

HSHS ST. MARY'S HOSPITAL TESTS/ SPECIMENS/ PREP

HSHS St. Mary's Hospital Laboratory Test Index

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For **clinical lab tests** not found in this document, please refer to the Quest Diagnostics Link

<http://www.questdiagnostics.com/testcenter/TestCenterHome.action>

When ordering MUST choose Chantilly VA as lab center

For **anatomic (pathology) lab tests** not found in this document, please refer to the Mayo Medical Laboratories link

<http://www.mayomedicallaboratories.com/index.html>

A	Test Name	LIS Abbreviation	Specimen Required for Submission	Patient Preparation Specimen Requirement Additional Information	Minimum Volume (for Lab use only) <small>If listed as serum or plasma, calculate whole blood to be drawn by multiplying by 3. Example: 1 ml serum requires 3 ml of blood to be collected.</small>
	ABO and Rh, Adult	ABRH	7 ml PINK		3 ml blood
	ABO and Rh, Baby Cord	ABRBI	7 ml PINK / 10 ml LAV		1 microtainer

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ABO, Rh, Antibody Screen	ABOSC	7 ml PINK		3 ml blood
ABO, Rh, Direct Coombs	CORDI	10 ml plain red		1 ml blood
Acetaminophen	IACET	5 ml Pale-green/gel or red		0.5 ml plasma or serum (1.5 ml whole blood)
Acetone	KETO	5 ml PALE-GREEN-GEL OR RED		0.5 ml plasma or serum (1.5 ml whole blood)
Albumin, Serum Albumin ALS	IALB	5 ml PALE-GREEN-GEL, RED-GRAY, PLAIN RED		0.5 ml plasma (1.5 ml whole blood)
Albumin, Urine		Urine Tek tube (12 ml urine)		5 ml urine
Alcohol (ETOH)	IALCO	5 ml GREEN, RED, RED-GRAY	Clean arm with soap NOT alcohol. Draw stats in Pale-green-gel.	0.5 ml plasma (1.5 ml whole blood)

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	Alkaline Phosphatase	IALKP	5 ml PALE-GREEN-GEL, RED, RED-GRAY		0.5 ml plasma (1.5 ml whole blood)
	Ammonia (NH ₃)	NH3 (UPDATED 4/24/06)	Full Lavender on ice	Draw without tourniquet if possible Ice immediately; deliver TO CHEMISTRY within 15 minutes (no hemolysis)	0.5 ml plasma (1.5 ml whole blood)
	Amphetamines, Urine	AMPHU	Screw top container (24 ml urine)	Volumes of <24 may result in the inability to perform follow-up testing	24 ml urine
	Amylase	IAMYL	5 ml PALE-GREEN-GEL, red		0.5 ml plasma (1.5 ml whole blood)

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Amylase, Urine	AMY24	24-hour urine collection or Random urine	Plain jug (no additive) Call Lab for appropriate container. Patient collection instructions.	
Amylase, Fluid	AMYF	5 ml green top		0.5 ml fluid
Amylase, Random Urine	AMYU	Urine Tek tube (12 ml urine)		5 ml urine
ANA, Serum (anti nuclear antibody)	ANAI	7 ml SST(red/gray tube) or red		0.3 ml serum (0.9 ml whole blood)
Anaerobic Culture	ANER	Anaerobic swabs or syringe	Transport immediately	
Antibody Screen/Titer	ASCR	7 ml pink	Pediatric minimum: 2 microtainers	4 ml blood
Antibody Titer and ABO	TITAB	7 ml pink - 4 tubes 28 mL	Pediatric minimum: 2 microtainers	28 ml blood

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	APTT or PTT or activated partial thromboplastin time See PTT	PTTI			
B	Test Name	LIS Abbreviation	Specimen Required for Submission	Patient Preparation Specimen Requirement Additional Information	Minimum Volume (for Lab use only)
	B ₁₂ , Vitamin (cyanocobalumin)	B12	7 ml SST (RED/GRAY TUBE) serum	No hemolysis	0.5 ml serum (1.5 ml whole blood)
	Barbiturates	BARBU	Screw cap container (30 ml urine)	Volumes of <24 ml may result in the inability to perform follow-up testing	10 ml urine

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<p align="center">Basic Metabolic Panel OR CHEM 8</p>	<p align="center">BMPI</p>	<p align="center">5 ml PALE-GREEN-GEL, RED OR RED-GRAY</p>	<p>Medicare panel includes glucose, BUN, creatinine, sodium. Potassium, calcium, chloride, CO₂, calculated anion gap and osmolality. Fasting and Non-fasting panels available (11/15/2005)</p>	<p align="center">0.5 ml plasma (1.5 ml whole blood)</p>
<p align="center">Benzodiazepines, Urine</p>	<p align="center">BARBU</p>	<p align="center">Screw cap container (30 ml urine)</p>	<p>Volumes of <24 ml may result in the inability to perform follow-up testing</p>	<p align="center">10 ml urine</p>
<p align="center">Beta Chorionic Gonadotropin, bHCG</p>	<p align="center">BHCGI</p>	<p align="center">7 ml SST(red/gray tube) (1 ml serum)</p>		

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	Beta Strep Screen – see Group A Beta Strep Screen				
	Bile, Urine Bilirubin	UBILI	Tek tube (12 ml urine)		1 ml urine
	Bilirubin, Total and Direct	TDBIL	5 ml PALE-GREEN-GEL (0.5 ml PLASMA)		0.5 ml plasma (1.5 ml whole blood)
	Bilirubin, Total Mature	MTBIL	Amber microtainer		
	Bilirubin, Total Premature	PTBIL	Amber microtainer		
	Bleeding Time, Template Order PFA-Platelet Function Testing	BLED- Obsolete as of 7/18/05	Bleeding time- Discontinued as of 7/18/05		

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	Bloodborne Pathogen Exposure Source- Rapid HIV, SGPT, HBsAg, HCV	Occ Med	7 ml SST (RED/GRAY TUBE) and 5 ml Lavendar EDTA	Call lab Ext 2072 for available specimen before collection	0.3 ml serum and 0.3 ml plasma (0.9 ml whole blood)
	Blood Culture	BLC	Aerobic and anaerobic blood culture vials- 8- 10 ml blood in each bottle	Aseptic prep and collection Special Instructions: Competency based skill	Special instructions
	BNP	BNP	Lavender Tube		2.5ml
	Bone Marrow bi-lat off	BBMS	Collected by Physician	Call Hematology to schedule 464-2079	
	Bone Marrow bi-lat onc	BBMO	Collected by Physician	Call Hematology to schedule 464-2079	

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	Bone Marrow bi-lat path	BBMP	Collected by Physician	Call Hematology to schedule 464-2079	
	Bone Marrow uni-lat off	UBMS	Collected by Physician	Call Hematology to schedule 464-2079	
	Bone Marrow uni-lat onc	UBMO	Collected by Physician	Call Hematology to schedule 464-2079	
	Bone Marrow uni-lat path	UBMP	Collected by Physician	Call Hematology to schedule 464-2079	
	Brucella Culture	BRCUL	Purple and blue blood culture bottles (20 ml blood)	Aseptic blood culture prep and collection	
	BUN	IBUN	5 ml PALE-GREEN-GEL, RED OR RED-GRAY		0.2 ml plasma (0.6 ml whole blood)

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C	Test Name	LIS Abbreviation	Specimen Required for Submission	Patient Preparation Specimen Requirement Additional Information	Minimum Volume (for Lab use only)
	C. difficile cytotoxin by PCR	CDPCR	Stool cup. Only one specimen per 7 day period will be accepted.	Immediate delivery to Microbiology <1 hour from collection Room Temp 5 days refrigerated	Non-formed specimens only
	CA 125 (cancer antigen)	AG125	7 ml plain red)or SST(RED/GRAY TUBE)		0.2 ml serum (0.6 ml whole blood)
	Calcium	ICAL	5 ml PALE-GREEN-GEL , RED OR RED-GRAY		0.2 ml plasma (0.6 ml whole blood)

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Cannabanoids, Urine	CANU	Screw cap container 24 ml urine	Volumes of <24 ml may result in the inability to perform follow-up testing	10 ml urine
CBC	HGMI	Lavender	Min vol 1.0 mL in EDTA tube 0.5 mL if microbial	
CBC & Diff	CBCI	Lavender	Min vol 1.0 mL in EDTA tube 0.5 mL if microbial	
CEA	CEA	7 ml SST(red/gray tube) Lavender		0.5 ml serum (1.5 ml whole blood)/plasma
CEA, Fluid	CEAF	Green top tube		0.2 ml plasma (0.6 ml whole blood)
Cell Block-see Cytology-Cell Block				
Cell Count and Diff, CSF	CCTI	Sterile plastic tube	Hand deliver to lab STAT	(0.5 ml CSF)
Cell Count and Diff, Fluid	FCTI	Green top tube	Use Body Fluid Pack Call 464-2079	
CHEM 21				

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	See Comprehensive Metabolic Panel				
	CHEM 8 See Basic Metabolic Panel				
	Chlamydia/GC by probe – see GC/Chlamydia by probe	GCCP	Call Microbiology for DNA probe collection swabs. Ext 2068	Male and Female genital collection must be followed exactly	
	Chlamydia Culture	CHMY	Chlamydia transport media	Obtain transport media from lab	
	Chloride	ICL	5 ml PALE-GREEN-GEL, RED OR RED-GRAY		0.2 ml plasma (0.6 ml whole blood)
Back To Top	Chloride, 24 Hr Urine	CL24	24 hour urine collection	Plain jug (no additive). Call Lab for appropriate container/additive. Patient collection instructions.	
	Chloride, CSF	CLCSF	Sterile plastic tube		(0.2 ml CSF)
	Chloride, Random Urine	CHLRU	Tek tube (12 ml urine)		1 ml urine

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	Cholesterol	ICHOL	5 ml PALE-GREEN-GEL , RED OR RED-GRAY	Recommend fasting.	0.5 ml plasma (1.5 ml whole blood)
	Cholesterol, Fluid	CHOLF	Green top		0.2 ml fluid
	CK	ICK	5 ml PALE-GREEN-GEL, RED OR RED-GRAY	Included in CKMB	0.5 ml plasma (1.5 ml whole blood)
	CK MB	CKMBI	5 ml PALE-GREEN-GEL		0.5 ml plasma (1.5 ml whole blood)
	Cl or Chloride – see Chloride				

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	CMP, Comprehensive Metabolic Panel Or CHEM 21	CMPI	5 ml PALE-GREEN-GEL, RED OR RED- GRAY	Medicare panel includes glucose, BUN, creatinine, sodium. Potassium, calcium, chloride, CO2, calculated anion gap and osmolality, albumin, total bilirubin, alk phos SGOT (AST) and SGPT (ALT). Fasting and Non- fasting panels available (11/15/2005)	0.5 ml plasma (1.5 ml whole blood)
	Cocaine	COCU	Screw cap container (24 ml urine)	Volumes <24 ml may result in the inability to perform follow-up testing	10 ml urine

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	Comprehensive Metabolic Panel – see CMP, Comprehensive Metabolic Panel				
	Cortisol	CORTI	7 ml SST(red/gray tube), plain red		0.5 ml serum (1.5 ml whole blood)
	C-Reactive Protein	ICRP	7 ml SST(red/gray tube) or green	hs C- reactive protein order separately	0.2 ml serum (0.6 ml whole blood)
	Creatinine	CREAT	5 ml-Pale-green-gel, red or red/gray		0.5 ml plasma (1.5 ml whole blood)
	Creatinine includes GFR	CRETI	5 ml-Pale-green-gel		0.5 ml plasma (1.5 ml whole blood)
Back To Top	Creatinine Clearance 12 hr	12CLR	12 hour urine collection Blood creatinine drawn half-way through urine collection	Plain jug (no additive). Call Lab for appropriate container/additive. Patient collection instructions.	NEED PT INFO HT= WT=

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Creatinine Clearance 24 hr	24CLR	24 hour urine collection Blood creatinine drawn half-way through urine collection	Plain jug (no additive). Call Lab for appropriate container/additive. Patient collection instructions.	NEED PT INFO HT= WT=
Creatinine Clearance 4 hr	4CLR	4 hour urine collection Blood creatinine drawn half-way through urine collection	Plain jug (no additive). Call Lab for appropriate container/additive. Patient collection instructions.	

Creatinine Clearance 6 hr	6CLR	6 hour urine collection Blood creatinine drawn half-way through urine collection	Plain jug (no additive). Call Lab for appropriate container/additive. Patient collection instructions.	
Creatinine, 24 Hr Urine	CR24I	24 hour urine collection Blood creatinine drawn half-way through urine collection or +or – 4 hours from urine collection. Send Misc req with blood.	Plain jug (no additive). Call Lab for appropriate container/additive. Patient collection instructions.	

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	Creatinine, Random Urine	CRERU	Tek tube		1 ml urine
	Cryoprecipitate	TCRY	Check with Transfusion Services (ext 2077)		
	Cryptosporidium Test, stool - see Giardia/ Cryptosporidium				
	Crystal Analysis, joint fluid	CYSBF	Green top tube	Use body fluid pack. Call 464-2079	1 ml fluid
	CSF Culture, Fungal		Sterile plastic tube		(1 ml CSF)
	CSF Culture, Routine	CSFC	Sterile plastic tube		(1 ml CSF)
	CSF, Culture, AFB		Sterile plastic tube		(1 ml CSF)
	CSF, Culture, Anaerobic		Sterile plastic tube		(1 ml CSF)
	CSF, Routine	CSFR	Sterile plastic tube (1.5 ml CSF)		
	Cytology-Body Fluid	Submit Cytology Requisition to order test	Collection bag or screw cap container	includes CSF, cyst fluid, pericardial fluid, peritoneal fluid, pleural fluid	

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	Cytology-Brushings	Submit Cytology Requisition to order test	Smears preserved with fixative and/or brush in fixative	includes bronchial brushings, colonic brushings, esophageal brushings, gastric brushings, urinary bladder brushings.	
	Cytology-Cell Block			Cell Block is automatically included in the Cytology order for specimens with sufficient cellular material.	
	Cytology-Cervical/Vaginal (Thin Prep Pap Test)	Submit Cytology Requisition to order test	Specimen collected in Thin Prep Test vial.	Collection instructions.	
	Cytology-Cytomegalic Inclusion Disease	Submit Cytology Requisition to order test	First morning FRESH urine.	Transport to the lab within 2 hours of collection.	

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Cytology-Direct Smear	Submit Cytology Requisition to order test	Smears preserved in cytology fixative.	includes Breast-Nipple discharge smear, oral cavity smear, urethral smear, other direct smear.	
Cytology-Sputum	Submit Cytology Requisition to order test	Sputum collected in screw-cap container containing cytology fixative.	Collection instructions	
Cytology-Tzank	Submit Cytology Requisition to order test	1 smear immediately preserved with cytology fixative AND 1 smear with no fixative	Collection instructions	
Cytology-Urine	Submit Cytology Requisition to order test	FRESH urine (excluding first morning void)	Transport to the lab within 2 hours of collection.	

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	Cytology-Urine with UroVysion FISH test (see also UroVysion FISH test)	Submit Cytology Requisition and green misci to order tests		Collection Instructions	
	Cytology-Washings	Submit Cytology Requisition to order test	Fluid obtained from washing or aspirate.	includes bladder washings, bronchial washings, esophageal washings, gastric washings, pelvic washings, peritoneal washings, pleural washings, bronchoalveolar lavage, bronchial aspirate, tracheal aspirate.	
D	Test Name	LIS Abbreviation	Specimen Required for Submission	Patient Preparation Specimen Requirement Additional Information	Minimum Volume (for Lab use only)

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	D Dimer	DDIM	Blue	FILL TO CORRECT VOLUME. Testing must be done within 4 hours of collection; keep tube unopened and at room temperature (18°-24°C).	Pediatric Blue Tube with 1.8 ml blood
	Depakene or Valporic Acid	IVALP	7 ml PLAIN red (0.5 ml serum), green, or red/gray	Draw right before the next dose	
	Dermatophyte Culture (Fungal scraping) See Fungal Culture				

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	Dexamethasone Suppression test	Cortisol	SST(RED/GRAY TUBE) collected at 0800, 1100, and 2300 on day after 1mg dosing	Follow nursing procedure for the dosing. Timed cortisol is collected.	0.5 ml for each timed specimen
	Digoxin	IDIG	5 ml PALE-GREEN-GEL, RED OR RED/GRAY	Draw 6-8 hours after the last dose up to right before the next dose.	0.5 ml plasma (1.5 ml whole blood)
	Dilantin	IDIL	5 ml PALE-GREEN-GEL, RED OR RED/GRAY	Draw right before the next dose. Maintenance dose: draw anytime.	0.5 ml plasma (1.5 ml whole blood)
	Direct Bilirubin	IDBIL	7 ml SST(red/gray tube) RED OR RED/GRAY		0.5 ml serum (1.5 ml whole blood) or 1 Amber Microtainer
	Direct Coombs	DAT	7 ml Pink (7 ml blood)		1 microtainer
	Direct Coombs, Cord	DATC	7 ml PLAIN red (7 ml blood)/Pink		1 ml blood

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	Drug Screen 13	MEDTI	Screw cap container (40 mL of urine – Need 30 mL urine to confirm positives)	Identifies 13 drugs of abuse: cocaine, cannabis, benzo, barbituates. PCP, opiates, amphetamine, methamphetamine, methadone, MDMA, oxycodone and TCA. Orderable as STAT	30 mL of urine required for confirmation of positives
E	Test Name	LIS Abbreviation	Specimen Required for Submission	Patient Preparation Specimen Requirement Additional Information	Minimum Volume (for Lab use only)
	Ear Culture	EARC	Culturette (ear drainage)		

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	Electrolytes or Lytes	ILYTE	5 ml PALE-GREEN-GEL, RED OR RED/GRAY	Medicare panel defined as Sodium (Na), Potassium (K), Chloride (Cl), CO ₂ and Anion gap (calc)	0.2 ml plasma (0.6 ml whole blood)
	Eosinophil Count	EOCTI	Lavender (1 ml blood)		1.0 ml whole blood
	Eosinophil Smear	SMWE	Slides (nasal discharge or nasopharynx)	Make pull apart slides of nasal discharge	
	Eosinophil/WBC, Random Urine see WBC smear		Tek Tube		
	ESR, SED RATE, WSR, Westergren sed rate	ESR	1 Lavender whole blood tube	2 hours at room temperature storage or refrigerate up to 24 hours	2.0 ml whole blood
	ETOH – see Alcohol (ETOH)				

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F	Test Name	LIS Abbreviation	Specimen Required for Submission	Patient Preparation Specimen Requirement Additional Information	Minimum Volume (for Lab use only)
	FDP	FDP	TWO 3ml blue tops	Testing must be done within 4 hours of collection; keep tube unopened and at room temperature (18°-24°C).	1.8 ml blue in pediatric tube
	Ferritin	FERR	7 ml SST(red/gray tube) (1 ml serum)		0.2 ml serum (0.6 ml whole blood)
	Fetal Hemoglobin		Lavender (1 ml blood)		Whole blood

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	Fibrinogen	FIBR	BLUE	FILL TO CORRECT VOLUME. No heparin therapy. Testing must be done within 4 hours of collection; keep tube unopened and at room temperature (18°-24°C).	1.8 ml blue in pediatric tube
	Fine Needle Aspiration			Call Cytology 2067 Patient Instructions/Information	
	FMH Screen	FMHSC	Lavender (2 ml blood)	Specimen must be collected post partum.	1 ml blood
	FNA – see Fine Needle Aspiration				
	Folate	FOL	7 ml SST(red/gray tube) (1 ml serum)	Patient must be fasting.	0.5 ml serum (1.5 ml whole blood)

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Free PSA see Prostatic Specific Antigen	Only available as REFLEX with Total PSA			
Fresh Frozen Plasma	TFFP	Check with Transfusion Services (ext 2077)		
FSH	FSH	7 ml SST(red/gray tube) (1 ml serum)		0.5 ml serum (1.5 ml whole blood)
Fungal Blood Culture	BLF	Yellow Isolator Tube (found in Hematology)	Prep arm the same as for a blood culture	1.5 ml
Fungal Culture	FUNG	See microbiology specimen collection section		
Fungal Smear/ Stain	FUNS	See microbiology specimen collection section		

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G	Test Name	LIS Abbreviation	Specimen Required for Submission	Patient Preparation Specimen Requirement Additional Information	Minimum Volume (for Lab use only)
	G6PD, screen	G6PD	Lavender		EDTA 0.5 mL whole blood Purple Microtainer
	GC Screen	GCSC	Culturette or (minitip culturette for males) genital, rectal or oral drainage	Room temperature only. Transport ASAP. Maximum storage 24 hours. Do Not Refrigerate.	

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	GC/Chlamydia by Probe	GCCP	Endocervix, urethra or urine specimen –call for instructions	Call Microbiology at Ext 2068 for Male or female collection kits and urine containers. Follow collection kit instructions. Store up to 4 days maximum in refrigerator	DNA Probe Collection Swabs Urine – 10 mL
	<u>GC/Chlamydia – Sexual and Non-Sexual Assault</u>				
	Genital Culture	GENC	Culturette or (minitip culturette for males) (genital drainage)	Room temperature only. Transport ASAP culture within 24 hours. Do Not Refrigerate. Detects group B Strep, GC and any predominant infection causative organism	

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	Gentamicin, Peak	GENTP	5 ml PALE-GREEN-GEL (0.5 ml PLASMA), RED, RED/GRAY	Peaks collect 60 minutes after the infusion begins or 30 minutes after the infusion ends. Call pharmacy if any questions.	0.5 ml plasma (1.5 ml whole blood)
	Gentamicin, Trough	GENTT	5 ml PALE-GREEN-GEL (0.5 ml PLASMA), RED, RED/GRAY	Draw right before the next dose. 30 minutes before infusion begins. Call pharmacy if any questions.	0.5 ml plasma (1.5 ml whole blood)

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	Gestational Diabetes Screen	GLIPP	7 ml SST(red/gray tube) (0.5 ml serum)	Test should be administered between the 24 TH and 28 TH week of gestation. The patient does not need to be fasting. The patient will drink a 50-gram glucose solution and a blood specimen will be drawn one hour later. The patient cannot smoke and can have nothing to eat or drink (except water) during the test.	0.2 ml serum (0.6 ml whole blood)
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	Giardia/cryptosporidium Screening	PROTI	Stool cup or Cary Blair cup Only one specimen per 24 hour period will be accepted.	Requires immediate transport and processing in <2 hrs at room temp	
Back To Top	Giardia Antigen, stool Refer to Giardia/cryptosporidium Screening				
	Glucose, 2 Hr PP	GL2PP	7 ml SST(red/gray tube) (0.5 ml serum)	The patient consumes an ordinary meal. Collect specimen 2 hours after the meal is completed.	0.2 ml serum (0.6 ml whole blood)
	Glucose, CSF	GLCSF	Sterile plastic tube (0.5 ml CSF)		0.2 ml CSF
	Glucose, Fasting	FBS	7 ml SST(red/gray tube) (0.5 ml serum)	Patient should fast 8-12 hours.	0.2 ml serum (0.6 ml whole blood)
	Glucose, Fluid	GLUF	Green top tube (1 ml fluid)		0.5 ml fluid

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	Glucose, random	IGLU	5 ml PALE-GREEN-GEL (0.5 ml PLASMA), RED, RED/GRAY		0.2 ml plasma (0.6 ml whole blood)
	Glycohemoglobin see Hemoglobin A₁C				
	Gram Stain	GRAM	Refer to specific site in the specimen collection section for instructions	This test is included in most routine cultures.	
	Group A Beta Strep Screen	ACUL	Culturette swab	24hr. room temp	

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	<p align="center">GTT – Pregnant Glucose Tolerance Test – 3 hr - Pregnant</p>	<p>GT0 – Fasting GT1 – 1 hr GT2 – 2 hr GT3 – 3 hr</p>	<p align="center">5 ml PALE-GREEN-GEL (0.5 ml PLASMA), RED, RED/GRAY</p>	<p>3 days prior to the test the patient should have an unrestricted diet and activity. The patient should fast after midnight. A fasting glucose is drawn and the patient will drink a 100-gram glucose solution. Blood specimens are drawn every hour for 3 hours. The patient cannot smoke and can have nothing to eat or drink (except water) during the test.</p>	<p align="center">0.5 ml plasma (1.5 ml whole blood)</p>
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	<p align="center">GTT- Non-Pregnant Glucose Tolerance Test – 2 hr – non-Pregnant</p>		<p align="center">5 ml PALE-GREEN-GEL (0.5 ml PLASMA), RED, RED/GRAY</p>	<p>3 days prior to the test the patient should have an unrestricted diet and activity. The patient should fast after midnight. A fasting glucose is drawn and results have to be <126 g/dL before patient can drink and the patient will drink a 75-gram glucose solution (225 mls from 100g load). 2 hours after drinking glucose solution, blood is drawn. The patient cannot smoke and can have nothing to eat or drink (except water) during the test.</p>	<p align="center">0.2 ml plasma (0.6 ml whole blood)</p>
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H	Test Name	LIS Abbreviation	Specimen Required for Submission	Patient Preparation Specimen Requirement Additional Information	Minimum Volume (for Lab use only)
	HA ₁ C See Hemoglobin A₁C				
	HCG, Quantitative or human chorionic gonadotropin	BHCGI	7 ml SST(red/gray tube) (0.5 ml serum)		0.2 ml serum (0.6 ml whole blood)
	HCV Ab, Hepatitis C Antibody (screen) by EIA method	HPCAB	7ml SST(RED/GRAY TUBE)		0.5 ml serum (1.5 ml whole blood)
	HDL	IHDL	5 ml PALE-GREEN-GEL (0.5 ml PLASMA), RED, RED/GRAY	Patient must fast 12-16 hours.	0.5 ml plasma (1.5 ml whole blood)
	Hematocrit, Body Fluid	FHCT	Green top tube (5 ml fluid)		0.5 ml fluid
	Hemoglobin A ₁ C or HA ₁ C	IHA1C	Lavender (2.5 ml blood)	No clots	1 ml whole blood

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	Hemoglobin and Crit	HH	Lavender (2 ml blood)	NCP test – medical necessity No clots	1.0 ml whole blood or 1 purple microtainer
	Hepatic Function Panel (Liver Panel) – see Liver Panel/ Hepatic Function Panel	HFPI			
	Hepatitis Profile or Acute Hepatitis virus Panel	AHEPI	7 ml Plain red (1 ml serum), gel	NCP test – medical necessity	0.5 ml serum (1.5 ml whole blood)
	Hepatitis A IgM acute infection	HAIGM	7 ml SST(red/gray tube) (1 ml serum)		0.5 ml serum (1.5 ml whole blood)
	Hepatitis B Core IgM Antibody Acute infection	HBCIM	7 ml SST(red/gray tube) (1 ml serum)		0.5 ml serum (1.5 ml whole blood)
	Hepatitis B Surf Antibody (Quantitative)	HBABQ	7 ml SST(red/gray tube) (0.5 ml serum)	Immunity testing	0.2 ml serum (0.6 ml whole blood)

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Hepatitis B Surface Antigen Quantatative	HBSAG	7 ml SST(red/gray tube) (0.5 ml serum)		0.2 ml serum (0.6 ml whole blood)
Hepatitis C Antibody	HPCAB	7 ml SST(red/gray tube) (0.5 ml serum)		0.2 ml serum (0.6 ml whole blood)
Hepatitis Profile or Hepatitis Panel ACUTE	AHEPI	7 ml SST(red/gray tube) (1 ml serum)	HAV ab, IgM, HBV Surface an, HBV core ab, IgM and HCV ab Medicare designated panel	0.5 ml serum (1.5 ml whole blood)
HIV, HIV antibody/Ag combo	HIVI	7 ml -SST(RED/GRAY TUBE) (0.5 ml serum)	Reflex- Western blot confirmation will be ordered and charged on all positive screening tests.	0.2 ml serum (0.6 ml whole blood)

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	Hold Clot	HCLOT	PINK (7 ml blood)	BLOOD BANK ID BAND REQUIRED.	2.5 ml blood
Back To Top	HPV reflex for Cytology (Human Papillomavirus)	Reference Lab	Thin Prep vials	Call Cytology ext. 2067 for further information	2.0 mls of solution
	Hs C Reactive Protein	HCRP	Red or SST(RED/GRAY TUBE) (1 ml serum), GREEN		0.5 ml serum (1.5 ml whole blood)

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I	Test Name	LIS Abbreviation	Specimen Required for Submission	Patient Preparation Specimen Requirement Additional Information	Minimum Volume (for Lab use only)
	Immunosuppressed Protocol (ISP)	Order Immuno-suppressed Protocol through non-blood pathway; and submit green misc form and white cytology form	Respiratory specimen (volume varies per specimen type)	Order “stain for pneumocystis” on the green misc form. Order cytology as “ISP” on cytology form and include specimen site.	
	Influenza A/B Antigen	INFAB	Nasal pharyngeal NP swab mini wire into saline tube provided by microbiology or alternative NP washing	Test done by Microbiology	
	Inhibitor Study	INHB	2.7 ml blue	FILL TO CORECT VOLUME. No coumadin therapy for 2 weeks. No heparin therapy for 2 days.	1.8 ml in blue pediatric tube

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Ionized Calcium	IOCAL	Full 7 ml SST(red/gray tube) or Plain Red	Tube must be ANAEROBIC. No exposure to air.	Lab to process ionized calcium before any other tests from shared tube. No microtainers allowed.	
Iron	IFE	7 ml SST(red/gray tube) (1 ml serum), RED, GREEN		0.5 ml serum (1.5 ml whole blood)	
Iron and TIBC And % sat.	IFEPR	7 ml SST(red/gray,red or green tube) (2 ml serum)		1 ml serum (3.0 ml whole blood)	
J	Test Name	LIS Abbreviation	Specimen Required for Submission	Patient Preparation Specimen Requirement Additional Information	Minimum Volume (for Lab use only)
K	Test Name	LIS Abbreviation	Specimen Required for Submission	Patient Preparation Specimen Requirement Additional Information	Minimum Volume (for Lab use only)
Back To Top	K+ or potassium – see Potassium or K				
	Kleihauer	KBSTI	Lavender (2 ml blood)	Collect as soon as possible after delivery.	1 ml blood

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	KOH Preparation	KOHP	Skin scrapings (sterile petri dish) Genital swab (glass slide) Oral or wound (culturette)		
L	Test Name	LIS Abbreviation	Specimen Required for Submission	Patient Preparation Specimen Requirement Additional Information	Minimum Volume (for Lab use only)
	Lactic Acid, CSF	LACC	Sterile plastic tube (1 ml CSF)		0.5 ml CSF
	Lactic Acid, Serum	LACT	Grey top (1 ml plasma)	Call Lab. Specimen must be received within 15 minutes of collection on ICE	0.5 ml plasma (1.5 ml whole blood)
	LDH	ILDH	5 ml PALE-GREEN-GEL , RED, OR RED/GRAY(0.5 ml PLASMA)		0.2 ml plasma (0.6 ml whole blood)
	LDH, CSF	LDHC	Sterile plastic tube (1 ml CSF)		0.5 ml CSF
	LDH, Fluid	LDHF	Green top (1 ml fluid)		0.5 ml fluid
Back To Top	LDL, direct	LDLO	5 ml PALE-GREEN-GEL, RED, RED/GRAY		0.4 ml plasma (1.2 ml whole blood)

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	LDL with Lipid Profile See Lipid Profile with Direct LDL				
	Lead Level, screening- (children)	PBI—Screenings for children testing done in chemistry/immuno	DARK GREEN	Blood store at ROOM TEMPERATURE until diluted (24 hrs maximum) Complete the Lead Test Form with all Lead Screens. Caution: Specimens stable at room temperature for 24 hours and must be diluted within 24 hours and then the dilution may be refrigerated.	0.5 ml whole blood microtainer acceptable
Back To Top	Lipase	ILIPA	5 ml PALE-GREEN-GEL (0.5 ml PLASMA),RED, OR RED/GRAY		0.5 ml plasma (1.5 ml whole blood)

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Lipid Profile/Lipid Panel	ILIPR	5 ml PALE-GREEN-GEL (0.5 ml PLASMA), RED, RED/GRAY		Patient must fast 12-16 hours. Cholestrol, triglyceride, HDL, LDL (calc) and C/H ratio included. NCD states screening and prophylactic testing not covered by Medicare	0.5 ml plasma (1.5 ml whole blood)
Lipid Profile with Direct LDL	ILDL	5 ml PALE-GREEN-GEL (0.5 ml PLASMA), RED, RED/GRAY		Patient must fast 12-16 hours. Cholestrol, triglyceride, HDL, LDL Direct and C/H ratio included. NCD states screening and prophylactic testing not covered by Medicare	0.5 ml plasma (1.5 ml whole blood)
Lithium	LI	7 ml PLAIN red (1 ml serum)		Draw right before the next dose. Maintenance schedule: draw anytime.	0.2 ml serum (0.6 ml whole blood)

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Liver Panel/ Hepatic Function Panel	HFPI	5 ml PALE-GREEN-GEL (0.5 ml PLASMA), RED, RED/GRAY	Medicare panel includes Albumin, Bilirubin, Total & Direct, Alk Phos, SGO-T, SGPT & Total Protein (LFT Unapproved abbreviation for Liver Function Tests is obsolete)	0.5 ml plasma (1.5 ml whole blood)
Lupus Anticoagulant Screen	LUANT	2 Blue tubes 2.7 ml tube	Available Mon-Wed-Fri, 7am-2pm FILL TO CORRECT VOLUME. Testing must be done within 4 hours of collection; keep tube unopened and at room temperature (18°-24°C).	frozen plasma -70 if stored 1.8 ml pediatric blue tube
Luteinizing Hormone, LH, Pituitary gonadotropins	LH	7 ml SST(red/gray tube) (1 ml serum), red, green, lavender		0.5 ml serum (1.5 ml whole blood)
Lytes or Electrolytes includes Na, K, Cl, CO2 and anion gap		5 ml PALE-GREEN-GEL (0.5 ml PLASMA), RED, RED/GRAY		0.5 ml plasma (1.5 ml whole blood)

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	Lytes or Electrolytes includes Na, K, Cl , CO2 and anion gap – see Electrolytes or Lytes				
M	Test Name	LIS Abbreviation	Specimen Required for Submission	Patient Preparation Specimen Requirement Additional Information	Minimum Volume (for Lab use only)
	Magnesium	IMG	5 ml PALE-GREEN-GEL, RED, RED/GRAY (0.5 ml PLASMA)		0.5 ml plasma (1.5 ml whole blood)
	Manual Diff and RBC Morph	MNDIF	Lavender (2.5 ml blood)		Whole blood 1.0 ml blood
	Microalbumin 24 Hr Urine	MAL24	24 hour urine collection	Plain jug (no additive). Call Lab for appropriate container/additive. Patient collection instructions.	
	Microalbumin, Random Urine also called Creatinine/albumin ratio	RMALI	Screw cap container (20 ml urine)		5 ml urine

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Mixing Studies for Coagulation Studies	MIXI	2.7 ml blue top (1 ml plasma). Fresh blood drawn within 2 hours of testing.	FILL TO CORRECT VOLUME. Available Monday – Friday from 7 AM to 2 PM	Must have large blue
MMR Titers – Measles, Mumps, Rubella IgG	Rube1 RubEL MUMSC	Red	Orderable as 3 separate tests: Rubella, Rubeola Screen, Mumps screen	3.0 ml serum (9.0 ml whole blood)
Mononucleosis, Monospot	MONO	Serum-Red (plain or SST) Plasma-Lavendar (EDTA)		0.2 ml serum (0.6 ml whole blood)
MRSA Screen	MRSA	Sterile container/culturette (Physician specified site or infection control guidelines)	Refer to specimen collection section for specific instructions.	
Mumps viral Ab, IgG & IgM	MUMPV	7 ml plain red (1 ml serum)	SST(RED/GRAY TUBE) OK	0.25 ml serum (0.75 ml whole blood)

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N	Test Name	LIS Abbreviation	Specimen Required for Submission	Patient Preparation Specimen Requirement Additional Information	Minimum Volume (for Lab use only)
Back To Top	N. Meningitides Culture	NMC	Culturette (throat) Minitip culturette (nasopharynx)		
	Na or Sodium – see Sodium or Na				
	Neonatal Flora Screen	NNFS	Culturette swabs from multiple sites specified by physician		
Back To Top	NH ₃ see Ammonia (NH₃)				
	Nocardia Culture (Refer to Fungal Culture)				

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O	Test Name	LIS Abbreviation	Specimen Required for Submission	Patient Preparation Specimen Requirement Additional Information	Minimum Volume (for Lab use only)
Back To Top	Occult Blood Stool	OCLT	Occult blood slide or stool	If the slide has any blue coloration, do not use. Instructions on card.	
	Occult Blood Urine	UBLD	Tek tube (12 ml urine)	Fresh urine.	5 ml urine
	Occult Blood, Gastric	GCLT	Screw cap container (1 ml gastric contents)		
	Opiates See Drug Screen 13	Part of MEDTI			
	Osmolality, Serum	OSM	7 ml SST(red/gray tube)		0.5 ml serum (1.5 ml whole blood)
	Osmolality, Urine	OSMU	Tek tube (12 ml urine)		2 ml urine
	Oxycodone See Drug Screen 13	Part of MEDTI Not confirmed unless requested			

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P	Test Name	LIS Abbreviation	Specimen Required for Submission	Patient Preparation Specimen Requirement Additional Information	Minimum Volume (for Lab use only)
	Pap Test (Pap Smear)- see Cytology-Cervical/Vaginal				
	PAS – see Periodic Acid Schiff				
	Pathologist Smear Review	SMREV	Call Hematology (ext 2079)	May be added to CBC order – Blood in lab	1.0 ml EDTA Whole Blood
Back To Top	Periodic Acid Schiff	PAS	Lavender		
	PFA, Platelet Function See Platelet Function Testing				
	pH, Urine	UPH	Tek tube (12 ml urine)		5 ml urine
	Phenobarbital	IPHEN	5 ml PALE-GREEN-GEL (0.5 ml PLASMA), RED, RED/GRAY	Draw right before the next dose. Maintenance schedule: draw anytime.	0.5 ml plasma (1.5 ml whole blood)
	Phencyclidines or PCP See Drug Screen 13	Part of MEDTI			

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	Phosphorous	IPHOS	5 ml PALE-GREEN-GEL (0.5 ml PLASMA),RED, RED/GRAY		0.5 ml plasma (1.5 ml whole blood)
	Phosphorous, 24 Hr Urine	PHO24	24 hour urine collection	Plain jug (with additive). Call Lab for appropriate container/additive. Patient collection instructions.	24 hr: 20-30 mL of 6 mol/L HCL @ time of collection
	Phosphorous, Inorganic		Plain Red, RED/GRAY, GREEN		1.0 ml serum (3.0 ml whole blood)
	Phosphorous, Urine		Random Urine		2.0 mls Urine
	Pinworm Prep	PINW	Pinworm collection kit (perianal area)	Call Microbiology (ext 464-2068) for a collection kit.	
	PKU/Neonatal Metabolic Screen	PKU	IDPH Neonate Screen Card	IDPH form required	5 fully saturated blood circles
Back To Top	Plasma Cell Index, labeling Index	PCLI	Collection kit (bone marrow)	Call for Special kit T209.	0.5 ml bone marrow
	Platelet Count	PLTC	Lavender (2.5 ml blood)	No clots	1.0 ml blood or purple microtainer

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Platelet Function Testing – PFA		2 – 2.7 mL blue top tubes. Do not tube down to lab	Testing of WHOLE BLOOD must be completed within 4 hours of collection. PFA replaces Bleeding Times as of July 18, 2005.	See special collection kit instructions
Platelet Transfusion	TPLT	Check with Transfusion Services (ext 2077)		
Pneumocystis Stain	Order “stain for pnemocystis” on both a green misc form and on a blue cytology form (include specimen site).		Specimen types: Sputums Tracheal aspirates Other respiratory specimens, as well as orders for immuno compromised patients should be ordered under Immuno-suppressed Protocol .	
Potassium or K	IK	5 ml PALE-GREEN-GEL (0.5 ml PLASMA),RED OR RED/GRAY		0.2 ml plasma (0.6 ml whole blood)
Potassium, 24 Hr Urine	K24	24 hour urine collection	Plain jug (no additive). Call lab for appropriate container/additive. Patient collection instructions .	

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	Potassium, Random Urine	KRU	Tek tube (12 ml urine)		5 ml urine
Back To Top	Pregnancy, Serum	PREGS	7 ml SST(red/gray tube) (1 ml serum)		0.5 ml serum (1.5 ml whole blood)
	Pregnancy, Urine	PRGUR	Tek tube (12 ml urine)		0.5 ml urine
	Progesterone	PRGST	7 ml SST(red/gray tube) (1 ml serum), red		0.5 ml serum (1.5 ml whole blood)
	Prolactin	PROLS	7 ml SST(red/gray tube) (1 ml serum)		0.5 ml serum (1.5 ml whole blood)
	Prostatic Specific Antigen PSA	PSA Use the appropriate Order code for: 1. Total Diagnostic 2. Total (Diagnostic) with REFLEX Free PSA 3. Total Screening 4. Total (Screening) with REFLEX Free PSA	7 SST(red/gray tube) (0.5 ml serum)	NCD must Specify screening or diagnostic follow up	0.3 ml serum (0.9 ml whole blood)

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Prothrombin Time, Protime, ProX or INR	PTI	2.7 ml blue top	FILL TO CORRECT VOLUME. NCD medical necessity Testing must be done within 24 hours of collection; keep tube unopened and at room temperature (18°-24°C).	1.8 ml blue in pediatric tube
PSA See Prostatic Specific Antigen				
PTH or parathyroid hormone intact	PTH	1 Lavender		2 mL whole blood
PTT or APPT or partial thrombin plastin time or activated partial thrombo plastin	PTTI	2.7 ml blue top	FILL TO CORRECT VOLUME. NO clots NCD medical necessity Testing must be done within 4 hours of collection; keep tube unopened and at room temperature (18°-24°C).	1.8 ml blue in pediatric tube

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Q	Test Name	LIS Abbreviation	Specimen Required for Submission	Patient Preparation Specimen Requirement Additional Information	Minimum Volume (for Lab use only)
R	Test Name	LIS Abbreviation	Specimen Required for Submission	Patient Preparation Specimen Requirement Additional Information	Minimum Volume (for Lab use only)
	Rapid MRSA	RMRSA	Call Microbiology – ext 2068 – for supplies	Nasal collection on Red capped collection swab. Blow nose before collection.	
Back To Top	Respiratory Culture	RESP	Sterile wide mouth container (Bronchial or respiratory specimen)	2 hours at room temperature 24 hours refrigerated	
	Reticulocyte Count or Retic	RET	Lavender (2.5 ml blood) 8 hours at room temp	No clots	1 ml whole blood
	Rheumatoid Agg	RF	7 ml SST (red/gray tube) (1 ml serum)		1 ml serum (2 ml whole blood)

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Back To Top	Rotavirus Antigen, stool	ROTO	Stool cup (stool or colon washings) Fresh specimen	Fresh speimen or 24 hours refrigerated Document time of collectioncup Only one specimen per 24 hour period will be accepted.	
	RPR	RPR	7 ml SST(red/gray tube) (0.5 ml serum)or Pale-green-gel plasma, red		0.2 ml serum (0.6 ml whole blood)or plasma
	RSV by EIA	RSVT	Minitip Culturette in 1 ml saline (nasopharynx) or Sterile wide mouth container (Nasopharyngeal washings)	Call Microbiology (ext 2068) for collection supplies.	
	Rubella Antibody	RUBEL	7 ml SST(red/gray tube) (0.5 ml serum)		0.2 ml serum (0.6 ml whole blood)
	Rubeola IgG screen (measles)	RUBEI	7 ml plain red (1 ml serum)	SST(RED/GRAY TUBE) OK	0.2 ml serum (0.6 ml whole blood)

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S	Test Name	LIS Abbreviation	Specimen Required for Submission	Patient Preparation Specimen Requirement Additional Information	Minimum Volume (for Lab use only)
	Salicylates	ISALI	7 ml SST(red/gray tube) (1 ml serum), green, red	Draw right before the next dose.	0.5 ml serum (1.5 ml whole blood)
	SED RATE – see ESR , SED RATE , WSR , Westergren sed rate				
	Semen Analysis	SPCTI	Screw cap container. Monday- Friday only 7am – 2 pm Immediate delivery to Hematology Semen Analysis Form must be completed with submitted specimen	Sterile lab container provided. Patient should abstain from sex for 3 days prior to collection. Specimen should be kept warm (body temp) and delivered to the lab immediately after collection. Condoms are NOT acceptable.	Submit total volume
	SGGT	ISGGT	Plain Red ,green, red/gray	Serum only	0.5 ml serum (1.5 ml whole blood)

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SGOT/AST	IAST	5 ml PALE-GREEN-GEL (0.5 ml PLASMA), RED, OR RED/GRAY		0.5 ml plasma (1.5 ml whole blood)
SGPT/ALT	IALT	5 ml PALE-GREEN-GEL (0.5 ml PLASMA), RED, RED/GRAY		0.5 ml plasma (1.5 ml whole blood)
Sickle Cell Screen	SIKL	Lavender (2.5 ml whole blood)		0.5 ml whole blood
Skin Scrapings		Refer to Collection Instructions for Skin Scrapings		
Sodium or Na	INA	5 ml PALE-GREEN-GEL (0.5 ml PLASMA), RED OR RED/GRAY		0.5 ml plasma (1.5 ml whole blood)
Sodium, 24 Hr Urine	NA24	24 hour urine collection	Plain jug (no additive). Call Lab for appropriate container/additive. Patient collection instructions.	

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Sodium, Fluid	SODF	Green top (1 ml fluid)		0.2 ml fluid
Sodium, Random Urine	NARU	Tek tube (12 ml urine)		5 ml urine
Specific Gravity, Urine	USPG	Tek tube (12 ml urine)		5 ml urine
Stool for C. difficile Cytotoxin C. difficile Cytotoxin A/B				
Stool Culture, routine	STLC	Stool cup (stool)/ Cary Blaircup Only one specimen per 24 hour period will be accepted.	Immediate deliver to Microbiology < 2 hours from collection Document collection time or collect in Cary Blair if can not culture within 2 hours	
Stool for Cryptosporidium - see Cryptosporidium Test, stool				

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Stool for Giardia antigen – see Giardia Antigen, stool					
Stool for leukocytes, Stool for WBC's , Fecal Leukocytes – see Fecal Leukocytes, stool					
Stool for O&P – see Ova & Parasites, stool	PEXAM	Fresh stool <1 hour from collection	Only one specimen per 24 hour period will be accepted		
	Stool for Rotavirus – see Rotavirus Antigen, stool				
	Stool, Fecal Fat – see Fat, Feces, Qualitative				
Back To Top	Strep, Rapid Antigen	THSC	Dacron Swab (throat) Minitip Dacron Swab		

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			(Nasopharynx)		
Back To Top	Sudan Black B	SBB	Lavender (2.5 ml blood)		
	Sudan Black B, Stool, qualitative fat stain – see Stool, Sudan Black Stain, qualitative fat stain				
	Sural Nerve Biopsy, Pathology				
	Synovial Fluid Analysis/Synovial consult	SYNI	Green top AND Sterile Tube (15 ml fluid)	Use Body fluid Packs. Call 464-2079 for more packs	
	Synovial Fluid Cell Count	SCT	Green Top (5 ml fluid)	Use Body fluid Packs. Call 464-2079 for more packs	

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T	Test Name	LIS Abbreviation	Specimen Required for Submission	Patient Preparation Specimen Requirement Additional Information	Minimum Volume (for Lab use only)
	T3, Free, Free Triiodothyronine	FRT3	7 ml SST(red/gray tube) (1 ml serum),red, lavender, green	Free T3 is a second- or third-level test of thyroid function. It provides further confirmation of hyperthyroidism, supplementing the T4, sensitive thyrotropin, and total T3 assays.	0.3 ml serum (0.9 ml whole blood)
	T3, total	T3T	7 ml SST(red/gray tube) (1 ml serum), red, green, lavender		0.3 ml serum (0.9 ml whole blood)
	T4, Free	T4F	7 ml SST(red/gray tube) (1 ml serum), red, green, lavender		0.5 ml serum (1.5 ml whole blood)
	TCO2	ITCO2	5 ml PALE-GREEN-GEL (0.5 ml PLASMA), RED, RED/GRAY		0.5 ml plasma (1.5 ml whole blood)
	Tegretol or Carbamazepine	ITEG	5 ml PALE-GREEN-GEL (0.5 ml PLASMA), RED, RED/GRAY	Draw right before the next dose. Maintenance dose: draw anytime.	0.5 ml plasma (1.5 ml whole blood)

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Back To Top	Theophylline	ITHEO	5 ml PALE-GREEN-GEL (0.5 ml PLASMA)	Draw right before the next dose.	0.5 ml plasma (1.5 ml whole blood)
	Throat/Nose Culture	THRC	Culturette	Within 24 hours at room temperature	
	Thyroid Stimulating Hormone, TSH	TSH	7 ml SST(red/gray tube) (1 ml serum), red, green, lavender		0.5 ml serum (1.5 ml whole blood)
	Total Bilirubin	ITBIL	7 ml SST(red/gray tube), red, green		0.5 ml serum (1.5 ml whole blood)or 1 Amber Microtainer
	Total Protein, 24 Hr Urine	TP241	24-hour urine collection	Plain jug (no additive). Call Lab for appropriate container/additive.	
	Total Protein, Blood	TP	7 ml SST(red/gray tube) (1 ml serum)		0.5 ml serum (1.5 ml whole blood)
	Total Protein, CSF	TPRC	Sterile Plastic Tube (1 ml CSF)		0.5 ml CSF
	Total Protein, Fluid	TPF	Green Top (1 ml fluid)		0.5 ml fluid
	Transfusion Reaction	TRRXN	7 ml PLAIN red & 5 ml lavender/pink	Call lab STAT	
	Triglyceride	ITRIG	5 ml PALE-GREEN-GEL (0.5 ml PLASMA), red, red/gray	Patient must fast 12-16-hours.	0.5 ml plasma (1.5 ml whole blood)

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	Triglyceride, Fluid	TRIGF	Green top (1 ml fluid)		0.5 ml fluid
	Troponin I	TROPI	Green only	.	3ml
	TSH Thyroid Stimulating Hormone	TSH	7 ml SST(red/gray tube) (1 ml serum),red,green, lavender		0.5 ml serum (1.5 ml whole blood)
Back To Top	Type and Crossmatch	XM	7 ml Pink	BLOOD BANK ID BAND REQUIRED.	5 mL
	Type and Screen	TYSC	7 ml Pink	BLOOD BANK ID BAND REQUIRED.	5 mL
	TZANK-see Cytology-Tzank				

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U	Test Name	LIS Abbreviation	Specimen Required for Submission	Patient Preparation Specimen Requirement Additional Information	Minimum Volume (for Lab use only)
	Urea Nitrogen, Amnio	BUNAM	Green top (1 ml fluid)		0.5 ml fluid
	Urea, 24 Hr Urine	UN24	24-hour urine collection	Plain jug. Call Lab for appropriate container/additive.	
	Urea, Rapid Tissue	HPYU	Urease transport tube (tissue)	TRANSPORT IMMEDIATELY.	
	Uric Acid	IURIC	7 ml SST(red/gray tube) (0.5 ml serum), green, red		0.2 ml serum (0.6 ml whole blood)
	Uric Acid, 24 Hr Urine	URC24	24-hour urine collection	Plain jug (with additive). Call Lab for appropriate container/additive.	24 hour: 10 mL NaOH @ beginning of collection
	Urinalysis	UMACI	Tek Tube (12 ml urine)		3 ml
	Urinalysis w/Culture if indicated	UACI	Sterile screw cap container (10 ml urine)	Prep kit for Clean Catch Urine or aseptic collected catheterized	3 ml
	Urinalysis with Microscopic	UAI	Tek tube (12 ml urine)		3 ml

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Back To Top	Urine Culture	URNC	Sterile screw cap container (10 ml clean void or cath urine)	Prep kit for Clean Catch Urine or aseptic collected catheterized	0.5 ml urine
	Urine Culture, cystoscopic	URNC2	Sterile screw cap container (10 ml cystoscopic urine)	MD collected.	5 ml urine
	Urine Drug Screen See Drug Screen 13				
	Urine for Cytology – see Cytology-Urine				
	Urine Microscopic	UMICI	Tek Tube (12 ml urine)		3 mL
	UroVysion FISH test (see also Cytology-Urine with UroVysion FISH test)	Submit Cytology Requisition and green misci to order tests		Collection Instructions	

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V	Test Name	LIS Abbreviation	Specimen Required for Submission	Patient Preparation Specimen Requirement Additional Information	Minimum Volume (for Lab use only)
	Vaginal Screen for Group B Streptococcus	VAGSC	Culturette		
Back To Top	Valopric Acid /Depakene/Depakote	IVALP	7 ml PLAIN red (0.5 ml serum)	Draw right before the next dose	0.5ml serum (1.5 ml whole blood)
	Vancomycin, Peak	IVANP	5 ml PALE-GREEN-GEL (0.5 ml PLASMA), red or red/gray	Collection 120 minutes after infusion begins or 60 minutes after infusion ends. Call pharmacy if any questions.	0.5 ml plasma (1.5 ml whole blood)
	Vancomycin, Random	IVANR	5 ml PALE-GREEN-GEL (0.5 ml PLASMA)red, or red/gray		0.5 ml plasma (1.5 ml whole blood)
	Vancomycin, Trough	IVANT	5 ml PALE-GREEN-GEL (0.5 ml PLASMA), red or red/gray	Draw 30 minutes before the next dose. 30 minutes before infusion begins. Call pharmacy if any questions.	0.5 ml plasma (1.5 ml whole blood)

HSHS ST. MARY'S HOSPITAL TESTS/ SPECIMENS/ PREP

Varicella zoster AB, IgG & IgM	VZAB	7 ml plain red (1 ml serum)	SST(RED/GRAY TUBE) OK	0.2 ml serum (0.6 ml whole blood)
Vitamin, B12	B12	7 ml SST(red/gray tube) (1 ml serum), red		0.5 ml serum (1.5 ml whole blood)or plasma

W	Test Name	LIS Abbreviation	Specimen Required for Submission	Patient Preparation Specimen Requirement Additional Information	Minimum Volume (for Lab use only)
Back To Top	WBC Smear	SMWE	Sterile wide mouth container (Respiratory specimens) Green top (1 ml fluid Tek Tube (5 ml urine) Stool Cup (0.5 ml stool)		
Z	Test Name	LIS Abbreviation	Specimen Required for Submission	Patient Preparation Specimen Requirement Additional Information	Minimum Volume (for Lab use only)

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