
URIC ACID aka: Urate	URATE	4 mL SST	0.5 mL serum	• Allow to clot for 30 minutes • Centrifuge for 10 minutes • Refrigerate	VML Chemistry (KE)
URINALYSIS /URINE CULTURE If pyuria or nitrite present & MICROSCOPIC	URIFMIC Do not use at South Okanagan Labs (PE, PB, OS)	STERILE CONTAINER	15 mL urine	• Mid stream collection • Refrigerate	VML Microbiology (KE)
URINALYSIS /URINE CULTURE If pyuria or nitrite present	URIF	STERILE CONTAINER No preservative	15 mL urine	• Mid stream collection required • Refrigerate	VML Microbiology (KE or PE)
URINALYSIS /URINE CULTURE If pyuria or nitrite present	UMMIF	STERILE CONTAINER	15 mL urine	• Macroscopic (dip), Microscopic done if Macroscopic positive and Urine Culture if pyuria or nitrate present • Mid stream collection • Refrigerate	VML Microbiology (KE or PE)
URINALYSIS /URINE CULTURE If pyuria or nitrite present	URIFP	STERILE CONTAINER With preservative	15 mL urine	• Mid stream collection required • Refrigerate	VML Microbiology (KE)
URINALYSIS aka: Random urinalysis, UA	UMAC	STERILE CONTAINER	15 mL urine	• Macroscopic only (dip) • Random collection • Refrigerate	VML Microbiology (KE or PE)
URINALYSIS Macroscopic & microscopic requested	UMACMIC Do not use at South Okanagan Labs (PE, PB, OS)	STERILE CONTAINER	15 mL urine	• Justification required • Random collection • Refrigerate	VML Microbiology (KE)
URINALYSIS Macroscopic, Microscopic done if Macro is portative	UMM	STERILE CONTAINER	15 mL urine	• Random collection • Refrigerate	VML Microbiology (KE or PE)
URINALYSIS Microscopic only requested	UMIC	STERILE CONTAINER	15 mL urine	• Justification required • Random collection • Refrigerate	VML Microbiology (KE or PE)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
URINE 5HIAA 24 hour aka: 5 hydroxy indole acetic acid. carcinoid	5HIAA	24 h URINE CONTAINER	10 mL urine	<p>Patient must avoid the following for 3 days to and during testing:</p> <ol style="list-style-type: none"> 1. Acetaminophen 2. Cough syrup 3. Phenacetin 4. Avocado 5. Banana 6. Eggplant 7. Kiwi fruit 8. Pineapple 9. Plantains 10. Plums 11. Tomato 12. Walnuts 13. Hickory nuts 14. Pecans 15. Serotonin 16. Tryptophan 17. Melatonin 18. 5 HTP supplements <ul style="list-style-type: none"> • Keep refrigerated • Send whole sample to main laboratory <p>Main Lab:</p> <ul style="list-style-type: none"> • Measure volume and record in comments • Pour off into sterile urine container • Refrigerate 	Life Labs (LL)
URINE AFB aka: Tuberculosis		STERILE CONTAINER		<ul style="list-style-type: none"> • Entered by VML microbiology • Refrigerate 	BC Center for Disease Control (CDC)
URINE ALBUMIN 12 hour aka: 12 hour Microalbumin	12MAL	2 x 24 h URINE CONTAINER	<p>1 x 10 mL 1 x 5 mL urine DAY</p> <p>1 x 10 mL 1 x 5 mL urine NIGHT</p>	<ul style="list-style-type: none"> • Give patient 2 x 24 h urine containers. Mark one DAY and one NIGHT • No preservative • 12 hour collection for each e.g.: 7am-7pm DAY and 7pm-7am NIGHT • Order each sample on its own accession number • Send whole samples to main lab <p>Kelowna Main Lab:</p> <ul style="list-style-type: none"> • Measure volume and record in comments • Pour off urine into 1 x 10 mL and 1 x 5 mL polypropylene white top tube • Refrigerate 	VML Chemistry (KE)
URINE ALBUMIN Random aka: RUMAL, ACR, Ru met, Umicalb, MALB, Microalbumin	RUMAL	STERILE CONTAINER	5 mL urine	<ul style="list-style-type: none"> • Random collection • Pour into polypropylene white top tube 	VML Chemistry (KE)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
URINE ALBUMIN 24 hour aka: 24 hour Albumin, 24 hour Microalbumin	24MAL	24 HOUR CONTAINER	1 x 10 mL 1 x 5 mL urine	<ul style="list-style-type: none"> • No preservative • Send whole samples to main lab • Order on its own accession number <p>Main Lab:</p> <ul style="list-style-type: none"> • Measure volume and record in comments • Pour off urine into 1 x 10 mL and 1 x 5 mL polypropylene white top tube • Refrigerate 	VML Chemistry (KE)
URINE ALCOHOL aka: Urine Ethanol	URALC	STERILE CONTAINER	20 mL urine	<ul style="list-style-type: none"> • Random collection • Patient to go into bathroom alone • Patient not to take anything into bathroom with them • Patient to hand sample directly to staff member once completed • Specimen should be warm (body temperature) if it is not, make external comment • Refrigerate <p>KE ONLY:</p> <ul style="list-style-type: none"> • Pour off sample into polystyrene tube. • Keep pour off and remaining urine in pink top in URDS bucket. • Refrigerate • This test is not for legal purposes 	VML Chemistry (KE)
URINE ALDOSTERONE 24 hour	UALD	24 h URINE CONTAINER PROTECT FROM LIGHT	10 mL urine	<ul style="list-style-type: none"> • No preservative • Keep refrigerated • Send whole sample to main laboratory • Order on its own accession number <p>Kelowna Main Lab:</p> <ul style="list-style-type: none"> • Measure volume and record in comments • Pour off sterile urine container • Protect from light • Refrigerate • Results include 24 h Urine Sodium and 24 h Urine Creatinine 	Life Labs (LL)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
URINE AMINO ACID aka: Amino Acids Qualitative urine, Amino Aciduria, Fanconi Syndrome, Hartnup Disease, Urine Phosphoethanolamine, Cystinuria, Renal Tubulopathy, HHH Syndrome, LPI				See Urine Cystine	
URINE AMPHETAMINE	URAMP	STERILE CONTAINER	20 mL urine	<ul style="list-style-type: none"> • Random collection • Patient to go into bathroom alone • Patient not to take anything into bathroom with them • Patient to hand sample directly to staff member once completed • Specimen should be warm (body temperature) if it is not make external comment • Refrigerate <p>KE ONLY:</p> <ul style="list-style-type: none"> • Pipette into polystyrene tube • Refrigerate with original sample <p><i>This test is not for legal purposes</i></p>	VML Chemistry (KE)
URINE AMYLASE 24 hour	UAMY	24 h URINE CONTAINER	5 mL urine	<ul style="list-style-type: none"> • No preservative • Keep refrigerated • When sample is dropped off please order on its own accession number • Send whole sample to main laboratory <p>Main Lab:</p> <ul style="list-style-type: none"> • Measure volume and record in comments • Pour off sterile urine container <p>Refrigerate</p>	Vancouver General Hospital (VGH)
URINE AMYLASE Random	SOLIF	STERILE CONTAINER	5 mL urine	<ul style="list-style-type: none"> • First morning specimen preferred • Refrigerate 	Life Labs (LL)
URINE ARSENIC	SOLIF	2 x STERILE CONTAINERS	50 mL urine	<ul style="list-style-type: none"> • Patient must avoid the following for 3 days to and during testing: <ul style="list-style-type: none"> • Seafood • Random collection • DO NOT split, aliquot or share sample • Refrigerate 	

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
URINE BARBITURATES				Only available through Chain of Custody Screening for Legal Purposes.	
URINE BENZODIAZEPINE	URBEN	STERILE CONTAINER	20 mL urine	<ul style="list-style-type: none"> • Random collection • Patient to go into bathroom alone • Patient not to take anything into bathroom with them • Patient to hand sample directly to staff member once completed • Specimen should be warm (body temperature) if it is not make external comment • Refrigerate <p>KE ONLY:</p> <ul style="list-style-type: none"> • Pour off sample into polystyrene tube. • Keep pour off and remaining urine in pink top in URDS bucket. • Refrigerate <p><i>This test is not for legal purposes</i></p>	VML Chemistry (KE)
URINE BILE ACIDS	SOLIF	STERILE CONTAINER	2 mL urine	<ul style="list-style-type: none"> • Concentrated first morning specimen preferred • Freeze sample <p>Note: For patients being investigated or monitored for intrahepatic cholestasis of pregnancy see BILE ACIDS (blood)</p>	Life Labs (LL)
URINE CALCIUM / CREATININE RATIO	UCA/CR RATIO	STERILE CONTAINER	2 x 5 mL urine	<ul style="list-style-type: none"> • Random collection • Pour off urine into • 1 x 5 mL polypropylene white top tube using Creatinine extra label • 1 x 5 mL polypropylene white top tube using Calcium extra label • Refrigerate 	VML Chemistry (KE)
URINE CALCIUM 12 hour	12CA	2 x 24 URINE CONTAINER	2 x 5 mL 1 x 10 mL urine DAY 2 x 5 mL 1 x 10 mL urine NIGHT	<ul style="list-style-type: none"> • Give patient 2 x 24 h urine containers. Mark one DAY and one NIGHT • No preservative • 12 hour collection for each e.g.: 7am-7pm DAY and 7pm-7am NIGHT • Order each sample on its own accession numbers • Send whole samples to main lab <p>Main Lab:</p> <ul style="list-style-type: none"> • Measure volume and record in comments • Pour off urine into 2 x 5 mL and 1 x 10 mL polypropylene white top tube • Refrigerate 	VML Chemistry (KE)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
URINE CALCIUM 24 hour	24CA	24 URINE CONTAINER	2 x 5 mL 1 x 10 mL urine	<ul style="list-style-type: none"> No preservative Order on its own accession number Send whole samples to main lab <p>Main Lab:</p> <ul style="list-style-type: none"> Measure volume and record in comments Pour off urine into 1 x 10 mL and 1 x 5 mL polypropylene white top tube using Creatinine extra label 1 x 5 mL polypropylene white top tube using Calcium extra label Refrigerate 	VML Chemistry (KE)
URINE CALCIUM Random	UCA	STERILE CONTAINER	5 mL urine	<ul style="list-style-type: none"> Random collection Pour into polypropylene white top tube Refrigerate 	VML Chemistry (KE)
URINE CATECHOLAMINES				Send patient to nearest hospital laboratory	
URINE CHLORIDE 12 hour	12CL	2 x 24 URINE CONTAINER	1 x 10 mL 1 x 5 mL urine DAY 1 x 10 mL 1 x 5 mL Urine Night	<ul style="list-style-type: none"> Give patient 2 x 24 h urine containers. Mark one DAY and one NIGHT No preservative 12 hour collection for each e.g.: 7am-7pm DAY and 7pm-7am NIGHT Order each sample on its own accession numbers Send whole samples to main lab <p>Main Lab:</p> <ul style="list-style-type: none"> Measure volume and record in comments Pour off urine into 1 x 10 mL and 1 x 5 mL polypropylene white top tube Refrigerate 	VML Chemistry (KE)
URINE CHLORIDE 24 hour	24CL	24 URINE CONTAINER	1 x 10 mL 1 x 5 mL urine	<ul style="list-style-type: none"> No preservative Order on its own accession number Send whole samples to main lab <p>Main Lab:</p> <ul style="list-style-type: none"> Measure volume and record in comments Pour off urine into 1 x 10 mL and 1 x 5 mL polypropylene white top tube Refrigerate 	VML Chemistry (KE)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
URINE CHLORIDE	UCL	STERILE CONTAINER	5 mL urine	<ul style="list-style-type: none"> • Random collection • Pour into polypropylene white top tube • Refrigerate 	VML Chemistry (KE)
URINE CITRATE 24 hour	SOVGH	24 h URINE CONTAINER	5 mL urine	<ul style="list-style-type: none"> • No preservative • Send whole samples to main lab <p>Main Lab:</p> <ul style="list-style-type: none"> • Measure volume and record in comments Tag to SOVGH test code • Pour off minimum 5 mL into sterile container • Refrigerate 	Vancouver General Hospital (VGH)
URINE COCAINE	URCO	STERILE CONTAINER	20 mL urine	<ul style="list-style-type: none"> • Random collection • Patient to go into bathroom alone • Patient not to take anything into bathroom with them • Patient to hand sample directly to staff member once completed • Specimen should be warm (body temperature) if it is not make external comment • Refrigerate <p>KE ONLY:</p> <ul style="list-style-type: none"> • Pour off sample into polystyrene tube. • Keep pour off and remaining urine in pink top in URDS bucket. • Refrigerate <p><i>This test is not for legal purposes</i></p>	VML Chemistry (KE)
URINE COPPER 24 hour				Send patient to nearest hospital laboratory	
URINE CORTISOL 24 hour aka: Urinary free cortisol, 11 Oxysteroids, 17 Hydroxycortico- steroids, 17 Hydroxysteroids, 17 Ketogenic steroids, 17 OH Corticoids, 24 h Urine Corticosteroid	24COR	24 h URINE CONTAINER	10 mL urine	<ul style="list-style-type: none"> • No preservative • Order on its own accession number • Send whole samples to main lab <p>Main Lab:</p> <ul style="list-style-type: none"> • Measure volume and record in comments Tag to 24COR test code • Pour off minimum 10 mL into sterile container • Refrigerate 	Life Labs (LL)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
URINE CREATININE 24 hour	24CRE	24 h URINE CONTAINER	1 x 10 mL 1 x 5 mL urine	<ul style="list-style-type: none"> • No preservative • Order on its own accession number • Send whole samples to main lab <p>Main Lab:</p> <ul style="list-style-type: none"> • Measure volume and record in comments • Pour off urine into 1 x 10 mL and 1 x 5 mL polypropylene white top tube • Refrigerate 	VML Chemistry (KE)
URINE CREATININE 12 hour	12CRE	2 x 24 h URINE CONTAINER	1 x 10 mL 2 x 5 mL urine DAY 1 x 10 mL 2 x 5 mL urine NIGHT	<ul style="list-style-type: none"> • Give patient 2 x 24 h urine containers. Mark one DAY and one NIGHT • No preservative • <u>12 hour</u> collection for each e.g.: 7am-7pm DAY and 7pm-7am NIGHT • Order each sample on its own accession numbers • Send whole samples to main lab <p>Main Lab:</p> <ul style="list-style-type: none"> • Measure volume and record in comments • Pour off urine into 1 x 10 mL and 1 x 5 mL polypropylene white top tube • Refrigerate 	VML Chemistry (KE)
URINE CREATININE Random	UCREA	STERILE CONTAINER	5 mL urine	<ul style="list-style-type: none"> • Random collection • Pour into polypropylene white top tube • Refrigerate 	VML Chemistry (KE)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
URINE CREATININE CLEARANCE 24 hour	CRCL	24 h URINE CONTAINER and 4 mL SST	1 x 10 mL 1 x 5 mL urine and 0.5 mL serum	<ul style="list-style-type: none"> • No preservative • Patient weight and height must be noted in comments • Blood collection required • Order on its own accession number with the exception of the serum creatinine which is included in the CRCL panel <p>Urine:</p> <ul style="list-style-type: none"> • Send whole sample to main lab <p>Blood:</p> <ul style="list-style-type: none"> • Allow to clot for 30 minutes • Centrifuge for 10 minutes • Refrigerate <p>Main Lab:</p> <ul style="list-style-type: none"> • Measure urine volume and record in comments • Pour off urine into 1 x 10 mL and 1 x 5 mL polypropylene white top tube • Refrigerate <p>Note:</p> <ul style="list-style-type: none"> • <i>Serum creatinine acceptable within 48 h of urine collection</i> 	VML Chemistry (KE)
URINE CULTURE aka: Urine C	URCS	STERILE CONTAINER with or without preservative	15 mL urine	<ul style="list-style-type: none"> • Mid stream collection • Label sterile pink top • Give patient a sterile pink top for urine collection • Label BD urine culture preservative tube (grey top) • Insert straw end of BD transfer system into urine • Press BD urine culture preservative tube into hub end of transfer system • Allow tube to fill completely • If Urine Culture is the only urine test ordered, discard pink top • Refrigerate grey top urine culture tube 	VML Microbiology (KE)
URINE CYSTINE QUANTITATIVE aka: Amino Acids Qualitative urine, Amino Aciduria, Fanconi Syndrome, Hartnup Disease, Urine Phosphoethanolamine, Cystinuria, Renal Tubulopathy, HHH Syndrome, LPI	UCYSQ	STERILE CONTAINER	5 mL urine	<ul style="list-style-type: none"> • First morning specimen preferred • Send whole sample to Main lab • Main Lab: • Freeze sample immediately 	BC Children's Hospital (CH)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
URINE CYSTINE SCREEN	UCYSR	STERILE CONTAINER	20 mL urine	<ul style="list-style-type: none"> • First morning specimen required • Send whole sample to Main lab <p>Main Lab:</p> <ul style="list-style-type: none"> • Freeze sample immediately • DO NOT aliquot, split or share sample 	BC Children's Hospital (CH)
URINE CYTOLOGY		1 x CYTOLOGY CONTAINER		<ul style="list-style-type: none"> • One sample only • Second morning sample • Entered in Microbiology 	Kelowna General Hospital (KGH)
URINE DELTA AMINOLEVULINIC ACID 24 hour aka: ALA, Aminolaevulinic acid	24DAL	24 h URINE CONTAINER PROTECT FROM LIGHT	10 mL urine	<ul style="list-style-type: none"> • No preservative • Protect from light during collection and transportation • Send whole samples to main lab <p>Main Lab:</p> <ul style="list-style-type: none"> • Measure volume and record in comments • Pour off minimum 10 mL into sterile container • Protect from light • Freeze <p><i>Only tested once per month</i></p>	Vancouver General Hospital (VGH)
URINE D-PYRIDINOL 2 hour aka: Urine cross links, Deoxypyridinoline Cross links, Didronel, DPD, DPYR, D-PYR urine, Hydroxyproline, Hydroxyproline 24 h, Pyridinole Cross links, PYRXL, Urine Deoxypyridinole				No longer available Dec 2014	

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
<p>URINE DRUG SCREEN aka: Street drugs, narcotics</p> <p>Orders a panel of 5 drugs: Opiates Amphetamine Cocaine Benzodiazepine Methadone</p>	URDS	STERILE CONTAINER	20 mL urine	<ul style="list-style-type: none"> • Random collection • Patient to go into bathroom alone • Patient not to take anything into bathroom with them • Patient to hand sample directly to staff member once completed • Specimen should be warm (body temperature) if it is not, make external comment • Refrigerate <p>KE ONLY:</p> <ul style="list-style-type: none"> • Pour off sample into polystyrene tube. • Keep pour off and remaining urine in pink top in URDS bucket. • Refrigerate <p><i>This test is not for legal purposes</i></p>	VML Chemistry (KE)
<p>URINE DRUG SCREEN Karis Society Orders a panel of 8 drugs: Alcohol Amphetamine Benzodiazepine Cocaine Opiates Oxycodone Methadone THC</p>	KARIS	STERILE CONTAINER	20 mL urine	<ul style="list-style-type: none"> • For urine samples dropped off by NOW Canada <p>KE ONLY:</p> <ul style="list-style-type: none"> • Pour off sample into polystyrene tube. • Keep pour off and remaining urine in pink top in URDS bucket. • Refrigerate <p><i>This test is not for legal purposes</i></p>	VML Chemistry (KE)
<p>URINE DRUG SCREEN NOW Canada Orders a panel of 7 drugs: Alcohol Amphetamine Benzodiazepine Cocaine Opiates Oxycodone THC</p>	NOWDS	STERILE CONTAINER	20 mL urine	<ul style="list-style-type: none"> • For urine samples dropped off by NOW Canada <p>KE ONLY:</p> <ul style="list-style-type: none"> • Pour off sample into polystyrene tube • Keep pour off and remaining urine in pink top in URDS bucket • Refrigerate <p><i>This test is not for legal purposes</i></p>	VML Chemistry (KE)
<p>URINE ETHYL GLUCURONIDE aka: ETG</p>	SOPTC	STERILE CONTAINER	20 mL urine	<ul style="list-style-type: none"> • Random collection • Patient to go into bathroom alone • Patient not to take anything into bathroom with them • Patient to hand sample directly to staff member once completed • Specimen should be warm (body temperature) if it is not make external comment • Refrigerate <p><i>This test is not for legal purposes</i></p>	Provincial Toxicology Center (PTC)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
URINE FENTANYL	URFEN	STERILE CONTAINER	20 mL urine	<ul style="list-style-type: none"> • Random collection • Patient to go into bathroom alone • Patient not to take anything into bathroom with them • Patient to hand sample directly to staff member once completed • Specimen should be warm (body temperature) if it is not make external comment • Refrigerate <p>KE ONLY:</p> <ul style="list-style-type: none"> • Pour off sample into polystyrene tube. • Keep pour off and remaining urine in pink top in URDS bucket. • Refrigerate <p><i>This test is not for legal purposes</i></p>	VML Chemistry (KE)
URINE FOR DATE RAPE aka: Rohypnol, GHB	SOPTC	STERILE CONTAINER	50 mL urine	<ul style="list-style-type: none"> • DO NOT enter • Phone Team Lead immediately for direction • Send specimen and requisition to main lab for processing • Pathologist will phone ordering physician for clarification of drugs being requested 	Provincial Toxicology Center (PTC)
URINE GC and/or CHLAMYDIA				See urine Chlamydia	
URINE HEMOSIDERIN aka: Iron stain urine, Perl's Russian Blue Stain	UHEMOK	STERILE CONTAINER	10 mL urine	<ul style="list-style-type: none"> • Random collection • Refrigerate 	BC Children's Hospital (CH)
URINE IMMUNOFIXATION 24 Hour	SOLIF	24 HOUR CONTAINER	100 mL urine	<ul style="list-style-type: none"> • No preservative • Send whole samples to main lab <p>Main Lab:</p> <ul style="list-style-type: none"> • Measure volume and record in comments Tag to test code • Pour off minimum 100 mL into sterile container • Refrigerate 	Life Labs (LL)
URINE IMMUNOFIXATION Random	UIFE	STERILE CONTAINER	50 mL urine	<ul style="list-style-type: none"> • First morning collection required • Refrigerate 	Life Labs (LL)
URINE LEAD				Send patient to nearest hospital laboratory	

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
URINE MAGNESIUM 24 hour	UMG	24 h URINE CONTAINER	5 mL urine	<ul style="list-style-type: none"> • No preservative • Send whole samples to main lab <p>Main Lab:</p> <ul style="list-style-type: none"> • Measure volume and record in comments • Pour off minimum 5 mL into sterile container • Refrigerate 	Life Labs (LL)
URINE MELANIN For Kelowna	UMELK	STERILE CONTAINER	50 mL urine	<ul style="list-style-type: none"> • Random collection • Ensure lid is on tight- exposure to air will cause changes to the results • Refrigerate 	Kelowna General Hospital (KGH)
URINE MELANIN For Penticton	UMELP	STERILE CONTAINER	50 mL urine	<ul style="list-style-type: none"> • Random collection • Ensure lid is on tight- exposure to air will cause changes to the results • Refrigerate 	Penticton Regional Hospital (PRH)
URINE MERCURY 24 hour				Send patient to nearest hospital laboratory	
URINE METANEPHRINE 24 hour aka: 24 h Normetanephrine, Fractionated Metanephrine, Free Metanephrine, Free Normetanephrine, Pheochromocytoma				Send patient to nearest hospital laboratory	
URINE METHADONE aka: EDDP, Urine Amidone, Urine Dolophine, Urine Methadone Metabolites, Urine Physeptone	URMETH	STERILE CONTAINER	20 mL urine	<ul style="list-style-type: none"> • Random collection • Patient to go into bathroom alone • Patient not to take anything into bathroom with them • Patient to hand sample directly to staff member once completed • Specimen should be warm (body temperature) if it is not make external comment • Refrigerate <p>KE ONLY:</p> <ul style="list-style-type: none"> • Pour off sample into polystyrene tube. • Keep pour off and remaining urine in pink top in URDS bucket. • Refrigerate <p><i>This test is not for legal purposes</i></p>	VML Chemistry (KE)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
URINE MUCOPOLY-SACCHARIDES	UMUCP	STERILE CONTAINER	10 mL urine	<ul style="list-style-type: none"> • Random collection • Clinical data required in comments • Tag comment to UMUCP test code • Send whole sample to Main lab <p>Main Lab:</p> <ul style="list-style-type: none"> • Freeze sample immediately 	BC Children's Hospital (CH)
URINE OPIATES	UROP	STERILE CONTAINER	20 mL urine	<ul style="list-style-type: none"> • Random collection • Patient to go into bathroom alone • Patient not to take anything into bathroom with them • Patient to hand sample directly to staff member once completed • Specimen should be warm (body temperature) if it is not make external comment • Refrigerate <p>KE ONLY:</p> <ul style="list-style-type: none"> • Pour off sample into polystyrene tube. • Keep pour off and remaining urine in pink top in URDS bucket. • Refrigerate <p><i>This test is not for legal purposes</i></p>	VML Chemistry (KE)
URINE ORGANIC ACID	SOBCH	Sterile urine container	5 mL urine	<ul style="list-style-type: none"> • First morning sample preferred • Freeze 	BC Children's Hospital (CH)
URINE OSMOLALITY 24 hour	24OSMO	24 HOUR CONTAINER	5 mL urine	<ul style="list-style-type: none"> • No preservative • Send whole samples to main lab <p>Main Lab:</p> <ul style="list-style-type: none"> • Measure volume and record in comments tag to 24OSMO test code • Pour off minimum 5 mL into sterile container • Refrigerate 	Life Labs (LL)
URINE OSMOLALITY Random	RUOSMO	STERILE CONTAINER	5 mL urine	<ul style="list-style-type: none"> • When serum osmolality is ordered collect serum and urine sample on same day • Random collection • Refrigerate 	Life Labs (LL)
URINE OXALATE 24 hour				Send patient to nearest hospital	

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
URINE OXYCODONE	UROX	STERILE CONTAINER	20 mL urine	<ul style="list-style-type: none"> • Random collection • Patient to go into bathroom alone • Patient not to take anything into bathroom with them • Patient to hand sample directly to staff member once completed • Specimen should be warm (body temperature) if it is not make external comment • Refrigerate <p>KE ONLY:</p> <ul style="list-style-type: none"> • Pour off sample into polystyrene tube. • Keep pour off and remaining urine in pink top in URDS bucket. • Refrigerate <p><i>This test is not for legal purposes</i></p>	VML Chemistry (KE)
URINE pH value on 24 hour urine	UMAC	STERILE CONTAINER	20 mL urine	<ul style="list-style-type: none"> • Measure and record the volume of the 24 hour urine being ordered • Pour a portion of the sample into a sterile container for UMAC • Note in comments and on sample: "pH value only requested" • Refrigerate 	VML Kelowna Microbiology (KE) OR VML Penticton Main (PE)
URINE PHOSPHORUS 12 hour	12PO4	2 x 24 h URINE CONTAINER	1 x 10 mL 2 x 5 mL urine DAY 1 x 10 mL 2 x 5 mL urine NIGHT	<ul style="list-style-type: none"> • Give patient 2 x 24 h urine containers. Mark one DAY and one NIGHT • No preservative • 12 hour collection for each e.g.: 7am-7pm DAY and 7pm-7am NIGHT • Order each sample on its own accession number • Send whole samples to main lab <p>Main Lab:</p> <ul style="list-style-type: none"> • Measure volume and record in comments • Pour off urine into 2 x 5 mL polypropylene white top tubes and 1 x 10 mL plastic tube • Refrigerate 	VML Chemistry (KE)
URINE PHOSPHORUS Random	UPO4	STERILE CONTAINER	5 mL urine	<ul style="list-style-type: none"> • Random collection • Pour into polypropylene white top tube • Refrigerate 	VML Chemistry (KE)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
URINE PHOSPHORUS 24 hour	24PO4	24 HOUR CONTAINER	1 x 10 mL 2 x 5 mL urine DAY 1 x 10 mL 2 x 5 mL urine	<ul style="list-style-type: none"> • No preservative • Send whole samples to main lab • Order on its own accession number <p>Main Lab:</p> <ul style="list-style-type: none"> • Measure volume and record in comments • Pour off urine into 2 x 5 mL polypropylene white top tubes and 1 x 10 mL plastic tube • Refrigerate 	VML Chemistry (KE)
URINE PORPHYRIN 24 hour aka: UP qualitative				Send patient to nearest hospital laboratory	
URINE PORPHYRIN SCREEN Random aka: UP qualitative, coproporphyrin	UPOR	STERILE CONTAINER Protect from light	20 mL urine	<ul style="list-style-type: none"> • First morning specimen preferred • Random collection • Protect from light • Send whole sample to Main lab <p>Main Lab:</p> <ul style="list-style-type: none"> • Freeze sample immediately 	Vancouver General Hospital (VGH)
URINE POTASSIUM 12 hour	12K	2 x 24 h URINE CONTAINER	1 x 10 mL 1 x 5 mL urine DAY 1 x 10 mL 1 x 5 mL urine NIGHT	<ul style="list-style-type: none"> • Give patient 2 x 24 h urine containers. Mark one DAY and one NIGHT • No preservative • 12 hour collection for each e.g.: 7am-7pm DAY and 7pm-7am NIGHT • Order each sample on its own accession number • Send whole samples to main lab <p>Main Lab:</p> <ul style="list-style-type: none"> • Measure volume and record in comments • Pour off urine into 1 x 10 mL and 1 x 5 mL polypropylene white top tube • Refrigerate 	VML Chemistry (KE)
URINE POTASSIUM 24 hour	24K	24 HOUR CONTAINER	1 x 10 mL 1 x 5 mL urine	<ul style="list-style-type: none"> • No preservative • Order on its own accession number • Send whole samples to main lab <p>Main Lab:</p> <ul style="list-style-type: none"> • Measure volume and record in comments • Pour off urine into 1 x 10 mL and 1 x 5 mL polypropylene white top tube • Refrigerate 	VML Chemistry (KE)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
URINE POTASSIUM Random	UK	STERILE CONTAINER	5 mL urine	<ul style="list-style-type: none"> • Random collection • Pour into polypropylene white top tube • Refrigerate 	
URINE PREGNANCY Kelowna & Vernon				No longer available. Substitute with BETA HCG QUANTITATIVE (BHCGQ)	
URINE PREGNANCY Penticton & Osoyoos				No longer available. Substitute with BETA HCG QUANTITATIVE (BHCGQ)	
URINE PROTEIN 12 hour	12PRO	2 x 24 h URINE CONTAINER	1 x 10 mL 1 x 5 mL urine DAY 1 x 10 mL 1 x 5 mL urine NIGHT	<ul style="list-style-type: none"> • Give patient 2 x 24 h urine containers. Mark one DAY and one NIGHT • No preservative • 12 hour collection for each e.g.: 7am-7pm DAY and 7pm-7am NIGHT • Order each sample on its own accession number • Send whole samples to main lab <p>Main Lab:</p> <ul style="list-style-type: none"> • Measure volume and record in comments • Pour off urine into 1 x 10 mL and 1 x 5 mL polypropylene white top tube • Refrigerate 	VML Chemistry (KE)
URINE PROTEIN 24 hour	24PRO	24 HOUR CONTAINER	1 x 10 mL 1 x 5 mL urine	<ul style="list-style-type: none"> • No preservative • Order on its own accession number • Send whole samples to main lab <p>Main Lab:</p> <ul style="list-style-type: none"> • Measure volume and record in comments • Pour off urine into 1 x 10 mL and 1 x 5 mL polypropylene white top tube • Refrigerate 	VML Chemistry (KE)
URINE PROTEIN ELECTROPHORESIS 24 Hour aka: Bence Jones 24 h, BJP 24 h, Electrophoresis Light Chains 24 h, UPEP24, Immuno- electrophoresis 24 h, Urine BJ Protein 24 h	SOLIF	24 HOUR URINE CONTAINER	50 mL urine	<ul style="list-style-type: none"> • No preservative • Send whole samples to main lab <p>Main Lab:</p> <ul style="list-style-type: none"> • Measure volume and record in comments tag to SOLIF test code • Pour off minimum 50 mL into sterile container • Refrigerate 	Life Labs (LL)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
URINE PROTEIN ELECTROPHORESIS Random aka: AM Urine Light Chains, Bence Jones Protein, BJP, Electrophoresis Light Chains, Kappa & Lambda Light Chains, Monoclonal Light Chains, Paraproteins, UPEP Random	UPE	STERILE CONTAINER	100 mL urine	<ul style="list-style-type: none"> • First morning specimen preferred • Random collection • Refrigerate 	Life Labs (LL)
URINE PROTEIN/CREATININE RATIO	UTP/CRRATIO	STERILE CONTAINER	5 mL urine	<ul style="list-style-type: none"> • Random collection • Pour into polypropylene white top tube • Refrigerate 	VML Chemistry (KE)
URINE PROTEIN	UPROT	STERILE CONTAINER	5 mL urine	<ul style="list-style-type: none"> • Random collection • Pour into polypropylene white top tube tube • Refrigerate 	VML Chemistry (KE)
URINE REDUCING SUBSTANCES				No longer available	
URINE SCHISTOSOMA aka: Bilharziasis		STERILE CONTAINER	20 mL urine	<ul style="list-style-type: none"> • Entered by microbiology • Afternoon collection preferred 12:00pm-3:00pm • Midstream to end of void 	VML Microbiology (KE)
URINE SIALIC ACID aka: Oligosaccharides, Aspartyl Glucosamine, Sialic Mucopoly Saccharides	USIAL	STERILE CONTAINER	5 mL urine	<ul style="list-style-type: none"> • First morning collection preferred • Freeze 	BC Children's Hospital (CH)
URINE SODIUM 24 hour	24NA	24 HOUR CONTAINER	1 x 10 mL 1 x 5 mL urine	<ul style="list-style-type: none"> • No preservative • Order on its own accession number • Send whole samples to main lab <p>Main Lab:</p> <ul style="list-style-type: none"> • Measure volume and record in comments • Pour off urine into 1 x 10 mL and 1 x 5 mL polypropylene white top tube • Refrigerate 	VML Chemistry (KE)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
URINE SODIUM 12 hour	12NA	2 x 24 h URINE CONTAINER	1 x 10 mL 1 x 5 mL urine DAY 1 x 10 mL 1 x 5 mL urine NIGHT	<ul style="list-style-type: none"> • Give patient 2 x 24 h urine containers. Mark one DAY and one NIGHT • No preservative • 12 hour collection for each e.g.: 7am-7pm DAY and 7pm-7am NIGHT • Order each sample on its own accession number • Send whole samples to main lab <p>Main Lab:</p> <ul style="list-style-type: none"> • Measure volume and record in comments • Pour off urine into 1 x 10 mL and 1 x 5 mL polypropylene white top tube • Refrigerate 	VML Chemistry (KE)
URINE SODIUM	UNA	STERILE CONTAINER	5 mL urine	<ul style="list-style-type: none"> • Random collection • Pour into polypropylene white top tube • Refrigerate 	VML Chemistry (KE)
URINE STREET DRUGS	URDS			See urine drug screen	
URINE THC aka: Cannabis, marijuana	URTHC	STERILE CONTAINER	20 mL urine	<ul style="list-style-type: none"> • Random collection • Patient to go into bathroom alone • Patient not to take anything into bathroom with them • Patient to hand sample directly to staff member once completed • Specimen should be warm (body temperature) if it is not make external comment • Refrigerate <p>KE ONLY:</p> <ul style="list-style-type: none"> • Pour off sample into polystyrene tube. • Keep pour off and remaining urine in pink top in URDS bucket. • Refrigerate • This test is not for legal purposes 	VML Chemistry (KE)
URINE TRACE METALS				Send patient to nearest hospital laboratory	
URINE TYROSINE				Send patient to nearest hospital laboratory	

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
URINE URATE 24 hour aka: 24 hour Uric Acid urine	24URA	24 HOUR CONTAINER	1 x 10 mL 1 x 5 mL urine	<ul style="list-style-type: none"> • No preservative • Order on its own accession number • Send whole samples to main lab <p>Main Lab:</p> <ul style="list-style-type: none"> • Measure volume and record in comments • Pour off urine into 1 x 10 mL and • 1 x 5 mL polypropylene white top tube • Refrigerate 	VML Chemistry (KE)
URINE URATE 12 hour aka: 12 hour urine Uric Acid	12URA	2 x 24 h URINE CONTAINER	1 x 10 mL 1 x 5 mL urine DAY 1 x 10 mL 1 x 5 mL urine NIGHT	<ul style="list-style-type: none"> • Give patient 2 x 24 h urine containers. Mark one DAY and one NIGHT • No preservative • 12 hour collection for each e.g.: 7am-7pm DAY and 7pm-7am NIGHT • Order each sample on its own accession number • Send whole samples to main lab <p>Main Lab:</p> <ul style="list-style-type: none"> • Measure volume and record in comments • Pour off urine into 1 x 10 mL and • 1 x 5 mL polypropylene white top tube • Refrigerate 	VML Chemistry (KE)
URINE URATE Random aka: Urine Uric Acid	UURAT	STERILE CONTAINER	5 mL urine	<ul style="list-style-type: none"> • Random collection • Pour into polypropylene white top tube • Refrigerate 	VML Chemistry (KE)
URINE UREA 12 hour	12UREA	2 x 24 h URINE CONTAINER	1 x 10 mL 1 x 5 mL urine DAY 1 x 10 mL 1 x 5 mL urine NIGHT	<ul style="list-style-type: none"> • Give patient 2 x 24 h urine containers. Mark one DAY and one NIGHT • No preservative • 12 hour collection for each e.g.: 7am-7pm DAY and 7pm-7am NIGHT • Order each sample on its own accession number • Send whole samples to main lab <p>Main Lab:</p> <ul style="list-style-type: none"> • Measure volume and record in comments • Pour off urine into 1 x 10 mL and • 1 x 5 mL polypropylene white top tube • Refrigerate 	VML Chemistry (KE)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
URINE UREA 24 hour	24URE	24 HOUR CONTAINER	1 x 10 mL 1 x 5 mL urine	<ul style="list-style-type: none"> No preservative Order on its own accession number Send whole samples to main lab <p>Main Lab:</p> <ul style="list-style-type: none"> Measure volume and record in comments Pour off urine into 1 x 10 mL and 1 x 5 mL polypropylene white top tube Refrigerate 	VML Chemistry (KE)
URINE UREA Random	UUREA	STERILE CONTAINER	5 mL urine	<ul style="list-style-type: none"> Random collection Pour into polypropylene white top tube Refrigerate 	VML Chemistry (KE)
URINE VMA 24 hour aka: Vanillylmandelic acid				Send patient to nearest hospital laboratory	
URINE ZINC				Send patient to nearest hospital laboratory	
VALPROIC ACID aka: Depakene, Epival, Divalproex, Valporate	VALP	6 mL RED DO NOT USE SST	1 mL serum	<ul style="list-style-type: none"> Must be at least 6 hours post medication Allow to clot for minimum 30 minutes Centrifuge for 10 minutes Pipette into polypropylene orange top tube Refrigerate 	VML Chemistry (KE)
VANCOMYCIN Kelowna & Vernon	VANCOK	6 mL RED	3 mL serum	<ul style="list-style-type: none"> Doctor may request trough level (1/2 h – 1 h before next dose) or peak level (30-60 minutes post dose) Allow to clot for minimum 30 minutes Centrifuge for 10 minutes Pipette into plastic pour off tube Refrigerate 	Kelowna General Hospital (KGH)
VANCOMYCIN Penticton & Osoyoos	VANCOP	6 mL RED	3 mL serum	<ul style="list-style-type: none"> Doctor may request trough level (1/2 h – 1 h before next dose) or peak level (30-60 minutes post dose) Allow to clot for minimum 30 minutes Centrifuge for 10 minutes Pipette into plastic pour off tube Refrigerate 	Penticton Regional Hospital (PRH)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
VARICELLA ZOSTER aka: Chicken Pox, Shingles	VARIC	5 mL SST	1 mL blood	<ul style="list-style-type: none"> • Send whole blood • Do not centrifuge • BCCDC form to be filled out and sent with sample 	BC Center for Disease Control (CDC)
VDRL aka: Syphilis, RPR, VDRL, STS, TP-PA, TPPA, TPA-EIA, Treponema pallidum	RPR	5 mL SST	1 mL blood	<ul style="list-style-type: none"> • Send whole blood • Do not centrifuge • BCCDC form to be filled out and sent with sample 	BC Center for Disease Control (CDC)
VERAPAMIL	VERAP	6 mL RED DO NOT USE SST	3 mL serum	<ul style="list-style-type: none"> • Note date and time of medication • Usual collection is trough level (1/2 h – 1 h before next dose) • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Pipette into orange top Polypropylene tube • Refrigerate 	Provincial Toxicology Centre (PTC)
VIRAL CAPSID A aka: Virus Capsid Antigen, EBV IgA, Anti VCA EBV, Antibodies to EBV by enzyme immunoassay, Antibodies to Epstein Barr Virus Capsid, Epstein Barr Virus IgA Ab, IgA Ab against VCA, Iga Ab Against Viral Capsid of EBV				No longer available July 2014	
VISCOSITY For out of province ordering physicians only	SOVGH	2 x 6 mL RED	2 mL serum	<ul style="list-style-type: none"> • Fasting preferred • Collect at Main labs only (KE, VB, PE) • Clot in water bath at 37 degrees for minimum 1 hour • Centrifuge for 10 minutes • Pipette each into separate tubes • Room Temperature 	Vancouver General Hospital (VGH)
VISCOSITY	VISCO	2 x 5 mL SST	3 mL serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Pipette into plastic pour off tubes • Refrigerate 	Life Labs (LL)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
VITAMIN A aka: Retinol Binding Protein Ratio, RBP, Retinol	VITA	6 mL RED PROTECT FROM LIGHT	1 mL serum	<ul style="list-style-type: none"> • Fasting specimen preferred 8-10 h • No IV lipid infusions or vitamin supplementation for 8 h prior to collection • Protect from light • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Pipette into plastic pour off tube (cover entire tube with aluminum foil) • Separate within 2 h of collection • Freeze • Can be on same tube as Vitamin E sample 	BC Children's Hospital (CH)
VITAMIN A AKA: Retinol Binding Protein Private Pay	SOLIF	6 mL Red Top	1 mL Serum	<p>Protect from light</p> <ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Pipette into plastic tube • Cover entire tube with aluminum foil, including lid • Reprint barcode label for outside of tinfoil • Separate within 2 h of collection • Freeze 	Life Labs (LL)
VITAMIN B1 AKA: Thiamine Private Pay	SOLIF	4 mL EDTA	FULL TUBE WHOLE BLOOD	<p>MONDAY TO WEDNESDAY COLLECTION ONLY MUST REACH KE OR PE BY 1:30PM WEDNESDAY</p> <ul style="list-style-type: none"> • Protect from light • DO NOT Centrifuge • Cover entire tube in tinfoil, including the cap • Reprint barcode label for outside • Refrigerate <p>Sample good for 5 days refrigerated If it will be greater than 5 days:</p> <ul style="list-style-type: none"> • Centrifuge • Pipette plasma into plastic tube • Protect from light • Freeze 	Life Labs (LL)
VITAMIN B12 AKA: B 12, B12	B12	4 mL SST	1 mL serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Refrigerate 	VML Chemistry (KE)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
VITAMIN B6 Private Pay Only	SOLIF	4 mL Sodium Heparin	1 mL plasma	<ul style="list-style-type: none"> • Protect from light • Centrifuge for 10 minutes • Pipette into plastic tube (cover entire tube with aluminum foil) • Freeze 	Life Labs (LL)
VITAMIN C AKA: Ascorbic Acid Private Pay Only	SOLIF	4 mL Sodium Heparin	2 mL Plasma	<p>Protect from light</p> <ul style="list-style-type: none"> • Centrifuge for 10 minutes • Pipette into AMBER plastic tube • Use Orange screw top lid • Parafilm lid thoroughly • Reprint barcode label for outside of tinfoil • Freeze 	Life Labs (LL)
VITAMIN D aka: 25 OH, 25 Hydroxy Vitamin D, Vitamin D3	VITD	4 mL SST	1 mL serum	<ul style="list-style-type: none"> • Private pay unless order by specialist or age<19 • Allow to clot for minimum 30 minutes • Centrifuge for 10 Minutes • Refrigerate 	VML Chemistry (KE)
VITAMIN D 1,25 aka: 1,25 DHCC, 1,25 Dihydroxycholecalciferol, 1,25 OH Cholecalciferol, 1 Alpha Vitamin D, Calcitriol	SOLIF	6 mL RED	2 mL serum	<ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 Minutes • Pipette into plastic tube • Freeze 	Life Labs (LL)
VITAMIN E aka: Alpha Tocopherol, Tocopherol	VITE	6 mL RED PROTECT FROM LIGHT	1 mL serum	<ul style="list-style-type: none"> • Fasting specimen preferred (8-10 hours) • No IV lipid infusion or vitamin supplements may be taken for 8 hours prior to test • Allow to clot for minimum 30 minutes • Centrifuge for 10 Minutes • Pipette into plastic tube (cover entire tube with aluminum foil) • Separate within 2 h of collection • Freeze <p><i>If total cholesterol and triglyceride results are available send with sample. Can be on same tube as Vitamin A sample</i></p>	BC Children's Hospital (CH)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
VITAMIN E AKA: Alpha Tocopherol Private Pay Only	SOLIF	6 mL RED TOP	2 mL Serum	<p>Protect from light</p> <ul style="list-style-type: none"> • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Pipette into plastic tube • Cover entire tube with aluminum foil, including lid • Reprint barcode label for outside of tinfoil • Separate within 2 h of collection • Freeze 	Life Labs (LL)
WEST NILE VIRUS	WNV	5 mL SST	3 mL blood	<ul style="list-style-type: none"> • Send whole blood • Do not centrifuge • BCCDC form to be filled out and sent with sample <p>During transmission season (Aug-Sept) collect:</p> <p>Acute:</p> <ul style="list-style-type: none"> • 1 x 5 mL SST • 2 x 6 mL EDTA <p>Convalescent (7-14 days after acute sample)</p> <ul style="list-style-type: none"> • 1 x 5 mL SST 	BC Center for Disease Control (CDC)
Y-CHROMOSOME MICRODELETION Private Pay Only	SOVGH	4 mL EDTA	4 mL Whole Blood	<ul style="list-style-type: none"> • Monday to Wednesday Only • Must reach KE or PE by 2:30 • Requires VGH Cytogenetics for to be completed by ordering physician • Do not centrifuge • Room Temperature 	Vancouver General Hospital (VGH)
ZIKA VIRUS	SOPRO	5 mL SST	1 mL serum	<ul style="list-style-type: none"> • Send whole blood • Do not centrifuge • BCCDC form to be filled out and sent with sample • Include travel history on BCCDC form • Transport all samples as TDG Category B <p>If symptomatic or pregnant collect:</p> <p>1x 5 mL SST and 1x 6 mL EDTA</p>	BC Center for Disease Control (CDC)

TEST	CODE	TUBE TYPE	MIN VOL	HANDLING INSTRUCTIONS	TESTING SITE
ZINC	ZINC	6 mL NAVY BLUE Trace Element Serumt	1 mL serum	<ul style="list-style-type: none"> • Keep tube upright at all times after initial inversions • Allow to clot for minimum 30 minutes • Centrifuge for 10 minutes • Pipette into another navy blue top tube • Cap with navy blue stopper or tainer top • Parafilm cap • Refrigerate • Keep tube upright 	Life Labs (LL)



Pediatric Blood Volume Draw Chart

The table below provides guidance for assessing the risk level associated with total blood volumes collected in pediatric patients. Blood volume requirements above these limits or required more frequently must be discussed and approved by your supervisor prior to collection.

* NOTE: Must not occur for more than 3 consecutive months.

Maximum Allowable Total Blood Draw Volumes Considered Minimal Risk

Body Weight (kg)	Body Weight (lbs)	Total blood volume (mL)	Maximum allowable volume (mL) in <u>one</u> blood draw (=2.5% of TBV)	Maximum allowable volume (mL) drawn over a <u>30 day</u> period (=5% of TBV) for outpatients only
3	6.6	240	6	12
4	8.8	320	8	16
5	11	400	10	20
6	13.2	480	12	24
7	15.4	560	14	28
8	17.6	640	16	32
9	19.8	720	18	36
10	22	800	20	40
11-15	24-33	880-1200	22-30	44-60
16-20	35-44	1280-1600	32-40	64-80
21-25	46-55	1680-2000	42-50	64-100
26-30	57-66	2080-2400	52-60	104-120
31-35	68-77	2480-2800	62-70	124-140
36-40	79-88	2880-3200	72-80	144-160
41-45	90-99	3280-3600	82-90	164-180
46-50	101-110	3680-4000	92-100	184-200

Based on charts from the University of British Columbia- Children's & Women's Health Centre of BC Research Ethics Board, Seattle Children's Hospital Research Foundation adapted by Rhonda Jack PhD, Seattle WA and discussed and approved by Valley Medical Laboratory Director of Operations Dr. Larry Argatoff MD, FRCPC.

References:

- University of British Columbia - Children's & Women's Health Centre of BC Research Ethics Board (UBC CWV REB) CWREB Pediatric Blood Draw Guidance Document Page Version 1.2- February 19, 2013
- Seattle Children's Hospital Research Foundation- Adopted by Rhonda Jack, PhD- August 2001 Children's Hospital and Regional Medical Center Laboratory Seattle, WA

